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The Tong Ren Healing Method: A Survey Study

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Tong Ren (TR) is an untested energy healing modality with anecdotally-reported effectiveness for a variety of disorders. *Study objective:* To describe participant reports of effectiveness and safety. *Design:* Cross-sectional, anonymous survey. *Setting:* Weekly group sessions in the Northeast US. *Participants:* Adults attending group sessions. *Measures:* Changes in conditions attributed to TR. *Results:* Response rate 89% ($n = 265$). Cancer (30.6%), endocrine/autoimmune (17.5%) and musculoskeletal disorders (17.2%) were the most commonly reported conditions. Among respondents who had attended more than one session ($n = 216$), 30% used superlatives (e.g., ''amazing'') to describe TR's impact, and one-third noted improved quality of life. No adverse effects were described. Anxiety, depression, cancer, and autoimmune disorders appeared to have the greatest treatment responses, with 63.8%, 61.0%, 60.3%, and 58.1% of participants with these conditions reporting substantial improvements. *Conclusion:* This first study documenting self-reported effects of TR shows subjective benefits and no adverse effects. Further research on this approach is warranted.

Keywords: *energy medicine; integrative therapies; CAM; energy healing*

INTRODUCTION

The National Institutes of Health National Center for Complementary and Alternative Medicine (NIH NCCAM) has described energy medicine as a domain in complementary and alternative medicine (CAM) in need of scientific research (National Institutes of Health [NIH], 2007). Tong Ren (TR) Healing is a relatively new modality of energy medicine developed in 2001 by Tom Tam, a practitioner of acupuncture and other forms of Traditional Chinese Medicine (TCM; http://www. tomtam.com/content/tom-tam).

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Patient testimonials and anecdotal evidence from practitioners have reported this method to be highly effective in improving symptoms of a variety of physical and psychological diseases and conditions (Tam, 1998, 2004). Despite its increasing popularity, however—as evidenced in recent years by the growing number of group healing sessions worldwide—the mechanisms, efficacy, effectiveness, and safety of this approach have not been evaluated scientifically. As a first step in systematically researching this healing method, we conducted a cross-sectional, self-administered anonymous survey with participants at seven different sites in Massachusetts and Connecticut, where ongoing TR group sessions are held. The purpose of this initial study was to ascertain for what conditions participants sought treatment, whether they experienced improvement, worsening, or no change in disease or symptoms, and whether they noted any adverse effects, to determine whether further prospective, controlled studies are warranted.

BACKGROUND

The TR method blends TCM with Western biomedical knowledge of neurophysiology, endocrinology, and neuroanatomy. Since 2001, TR has been used to treat symptoms of a variety of diseases and conditions, including cancer, diabetes, AIDS, arthritis, autoimmune diseases, anxiety, and depression, with ongoing classes currently held in 13 countries and 24 states in the United States (http://www.tomtam.com). TR practitioners report that thousands of people have sought treatment and reported benefits from this method. This approach to healing, however, has not yet been subject to systematic empirical study.

The NIH NCCAM has classified energy medicine into two types: *veritable* energy, which describes measurable forms of energy such as electromagnetic forces or mechanical vibrations, and *putative* energy (also called subtle energies or biofields), so named because they are as yet unmeasurable or difficult to measure reliably (NIH, 2007). Radiation therapy, for example, is a well-established and extensively studied form of veritable energy used in cancer treatment. Magnetic therapy (Sisken & Walder, 1995), sound therapy (Chlan, 2001), and light therapy (Martiny et al., 2004) are among the measurable forms of energy medicine purported to have therapeutic effect and under research as potentially effective forms of CAM. Approaches that use putative or subtle energy are among the more controversial approaches to CAM, due in part to difficulties in measuring these energies and in explaining their mechanisms of action within a biomedical paradigm (Leskowitz, 2002; Oschman, 2000). However, such healing practices are becoming increasingly popular among many patients with cancer and other chronic diseases (Barnes, Powell-Griner, McFann, & Nahin, 2002; Mansky & Wallerstedt, 2006), and further research is needed to describe and explain possible therapeutic effects of the varied energy practices (Berman & Straus, 2004; Efficace et al., 2006).

TR is similar to acupuncture, Reiki, Qigong, and other energy healing modalities in that it purports to affect the *qi* or field of energy that is hypothesized to animate and sustain life (Sancier & Holan, 2004; Winstead-Frey & Kijek, 1999; known by other names in traditional medicine in other countries, such as Ki in Japan [Ohnishi & Ohnishi, 2006] and *prana* in ayurvedic medicine [Frawley, 2000]). According to practitioners, blockages in energy

pathways in the body can inhibit the body's natural healing mechanisms, and energy healing purportedly acts to release these blockages, restores energy balance in the body, and thus allows the body to heal (Tam, 2004).

