

ORIGINAL ARTICLE

An Overview of Biofield Devices

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ABSTRACT

Advances in biophysics, biology, functional genomics, neuroscience, psychology, psychoneuroimmunology, and other fields suggest the existence of a subtle system of “biofield” interactions that organize biological processes from the subatomic, atomic, molecular, cellular, and organismic to the interpersonal and cosmic levels. Biofield interactions may bring about regulation of biochemical, cellular, and neurological processes through means related to electromagnetism, quantum fields, and perhaps other means of modulating biological activity and information flow. The biofield paradigm, in contrast to a reductionist, chemistry-centered viewpoint, emphasizes the informational content of biological processes; biofield interactions are thought to operate in part via low-energy or “subtle” processes such as weak, nonthermal electromagnetic fields (EMFs) or processes potentially related to consciousness and nonlocality. Biofield interactions may also operate through or be reflected in more well-understood informational processes found in electroencephalographic (EEG) and electrocardiographic (ECG) data. Recent advances have led to the development of a wide variety of therapeutic and diagnostic biofield devices, defined as physical instruments best understood from the viewpoint of a biofield paradigm. Here, we provide a broad overview of biofield devices, with emphasis on those devices for which solid, peer-reviewed evidence exists. A subset of these devices, such as EEG- and ECG-based heart rate variability, function via mechanisms that are well understood and are widely employed in clinical settings. Other devices, such as a gas discharge visualization and biophoton emission, appear to operate through incompletely understood mechanisms and have unclear clinical significance. Device modes of operation include EMF-light, EMF-heat, EMF-nonthermal, electrical current, vibration and sound, physical and mechanical, intentionality and non-locality, gas and plasma, and other (mode of operation not well-understood). Methodological issues in device

development and interfaces for future interdisciplinary research are discussed. Devices play prominent cultural and scientific roles in our society, and it is likely that device technologies will be one of the most influential access points for the furthering of biofield research and the dissemination of biofield concepts. This developing field of study presents new areas of research that have many important implications for both basic science and clinical medicine.

INTRODUCTION

Developments in several fields of research, including biophysics, biology, functional genomics, metabolomics, neuroscience, psychology, and psychoneuroimmunology have advanced our understanding of the interrelatedness of these disciplines from the level of basic biological processes to a dynamic systems or “biofield” level. These recent advances have also shown that emotional states, intention, stress, and other psychosocial factors can significantly affect biological function and health outcomes.¹⁻⁷ Molecular, cellular, and organismic function and regulation are thus interwoven with and can be influenced by emotion, cognition, and psychosocial factors, suggesting the existence of a “subtle”—ie, low-energy system of biofield—interactions connecting these activities.

Here, we define the term *biofield* as “an organizing principle for the dynamic information flow that regulates biological function and homeostasis.” Biofield interactions can organize spatiotemporal biological processes across hierarchical subtle and gross levels: from the subatomic, atomic, molecular, cellular, and organismic to the interpersonal and cosmic levels. As such, biofield interactions can influence and be influenced by a variety of biological pathways, including biochemical, cellular, and neurological processes related to electromagnetism, correlated quantum information flow, and perhaps other means for modulating activity and information flow across multiple levels of biology.

Biofield devices comprise physical instruments that may be most clearly understood from the viewpoint of a biofield paradigm, and a large and diverse number of devices have been developed to measure or manipulate biofield interactions. These include both diagnostic devices (to measure biofield properties) and therapeutic devices (to manipulate biofield interactions). The study of biofield devices is at a nascent stage of development, and much further research is needed to determine clinical efficacy and elucidate the underlying mechanisms of action for many of the devices mentioned here. Thus the purpose of this work is to provide an overview of those

devices that we judge to be promising enough to warrant further investigation rather than to provide a critical review. We believe a critical review is warranted but out of the scope of this paper.

The biofield devices summarized here operate through a variety of modalities rather than a single mechanism. Some biofield devices function through well-understood mechanisms and are already widely used in clinical settings: for example, electroencephalography (EEG)- and electrocardiography (ECG)-based heart rate variability (HRV). Other devices appear to operate through mechanisms that are novel or incompletely understood. However, all of these devices share a common property: rather than functioning primarily in a reductionist, chemistry-centered manner, biofield devices function via the informational content of biological processes and can interact via low-energy or “subtle” processes, including those potentially related to consciousness and nonlocality.^{8,9}

BIOFIELD DEVICES

Here we provide a brief overview of the broad categories of biofield devices, with the goal being to stimulate further discussion and research. It is out of the scope of this overview to assess the efficacy of particular devices. Rather, we describe those devices for which we deemed that sufficient evidence exists to warrant mention. In order to manage this task in a manuscript of reasonable length, we chose to focus upon devices for which peer-reviewed scientific reports suggesting efficacy are available rather than conference proceedings or manufacturers’ white papers. However, in the few cases that specific devices with sufficient promise and relevance lacked a peer-reviewed basis, we have presented whatever evidence was available. Here, devices are organized according to mode of operation and these modalities include: electromagnetic field (EMF)-light, EMF-heat, EMF-nonthermal, electrical current, vibration and sound, physical and mechanical, intentionality and nonlocality, gas and plasma, and other (mode of operation not well understood).

Modalities Using Electromagnetic Fields: Light

One line of research that has yielded a large amount of information on biofield activity is the study of biophoton emission (BE), also called ultraweak photon emission. BE is the spontaneous emission of light which emanates from all living organisms, including humans.¹⁰ Several studies have reported intercellular BE signaling,¹¹ and it has been suggested that such signaling by coherent biophotons could explain many regulatory functions,¹² including cellular orientation detection,¹³ biophoton-regulation of neurotransmitter release,¹⁴ leukocyte respiratory activity,¹⁵ and enhanced seed germination.¹⁶ A systematic review has suggested that detection of BE may be useful as a medical diagnostic approach and as a research tool.¹⁷

The body also exhibits sensitivity to exogenous light exposure, and numerous phototherapies use visi-

ble light to treat seasonal affective disorder,¹⁸ vitamin D deficiency,¹⁹ and a variety of skin conditions.²⁰⁻²⁴ Infrared light has been used therapeutically for wound²⁵ and bone²⁶ repair. Laser therapy (LT) is another form of phototherapy that is now employed for a wide variety of clinical applications.²⁷ Low-level laser therapy (LLLT), which acts without ablating tissue, has been extensively studied, producing a growing body of systematic reviews supporting efficacy of LLLT for several pathologies²⁷ including skeletal muscle repair,²⁸ tendinopathy,²⁹ rheumatoid arthritis,³⁰ osteoarthritis,³¹ neck pain,³² chronic joint disorders,³³ and traumatic brain injury.³⁴ Nonthermal LLLT appears to involve cytochrome c oxidase as the photoacceptor,³⁵ further elucidating one instance in which the informational content of subtle low-energy light-signaling may be more important than the physical energy of the input signal.

Modalities Using Electromagnetic Fields: Heat

Devices using infrared thermography (IRT), also called infrared thermal imaging, can detect small changes in temperature due to muscular and metabolic activity, subcutaneous blood flow, and patterns of perspiration in specific parts of the body.³⁶ Because of its high sensitivity, IRT can be used for a broad range of applications,³⁷ including assessment of fever, complex regional pain syndrome, Raynaud’s phenomenon, and cardiovascular disease. Although there is controversy regarding efficacy and clinical use, IRT has also been studied for the detection of temperature changes due to inflammatory diseases and a variety of other syndromes,³⁸ including breast cancer^{39,40} and vascular dysfunction.⁴¹ IRT can provide real-time clinical data on functional metabolism without the use of radioactive dyes to identify lymphatic congestion and lymph involvement in angiogenesis related to malignancies.⁴² Other applications of IRT have been useful in relation to angiology, allergology, rheumatology, plastic surgery,⁴³ dermatology, orthopedics, diagnosis of circulatory abnormalities,⁴⁴ and veterinary medicine.³⁷ With respect to biofield and mind-body studies, IRT can be used as a tool to assess psychophysiological activity,⁴⁵ affective states in social situations,^{36,45} and diagnostic techniques related to traditional Chinese medicine (TCM).⁴⁶ IRT may be viewed as both a subtle and gross measuring device.

