

# The exploration of information therapy for autism and dementia

Kean Hin Ooi<sup>1\*</sup>, Pei See Sew<sup>1</sup>, Irma van Tuil<sup>2</sup>

<sup>1</sup>Serenity Therapy & Health Centre, Penang, Malaysia.

<sup>2</sup>Bambootiger, Cordium De Ruyterstraat 65 Nijmegen, Holland.

**\*Correspondence:**

Kean Hin Ooi, Serenity Therapy & Health Centre, Penang, Malaysia.

E-mail: okhpen@gmail.com

This article provides explanations to how distance external Qi therapy works by quoting various rigorously designed controlled experiments conducted at various parts of the world. It also introduces a new method of therapy, information therapy that relies on the entanglement of information carried by low hissing sound playback with mp3 player to entangle with the information of subjects exhibited by the facial photo with the whole system placed in a sealed carton. Preliminary results have shown huge potential for information therapy to be applied on neurological cases, particularly on autism and dementia.

Qigong and Taiji (Taichi) have many similarities and are commonly bundled together in review papers [1, 2]. The RCTs on the benefits of Qigong and Taiji had attracted the attention of healthcare professionals and in 2018 an accreditation standard guideline initiative for Taiji and Qigong instructors prepared by health professionals, integrative medicine academics, Taiji and Qigong instructors and public safety officers from various parts of the world was published [2]. In Malaysia, a 1200-contact-hour Qigong Therapy occupational skill standard was developed by the government in 2011 [3].

There are two major categories in Qigong therapy. One is self-healing practice, where participants learn how to practice to improve health. The other one is Qi therapy or external Qi therapy, where participants do not need to practice anything but receive external Qi treatment

administered by Qigong therapist. EQT can be done locally or at a distant [4, 5, 6]. It is common to have distant EQT conducted over internet meeting programs (eg: Skype, Zoom, WhatsApp, WeChat etc). Distant EQT is recognized as one of the Distant Healing Intention (DHI) therapies [7].

The common definitions of Qi are "life force", "bioenergy", "vital energy" or simply "energy". From the scientific perspective that energy is limited by time and space, defining Qi as a form of energy does not explain how distance EQT works. In fact, experiments of emitting external Qi on-site to create photons (light), infrared (heat), an electromagnetic wave (field energy) may be regarded as experiments on the conversion of energy A (Qi) to energy B (photon, electromagnetic wave, etc) [8].

Information Therapy (iTherapy) is an extension of distant EQT. However, the association of the

definition of Qi with energy may complicate the introduction of iTherapy since it is common knowledge that energy is not able to travel far without being absorbed or transformed. To avoid confusion arising from the common definitions of Qi, it is better to address distant EQT and iTherapy as DHI therapies.

Many rigorously designed experiments on how human intention can make changes to the physical world have provided plausible support to the mechanism of action of DHI therapies. In short, distant administration of external Qi is indeed the administration of human intention or consciousness information. In DHI therapies, it is information that is working, not energy.

## Theoretical background

Many studies have pointed out that information can be converted into energy and therefore can

make changes to physical world non-locally. A well-known study is the *Experimental demonstration of information-to-energy conversion and validation of the generalized Jarzynski equality* published by *Nature Physics* in 2010 where a particle is made to climb up a spiral-staircase-like potential exerted by an electric field and gains free energy larger than the amount of work done on it and that suggests a new fundamental principle of an "information-to-heat engine" that converts information into energy [9].

The *Three Levels Theory* of Matter proposed by Qigong scholar Pang Ming implies that information can be converted into energy and physical mass [10]. It also points out that human consciousness is a form of information and that provides the basis of how external Qi therapy works. The proposal is similar to the findings of various consciousness researchers.

In *A Brief Introduction to Intention Host Device Research* William Tiller points out that consciousness is a form of information; information can be converted into energy [11]. Tiller has supported his claim by quoting 4 experiments that he had conducted by using his Intention Host Device (IHD); a specially designed electronic oscillator that can store and playback recorded intention (information).

The first experiment showed how the IHD could playback recorded intention to increase the pH of water in 72 hrs; the second experiment showed how IHD could decrease the pH of water in the same duration. The first experiment was successfully replicated at 10 sites in Europe and the US. The third experiment showed how IHD could speed up the chemical activity of *in vitro* alkaline phosphatase, a liver enzyme, by 25% to 30% compared to controls. In the fourth experiment, the ATP/ADP ratio of fruit fly larvae was increased by 15%-20% compared to controls.

