

STUDY OF BODY'S ENERGY CHANGES IN NON-TOUCH ENERGY HEALING 2. RECONNECTIVE HEALING PERFORMED ON A SUBJECT SUFFERING FROM EMACIATED LOWER LIMBS

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ABSTRACT

Changes in body's energetic conditions were measured by the AMI (Apparatus for Meridian Identification) through the three sessions of the Reconnective Healing performed on a subject who had lower limbs emaciated and had been unable to walk for 6 months prior to this study. Before the healing trial, significant Qi-energy deficiencies and left/right imbalances were detected in the subject's lower body, suggesting a condition in which substantial Qi had shifted to the upper body (+23%) and consequently the Qi in the lower body had been depleted. Similar upper/lower imbalances were detected in the autonomic nervous system function and the body's protective function, indicating that their activity levels in the lower body were significantly diminished. As the healing sessions progressed, both the Qi-energy deficiencies and left/right imbalances in the lower body were corrected and the normal balance of Qi-energy distribution in the subject's meridian system was restored. This restoration of Qi-energy balance seems to have been realized by redistributing the subject's own Qi-energy. Concurrently with this replenishment of Qi in the subject's lower body, the activity levels of both the autonomic nervous system function and the body's protective function in the subject's lower body were increased. These results strongly suggest that the functional revitalization in the subject's body system took place particularly in the lower body as a result of the healing.

This study provides support for the reality of Qi-energy adjustment in the so called Non-Touch Energy Healing, despite the absence of the physical interaction between the subject and the healer.

Keywords: subtle energy, energy healing, Qi, meridian, Reconnective Healing, Traditional Chinese Medicine (TCM), Jing-Well point, healing

INTRODUCTION

Complementary and Alternative Medicine (CAM) therapies have been investigated by a number of research projects including those funded by government institutions.^{1,2,3} The health-enhancing effects of various modalities are documented and their therapeutic values have been increasingly recognized by both the patients and medical practitioners. Some of CAM therapies, e.g., acupuncture, hand healing, etc., have been routinely applied at some established medical institutions in the U.S.^{4,5}

Today the so-called energy healing modalities such as Therapeutic Touch, Reiki, Qigong, prayer, etc., are also being recognized by CAM community.

Although their beneficial effects have long been known empirically, objective and rigorous scientific studies of them have been rather scarce. Most studies reported to date are based upon the use of conventional electrophysiological measurements such as EEG, ECG, EMG and GSR.^{6,7} Some microscopic studies of in vitro experimental setup have also been performed demonstrating the changes, beyond chance level, induced by the healing.^{8,9}

The energy healing may be classified into two types, i.e., “non-touch energy healing” in which the healer performs the act of healing without physically touching the subject’s body, and “touch energy healing” such as massage and laying on of hands which involve the healer’s hands coming in contact with the subject’s body in one way or other. In the case of “touch healing” it is conceivable in principle that some physical interactions take place between the subject and the healer causing some changes to occur in the subject’s energetic conditions. In contrast, in the case of “non-touch energy healing,” normal means of physical interaction are absent. Therefore, energetic changes, if detected, would provide the rigorous evidence for the reality of the working of the subtle energy as well as the clue as to the mechanisms of its working. The so-called “Pranic Healing” is one example of such non-touch

energy healing modalities, the case study of which we reported earlier.¹⁰

The Reconnective Healing is another example of such non-touch energy healing. In Reconnective Healing it is said that some intelligent energy of the universe works through the healer as a medium and examines the patient’s body conditions, both physical and non-physical, and makes energetic adjustments in such a way that the subject’s inherent constitutional condition may be restored. It appears distinct from other non-touch energy healing modalities, e.g., Pranic Healing, Reiki, etc., in that the healer himself or herself requires no prior knowledge of the patient or no pre-planned protocol to perform the healing. This feature may be in line with the description given in its founder’s book, “...reconnecting with the perfection of the universe, we realize that the universe knows what we need to receive.”¹¹

Although some instrumental studies of the changes in bio-energy fields around people associated with Reconnective Healing have been reported, few reports have so far been available regarding the human energetic changes under the Reconnective Healing.^{12,13} To our knowledge this is the first case study on the subject’s energetic changes through the consecutive sessions of the Reconnective Healing.

EXPERIMENTAL

According to Traditional Chinese Medicine (TCM), a subtle energy referred to as “Qi” or “Chi” is said to circulate through the energy channels called meridians.^{14,15} Although the meridians themselves are invisible they are closely interconnected with the functioning of certain specific organs of the body. Smooth flow of “Qi” in good dynamic balance is regarded essential for good health and wellness, physically, mentally and spiritually. Therefore, one would expect that non-touch energy healing, if genuinely effective, would entail some changes to the patient’s subtle energy conditions in ways that make sense in the context of the healing.

