

## Research Article

# Energy Medicine: A Complimentary Modality in Nursing

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*"In every culture and in every medical tradition before ours, healing was accomplished by moving energy."*<sup>1</sup>

### Introduction

From its inception, the science and art of medicine and nursing has focused upon the care of the entire human being - Body, Mind, Spirit, and Emotions. The wisdom employed by nursing professionals has sought to understand the many ways in which to care for the human person. As defined by The American Holistic Nursing Association (AHNA), "Nursing encompasses a body of knowledge focusing on human health and healing, through caring or caring in the human health experience."<sup>2</sup>

Like nursing professionals, individuals who practice healing modalities strive to expand their understanding of the ways in which the body heals. As a practicing Energy Healer, Grohman, shares her thoughts about the need to blend medicine, nursing and integrative practices. "The desire to relieve pain and suffering has always been part of our human experience. For millennium, long before the advent of allopathic medicine, healing practices have been used across the globe as a means of healing physical, emotional, and spiritual distress. The collective challenge lies in finding ways of working together for the betterment of all."<sup>3</sup>

### Energy Medicine Defined

So, what is Energy Medicine? "Generically, it has been explained as a collection of holistic healing therapies that access "life force" to create balance and wellness. Life force has been known by dozens of names over thousands of years. It is called chi in China, ki in Japan; prana among Hindu and Tibetan cultures; mana in Polynesia; and baraka in North Africa."<sup>4</sup> This energy is available to everyone. When speaking of how one might learn about Energy Medicine, Donna Eden, states "To cultivate these abilities, you will be learning a language your body already speaks and understands – the language of energy."<sup>5</sup>

The concept of vibrational medicine and thus energy medicine is both rational and straightforward. "Diseases and disorders alter the electromagnetic properties of molecules, cells, tissues and organs." "Subtle energies' and 'dynamic energy systems' are neither supernatural nor do they require a revision of physics. They go to the foundation of life."<sup>6</sup>

"Within certain subspecialties of conventional medicine, the groundwork for a shift from the Newtonian pharmacokinetic approach to an Einsteinian view of pure energetic healing is presently being formulated".<sup>7</sup> This paradigm shift from conventional therapies to electromagnetic healing represents the beginnings of a revolution in consciousness for the health care professions. "In the New Age that is nearly upon us, health care providers will begin to comprehend that the human organism

is a series of interacting multidimensional energy fields."<sup>7</sup> "Each cell emits and responds to electrochemical signals in an unimaginably complex dance that keeps you breathing, keeps your heart pumping, your food digesting, your eyes blinking, and your tissue safe when microorganisms invade. Your mind is not required to assist the larger full-bodied intelligence of your energy system in accomplishing these feats."<sup>5</sup>

Many healers look to the work of pioneers in Energy Medicine such as Rosalyn L. Bruyere. For well over forty years, Bruyere has examined the function of the human energy system. "Chakra," is a Sanskrit word meaning "wheel of light." According to Bruyere, the light indicates the various colors in the visible light spectrum, and thus the quality of health in the body.<sup>8</sup> Bruyere and Hunt measured the various frequencies emitted from the body during Rolfing (soft tissue manipulation) sessions. Perhaps, it is plausible then to see the correlation of the health of the body and the energy within it.<sup>9</sup>

The energy system of the human body consists of meridians (energy pathways), chakras (energy centers), and the aura or biofield (the body's own electromagnetic field). All of these emit light and electromagnetic energy. It is these parts of the human anatomy that an energy healer engages to balance and restore health.<sup>5</sup>

"We, as human organisms, are a series of interacting multidimensional subtle-energy systems, and that if these energy systems become imbalanced there may be resulting pathological symptoms which manifest on the physical/emotional/mental/spiritual planes." "Imbalances can be healed by rebalancing the subtle energy templates with the right frequency of vibrational medicine."<sup>7</sup>

### Nursing's Impact on Energy Medicine

The following evidenced based studies are a reflection of nursing's vital impact on energy medicine and healing. The highlight on nursing's contribution is showcased here in an effort to elicit understanding and knowledge of this complementary therapy, yet in no way mitigates the tremendous impact of other disciplines who have for decades provided relief utilizing this life changing modality.

Healing Touch (HT) uses gentle touch to assist in balancing physical, emotional, mental, and spiritual well being of an individual. This energy-based therapy arose out of nursing in the early 1980s. Healing Touch International (HTI) and the HTI Healing Touch Certification Program has been endorsed by the AHNA. Founded by the late Janet Mentgen, RN, HTI is a collection of energy based healing modalities taught by pioneers

in the field such as Alice Bailey, Rosalyn Bruyere, Brugh Joy, MD, and Barbara Brennan. The HT curriculum is taught as a multi-level program with a 1-year mentorship experience that leads to certification. Healing Touch International (HTI) has been a leader in researching the effects of energy healing. One study looked at the effects of HT on chronic and severe pain in patients with spinal cord injuries. The researcher's findings indicated a reduction of pain with HT as compared to progressive muscle relaxation.<sup>10</sup>

In an experimental randomized control trial conducted on 237 patients undergoing open heart surgery, participants were randomly assigned to 1 of 3 study groups: full intervention or HT group, partial intervention or "visitor" group (visit by the same retired registered nurse), or a control group receiving no additional intervention. This study consisted of 6 outcome measures: postoperative length of stay, incidence of postoperative atrial fibrillation, use of anti-emetic medication, amount of narcotic pain medication, functional status and anxiety. Two of the six outcomes had statistical significance in the HT group, that of decreased anxiety ( $p < 0.01$ ) and outpatient length of stay ( $p < 0.04$ ).<sup>11</sup>

