

THE LONG-RANGE EFFECTS OF THE RECONNECTIVE HEALING



Details

Category: [2011](#)

Published on Tuesday, 04 October 2011 08:53

Written by Super User

Hits: 308

THE LONG-RANGE EFFECTS OF THE RECONNECTIVE HEALING

Konstantin Korotkov, Ph.D., Oleg Churganov, Ph.D., M.D., Elena Gavrilova, Ph.D., M.D., Oleg Shelkov, Ph.D., Anna Korotkova, Ph.D., Elena Labkovskaya, Sergey Denisov, Anatoliy Anikin
Saint Petersburg Federal Research Institute of Physical Culture, Russia

Multi-parametric double-blind study of the long-ranged effects of the Reconnective Healing to people.

Manuscript ID: JACM-2011-0616

Abstract

Objectives: The purpose of this study is to explore the long-range effects of the Reconnective Healing upon vegetative regulation of the heart rhythm, energy reserve parameters and immune status in experimental groups compared with control cohorts.

Methods: The Heart Rate Variability (HRV), Electrophotonic Imaging (Gas Discharge Visualization EPI/GDV) camera and blood analysis were used to assess subjects' state before and 10 days after Reconnective Healing. The double-blind test was carried out with 60 apparently healthy volunteers of the different gender and age. At the first stage of experiment 10 athletes were measured before and after intensive physical loading in initial condition and 10 days after two-hour session of Reconnective healing. At the second stage immune status from blood and physiological parameters were tested for 20 people in initial conditions and 10 days after two-hour session of Reconnective healing. Equal amount of people was in control groups having no interventions.

Results: Most of the recipients of these treatments experienced increase in fingertip fluorescence area and average intensity, improvement of heart parameters and improved immune status measured from blood. With all of these parameters simultaneously improving, the patients received a good benefit from these sessions.
Conclusions: We may conclude that session of the Reconnection Healing had statistically significant positive influence on the functional state, humoral activity,

physical condition and reaction to loading for the group of people in 10 days after the influence.

Keywords: bioenergy, biofield, reconnective healing, HRV, EPI, GDV, immune status.

Introduction

Biofield therapies (such as Reiki, therapeutic touch, and healing touch) are complementary medicine modalities that remain controversial and are utilized by a significant number of patients, with little information regarding their efficacy. At the same time scores of controlled studies have demonstrated the correlation of positive mental intent with physiological effects in distant human beings. To name quite a few. Systematic review examined 66 clinical studies with a variety of biofield therapies in different patient populations . It was demonstrated that biofield therapies show strong evidence for reducing pain intensity in pain populations, and moderate evidence for reducing pain intensity hospitalized and cancer populations. There is moderate evidence for decreasing negative behavioral symptoms in dementia and moderate evidence for decreasing anxiety for hospitalized populations. There is equivocal evidence for biofield therapies' effects on fatigue and quality of life for cancer patients, as well as for comprehensive pain outcomes and affect in pain patients, and for decreasing anxiety in cardiovascular patients. Meta-analysis of 23 studies in distant healing demonstrated positive results in 57% of cases. Another meta-analysis covers 59 randomized controlled studies of healing in humans. Of 22 fully reported trials, 10 suggested significant effects. In a double-blind experiment involving 393 persons admitted to a coronary care unit, intercessory prayer was offered from a distance to roughly half the subjects . Significantly fewer patients in the prayer group required intubation/mechanical ventilation ($p < 0.002$) or antibiotics ($p < 0.005$), had cardiopulmonary arrests ($p < 0.02$), developed pneumonia ($p < 0.03$), or required diuretics ($p < 0.005$). Subjects in the prayer group had a significantly lower "severity score" based on their hospital course following admission ($p < 0.01$) In a double-blind experiment involving 990 consecutive patients who were admitted to the coronary care unit (CCU), patients were randomized to receive remote, intercessory prayer or not . Patients were unaware they were being prayed for, and the intercessors did not know and never met the patients. The prayed-for group had about a 10 percent advantage compared to the usual-care group ($P = 0.04$). In a double-blind experiment involving 40 patients with advanced AIDS, subjects were randomly assigned to a "distant healing" (DH) group or to a control group . Both groups were treated with conventional medications, but the DH group received distant healing for 10 weeks from healers located throughout the United States. Subjects and healers never met. At 6 months, blind chart review found that DH subjects acquired significantly fewer new AIDS-defining illnesses ($P = 0.04$), had lower illness severity ($P = 0.03$), and required significantly fewer doctor visits ($P = 0.01$), fewer hospitalizations ($P = 0.04$), and fewer days of hospitalization ($P = 0.04$). DH subjects also showed significantly improved mood compared with controls ($P = 0.02$). In thirteen experiments, the ability of sixty-two people to influence the physiology of 271 distant subjects was studied . Statistically significant effects of Healing Intention on Cultured Cells, Truly Random Events generator and between isolated human subjects have been demonstrated. , Social aspects of Prayer and Healing are being discussed in recent paper .

Although the concept of biofields is still controversial, fetal heart biofields have been

measured routinely using extremely sensitive magnetic detectors , HRV , and there is a biophysical basis for the existence of biofields , . At the same time all the authors conclude that there is a need for further high-quality studies in this area.

The Reconnective Healing

The Reconnective Healing®, (www.tehreconnection.com) is an energy healing modality, which is rapidly gaining in popularity, worldwide. Reconnective Healing is said to connect people to a new set of vibrational frequencies that stimulate healing of the body, mind and spirit by promoting a return to balance. In practical terms, Reconnective healers work with their hands to sense and manipulate the biofields of the people being healed. Presently there are several ongoing studies to investigate the effects of Reconnective Healing on the healers and on their surroundings, and so far some papers have appeared in press in English and Russian , . The purpose of this study was to detect long-ranged effects of Reconnective Healing on people.

