
Healing Touch and Fertility: A Case Report

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ABSTRACT

Fertility and conception have been a concern through the ages. This case report documents the use of healing touch (HT), a noninvasive energy-field therapy, with the intent to facilitate conception and a healthy pregnancy. After 18 months of being unsuccessful in conceiving, a 40-year-old female sought HT to enhance the possibility of conceiving naturally. She had normal menstrual cycles, and both she and her husband had normal fertility tests. The client conceived after several months of HT therapy, which also included stimulating reflexology points on the ankle designed to affect the uterus and ovaries and encouraging positive affirmations. HT therapy continued throughout a trouble-free pregnancy and during birth. The client gave birth to a healthy baby boy without the use of pain-relieving medications. Perinatal educators and other health-care practitioners who work with women having difficulty conceiving or experiencing difficult pregnancies may wish to consider recommending the use of HT and/or other complementary therapies with the goal of fostering more positive reproductive outcomes.

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Keywords: complementary and alternative medicine (CAM), infertility, healing touch, childbirth


Since the beginning of time, humans have employed rituals, dances, folk medicine, trances, traditions, and various techniques performed by shamans and other healers or revered members of their culture in an effort to enhance their ability to conceive. Today, complementary or alternative therapy is often utilized for the same purpose. The following account is a case report of alternative therapy, principally healing touch, which was used with the intent to increase the possibility of conception and enhance a healthy pregnancy and a positive outcome.

COMPLEMENTARY AND ALTERNATIVE MEDICINE

Complementary and alternative medicine (CAM), as defined by the National Center for Complemen-

tary and Alternative Medicine, is a group of diverse medical and health-care systems, practices, and products that are not presently considered to be part of conventional medicine. Although some scientific evidence exists regarding a few CAM therapies, key questions about most CAM therapies are yet to be answered through well-designed scientific studies—questions such as whether CAM therapies are safe and whether they work for the diseases or medical conditions for which they are used. The list of what is considered to be CAM changes continually as CAM therapies that are proven to be safe and effective become adopted into conventional health care and as new approaches to health care emerge.

What may be considered CAM in one culture or country may be part of the traditional health system

 For more information on complementary and alternative medicine (CAM), log on to the Web site for the National Center for Complementary and Alternative Medicine (www.nccam.nih.gov/health). The site includes definitions, major areas of CAM, treatments and therapies, alerts, and advisories.

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in another. For example, ayurveda, which is considered CAM therapy in the United States, has been part of the health system in India for more than 5,000 years. CAM therapy is often used to foster wellness, enhance the results of traditional therapies, and improve the quality of life. According to the New York Online Access to Health (2005), among the many therapies considered CAM are acupuncture, chiropractic techniques, herbal medicines, aromatherapy, energy-based therapies (including healing touch), massage, homeopathy, and osteopathy.

A 1997 survey conducted in the United States indicated that 70% of people used some form of CAM therapy in their lifetime, with 42% using this type of therapy in the last year. That same year, Americans spent between \$36 billion to \$47 billion on CAM therapies. In 2002, the National Center for Health Statistics surveyed 31,044 noninstitutionalized adults in the United States and found that 62% were using some form of CAM (Barnes, Powell-Griner, McFann, & Nahin, 2004). The majority of conditions for which people seek these therapies in the United States are chronic conditions such as pain, anxiety, back problems, cancer, general wellness improvement, enhancement of the immune and endocrine systems, physical healing, and emotional distress. Women use these therapies more than men, and the main users are between 35 and 60 years old (Zollman & Vickers, 1999).

The therapy used in this account was an energy-based therapy known as *healing touch* (HT). It is relatively new among the biofield therapies that are designed to facilitate the healing process on all levels of one's being: mind, body, and spirit. HT is non-invasive and encompasses a group of techniques, using the hands to clear, energize, and balance the human and environmental energy fields. Its goal is to strengthen or restore the person's ability to self-heal (Hover-Kramer, 2002).