Modalities Using Electromagnetic Fields: Nonthermal

EMF interactions and electric currents, primarily created by ions within the body, are essential for a variety of critical biological functions, including regulation of ion transport, maintenance of membrane electrical potential, nervous system activity, cytoskeletal transport, coordination of cell migration, embryonic development, and wound healing.^{47,48} Recent studies have also shown that processes regulating the dynamics of mitosis, meiosis, and a variety of other processes are governed by electric fields generated within the intracellular network of microtubules, centrosomes, chromosomes,⁴⁸⁻⁵⁰ and nuclear chromatin.⁵¹ Also, EMF

signaling in neuronal microtubules has been suggested as a substrate for cognition⁵⁰ and as a source of observed EEG correlates of consciousness,⁵² suggesting the existence of a system of subtle signaling that relies on rhythm, resonance, and synchronization.^{53,54}

In addition to these endogenous EMF interactions, biological systems appear to exhibit sensitivity to exogenous EMF exposures for most of the frequencies, field strengths, and amplitudes occurring in natural and man-made environments.^{46,47} These observations have led to the development of a large number of therapeutic applications and clearance from the US Food and Drug Administration (FDA) and regulatory bodies worldwide for EMF treatment of pathologies such as bone repair, pain, and edema.⁵⁵

Of particular relevance to biofield science, a large and rapidly growing body of data has demonstrated the existence of nonthermal EMF bioeffects, for which the molecular interaction energies are less than the average thermal energy of the target.⁵⁶ The existence of these extremely weak EMF effects suggests the possibility of bioinformation flow at extremely low energies and could foreshadow a paradigm shift away from the biochemical paradigm and towards an information-oriented model, wherein weak signaling (via EMF, light, or vibration) plays an essential role in biological regulation.

Pulsed electromagnetic field (PEMF) devices are the most common types of EMF therapy devices.⁵⁷ PEMF devices employ pulsed—ie, time-varying—waveforms that are generally transmitted to the body via antennae near the target tissue. Because of the extremely large body of literature on PEMF therapies, here we shall consider only those pathologies for which sufficient numbers of clinical studies have permitted literature reviews.

Treatment of nonunion bone fractures is one of the most widely adopted PEMF therapies cleared by the FDA.⁵⁸ Other PEMF devices have been cleared by the FDA for pain and inflammation.⁵⁹ PEMF treatment for osteoarthritis has been extensively studied, producing statistically significant results, but recent reviews have suggested that further research is needed to assess the clinical relevance of these findings.⁶⁰⁻⁶⁵ PEMF “resonance” or “bioresonance” devices are designed to function via resonances at frequencies characteristic of EEG, ECG, or other endogenous EMF processes. Although the conceptual basis for bioresonance is unclear and efficacy has not been definitively demonstrated, bioeffects have been reported for some PEMF resonance devices.⁶⁶⁻⁶⁸

Transcranial magnetic stimulation (TMS) is a form of pulsed magnetic field therapy that uses a rapidly changing magnetic field to induce electric fields strong enough to stimulate cortical neurons and alter neuronal activity.⁶⁹ While TMS was initially used as an investigative tool in cognitive neuroscience,⁷⁰ further inquiry has led to its clinical use as an FDA-cleared treatment for treatment-resistant depression.⁷¹⁻⁷⁴ Now widely accepted as a noninvasive, low-cost method for brain stimulation, TMS has been reported to produce benefits for a wide variety of psychiatric conditions like depression,

acute mania, bipolar disorders, panic, hallucinations, obsessions/compulsions, schizophrenia, catatonia, posttraumatic stress disorder, and drug craving.⁷⁵ TMS has also been studied as a treatment for neurological conditions such as Parkinson’s disease, dystonia, tics, stuttering, tinnitus, spasticity, epilepsy, stroke-related aphasia, and motor dysfunction and pain syndromes such as neuropathic pain, visceral pain, or migraine.⁷⁵ Several clinical studies are underway to evaluate the clinical utility of TMS for these indications,^{69,75-77} and a recent review has set forth evidence-based guidelines for TMS therapy, and listed specific conditions for which current evidence is sufficient or insufficient to recommend treatment.⁷⁸

Static Magnetic Field Therapies

A wide variety of health claims have been made for static magnetic field (SMF) therapies, and a large number of manufacturers currently sell magnets intended for therapeutic purposes.^{79,80} Most SMF therapies use ceramic or neodymium permanent magnets placed on the skin surface or very near to the body. Although the quality of published research varies greatly, blinded *in vivo* studies have reported a variety of clinical benefits for SMF exposures, including improvements related to postsuction lipectomy edema and pain⁸¹; fibromyalgia pain and sleep disorders^{82,83}; chronic pelvic pain⁸⁴; pain, numbness, and tingling due to diabetic peripheral neuropathy⁸⁵; postpolio pain⁸⁶; and musculoskeletal pain.⁸⁷ Other trials reported both positive short-term and negative long-term results on osteoarthritis knee pain⁸⁸ and no effect on foot^{89,90} and chronic back pain⁹¹ (although the latter 2 trials employed magnets in bipolar configuration, resulting in lower amplitude inside the target as compared to unipolar configuration). Reviews have produced ambivalent conclusions for analgesia⁹² and microcirculation⁹³ and have reported that more research is needed to determine clinical efficacy for bone, tendon, and skin healing.⁹⁴

Modalities Using Electric Currents, Voltages, or Potentials

All living organisms produce electric currents and potentials. This endogenous bioelectricity is a crucial component of biology, as it serves as a substrate for membrane potential, all nervous system activity, and many other vital biological processes.^{47,48} Pivotal advances in medicine have resulted from the ability to measure and manipulate bioelectricity,⁹⁵ and here we provide examples of devices that measure or manipulate bioelectricity and have been employed for research in biofield science. Even though their underlying mechanisms are understood well, EEG and ECG are included as biofield devices. These approaches are sensitive measures of distributed information flow required for cellular regulation and function and though well understood in terms of biophysical substrates, represent important examples of biofield interactions according

to the above definition.

EEG is a noninvasive technique that uses electrodes on the scalp to produce quantitative information about the functional state of the brain. The frequencies present in EEG data are indicative of particular brain states and brain function on a cellular level. EEG is used to identify epileptic seizure activity and has been employed as a research tool to measure changes in brain state related to biofield therapies.⁹⁶

ECG, using skin surface electrodes in a manner similar in principle to EEG, is a diagnostic tool for detecting the electrical activity of the heart. ECG is sometimes used for the diagnosis of heart-related conditions, including myocardial infarction, syncope, and pulmonary embolism.⁹⁷ ECG data can also be used to measure changes in HRV⁹⁸⁻¹⁰² that have been linked to a variety of biofield practices, though further studies are needed.¹⁰³⁻¹⁰⁵

Electrodermal activity measured by skin conductance and galvanic skin response (GSR) reflects autonomic sympathetic arousal associated with emotional and cognitive states.¹⁰⁶ GSR measurements are also employed by several devices claiming diagnostic abilities, but the veracity of these claims has not been clearly demonstrated. Also, the use of GSR for diagnosis is controversial: while the FDA classifies GSR measurement as a Class II medical device to be used only for the measurement of skin conductance and permitted for use in biofeedback,¹⁰⁷ a number of manufacturers of devices intended for a broader range of diagnoses via GSR have obtained FDA labeling under this more narrow designation. Another device employing electrodermal measurement is the apparatus for meridian identification (AMI), which measures electrical characteristics of the skin at acupuncture points located at the base of fingers and toes called Jing-Well points.¹⁰⁸ Based on the theory that the “energy” or “strength” of the acupuncture meridians (or energy channels) is reflected by electrodermal characteristics, conductance, capacitance, and polarization, measurements from Jing-Well points are analyzed in order to diagnose a variety of pathologies, as well as to assess overall wellbeing.¹⁰⁹ In a controlled study of claustrophobia therapy, increase in AMI-measured pre-polarization current at Jing-Well points correlated with a significant reduction in anxiety.¹¹⁰ Similarly, statistically significant differences between electric potential measurements obtained on and off acupoints and between external focus and healing states have been reported in “energy healing” practitioners.¹¹¹

In addition to these diagnostic uses of bioelectricity, electrical stimulation is rapidly emerging as an important new domain in medicine. Stimulation technologies, such as vagus nerve stimulation (VNS), deep brain stimulation (DBS), and transcranial direct current stimulation (tDCS), are currently practiced clinically and are under investigation for several new indications, in particular for diseases and conditions that are unresponsive to pharmacological therapy.

