

The benefits of harmonisation
for patients: analysis of 34 case files

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INTRODUCTION

The diagnosis of an illness will trigger a range of emotional reactions. It has also been suggested that emotional components may also have a causal role in a pathology or act as trigger factors (Duijts 2003, Gerend 2004, McCarron 2003, Spigelman 2004). Today these emotional components of pathology are broadly established and accepted within scientific and medical circles (Herschbach 2004, Macleod 2004, Owen 2004). Supportive therapy is sometimes beneficial for the patient who is hospitalised or receiving heavy drug treatment (Holzner & col 2004, Iconomou & col 2004, Lintz & col 2004, Macleod 2004, Stiegelis 2004). Therefore, Psychologists are often members of hospital teams which deal with serious pathologies. This psychological support aim to help patients to adjust to their illness and treatment and thus to recover more quickly and successfully .

The basic hypothesis of this project is that harmonisation, as an adjunct to treatment during the process of illness, can offer patients significant physical, psychic and spiritual support.

In order to test this hypothesis we have examined 34 case studies involving harmonisation, as a supportive adjunct to therapy. These case studies were conducted in five countries (France, Germany, Belgium, Columbia and Argentina).

These studies include :

- 19 clinical cases presented by medical practitioners, midwife or therapist ;
- 6 research interviews conducted by a medical practitioner using a semi-structured questionnaire ;
- 1 life story ;
- 8 testimonies from therapists (medical doctors, psychologists and midwife) on the benefit of using harmonisation in their practice.

This project examines a fairly broad cross section of medical conditions so the observations relate to very different sets of symptoms, illnesses and life stories. The main value of this analysis lies in exploring possible benefits of harmonization in each unique case. For this reason, it was not feasible to conduct a general statistical analysis of the benefits of harmonisation.

Instead, we have developed a methodology to validate the the effects of harmonisation.

A retrospective analysis of clinical cases was used in order to collect the data in a consistent manner and to rationalise a large number and variety of informations.

The first stage of the project consists of an overview of case studies. We have identified the trends on the effects of harmonisation according to the four main evaluation levels which correspond to the four main fields of action studied :

- action on the symptoms and clinical signs
- evolution of organic pathologies
- improvement in the patient's quality of life
- the patient's environment

In the second stage we present the observations from medical practitioners and therapists on the benefits of harmonisation for their patients and in their private practice.

WARNING:
LIMITS OF THIS STUDY

This study is not a clinical medical study but a factual retrospective analysis of clinical cases presented or collected in semi-structured questionnaires as well as testimonies from medical practitioners, therapists or midwife on the benefits of harmonisation for their patients and in their private practice.

Attempting an analysis of 34 such diverse case studies is a journey fraught with many dangers. The collection data offered by the observers (medical practitioners, therapists, midwife) and by the patients was carried out with a highest level of objectivity, following a specifically designed methodology. The number of 26 clinical cases is hardly sufficient to make a statistical analysis and many more cases will need to be collected to confirm these first results.

The goal of this study is to undertake a first evaluation of the benefits of harmonisation for patients, following the abovementioned methodology, which was developed by Mrs. C. Laurant.

DESCRIPTION OF HARMONISATION

A new awareness is emerging in the medical circles, particularly in the field of Oncology in the United-States and in Germany, on the important role the patients quality of life plays as a determining factor in the evolution of their illness and their possible recovery (Kopp 2003, McCorkle 2004).

During the last few years studies have emerged on the effects of « non-scientific » practices such as prayer (Dossey 1997, Aldridge 1991), « distant healing », and different types of body-centered approaches*. These practices do not intend to replace modern medical treatments but propose an adjunct to treatment thus allowing cognitive and emotional sides to support the more subjective part played by the psyche and the state of mind of the patient (Cotton & col. 2000). In particular they help the patients to adjust to their illness and treatment but also to look at their life differently. The harmonisation is one of these approaches

It is a specific set of gestures performed on certain zones of the body while praying. These zones correspond to what some have called energy centres. Each one of these centres is said to be connected to a certain number of organs and functions. In order to respect individual spiritual freedom and beliefs, the prayer is internal and silent.

A large number of medical practitioners are also practicing harmonisation (France, Germany, Belgium, Netherlands, Great-Britain, Poland, Bulgaria, Egypt, Russia, Brazil, Argentina, Colombia, Ecuador, Mexico, Australia, Canada, Morocco...) The Harmonisation has been practised for 12 years (Delbrück, 1998) in the Bergisch-Land rehabilitation clinic of Wuppertal-Ronsdorf in Germany.

These medical practitioners have observed that in addition to enhancing the wellbeing of their patients, harmonisation could alleviate physical symptoms such as pain (Delbrück, 1998), (which we know plays a subjective role in any illness), as well as enable patients to decrease their medication and improving their post-operative recovery. Results on first and second degree burns were very interesting because objective, systematic and renewable.

On a practical level, harmonisation is « a light massage of the person's body (fully clothed and covered by a cloth » (Dericquebourg 2001 : 93). The session lasts about thirty minutes.

* For an exhaustive study, refer to the work of Hirshberg and Barasch :
« Remarkable healings. We all have an inner healing mechanism » J'ai Lu Publications,
1995.

METHODOLOGY

Some effects of harmonisation have been observed on the physical and psycho emotional levels. While reading the various research interviews and life stories which were collected, we realised that patients as well as therapists tend to highlight the emotional and psychic aspects. Our methodology and evaluation/assessment criteria were developed to take these aspects into consideration.

To draw a grid for data analysis from criteria considered subjective and to apply it to the whole of the data, allows a systematic analysis and an objective interpretation. We have chosen a broad range of assessment criteria which helped us to observe closely the effects of harmonization on symptoms.

