

White Paper

Scientific Evidence for Reconnective Healing®

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Summary

In this report the need for an integrative healthcare system is discussed, leading to a description of Biofield Therapy in general and Reconnective Healing in particular.

Reconnective Healing as defined by Eric Pearl is: "...not just energy healing, but instead a more comprehensive spectrum of healing composed of energy, light and information."

Scientific evidence is presented that supports the capability of external fields or frequencies altering physiological function at the cellular level. The five currently published peer-reviewed research papers involving Reconnective Healing are summarized and critiqued both individually and as a group in terms of whether they provide evidence that Reconnective Healing has consistent physiological outcomes. Clinical data relating to Reconnective Healing are provided by two of the studies, one of which involved 78 participants. The results of all the studies are highly consistent, strengthened by the fact that data were obtained from a variety of very different techniques and that the experiments were performed by different groups of research scientists. These results indicate: (i) exposure of a healer or healee to Reconnective Healing, either directly or indirectly, amplifies their degree of autonomic arousal and energy, (ii) Reconnective Healing can reduce pain and improve range of motion in people with shoulder limitations better than Physical Therapy, and (iii) when individuals experience Reconnective Healing as a group, their autonomic function becomes entrained, meaning they are emotionally connected. The currently published research findings are very promising but more clinical and physiological research performed on different populations under a range of conditions is needed in order to expand the evidence for this novel healthcare approach.

Introduction

The Need for an Integrative Healthcare System

Our current healthcare system is based largely on allopathic medicine in which drugs are used to treat symptoms of disease and diagnosis is relied upon to determine where in the body to treat and what is the optimal treatment. With the decreased threat of infectious diseases and other acute illnesses, people are living longer. As a result, the prevalence of chronic conditions, such as arthritis, back pain, diabetes, hypertension, heart disease, and cancer, has increased. The allopathic system, which was so successful for treating acute illnesses is not so effective with chronic diseases. People with chronic conditions often find that the drugs they

are given are ineffective or have unacceptable side effects (1) and they seek out alternative treatments. For example, according to a number of assessments over the years, expensive mainstream health care approaches to managing chronic lower back pain have not been very effective (2-7). This is perhaps why individuals with back pain are some of the most frequent users of Complementary and Alternative Medicine (CAM) practices.

On a wider scale, surveys indicate that those with the most serious and debilitating medical conditions, such as cancer, chronic pain, and HIV, tend to be the most frequent users of CAM (1, 8-13). Rather than having two sets of healthcare professionals each within their own separate culture, it would make more sense for allopathic physicians and CAM practitioners to integrate their practices, making use of the best of both worlds. However, this kind of collaboration depends largely on the establishment of an evidence-base for safety and effectiveness of CAM approaches.

Biofield Therapy

One category of CAM therapies, Biofield Therapy, which is among the most controversial, involves the practitioner interacting with the body's bio-energetic field, rather than with the physical body. Measurements of extracellular ion fluxes and voltage potential differences in living organisms led to the hypothesis that an electrostatic field surrounds and penetrates the human body (14, 15). Endogenous biofields, as detected from heart (ECG), brain (EEG) and muscle (EMG), are recognized clinically as indices of health and disease. Modern superconducting quantum interference devices (SQUIDs) have become important tools in clinical medicine for measuring the bio-magnetic fields of the heart and brain.

Several therapeutic procedures, based on the use of the hands to sense and alter biofields, have been developed with the goal of improving physical and psychological health. Among the most commonly practiced of these biofield therapies are Reiki, Therapeutic Touch, Healing Touch and external Qigong (16), each of which may involve manual contact between the healer and healee, but can also be effective without direct physical contact. Healers engaged in these particular therapies also report that they experience an external 'Universal Life Force Energy' or 'Qi' that flows through their body and can alter their own biofield as well as that of

the person they are healing (17-19). In fact, using sensitive photomultiplier tubes, biophoton emissions and ultraviolet light have been detected emanating from energy healers, some of whom were Therapeutic Touch practitioners, as they performed their 'healing activities' (20). A newer type of therapy that involves interactions with biofields is Reconnective Healing. This therapy purports to be more than energy healing in that the biofields of both healer and healee resonate with an external environmental field. The purpose of this paper is to describe Reconnective Healing and to review the peer-reviewed evidence base for its effectiveness as a healing modality.

What is Reconnective Healing?

Reconnective Healing was discovered and developed by Dr. Eric Pearl in the early 1990's when he was working as a chiropractor in Los Angeles. "Reconnective Healing is not just energy healing, but instead a more comprehensive spectrum of healing composed of energy, light and information," explains Pearl. "Anyone can learn to access these energies once you interact with them. The healer requires no prior knowledge of the patient. Reconnective Healing is not something we do. It's something we allow, become, catalyze and help facilitate." Reconnective Healing practitioners interact with a bandwidth of vibrational frequencies that conveys corrective information to the body and mind. Stanford Professor Emeritus, Dr. William Tiller, stated: "When information carried through these frequencies is introduced, it creates coherence and order within the field and the body itself."