VNS, which entails the use of implanted elec-

trodes to stimulate the vagus nerve, is currently approved in the United States for treatment of epilepsy and depression and is being actively studied as treatment for osteoarthritis, tinnitus, anxiety, Alzheimer’s disease, migraine, fibromyalgia, obesity, autism, sepsis, and inflammatory pathologies.^{112,113} DBS involves the use of implanted electrodes to stimulate targeted regions of the brain.¹¹⁴ DBS has been studied as a treatment for chronic pain, major depression, and Tourette syndrome¹¹⁵ and is currently FDA-cleared for the treatment of tremor, Parkinson’s disease, dystonia, and obsessive-compulsive disorder. It is also under consideration as a diagnostic/research tool.¹¹⁵ During tDCS, electrodes are placed upon the scalp to noninvasively transmit electrical current across the brain. Research on tDCS is emerging and preliminary results suggest it may enhance cognitive performance.¹¹⁶

Earthing, also known as grounding, is a practice whereby individuals connect themselves electrostatically to the earth by walking barefoot outdoors or by using grounded conductive mats, bedsheets, or body bands when indoors. Based upon the notion that the earth’s negative surface charge is a virtually limitless reservoir of free electrons constantly replenished by the global atmospheric electric circuit,^{117,118} when earthed, the body uses these electrons as antioxidants for neutralizing excessive oxidative stress in the body.^{119,120} Research published over the last decade reports a broad array of health-related results, including improved sleep, decreased pain, normalizing effect on cortisol, reduction and/or normalization of stress, diminished damage to muscles caused by delayed onset muscle soreness, reduction of primary indicators of osteoporosis, improved glucose regulation, and enhanced immune function.¹²¹ While this simple technique holds promise as a therapy and method for enhancing overall wellbeing, more research is needed to determine the mechanisms and clinical significance of earthing.

Taken as a whole, these electric current technologies, which alleviate symptoms by delivering electrical current into a system that is experiencing dysfunction, produce systems-level effects and could be viewed as cutting-edge examples of biofield diagnostic and therapeutic devices. While still in the nascent stages of refinement and elucidation of mechanisms of action, the potential positive clinical impact of this class of devices is significant and likely to shed light upon several interrelated areas of biofield science.

Modalities Using Vibration/Sound

A number of devices use sound, both within and outside of the audible range for humans. Infrasound is low-frequency sound with frequencies below 20 Hz, which is the limit of “normal” human hearing. Infrasound has been reported to be effective for increasing vitality, accelerating healing, and strengthening immune function.¹²²

Transcranial ultrasound (TUS) is a noninvasive neuromodulatory technique that may be useful for the

treatment of mental health and neurological disorders.^{123,124} While further work is needed to demonstrate the range of clinical applications,^{125,126} recent clinical studies have reported improvement in mood in chronic pain patients, suggesting promise for TUS as a noninvasive treatment for pain management and perhaps depression.¹²⁷

Several therapies using audible sound have been developed that could be considered biofield devices. Music therapy, the clinical and evidence-based use of musical sounds to meet therapeutic goals, has been shown to promote wellness, manage stress, alleviate pain, enhance emotional expression and memory, improve communication, and promote physical rehabilitation.¹²⁸ Neuroacoustic therapies use sound to modulate brain activity and are reported to affect sympathetic-parasympathetic balance and synchronize the activity of the right and left brain hemispheres.¹²⁹ Binaural beat neuroacoustic therapies employ combined tones of slightly differing frequencies and left–right channels, which are reported to induce altered states of consciousness,¹³⁰ modulate EEG activity and hypnotic susceptibility,¹³¹ and affect vigilance and mood.¹³²

Modalities Based Upon Mechanical/Physical Interactions

TCM uses acupuncture as a technique for balancing the flow of a vital energy called *qi*, believed to move through the body's meridians.¹³³ TCM posits that disruption of energy flow is a root cause of many types of disease¹³⁴ and that one means to harmonize the flow of *qi* is to insert thin metal needles into particular acupuncture points on the skin, often followed by stimulation of the needles mechanically or electrically.¹³⁵ Acupuncture is commonly used to treat many symptoms and diseases, including chronic pain, osteoarthritis, side effects of chemotherapy, and fibromyalgia.^{136–139} Although the anatomical nature of these meridians is unclear, it has been suggested that thread-like, nonlymphatic subcellular structures sometimes called Bonghan ducts or primo vascular structures may play a role^{140,141}; several theories for mechanisms of action have been put forth, including local inflammatory responses, cytoskeletal remodeling, release of adenosine (antinociceptive effects), neuromodulation, endogenous opioid production, and alteration of autonomic nervous system tone.^{142–145}

Modalities Based Upon Human Intention

A large and growing research literature has considered the role of human consciousness and intention in biology, psychology, and the physical sciences.^{8,9} These human intentionality effects have been reported in a variety of living systems—for example EEG¹⁴⁶ and galvanic skin response¹⁴⁷—suggesting that human intention may play a key role in biofield interactions.

Two large-scale projects are currently collecting data on human interactions with global events: (1) the Global Consciousness Project is collecting data on cor-

relations between statistics of continuously operating random event generators around the world and brief episodes of widespread mental and emotional reaction to major world events,¹⁴⁸ and (2) the Global Coherence Initiative is seeking to examine interactions of humans with EMFs of terrestrial, solar, and cosmic origin by installing a global network of 12 to 14 ultrasensitive magnetic field detectors around the planet and correlating EMF data with variables such as HRV.¹⁴⁹ While these global projects involve large numbers of participants around the world, the intention host device (IHD) is another type of device methodology based upon human intention focused more individually.¹⁵⁰ The IHD has been reported to broadcast imprinted human intention to condition a laboratory environment and to produce alterations in time-series measurements of temperature, pH, drosophila fitness and energy metabolism, in vitro enzyme activity, and molecular concentration variability.^{150,151}

Modalities Using Gas or Plasma

Gas discharge visualization (GDV) is an important example of the use of plasma in biofield science. Based on the Kirlian effect, a high-frequency, high-voltage field is used to stimulate weak photon emission, followed by the application of modern optics, electronics, and computer processing to form images of the weak photon emission. Dating back to the 1930s,¹⁵² this technique has been called electrography,¹⁵³ electrophotography,¹⁵⁴ corona discharge photography,¹⁵⁵ bioelectrography,¹⁵² GDV,¹⁵⁶ electrophotonic imaging (EPI),¹⁵⁷ and Kirlianography.¹⁵² GDV/EPI techniques are currently used diagnostically based upon the characteristics of images of the fingertips¹⁵⁸ and often with proprietary means of correlating these data with acupuncture systems or other means of assessing the biological state.¹⁵⁹ Nearly 1000 papers have been published (mostly in Russian) on GDV research and a few hundred more in the West. A recent review of GDV research applied to medicine and psychology can be found in the book *Electrophotonic Applications in Medicine: GDV Bioelectrography*.¹⁶⁰ One study reported significant differences in cancer patient GDV scans when compared with healthy participants, and after 6 weeks of treatment including surgery, chemotherapy, and radiation, a change trending toward healthy subject GDV profiles.¹⁶¹ These intriguing data suggest that informatics based upon biofield measurement devices such as the GDV may be useful for gaining deeper understanding of disease states and guiding practitioners and their patients towards states of greater wellness.

Other Device Modalities

In light of observations of nonlocal effects,^{8,9} which suggest that biofield interactions may involve means of information transfer that cannot be easily described via well-understood substrates (eg, EMFs), here we describe devices that do not fit easily into the categories listed above. Although a vast number of

other devices fall into this category, here we list 3 of the more well-known modalities: torsion fields, orgone energy, and scalar waves. These 3 modalities were chosen because of their prominent positions amongst devices purported to act upon the biofield. However, it should be noted that the biophysical substrates are either poorly understood or not generally accepted by the scientific community. Claims of effects and efficacy for these modalities have not been verified, and further research is needed to establish not only the veracity of the claims but also to fully confirm the existence of the specific effects reported.

Torsion Fields

The notion of a torsion field is generally credited to the Russian professor N.P. Myshkin¹⁶² and is based upon the theory that particles with spin are coupled via torsion fields.¹⁶² A collection of relevant experiments is reviewed in a volume by Swanson.¹⁶³ Torsion fields are of interest to biofield science in that they could provide a theoretical framework for explaining non-EMF interactions and how these might interact with biological systems.

