

To: The National Center for Complementary and Integrative Health of NIH
Re: Request for Stakeholder Input
Date: June 24, 2020

Dear NCCIH Strategic Planning Team,

I am writing as the CEO of Innersource, one of the largest organizations that is concerned with “energy medicine.” We are the home of 1,600 certified practitioners (minimum of two years intensive training) serving thousands of clients every week. More than 200,000 people follow us on Facebook. Our approach is also reflective of the 174,000 health care practitioners in the U.S. (as estimated by the National Alliance of Energy Practitioners) who utilize an energy medicine framework and the 16 million people who annually receive their services. Meanwhile, a 2015 report produced by the U.S. Veterans Administration (VA) found that 30% of the VA’s clinics were offering “energy healing” treatments.

We watched the Feb 19 NCCIH Strategic Planning Webinar with great interest. We applaud much in the whole-person approach that NCCIH is proposing. But we take issue with one fundamental concept. In Dr. Langevin’s superb overview, she emphasized the “bio-psycho-social” aspects of health and illness. What is missing from our perspective is the concept of energy. A more powerful “whole person” model would focus on the bio-energetic-psycho-social aspects of health and illness.

In fact, reviewing NCCIH’s 2019 projects, none of them address essential elements of an energy medicine approach. We believe it would better align NCCIH’s research priorities with the underlying mechanisms of healing to support some investigations of energy medicine. A simple study of the efficacy of energy medicine could examine it as a self-help method for facilitating health and healing. While energy medicine is a powerful complementary and integrative resource in the hands of clinicians, its unusual effectiveness when utilized on a back-home basis is a special strength.

For instance, one of our core interventions is called the “Daily Energy Routine,” a 7-minute sequence of exercises designed to optimize the body as an energy system. This routine is widely used throughout the world, both on a self-help basis and as recommended by clinicians. The YouTube presentation of the sequence has more than 1.5 million views. A series of studies could easily be designed in which baseline physiological and subjective measures were administered to specific diagnostic populations and then again following two weeks of practice of the sequence.

While the Daily Energy Routine has never been systematically investigated in this way, uncounted unsolicited reports indicate that it not only leads to increased resilience and sense of well being, many have anecdotally described how it has helped them overcome a range of health challenges, from chronic pain to hypertension to allergies to asthma to the after-effects of radiation and chemotherapy.

Beyond self-help applications, energy medicine interventions that are administered by clinicians for specified diagnostic categories would be the primary focus in our recommendations for efficacy studies. We believe that the power of energy medicine is vastly underestimated by the conventional medical community, yet its potential within an integrative approach is enormous.

Upon establishing that an energy medicine approach is effective, subsequent studies could look into the mechanisms involved in the demonstrated effects. While explanations have been proposed that attribute the benefits solely to the physical procedures combined with non-specific clinical effects such as placebo, we believe these to be highly reductionistic. Studies could be designed that are also sensitive to the core concept of energy medicine, which is that the body is regulated by an underlying energy system that influences health and that can be impacted to address symptoms and promote healing.

For instance, more than 80% of individuals who have lost a limb report “phantom limb pain,” a condition that affects over a million people in the U.S. Many of them describe distressing daily pain. Yet the tissue, cells, and pain receptors are absent. From the perspective of conventional medicine, according to an authoritative paper on the condition, “the underlying pathophysiology remains poorly understood.” It is typically but inadequately ascribed to reactivated memories from the sensory cortex of the brain. The most reasonable explanation, in our view, proposes the presence of an energy field at the site of the lost limb that has been disrupted by the injury and is registered as pain. Accounts of successful treatments applying energy techniques in the area where the limb had been support this hypothesis, are not unusual (see “Addendum” below), and could readily be investigated.

But the language found in the NCCIH Strategic Plan does not leave room for the rationale of such a study. We have, in fact, been concerned to see NCCIH backing off from its earlier acknowledgment of the role of subtle energies in health and healing. We are well aware of the bias in conventional medicine that would cause NCCIH to not challenge this basic materialistic framework more than it already does, but we strongly urge NCCIH to reconsider the omission from its language the concept of subtle energy. NCCIH should not be systematically dismissing the hundreds of anomalies, such as phantom limb phenomena, that show contemporary paradigms to be insufficient for understanding the energetic dimension of health and healing by operating, via its use of language, from within those paradigms.

These anomalies are not just trivial aberrations. They are central for understanding mechanisms of action as described in numerous time-honored healing traditions. Many contemporary complementary and integrative healing practices can be traced to those traditions.

In her talk, Dr. Langevin asked, “What connections are we missing?” Subtle energies are, in our view, the connection among all physiological processes. Designing appropriate methodologies to tease out the beneficial effects of energy medicine treatments would also help clarify other questions NCCIH wrestles with, such as whether or not the mechanisms of acupuncture involve these ostensible subtle energies.

Our core recommendation, after reviewing your proposed five-year plan, is that utilizing a framework which includes subtle energies would increase NCCIH's reach and capacity for successfully achieving each of its five strategic objectives.

Thank you!

Sincerely,

David Feinstein

David Feinstein, Ph.D.
CEO, Innersource

ADDENDUM

In support of the above statement: *"Accounts of successful treatments applying energy techniques in the area where the limb had been are not unusual":*

Donna Eden, who developed our approach to energy medicine, shares with many other healers a capacity for sensing the body's energies more vividly and distinctly than most people. What she senses corresponds with maps and descriptions found in ancient healing traditions. She believes, in fact, that the individuals who mapped these energies had similar types of perception. This ability has proven to have powerful diagnostic advantages. The following three reports by Eden of her work with missing body parts are illustrative:

A Vietnam veteran was experiencing debilitating pain in the area of his missing leg. Pain killers hadn't helped, though for a period he had become addicted to them. He broke the addiction but was still often in agony. That is when he came, grasping for straws no doubt, to have a session with me. I could sense the energy field where his leg had been. The energies were severely contorted. I held the points in the area of the missing leg that I believed would correct the energy imbalance as if I were working with a physical leg. The man and his partner looked on with some amazement since all they could see was that I was touching the air. But within a few minutes, his discomfort went from intense to no pain. I taught his partner how to hold the points and invited them to return if needed. They called to say it was working. No pain. Whenever any unpleasant sensations arose, the points were held, and the pain abated.

In another instance, an infant who had been born without a left arm screamed almost constantly in the first hours of his life. I happened to be on the scene at the hospital. I could sense stagnation in the energies where the baby's arm would have been. After I smoothed these energies, he stopped crying. I taught the mother to do what I had done, and she was then able to quickly comfort him when he showed signs of pain.

Phantom limb pain, however, is not always the issue in situations involving missing body parts. In another case, a man came for digestive problems. I could sense that the meridian which runs through the large intestine needed attention. The first acupuncture point on this meridian is at the tip of the index finger. But the man had lost his index finger in an industrial accident. I worked the meridian in the way I would have were his index finger still there, which included holding the first acupuncture point on large intestine meridian. The man felt immediate relief. I taught him how to do this at home. While

surprised that he was able to alleviate his discomfort by holding the air where his finger had been, he was thrilled to be able to control his symptoms.

With large numbers of individuals in the U.S. suffering with phantom limb pain, it would not be difficult to recruit subjects and investigate whether the techniques described above finally constitute an effective treatment for phantom limb pain.