

BIOTOUCH: CLINICAL INTEGRATION OF AN ENERGY THERAPY

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BIOTOUCH DEFINED

- A therapy that affects the energy fields of the human body, utilizing “butterfly light” touch to intensify and enhance the flow of energy between the practitioner and the recipient.
- Classified as Energy Medicine by NIH Center for CAM

BIOTOUCH TECHNIQUE

- Light touch “butterfly light”
- 17 Set points
- Stationery touch for 6-8 seconds per point
- Stroking touch at rate of 1 cm/sec.



BIOTOUCH HISTORY



- Technique developed in 1970's by Norman Cochran in a Colorado mining town in a spontaneous response to assist others with health problems.
- Mr. Cochran taught method to others who were just as effective.
- In 1993 The International Foundation of Bio-Magnetic Touch Healing was founded. justtouch.com
- St. Elizabeth of Hungary Clinic, Tucson, AZ, Sr. Mary Schild

COMPARISON OF TOUCH

Method	Biotouch	Reiki	Therapeutic Touch	Kangaroo/ Grooming/ Caring
Centering/ Meditation	No	Required	Required	No
Reading/ Unruffling	No	Required	Required	No
Skin to skin contact	Yes Always	Occasional	Infrequent	Yes Always
Hierarchy/ Attunement/ Authority	No	Yes	Yes	No

BIOTOUCH RESEARCH

- Centers in Tucson, Honolulu document qualitative data
- University of AZ (Schwartz, et. al. unpublished) :
 - BP, HR, Care Scale
 - ADHD EEG
- South Carolina Honors College, Thesis, W. Rivers, 2002.
 - Anxiety Scale
 - Heart Rate
 - Heart Rate Variability
 - Time Control/Touch Group/ Biotouch Group

BIOTOUCH Research Project

Stephenson, et. al.



- Step 1: Training of UTHCT Staff
- Step 2: Study design and Approval
- Step 3: Recruitment of Subjects
- Step 4: Implementation

Demographic Data of Subjects

- 96.6 % Female
- 24% Women of Color
- 85% College-educated
- At least one child in the household on avg.
- At least one other adult in the household on average