Orgone Energy

Orgone energy is a purported universal life force originally described in the 1930s by the Austrian psychoanalyst Wilhelm Reich.¹⁶⁴⁻¹⁶⁶ Reich believed orgone energy to be a massless, omnipresent substance, closely associated with living energy but also present in inert matter. Orgone energy was thought to create organization on all scales using orgone particles called “bions,” from the microscopic to macroscopic levels within organisms, clouds, or even galaxies.¹⁶⁵ Reich designed and built special “orgone energy accumulators” to collect and store orgone energy from the environment and claimed these devices could be used for improvement of general health.¹⁶⁴

Scalar Waves

Scalar waves are said to be produced when 2 electromagnetic waves of the same frequency are exactly out of phase and cancel with each other.¹⁶⁷ Rather than the waves completely disappearing in the destructive interference, it is hypothesized that a transformation of energy into a scalar wave occurs, with the resulting scalar field “reverting back” to a vacuum state of potentiality.¹⁶⁷ Scalar waves are purported to explain homeopathy and lymphatic detoxification; treat diabetes, nearsightedness, kidney stones, Parkinson’s disease, strokes, arthritis, and cancer; and reverse the aging process.¹⁶⁸

DISCUSSION

Although the biofield devices described here operate through a great diversity of mechanisms, these devices all share the common quality of being most clearly understood within a biofield framework, wherein information flow or the capacity to create organiza-

tion acts across hierarchical levels to coordinate biological activity. Elements of this framework are already well accepted by the biomedical community and have been applied through several device modalities, including ECG, EEG, other electrophysiological techniques, some EMF therapies, ultrasound, thermal imaging, and techniques using light like LT. Extraordinary medical and scientific progress has occurred as a result of these modalities and the elucidation of their underlying principles. Further progress is likely to be informed by the recent demonstration of endogenous EMF regulation of a variety of biological processes and indications of quantum information processing in the cytoskeleton.^{48-52,54,169} These recent results suggest a biophysical basis for biofield coordination of activities across the molecular, cellular, and organismic levels⁵³ and may provide testable hypotheses regarding biofield regulation of homeodynamics and mind-body interactions.

In contrast to this growing knowledge of biofield mechanisms, several biofield modalities appear to operate according to principles that are not currently well understood or accepted by mainstream medical science. Further study of those modalities for which there is strong experimental evidence—eg, BE, consciousness and nonlocal interactions, GDV, TCM—may substantially advance our understanding of biofield interactions and their biological and health implications.⁵⁷ The growing basic science data and existence of devices operating via consciousness or intention,^{8,9} which may act through nonlocal quantum correlations, must be taken seriously. Despite long-lasting taboos proscribing study of these phenomena, researchers must have the courage and self-awareness necessary to assess the veracity, specific properties, and general significance of the large and important body of research in this area.

The large diversity of biofield device modalities presents several significant methodological issues not limited to the fact that biofield interactions appear to involve exceedingly complex systems. Attempts to reduce biofield interactions to reductionist substrates may be inadequate, underscoring the need for a more holistic “systems biology” approach.¹⁷⁰ Significantly, several of the modalities described here, such as BEs and extremely weak EMFs, operate at extremely low interaction energies, often below the apparent thermal threshold of Brownian motion.⁵⁶ Such low energies suggest the existence of weak-field information transfer or subtle signaling, for which the biological mechanisms are only now becoming elucidated. While the existence of extremely weak EMF effects is now beyond dispute,⁵⁶ understanding of the clinical relevance of specific nonthermal waveforms is still in its infancy, and a more comprehensive model of the resonant response of the body to particular weak EMF signaling is still needed. Furthermore, the significance of these EMF effects is unclear when juxtaposed with the variety of EMFs that many individuals are exposed to in the course of everyday life.

In order to determine which biological processes exhibit functional sensitivities to these subtle factors, researchers will have to carefully control for the influence of very weak EMFs and other low-energy subtle influences. Therein, specialized equipment and laboratories will be required, including the use of Faraday cages, μ -metal enclosures, completely dark rooms, noise-proofing, and the development of instruments sensitive enough to measure biofield interactions or subtle low-energy nonthermal influences. Nearly all cell culture incubators produce a nonuniform EMF of bioactive strength, which must be taken into consideration.⁵⁶ Controlling for picotesla-nanotesla range sensitivities⁵⁷ presents further challenges, as shielding at these extremely low field strengths may be difficult or impossible in some situations. In the absence of a means to control for all potential subtle effectors, it may, in some instances, be necessary to adopt a new paradigm of research wherein naturally occurring EMF fluctuations due to solar/geomagnetic and other sources are an integral part of the experimental environment and are therein measured and accounted for in analyses. Similarly, circadian and other naturally occurring biological rhythms may influence very sensitive systems. These factors may be precursors of a shift towards an information-based model of low-energy interactions, wherein the informational content of a process may be much more relevant than the apparent energy of interaction.

Interfaces for Future Research

Biofield studies are now evolving toward being an accepted discipline within mainstream science, and the existence of a community or several related groups focused on biofield research will greatly enhance the visibility and credibility of the field as a whole. To further the development of knowledge in the next decade, we propose the creation of an organization or community of researchers dedicated to furthering biofield studies and device development. Regular opportunities for interaction and critical assessment of progress and results will enhance the growth of knowledge related to this emerging field. A collaborative community will also enable the independent replication of key findings. This will be critical for achieving acceptance by the scientific community at large.

Another important goal will be to acquire funding for independent replications or concurrent experimental protocols in separate laboratories. Private sources of funding are necessary to perform research today, and this often results in conflicts of interest. For example, device manufacturers provide a substantial portion of the funding for research in EMF therapeutics. Research in this emerging and sometimes controversial field, which is moving toward advances in science, illustrates how such conflicts of interest could significantly hinder acceptance by the mainstream scientific community. Efforts could be made to form collaborations amongst device manufacturers to replicate findings and make distinctions between similar devices. Although this may appear to run contrary to the short-

term goals of individual companies, the long-term benefits may be substantial.

In order to further the progress of biofield research and device development, research must be coordinated across several levels. Further developments of diagnostic and therapeutic biofield device technologies will require interdisciplinary research joining clinical and preclinical studies with basic science efforts in physiology, biophysics, and the development of a theory of mind and nonlocal consciousness in the following areas.

Basic Science Foundations: Physiology, Biophysics and Theory of Mind/Consciousness

Interfaces among these 3 fields are crucial for the development and refinement of biofield device technologies. A better understanding of the physiology of biofield interactions (ie, biofield reception, generation, and function) will require interfaces with biophysics and new models for subtle biological influences such as extremely weak EMF effects or biophotonics. A more comprehensive theory of mind is required to understand nonlocal interactions and to further understand the biophysical bases for these effects. At this stage, models based upon quantum correlations appear promising,^{54,169} but testable hypotheses are needed in order to develop a more detailed functional framework. Development of the interfaces between physiology, biophysics, and a testable nonlocal theory of the role of the mind will elucidate the specific ways in which devices can be developed for detection and manipulation of biofield interactions.

Preclinical Research

Cell culture and animal models provide an essential interface for testing and implementation phases of device development. A large body of previous data has already been valuable for steering the device research described here.

Clinical Research

Many of the devices reviewed here hold significant promise as low-cost, personalized diagnostic and therapeutic approaches. As such, rigorously designed clinical studies are a high priority for moving biofield device research and development forward. This will require interfaces among clinical, preclinical, and basic science researchers in order to assess the unique translational and methodological questions discussed above.

Cross-platform Validation

An immediate goal will be to support the creation of laboratories that can design and carry out studies to test across multiple devices using gold-standard diagnostic and therapeutic medical approaches as comparators. The outcomes of these crossplatform validation studies could lead to the further development and implementation of noninvasive diagnostic medical assessments and therapeutic devices that are related to biofield science.

CONCLUSIONS

The current existence of biofield devices is a demonstration of the clear, specific, and tangible knowledge that has been gained thus far in biofield science. Devices play prominent cultural and scientific roles in our society, and it is likely that device technologies will be one of the most influential access points for the furthering of biofield research and the dissemination of biofield concepts. Comprehensive study of biofield devices will require a concerted research effort, interdisciplinary collaborations, and sufficient funding. Systematic studies are needed to deepen our understanding of the nature of biofield interactions and to move biofield device development and experimentation forward. This developing field of study presents new areas of research that have many important implications for basic science, clinical medicine, and potentially, the forward progress and evolution of our species. The ever-growing understanding of biofield science holds promise to foster a more humane and personalized form of medicine and an expansion of our scientific viewpoint to include the importance of each individual's interconnectedness with communities, the immediate environment, the earth, and the cosmos.

