

Quantum-Touch® Significantly Reduces Acute and Chronic Pain in Adults

By Lisa Tully, PhD

Abstract

The objective of this clinical trial was to evaluate the efficacy of Quantum-Touch® in alleviating acute and chronic pain in 41 subjects who suffered from a spectrum of pains, including arthritis, injury, back pain, stress, work related muscle overuse, headache, cancer treatment, gallbladder (following surgical removal), fibromyalgia and Parkinson's Disease. In this pilot study, 17 international practitioners assessed their clients using a Visual Analog Scale (VAS) before and after Quantum-Touch® treatments. Results demonstrated a decrease in self-reported pain for all 65 assessments. There was an overall 67.4% reduction VAS scores intensity after a Quantum-Touch® intervention in subjects between the ages of 29-72 for both acute and chronic pain. In 18.46% of the assessments, there was a complete elimination of pain after one treatment and in 55.35% of all Quantum-Touch® treatments, VAS scores decreased from a range of 5-9 to a range of 0-2, a substantial reduction in pain. The VAS score results, combined with reported subject feedback after Quantum-Touch® treatments, demonstrate that Quantum-Touch® is an effective non-pharmaceutical pain remedy.

Key Words: biofield therapies, non-pharmaceutical pain relief, Quantum-Touch

Introduction

Everyone is affected by pain in their lifetime and the effects of pain incur a tremendous cost to our country in health care costs, rehabilitation and lost worker productivity, in addition to the emotional and financial burdens it places on patients and their families. Furthermore, an estimated 20% of American adults report that pain or physical discomfort disrupts their sleep a few nights a week or more (WebMD, 2017). The Committee for Advancing Pain Research, institute of Medicine (2011) estimates that the annual medical costs of pain care and the economic costs related to disability days and lost wages and productivity in the US are 560-635 billion dollars.

The pain management business constitutes a major segment of the pharmaceutical industry, yet painkiller medications have a low efficacy. Additionally, abuse of prescription painkillers creates public health problems and they are considered a major contributor to the total number of drug deaths. In 2007, nearly 28,000 Americans died from unintentional drug poisoning, and of these, nearly 12,000 (over 40%) involved prescription pain relievers (American Academy of Pain Medicine, 2017).

A number of biofield therapies have been developed to provide an efficacious, non-addictive remedy for pain. In these modalities, practitioners sense and modulate biological energy fields of the body to promote healing. These have been used for thousands of years in a wide range of cultures worldwide. More recently, a family of these biofield therapy modalities has been developed that includes therapeutic touch (TT), healing touch (HT), Reiki, qigong, Johrei and Pranic healing. They have become increasingly prevalent among healthcare professionals in a limited number of clinical settings, including many hospitals, and are recognized by some state licensure boards as within the scope of nursing practice.

Given the relatively high use of biofield therapies by individuals in the US, coupled with the current lack of insurance coverage for it, it is important to increase the evidence base for these therapies to assess their effectiveness for clinical populations and subsequently facilitate their integration into

Western medicine. The numbers of scientific publications on the clinical effectiveness of biofield therapies is largest in symptom management for pain and cancer (Jain and Mills, 2010). There are over 30 articles and systematic reviews of published literature on the effectiveness of biofield therapies for pain (Anderson and Taylor, 2012; Gonella et. al. 2014; Jain et. al., 2015; Lui, et. el., 2013, Monroe, 2009; Jain and Mills, 2010; Pierce, 2007; So, et.al.. 2008; Thrane and Cohen, 2011).

Quantum-Touch® (Web ref.) is another biofield therapy, developed by Richard Gordon nearly 20 years ago. A doctoral student assessed the effectiveness of Quantum-Touch® on chronic musculoskeletal pain and skill mobility (Walton doctoral thesis, 2010), finding a significant decrease in pain ratings that correlated with an improvement in skill mobility.

The existing literature on the efficacy of biofield therapies for pain relief, combined with anecdotal reports from practitioners of Quantum-Touch® of a high success rate with all types of pain relief was the rationale for the current study. To date, there are no anecdotal reports from practitioners of Quantum-Touch® of any pain diagnosis that is refractory to this intervention.

In the current study, the various pain diagnoses reported by the subjects included arthritis, injury from an accident, back pain, stress, work related muscle overuse, headache, cancer treatment, gallbladder (following surgical removal), fibromyalgia and Parkinson's Disease.

Description of Quantum-Touch®

Quantum-Touch® is a biofield therapy that uses life-force energy (known as chi in Chinese and prana in Sanskrit) to facilitate healing. The Quantum-Touch® techniques focus and amplify life-force energy by combining various breathing and body awareness exercises. Life-force energy is an effective tool for healing because of the principles of resonance and entrainment. In physics, entrainment theory is the process where two vibrating objects, vibrating at different speeds, start to vibrate at the same speed when energy is transferred between the two objects. Entrainment occurs in chemistry, neurology, biology, medicine and nature. For example, crickets will chirp in unison and fireflies will flash at the same time.

