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ENERGY MEDICINE: FACT OR FANTASY?

Research evidence

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Abstract

In the Complementary/ Alternative Therapy (CAM) community, it is commonly accepted that there is a biological energy (bioenergy) that surrounds and interpenetrates the body. The National Center for Complimentary and Alternative Medicine (NCCAM) acknowledges energy medicine as one of the branches of complementary and alternative medicine. Conventional science has been skeptical about this because it has been difficult to develop instruments that objectively measure subtle bioenergies that are sensed by healers. This discussion explores research evidence and theories to confirm the existence of bioenergies and to begin to explain them.

Key words: Energy Medicine; subtle energies; research; acupuncture; energy psychology; homeopathy; spiritual healing

Introduction

What we understand of our world depends on the questions we ask and the evidence we will accept.

Stopped by a policeman for making a left turn despite the clearly visible 'No Left Turn' signs, the driver explained, "A sign answers the question we ask. If I ask the sign, 'Is a left turn permitted?' the answer is 'No Left Turn.' If I ask the sign, 'Is a right turn permitted?' the answer is 'No, Left Turn.' "

Background to energy medicine

Einstein's theory that matter and energy are interconvertible has been amply substantiated by quantum physics. In the material sciences, it is well accepted that inanimate matter can be perceived as having mass, inertia and other properties within the domain of Newtonian physics, while at the same time being composed of atomic and subatomic particles and waves and energies within the domain of quantum physics.

The concept that the chair we are sitting on or the floor we are standing on is more space than matter is counter-intuitive to our experienced sense of the world (derived from our five senses of sight, sound, smell, touch and taste). Yet we have come to accept that quantum physics is

accurate in describing the world as it does, and that our ordinary awareness of the world is a limited range of the spectrum of the world as it really is.

Newtonian (conventional) medicine has been slow to absorb this understanding of the world. The human body, or any other animate matter, can be viewed and addressed as energy, as well as being perceived and addressed as matter. Newtonian medicine addresses the physical aspects of our being, while energy medicine addresses the bioenergy aspects of the spectrum of reality (Benor, 1990). The National Center for Complimentary and Alternative Medicine (NCCAM) acknowledges energy medicine as one of the branches of complementary and alternative medicine (NCCAM, 2002). Other aspects of CAM acknowledged by the NCCAM include *biologically based practices* (herbs, vitamins, minerals, and other supplements), *manipulative and body-based practices* (chiropractic, osteopathy, massage, rolfing, shiatsu and reflexology), and *mind-body medicine* (hypnosis, meditation, imagery and biofeedback).

The word *energy* has been problematic in considering these issues. Conventional and complementary therapists have differing definitions for this term.

Conventional science defines energy as a force that has a defined capacity to produce a measurable effect in the physical world. Measurable effects within conventional science have come to be defined as effects that can be measured on various instruments that are considered to provide objective conformation of the effects of the energies.

In complementary therapies, both therapists and clients report experiences of heat, tingling, vibration, light pressure (like two magnets coming together or moving apart), cold, and through perceived colors. Bioenergy practitioners have learned to identify physical and psychological issues of importance to the client through interpretations of these bioenergy sensations.

In spiritual healing (Therapeutic Touch, Healing Touch, Reiki, and related therapies) these reports are from sensations between the hands of healers and anywhere on the bodies of healees.

In craniosacral therapy, sensations of pressure are reported between the hands of the therapist and the head of the client.

There are people who report visual perceptions of several layers of energy fields around the bodies of people, animals, plants and other living organisms, as well as around non-living objects.

In acupuncture (and related therapies such as shiatsu, reflexology, applied kinesiology), sensations are perceived at specific points along energy lines called *meridians* that run all along the body, between head and fingers and toes. Chakras are major energy centers in the body that were identified in acupuncture practice several thousands of years ago. People who perceive the energy fields visually report they see circles of light at the areas of the body where chakras are located. In fact, *Chakra* means 'wheel' in Sanskrit. This strongly suggests that perceptions were made thousands of years ago that are similar to those made today.