REFERENCES

- Rossi EL. Psychosocial genomics: gene expression, neurogenesis, and human experience in mind-body medicine. *Adv Mind Body Med.* 2002;18(2):22-30.
- McCarty R, Atkinson M, Tomasino D, Bradley RT. The coherent heart: heart-brain interactions, psychophysiological coherence, and the emergence of system-wide order. *Integr Rev.* 2009;5(2):10-114.
- Jonas WB, Eisenberg D, Hufford D, Crawford C. The evolution of complementary and alternative medicine (CAM) in the USA over the last 20 years. *Forsch Komplementmed.* 2013;20(1):65-72.
- Morgan N, Irwin MR, Chung M, Wang C. The effects of mind-body therapies on the immune system: meta-analysis. *PLoS One.* 2014;9(7):e100903.
- Simkin DR, Black NB. Meditation and mindfulness in clinical practice. *Child Adolesc Psychiatr Clin N Am.* 2014;23(3):487-534.
- Innes KE, Selfe TK. Meditation as a therapeutic intervention for adults at risk for Alzheimer's disease—potential benefits and underlying mechanisms. *Front Psychiatry.* 2014 Apr 23;5:40.
- Lee C, Crawford C, Teo L, et al. An analysis of the various chronic pain conditions captured in a systematic review of active self-care complementary and integrative medicine therapies for the management of chronic pain symptoms. *Pain Med.* 2014;15 Suppl 1:S96-103.
- Hankey A. The influence of psychic phenomena: a new light on health. *J Altern Complement Med.* 2007;13(8):787-8.
- Radin D, Nelson R. Meta-analysis of mind-matter interaction experiments: 1959-2000. *laEM healing.* London: Harcourt Health Sciences; 2003:39-48.
- Popp FA, Nagl W, Li KH, Scholz W, Weingärtner O, Wolf R. Biophoton emission. New evidence for coherence and DNA as source. *Cell Biophys.* 1984;6(1):33-52.
- Vanwijk R. Bio-photons and bio-communication. *J Sci Explor.* 2001;15(2):183-97.
- Popp FA, Chang JJ. The physical background and the informational character of biophoton emission. In: Chang JJ, Fisch J, Popp FA, Editors. *Biophotons.* Dordrecht, The Netherlands: Kluwer; 1998:238-50.
- Albrecht-Buehler G. Rudimentary form of cellular "vision". *Proc Natl Acad Sci U S A.* 1992;89(17):8288-92.
- Galantsev VP, Kovalenko SG, Moltchanov AA, Prutskov VI. Lipid peroxidation, low-level chemiluminescence and regulation of secretion in the mammary gland. *Experientia.* 1993;49(10):870-5.
- Shen X, Bei L, Hu TH, Aryal B. The possible role played by biophotons in the long-range interaction between neutrophil leukocytes. In: Belousov LV, Voeikov VI, VanWijk R, Editors. *Biophotonics and coherent systems in biology.* Moscow: Moscow University Press; 2000:336-46.
- Kuzin AM, Surkenova GM. Secondary biogenic irradiation of plant structures after gamma-irradiation at low dose. In: Belousov LV, Editor. *Biophotonics.* Moscow: Bioinform Services; 1995:257-65.
- Ives JA, van Wijk EP, Bat N, et al. Ultraweak photon emission as a non-invasive health assessment: a systematic review. *PLoS One.* 2014;9(2):e87401.
- Terman JS, Terman M, Lo ES, Cooper TB. Circadian time of morning light administration and therapeutic response in winter depression. *Arch Gen Psychiatry.* 2001;58(1):69-75.
- Wacker M, Holick MF. Vitamin D—effects on skeletal and extraskelatal health and the need for supplementation. *Nutrients.* 2013;5(1):11-48.
- Diffey BL. Ultraviolet radiation physics and the skin. *Phys Med Biol.* 1980;25(3):405-26.
- Hamilton FL, Car J, Lyons C, Car M, Layton A, Majeed A. Laser and other light therapies for the treatment of acne vulgaris: systematic review. *Br J Dermatol.* 2009;160(6):1273-85.
- American Cancer Society. Light therapy. 2011; <http://www.cancer.org/treatment/treatmentsandsideeffects/complementaryandalternativemedicine/manualhealingandphysicaltouch/light-therapy%5D>. [Accessed 14 August, 2014] [Author: This link doesn't connect to light therapy information.]
- Adauwiyah J, Suraiya HH. A retrospective study of narrowband-UVB phototherapy for treatment of vitiligo in Malaysian patients. *Med J Malaysia.* 2010;65(4):297-9.
- Titus S, Hodge J. Diagnosis and treatment of acne. *Am Fam Physician.* 2012;86(8):734-40.
- Toyokawa H, Matsui Y, Uhara J, et al. Promotive effects of far-infrared ray on full-thickness skin wound healing in rats. *Exp Biol Med (Maywood).* 2003;228(6):724-9.
- Azril MA, Shaifuzain AR, Halim AY, Iskandar MA, Shukrimi A, Imran Y. Effect of far infrared radiation on bone healing—study in rabbits. *Malaysian J Med Sci.* 2006;13(Suppl):87.
- Chung H, Dai T, Sharma SK, Huang YY, Carroll JD, Hamblin MR. The nuts and bolts of low-level laser (light) therapy. *Ann Biomed Eng.* 2012;40(2):516-33.
- Alves AN, Fernandes KP, Deana AM, Bussadori SK, Mesquita-Ferrari RA. Effects of low-level Laser therapy on skeletal muscle repair: a systematic review. *Am J Phys Med Rehabil.* 2014;93(12):1073-85.
- Tumilty S, Munn J, McDonough S, Hurley DA, Basford JR, Baxter GD. Low level laser treatment of tendinopathy: a systematic review with meta-analysis. *Photomed Laser Surg.* 2010;28(1):3-16.
- Brosseau L, Robinson V, Wells G, et al. Low level laser therapy (Classes I, II and III) for treating rheumatoid arthritis. *Cochrane Database Syst Rev.* 2005(4):Cd002049.
- Jamtvedt G, Dahm KT, Christie A, et al. Physical therapy interventions for patients with osteoarthritis of the knee: an overview of systematic reviews. *Phys Ther.* 2008;88(1):123-36.
- Chow RT, Johnson MI, Lopes-Martins RA, Bjordal JM. Efficacy of low-level laser therapy in the management of neck pain: a systematic review and meta-analysis of randomised placebo or active-treatment controlled trials. *Lancet.* 2009;374(9705):1897-908.
- Bjordal JM, Couppé C, Chow RT, Tunér J, Ljunggren EA. A systematic review of low level laser therapy with location-specific doses for pain from chronic joint disorders. *Aust J Physiother.* 2003;49(2):107-16.
- Naeser MA, Zafonte R, Krengel MH, et al. Significant improvements in cognitive performance post-transcranial, red/near-infrared light-emitting diode treatments in chronic, mild traumatic brain injury: open-protocol study. *J Neurotrauma.* 2014;31(11):1008-17.
- Prindeze NJ, Moffatt LT, Shupp JW. Mechanisms of action for light therapy: a review of molecular interactions. *Exp Biol Med (Maywood).* 2012;237(11):1241-8.
- Ioannou S, Gallese V, Merla A. Thermal infrared imaging in psychophysiology: Potentialities and limits. *Psychophysiology.* 2014;51(10):951-63.
- Redaelli V, Tanzi B, Luzzi F, et al. Use of thermographic imaging in clinical diagnosis of small animal: preliminary notes. *Ann Ist Super Sanita.* 2014;50(2):140-6.
- Ring EF, Ammer K. Infrared thermal imaging in medicine. *Physiol Meas.* 2012;33(3):R33-46.
- Kennedy DA, Lee T, Seely D. A comparative review of thermography as a breast cancer screening technique. *Integr Cancer Ther.* 2009;8(1):9-16.
- Ng EY. A review of thermography as promising non-invasive detection modality for breast tumor. *Int J Therm Sci.* 2009;48(5):849-59.
- Thiruvengadam J, Anburajan M, Menaka M, Venkatraman B3 Potential of thermal imaging as a tool for prediction of cardiovascular disease. *J Med Phys.* 2014;39(2):98-105.
- Zore Z, Boras I, Stanec M, Oresi T, Zore IF. Influence of hormonal status on thermography findings in breast cancer. *Acta Clin Croat.* 2013;52(1):35-42.
- Mikulska D. Contemporary applications of infrared imaging in medical diagnostics. *Ann Acad Med Stetin.* 2006;52(1):35-9; discussion 39-40. Polish.
- Jiang LJ, Ng EY, Yeo AC, et al. A perspective on medical infrared imaging. *J Med Eng Technol.* 2005;29(6):257-67.
- Merla A. Thermal expression of intersubjectivity offers new possibilities to human-machine and technologically mediated interactions. *Front Psychol.* 2014 Jul 23;5:802.
- Ni JX, Gao SH, Li YH, et al. Clinical trial on the characteristics of zheng classification of pulmonary diseases based on infrared thermal imaging technology. *Evid Based Complement Alternat Med.* 2013;2013:218909.
- Funk RH, Monsees TK. Effects of electromagnetic fields on cells: physiological and therapeutic approaches and molecular mechanisms of interaction. A review. *Cells Tissues Organs.* 2006;182(2):59-78.
- Funk RH, Monsees TK, Ozkucur N. Electromagnetic effects—From cell biology to medicine. *Prog Histochem Cytochem.* 2009;43(4):177-264.

