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DISTANT MENTAL HEALING: Influence of intercessory prayers and qi-gong therapy

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1. Introduction

Conscious and unconscious (psychic) mental healing (MH) has been known since times immemorial [1-3]. There are vast numbers of methods of MH in various countries of the world, practiced by numerous peoples, nationalities and even small ethnic groups. It is estimated that more than 200 different kinds of folk healing methods are known at present [4].

Complementary and alternative medicine methods of diagnostics and healing are now widely spread and occupy an important place in the public health service of modern countries, in the West and in the East [5-7].

According to the survey data from 1970-1980, from 5 to 38% of people in western countries applied for psychic treatment, most of them women (50-78%). The patients, who were from 40 to 60 years old, requested healing for Chronic diseases – rheumatic, neurological and cardiovascular, which accounted for 50% of the cases. Improvement was attained in 31-65%; deterioration was marked in 6%, on average, and in oncological cases in 21% [5]. In recent years, complementary and alternative medicine has grown more popular with the inhabitants of Denmark (up to 18%), Belgium (38%), US (43-69%), Great Britain (60%), and France (75%) [7]. It has become even more popular in Russia, Bulgaria and Brazil, where these methods have been traditional over many generations.

In 2001-2004 the circumstance stated above encouraged the European Union in Strasburg to investigate the EUHEAL project on distant healing (no less than 100 km) of patients with chronic weariness syndrome and chemical substances hyper-allergy. Four hundred healers from 21 European countries, each of them having three patients, took part in this triple-blind experiment, the results of which will be published soon, upon completion of the study [8,8a].

In Russia, which is a traditionally religious country, folk healers have rendered medical aid to patients for many years. These healers include in their healing arsenal a centuries-old experience in prayer and spiritual healing, connected with the exorcism and incantation art of Eastern Slavs [9].

A list of the best professionally qualified folk healers, including the names of 275 persons, is presented in the All-Russian International Individual Register of Complementary Medicine for the years 1999-2003. Twenty of them (7.3%) claim the ability to heal at great distances [10]. Unfortunately, regular scientific research on the influence of prayer on large masses of people had not been undertaken in Russia as it has been done in western countries [11-17].

The present paper considers distant mental healing (DMH), defined in this discussion as treatment which doesn't depend on the distance and kind of disease, exercised by the healer (or by a praying person), who has no sensory contact with the patient (either through eyesight, hearing, or touch). These studies are particularly challenging to explain because it is necessary to theorize how human consciousness can influence living beings from a distance. DMH attracts the attention of scientists due to the unique character of its manifestation: it is effective due to the intentions of the healer at any distance, even at thousands of kilometers. It is a most amazing method of treating people, which uses the power of prayer, deep faith in healing, and sincere desire of the praying people to be of use to patients.

DMH has different forms in different countries. For instance, India is famous for its healers saving people from lethal bites of poisonous snakes at any distance but on one condition – it is necessary to inform the healers, as soon as possible, of the name and location of the person bitten by the snake. In Western countries this treatment for snakebite would be viewed as highly improbable, while in Eastern countries it would be considered a manifestation of peculiar charisma (gift) and the healer's power of mental influence.

Effects of distant prayer healing have been studied in the USA and other countries of the world within the last 30 years in numerous scientific investigations with double and even triple-blind controls, which testifies to the high quality of the experiments [14-18].

Many of these experiments were carried out with randomization, strict choice of control and experimental groups, taking into consideration their sex and age, the ranking of the degree of their illness and symptomatic evidence. It is important to point out that the healers and their patients did not know each other, while the medical personnel and patients did not know the exact time of the influence and the people subject to treatment, nor whether treatment was being sent to any individual patient or not.

Data on the patients of the experimental and control groups included cytological, biochemical and immune blood measures, and various physiological and functional indices of the activity of cerebrum, heart, and lungs, such as EEG, Electrocoritcogramma (EkoG – recordings from the brain surface), EKG, pulse, blood pressure, breathing, body temperature, electrical conductivity of palms, plethysmography, and more. To assess the significance of the medical and biological data, various mathematical and statistical analyses were applied. Here, too, experts processing data were blinded to experimental or control group.