This methodology has therefore been designed to rationalize material containing a large number of information. This material is made up of research interviews, patients life stories, semi-structures questionnaires and clinical cases presented by the medical practitioners and therapists. This material can be qualified as diverse in so far as it is not a classical clinical medical study based on a number of medical conditions presenting common features, but rather a more factual study of the effects of harmonisation as a supportive therapy for patients during their illness - whether acute or chronic – and an adjunct to their treatment.

Justification of the methodology

Description :

- .
- The data have been collected either by us in the semi-structured questionnaires with the patients, medical practitioners and therapists who wished to share their experience of harmonisation (either in a hospital or private setting), or by the medical practitioners and therapists through case studies.
- The data have been read by us and sorted according to symptoms or clinical signs as well as emotional and environmental criteria ;
- In the sampling of cases ,we have selected acute and chronic pathologies in order to validate the potential effects of harmonisation. We have also been mindful to select patients who had been followed up by medical practitioners and therapists and for whom additional tests had been ordered.

Aims of the methodology:

- To design our own grid for interpretation of cases studies and testimonies on harmonisation, keeping in mind relevant criteria for objective evaluation.
- To systematically interpret all clinical stories and to highlight new elements by conducting an in-depth data analysis. To draw relevant conclusions from these observations.
- To launch studies in the hospital setting.
- To validate harmonisation in order to offer it as a supportive therapy to patients who are hospitalised or undergoing a long therapeutic treatment.
- To choose our own measurement tools.

OVERVIEW OF CASE STUDIES

1- Abstracts 26 case studies

Patient	Description	Character	* Criteria
Acc-002	Quadruplegia	Chronic	Quality of life
Acc-003	Dispair and suicide attempt Alcohol dependance	Acute Chronic	Quality of life Clinical
Acc-004	Severed finger	Accident	Clinical
Acc-005	Extensive 1st and 2 ^e degree burns	Accident	Cinical
Acc-006	Metastatic cancer of the right breast Palliative care	Chronic	Clinical/quality of life
Acc-007	Hantavirus pulmonary Syndrome	Acute	Clinical
Acc-008	Hantavirus pulmonary Syndrome	Acute	Clinical
Acc-009	Hantavirus pulmonary syndrome	acute	clinical
Acc-010	Complicated fracture of the right femur	chronic	Quality of life/clinical
Acc-011	Rhumatoid polyarthritis – subluxation of the right hip	Chronic	Quality of life/clinical
Acc-012	Cancer of the left lung – Stage 1	Onset	Quality of life/clinical
Acc-013	Alcoholism – Hepatitis B and C	chronic	Quality of life
Acc-014	Sacro-lumbar spina bifida- luxation of the right hip.	chronic	Quality of life/clinical
Acc-015-P	Sacro-lumbar spina bifida – luxation of the right hip.	chronic	Quality of life/clinical
Acc-016	Severe epilepsy	chronic	Quality of life/clinical
Acc-017	Ulcers of the right leg	chronic	Clinical
Acc-018	Multiple fractures	accident	Clinical/quality of life
Acc-019	Paranoid schizophrenia	chronic	Quality of life/clinical
Acc-020-P	Stage four dermatomyositis – Osteomyelitis of the right leg	chronic	Quality of life/clinical
Acc-021-P	Aids	chronic	Quality of life/clinical
Acc-022-P	Aneurysm on right parietal arteriovenous malformation	chronic	Quality of life/clinical
Acc-023-P	Manic depressive psychosis Prementrual syndrome Mammary and ovarian cysts	chronic	Quality of life/clinical
Acc-024	Difficult delivery	acute	clinical
Acc-025	Eye pain after Shingles	chronic	Clinical
Acc-026	Skin lesions of the ankle	acute	Clinical
Acc-027	Cerebral hemorrhage	acute	Quality of life/clinical

2- Analysis of the effects of harmonisation on symptoms.

The symptomatic action concerns subjective symptoms, clinical signs, para-clinical symptoms as well as medication.

2.1-Subjective symptoms :

This is mainly about the symptoms related by the patient, which are difficult to measure by an outside observer, such as : pain, disturbances of sleep or of other sensory functions, nausea...

These symptoms related by 16 patients out 26 are shown in the table below :

Symptoms	Number of patients	Number of times filed
Pain**	14	15*
Sleep disturbances**	2	2
Visual et auditory hallucinations	2	2
Disturbances of skin sensitivity	1	1
Sensation of decreased weight (left arm.)	1	1
Sensation of vitality in left arm and leg (Left hemihypertonia)	1	

(* Patient Acc-011 presents 2 types of pain)

(** non evaluated by **referenced tests**)

Pain :

14 patients out of 16 complain about pain : 5 present with acute pain, 8 with chronic pain and 1 patient (Acc-012 : pneumonectomy for cancer), is free of pain following surgery.

We note that :

- in 9 cases, pain ceases :
 - . in 2 cases, completely after 1 harmonisation (Acc-026, acute, local : Acc-025, chronic) ;
 - . in 1 case, temporarily after each harmonisation (Acc-006, metastatic pains) ;
 - . in 2 cases, completely after 2 to 4 consecutive harmonisations (Acc-005 acute ; Acc-017 chronic) ;
 - . in 2 cases, completely in a few weeks (at least 3 harmonisations per week) (Acc-004 acute ; Acc-015 chronic) ;
 - . in 2 cases in 3 or 4 years (Acc-011, Acc-020) ;
- in 10 cases, the pain improves after each harmonisation from +2 to + 4 (Acc-004 acute, -005 acute, -010 chr, -011 chr, -011 chr, -017 chr, -018 acute, -020 chr, -023 chr) ;
- in one case, the harmonisation seems to have a preventive effect because this patient has no post-operative pain after a pneumonectomy.

We can henceforth conclude that harmonisation has an immediate calming action on pain, whether acute or chronic.

In 6 cases out of 14, it helps eliminate the pain, immediately, after a few days (daily harmonisations) or after a few weeks (with 3 harmonisations per week). The regularity of harmonisations seems to be a determining factor.