There is evidence that naturally occurring fields can alter biofields and can even change cellular function. For example, Harold Saxton Burr, a professor at Yale Medical School, showed that changes in environmental electromagnetic fields, such as caused by thunderstorms, substantially affected the biofields of trees (21). In another case, biologically generated dynamic frequency information (ECG recordings from a person focusing intentionally on feelings of appreciation) significantly increased DNA synthesis of cultured fibroblasts (22). In addition to producing classical electromagnetic fields, oscillating electric dipoles in the body can act as antennae to produce non-classical fields (23) that do not fade with distance (24). Cells, tissues and organs each produce certain collective frequencies and it has been hypothesized that environmental fields may alter these frequencies by entraining

them so that they resonate with the external field (25). It is possible that Reconnective Healers can access environmental fields that influence their own biofields and that these changes are then passed on to their patients via entrainment.

What happens during a Reconnective Healing Session?

As Reconnective Healers work, they concentrate on their clients' energy fields by focusing on the sensations in their own hands. These sensations become stronger as they move their hands away from the client's body. The further away they move their hands, the stronger the sensations feel, rather like stretching a rubber band. While the healer is feeling the changes in the sensations in their hands, they are also observing the physical responses of the clients that have a tendency to increase as the practitioners move their hands further and further away from the recipient. These effects are visibly clear and distinct, such as eyelids fluttering uncontrollably, eyes rapidly darting from side to side, and fingers and/or feet twitching. Sometimes clients have no recognizable experience at all, or their experience may emerge hours or days after the session. More often, the experiences tend to be immediate and the healing results almost instantaneous. Reconnective Healers soon learn to recognize, through visual observation, a direct correlation between what they are doing and feeling, with what is happening with their client on the table.

According to Eric Pearl, Reconnective Healing “brings us into a state of balance that allows our imbalances to vibrate out of our bodies, out of our systems”. Dr. Pearl's patients, and those of his trainees (over 75,000 as of 2013), have reported healings from cancers, AIDS-related diseases, epilepsy, cerebral palsy, chronic fatigue syndrome, multiple sclerosis, rheumatoid and osteoarthritis, birth disfigurements and other serious afflictions – even though they are not touched physically.

The Need for Scientific Evidence

People who have given and/or received Reconnective Healing know, first hand, how energizing it feels and how pain and stress seem to melt away. However, those who have not experienced or heard of Reconnective Healing may be more skeptical, and may not want to

venture into the unknown. For these reasons, a cogent, widely circulated description of existing robust scientific evidence showing how Reconnective Healing promotes health and wellness is essential. In order for Reconnective Healing to be further accepted in the medical field (over 20,000 mainstream healthcare practitioners including MD's, DO's, DC's, PT's and nurses have already trained in the work and have incorporated it into their private practices) it is essential to demonstrate that it has consistent effects on clinical and physiological outcomes.

In an interview with Eric Pearl (doctoroz.com/videos/dr-eric-pearl-miracle-healer-or-hoax-pt-2), Dr. Mehmet Oz said that he could not find any hard data that Reconnective Healing works; Keri Peterson, MD, Internal Medicine, said that there was 'very limited research'. Dr. Eric Pearl replied that there are 5-6 peer-reviewed studies and that the number is increasing over time. This paper will describe five of those studies; the ones that have been published in peer-reviewed journals.

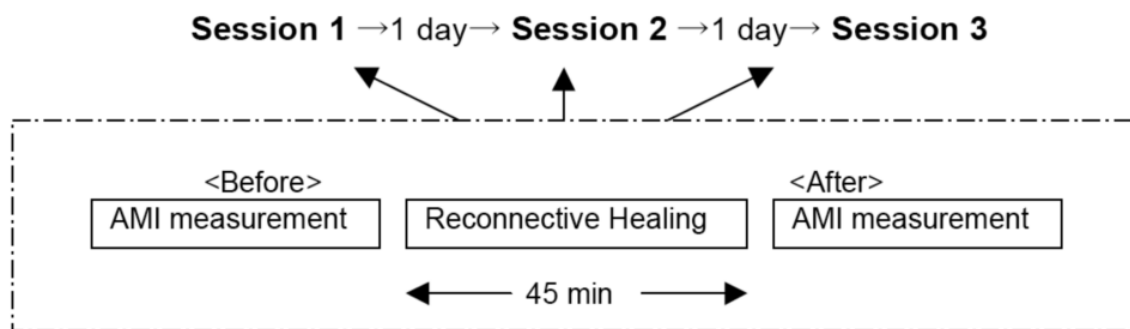
Published Scientific Evidence for Beneficial Effects of Reconnective Healing

Each of the five published papers addresses one of the following physiological or psychological effects of Reconnective Healing:

- Recovery of a person with emaciated limbs who was previously unable to walk (26).
- Detection of changes in human emotions (increased autonomic arousal and entrainment of audience) during a Reconnective Healing workshop (27).
- Improvement in energy and health of healthy volunteers (as shown by increased amplitude and spatial uniformity of stimulated electrophotonic emissions from subjects) after they received Reconnective Healing (28).
- Improved peripheral blood flow and enhanced degree of mental focus in Reconnective Healers while in healing state (29).
- Improved range of motion and reduced pain in people with shoulder limitations (30).