TR is distinguished from other energy healing methods in two ways. First, it posits that the *qi* follows actual physiological pathways of the endocrine, circulatory, and central and peripheral nervous systems, in contrast (or some cases in addition) to the hypothesized energy pathways represented by TCM acupuncture meridians (Tam, 2004; Tom Tam Healing System, 2007). This approach thus aims to facilitate healing by identifying and removing blockages in specific physiological systems that relate to the particular organ or disease. For example, treatment for breast cancer would target not only the tumor itself but, more importantly, the supposed cause(s) of the tumor, which for breast cancer would include blockage at the level of the spinal nerves (particularly T4; Tam, 2004) that emerge from the thoracic vertebrae and cross in front of the internal mammary artery and pectoral muscles. Second, although many energy healing modalities involve one-on-one treatments in which the practitioner is thought to use her or his own energy to promote healing in the recipient, TR group sessions are thought to facilitate the release of specific blockages by the collective intention and attention of the participants in the group (Tam, 2008).

The purpose of this study is to obtain information from users regarding their experience with TR Healing in improving symptoms from disease, disease course, or treatment side effects through an anonymous cross-sectional survey of participants of TR Healing group sessions. Prior to the study, we determined that if 50% or more of participants reported improvements with symptoms of their disease or relief from side effects of treatment, we would consider this sufficient preliminary evidence to support future, more rigorous investigation of this healing method. For this report, we address the following specific research questions: (a) What are the conditions for which participants are seeking healing through TR? (b) For participants who have attended more than one TR session, what is the self-reported effectiveness of the treatment? (c) Does self-reported treatment effectiveness vary by group leader, time-in-treatment, or specific condition? (d) What are the self-reported adverse effects, if any, of this treatment modality?

DESCRIPTION OF TR HEALING SESSIONS

In Mandarin, ''Tong Ren'' translates to ''bronze man'' (http://www.tomtam.com/node/8). This term refers to the small model (now plastic) of a human figure marked with meridian points for reference in acupuncture training. The TR dolls retain many TCM acupuncture points and in addition have TR points marked to correspond to targets for directing *qi* during a healing session. Practitioners leading TR sessions (usually one or two group leaders accompanied by TR students or practitioners) stand at the front of the room facing the group, and the lead practitioner asks attendees, one at a time, what condition(s) they would like treated. Attendees typically describe their symptoms or diagnoses given by their physician. After the person describes their condition, the leader announces the points on the TR figure that correspond to that condition. They then use a small metal hammer to tap on the model on the identified points for a minute or two. Many attendees also bring their

own TR dolls and hammers and participate in the tapping procedure. The stated purpose of the doll is to standardize the treatment by directing the attention of participants to the same specific blockage site(s). The individual receiving the treatment sits quietly, often with eyes closed and palms upturned on their lap. Throughout the session, the group leader may talk to the group about news of successful outcomes for attendees of TR groups, other news about people or activities related to TR, or simply engage in some gentle joking or banter with participants. The atmosphere in the groups tends to be lively, friendly, and relaxed. No fees are charged for the session, but containers are placed in the room with signs suggesting a donation of US$10. Group sessions typically last about 1 hr, with group sizes ranging from about 6 to over 100 participants.

METHODS

This is a cross-sectional, observational, descriptive survey study. The study was approved by the Institutional Review Boards of the Dana-Farber/Harvard Cancer Center and the Virginia Commonwealth University.

A self-administered survey (see appendix) was developed for this study to assess the following: for what conditions people seek treatment; other treatment modalities sought for condition; reports of change (improvement or worsening) in symptoms and conditions; adverse effects; and for those who report improvement, extent of improvement. The survey was piloted with 15 participants from other TR sessions (not the sites participating in this survey) to assess readability and feasibility of administration. The survey was refined based on pilot results and feedback from several experienced TR practitioners. The final survey contained 18 items, 4 of which were open-ended. Many multiple choice items (such as those describing demographics or other types of treatment sought) also included space for write-in responses for respondents to comment if the choices provided did not apply or if they wanted to elaborate on their answers.

We distributed surveys to attendees at seven different sites for TR Healing group sessions in Massachusetts and Connecticut (one site had sessions on Mondays and Wednesdays, so surveys were collected at both sessions). At the start of sessions at the Massachusetts sites, the principal investigator (PI) described the study to the group of attendees, including all consent criteria, and answered questions attendees had about the study. For the single study site in Connecticut, the PI was not present, and the group leader described the study and distributed the surveys following instructions from the PI. At each site, after introducing the study, a folder containing a cover letter, opt-out card, survey, and pen was distributed to each attendee, so participants could fill out the surveys during the TR session. The folder was provided to allow participants some privacy while writing and when returning the survey. Participants who attended more than one data collection session were asked to fill out the survey only once and to indicate this on the opt-out card. All surveys were anonymous and could not be linked to the participants in any way.

