
Far-off healing

Many Americans pray for the health of loved ones; others turn to shamans or reiki. Now science is putting these practices to the test.

By Hilary E. MacGregor, Times Staff Writer

On an operating table at a medical center in San Francisco, a breast cancer patient is undergoing reconstructive surgery after a mastectomy. But this will be no ordinary surgery. Three thousand miles away, a shamanic healer has been sent the woman's name, a photo and details about the surgery.

For each of the next eight days, the healer will pray 20 minutes for the cancer patient's recovery, without the woman's knowledge. A surgeon has inserted two small fabric tubes into the woman's groin to enable researchers to measure how fast she heals.

The woman is a patient in an extraordinary government-funded study that is seeking to determine whether prayer has the power to heal patients from afar — a field known as "distant healing." While that term is probably unfamiliar to most Americans, the idea of turning to prayers in their homes, hospitals and houses of worship is not. In recent years, medicine has increasingly shown an interest in investigating the effect of prayer and spirituality on health. A survey of 31,000 adults released last year by the national Centers for Disease Control and Prevention found that 43% of U.S. adults prayed for their own health, while 24% had others pray for their health.

Some researchers say that is reason enough to study the power of prayer.

"Almost every community in the world has a prayer for the sick, which they practice when a member of their community is ill," said Dr. Mitchell Krucoff, a Duke University cardiologist and researcher in the field of distant prayer and healing. "It is a ubiquitous cultural practice, as far as we can tell.... Cultural practices in healthcare frequently have a clue. But understanding that clue, learning how to best use it, requires basic clinical science."

Science has only begun to explore the power of distant healing, and the early results of this research have been inconclusive. In an article published in the *Annals of Internal Medicine* in 2000, researchers reported on 23 studies on various distant healing techniques, including religious, energy and spiritual healing. Thirteen of the 23 studies indicated there are positive effects to distant healing, nine studies found no beneficial effect and one study showed a modest negative effect with the use of distant healing.

The study of distant healing was once the realm of eccentric scientists, but researchers at such prominent

institutions as the Mind/Body Medical Institute in Chestnut Hill, Mass., Duke University Medical Center in North Carolina and the California Pacific Medical Center in San Francisco are involved in the field. And the National Institutes of Health's National Center for Complementary and Alternative Medicine has spent \$2.2 million on studies of distant healing and intercessory prayer since 2000 — a small fraction of the agency's annual budget, which totaled \$117 million in 2004.

Some people think even that relatively small sum of money is not being well spent.

"You can't use science to prove God," said John T. Chibnall, an associate professor of psychiatry at St. Louis University School of Medicine in Missouri, who co-wrote a scathing rebuttal of studies on distant prayer published in the *Archives of Internal Medicine* in 2001. "We shouldn't waste the money of the government showing that Jesus is 'the man,'" Chibnall said in an interview. "Faith is faith. Science is science. Don't use science to strengthen or diminish belief in God."

While some scientists oppose such studies on religious or scientific grounds, others question whether it is possible to devise a scientifically valid method for measuring something as nebulous as the power of prayer.

What constitutes a "dose" of prayer? How does one define prayer? Is channeling Buddhist intention or reiki energy the same thing as praying to a Judeo-Christian God? And how do you determine whether it was prayer that made a patient better, or something else, such as the placebo effect?

"There are enormous methodological and conceptual problems with the studies of distant prayer," said Dr. Richard Sloan, a professor of behavioral medicine at Columbia University in New York. "Nothing in our understanding of our universe or ourselves suggests how the thoughts of one group of people could influence the physiology of people 3,000 miles away."

For example, said Sloan, unlike clinical trials where researchers can carefully monitor the dose of medicine each patient receives, it is all-but-impossible for scientists to control or quantify the amount of prayer directed toward a patient.

"People all over the world are praying for the sick," said Sloan. "Friends and family are praying for people in any control group. Unless you assume some potency — that the prayers of certain people are more powerful than

others — you are talking about a tiny amount of prayer against the enormous amount that is already out there. It is like taking a drop of water, putting it in Lake Michigan and trying to detect the effect."

Weighing the possibilities

One of the leading centers for such research is the Institute of Noetic Sciences. Founded by Apollo 14 astronaut Edgar Mitchell in 1973 and located on 200 acres of oak-studded hillside in Petaluma, the institute describes its research mission on its website as "exploring phenomena that do not necessarily fit conventional scientific models."

Marilyn Schlitz, vice president of research and education at IONS and a senior scientist at California Pacific Medical Center, is leading the study of breast cancer patients.

For more than 20 years, Schlitz's research interest has been studying whether the human mind has hidden capacities to promote healing. Some of her projects sound a bit far-out. She once studied whether off-site healers could revive anesthetized mice.

Another time, working on research funded by the Pentagon, she conducted experiments designed to determine whether someone could provoke a physiological response in a person in another room simply by staring at his or her picture on a video monitor.

Her work continues to look at whether mind can influence matter.

"The survey data is saying people pray, that they are using it as part of their healing regimen," said Schlitz. "Shouldn't science look at that? ... Maybe it helps in certain kinds of conditions and not in others. Well, we cannot answer that unless we take a rigorous, systematic look at what people are actually doing."

Early research

Cardiologist Randolph Byrd did the first major clinical study on distant healing at San Francisco General Hospital in 1988. He divided 393 heart patients into two groups.

