



Just Touch News

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Magnetics
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Clinical Integration of An Energy Therapy

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We first met Dr. Kenna Stephenson two years ago at a conference in Tucson where she and her colleague Dr. Barbara Pinson were presenters. Dr. Kenna had called Sister Mary Schild, her dear friend and Bio-Touch Certified Practitioner,

to say she would be in town. Their conversation turned to Bio-Touch research and next thing we knew, at the insistence of Sr. Mary, we had a Bio-Touch booth at the conference and a luncheon date with Drs. Kenna & Barbara. Since that pivotal day, we have held two classes at the University of Texas Health Center where we have trained 45 staff and certified two practitioners. We are truly blessed by this new collaboration and friendship.

Following is a presentation of the results of Dr. Kenna's first Bio-Touch study presented at the Southwest Institute Of Healing Arts in Tempe, AZ in September. The full transcript will be available online at JustTouch.com.

It just so happened that I was here in Scottsdale for a medical conference and Jennifer invited me to speak at your class here today. I love to talk about my research in Bio-Touch. I hope you learn something from this presentation that you can take with you.

The NIH established the Office of Comple-

mentary and Alternative Medicine in the early 1990's. It has grown into a Center now, and they have classified complementary and alternative therapies into five different classifications. Bio-Touch, known by NIH as "Biotouch," is classified as energy medicine by the NIH. Some other forms of energy medicine are Reiki, Therapeutic Touch, laying on of hands, and anything that has to do with the biomagnetic field or the biofield.

Now Bio-Touch, as I'm sure you're all familiar with, is a butterfly-light touch, and only 17 sets of points are involved. This is the beauty of this to me as a researcher, because throughout the world, [if someone says they] touched the Metabolism set points or the Head set points, I know exactly *what* was touched on that patient and *how* it was touched.

I was introduced to this years ago when I was working in Tucson at St. Elizabeth of Hungary Clinic. Sister Mary Schild, a Medical Mission Sister came to St. Elizabeth's Clinic once or twice a week to do Bio-Touch on patients there. It just so happened that one morning I had one of the worst headaches I have ever had in my life, had a full patient schedule and was not sure how I was going to get through it. I had already taken ibuprofen or Tylenol but was really struggling. My first patient cancelled and Sr. Mary just appeared and said, "Oh, I see your first patient cancelled. Why don't you let me do Bio-Touch?"

Having not learned anything about Bio-Touch or energy therapy in medical school or residency training I was really skeptical. But I was also open to learning about it because I had certainly seen positive effects in my patients. Like many of you, my first experience with Bio-Touch was very positive. My headache dissipated in *seconds*. That was profound! Right then and there I decided, "I want to investigate this."

Types of Touch

Let's look at a comparison of touch in the medical scientific literature. The NIH classifies Reiki as well as Therapeutic Touch in the energy medicine classification shared with Bio-Touch. Also in the medical literature you will see studies that relate to these types of touch:

Kangaroo touch is when babies are born with low body temperature, we "kangaroo" them to mom or dad. With skin to skin contact between the new born baby and mommy's or daddy's tummy, we are able to raise their body

temperature just as effectively as when they are separated from human contact and put in an isolet.

Grooming would be stroking, caressing.

Caring touch might be a hug, a gentle squeeze of the hand, an arm around the shoulder.

Comparison of "Energy Therapies"

What about "consciousness"? Does the practitioner have to meditate or "center themselves" or get into any specific state before they perform Bio-Touch? The answer is No. There is no type of preparation the practitioner has to do before they can offer Bio-Touch to a recipient. This is the same as with grooming and caring touch. With mother-infant interactions, the mother does not have to "center" herself or consciously think, "I am going to help my baby calm down, I am going to quiet my baby's cry." She spontaneously reaches out and strokes or touches her child. With both Reiki and Therapeutic Touch centering or meditation is required.

Is it necessary to practice any type of "reading" or "unruffling" of the human energy field when you're performing Bio-Touch? No. Neither is it a part of a caring, grooming or kan-



Edited by Jennifer Phelps



garoo-type touch. But it is required of both Reiki and Therapeutic Touch.

What about skin to skin contact? Skin to skin contact is *always* a part of Bio-Touch. It is always a part of kangaroo touch and often a part of caring or grooming touch. It may occasionally occur with Reiki and it now infrequently occurs with Therapeutic Touch.