Eligibility criteria included the following: age 18 or older, able to read and write in English, and attending healing session for treatment of one or more conditions. Attendees present at the sessions as observers were asked to note this on the surveys and were counted

as ineligible for the study. Surveys were completed and collected while the TR session was in progress.

Analytic Plan

Analyses for this pilot study are primarily descriptive. We report response rate, demographic characteristics, and frequencies of disease conditions reported by respondents. We used the International Classification of Diseases (ICD-9; Flashcode, 2008) to code and categorize write-in responses describing conditions or diseases for which participants were seeking treatment. For respondents who had attended more than one session, we report length of time since respondents first came to a TR session as well as self-reported safety and effectiveness of treatment.

Variables. We assessed self-reported safety and effectiveness using qualitative and quantitative measures. Qualitative measures included three items that were analyzed/coded as follows:

- For the item asking ''What, if any, differences have you noticed in this/these conditions as a result of Tong Ren treatment?'', we reviewed responses for evidence of any benefit or any adverse events or worsening of symptoms.
- We also asked respondents to summarize their experience by asking ''If you could describe the impact of Tong Ren in a word or two, what would you say?'' For this item, we reviewed all write-in responses and identified general themes. Responses that expressed more than one theme received multiple codes. We then counted the number of times each theme was expressed by respondents in each disease category to explore whether outcomes varied for different conditions.
- Responses to the question ''What has been the *most important* result, if any, of your treatment with Tong Ren?'' were reviewed alongside the codes for the item to describe ''the impact of Tong Ren in a word or two'' to assess validity of coding for that item and to provide text examples of the impact and meaning of TR treatment for respondents.

Quantitative measures included the following:

- A listing of seven conditions that had been noted as receiving frequent mention during sessions attended by investigators prior to the study, specifically: autoimmune disorders, cancer, depression, anxiety, arthritis, respiratory disease, and heart disease. A category of ''other'' was also included for those with conditions not on this list. For each condition or disease, respondents were asked to check a box that described ''the extent of improvement you feel is from Tong Ren.'' Response choices included ''does not apply,'' ''don't know yet,'' ''none,'' ''a little,'' ''somewhat,'' ''a lot,'' or ''completely better.''
- An item asking, ''Compared with conventional medical treatments you may have received for this/these conditions (including drug treatment and medical procedures), has Tong Ren been more helpful, less helpful, or equally helpful?'' Respondents were also given a choice of ''I don't know yet'' and ''I have not had conventional medical treatment for my condition(s).''

Table 1
Participant Demographics ($n = 265$) of Those Attending Tong Ren Sessions

Variable	% (n) or Mean (SD)
Gender (% female)	66.8 (177)
Age (mean ± SD)	56.5 ± 12.5
Race (%)	
White	91.7 (243)
African American	3.0 (8)
Hispanic	0
Asian	2.2 (6)
Other	1.5 (4)
Seeking treatment for more than one condition	60.7 (161)
Seeking treatment for more than two conditions	23.4 (62)
First time attending a Tong Ren session	18.1 (48)

To test whether the impact varied by group leader, frequency of attendance, and length of time since first treatment, we dichotomized the quantitative outcome variables representing level of improvement. We fit logistic regression models for each of these outcomes and regressed these outcomes on single predictors of (a) group leader (dichotomized to represent the combined three sites led by Tom Tam, thedeveloper of TR, compared with a combined group of four other practitioners leading the remaining four sessions), (b) frequency of attendance, and (c) time (in months) since first attending a TR session (Hosmer & Lemeshow, 2000).

RESULTS

Surveys were collected at a total of seven study sites (eight sessions). Response rates were high; on average, site-level response rate was 88.8%, with a total of 265 respondents (response rate ranged from 78.1% to 100%, one site response rate is unknown). Tables 1 and 2 show the demographic and reported health characteristics of the study sample. Two thirds of the attendees were women, with an average age of 56 (median age 58, range 19–90), and over 91% were White. In response to an open-ended question asking participants to write in ''the main reasons(s) (conditions) you came for treatment,'' participants listed a broad range of physical and psychological conditions and symptoms, with 60% listing two or more. As shown in Table 2, 30% of attendees reported cancer as the primary reason for seeking treatment. After cancer, the most commonly reported conditions were for musculoskeletal disorders (write-in responses included arthritis; chronic back; neck, shoulder, and knee pain; carpal tunnel syndrome; and bone spurs) and endocrine and autoimmune disorders (write-in responses listed conditions such as chronic fatigue syndrome, fibromyalgia, and thyroid disorders such as Hashimoto's disease).

