

RESEARCH
STUDY

SUMMARY



EVALUATION OF BODYTALK

A Novel Mind-Body Medicine

FOR CHRONIC PAIN TREATMENT

Full Publication Citation:

L.L. Stuve, H. Liu, J. Shen, J. Gianettoni, and J. Galipo. J Pain Manage 2015; 7(4):279-290.

THE PROBLEM

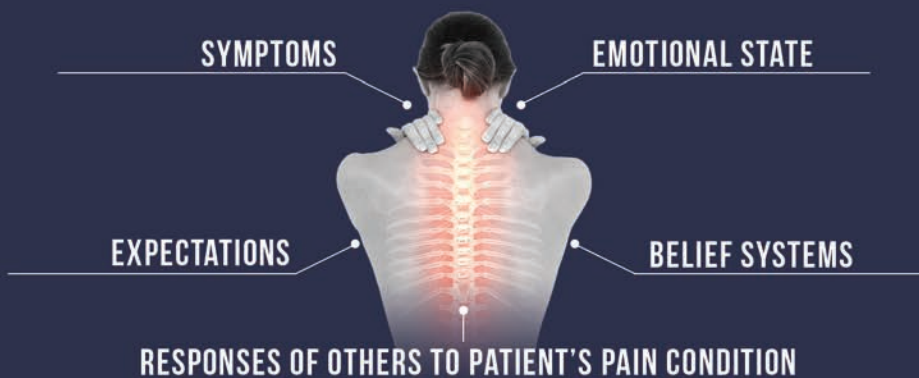
Pain is the most common cited reason why people seek out complimentary and alternative medicine.

-National Institute of Health

Chronic pain has now surpassed cancer, cardiovascular disease, and diabetes *combined* to emerge as the leading public health challenge, affecting approximately 100M adults in the United States.

The annual cost is estimated at over \$560B in treatment-associated expenses and lost productivity. It is now recognized as a distinct and complex disease.

IN 2011, THE INSTITUTE OF MEDICINE RECOMMENDED THAT SUCCESSFUL CHRONIC PAIN TREATMENT STRATEGIES ADDRESS THE **WHOLE PATIENT**:



BODYTALK

BodyTalk is a novel complimentary and alternative medicine (CAM) that is best classified as mind-body medicine, addressing the physical, emotional, and social aspects of a health and is therefore ideally suited to address the complexity of chronic pain conditions.



KEY POINTS

- ✓ This publication is the first formal research study evaluating the effectiveness of a novel mind-body medicine, BodyTalk, founded by Dr John Veltheim in the early 1990's.
- ✓ The study evaluated the ability of a series of distance BodyTalk treatments to address chronic pain and its associated emotional symptoms.
- ✓ **The study identified statistically significant:**

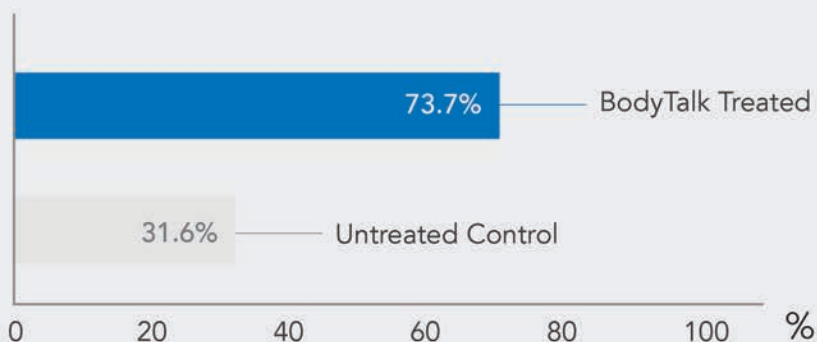
- ✓ Pain reduction in 73.7% of the treated participants as compared to 31.6% of the untreated control participants.

- ✓ Improvements in:

- pain reduction
- impact of pain
- anxiety
- depression
- fatigue
- overall life satisfaction
- overall physical health
- mental health

for participants who received BodyTalk treatments as compared to those that didn't receive treatment.

PERCENT WITH IMPROVEMENT IN PAIN LEVEL



STUDY DESIGN

Objective of the study:

Evaluate if a series of distance BodyTalk treatments would show statistically significant reduction in chronic pain and associated emotional factors.

