



A double blind, Single Treatment, Single Sequence, single Centre Pilot Clinical Trial to Evaluate the Effect of Healing Energy on Lowering and Control of Blood Glucose Level in Male and Female Human Diabetic Patients

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Abstract

An double blind single clinical pilot study was conducted in 15 diabetic individual. The study was conducted under the guidelines of GCP (Good Clinical Practice). No changes were done in their medication and were only subjected to additional Meditation Healing therapy conducted under the guidance of Master. After attending the sessions the results were analysed. Soon after the meditative session the Blood Sugar levels were raised maintained. When the pancreas started getting cured the blood sugar levels dropped down to become normal.

Keywords: Health, meditation, Healing, diabetes, blood sugar levels

1. Objective:

The objective of the study was to evaluate Effect of Healing Energy on lowering blood Glucose levels in Diabetic Patients. Secondary objective of the study was to evaluate how many Healing Energy Sessions will be required to Lower, Control and Cure diabetes in male and female Human Diabetic patients.

2. Introduction

Diabetes mellitus (or diabetes or DM) is a chronic, lifelong condition that affects your body's ability to use the energy found in food. There are three major types of diabetes: type 1 diabetes, type 2 diabetes, and gestational diabetes.

All types of diabetes mellitus have something in common. Normally, your body breaks down the sugars and carbohydrates you eat into a special sugar called glucose. Glucose fuels the cells in your body. But the cells need insulin, a hormone, in your bloodstream in order to take in the



glucose and use it for energy. With diabetes mellitus, either your body doesn't make enough insulin, it can't use the insulin it does produce, or a combination of both.

Since the cells can't take in the glucose, it builds up in your blood. High levels of blood glucose can damage the tiny blood vessels in your kidneys, heart, eyes, or nervous system. That's why diabetes -- especially if left untreated -- can eventually cause heart disease, stroke, kidney disease, blindness, and nerve damage to nerves in the feet.

Diabetes is due to either the pancreas not producing enough insulin or the cells of the body not responding properly to the insulin produced. There are three main types of diabetes mellitus:

- Type 1 DM results from the body's failure to produce enough insulin. This form was previously referred to as "insulin-dependent diabetes mellitus" (IDDM) or "juvenile diabetes". The cause is unknown.
- Type 2 DM begins with insulin resistance, a condition in which cells fail to respond to insulin properly. As the disease progresses a lack of insulin may also develop. This form was previously referred to as "noninsulin-dependent diabetes mellitus" (NIDDM) or "adult-onset diabetes". The primary cause is excessive body weight and not enough exercise.
- Gestational diabetes, is the third main form and occurs when pregnant women without a previous history of diabetes develop a high blood glucose level.

These different types of Diabetes are discussed in more detail below.

Type 1 Diabetes

Type 1 diabetes is also called insulin-dependent diabetes. It used to be called juvenile-onset diabetes, because it often begins in childhood.

Type 1 diabetes is an autoimmune condition. It's caused by the body attacking its own pancreas with antibodies. In people with type 1 diabetes, the damaged pancreas doesn't make insulin.

This type of diabetes may be caused by a genetic predisposition. It could also be the result of faulty beta cells in the pancreas that normally produce insulin.

Type 2 Diabetes

By far, the most common form of diabetes is type 2 diabetes, accounting for 95% of diabetes cases in adults. Some 26 million American adults have been diagnosed with the disease.



Type 2 diabetes used to be called adult-onset diabetes, but with the epidemic of obese and overweight kids, more teenagers are now developing type 2 diabetes. Type 2 diabetes was also called non-insulin-dependent diabetes.

Type 2 diabetes is often a mild form of diabetes than type 1. Nevertheless, type 2 diabetes can still cause major health complications, particularly in the smallest blood vessels in the body that nourish the kidneys, nerves, and eyes. Type 2 diabetes also increases your risk of heart disease and stroke.

With Type 2 diabetes, the pancreas usually produces some insulin. But either the amount produced is not enough for the body's needs, or the body's cells are resistant to it. Insulin resistance, or lack of sensitivity to insulin, happens primarily in fat, liver, and muscle cells.

People who are obese -- more than 20% over their ideal body weight for their height -- are at particularly high risk of developing type 2 diabetes and its related medical problems. Obese people have insulin resistance. With insulin resistance, the pancreas has to work overly hard to produce more insulin. But even then, there is not enough insulin to keep sugars normal.

There is no cure for diabetes. Type 2 diabetes can, however, be controlled with weight management, nutrition, and exercise. Unfortunately, type 2 diabetes tends to progress, and diabetes medications are often needed.

An A1C test is a blood test that estimates average glucose levels in your blood over the previous three months. Periodic A1C testing may be advised to see how well diet, exercise, and medications are working to control blood sugar and prevent organ damage. The A1C test is typically done a few times a year.

Gestational Diabetes

Diabetes that's triggered by pregnancy is called gestational diabetes (pregnancy, to some degree, leads to insulin resistance). It is often diagnosed in middle or late pregnancy. Because high blood sugar levels in a mother are circulated through the placenta to the baby, gestational diabetes must be controlled to protect the baby's growth and development.

According to the National Institutes of Health, the reported rate of gestational diabetes is between 2% to 10% of pregnancies. Gestational diabetes usually resolves itself after pregnancy. Having gestational diabetes does, however, put mothers at risk for developing type 2 diabetes



later in life. Up to 10% of women with gestational diabetes develop type 2 diabetes. It can occur anywhere from a few weeks after delivery to months or years later.

With gestational diabetes, risks to the unborn baby are even greater than risks to the mother. Risks to the baby include abnormal weight gain before birth, breathing problems at birth, and higher obesity and diabetes risk later in life. Risks to the mother include needing a cesarean section due to an overly large baby, as well as damage to heart, kidney, nerves, and eye.

Other Forms of Diabetes

A few rare kinds of diabetes can result from specific conditions. For example, diseases of the pancreas, certain surgeries and medications, or infections can cause diabetes. These types of diabetes account for only 1% to 5% of all cases of diabetes.