Materials and Methods

The volunteers for the studies came from the athletic teams, as well as citizens of St. Petersburg, Russia. In the first stage there were 4 females and 16 males, totaling 20 participants. In the second stage, there were 29 females and 11 males, totaling 40 participants. All 60 study participants ranged from 20 to 56 years old, none had prior experience of Reconnective Healing. All participants are living in Saint Petersburg, Russia. All participants were divided to two groups in random order. Informational Consensus Form was signed with every participant and they were explained the terms of the experiment. We have chosen healthy participants as this is a study to demonstrate the efficacy of preventive medicine methods; in short, we wanted to provide support for techniques which may keep individuals healthy.

The following instruments have been used in the study:

1. GDV instrument produced by KTI Co.
2. HRV "Cardio-meter - MT» "Mycard-Lana" Co.
3. Stress system "General Electric Healthcare CardioSoft" with the cycle ergometry "Bike General Electric Healthcare" (General Electric USA).
4. Blood test with the biochemical analyzer KFK-3 and the haematological analyzer "Celly 70" with reagents of the "Vital-diagnostics" Co. Blood was taken from the elbow vein in the morning before the food intake. In the first test parameters measured were as follows: complete blood count, total protein, urea, total cholesterol, total bilirubin, AST, ALT, CPK, creatinine, glucose, lactate. After loading study was conducted: CPK, and lactate.

In the second test the immune status included determination of lymphocyte subpopulations with monoclonal antibodies (CD3, CD19, CD4, DR, CD8, CD56+16), determination of circulating immune complexes and immunoglobulins (IgA, IgG, Ig M).

5. Psychological status was examined by the POMS test determining tension (T) depression (D) aggression (A) vigorous (V) fatigue (F) confusion (C); the Luscher color test (total deviation (TD) and vegetative factor (VF).

Data were processed in "GDV SciLab" and "MS Excel" programs. Difference was considered as statistical significant when $p < 0.05$.

EPI/GDV Technique

Electro-diagnostic techniques such as Electro-encephalogram and Electro-cardiogram are widely used in medical practices worldwide . A promising method already utilized in sixty-two countries to great success is bioelectrography, based on the Kirlian effect. This effect occurs when an object is placed on a glass plate and stimulated with current; a visible glow occurs, the gas discharge. With EPI/GDV (electro-photon imaging through gaseous discharge visualization) bioelectrography cameras, the Kirlian effect is quantifiable and reproducible for scientific research purposes. Images captured (BEO-grams) of all ten fingers on each human subject provide detailed information on the person's psycho-somatic and physiological state . The EPI/GDV camera systems and their accompanying software are currently the most effective and reliable instruments in the field of bioelectrography , , , . EPI/GDV applications in other areas are being developed as well , , , , .

Through investigating the fluorescent fingertip images, which dynamically change with emotional and health states, one can identify areas of congestion or health in the whole system. The parameters of the image generated from photographing the finger surface under electrical stimulation creates a neurovascular reaction of the skin, influenced by the nervous-humoral status of all organs and systems. Due to this, the images captured on the EPI/GDV register an ever-changing range of states. In addition, most healthy people's EPI/GDV readings vary only 8-10% over many years of measurements, indicating a high level of precision in this technique. A specialized software complex registers these readings into parameters which elucidate the person's state of wellbeing at that time .

Results

In the first experiment tests were performed in two sessions.

Test 1

Every person was measured in the following regime.

1. All parameters of the person measured (background 1).
2. Functional capacity ergometric testing for 10 min (cycle ergometer Bike General Electric Healthcare by General Electric Co). Testing done in steps: 1st step 100 Wt loading with 60-65 rounds per minute, every 2 min loading increased by 50 Wt. Blood pressure measured every 2 min.
3. All parameters measured just after loading.
4. Participants of the experimental group have the Reconnective Healing, performed by Eric Pearl and Dough De Vito.
5. Participants of the control group were in the conditions of normal functioning.

Test 2 in 10 days after the Test 1.

Procedure is the same as in the Test 1.

For the experimental group in the Test 2 against the Test 1 a set of statistically significant changes of heart functioning parameters was found. Arterial pressure decreased statistically significant at rest from 122.2 to 112.8 mm Hg ($p=0.012$), and after loading from 197.8 to 186.0 mm Hg ($p=0.029$); Low Frequency spectrum of respiratory undulations decreased from 1562.2 to 890.6 ms² ($p=0.014$); Vegetative Rhythm Index decreased from 8.7 to 6.4 ($p=0.039$); High Frequency spectrum of respiratory undulations decreased from 970.7 to 591.2 ms² ($p=0.045$); and time of the restoration of a blood pressure decreased from 6.0 to 5.3 s ($p=0.009$).

These changes indicate on economization functions of cardiovascular system at rest and its mobilization at a load with the least physiological cost.

No statistically significant changes for the control group were found.

In EPI/GDV parameters we measured difference between indexes before and after loading. The less the difference – the better response of the body to loading. Results of statistical analysis are presented in Table 1.

Table 1. T-test comparison between reactions: difference between initial and after loading measurements in Experimental and Control groups for EPC/GDV parameters.