The study analyzes 38 individuals with a diverse collection of long-term chronic pain conditions who were randomly divided into two groups that either (1) received 8 weekly distance treatments or (2) got no treatment.

All individuals were told to rest comfortably during a preset time each week and that they would have a 50:50 chance of receiving a distance BodyTalk treatment from a remote practitioner during this time. In this way, distance treatments were used in order to ensure that the subjects had no knowledge of their group assignment. The research subjects had no contact with the remote practitioners during these weekly times.

This type of study design is called a "randomized single-blinded" study, as the subjects were blinded as to whether they were being treated and is a standard way to test effectiveness of a treatment in the field. To gather more data from this small group of participants, the untreated people were given treatments in the second half of the study so that their treatment results could be compared with their pre-treatment results.

Seven certified BodyTalk practitioners who had excellent success rates working in a distance format, performed the remote treatments on the participants.

In order to evaluate how the BodyTalk treatments were impacting the participants, they completed regular on-line surveys to report on their level of pain, fatigue, emotional and quality of life factors using numerical values (1-5, or 0-10) so the results were quantitative. These surveys and website infrastructure were developed by the National Institute of Health, the Patient Reported Outcome Measurement Information System (PROMIS). This assessment tool was designed to provide standardized measurements for different research studies comparing different modalities and treatments to allow data comparison between them.

The data was then analyzed by a statistical team at UCLA medical school that collaborated with the Be Healthy team of BodyTalk instructors and practitioners on research study design and analysis of the final data.

RESULTS & CONCLUSIONS

7 of 10 areas evaluated showed *statistically significant* improvements in the treated group:

1. pain reduction
2. impact of pain
3. anxiety
4. depression
5. fatigue
6. overall life satisfaction
7. Two global health measures
 - overall physical health
 - mental health, mood, ability to think

The study evaluated 10 different areas for possible improvements with BodyTalk treatments.

The results of this study are reflective to the typical results seen by BodyTalk practitioners in unpublished reports and case studies where improvement in *both* physical and emotional aspects of a health condition are commonly observed. This study is a small-scale pilot study with very promising results for a novel mind-body medicine, warranting follow-up validation studies of BodyTalk for chronic pain and other health conditions.

AUTHORS

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PRACTITIONERS

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FUNDING AGENCY

The study was funded by the non-profit, 501 (c)(3) organization, Be Healthy, Inc. Be Healthy, Inc. was founded in 2003 to provide Bodytalk healthcare and education for low income people around the world. It also supports projects that are committed to bringing the BodyTalk system forward.



FULL PUBLICATION

Journal of Pain Management 2015, Nova Science Publishers, Inc.



“ If the Cartesian model of mind-body separation were correct, pain would be restricted to the injury site and should be abolished after healing.”

- Rohini Kuner

FAQs



WHAT IS MIND-BODY MEDICINE?

Mind-body medicine is a holistic approach to medicine that takes into account the effect of the mind on the physical processes of the body including the effects of psychosocial stressors and conditioning. (<http://medical-dictionary.thefreedictionary.com/>)

Mind-body medicine focuses on:

- The interactions among the brain, the rest of the body, the mind, and behavior.
- The ways in which emotional, mental, social, spiritual, experiential, and behavioral factors can directly affect health.

The National Center for Complementary and Alternative Medicine (NCCAM) is the component of the NIH that studies complementary and alternative medicine (CAM). Within CAM, some examples of mind-body medicine practices are meditation, hypnosis, tai chi, and yoga. (<http://report.nih.gov/nihfactsheets/viewfactsheet.aspx?csid=102>)

WHY IS BODYTALK A MIND-BODY MEDICINE?

BodyTalk works with the influence of our psychology, mood, emotions and belief systems on our physical health.

WHAT IS BODYTALK?

BodyTalk is a type of CAM that looks at the whole person and the whole context of their life to address their health issues: physical, emotional, social and environmental stressors, genetic, epigenetic lifestyle factors, and belief systems.