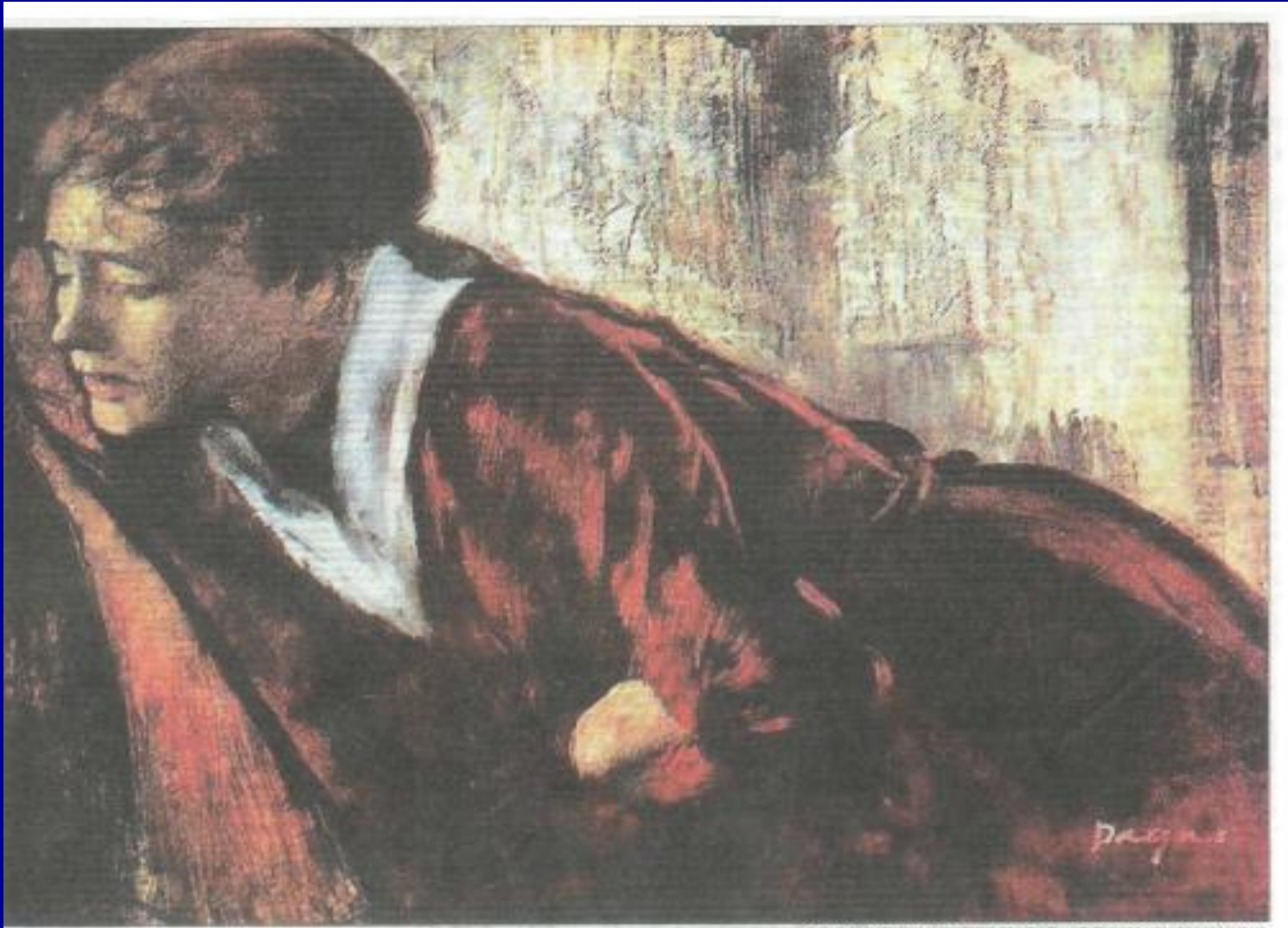


National Statistics on Working Women

- The Double Day
- 60 million women employed outside the home
- Stress Related/MS Disorders
- \$200 billion annually in US-
70%preventable



Pain, Stress, and Crosstalk



Mourning by Edgar Degas, The Phillips Collection, Washington, D.C.

Introduction to SF 36 (Ware, 1993)



- **Eight domains:**
- *Physical Functioning*
- *Role-Physical*
- *Bodily Pain Index*
- *General Health Perceptions*
- *Vitality*
- *Social Functioning*
- *Role-Emotional*
- *Mental Health Index*

Quality of Life Scale SF-36

- 3. Does your health limit you in these activities?
 - Running, lifting heavy objects, moving a table, sports, pushing a vacuum cleaner, lifting or carrying groceries, climbing stairs
- 9. Do you feel full of life? Did you feel worn out? Did you feel downhearted and blue? Did you have a lot of energy? Have you felt calm and peaceful?

Methodology



- Baseline SF 36
- Biotouch once weekly for 8 weeks
- Follow-up SF 36 at 8 weeks
- Final SF 36 4 weeks after last treatment session
- Weekly logs

Methodology

- Practitioners instructed to touch set points indicated by patient's clinical condition
- Clinical settings included: outpatient, inpatient, and worksite