The confirmatory study by Patrizio Tressoldi has shown how human intention can entangle with photomultiplier a distance away [12]. The study successfully replicated the findings observed in two previous experiments where participants were able to focus and entangle with a photomultiplier located approximately 7300 km away. This lends strong support to how DHI can work on the targeted subject.

Quantum physicists have long suspected that human intention could affect the wave property of

a quantum system. The 5-Sigma online double-slit experiment by Dean Radin reports how the human mind can change the wave property of a particle [13]. A total of 1,479 people from 77 countries contributed 2,985 test sessions and 5,738 control sessions were run by a computer programmed to simulate human participants. The paper says, "...results were found to support von Neumann's conclusion that the mind of the observer is an inextricable part of the measurement process. This type of experiment offers a means of empirically resolving longstanding questions about the role of consciousness in the physical world."

In *The Global Broadcast Autism Intention Experiment* IHD was used to broadcast information to work on 44 autistic children in various parts of the world [14]. It has confirmed that information imparted onto the names and addresses of subjects provided the healing effect. The report concludes, "The autism treatment evaluation checklist has been plotted for all 90 questions for all children, each month from baseline, and shows such remarkable visual trends, even without statistics, that children, parents, and investigators are thrilled at these outcomes." The report has pointed out human intention or consciousness information is not bounded by time and space. All these findings have provided plausible explanation and support for how DHI therapies work.

### Information Therapy

The idea of iTherapy was borrowed from *The Globally Broadcast Autism Intention Experiment: Part I*, however, there are a few major differences [14].

1. Instead of names and addresses of subjects, facial photos of subjects are used; we found facial photo better depicts a person.
2. The mp3 player is used, not electronic oscillator. The extremely low hissing sound is the carrier or medium of information for iTherapy, instead of wave generated by the oscillator in IHD.
3. Customized information is used for the individual client instead of general information for all.

iTherapy is a form of DHI therapy. Information therapists would make an evaluation to ascertain the pathological problems and send specific information to achieve the healing. The process of sending

information is done with the therapist facing the photo of a subject, with a microphone next to the photo. The process is audio recorded and the hissing sound of the computer fan or the air-conditioner

blower serves as the carrier of the information recorded. Subsequently, the recorded file is edited and playback to the photo of the subject 24/7. Information carried by the hissing sound recorded

**Table 1. Results of autism study.**

Subject	1. Boy 10						2. Boy 7						3. Boy 10					
Condition	Level 3						Level 1						Level 3					
Start on	2016-09-29						2016-10-04						2016-10-09					
Points	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6
Week 1	0	1	1	0	0	0	1	0	1	1	1	1	0	1	1	1	0	0
Week 2	0	1	1	1	1	0	1	1	0	1	1	0	0	1	1	1	1	1
Week 3	0	1	1	1	0	1	0	1	1	1	1	1	1	0	1	1	0	1
Week 4	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	0	0	1
Score	1	4	4	3	2	2	2	3	3	4	4	3	2	3	4	3	1	3

Subject	4. Boy 7						5. Girl 7						6. Boy 7					
Condition	Level 1						Level 1						Level 1					
Start on	2016-10-10						2016-10-16						2016-10-16					
Points	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6
Week 1	1	-1	1	0	0	0	1	0	1	0	1	1	1	0	0	0	1	1
Week 2	-1	1	-1	1	1	0	1	0	1	0	1	1	1	0	1	0	1	-1
Week 3	1	0	0	0	1	0	1	0	1	0	1	1	1	1	1	0	1	0
Week 4	1	1	0	1	1	0	1	1	1	1	1	1	1	1	0	1	0	1
Score	2	1	0	2	3	0	4	1	4	1	4	4	4	2	2	1	3	1

will entangle with the information of the client exhibited through the facial photo to make changes to the subject. The whole system is sealed in a box to prevent external disturbance. Subjects receiving the program need not do anything. Weekly feedback is required for therapists to make changes to the file if necessary.

Since the information sent came from the therapist, he or she must be physically healthy and mentally stable; otherwise, the file would not be effective. The effectiveness of a file created depends heavily on the ability to remain focused and the technical information within. In the same light, the article *Consciousness and the double-slit interference pattern: Six experiments* reports, "meditators produced effects 2.5 times as large as those produced by nonmeditators [15]."

iTherapy had been applied to many illnesses with varying degrees of success. They included Lyme disease, depression, autism, encephalitis, dementia, and others. We found it is most effective in neurological cases. Preliminary results for autism and dementia have been most encouraging.

