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Energy Medicine: Exploring the Scientific Basis

By Yoon Hang "John" Kim, MD, MPH, FAAMA, and Dorothy Carey, RN, MEd

Dr. Kim is Director of Georgia Integrative Medicine in Tyrone, GA; Ms. Carey is an intern at Georgia Integrative Medicine; they report no financial relationship to this field of study.

ENERGY MEDICINE IS ONE OF FIVE DOMAINS OF "COMPLEMENTARY and alternative medicine" identified by the National Center for Complementary and Alternative Medicine (NCCAM).[1] Energy medicine disciplines may vary widely in philosophy, approach, and origin; however, they share a common view that the body, in addition to physical structures and biochemical reactions, also consists of a complex system of subtle energy.

The most common terminology used today for the subtle energy in the context of an integrative medical setting is the Chinese word *Qi*. Eisenberg describes Qi as "that which differentiates life from death, animate from inanimate. To live is to have Qi in every part of your body. To die is to be a body without Qi."[2]

There are two types of energy medicine. The first type involves the use of Qi and is commonly referred to as the practice of energy medicine. To date, the study of Qi has failed to yield a reliable measurement and consistent characterization. For this reason, the topic of energy medicine has been controversial.[3] The second type is less controversial, because of the use of measurable energy applied for diagnostic and therapeutic purposes. The Table on page 83 summarizes the well-accepted uses of energy-based diagnostic and therapeutic tools.

In addition to well-accepted uses of energy medicine, there are many innovative explorations of the therapeutic value of measurable energies such as mechanic vibrations and electromagnetic forces, including visible light, magnetism, monochromatic radiation (such as laser beams), and rays from other parts of the electromagnetic spectrum. They involve the use of specific, measurable wavelengths and frequencies to treat specific conditions.[4]

The use of energy to stimulate acupuncture points is well established in the practice of traditional Chinese medicine; moxibustion stimulates acupuncture points with heat by burning the mugwort plant. There are many review articles summarizing the findings of studies that demonstrate the effectiveness of electric acupuncture for treatment of pain and depression.[5,6] The use of magnetic field for treating musculoskeletal symptoms is more controversial.[7] Thus far, there have been two systematic reviews by the Cochrane Library that found no evidence that electromagnetic therapy was useful in healing pressure ulcers or venous stasis ulcers.[8,9]

Scientific Basis of Qi

The commonality of many energy medicine disciplines is the tenet that subtle energy permeates and flows through all living things, continually circulating within and throughout the body in a complex pattern of flow of energy; this energy flow extends beyond the body, thereby creating an individual's energy field.[10] Practitioners of energy medicine believe that illness results from disturbances of Qi.[11] Practitioners also believe that they are able to effect changes in the physical body and influence health through their modulation of Qi.

An example of a comprehensive health care system that revolved around the concept of subtle energy is traditional Chinese medicine with many modalities such as acupuncture, herbs, moxibustion, cupping, acupressure, and Qi Gong. In fact, the concept of Qi permeated and influenced the development of the Chinese culture, affecting all aspects of life including art, medicine, sports, and culinary arts.

Summary Points

- There are two types of energy medicine: The first uses Qi or biofield energy, and the second uses measurable energy such as ultrasound.
- Traditional Chinese medicine uses the paradigm of Qi for diagnosis and treatment of patients using a wide range of modalities.
- External Qi Gong is considered an essential part of traditional Chinese medicine.
- Three well-accepted systems of energy healing are: healing or therapeutic touch, external Qi Gong, and reiki.

Historically, there has been reluctance in the scientific and medical communities to acknowledge energy medicine as a valid area of study. Despite professional skepticism, energy medicine is gaining popularity in the United States. A recent National Center for Health Statistics survey indicated that approximately 1% of the participants had used reiki, 0.5% had used Qi Gong, and 4.6% had used healing ritual.[12]

Influenced by the growing popularity of energy medicine, there are increasing indications for inquisitiveness from the scientific community as well as the medical community. For example, the NIH National Center for Complementary and Alternative Medicine awarded funding for the Center for Frontier Medicine in Biofield Science at the University of Arizona in 2004.[13] The stated mission of the center is to facilitate and to integrate research on the effects of low-energy fields.

