

Reconnective Healing

Background/Definition

Reconnective Healing (RH) was established by Dr. Eric Pearl, a chiropractor, in 1993. According to Dr. Pearl, he had an ability to connect with energy and work with it to heal people (Pearl, 2002). His technique involved aligning the energetic field of a patient without any physical contact. RH practitioners claim that the technique physically heals the patient in addition to balancing emotional and mental states (Pearl, 2002).

Theory

The technique uses higher frequencies (reconnective frequencies) which can be accessed and directed to a person's electromagnetic field to affect change at a molecular level (Korotkov, 2011).

According to Dr. Pearl, The Reconnection process is an accelerated exchange of the energy, light and information found in the Reconnective Healing Frequencies. It is a focused formation that connects three systems: the ley lines of our planet, the meridian lines of the human body and the universal energy grid (Pearl, 2002).

The theory behind the process states that the acupuncture meridian system of the human body is enhanced and reconnected with the "Axiatonal" lines (or grid system) of the universe, which facilitates an influx of energy, light and information. (Pearl, 2011)

Procedure

The procedure involves an attunement process that is performed only once in a lifetime by a facilitator who never physically touches the patient throughout the session (the healer's hands should remain about 30 centimeters from the patient). In his book, Dr Pearl (2003) explains that the patient should be preferably lying down on his/her back (although he also states that the healing will still work if a patient is not lying down) with patient positioned so that the facilitator can move around all sides of the bed or table.

The healing space should also be free of music, incense, scents or odors since these may induce distracting mental associations with the patient. A “white noise” producer is recommended, something which is a constant, soft sound, to help reduce external distractions in the room.

Since RH is described and undertaken as a distinct process with each individual, a session can last anywhere between 10 and 60 minutes.

Further specifics on procedure are not widely discussed in publications, presumably since the technique is taught in the workshops that Dr. Pearl offers.

Review

A recent study designed to register the changes that occur in people who receive RH involved the participation of two RH instructors and five volunteers (Korotkov, 2010). An Electroponic Imaging Camera (EPC) was used to detect energy emissions from the fingertips of volunteers, both before and after treatment. The results showed an increase in energy in all five people, three of which were significant changes. For this study and later studies, a detailed empirical explanation of the mechanism behind the EPC would help validate any results and conclusions.

In a later study, Korotkov (2011) studied RH with athletes to analyze potential effects on physical activity. A group of doctors, researchers, therapists and Olympic athletes in Russia were trained in the RH technique for six hours total over two days. Measurements (using an EPC) of each subject were taken before, during and after the experiment. Korotkov concluded that there was a significant increase of energy levels due to an average bio-energy field increase for each person of 22% or more. Ambiguity regarding the procedure (e.g. testing methodologies, controlling for confounding variables, etc.) advise caution to these otherwise promising results.

Another experiment also carried out with athletes yielded significant results. As part of a double blind protocol, Russian Olympians and world class athletes (N=40) were recruited to be measured before and after a RH session on a variety of outcomes including: pulse rate, heart rhythm, energy reserves, speed of recovery and blood parameters. Ten days following the administration of RH, measures compared to baseline showed an improvement in metabolic, immune, antitoxin and antioxidant activity in the body as well as cardiovascular function and a decrease in blood pressure (Korotkov, 2011).

Baldwin et al. (2013) examined the effects of RH in comparison to four other treatment conditions (PT, Reiki, Sham Healing, and no treatment) for patients with restricted shoulder

mobility. Measures included Range of Motion (ROM), self-reported pain, and heart rate variability, and were assessed prior to and after a 10-minute session. Baldwin reports that for ROM, RH was significantly more effective than the sham condition (which was no better than the no treatment condition) and PT. On the self-reported pain measure, none of the treatments were significantly more effective than the sham condition, which itself was significantly more effective than the no treatment control. No significant changes were found in HRV for any of the conditions. The authors suggest that RH and Reiki can be just as effective as PT in improving ROM for individuals with shoulder mobility issues. They do acknowledge that the results may apply only to evaluations that occur right after a 10 minute session. One limitation of this study is its short treatment period and no follow-up.

A study by Tiller (2009) examined how the thermodynamics and magnoelectric energy of a room changes during Reconnective Healing. Physical properties of a room were analyzed before, during and after the seminars on this type of healing were given. Using “proprietary and advanced equipment,” Tiller observed an increase in the excess free thermodynamics energy in the room. He interprets this shift as a decline in entropy due to RH.

In a series of studies with Reconnective Healers, Gary Schwartz (2007) observed significant correlations in the activity of the brain and the heart of patients and healers during RH sessions, as measured by EEG and EKG. For example, Schwartz reports that even when patients were unaware a healing was taking place, their brain states responded as if they were indeed aware of the healing intention.

References

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