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In the preamble of its 1946 Constitution, the World Health Organisation (WHO) defines health as follows, « *Health is a total state of physical, mental, emotional and social wellbeing - not only the absence of illness or disability* ».

In line with today's "integrative" approach, there is a new awareness in medical circles of the influence of the patients' quality of life in the evolution of their illness and potential recovery^{1, 2 *}.

Some studies demonstrate interest in unconventional, complementary practices, such as physical, energetic approaches and prayer³. These

* Notes refer to references p. 31

practices do not aim at replacing modern medical treatments, but can offer valuable complementary support to enhance the patient's wellbeing⁴. They can also help patients to accept their illness and treatments and to improve their attitudes towards living.

A Quebecois psychoanalyst, Guy Corneau, had stage 4 lymphoma in 2007 and was declared cured by his oncologist in 2008. In the preface of his book *To Live Again (Revivre - L'Homme* publications, 2011), he describes the foundations of his holistic approach: he says that *“the conscious awareness of one's inner processes is a fundamental element in the recovery of total health, including body, soul and mind. Regardless of the cause, illness offers an invitation to shed the belief that one is a victim of one's destiny. This frees people to create their lives differently - collaborating with all the dimensions of their inner and outer universes. Such creative participation in our own healing can lead to exploration of new pathways and techniques. We may resist this process because of its unconventionality. However, if we are to find a new balance, we must be open to the existence of the intricate links between body and mind.”*

Specific features of harmonisation, a complementary practice to conventional care

There have been thousands of reports of beneficial effects of harmonisation from all over the world, from subjects as well as practitioners (harmonisers). However, because these testimonies are anecdotal, they have little scientific value.

The scientific literature does give an overview and offers some insight in to harmonisation. The specific gestures practiced by the harmoniser are described and include laying hands on the clothed body of the subject. Throughout the harmonisation, the harmoniser silently prays a christian-based prayer. Both prayer and touch, which are essential to harmonisation, have already been investigated in separate studies which are briefly summarized below.

1 – Prayer

This has been the most researched subject. A search of Pubmed on «intercessory prayer» reveals 85 references. Of these, 15 are general reviews which analyse the literature published between 1991 and 2011. Several indications have been explored in controlled studies using large numbers of subjects,

with significant results published on the efficacy of prayer on the following: In-vitro fertilization⁵, complications of coronary angioplasty^{6,7}, the progress of patients with myocardial ischemia in intensive care units^{8,9}, severe rheumatoid conditions¹⁰, cranial trauma¹¹, infections and septicemia¹², visual and/or auditory complaints¹² and others.

Other studies have not shown significant benefits^{13,14}, and the authors of the meta-analyses have expressed conflicting and sometimes hostile opinions¹⁵⁻¹⁸.

2 – Touch therapy (contact and non-contact)

Over the last 30 years manual contact methods have been used in very diverse conditions, usually with a common goal of decreasing the anxiety and pain which accompany many pathologies.

Once again the studies are numerous, often conducted by nursing staff and give rise to contradictory results, some significant, some not. A meta-analysis published in 1997 by Barbara Daley¹⁹ mentions five double blind, randomized studies on patients with skin lesions, two of which showed an encouraging increase in the speed of granulation in the treatment group. Three studies however show non-significant, even adverse effects. Anna Easter's

meta-analysis in the same year of 23 publications across 14 journals, revealed rather encouraging conclusions²⁰.

This so-called touch therapy can work without direct contact, being conducted at a distance from the body. This offers interesting possibilities in regard to skin lesions caused by trauma²¹, surgery²² or burns. Joan Turner's study on burns has shown a significant positive effect in decreasing or resolving pain and reducing anxiety²³.

3 - Harmonisation

Harmonisation involves a sequence of specific gestures on and above the subject, who is supine and invited to keep his/her eyes closed during the whole procedure which lasts about thirty minutes.

Harmonisation has been taught and practised for the last 30 years by members of the association of Invitation to Life, founded by Yvonne Trubert (1932-2009). Uniquely, it combines the two previous approaches, prayer and touch gestures. Many testimonies have been made by its recipients and practitioners reflecting positive results for numerous complaints including pain, anxiety, depression and phobias. As yet, no research has been published in the scientific literature to validate these testimonies.