Characterization of Qi

Examples of efforts to document physical properties of Qi include Kirlian photography, aura imaging, and gas discharge visualizations.[14] In addition, an extremely sensitive magnetometer called a superconducting quantum interference device has been used to measure frequency-pulsing biomagnetic fields originating from the hands of therapeutic touch practitioners during therapy.[15] In one study, a simple magnetometer measured and quantified similar frequency-pulsing biomagnetic fields from the hands of mediators and practitioners of yoga and Qi Gong. These fields were 1,000 times greater than the strongest human biomagnetic field.[16] There are additional data demonstrating other energy frequencies being emitted including infrared radiation.[17] However,

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Table

Common uses of energy-based diagnostics and therapeutics in medicine

	Diagnosis	Treatment
Electricity	ECG, EEG, EMG	Defibrillation, electroconvulsant therapy
Ultrasound	Diagnostic ultrasound	Lithotripsy, therapeutic ultrasound
Magnetism	MRI	Pulsed magnetic field therapy
Nuclear Radiation	Nuclear scan, bone scan	Nuclear treatment

studies demonstrate that there is a poor repeatability in terms of specific frequencies and other outcome measures with the same practitioner, and there is a poor repeatability among different practitioners.[18]

Although the full significance of these observations in relationship to healing is not clear at this time, these efforts to characterize Qi bring us one step closer to elucidating the mechanism. The NIH Consensus Statement on acupuncture in 1997 regarding Qi stated that "concepts such as Qi are difficult to reconcile with contemporary biomedical information but continue to play an important role in the evaluation of patients and the formulation of treatment in acupuncture."[19] The scientific method depends on the reliability or repeatability of an event and the ability to generalize an observation into a predictable pattern. The fact that both are not possible with the phenomenon of Qi energy conflicts with the scientific method.

Energy Medicine as a Therapeutic Intervention

There are many examples involving Qi including:

- Therapeutic and healing touch
- External Qi Gong
- Reiki

There is a much more exhaustive list available, but these three modalities have the most clinical research available for evaluation.

Therapeutic and Healing Touch

Most clinical trials have been performed in the field of therapeutic touch (TT). TT is a contemporary healing modality drawn from ancient practices developed by Dora Kunz and Dolores Krieger, RN, PhD.[20]

In 1998, Emily Rosa, at 11 years of age, became the youngest person to have a paper accepted by the *Journal of the American Medical Association* for her study of TT.[3] Her study tested the abilities of 21 TT practitioners to detect the aura they claim surrounds everyone. The practitioners stood on one side of a cardboard screen, while Emily stood on the other. The practitioners placed their hands through holes in the screen. Emily then flipped a coin to determine which of the practitioner's hands she would place hers near (without, of course, touching the hand). The practitioners were to indicate if they could sense her Qi, and where her hand was. Although all of the participants had asserted that they would be able to do this, the actual results did not support their assertions. After repeated trials, the practitioners had succeeded in locating her hand at a rate not significantly different from chance. They were right 44% of the time, slightly worse than chance.

Meehan conducted much of the early research on TT and concluded that "TT does not have a significant direct effect on postoperative pain and does not potentiate the short-term effect of narcotics."[21] A Cochrane systematic review of TT for healing acute wounds found no evidence of benefit.[22] Another Cochrane review of TT for anxiety disorders found no randomized controlled studies in the area.[23] Two meta-analyses found some moderate benefits from TT, but were highly critical of the quality of the research.[24,25] In reviewing the studies, there appeared to be a reduction of anxiety arising from situational stress. However, this was not one of the criteria of the meta-analyses.

A recent randomized controlled trial evaluated the efficacy of healing touch (HT) in coronary artery bypass surgery.[26] No significant decrease in the use of pain medication, anti-emetic medication, or incidence of atrial fibrillation was observed. However, all HT patients showed a greater decrease in anxiety scores and there was a significant difference in length of stay when the HT outpatient group was compared to the visitor and control groups. Given the current focus on cutting the cost of medical care, length of stay should be investigated as an outcome measure in future studies.