Many holistic healing techniques, including HT, are based on the premise that a "biofield" or "energy field" is found within and around the body. Practitioners of biofield therapy believe it is possible to identify irregularities or contractions in this electrical field. Accordingly, they believe that proper alignment can be restored through appropriate manipulation of


the field (National Institutes of Health [NIH] & National Center for Complementary and Alternative Medicine [NCCAM], 2005). The thinking is that, when the biofield is reconfigured, the forces that have disrupted the physical and emotional balance required for healthful living are released. Many types of CAM practitioners believe that manipulation of the biofield creates a pathway or portal through which intrinsic and extrinsic powers can be assisted to restore the body's holistic balance and ability to heal. In replicated studies, gamma radiation levels of clients have been demonstrated to decrease during CAM therapy sessions regardless of the practitioner's identity (NIH & NCCAM, 2005).


Janet Mentgen, the developer of HT, stated that she thought of HT as an umbrella of the work of many healers who use a variety of energy-based techniques. The program she developed, which is now used internationally, consists of a combination of many techniques that were first designed by other healers, including Mentgen. Since 1986, research supports the use of HT for accelerating wound healing, relieving pain, increasing relaxation, reducing anxiety and stress, preventing illness, easing the dying process, promoting spiritual development, and supporting medical procedures and treatment (Baldwin, 2002; Cook, Guerrerio, & Slater, 2004; Darbonne, 1997; Margolis, 2004; McAdams, 1996; Post-White et al., 2003; Protzman, 2002; Rexilius, Mundt, Megel, & Agrawal, 2002; Seskevich, Crater, Lane, & Krucof, 2004; Wardell & Weymouth, 2004; Wheeler-Robins, 1999). A review of research on the use of relaxation techniques to reduce stress for in-vitro fertilization clients supports the suggestion of improved conception rates (Eugster & Vingerhoets, 1999).

A CASE REPORT OF HEALING TOUCH

About six years ago, I established my HT practice and became a certified healing-touch practitioner after completing the five-course HT program. My clients range from ages 6 months to 90 years old. The problems they present cover a range of chronic ailments, cancer, emotional stress, pre- and post-op care, relationship problems, and general wellness concerns. Although I have used HT to balance the energy of women desiring a healthy pregnancy and a healthy baby, Lori Kaczmarek was the first woman who came to me for energy balancing to enhance the possibility of conception. She was 40 years old and reported that she was in good health. She had no chronic diseases, missed no work due to illness, maintained a normal body

 The Web site for New York Online Access to Health (www.noah-health.org/en/alternative) lists alternative healing approaches and provides additional resources on complementary and alternative medicine.

 To read about one practitioner's description of healing-touch techniques, log on to www.charlenefox.com/PowerHealingTouch.htm

 References for additional research on the use of healing touch can be found on-line at www.healingtouch.net

weight, ate relatively low-fat foods with a healthy diet, exercised regularly, did not take any medications, and did not have any physical issues that limited her daily activity. Her family life was well balanced between work and play, with a supportive social network. Lori was married at age 35 years and was on an oral contraceptive the first 15 months of marriage. Just three months after she discontinued the oral contraceptive with the intent to conceive, Tom, her spouse, was diagnosed with non-Hodgkin's lymphoma. Here are Lori's words describing her endeavors to conceive:

My husband, Tom, and I began actively trying to conceive a child when we were each the age of 38. Early in life, I promised myself that I would stay in good physical shape, so I have always been a regular exerciser and have observed a relatively healthy diet. As a result, I was at a normal weight and in good physical and psychological condition. However, I had never been pregnant before and knew the statistics about the low likelihood of conceiving at my age. Tom was a cancer survivor, having recently completed the experience of chemotherapies to combat non-Hodgkin's lymphoma and send him into remission. When he initiated treatment, we were advised that the chemotherapy often caused sterility in patients. Tom had sperm banked at a fertility clinic, as advised by the oncologist, prior to starting chemotherapy. We wanted to preserve the option of artificial insemination, if needed. We knew that certain cards were stacked against us, but we both felt that natural conception was still possible.