With 6 patients (Acc-004, -005, -011, -015, -017, -020), the pain decreases after each harmonisation and then disappears.

In the 2 cases where the pain is eliminated after 3-4 years :

- Acc-020-P suffers from stage 4 dermatomyositis : on his own accord he decides to gradually reduce the Prednisolone which he stops after 6 months due to improvement of his symptoms. The evolution continues to be favorable until the disappearance of the pain three years later ;
- Acc-011 : little by little the acute stages became shorter, lighter and less frequent, until the disappearance of the pain after 4 years.

We need to note that 12 patients were following treatment programs for pain and that these had not been changed when harmonisation was given. The patients inform us of a marked difference in the improvement of their pain from the moment they started to be harmonised. Thus, in the case of patient Acc-018 (multiple fractures following a fall from paraglider) who stopped his morphine after 10 consecutive daily harmonisations.

Visual and auditory hallucinations.

In the case Acc-016 (Epilepsy of Grand Mal and Petit Mal types with behavioural disturbances), visual and auditory hallucination disappear after the second harmonisation, having occurred for the 2 previous years (he was not taking any neuroleptic treatment).

In the case Acc-023-P (manic depressive psychosis), visual and auditory hallucinations improved from the moment he received harmonisation, after having been present for 14 years. He informs us that he no longer fears his visions and can manage them better.

For sleep disturbances

What is the role of the harmonisation in the disappearance of sleep disturbances ?

- In Acc-011, the disappearance of insomnia seems to be linked to the disappearance of his pains ;
- In Acc-023-P (manic depressive psychosis), the nightmares improve as does the whole of the mental condition and disappear after 4 years.

2.2- The clinical signs

The clinical symptoms are those observed by the medical practitioner or therapist in their patients. They were observed in 19 patients (Acc-007, Acc-008, Acc-009, Acc-010, Acc-011, Acc-012, Acc-024, Acc-020-P, Acc-021-P, Acc-022-P, Acc-015-P, Acc-005, Acc-003, Acc-004, Acc-026, Acc-017, Acc-006, Acc-016, Acc-027).

The clinical signs of these 19 patients can be grouped in 4 headings: skin conditions, mobility disorders, organic disorders, and disorders of the general state of health.

Skin conditions :

The speed of effectiveness of harmonisation (these are local harmonisations) on skin conditions is remarkable : results can be directly observed and quantified :

- The 2 atonic ulcers of Acc-017, chronic which had been deteriorating for more than a month, subsided in 4 days
- The bleeding of the skin lesions in Acc-026's foot stopped in a few minutes.
- the extensive burns of Acc-005 disappeared in 9 days of daily harmonisations for the first degree burns and in 19 days for the second degree burns, without leaving a scar ;
- The risk of necrosis of Acc-004's severed finger fell from 90% to 0%

We also note the quality of scarring as in Acc-004, Acc-005, Acc-017 and Acc-026. Harmonisation as an adjunct to treatments, helps to speed up the scarring process.

Mobility disorders

Mobility disorders concern patients with chronic medical conditions (except Acc-021 with AIDS who suffers from cerebral toxoplasmosis).

In every case the harmonisation seems to bring relief, the patients' respective treatments remaining unchanged. The description of each clinical case will allow us to examine this input :

- Acc-010 has been suffering for a year from a very painful disability of the right leg, being totally unable to put the foot down following a complicated fracture of the femur after a car accident and this despite various adequate treatments : after the second harmonisation which was given after an osteopathic session, the patient was able to let go of one of his crutches.
- For Acc-011 (subluxation of the right hip within the context of a rheumatoid arthritis), the improvement is systematic after each harmonisation and occurs at the rate of +4 after 5 years, where limitation only shows during extreme physical movements.

- Acc-015 has congenital spina bifida with luxation of the right hip, a certain amount of difficulty in walking, has used crutches for many years : after a single harmonisation he does not need his crutches (and during 6 years, at that time with arthritis of the left knee) and no longer loses his balance (this will last one year)
He has also suffered for a few years with arthritis of the left knee (on a shattered knee, with severe displacement of the meniscus and knee-cap and important synovitis. The surgeon cannot understand how he can walk and proposes a prosthesis for his knee, which he refuses (in the past 2 years he had undergone orthopedic surgeries for the fracture of the left femur). He gets harmonised 3 times a week and after a few weeks, the pain is gone and his knee is free from inflammation.
- With Acc-020, the improvement is systematic after each harmonisation and continues at +3 after one year. As he suffers from a stage 4 dermatomyositis he has of his own accord gradually decreased the corticoids which he stopped after 6 months (in agreement with his practitioner). His muscular strength regained normality after 3 years. It is interesting to note that he received regular harmonisations, twice a week. The scintiscan one year later reveals that there is no more inflammation.
- Acc-021 has AIDS and is struck with left hemiparesis at home : he has no financial resources for hospitalisation (Latin America). He receives daily harmonisations for a week : his symptoms improve markedly. After a while he is diagnosed with left cerebral toxoplasmosis and put on a treatment with Fansidar.
- Acc-022 (Right parietal arteriovenous malformation with two episodes of cerebral hemorrhage leaving a sequel of hyperspasticity of the left side of the body), the combined input of kinesiotherapy and harmonisations sessions does not allow us to specifically pinpoint the improvement factor after a year.

In the cases of Acc-010, Acc-015, Acc-020, patients reported an improvement to the movement disorder of +2 right after the harmonisation session.

Harmonisation brings relief to inflammatory conditions : very marked and relatively fast acting (chronic pathologies) in the cases of Acc-010, Acc-011, Acc-015 and Acc-020. In these contexts, the pain component, for which the harmonisation seems to be effective, as we have

previously noted in the chapter on symptoms, can explain the improvement in the movement disorder. We can note that the complementary tests for some patients (Acc-015, Acc-020) objectively show the disappearance of the inflammation (see following chapter on complementary tests).

