

**Effects of SHEN® Qigong on
Psychosomatic and Other Physio-emotional Disorders**

by Richard R. Pavek

From the Proceedings of
The Third World Congress of
Medical Acupuncture and Natural Medicine
Edmonton, Alberta, Canada
August 10-12, 1995

It is a very great pleasure for me to be able to address this forum today. As a long time Western practitioner and researcher of one type of Qigong I am acutely aware that my work is most often discounted by the profession that could most benefit from it. At the moment, Chinese Qigong and Qigong Doctors enjoy a much wider acceptance than do their counterparts in the West where there are often vigorous campaigns to deny the existence of Qi energy and to disavow the efficacy of Qigong type treatments. It is a delight to be in a country where so many accept Qigong as a science rather than as a folly and to be able to present a scientific paper on the subject without having to defend my intelligence and honesty at the same time.

Qigong is often thought of, at least by many Westerners, as being an ability unique to the Chinese and others of Asian extraction. Without diminishing the importance of the profound and obvious Eastern achievements and abilities, I would like to remind this audience that very similar processes have been practiced in Western countries at least for several centuries. Notable, but certainly not alone among early Western practitioners and researchers in this field, was Franz von Mesmer, whose work with "animal magnetism", which was his term for Qi, was quite well known. And thoroughly denounced at the time by the establishment, I might add. However, even though similar work with Qi has been performed in the East and the West, there are often major differences between the two. Differences exist not only in the level of professional acceptance but in technique, in theory, in developmental practice and sometimes in focus as well.

We have come to realize that only certain, specific emotions are involved with any one of the psychosomatic dysfunctions and that the particular somatic experience that occurs with these emotions occurs precisely at the bodily site of the associated psychosomatic dysfunction. We consistently observed that when SHEN Qigong was properly performed at the body region encompassing the psychosomatic disorder, emotions specific to the disorder were experienced.

There are four centers, or regions in the body where the bodily sensations, or Somatic Affect, unique to the emotions are experienced. These are the heart, solar plexus, pubic and groin regions of the torso. The somatic affects of love and/or sadness occur at the heart, anger and/or fear at the solar plexus, confidence and/or shame at the navel/pubic and mortal terror at the groin-perineum.

From this we can deduce why grief and sadness most usually precede angina, anger and fear are most associated with eating disorders and ulcers and lack of confidence and shame are dominant with chronic low back syndrome and premenstrual distress.

It appears that, regardless of the particular region, if the painful emotions are suppressed there are not released, the tension of containing these emotions will impact

on the local body tissue, contributing to later dysfunction of the organs, glands and other tissue in those regions.

The various combinations of SHEN Qigong hand placements have been developed, through much trial and error, so that we are able to intentionally and accurately release the deeply held emotions that are normally experienced at that body region.

A more detailed example of this phenomena is in the results of a pilot study where SHEN Qigong treatments were given to thirteen sufferers of premenstrual syndrome. Twelve reported that emotions of being violated, victimized, embarrassed, sexually aroused, happy, sad, panicked, hysterical, fearful, anxious, depressed and/or feelings of self abasement occurred during the treatment. Subsequently, eleven of the subjects reported major improvement of both emotional and psychological symptoms that, at last report, had lasted for several months.

I recognize that this paper may be criticized on the grounds that it is not a proper, single blind, controlled study. It does not present statistical comparisons between SHEN Qigong treatments and placebo groups. This criticism is accepted. I am well aware that studies of this sort are imperative. One study on SHEN Qigong, or SHEN Therapy as it is referred to in the West, and major depression was started at a Midwestern hospital but not completed because of the overly strict admission requirements precluded our filling the required population. This effort will be repeated with a more suitable admission requirement when a host facility is found that will accept it. A single blind, controlled study on SHEN and migraine has been started. The pilot study on SHEN and premenstrual distress syndrome mentioned earlier was undertaken to determine the questionnaires needed for a much larger study which is being planned.

I might point out that it is extremely difficult to obtain grant monies for research of this sort, no matter how well designed the study may be. In any event, we believe we have demonstrated more than enough possibility to warrant undertaking further studies to firmly validate the process. In the meantime there are a large number of former long-term sufferers of these disorders who no longer suffer.

Effects of SHEN® Qigong on Psychosomatic and Other Physio-emotional Disorders

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Richard R. Pavek, Director of the Biofield Research Institute
20 YFH Gate 6 Road, Sausalito, CA 94965 USA
415/331-3753, FAX 331-2455*

In this paper I present the results of over ten years work with a unique type of Qigong on a broad range of disorders not usually mentioned in the Qigong literature, the physio-emotional disorders. This effort demonstrates that these disorders, which are usually difficult to treat by Western approaches, yield quite readily to this special form of Qigong. These results both validate current concepts of direct connections between emotion and the bio-physical and corroborate the most ancient of concepts, the correspondences between emotions and the physical organs as outlined in Traditional Chinese Five Phase Theory.

In China, and elsewhere, the major focus of Medical Qigong therapy has been on the healing of organic disease states with a principle interest in the treatment of cancer. Qigong practitioners have repeatedly demonstrated that the infusion of large quantities of Qi emitted from their hands can cause some quite remarkable improvements in diseased organs or other body parts. They have also demonstrated significant improvement in recovery rates and in mental/emotional improvement following surgeries. Even though SHEN Qigong is also effective with biological disease states, the direction of our research for the last ten or eleven years has been on the treatment of the so-called psychosomatic and the other emotionally-related disorders. At the SHEN Therapy Institute we have developed a special group of Qigong procedures that are highly effective with all of the physio-emotional disorders.