1. Results of Reconnective Healing on a subject with emaciated limbs, unable to walk without a walker for 6 months prior to the study (26). The subject was a 74-year old

male whose legs had become emaciated after surgery. Measurements were made on the subject using an Apparatus for Meridian Identification (AMI) before and after each of three 45-minute healing sessions by a level III Reconnective Healer, spaced one day apart.



The AMI measures the electrical conductivity, capacitance, and polarization of skin tissue and fluids (31). A single square voltage pulse is applied to each finger and toe and the transient current response waveforms for each are analyzed to find the current after ionic polarization (AP) and the total electric charge of the ions mobilized for polarization (IQ). Physiological changes correlating with these measures (32-34) are:

AP: State of the autonomic nervous activity of the sweat glands (ie galvanomic skin response). Sweat gland activity is stimulated by the sympathetic component of the autonomic nervous system, associated with increased heart rate and blood flow.

IQ: Electrical capacity of the epidermis (affected by the immune response).

After healing, significant changes were observed in the body's response to the voltage pulse, indicating alterations in electro-conductivity of the body, possibly caused by changes in microvascular blood flow and by sweating. After session 3, the AP of the lower body was significantly larger (by 60%) than that of the upper body and the sympathetic nervous system became substantially more active (Figure 1). Comparing before and after the total healing period, AP of the lower body increased by 49% and AP of the upper body decreased by 22%. This response is consistent with a redistribution of blood flow from the upper to the lower body.

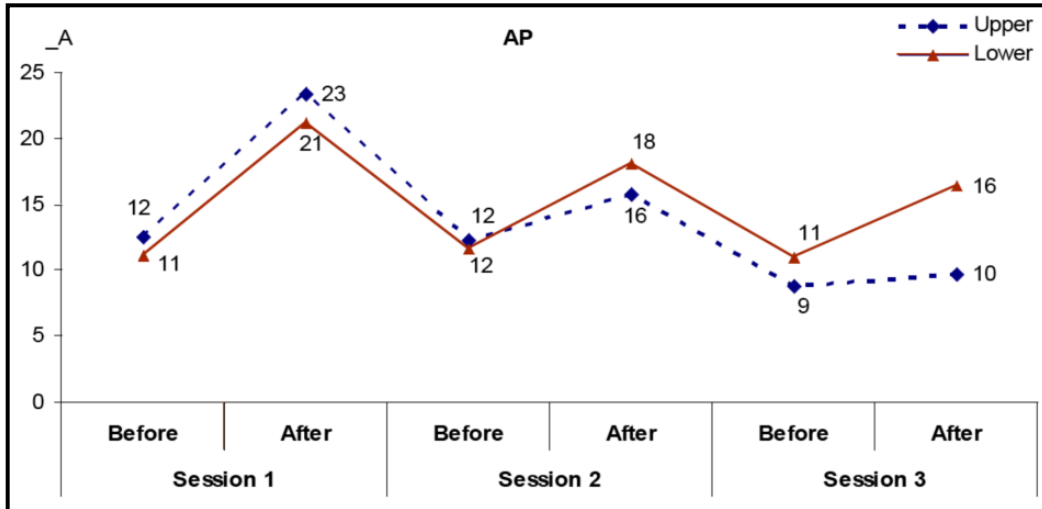


Figure 1. Trends in AP values in upper/lower body

The IQ of the lower body increased by 21% after healing compared to the value before the first session whereas that of the upper body did not change, indicating an improvement in the immune function in the lower body (Figure 2).