Our earlier study clearly demonstrated that the body's energetic changes induced by the healing protocol can be detected in a meaningful way by the AMI, particularly by the parameter called BP, which is said to reflect the Qi-energy conditions in the person's meridian system.¹⁰ Therefore, in this study also the same AMI device was used as the primary instrument for detection.

A) AMI AND ITS THREE PARAMETERS (BP, AP AND IQ)

The AMI measures "Jing-Well points" (or "Sei-points" in Japanese) located at the base of finger and toe nails. There are 12 primary meridians, i.e., Lung (LU), Large Intestine (LI), Pericardium (PC), Triple Heater (TE), Heart (HT) and Small Intestine (SI) meridians. Their Jing-Well points are located on fingers. The rest are the Spleen (SP), Liver (LV), Stomach (ST), Gall Bladder (GB), Kidney (KI) and Urinary Bladder (BL) meridians and their Jing-Well points are located on toes. Although less known in TCM, the Jing-Well points of two more meridians, Diaphragm (DI) meridian on the 3rd finger and Stomach Branch (SB) meridian on the 3rd toe, are also included in the AMI measurement. Thus, the total 28 Jing-Well points are measured in each one round of the AMI measurement.

The AMI applies a single square voltage pulse (SSVP) of 3 volt height and 512 μ sec width. The waveform of the transient current response to the SSVP is digitally captured and the three AMI parameters are extracted from the waveform giving:-

BP (μ A) =initial peak current, i.e., current before the onset of ionic polarization

AP (μ A) =current after completion of the ionic polarization

IQ (pC) =total electrical charge of the ions mobilized for polarization

This SSVP measurement is performed sequentially as the experimenter manually touches the small active gel electrode attached at the Jing-Well point with a metal probe, starting from the Lung point of the left hand all the way through to the Urinary Bladder point of the

right foot. This completes one round of the AMI measurement and 28 sets of BP, AP and IQ are acquired and subjected to analysis.

Physiological meanings of these parameters have been explained elsewhere.^{16,17,18}

To summarize it is said that;-

- BP is a measure of Qi-energy level in the particular meridian to which the Jing- Well point belongs.
- AP is a measure of the state of autonomic nervous system at the time of measurement.
- IQ reflects the capacity of the body's protective (immune system) functions.

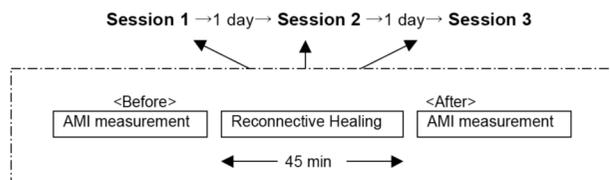
Results of the present study are interpreted primarily based on the above diagnostic implications of the three parameters.

B) EXPERIMENTAL PROTOCOL HEALING TRIAL

The purpose of this study and the experimental procedures were explained to the subject and separately to the healer during the planning phase of the trial. The present healing trial was thus conducted with the informed consent.

Upon recommendation by the healer who participated in the experiment the healing trial was designed to consist of three sessions with one day interval in between. No meeting with the subject was arranged for the healer prior to the trial. No protocol was planned except that the duration of each session was fixed for 45 minutes. Each session was conducted at the same time interval of the day (10:00 - 11:30am) to minimize the possible influence of the subject's bio-rhythm. The subject was asked to relax and lay still on his back on a massage table throughout the session. There was no verbal communication between the healer and the subject before and during the session. The healer performed the healing from the head, upper body, arms, hands, and then lower body, legs and feet in sequence, spontaneously waving hands and moving around the subject's body. The healer's hands were continually at a distance never touching the subject physically. The sequence of head to feet

seemed common to each session but the healer's movements were visibly different in every session. In each session the AMI measurement was performed 2 times, i.e., before the healing and after the healing, as schematically shown below.



MEASUREMENT PROCEDURE

For each AMI measurement the subject was seated relaxed on a comfortable chair. Two non-active gel electrodes and 28 active gel electrodes were attached to specific locations on the forearms and Jing-Well points on fingers and toes respectively. To ensure the stability of the electrical contact at the skin-gel interface, a “wait-time” of approximately 10 minutes was allowed after installing the electrodes prior to starting the measurement. The two non-active common electrodes were connected in common to the SSVP return cable of the AMI unit. The experimenter performed the measurement by touching the silver foil of the active electrode with the probe connected to the SSVP output cable.

The measurement was performed consistently by the same set-up throughout the healing trial. In each session all electrodes were removed after the first AMI measurement. The subject was then asked to lay supine on the massage table. There was enough space around the massage table for the healer to move about freely. After the healing, which continued for 45 minutes, the subject was asked to sit on the comfortable chair again for post-healing AMI measurement. The electrodes were re-attached and the measurement was again performed in the same way as done before healing.