Tom's diagnosis was a life-changing event for me as well! Both of us were introduced to CAM and did a fair amount of reading in this area. Jeanette introduced us to HT. She worked with Tom throughout his treatments, and we all felt that the HT reduced the side effects that he experienced and contributed to his successful move into remission. The year of Tom's diagnosis was incredibly challenging and stressful, but I also learned during that time how to deal better with those stresses and the stresses I carry around in everyday life. Nine months after Tom was declared to be in remission, we discontinued any means of birth control and used natural family-planning methods to monitor fertility cycles. My menses were very regular at 28 days, and ovulation—as indicated by temperature elevation—occurred just about midcycle. After more than a year of unsuccessful attempts to conceive, we returned to the fertility clinic and were tested.

Tom's sperm count was normal, the same as the count at the time of sperm banking. I had a hysterosalpingogram, which was reported to show no physiological reason to cause infertility. We were given the diagnosis of "infertility of unknown origin."

After about 18 months of unsuccessful attempts to conceive a child and my reaching the age of 40, Tom and I began to discuss other options. We discussed the possibility of pursuing medical infertility treatments, but we both had strong preferences to conceive naturally. This is the time when Jeanette and I began discussing the idea of working together with HT to enhance the possibilities that I could conceive naturally. Having seen the positive influence of HT on Tom during his treatments, I was open to the possibilities.

Lori started having HT therapy in my home, once a month. The most frequent techniques used were chakra spread, chakra connection, and any energy-field clearing and balancing where her energy field was disrupted (Hover-Kramer, 2002). My selection of the techniques used in a HT session was determined by the prevailing pattern of Lori's energetic field. (See the Box for technique definitions.) The reflexology points on Lori's ankles, which are reported to affect the ovaries and uterus (Byers, 1991), were stimulated by massage as part of the HT sessions. Usually, Lori's energy field was centered and equal on both sides of her body. I attributed this healthy state of energy distribution partially to her practice of yoga and exercise. From the beginning of HT therapy, when Lori was close to ovulation time in her normal menstrual cycle, I sensed a higher density of energy over one of her ovaries. As the months went on, this became more distinctive, and I could usually predict from which ovary she would ovulate. It is feasible that the cumulative effect of the HT sessions increased the circulation to the ovaries and positively affected their functioning. Lori describes her perception of the sessions:

My experiences during the HT sessions were deep relaxation and a general calming influence over my whole body. In some cases, I would fall into a shallow sleep, but I would always leave the sessions feeling refreshed and re-energized.

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BOX**Descriptions of Healing-Touch Techniques Used in this Report**

Technique	Description	Intent
Chakra Spread	Slowly and gently move both hands outward from the center of a chakra and sequentially over each chakra.	Ease any critical life transition and produce deep relaxation.
Chakra Connection	Place hands over/on adjoining chakras and sequentially move hands to connect all chakras, two at a time.	Energize and balance the chakras by bringing the vibration to a higher frequency.
Energy-Field Clearing	Use successive hand passes through an area of the energy field that is congested or disrupted.	Clear congestion/disruption away/out of the energy field.
Full-Body Connection	Hold the feet, hands, and organs in a specific pattern.	Provide a full-body balance and connection to help restore balance and relieve congestion in the physical and energetic field.
Core Star Therapy	An interactive technique guiding the client in visualizing the movement of energy through the body and around the body.	Heal the wound/issue by reprogramming the energy pattern associated with it.
Modulation of Energy	Hold hands over/on an area to direct universal energy to that area.	Increase energy flow in that area of the biofield.
Pain Drain	Hold left hand on/over the affected area, with the right hand pointed downward to facilitate pain/discomfort moving away and dissipating into the universal energy field. Switch hand positions, with the right hand on the area and the left hand held palm upwards to fill the void with healing energy from the universal energy field.	Relieve pain and discomfort and fill the affected area with healing energy from the universal energy field.

Along with the HT techniques, I gave Lori some affirmations to say. I developed these affirmations from the suggestions of Louise Hay (1984). Some of them were “I rejoice in my femaleness,” “I love being a woman,” and “I love my body.” I encouraged Lori to write these affirmations on cards, post the cards in visible places around her house, and repeat the phrases frequently. Lori notes:

I carried these affirmations with me and repeated them throughout the day, often before or after a short meditation. I also engaged in regular prayer, seeking the healing that I needed to be open to conception or to the reality that I was not to conceive a child.