On average, participants reported having first attended a TR session 16.6 months prior to the survey date ago (median 10 months, range 1–144; Table 3). More than two thirds of the participants (68.5%) reported attending weekly or several times each month. Slightly more

Table 2
Conditions for Which Participants at Tong Ren Sessions are Seeking Treatment ($n = 265$)

Condition or Disease Category[a]	First Condition Named, % (n)	Second Condition, % (n)
Neoplasms	30.6 (82)	1.1 (3)
Musculoskeletal and connective tissue	17.2 (46)	14.2 (38)
Endocrine disorders, nutritional and metabolic, and immune system	17.5 (47)	9.0 (24)
Nervous system and sense disorders	8.6 (23)	7.1 (19)
Mental health concerns	6.7 (18)	5.2 (14)
Respiratory disease, acute and chronic; Circulatory system; blood disorders	7.5 (20)	9.4 (25)
Digestive system	4.8 (13)	2.6 (7)
Genitourinary systems	1.1 (3)	1.1 (3)
Skin disorders	1.5 (4)	2.2 (6)
Infectious and parasitic	0.4 (1)	1.1 (3)
Other	2.6 (7)	6.7 (18)

a. Open-ended survey responses were coded into International Classification of Diseases (ICD)-9 categories. ICD-9 categories and associated write-in responses (with our interpretation of acronyms in italics) are as follows:
Neoplasms: Cancer; MDS (*myelodysplastic syndrome*); noncancerous tumor; side effects radiation.
Musculoskeletal and connective tissue disease: Arthritis; back, neck or hip pain; bone spur; carpal tunnel syndrome; fracture; knee problems; muscular problems; musculoskeletal problems; osteoporosis; rotator cuff, shoulder problems; sciatica; scoliosis; tendonitis; TMJ (*temporomandibular joint disorder*).
Endocrine disorders, nutritional and metabolic, and immune system: autoimmune, unspecified; candida; chemical sensitivities; chronic fatigue; diabetes (type 1 or 2); fibromyalgia; GERD (*gastro-esophageal reflux disease*); Hashimoto's disease; menopause; metabolism; MG (*myasthenia gravis*); MS (*multiple sclerosis*); pancreatitis; rheumatoid arthritis; thyroid; weight loss.
Nervous system and sense disorders: dizziness; drooping eyelid; epilepsy; glaucoma; macular degeneration; migraine; neuroma; neuropathy; Parkinson's; retinitis pigmentosa; sleep disorders (includes insomnia, restless leg syndrome, apnea); tinnitus; vision/eye problems; vocal chord problems.
Mental disorders: alcoholism; anxiety; bipolar; depression; memory problems; PTSD (*posttraumatic stress disorder*); stress.
Respiratory disease, acute and chronic: allergies; asthma; COPD (*chronic obstructive pulmonary disease*); emphysema; respiratory illness; sarcoidosis; sinusitis.
Circulatory: arrhythmia; CHF (*congestive heart failure*); cholesterol; circulatory problems; heart disease; high blood pressure; stroke; PAD (*peripheral artery disease*).
Blood disorders: anemia; blood clot; leucopenia; Waldenstrom's macroglobulemia.
Digestive system disorders: cirrhosis; colitis; Crohn's; digestive disorders, malabsorption; gum disease, bone loss; HCV stage 4 (*Hepatitis C Virus*); Hep C (*Hepatitis C*); IBS (*irritable bowel syndrome*).
Genitourinary: bladder; dysplasia; fertility; fibroid; kidney diseases; ureitis; prolapsed bladder; prolapsed uterus; prostate disease.
Disorders of skin: psoriasis; skin disorders.
Infectious and parasitic: herpes; Lyme disease.
Other: fatigue; general health; neurocardiogenic syncope; pain (general, headaches, body aches); postoperative hernia; smoking.

Table 3
Responses of Participants Who Had Attended More Than One Tong Ren (TR) Session ($n = 216$)

Variable	% (n) or Mean ± *SD*
How long ago first attended TR session, mean ± *SD* (in months)	16.6 ± 22.1
Approximately how often attend TR sessions (% [n])	
Several times/week	13.4 (29)
Once a week	49.5 (107)
Several times/month	19.0 (41)
Once a month or fewer	9.2 (20)
Have had individual treatment from TR practitioner (% [n])	51.1 (110)
Compared with conventional medical treatments for this condition, TR has been (% [n])	
More helpful	46.8 (101)
Both are equally helpful	16.2 (35)
Less helpful	0.5 (1)
Don't know	22.2 (48)
Have not had medical treatment	8.3 (18)
Have sought alternative treatments for condition(s) (% [n])[a]	71.8 (155)
Coded open-ended responses to ''*describe impact of Tong Ren in a word or two*'' (% [n])	
Superlatives	30.1 (65)
Positive/very positive	17.1 (37)
Hope and/or healing	12.9 (28)
Comfort, soothing, calming	11.6 (25)
Energy	7.9 (17)
Blank	13.9 (30)
Don't know	2.3 (5)
Other	5.1 (11)

a. Answered ''yes'' for one or more of the following: acupuncture, herbal medicines, homeopathy, Qigong.