Emotional causality in these disorders has long been suspected but has remained untestable, until now, because there has not been a method by which the emotion could be separated from the body. We have found that a relatively few SHEN Qigong treatments applied to the bodily region of the presenting symptoms not only ends these disorders in most cases but also lifts the emotional components to the surface where they are revealed and completed, leaving the patient free from further symptoms. This appears to validate the principle of emotional causality.

Unlike most forms of Medical Qigong, there are a number of precise, specific SHEN Qigong treatment protocols. Each of these protocols involves the placement of the Qigong practitioner's hands in predetermined patterns, usually around or over and under the site or region of the presenting physiological dysfunction. The hands are held in each position of the pattern for several minutes while Qi flows from one hand to the other through the patient's body in specific routes and patterns. These routes usually follow the natural movement of Qi within and through the body. This usually promotes extremely deep relaxation and the release of repressed emotion and may also cause such phenomena as bursts of rapid eye movement, an increase in local body temperature and spontaneous myoclonic jerks.

Throughout this research I have looked for correlation with the traditional organ/emotion correspondences as given in Traditional Chinese Five Phase (Five Element) Theory. Five Phase Theory not only holds that the emotions and organs are related, but the association of specific emotions with specific organs has been recognized as well. Some of these specific relationships include: anger with the liver and gall bladder; joy with the heart and small intestine; grief with the lung and large intestine and fear with the kidney and urinary bladder. The results of SHEN Qigong on disorders where specific emotions have become imbedded in the body support this contention.

More specifically, we have found that there are five principle emotion centers in the body. These are the body regions where the various somatic affects (bodily sensations) unique to each of the emotions are experienced. These regions are the heart, the solar plexus, the navel/pubic and the groin/perineum regions of the torso. The somatic affects of love and/or sadness occur at the heart, anger and/or fear at the solar plexus, confidence and/or shame at the navel/pubic and mortal terror at the groin/perineum.

It is not within the scope of this paper to address the mechanism by which emotion converts into a physio-emotional disorder but it seems likely that the tension necessary to contain painful, unwanted emotions impacts on the local body tissue, contributing to later dysfunction of the organs, glands and other tissue in those regions¹.

SHEN Qigong interventions at the heart region have been successful with angina, migraines and hypertension, treatments at the solar plexus are effective with reflux esophagitis and anorexia, treatments at the navel are effective with chronic low back pain, treatments at the pubic region have ended sexual dysfunction and treatments at the perineum have accelerated recovery from coma. SHEN Qigong procedures involving both the navel and solar plexus regions are highly effective with irritable bowel syndrome while treatments involving both the navel and pubic regions are likewise effective with menstrual and premenstrual distress.

The treatments often promote the release of the underlying repressed and/or suppressed emotional components of the disorder. Universally, when this occurs, significant positive change in the presenting psychosomatic and physiological complaints follows in the majority of cases. In addition, the SHEN Qigong treatments often promote the re-emergence of long buried memories of early life experiences of a psychologically debilitating nature. This often brings considerable enlightenment as to the origin of the patient's negative behavior patterns. Rapid and permanent behavioral changes most often follow such enlightenment.

¹ *Emotion and the Contractility Factor, A New Model for the Formation of Psychosomatic Disorders.*
Pavek, R.R. 1988

**ORGAN/EMOTION CORRESPONDENCES
IN TWENTY FIVE CLINICAL CASES OF PHYSIO-EMOTIONAL DISORDERS
TREATED WITH SHEN QIGONG**

The twenty-five cases selected for this paper were drawn from a much larger number of similar, successful cases performed by a number of SHEN Practitioners. The practitioners are identified as J, M, R, S, T and V.

The cases were chosen for the clarity with which they illustrate the common site relationship of the dysfunctioning body parts in the physio-emotional disorder and the somatic affect (bodily experience) of the associated emotions. Similar relationships were evident in virtually all of the larger number of cases these were drawn from.

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SHEN QIGONG INTERVENTIONS AT THE LOWER GASTROINTESTINAL REGION

DISORDER: MULTIPLE UNRELATED ABDOMINAL COMPLAINTS

Cases Reviewed: 1

CASE "A"

Patient: Female, 31 years.

Presenting Complaint: Chronic cystitis, chronic vaginitis, various recurring digestive complaints and frequent attacks of intestinal virus.

Clinic: Amarillo.

Therapist: R.

History: Refractory to numerous prescription medications and herbal remedies. Had not responded to a series of colonics, fasts, psychotherapy and primal therapy.

Considerable pain of shifting focus. At time of treatment pain in right hypochondrium and left iliac regions. Began sobbing and wailing forlornly during procedure (procedure does not cause pain of itself) with some release of gas. Sobbing intensified at both pain sites then diminished as pain resolved. By procedure's end pain disappeared and patient "just happened" to recall being weaned suddenly and abruptly at two months. The next day patient reported feeling wonderful and spoke in a deep firm voice which was not evident before the treatment. Second treatment produced no further sobbing.