49. Zhao Y, Zhan Q. Electric fields generated by synchronized oscillations of microtubules, centrosomes and chromosomes regulate the dynamics of mitosis and meiosis. *Theor Biol Med Model*. 2012 Jul 29;26.
50. Plankar M, Brežan S, Jerman I. The principle of coherence in multi-level brain information processing. *Prog Biophys Mol Biol*. 2013;111(1):8-29.
51. Zhao Y, Zhan Q. Electric oscillation and coupling of chromatin regulate chromosome packaging and transcription in eukaryotic cells. *Theor Biol Med Model*. 2012 Jul 3;9:27.
52. Hameroff S, Penrose R. Consciousness in the universe: A review of the "Orch OR" theory. *Phys Life Rev*. 2014;11(1):39-78.
53. Glass L. Synchronization and rhythmic processes in physiology. *Nature*. 2001;410(6825):277-84.
54. Hameroff S, Nip A, Porter M, Tuszyński J. Conduction pathways in microtubules, biological quantum computation, and consciousness. *Biosystems*. 2002;64(1-3):149-68.
55. Pilla AA. Mechanisms and therapeutic applications of time varying and static magnetic fields. In: *Biological and Medical Aspects of Electromagnetic Fields*. Barnes FS, Greenebaum B, Editors. Boca Raton, FL: CRC Press; 2007:351-411.
56. Binhi VN, Rubin AB. Magnetobiology: the kT paradox and possible solutions. *Electromagn Biol Med*. 2007;26(1):45-62.
57. Shupak NM. Therapeutic uses of pulsed magnetic-field exposure: a review. *Radio Sci Bull*. 2003 Dec;3072(9-32).
58. Aaron RK, Ciombor DM, Simon BJ. Treatment of nonunions with electric and electromagnetic fields. *Clin Orthop Relat Res*. 2004 Feb;(419):21-9.
59. Markov MS. Expanding use of pulsed electromagnetic field therapies. *Electromagn Biol Med*. 2007;26(3):257-74.
60. Hulme J, Robinson V, DeBie R, Wells G, Judd M, Tugwell P. Electromagnetic fields for the treatment of osteoarthritis. *Cochrane Database Syst Rev*. 2002(1):CD003523.
61. McCarthy CJ, Callaghan MJ, Oldham JA. Pulsed electromagnetic energy treatment offers no clinical benefit in reducing the pain of knee osteoarthritis: a systematic review. *BMC Musculoskelet Disord*. 2006 Jun 15;7:51.
62. Cao LY, Jiang MJ, Yang SP, et al. Pulsed electromagnetic field therapy for the treatment of knee osteoarthritis: a systematic review. *Zhongguo Gu Shang*. 2012;25(5):384-8. Chinese.
63. Ryang We S, Koog YH, Jeong KI, Wi H. Effects of pulsed electromagnetic field on knee osteoarthritis: a systematic review. *Rheumatology (Oxford)*. 2013;52(5):815-24.
64. Li S, Yu B, Zhou D, et al. Electromagnetic fields for treating osteoarthritis. *Cochrane Database Syst Rev*. 2013 Dec 14;12:CD003523.
65. Negm A, Lorbergs A, Macintyre NJ. Efficacy of low frequency pulsed sub-sensory threshold electrical stimulation vs placebo on pain and physical function in people with knee osteoarthritis: systematic review with meta-analysis. *Osteoarthritis Cartilage*. 2013;21(9):1281-9.
66. Fedorowski A, Steciwko A, Rabczynski J. Low-frequency electromagnetic stimulation may lead to regression of Morris hepatoma in buffalo rats. *J Altern Complement Med*. 2004;10(2):251-60.
67. Heredia-Rojas JA, Torres-Flores AC, Rodríguez-De la Fuente AO, et al. Entamoeba histolytica and Trichomonas vaginalis: trophozoite growth inhibition by metronidazole electro-transferred water. *Exp Parasitol*. 2011;127(1):80-3.
68. Islamov BI, Balabanova RM, Funtikov VA, Gotovskii YV, Meizerov EE. Effect of bioresonance therapy on antioxidant system in lymphocytes in patients with rheumatoid arthritis. *Bull Exp Biol Med*. 2002;134(3):248-50.
69. Hallett M. Transcranial magnetic stimulation: a primer. *Neuron*. 2007;55(2):187-99.
70. Walsh V, Cowey A. Transcranial magnetic stimulation and cognitive neuroscience. *Nat Rev Neurosci*. 2000;1(1):73-9.
71. Grisar N, Yaroslavsky U, Abarbanel J, Lamberg T, Belmaker RH. Transcranial magnetic stimulation in depression and schizophrenia. *Eur Neuropsychopharm*. 1994;4(3):287-8.
72. Kolbinger HM, Höflich G, Hufnagel A, Müller HJ, Kasper S. Transcranial magnetic stimulation (TMS) in the treatment of major depression: a pilot study. *Hum Psychopharmacol*. 1995;10(4):305-10.
73. George MS, Wassermann EM, Williams WA, et al. Daily repetitive transcranial magnetic stimulation (rTMS) improves mood in depression. *Neuroreport*. 1995;6(14):1853-6.
74. Pascual-Leone A, Rubio B, Pallardó F, Catalá MD. Rapid-rate transcranial magnetic stimulation of left dorsolateral prefrontal cortex in drug-resistant depression. *Lancet*. 1996;348(9022):233-7.
75. Rossi S, Hallett M, Rossini PM, Pascual-Leone A; Safety of TMS Consensus Group. Safety, ethical considerations, and application guidelines for the use of transcranial magnetic stimulation in clinical practice and research. *Clin Neurophysiol*. 2009;120(12):2008-39.
76. Fitzgerald PB, Brown TL, Marston NA, Daskalakis ZJ, De Castella A, Kulkarni J. Transcranial magnetic stimulation in the treatment of depression: a double-blind, placebo-controlled trial. *Arch Gen Psychiatry*. 2003;60(10):1002-8.
77. Lefaucheur JP, Antal A, Ahad R, et al. The use of repetitive transcranial magnetic stimulation (rTMS) and transcranial direct current stimulation (tDCS) to relieve pain. *Brain Stimul*. 2008;1(4):337-44.