BodyTalk uses *four key tools* to establish and activate a prioritized and individualized treatment for a client:

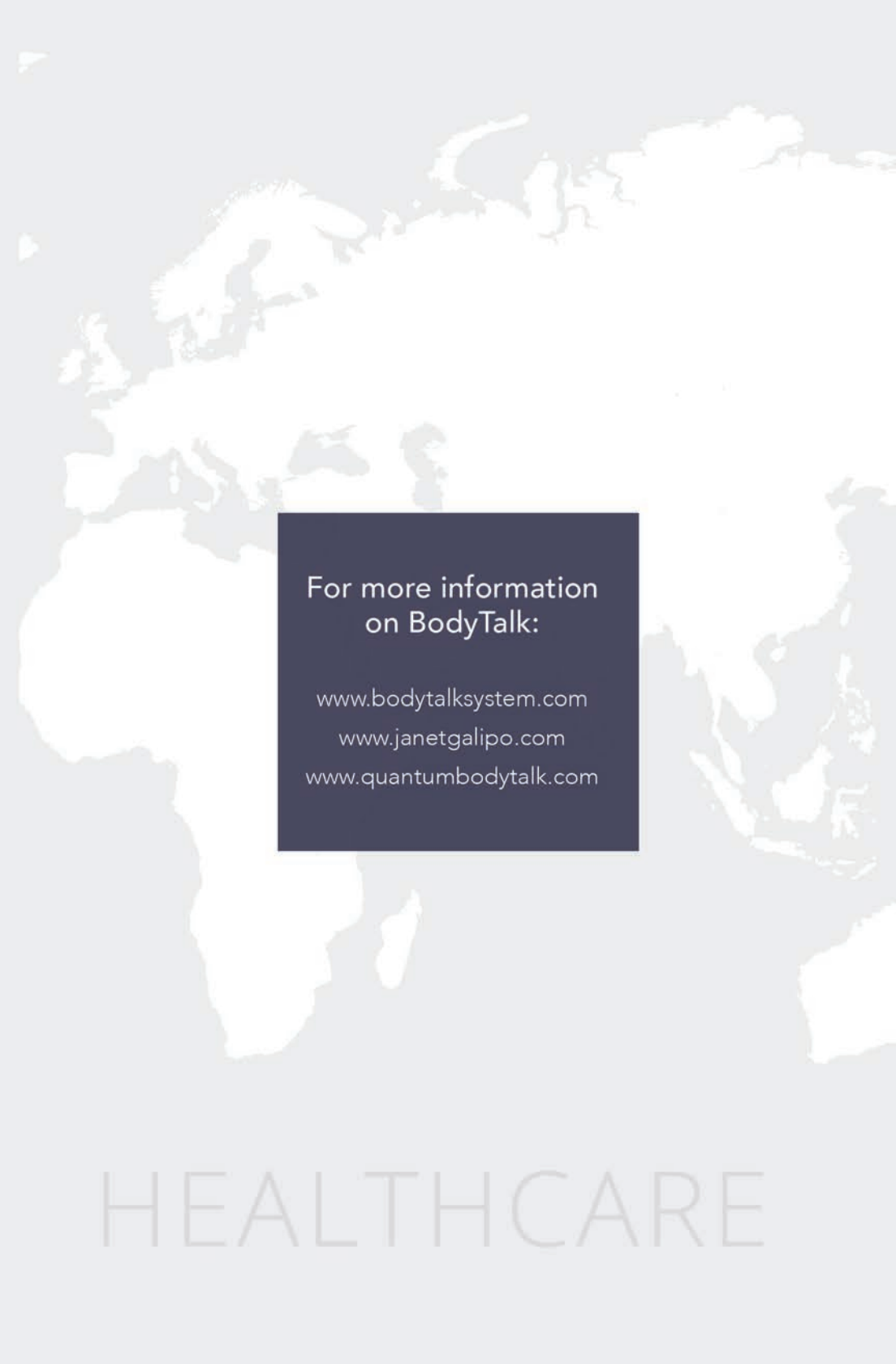
(1) a comprehensive and integrative map of the body and mind (the BodyTalk protocol chart)

(2) a specific language to navigate around this mind-body map (the Exploring Procedure chart)

(3) a neuromuscular biofeedback technique, a subtle movement of the arm/wrist of the client by the practitioner or alternatively done using practitioner self testing, to get yes/no information that allows establishment of the priorities from the protocol chart

(4) a light tapping on the head and sternum to activate the brain and the electromagnetic field of the heart, respectively, thereby activating the treatment.

BodyTalk is an integrative modality that **weaves together** the anatomy and physiology of Western medicine with the understandings of the body from Chinese medicine, Ayurvedic medicine, quantum physics and biophysics.



For more information
on BodyTalk:

www.bodytalksystem.com

www.janetgalipo.com

www.quantumbodytalk.com

HEALTHCARE