These types of perceptions are interpreted by caregivers and careseekers as manifestations of biological energy exchanges between therapists and clients (Benor 2001a; b; 2003; 2004). Conventional science is skeptical and dismissive of such reports and conjectures, insisting that the term *energy* is properly applied only when verification by objective instruments has been reliably demonstrated. Thus far, it has been difficult to identify aspects of subtle bioenergies sensed by healers that are consistently measurable with objective instrumentation within the spectrum of bioenergy therapies. Melinda Connor at the University of Arizona and others are making a good start in this direction, but results have yet to be confirmed and generally accepted.

My own conclusion, based on years of personal explorations of bioenergies, discussions with hundreds of bioenergy therapists and clients, and extensive reviews of research literature (Benor 2001a; b; 2003; 2004), is that bioenergies are present within and around all living organisms and that they are definitely correlated with states of health and illness and with therapeutic interventions. I also believe that there is, in fact, an instrument that can identify and characterize these energies: the human being is the most sensitive instrument known on this planet. The problem with all instruments is that the more sensitive they are, the more subject they are to *noise* – the distortions produced by signals that are extraneous to those that are the object of study. The human instrument can be trained to improve its focus, but will always be subject to interferences of distractions, multiple inputs of stimuli, and distortions introduced by misperceptions, expectations, beliefs, intentions and so forth. No healer or intuitive is accurate all of the time.

Early research has confirmed healers' abilities to sense and correctly interpret energy fields in two studies (Schwartz, et al. 2005; Wright, 1988). I do not include here a study by a ten-year old girl, given wide publicity through publication in *The Journal of the American Medical Association*, as this was seriously flawed and misinterpreted (Benor, 2001a; 2001b).

Energy medicine practitioners note that consciousness is closely tied to bioenergies. The intents of the practitioner and the expectations and intents of the client shape the interactions and effects of bioenergies during therapy.

There are also differences in perceptions of energies between sensitives who see these as auras of color around people (Benor, 1992). It is as yet not agreed amongst healers why this is so. My understanding is that each person filters intuitive perceptions through the deeper layers of the unconscious mind, coloring them on the screen of their conscious minds through their idiosyncratic neurological hardware and psychological software to produce imagery that is unique to each individual.

a. Along with physical sensations, therapists may pick up therapeutically useful information about the client through bioenergy interactions, such as moving the therapist's hands near to or touching the body, or even just being in the presence of the client. Such information may relate to physical conditions, but may also include the rest of the wholistic spectrum of awarenesses – to include emotions, thoughts, relationships and spiritual aspects of the person's condition (Benor, 2001a). In my own practice of spiritual healing as a part of wholistic psychotherapy, I often receive intuitive information about root causes of physical, psychological and relational issues when I am helping clients. Such intuitions are not restricted to direct therapist-client interactions. Gifted herbalists have reported that they may go out in the wilds with the question held in their minds: "What plant can help the person who has come to me with 'x' problem." As they trek through nature, one or more plants will speak to them (telepathically/ intuitively), saying that they can be of help.

b. Consciousness can also shape the actions of bioenergies. In Therapeutic Touch, Healing Touch, craniosacral therapy, and other hand-healing interventions, the therapist may sense blocks, sluggishness, absences, or excesses of bioenergies in clients. The therapist responds by consciously directing therapist energies to correct the bioenergy imbalances in the clients.

Consciousness and/or bioenergies may be imprinted in various materials, which can then impart healing effects to clients. Water, cotton and crystals have been the most frequently used by spiritual healers (Benor, 2001b). Herbalists have also said, "It is not just the plant that helps, but that I tell the plant to help." Homeopathic remedies in their higher potencies (containing no single molecule of the original medicinal substance) and flower (also gem and other) essences that are created energetically and through intent can help with physical and psychological problems.

Consciousness has produced measurable clinical effects, in carefully controlled studies, in human and non-human subjects – from distances of several inches to thousands of miles (Benor, 2001b). Healers call this *distant* or *absent* healing.

General observations about energy medicine research

Many of the therapies within the energy medicine spectrum individualize treatments to each person. In addition, these therapies may have their own conceptualizations of health and illness that do not coincide or even overlap with Western understandings of health and illness. Chinese Medicine, for instance, may note blocks, deficiencies or excesses of *chi*, the bioenergy that animates all life, and Western medicine has no equivalent to these. Such differences may make it difficult to design randomized controlled studies that require a standard treatment for each member of a group of subjects with the same Western diagnosis.