HEALER AND SUBJECT

The healer who participated in this experiment was a Level III certified Reconnective Healing practitioner. The healer also had a background in Reiki, Yoga and artistic activities for over 25 years.

The subject was a 74-year-old male. He was in good health and active as an athletic coach for many years. However, 6 months before this study, he had an Aortic dissection and underwent a cardiac operation. At that time a benign tumor was also found in the right kidney. After the surgery his lower limbs got emaciated and he became unable to walk. At the time of this study he was under rehabilitation program still unable to walk without the help of a walker.

RESULTS & DISCUSSION

TRENDS IN AVERAGE BP

For each round of AMI measurement, the average of BP values over 28 Jing-Well points was calculated as a measure of overall Qi-energy level of the subject's meridian system, and its value was traced throughout the successive sessions. The result is shown in Figure 1. Notable increase of about 4% is seen after the first healing. However, this effect appears only temporary, because the average BP before the session 2 was found to have bounced back to roughly where it was before the session 1. From then on the average BP increased only slightly (+1.8%) through sessions 2 and 3 relative to the value before the session 1. This implies that the healing trial did not cause any significant change in the overall Qi-energy level of the subject's meridian system.

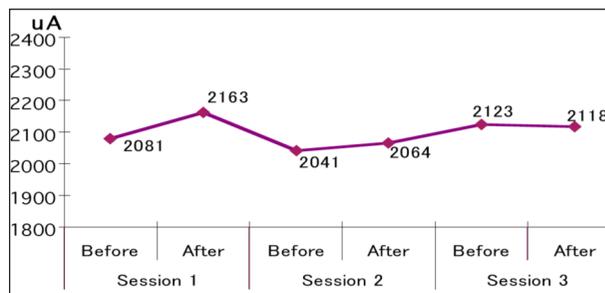


Figure 1. Trends in overall Qi-energy levels

BP TRENDS IN THE UPPER AND THE LOWER BODY

Average value of BP for 14 finger Jing-Well points (i.e., upper body) and that for 14 toe Jing-Well points (i.e., lower body) were calculated separately. Figure 2 shows the trends of BP in the upper body and lower body

separately. Before the healing in session 1, a large Qi-energy imbalance (428 μA) between the upper body and lower body is evident. Namely, the lower body had significantly less Qi-energy than the upper body, possibly reflecting the particular condition of the subject who had lower limbs emaciated. However, as the session progressed, the BP in the upper body decreased while, conversely, the BP in the lower body increased. This result shows that the upper/lower imbalance in BP was corrected as the sessions progressed. It is interesting to note that most significant correction of the imbalance was realized after the session 3, at which the upper/lower imbalance in BP was reduced to 64 μA , which is well within the range of normal dynamic balance. Hence the imbalance was eliminated. It appears as though the effects of session 1 and 2 were dormant and the cumulative effect of the three sessions was manifested in the third session in a tangible manner. The decrease of BP in the upper body was 145 μA , while the increase in the lower body was 219 μA , strongly suggesting that redistribution of the body's Qi-energy, i.e., the shift from the upper body to the lower body, proceeded to realize the state of normal dynamic balance.

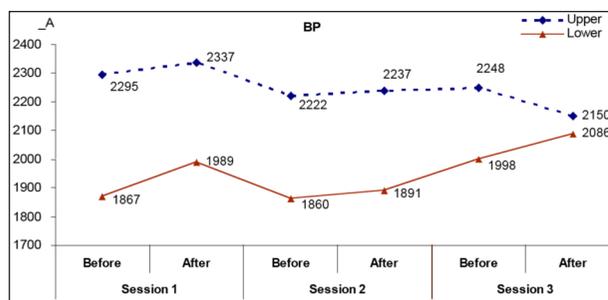


Figure 2. Trends in Qi-energy levels in upper/lower body

TRENDS IN UPPER/LOWER RATIO OF BP VALUES

Figure 3 shows the change trends in the upper/lower ratio calculated from the Figure 2 above. Before the trial the ratio was 1.230, which indicates that as much as 23% of excess Qi-energy was in the upper body. After the session 1 this ratio was significantly reduced to 1.175. However, during the one day interval before the session 2, it appears to have rebounded to 1.195 and thereafter decreased progressively down to 1.031

after the session 3. This ratio is well within the range of normal upper/lower balance.