Medical practitioners in Europe, South America, the Philippines and Australia use harmonisation: what are their results?

In the German edition of his book *Choices in Healing* (Piper, Munich publications) Dr Michael Lerner states that: *«Invitation to Life harmonisation is not a therapy in the narrow medical sense, but rather an adjunct and a form of support. Harmonisation does not replace medical indications but it helps patients, as well as healthy people, to find an autonomous way of managing their lives.»*

In the rehabilitation clinic of Bergisch-Land in Wuppertal-Ronsdorf in Germany, harmonisation has been practiced for twelve years²⁴.

In all these years, the medical practitioners have noted interesting results in their patients who were harmonised:

- Improvement of psychological state in the form of calmness, inner peace and return to hope. These benefits are particularly noticeable in patients suffering from insomnia, anxiety, depression and psychiatric illnesses.

- Decrease or disappearance of pain, wherever it is located²⁴.
- In burns: lowered levels of pain, less risk of infection and faster granulation²⁵.
- Faster healing of wounds, post-operative lesions and cutaneous ulcers.
- Improved progress and recovery in diseases as diverse as pancreatitis, epilepsy, sterility and asthma...
- For recipients of kidney transplants (harmonisation trial in Asuncion, Paraguay, cf p.10), harmonisation markedly reduces pre and post-operative pain and post-operative rates of infection, and contributes to shorter periods of hospitalisation.

Some practitioners who know about harmonisation suggest it to their patients. For example, Dr Sandra Cortès, a surgeon, homeopath and acupuncturist at the National University of Cali in Columbia, stated: *«Many of my patients with diverse conditions, respond to harmonisations in similar ways: rapid diminution of symptoms and a change in their state of mind. They recover confidence and believe in themselves anew. Harmonisation contributes to a rapid decrease in*

conditions such as arthritis, inflammatory and functional bowel disorders, gastritis, recurrent throat infections, pain, asthma attacks can become less frequent and formation of new tissue in ulcers, fractures and surgery is faster.

Harmonisation often gives good results with hyperactive children. They become quieter and less aggressive, concentrate better at school, and sleep better.

Importantly, harmonisation does not replace medical treatment. Through harmonising my patients, I have developed a better understanding of the process of chronic illness and thus approach it differently: hatred, bitterness, difficult personal relationships, violence and abandonment, all generate negative loads which are stored in certain areas of the body. According to the patient's sensitivity they affect different organs.

A further interesting clinical trial offers similar findings: Dr Ana Iris Benitez dos Santos is a neuropsychiatrist in the kidney transplant unit of the central Hospital IPS in Asuncion, Paraguay. She reports that «patients who receive harmonisation immediately after the transplant, spend a better first night, anxiety and pain is decreased compared to patients who do not get harmonised, and their recovery is faster. A study was conducted by nursing staff, using a Quality of Life test, adapted for kidney

transplant patients, which mainly measures psychological and psychosocial aspects of life. An improvement in these two measures was found for all patients receiving harmonisation, compared to those not receiving it. Firstly they reported an improvement in the physical quality of life and then an increase in the psychosocial quality of their lives during the year following the transplant. We also observed a reduction in re-hospitalisation for infections due to immunosuppression. »

What is the action of harmonisation on the body and psyche?

This is still unexplained today. Clinical observations could only record its effects. Professeur Eduard David of Witten-Herdecke University in Germany conducted a trial to compare ECGs from people receiving harmonisation to those of patients under hypnosis. The results showed an essential difference between the two conditions (see p.17 and fol.).

Scientific interest in field of human energy has grown considerably in the last ten years, because of the development of sophisticated technology capable of measuring subtle magnetic energies.

All forms of matter produce electromagnetic fields. They are caused by interaction between the positive charges of the nuclei of atoms (protons) and peripheral negative charges (electrons).

For living organisms, this is called the biomagnetic field. The use of MRI is only possible because a biomagnetic field emanates from the human body.

Kaivarainen describes two main electrical systems in the body²⁶: the alternating current of the nervous system which governs many bodily functions including muscular contraction, transmission of nervous impulses, glandular secretion and the sense of touch.