Conventional medicine and conventional science have balked at accepting the existence of bioenergies. The variability in healing methods and effects makes it a challenge for researchers. Studies have addressed this variability either by accepting that energy medicine is a delicate, individualized interaction between healers and healees and allowing them to practice as they would normally do (usually studied with qualitative, descriptive research), or by setting various arbitrary protocols, such as a 'standardized' time-dose of a strictly defined healing modality.

There are numerous complementary/ alternative therapies that involve bioenergies in one form or another. This discussion will focus on just three of these (spiritual healing, acupuncture and homeopathy), to illustrate a range of ways in which bioenergy therapies have been found effective in research studies. More extensive discussions on these and other therapies, with greater depth of explorations of bioenergy research can be found in *Consciousness, Bioenergy and Healing* (Benor, 2004).

Spiritual healing research

Western research of energy medicine is further complicated by the wide variability in healing practices among spiritual healers. For instance, each of the methods of Therapeutic Touch, Healing Touch, Barbara Brennan and Rosalind Bruyere healing is fairly well standardized, but there are differences in methodologies between these approaches. At the other extreme is Qigong, which has at least 6,000 known variations (Cohen, 1997).

Spiritual healing is reported anecdotally to be an excellent complement to all conventional and CAM modalities. Anecdotal reports indicate that healing may produce improvements and sometimes cures in any physical or psychological condition – some of the time. As yet, it is unclear why treatment with one healer may produce no results, while treatment by another healer may bring about dramatic changes; why serial treatments with the same healer may similarly produce variable results; and why some people have significant changes in problems they never mentioned to the healer, while they received no benefit for the primary problem that brought them to the healer (Benor, 2001a).

Therapeutic Touch (TT) and Healing Touch (HT), used mostly by nurses, have had the greatest numbers of rigorous research studies confirming their efficacy. There are many studies of Qigong from China, but there appear to be difficulties in translating methodologies and results across cultures. I have found no studies demonstrating significant effects of Brennan, Bruyere, Reiki, Joh Rei, or Sound healing.

Despite these challenges, there is a solid body of research studies confirming a variety of energy medicine effects in humans in randomized, controlled studies with significant results. I have carefully reviewed these studies and published an annotated bibliography of spiritual healing research studies (Benor, 2001b). Healing research methodologies are also discussed in detail in Jonas and Crawford (2003). It is of note that in addition to helping address human problems, spiritual healing has also demonstrated significant effects on animals, plants, bacteria, yeasts, cells in laboratory culture, enzymes and DNA.

Studies of laying-on of hands healing

Altering human hemoglobin and hematocrit levels in healthy subjects

Movaffaghi et al., (2006) demonstrated significant elevations of hemoglobin levels in normal people who had no known clinical need for this effect. This is an interesting study historically, because it replicates more rigorously the early, pilot study of Therapeutic Touch (TT) on hemoglobin levels done by Dolores Krieger, PhD, RN (co-developer of TT with Dora Kunz).

Reducing anxiety

Cecilia Kinsel Ferguson (1986) developed a questionnaire that differentiates between experienced and inexperienced TT practitioners. She found that the experienced ones were significantly more effective in alleviating anxiety.

Melodie Olson and Nancy Sneed (1992) found significant reductions in stress, in one of the few studies of healing *in a natural setting*: following Hurricane Hugo in 1992.

Reducing pain

Thérèse Connell Meehan (1985/1993) found significant effects when comparing five minutes of TT with Mock TT and routine treatment by pain medication for alleviating pain after “major elective abdominal or pelvic surgery.

Thérèse Connell Meehan et al. (1990) replicated her initial study, finding that subjects who received Therapeutic Touch in conjunction with a p.r.n. narcotic analgesic waited a significantly longer time before requesting further analgesic medication ($p < .01$).

Susan D. Peck (1996) demonstrated that routine medical treatments plus six sessions of TT significantly more effective compared with the effects of either progressive muscle relaxation (PMR) or routine medical treatments alone on symptoms of degenerative arthritis.

Robin Redner et al. (1991) showed that Johnson healing produced significant improvements in *sensory* and *affective* aspects of arthritis pain.

Improving depression

C. Norman Shealy et al. (1993) found significant decreases in depression, using self-healing ‘stored’ in crystals that subjects wore in a pouch around their neck, compared with a control group who followed the same procedure but were given (blindly) glass instead of crystals.