### Autism Cases

The initial plan was to investigate the effectiveness of iTherapy for autistic children by applying the Autism Treatment Evaluation Chart (ATEC) to monitor the changes [16]. However, parents complained that the 77-point ATEC is too long and therefore a 6-point feedback guide was developed for the parents.

The 6 points are:

1. Socialization ability (eye contact, following command)
2. Self-control ability
3. Confidence & independence
4. Learning ability
5. Expression skill
6. Vitality and health

Six children age 7 to 10 years were recruited for the simple 4-week study. The spectrum of autism is wide and varied, children recruited were separated into groups according to DSM-5 Diagnostic Criteria for Autism [17]. Four of them were in Autism Spectrum Diagnosis (ASD) Level 1 who need little support and were attending normal schools. Two of them were in ASD Level 3 and were attending special schools; both of them have speech problems.

Parents have to provide feedback on the changes at the end of every week based on the 6 points. Parents would mark "1" for positive changes observed during the week, mark "0" if no changes were observed and mark "-1" if negative changes were observed. At the end of the fourth week, the scores were added. The results are in table 1.

The results indicate that:

1. With the exception of subject 4, all the rest have reported improvement in the 6 points.
2. Subject 4 did not show any improvement in Confidence & Independence and Vitality & Health but improved in other areas.

Subjects 4 and 6 stopped 12 months later, subject 2 stopped 21 months later with parents notifying not able to see changes in the past 1 month. All the rest have continued with iTherapy until now (December 23, 2018).

### Written feedback from parents:

Subject 1

At the end of the 2nd week: My son is more stable now, he could finish 50 pages of Lego (game). I realized he was trying to express himself, not in long sentences but in 3 to 5 words, like "go find daddy". His attention span has improved as he can spend a longer period of time on paperwork. His understanding also getting better and can take simple instructions better. His emotion is stable for the whole week. But don't see much improvement in terms of speaking ability.

At the end of the 4th week: His speech has increased and he imitates a lot what we say, his mind is clearer and learn things like spelling better. Thanks.

Subject 2:

At the end of the 4th week: His eye contact has improved a lot and no longer put up the peace sign whenever I take his photo. His learning ability has improved greatly. Thanks.

Subject 3:

At the end of the 2nd week:

1. Better task/routine completion without being distracted (losing focus).
2. Improvement in math/addition.
3. Initiating more requests verbally though speech not clear.
4. Showing more confidence in his school surrounding.

5. Able to complete worksheets independently but answers not all correct.

At the end of the 4th week:

His concentration on task improved. Mood control also improved. However, speech is still very slow though "N" sound is emerging. Previously the speech therapist mentioned he could blow recorder softly for 5x only. Yesterday he was able to control well and able to blow softly up to 15x. Awareness of surrounding and reading people's emotions also improved.

Other parents did not provide any written feedback at the end of the study. However, at the end of the third month, parents of Subject 3 informed us, "She was recently recommended to be discharged from occupational therapy. In the last session, she demonstrated rationalization of decision making. She was able to explain how she ought to do in anger management, she was able to describe the process of decision making in a team."

From February 2016 to September 2018, iTherapy was applied on more than 90 autistic children, age 3 to 15 years, 74 boys and 19 girls. They were from various parts of the world and all of them have

shown varying degrees of improvement. However, it is apparent that the younger the child, the better the results. Parents were told to continue with whatever treatment their children were receiving and they could discontinue iTherapy anytime as they wish.

Duration of treatment of autism depends on the condition of the children. Ideally, the treatment should continue until such time when their self-consciousness is stable. Most of the children were still under the care of iTherapy after 12 months. Eighteen parents have chosen to stop the program after 3 to 12 months, either because they were satisfied with the results or they could not see further improvement. The work on autism had attracted the attention of the press and in 2017 three Chinese dailies have given special reports on the application of iTherapy for autism [18, 19, 20].