One group received prayers from Christians outside the hospital; the other did not. His study, published in the Southern Medical Journal, found that the patients who were not prayed for needed more medication and were

more likely to suffer complications. While it had flaws, the study garnered considerable attention.

Since then investigators have continued to look at the possible effects of remote prayer and similar distant healing techniques in the treatment of heart disease, AIDS and other illnesses as well as infertility. Numerous experiments involving prayer and distant healing have also been done involving animals and plants. One such study

found that healers can increase the healing rate of wounds in mice.

"Critics often complain that if you see positive results in humans it is because of positive thinking, or the placebo response," said Dr. Larry Dossey, a retired internist in Santa Fe, N.M., and author of numerous books on spirituality and healing. "Microbes don't think positively, and are not subject to the placebo response."

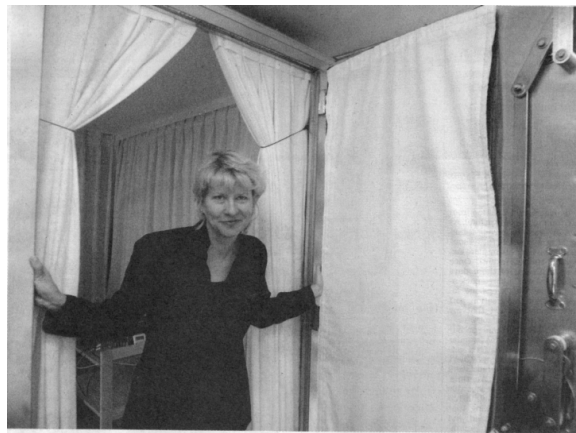
In the early '90s, Elisabeth Targ and colleagues at the California Pacific Medical Center studied the effects of

distant healing on 20 AIDS patients. Schlitz, who worked with Targ (who died of a brain tumor in 2002), said the study found those receiving prayer survived in greater numbers, got sick less often and recovered faster than those who did not. A follow-up study of 40 patients found similar results.

At about the same time, Duke University's Krucoff was leading a small but unusual experiment to determine if cardiac patients would recover faster after angioplasty surgery if they received any of several intangible (noetic) treatments. His study compared the results of healing touch, stress relaxation and distant healing with standard care.

Spiritual healers from around the world — including Jews leaving prayers at the Western Wall in Jerusalem, Buddhists praying in monasteries in Nepal and France, Carmelite nuns in Baltimore offering prayers during vespers, and Moravians, Baptists and fundamental Christians praying during church — each simultaneously prayed for one of several designated groups in the study.

All of the groups did better than the standard care group, with those receiving distant prayers doing best. He has since completed a larger, multi-site study. That study — the largest to date — is currently under review for publication in a medical journal.



RANDI LYNN BEACH For The Times

SEEKING ANSWERS: Marilyn Schlitz (of IONS) is leading a study of breast cancer patients. "The survey data is saying that people pray, that they are using it as part of their healing regimen," she says. "Shouldn't science look at that?"

The IONS and California Pacific study, which will be completed next year, will follow 140 breast cancer patients who have undergone reconstructive surgery. At the time of the surgery, each patient has two small, spaghetti-like tubes of Gore-Tex implanted in her pubic area to measure how much collagen is deposited as her wound heals.

The study is designed to address one of the primary concerns raised by critics of distant healing research: that the studies are not designed to account for a placebo effect.

Researchers have divided the patients into three groups. One group will be prayed for but will not know of the prayers; another will be prayed for and will be told of the prayers; and a third group will receive no prayers and will be told nothing. The healers who will do the praying must have years of experience in distant healing and come from varied traditions — such as shamanism, bioenergy and reiki.

After eight days, the tubes will be removed and collagen growth in the wound area will be analyzed — an accepted scientific method to measure wound healing. The rates of healing of the groups will then be compared.

But even some who believe in prayer's power to heal concede the difficulties of designing a good study.

"I do believe distant intention works," said Dr. Loren Eskenazi, a California Pacific Medical Center surgeon who is working on the study. "I don't know how, but it works. But it is so hard to design a study that works. We don't know the mechanisms. Is their whole church praying for them? That could skew the results. If someone wishes [a patient] ill, that could void the results."

Mary Destri, 43, a reiki healer who is participating in the study, also had misgivings about the study design. She said she had participated as a healer in other scientific experiments, but had typically been given more information about the patient.

"This is the first time I've ever worked on someone I've never met, the first time I'm working with someone I have no access to, cannot communicate with," she said. "It helps with intentionality to have a sharper focus."

Dossey said such concerns were a challenge for researchers.

"I think you can sanitize the process so greatly you eliminate the effect," he said. "They are taking prayer out of the real life context to the extent that you wonder if this has a real life applicability. People in real life tend to pray for people they know and love. Healers will say if you want healing to work it has to include a factor of profound love and compassion. Many of these randomized, controlled trials virtually eliminate any knowledge whatsoever of the subject."

As a cardiologist Krucoff has seen many patients near death. He says that what determines their survival often reaches beyond technology and medicine. Whether you call it chi, faith, divine energy or placebo, this intangible factor makes a difference, he says.

"We are pretty good at doing studies on the safety and effectiveness of pills and procedures," said Krucoff. "We have a well-established approach to figure out what the risks and benefits are likely to be.... Could you inadvertently kill someone with a loving prayer? Not too many theologians want to have that discussion. But in healthcare, these are fundamental questions."