



## Energy Medicine Research: A Call to Action, Part 3

In the previous columns,<sup>1,2</sup> Dr. Rolle-Berg and I outlined how to choose a research category that suits you and a research topic that is practical, personally intriguing and designed to both adhere to ethical guidelines and add to the current scientific knowledge base. In this installment, I will take you through an actual pilot study to highlight for you the logical, scientific approach you will follow when doing your own research. I will close with a few ideas about how to become involved in doing quality research.

For our example, I will make use of the scientific method (i.e., introduction, methods, results and discussion) to move through a study that reported the effects of Healing Touch (HT) on a client's symptoms of osteoarthritis (OA) of the knee joint(s).<sup>3</sup>

**Introduction:** Research on OA has indicated exercise has a small, positive effect on client behavior, pain and joint function. Though exercise is crucial for managing chronic conditions, OA pain prevents client mobility. Thus, interventions that reduce or prevent OA-associated pain and reduced mobility are seen as potential pathways to improved health and wellness for this population. Non-pharmacologic, noninvasive interventions have been used with OA clients to reduce pain and improve physical function and emotional outlook. Besides massage, exercise and rest, thermal applica-

tions, cognitive-behavior techniques, nutrition, herbs and natural products like glucosamine and chondroitin, along with various integrative medicine modalities such as Tai Chi, yoga and Therapeutic Touch (TT), have also been studied. Researchers found that elders with OA receiving TT twice weekly for eight weeks reported increased mobility,<sup>4</sup> whereas once weekly for six weeks produced clinically significant changes in pain.<sup>5,6</sup> Therefore, the purpose of Lu et. al's<sup>3</sup> study was to determine the effects of HT, as opposed to TT, on the pain level, joint function, mobility and depression in persons with OA, specifically of the knee joint(s).

**Methods (Participant Profile):** Lu and colleagues<sup>3</sup> used a study design that randomly assigned 19 cognitively intact OA participants over 65 years of age with knee joint pain into a treatment group receiving HT or a control group receiving a friendly visit (FV) from a nurse. The authors decided that due to the nature of the treatments, the participants would not be blinded as to which treatment they received.

**Methods (Treatment Plan):** HT (Pain Drain, Chakra Connection, Magnetic Clearing, Mind Clearing) was administered by two certified HT practitioners (CHTP) for 20 minutes, three times weekly for six weeks to 12 participants. The seven remaining participants received one weekly FV (general conversation with a nurse without any physical touch) lasting 20 minutes for six weeks. The length of the treatment sessions was determined from previous research, with a minimum of three sessions needed to produce clinical improvement.<sup>4,5,6</sup> All participants continued with their standard care protocols, including any methods used to relieve joint pain.

**Methods (Measurements):** Several outcome variables were measured at the start of the study and at the end of the sixth and ninth week (flexibility, mobility, balance and depression). Subjects rated their pain level and stiffness immediately pre and post HT sessions. A statistically significant finding was indicative of a "*p*-value" of 5% or lower (i.e., the probability that the result or relationship was caused by chance would be 5% or less).


**Results:** The HT group showed significant improvements in 75% of the joint function variables measured while no significant improvements registered for the FV group. Each HT session significantly reduced participants' pre-treatment pain level. The HT group exhibited sustained effects three weeks post treatment in only three joint function variables.

**Discussion:** The authors suggested that their results were similar to previous OA studies using TT. They proposed that



FV might work to improve mood and thus affect pain. They theorized that sustained HT sessions over time might be required to affect change in long-standing biofield patterns in OA clients.

During my close read of this study, four issues caused me to pause critically. First, the study participants were not blinded to their intervention (HT vs. FV). This could have promoted a placebo wellness effect. Second, there was also no “sham” control group receiving a “sham” (i.e., mock) HT session. Third, the CHTPs were allowed to augment the techniques they applied when needed. (This makes direct comparisons tricky). Fourth, HT and FV participants did not receive the same number of sessions (18 for HT; 6 for FV).

Getting involved with research is easy. Start by reading current energy medicine research by accessing the databases I previously listed<sup>1,2</sup> as well as scientific journals such as Evidence-Based Complementary and Alternative Medicine (<http://www.hindawi.com/journals/ecam/>). Go to conferences, ask questions and make contacts. When you are ready, volunteer for a study, take a research class or conduct a study of your own. Each step you take supports us all in our goal to move energy medicine into the forefront of self-care medicine modalities. 



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## References

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