In each situation, we agree that harmonisation is a precious adjunct to treatment.

Organic disorders and disorders of the general state of health.

These 2 criteria are found in the context of evolution of organic pathologies. Results are interesting and it is necessary examine these conditions in details in order to appreciate the input of harmonisation for these patients.

Acc-007, Acc-008, and Acc-009 suffer from Hantavirus infection. A detailed account of these cases featured in the study of Le Vivant « The influence of harmonisation for people with Hantavirus Pulmonary Syndrome in the the Rio Negro and Chubut regions of Argentina » Sept. 2001. The results of this study are as follows :

El Bolson 1996	Serious cases – not harmonised	Serious cases harmonised	Minor cases	Total
Number of patients suffering from HPS	9	3	5	17
Number of deaths	7	0	0	7

The mortality rate in the El Bolson patients in 1996 is 41,1%. It is 58,3% in the serious cases that were placed in intensive care and 0% in minor cases. It is also 0% in the serious cases who had the benefit of the harmonization. On the other hand, the mortality rate in the serious cases who did not get harmonized is 77.8%.

These 3 patients are in intensive care with acute respiratory and kidney symptoms, and are getting all the necessary treatments. In the case of Acc-009, we can clearly observe the input of harmonisation since the improvement of +2 occurred after the first 2 harmonisations. His state deteriorated when harmonisations were withdrawn (upon decision of the Head of department) and once more improved by +3 when harmonisations were resumed (upon request of the same Head of department). We cannot draw any conclusions as we do not have enough cases. However, these 3 cases studies suggest that we should continue this investigation (cases of Hantavirus are regularly being diagnosed in Argentina).

Acc-016 suffers from nocturnal epilepsy as well epileptic absences when he starts to receive harmonisation 1 and a half years ago. The evolution is fast as his nocturnal fits disappear after 2 months of harmonisation (3 per week), and the epileptic absences clearly improve after a month and disappear little by little. Not to forget the auditory and visual hallucinations which he also suffered (see subjective symptoms). The psychiatric condition improves rapidly (+4 in 1 month). Five years later, the patient is considered cured, at which time the antiepileptic treatment is stopped.

Acc-024 is in labour but presents with uterine hypertonia with a closed cervix, putting the baby in danger. After 45 minutes of harmonisation, the hypertonia decreases and the cervix dilates to 4cm, the labour proceeding successfully.

Acc-027 is hospitalized with a right sub arachnoid brain hemorrhage. He gets harmonized daily : his neurologist observes that the vomiting and headaches decrease after each harmonization, that the evolution is particularly favourable and faster than is usually observed (vomiting and headaches are normally very intense and last 4-5 days).

Acc-003 is alcohol dependent, he receives a harmonisation after a suicide attempt connected with the intention of resuming his habit. The next day he no longer wishes to suicide and during the next months he becomes free of his alcoholic dependence.

In all these patients, the harmonisation allows a very satisfactory evolution of the symptoms and of their illness.

2.3- Results of complementary tests

patient	symptom	evolution	Number of harmonisations
Acc-020-P	-Diffuse muscular inflammation (scan) (scintigraphy) -osteomyelitis of the right proximal tibia(scintiscan) -arthritis of the knee-shoulder- fractured 4 th rib	+5 after 1 year of harmo. +4 after 1 year of harmo. +5 after 1 year of harmo.	2 per week
Acc-014	Kidney ultrasound Kidney function	Normal in 98 Normal in 98	Regular since 1986

The patient Acc-020 suffers from a stage 4 dermatomyositis with general muscular inflammation and important decrease of muscular strength since 1992. This is followed by osteomyelitis of the right leg, with fistula. The evolution after the harmonization sessions (from 1994) is remarkable since the muscular inflammations disappear after a year as well as the different areas of arthritis. This was verified with a scintiscan. The patient had of his own accord gradually decreased the intake of corticoids to fully stop after 6 months (6 months before the evaluation by complementary tests). The osteomyelitis of the right tibia had clearly improved but the fistula was persistent.

The patient Acc-014 suffers from spina bifida with chronic urinary incontinence for which he has been receiving treatment for 16 years in the form of urinary catheters from 4 to 6 times a day. In 1998, the urologist surgeon is surprised to note that the kidney function as they as the kidneys of this patient are in perfect condition. In patients with the same pathology, the evolution is normally association with kidney disorder secondary to the bladder incontinence and to the urinary infections, with dialysis or kidney transplant and mortality around the 17 year mark. The patient expressed to the surgeon the support she has received through the harmonisations and the latter is very surprised by the results.

2.4 The treatments

	Treatment	Evolution after harmonisation
Acc-018	Morphine	+5 after 10 days of harmonisation
Acc-020-P	Corticoids (prednisolone)	+5 after 6 months of harmonisation
Acc-002	Antidepressants	+5 after several harmonisations
	Tranquilisers	+5 same
	Sleeping pills	+5 same
Acc-016	Antiepileptic	Gradual decrease over 3 year (3 harmonisations per week) +5 after 5 years

Acc-018 has been the victim of a fall in paraglider, with 28 fractures (vertebrae, ribs, hips, femur and ankles). He was subsequently hospitalized for 2 months. He was on morphine. He received harmonisation for 10 consecutive days : on the 10th day, he requested that the sedatives be removed from his intake. The patient, being a medical practitioner himself, affirmed that during the harmonization he felt an intense strength and light of different colours entering his abdomen and radiating towards the various parts of his body whilst producing a state of sedation.

Acc-20-P has already been presented several times : he has suffered from osteomyelitis and dermatomyositis for 2 years and his symptoms evolve spectacularly from the moment he starts receiving harmonization. Of his own accord he stops his corticoids (in agreement with his doctor) after a period of 6 months, due to the marked decrease of his pains.

Acc-002 is a tetraplegic (quadraplegic) suffering from a lot of anxiety about his future with such a severe handicap. He used to take sedatives, antidepressants and sleeping tablets. He requested to be harmonized several times. A short while after, in agreement with the head of his department, he decided to stop all medication.