78. Lefaucheur JP, Andre-Obadia N, Antal A, et al. Evidence-based guidelines on the therapeutic use of repetitive transcranial magnetic stimulation (rTMS). *Clin Neurophysiol*. 2014;125(11):2150-206.
79. Markov MS. Magnetic field therapy: a review. *Electromagn Biol Med*. 2007;26(1):1-23.
80. Colbert AP, Wahbeh H, Harling N, et al. Static magnetic field therapy: a critical review of treatment parameters. *Evid Based Complement Alternat Med*. 2009;6(2):133-9.
81. Man D, Man B, Plosker H. The influence of permanent magnetic field therapy on wound healing in suction lipectomy patients: a double-blind study. *Plast Reconstr Surg*. 1999;104(7):2261-6; discussion 2267-8.
82. Colbert AP, Markov MS, Souder JS. Static magnetic field therapy: dosimetry considerations. *J Altern Complement Med*. 2008;14(5):577-82.
83. Alfano AP, Taylor AG, Foresman PA, et al. Static magnetic fields for treatment of fibromyalgia: a randomized controlled trial. *J Altern Complement Med*. 2001;7(1):53-64.
84. Brown CS, Ling FW, Wan JY, Pilla AA. Efficacy of static magnetic field therapy in chronic pelvic pain: a double-blind pilot study. *Am J Obstet Gynecol*. 2002;187(6):1581-7.
85. Weintraub MI, Wolfe GI, Barohn RA, et al. Static magnetic field therapy for symptomatic diabetic neuropathy: a randomized, double-blind, placebo-controlled trial. *Arch Phys Med Rehabil*. 2003;84:736-46.
86. Vallbona C, Hazlewood CF, Jurida G. Response of pain to static magnetic fields in postpolio patients: a double-blind pilot study. *Arch Phys Med Rehabil*. 1997;78(11):1200-3.
87. Pujol J, Pascual-Leone A, Dolz C, Delgado E, Dolz JL, Aldomà J. The effect of repetitive magnetic stimulation on localized musculoskeletal pain. *Neuroreport*. 1998;9(8):1745-8.
88. Wolsko PM, Eisenberg DM, Simon LS, et al. Double-blind placebo-controlled trial of static magnets for the treatment of osteoarthritis of the knee: results of a pilot study. *Altern Ther Health Med*. 2004;10(2):36-43.
89. Caselli MA, Clark N, Lazarus S, Velez Z, Venegas L. Evaluation of magnetic foil and PPT Insoles in the treatment of heel pain. *J Am Podiatr Med Assoc*. 1997;87(1):11-6.
90. Winemiller MH, Billow RG, Laskowski ER, Harmsen WS. Effect of magnetic vs sham-magnetic insoles on plantar heel pain: a randomized controlled trial. *JAMA*. 2003;290(11):1474-8.
91. Collacott EA, Zimmerman JT, White DW, Rindone JP. Bipolar permanent magnets for the treatment of chronic low back pain: a pilot study. *JAMA*. 2000;283(10):1322-5.
92. Eccles NK. A critical review of randomized controlled trials of static magnets for pain relief. *J Altern Complement Med*. 2005;11(3):495-509.
93. McKay JC, Prato FS, Thomas AW. A literature review: the effects of magnetic field exposure on blood flow and blood vessels in the microvasculature. *Bioelectromagnetics*. 2007;28(2):81-98.
94. Henry SL, Concannon MJ, Yee GJ. The effect of magnetic fields on wound healing: experimental study and review of the literature. *Eplasty*. 2008 Jul 25;8:e40.
95. Grimes S, Martinson OG. *Bioimpedance and bioelectricity basics*. 3rd ed. 2011: London: Academic Press; 2011.
96. Baldwin AL, Hammerschlag R. Biofield-based therapies: a systematic review of physiological effects on practitioners during healing. *Explore (NY)*. 2014;10(3):150-61.
97. Todd K, Simpson CS, Redfearn DP, Abdollah H, Baranchuk A. ECG for the diagnosis of pulmonary embolism when conventional imaging cannot be utilized: a case report and review of the literature. *Indian Pacing Electrophysiol J*. 2009;9(5):268-75.
98. Billman GE. Heart rate variability—a historical perspective. *Front Physiol*. 2011 Nov 29;2:86.
99. Xhyheri B, Manfrini O, Mazzolini M, Pizzi C, Bugiardini R. Heart rate variability today. *Prog Cardiovasc Dis*. 2012;55(3):321-31.
100. Gaebler M, Daniels JK, Lamke JP, Frydric T, Walter H. Heart rate variability and its neural correlates during emotional face processing in social anxiety disorder. *Biol Psychol*. 2013;94(2):319-30.
101. Kemp AH, Quintana DS. The relationship between mental and physical health: insights from the study of heart rate variability. *Int J Psychophysiol*. 2013;89(3):288-96.
102. Moon E, Lee SH, Kim DH, Hwang B. Comparative study of heart rate variability in patients with schizophrenia, bipolar disorder, post-traumatic stress disorder, or major depressive disorder. *Clin Psychopharmacol Neurosci*. 2013;1(3):137-43.
103. Baldwin AL, Schwartz GE. Physiological changes in energy healers during self-practice. *Complement Ther Med*. 2012;20(5):299-305.
104. Burleson KO, Schwartz GE. Energy healing training and heart rate variability. *J Altern Complement Med*. 2005;11(3):391-3.
105. Chien CH, Tsuei JJ, Lee SC, Huang YC, Wei YH. Effect of emitted bioenergy on biochemical functions of cells. *Am J Chin Med*. 1991;19(3-4):285-92.
106. Critchley HD. Electrodermal responses: what happens in the brain. *Neuroscientist*. 2002;8(2):132-42.
107. US Food and Drug Administration. Code of federal regulations: title 21—food and drugs. CFR 882.1540 Galvanic skin response measurement device. <http://www.gpo.gov/fdsys/pkg/CFR-2003-title21-vol18/xml/CFR-2003-title21-vol18-sec882-1540.xml>. Accessed August 20, 2015.