The second system is a direct low amplitude, high frequency current emanating from atoms and cells, forming a pool of electromagnetic energy around a person that allows energy exchange.

This biomagnetic field has had diverse names according to the era and different cultures: Chi or Qi (China), Prana (India), Aura (Christian culture), Life force...

Illness is a process which can begin with an energetic rupture in the bio-magnetic field.

Ruptures can be caused by the following factors:

- psycho-affective: anxiety, fear, depression;
- physical: somatic trauma, environmental or chemical pollution;
- energetic: impact of electromagnetic radiation from wifi, mobile phones, or high voltage electrical wires;
- chronic, ongoing life stressors.

In particular, harmonisation acts on the biomagnetic field by re-balancing the body's «energy centres». Hunt describes these as vortices of energy that interact with the neurovegetative and endocrine systems²⁷. Each centre or chakra relates to a number of organs and functions. There are five main energetic centres situated on the trunk of the human

body: the respiratory, circulatory, solar plexus, digestive and urogenital chakras.

Research on harmonisation

Since 1997, several studies have been undertaken to research the effects of harmonisation. Apart from an Australian controlled study²⁸ that has been published in a peer-reviewed Journal, they are based on authenticated anecdotal evidence with small sample sizes with no control conditions. Thus their scientific value is restricted.

The most significant results are summarized in the following pages and the complete studies are available on request:

- Trial on Harmonisation conducted by Prof. Eduard David in 1997 at the Institute of Physiology, Witten-Herdecke University (Germany).
- Influence of Harmonisation on people suffering from hantavirus based pulmonary syndrome in the Rio Negro and Chubut regions (Southern Argentina), by Drs Fernanda Guillamon and Sophie Scheffer, 2001.
- Effects of Harmonisation on patients : a 34 case study by Dr Sophie Scheffer and Claire Laurant, PhD. in anthropology, in Belgium, July 2004.

- Neurophysiological effects of Harmonisation on heart rate variability, respiratory rate and electroencephalograph. This study was undertaken in 2005 at the University of Technology, Sydney (Australia) by Peter C. Meier, Ph.D.; Susan Ballinger, Ph.D.; Barbara Hoi and Victor Vickland, M. Psych²⁸.
- Harmonisation applied to specialised medical staff of the Herminda Martin de Chillan Hospital (Chili), final thesis of Dr. Andrès Olea Cortès, 2009.
- Efficacy of treatment by Harmonisation on burns patients at the Hospital Eugenio Espejo of Quito (Ecuador) in 2008 and 2009, PhD thesis by Alexandre Stadnitsky and Cédric Fontaine²⁵.

Harmonisation, an exploratory study comparing EEG patterns in hypnosis and harmonisation conducted by Prof. Eduard David in 1997 at the University of Witten-Herdecke (Germany)

Aim

From observation, harmonisation and hypnosis appear to be very similar states. However there are important differences between the two. In hypnosis, an important clinical feature is an increase in suggestibility, whereby the patient's ability to discern reality from suggestions made by the hypnotist is reduced²⁹.

This study compares the psychological responses of subjects receiving harmonisation with those receiving hypnosis.

Method

30 subjects were harmonised and a comparison group of 30 subjects were hypnotised. EEG and AEP (Auditory Evoked Potentials) recordings were made on each subject during the process.

The subjects were assessed during and after harmonisation or hypnosis. The EEG recorded AEP responses to short acoustic impulses called « clicks ». These evoked auditory potentials were influenced by suggestions such as: “the sound will be loud” or “the sound will be quiet”. All clicks, however, had the

same intensity, regardless of the “loud” or “quiet” suggestion.

The EEG and AEP of patients in both conditions were recorded in the same manner.

Results

During harmonisation, alpha brain activity increased to around 10 Hz, indicating a state of relaxation.

The EEG “brain mapping” image showed a clear increase of activity in the occipital lobe, signalling a receptive state of consciousness. Most of the increase shifted to the right, indicating an emotional, rather than active cognitive state.