	Initial test			10 days after test		
	Exp group	Control group	t-test	Exp group	Control group	t-test
Area	0.48	0.36	0.06	0.28	0.48	< 0.001
Intensity	0.89	0.60	0.07	5.36	8.58	< 0.001
Form Coef	5.20	3.05	< 0.001	3.91	6.57	< 0.001
Entropy	0.18	0.16	0.07	0.18	0.30	< 0.001
R Isoline	3.88	2.39	< 0.001	2.63	3.96	< 0.001
L Isoline	1.40	1.20	0.20	1.38	2.00	0.02
R Circle	2.80	3.34	0.19	2.60	3.70	0.01
Noise %%	1.60	1.10	< 0.001	0.70	1.30	< 0.001

These data may be presented as a graph (fig.1). As we see from these data, in initial test experimental and control groups differed on two parameters: Form Coefficient and Radius of Isoline, and response to loading on these parameters was better in control group. After 10 days in a second test reaction to loading in the experimental group became much better compared with a control group. For most parameters the difference is statistically significant. Stress level practically did not change for both groups.

These changes indicate increase of energy reserves of the participants after the Reconnective healing session.

Blood analysis demonstrated changes for the experimental group in 10 days after Reconnective healing on the following parameters: Segmental count changed from 50.2 to 58.4% ($p=0.02$); Lymphocytes from 35.9 to 28.6% ($p=0.05$); Urea from 6.3 to 5.4 mol/L ($p=0.05$); with no changes for the control group.

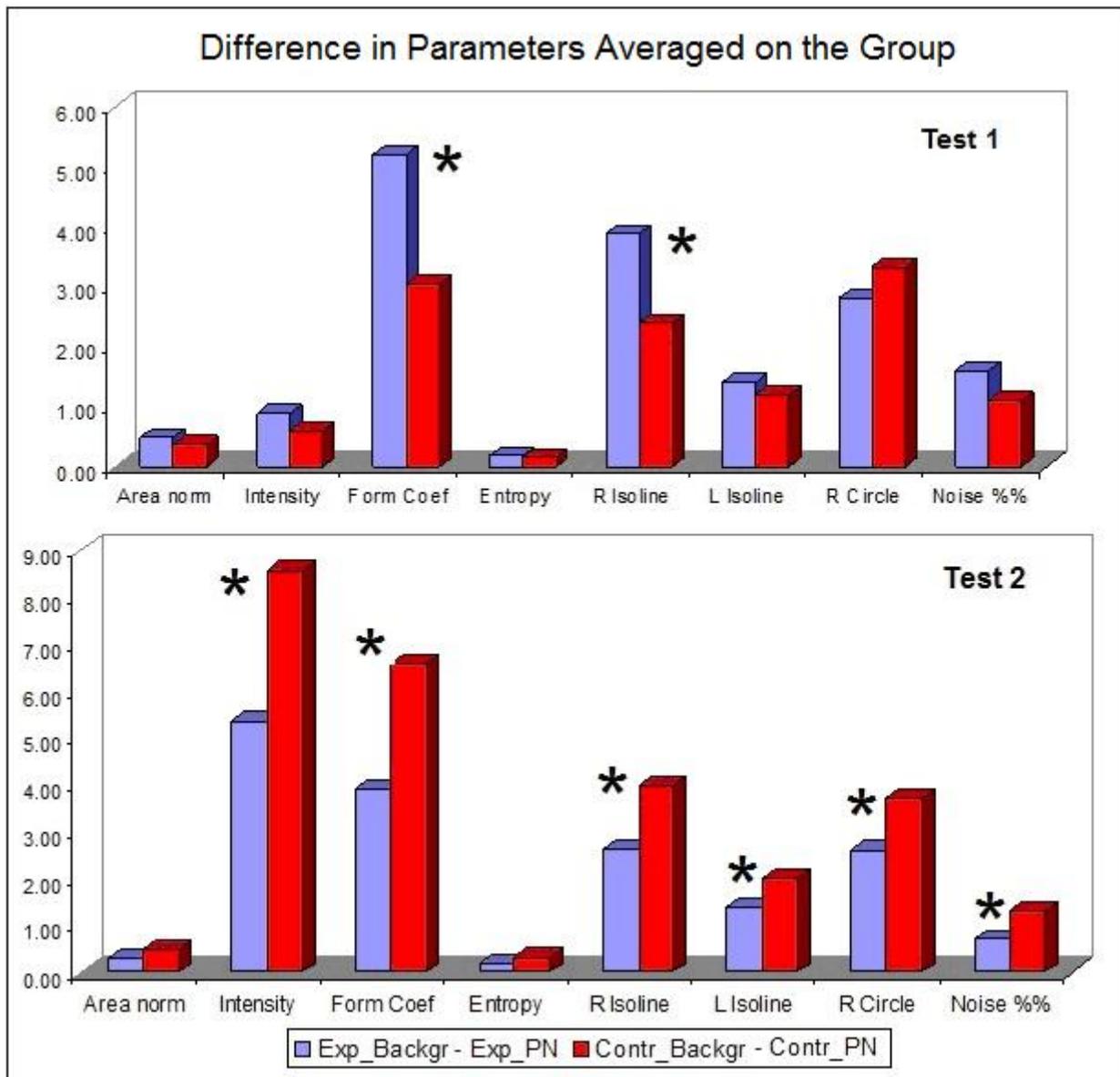


Fig.1. Differences in EPI/GDV parameters before and after loading in initial test and 10 days after for the experimental and control groups. (* $p < 0.05$)

As was found from our measurements, immediately after the Reconnection Healing session about half of participants had their energy parameters increased, while in a week after the session this effect became statistically significant for the group – 80% of people increased their energy. This signifies the importance of the study of time dynamics of healing effects.