Acc- 016 is a patient with severe epilepsy, which began 18 months before due to emotional shock. After 2 months of harmonization the nocturnal episodes have disappeared (3 per week), the number of diurnal absences have decreased from 2 to 3 per week, to 5 per month after a year, and little by little disappeared completely. The decision to stop epileptic treatment is always made after the disappearance of symptoms and this is the reason why there was such a delays in ending the epileptic medication intake.

All other patients, especially those with chronic pathologies, were following a medical treatment. Due to the lack of information about the evolution of their medication intakes, they have not been presented in these tables.

3-Psycho-emotional and environmental criteria.

The analysis of psycho-emotional and environmental criteria concerns 17 clinical cases (ref. table page 14).

The psycho-emotional criteria take the following into consideration :

- the evaluation of the quality of life : emotional manifestations and states of the psyche ;
- the beliefs ;
- the state of mind about the illness

The environmental criteria take the following into consideration :

- the relationship of the patient with his family and emotional milieu
- the relationship with his wider social circle ;
- the integration into the professional world ;

3.1- Evaluation of the quality of life.

16 patients have expressed emotional problems (10 patients) and/or psychic (14 patients).

Out of the 25 disturbing emotional and psychic problems which were expressed by 12 patients (out of 16):

- 16 disappeared (+5)
- 4 improved by +4
- 4 improved by +3
- 1 remained unchanged (=Id)

In these 12 patients, the disturbing symptoms mainly disappeared (+5) or improved by +3/+4.

The action of the harmonisation is clear in the development of symptoms called favourable which manifest mainly through a feeling of peace (12 patients out of 14 in the psychic criteria) and of joy (2 patients out of 11 in the emotional criteria).

Despite the diversity of the 16 cases, we can conclude that the harmonization has an input on the emotional manifestation and the states of the psyche, by improving and even stopping the disturbing symptoms and in allowing the emergence of impressions called favourable (such as peace and joy).

3.2-The beliefs

Out of 17 clinical cases, 9 express a belief or a spiritual experience (Acc-010, 011, 012, 015, 016, 018, 020, 021, 022):

- 6 express their faith (without particular allegiance)
- 7 are actively praying (churches or religious groups)
- 3 bear witness of a spiritual experience that they have had of which 2 while they were being harmonized.
- 2 are experiencing the three simultaneously (faith, prayer, spiritual experience)

These varied results show a freedom of belief in relation to harmonisation as well as a total absence of suggestion. (ref. to the comparative study of Fr David on the analysis of EEG from harmonised people or from those under hypnosis) (David, 1996).

3.3-The state of mind about the illness

Data have been collected from 10 patients (Acc-002, 003, 011, 012, 014, 015, 016, 020, 021, 022):

- In 4 cases, we observe a disappearance of passivity or struggle in the face of the illness (+5);
- In 5 cases, we observe an acceptance of the illness or of its severity;
- In 7 cases, we observe the appearance of a fighting spirit, a desire to live and more trust;
- In 2 cases : we observe the appearance of the ability to distance oneself, with Acc-014, and an improvement in this ability with Acc-016.

In 10 out of 17 clinical cases, we observe an evolution in the apprehension and the experience of the illness, in terms of the patient accepting and taking responsibility for his state of health. These would be determining factors in the evolution of diseases.

The concept of accepting responsibility for one's disease is akin to the « work of the disease » developed by Pedinielli (1987 : 1051) which highlights the psychological processes that come to play in the course of an illness. These processes mainly consist in the fact that the sufferers may “adjust to their illness”, i.e. begin to rebuild their life from their pain, which implies a dynamic and responsible attitude and an understanding of the illness. Some researchers have also described these processes as cognito-behavioural, which the individual consciously puts in place to face or cope with adversity in times of stress (Paulhan and Bourgeois, 1995). An evaluation of stress by referenced tests should be envisaged in a further study.

3.4-The patient's environment

a) Emotional and family environment

Four cases have been filed under this heading (Acc-006, 011, 012, 016):

- in 2 cases, we note the disappearance of worry and an improvement in the trust from the surrounding people (+5+
- in 2 cases, we note that communication is restored as well as complicity and that conflicts have ceased. (+5).

Acc-011 has reconnected with inner peace through the harmonisation, is free from anxiety and fears, stress and ill-feelings. One can understand why his relationship with his surroundings have improved. Likewise Acc-016 is free from aggressivity and inner conflict. Acc-012 and Acc-006 inform us that they have regained their inner peace.

b) Social

In 2 out of the 3 filed cases (Acc-014, 016, 020), communication is improving as well as opening up to other people.

With Acc-014, it is the doctor who notices the exceptional quality of relations this patient enjoys with others compared to other patients with spina bifida of equal severity who tend to suffer from a certain closure and difficulty in entertaining social relationships, often requiring psychiatric treatment.

Patient Acc-020 has a serious difficulty in relationships of the shyness and lack of self esteem.: The harmonization follow up has not allowed him to improve his isolation from others..

Patient Acc-016 suffered from severe epilepsy compounded by a mental disorder (hallucinations, communication breakdown) which occurred after an emotional shock. During the regular (3 times per week) harmonisations, after a month and a half, communication clearly improved and he began to open up, saying that he wished to have an active part in finding a solution to his problem. He was regularly harmonized for 2-3 years and 5 years later, resumed his studies, got his driving licence and is cured.

c) Professional

In the 3 cases mentioned (Acc-014, 016, 022), we have physical pathologies ou severe mental disorders (2 cases of psychosis and 1 case of physical disability. According to their doctors, the harmonisations have made it possible for them to integrate into the professional world whilst other patients who did not receive the harmonization and presenting the same stage of severity are permanently disabled.

In the case of Acc-014, the doctor insisted on the remarkable capacity for social and professional integration of this patient, as his type of pathology usually comes with isolation from others.