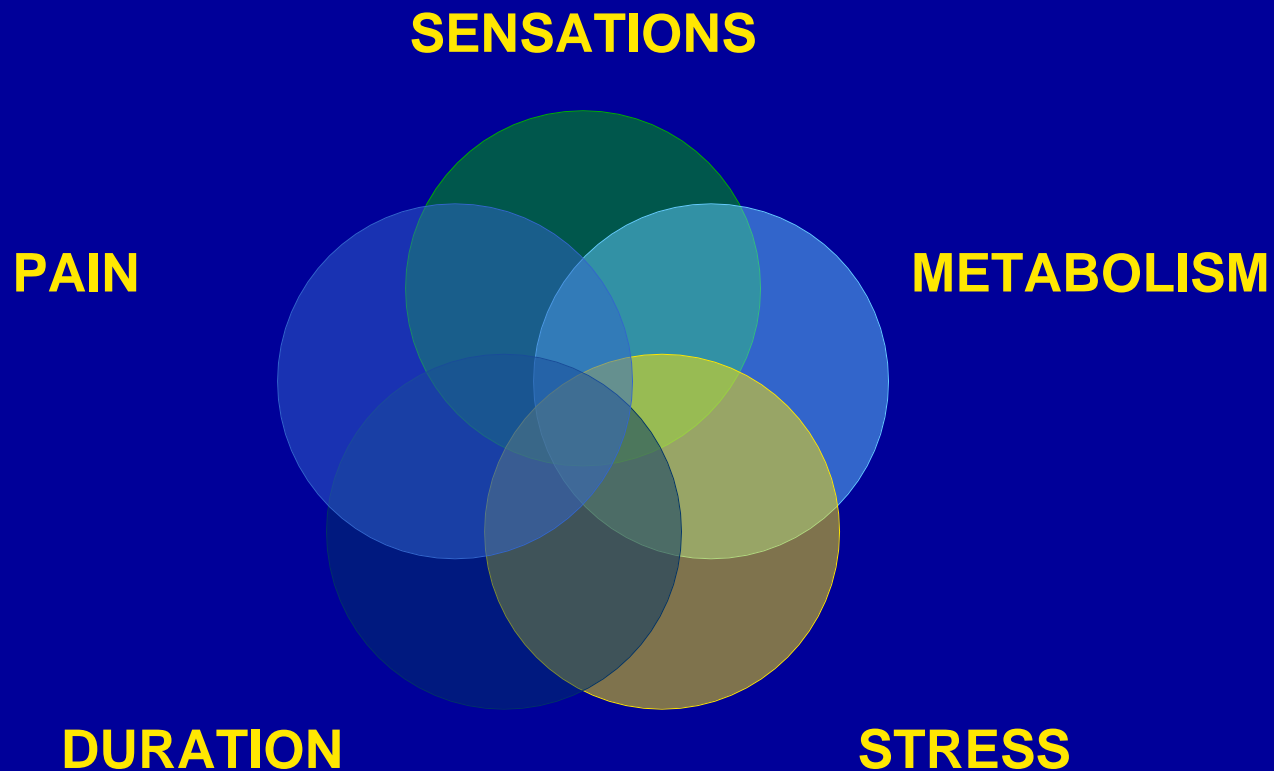


RESULTS: SF-36Health-Related Quality of Life Questionnaire (Ware, 1993)

****for $P < 0.01$; * for $P < 0.05$, *? FOR $0.05 < p < 0.10$, NS for $P > 0.10$**

Scale	Label	Baseline values across dropout and non- dropouts compliance comparison N=62	8 weeks N=39 Mean Change	Final N=25 Mean Change	
BP	Bodily Pain	NS	**	**	
GH	Gen. Health Percep.	NS	*	*	
MH	Mental Health Index	NS	**	**	
PF	Phys. Fx.	NS	**	NS	
RE	Role- Emotional	NS	**	*?	
RP	Role-Phys.	NS	**	*?	
SF	Social Fx.	NS	**	**	
VT	Vitality	NS	**	**	

WEEKLY LOG ENTRIES



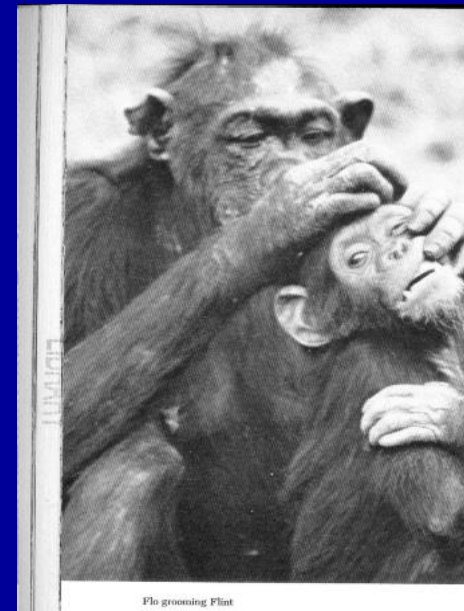
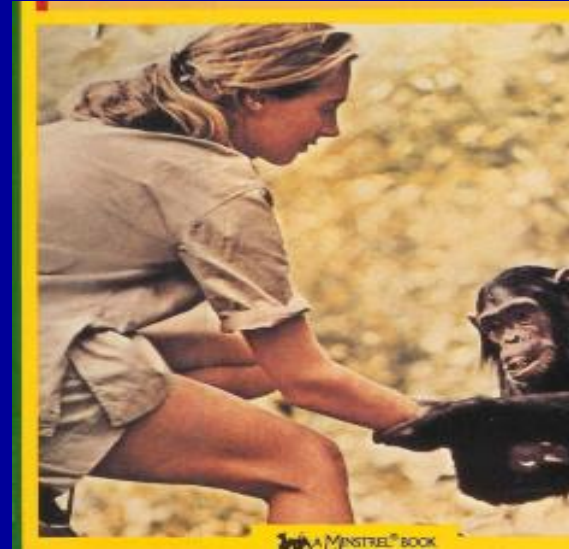
RESULTS

- **Biotouch** treatment sessions did not result in any adverse outcomes.