- Under hypnosis, the reactions were dependent on suggestions that the clicks would be “loud” or “quiet”.
- Under harmonisation, the reaction was dependent on the sound actually heard. The AEPs, which were appropriate to volume, demonstrated the psychological independence of the harmonised subject. This was not the case when the subject was hypnotised.

Benefits of harmonisation for patients: 34 case studies by Dr. Sophie Scheffer and Claire Laurant, Doctor in anthropology, July 2004

Aim of the study

The diagnosis of an illness triggers a range of emotional reactions. Emotional components may also have a causal role or be trigger factors in a pathology^{30,31}. These emotional components are broadly established and accepted in today's scientific and medical circles^{32,33}.

Supportive therapy is sometimes beneficial for the patient who is hospitalised or receiving large doses of drug treatment³⁴.

The basic hypothesis of this study is that harmonisation can offer patients significant physical, psychic and spiritual support, during the course of their illness and treatment.

Method

34 case studies involving harmonisation were documented. These case studies were conducted in five countries (France, Germany, Belgium, Columbia and Argentina), as described below:

- 19 clinical cases were presented by medical practitioners, midwives or other therapists;

- 6 research interviews were conducted by a medical practitioner using a semi-structured questionnaire;
- 1 life story;
- 8 testimonies from practitioners (medical doctors, psychologists and midwife) on the benefits of using harmonisation in their practice.

This research is a review of retrospective clinical case studies presented or conducted by practitioners, using a semi-structured questionnaire and their own assessments.

The data collection was carried out using a methodology specifically designed to maximise objectivity. The small sample size and the heterogeneity of methodologies did not lend themselves to statistical analysis, so the following results must therefore be considered as preliminary.

Results

- Based on reports of symptoms (16 patients), there was either a decrease, or a rapid or progressive disappearance of:
 - pain in 14 patients;
 - visual and auditory hallucinations;
 - sleep disturbances.

- Based on clinical observations and judgements, there was:
 - faster granulation in skin conditions,
 - marked improvement after each harmonisation in inflammatory pathologies (arthritis of the hip, knee, and dermatomyositis).

- From the psychological viewpoint (14 patients): harmonisation was accompanied by reports of a sensation of peace (12 patients). This resulted in positive experiences, including:
 - improvement of depression and decreases in anxiety, despair, fear and stress;
 - increased self-confidence,
 - determination, vigour, motivation and lessening of tension.

- Patient's state of mind: in 10 out of 19 subjects, anxiety levels increased as the illness progressed. This anxiety was followed by an improved acceptance of and dealing with the illness.

Adam and Herzlich³⁵ use the term of «illness-profession» following an investigation in to the life effects of illness. They describe how the process of enduring a serious illness amounts to an apprenticeship. They add that this experience

« enables one to recover the true meaning of life. It offers the possibility of revelation, even of moving beyond one's own limits ».

These well-documented preliminary results, though still awaiting scientific validation, prompt us to propose harmonisation as an adjunct to conventional medical treatment and for psychological support during severe or chronic illness.

Neurophysiological Effects of Harmonisation: The effect of Harmonisation on Heart Rate Variability, Respiratory Rate and Electroencephalograph - a study conducted by Peter Meier PhD, Susan Ballinger PhD, Barbara Hoi and Victor Vickland M.Psych.²⁸

Aim

The purpose of this study was to discover whether harmonisation is associated with measurable changes in the central and autonomic nervous systems and the cardio-pulmonary system, using standard physiological measuring techniques.

Method

A simple, comparative method was employed, using reference control data. ANOVA statistics were used for comparisons.

Subjects:

- an experimental group of 20 healthy women aged 20 to 50, volunteered to receive harmonisation, which they had never experienced before.
- Results were compared with a reference control group of 30 healthy women aged 20 to 50. Identical physiological, psychological and time parameters were measured in both groups by the same experimenters, in the same neuro-physiological laboratory.

Procedure

During a 10 minute baseline period, 20 minutes of harmonisation, then a further 10 minutes for stabilisation, the following measures were recorded continuously:

- Unipolar EEG recordings from bilateral frontal, temporal and central locations.
- Electroculogram (EOG) eye movements.
- ECG recordings.

- Chest and abdominal respiration.

All participants then completed a Spielberger State/Trait anxiety scale.