After nine months into the therapy, when conception had not yet occurred, we increased the frequency for HT to once a week. In addition to the other techniques, I performed a total body-energy therapy called the full-body connection (see the Box). This technique connects the energy of the major organs with the major chakras, intending to restore, balance, and relieve congestion in the physical and energetic field. I felt this would further relieve

any congestion or irregularities that may be present in the energy around Lori’s uterus and ovaries.

One year into therapy, I wondered about a possible emotional/bioenergetic blockage to full physiologic functioning of Lori’s ovaries. I was repeatedly reminded of the words of Caroline Myss (2001), “our biography becomes our biology” (p. 3), meaning one’s history impacts one’s biology. Grof (2004) states that everyone, just by experiencing embryonic development, birth, infancy, and childhood, has a variety of emotional and bioenergetic blockages in their energy field that interfere with full physiological and psychological functioning. I had read of an account where an HT practitioner had used core star therapy with persons having behavioral problems (Bulbrook, 1993). This therapy was in addition to traditional treatment and was credited with clients being able to more readily change their negative behaviors. Lori and I decided to do a core star therapy, in which the healer and the client co-participate in reprogramming the energy pattern associated with a probably unresolved, previous issue or incident that had negative effects on the client.

Thus, I asked Lori to think of any past issue(s) or incident(s) that had a negative effect on her and

might be interfering with her ability to conceive. I asked her not to identify the issue to me. On the day we decided to do the core star therapy, using my hands above her body, I first assessed Lori's energetic field in the present state and recorded the results. All of the major chakras were spinning in the positive direction and were balanced. Additionally, Lori's field was centered and grounded, and all seven levels of her energy field were positive and clear of disruptions. I then asked Lori to think of the issue of concern. Her energetic field changed immediately, as evidenced by closure of the solar plexus and the sacral and root charkas, loss of grounding, and disruptions in all seven levels of her energetic field. Thus, Lori's unstated issue(s) appeared to impact her energy biofield, which we could work to repattern. We proceeded to do the therapy by having Lori visualize light moving and surrounding her body in relation to my hands placed at levels of her energy field. At the end of the therapy, Lori's energy field felt to me to be grounded and clear of disruption, with all chakras spinning positively, even while she thought of the specific issue(s). We believed we had repatterned an energy contributing to previous blockages in her energy field that may have interfered with full physiological functioning of her ovaries. Lori describes the experience:

The primary issues that I brought to mind during the core star therapy were concerns that I was too old and set in my ways to adjust to the life of being a mom, that I had been on oral contraceptives for too long (a total of approximately 14 years of my young adulthood), and that I was worried about Tom's cancer recurring and leaving me with an unhealthy husband or as a single mom. I also had a fleeting childhood memory of writing my hypothetical epitaph and obituary where I projected into my future that I died during childbirth. These were the thoughts that I felt were my personal barriers to opening up my body to welcome conception; these were the matters from which I felt most freed in the next few months after the core star therapy.

My physical experience during the core star therapy was distinctly different from other experiences during HT. I felt palpable sensations of energy moving within and around my body. At times, I could not feel the table beneath me and felt suspended on a comfortable blanket of energized air. Psychologically, I experienced a general clearing of my mind, as I usually did during the sessions. Additionally, as

the next few weeks and months passed, I began to notice subtle changes in my psychology about conception. In the past, I had been unsure about whether I would bear a child and was always hedging to myself and trying to prepare to accept it if I did not ever carry a child. Suddenly, I felt a different sense of calm confidence, knowing in my heart that I was going to conceive and become a mother.

After two more months of weekly sessions, during HT therapy, I felt a distinct density of energy located not over Lori's left ovary, but slightly down from it. My intuition told me this was likely the ova in the fallopian tube. I told Lori this, and I suggested this would be an opportune time for conception. When my hands pick up on a sensation change in someone's energy field, I typically go back and focus on that area for confirmation. In this case, I asked for confirmation of what my hands told me; indeed, I felt a definite difference in the energy over the left, lower quadrant of Lori's abdomen. Lori describes her perception of the session:

Generally, I was not able to detect the differences that Jeanette identified over each of my ovaries at the time of ovulation. However, the strength of her convictions and the regularity of my cycle led me to believe that the timing was right, so I proceeded home and announced to Tom that we needed to "get busy" again that evening.