Diagnosing type 1 diabetes

It's important to diagnose diabetes as early as possible, so that treatment can be started.

Urine and blood tests

The urine sample is tested to see whether it contains glucose. Urine doesn't usually contain glucose, but if you have diabetes, some glucose can overflow through the kidneys and into the urine. Urine may also be tested for ketones (chemicals) that indicate type 1 diabetes.

If the urine contains glucose, a blood test can be used to confirm the diagnosis of diabetes. A sample of blood will be taken in the morning, before one has eaten anything, and it will be tested to measure the blood glucose levels.

If blood glucose levels aren't high enough for diagnosis of diabetes, an oral glucose tolerance test (OGTT), which is also sometimes referred to as a glucose tolerance test (GTT) will be carried out. After drinking a glucose drink, samples of blood will be taken every half an hour, for two hours. The samples will be tested to find out how the body is dealing with the glucose.

Glycated haemoglobin (HbA1c)

The glycated haemoglobin (HbA1c) test is another blood test that can be used to diagnose diabetes. In people who've already been diagnosed with diabetes, the HbA1c test is often used to show how well their diabetes is being controlled. The HbA1c test gives the average blood glucose level over the previous two to three months. The results can indicate whether the measures being taking to control diabetes are working.

Antibody tests



There are blood tests for specific antibodies that can identify type 1 diabetes. If one has been diagnosed with diabetes, it's recommended that HbA1c is measured at least twice a year. Unlike other tests, such as the GTT, the HbA1c test can be carried out at any time of day and doesn't require any special preparation, such as fasting. However, it's less reliable in certain situations, such as during pregnancy. The advantages associated with the HbA1c test make it the preferred method of assessing how well blood glucose levels are being controlled in a person with diabetes. HbA1c is also increasingly being used as a diagnostic test for type 2 diabetes, and as a screening test for people at high risk of diabetes.

Diagnosing type 2 diabetes

HbA1c as a diagnostic test

In 2011, the World Health Organization (WHO) recommended that HbA1c could also be used to help diagnose type 2 diabetes in people who aren't known to have the condition. An HbA1c level of 6.5% (48mmol/mol) or above indicates type 2 diabetes. Although there's no fixed point to indicate when someone has pre-diabetes, a UK expert group has recommended that an HbA1c level of 6-6.4% (42-47 mmol/mol) would indicate that a person has a high risk of developing diabetes.

Test results

The results of the GTT will show whether you have impaired glucose tolerance (IGT) or diabetes. This will be based on the amount of glucose in your blood both before and after drinking the glucose drink.

Blood glucose is measured in millimoles per litre, often written as mmol/l.

For someone without diabetes, the amount of glucose in their blood should be:

- less than 6 mmol/l before the test
- less than 7.8 mmol/l two hours after the test

If you have IGT, the amount of glucose in your blood will be:

- 6-7 mmol/l before the test
- 7.9-11 mmol/l two hours after the test

If you have diabetes, the amount of glucose in your blood will be:

- more than 7 mmol/l before the test
- more than 11 mmol/l two hours after the test



If the test results indicate you have IGT, you may be advised to make lifestyle changes, such as eating more healthily and taking more exercise. Medication to lower your blood glucose level may also be recommended.

If the results indicate that you have diabetes, it is likely that medication will be prescribed. This will lower your blood glucose level and help keep it under control.

What Are Alternative Treatments for Diabetes?

When a person has diabetes, maintaining excellent blood sugar control is one aspect of disease management, but does not paint the entire picture. In addition to medications, such as insulin injections, patients may choose to use complementary and alternative therapies to better manage their diabetes. These therapies may aim to treat the mind as well as the body.

About one-third of Americans with diabetes use some form of complementary and alternative medicine (CAM) therapies, according to an article published in the journal *Clinical Diabetes*. “Integrative medicine” is a term for the combination of traditional medicine and CAM therapies. Before you begin such treatments, it is important to recognize that there is limited evidence on how well they do or do not work. Also, just because supplements are “all-natural” does not mean they will not interfere with diabetes medications or other medications. People with diabetes should always tell their physician about any alternative therapies they are taking to ensure safety.

Herbs and Supplements Are Used As Alternative Therapies

Herbs and supplements are some of the most popular CAM therapies for people with diabetes. The U.S. Food and Drug Administration (FDA) does not consider these therapies “medicines.” Therefore, they are not regulated.

In its 2014 “Standards of Medical Care in Diabetes” statement, the American Diabetes Association took the following positions on supplements for diabetes:

- There is no evidence that taking supplements or vitamins are beneficial for those with diabetes who do not have vitamin deficiencies.
- Taking long-term antioxidant supplements, such as vitamin C, vitamin E and carotene have been associated with safety concerns.
- There is no evidence that people with diabetes and vascular disease benefit from taking EPA and DHA supplements.



- There is not enough evidence to suggest taking nutrients, such as vitamin D, chromium, magnesium, or cinnamon aid in diabetes treatment.

Below are some of the most popular supplements used with diabetes.

- Aloe Vera: You can apply gel from this common household plant topically or take it as an oral supplement. Gel is commonly used to relieve burns. Two clinical trials found that aloe vera taken orally helped to lower the fasting blood sugar during a six-week trial period. However, the studies did not cover long-term use.
- Alpha-Lipoic Acid: Alpha-lipoic acid is an antioxidant found naturally in foods like spinach, broccoli, and potatoes. The supplement is thought to reduce nerve damage related to diabetes (diabetic neuropathy) and improve the body's ability to use insulin. Some studies support the use of this supplement for neuropathy. While there is some evidence for the benefits of this treatment when taken intravenously, several studies show zero effectiveness in protecting against diabetic macular edema or improve the body's response to insulin, according to the National Center for Complementary and Alternative Medicine (NCCAM).
- Chromium: Patients with diabetes have been shown to lose more chromium in their urine. This is thought to affect insulin resistance. A U.S. study that measured the effectiveness of chromium supplements across 180 patients found patients who took 500 µg of the supplement twice a day saw improved HbA1C (A1C) levels than those in the placebo group. However, other studies do not support these findings.
- Cinnamon: Studies on this popular diabetes supplement have provided very inconsistent results. According to the Mayo Clinic, some studies show that cinnamon can enhance insulin sensitivity while others have found no effects. If cinnamon is helpful, its benefits are minimal.
- Garlic: Garlic, or allium sativum, is a popular supplement, but research on its effects in people with diabetes is minimal. Clinical trials in patients with type 2 diabetes who took garlic did not show changes in blood sugar or insulin levels. Some clinical trials found garlic lowered total cholesterol levels and blood pressure levels.
- Ginseng: Ginseng is a powerful herbal supplement known to interact with several medications, particularly warfarin, which doctors prescribe as a blood thinner. According to NCCAM, no current research supports ginseng supplementation.