than one half (51.1%) also had one-on-one treatments with a TR practitioner, and 71.8% had pursued other alternative treatments such as herbal remedies or acupuncture. A majority of participants reported receiving conventional medical treatment for the reported conditions; 62.6% of participants reported having had specific medical treatments, including surgery, prescription medication, chemotherapy, or ''other'' treatments (write-in responses included cortisone injections, dental treatment, and radiation therapy). Among those who had attended more than one TR session, only 8.3% noted having had no conventional medical treatment at all for their reported conditions.

Reported Safety and Effectiveness of TR

All reports of the impact of TR are based on the sample of respondents who had attended more than one TR session ($n = 216$). Review of write-in responses about the impact of TR showed no references to adverse events or negative impact. One respondent with an auto-immune disorder reported that their condition had worsened but did not attribute this to TR.

Table 4
Reported Improvement Attributed to Tong Ren (TR), by Disease Status or Condition, Among Participants Who Had Attended More Than One TR Session

	Extent of Improvement Attributed to TR					
Disease/Condition (*n*)	Don't Know Yet	None	A Little	Somewhat	A Lot	Completely Better
Anxiety (47)	12.8	0	2.1	21.3	53.2	10.6
Depression (41)	9.8	0	4.9	24.4	56.1	4.9
Cancer (58)	22.4	0	5.2	12.1	43.1	17.2
Autoimmune (43)	23.3	2.3	2.3	14.0	48.8	9.3
Other (71)	16.9	2.8	5.6	25.3	36.6	12.7
Respiratory disease (18)	22.2	0	11.1	22.2	33.3	11.1
Arthritis (52)	23.1	0	3.8	30.8	38.5	3.8
Heart disease (13)	15.4	0	15.4	23.1	46.1	0

Table 3 shows that, for this group, close to two thirds reported that TR had been as helpful or more helpful (16.2% and 46.8%, respectively) than conventional medical treatment for their condition(s).

We also coded open-ended responses to the question ''If you could describe the impact of Tong Ren in a word or two, what would you say?'' 86.3% wrote in a response to this item. Except for five cases, where respondents wrote ''don't know,'' all reported beneficial effects. We identified the following seven categories of responses: descriptions of positive impact in superlative terms (e.g., ''amazing,'' ''incredible,'' ''great''); descriptions in positive or very positive (but not superlative) terms (e.g., ''positive,'' ''it works,'' ''important,'' ''very helpful,'' ''helps me a lot''); descriptions of hope and/or healing (e.g., ''hopeful,'' ''healing,'' ''uplifting''); descriptions of a sense of comfort, soothing, calming (also includes words such as ''peaceful,'' ''well-being''); references to improved energy (e.g., ''energy,'' ''increase of energy''); ''don't know'' or ''don't know yet''; and ''other'' descriptions that did not fit into these main categories (Table 3). Thirty percent of respondents used superlatives to describe the impact of TR, and 17.1% cited a positive or very positive impact on symptoms or disease. Close to one third cited improved quality of life, including a sense of hope and healing (12.9%), comfort (11.6%), and improved energy (7.7%). Those in the ''other'' category referred to the unusual nature of the treatment (e.g., ''nutty,'' ''weird,'' ''interesting''); however, these cases also cited beneficial effects in other portions of their surveys.

Table 4 shows reported improvement by disease or condition. Anxiety, depression, cancer, and autoimmune disorders were reported as having the strongest responses to treatment, with 63.8%, 61.0%, 60.3%, and 58.1%, respectively, reporting that TR had helped ''a lot'' or had made their condition ''completely better.'' Other conditions also had reports of strongly positive improvement (''a lot'' or ''completely better''), ranging from 42.3% (for arthritis) to 49.3% (for ''other'' conditions, which had write-in descriptions that included ''bone loss,'' ''pain,'' ''colitis,'' and ''weight loss'') reporting marked improvement. Percentages of respondents who did not yet know whether TR had helped their condition ranged from 9.8% (for

depression) to 23.2% (for autoimmune disorders). Three respondents reported ''none'' to the question about whether they experienced improvement from TR. Of these three, two had reported multiple conditions and cited no improvement on one condition but improvements on another (one said ''50% improvement'' arthritis symptoms and another reported ''less pain''). The third stated that sessions had been ''relaxing but so far not curative.''