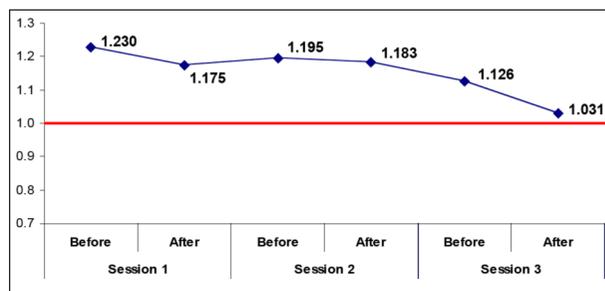


Figure 3. Trends in upper/lower ratio of BP values

TRENDS IN AVERAGE AP

The changes in the overall average of AP values for successive sessions are plotted in Figure 4. Significant increase of about 80% is seen immediately after the first healing. Similar before-to-after increases are evident in subsequent two sessions, although the rate of increase progressively decreased to 42% in session 2 and 30% in session 3. This implies that the subject's autonomic nervous system responded most strongly to the healing action in session 1 and that it gradually adapted itself in subsequent sessions.

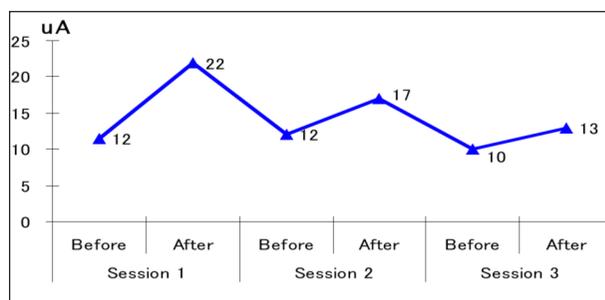


Figure 4. Trends in overall AP values

AP TRENDS IN THE UPPER BODY AND THE LOWER BODY

Unlike the trends in BP the magnitude relationship between the upper body and the lower body was reversed as the session progressed. After the session 3 the AP of the lower body became significantly larger (+60%) than that of the upper body. Progressive reversal of the upper/lower ratio to such a disproportionate percentage is quite unusual. It implies that, as the Qi-energy was redistributed and

supplied to the lower body, the sympathetic nervous system in the lower body became substantially more active than that in the upper body. This behavior of AP appears to reflect the functional restoration process that proceeded primarily in the lower half of the subject's body.

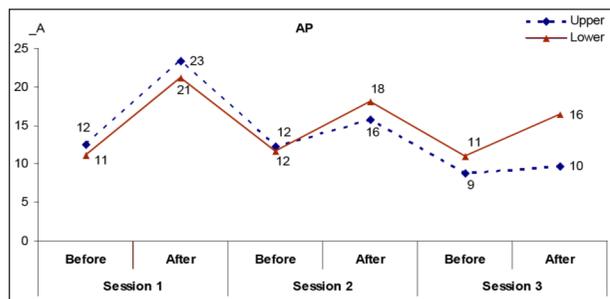


Figure 5. Trends in AP values in upper/lower body

TRENDS IN UPPER/LOWER RATIO OF AP VALUES

Figure 6 shows the change trends in the upper/lower ratio calculated from the Figure 5 above. Before the trial the ratio was 1.131 indicating that the activity level of the autonomic nervous system in the lower body was substantially diminished relative to that in the upper body. However, as the session progressed, it crossed the point of normal dynamic balance (1.0) and further decreased down to 0.593 progressively. As referred to above, such a substantial reversal of the upper/lower ratio during the healing trial is very unusual. It strongly implies that revitalization of the sympathetic nervous system in the lower half of the body was taking place, most probably related to the body's restoration process as mentioned above. It is to be noted that the AP value before the session 2 is smaller than that after the session 1, which was

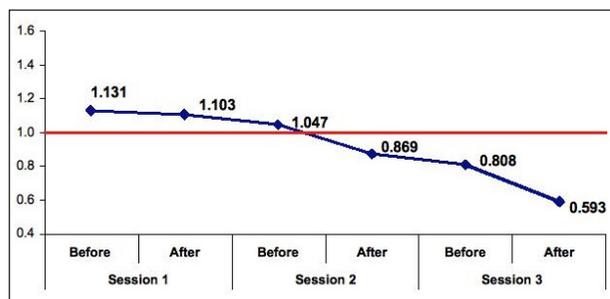


Figure 6. Trends in upper/lower ratio of AP values

conducted two days before. Similarly the AP value before the session 3 is smaller than that after the session 2. This fact suggests that the healing process continued for some length of time during the one day interval even after the healing session.

TRENDS IN AVERAGE IQ

Changes in the overall average of IQ values for successive sessions are plotted in Figure 7. In much the same way as with BP and AP significant increase (20.5%) was seen in IQ immediately after the first session. However, during the interval before the session 2, it relaxed back to the level comparable to that before the session 1. Overall increasing trend is evident throughout the sessions 2 and 3. This result suggests that the effect of the healing on the body's protective function was most pronounced in the very first session but was temporary in nature. Subsequent sessions appear to have steadied the increased activity of the body's protective function. The overall increase between before and after the entire healing trial is about 9%, which is a significant increase suggesting progressive enhancement of the body's overall protective function.