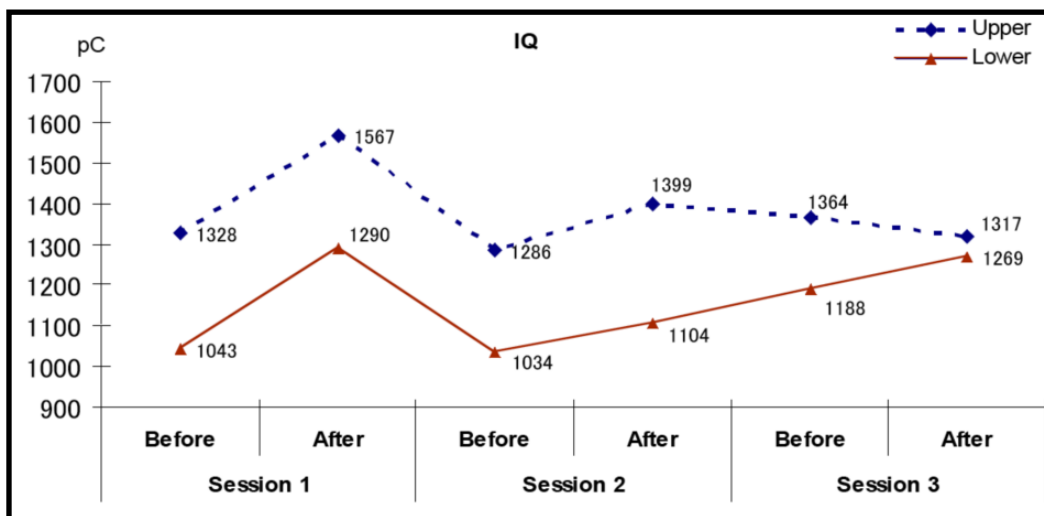


Figure 2. Trends in IQ values in upper/lower body

The changes in AP and IQ measured before and after each Reconnective Healing session proceeded concurrently in the direction to re-energize and re-activate the functions of the lower body. Immediately after the third healing session, the subject stood up without help and walked without a walker.

Comment: This is a case study involving only one person and does not include a control comparison with a similarly afflicted person who receives either sham healing (in which a person untrained in Reconnective Healing mimics the hand movements) or no treatment. Possible effects of the AMI procedure on the subject, independent of the Reconnective Healing, are not addressed. However, the end result is consistent with a beneficial effect of Reconnective Healing on physical function.

2. **Remote detection of human emotions during a Reconnective Healing workshop training using a modification of the electrophotonic imaging gas discharge visualization camera system (GDV) (27).** All external and internal stimuli, including emotions, are processed by the autonomic nervous system (ANS), leading to alterations in capillary blood flow, production of sweat and transfer of electrons within the connective tissue. In cases of imbalances and dysfunctions, immunodeficiency, or an abnormality of the micro capillary blood circulation, the transfer of electrons to the tissue is hindered. These changes are reflected in the electrical parameters of a person's skin. If a person or body part (usually finger) is placed in a pulsed electromagnetic field produced between two electrodes, some of these electrons are extracted from the skin and subsequently from deeper connective tissues. The free electrons accelerate towards the anode, gaining enough energy to cause further ionization to form an electron avalanche on the surface of the electrode. The electronic 'glow' of this discharge can be captured by an optical CCD camera system and translated to a digital computer file. This is the basis of the GDV (35). The lack of glow from the GDV camera is an indicator of the impeded transfer of electron density to the body's tissues, and an abnormality in the flow of free radical reactions. In other words, this is an indicator of an abnormality in the energy supply of organs and systems. The results of pilot studies indicate that using GDV to monitor the ANS may identify unique biological signatures of specific physical and psychological diseases and characterize the functional state of human organ systems under different conditions (36-39).

In this particular study, Korotkov attended a Reconnective Healing training workshop (September 12/13, 2008 in Los Angeles, USA), led by Eric Pearl and one of his trained teaching assistants, and set up a GDV device in the room where the training took

place. He had modified the instrument by attaching an antenna that would monitor changes in the electrical conductivity of the air within the room as the training progressed. Figures 3 and 4 show time dynamics of the antenna parameters for the first and second day of the workshop with labeled moments of interest.

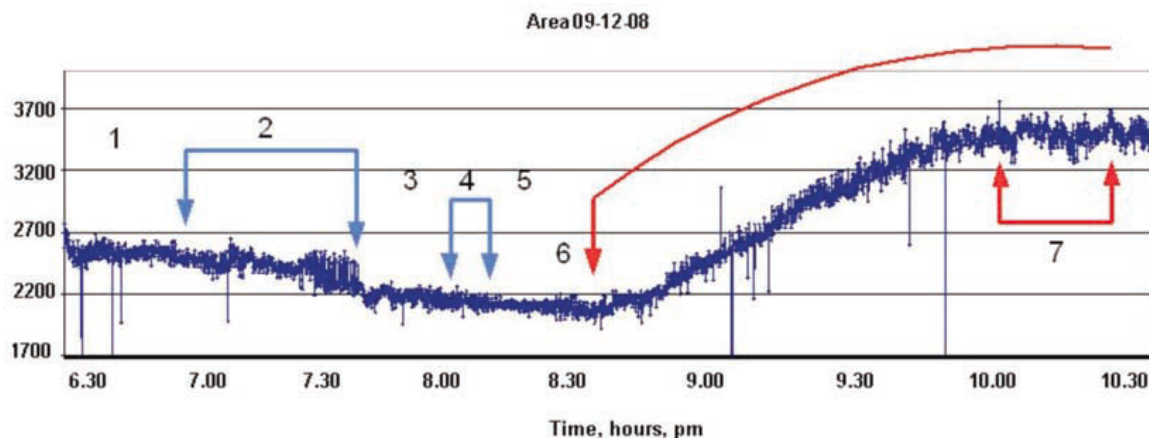


Figure 3: Time dynamics of the electrophotonic sensor parameters for Day 1 of the workshop

Korotkov indicates the marked regions of the GDV tracing with relevance to Reconnective Healing as follows:

Day 1

7:31 pm (section 2): Dr. Pearl's teaching assistant on podium introduces Reconnective Healing practitioners (strong oscillations in signal intensity).