2. Facts

Healing by prayers and mental intent has been actively studied by western scientists since 1970 [1-3,5,14]. The most reliable evidence from the study of DMH was published between 1980-2002. We shall focus here only on two groups of DMH: the influence of prayers and the impact of Qi-gong therapy. The first group of studies, a group (or individual) prayer of believers

(of one or several religious traditions) prays for the health of patients or healing of concrete diseases. The results of such prayer studies were published in official scientific and medical American journals. This series includes also detailed meta-analyses assessing the validity of the results [14 -17].

Qi-gong therapy, which also involves mental healing, was developed in the East. The literature and surveys have been published by Chinese, Japanese and American scientists [13; 17; 19-21]. The authors dwell, first of all, on the efficacy of Qi-gong therapy and on the DMH procedure, and analyze the possible theoretical mechanisms of its impact. The strong healing effects of DMH and especially the great distance between the patient and the healer require a new scientific approach and explanation.

The published monographs [3, 5, 14] and meta-surveys [11-17] considered in detail questions concerning the reliability of investigating DMH as a healing method. In the full-length critical survey and meta-analysis by Astin [16], based on a detailed statistical analysis of 14 studies of DMH prior to the year 2000, a significant distant healing effect of prayers was demonstrated in 6 reports (47%). These met the strict criteria for estimating the reliability of differences between the control and experimental groups in hypertension, coronary heart diseases, postoperative states, anxiety, and AIDS, while in the remaining 8 studies (53%) – leukemia, alcoholism, psychic and rheumatic diseases, and hypertension - there were no measurable effects.

The general conclusion of Astin is that at present there is "... moderate scientific evidence supporting the efficacy of various distant healing / intercessory prayer approaches in medicine."

The author remarks that it is necessary to take into consideration many factors influencing the final result of DMH: the degree of the healers' qualifications, the role of the patients' beliefs and expectancies, and more.

One should add to this list one more important criterion: it is necessary to take into consideration inter-subject functional variation of human beings and other living organisms in relation to any kind of external action, based on the laws of biological symmetry [41]. Variations of organisms in their response to any external action, including mental healing, may not be immediately apparent but must be discovered on the basis of a preliminary estimate of the investigated group of patients subjected to MH. Variabilities in functional responses of all living organisms are subdivided into three major classes – conventionally 'left', 'right' and 'symmetrical' – with a different response to any treatment in each of these groups. That's why people's susceptibility to DMH may be quite different. This is clearly demonstrated by the investigations of the impact of the praying people and masters of Qi-gong on human beings, animals and microorganisms, the results of which are contradictory (bimodal) in studies of different masters of Qi-gong [17,23].

Targ [11] reviewed the efficacy of distant prayer healing of diseases in 1997, pointing out that it is a very complex of phenomenon, with many factors influencing the final result of healing. The 1999 critical survey written by a group of scientists – specialists of 'The Cochran Collaboration' organization on evidence medicine - contains strict requirements that works on distant prayer healing should meet [12].

In the meta-analysis of Astin and colleagues in 2000 [15] three groups of carried out research were considered: prayer healing, noncontact mental healing ('touch') and other kinds of DMH that answered the strict criteria of estimation: randomization, carrying out double-blind

experiments, placebo, publications in reviewed profile journals. It is reported that out of the total number of 100 published investigations 23 studies (2774 people) turned out to be the best. Thirteen of them (57%) demonstrated positive results with distant prayer healing, 9 (39%) showed no effect and in one case (4%) the result was negative. As examples we shall cite two investigations of one and the same group of diseases, highly appreciated by experts as to their reliability but with different efficacy of DMH: in one case a positive result was achieved, in the other the effect was rather insignificant.

Benor [14] reviewed data from 191 controlled investigations of healing in 2001. In 56 of these studies there were statistically significant results. Of these, 21 were studies of DMH. Meta-surveys of DMH researches that appeared in subsequent years, published in the leading medical USA journals, confirmed these data [16,17,19-21]

2.1. Distant mental healing: impact of prayers

2.1.1 DMH for hypertension

The outcomes of one of the first double-blind experiments, studying the influence of DMH on hypertensive patients, was published in 1982 in the USA [18]. Ninety-six hypertensive patients and 8 healers praying for them took part in the experiment. In comparison with the control group a statistically significant improvement of systolic blood pressure level was achieved, but there were no variations at diastolic blood pressure level, pulse rate and weight of the probationers.