Reiki

Reiki is another popular energy medicine technique widely used in the United States.[27] Reiki was developed in 1922 by Mikao Usui. Practitioners use a technique similar to the laying-on of hands, which they say channels Qi through their palms. Usui claimed to receive the ability of Qi without energy depletion.[28] In 2008, Lee published the findings of a systematic review of the effects of reiki in clinical practice.[29] Nine randomized controlled trials met the inclusion criteria. Lee concluded that most trials suffered from methodological flaws and that there is insufficient evidence to evaluate the effectiveness of using reiki for clinical conditions.

External Qi Gong

External Qi Gong is considered one of the four foundational healing modalities in traditional Chinese medicine.[30] As such, external Qi Gong has enjoyed social validity where Chinese medicine is widely practiced. External Qi Gong refers to a Qi Gong practitioner emitting Qi for therapeutic purposes.[31] The first step to becoming a Qi Gong practitioner is to master internal Qi Gong by practicing Qi Gong exercises. The origin of internal Qi Gong is credited to a master Chinese physician Hwa Tuo who created Five Animal Frolics Qi Gong more than 2,000 years ago. Today, there are many styles of Qi Gong, including Tai Chi, a specialized form of internal Qi Gong that focuses on developing mindfulness, balance, and combat strategies. Health benefits of Tai Chi are well documented.[32]

In 2007, Lee et al published the findings of a systematic review of external Qi Gong for pain conditions.[33] Five randomized controlled trials were found. All of the randomized controlled trials demonstrated greater pain reduction with external Qi Gong compared with control groups. The authors concluded that the effectiveness of external Qi Gong for treating pain was encouraging and warrants further study.

Discussion

The challenges of performing energy medicine research are tremendous. The lack of reliable characterization of Qi makes it impossible to standardize treatments. Despite the challenges, the amount of research both in the basic sciences and clinical trials involving energy medicine has increased.

There is also a concern that randomized controlled trial may not be the best way to explore a phenomenon that is poorly understood. The randomized controlled trial is an excellent method to test if one independent variable has a causal effect on an outcome otherwise referred to as a dependent variable.

In the absence of a thorough understanding from foundational research, it is easy to ask the wrong question, especially if there is a subtle, but potent effect. For example, it is well documented that therapeutic touch reduces anxiety levels of patients compared to controls even in the absence of physical effects.[34-36] MacIntyre's study demonstrating that TT decreased anxiety in hospitalized patients, which lead to fewer days of hospitalization, is an example of subtle benefit resulting in more substantial benefit.[31]

Qi Gong showed a positive result in reducing pain compared to controls.[33] This suggests a possibility that external Qi Gong may have more physical effects. The process of training external Qi Gong through extensive practice and achieving mastery of internal Qi Gong is different from TT and reiki. Years of training internal Qi Gong exercises may potentiate the development of Qi.

This idea that the practice of Qi Gong exercises can develop external Qi is supported by one of the theories involving piezoelectricity. Piezoelectricity is the ability of some materials, notably crystals and certain ceramics, to generate an electric potential in response to applied mechanical stress.[37] Bone, connective tissues, and blood vessels possess piezoelectric properties and interconnect every part of the body.[38] It has been proposed that fascia can be compared with a complex, stretchy network that is constantly releasing and circulating subtle charges. Qi Gong exercises may increase internal coherence of such a network and may result in increase of amplitude. However, these ideas have not yet been tested.

Conclusion

Despite the lack of definitive mechanism and evidence, many energy medicine modalities are gaining popularity. There is positive evidence that external Qi Gong can reduce pain. The evidence regarding therapeutic touch is less substantive but may have a supportive effect in hospitalized patients. Future studies including shortened hospital stay, quality of life, and other outcomes may yield better understanding. There is not enough evidence to evaluate reiki as a healing modality at this time.

