



A Research Primer for Energy-Based Therapies



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Outline

1. Introduction and Our Challenge
2. Why do we need Healing Touch (HT) and other energy medicine research?
3. What are the key components of a good research study?
4. What are the main types of studies?
5. Where do I find guidance and good examples of HT research?
6. How can I become a better research consumer and advocate?



1. Introduction

Just as there are different schools of nursing there are different schools of energy healing. For Instance:

- Healing Touch
- Therapeutic Touch
- Pranic Healing
- Reiki
- Quantum Touch

Though the different energy healing modalities all have healing at their core

- Healing Touch, the energy modality that is the focus of this discussion, is an effective, heart-centered, energy therapy that works with your personal energy system to support the body's natural healing ability.
- The depth of a practitioner's own heart-centered compassion is what galvanizes the transmutation we call healing.
- In the end, this inner work, this connection with 'something more', and surrendering to serve humanity, is key to alleviating suffering.

2. Why Do We Need HT Research?



- Modern medicine is founded upon **evidence-based** practice (i.e., uses the scientific method to confirm or negate the efficacy of medical treatments and procedures.)
- Acceptance of HT as a complementary modality to allopathic medicine, requires high-quality research studies that show its effectiveness to support healing.

More high-quality, peer-reviewed research studies are needed to generate evidence that outcomes are more than the placebo effect.

Does it work?





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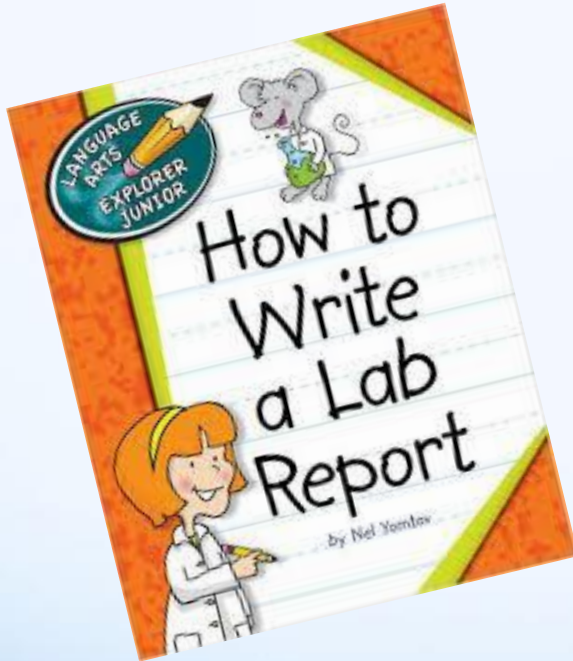
"Try to find something that works like aspirin but costs much more."

3. What Are The Key Components of an Ideal Research Study on HT?

- **Large number of participants/events of treatment to rule out effect by chance alone.**
- **Blinded randomization of subjects.**
- **Control of external variables e.g., knowledge of HT therapy, medications, treatment environment.**
- **Number of outcomes measured.**
- **Characteristics of control and treatment groups, if any. How outcomes are determined if no control group is used.**
- **Standardization of HT treatments, as appropriate, performed by experienced practitioners.**



Finally, a complete report of the results, including



Purpose:

Why was this research done?

What was your hypothesis?

Procedure:

How was the hypothesis tested?

Observations & Data:

What was measured or recorded?

Discussion and Results:

Describe your findings

Conclusion:

Was your experiment successful?

4. What are the main types of studies?

There are three main types of research studies.

A typical problem with studies on energy therapies is the small size of samples. This makes it hard to generalize the results.

Quantitative

Numerical data is collected via measurement of changes e.g., cortisol levels, blood pressure, pain level using standardized survey method. It tells you what is happening and how much change occurs.

Qualitative

Qualitative—**anecdotal data obtained via interviews, questionnaires, recordings, documents etc. It can indicate an effect is occurring but generally not quantify the amount of impact.**

Mixed Method

A combination of quantitative and qualitative data collection. It provides a clear, overall picture and is the gold standard in today's research designs for energy-based impact evaluations.

An example of each type of study is presented next.