Another study examined the use of Native American Method (NAM), used by the Creek Indians for centuries, in the treatment of dysmenorrhea in young women between the ages of 13 and 19. NAM involves placing one hand on either side of the body in the area of pain. "More specifically, one hand acts as a positive pole and attracts the negative ions in the blood vessels during NAM administration while the other hand acts as a negative pole, attracting the positive ions. This force is small but significant enough to open the blood vessels to nutrients and oxygen. This practice results in increased circulation that thereby diminishes pain."<sup>12</sup> Of the 75 women originally enrolled, 49 completed the study. From this group, 20 were treated with NAM, while the remaining 29 were given treated with simulation that did not involve hand placement. NAM produced a significant ( $p < 0.001$ ) decrease in the level of menstrual pain (7 to a 2 on the Visual Analog Scale) compared to no significant change in the simulation group.<sup>12</sup>

In a simple cross-over design of 14 patients with stage III ovarian cancer, Ama Deus energy healing intervention, a hand mediated healing technique, was utilized to assess the impact on reductions in anxiety and depression. For this study, the State-Trait Anxiety Inventory and Beck Depression Inventory were used to measure anxiety and depression. Significant reductions in both anxiety and depression were found. The researchers did not report the  $p$  value.<sup>13</sup>

A study was conducted on military men and women afflicted with Post Traumatic Stress Disorder (PTSD). In a randomized control trial of 123 active duty military, the participants were randomized to either a complementary medicine intervention (Healing Touch with Guided Imagery (HT+GI,  $n = 68$ ) as compared to treatment as usual (TAU,  $n = 55$ ) for returning combat-exposed active duty military with significant PTSD symptoms. "The primary outcome was PTSD symptoms secondary outcomes were depression, quality of life, and hostility". Repeated measures, analysis of covariance with intent-to-treat analyses, revealed statistically and clinically significant reduction in PTSD symptoms (markedly declining

$p < 0.0005$ ; Cohen's  $d = 0.85$ ) as well as depression for HT+GI ( $p < 0.0005$ ; Cohen's  $d = 0.70$ ) vs. TAU. HT+GI also showed significant improvements in mental quality of life ( $p < 0.002$ ; Cohen's  $d = 0.58$ ) and cynicism ( $p = 0.001$ , Cohen's  $d = 0.49$ ).<sup>14</sup>

In a double blind, randomized clinical control trail of 189 participants receiving outpatient chemotherapy, participants were randomized to receive no intervention, sham Reiki or actual Reiki therapy treatment. A demographic tool and pre-test and post-tests were given before and after chemotherapy infusion to assess self reported levels of comfort and well-being. The Healing Touch Comfort Questionnaire (HTCQ) and Well Being Analog Scale were used in this study. "The sham Reiki placebo and the actual Reiki did have statistically significant association with increased well-being and comfort ( $p < 0.05$ ) and specifically with mental well-being and comfort". "The findings indicate that the presence of an RN providing one-on-one support during chemotherapy was influential in raising comfort and well-being levels, with or without an attempted healing energy field".<sup>15</sup>

In a review of the literature for three healing modalities (healing touch, therapeutic touch, and reiki), nine clinical studies were examined for oncology patients. Foremost, the literature demonstrates the safety of these healing modalities. "Findings indicate a positive benefit for oncology patients in the realms of pain, quality of life, fatigue, health function, and mood".<sup>16</sup>

In a randomized control trial of 60 women with newly diagnosed cervical cancer, patients were randomly assigned to receive either standard care (SC = six week platinum-based chemo-radiation, external beam radiation, and brachytherapy) or receive SC and individual sessions of either Healing Touch (HT) or Relaxation Therapy (RT) immediately following their radiation. Experienced nurses who were Certified Healing Touch Practitioners with at least 10 years of experience performed the 25-minute sessions. HT patients showed significant ( $p < 0.05$ ) decrease in depressed mood as compared to RT and SC.<sup>17</sup>

In a qualitative study of 6 Reiki masters and 11 participants, changes in pattern manifestation, that individuals experience associated with receiving Reiki was identified. The Unitary Field Pattern Portrait was chosen as the research method as the researcher thought this was consistent with the Science of Unitary Human Beings as described by Martha Rogers. "Reiki was found to be associated with changes in awareness from dissonance and turbulence to harmony and well-being by helping individuals knowingly participate in actualizing their own capacities for healing".<sup>18</sup>

### Implications for Nursing Practice

The profession of nursing remains focused on wellness, health prevention, and healing individuals from a holistic perspective of body, mind, and spirit. The use of healing modalities provides an avenue for providers to offer comfort that is safe, cost effective, and patient centered. As always, further evidenced based research is warranted to validate and substantiate the impact of energy medicine/healing on comfort, sense of well being, anxiety, depression, as well as other patient outcomes across the continuum of care and age spectrum. Dissemination of this research will provide the health care industry's constituents plausible alternatives for care on

maintaining health and managing illness. Additionally, further interprofessional collaboration between nursing and medicine should be encouraged and supported as we grow to understand our differences, but perhaps equally importantly, our similarities in providing quality care.

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