8:35 pm (section 6): Eric Pearl arrives and presents to the audience until 10:10 pm (signal steadily increases during this time).

10:10 – 10:31 pm (section 7): Eric summarizes and conveys practical processes for the day (strong oscillations in signal intensity).

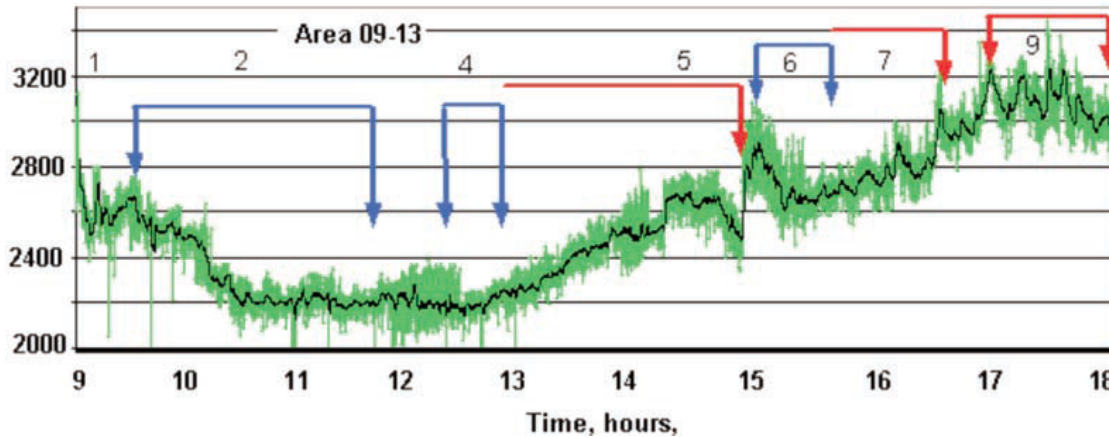


Figure 4: Time dynamics of the electrophotonic sensor parameters for Day 2 of the workshop

Day 2

The signal decreased in the first half of the day and increased in the second half.

3:04 pm – 3:43 pm (section 6): The teaching assistant with participant demonstrating practical process of healing (sudden peaking of signal and accompanying high oscillations).

5:05 pm – 6:02 pm (section 9): The teaching assistant and Eric addressing whole process (signal reaches its peak for the day with very high oscillations).

On both days the signal increased when a speaker/trainer stepped on stage and presented to the audience, compared to recess periods. This response indicates a heightened arousal of the audience when in the presence of the trainers. The signal also showed increased oscillations during these periods, possibly reflecting an entrainment, or synchronization, of the participants' state of arousal, all rising and falling in a periodic fashion.

Comment: Although Korotkov has reported some standardization of techniques to show the stability and reliability of the GDV parameters (40, 41), and the GDV camera has been certified as a medical device by the Committee on New Medical Technique of the Russian Ministry of Health, no standardized basis for interpreting findings has been

established. A documented database and device standardization needs to be published in peer-reviewed journals to make that the GDV camera is a truly scientific instrument. Assuming that the GDV measurements did accurately reflect increases in the level of arousal and connectedness of the audience as they experienced the presence of Reconnective Healers and witnessed the healings, this is evidence that the vibrational frequencies of Reconnective Healing were affecting the emotions of audience participants. However, as Korotkov states in this publication: “To prove or disapprove these ideas we need to have a series of further experiments with different modalities of healing”. In addition further experiments are required to compare the data obtained from the Reconnective Healing workshop with the effects of a group of people at music concerts, or political gatherings.

3. Improvement in energy and health of healthy volunteers (as shown by increased amplitude and spatial uniformity of stimulated electrophotonic emissions from subjects) after they received Reconnective Healing (28). These experiments were performed as part of a workshop held at the 20th annual ISSSEEM (International Society for the Study of Subtle Energy Medicine) Conference, June 2010. More than 50 people attended the workshop. First, Dr. Pearl’s teaching assistant introduced the concept of Reconnective Healing to all participants. Next, 10 fingertip images were obtained from 5 participants, before and after receiving Reconnective Healing from the teaching assistant using the GDV electrophotonic camera. The parameters recorded included:

- i. Integral image surface area of the electrophotonic impulse (IA) in pixels corrected for background noise. This measure reflects the size and consistency of the captured image.
- ii. Integral entropy (IE) that is a measure of the deviation from the functional physiological and psycho-emotional balance.

Figure 5 shows results of ANOVA statistical processing of IA and IE for all 5 subjects. An

energy increase (IA) was recorded for all 5 participants (statistically significant for 3 of them) (upper panel). Similarly, reductions in variation for IE reflect significant synchronization of the participants' condition (lower panel).