Distant healing has demonstrated significant effects in influencing human subjects

Electrodermal activity influenced by healers has had more research demonstrating significant effects than any other aspect of spiritual healing (Braud and Schlitz 1983; Braud et al., 1985; Radin, et al. 1995; Rebman et al. 1995). A meta-analysis of these studies (Braud and Schlitz, 1989) reviewed 323 sessions with 4 experimenters, 62 influencers and 271 subjects in 15 assessments. Of these sessions, 6 (40 percent) produced significant results. Of the 323 sessions, 57 percent were successful ($p < .000023$)

Improving hospital course on a cardiac intensive care unit was demonstrated with prayer healing (Byrd, 1988; Harris et al., 2000).

Improving the course of AIDS was demonstrated with distant prayer healing (Sicher, et al. 1998).

As impressive as the results with prayer healing is the fact that these three studies were published in respected US medical journals.

Acupuncture

Acupuncture is based on ancient Chinese observations of subtle energy lines called *meridians* that run from the head to the fingers and toes. This energy is called *qi* (pronounced *kee* or *chee*, with alternative English spellings: *Ki* or *Chi*). Each meridian is related to one or more of the organ systems, and diseases are caused by excesses or deficits of energy, or blockage of energy flow in the meridians. Points of special sensitivity exist along the entire length of each energy line. Stimulation of these acupuncture points can influence the related organ systems by altering energy flow in the meridians. The therapist can stimulate the acupuncture points in several ways: by inserting needles, applying finger pressure, moxibustion (burning *moxa* herbs) with the stalks held against the acupuncture points, applying mild electrical current, laser light, or through mental projection of healing to the points.

Some meridians correspond to physical organs (e.g., heart, lungs), while others are correlated with functions for which allopathic medicine has no exact parallels (e.g., the *triple warmer*). The *triple warmer* is a body system that is named but poorly defined. It is that aspect of the body that controls the water-regulating organs (kidney, stomach, small and large intestine, spleen and bladder). The *upper warmer* governs the head and chest; the *middle warmer* the spleen and stomach; and the *lower warmer* the liver and kidneys.

Even where a physical organ corresponds to a specific meridian, the reference is to energy functions of the meridian more than to its body functions (per Western physiology). For instance, a Chinese acupuncturist who speaks of the kidney meridian may be referring to its role in storing life energy (*jing*); its influence on development, maturation, and or reproduction; its effects on marrow, bones and teeth; or its interactions with respiration.

The various meridians have specific times of day when they are more and less active. Treatments may therefore be given for specific problems at particular times, even at unusual hours of the night.

It was difficult at first to design acupuncture studies that conform to Western research protocols because Eastern methods of diagnosis and treatment differ substantially from those used in the West. A particular challenge is in providing a control group. Some studies have accommodated the requirement for applying a standard treatment to subjects who share a Western medical diagnosis, and have used control subjects who receive *sham* acupuncture, with needles inserted at points that are not known to produce beneficial effects.

Acupuncture research (taken from secondary reviewers):

The treatment of pain is one of the best-known uses of acupuncture. Studies have demonstrated its efficacy as a remedy for the following health problems: tension headaches (Ahonen et al. 1983; Melchart et al. 2001; Vincent 1990); migraines (Hesse et al. 1994); facial pain (A. Johansson et al. 1991); dental pain (Ernst and Pittler, 1998; Lao et al. 1995); craniomandibular disorders (List and Helkimo 1992; List et al. 1992); neck pain (Coan et al. 1980; Petrie and Langley 1983; Skouen, et al. 2002; Smith, et al. 2000; Vas J, et al. 2004; Vas, J, et al. 2006; White and Ernst 1999; White et al. 2004); back pain (Ernst and White 1998; Gunn et al. 1980; MacDonald et al. 1983; Smith et al. 2000; Thomas, Eriksson, Lundeberg, 1991; Tulder et al. 2000); lumbar disk protrusion (Longworth and McCarthy 1997); tennis elbow (Haker and Lundeberg 1990; Molsberger and Hille, 1994); osteoarthritis (Christensen et al. 1992; Dickens and Lewith, 1989; Ezzo et al. 2001; Thomas et al. 1991); renal colic (Lee, 1992); dysmenorrhea (Helms, 1987); fibromyalgia (Berman et al. 1999; Deluze et al. 1992); and chronic pain (Ezzo et al. 2001).