**Dementia cases**

Preliminary results on dementia (1 vascular dementia and 7 Alzheimer's) are very encouraging, all patients showed varying degree of improvements within 1 to 3 months [Table 2]. Those who started at a lower stage on Global Deterioration Scale (GDS)

Subject	Year of birth/Age on enrolment/Sex	GDS on day 1	Started	Stopped	GDS after 1 month	GDS after 3 months	GDS after 6 months	GDS after 12 months
1	1939/78/M	6	27/01/17	22/01/18	5	3	3	2
2	1938/79/F	4	28/04/17	-	3	2	2	2
3	1939/78/M	6	12/07/17	10/10/18	6	6	4	no feedback
4	1930/88/F	3	05/08/17	-	2	1	1	1
5	1940/77/M	4	06/10/17	-	2	1	1	1
6	1941/77/F	4	15/05/18	-	3	3	2	-
7	1955/63/F	3	24/05/18	-	2	1	1	-
8	1940/78/M	5	21/10/18	-	3	-	-	

**Table 2. Dementia cases from February 2016 to October 2018.** The evaluation was based on the Global Deterioration Scale (GDS) and Mini-Memory Status Evaluation (MMSE).

recovered faster and better [21]. Regrettably, we do not have the medical records on their changes and improvements were only reported by family members and evaluation carried out by us based on GDS. In October this year, we started to apply Mini Memory State Evaluation (MMSE) to monitor patients [22]. A patient recruited on 21 October 2018 had his MMSE score improved from 14/30 on day 1 to 23/30 on day 34<sup>th</sup>. That implies he has improved from "Stage 5: Moderate dementia" to "Stage 3: Mild Cognitive Impairment" of Global Deterioration Scale [23]. Currently, the patient is in the 3<sup>rd</sup> month of the program. As in the case of autism, if they are not able to practice self-healing Qigong, dementia patients would probably have to stay on iTherapy to maintain the mental condition for a long time.

Family members of 2 patients had decided to stop iTherapy at month 12<sup>th</sup>, they found the patients' personalities have returned to the condition before developing dementia, a condition they found unbearable. It was a curious development and the search for papers on the connection of personalities with the development of dementia confirmed that the patients have recovered to the same old personalities.

The paper *Personality and resilience to Alzheimer's disease neuropathology: a prospective autopsy study* reports, "high neuroticism and low agreeableness were associated with more advanced spread of tangles in limbic and neocortical regions, as indexed by Braak staging. Low trust (cynical, skeptical) and low straightforwardness (manipulative, deceptive) were the only facets associated with both the

severity of A $\beta$  neuritic plaques and the stage of neurofibrillary tangles [24]." The findings mirror what we have observed, our work on dementia has further confirmed the importance to manage emotions and bring harmony to society. Ideally, management of emotions should be introduced when patients regained self-consciousness.

### Conclusion

From the feedback of parents, clients and family members we were able to make the following conclusion for iTherapy:

1. Safe: More than 93 children and 60 adults of all ages, none has reported any adverse reaction. Likewise, the study by Tiller had not detected any problems.
2. Promising: To date, there is no medication that can stop the progression of dementia, but iTherapy had succeeded to reverse the conditions of 8 patients. Likewise, for autism cases, all the cases have shown a positive development. Parents and family members have reported that they were surprised that iTherapy could bring results in a short period of time.
3. Convenient: It is highly convenient to the clients, they need not have to turn up regularly, weekly or monthly feedback through electronic messaging attached with current photo suffices.
4. Cost-effective: The cost of running iTherapy for a dementia patient and autistic children is a fraction of the cost of medication.

### References

1. Jahnke R, Larkey L, Rogers C, et al. A comprehensive review of health benefits of Qigong and Tai Chi. *Am J Health Promot.* 2010; 24(6):1–25.
2. Oh B, Yeung A, Klein P, et al. Accreditation Standard Guideline Initiative for Tai Chi and Qigong Instructors and Training Institutions. *Medicines (Basel).* 2018; 5(2):51.
3. Ooi KH, Chen YL, Yong KW, et al. Qigong Therapy NOSS MP-091-3:2011, National Occupational Skills Standard (NOSS) Registry. Department of Skills Development, Ministry of Human Resource, Malaysia. 2013.
4. Lee MS, Jang HS. Two case reports of the acute effects of Qi therapy (external Qigong) on symptoms of cancer: short report. *Complement Ther Clin.* 2005; 11(3):211-213.
5. Lee MS, Jang HS. Effects of Qi Therapy (External Qigong) on Premenstrual Syndrome: A Randomized Placebo-Controlled Study. *J Altern Complem Med.* 2004; 10(3):456-462.
6. Lee MS, Kim MK, Lee YH. Effects of Qi Therapy (external Qigong) on cardiac autonomic tone: a randomized placebo-controlled study. *Int J Neurosci.* 2005; 115(9):1345-1350.
7. Pagliaro G, Parenti G, Adamo L. Efficacy and Limitations of Distant Healing Intention: A Review Article. *EC Psychology and Psychiatry.* 2018; 7(9):632-636.
8. Waechter R, Sergio L. Manipulation of the electromagnetic spectrum via fields projected from human hands: A Qi Energy Connection? *Subtle Energies & Energy Medicine.* 2002; 13(3):244.