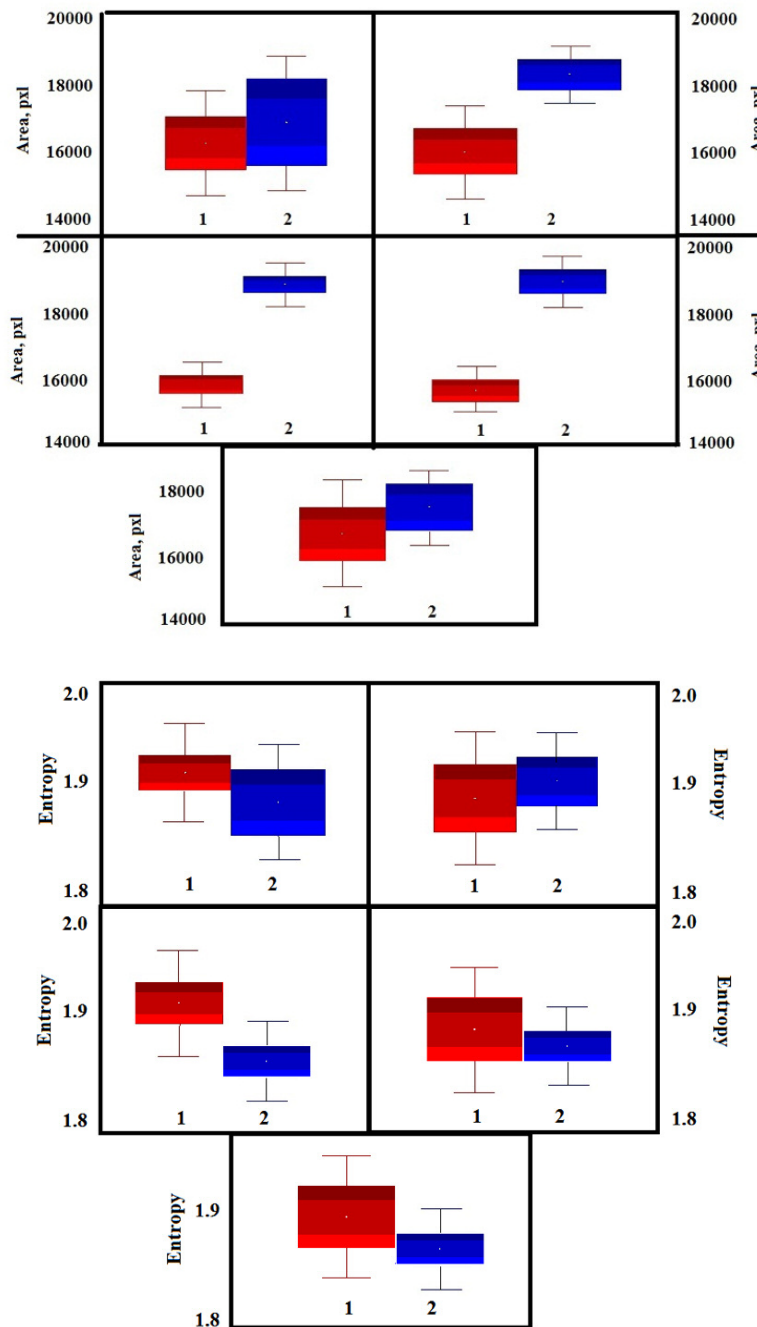


Figure 5: ANOVA Statistical Processing of Area Parameter (a) and Entropy Parameter (b) for 5 Subjects Before (1, red) and After (2, blue) Reconnective Healing

Comment: The increased energy and reduced variation of arousal levels between subjects after they received Reconnective Healing are consistent with the results from people watching healings in the previous study (27). Thus Reconnective Healing appears to affect people who are in the room with the healer to some degree, and to unify their level of arousal even if they are not personally receiving a Reconnective Healing session. These data support Dr. William Tiller's comment: "When information carried through these frequencies is introduced, it creates coherence and order within the field and the body itself."

4. Improved peripheral blood flow and enhanced degree of mental focus in Reconnective Healers while in healing state (29). Although Reconnective Healers concentrate more on healing others than themselves, during training they also practice on themselves. This study focused on physiological changes in Reconnective Healers before, during and after self-healing because this experimental design involved fewer variables than if healees were present. The goal was to acquire physiological data connected with the ANS that would provide a basis for interpreting future experiments involving both practitioner and healee. The parameters measured were heart rate (HR), heart rate variability (HRV) and cutaneous blood perfusion (amount of blood flow flowing through a defined region of interest) of the fingers. Heart rate and HRV are measures of emotional arousal (HR increases and HRV decreases with arousal). Low HRV is also an indicator of increased mental exertion. Cutaneous blood perfusion in the fingers was measured because of anecdotal evidence that Reiki practitioners often feel their hands heat up when they practice. Measurements were made on 50 experienced Reconnective Healers and 31 Reiki Masters 5 minutes before, 5 minutes during and 5 minutes after a self-healing. Corresponding measurements were made on 32 control subjects, who gazed at a calming picture in place of self-healing.