I. A Quantitative Research Study

[Kathi J Kemper¹](#), [Nancy B Fletcher](#), et. al., (2009) *Impact of healing touch on pediatric oncology outpatients: pilot study*. *J Soc Intgr Oncology* Winter;7(1):12-8

- **Procedure:** We enrolled patients in the continuation or consolidation phase of therapy.
 - Patients or their parent completed simple visual analogue scales (VASs; 0-10) for relaxation, vitality, overall well-being, stress, anxiety, and depression before and after a 20-minute period of rest and a standardized HT treatment.
 - Patients' heart rates were monitored and later analyzed for heart rate variability (HRV) characteristics. Of the nine patients, all completed VASs and six had usable HRV data. The average age was 9 years.
- **Discussion:** VAS scores for stress decreased significantly more for HT treatment than **for the period of rest** (HT: 4.4-1.7; rest: 2.3-2.3; $p = .03$).
 - The HRV characteristic of total power was significantly lower during HT than for rest (HT 599 +/- 221; rest: 857 +/- 155; $p = .048$), and sympathetic activity was somewhat but not significantly lower (HT: 312 +/- 158; rest: 555 +/- 193; $p = .06$).
- **Conclusion:** HT is associated with lowered stress and changes in HRV. Further studies are needed to understand the mechanisms of these effects in larger samples and to explore the impact on additional clinically relevant measures.

II. A Qualitative Research Study

Wong J , Ghiasuddin A , et. al., (2012) *The impact of healing touch on pediatric oncology patients*. *Integrative Cancer Therapies*, 12(1):25-30

- **Procedure:** This study was a 1-year randomized prospective study consisting of 2 study groups. The group (6 patients) receiving HT was considered the treatment. The group engaged in reading/play activities (3 patients) was considered the control group.
 - Participants received their designated intervention for 30 minutes at each inpatient or outpatient encounter. Participants, parents, and care providers were asked to complete pre- and post-intervention assessments.
- **Results:** Those in the HT group showed significant decreases in the scores for pain, stress, and fatigue for participants, parents, and caregivers. Furthermore, parents' perception of their children's pain decreased significantly for the HT group when compared with the group receiving reading/play activity.
- **Conclusion:** This study demonstrates the feasibility of using energy therapy in the pediatric oncology patient population. Furthermore, these findings suggest that HT has a positive impact on pain, stress, and fatigue related to oncology treatment.

III. A Research Study with Mixed Methods

Wilkinson, D.S., Knox, P.L., et al. (2002). *The clinical effectiveness of Healing Touch*. *Journal of Alternative and Complementary Medicine*. 8(1), 33-47.

- **Procedure:** Measured salivary secreted immunoglobulin A (sIgA), a protein in the body thought to be related to health enhancement before and after HT treatment.
 - Levels of stress and perceptions of health enhancement were evaluated using qualitative questionnaires for 22 clients who had never experienced HT.
 - Three conditions were evaluated over a period of two weeks: no treatment, HT alone, HT plus music and guided imagery.
- **Discussion:** Clients of practitioners with more training experience showed statistically significant positive sIgA change over the HT treatment series, while clients of practitioners with less experience did not.
 - Clients reported a statistically significant reduction of stress level after both HT conditions.
 - Perceived enhancement of health was reported by 13 of 22 clients (59%). Themes of relaxation, connection, and enhanced awareness were identified in the qualitative analysis of the HT experience.
 - Pain relief was reported by 6 of 11 clients (55%) experiencing pain.
- **Conclusion:** Statistically significant results and the review of the qualitative data support that HT enhances health through raising sIgA concentrations, lowering perceptions of stress and relieving pain. The researchers suggest that the result is not the result of placebo alone.

Systematic reviews and meta-analysis of well-run studies on the effectiveness of HT provide the evidence based best practice for demonstrating HT efficacy.

Such reviews and analyses must be based on a preponderance of evidence provided by high quality research studies. .

Evidence-Based Practice Tools Summary



Study Reporting Considerations

- Be cautious in your choice of words about research conclusions – scientific studies never definitively prove effectiveness but can demonstrate significant results.
- Remember that significance in one test group or for one outcome is not necessarily transferrable to all groups and outcomes.
- Consider all available data
- Choose reputable journals and publications.
- Adhere to the highest ethical and academic standards.

5. Where Do I Find Guidance for HT Research?



<https://us.simplerusercontent.net/uploads/asset/file/9885170/Research-Points-for-Healing-Touch-Efficacy-Studies-Morrow-Poelker-Nienaber-Jul-Aug-2022.pdf>.

<https://us.simplerusercontent.net/uploads/asset/file/13686650/Energy-Research-Methodology-Bibliography.pdf>

Hammerschlag, R., Sprengel, M. L., & Baldwin, A. L. (2024). Biofield therapies: Guidelines for reporting clinical trials. *Complementary therapies in medicine*, 82, 103011

Where Do I Find Examples of HT Research?