Fourteen months later patient reported, "I have not had any more trouble with that part of my body since you worked on me".

Suggestibility: Came for treatment at someone else's suggestion. Willing but expressed no particular expectation. Had not responded to any of her previous treatments, which she had believed would help her.

Last Contact: Five years after treatment.

Condition: Except for isolated flu, no recurrence of the ailments.

DISORDER: IRRITABLE BOWEL SYNDROME

Number of Cases Reviewed: 2

CASE "B"

Patient: Female, age 43.

Presenting Complaint: Lower Back Pain, indigestion.

Clinic: St. Joseph's Hospital, Fort Worth. Therapist: T.

History: Bowel trouble entire life. Guilt about husband's death (three years prior). Guilt about not caring for mother (whom she was caring for). Felt entire responsibility even though other siblings had greater means. Angry about the guilt. Prescribed laxatives were taken regularly.

Treatment induced gut rumblings and flatulence provoking profuse mortification and apologies. Waves of anger and sadness followed treatment. Following second treatment, bowel loosened to near diarrhea. After two days halted the laxatives and bowel assumed normal function for first time in years. Further treatments produced no further rumblings or flatulence. Back pain abated during the first treatment, ended after the second and did not return. Normal Bowel function continued.

Suggestibility: No suggestion was made that treatment might effect the gastroenteritis since this complaint was not known to the therapist.

Last Contact: 2 months

Condition: No back or bowel complaints. Reports being more assertive, less guilt, has separated farther from mother. No laxatives being taken.

CASE "C"

Patient: Male, age 52.

Presenting Complaint: Spastic Colon

Clinic: SHEN Therapy Institute. Therapist: R.

History: Constant pain in right and left iliac for six months, from the time patient quit job because of stress. Colonic seizure during colonoscopy, at 30cm. At times pain became burning and spread to navel. Stools hard. No results from biofeedback. Dissatisfied with life.

Pain resolved during first treatment which induced eruptions of gas pockets. Spontaneously reported "Feeling much better about myself" the day following treatment. Bowel movements increased from once to twice a day for several days, then returned to normal with stools of a better consistency. Pain did not return. Second treatment produced only minor gas. Patient continued to feel better about himself, was clearly more cheerful and actively began to look for new career opportunities.

Suggestibility: "Heard good things about the treatment", eager to try. (No suggestion was made of possible change in self image.)

Last Contact: Six months.

Condition: Pain has not returned. Reports being able to detach from stressful situations in new job and is "Really feeling a lot better".

(On page 318 of *Gastrointestinal Pathophysiology* it is stated that, "(there) has long been a suspicion that patients with irritable bowel syndrome have emotional disorders as well.")

SHEN QIGONG INTERVENTIONS AT THE UMBILICAL REGION

DISORDER: LOW BACK SYNDROME

Number of Cases Reviewed: 6

CASE "D"

Patient: Male, age 39

Presenting Complaint: Severe Lower Back Pain

Clinic: St. Joseph's Hospital, Fort Worth.

Therapists: R, T, S.

History: Strained back during routine job operation. Laminectomy. Discs between S1/L4/L5 badly swollen. Papain injections ineffective.

First treatment was just prior to removal of discs S1-L4. pain abated.

Second treatment two months after the surgery. During treatment, REM occurred several times. Following treatment reported several memory flashes. One was of a fight with his father which he felt guilty about and the second was of proposing to his wife, while feeling that he would not be accepted. Pain abated considerably during treatment, but did not end. Reported feeling greater emotion than ever before. Subsequent treatments produced noticeable reductions in pain and continued to bring memory flashes, most related to self worth.

Suggestibility: Expressed considerable skepticism, but agreed to try.

Last Contact: Twenty months following second treatment.

Condition: No recurrence of pain, has had resolution with father.

CASE "E"

Patient: Male, age 42

Presenting Complaint: Chronic Low Back Pain

Clinic: St. Joseph's Hospital, Fort Worth. Therapist: R.

History: Strained lower back while lifting a small piece of machinery with another man. Laminectomy, S1-L2 seven years prior to treatment. Doing well until training for a new job, three months prior to treatment. Physical therapy and biofeedback not productive. Used walker with difficulty. Conversation filled with statements indicating extreme concern about "doing things right", being "extremely careful".

Painful to lie down for treatment. Awake throughout treatment which produced tears and the statement, "Grown men don't cry". "My wife would think its not manly to cry". Stated he felt unworthy and evidenced deep shame at somehow having failed. Pain lessened markedly during treatment but did not end. He walked (with walker) and breathed easier. Before second treatment, developed gastroenteritis, and withdrew from program.

Suggestibility: Extremely skeptical, but agreed to try.

Last Contact: No further contact

Condition: Unknown

(On page 26, *Clinical Symposia* 32-6 it states, "Anxiety causes muscle tension that leads to pain...")

CASE "F"

Patient: Male age 32

Presenting Complaint: Constant Lower Back Pain Following Injury

Clinic: St. Joseph's Hospital, Fort Worth.

Therapists: R, T.

History: Member police force. Fell on back onto a small projection during training. No evidence of physical damage. Currently on sick leave. Evidenced considerable concern about being able to continue to perform in his job, afraid he would be transferred to a lesser job if he couldn't get himself together.