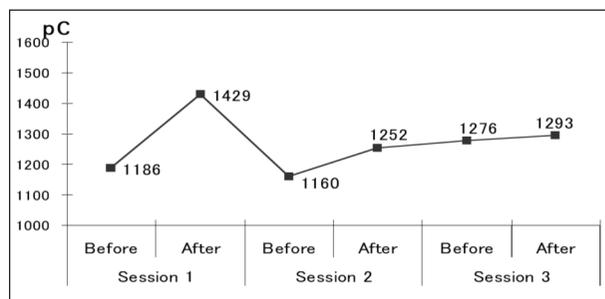


Figure 7. Trends in overall IQ values

IQ TRENDS IN THE UPPER BODY AND THE LOWER BODY

Presence of a large imbalance between the upper body and the lower body (27%) is evident before the healing trial. The activity level of the protective function in the lower body was clearly diminished presumably reflecting the particular conditions of the subject. As the healing sessions progressed, this imbalance was corrected to within the normal range of dynamic balance. While IQ of the upper body did

not change very much before and after the healing trial, IQ of the lower body steadily increased through the sessions 2 and 3 resulting in the net increase by as much as 22% relative to the value before the session 1. This increase of IQ in the lower body is also likely to reflect the restorative action that took place primarily in the lower body.

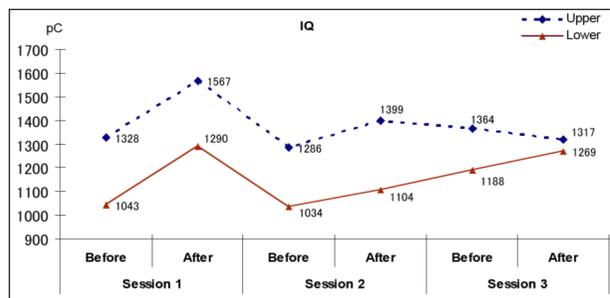


Figure 8. Trends in IQ values in upper/lower body

TRENDS IN UPPER/LOWER RATIO OF IQ VALUES

Figure 9 shows the change trends in the upper/lower ratio calculated from the Figure 8 above. The upper/lower ratio showed slight decrease between before and after the healing in the session 1 and slight increase in the session 2. However, from after the second session, it showed significant decrease from 1.267 down to 1.039. This indicates a shift from the state in which the protective activity in the lower body was substantially diminished to the state of normal balance. Interestingly again it appears that the healing action lingered even after the end of the session 2 through the one day interval before the third session.

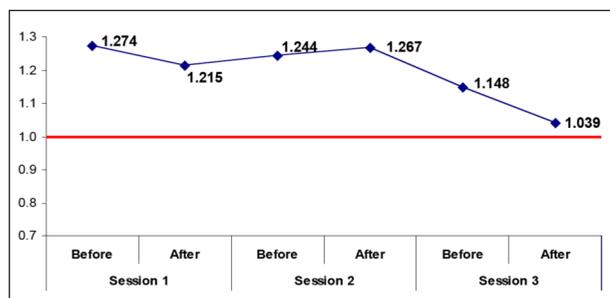


Figure 9. Trends in upper/lower ratio of IQ values

RATE OF CHANGE BEFORE AND AFTER THE HEALING TRIAL FOR THE WHOLE BODY, UPPER BODY AND LOWER BODY
 In order to evaluate the overall changes induced by the healing trial, the rate of change between before and after the entire healing trial was examined for BP, AP and IQ. The results are shown in Figure 10.

BP of the whole body did not change very much (+1.8%). However, substantial decrease in the upper body (-6.3%) and significant increase in the lower body (+11.7%) occurred simultaneously, thereby supplying Qi-energy to the lower body where Qi-energy was significantly deficient before the present healing trial.

AP of the whole body shows similar changes to BP but clearly more pronounced in terms of the increase in the lower body (+48.7%).

IQ of the whole body increased significantly by 9.0%. It is interesting to note that, unlike BP and AP, IQ in the upper body remained essentially unchanged. However, there was very significant increase in the lower body (+21.6%).

According to the TCM theory, Qi-energy level and flow in the meridian system are regarded more fundamental for the proper functioning of the physical body. “Qi” is said to be a prerequisite for the activity of the nervous and circulatory systems which are central to the function of the physical body.¹⁹ In other words, even without any anatomical abnormality, the physical body would not be able to function normally unless each constituent part is supplied with sufficient amount of the Qi-energy. In the light of this theory these results may be interpreted as follows.