After receiving these results we decided to make test for bigger cohort of population. In this case 40 people were at random divided to two groups: experimental – 20 people and control 20 people. Every person was measured in the morning, and then people from the experimental group were having two hours of the Reconnective Healing, while for the control group it was no intervention. This time it was no physical loading. Initial tests demonstrated no difference between groups. In experimental group 10 days after the Reconnective Healing a set of parameters

demonstrated statistically significant difference (Table 2).

Table 2. Immune status in the Test 1 and Test 2 for the experimental group

Indexes	Test 1		Test 2		t-test
	Average	St.Dev	Average	St.Dev	
IgA (mg/dl)	245.50	102.98	237.59	100.02	0.083
IgG (mg/dl)	1179.17	283.94	1026.24*	340.59	0.045
IgM (mg/dl)	152.56	76.47	141.88	58.85	0.313
Immune complexes	78.32	42.84	65.84	35.63	0.141
CD3 (%)	65.26	6.89	69.88*	7.78	0.022
CD3 (count)	1282.44	298.31	1356.53*	304.46	0.035
CD19 (%)	10.67	4.42	10.74	4.33	0.470
CD19 (count)	208.44	92.25	208.18	101.90	0.318
CD4 (%)	38.98	7.90	42.58*	6.84	0.009
CD4 (count)	766.56	225.53	818.65*	177.25	0.025
DR (%)	4.94	3.27	4.97	3.66	0.361
DR (count)	92.89	62.24	98.00	78.93	0.352
CD8 (%)	24.99	8.07	27.38*	8.89	0.013
CD8 (count)	490.61	182.36	546.65*	235.51	0.014
CD 56+16 (%)	15.99	6.67	14.41	6.07	0.103
CD 56+16 (count)	320.00	165.14	284.41	146.58	0.289

Indexes Test 1 Test 2 t-test

	Average	St.Dev	Average	St.Dev	
IgA (mg/dl)	245.50	102.98	237.59	100.02	0.083
IgG (mg/dl)	1179.17	283.94	1026.24*	340.59	0.045
IgM (mg/dl)	152.56	76.47	141.88	58.85	0.313
Immune complexes	78.32	42.84	65.84	35.63	0.141
CD3 (%)	65.26	6.89	69.88*	7.78	0.022
CD3 (count)	1282.44	298.31	1356.53*	304.46	0.035
CD19 (%)	10.67	4.42	10.74	4.33	0.470
CD19 (count)	208.44	92.25	208.18	101.90	0.318
CD4 (%)	38.98	7.90	42.58*	6.84	0.009
CD4 (count)	766.56	225.53	818.65*	177.25	0.025
DR (%)	4.94	3.27	4.97	3.66	0.361

DR (count)	92.89	62.24	98.00	78.93	0.352
CD8 (%)	24.99	8.07	27.38*	8.89	0.013
CD8 (count)	490.61	182.36	546.65*	235.51	0.014
CD 56+16 (%)	15.99	6.67	14.41	6.07	0.103
CD 56+16 (count)	320.00	165.14	284.41	146.58	0.289

As we see from the Table 2, in the Test 2 against the Test 1 in experimental group a set of statistically significant changes of cell parameters of immune system was found. Basic parameters CD3, CD4 and CD8 increased statistically significant during experiment (fig.2).

Fig.2. Averaged on experimental group blood parameters in Test 1 and Test 2. * p<0.05

These changes were found for most of participants (fig. 3).

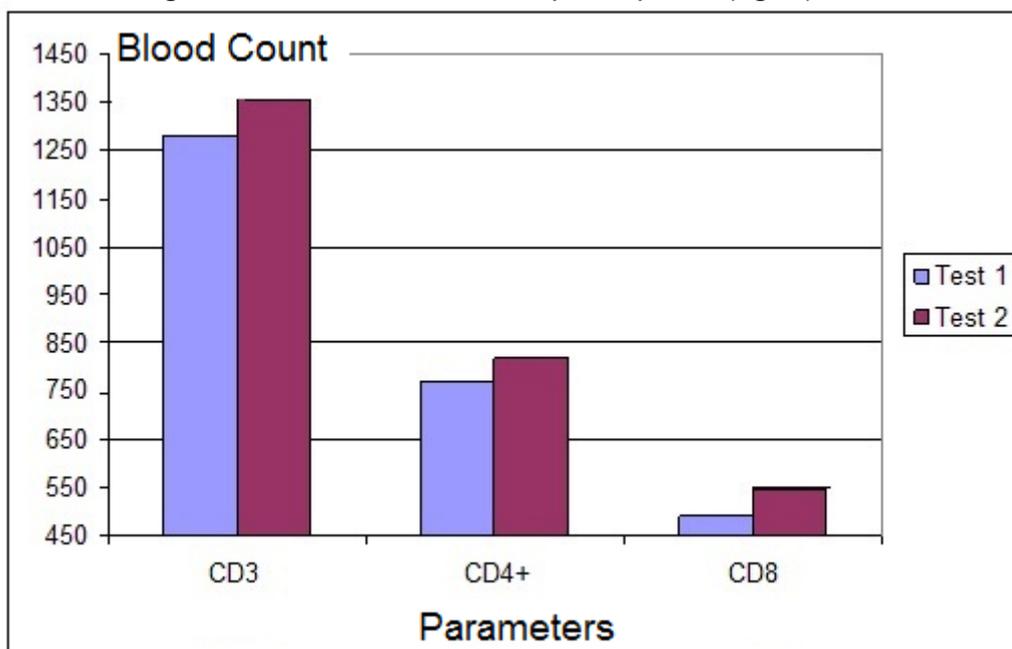
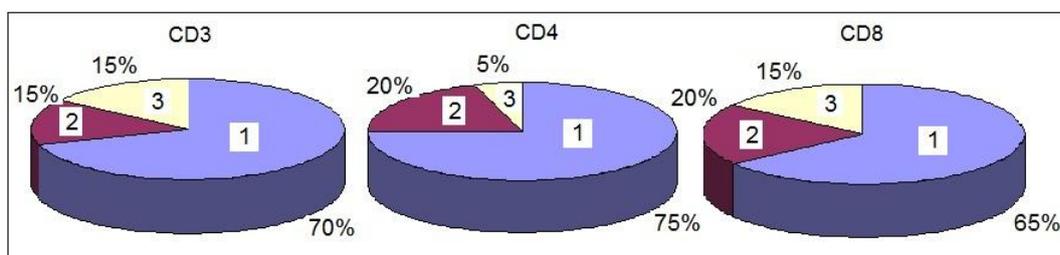