For the reference control group, the above procedure was followed, with the exception that they lay quietly during the intervention period with no harmonisation.

Results

Cerebral activity:

- In the control group, alpha activity *increased* during the initial period which habituated for the rest of the session, indicating a relaxed state.
- In the harmonisation group however, there was a significant decrease in alpha activity and in theta activity, mainly in the opening phase of harmonisation. This is not consistent with either deep relaxation or deep sleep. There was also a significant reduction in central and temporal beta activity, indicating mental relaxation. Brain activity gradually increased during the following nourishing phase of the chakras, reaching baseline levels by the end of the stabilisation period.

- As a whole, the EEG results suggest a state of increased mental focus, coupled with a sense of calmness and relaxation.
- Interesting anomalies were recorded between the subject perceptions and the data measurements. Ten people felt that they slept during harmonisation, although this was not evident in the EEG or EOG readings: this indicates that the subject's state of consciousness can be perceived as sleep but is a different physiological state.
- The heart rate to respiration ratio among the five subjects who reported « higher » post-harmonisation anxiety scores (though still in the normal range) was significantly lower during the nourishing phase of harmonisation and the stabilisation period.
- This could be interpreted as a relatively higher state of alertness and was consistent with these participants' descriptions of their minds being very active during the session. A decrease in the number of heartbeats per one respiration indicates parasympathetic regulation by the autonomic nervous system. Such synchronisation has been shown to have favourable effects on cardiovascular and

respiratory function. Therefore, harmonisation may positively influence heart beat/respiration ratios, particularly when coupled with relative alertness. This is consistent with David's findings on harmonisation.

This pilot study suggests that different physiological processes affecting the central and autonomic nervous systems as well as the cardio-pulmonary system may occur during successive phases of harmonisation; it invites the use of neurophysiological methods in further studies.

Efficacy of harmonisation on burns patients at Eugenio Espejo Hospital Quito (Ecuador), 2008 and 2009²⁵

Aim

This open clinical pilot study was conducted on a small sample to investigate whether harmonisation could reduce the length of hospitalisation of burns patients of the Eugenio Espejo Hospital.

Selection criteria

The sample consisted of 22 patients aged between 16 and 65 years, with superficial or extensive second

degree burns, or with third degree burns covering up to 50% of their body surface. They were hospitalised between October 2008 and July 2009 for periods of between 10 to 30 days. They were divided in a control group (patients not receiving harmonisation) and an intervention group (patients being harmonised whilst receiving conventional hospital treatment).

Results

- Faster granulation:
 - the average of scores on the burns scale* for the control group was 22
 - the average of scores on the burns scale for the intervention group was 24.44

- Shorter periods of hospitalisation:
 - the average of hospital days for the control group was 37.12
 - the average of hospital days for the harmonisation group was 21.88

These results should be validated through further

* The score for each patient on the burns gravity scale is based on the assessment by the hospital staff at the time the patient was admitted in the unit. SCORE CALCULATION: (PBS for superficial 2nd) + (PBS for ext. 2nd x 2) + (PBS for 3rd x 3)
(PBS: percentage of burnt surface)

studies on a larger sample, using bio-magnetic field imaging equipment as well as histological measures.

Conclusions

The clinical effects of harmonisation which emerge from these studies are predominantly subjective: improvement of state of mind in the form of peace and calmness, better motivation and acceptance of the illness and its treatment, and lowered levels of pain. These effects are beneficial to recovering from, or dealing with, any illness, in that the majority of patients who have been harmonised manifest a sense of wellbeing and have a more positive outlook towards their illness and their environment.

There is also some evidence of distinct neuro-physiological effects of harmonisation and of more rapid healing in skin lesions.

Further clinical trials to replicate current findings, using scientifically reliable physiological methods, documented in peer-reviewed, scientific journals, is the next step in gaining a better understanding of the physiological effects of harmonisation.

In conclusion, the body of anecdotal evidence from reliable sources, attesting to the therapeutic effects of harmonisation, is now large and continuing to grow. While published scientific investigations as yet offer only a limited evidence base for the method,

there is enough to consider harmonisation as a valuable adjunct to the conventional care of people in emotional and physical pain.

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