- **GymnemaSylvestre (Gymemna):** This Ayurvedic treatment involves chewing the leaves of the gymnema plant. The Hindi name for the plant is “gurmar” or “sugar destroyer.” The plant is rumored to have blood sugar-lowering effects. However, valid clinical studies have yet to demonstrate its effectiveness.
- **Magnesium:** This mineral is present in many foods, including whole grains, nuts and green, leafy vegetables. A 2011 meta-analysis of diabetes research related to magnesium found that patients with low magnesium levels were more likely to develop diabetes. However, supplementation is not recommended until clinical studies can better assess its effectiveness.
- **Omega-3 Fatty Acids:** Considered “good” fats, omega-3 fatty acids are those found in salmon, walnuts, soybeans, and other foods. While supplements may help reduce heart disease risk in as well as reduce triglyceride levels, there is no evidence that they reduce diabetes risk or help patients better manage diabetes. Also, the supplements can interact with medications used to thin the blood.
- **Polyphenols:** Polyphenols are antioxidants found in fruits, vegetables, and whole grains. Current evidence on the effectiveness of a high-polyphenol diet is only preliminary and has not produced conclusive findings.
- **Prickly Pear Cactus:** Also known as nopal, this plant is used in cooking and for its reported medicinal effects. However, no direct link has been made with taking nopal and treatment for diabetes.
- **Vanadium:** A few studies show that in very high doses, vanadium may increase a person’s sensitivity to insulin. However, the evidence is not yet conclusive. Vanadium can cause side effects in high doses and can be toxic at very high doses, so excessive supplementation should be avoided.

Mind and Body Approaches Are Used As Alternative Therapies

Diabetes and other chronic conditions are associated with an increased risk of depression and anxiety. According to the researches, increased stress can also affect the ability of people with diabetes to properly manage medications. Mind-body approaches are used as alternative therapies for diabetes to help patients deal with these concerns.



The American Diabetes Association (ADA) recommends that most patients with diabetes engage in at least 150 minutes of moderate to intense aerobic physical activity on a weekly basis, with strength training at least two days a week. In addition to this, other activities that can help reduce stress, such as tai chi and yoga, may be beneficial. But according to research published in *Clinical Diabetes*, while these may help a person relax and promote flexibility and strength, they are not associated with improvements in diabetes measurements, such as glycemic control or improvements in A1C tests.

While meditation may not burn calories, it can help to relieve stress. Meditation techniques can vary from mantra-based, such as repeating an uplifting thought or statement, to breathing techniques and methods. Examples of meditation techniques include Vipassana, Transcendental, and Zen meditation.

Other Complementary Medicine Techniques Are Used as Alternative Therapies

Acupuncture is a traditional Chinese medicine practice that involves inserting small needles into strategic points in the skin. This can help to re-direct energy flow and restore harmony to the body. In doing so, patients may feel more relaxed.

Acupressure is another technique that involves placing pressure on strategic points in the body to produce similar effects to acupuncture.

These techniques do not aim to cure diabetes, but instead aim to help a person's body function more optimally.

Is there such a thing as natural cures for diabetes?

In the pharmacy colleges or in medical schools studying western medicine, it is told that diabetes is treatable with proper medication but to reverse diabetes is difficult. But there are ways to reverse and prevent the progression of diabetes. There are really natural cures for diabetes. Most treatments focus their efforts on 'the glucose problem'. Unfortunately, that's not where the problem lies. First of all, being diabetic, the body is already weakened as it is deprived of energy. That's exactly why diabetics get tired or fatigued easily! Insulin is a hormone that allows our cells to absorb glucose and turn it into energy. In western medicine, diabetes is a condition in which the body either does not produce sufficient, or does not properly react to insulin, which is produced in our pancreas. With diabetes, the body either fails to properly react



to its own insulin, does not make sufficient insulin, or both. This causes glucose to accumulate in the blood. Most of our efforts are focused on the symptoms of attacking the glucose problem. However, the greater problem is that the body is weak and not able to naturally heal itself without the energy it requires. Hence, one of the most important secrets of healing diabetes is energy.

“Panos T. Pappas and Charles Wallach, discovered the relation between energy and our health by measuring the transmembrane potential in the cells. They found that healthy cells have a transmembrane potential range of -50 to -60milliVolts.”

However, as our cell sickens, this transmembrane potential is compromised.

This change in energy state occurs before any bio-chemical or organic changes in our body.

Therefore, western medicine merely looks at blood tests and bio-chemical changes like glucose to diagnose and manage diabetes. On the contrary, there is increasing evidence of using alternative energy healing for diabetes that harmonizes energy in our body. This may sound a little alien to some, however, energy healing like acupuncture and chakra healing has been used for thousands of years. So what has energy got to do with health? The symptoms are merely signals that the body is trying to resolve the problem but has not succeeded in doing so. Let's look at the evidence of how the disharmony of energy leads to diabetes. According to Traditional Chinese Medicine or Chinese energy healing, the condition is merely an imbalance of yin and yang energy that regulates the function of the body. Diabetes is usually a result of the deficiency of kidney essence. However, they recognize that the problem ranges from deficiency of Qi and Yin of the kidney, spleen and internal heat. There is also hyperactivity of stomach fire and excessive heat in the lung.

As a result, acupuncture points are chosen based on the diabetic medical history, and specific stage of diabetes advancement. Hence, in Chinese energy healing for diabetes, acupuncture points used for each individual patient differ even for the same illness. There are various studies demonstrating how acupuncture helps in diabetes.