Finally, are there different “levels” or some sort of hierarchy as it relates to practitioners of Bio-Touch? There is no hierarchy. My research has shown that someone with less than a week’s training in Bio-Touch can be just as effective as someone who’s been doing it for 5 years or 10 years or 14 years. There is no “master level” or super level of being a Bio-Touch practitioner. In contrast to Bio-Touch, there are these concepts of authority, or hierarchy, of attunement in both Reiki and Therapeutic Touch.

Bio-Touch at UTHC-Tyler

What have we done at the University of Texas Health Center? When I arrived at UTHC almost 2 years ago, of course no one there knew how to do Bio-Touch. I didn't know how to do Bio-Touch! So we brought Paul Bucky, Jennifer Phelps, and Sister Mary from the Tucson Center to train 29 health care providers. This included nurses, physicians, physician’s assistants, physical therapists, nurses’ assistants, volunteers. Then we designed our study and got IRB approval, recruited subjects, and implemented the study.

Description of Subjects

As you might expect, the kind of subject who is most interested in a complementary/alternative-type therapy is female. She is educated; she tends to be age 40 or older, works, and has children or a husband at home.

What is going on with the health of the working woman in America? She doesn't feel very good! She may have headaches, back pain, carpal tunnel syndrome, fatigue, sleep disturbance, mood disorders, anxiety, depression. We see a lot of stress-related disorders and musculo-skeletal disorders in this critical group. It is estimated that over \$200 billion a year are spent on these stress-related disorders, and most of them are preventable.

Even though Mind Science up until about the last ten years has worked very hard to divorce the body from the mind, we all know that

really, that’s an impossibility. How we feel affects how we think and vice versa. We know there is a lot of cross-talk in the brain between the pain pathways, memory, and emotion.

We also know that chronic pain patients, over time, have an exponential increase in mood

was standardized across the group. For instance, if the patient was struggling with headaches, we would only apply the points for headaches outlined in the Bio-Touch [manual].

Results

I had a hypothesis that stress and pain would be improved at 8 weeks. But we researchers were amazed that after 8 weeks of Bio-Touch once a week, that *everything* got better. Not just the pain, not just the stress. In all 8 domains there was improvement. Even after 4 weeks without Bio-Touch, 5 domains had a sustained effect.

This is what we heard from our patients too. They might have had some chronic pain that went away, but it *never* recurred. So, of course, their physical functioning was going to continue at a higher level. One of the most dramatic stories we had was a patient who had really “maxed out” the conventional medical

system. She had had surgeries, she had been through pain clinics, she was on narcotics for pain, and was in the process of applying for disability insurance. Really, there was nothing left for her. So she entered the study thinking, “Hey, it can’t hurt.” This woman got so much better that she withdrew her disability application. When I inquired about her recently, I found out that she had just built a chicken coop on her ranch *and* she was currently building a fence. Very profound changes!

Not all the stories are that dramatic but I think that that’s a really great take home kind of story.

What about metabolism? A fair number of these women lost weight when they were in the study. They were amazed by that.

What about stress? Many of the patients reported a sense of calmness, a sense of well-being, a sense of serenity, a sense of peace, a decrease in restlessness, irritability or agitation with Bio-Touch.

What about duration? There was a lot of variability in the duration. Some patients would say, “When I get my Bio-Touch, I’m better instantly, and that lasts for several days.” Some patients said, “After I get my Bio-Touch, I don’t really have any change until 24 or 48 hours afterwards, then I started to feel improvement.”

What about pain? We saw patients who had diminishment, or regression and absolute disappearance of pain.

| COMPARISON OF TOUCH | | | | |
|--------------------------------|---------------|------------|-------------------|--------------------------|
| Method | Biotoch | 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 |

disorders, depression and anxiety, such that most chronic pain patients are getting drugs designed for depression or anxiety. We also see the converse effect. We have patients with mood disorders, chronic depression, chronic anxiety. And what do they have more of? They tend to have more somatic complaints, more headaches, more stomach aches, and more musculo-skeletal-type pain.

Methodology

Because in our Bio-Touch study we wanted to look at both the mind and the body, we chose the Short Form 36 (SF 36) Quality of Life Questionnaire as a way to investigate what was happening with our patients.