The surveys of Astin and of Jonas and Crawford analyze the results of the randomized controlled investigations on distant efficacy of prayers on hypertension and discuss questions of the quality of the research [15, 16]. The authors of the surveys confirm successful distant prayer healing of hypertension in a number of studies but conclude that it is necessary to work out a better methodology of studying DMH in clinical practice as, in their opinion, the impact and efficacy of should be considered modest, given the current scientific evidence.

2.1.2. DMH for cardiovascular diseases in the USA

The best randomized month-long investigation with a double-blind control of the influence of everyday prayer for health was carried out in the USA on a cardiac intensive care unit in a hospital [24]. Patients with coronary vessels diseases were randomized into an experimental group (192 people), for whose rapid recovery and prevention of complications t Christians outside the hospital prayed every day, and a control group (201 people) for whom no prayers were sent through the research team. The participants of the investigation (doctors, patients and nurses) did not know the assignments of patients in the experiment. All the patients were examined at the beginning and end of the experiment.

Significant improvements of patients' health were recorded in the experimental group: they needed a smaller number of intubation / ventilation procedures ($p < 0,002$); fewer diuretics ($p < 0.05$) and antibiotics ($p < 0.005$); there was a smaller number of heart attacks ($p < 0.02$); and a smaller number of cases of pneumonia ($p < 0.03$).

Within the research period in the experimental group 14% were rated as being in poorer condition, while in the control group 22%. In spite of the essential variations between the

groups, the average time of staying in the hospital and duration of hospitalizations were the same.

A similar randomized, double-blind study was carried out in another US cardiac intensive care unit [25].: The control group included 524 patients and the experimental group 466, for whom people prayed for 28 days. None of the patient participants knew the experiment took place.

The state of health in the experimental group at the end of the study was only 10-11% better than that of the control group ($p < 0.04$).

2.1.3. DMH for various diseases in Germany, Bulgaria, Russia, Japan and the US

DMH is confirmed by 20 blind and double blind experiments in the USA and Israel [14,17], Germany, Bulgaria, Russia, Japan and China [8,26,27,34].

In a series of diverse experiments carried out by scientists in cooperation with the famous Greek healer Christos. Drossinakis, who lives in Germany, distant mental connection and spiritual healing of patients at great distances was demonstrated [26]. In September of the year 2000 Mr. Drossinakis, in the town of Tessaloniki (Greece), sent healing to a patient, 45 years of age, using her photograph. She had been suffering from bronchitis and chronic coughing for 10 years, had aphonia and joint arthrosis, and was undergoing a course of medical treatment in the research center of Stuttgart, Germany. Christos. Drossinakis had a healing effect from a distance of 2400 km, which caused an increase in activity in delta waves in her EEG (3-3,5 Hz) in her EEG - and improvements in her health. After receiving healing, the patient stopped coughing on that very day; pains in her joints, which had lasted for months, disappeared and never returned; headaches, leg and back pains, which had been torturing her for a long time, disappeared too. Her sleep and breathing improved, her body became warm and tranquil. It was also noted that sugar and triglyceride levels were lower.

In another experiment, in April 2002, Drossinakis, who was in the city of Kioto, Japan, was able to influence a person who was kept under observation in the research center of Stuttgart (a distance of 15,000 km. Measurements included Fourier analyses of simultaneously recorded EEGs of the healer and his patient and positron emissive tomographic analysis of the healer before and after his interaction with the patient. In the course of DMH the spectral analysis of Drossinakis' EEG showed pronounced delta wave activity as is usually registered in the process of his DMH and his distant interactions with non-living objects. At the same time, at the beginning of the DMH session, the patients' EEG activity was reduced in comparison with her usual EEG state. This was followed by increases in delta wave amplitude, suggesting interactions between the healer and the patients.

Drossinakis' influence on water samples from Sophia, Bulgaria, in St. Petersburg, Russia was also investigated. (a distance of 15,000 km). Bulgarian scientists studied the state of the water using infrared spectroscopy [26, 27], while Russian scientists estimated the changes taking place in target bottles with the help of Gas Discharge Visualization. The GDV operator was unaware either of the time of distant influence nor of the target bottles during the 8 days of the experiments [26].