In ten minutes his back noticeably relaxed and he was in deep sleep. Awakened thirty minutes later, pain entirely gone. Minor pain developed around shoulders the next day which was temporary. Regular physical therapy workouts brought no recurrence of pain.

Suggestibility: Doubtful about success before treatment, startled when it produced results, expressed amazement.

Last Contact: 1 month

Condition: Back at work. No recurrence of pain in that region.

CASE "G"

Patient: Male, age 37.

Presenting Complaint: Back pain, limp

Clinic: St. Joseph's Hospital, Fort Worth.

Therapist: R

Treatment History: Back injured on job, two years prior, slow recovery. While training for new job was knocked onto hands and knees and a crane dropped a small load on his lower back. Pain resulted in laminectomy following accident. "Poor me" attitude. Conversation was filled with remarks about how badly life treated him. He was not paid properly, was required to do things he shouldn't have to do (in his opinion).

First treatment produced marked lessening of pain. Reported sleeping better, pain remained reduced for twenty four hours.

Fell asleep during second treatment. Shortly after waking appeared in the clinic's office, eyes wide, excitedly said "I just walked to the sink for a drink of water and when I got there I realized that I hadn't limped!"

Limp did not return. Energy level and excitement at life skyrocketed. Was able to do his prescribed physical therapy.

Suggestibility: Was clearly startled by the results of the treatment.

Last Contact: Two months after treatment

Condition: The reversal of personal attitude did not maintain. After a few weeks tremendous guilt feelings began to emerge and he developed severe digestive disorders. Did not return to clinic. However, limp and back pain had not recurred.

CASE "H"

Patient: Male, age 32.

Presenting Complaint: Chronic back pain

Clinic: SHEN Therapy Institute.

Therapist: R.

History: Long term low back pain. Entered hospital annually for 7-10 days of traction. Poor self image. Commented that "People say I don't take myself seriously". Often let others take advantage of him, agreed that he needed to stand up for himself. Short, banty rooster type.

During first treatment pain ended. Left amazed. Failed to keep second appointment. Upon contact advised that the pain had returned 24 hours later and "I don't want something that only works for 24 hours." Admitted that he had been told that two or three treatments would be necessary and agreed to return for additional treatments. During next treatment he woke, startled, and said "I just saw a black ball shrink to the size of a pea and fly out of my back". Pain ended completely. Was advised to take time to let his back regain its strength. He agreed.

Last Contact: Two months after last treatment.

Condition: He remained pain free for six weeks until he was asked to help move a refrigerator.

Unable to stand up for his need to finish healing, he agreed, severely straining his back. Pain returned in force.

CASE "I"

Patient: Male, age 40.

Presenting Complaint: Severe Lower Back Pain

Clinic: Hotel in Las Vegas.

Therapist: R.

History: Episodes of back pain since childhood. Pain had become severe for last several months. Ate pain pills like candy. CAT scan negative. Patient demanded operation but fortunately his surgeon refused. Patient had recognized that back pain flared when he fought with his wife or when stress at work increased.

One treatment. His back relaxed markedly during treatment. After treatment he stated "I'm not going to say it doesn't hurt because you didn't do anything". After a few minutes he admitted having a memory. He refused to discuss it saying "You wouldn't believe it". Finally, he said, "I remembered being stabbed in the back, but nothing like that ever happened to me". Refused to discuss the pain further, or whether he still had pain. Shortly afterward, his co-workers reported that he had stopped taking his pain pills.

Six months later he happened to meet the therapist and when asked how the pain he snapped "What pain", and walked away.

Suggestibility: Highly skeptical, refused to believe treatment would help, even after it had.

Last Contact: Two years.

Condition: Co-workers report no further pain medication.

SHEN QIGONG INTERVENTIONS AT UMBILICUS/PUBIC/ILIAC REGION

DISORDERS: *PREMENSTRUAL SYNDROME
& MENSTRUAL DISTRESS*

*Number of Cases Reviewed: 3
(Plus aggregate of 13 cases)*

CASE "J" from a small, pilot study)

Patient: Female, age 38

Presenting Complaint: Severe Menstrual Bleeding

Clinic: Milwaukee. Therapists: J, R.

History: Excessive bleeding for four years. One year prior to divorce and three years following. Last four months severe bleeding, the last with large clots. Hemoglobin had dropped to 9 gms. D & C performed but bleeding did not halt, still clotting. Six days after D & C began progesterone. No bleeding during fourteen months on progesterone. Her physician advised her that her ovaries were not functioning.

First treatment one week before period produced deep sleep and image of decaying matter. Patient slept for two hours, got up and went to bed. Second treatment three weeks later, just following menses, produced sensation of intense heat at ovaries, followed by feeling of coolness. Patient reported the area felt "clean and light". Following treatment patient reported feeling a strong sense of self esteem for the first time since her marriage and that she had never felt self esteem except as part of the marriage partnership.

Patient cut back progesterone to half one month later. At the end of two more months had ended the progesterone entirely. The next two months saw her cycle returning to its original, stable 25 day state. First day of menses heavy flow, second day moderate, third day light, fourth day minor. Feels some tension first day only.

Suggestibility: Wanted the treatment to work. Claimed no special faith in the process as she was not familiar with it.

Last Contact: 17 months following last treatment.

Condition: Excellent. No recurrence of bleeding. Patient believes ovaries are functioning because she observes a clear discharge during the time when ovulation would occur.