Recommendation

Empowerment has been a powerful motivating force behind the rise of CAM.[39] Choices should be made to access services based on patients' belief systems. Those patients choosing to do so should seek an experienced practitioner with a good reputation. ❖

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Evaluating the Safety of Soy

By Dónal P. O'Mathúna, PhD

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Source: Chandrareddy A, et al. Adverse effects of phytoestrogens on reproductive health: A report of three cases. *Complement Ther Clin Pract* 2008;14:132-135.

PHYTOESTROGENS HAVE BEEN THOUGHT TO HAVE FAVORable effects on women's health and perhaps in offsetting cancers. The possible adverse effects of phytoestrogens have not been evaluated.

Abnormal uterine bleeding with endometrial pathology

in three women was found to be related to a high intake of soy products. The first woman had postmenopausal bleeding with uterine polyp, proliferative endometrium, and a growing leiomyoma. The second woman presented with severe dysmenorrhea, abnormal uterine bleeding, endometriosis, and uterine leiomyoma not responding to treatment. The third woman had severe dysmenorrhea, abnormal uterine bleeding, endometriosis, and uterine leiomyomata, and presented with secondary infertility. All three women improved after withdrawal of soy from their diet.

Additional information on phytoestrogens is necessary to ascertain their safety before they can be routinely used as supplements.

■ COMMENTARY

Phytoestrogens are compounds that act in similar ways to estrogen and are found in plants (*phyto* means "having to do with plants"). Soybeans are probably the best-known natural source of phytoestrogens. The type found in soy is called isoflavones, with genistein and daidzein being the most abundant members of the group. Soy flour and soy milk retain the phytoestrogens, while soy sauce and soybean oil contain very small quantities of phytoestrogens. Much interest has developed around the use of phytoestrogens as a natural form of estrogen replacement therapy. Many phytoestrogen products are available as dietary supplements and soy is sometimes consumed as a source of estrogen. However, a 2007 Cochrane Review concluded that there was no evidence that phytoestrogens alleviate vasomotor menopausal symptoms such as hot flushes and night sweats.[1]

With the widespread use of phytoestrogens, safety has been a concern. The article reviewed here presents findings from three cases in which an association between phytoestrogen and abnormal uterine bleeding is proposed. Being case studies, care must be taken to avoid suggesting causation where only correlation is warranted. However, concerns have been raised for several years that careful evaluation of potential adverse effects of phytoestrogen is necessary before their use can be widely recommended. These three cases possess important similarities that warrant further investigation.

The three women were of varying ages (ages 56, 43, and 35 years). They presented with varying degrees of abnormal uterine bleeding and other endometrial abnormalities. Various diagnostic and treatment protocols were undertaken with little improvement in symptoms. Dietary evaluation revealed that all three women had been consuming large quantities of soy for a number of years. Unfortunately, the precise quantities were reported for only one of the women. Such details are important to include in case reports and their omission here is a significant limitation. The first woman was reported to have been consuming enough soy milk to provide 40 g of isoflavones per day, which seems like an extraordinarily large amount. Usually, about 40 g of soy or 50 mg of isoflavones per day is recommended. The two other women were reported as consuming extremely large amounts of soy in various forms.

What is probably most notable about these cases is that all three women's symptoms were resolved relatively quickly after soy intake was stopped. This occurred after other medical treatments had been ineffective.

Although some studies have been conducted on phytoestrogens, much remains uncertain about their adverse effects. The Cochrane Review of phytoestrogens for menopausal symptoms found that most studies did not collect data on adverse effects to the endometrium or vagina.[1] On this basis, the reviewers concluded there was no evidence of phytoestrogens causing estrogenic stimulation of the endometrium (an adverse effect) when used for up to two years.

However, an earlier study had found that women taking 150 mg soy isoflavones per day for five years had higher levels of endometrial hyperplasia.[2] Other studies have not found increased rates of these effects, but they have been conducted for shorter durations. The study which found adverse endothelial effects is the longest randomized controlled trial conducted to date. The women in the three case studies had been consuming large quantities of soy for three, five, and 21 years, respectively. The discussion following the three case studies reviewed a small number of in vitro studies that lend support to claims that phytoestrogens can stimulate the endometrium in similar ways to estrogen.