108. Tsuchita K, Motoyama H. Study of body's energy changes in non-touch energy healing 1. Pranic healing protocol applied for a breast cancer subject. *Subtle Ener Med*. 2009;20(2):15-30.
109. Deadman P. The five shu-points. *J Chinese Med*. 1993;42:31-38. <https://www.jcm.co.uk/the-five-shu-points.html>. Accessed August 20, 2015.
110. Lambrou P, Pratt G, Chevalier G. Physiological and psychological effects of a mind/body therapy on claustrophobia. *Subtle Ener Med*. 2003;14(3):767-74.
111. Syldona M, Rein G. The use of DC electrodermal potential measurements and healer's felt sense to assess the energetic nature of qi. *J Altern Complement Med*. 1999;5(4):329-47.
112. Groves DA, Brown VJ. Vagal nerve stimulation: a review of its applications and potential mechanisms that mediate its clinical effects. *Neurosci Biobehav Rev*. 2005;29(3):493-500.
113. Tracey KJ. Reflex control of immunity. *Nat Rev Immunol*. 2009;9(6):418-28.
114. Kringelbach ML, Jenkinson N, Owen SL, Aziz TZ. Translational principles of deep brain stimulation. *Nat Rev Neurosci*. 2007;8(8):623-35.
115. Karas PJ, Mikell CB, Christian E, Liker MA, Sheth SA. Deep brain stimulation: a mechanistic and clinical update. *Neurosurg Focus*. 2013;35(5):E1.
116. Martin DM, Liu R, Alonzo A, et al. Can transcranial direct current stimulation enhance outcomes from cognitive training? A randomized controlled trial in healthy participants. *Int J Neuropsychopharmacol*. 2013;16(9):1927-36.
117. Williams ER, Heckman SJ. The local diurnal variation of cloud electrification and the global diurnal variation of negative charge on the Earth. *J Geophys Res*. 1993;98(D3):5221-34.
118. Anisimov SV, Mareev EA, Bakastov SS. On the generation and evolution of aeroelectric structures in the surface layer. *J Geophys Res*. 1999;104(D12):14359-67.
119. Oschman JL. Can electrons act as antioxidants? A review and commentary. *J Altern Complement Med*. 2007;13(9):955-67.
120. Oschman JL. Charge transfer in the living matrix. *J Bodyw Mov Ther*. 2009;13(3):215-28.
121. Chevalier G, Sinatra ST, Oschman JL, Sokal K, Sokal P. Earthing: health implications of reconnecting the human body to the Earth's surface electrons. *J Environ Public Health*. 2012;2012:291541.
122. CHI Institute. Products>infratronics>how it works. <http://www.chi.us/infratronicowitworks.htm>. August 20, 2015.
123. Fry FJ, Ades HW, Fry WJ. Production of reversible changes in the central nervous system by ultrasound. *Science*. 1958;127(3289):83-4.
124. Gavrilov LR, Gersuni GV, Ilyinsky OB, et al. The effect of focused ultrasound on the skin and deep nerve structures of man and animal. *Prog Brain Res*. 1976;43:279-92.
125. Tufail Y, Yoshihiro A, Pati S, Li MM, Tyler WJ. Ultrasonic neuromodulation by brain stimulation with transcranial ultrasound. *Nat Protoc*. 2011;6(9):1453-70.
126. Arendash GW. Transcranial electromagnetic treatment against Alzheimer's disease: why it has the potential to trump Alzheimer's disease drug development. *J Alzheimers Dis*. 2012;32(2):243-66.
127. Hameroff S, Trakas M, Duffield C, et al. Transcranial ultrasound (TUS) effects on mental states: a pilot study. *Brain Stimul*. 2013;6(3):409-15.
128. Gregory D. Four decades of music therapy behavioral research designs: a content analysis of *Journal of Music Therapy* articles. *J Music Ther*. 2002;39(1):56-71.
129. Thompson JD. Clinical use of sound. Center for Neuroacoustic Research. <http://www.neuroacoustic.com/>. Accessed August 20, 2015.
130. Atwater FH. Accessing anomalous states of consciousness with a binaural beat technology. *J Sci Explor*. 1997;1(3):263-74.
131. Brady B, Stevens L. Binaural-beat induced theta EEG activity and hypnotic susceptibility. *Am J Clin Hypn*. 2000;43(1):53-69.
132. Lane JD, Kasian SJ, Owens JE, Marsh GR. Binaural auditory beats affect vigilance performance and mood. *Physiol Behav*. 1998;63(2):249-52.
133. Stux G, Berman B, Pomeranz B. *Basics of acupuncture*. 5th rev ed. 2003, Berlin: Springer; 2003.
134. Wilkinson J, Faleiro R. Acupuncture in pain management. *Cont Ed Anaesthesia Crit Care Pain*. 2007;7(4):135-8.
135. Aung SK, Chen WP. *Clinical introduction to medical acupuncture*. New York: Thieme; 2007.
136. Cao L, Zhang XL, Gao YS, Jiang Y. Needle acupuncture for osteoarthritis of the knee. A systematic review and updated meta-analysis. *Saudi Med J*. 2012;33(5):526-32.
137. Choi TY, Lee MS, Kim TH, Zaslavski C, Ernst E. Acupuncture for the treatment of cancer pain: a systematic review of randomised clinical trials. *Support Care Cancer*. 2012;20(6):1147-58.
138. Deare JC, Zheng Z, Xue CC, et al. Acupuncture for treating fibromyalgia. *Cochrane Database Syst Rev*. 2013 May 31;5:CD007070.
139. Hopton A, MacPherson H. Acupuncture for chronic pain: is acupuncture more than an effective placebo? A systematic review of pooled data from meta-analyses. *Pain Pract*. 2010;10(2):94-102.
140. Shin HS, Johng HM, Lee BC, et al. Feulgen reaction study of novel threadlike structures (Bonghan ducts) on the surfaces of mammalian organs. *Anat Rec B New Anat*. 2005;284(1):35-40.
141. Lee C, Seol SK, Lee BC, Hong YK, Je JH, Soh KS. Alcian blue staining method to visualize bonghan threads inside large caliber lymphatic vessels and x-ray microtomography to reveal their microchannels. *Lymphat Res Biol*. 2006;4(4):181-90.
142. Carlsson C. Acupuncture mechanisms for clinically relevant long-term effects—reconsideration and a hypothesis. *Acupunct Med*. 2002;20(2-3):82-99.
143. Goldman N, Chen M, Fujita T, et al. Adenosine A1 receptors mediate local antinociceptive effects of acupuncture. *Nat Neurosci*. 2010;13(7):883-8.
144. Langevin HM, Bouffard NA, Badger GJ, Churchill DL, Howe AK. Subcutaneous tissue fibroblast cytoskeletal remodeling induced by acupuncture: evidence for a mechanotransduction-based mechanism. *J Cell Physiol*. 2006;207(3):767-74.
145. Takahashi T. Mechanism of acupuncture on neuromodulation in the gut—a review. *Neuromodulation*. 2011;14(1):8-12; discussion 12.
146. Wackermann J, Seiter C, Keibel H, Walach H. Correlations between brain electrical activities of two spatially separated human subjects. *Neurosci Lett*. 2003;336(1):60-4.
147. Radin D, Stone J, Levine E, et al. Compassionate intention as a therapeutic intervention by partners of cancer patients: effects of distant intention on the patients' autonomic nervous system. *Explore (NY)*. 2008;4(4):235-43.
148. Nelson R, Bancel P. Effects of mass consciousness: changes in random data during global events. *Explore (NY)*. 2011;7(6):373-83.
149. McCraty R, Deyhle A, Childre D. The global coherence initiative: creating a coherent planetary standing wave. *Global Adv Health Med*. 2012;1(1):64-77.
150. Tiller WA, Kohane MJ, Dibble WE. Can an aspect of consciousness be imprinted into an electronic device? *Integr Physiol Behav Sci*. 2000;35(2):142-62; discussion 163.
151. Kohane MJ, Tiller WA. Biological processes, quantum mechanics and electromagnetic fields: the possibility of device-encapsulated human intention in medical therapies. *Med Hypotheses*. 2001;56(6):598-607.
152. Korotkov KG, Williams BO, Bugno TJ, Parsons PH, et al, editors. *Human energy field: study with GDV bioelectrography*. Fair Lawn, NJ: Backbone Publishing; 2002.
153. Konikiewicz LW. *Introduction to electrography: A handbook for prospective researchers of the Kirlian effect in biomedicine*. Harrisburg, PA: Leonard's Associates; 1979.
154. Earle L. *Electrophotography*. San Francisco: And/Or Press; 1975.
155. Boyers DG, Tiller WA. Corona discharge photography. *J Appl Phys*. 1973;44(7):3102-12.
156. Bankovskii NG, Korotkov KG, Petrov NN. Physical processes of image formation during gas-discharge visualization (the Kirlian effect) (Review). *Radiotekhnika i Elektronika*. 1986 Apr;31:625-43. Russian.
157. Wisneski LA, Anderson L. *The Scientific Basis of Integrative Medicine*, Second Edition. 2009, CRC Press. p. 205-229.
158. Cohly H, Kostyuk N, Isokpehi R, Rajnarayanan R. Bio-electrographic method for preventive health care. Paper presented at: IEEE 1st Annual Bioscience and Biotechnology Conference Proceedings; March 18-19, 2009; Oak Ridge, TN. <http://ieeexplore.ieee.org/xpl/mostRecentIssue.jsp?punumber=5073918>. Accessed August 20, 2015.
159. Korotkov KG, Matravets P, Orlov DV, Williams BO. Application of electrophoton capture (EPC) analysis based on gas discharge visualization (GDV) technique in medicine: a systematic review. *J Altern Complement Med*. 2010;16(1):13-25.
160. Jakovleva E, Korotkov K, eds. *Electrotonic applications in medicine: GDV bioelectrography research*. e-book. 2013. ISBN 978-1481932981.
161. Gagua PO, Georgobiani LG, Kapanadze A, et al. The GDV technique application to oncology. In: Korotkov K, Tunik A, editors. *Measuring energy fields: state of the science*. Fair Lawn, NJ: Backbone Publishing; 2004:43-50.
162. Yurth DG. Torsion field mechanics: verification of non-local field effects in human biology. June 23, 2000. <http://www.clayandiron.com/news.jhtml?method=view&news.id=1509>. Accessed August 20, 2015.
163. Swanson C. *Life force, the scientific basis: breakthrough physics of energy medicine, healing, chi and euantum consciousness*. Tucson, AZ: Poseidia Press; 2011.
164. Blumenfeld R. *Willhelm Reich and character analysis*. In: Blumenfeld R, ed. *Tools and techniques for character interpretation: a handbook of psychology for actors, writers, and directors*. Pompton Plains, NJ: Limelight Editions; 2006:135-7.
165. Bellis M. *Willhelm Reich and the orgone accumulator*. About Money. <http://inventors.about.com/od/qrstartinventors/a/orgone.htm>. Accessed August 20, 2015.
166. Gardner M. *Fads and fallacies in the name of science*. New York: Dover; 1957.
167. Patten T, Hutchison M. Interview with Lt. Col. Thomas E. Bearden (ret). *Megabrain Report*. February 4, 1991. <http://www.cheniery.org/misc/interview1991.htm>. Accessed August 20, 2015.
168. *Scalar Waves Healing Center*. History and health benefits of scalar wave healing. www.wavesofhealing.net/aboutscalarwaves.html. Accessed August 20, 2015.
169. Havelka D, Cifra M, Kucera O, Pokorný J, Vrba J. High-frequency electric field and radiation characteristics of cellular microtubule network. *J Theor Biol*. 2011;286(1):31-40.
170. Schneider MV. *Defining systems biology: a brief overview of the term and field*. *Methods Mol Biol*. 2013;1021:1-11.



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