9. Toyabe S, Sagawa T, Ueda M, et al. Experimental demonstration of information-to-energy conversion and validation of the generalized Jarzynski equality. *Nat Phys*. 2010; 6:988-992.
10. Ooi KH, Sim HL, Tan SC. Information-energy equivalence in qigong: reviewing Dossey and Schwartz's "Therapeutic Intent/Healing Bibliography of Research" in light of Pang Ming's Three Levels Theory of Matter. *Journal of Nonlocality*. 2013; 2(1).
11. Tiller W, Dibble W. An introduction to Intention Host Device. *White Papers*. 2009.
12. Tressoldi P, Pederzoli L, Matteoli M, et al. Can Our Minds Emit Light at 7300 km Distance? A Pre-Registered Confirmatory Experiment of Mental Entanglement with a Photomultiplier. *NeuroQuantology*. 2016; 14(3):447-455.
13. Radin D, Michel L, Delorme A. Psychophysical modulation of fringe visibility in a distant double-slit optical system. *Phys Essays*. 2016; 29(1):14-22.
14. Tiller W, Miller S, Reed CR, et al. The Globally Broadcast Autism Intention Experiment: Part I. *White Papers*. 2015.
15. Radin D, Michel L, Galdamez K, et al. Consciousness and the double-slit interference pattern: Six experiments. *Physics Essays*. 2012; 25(2).
16. Rimland B, Edelson SM. Autism Treatment Evaluation Checklist. *Autism Research Institute*. 2016.
17. Diagnostic Criteria for Autism, Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5). *J Am Psychiat Nurses*. 2013.
18. Information Therapy for Autism, the more focused the better the results. *Nanyang Shangbao*. 2017.
19. Information Therapy for Autistic Children. *Kwong Wah Yit Poh*. 2017.
20. Ooi Kean Hin designed device to store information to help autistic children. *Sin Chew Jit Poh*. 2017.
21. Reisberg B, Ferris SH, de Leon MJ, et al. The global deterioration scale for assessment of primary degenerative dementia. *American Journal of Psychiatry*. 1982; 139:1136-1139.
22. Crum RM, Anthony JC, Bassett SS, et al. Population-based norms for the mini-mental state examination by age and educational level. *JAMA*. 1993; 269(18):2386-2391.
23. Reisberg B, Jamil IA, Khan S, et al. Staging Dementia. Principles and Practice of Geriatric Psychiatry. 2011.
24. Terracciano A, Iacono D, O'Brien RJ, et al. Personality and resilience to Alzheimer's disease neuropathology: a prospective autopsy study. *Neurobiol Aging*. 2012.

### Acknowledgement

The results have shown huge potential for the application of iTherapy on various illnesses, particularly on neurological cases. To date, there are only three information therapists who are able to provide iTherapy services, two in Malaysia, one in the Netherlands. We hope to work with universities or institutions to train more people to develop this promising approach. We welcome any institutions who are interested to run a clinical trial with us.

**Competing interests:** The authors declare no competing financial interests. Readers are welcome to comment on the online version of this article at [www.tmr.liferes.com](http://www.tmr.liferes.com)

**Copyright:** © 2019 TMR Publishing Group Limited. This is an open access article distributed under the terms of the Creative Commons Attribution Non-Commercial License.

**Received:** 1 January 2019; **Accepted:** 10 January 2019; **Published online:** 25 January 2019

# Efficacy of Qigong for the treatment of alopecia universalis: a clinical case report

Gómez Jensen Alberto Alejandro<sup>1\*</sup>, Martínez Diana Elina<sup>1</sup>, Wan Qing Guo<sup>1</sup>

<sup>1</sup>Entre Ríos 1409, Corrientes Argentina.