While these case studies should not be taken to demonstrate causation, they point to the importance of clinical vigilance and further research in this area. Clinicians caring for women with abnormal bleeding should ask about dietary supplement use, and soy intake in particular. The amount and duration of intake should be specifically inquired about. Ethical problems would arise with conducting randomized controlled trials to test for adverse effects of extremely high soy intake, but case-control and cohort trials are warranted. The first step is to determine whether the patterns noted in these case studies are more widespread. ❖

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NIH Research Initiative to Test Treatments for Menopausal Symptoms

A new research initiative from the National Institutes of Health (NIH) will establish a multisite research network to conduct clinical trials of promising treatments for the most common symptoms of menopause.

The initiative—Menopause Strategies: Finding Lasting Answers for Symptoms and Health (MsFLASH)—is led by the National Institute on Aging in collaboration with the Eunice Kennedy Shriver National Institute of Child Health and Human Development, the National Center for Complementary and Alternative Medicine, and the Office of Research on Women's Health, all parts of the NIH. The MsFLASH network will be coordinated by principal investigators Andrea Z. LaCroix, PhD, and Garnet Anderson, PhD, both of the Fred Hutchinson Cancer Research Center in Seattle. The network centers will collectively receive about $4.4 million each year of the initiative, which is projected to run for five years.

In addition to the Data Coordinating Center, five clinical research centers will make up the MsFLASH network, which will test a variety of approaches for treating menopausal symptoms. The MsFLASH centers and principal investigators are:

- Harvard Medical School, Boston, MA: Lee Cohen, MD, and Hadine Joffe, MD;
- Indiana University School of Medicine, Indianapolis: Janet S. Carpenter, RN, PhD;
- Kaiser Permanente, Northern California, Oakland: Barbara Sternfeld, PhD, and Bette Caan, PhD;
- University of Pennsylvania School of Medicine, Philadelphia: Ellen Freeman, PhD; and
- Group Health Center for Health Studies, Seattle: Katherine Newton, PhD; and University of Washington School of Medicine, Seattle: Susan Reed, MD.

CME Objectives

After reading *Alternative Therapies in Women's Health*, the health care professional will be able to:

1. evaluate alternative medicine and complementary therapies for women's health concerns;
2. identify risks and interactions associated with alternative therapies;
3. discuss alternative medicine options with patients;
4. offer guidance to patients based on latest science and clinical studies regarding alternative and complementary therapies.

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Physicians participate in this continuing medical education program by reading the article, using the provided references for further research, and studying the questions at the end of the article. Participants should select what they believe to be the correct answers, then refer to the list of correct answers to test their knowledge. To clarify confusion surrounding any questions answered incorrectly, please consult the source material. After completing this activity, you must complete the evaluation form provided and return it in the reply envelope provided at the end of the semester to receive a certificate of completion. Upon receipt of your evaluation, a certificate will be mailed.

CME Questions

32. Emily Rosa at age 11 became the youngest person to have an article accepted by the *Journal of the American Medical Association*. Her article focused on which modality?

a. External Qi Gong
b. Healing touch
c. Reiki
d. Therapeutic touch

33. External Qi Gong is considered one of the four pillars of traditional Chinese medicine.

a. True
b. False

34. A recent randomized controlled trial evaluated the efficacy of healing touch in coronary artery bypass surgery. A significant difference was noted in which of the following areas?

a. Use of pain and anti-emetic medication
b. Incidence of atrial fibrillation
c. Decrease in anxiety and length of stay in hospital
d. All of the above

35. In the study of phytoestrogens, all three women's symptoms resolved after medical treatments had been ineffective and soy intake was then stopped.

a. True
b. False

Answers: 32. d, 33. a, 34. c, 35. a.

Possible treatments to be studied during the project period include: antidepressants such as paroxetine or escitalopram, paced respiration (relaxation breathing), yoga, low-dose estradiol patch and low-dose estradiol gel, and exercise programs, both moderate and vigorous.

Chelation Therapy Trial Halted

Enrollment into the Trial to Assess Chelation Therapy (TACT), a five-year, $30-million National Institutes of Health-funded clinical study, has been stopped, according to Heartwire, a professional news service of WebMD.