<https://www.htwfoundation.org/research>

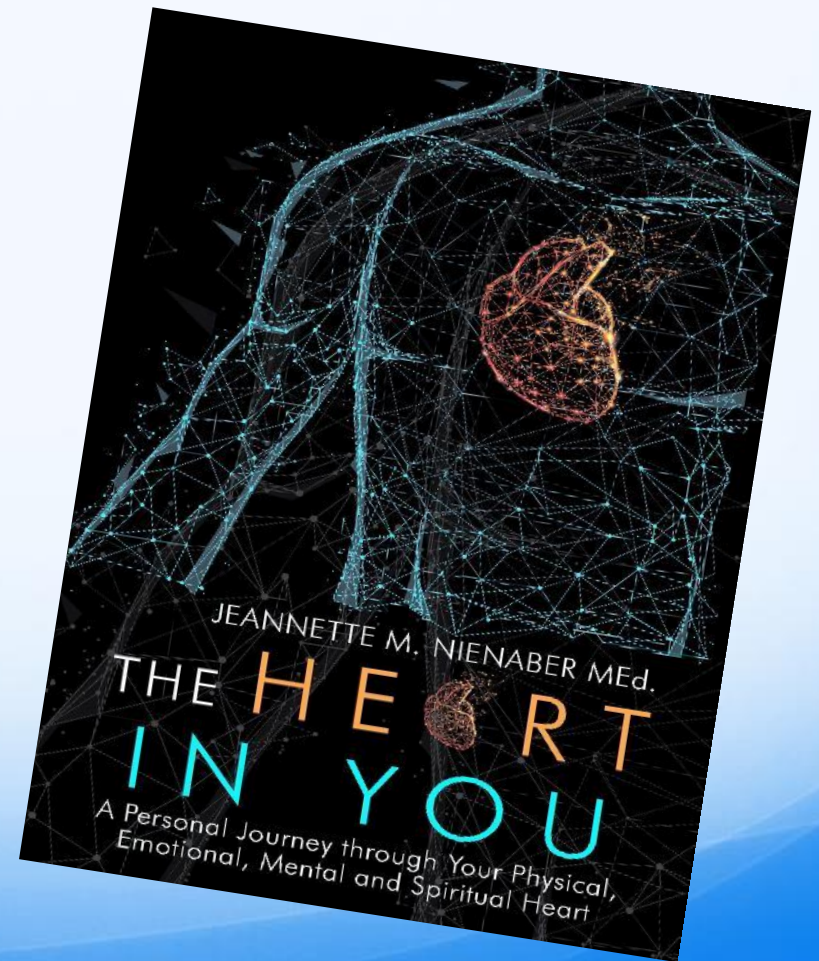
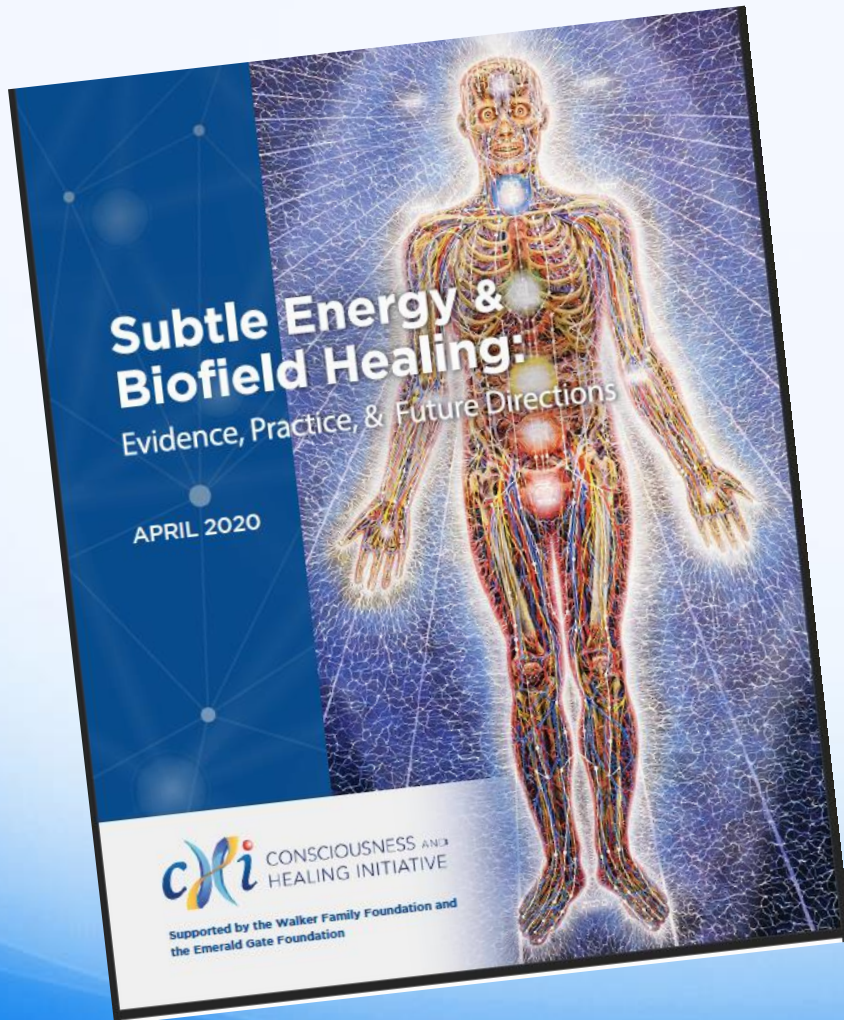
<https://www.healingtouchresearch.com/studies>