Predictors of Reported Effectiveness

We fit single logistic regression models to test whether the reported impact varied by group leader, frequency of attendance, and length of time since first treatment. The model outcomes were variables representing reports of improvement for the conditions noted above (and shown in Table 4). Because cell sample sizes were small, we dichotomized this outcome by grouping ''a little'' with ''somewhat,'' and compared this with ''a lot'' and ''completely better'' (the three respondents reporting no impact on the listed conditions were set aside for this analysis). No differences were found for any of the three predictors tested.

To obtain a qualitative measure of which diseases or conditions appeared to have the strongest response to treatment, we sorted the comments coded as ''superlatives'' ($n = 65$ cases) by ICD-9 classification and counted the number of superlative ratings in each disease category. Cancer ($n = 20$) and endocrine, metabolic, and immune disorders ($n = 16$) received the highest number of superlative ratings, followed by musculoskeletal disorders ($n = 11$; Table 5). Table 5 shows three examples of individuals within each of these disease categories. For example, one person with non-Hodgkin lymphoma described TR as ''revolutionary'' and said that the difference noted from TR was ''no trace of cancer'' and that ''remission'' was the most important result of TR treatment. Other disease categories that were associated with comments using superlative terms were digestive system disorders ($n = 5$), nervous system disorders ($n = 4$), mental health conditions ($n = 4$), and respiratory disorders ($n = 1$). Some improvements that were not coded as superlative were still notable, for example, one participant who was in attendance to treat ''bone loss in jaws, potentially loss of at least 7 teeth,'' described TR as ''energizing, revitalizing,'' and after 1½ years of weekly TR treatments reported that ''my teeth are no longer mobile, none have had to be removed, am able to use my teeth without problems.''

DISCUSSION

This first study of the TR healing system was designed to obtain preliminary data on the reported safety and effectiveness of this approach in improving symptoms from disease or treatment side effects. Based on our survey of 216 participants who had attended more than one group healing sessions, we found no reports of adverse events or negative effects of TR treatments. Participant reports of treatment impact were overwhelmingly positive; for all conditions listed on the survey, from 42% to 64% of respondents reported their conditions had improved substantially and these improvements were attributed to TR. Nearly half reported TR to have been more helpful than conventional medical treatment.

Table 5
Examples of Open-Ended (Verbatim) Responses of Participants Who Used Superlatives to Describe Tong Ren (TR; $n = 65$; Among Participants Who Had Attended More Than One TR Session)

	Examples of Participant Write-In Responses			
ICD-9 Category[a]	Specific Condition	Description of Impact[b]	Differences Noted[c]	Most Important Result[d]
Neoplasms ($n = 20$)	*Non-Hodgkins lymphoma*	*Revolutionary*	*No trace of cancer as of 2 months ago pet scan*	*Remission*
	Prostate cancer	*It is a miracle*	*PSA test 4 months ago, PSA was reduced from 6.5 to 4.0*	*improved overall health*
	Rectal cancer	*Powerful*	*It got rid of the tumor*!	*The tumor in my rectum is gone*
Endocrine disorders, nutritional and metabolic, and immune system ($n = 16$)	*Fibromyalgia, arthritis, allergies, and asthma*	*It has improved my life 90%.*	*I have noticed almost complete relief.*	*Relief from constant pains*
	Chronic pancreatitis	*Amazing, remarkable*	*Pancreatitis improved almost 100%*	*Pancreatitis improved*
	Diabetes	*Profound*	*Sugar levels declined 20–30%*	*Improved overall health used for so many conditions ie food allergies, depression, headache*
	CFIDS[e] *and Fibromyalgia*	*Incredible*	*The huge block of cement (that is what it felt like) is gone. I have more energy, less pain, better focus (no more brain fog).*	*I am regaining a full life—before for years, I slept half my life.*
Musculoskeletal and connective tissue ($n = 11$)	*Bad arthritis in hip*	*Miracle science*	*75% of pain gone after first class*	*75% of pain gone forever*
	Carpal tunnel	*Amazing*	*No throbbing pain in hands and arms, no tingling*	*Lack of pain from CTS and more energy*
	Scoliosis	*Magical*	*I think the spinal curvature has lessened. I see more length in my torso*	*For 7 years I saw no improvement. Now 4 days after my first session I'm seeing noticeable change*

Each row shows an example of a single participant's response, and italicized text represents verbatim responses.
a. Conditions listed are in International Classification of Diseases (ICD)-9 categories that had 10 or more comments coded as superlative for the question: ''If you could describe the impact of Tong Ren in a word or two, what would you say?''
b. Item text is as follows: ''If you could describe the impact of Tong Ren in a word or two, what would you say?''
c. Item text is as follows: ''What, if any, differences have you noticed in this/these conditions as a result of Tong Ren treatment?''
d. Item text is as follows: ''What has been the *most important* result, if any, of your treatment with Tong Ren?''
e. ''CFIDS'' = chronic fatigue and immune dysfunction syndrome.