A meta-analysis of acupuncture studies confirms that it is an effective treatment for chronic pain (Ter Riet, et al. 1990a). Another meta-analysis was made of 14 randomized controlled studies of acupuncture for chronic pain (M. Patel et al. 1989). Pooled results according to the

location of pains, the type of study, and the type of journal publishing the data showed statistically significant effects. A more critical meta-analysis of 51 studies of acupuncture for pain (Ter Riet et al. 1990a) produced the impression that the quality of even the better studies was mediocre, and the results appeared contradictory. Reviews of 22 studies of acupuncture for neck and low back pain (Ter Riet et al. 1989a), and of 10 studies for migraine and tension headaches (Ter Riet et al. 1989b) showed that the numbers of subjects studied were too small, and poor methodologies made it impossible to assess the results. D. Bhatt-Sanders reviews eight studies of acupuncture for rheumatoid arthritis, five of which reported significant pain relief. He notes, however, that methodological problems make it difficult to accept these results.

Acupuncture for pain and discomforts of medical and surgical procedures are other well publicized uses of acupuncture. Studies have shown significant benefits from acupuncture in controlling the pain and discomforts of gastroscopy (Cahn et al. 1978) and colonoscopy (Wang et al. 1992).

Studies have shown significant relief of nausea and vomiting with acupuncture after surgical anesthesia (Dundee et al. 1988; Fan et al. 1997; Ghaly et al. 1987; Ho et al. 1990; with acupressure, see Fan et al. 1997), chemotherapy (Dundee et al. 1989; Shen et al. 2000), morning sickness during pregnancy (Carlsson et al. 2000; Hyde 1989), and motion sickness (Hu et al. 1995). See Vickers (1996) for a review of acupuncture as treatment for nausea and vomiting.

The treatment of strokes is an extraordinary though little recognized contribution of acupuncture. Significant effects have been reported in improving muscle strength in leg and arm paralysis (W. Zhang et al. 1987; Naeser, et al. 1992). The latter study clarified that benefits were obtained only when less than half of the motor pathway areas of the brain were damaged. Walking and balancing abilities were improved, activities of daily living (ADL) scores were higher, and days in hospital and nursing homes were halved, with estimated savings of \$26,000 per patient (K. Johansson et al. 1993). Significant recovery of muscle functions and ADL scores were noted in another study, but with no decrease in hospital stay (Sallstrom et al. 1996). Johansson et al. showed that with more severe strokes there was less improvement. Kjendahl et al. (1997) performed a study using 6 weeks of therapy for strokes and a one-year follow-up, which showed clear benefits. Further research is definitely warranted.

Traditional acupuncture has been used widely in the treatment of respiratory diseases. Reviewers are generally positive in their conclusions (Vincent and Richardson, 1987; Virsik et al. 1980), though the more critical reviewers point to mixed findings. The studies on asthma show similarly mixed results (Benor 2004).

Chronic obstructive pulmonary disease (COPD) is a horrible destruction of lung tissues from chronic infections, leaving sufferers unable to exert themselves due to oxygen starvation. It has no effective conventional treatment. A study of acupuncture for 26 people with COPD demonstrated improvements in activities of daily living and well-being, with longer walk distances but no objective changes in pulmonary functions (Jobst et al. 1986).

In a critical review of acupuncture as a treatment for a variety of pulmonary diseases, Jobst (1995) concluded that acupuncture can ameliorate symptoms and potentiate the effects of medication so that lower doses can be used, and it is also safe, with no side effects.

Energy psychology

An interesting area of CAM therapies is the burgeoning field of energy psychology (EP). EP includes a broad spectrum of psychotherapeutic interventions in which acupuncture points and chakras may be stimulated while reciting affirmations and holding intents for healing. Early anecdotal reports

(Craig, 2007) and research (Feinstein, in press - a) is beginning to confirm that these approaches also produce impressive healing effects. My own experience with WHEE (Wholistic Hybrid derived from EMDR and EFT), an EP variant I developed (Benor, 2000; 2006), is that this is the most potent psychotherapeutic intervention I have ever used. People routinely report they have rapid, deep transformations of anxieties, fears, phobias, pains, self-limiting beliefs and disbeliefs, allergies and more.