"The investigators and institutions performing the trial, in conjunction with their institutional review boards, have temporarily and voluntarily suspended enrollment of new participants in the study," Susan Dambrauskas, a media officer at the National Heart, Lung, and Blood Institute, a cosponsor of the study, wrote in an e-mail to the news service.

TACT is a randomized, double-blind, placebo-controlled study evaluating the efficacy of ethylenediamine-tetra-acetic acid chelation therapy in the treatment of coronary artery disease. The primary endpoint of the trial is a composite of all-cause mortality, MI, stroke, hospitalization for angina, and hospitalization for congestive heart failure.

Critics have called this trial dangerous, unethical, and a waste of public funds. The National Center for Complementary and Alternative Medicine is also a study sponsor. ❖

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☐ Has Not Changed During Preceding 12 Months
☐ Has Changed During Preceding 12 Months *(Publisher must submit explanation of change with this statement)*

PS Form **3526**, September 1998 *See instructions on Reverse)*

13. Publication Name: Alternative Therapies in Women's Health
14. Issue Date for Circulation Data Below: September 2008

15. Extent and Nature of Circulation		Average No. of Copies Each Issue During Preceding 12 Months	Actual No. Copies of Single Issue Published Nearest to Filing Date
a. Total No. Copies *(Net Press Run)*		392	171
b. Paid and/or Requested Circulation	(1) Paid/Requested Outside-County Mail Subscriptions Stated on Form 3541. *(Include advertiser's proof and exchange copies)*	97	90
	(2) Paid In-County Subscriptions *(Include advertiser's proof and exchange copies)*	0	0
	(3) Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Non-USPS Paid Distribution	12	12
	(4) Other Classes Mailed Through the USPS	5	4
c. Total Paid and/or Requested Circulation *(Sum of 15b(1) and 15b(2)*		114	106
d. Free Distribution by Mail *(Samples, Complimentary and Other Free)*	(1) Outside-County as Stated on Form 3541	25	30
	(2) In-County as Stated on Form 3541	1	0
	(3) Other Classes Mailed Through the USPS	0	0
e. Free Distribution Outside the Mail *(Carriers or Other Means)*		20	20
f. Total Free Distribution *(Sum of 15d and 15e)*		46	50
g. Total Distribution *(Sum of 15c and 15f)*		160	156
h. Copies Not Distributed		232	15
i. Total *(Sum of 15g, and h.*		392	171
Percent Paid and/or Requested Circulation *(15c divided by 15g times 100)*		71%	68%

16. Publication of Statement of Ownership
Publication required. Will be printed in the November 2008 issue of this publication. ☐ Publication not required.

17. Signature and Title of Editor, Publisher, Business Manager, or Owner: President and CEO — Date: 9/27/08

I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

Instructions to Publishers

1. Complete and file one copy of this form with your postmaster annually on or before October 1. Keep a copy of the completed form for your records.
2. In cases where the stockholder or security holder is a trustee, include in items 10 and 11 the name of the person or corporation for whom the trustee is acting. Also include the names and addresses of individuals who are stockholders who own or hold 1 percent or more of the total amount of bonds, mortgages, or other securities of the publishing corporation. In item 11, if none, check the box. Use blank sheets if more space is required.
3. Be sure to furnish all circulation information called for in item 15. Free circulation must be shown in items 15d, e, and f.
4. Item 15h., Copies not Distributed, must include (1) newsstand copies originally stated on Form 3541, and returned to the publisher, (2) estimated returns from news agents, and (3), copies for office use, leftovers, spoiled, and all other copies not distributed.
5. If the publication had Periodicals authorization as a general or requester publication, this Statement of Ownership, Management, and Circulation must be published; it must be printed in any issue in October or if the publication is not published during October, the first issue printed after October.
5. In item 16, indicate date of the issue in which this Statement of Ownership will be published.
6. Item 17 must be signed.

Failure to file or publish a statement of ownership may lead to suspension of second-class authorization.

PS Form **3526**, September 1999 *(Reverse)*