Quantum-Touch Dramatically Reduces both Acute and Chronic Pain

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Introduction

The purpose of this study was to evaluate the efficacy of Quantum-Touch treatment in alleviating both acute and chronic pain. This is the first clinical trial on Quantum-Touch. Previous anecdotal results reported from over 50 international practitioners indicate the Quantum-Touch therapy dramatically reduces pain, In this clinical trial, 50 international practitioners collected data from 41 of their patients on the effectiveness of administering Quantum-Touch. The results showed an overall 67.4% reduction of reported pain after a Quantum-Touch treatment in subjects between the ages of 29-72 for both acute and chronic pain.

Description of Quantum-Touch

Quantum-Touch uses life-force energy (known as chi in Chinese and prana in Sanskrit) to facilitate healing. The Quantum-Touch techniques teach how to 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 the Quantum-Touch techniques can create a high frequency of 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 and there have been no adverse events in nearly one hundred thousand treatments over nearly a two decade period.

Study Methods

Subjects were selected by word of mouth recruiting of existing patients of qualified Quantum-Touch practitioners. Qualified practitioners enlisted in the study to collect data

were selected by the founder of Quantum-Touch, Richard Gordon. The inclusion criteria was males or females between the ages of 18-80 with acute or chronic pain. There was no exclusion criteria.

The study design was to have the patients first fill out a data collection sheet. The data sheet included questions about how they got the pain, how long they had the pain and they rated their current level of pain by marking it on a scale of 1-10 on a provided Visual Analog Scale (VAS) scale. They were subsequently given a Quantum-Touch treatment and after the treatment, they were asked to mark their pain level on the provided scale. 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.

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 were a total or 41 people in the study, 8 males and 33 females, ranging in age from 20-72 and the average, or mean 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 type of pain reported by the subjects varied from arthritis to injury from an accident.

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

	Mean	SD	Median	Range
Age (yrs.)	54	11.	55.0	29-77
		7		
Pain Duration	8.1	9.1	5.0	0-42
(yrs.)				

The total number of pain assessments before and after Quantum-Touch was 65 treatments. Seven subjects had multiple sessions and Table 2 shows the distribution of subjects who were given multiple treatments. Most of the subjects who had multiple treatments had them on different body areas. Only the ones who had chronic pain had repeated treatments on the same area of the body and effects of the initial treatment lasted at least one week. In some cases, the subject had pain in more than one area and the pain completely subsided in one of the areas after one treatment.

Table 2: Distribution of Subjects Given Multiple Treatments

Number of subjects	Number of treatments	Treatments for same body	
		area of pain	
2	2	0	
2	3	0	
1	4	0	
1	7	2	
1	9	3	

Table 3 shows results of reported pain level before and after Quantum-Touch treatments. As seen, the overall mean VAS score before treatment was 6.8 and after treatment was 2.4.

Table 3: Pain scores at pre- and post-Quantum-Touch treatment assessment

	Mean	SD
Pre	6.8	1.7
Post	2.4	2.0

Table 4 shows the results for the absolute change of reported pain and the results expressed as a percentage. A highly significant 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 4: Absolute and percentage change in VAS from pre- to post Quantum-Touch treatment assessment

	Mean	95% CI	p-value
Absolute change	-4.5	-5.04.0	< 0.0001
Percentage	-	-75.259.6%	< 0.0001
change	67.4%		

Table 5 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 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).

Table 5: 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	-6.14.0	< 0.0001	0.1007
Age ≥55 years	-4.2	-4.73.7	< 0.0001	
Pain duration <6 months	-4.0	-5.02.9	< 0.0001	0.4155
Pain duration ≥6 months	-4.4	-4.93.9	< 0.0001	
Percentage change				
Age <55 years	-71.2%	-84.857.5%	< 0.0001	0.5944
Age ≥55 years	-67.6%	-77.657.7%	< 0.0001	
Pain duration <6 months	-57.5%	-72.742.2%	< 0.0001	0.2033
Pain duration ≥6 months	-68.2%	-75.261.3%	< 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)

The most impressive result was a reported pain level in 2 different subjects that went from 8 to 0 in one treatment and they did not return for any other treatments. The following observations were made by a practitioner after working on two different subjects. The first client: "Her pain 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 and she left with no pain and her hot flashes disappeared. This has been a chronic condition."

Another client had chronic 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."

The following are comments made by subjects:

Several reported deeper sleep.

[&]quot;The pain was excruciating at the beginning of the session."

[&]quot;The pain was so intense it would wake me up from a deep sleep." (This client never returned after a Quantum-Touch treatment)

[&]quot;The pain in my left shoulder is completely gone and never returned."

[&]quot;My upper and lower back pain, along with persistent headache gone."

[&]quot;I couldn't put my blouse on, I now have full range of motion."

[&]quot;I feel amazing relief."

[&]quot;I did not need pain medication for the rest of the day and night."

Two subjects regained aligned hips after treatment that had been obviously out of alignment.

Discussion

Results of this study show a dramatic reduction in both acute and chronic pain for all ages of subjects in the study. Every subject experienced a reduction in pain at some level after Quantum-Touch treatment, which is quite impressive. Furthermore, in thirteen of the 65 assessments, subjects experienced a complete elimination of pain. The overall reduction in pain for all subjects was 67.4%. The reduction in reported VAS scores was as high as 71.2% in the under 55 age group.

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. Similar 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.

The comments of the subjects after Quantum-Touch treatments were also impressive, ranging from subjects no longer needing pain medication to several reports of improved sleep. It is interesting that one subject's hot flashes subsided after Quantum-Touch, and this was a beneficial "side effect" of Quantum-Touch. Another intriguing observation is that 2 subjects experienced a postural alignment after a treatment. This effect is profound and another study to examine this effect is underway. It appears that Quantum-Touch works on other systems of the body besides pain pathways. Additional effects of Quantum-Touch may be explored in future studies.

Conclusions

The results of this study are quite impressive, with an overall reduction of reported pain levels of 67.4%. Furthermore, the facts that pain was completely eliminated in nearly one third of the assessments and that Quantum-Touch is equally effective for all ages and for both acute as well as chronic pain demonstrates that Quantum-Touch is an extremely valuable non-pharmaceutical pain relief method. An additional study to explore postural alignment by Quantum-Touch is currently being conducted. Future longitudinal studies are planned to determine the lasting effects of Quantum-Touch therapy.