Energy psychology research

EP research is still in its early days. EP has been shown to help in treatment of public speaking anxiety (Schoninger, 2004 - Thought Field Therapy); test-taking anxiety (Sezgin & Özcan, 2004 – EFT); weight control (Elder, et al., 2007 – Tapas Acupressure Technique); specific phobias (Wells, et al, 2003; with partial replications by Baker & Siegel, 2005; Salas, 2001 - EFT); Subjective Units of Distress for a variety of stressors (Bair, 2006 - WHEE).

The wide variety of approaches encompassed within EP has made it difficult to accumulate replicated studies. The reluctance of conventional psychotherapists and of hospitals and clinics to explore a new, unresearched therapy, has also been a vicious circle that limits availability of funding and access to people who might benefit from these approaches.

Homeopathy

Homeopathic evaluation begins with a detailed listing of patients' symptoms. These are organized into personality types and diagnostic categories that make little sense in terms of conventional medicine. Homeopathic remedies are prescribed for *syndromes* rather than for individual symptoms. These include the presenting illness, personality factors in the patient, past traumas of a physical and/or emotional nature, relationships with others (particularly parents), likes and dislikes, and much more. The syndromes are then organized into *remedy symptom clusters*.

The patient is not placed in a diagnostic box defined by the pathophysiological or psychological causalities that are presumed to produce the illness according to conventional Western concepts of disease. For instance, symptoms such as inertia or lack of will are viewed in allopathic medicine as defects of character or motivation. In homeopathy, these symptoms are approached as further aspects of disharmony, in addition to other empirically derived symptom clusters for which specific remedies may be effective treatments.

Homeopathic remedies are discovered and developed in two ways. In *conventional homeopathy*, various agents that might be therapeutic are given to healthy people in order to study their clinical effects (Allen, 1982). This is termed *proving*. The symptoms produced are then presumed to be treatable in ill people by giving them diluted solutions of these substances. *Intuitive homeopathy* relies on the clairsentient perceptions of highly sensitive individuals who are able to intuitively assess the therapeutic properties of the substances. (Intuitive assessments are explored in detail in Benor 2001; 2004.) While clinical effectiveness of intuitive remedies have been reported, research to substantiate their efficacy has so far been limited to a single study, which had negative findings (McCarney, et al. 2002).

Homeopathy research

It has been extraordinarily difficult to fit homeopathic treatments on the Procrustean bed of conventional randomized, double-blinded, controlled studies. More than any other CAM therapy, homeopathy individualizes treatments to each client. Remedies are chosen from the combinations of symptoms of disease, along with characterological traits, lifestyle preferences, habits, etc., that are specific to each person. Remedies are carefully chosen to match the unique combinations of these

factors in the individual. Thus, different people with a given disease, such as asthma, could be treated in ordinary clinical practice with different remedies – corresponding with each person's unique homeopathic assessment profile. Success of treatment depends on the selection of the remedy that has a spectrum of effects most closely matching the unique, individual profile.

Conventional research requires that two groups of people, randomized from a pool of subjects that has been selected for as uniform a set of illness (plus all other possibly controllable characteristics) be treated with an identical intervention so that statistical analyses can be run on differences in outcomes between the two groups. In complying with these requirements, homeopathy is severely hampered in demonstrating its efficacy because the individualization of remedies to the unique characteristics of each person is not allowed.

The single randomized, double blinded study that is generally acknowledged to be the most carefully designed and executed is that of David Taylor-Reilly et al. (1986), which shows a 50% reduction in the need for antihistamine medication in the treatment of hay fever.

The study that most closely follows the standards of clinical homeopathic practice (rather than the dictates of conventional medical research) is a survey of several thousand treatments for a variety of problems at the London Homeopathic Hospital (Spence, Thompson, Barron).

RESULTS: A total of 6544 consecutive follow-up patients were given outcome scores. Of the patients 70.7% (n = 4627) reported positive health changes, with 50.7% (n = 3318) recording their improvement as better (+2) or much better (+3).

CONCLUSIONS: Homeopathic intervention offered positive health changes to a substantial proportion of a large cohort of patients with a wide range of chronic diseases. Additional observational research, including studies using different designs, is necessary for further research development in homeopathy.