**\*Correspondence:**

Gómez Jensen Alberto Alejandro, Entre Ríos 1409, Corrientes Argentina.  
Email: aleqigong@gmail.com

Qigong is a part of traditional Chinese medicine. According to the antique treaties, the foundations of traditional Chinese medicine are based in maintaining the harmony between Qi (energy), Jing (essence) and Shen (spirit). Alterations in this harmony can develop and determine the appearance of disease. Therapeutic effects of Qigong are helpful in the prevention and treatment of several diseases. It's main role in restoring body functions is due to the communication between internal organs, tissues and cells. The main goal of this work is to show the efficacy of Qigong in the treatment of a dermatological disease characterized by the appearance of circular or oval patches of missing hair, known as alopecia universalis. For western medicine the exact cause of this illness is not totally revealed, however, it's attributed to psychological, genetics and metabolic alterations. From the traditional Chinese medicine perspective, hair alterations are framed in the area of the water energy, represented by the kidney organ. The results of Qigong treatment suggested that the cranial hair follicles had been activated since the first treatment. As treatment progressed, the cranial hair follicles continued to grow, what's more, the brightness and pigmentation of the hair also increased. Therefore, in the clinical conditions evaluated, Qigong could be an effective alternative treatment in consideration of the visible evidence about rapid and long lasting results. Besides, we did not observe any side effects of Qigong in this case.

Qigong is a part of traditional Chinese medicine (TCM). According to the antique treaties, the foundations of TCM are based on maintaining harmony between what they call "the three treasures": Qi (energy), Jing (essence) and Shen (spirit), therefore alterations in this harmony can develop and determines the appearance of disease [1]. Although the origin of Qigong is uncertain, being lost at the beginning of the development of the TCM, its therapeutic approach and the way of understanding the disease, confirm that it has been a technique

developed in parallel with others such as Chinese acupuncture and herbal medicine. This is why its beginnings can be located from 2000 to 5000 years ago [2-4].

In their origin country, China, Qigong is a fundamental part of the health system, and actually widely required as a treatment and coadjuvant in multiple diseases [5]. Its therapeutic effects help in the prevention and treatment of diseases, in accelerating rehabilitation processes and mainly, like all the branches of TCM, in a preventive approach to maintain health [3]. It has a main role in the restoration

of the functions of the body, thanks to the communication between internal organs, tissues and cells [6].

Etymologically, the word can be understood as two: Qi, "breath of life" or vital energy and gong (or kung), "the ability to work", practice or work. It follows that Qigong is a method to exercise, cultivate and refine energy, increasing the health and adaptability of the body, which thus reaches its potential and combats the disease [2].

Within the various denominations,



Qigong can be classified in internal and external. The internal Qigong consists of a series of exercises, dynamic or static, that combined with proper breathing, is practiced by people to achieve the objectives described above. External Qigong is the treatment of the disease by a teacher or specialist in Qigong, which can issue and manipulate the Qi to achieve regulation and thus correct the disease [2, 5, 7].

Although there could be psychological influence based on trust towards the therapist and the previous beliefs of the patient, there are clinical supports that the results of this therapy in multiple pathologies should not only be due to this nor a placebo effect. The greater amount of reports are still necessary, although it is possible to find scientific literature that supports these results. A study with human *in vitro* cells stimulated daily by masters of Qigong for 20 minutes and at a distance of 10 cm, showed an increase in cell proliferation with statistical significance. Although the study replication presented variable results, it is enough to confirm an additional component to the psychological and social effect that external Qigong can have [7]. The effect on cell cultures can also be evidenced in reverse, achieving *in vitro* inhibition of tumor cell cultures, an effect that requires further studies due to the clinical implications [8]. In a review published by Sancier and Hu [9], significant effects of the emission of Qi on human cells, animals and plants are cited, which provide positive evidence of the influence of energy beyond the possible psychological effects.

To achieve mastery of this activity as a therapist, years of constant practice are required and depending on it, the results vary according to the quality of the teacher. However, once the technique is mastered, it opens the door to the healing of a large number of diseases [3, 5, 8].