Equally intriguing were the write-in descriptions citing ''amazing'' and ''remarkable'' improvements, with 30% of respondents who had attended more than one session using superlatives such as these to describe the impact of TR. Many of these descriptions did indeed appear remarkable, including reports of cure or remission from cancer, elimination of pain from arthritis, and reversal of bone loss.

Some prior well-designed research does support the possibility of these effects; research and reviews of research on Ki and Qigong energy healing has documented evidence of inhibition of cancer cell growth in both in vitro studies with human carcinoma cells and in vivo animal studies (Chen, 2004; Ohnishi, Ohnishi, & Nishino, 2006; Ohnishi, Ohnishi, Nishino, Tsurusaki, & Yamaguchi, 2005). A systematic review of Qigong for pain reported evidence for its effectiveness as ''encouraging'' and warranting further study,(Lee, Pittler, & Ernst, 2007) and in vitro research on Ki energy healing has shown it to stimulate osteoblast and inhibit osteoclast cell activity (Ohnishi, Nishino, Uchiyama, Ohnishi, & Yamaguchi, 2007). If, as proponents have suggested (Kimura et al., 2005), balancing and unblocking the flow of *qi* energy enhances immune, endocrine, and nervous system function, some of these descriptions of healing from TR are plausible and may reflect measurable improvements in these physiological functions. The reports of strongly positive results indicate that future controlled studies of TR are warranted to test hypotheses about the physiological mechanisms that may be involved.

Like many energy medicine approaches, TR does not involve direct physical contact. Although the practice of distant healing is consistent with the precept of TCM that the ''mind directs the *qi*'' (Lu, 2005), this is a challenging and controversial concept in the framework of Western medical science, and alternative explanations have been offered for reports of healing using energy medicine. Expectancy effects, a form of placebo response, are possible explanations for individuals who experience a subjective sense of improvement in symptoms (Turner, Deyo, Loeser, Von Korff, & Fordyce, 1994). Relaxation effects, and reduction in anxiety or stress by being in a supportive group setting, are also reasonable explanations for reports of improvement in symptoms. In addition, many illnesses are self-limiting, and many chronic diseases have a cyclical course with symptoms worsening and improving; hence, changes in disease course may be attributable to these factors rather than the energy healing itself. A review of randomized clinical trials of distant healing modalities that controlled for some of these alternative explanations, however, found that 57% of studies (13 of 23) showed statistically significant treatment effects and concluded that evidence was sufficient to justify continued study (Astin, Harkness, & Ernst, 2000). Future research on TR healing will need to address and, to the extent possible, control for these possible alternative explanations for the mechanisms of action (Hintz et al., 2003).

As a self-report survey, there are a number of limitations to this study. We do not have objective measures of health changes to verify reported improvements. Participants also reported having sought a variety of other conventional and complementary treatments as well as additional one-on-one TR treatments for about half of the participants; hence, it is not known whether and to what extent TR group treatments had additional effects. Importantly, because these are not prospective data, we do not know what proportion of participants have dropped out because of lack of improvement. This selection bias will

be critical to address in future studies. Finally, statistical tests of differences by group leader, frequency of attendance, and time since first attending TR sessions were limited because sample sizes of the subgroups representing specific conditions were small. Future work should focus on specific conditions with sufficient sample sizes to conduct statistical tests. Despite these limitations, however, our survey did meet its original aims to provide an overview of the types of conditions being treated and to obtain preliminary self-reports of its safety and effectiveness among regular attendees. The high response rate in this survey suggests that these results are likely to represent the full range of responses of active attendees, and the strongly positive reports and absence of adverse effects provide sufficient evidence to warrant future research.

We found no evidence of adverse effects in this survey study; however, future prospective trials will allow for more valid and objective assessment of any potential negative effects. Additional concerns about the use of untested healing modalities include risks that patients will forego standard medical care and that treatments may not only be ineffective, but costly (Ernst, 2008). In TR group sessions and in printed materials, we found no evidence of attempts to dissuade participants from pursuing medical treatments, and no efforts to make diagnoses; in fact, group leaders routinely asked participants to report findings from tests and follow-up visits with their doctors. The method may also provide a cost-effective approach to care, because it is easily learned, can be practiced in low- or no-cost group settings or by individuals at home, and does not require the lengthy training and mastery required by some other healing systems, such as Qigong and Reiki. The use of the acupuncture doll, while unusual, also standardizes the approach and makes the method easily replicable. Even accounting for the selection bias of this sample, the large improvements reported in quality of life, reduction in the impact of the side effects of medical treatment, and cures or improvements in conditions that are typically difficult to treat make TR healing a compelling approach that merits ongoing rigorous study.