For example, a review by Hui, which appeared in the Journal of Traditional Chinese Medicine 1995; 15: 145-154 found that acupuncture has a 3 fold benefit on diabetes. Firstly, it increases insulin synthesis in the pancreas, increase the utilization of glucose and increasing the number of receptors on target cells. Hence, resulting in the lowering of blood sugar.

Hence, energy healing for diabetes provides our body the necessary energy, it allows our body to start working effectively again and begin the healing process. There are a diverse variety of energy healing for diabetes like acupuncture, yoga, Meditation, color therapy. When you recognize the significance of energy in diseases, your paradigm of possibility expands. This concept of energy healing is not limited to diabetes natural cures like acupuncture, chakra healing, yoga etc. This ancient doctrine understood diabetes is merely an energetic imbalance of the third chakra or Solar Plexus Chakra. The energetic disharmony of this chakra manifests itself in not only physiological problems like diabetes but also emotional imbalances. However, this clearly demonstrates how we can reverse diabetes by dealing with the emotional aspects too. There is a need in Western Medicine system for a huge paradigm shift to accept the holistic nature of our health. What is also interesting is energy healing deals with not only the physiological aspect but also the psychological facet.

Leveraging on energy healing can reverse diabetes from the emotional paradigm too! Lastly, if strict lifestyle modifications are not giving you the results and control, understanding and applying some of these simple alternative diabetes natural cures may just be the little thing that can reverse and prevent the progression of diabetes.

3. Investigational Plan

3.1. Overall Study Design and Plan:

The study was designed in such a way that the enrolled patients will undergo atleast six full day Energy Healing sessions during the clinical trial. The sessions were scheduled every third day. Each full day session was planned to have three 1 to 1.5 hour Healing sub-sessions, two before lunch and one after lunch. A relaxing time of approximately 30 min. was given in between sessions. Patients enrolled in the trial were requested to report between 8 am to 8:30 am on the scheduled session day. During the first three sessions, Patients were asked to consume breakfast and report to the session. After recording vitals (Oral temperature, pulse rate and sitting BP) and



measuring random blood Glucose (using Glucometer), the patients were given Tea and Biscuits. Patients were free to take Tea with or without Sugar. Quantity of Sugar taken by the patients was recorded (1 spoon, 2 spoons etc.) For the last three sessions, Patients were requested to report in fasting condition. After recording vitals and fasting Blood Glucose, Patients were served Breakfast and Tea prior to attending the sessions. Patients were then requested to sit in the session hall and relax for 10 to 15 min. Respected Bhaiyyaji (henceforth mentioned as Healer) started the session at approximately 9:30 am. During the initial 30 min. to 1 hour Patients were requested to share their experience during the previous sessions and two days in between. This time was used as an interaction session between Patients and the Healer. The first healing session started at approximately 10:30 am. Patients were requested to sit relaxed on the chairs and close their eyes. Patients were requested not to open their eyes till the end of the sub-session (~ 1 hour) or until the Healer announces the end of the sub-session and asks them to open the eyes. Patients were given 30 to 45 min. to relax in between the sub-sessions. During this time, blood Glucose was measured for a few subjects to evaluate the effect of the sub-session on blood Glucose level. Second sub-session started at ~11.30 am and completed at ~ 1 pm. Lunch was served from 1 to 2 pm. The third sub-session started at ~ 2:30 pm and ended at ~ 3:30 pm. At the end of the third sub-session, vitals (Oral temperature, pulse rate and sitting BP) and blood Glucose were recorded for all Patients. Patients were requested to report next day between 7 am to 9 am for vitals and blood Glucose recording. After recording vitals and Blood Glucose, Tea and snacks were served to all Patients. Two forms, one for recording food consumption in between the session days and regular medication consumption by the patients were given to each Patient prior to check out. Patients were requested to fill details of consumption of breakfast, lunch, snacks and dinner in the first form and details of consumption of their individual prescribed medication consumption in the second form and submit the forms during the next scheduled session.



Treatment studied: The general methodology followed during Healing was simple. In this clinical trial, no trial drug was administered to the patients. Patients underwent Healing Energy as the only treatment. The Healer was sitting on a large chair facing the patients. The Healer described the nature of the Healing Energy with the Patients and also described the minor effects such as heavy Head, minor discomfort in the legs etc. which the Patients may face during the session interval. After some general discussions, before starting the session, the Healer requested the Patients to close their eyes and sit relaxed on their chairs. Patients were also requested not to open their eyes in between the session. After all Patients closed their eyes, the Healer also closed eyes and started generating a particular Healing Energy and directing it towards the sitting Patients. At the end of the session, which was approximately 1 hour, the Healer chanted a small prayer and told the Patients to open their eyes. The Healer also asked the Patients if they experienced any discomfort during the session. After some general discussion, the Patients were asked to relax for some time, usually 30 min. and be ready for the next session. There was no restriction on consumption of water either before or after the session. During the session, no one consumed water since they were closing their eyes.

Patient population: Patient population enrolled in the clinical trial included both male and Female patients in the age group of 35 to 75 years and suffering from Diabetes Mellitus from one to ten years. A total of 15 patients, who were willing to participate, were enrolled in the study. Patients were given numbers as subject 1, subject 2 etc. As per requirement of GCP, the patients were identified by their subject numbers and not by their names throughout the clinical trial. Demographics of the Patients enrolled in the clinical trial are tabulated in Table 2.