CASE "K"

Patient: Female, age 38

Presenting complaint: Pain throughout back (Did not mention PMS)

Clinic: SHEN Therapu Institute. Therapist: R.

History: Pain throughout back following accident two years prior. Difficulty sleeping. Biofeedback ineffective in lowering pain.

First session produced major lessening of pain. Second was during start of menses, however this was not mentioned until after the session which resulted in cessation of menstrual pain. Patient later reported that her period was the easiest she had ever had and expressed amazement at how wonderful she felt about herself.

Suggestibility: Biofeedback ineffective.

Last Contact: 6 months

Condition: "Periods still a lot easier." Cramping and pain less, not as depressed, "Amazed that I have so much energy during them."(menses)

CASE "L"

Patient: Female, 26 years.

Presenting Complaint: Premenstrual Syndrome with mild hypothyroidism

Clinic: SHEN Therapy Institute.

Therapist: R.

History: Irritability and vague unpleasantness prior to menses and pain during menses. Low energy, Thyroxin effect negligible. Child of mother who elected to bear children after developing MS. Patient recalled having to be quiet during play and to be conscious of mother's illness. Patient wore dark, unfashionable clothing. Patient seemed almost transparent in a curious way. Functioned well, was quite efficient but never seemed to disturb the world as she went about her work and life.

Four treatments produced spectacular, spontaneous visions. First vision was her mother's face smiling at her, without warning the face became a viper and struck at her. During the next session an abreaction occurred. Patient relived standing outside her mother's parlor door, at age three, hearing mother say, "I never should have had the girls", to a friend. During next treatment a cartoonlike vision appeared and the patient burst out laughing, "I just saw my ovaries, they had little feet and one said to the other, *Now we can run*, and they ran off". The statement proved to be an accurate prediction.

Next ovulation and period arrived without discomfort. Within weeks she began wearing brighter, lighter weight and much more fashionable clothing. She began examining her life and relationships and proceeded to make major alterations in both. Her voice became stronger as well. Her menstrual discomfort did not return.

Suggestibility: Believed treatment could possibly help the PMS. However, no suggestion was made that the memory might occur. It was interesting that she had spontaneously mentioned prior to treatment that she "worked out all my stuff about my parents in therapy five years ago".

Last Contact: Four years after treatment

Condition: No recurrence of discomfort. Appears to be much stronger emotionally. Attitude with others is one of quiet confidence.

(On page 785, *Psychosomatics Volume 26 No 10* it is stated that "we have only a broad definition of this disorder, no set criteria for its diagnosis, ... emotional symptoms are predominate in the syndrome...".)

NOTE: Eleven of thirteen patients who had SHEN Qigong performed during the premenstrual or menstrual reported a lowering of symptoms. Twelve reported that emotions of being violated, victimized, embarrassed, sexually aroused, happy, sad, panicked, hysterical, fearful, anxious, depressed and/or feelings of self abasement occurred during the session. Five reported that memories of psychically debilitating childhood events surfaced during the intervention. (Some of these memories had not been previously available for recall.) Twelve reported a feeling of well-being following the treatment.

SHEN QIGONG INTERVENTIONS AT EPIGASTRIC/HYPOCHONDRIAC REGION

DISORDERS: EATING DISORDERS

Number of Cases Reviewed: 3

CASE "M"

Patient: Female, 42 years

Presenting Complaint: Anorexia/Bulimia, Low Back Pain

Clinic: St. Joseph's Hospital, Fort Worth

Therapists: R, S, T.

History: Typical bingeing/purging phases. Kleptomania since age 14.

Several treatments. First produced lessening of back pain and noticeable increase in range of motion in one direction. Second treatment further increased range of motion, pain ceased and she had an abreaction of the last time she had been caught shoplifting. (This memory had been lost to her conscious mind.) A later treatment produced another abreaction, this one of an early life situation that contributed to the onset of the disorders.

Suggestibility: Had been resistant to psychotherapy and biofeedback.

Last Contact: 4 months.

Condition: No further back pain, no physical complaints, nor episodes of eating and purging.

CASE "N"

Patient: Female, 27 years.

Presenting Complaint: Atypical Anorexia

Clinic: St. Joseph's Hospital, Fort Worth

Therapists: R, S.

History: Stopped weighing herself when weight dropped past 89 pounds (Height 5'7"). Parental relationship distant and she was without appetite. Seeing a psychologist. Had actively pursued appropriate psychotherapies and biofeedback without effective result.

A significant SHEN treatment resulted in a series of frightening dreams and brief period of nausea. Appetite reawakened shortly and increased slowly over next few weeks. Her weight is now within normal and the once difficult parental relationship, according to both patient and delighted parents, is now resolved. There has been no recurrence of the anorexia. Indeed, is often the first one at the table, sometimes being chided for not waiting for all to be seated before starting to eat.

Suggestibility: Believed the technique might work, however she had believed biofeedback would be effective, but it had not been. (Much later she revealed that she had not trusted the male SHEN therapist and, therefore, had not expected the treatment to work.)

Last Contact: Two years after treatment.

Condition: No recurrence, weight gain stable.

CASE "O"

Patient: Female, 24 years.

Presenting Complaint: Appetite loss following trauma

Clinic: SHEN Therapy Institute.

Therapist: J, R.