The most essential change brought about by the healing trial was the correction of the large Qi-energy imbalance between the upper and lower body. This resulted in the replenishment of the Qi-energy in the lower body. This “filling” of Qi in the lower body reactivated the autonomic nervous system related to the functioning of the lower body in particular. The body’s protective function was also enhanced as the

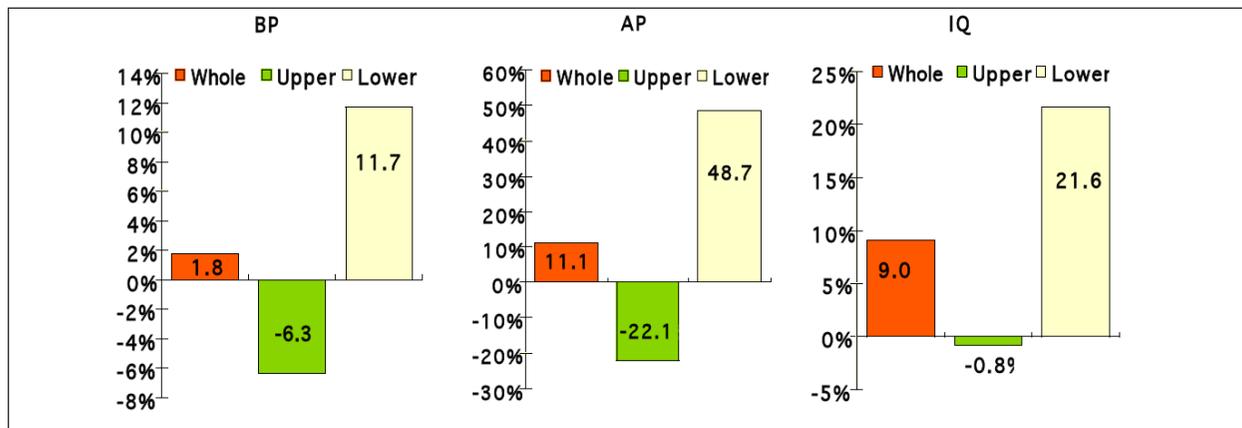


Figure 10. Rate of Change before and after the healing trial

result and appears to have been revitalized especially in the lower body.

CHANGE IN BP BEFORE & AFTER THE ENTIRE HEALING TRIAL FOR INDIVIDUAL MERIDIANS

Before and after values of BP for individual meridians are shown in Figure 11. Left seven bars are the upper body meridians and right seven are the lower body meridians. Before the healing trial the upper body meridians clearly had more Qi-energy than the lower body meridians. Of the lower body meridians SB, GB, SP and KI were found to be particularly low in Qi-energy levels before the healing trial. After the healing, significant increases were noted in these four meridians which were low in Qi before the healing trial. It is interesting to note that the upper body meridians almost all decreased in Qi-energy except for the SI meridian.

To examine the relative magnitudes of the changes between before and after the trial, % differences are calculated and shown in Figure 12. Of the upper body meridians LI, DI and TE meridians showed larger decreases (~ -10%) than other meridians. Of the lower body meridians most pronounced increase is noted in SP (+25.1%) followed by SB (+20.1%), KI (+16.4%) and GB (+14.0%).

This selective increase of Qi-energy level in these four meridians seems to make sense from TCM's view point; SP meridian is said to be the functional center

for the creation of acquired Qi, while KI meridian is said to be the basis through which congenital Qi operates. Unless these two types of Qi-energy are made to operate properly the dysfunction of the physical body would not be corrected. On the other hand GB and SB meridians are said to be closely related to body's digestive function. They are thus believed to support the function of the SP meridian. Therefore, the Qi-energy increases found in SB and GB meridians may also be considered reasonable.

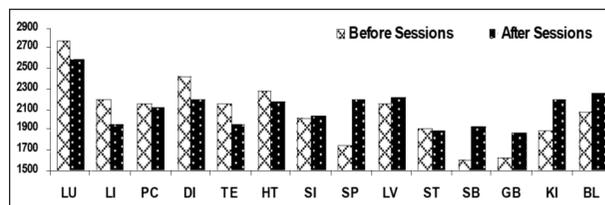


Figure 11. Values of BP before & after the trial for individual meridians

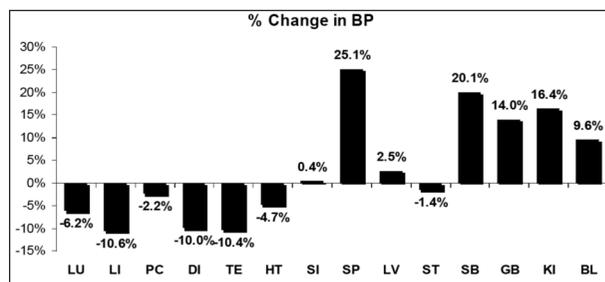


Figure 12. % Change of BP before and after the healing trial

**CHANGES IN QI-ENERGY BALANCE
PATTERN OF 12 PRIMARY MERIDIANS**

Figure 13 and 14 are the radial charts showing the BP values measured at left and right Jing-Well points of the 12 primary meridians. The left graph shows the values of the Jing-Well points on the fingers (i.e., upper body). The right graph shows the Jing-Well points on the toes (i.e., lower body). The inner circle represents the overall average of the entire meridian system. The spokes represent the left side or right side of the individual meridians as indicated around the circle. These graphs are produced to facilitate the visual observation of the Qi-energy balance pattern for each round of AMI measurement. The relative magnitudes among the twelve meridians including the left and right differences can be grasped by looking at the shape and the size of the radial charts. Generally, in healthy (well-balanced) conditions, the graphs of both the upper body and the lower body tend to be rounded with overall sizes comparable to each other. Figure 13 shows the Qi-energy balance pattern before the 1st healing session, while the Figure 14 shows the pattern obtained after the 3rd healing session.