In November and December 2002 Drossinakis' distant influence was studied between Frankfurt and the laboratory of Prof. V.S. Zenin's in Moscow. He was able to demonstrate

changes in the electrical conductivity of water and on the mobility of a worm (*Spirostomum ambiguum* Ehrbg) [26].

The data given above clearly testify to the fact that the healer has an intentional distant influence on living and nonliving matter at great distances from the affected targets.

2.2. Distant mental healing: Qi-gong therapy

The Chinese system of Qi-gong therapy has been known since times immemorial but it has only begun to be intensively studied by scientists in China, Japan and the USA since 1980, where special scientific centers using this profile of healing and recovery were founded. The database of the Chinese scientific society on Qi-gong contains more than 1,600 different publications that appeared in China within the last 20 years [19], and the Qigong & Energy Medicine Database™ contains about 3900 abstracts in English from international conferences, scientific publications, the National Library of Medicine and PubMed. [16]

In the theory of Qi-gong therapy there exist two notions – internal Qi-gong (IQ) and external (outer) Qi-gong (EQ): the former describes a short-range influence of the Qi-gong master on the patient (face-to-face), while the latter denotes a distant influence [28]. EQ is defined as “... distant and directed actions, performed by a well-trained master in the state of Qi-gong” [19]. This paper considers the remote influence of EQ, directed outside, while IQ is cited only as an example and in connection with general therapeutic effects on patients treated for oncological diseases.

Qi-gong is a system of gymnastic exercises close to ancient Chinese and Japanese single combat and art Tsi Tsi-guan [29].

Qi-gong is connected with meditation, accompanied by music, with pronouncing specific sounds, with the movements of the Qi-gong master's body and hands.

The following peculiarities of EQ therapy are implied: 1. A Qi-gong master creates a peculiar state of consciousness (it does not exist when people are in their ordinary state!); 2. A Qi-gong master's influence can be transmitted to any distance; 3. A Qi-gong master's mental influence has a directed effect on a definite target and does not affect nearby objects, upon which his attention is not focused (intention).

EQ action-at-a-distance is considered in the articles, reports and scientific surveys of American, Chinese and Japanese scientists who studied this influence. The best research works, satisfying specific criteria, were selected for review, which helped systematize experimental data, determine the clinical efficacy of EQ influence and study concrete functional, physiological and biophysical indices, confirming the efficacy of Qi-gong master's impact at DMH.

2.2.1. Hypertension

Sources for this review include a critical analysis of Qi-gong therapy efficacy for hypertension, published in a widely known American journal on alternative and complementary medicine [13] and a survey of clinical studies of Qi-gong therapy [30]. The latter presents brief abstracts of

presentations made at 1990 Guandjo and 1993 Beijing conferences [31, 32] and published in the materials of the conference.

In the first abstract, a group of hypertensive patients with renal insufficiency was divided into three subgroups: A) simple sitting, B) EQ emission by a Qi-gong master and C) imitated emission by a mock Qi-gong master. The outcome of the research showed that in group 'A' the blood pressure registered a modest change ($p < 0.05$), but it was considerably reduced in Qi-gong groups 'B' and 'C' ($p < 0.01$). [31]

In the second experiment the EQ influence on men's heart activity was studied [30, 32]. During the first three months the subjects received Qi twice a week in addition to their own gymnastic exercises, performed twice a day. Then within 9 months they did their exercises on their own, without external Qi. After three months of such exercises, there were no significant changes in the state of the subjects, but after a year of practice the indices of heart activity improved, including evidence from electrocardiograms, carotid artery pulse, systolic and diastolic pressure.

The analysis of 33 experiments with the participation of 5545 patients shows positive influence of Qi-gong therapy on hypertension, but more thorough research is needed to find out mechanisms of its action [30]. The same survey cites data about the bimodality of the effect as a Qi-gong master, depending on his intention. Qi-gong masters can reduce blood pressure in case of hypertension and increase it in case of hypotension, the effect of the influence lasting up to 120 days.

