

INTENTIONAL HEALING IN CULTURED BREAST CANCER CELLS

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The effect of a type of intentional healing called "healing with love" was studied in a breast cancer cell line in vitro. Five experiments were conducted with a healer who attempted to reduce the number of cancer cells growing in tissue culture dishes compared to untreated controls. Although there was considerable variability among experiments, the combined data indicated that intentional healing decreased the number of cancer cells by 3.3% with $p < .0001$. The authors speculate that intentional healing will become a recognized healing modality in the foreseeable future.

Introduction

The usefulness of intentional healing in breast cancer is not known. As a first step in determining its efficacy, we have studied the phenomenon in a tissue culture model system. Tissue culture was chosen rather than a human model because 1) there is evidence that intentional healing can be demonstrated *in vivo* and 2) a tissue culture system is easier to manage, is cheaper than animals, involves no ethical problems, and allows more trials of varying experimental conditions. The present report details the results. We use the term "intentional healing" to mean a consciously expressed intention to affect or heal a living system without physical intervention. "Healing with love", a form of intentional healing employed by Dr. Laskow, is described below following the Discussion section.

Benor (1991) reviewed 131 studies of intentional influence on biologic systems. Of these, 77 reported positive results that were statistically significant. Two experiments in patients are especially interesting. Byrd (1988) studied the effect of prayer in a double blind study of 393 patients admitted to a cardiac care unit. Patients were randomly assigned to a group that received prayer healing or to a control group. There was no difference in overall mortality, but patients in the prayer group had a significantly lower incidence of respiratory failure, pneumonia, and congestive heart failure. More recently, a very important study used a double blind protocol to evaluate the effect of distant intentional healing (prayer healing) in a population with AIDS. (Sicher 1998) Patients in the prayer healing group experienced a lower illness severity, less hospitalization, and fewer complicating illnesses compared to controls who did not receive healing. In an *in vivo* animal study, Grad (1961) reported that mice given an artificial wound healed significantly faster when treated by a psychic/prayer healer. There have been numerous studies in *in vitro* systems. Braud (1990) showed that volunteer healers were able to protect human red blood cells that were placed in a hypertonic solution from hemolysis. Nash (1982) showed that volunteer subjects could either inhibit or increase the growth rate of *E. Coli* bacteria on demand. In another study, a healer was able to change the growth rate of mouse leukemia cells *in vitro*. (Snel 1980) These studies suggest that intentional healing may reasonably be expected to affect breast cancer cells *in vitro*.

Methods

We reasoned that healers probably produce small biologic effects, which might be difficult to detect in vigorous cancer cells. We hypothesized that these effects would be more readily detectable if the cells were severely stressed. In the experiments described below, the breast cancer cells were stressed by one or both of two methods: 1) being subjected to varying concentrations of the chemotherapy drug doxorubicin (Adriamycin) or 2) by being cultured at cell densities that result in crowding.

The experimental system consisted of MCF7 breast cancer cells grown in DME H-21 media with 10% fetal bovine serum. Cells were placed in each of three identically prepared multiple well culture dishes. The number of wells used in each dish varied from 35 to 48 in different experiments. Three cell densities were seeded: 7,500, 15,000, and 30,000 cells per 0.2 ml well. On the following day, the wells in each culture dish were treated with one of the following concentrations of doxorubicin: 0, 0.1, 0.67, or 2.0 micrograms/ml. The chemotherapy drug was distributed so that wells containing every combination of cell density and chemotherapy drug concentration were present. One of the dishes was randomly chosen by a person not otherwise involved in the experiment to be the control, one dish to be given sham treatment, and the third dish to be given healing. All dishes were coded after the healing session so that the experimenters did not know which were control, sham, or treated. The code was not broken until all analyses were completed. The control cells remained in the incubator. The dish of cells to be treated (healed) was removed from the incubator and placed before the healer (Dr. Laskow) for 12 minutes. During that time, he evoked heart focused healing energy as described below, and held the intention to reduce the growth rate of the cells to a normal level. (Bodian, 1992; Laskow, 1992,1999) The success of the healing intention would be measured by a reduction in the number of cells in the treated dishes relative to sham and controls. During the period of healing, Dr. Laskow did not touch the dishes. After treatment, the these cells were returned to the incubator. The dish to be sham treated was then placed before the healer for the same length of time, but he did not hold focused energy or healing intention. In some experiments an additional dish was prepared and given a separate healing treatment after the sham treated dish. All of the cells were allowed to grow for three days after the experimental session. The cell count of each dish was then determined by a colorimetric technique. (Mossman 1983) Data were analyzed by analysis of variance.

Results

The results are summarized in Table 1. The cell numbers for corresponding wells in control and sham dishes did not differ and these were combined into a single control group for each experiment. Effect size was calculated as follows. First, the cell number in each treated well was compared to the cell number in the corresponding control well which had the same doxorubicin concentration and cell density. For example, the wells in the dish given healing treatment which were originally seeded with 15,000 cells and given 0.1 microgram/ml doxorubicin would be compared to wells in the control dish with the same cell density and doxorubicin concentration. The percent change for that combination was then calculated. (There were 8-12 such combinations of cell density and drug concentration in each experiment.) The values for each doxorubicin-density combination were then averaged to obtain the effect size shown in Table 1.