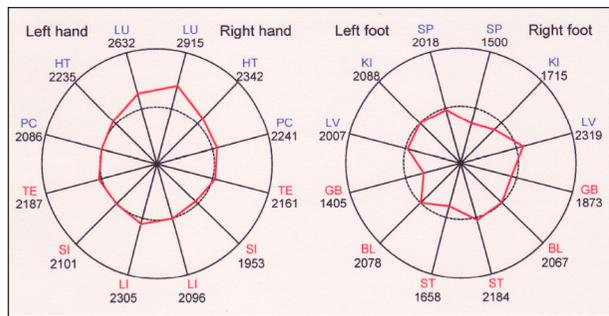


Figure 13. Before the Healing Trial

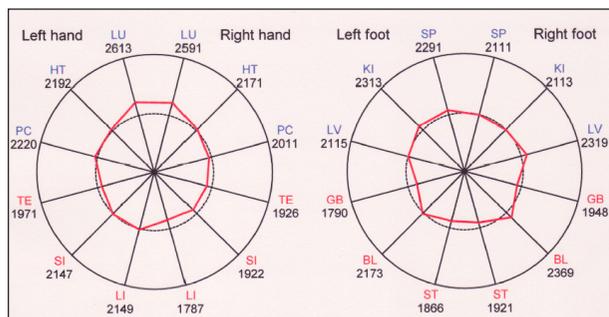


Figure 14. After the entire Healing Trial

Before the 1st healing session, the size of the chart of the lower body is clearly smaller than that of the upper body. In addition it is evident that SP and KI on the right side and GB and ST on the left side were visibly smaller than those on the other side indicating the presence of significant left/right imbalance of Qi-energy levels in these meridians.

Upper body meridians were largely well-balanced between the left and right sides except for the LU meridian which showed excessive Qi-energy and visible left/right imbalance. In AMI measurement it has long been known that LU meridian usually shows larger BP than other meridians.^{16, 20} Therefore, this is not to be regarded as anomalous.

As Figure 14 shows that the lower body chart increased in size comparable to that of the upper body after the healing trial. Furthermore, the left/right imbalances noted in Figure 13 virtually disappeared. Thus, overall Qi-energy pattern of the subject's meridian system appears clearly improved after the healing trial.

To examine the change in the degree of left/right imbalance between before and after the healing trial more quantitative analysis was performed. The difference in BP values between the left side and the right side in each meridian was divided by the left/right average BP of the same meridian and expressed in % as the measure for the degree of left/right imbalance. The results for both before and after the trial are summarized in Table 1.

Table 1. Quantitative analysis of degree of L / R imbalance

Meridian		Before	After
Upper	LU	10.2%	0.8%
	LI	9.5%	18.4%
	PC	7.2%	9.9%
	DI	0.7%	1.4%
	TE	1.2%	2.3%
	HT	4.7%	1.0%
Lower	SI	7.3%	11.1%
	SP	29.4%	8.2%
	LV	14.4%	9.2%
	ST	27.4%	2.9%
	SB	15.4%	11.9%
	GB	28.6%	8.5%
	KI	19.6%	9.0%
	BL	0.5%	8.6%