DISCUSSION

- The domain of touch-
Animal studies of
stroking/grooming
rodents
non-human
primates



DISCUSSION

- HUMANS AND TOUCH
 - NEONATES
 - CHILD
 - SOCIETAL
- PATIENT PLEAS FOR TOUCH



DISCUSSION



- PHYSIOLOGICAL CORRELATES OF TOUCH

- SKIN AND NICE NETWORK
NEURO-IMMUNO-
CUTENEOUS-
ENDOCRINE

CNS

CARDIOVASCULAR
RESPONSE

PATHOGENESIS MODEL



DISCUSSION



- Proposed mechanisms of action for sustained effects in SF-36 domains.
- **Physiological:**
Diminished chronic pain or regression of chronic pain through interaction of skin, neural, and LHPAA pathways
- *Increased sense of well-being-LHPAA, CV response*

DISCUSSION



- **Psychogenic:** *Close proximity of individual who affirms pain or stress*
- **Placebo:** *Hawthorne effect*

CONCLUSIONS



- **Biotouch** technique was replicated and integrated into a direct patient care setting.

CONCLUSIONS



- **Biotouch**, performed once weekly, improved Quality of Life Scores (at 8 weeks) and exhibited a sustained (greater than 4 weeks post treatment) effect on domains of: *Bodily Pain, Social Functioning, Vitality, General Health Perceptions, and Mental Health Index.*

Application

Clinical Benefits

- ease of integration
- high degree of patient acceptance
- clinical results are replicated with no learning curve
- low potential for harm



APPLICATION

- **Economically advantageous**
 - No equipment requirements
 - Accessible training
 - No special room requirements



Future Projects

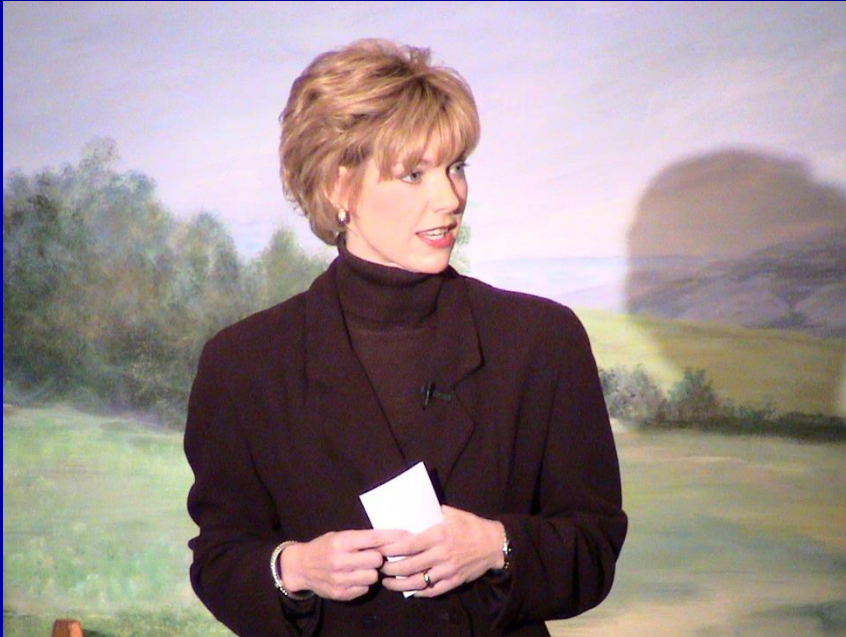


- **“Effects of Biotouch on Caregiver Salivary Cortisol Levels”**, Janet Seliga, Thesis, University of Texas Health Center
- **“The Effects of Biotouch on Neuroactive Hormones and Inflammatory, Antithrombotic, and Prothrombotic Factors in Postmenopausal Women”**, Stephenson, Neuenschwander

BIOTOUCH



RESOURCES



- Kenna Stephenson, M.D., F.A.A.F.P.
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- WEB:
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- justtouch.com



EXCERPTS FROM SF 36







PSYCHOSOCIAL STRESS

STONE AND WEST 1997