Table 1

Patient no.	Sex	Date of Birth	Age (Years)	Height (cm)	Weight (Kg)	BMI
Sub 1	Male		48	179	71	22.2
Sub 2	Male		44	164	71	26.4
Sub 3	Female		48	155	64	26.6
Sub 4	Male		64	166	65	23.6
Sub 5	Female		56	157	82	33.3
Sub 6	Female		58	163	53	19.9
Sub 7	Male		70	163	47	17.7
Sub 8	Female		64	142	61	30.3
Sub 9	Female		33	146	60	28.1
Sub 10	Male		58	168	63	22.3
Sub 11	Male		43	172	59	19.9
Sub 12	Female		43	150	59	26.2
Sub 13	Male		68	155	58	24.1
Sub 14	Female		58	163	75	28.2
Sub 15	Male		47	166	76	27.6

Patients and the investigators were blinded as far as the nature of the Healing Energy was concerned. The clinical trial was not placebo controlled. The trial can be described as single sequence and non-randomised, since all the Patients were attending the sessions at the same time and were exposed to the same Healing Energy together. Patients were requested to attend six Energy Healing Sessions and these can be considered as six periods of one day duration each. Patients were requested to follow their regular daily activities during the duration of clinical trial. Patients were requested to continue their regular medical treatments and consume their medicines as before at scheduled intervals during the clinical trial. Patients were required to document the food and medicine consumption in the forms provided.



	January 2015				February 2015											
Activity	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12
Registration	X															
Enrolment	X															
Vitals & Blood Glucose	X	x	x	x	x	x	x	x	x	x	x	x	x	x	x	X
Energy Healing Session	X			x			x			x			x			x
Vitals & Blood Glucose	X			x			x			x			x			x
Adverse Events							x									x

Inclusion Criteria:

- i. Patients who were diagnosed to have either Type I or Type II diabetes were eligible for inclusion in the trial.
- ii. Patients who were 18 years or above were eligible for inclusion
- iii. Patients who were ready to participate in the trial on their own will were eligible for participating.

Exclusion criteria: Patients were excluded from participating in the study if they meet any of the following criteria

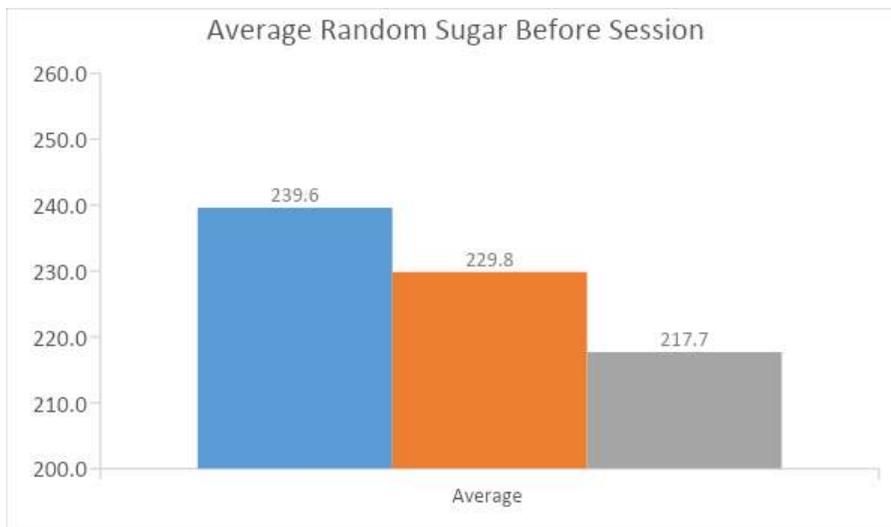
- i. Patients participating in other clinical trial concomitantly
- ii. Patients who participated in this clinical trial previously
- iii. HIV positive or active hepatitis or active infectious disease
- iv. Pregnancy and lactation

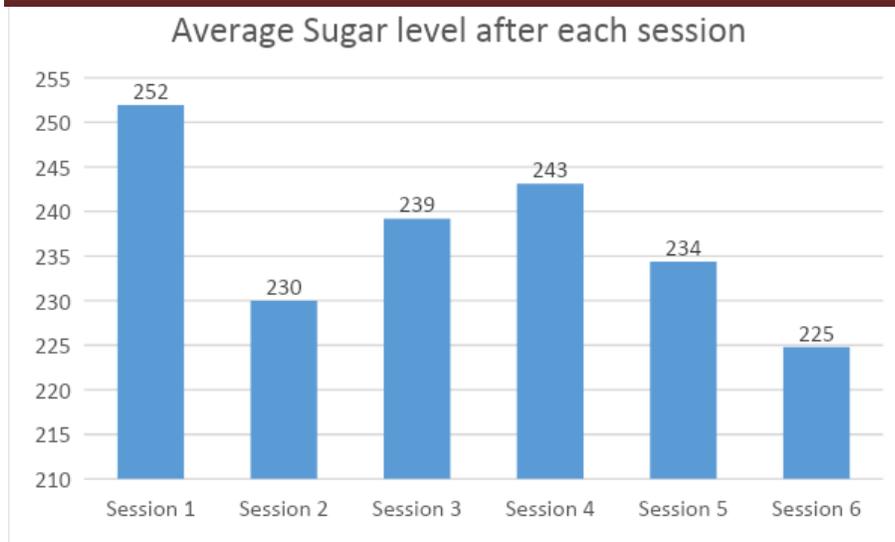
Removal of Patients from therapy or assessment: Patients who could not attend two or more consecutive sessions were excluded from assessment.