Fig.3. Percentage of participants in experimental group having positive (1), negative (3) and neutral (2) changes of blood parameters in 10 days after the Reconnective Healing.



Parameters of humoral immunities were almost unchanged. No significant changes for CD 19, IgA, IgM were found; and only IgG significantly decreased from (p<0,05). These changes indicate significant positive shift in the immune system, in particular, growth of indicators of total lymphocytes, helper and cytotoxic lymphocytes. This associated with the increase of non-specific immunity, adaptive capacity of the

immune system, control of the autoimmune processes and some decrease of the level of endogen intoxication.

Opposite changes were observed for the control group (Table 3).

Table 3. Immune status in the Test 1 and Test 2 for the control group

Indexes	Test 1		Test 2		t-test
	Average	St.Dev	Average	St.Dev	
IgA (mg/dl)	295.12	108.36	285.76	112.39	0.076
IgG (mg/dl)	1268.41	177.92	1162.76***	175.28	0.0001
IgM (mg/dl)	138.12	80.44	131.82	71.31	0.125
Immune complexes	64.66	53.38	62.04	40.05	0.0001
CD3 (%)	69.76	9.15	65.41*	11.04	0.046
CD3 (count)	1542.18	485.69	1289.24**	437.96	0.005
CD19 (%)	12.02	3.40	10.71*	3.13	0.034
CD19 (count)	257.35	99.92	202.94**	61.42	0.003
CD4 (%)	44.04	9.22	40.68	7.84	0.087
CD4 (count)	976.35	362.15	799.18*	270.11	0.012
DR (%)	4.61	2.95	3.98	2.17	0.073
DR (count)	95.18	70.67	76.53*	42.64	0.038
CD8 (%)	25.32	5.76	24.14	5.43	0.068
CD8 (count)	537.35	170.38	469.35*	165.90	0.013
CD 56+16 (%)	16.66	7.13	15.35	5.70	0.102
CD 56+16 (count)	370.24	168.52	303.00*	131.49	0.024

Indexes Test 1 Test 2 t-test

	Average	St.Dev	Average	St.Dev	
IgA (mg/dl)	295.12	108.36	285.76	112.39	0.076
IgG (mg/dl)	1268.41	177.92	1162.76***	175.28	0.0001
IgM (mg/dl)	138.12	80.44	131.82	71.31	0.125
Immune complexes	64.66	53.38	62.04	40.05	0.0001
CD3 (%)	69.76	9.15	65.41*	11.04	0.046
CD3 (count)	1542.18	485.69	1289.24**	437.96	0.005
CD19 (%)	12.02	3.40	10.71*	3.13	0.034
CD19 (count)	257.35	99.92	202.94**	61.42	0.003
CD4 (%)	44.04	9.22	40.68	7.84	0.087
CD4 (count)	976.35	362.15	799.18*	270.11	0.012
DR (%)	4.61	2.95	3.98	2.17	0.073
DR (count)	95.18	70.67	76.53*	42.64	0.038
CD8 (%)	25.32	5.76	24.14	5.43	0.068

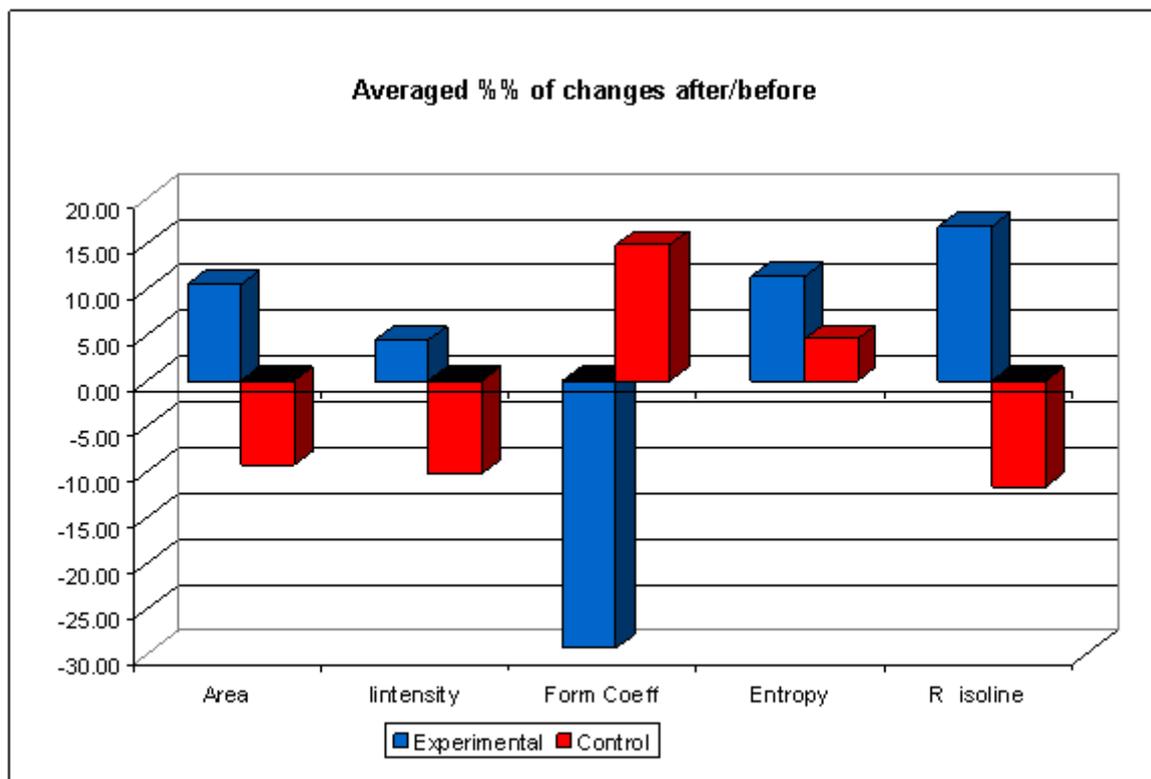
CD8 (count)	537.35	170.38	469.35*	165.90	0.013
CD 56+16 (%)	16.66	7.13	15.35	5.70	0.102
CD 56+16 (count)	370.24	168.52	303.00*	131.49	0.024