Using Quantum-Touch® techniques mobilizes life-force energy. If one places this field of high energy around an area of pain, stress, inflammation, or disease, the body can entrain to the higher frequency, thus amplifying the body's ability to heal itself. There is no manipulation of any body tissue. A video on the home page of the website describes how Quantum-Touch® works and some observed effects of this treatment (Quantum-Touch®, Web ref.). Importantly, there have been no adverse events in close to one hundred thousand treatments over nearly a two-decade period. Over 50 international Quantum-Touch® practitioners have been certified.

Study Methods

Institutional Review Board Approval was obtained for this study. Subjects were selected by word of mouth recruiting of clients of 17 experienced practitioners from 10 countries and 11 states in the US. The inclusion criteria were: males or females between the ages of 18-80 with acute or chronic pain. There were no exclusion criteria.

The study design was to have the clients complete a data collection sheet after being consented. The data sheet included questions about how they got the pain, how long they had the pain. They rated their current level of pain intensity on a scale of 1-10 on a Visual Analog Scale (VAS) pain intensity scale (with 10 being the worst pain). The clients were subsequently given a Quantum-Touch® treatment and after the treatment, they marked their pain level on the scale and added comments. All data was given to the principal investigator for statistical analysis. Patient confidentiality was maintained by not disclosing the names of the patients to anyone.

A placebo group was not included because the practitioners who collected data were from different geographical locations and it was not possible to include a carefully controlled placebo procedure. Additionally, it is difficult to conduct placebo arms for most biofield therapies, because it is difficult for healers to “turn off” their healing abilities..

Statistical Analysis

Age and pain duration were summarized in terms of mean, standard deviation, median and range. Seven out of the 41 study participants had multiple pain categories. In order to account for multiple pain assessments within the same participant, a linear mixed effects model with subject specific random effects was utilized to evaluate absolute and percentage changes in the VAS from the pre- to the post-Quantum-Touch® treatment. The results were summarized in terms of means and 95% confidence intervals.

Results

Table 1 shows the demographics of the clinical trial. There was a total of 41 subjects, 8 males and 33 females, ranging in age from 20-72 and the average age was 54 years old. Their pain duration ranged from one night to 42 years and the average pain duration was 8.1 years. Seven of the subjects (17.07%) were in the acute pain group.

The median age of study participants was 55 years (range 29-77 years). The median pain duration was 5 years (range 0-42 years). The various pain diagnoses reported by the subjects included arthritis, injury from an accident, back pain, stress, work related overuse, headache, cancer treatment, gallbladder (following surgical removal), fibromyalgia and Parkinson’s Disease.

Table 1: Demographics (N=41 subjects with 65 pain assessments)

| | Mean | SD | Median | Range |
|----------------------|------|------|--------|-------|
| Age (yrs.) | 54 | 11.7 | 55.0 | 29-77 |
| Pain Duration (yrs.) | 8.1 | 9.1 | 5.0 | 0-42 |

There were 65 pain assessments before and after Quantum-Touch® therapy. Table 2 shows pre- and post-intervention self-reported pain intensity VAS scores. As seen, the overall mean VAS score before intervention was 6.8 and after treatment was 2.4. In every, there was a reduction in VAS score to some degree (not shown) and in 12 of these assessments (Table 4, 18.46%), there was a complete elimination of self-reported pain). The largest decrease in VAS scores was a reported pain level in two different subjects (from fibromyalgia and pregnancy back ache) that dropped from 8 to 0 in one treatment and they did not return for additional Quantum-Touch® treatment (not shown).

Table 2: VAS Pain scores at pre- and post-Quantum-Touch® treatment assessment

| | Mean | SD |
|------|------|-----|
| Pre | 6.8 | 1.7 |
| Post | 2.4 | 2.0 |

Table 3 shows results for the absolute change of reported pain intensity and the results expressed as a percentage. A highly significant (<0.0001) decrease of -4.5 or -67.4% (95% CI: 60-75%) (p<0.0001) in the VAS score was observed from the pre- to the post- Quantum-Touch® treatment assessment.

Table 3: Absolute and percentage change in VAS from pre- to post Quantum-Touch® treatment assessment

| | Mean | 95% CI | p-value |
|-------------------|--------|----------------|---------|
| Absolute change | -4.5 | -5.0 - -4.0 | <0.0001 |
| Percentage change | -67.4% | -75.2 - -59.6% | <0.0001 |

To further elucidate the effects of Quantum-Touch® on pain relief, the number of occurrences of post-VAS scores of 2 or less were examined. In all 36 of these events (55.28% of total assessments), the pre-treatment VAS score was 5-9. The author considers this decrease in VAS scores to be a near or complete reduction in self-reported pain. Table 4 shows the results for each post-Quantum-Touch® treatment VAS score. As seen, in 12 (18.46%) of the assessments, there was a complete elimination of pain and in 24 of the treatments (36.92% of total assessments), the VAS score after treatment ranged from 0.5-2.