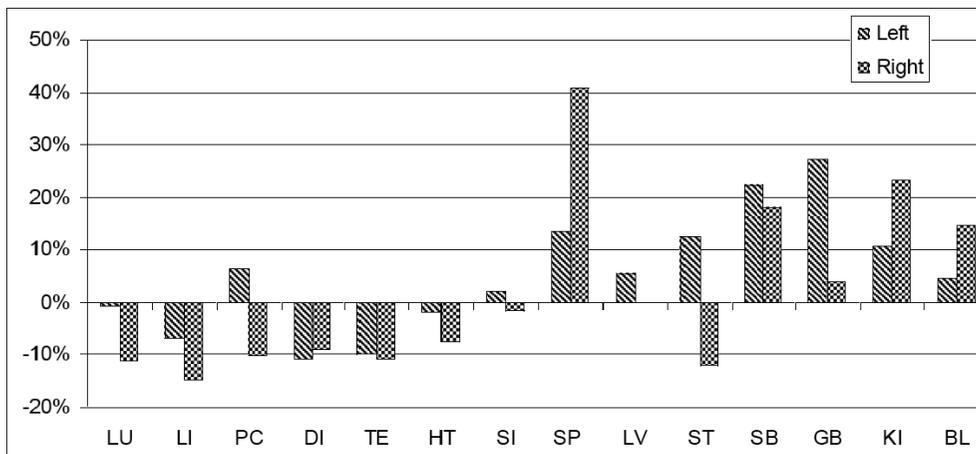


Figure 15. % changes of left/right BP before and after the healing trial

Before the healing trial most meridians in the lower body were significantly out of left/right balance. Largest imbalance is noted in SP meridian and GB meridian followed by ST, KI, SB and LV meridians. BL meridian is the only exception. Thus, meridians in the lower body were not only deficient in Qi-energy but also imbalanced between the left and right sides, again most probably reflecting the particular condition of the subject before the healing.

After the healing trial, these imbalances were substantially reduced in most of these meridians except for the SB meridian. Interestingly the left/right balance of LI and SI meridians in the upper body appears to have deteriorated. This may imply that the healing of the lower body proceeded partially sacrificing the Qi-energy conditions in the upper body.

In order to examine the Qi-energy movement between before and after the healing trial, % changes were calculated separately for the left side and right side of each meridian. The results are shown in Figure 15. The most conspicuous increase was detected in right SP meridian. It is important to note that the increase in the right side was almost 2.9 times greater than that in the left side, which effectively corrected the large left/right imbalance that existed before the healing trial as well as increased the overall Qi-energy level in the SP meridian. Similar Qi-energy movement is noted in the KI meridian as well resulting in correction of large left/right imbalance and

increase of overall Qi-energy level. Therefore, it seems that the correction of left/right imbalance in the lower body meridians as shown by % degrees of imbalance in Table 1 was realized by preferentially supplying Qi-energy to the deficient side of those meridians.

CONCLUSION

Changes in body's energetic conditions were monitored by three parameters of the AMI (BP, AP and IQ) through the three Reconnective Healing sessions. Significant changes were detected in all three parameters strongly indicating the effects of the healing process. More specifically it was found that:

1. Before the healing trial BP values showed significant upper/lower Qi-energy imbalance and substantial deficiencies in the lower body meridians, most importantly in SP and KI meridians. In addition, significant left/right imbalances were detected in 6 out of 7 lower body meridians. Similar upper/lower imbalances were also evident in subject's autonomic nervous system and protective functions as indicated by AP and IQ respectively. These results appear to be consistent with the particular health conditions of the subject tested this time, namely, unable to walk due to emaciated lower limbs for more than 6 months.

2. The Qi-energy imbalance was reduced as healing sessions progressed and normal upper/lower balance was restored after the three sessions. However, overall Qi-energy level as indicated by BP remained essentially unchanged. This suggests that the healing action proceeded by redistributing the subject's own Qi-energy, rather than injecting the external Qi, to replenish the deficiencies in the lower body.

3. The significant left/right imbalances of BP which existed before the healing trial virtually disappeared after the third healing session. This strongly suggests that the Qi-energy redistribution proceeded in such a way that most deficient sides of deficient meridians were preferentially augmented in Qi-energy quota.

4. Upper/lower ratio of AP was substantially reversed to an unusual degree as the healing sessions progressed, indicating that the activity of the sympathetic nervous system in the subject's lower body was progressively revitalized.

5. Upper/lower ratio of IQ before the healing trial indicated significantly reduced activity in the lower body. As the healing sessions progressed, IQ in the lower body increased significantly (+22%), strongly indicating progressive restoration of the protective function in the lower body.

6. All these changes in BP, AP and IQ proceeded concurrently in the direction to re-energize and re-activate the functions of the lower body.

The purpose of this study was to see if the Reconnective Healing could induce changes detectable by the AMI and, if detectable, to evaluate the characteristics of those changes in the context of the healing. Therefore, whether the healing actually cured the subject's condition or not was clearly outside the scope of this study. However, as an epilogue to this report, it might be of general interest if we added what we witnessed immediately after the third healing session; the subject stood up without help and walked slowly without a walker. This is not totally unexpected in view of the changes detected by the AMI as described above.

It is commonly known that the therapeutic effect of the non-touch energy healing differs depending on the particular conditions of the individual subjects. In some cases dramatic improvement may be experienced, while virtually no changes may manifest in other cases. Such experiences suggest that each person is unique and different in the way his or her total energetic system responds to the energetic adjustment in the subtle dimension of reality intended by the healing.

It is authors' view that the study of energetic changes in individual cases of various non-touch energy healing is indispensable and essential in the pursuit to clarify the intangible energetic mechanisms at work.

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DISCLOSURE STATEMENT:

The authors of this paper conducted present study purely from the standpoint of scientific interest in subtle energy effects in human subject with no commercial associations.

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