The next week, the energy assessment yielded a warm mass of energy just above Lori's pubic area. When I asked for confirmation of pregnancy, a "kick" of energy hit the palm of my hand. The pregnancy was subsequently confirmed by medical tests.

Lori received prenatal care from a midwife. Additionally, Lori and I continued weekly HT sessions for several months during early fetal development. We changed to monthly sessions until the eighth month of Lori's pregnancy, when we resumed weekly sessions as labor approached. At 6 months gestation, all HT sessions were performed with Lori lying on her left side. Predominantly, full biofield techniques were performed, including balancing the baby's energy field with the root and heart chakra of the mother. The energy field of the fetus was distinct and different from Lori's field. With each month, the baby's energy field expanded. It remained centered and balanced throughout pregnancy. During the HT sessions, the baby responded with gentle movements and calming behaviors. In

the second and third trimesters, the baby's field was modulated and cleared by hand passes. Healing-touch practitioners Solecki (1999) and Van Allen (1999) report assessing the energy field of the fetus and finding it different from the mother's energy field. They have treated the fetus' field using modulation of energy, hand passes to clear disruptions, and techniques to correct closed chakras. Lori describes her pregnancy:

I was blessed with a very healthy pregnancy, relatively void of negative symptoms. I did not experience any morning sickness or any pregnancy-related complications such as hypertension or gestational diabetes. I continued to exercise regularly, primarily swimming and walking. I participated in prenatal yoga and continued routine prayer and meditation. My energy level was strong throughout the pregnancy, so that I was able to continue full-time work until the day I went into the hospital to give birth. The sonograms we had during pregnancy confirmed Jeanette's assessment that our baby was growing well. Tom and I attended classes on the Bradley method, as I had determined that a natural childbirth would be the birth experience I would like to have, if possible. While we clearly did not know what to expect at birth, we learned later that the Bradley classes prepared us well for understanding the various stages of labor.

Lori went into labor a week before the medical practitioner's projected date. She had a supportive group with her during her labor and practiced the suggestions from the Bradley classes. The HT techniques used most during the labor were modulation of energy to the back sacral chakra, clearance of disruptions during uterine contractions by hand passes, and pain drain. The culmination was the successful birth of a healthy baby boy. Lori describes her birth experience:

My water began leaking in the middle of the night, but no labor ensued. About 10 hours later, my midwife confirmed that it was amniotic fluid leaking and admitted me for the birth. She immediately started me on pitocin since I had not begun to labor on my own and told me to prepare for a long labor since I was neither dilated nor effaced at all. I was disappointed with this start to the birth experience, as I feared that the pitocin would cause the labor to accelerate in a way that would not allow me to attempt an unmedi-

cated birth. However, I set about the work of labor, using active visualization techniques to assist in moving the baby along through the process. I had a great, supportive team with me: my husband and stepdaughter, Jeanette, and a doula in training. They worked with me through the night, and little Jack was born at 7:50 a.m., a healthy boy at 8 pounds, 8 ounces. It is impossible to describe the joy we all experienced when Jack joined us in this world and the pride on daddy's face when he looked at his newborn son.

As we enjoyed those first few hours of Jack's life, I did not realize that my birth experience was not quite over. The medical personnel were monitoring me closely, as I was continuing to bleed significantly. My mind raced back to the past, to the memory I had had from childhood that I would die of complications during childbirth. This was one of the key thoughts that Jeanette had helped to repattern when we had done the core star therapy immediately prior to my conception. I was acutely aware of the memory, but not fearful of it, as they wheeled me into surgery to perform a successful D&C to stop the bleeding. From that time on, I began to enjoy the precious gift of motherhood.

I am very grateful for the gift of healing touch that Jeanette shared with me during this whole experience. I am confident that her work helped me to prepare my mind and body to be able to conceive naturally, to have a pregnancy that was very healthy and happy, and to have a memorable, joy-filled birth experience.