Remarque / note :

Tous les interrogatoires n'ayant pas été menés par nos soins, les questions relatives aux critères environnementaux ont été peu souvent posées aux patients. Certains patients les ont mentionnés spontanément ou au cours de l'interrogatoire semi-directif, c'est pourquoi ils apparaissent ici comme ayant une incidence intéressante dans notre étude mais ne sont pas examinés de façon comparative et systématique dans l'ensemble des 17 cas.

As all the questionnaires were not conducted by us, the questions concerning the environmental criteria were not often asked to patients. Some patients spontaneously mentioned them in the course of the semi-structured questionnaires, this is why they appear here as having an interesting relevance to our study, but they have not been studied in a comparative and systematic manner in the 16 cases as a whole.

**TESTIMONIES FROM 8
MEDICAL PRACTITIONERS AND THERAPISTS**

We have collected 8 testimonies from doctors and therapists either spontaneously or during a semi-structured questionnaire:

- 6 medical practitioners (EMT-0001, EMT-0002, EMT-0003, EMT-0004, EMT-0005, EMT-0008) ;
- 1 psychologist (EMT-0006) ;
- 1 midwife (EMT-0007).

References are specified in annex.

Their stories have been filed according to the observations from doctors and therapists on the input of the harmonization in their patients or in their private practice. These testimonies were given spontaneously, verbally or in writing. Five out of 8 therapists are themselves able to harmonise.

They have all agreed to the publication of their testimonies.

Symptoms

	Pain	Sleep disturbances	Physical fatigue
EMT-0001	+2	+2/+3 (insomnia)	
EMT-0002	+5 (burns)		
EMT-0003	+4 (burns) (post-shingles)	+3 (and disappearance of nightmares)	
EMT-0004			
EMT-0005		+4 (during difficulty of going to sleep) +4 (in adults) +5 (in children)	+5 (children) +4 (adults)
EMT-0006	+5		
EMT-0007			
EMT-0008	+3/+4 (fast)	+3/+4 (in hyperactive children)	

The doctors and therapist also observe the effectiveness of harmonisation on pain :

EMT-0001, who is the head of a rehabilitation clinic for cancer patients in Germany, where harmonization has been practiced for 12 years, has noticed that the pain threshold increases by the harmonized patients. An article was published in this clinic about the input of the harmonization on pain, in the case of cancer patients receiving palliative care (Delbruck, 1998).

EMT-0006 has noticed the relief from pain through harmonisation, on himself.

EMT-0008 notices a fast improvement in pain levels after harmonization on all his patients.

For pain associated with first and second degree burns, EMT-0002 observes that the pain disappears in 20 minutes of local harmonization and EMT-0003 remarks that harmonization has a major analgesic action. This is similar to the clinical case Acc-005.

Sleep disturbances, which are not much taken into account in clinical cases, are on the other hand more developed in doctors and therapists : improvement of insomnia (from +2 to +4), improvement in falling asleep, disappearance of nightmares and sleep disturbances in children, or very clear improvement in hyperactive children.

EMT-0005 also notes the effectiveness of harmonisation against fatigue in children as well as adults.

Physical symptoms

	First and second degree burns	Scarring	Hyperactive children	Gyneacological disorders	Pregnancies	Labour
EMT-0001						
EMT-0002	redness/ phlyctena pain and local skin hypersensitivity +5					
EMT-0003				-Irregular cycle menstrual disorders +2/+3 -Sterility psychogenic : +5	-Repeated miscarriages : +4 (pregnant) -Threat of miscarriage : +5	
EMT-0004	+4: immediate	0 problem : post-op				
EMT-0005						
EMT-0006						
EMT-0007						-Dilation of cervix : +4 -Time of labour : +3 - Foetal Bradycardia +5
EMT-0008		-Post-op : +3/+4 (much faster) - Skin ulcers :+3/+4 (much faster) -Fractures : +3/+4 (much faster)	+3/+4			

	Inflammations	Instestinal transit disorders	Infections	Asthma
EMT-0001				
EMT-0002				
EMT-0003		+2: post-op		
EMT-0004			+5: post-op	
EMT-0005				
EMT-0006				
EMT-0007				
EMT-0008	-Joints :+3/+4 -Colon : +3/+4 -Stomach : +3/+4	+3/+4	Repeated infections : +3/+4	+2 : less frequent episodes

EMT-0003, Surgeon Gyneacologist and Obstetrician, and EMT-0004, Specialist Surgeon in Oncology, observe the input of harmonization in post-operative situations: no anaesthetic accidents, faster recovery of bowel function, very simple post-operative process, no problem of infection, faster recovery, better scarring (this is also pointed out by EMT-0008). The people who receive harmonization before the operation seem to approach the operation with a more serene state of mind.

In the contexte of childbearing, EMT-0003 observed that women who have repeated miscarriages are more likely to fall pregnant when they get harmonized. He says that for his patients the harmonization takes away the risk of a miscarriage threat. EMT-0007, midwife, observes a better dilation of the cervix, a better time of labour in the women who receive harmonization during the delivery.

EMT-0008 also notices the input of the harmonisation in the joint inflammatory disorders (as in the case of Acc-010, Acc-011, Acc-015-P et Acc-020-P), digestive disorders (colon and stomach), and in disorders of the intestinal transit, repeated infections and asthma (less frequent episodes).

Medication intake

	Decrease in medication intake	Medication tolerance
EMT-0001		
EMT-0002	+2: antidepressants, sleeping tablets, tranquilisers	
EMT-0003	+2: analgesics, anticoagulants, antibiotics	
EMT-0004		+2: helps to better tolerate medication
EMT-0005		
EMT-0006		
EMT-0007		
EMT-0008		

Some people observe a decrease in medication intake, as we have seen in some of the clinical cases (acc-018, Acc-020, Acc-016) or an increased tolerance.