2.2.2. Organism operational changes

Scientists checked the influence of EQ of the Qi-gong master, compared with imitation Qi-therapy, on peripheral circulation and EEGs of four subjects, who were in a half lying position in armchairs in a soundproof room with closed eyes and ears [33]. An increase in alpha activity was noted in the right-brain of three participants and a change in peripheral circulation in two out of the four patients who took part in the experiment, but in the group with imitated emission of EQ no changes were observed.

Japanese scientists present a detailed description of three investigations on DMH, carried out in blind and double-blind experiments on EQ influence on patients who were at a distance of 300 to 11,000 km away from Qi-gong masters (in Sendai, Tokyo, and New York) [34]. The experiments included use of the newest investigation methods of skin electrical resistance, blood flow dynamics, autonomic nervous system functioning, brain oxygen exchange, and surface temperature of different parts of the body.

In the first experiment (Tokyo – Sendai, 300 km) a female EQ master, clairvoyant with many years' experience, was informed over the telephone of the full name, date of birth and disease of the patient (hyperthyroidism). During DMH with EQ considerable changes were observed in all the above physiological indices. After the healing session the patient noted the DMH's feeling of warmth, relaxation and repose, which testified to the stimulation of parasympathetic nervous system. The fact that the subject and the three researchers, who were with her, suddenly lost consciousness during the session and had a feeling of such heaviness as if something weighed on them from the ceiling shows how strong the EQ master's distant influence was. In control sessions such phenomena were not registered.

In the second 4-day experiment photographs of two participants from the city of Sendai were sent in advance to another EQ master in New-York (11,000 km), and he performed his healing looking at the picture of each of them.

The third study of DMH between the cities of Tokyo and Sendai (about 350 km) was performed with 4 subjects, two of whom (a man 63 years old and a woman age 21) were very susceptible to DMH. An EQ master in Tokyo received their photographs by fax. In the course of this experiment psychological and physiological changes in the subjects were studied.

In all three distant studies, sensitive biomedical devices were used and recordings of the participants' state were made so that the subjective sensations could be compared to the measurable data. Summing up the outcomes of the experiments on DMH, the author comes to the following conclusions:

1. Distant mental healing is registered on the autonomic nervous system, and in all cases the activity of the sympathetic nervous system is suppressed, while at the same time the activity of the parasympathetic nervous system is stimulated. The latter is manifested in feelings of lightness, repose and relaxation.
2. In all the cases of DMH the subjects' spontaneous body movements there were noted, with limbs twitching and even limb numbness, the feeling of weight and heaviness in the abdomen, and increased temperature in the whole body .
3. All the subjects declare that DMH is beneficial both for their physical and mental state, helping them to get rid of pain, anxiety and fear.
4. During DMH the effects of the healing from the Qi-gong master were so strong that subjects report they see flashes of light and various images.. This testifies to the transformation of the state of consciousness taking place in them.

It is noteworthy that the symptoms of warmth, relaxation and repose in patients during distant EQ therapy closely coincide with those found in distant experiments performed with the Greek healer Christos Drossinakis.

2.3. Oncological diseases

There are many publications on MH in oncology [19].

A survey of the efficacy of IQ (face-to-face effect) for oncological diseases is given in the report of Chen and Yeung [20]. We provide here a short summary of only some of 19 clinical experiments.

A clinical investigation of different forms of progressive oncological processes in 123 patients (60 men and 63 women), 70 of whom had stage III and IV disease, was carried out in 1988 [35]. Ninety-seven of these patients were kept under observation. They were given medicine and IQ (2 hours of dail exercises during three months). The control group included 30 patients. They were taking medicine but received no IQ. In the IQ group there was increased strength 82% ; better appetite 63%; increased weight 50.5% (mean increase + 3 kg); stopped diarrhea and irregular stools 33%; while in the control group these figures were 10%,10%, 13.3% and 6% each of these differences was significant ($p < 0.01$). After IQ therapy the phagocytic activity of macrophages rose from 34.7 ± 8.9 to 47.0 ± 8.2 (34.5% rise), the phagocytic index grew from 0.45 ± 0.11 to 0.63 ± 0.13 .