*- p<0.05; **-p<0.01; ***-p<0.001

As we can see from the data almost all parameters of immune system in the control group have decreased in comparison with experimental group in which improvement of the majority of indicators was marked. In the Test 2 against the Test 1 in control group significant decreased the following parameters: CD3, CD19, CD4, DR+, CD8, CD 56+16, CD 19, IgA, IgM and IgG. These changes can be interpreted as stressful reaction to spring tiredness before summer vacations.

Similar result was demonstrated by the EPI/GDV technology. For the experimental group all parameters demonstrated positive outcome: increase of Area, Intensity, Entropy, R Isoline and decrease of Form Coefficient (decrease of Form Coefficient signifies more balanced state); while in control group most of parameters demonstrated negative tendencies (fig. 4).

Fig.4. Averaged %% of changes after/before of different parameters for the experimental and control groups. All the differences are statistically significant.



Psychological status was examined by the test POMS (Mc Nair) determining tensor (T), depression (D), aggression (A), vigorous (V), fatigue (F), confusion (C); the Luscher color test (total deviation (TD) and vegetative factor (VF). Table 4 demonstrates results of the study.

Table 4. Date of the POMS test and M. Lusher test for the experimental group.
Indexes Test 1 Test 2 t-test

Indexes	Test 1		Test 2		t-test
	Average	St.Dev	Average	St.Dev	
Tension (T)	44.09	7.56	39.86	7.73	0.004
Depression (D)	43.45	8.77	40.95	6.65	0.030
Aggression (A)	45.64	10.80	41.50	6.49	0.035
Vigor (V)	51.45	6.93	53.00	7.42	0.185
Fatigue (F)	43.50	6.79	40.59	6.66	0.036
Confusion (C)	41.45	7.71	38.23	6.60	0.029
Total deviation (TD)	13.5	8.1	11.5*	5.8	0.01
Vegetative factor (VF)	1.5	0.5	1.5	0.5	0.5

	Average	St.Dev	Average	St.Dev	
Tension (T)	44.09	7.56	39.86	7.73	0.004
Depression (D)	43.45	8.77	40.95	6.65	0.030
Aggression (A)	45.64	10.80	41.50	6.49	0.035
Vigor (V)	51.45	6.93	53.00	7.42	0.185
Fatigue (F)	43.50	6.79	40.59	6.66	0.036
Confusion (C)	41.45	7.71	38.23	6.60	0.029
Total deviation (TD)	13.5	8.1	11.5*	5.8	0.01
Vegetative factor (VF)	1.5	0.5	1.5	0.5	0.5

We can see that all negative parameters of psychological status in experimental group have declined significantly. Vigor has increased, at least for some people. So the profile of POMS became more favorable after the experiment.

Table 5. Date of the POMS test and M. Lusher test for the control group.
Indexes Test 1 Test 2 t-test

Indexes	Test 1		Test 2		t-test
	Average	St.Dev	Average	St.Dev	
Tension (T)	42.5	7.2	40.9	6.8	0.070
Depression (D)	41.1	4.4	40.8	4.7	0.315
Aggression (A)	42.7	4.9	42.9	4.6	0.414
Vigor (V)	53.85	12.3	50.1	11.5	0.051
Fatigue (F)	41.05	6.6	42.1	7.1	0.197
Confusion (C)	39.45	5.7	39.1	6.0	0.290
Total deviation (TD)	14.1	7.2	12.1	7.2	0.155
Vegetative factor (VF)	1.4	0.5	1.4	0.5	0.239

	Average	St.Dev	Average	St.Dev	
Tension (T)	42.5	7.2	40.9	6.8	0.070
Depression (D)	41.1	4.4	40.8	4.7	0.315
Aggression (A)	42.7	4.9	42.9	4.6	0.414
Vigor (V)	53.85	12.3	50.1	11.5	0.051
Fatigue (F)	41.05	6.6	42.1	7.1	0.197
Confusion (C)	39.45	5.7	39.1	6.0	0.290
Total deviation (TD)	14.1	7.2	12.1	7.2	0.155
Vegetative factor (VF)	1.4	0.5	1.4	0.5	0.239

As well as immunologic parameters psychological status in the control group had no significant changes. At the same time vigor decreased and fatigue increased.