The SF36 looks at 8 Domains:

- Physical Functioning
- Role-Physical
- Bodily Pain Index
- General Health Perceptions
- Vitality
- Social Functioning
- Role-Emotional
- Mental Health Index

We had inpatients, we had outpatients, we had worksites involved. We had 29 practitioners from various parts of our academic center at 22 clinics and 395 hospital beds.

While we addressed different conditions, it



We did not have any adverse outcomes. I think that's very important.

Touch: the First & Last Sense

What do we know about touch? We are taught in elementary school that touch is one of our 5 senses. Correct?

Touch is the *first* sense that is developed in the womb. And touch, tactile communication, is already fully developed when that baby is born, in contrast to some of our other senses. I delivered babies for a number of years, and it always amazed me. What was the first thing it wanted to do? Touch! The hand is out and it's grabbing at *something*. It could be the umbilical cord, or my cape, or my nose or whatever that baby can get a hold of. It wants to *touch*!

It's the same when people leave this earth. With the elderly, their sense of hearing may be diminished, sense of smell, vision—things we know happen with aging. But that tactile sense, that touch experience, is there until the very end. I've never met a patient who didn't want to touch another person or hold another person as they died. I think there's universality about touch and emotion.

Scientific Observations: Animals, Humans & Touch

We know from animal studies, that when rodents are stroked and groomed a hormone called oxytocin is released. This in turn stimulates them to stroke and groom another. If we deprive them of grooming, they have problems with their immune system and their endocrine system.

In non-human primates if we put them in wire cages shortly after birth and do *not* deprive them of visual stimuli, auditory stimuli, or of food, but we *do* deprive them of touch, that they have severe problems in development; social withdrawal or hyper aggression and exhibiting inappropriate sexual or parenting behavior in adulthood.

Some of you may be familiar with Jane Goodall's work, where she observed chimpan-

zees [in the wild] for many years. Grooming is an *integral* part of their daily life and even adult males will sit and groom each other for several hours!

What about humans and touch? Well, in the neo-natal period touch is extremely important

for infant development. In the neo-natal ICU [where infants are hooked up] to feeding tubes and IV's and oxygen and so forth, these babies were touch deprived. Nurses came forward and said, "We need to touch these babies." They found that with

just a light, stroking touch twice per shift from the nurses, that the babies did better than if they weren't touched in that way at all.

What is happening when people are touched? The cardiovascular response to pleasant touch is a lowering of the heart rate, a lowering of blood pressure and of clotting factors in the blood. And there are changes in the brain [when people are touched] that are not just registered in the part of our brain that tells if we're hurting or not, but also in the part of the brain that has to do with memory, judgment, and emotion.

What has come into the medical literature in the last five years is the idea of the NICE Network, which is short for neuro-immuno-cutaneous-endocrine factors. In lay terms that means pain, the brain, our immune system, skin, and hormones.

We know that the skin is not just there as a sort of outer coat or for protection. There is a lot of communication between the skin and other centers of the body.

Study Conclusion: Benefits of Bio-Touch

- Doing Bio-Touch once a week improved all 8 domains.
- There was sustained effect in 5 domains 4 weeks after the last treatment.
- High degree of patient acceptance.
- Low potential for harm

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.*

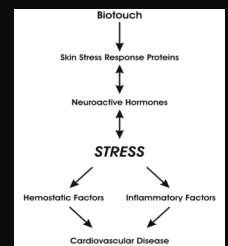
- No equipment needed, no special room requirements.
- There is no learning curve. Once you do the Practitioner Training, that's it! Open your book, look at your chart, look at your Pocket Manual. You can do it!

In our next study, we will be using this really cool machine called a gene micro array. We are going to take skin biopsies before and after Bio-Touch. We're going to measure the up or the down regulation of stress response proteins. These have to do with clotting, pain pathways, inflammation and immune function of the body. My hypothesis is that we're going to see favorable regulation of the stress response proteins. I'm very, very excited about this.

Thank you. If you want to email me, I would love to hear of your experiences with Bio-Touch. It would certainly help me in my research endeavors.