History: Severely burned in auto accident. Six weeks following accident had not regained appetite. No internal organ injuries. Unable to do more than nibble at her food.

One hour after first SHEN treatment ate a whole chicken breast, a few vegetables and part of a piece of chocolate cake. Anger about accident, which had never surfaced, began to emerge in her thoughts and dreams.

She was normally not very expressive and had evidently suppressed anger on a number of occasions as considerable anger emerged following the second session. (Part of anger was toward her father which she demonstrated through transference to the older, male SHEN Therapist who treated her, by insisting that he had done everything wrong.) Appetite rapidly improved to normal. The release of anger brought with it some valuable insights which were absorbed.

Suggestibility: Extremely doubtful about treatment. Had to be cajoled by a friend to try it. Did so on the grounds that it might help her pain. For a time denied effectiveness in spite of the obvious appetite increase and in spite of her expressed realization that the pain was noticeably better.

Last Contact: 22 months after treatment.

Condition: No recurrence of pain, appetite continued normally.

SHEN QIGONG INTERVENTIONS AT HEART REGION

DISORDER: HYPERTENSION

Number of Cases Reviewed: 1

CASE "P"

Patient: Male, Age 43.

Presenting Complaint: High Blood Pressure, Shoulder pain.

Clinic: SHEN Therapy Institute.

Therapist: R.

History: On medication for BP of 180/118.

Following second treatment abreaction occurred during the night involving a close relative who had recently died. Woke to find pillow wet with tears. Shoulder pain gone. Stated that he had not been able to grieve at the time of death because of pressures of the moment. Blood pressure dropped to near normal.

Suggestibility: Successful Businessman, did not appear suggestible.

Last Contact: 7 years following treatment.

Condition: No recurrence of shoulder pain or high blood pressure. Blood pressure now ranges around 120/80, no medication.

DISORDER: CHEST PAINS

Number of Case Histories: 1

CASE "Q"

Patient: Male, age 27

Presenting symptom: Chest Pain

Clinic: SHEN Therapy Institute.

Therapist: R.

History: Chest pains for four years. No evidence of heart trouble. Reported difficulty relating with women and deep desire for a relationship. Appeared tense, drawn.

Two treatments ended the chest pains. Next contact was a year later, patient was relaxed and relationship desires were not troubling him. Was clearly a much warmer, friendlier person.

Suggestibility: Unknown.

Last Contact: Five years after treatment.

Condition: No further chest pains.

DISORDER: MIGRAINE

Number of Cases Reviewed: 4

(While not previously identified as a disorder with direct emotional causes, the results of over fifty cases of migraine treated with SHEN indicate that this is the case. The SHEN Qigong migraine intervention is performed at the heart region, specifically at the aortic arch. Deeply repressed grief has most frequently surfaced during this procedure. The grief is closely linked with anger. Frequently, memory of deeply disturbing early childhood events has occurred, usually involving disruption of self identity.)

CASE "R"

Patient: Female, 36 years

Presenting Complaint: Migraine

Clinic: St. Joseph's Hospital, Fort Worth

Therapists: R, T.

History: Married eight years. History of physical and mental abuse during marriage.

Treatments at the heart region produced deep relaxation. Release of tears and sadness following treatment. Began to have a more positive attitude about herself. No further migraines while in hospital.

Suggestibility: Unknown

Last contact: 9 months

Condition: Separated from husband. No further migraine, still more assertive.

CASE "S"

Patient: Male, Age 53.

Presenting Complaint: Migraine

Clinic: SHEN Therapy Institute.

Therapist: R.

History: Occasional migraine episodes. Patient arrived during severe episode. Insisted on lying down during questioning as pain was too intense for him to stand up. Not on medication. Reported being out of work and without a place to live.

Patient began snoring ten minutes into treatment. On awakening reported no migraine, but minor occipital pain. Patient left and promptly entered heavy freeway traffic, but migraine did not return and occipital pain ended shortly. Following the half hour drive, was very sleepy and napped for about an hour. Reported feeling much better the next day.

Suggestibility: Came at recommendation of friend, difficult to assess suggestibility because of severity of pain at beginning of visit. Nonplussed that pain had ended.

Last Contact: 6 months.

Condition: No migraines, some other headache.

CASE "T"

Patient: Female, 34 years.

Presenting Complaint: Migraine

Clinic: St. Joseph's Hospital, Fort Worth.

Therapist: T.

History: Under treatment for years. Treatment included Biofeedback and some Psychotherapy. Hospitalized for the Migraine. Attacks since age nine, occurring weekly or biweekly, lasting 3 to 4 days. Onset almost always on Wednesday. Could not remember emotional trauma at age nine.

First treatment was on a Tuesday. During treatment patient dropped into deep sleep with REM. Shortly after awakening "just happened" to recall that her parents had divorced when she was nine and that she had almost drowned that same year. Expected attack on Wednesday did not occur. Asked therapist if treatment would help her nightmares. When questioned she stated, "I've had them ever since I can remember, I used to crawl in bed with my parents when I'd get them". Patient later revealed that she was married to a wife beater who had recently broken her jaw. Three other treatments during the next two weeks, no further migraine.

Suggestibility: Unknown, but had been doing biofeedback to no avail.

Last Contact: Six months following last treatment

Condition: No recurrence of migraine. Reported that she had divorced her husband in the interim.