Experiment #1 showed a large effect size with $p < .0001$. There was no effect of healing treatment in experiment #2. Experiment #3 showed a statistically significant 2.5% decrease in number of cancer cells. The effect size was similar in experiment #5, but was significant only at the $p < .06$ level. In experiment #4 the treated cells increased slightly in

number compared to controls. When all of the data were combined, there was an average decrease of 3.3% in number of treated cells. The large sample size resulted in a high level of significance, $p < .0001$.

Discussion

The series of experiments demonstrated a highly significant effect of intentional healing on breast cancer cells in vitro. It is interesting that there was so much variability among the five experiments, even though the same healer, the same technique, and the same cell line were used in each. In addition, the healer was not able to consistently predict whether the cancer cell number would be reduced in a given experiment.

An effect size of 3.3% would be considered very robust by parapsychologists. (Radin 1997) Although the effect may seem small by clinical standards, intentional healing still has great potential for clinical usefulness. Since healing has no known side effects, it could be repeated many times. A large series of healings might compensate for inefficacious sessions. In addition, the reduction in cancer cell number may be additive.

The authors can propose no mechanism acceptable to conventional science by which intentional healing might work. However, lack of a mechanism need not impede empirical investigation of the phenomenon by scientists. We hope that other investigators will take up this work and help to amass sufficient data to be convincing to medical scientists.

Healing With Love Protocol

As noted, there was much variability among the five experiments. Previous studies of energetic healing have frequently been confounded by complex factors, such as the belief systems of the healer and researchers and the emotional and physiologic state of the healer prior to the experiment. In addition to these internal variables, external factors such as the electromagnetic environment, astronomical variations, and subtle energy influences not generated by the healer may also affect the results. Fortunately, despite these variables, we were still able to demonstrate significant effects.

Dr Laskow treated the cancer cells by establishing a “loving, healing presence” through what he calls a “transpersonal alignment” and a “conscious heart focus” which shifted his consciousness into a non-ordinary state. Previous laboratory studies have demonstrated that this state is characterized by an increase in the coherence or power of the heart’s electrical energy. (McCraty 1995) Dr. Laskow then looked at the tumor cells we were working with under the microscope and came into resonance with them. This means that he accepted their existence as they were, without judgment. He regarded them as inherently having as much right to be here as any other life forms even though they were cancer cells. This resonance allowed his awareness to vibrate at the same frequency as the cells, making it possible to introduce intentional information into their energy fields.

If it seems odd to accept the cancer cells unconditionally and at the same time want to change them, think of the analogy of a child. One can love a child unconditionally, but still attempt to try to change dangerous behavior patterns, like wandering into the street. Similarly, Dr. Laskow comes into loving resonance with the cancer cells and attempts to return them to more normal, precancerous growth rate. In a previous pilot study (Laskow, 1999), Dr. Laskow came into loving resonance with cancer cells and introduced one of three types of intention into their energy fields: 1) Return to the natural order of growth, 2) Let God’s will flow through my hands, and 3) no specific intention.

There was a far greater inhibition of growth with intention #1. For this reason, all of the treated groups of cells in the present study were given the intention "return to natural order of growth".

In general, intentional healing operates at the subtle level. Healing with love is one type of intentional healing that draws upon a heart focused alignment with spiritual forces to effect changes for the highest good.

At the present time, few medical practitioners recognize the value of intentional healing. This is true in part because there have been relatively few scientific studies to validate it, and in part because it challenges the conceptions of reality held by the typical physician. Although physicians tend to be conservative, as is appropriate to those having responsibilities for the health and lives of others, they are definitely amenable to change. Fifty years ago, for example, it would have seemed ridiculous to suggest that a patient could alter the blood flow to the hands by mental effort, but now biofeedback is an accepted technique for doing just that. Once sufficient data validating intentional healing has been collected, we believe that physicians will be willing to utilize subtle energy techniques themselves or to refer patients to special practitioners. It is much too early to predict what form those subtle energy techniques will take.

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Biographical Information

Dr. Smith is a physician specializing in anesthesiology. He holds Masters degrees in Consciousness Studies and in Theology. He has been a researcher on the faculty of the University of California, a physician in private practice, and a consultant in Bioethics.

Dr. Laskow was trained at Stanford Univeristy as a physician specializing in Obstetrics and Gynecology. Following an inner calling, he left conventional clinical medicine to become a healer. Dr Laskow is the author of a book, *Healing With Love*, and numerous articles on healing. He lectures and teaches seminars throughout the world.

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Table 1. Intentional Healing in Cultured Breast Cancer Cells

Expt	Effect Size, %	Direction	DF	P
1	15.1	decrease	69	.0001
2	0.3	decrease	88	.87
3	2.5	decrease	146	.004
4	1.9	increase	168	.03
5	2.4	decrease	114	.06
combined	3.3	decrease	589	.0001

Direction refers to change in treated cells compared to controls.

DF = degrees of freedom

p= probability calculated by analysis of variance