PHASE II BIOTOUCH RESEARCH

• "The Effects of Biotouch on Prothrombotic, Antithrombotic, Inflammatory, Neuroendocrine, and Immune Signaling Factors in Postmenopausal Women", Stephenson, Neuenschwander, Kurdowska, Creech, UT Health Center





Bio-Touch Research Phase II Update

by Kenna Stephenson, M.D., F.A.A.F.P.
University of Texas Health Center at Tyler

Bio-Touch Group

- ☒ Increased Interleukin-12
- ☒ Decreased Nighttime Cortisol

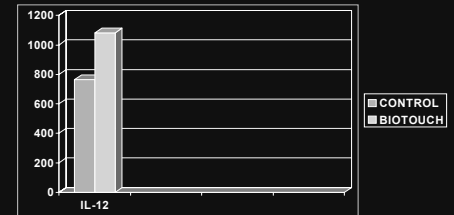
No change in
Fibrinogen, Factor VIIa, Antithrombin III

Control Group

- ☐ Low Interleukin-12 (*age related*)
- ☐ Variable Nighttime Cortisol

No change in
Fibrinogen, Factor VIIa, Antithrombin III

INTERLEUKIN 12



Dr. Stephenson's presentation to research subjects April 26, 2004 at UTHC-Tyler.

Our skin is our largest organ but, as physicians, we often overlook the skin as being useful for therapeutic modalities. For instance, skin diseases like herpes, shingles, psoriasis, dermatitis; when do they flare? When the patient is stressed. It makes sense to me that something that touches the skin can induce changes and have a healing effect on the body.

We know that with aging there are changes in the inflammatory pathways and in immune response that make people more at risk for cardiovascular events or cancer to occur. We're hoping to prevent these types of problems, possibly, with something like Bio-Touch.

We enrolled 18 postmenopausal women in the first part of the study. We had 9 in the Control group and 9 in the Bio-Touch group and studied blood work and saliva tests in both groups. These are preliminary results. We have, I think, 486 samples still at the lab right now, but I was eager to go ahead and share the results that we have because I think they're very important.

This is what we were looking at:

Interleukin-12 (IL-12) is a substance in the body that helps kill tumor cells. As IL-12 levels go down with age, the potential for infection and tumor growth increases. We know especially that breast cancer patients have low IL-12 levels. The potential for mutations in genes to group together into a mass or tumor and develop blood vessels to feed themselves can flourish in an environment of low IL-12. Also, asthma patients and people with severe allergies have been found to have low IL-12 levels, and because of its effects on T helper cells, this contributes to an increased susceptibility to infections.

Researchers have tried to raise IL-12 levels in cell cultures from elderly patients using high doses of Vitamin C and Vitamin E, but they have not been successful. They've also tried giving people synthetic IL-12, especially cancer patients, but it's very toxic, hard for the patient to tolerate. This is of tremendous importance. Keeping IL-12 levels up is an effect that could quite possibly be preventive or protective over time.

What we discovered was that the Control group had appropriately low IL-12 levels for their age, while the Bio-Touch group had an increase in their IL-12 levels.

Also, we know that high nighttime **Cortisol** [the primary stress hormone] is associated with problems with glucose-insulin balance, cancer risk, cardiovascular disease risk, and is associated with problems of rapid aging, along with other problems. We saw that Bio-Touch tended to lower high nighttime Cortisol to either close-to-normal or normal; whereas we saw no change in the Control group.

We were also looked at some **Clotting Factors** and saw no changes in either group.

Finally, in order to look at **Gene Expression** and Bio-Touch, we obtained skin biop-

sies before and immediately following Bio-Touch in several subjects, although many more women consented to have skin biopsies performed. Our limitation in obtaining more data is financial, as this type of research is very costly. Since scientists have mapped the Human Genome within the last 2 years, we can purchase a gene chip containing components of 33,000 genes from the human genome. We remove the messenger RNA from the samples, label the Before and After specimens with fluorescent material, and place on the gene chips. A machine then scans the chips to determine measurements of specific genes before and after Bio-Touch. Right now we are analyzing the data which requires highly sophisticated software and, hopefully, we will see some significant changes in gene expression related to Bio-Touch.

Note from IFBM to Members:

We plan to kick off Phase III research in October and will have locations in Texas and in Tucson. We will need practitioners and clerical help. To assist, please contact IFBM (888) GREET-1-2.



We would like to thank
our VERY FIRST UNDERWRITER...

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Hildgund Jewelers invites you
to join them in supporting IFBM
& Bio-Touch research.

Thank you!