CONCLUSION

The experience was not only joyful to the parents. From a practitioner's viewpoint, this was a tremendous experience in using healing-touch energy techniques to enhance reproductive health and participate in the miracle of life. In a one-person case report, one can never scientifically document the precise reason for such a success story. It is feasible that the success is attributable to time, to increased confidence and relaxation, or to HT and the re-patterning of Lori's energy fields. Certainly, in this case, use of the core star therapy was a turning point for Lori, helping free her from the real concerns/issues she mentions above. Additionally, a contributing factor was Tom's normal sperm count, even after his regimen of chemotherapy. The HT he received during his chemotherapy may have played a role in protecting the sperm count. Also, Lori experienced deep relaxation with each HT session. It is possible that the relaxation response increased

circulation to her organs and, thus, positively influenced the success of conception and a healthy pregnancy. However, in their work with clients having a difficult time conceiving or carrying through a pregnancy, childbirth educators and other health-care practitioners may think about suggesting the incorporation of energy-based therapy or other alternative therapy that produces relaxation and stress reduction. The relaxation response from HT or other CAM may well prevent women from becoming “panicked” about fertility. The story presented here suggests the possibility of a positive reproductive outcome related to CAM techniques. The results described here should be investigated in a well-designed study, including the use of qualitative research, to determine whether this happy outcome can be scientifically documented to be fostered by healing-touch therapy.

LORI'S POSTSCRIPT

Tom and I strongly preferred that Jack not be our only child together. Due to my age, we felt comfortable trying again for about a year to conceive a child and, if unsuccessful, would likely pursue adoption after that timeframe. Jack nursed for nearly nine months, and I returned to a regular menstrual cycle very soon thereafter. I also resumed regular HT sessions with Jeanette to restore and maintain an optimal physical and psychological environment for the possibility of conception. After a couple of months, Jeanette repeated the core star therapy with me to repattern my energy field relative to my postpartum experience of hemorrhaging. Shortly after Jack's first birthday, we were thrilled to suspect that I was pregnant and later receive confirmations of the pregnancy—first, from Jeanette during an HT session and, next, from a medical practitioner. Following another strong and healthy pregnancy, our son, Samuel, was born, weighing in at a very healthy 9 pounds, 5 ounces. Our only disappointment was that Samuel's arrival two weeks early prevented Jeanette from attending his birth, as she was enjoying an island vacation at the time.

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Additional On-Line Resources

Healing Touch International (www.healingtouch.net/hti.shtml) – Provides history of HT, curriculum, and research.

The Journal of Alternative and Complementary Medicine (www.liebertpub.com) – This bimonthly publication is the official journal of the Society for Acupuncture Research and includes observational and analytical reports on treatments outside the realm of allopathic medicine.

University of Maryland School of Medicine, Center for Integrative Medicine (www.compmed.umm.edu/Databases.html) – Offers two, regularly updated bibliographic databases: the Arthritis and Complementary Medicine Database and the Complementary and Alternative Medicine and Pain Database.

WholeHealthMD.com (www.wholehealthmd.com) – Provides information on healing centers and healing foods and offers expert opinions and a reference library.

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(Continued from p. 7)

The NIH panel members did not acknowledge or consider the results from one large and well-designed U.S. national study, “Listening to Mothers,” which found that less than 1% of mothers who had a first cesarean actually requested one. In an opinion piece published in *The Boston Globe* (March 31, 2006), Judy Norsigian—a U.S. Birth Practices Committee (USBPC) member and executive director of Our Bodies Ourselves—and Gene Declercq—a professor in Maternal and Child Health and the assistant dean for doctoral education at the Boston University School of Public Health—stated, “There is much we still don’t know about the impact of cesarean or vaginal birth on health outcomes. What is clear, however, is that the growth in cesareans—which includes mothers of all ages, races, and across all medical conditions—is the result of a complicated shift in professional practice. It is not primarily about mothers pressuring doctors for cesareans, as contemporary media coverage would have us believe.”

The USBPC is preparing a comprehensive response to the NIH-sponsored conference to address many of the controversial findings and conclusions of the panel members’ final report.

The draft statement of the NIH State-of-the-Science Conference Statement is posted on the Office of Medical Applications of Research Web site (<http://consensus.nih.gov>). Information on mother-friendly care can be accessed through the Web site of the Coalition for Improving Maternity Services (www.motherfriendly.org).

– Nicette Jukelevics and Deborah Woolley
CIMS Leadership Team and Co-Conveners, USBPC Members