Psycho-emotional criteria

	Serenity Inner peace	Trust	Fighting instinct	Dynamic Participation	Fear	Anxiety Fears	Depression	Dispair	Stress	Relaxed
EMT-0001					+5	+2/+3	+2/+3	+2/+3		1
EMT-0002	+4	+4		+4		+4	+4			
EMT-0003	1					+4	+3		+4	
EMT-0004	1 (happiness)									
EMT-0005	+4	+4	+4			+4			+5	
EMT-0006	+4									+4
EMT-0007	+4			+4						
EMT-0008	1	1		1 (change in the state of mind)	+5					

As in the clinical cases, the most remarkable effect of the harmonisation which was observed by doctors and therapists is the feeling of inner peace and serenity. They observe an improvement in the debilitating states of the psyche such as fear, anxiety, depression, despair and stress. Patients are able to feel trust again, their fighting spirit returns and they can take hold of their life.

These observations were previously made concerning some clinical cases.

Socio-professional criteria

	Social integration	Socio-professional integration	Ability to communicate	Mode of relating to surrounding people
EMT-0003	+2 (opening-up) +2 (forgetting the negativity of the past)			+2 (feeling sorry attitude and even forgiveness)
EMT-0008	1			Conflict : +5 Forgiving others : 1 Patient's or family's feelings of isolation : +5

These 2 doctors observed that some of their patients were opening up more, were more forgiving with others as well not entering into conflicts and feeling isolated anymore. This was recorded in the case of Acc-014, Acc-016 and Acc-022.

Spiritual criteria

	Religious practise	Faith	Prayer	« felt » or « revealed » spiritual experience	Other
EMT-0003		Sometimes			
EMT-0008				The person feels like being in touch with a higher force. A change takes place and the illness evolves favourably.	Out of all the patients who were harmonized, 10 have learnt to harmonise.

EMT-0008 (who does not practice the harmonization) observes that with his 10 patients who have become harmonizers, “it is very interesting to witness the change in their lives; to see a self-centered patient in pain, open-up and give help and love to others; and to see how conflictual situation around them start to transform as well. I think it is important to accept the process of an illness, to understand it, to try and reduce or eliminate all personal conflicts and to be of service to others. This is why, it is beautiful to see that some of the harmonized patients are now harmonizing others. They do not come back to the consultations because they are no longer sick.”

We come back to the notion of the state of mind about the illness, of the patient accepting responsibility for it as a dynamic impulse and determining factor in the evolution of the illness.

Experience of the harmonisation by therapists and medical practitioners and subsequent input in their daily practice :

	Diagnosis	Patient approach	Personal appreciation / comments
EMT-0001			- In 1986, a number of doctors and members of our rehabilitation clinic were sceptical about the harmonisation and some even refused it. Today this number is ever decreasing as strict therapeutic indications have been implemented and due to the success of this modality. - We offer it to 20-30% of our patients and 80% of them accept it.
EMT-0003		No longer feels alone when facing patients.	Feel linked to God thanks to the prayer, especially in difficult moments like long surgical procedures.
EMT-0004		Joy and trust	Personally, I enlist the help of the harmonisation once a week, this enables me to face all my family and work commitments in a joyful and trusting frame of mind.
EMT-0006			« Harmonisation surely has benefits but they vary according to the person who receives it, and the state of mind the receiver is in, in anycase it is always an improvement.” Psychology is limited in what it proposes, the work here is more spiritual than psychological. The harmonisation is a support for his therapeutic practice and allows a greater relaxation.
EMT-0007	Refines the diagnosis and develop intuition.		Prays for her patients from the moment she receives the call to go to a delivery. Harmonisation has changed her life as an obstetrician : « Harmonisation has allowed me to become more receptive and has refined my intuition”.
EMT-0008	« I have noticed a that what was felt by harmonizers soincided with the dis-ease which was subsequently diagnosed in these patients » « Harmonisation is a help in detecting the silent diseases.../... It is a wonderful Form of preventive medicine”	-« Harmonisation does not replace the medical treatment. The process of an illness must be monitored and followed up by the doctor.” -« Forgiving others, oneself, the illness as well, is an important part in the health recovery. The illness is a consequence of what the patient is experiencing in his family and himself.” “I think it is important to accept the process of an illness, to understand it, to try and reduce or remove all personal conflicts..” « In the 10 patients who have become harmonisers, it is very interesting to see the change in their lifes ; to see the self-centered patient in pain, open-up and give help and love to others, and to see how the conflictual situation transforms around him. They do not come back to the consultations because they are no longer sick. »	- « Harmonisation has opened my mind in the medical sense : by sending my patients to be harmonized and seeing the results, I have discovered another way of approaching the disease.” -« Through my patients and harmonisation I was able to better understand the chronic process of an illness and I have a different general outlook on disease: hatred, ill feelings difficult personal relationships, violence, abandonment, create negative loads which are stocked up in certain zones of the body. They manifest on such or such organ, according to the patient fragility” -« I do not harmonise because I do not have time to follow up on this practice.../...One can become a perfect channel of higher energy and modify organic functions as well as their corresponding emotions. I think that the body has the ability to hold memories wether good or bad .../...If once can bring a vibration which can erase the negative memories, the path is opened for a happy and balanced life.I think that prayer channeled by a being who is willing to give, affects the receiver with a higher vibratory frequency.” -«Harmonisation helps to syntonise the whole body in a perfect vibration, avoids syntonisation (resonance) with lower vibrations who are the triggers of disease » I think that harmonization should be diffused at the rate of one harmonizer per family: people would not be as sick.”

On a personal level, 6 out of the 8 doctors and therapists were not indifferent to the harmonisation:

- 2 of them point out an input in the diagnosis : by refining it, by developing intuition, by being attentive to what harmonisers perceive in the harmonisation. EMT-0008 even goes to observe that the harmonisation help to detect silent illnesses and is a wonderful form of preventive medicine.
- 3 of them flag the fact that it has changed the way they approach the patient: either on the spiritual level by creating a relationship with the divine in their professional practice; or in their understanding of the process of disease.
- The whole of the 6 comment how indispensable the role of the harmonisation was for them personally and in their practice, when they all have scientific training and despite the fact that for the moment harmonisation escapes any rational explanation.