CONCLUSION

This is the first study to document self-reported effects of the increasingly popular TR energy healing modality. No adverse effects were noted, whereas strongly positive subjective benefits were reported. Based on these results, undertaking prospective, controlled trials with reliable and valid outcome measures to explore the efficacy and mechanisms of this approach is warranted.

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Appendix

Tong Ren Survey

LOCATION: _____ DATE: _____

Thank you for filling out this survey. Your responses are anonymous, and your name will not be associated with your survey in any way. Your participation is completely voluntary, and you may skip any questions you do not wish to answer.

GENERAL INFORMATION ABOUT YOU

Please write in your response, or check the box that best describes your answer.
Feel free to write in the margins if you have comments.

1. Gender *(check one)*: ☐ Female ☐ Male
2. Age: _____ *years (please write in your response)*
3. Race/Ethnicity *(check all that apply)* ☐ White ☐ African American
   ☐ Hispanic/Latino ☐ Asian
   ☐ Other: *(please write in)* _____
4. Are you here for a Tong Ren treatment today? *(check one box)*
   ☐ Yes → ***If Yes, go to Question 5***
   ☐ No, just observing → ***If No, PLEASE STOP HERE***

EXPERIENCE WITH TONG REN

5. Is this the first time you have attended a Tong Ren "Guinea Pig" healing session? *(please check one box)*
   ☐ Yes → ***If Yes, please skip to Question 8***
   ☐ No
6. Approximately how long ago did you first come to a Guinea Pig session? *(write in)*: _____ ***years*** _____ ***months*** *ago*
7. In the past year, approximately how often have you attended Guinea Pig sessions? *(check one box)*
   ☐ At least several times each week ☐ About once a month
   ☐ About once each week ☐ Less than once a month
   ☐ A couple of times a month
8. Have you had <u>individual Tong Ren treatments</u> from a Tong Ren practitioner?
   ☐ Yes ☐ No

CONDITIONS BEING TREATED WITH TONG REN

9. What is/are the main reason(s) (conditions) you came for treatment for? *(please write in the one or two <u>most important conditions</u> you came to have treated)*
   (Please write in) _____
10. If you have cancer, please describe what type of cancer(s) and what stage (if known) *(please write in)*:
    a. Type of cancer(s):_____ b. Stage: _____
11. What, if any, differences have you noticed in this/these conditions as a result of Tong Ren treatment?
    (Please write in) _____
12. If you could describe the impact of Tong Ren in a word or two, what would you say? _____

PLEASE CONTINUE THE SURVEY ON THE OTHER SIDE OF THE PAGE →

13. Thinking again about the main reasons (or conditions) for which you are seeking Tong Ren treatment, what other approaches have you used to treat or improve this condition? *(check all that apply)*

☐ Surgery
☐ Prescription Medication
☐ Chemotherapy
☐ Herbal remedies
☐ Traditional Chinese Acupuncture
☐ Tom Tam Acupuncture
☐ Qigong or Tai Chi
☐ Homeopathy
☐ Other *(please write in)*: _____

14. Compared with conventional medical treatments you may have received for this/these condition(s) (including drug treatment and medical procedures), has Tong Ren been more helpful, less helpful, or equally helpful?

☐ Tong Ren has been more helpful
☐ Tong Ren has been less helpful
☐ Both are equally helpful
☐ I don't know yet
☐ I have not had conventional medical treatment for my condition(s)

15. Some people come to Tong Ren to treat more than one condition. Please check a box for each of the conditions below for which you have received Tong Ren treatment. *(check all that apply)*

☐ Cancer
☐ Autoimmune disorder
☐ HIV/AIDS
☐ Heart disease
☐ Respiratory disease
☐ Anxiety
☐ Diabetes
☐ Arthritis
☐ Depression
☐ Other *(please write in)*: _____

16. If you have had Tong Ren treatment for one or more of the conditions listed below, please <u>put a checkmark</u> in the space that indicates the extent of improvement you feel is from Tong Ren. *(If you don't have the condition, check "does not apply")*

		Level of Improvement					
Condition	Does Not Apply	Don't Know Yet	None	A Little	Somewhat	A Lot	Completely Better
a. Cancer							
b. Heart disease							
c. Diabetes							
d. Autoimmune disorder							
e. Respiratory disease							
f. Arthritis							
g. Anxiety							
h. Depression							
i. Other							

17. Has Tong Ren helped you in any of the following ways? *(check all boxes that apply)*

☐ Improved symptoms
☐ Reduced tumor size
☐ Provided social support
☐ Slowed disease progression
☐ Given me hope
☐ Improved overall health
☐ Increased energy
☐ Reduced side effects of medical treatment

18. What has been the <u>most important</u> result, if any, of your treatment with Tong Ren? *(please describe)*: _____

Thank you for your Participation!!