Table 4: Number of occurrences of 0-2 values for post-VAS scores and percentage of total Quantum-Touch® assessments

| Post-VAS score | Number of occurrences | Percentage of assessments |
|----------------|-----------------------|---------------------------|
| 0 | 12 | 18.46% |
| 0.5 | 4 | 6.2% |
| 1 | 8 | 12.31 |
| 1.5 | 4 | 6.2% |
| 2 | 8 | 12.31% |

Only seven of the subjects had multiple sessions (17.07%) and Table 5 shows the distribution of treatments for different subjects who were received more than one intervention. Only subjects in the chronic pain group had repeated treatments and for the 5 subjects who had repeated Quantum-Touch® on the same body area, the pre-VAS scores ranged from 5-9 and the post-VAS scores ranged from 0-3. In this group, the effects of the initial treatment lasted from four days to three weeks. For the 2 subjects who had more than 2 interventions on the same body area (4 and 3 repeated interventions on the same body area, respectively) the final post-treatment VAS score ranged from 0-0.5 for each treated body area. The subject who had 9 treatments had 6 different body areas treated (she returned for 3 sessions each on 2 different areas and her final post-VAS scores for each body area ranged from 0.5-2).

Table 5: Distribution of Subjects Given Multiple Quantum-Touch® Treatments

| Number of subjects | Number of treatments | Treatments for same body area of pain |
|--------------------|----------------------|---------------------------------------|
| 2 | 2 | 1 |
| 2 | 3 | 1 |
| 1 | 4 | 1 |
| 1 | 7 | 4 |
| 1 | 9 | 3 |

Table 6 shows the results stratified by age and duration of pain. As shown, the mean reduction in pain for subjects under the age of 55 was -5.1 in the VAS score or -71.2% and the mean decrease in pain levels for subjects over the age of 55 was -4.2 or 67.6%. The results for both age groups were highly significant ($p < 0.0001$).

Acute pain was designated as less than 6 months and chronic pain was defined as greater than 6 months. For the acute pain group, the mean decrease in pain was -4 in the VAS score or -57.5% and for the chronic pain group, there was a pain reduction of -4 in reported pain levels or -68.2%. The results for the decrease in pain for either group of pain duration were highly significant ($p < 0.0001$).

There was no significant difference observed when comparing the decrease in the VAS score between age groups (< 55 years vs. ≥ 55 years) or pain duration groups (< 6 months vs. ≥ 6 months), as seen in the p -value² column of Table 4.

Table 6: Absolute and percentage change in VAS score from pre- to post-Quantum-Touch® treatment assessment, stratified by age and duration of pain

| | Mean | 95% CI | p-value ¹ | p-value ² |
|-------------------------|--------|----------------|----------------------|----------------------|
| Absolute change | | | | |
| Age <55 years | -5.1 | -6.1 - -4.0 | <0.0001 | 0.1007 |
| Age ≥55 years | -4.2 | -4.7 - -3.7 | <0.0001 | |
| Pain duration <6 months | -4.0 | -5.0 - -2.9 | <0.0001 | 0.4155 |
| Pain duration ≥6 months | -4.4 | -4.9 - -3.9 | <0.0001 | |
| Percentage change | | | | |
| Age <55 years | -71.2% | -84.8 - -57.5% | <0.0001 | 0.5944 |
| Age ≥55 years | -67.6% | -77.6 - -57.7% | <0.0001 | |
| Pain duration <6 months | -57.5% | -72.7 - -42.2% | <0.0001 | 0.2033 |
| Pain duration ≥6 months | -68.2% | -75.2 - -61.3% | <0.0001 | |

¹: p-value for evaluating absolute and percentage changes from pre-to post Quantum-Touch® within each subgroup (i.e., within age < 55 years, within age ≥ 55 years, etc.)

²: p-value for comparing absolute and percentage changes from pre-to post Quantum-Touch® between subgroups (i.e., age < 55 years vs. age ≥ 55 years, pain duration < 6 months vs. pain duration ≥ 6 months)

Practitioners' observations: “Her pain (from arthritis and an accident) lessened each session and stayed at a lower pain level for a longer period of time. One session she came in with a pain level of 6-7 and after treatment, her pain level was 3. Another time before treatment, the pain was a 6-7, she left with no pain. This has been a chronic condition. Also, her hot flashes disappeared.”