(On Page 403 of *Wolf's Headache, 4th Edition* it states: "Fromm-Reichman concluded from experience with eight patients that they could not stand to be aware of their hostility against beloved persons...".)

CASE "U"

Patient: Female, age 26.

Presenting Complaint: Migraine.

Clinic: Dallas Rehabilitation Center.

Therapists: R, V.

History: Frequent migraines for previous five months. No pattern. Sudden, intense, patient would faint and fall, sometimes with injury.

One treatment. Produced REM while intervention was at aortic arch. After session therapist asked if anything significant had occurred the month prior to the beginning of the attacks. She replied, "My mother had heart surgery". When asked where, on her mothers body it was performed, she drew a line precisely across the aortic arch and said, "She had five bypasses, here".

Patient revealed that she was last of six girls and that her mother wanted her to get married and produce grandchildren. Patient wanted to go into business for herself, instead.

Suggestibility: Very skeptical, agreed because co-workers insisted.

Last Contact: Two months following treatment.

Condition: One mild attack. Quit job to go into business for herself.

DISORDER: CLUSTER HEADACHE

Number of Cases Reviewed: 1

CASE "V"

Patient: Female, age 30

Presenting Complaint: Cluster Headache

Clinic: SHEN Therapy Institute.

Therapist: R.

History: Series of Clusters for preceding six weeks. Ergotamine sometimes effective. Upper body damp with sweat. Patient remarked that "It feels like razors down my spine." (Indicated they ended where the skin dampness ended, at the papillary muscle.)

Treatment performed at the papillary muscle as attack was building. Headache ended within three minutes and did not return. Deep personal grief surfaced.

Subsequently, on four or five occasions the attacks began but subsided as the patient intentionally tried to relax that area.

Suggestibility: Patient was aware of the treatment modality, but also knew that it had never been used for cluster headaches.

Last Contact: Two years after treatment.

Condition: No full blown attacks, only mild beginnings.

SHEN QIGONG INTERVENTIONS AT PERINEUM REGION

DISORDER: COMA COMPLICATED BY PSYCHOGENIC SHOCK

Number Cases Reviewed: 1

CASE "W"

Patient: Male, Age 14.

Presenting Complaint: Coma

Clinic: SHEN Therapy Institute.

Therapist: R.

History: Struck by bus, suffered blood clot on brain. Operation successful, but patient remained in steady, restless coma for eight days. Minimal response to external stimuli.

Single treatment at perineum resulted in two brief (five to six second) manifestations of fear including terrified moans and thrashing of arms. Patient drifted off to relaxed sleep. Within six hours woke and was sitting up in a chair talking to people. Recovery proceeded swiftly.

Suggestibility: Not a factor. Patient was not aware of treatment and has no recall of the treatment.

Last Contact: Three years.

Condition: No relapse.

(A linguistic confirmation that the experience of terror or mortal fear occurs at the perineum is in the phrase "Pucker factor" which is used in reference to the contraction that takes place during extreme fright.)

DISORDER: POST TRAUMATIC STRESS DISORDER

Number of Cases Reviewed: 1

CASE "X"

Patient: Female, age 25.

Complaint: Post Traumatic Stress Disorder with Chronic Pain Syndrome

Clinic: St. Joseph's Hospital, Fort Worth.

Therapists: R, T, S.

History: Injured in accident five years prior. Broken L. Clavicle, three broken ribs, ruptured Spleen, broken L. Pelvis, broken L. Leg, all healed. Dazed look - eyes slightly glassy, fixed smile, shuffling walk, rigid body, flat affect. Multiple body pains, constant headache since accident. No recall of accident in spite of several attempts through hypnosis. Autogenic training, Biofeedback and physical therapy had not lessened pain. Prognosis did not suggest improvement.

This was a difficult case and involved some twenty-five treatments extending over three months. Her symptoms eroded slowly and by three months head pain had been absent for two weeks and she had experienced three flashes of recall (including fear) about the accident, her body pains were minimal, she laughed and/or was angry as appropriate and her face was no longer fixed in a smile. Her skin had regained its color and her eyes were no longer glassy. Range and ease of motion were near normal. She arrived for treatment one day and announced, "Now that I don't have pain any longer I guess I'll be going off welfare. I think I want to go back to college so I'm planning to take a course at Beauty College to support myself through school." Which she did.

Suggestibility: Did not appear high. Had tried everything and was willing to do whatever was suggested. Seemed resigned to her condition.

Last Contact: Two years after treatment

Condition: Some headache began about two months after entering beauty college. Seemed due to standing all day. Relieved by light traction.

DISORDER: NIGHT TERRORS

Number of Cases Reviewed: 1

CASE "Y"

Patient: Male, 10 months

Presenting Complaint: Night Terrors

Clinic: SHEN Therapy Institute.

Therapist: R.

History: Unable to sleep more than 3 hours without waking screaming. Extremely dependent on mother. Continuous since birth without let up.

Child was treated while asleep. Intervention performed only at root. Child woke, screaming just prior to third treatment, treatment performed for three minutes when child stopped screaming. Therapist left, child was sniffling with his thumb in his mouth. This was the last of his night terrors. (Night terror is not psychosomatic but the episodes could be related to birth trauma, and therefore PTSD. It is also possible the child had episodes of bowel pain. The case is included because of the association of terrifying fear at the perineum.)