Data Analysis

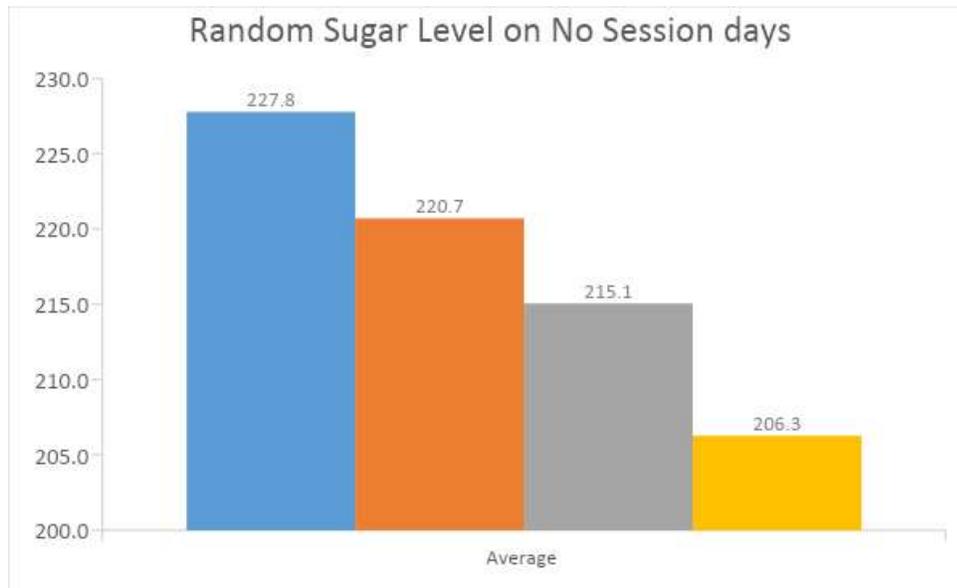
The data recorded during the clinical trial was evaluated for various parameters. During earlier Healing Sessions, it was observed that the sugar level of the Diabetic Patients shoots up after attending the session. Upon attending subsequent sessions, the sugar level shooting slowly starts coming down. This is an indication that during the first session, the Healing Energy creates hormonal imbalance in the body and this results in shooting up of sugar level. The hormonal imbalance is created due to interference of the Healing Energy with the functioning of the organs, such as Pancreas and its control centre in the brain. This interference is responsible for eventual regeneration of functioning of the pancreas resulting in controlling the sugar level in the blood or body.

Data on blood sugar levels of patients before the session and after the session is plotted below. It shows that the sugar level is indeed shooting up after completion of the sessions in all patients in all sessions. The plot also shows that the sugar level shooting up is slowly reducing as the sessions progress.



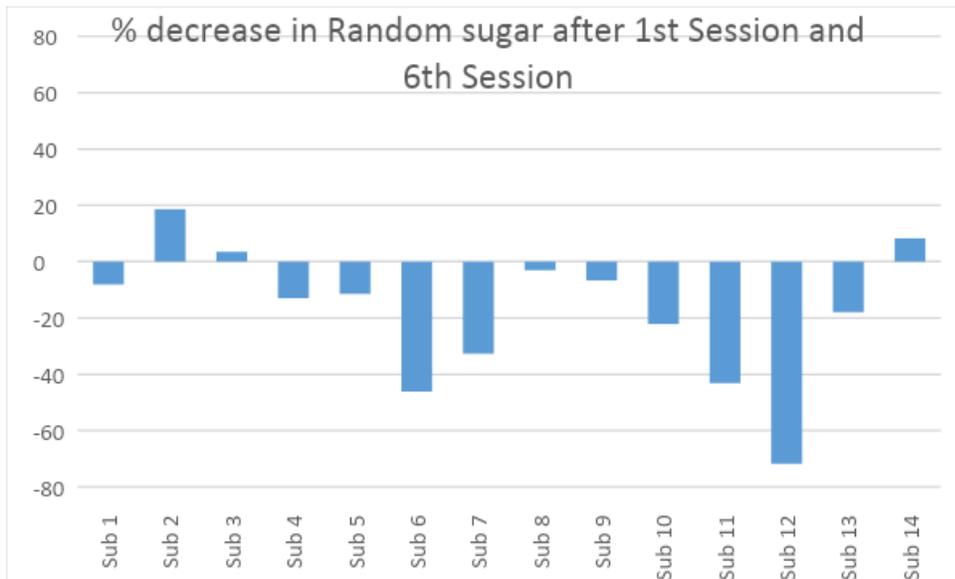


The random sugar level for all patients was also measured on days when there was no session. It was observed that the average random sugar level was slowly decreasing as the sessions progressed.



This data clearly shows that the Healing Energy is interacting with the Patient's body and is responsible for controlling the sugar levels.

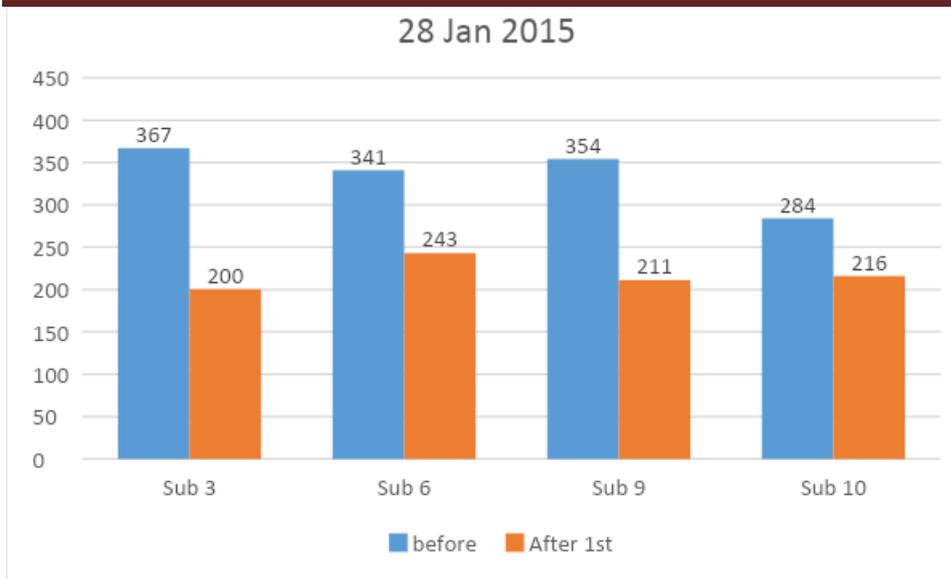
Random sugar was measured for all patients after each Energy Healing session. It was observed that there is a decrease in random sugar level as the sessions progressed. The random sugar level was controlled in all patients. A comparison of random sugar levels after the 1st Energy Healing Session and after the 6th Energy Healing session shows the decrease is significant.