Another client had chronic arthritis pain all over her body for years. “One time she came in with a pain level of 7-9 and left with no pain anywhere. Another time she came in with a pain level of 8-9 and left with a pain level of 2.”

Subjects' comments

“The (back) pain (from an accident) was excruciating before the session.”

“The pain (from back strain) was so intense it would wake me up from a deep sleep

“The pain in my left shoulder is completely gone and never returned.”

“My upper and lower back pain, along with persistent headache (from pregnancy) are gone.”

“I couldn't put my blouse on because of shoulder pain from an injury, I now have full range of motion I my shoulder.”

“I feel amazing relief from neck pain and from arthritis).”

“I did not need pain medication for the rest of the day and night (pain from overuse injury).”

Several reported deeper sleep (pain from various injuries and arthritis).

Discussion

Results of this pilot study show a dramatic reduction in self-reported VAS scores for pain intensity of both acute and chronic pain for all ages of subjects in the study. Every subject experienced a reduction in pain after each Quantum-Touch® intervention, suggesting that it can help everyone

decrease pain intensity to some degree. The overall reduction in pain for all subjects was -67.4%. The decrease in reported VAS pain scores was as high as -71.2% in the under 55 age group. Furthermore, there was a wide variety of pain diagnoses reported by the subjects, including arthritis, injury from an accident, back pain, stress, work related overuse, headache, cancer treatment, gallbladder (following surgical removal), fibromyalgia and Parkinson's Disease. All results were highly significant ($p < 0.0001$), demonstrating the efficacy of Quantum-Touch® in reduction of several different diagnoses of pain.

In 12 of the 65 assessments (18.46%), subjects experienced a complete elimination of pain and only two of these subjects returned for an additional treatment (they had chronic pain of over 10 and 25 years, respectively). In another 24 subjects (36.92%), their post-VAS scores ranged from 0.5-2. In over half of the 65 pain assessments (55.38%), the pre-treatment VAS scores ranged from 5-9 and the post-treatment VAS scores ranged from 0-2, representing a near or complete reversal of pain by Quantum-Touch® therapy in over half the subjects. Since 82.92% of subjects did not return for additional interventions, this suggests the possibility of lasting effects of Quantum-Touch®, although this is just a speculation because there was no followup feedback and the fact that people did not return could have been due to a lack of lasting effects or some other reason. Future studies will include follow-ups on the subjects to elucidate the lasting effects of Quantum-Touch®.

Only 17.07% of subjects received additional Quantum-Touch® therapy (three of the subjects experienced pain in more than one body area (from arthritis, car and bicycle accidents) and they received treatments on the same body area 1-4 times. Since no one in the acute pain group returned for repeated Quantum-Touch® intervention, it is likely that it is more effective for this group and future studies are planned to include a control group to address the efficacy of Quantum-Touch® for acute pain. Each subject that had multiple sessions reported that their pain lessened after each session and stayed at a lower pain level for a longer period of time. In these subjects, the last VAS score that was recorded ranged from 0-3. One of the subjects reported that their pain did not return.

Subjects in the age group below 55 had similar pain reductions as the over age 55 group, indicating that the results of Quantum-Touch® are not age-dependent. Comparable results were also observed with both the acute and chronic pain groups. There were no significant differences between the two groups, demonstrating that Quantum-Touch® is equally effective for both acute and chronic pain.

As mentioned earlier, a placebo group was not included. Nonetheless, [there were improvements in over 55% of the research group, which is more than double the commonly observed placebo rates of around 30% of subjects that are reported in other pain studies, with both pharmaceutical and biofield therapies. Placebo arms are planned for future Quantum-Touch® studies.

The comments of the subjects after Quantum-Touch® treatments were impressive, including a report of pain not returning, subjects no longer needing pain medication, increased mobility, and several reports of improved sleep. Reports of improved sleep are not surprising, as pain affects the ability to sleep, and the lack of sleep makes the pain seem worse. It is interesting that one subject's hot flashes subsided after Quantum-Touch, although this problem had not been deliberately targeted in the treatment. It appears that Quantum-Touch® works on other systems of the body besides pain pathways. Additional studies are planned to examine other effects of Quantum-Touch® treatment, such as the lasting and cumulative effects on presenting problems.

Conclusions

The results of this pilot study are quite impressive, with an overall reduction of reported pain levels of 67.4% that was 71.2% in the under-age 55 group. Furthermore, the results that VAS scores for pain were decreased following every assessment, that pain was nearly or completely eliminated in over one half of the assessments, that Quantum-Touch® was equally effective for all ages and for both acute as well as chronic pains demonstrates that Quantum-Touch® is an extremely valuable non-

pharmaceutical pain relief method. Future studies are planned to address the lasting and cumulative effects of Quantum-Touch® on pain relief.

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