DISCUSSION

Significant changes in the immune status, physiological and psychological parameters under the influence of a single impact of Reconnective Healing on a group of 30 people prove the effectiveness of this intervention. Significant changes in the immune system have been identified: the general increase of lymphocytes, of the helper cells, and of the suppressor cells. Energy parameters demonstrated statistically significant difference between experimental and control groups on several indexes which characterize the quality of the biofield. Psychological status of the experimental group demonstrated significant improvement: negative psychological indicators reduced - tensor, depression, aggression, fatigue and confusion as well as the total deviation in the Lusher test. These changes prove multiple positive effects of one session of Reconnective Healing on deep mechanism of immune regulation, psychomodulation (increase the mental power and decrease stress manifestations) and increase the immune response. Apparently the impact affects the immune system through psycho-immune mechanisms. As a result, there have been significant positive changes in basic cellular subpopulations of the immune system. Participants in experimental group also showed a significant changes of HRV parameters which contributed to their better response to physical loading.

In experimental group significant decrease of arterial pressure in rest and systolic arterial pressure after loading was found. Increase of efficiency of the cardiovascular system activity after loading, faster restoration of both functional and blood test indexes after loading and significant positive changes in blood indexes for the experimental group signify increase of metabolic, immune, anti-toxic and anti-oxidant activity of the organism.

What is important – effects on people were evaluated 10 days after the intervention. This allows to let aside possible emotional effects like excitation from the process, and be sure that significant changes demonstrated by the experimental group was caused by the deep influence of the Reconnective healing to the cell structure of the body.

At the moment we have no clues to the inner mechanisms of these effects. At the same time results presented in this paper are consistent with the previous observations. During 2008-2010 several series of experiments during Reconnective Healing workshops and conferences in the USA and Europe have been performed. In all cases EPC instruments was used, in September 2008 three groups performed measurements in parallel: Ann Linda Baldwin and Gary E. Schwartz with heart rate variability and cutaneous blood perfusion techniques ; William Tiller and Walter E. Dibble, with water Temperature and pH sensor; and Krishna Madappa and Konstantin Korotkov with EPC technology. All three groups independently recorded statistically significant effects of the Reconnective Healing on the participants. We may construct several models explaining observed effects – from chemical and physical ones, to quantum electrodynamics and esoteric explanations. From our point of view settling on explanations is not important at the moment. First of all we need to collect a database of observations in different situations by several research groups. We should also take into consideration ideas of Professor William Tiller, reflecting on the concurrent conditioned space measurements during the Reconnective Healing workshops:

“Macroscopic spatial information entanglement, due to simultaneous use of multiple measuring instruments, appear to be generating reduced contrast in the magnitudes of various event signatures. This probably occurs via the addition of out-of-phase vector components (a type of data randomization) associated with the buildup of a negative magnetic charge manifesting in the environment!”¹⁷

To prove or disapprove these ideas we need to have a series of further experiments with different modalities of healing. At any rate, without being concerned for the moment about physical explanations, it is clear that the effects of the Reconnective Healing are strong and measurable.

CONCLUSIONS

In summary, this study demonstrates that Reconnective Healing causes a measurable long-range change in the ANS and immune status. The fact that this response was highly reproducible among subjects is evidence of the consistency of the Reconnective Healing effects. Unlike some other energy healing modalities, such as Reiki and Qigong, application of Reconnective Healing does not invoke a relaxation response in the person, but decreases both sympathetic and parasympathetic stimulation of the ANS³⁰, as observed when a person is in a state of emotional detachment, inner quiet and heightened awareness of the flow of subtle

energy. These physiological responses are compatible with the Reconnective Healing principle of sensing and manipulating energy fields, rather than passively allowing the energy to flow through the body, as in Reiki. Thus the selected approach has proven to be a useful method of demonstrating the way in which subtle energy is accessed when performing different types of energy healing.

We may conclude that session of the Reconnection Healing had statistically significant positive influence on the functional state, humoral activity, physical condition and reaction to loading for the group of people in 10 days after the influence. This signifies long-lasting effect of the Reconnection Healing and its significance for well-being and health condition of people.

Author Disclosure Statement.

All authors disclose any commercial associations that might create a conflict of interest in connection with submitted manuscripts. No competing financial interests exist.

