Quantum Touch

Background/Definition

Quantum Touch (QT) is a method of hands-on healing, initially developed in the late 1970s, purported to stimulate the body’s capacity to heal itself. Practitioners claim that through the use of light touching, breathing techniques, and body awareness meditations they are able to influence the “life-force” (sometimes called qi) of the body, which facilitates self-healing in patients (Walton, 2011).

QT originates from the healing work of Bob Rasmussen, a man described as a gifted intuitive and healer. Rasmussen utilized techniques similar to those used in the current QT model and taught his apprentice, Richard Gordon, these techniques. Gordon further refined the process and eventually published a book in 1999 titled *Quantum-Touch, the Power to Heal*. In this text, Gordon gives anecdotes about the healing effects of QT, details principles of the craft, and provides instructional techniques to train individuals in its use as a healing modality (Gordon, 1999).

Theory

The mental intention and physical movements of a practitioner are described as the main catalyzing factors that activate the self-healing capacity within the body of a patient. QT theory asserts that the human body possesses an “innate intelligence” which knows what needs to be done in order for the body to heal. This innate ability is activated through QT mediated energy flow (Walton, 2011).

Some further healing principles espoused by Gordon include 1) love as a natural vibration, 2) healing as a skill that can be taught, 3) energy follows through patterns, and 4) trusting the process (Gordon, 1999).

Procedure

Gordon (1999) describes the basic technique for a QT healing session, which first involves inquiries to the patient. The healer asks a patient to rate the level of pain being experienced on a scale from 1 to 10, with 10 being the worst pain, and then asks where exactly this pain is located on the body. The healer then places both hands either directly over this area, or on either side so as to “sandwich” the painful area.
Once hand placement has occurred the healer follows a series of breathing techniques with attention given to any changing sensations in the placed hands during each exhale. Practitioners are encouraged to maintain relaxed hands throughout this procedure so as to “generate a better field into or through the tissue.” During this whole process the patient is instructed to inform the healer if the pain shifts to any other bodily locations. If so, the healer “chases” the pain, moving their hands to this new location.

Further details regarding the nature and meaning of hand sensations, healing session duration, breathing techniques and more are beyond the scope of this review.

Review

Other than anecdotal reports, published research on the efficacy of QT is extremely limited. One dissertation research project reported a study design evaluating the effect of QT on individuals with chronic musculoskeletal pain (Walton, 2011). A total of 12 participants (who met diagnostic criteria for chronic musculoskeletal pain in one or more areas of the body) were divided randomly into a control or experimental group. The control received “hands-on light touch but no energy” while the experimental group received “hands-on light touch Quantum Energy.” Both received the treatment for 20 minutes and both groups were blindfolded during treatment so neither could know which they were receiving.

Comparing pre and post ratings (using the Pain Rating Scale), Walton reported significance in the reduction of pain in the experimental group compared to no significant reduction in the control. Mobility, assessed with the Functional Questionnaire, was increased significantly for the experimental group and remained the same in the control condition.

In order to increase the reliability of these and future data, further research should utilize greater sample sizes, longitudinal designs, biological markers, and more distinct control conditions.

References