Other studies have shown significant effects of homeopathy in treating arthritis (Gibson et al. 1958); asthma (Reilly et al. 1994); Attention Deficit Hyperactivity Disorder (Lamont); fibrositis (Fisher et al. 1989); influenza (Ferley); and childhood diarrhea (G. Jacobs et al. 1994; 2000). Another study of arthritis showed that standardized doses of *Rhus Toxicodendron*, were ineffective for this condition (Shipley et al. 1983). However, the research protocol that prescribes the same dose of homeopathic medication for every patient is contrary to basic homeopathic practice. Other studies confirm that homeopathy can prevent infectious diseases (Castro and Nogueira, 1975; English, 1987; Fox, 1987; Gibson, 1958; Jonas, 1999; Krishnamurti, 1970; Rastogi and Sharma, 1992; Taylor-Smith, 1950), .

The majority of comparative reviews of series of controlled trials conclude that significant clinical efficacy for homeopathic remedies has been demonstrated (Boissel; Feder et al. 2002; Hill and Doyon, 1990; Jonas and Jacobs, 1996; Kleijnen, et al. 1991; Kollerstrom 1982; Scofield 1984 a; b; Taylor-Reilly, 1988), although three critical reviews conclude that there is only limited evidence for clinical efficacy (Linde and Melchart, 1994; Linde, et al. 1997; 1998).

A meta-analysis of homeopathic studies within the conventional medical model produced much less favorable conclusions. Linde et al. (1994) published a systematic review of randomized studies of homeopathy as a preventive and treatment for a wide variety of conditions. The review was conducted under the standards of the Centre for Reviews and Dissemination (CRD) and the structured abstract has been included in the Database of Abstracts of Reviews of Effects (DARE). They selected for review 89 out of 119 studies that contained adequate information for their meta-analysis, applying the most stringent criteria of any survey. They graded 26 of these as good studies. The authors' conclusions are:

The results of this meta-analysis were not compatible with the hypothesis that the clinical effects of homeopathy are completely due to placebo. However, we found insufficient evidence from these studies to suggest that homeopathy is clearly efficacious for any single clinical condition.

CRD commentary: Overall this was a rigorously conducted and well-presented systematic review. The research questions, selection criteria for primary studies, quality assessment, and methods of pooling data were explained clearly. The search strategy was thorough, and an estimation of the impact of publication bias was included. Details of the primary studies were tabulated. However, the results should be treated with some caution due to the fact that the trials included in the meta-analysis differed markedly in terms of the participants, interventions and outcomes. In addition, the results of the statistical test for heterogeneity were not reported, although the authors state that this was carried out. The authors' conclusions are appropriate given the evidence arising from this review.

Discussion

We stand at the crossroads, each minute, each hour, each day, making choices. We choose the thoughts we allow ourselves to think, the passions we allow ourselves to feel, and the actions we allow ourselves to perform. Each choice is made in the context of whatever value system we've selected to govern our lives. In selecting that value system we are, in a very real way, making the most important choice we will ever make.

– Benjamin Franklin

There is ample evidence that bioenergies exist, that they provide information about the conditions of living organisms and that they offer avenues for healing. It is encouraging that increasing numbers of conventional caregivers are responding to public demands and developing their awareness of energy medicine therapies (Benor, 2002) and collaborations with energy medicine practitioners, in what is now called *integrative care* (Benor, 2004).

There are many ways in which Energy Medicine can be of benefit. David Feinstein and Donna Eden (in press), in an outstanding discussion on energy medicine, observe that

six properties of energy medicine give it strengths that could augment conventional health care models. These include the ways energy medicine 1) impacts biological processes at their foundation (*reach*), 2) regulates biological processes with precision, speed, and flexibility (*efficiency*), 3) fosters health with interventions that can be readily, economically, and non-invasively applied (*practicality*), 4) includes methods that can be utilized on an at-home, self-help basis, fostering a stronger patient and practitioner partnership in the healing process (*patient empowerment*), 5) adopts non-linear concepts consistent with distant healing, the healing impact of prayer, and the role of intention in healing (*quantum compatibility*), and 6) strengthens the integration of body, mind, and spirit, leading not only to a focus on healing, but to achieving greater well-being, peace, and passion for life (*holistic orientation*).