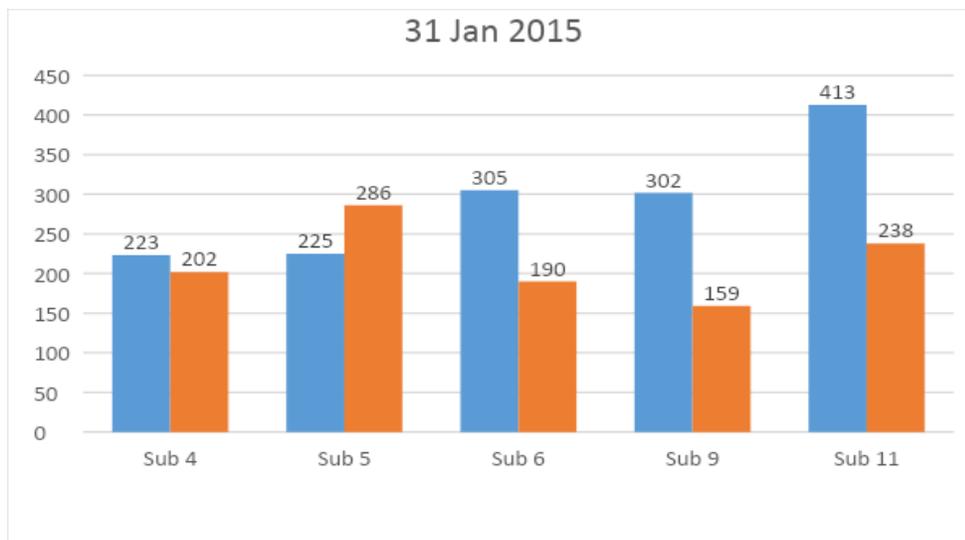
It was observed that on an average there is an 18% decrease in random sugar level after attending six Energy Healing Sessions. This is in line with the earlier observation.

Each one day Energy Healing Session involved three sub-sessions. Data was collected to evaluate the effect of one session on controlling the blood sugar level in Diabetic Patients. Blood sugar level of patients attending the sessions was checked before starting the session. At the end of the first session, blood sugar level of a few patients was measured to understand if there is any effect of the session on the blood sugar level. It was observed that after attending one session, there was a decrease in blood sugar level.

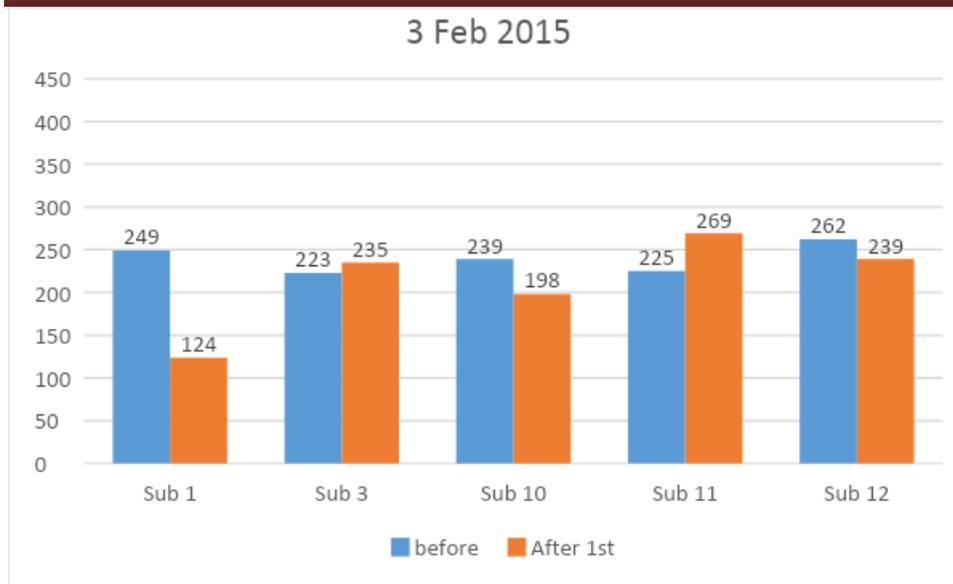
The data obtained on the first three sessions is plotted below. On 28 Jan 2015, blood sugar level of subject 3, Subject 6, Subject 9 and Subject 10 were measured after completion of the first one hour Energy Healing session. There was a significant decrease in blood sugar level in all these subjects.



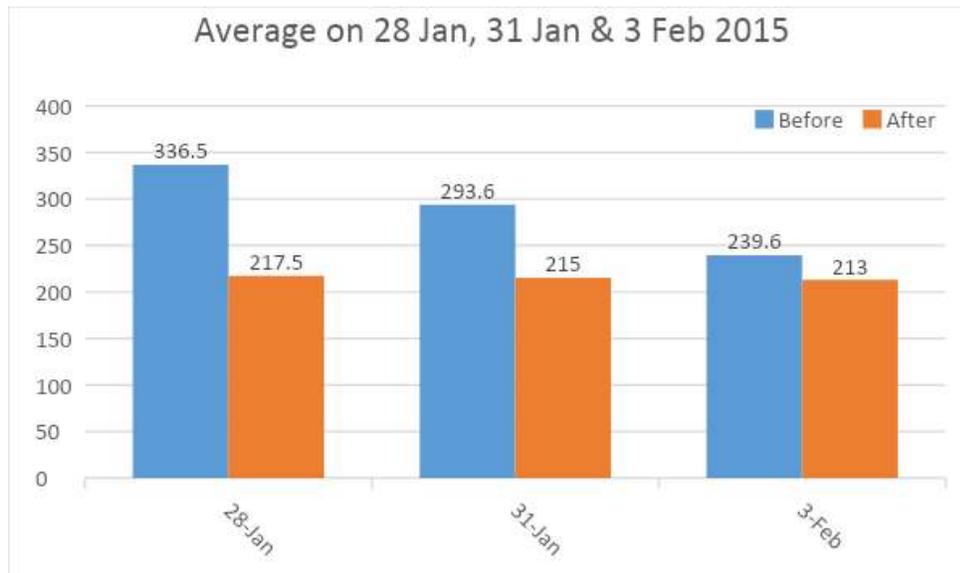
On 31 January 2015, blood sugar levels of subject 4, subject 5, subject 6, subject 9 and subject 11 were measured at the completion of the first Energy Healing Session. Except subject 5, all other subjects experienced reduction in blood sugar level as compared to the level before beginning of the session.