Peripheral Blood Flow: Changes in blood perfusion were assessed by asking subjects to place their hand, palm down, on a mat and then scanning the middle 3 fingers using a laser Doppler perfusion imager. A sample scan is shown in Figure 6. Comparing finger perfusion at the start point with the end point of Reconnective Healing self-healing, perfusion increased by 10.3% more than for control subjects ($p = 0.003$). Reiki practitioners showed a much greater increase in perfusion (17.5% more than control subjects, $p=0.001$). This is most likely due to

the fact that Reiki practitioners most commonly report feeling only heat when they perform Reiki however Reconnective Healing practitioners are able to **span a larger spectrum of experience** and often move beyond just heat to also experience cold. The increase in finger blood perfusion shown by Reconnective Healers and Reiki masters was probably caused by local release of vasodilators into the blood. Possibly, since both types of healers use their hands, blood flow increases to the hands to provide them with more of certain types of healing energy, yet may decrease at times as Reconnective Healing practitioners also incorporate coolness that is experienced by the practitioner, not just in their hands, but also throughout other areas of their bodies. In other words, an increase in finger blood perfusion is not necessarily a marker of a more efficient healer. It may be simply that a change in finger blood perfusion is an indicator that the practitioner has entered into a healing state; however the degree of finger blood perfusion requires further investigation to determine what it may or may not signify.

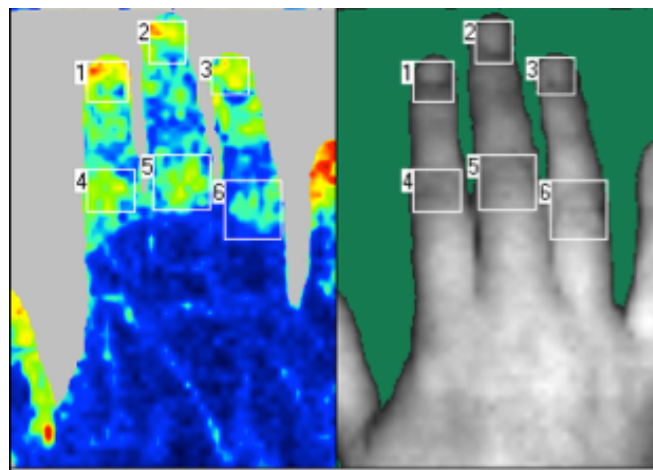


Figure 6: Sample image of fingertips scanned by perfusion imager, showing 6 regions of interest (ROI). In this study, only ROI 1—3 were digitized for analysis. In color image red, yellow, green, blue represent high to low blood flow.

Heart Rate and Heart Rate Variability: During self-healing by Reconnective Healers, the average HR did not change significantly but the average HRV decreased significantly compared with control subjects looking at a calming picture ($p < 0.01$). A sample plot of HRV

from a Reconnective Healer before, during and after self-healing is shown in Figure 7.



Figure 7: Sample Plot of HRV (Interbeat interval versus time) from Reconnective Healer. Shaded portion represents 5 minutes of self-healing. Note abrupt decrease in HRV during self-healing.

This result was highly reproducible among practitioners. The sudden decrease in HRV seen when the Reconnective Healers started self-healing is consistent with an increased level of arousal and with a more focused observation and state of awareness. Reiki masters did not show this response; their average HR and HRV did not change significantly comparing pre and post measurements with self-healing.

Comment: Two main findings arise from this study:

- Reconnective Healers show increased arousal, as demonstrated by decreased HRV, when they interact with Reconnective Healing frequencies. This result is consistent with Korotkov's studies (27,28) that showed using GDV that people witnessing and receiving Reconnective Healing were autonomically aroused. It is also in accord with Tsuchiya's case study (26) in which the successful Reconnective Healing of a person's legs was accompanied by increased autonomic arousal of their lower body.
- Reconnective Healers respond physiologically very differently from Reiki masters when they self-heal. Reiki practitioners did not show significantly reduced HRV during self-healing. The blood perfusion of their fingers increased on average significantly more than for the Reconnective Healers. Both these physiological differences are consistent with the Reconnective Healers experiencing greater autonomic arousal and

focus than the Reiki practitioners, consistent with their training to listen, observe and witness. It would be interesting to determine whether or not this state of mental focus, as monitored by decreased HRV and/or some other more specific biomarker of increased sympathetic activity, is correlated with the increased effectiveness of healing by Reconnective Healers.

5. Improved range of motion and reduced pain in people with shoulder limitations

(30). Although Reconnective Healing has been reported by practitioners to alleviate many common clinical conditions, such as rheumatoid arthritis, tendonitis, neck pain, pain from fibromyalgia, allergies and eczema, until recently there has been little published scientific evidence to support these claims. The purpose of this study was to correct this gap in the clinical scientific literature by conducting a randomized, placebo controlled trial to determine whether a 10-minute treatment of Reconnective Healing could significantly increase range of motion (ROM) and reduce pain in subjects with a variety of shoulder limitations.