References

- Shamini Jain & Paul J. Mills Biofield Therapies: Helpful or Full of Hype? A Best Evidence Synthesis. *Int. J. Behav. Med.* 2010. 17:1–16.
- Astin JE, Harkness E, Ernst E. The efficacy of "distant healing": a systematic review of randomized trials. *Annals of Internal Medicine.* 2000. 132:903-910.
- Abbot, Neil C, Healing as a therapy for human disease: a systematic review, *J Altern Complement Medicine*, 2000, 6(2): 159-169.
- Dossey L. Prayer and medical science.. *Archives of Internal Medicine.* 2000.160(12):1735-1738.
- Harris W, Gowda M, Kolb JW, Strychacz CP, Vacek JL, Jones PG, Forker A, O'Keefe JH, McCallister BD. A randomized, controlled trial of the effects of remote, intercessory prayer on outcomes in patients admitted to the coronary care unit. *Archives of Internal Medicine.* 1999. 159(19):2273-2278.
- Sicher F, Targ E, Moore D, Smith HS. A randomized double-blind study of the effect of distant healing in a population with advanced AIDS - report of a small-scale study. *Western Journal of Medicine.* 1998. 169(6):356-363.
- Braud, William and Schlitz, Marilyn. A methodology for the objective study of transpersonal imagery, *J Scientific Exploration* 1989, 3(1):43-63.
- Radin D, Taft R, Yount G. Effects of Healing Intention on Cultured Cells and Truly Random Events. *J Alternative Complementary Medicine.* 2004, 10(1):103–112.
- Radin D, Event-Related Electroencephalographic Correlations Between Isolated Human Subjects. *J Alternative Complementary Medicine.* 2004, 10(3):315-323.
- Krucoff MW., Crater SW., What Do "We" Want and Need to Know About Prayer and Healing? *J Altern Complement Medicine.* 2009. 15(12): 1259-1261.
- Seki Y ., Kandori A., Kumagai Y., Ohnuma M., Ishiyama A., Ishii T., Nakamura Y., Horigome H. and Chiba T. Unshielded fetal magnetocardiography system using two-dimensional gradiometers, *Review of Scientific Instruments*, 2008. 79(3): 036-106.
- Burleson K.O. and Schwartz G.E. Energy healing training and heart rate variability. *J of Alternative and Complementary Medicine*, 2005. 11(3): 391-395.
- McCraty R., Atkinson M., Tomasino D. and Bradley RT. *The Coherent Heart*, HeartMath Research Center, Institute of HeartMath. 2006.
- Movaffaghi, Z, and Farsi, M. (2008). Biofield Therapies: Biological basis and biological regulations? *Complementary Therapies in Clinical Practice*, 15: 35-37.

Rein, G. (2004). Bioinformation within the biofield: beyond bioelectromagnetics, *J Altern Complement Medicine*, 10(1): 59-68.

Korotkov K., De Vito D., Arem K., Madappa K., Williams B., Wisneski L. Healing Experiments Assessed with Electrophotonic Camera. *Subtle Energies & Energy Medicine* 2010. 20(3):1- 15.

Tiller WA., Dibble WE. Jr. Экспериментальные исследования на семинарах "Исцеление через Воссоединение" с помощью уникального датчика тонких энергий. *Сознание и физическая реальность*. 2009. 14(8):11-13.

Baldwin AL., Schwartz GE. Исследование практики "Исцеление через Воссоединение". *Сознание и физическая реальность*. 2009. 14(8): 23-25.

McNair DM. Profile of Mood States. San Diego: Educational and Industrial Testing Service. 1992.

Korotkov K.G., Matravers P, Orlov D.V., Williams B.O. Application of Electrophotonic Capture (EPC) Analysis Based on Gas Discharge Visualization (GDV) Technique in Medicine: A Systematic Review. *J Altern Complement Med*. 2010, 16(1): 13-25.

Korotkov KG. Human Energy Field: Study with GDV Bioelectrography. Fair Lawn, NJ: Backbone Publishing Co: 2002.

Hossu M, Rupert R. Quantum Events of Biophoton Emission Associated with Complementary and Alternative Medicine Therapies. *J Altern Complement Med*. 2006, 12(2): 119-124.

Cohly H, Kostyuk N, Isokpehi R, Rajnarayanan R. Bio-electrographic method for preventive health care. Biomedical Science & Engineering Conference, First Annual ORNL, 2009,1-4.

Rgeusskaja GV, Listopadov UI. Medical Technology of Electrophotonics – GDV – in Evaluation of Cognitive Functions. *J Sci Healing Outcome*. 2009, 2(5): 16-19.

Kostyuk N, Meghanathan N, Isokpehi R.D., Bell T, Rajnarayanan R, Mahecha1 O, Cohly H., Biometric Evaluation of Anxiety in Learning English as a Second Language. *International J Computer Science and Network Security*, 2010, 10(1): 220-229,

Bundzen PV, Korotkov KG, Unestahl LE. Altered States of Consciousness: Review of Experimental Data Obtained with a Multiple Techniques Approach. *J Altern Complement Med*. 2002, 8(2): 153-165.

Korotkin DA, Korotkov KG, Concentration dependence of gas discharge around drops

of inorganic electrolytes. *J Applied Physics*. May 2001, 89(9): 4732-4736.

Korotkov K, Orlov D. Analysis of Stimulated Electrophotonic Glow of Liquids. www.waterjournal.org/volume-2-index. 2010, 2, accessed 12-01-2010.

Szadkowska I., Masajtis J., Gosh J.H. Images of corona discharges in patients with cardiovascular diseases as a preliminary analysis for research of the influence of textiles on images of corona discharges in textiles' users. *Autex research journal*, 2010, I. 10: 26-30.

Augner Chr., Hacker G.W., Schwarzenbacher S., Pauser G.: Gas Discharge Visualization (GDV): Eine auf physikalischen Methoden und Meridiananalysen basierende Technik zur Untersuchung von Stressreaktionen und energetischen Schwachstellen – Zwischenbericht laufender Forschung. *Dt. Ztschr. f. Akup. (DZA) – German J Acupuncture & Related Techniques* 2010, 53: 14-20.

Korotkov K, Orlov D, Madappa K. New Approach for Remote Detection of Human Emotions. *Subtle Energies Energy Med* 2009, 19(3): 1- 15.

Polushin J, Levshankov A, Shirokov D, Korotkov K. Monitoring Energy Levels

during treatment with GDV Technique. J Sci Healing Outcome. 2009, 2(5): 5-15.

Wisneski L., Anderson L. The Scientific Basis of Integrative Medicine. CRC Press. 2005.

Baldwin, A.L. Effects of Reiki and Concentration on Cutaneous Microvascular Perfusion of the Fingers. Focus on Alternative and Complementary Therapies 2007,12: 6.