### **Description of the pathology in western medicine (WM) and TCM**

Alopecia areata is a common dermatological disorder characterized by the appearance of circular or oval patches of missing hair, with well-delimited borders between the normal scalp and the affected area, without induration of the skin or loss of follicular markings. Its course is variable, being able to progress to serious forms with the total loss of the

hair in the scalp - alopecia totalis - and in the whole body - alopecia universalis. For western medicine the exact cause of its presentation is not revealed, although there are several probable etiologies for this clinical condition where most of the evidence show the relevance of autoimmune processes with genetic bases, as well as psychological and metabolic causes that can be associated to its presentation [10, 11]. Multiple therapeutic methods have been used, but in severe cases only poor results can be observed at the cost of important side effects. The main purpose of this treatment consists in supplying immunosuppressive agents to control inflammation and self-immunity. In order to do this, the supply of corticosteroids parenterally, topically or in local injections are given, among many other alternatives [10, 12, 13]. Other compounds are also indicated, such as minoxidil, which has been developed many years ago as a potent vasodilator and later revealed to promote hair growth and body hair growth, or - more recently - methotrexate, a structural analogue of folic acid that integrates the treatment of autoimmune diseases and cancer. All these therapeutic alternatives are not free of side effects and should be given for prolonged periods which often lead to abandonment of therapy with the consequent reappearance of the disease. The totalis and universalis alopecia treatment it is therefore difficult and only 25 to 30% of the patients show an acceptable hair growth after its establishment [13-16].

### **Diagnosis and bases of the treatment for TCM**

In TCM it is considered that there are five energies or "movements" that rule all the human body activity. In each of these movements – water, wood, fire, earth and metal – a somatic energy is integrated (which will govern a main organ, an attached viscera, a series of tissues that are under its influence and an organ of the senses governed by each of them) and a psychic energy (which will determine an emotion, a feeling, a psychological characteristic). The balance between these five components will regulate the state of health and the resistance to the disease [17, 18].

The hair alterations are framed, from this perspective, in the area of the water energy, represented by the kidney organ (that for the discipline has a ying part that could be equated to the western organ – although it exceeds it in its functions – and a part yang that

would have similar effects to the neuroendocrine system). The kidney is syndicated as "the root of life", since it accumulates all the energies inherited from the parents and produced by the individual. In turn, the kidney generates the yin and yang of the other main organs (liver, heart, spleen and lung) and the energy necessary for the fulfillment of vital processes. One of its many manifestations is in the growth, strength and quality of hair. If the energy of the kidney is strong, the hair will grow vigorous and

bright while if it is weak, it will be opaque, brittle, and may even completely loss [18].

### **Clinical case report**

Description of a patient case, female of 14 years old, who presented a generalized absence of hair and body hair. Clinical manifestations began at the age of 8 months, with alopecia patch that remitted. At age 9 she developed again the alteration and was diagnosed as mycosis, receiving antifungal

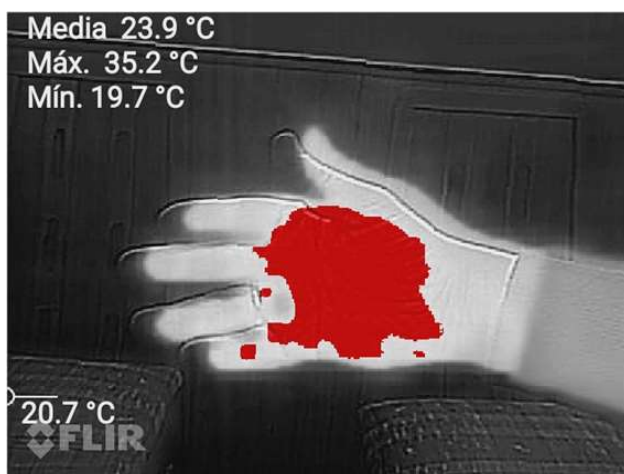


**Figure 1. Patient with alopecia at the time of the first consultation.**

treatment. Without any results for this diagnosis and treatment, psychological support was added to the administration of minoxidil, orienting the cause of alopecia towards stress. The symptoms continued to progress until the total loss of hair and all body hair coverage, receiving at that time the diagnosis of alopecia universalis. Since then and during the course of 2 years, the patient received corticotherapy, in addition to methotrexate and the use of topical solutions. Initially, because of that, growth hair was possible, but with later failure since skull hair fall again. This treatment was abandoned due to the discomfort of the continuous controls and the lack of results. Later she received an injectable treatment that was applied to the scalp, which did not give results and was very painful, so it was also abandoned.