Suggestibility: No possibility

Last Contact: 2 years after treatment.

Condition: Within a week he began brief temper tantrums and making demands. Parents were delighted. The terror never returned.

IN SUMMATION

To review, I have summarized a distinct class of Qigong work based on observation of numerous, similar cases. I have shown that psychosomatic and other physio-emotional disorders yield quite readily to SHEN Qigong treatments. This considerably expands the previously known range of Qigong treatable disorders. These results have been equally obtained by trained practitioners of SHEN Qigong in a number of facilities.

While developing the use of SHEN Qigong for physio-emotional and psychosomatic disorders, I have been able to identify certain emotions that are the specific causes of several of the physio-emotional dysfunctions. These include: Childhood grief involving self worth as a cause of migraine; repressed anger as a direct cause of disfunctioning digestive organs; mortal terror as a complicating cause of coma and psychogenic shock; repressed shame as a cause of premenstrual and menstrual distress; repressed feelings of worthlessness as a cause of chronic low back syndrome and repressed sexual feelings as a cause of lack of sexual lubrication and conversion of sensory pleasure to pain.

In addition, I have observed that the somatic experience of the contributing emotion always occurs exactly at the bodily location of the associated physio-emotional dysfunction. I have consistently noted that when SHEN Qigong was properly performed at the body region encompassing the disorder, emotions specific to the disorder, as well as to the somatic region of the disorder, were experienced. For instance; Anger as well as fear have been experienced when SHEN Qigong treatments were performed at the digestive organs; feelings of shame were experienced when the treatments were performed at the site of painful and dysfunctioning ovaries or at a chronically painful lower back; the experience of terror occurred when treatments were performed at the perineum and feelings of sadness or grief were experienced when the treatments were done at the heart.

In a broad way, SHEN Qigong practice seems to show clear agreement with Traditional Chinese Five Phase Theory as to the general concept of organ/emotion interinvolvement. While the details may, at this time, be indistinct, the principles we have discovered seem to be entirely similar. Further research will undoubtedly amplify this issue.

It is clearly recognized that further research, especially large controlled studies are necessary if this work is to be validated to the general satisfaction of the medical community. The results of the work so far certainly justify such further effort. In the meantime, numbers of former sufferers of these physio-emotional disorders are benefitting greatly.

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Abstract: Effects of Qigong on Psychosomatic and other Emotionally-Rooted Disorders

Richard R. Pavek, Director of the SHEN Therapy Institute
No. 20 YFH Gate 6 Road, Sausalito, CA 94965 USA 415/331-3753

Beneficial effects of SHEN, a specific form of Qigong, on psychosomatic and other emotionally-rooted disorders. A review of 25 selected cases show that SHEN Qigong is highly effective in ending these disorders. The cases further demonstrate that there is a body-site relationship between the background emotions involved in these disorders and the organs or other body parts that have dysfunctioned.

The mechanism behind disorders such as the irritable bowel syndrome, premenstrual distress, chronic non-biologic psychogenic pain and migraine has been poorly understood. Many of these disorders have been labelled "psychosomatic", meaning that psychological or emotional factors are heavily involved in their etiology. However, while the transpersonal psychological factors that predispose one to these disorders have generally been determined, the precise, internal mechanism by which these external events convert to biological dysfunction has remained a mystery. Because of this, effective treatment methods for these disorders have remained elusive, until now. At the SHEN Therapy Institute we have found that applying specific SHEN Qigong protocols can result in positive, permanent improvement for a number of these disorders. Some of the disorders successfully treated with SHEN Qigong include menstrual and premenstrual distress, migraine, irritable bowel syndrome, eating disorders and chronic low back syndrome.

More specifically we find that:

- (1) Applying appropriate procedures of SHEN Qigong to patients suffering from premenstrual distress has resulted in nearly complete amelioration of the grosser and most debilitating symptoms in the majority of cases treated.
- (2) Applying SHEN Qigong procedures to over 40 patients suffering from migraine headache not only ended most episodes of the disorder but has revealed the psycho-emotional underpinnings in much of this condition, which had not previously been determined to be of psychosomatic origin. Many who had suffered from this complaint weekly or biweekly and received a short series of SHEN Qigong treatments now report episode intervals of a year or more. In several of these cases the no further migraines have occurred.
- (3) SHEN Qigong treatments given to a number of sufferers of unremitting chronic low back pain, both pre and post-surgery resulted in a high percentage of permanent reduction of pain, considerable improvement in range of motion and an increase in emotional well-being.
- (4) Additionally, we find SHEN Qigong procedures to be extremely useful with those who do not present psychosomatic symptoms. SHEN Qigong treatments have been found useful with patients suffering anxiety, depression, blocked grief and sleep disorders. SHEN Qigong is useful in accessing and releasing troubling suppressed and repressed emotion and, sometimes, memory of debilitating early life events. Release of these emotional factors has frequently led to positive behavioral changes.

SHEN Qigong procedures can be taught successfully to most health professionals and that the majority possess enough natural Qi to be effective. SHEN Qigong gives evidence of being a uniquely useful therapy for a broad range of difficult-to-treat disorders, specifically those disorders where repressed and/or suppressed emotional factors are involved. These discoveries extend the previously known range of Qigong treatable disorders.