On 3 February 2015, blood sugar levels of subject 1, subject 3, subject 10, subject 11 and subject 12 were measured after completion of the first Energy Healing sub-session. Subject 3 experienced marginal increase in blood sugar level but all other subjects showed decreased levels of blood sugar.

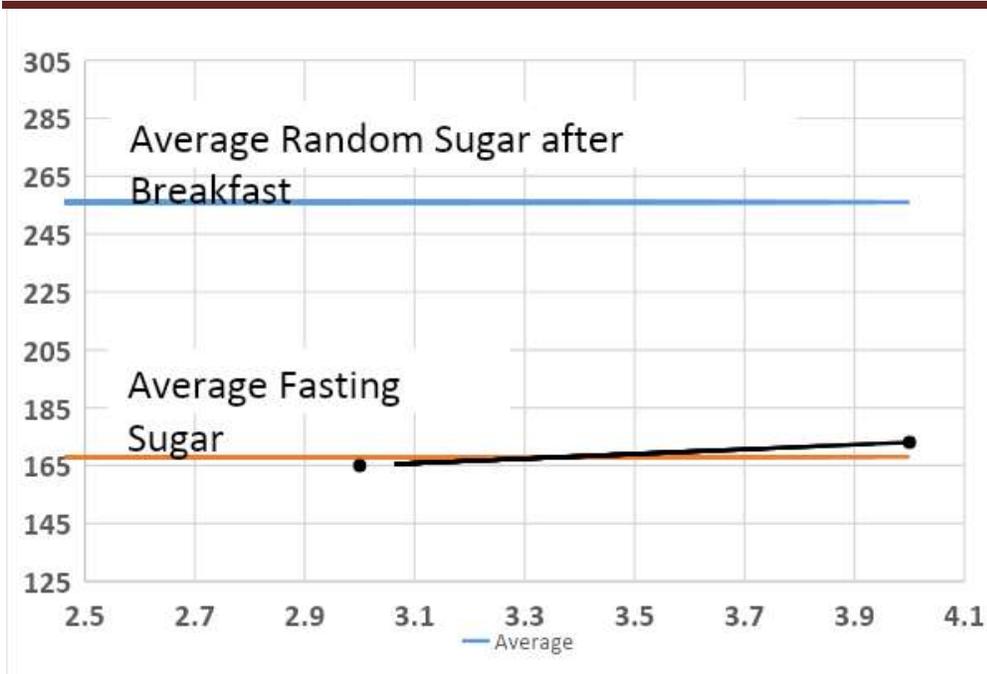


The average blood sugar levels of these subjects on the first three sessions, on 28 Jan., 31 Jan and 3 Feb 2015 is plotted below. There is significant decrease in blood sugar level of subjects after completion of first sub-session as compared to blood sugar levels before beginning of the session. This data clearly shows that the Energy Healing sessions are effective in controlling the blood sugar levels in Diabetic Patients.





During the first three sessions, on 28 Jan, 31 Jan and 3 Feb 2015, random blood sugar was measured before the beginning of each session. Since it was important to evaluate the effect of Energy Healing on fasting Blood Sugar, the Patients were requested to visit the next sessions from 6 Feb 2015 in fasting condition. Fasting blood sugar was measured and then the subjects were served standard breakfast and tea. As in earlier three sessions, blood sugar level of a few subjects was measured after completion of the first sub-session. Data obtained on the last session on 12 Feb 2015 for subject 2, subject 3, subject 4, subject 6 subject 9, subject 10 and subject 11 was analysed. The mean random sugar level of these subjects (from data collected on 28 Jan, 29 Jan, 30 Jan, 31 Jan, 1 Feb., 2 Feb and 3 Feb 2015) was 256 and mean fasting sugar level (from data collected from 4 Feb to 12 Feb 2015) was 168. Fasting sugar was measured for all these subjects (and other subjects too) before beginning of the session. The average fasting sugar for above mentioned subjects on 12 Feb 2015 was 165. Breakfast was served to the subjects and after consumption of breakfast, the subjects attended the first Energy Healing sub-session. At the completion of the first Energy Healing sub-session, random blood sugar for above mentioned subjects was measured. It was observed that the random sugar in these subjects was well below their average random sugar. The average random sugar for above mentioned subjects was found to be 173, which is well below the average random sugar level of 256. This observation is very significant since it showed that even after consuming breakfast, the sugar level in subjects attending Energy Healing sessions did not increase to their average random sugar value. Since this result was obtained after subjects attended six energy Healing sessions, it shows that the blood sugar levels in the patients who attended these sessions were being controlled by the body mechanism in a much better way than the earlier condition. The data is shown in the plot below:



All the above data analysis shows clearly that there is a significant effect of Healing Energy on controlling the blood sugar level of diabetic Patients.

This pilot clinical trial was designed and conducted to evaluate the following

- i. Does Healing Energy Really Control Blood Sugar?
- ii. What should be the duration of each Healing session?
- iii. Does the effect of Energy Healing remain for a long period or does it get washed off after some time?
- iv. What should be the frequency of Healing Sessions? Whether the sessions should be every third day, every second day or every day?
- v. How many sessions are required to fully cure Diabetes in the Patients?
- vi. Are there any adverse effects of the healing energy on patients?

We have observed here that the Healing Energy does control Blood Sugar level. It was also observed that after initial sessions, the effect remains for two days. After two days, the sugar level starts returning to its higher value. We had planned for six healing sessions and at the end of these six sessions, there was significant improvement in controlling the blood sugar levels in all patients who participated in the trial. Moreover, there was improvement in overall health



status, increase in diet intake and occasional consumption of sweets without affecting blood sugar levels.

There were no adverse effects on any Patients who attended the Energy Healing Sessions.

Based on the data, it is now decided to plan pivotal study. It is decided that initially there will be 10 daily full day sessions. After initial 10 daily sessions, based on the diagnostic evaluations, next 5 sessions will be conducted on alternate days and next 5 will be conducted after every third day. After thorough evaluation on the data, next sessions will be held every month for one year.

SOURCES

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