In the control group the average phagocytic activity decreased 7.8%, the phagocytic index changed from 0.63 ± 0.18 to 0.50 ± 0.14 . It is necessary to note that 24% of patients from the IQ group had a normal ESR and 21 % had a normally functioning liver, while in the control group the figures are 10% and 7% respectively. The following conclusion is stated: the use of IQ therapy by patients produces definite improvements in strengthening the organism and raising its immunity.

The most extensive clinical experiment on IQ efficacy for cancer patients was carried out in 1993 in the oncological dispensary in Beijing. Within the 8-year period there were studies of 1648 patients with different kinds of oncological diseases [36]. Of these, 59.2% demonstrated marked improvement; 32.4 % showed considerable improvement, and in 8.4% there was no effect. It was reported that more than 500 patients, who used IQ, lived 5 years and more (an increase of 30.34%), which is considerably more than in other oncological dispensaries in China. Under the influence of IQ, immune status improved: the neutrophil phagocytosis rose from 32.5% to 51.3% ($p < 0.01$), neutrophil transformation from 54.3 to 64.5% ($p < 0.01$) and other immunity indices also showed improvements. At the Medical University of the city of Lenan [37] 186 patients (155 men and 31 women) were studied after a heart adenocarcinoma operation, the average age being 59.8, with stage III - 67.8%; stage II - 24.7%, and stage I - 7.5%), with observations lasting for three years. The patients were divided at random into 4 groups: surgery control group containing 48 patients; chemotherapy - 42 patients; herb healing alone - 46 patients; IQ + herb healing every day - 50 patients. Table 1 shows the times of survival after more than 5 years of observation of the patients in these groups.

<i>Experimental group</i>	<i>Year 1</i>	<i>Year 3</i>	<i>Year 5</i>	<i>Significance</i>
Surgery control group	80.1%	36.5%	20.8 %	NS
Chemotherapy	85.7%	43.2%	26.1%	NS
Herb healing	84.5%	43.5%	26.1%	NS
IQ +herb healing	86.0%	64.0%	36.0%	($p < 0.01$).

The survival half periods (time during which half of the patients in a group died) were: in surgery (control group) - 30 months; chemotherapy - 36.5; herb healing - 36.5; and in IQ + herb healing - 48 months.

IQ appears to strengthen the anti-tumor immunity, lessen numbers of metastases, accelerate the destruction of cancer cells, and prolong life [36].

3. Possible mechanisms and theory

There is no unified concept of the action of Qi-gong. The experts' opinions on the DMH mechanisms of action differ greatly. Some consider that EQ is a peculiar kind of radiation energy or biologically active force, while others pay special attention to the energizing of neurohumoral factors acting on the basis of psycho-immunology. A hypothesis was also put forward about the possible signal nature of EQ influence, which starts a chain of inner

reactions in the organism of a healthy or unhealthy person [19-21]. Similar interpretations are suggested for the mechanisms of prayers in healing people [8, 17].

A natural question arises: how can one explain from the position of science such important, scientifically confirmed facts as remote influence of healers? If it is a kind of radiation emanation, it must comply to physical laws – it must diminish at a distance, have its own frequency range, be recorded by an instrument. But it turns out that this mysterious power, field, energy, emanation or signal, does not reduce in its influence at any distances and causes in a human organism directed reactions in accordance with the healer's desire and intention [14, 17, 19, 34].

Whatever DMH basis may be – bioenergy, biosignal, bioinformation, bioradiation or biofield – the key mechanism of patients' recovery under DMH remains inexplicable up to now. A logical question arises: how is the remote action realized in the patient's organism? It has long been known that etiology and pathogenesis of any human diseases and its clinical presentation are extremely varied and complex, especially in case of oncological diseases [38]. Plants' responses to various outer influences are also very complicated and consist of numerous signal systems and connections [39], and healers can have their healing effect on them, too [14, 52].

Why do spiritual healers and Qi-gong masters need patients' photographs, names, dates of birth, and which role do these play in remote mental healing at a distance of several scores of thousands kilometers?

Perhaps this information helps the Qi-gong master's inner tuning for a definite image of the patient, but this is not necessary when they exercise prayers and EQ remote influence on animals, plants, bacteria, cell populations, DNA molecules [14, 19, 23].