Participants: People with a non-genetic limited ROM of one or both shoulders for at least the past year were recruited for the study. Potential participants were tested to determine whether the ROM of at least one of their arms was limited to somewhere between 30° below the horizontal plane and 60° above the horizontal plane. People who qualified were consented for the study. Of the 78 participating subjects, 37 were males and 41, females. The subjects were randomly assigned to one of 5 experimental groups according to the treatment they would receive: Reconnective Healing, Reiki, Sham Healing, Physical Therapy or resting. Three experienced highest-level practitioners were recruited for each healing modality (Reconnective Healing, Reiki and Physical Therapy). The Sham Healers, who had no experience or knowledge of Reconnective Healing or any form of Energy Healing were instructed to wave their hands slowly over the participants' shoulder area and upper body.

Experimental Protocol: Before their treatment all participants were asked to stand close in front of a wall, without touching it, with their arms at their sides. They were then video-recorded as they moved their arms out to the sides and then up towards their head, in a scapular plane (i.e., not bringing their arms forward) as far as they could go, while keeping

their arms straight. The videos were later analyzed to determine the angle each arm made above the horizontal when the participant reached their full ROM (see figure 8). Participants were asked to rate their maximum pain as they completed the movement on a scale from 1 to 10. Next they entered the treatment room and received their treatment or rest, while lying supine on a massage table. Apart from those in the rest group, participants were not told what type of treatment they were receiving. After the treatment or rest, the ROM recordings and pain assessments were repeated.

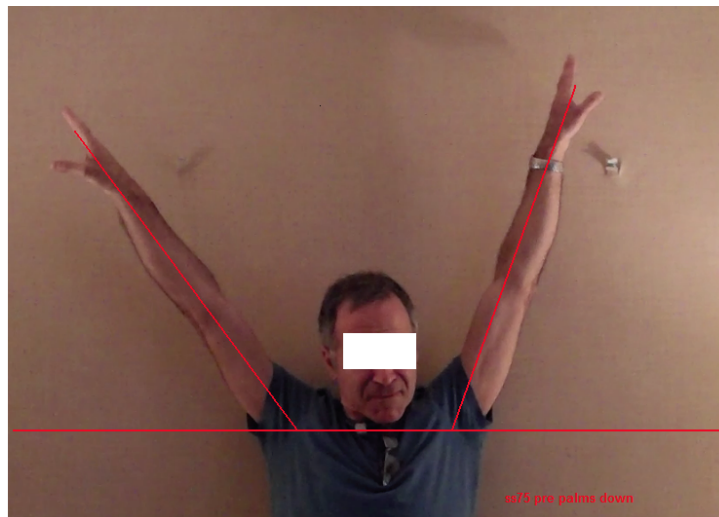


Figure 8: Depiction of angle between arm and horizontal as a measure of range of motion. Angles above the horizontal are positive from 0° to 90° , and those below are negative.

Results: Reconnective Healing significantly increased participants' ROM by over 26° on average compared to Physical Therapy that gave a 12° improvement. These results cannot be explained by a placebo effect because sham treatment did not significantly improve ROM. Pain scores decreased on average by 24% after Reconnective Healing compared to 11% after Physical Therapy. This pilot study is a proof of the concept that the use of Reconnective Healing is easily as effective, if not better, compared to manual manipulation Physical Therapy in improving ROM in patients with painful shoulder limitation when evaluated immediately after a 10-minute treatment.

Comment: One limitation of this study is that inferences drawn from the results should be

confined to those seen in a single 10-minute treatment session with no follow-up. Further studies to evaluate such issues as the time-course of the effect of Physical Therapy, Reiki, and Reconnective Healing and the outcome on disability and function are warranted. There is a clear clinical need for nonsurgical treatments that are safe and effective for chronic, painful shoulder problems.

Overall Conclusion

As stated in the Introduction, in order for Reconnective Healing to be accepted in the medical field it is essential to demonstrate that it has consistent effects on clinical and physiological outcomes. The published case study indicates that Reconnective Healing caused a preferential mobilization of ionic charges within the incapacitated lower half of the body, leading to the ability to walk. However there was no control of possible confounding factors. On the other hand, the recently published randomized, placebo-controlled shoulder study provides robust clinical data from 78 individuals with limited range of motion demonstrating that a short session of Reconnective Healing is more effective than an equal duration of physical therapy in improving ROM and pain relief. Longer-term follow up studies are needed to test whether the benefits of Reconnective Healing are sustained.

The physiological data from the 3 non-clinical studies are highly consistent with each other. One common thread running through these studies is that exposure of healer or healee to Reconnective Healing frequencies, either directly or indirectly, amplifies their autonomic arousal and increases their energy. A second similarity is that when individuals experience Reconnective Healing in the presence of others who are also exposed to those frequencies, their autonomic function becomes entrained, meaning there is less variation between individuals. These findings are strengthened by: (i) the variety of very different techniques that were used to acquire the data, and (ii) the fact that experiments were performed by two different groups of researchers. The observed entrainment of physiological function between subjects also supports the claims by Reconnective Healers that:

- The biofields of both healer and healee resonate with an external environmental field.

- When information carried through these (Reconnective Healing) frequencies is introduced, it creates coherence and order within the field and the body itself.

More clinical and physiological research performed on different populations under a range of conditions is needed in order to expand the evidence for this promising therapy.

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