At the time the patient had the chance for the first Qigong session treatment, she had already presented severe alopecia, in addition to other signs such as an exaggerated lumbar curve in the spine, a pale tongue and lilaceous tone and edema in the area of dark circles, among other signs (Figure 1). At that time all drug treatments were suspended, and this continued during the Qigong treatment.

The diagnosis in TCM was of Yin Kidney Deficiency Syndrome, whose probable etiology, when it occurs in children, is an inherited failure of the parents, due to a poor state of health or advanced age at the moment of conception. The basis of the treatment consists of "nourishing the essence of the kidney".



**Figure 2.** Thermic image of therapist's hand emitting Qi from Laogong point.

The treatment consisted of 15 Qigong sessions, with an interval of 15 days between the first 6 sessions and then 30 days between them in last sessions.

For the Qigong sessions, the therapist emits Qi by the Laogong point of both hands (Figure 2). The kidney toning protocol consisted of:

1 - Fukai: Right hand on Baihui (Du 20) and left hand on Yintang at 10 cm distance for 2 minutes, then move both hands away 20 cm away for 2 minutes and approach again at 10 cm 1 minute.

2 - The left hand slowly descends in front of the patient's body to the Guanyuan point (Ren 4) and the right hand descends back to the Mingmen point (4 Du), staying 10 cm away for 5 minutes, then away at 20 cm for 5 minutes and finally again approaching 10 cm, emitting Qi for 5 minutes. Each session was developed in a total of 20 minutes. The observed results were activation of hair follicles of the skull from the first session, with fine hair and light color. As the treatment progressed, there was a continuous hair growth that also showed an increase in brightness and pigmentation. At the time of this report – 11 months after starting the Qigong treatment – satisfactory coverage was observed in the temporal and vertex areas while the growth was still slower in the occipital area. The eyebrows and the rest of the body were again populated. Spine Hyperlordosis and face skin signs like lilaceous color and edema in the lower eyelid were also corrected (Figure 3).

## Conclusion

Qigong is an effective alternative treatment, which showed strong evidence of visible, rapid and lasting results in the case described, without the undesirable effects associated with drug therapy and with the advantage of being accepted with better predisposition by the patient taking into account the avoidance of pain and the discomforts of the medicinal treatments she had received. It is known that Qigong stimulates, primarily, the energy of the kidney, which is mainly affected in these cases.

It is necessary to study a larger number of cases to establish statistical bases that allow us to assess this therapy in the context of severe alopecia.



**Figure 3. Recovery of hair coverage.** Patient after 20 sessions of Qigong.

## References

1. Huang Di. *Nei King: Su Wen*. Buenos Aires: Ediciones Continente. 2003; 2.
2. Hongtao X. TCM Qigong. En: Seminar on Traditional Chinese Medicine Techniques for developing English speaking countries. Beijing. 2011; 176.
3. Hu B. *El Qigong y sus conocimientos*. Beijing: Ediciones de lenguas extranjeras. 1990; 151.
4. Requena Y. *La gimnasia de la eterna juventud*. Barcelona: RobinBook. 1996; 116.
5. Jahnke R, Larkey L, Rogers C, et al. A Comprehensive Review of Health Benefits of Qigong and Tai Chi. *Am J Health Promot*. 2010; 24(6).
6. Guan-Cheng S. Qigong: Bio-Energy Medicine. *J Altern Complem Med*. 2008; 14(8):893-897.
7. Yount G, Solfvin J, Moore D, et al. In vitro test of external Qigong. *BMC Complem Altern M*. 2004; 4(5):1-8
8. Chen K, Perlman A, Liao JC et al. Effects of External Qigong Therapy on Osteoarthritis of the Knee A Randomized Controlled Trial. *Clin Rheumatol*. 2008; 27(12):1497-1505.
9. Sancier K, y Hu B. Medical applications of Qigong and emmitted Qi on humans, animals, cell cultures and plants: review of selected scientific research. *American Journal of Acupunctur*. 1991; 19(4):367-377.
10. Dawber RPR, De Berker D, Wojnarowska F. Disorders of hair. In: Champion RH, Burton JL, Burns DA, Breathnach SM, eds. *Textbook of Dermatology*. 6th ed. Oxford: Blackwell Science. 1998; 2538-2638.
11. Olsen EA. Hair disorders. In: Freedberg IM, Eisen AZ, Wolff K, Austen KF, Goldsmith LA, Katz SI, et al, eds. *Fitzpatrick's Dermatology in General Medicine*. New