Energy medicine can bring us into deeper levels of healing. I fully agree that spirit, as mentioned by Feinstein and Eden, is a helpful adjunct to personal energy medicine healings. We have an incredible range of resources available to us to augment our self-healing. Research on prayer healing shows that this can be a potent intervention (Benor, 2001a; b). Personal spiritual awareness can connect us with many resources for self-healing, as well as helping us to reframe our understanding of our place in the cosmos (Benor, 2006). Most people who have had an out-of-body experience, a near death experience, a mystical/ spiritual experience, or communications from relatives and friends who have passed on find that their lives are transformed. They understand that physical death is not the end of life. This realization often makes life easier to live and the inevitability of death easier to face.

Energy medicine helps us to conceptualize how body, mind and spirit may interact. The biofields appears to be a parallel entity with the physical body, both reflecting energetically the condition of the physical body and providing a template for the physical body. There is no limit to an energy field; it extends forever, in ever more attenuated form but still present. It connects us with other energy fields and interacts with them in ways that are generally not within our conscious awareness. People who are sensitive to energies report that everything has an energy field, including matter that conventional science considers to be inert. Energy field connections makes it possible for human consciousness to interact with every other living and non-living thing, in what many have observed as a collective consciousness. Thus, spirituality – which I define as non-sensory, intuitive awarenesses that extend beyond our physical selves – can provide enormous resources for healing.

I believe the reverse is also true, and perhaps even more important. Illnesses, diseases, accidents and misfortunes often stop us in our tracks and invite us, or sometimes force us to reassess our paths in life. We are forced out of our routine perceptions and conceptualizations about ourselves and our place in the cosmos, which may then bring us into spiritual awareness. I have often heard from people with serious illnesses that, while they certainly would not have chosen to be sick, they are grateful for having their illness because it brought them into new world views that vastly enriched their lives. A common observation is that “Now I am working on having more life in my days, rather than just passing through more days in my life.”

I would also expand on items (5) and (6) to suggest that the potential benefits of energy medicine extend beyond the healing of individuals – to include healings of groups of people, nations, and our planet. The collective consciousness of mankind is suicidally ignoring and minimizing the ecological dangers of global heating (warming is not an adequate adjective!), pollution, exhaustion of our resources and over-population. With greater spiritual awareness, it is more likely that people will be able to see that each of us is a part of the environment and will be able to consider the needs of our planet as our own personal needs and responsibilities.

In summary

There is a wealth of anecdotal reports and research confirming the effects of spiritual healing, acupuncture, homeopathy and other CAM therapies. There is an abundance of clinical observations that support a belief that biological energies mediate the effects of these therapies. I conclude that bioenergy medicine exists, and that it includes a variety of potent therapeutic interventions.

The claim of conventional medicine and conventional science to the exclusive use of the term *energy* in the ways that they define it is unwarranted. There is a sound basis for the use of the term *biological energy* to designate a component of living organisms that provides both an access to information for assessments and a variety of methods for healing interventions.

Portions of this review are taken from

Benor, Daniel J, Healing Research: Volume I, (Popular Edition) - *Spiritual Healing: Scientific Validation of a Healing Revolution*, Southfield, MI: Vision Publications, 2001. (Overview of what healers around the world report they do and how it works; light review of 191 randomized controlled studies and pilot studies; discussion of how spiritual healing fits within the spectrum of parapsychological phenomena.)

Benor, Daniel J, Healing Research: Volume I, (Professional Edition) - *Spiritual Healing: Scientific Validation of a Healing Revolution*, Southfield, MI: Vision Publications, 2001. (Only the annotated, critiqued 191 randomized controlled studies and the pilot studies - described in great detail, including statistical data.)

Benor, Daniel J. Healing Research, Volume II: (Professional edition) - *Consciousness, Bioenergy and Healing*, Medford, NJ: Wholistic Healing Publications 2004. (Thorough review of research validating the efficacy of self-healing, wholistic complementary/ alternative medicine (CAM), biological energies, and environmental interactions with bioenergies.)

Healing Research, Volume III - *Personal Spirituality: Science, Spirit and the Eternal Soul*, Medford, NJ: Wholistic Healing Publications 2006. (Research confirming OBE, NDE, reincarnation memories, benefits of religious affiliation and practice with health, and ways to confirm through research the validity of participatory intelligent design)

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