<https://www.healingbeyondborders.org/index.php/research>

<https://niih.org/energy-medicine-research-bibliography/>

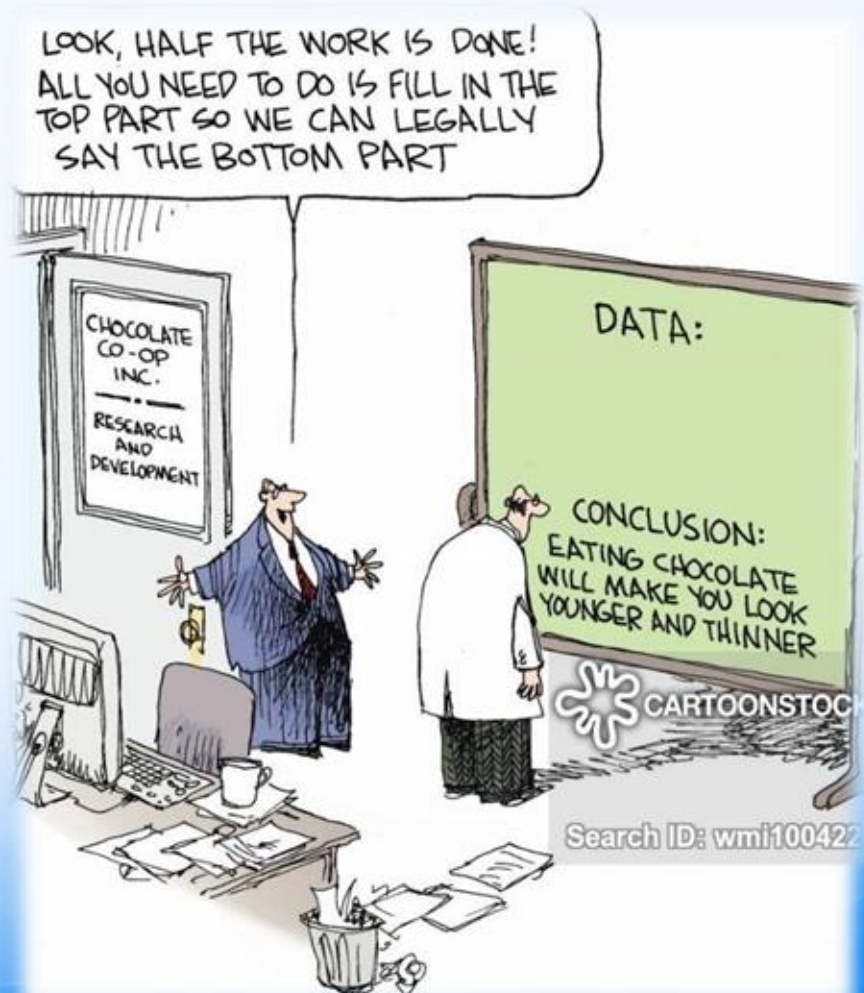
Additional Resources are available from ACEP, IONS, ISSEEM, CHI and many more

Examples of publications



6. How Can I Become a Better Research Consumer and Research Advocate?

- Be informed about what good quality research looks like
- Review the information supporting the findings of a study
- Support research studies





“If I told patients to raise their blood levels of immune globulins or T-cells, no one would know how. But if I told them to love themselves and others fully the same change happens automatically.” -----Bernie Siegel