In all cases a common denominator in DMH is the mental directedness of the healer's consciousness. At the same time there appears to occur a harmonization of two systems of consciousness – the healer's and the living object's, as a result of which they become mentally congruent in relation to each other [40]. Consequently, consciousness, as the main controlling, and regulating, and coordinating center of the organism invigoration, appears to be the basis of living systems' self-regulation. Failure in this mechanism (i.e., disease) appears to occur because of the mental, psychic disorders of the regulation function.

Theoretically the solution of the DMH question can also be approached from the point of view of metaphysics, in which there are numerous rigorous researches of psychokinesis (PK) – a phenomenon connected with the impact of the directed human thought on nonliving matter, which has been studied for a century. PK phenomena are similar to DMH, presenting remote influence of directed thought on nonliving matter [42-46]. The discussion of PK mechanisms led researchers to the questions of nonlocal action, with suggestions of elementary particles interaction, their quantum correlatedness and coherence in physical vacuum, and the role of consciousness in all the processes. These mechanisms are derived from quantum physics.

Scientific research of the last century shows the reality of the world of psychic phenomena lying at the basis of the Conscious and the Unconscious [49]. These form the basis of man's existence and activity, his soul and body. This is confirmed not only by the evidence from various psychic phenomena but from the research on the influence of remote prayer healing and Qi-gong, Tsi Tsi-guan, on nonliving systems.

Scientists have long put forward the idea about the total penetration and participation of consciousness in all possible aspects of life on Earth and the global extent of consciousness in the universe [43-49]. The famous philosopher and mathematician V.V. Nalimov speculates

about the self-organization of such systems as man, biosphere, universe: "In my system self-organization is generated by consciousness. This led me to the thought of omnipresence of weak forms of consciousness, which may be called quasiconsciousness" [50]. Praying people or Qi-gong masters, with a clearly motivated desire to help people, appear to enter a psychophysical altered state, which I call a Mental Space and Time Complex [40]. The praying people and Qi-gong masters mentally influence the patient's consciousness, and his organism, being a self-organizing system, itself corrects functional disorders of the organism. The physicist W. Lucadou remarks in his work: "...Thus, the observer and the observed can become a unity even though they are physically separated" [42, p.108].

This opinion is also expressed by scientists who come to the idea of 'atoms,' 'molecules' [46] and 'quanta' of consciousness [47] as the main units of a global consciousness. In its turn, this approach to the fundamental role of consciousness leads to considering complex interrelations of man with the surrounding space and time and recognizing the multidimensional structure of our world, 5-dimensional space being the main one [44, 48].

The study of DMH is closely connected with the exploration of complex tasks and problems of modern metaphysics, which in the future will hopefully help us to understand the peculiarities and mechanisms of remote effects of Qi-gong therapy, prayers and psychokinesis, as all these phenomena can be explained only on the basis of new views on the space and time surrounding us [44, 48, 49].

4. Conclusion

In view of the experiments cited in this paper, DMH is undoubtedly a scientific fact

At present, the key mechanisms for DMH are completely unknown. But there is one thing clear in the mechanisms of remote effect of prayers and Qi-gong therapy – DMH is an outcome of interaction of two mental programs inherent in people: the program of recovery, existing in the patient's organism but temporarily disordered by disease, and the program of health from the healer's consciousness, acting to stabilize the patient's psychic homeostasis and the strength of his spiritual essence. It is necessary to recognize a special role of Divine and global Consciousness in DMH, as healers are always guided by deep moral stimuli and the ability to heal granted them from above by the Lord [52]. In the words of the great writer Walter Scott, quoted by him from an ancient story about the mythical Hermes Trismegistus, : "There is nothing more divine than mind,... nothing more apt to unite men to gods, and gods to men"[52] More recently, we have the words of the healer Christos. Drossinakis : "Nicht ich heile – es heilt durch mich"- "It's not me who is healing, but healing comes through me." He adds: "[Ich selbst heile im Grunde niemanden. Kranke heilen sich selbst, mit Gottes Hilfe. Mein Augabe ist es, dafuer die Voraussetzungen zu schaffen" [26]. "In principle, I myself do not heal. Disease is healed by itself, with the help of God. My task is to create the conditions for that."

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