CONCLUSION

We are aware of the limits of this first analysis : few clinical cases, a large diversity of cases, a lack of systematic information as to psycho-emotional factors and input of clinical cases in which the positive evolution of pathologies or disorders is manifested.

Nevertheless, the results obtained in these clinical cases and the testimonies of doctors and therapists, enable us to establish that the harmonization is a precious help, not only on the physical level (pain, sleep disturbances, hallucinations, skin disorders, mobility disorders, inflammatory syndromes, in the evolution of organic pathologies, post operative recuperation, during deliveries) but also on the psycho-emotional level (inner peace, serenity, decrease in fear, anxiety, stress, despair and depression) as well as on the environment of certain patients (opening up to others more, notion of forgiveness, disappearance of conflicts or feelings of isolation). We were able to observe that it helped some patients to change their state of mind and to become responsible, which is a determining factor in the evolution of both their pathology and their life.

The above considerations therefore prompt us to propose that this research be followed up.

Individuals have their own stories and their own defence mechanisms. Harmonization gives the freedom of choice needed for each person to follow their own evolution and transformation as they go through their illness. Herzlich and Adam, in a study about the significance of disease, use in their data analysis the term “maladie métier” which means “ disease-trade”, this translates the idea of the apprenticeship one goes through in the course of a serious illness. They add that his experience “allows one to find the true meaning of life in that it creates a space for revelations and enables people to go beyond their usual boundaries” (1994: 66)

We are not able at present to explain how harmonisation can produce these results, similarly to the studies carried out on prayer (Sicher 1998, Harris 1999, Byrd 1998, Cha 2001, Harding 2001), which show that prayer is beneficial for those who receive it while its action mechanism is still unknown.

Here, the doctors and therapist who get their patients to be harmonised or harmonise them themselves, are able to gradually monitor the benefits of this practice both for the patients and themselves, their therapeutic approach, their diagnosis and their understanding of pathologies.

Given these first results, we can propose the harmonization as a psychological support in the accompaniment of patients, but it can also be an adjunct to treatments. Because of its input on the psycho-emotional level, we envisage that the preventive aspect of the harmonization could be a good angle for research.

In further studies we plan to improve the bank of environmental criteria by used referenced evaluation tests. We will look more in depth at the approach of subjective symptoms such as pain, sleep, stress with internationally adapted and indexed measurement scales. Questions relating to environmental criteria were not often asked to the patients. This is why we must encourage the collection of clinical cases with a few semi-structured criteria in this area.

We will end with a few remarks from doctors and therapists:

“Harmonisation has undeniable effects but these vary according to the person who receives it and his/her state; and the outcome is always positive” (EMT-0006).

“In the beginning, being cartesian because I am a doctor, I doubted, but when the positive results are so frequent, one is obliged to admit that there is something more at work here.” (EMT-0004).

“Harmonisation regulates the whole body’s resonance to a perfect vibration (syntonise) while avoiding resonance with lower vibrations which bring disease” (EMT-0008).

“I think that harmonisation should be diffused at the rate of one harmoniser per family: people would not be as sick” (EMT-0008).

APPENDIX

REFERENCES FROM DOCTORS AND THERAPISTS

EMT-0001

Qualifications and experience of the practitioner.	Head Doctor Specialised in Hematology Oncology) Rehabilitation and social medicine.
Age	
Sex	M
Place of practice (town, private or public practice)	Wuppertal-Ronsdorf in Germany (D) Director of the Bergisch-Land Clinic
Practice of harmonisation	No
Reference code	EMT-0001
Other	Observation in post-cancer phases.

EMT-0002

Qualifications and experience of the practitioner.	Former Head of Clinic- Assistant of Hospitals and Universities of Paris- Specialist in functional rehabilitation
Age	
Sex	F
Place of practice (town, private or public practice)	Paris- private practice
Practice of harmonisation	Yes
Reference code	EMT-0002
Other	

EMT-0003

Qualification and experience of the practitioner.	Gyneacologist-obstetrician (Surgeon)
Age	
Sex	M
Place of practice (town, private or public practice).	Paris- France- Private practice
Practice of harmonisation	Yes
Reference code	EMT-0003
Other	

EMT-0004

Qualifications and experience of the practitioner.	Surgeon –Cancer National Institute
Age	
Sex	M
Place of practice (town, private or public practice).	Rio de Janeiro- Brazil Hospital doctor.
Practice of harmonisation	Yes. Harmonises nearly all his patients.
Reference code	EMT-0004
Other	

EMT-0005

Qualifications and experience of the practitioner.	General practitioner
Age	
Sex	M
Place of practice (town, private or public practice).	Paris region- France Private practice
Practice of harmonisation	Yes for the last 15 years.
Reference code	EMT-0005
Other	

EMT-0006

Qualifications and experience of the practitioner.	Psychologist, degree from the university of Bariloche
Age	55 ans
Sex	F
Place of practice (town, private or public practice).	Private surgery.
Practice of harmonisation	No
Reference code	EMT-0006
Other	

EMT-0007

Qualifications and experience of the practitioner.	Midwife
Age	45 ans
Sex	F
Place of practice (town, private or public practice)	Bariloche- Argentina Self employed, deliveries mainstream setting
Practices harmonisation	Oui
Reference code	EMT-0007
Other	

EMT-0008

Qualifications and experience of the practitioner.	Surgeon at the National University of Cali (Colombia) Homeopathe, acupuncturist
Age	+ /- 40 years old
Sex	F
Place of practice (town, private or public practice).	Cali. Colombia Private practice.
Practices harmonisation	No
Reference code.	EMT-0008
Other	

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