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## **SEED: STUDY INTO THE EFFECTIVENESS OF ENERGY ON DEAFNESS**

**Exploratory case study research on the effectiveness of hands-on healing energy for deafness**

**Allan J Sweeney**

*Throughout history, medical theory and practise have been extraordinarily dynamic: change has been the rule...perhaps the most important area in which radical change will occur is our understanding of the nature of consciousness and its role in healing. ... We face abundant evidence that an individual's mind can affect not just his or her own body, but may affect the body of another person.*

Larry Dossey

### **PREFACE**

While in Edinburgh, Scotland in July 2004, I visited Donaldson's College, a school for deaf children, where a deaf cello player played to a class. The children could hear little or nothing, and intently watched the cello bow, and felt the vibrations through the air and the floor of first a happy tune, and then a sad one. Through vibrations they felt differences between frequencies, and the emotions of the music. The cello player allowed some children to place a hand on the cello woodwork. They smiled as they felt the pitch and speed. I was touched by the needs and the potential for deaf children to hear through feelings and wondered if it was possible to help them hear normally. Despite not having had a deaf patient in 25 years of healing, I offered my healing services to the headmistress. This is the report of an exploratory pilot research project

with the objective of trying to find hands-on healing techniques or methods that may be used as the basis for further research.

## **1. CAM research (Complementary and Alternative Medicine)**

CAM research is evolving fast. Governments are encouraging organisations such as Primary Care Trusts and universities to discover best practices for integration of CAM therapies with orthodox medicine.

Britain is witnessing an explosion of interest in complementary medicine both within the NHS and outside. Current developments, particularly patient choice and local empowerment, will further fuel this explosion. Public opinion is moving the argument for integration of complimentary medicine towards centre stage. CAM practitioners should prepare themselves for new opportunities. (University of Westminster, 2002)

### **1.1 Current status of CAM research**

In recent years, the wider public has shown increased interest in CAM. There are now moves by governments towards exploring the actualities of CAM, such as when, why, and how it works. We have now reached the stage of funds being made available for CAM research, e.g., the National Centre for Complementary and Alternative Medicine in the USA funds new and ongoing CAM research

It is only recently that university departments, statisticians, large databases and full-time research staff - all the elements that help build and maintain a research culture in conventional medicine - are backing CAM practitioners who want to conduct research. As CAM therapists' professional bodies develop and academic groups form, coherent research programs are developing. So there has been a steady growth in the volume of published evidence on CAM. Access to mainstream funding is opening up. For example, in 2003 the UK public health minister Hazel Blears announced the creation of a £1.3 million National CAM Award Scheme to fund new research projects for conditions such as asthma and chronic fatigue syndrome, with award holders working alongside PhD researchers.

The time is ripe for research into CAM approaches for specific conditions, and this pilot case study reflects growing interest in CAM research.

### **1.2 Access to Complementary Therapies in Newcastle – A Pilot Study**

A successful pilot in Newcastle West Primary Care Trust, UK, provided complementary therapy to NHS patients in an attempt to reduce the inequity of CAM service provision and offer more treatment options for patients. Conditions chosen were those where the patient's needs were poorly met by conventional treatments, such as chronic, painful, and stress-related conditions.

The pilot clearly demonstrated that

- Complementary therapies were well tolerated and popular.
- There was a high level of patient satisfaction.
- There was evidence of health improvement, and a cost offset for conventional care.
- The savings in primary care alone amounted to 41% of the pilot cost.
- There was a reduction in the use of conventional medicines.
- The number of GP consultations was reduced.
- There was a beneficial impact on other services.

This study shows that complementary therapies can be a feasible and cost effective option for patient care.

### **1.3. RCTs and the case for a broader evidence base for CAM**

Although randomised controlled trials (RCTs) are sometimes seen as the gold standard of clinical research, there have been recent moves towards Evidence Based Medicine (EBM) that accommodates to the theories and practices of CAM.

Relatively few RCTs have been conducted which examine the efficacy of CAM. However, much of what is done in conventional health care, for example most surgery, physiotherapy, and counselling therapy has also not been subjected to RCTs. Moreover, it is estimated that only a quarter of what is published in the best professional journals is based on RCTs; clinical case studies, qualitative research and basic research all figure there too. (*Integrated Healthcare Network*) Sometimes it is not appropriate or even possible to use RCTs to measure certain clinical outcomes.

David Sackett, originator of the EBM movement, defined EBM as integration of a range of the best available research evidence in the light of clinical experience and taking patient preferences into account.

It seems that RCTs may not be the most appropriate stand-alone research modality for deafness, and a range of research designs may be more relevant to exploring CAM and deafness.

## **2. Potential effectiveness gaps in orthodox medicine**

Micozzi (1996) notes the potential for CAM to be provided as an additional service within the NHS in areas where:

- There is persistent or relapsing illness with little or no tissue damage;
- There are no effective conventional treatments available;
- Conventional treatment is unsatisfactory or requires continual use of conventional drugs;
- Elective surgery has been proposed, but immediate attention is unnecessary;
- Conventional treatment is inappropriate because the nature of the disease intractable,
- The patient is determinedly non-compliant with conventional treatment.

Deafness may fall into all of these categories.

### **3. History of healing research**

Within the past 30 years, there have been increasing numbers of studies around the world researching, and demonstrating that healing can have significant or highly significant efficacy, effectiveness, and cost-effectiveness, with fewer contra-indications, when compared to orthodox medicine. (Benor 2001)

### **4. Prior research into healing and deafness**

A more recent search of the literature and a hand search of bibliographies did not reveal any prior or current studies on the healing of deafness. This was confirmed by various deafness organizations that were consulted as part of this process, including the Scottish Council for Deafness and the UK Defeating Deafness Information Service.

### **5. A gap in the knowledge base**

All the above show there is a significant gap in the knowledge of and research into the use of healing for deafness.

### **6. An experimental study to fill this knowledge gap**

As the first step towards filling this gap, an experiment was conducted, Study into the Effects of Energy on Deafness (SEED) at Donaldson's College. Participants came from the adult teaching staff because it was felt that initial trials on children could create moral and ethical dilemmas.

All biological ear parts needed to be intact in order to allow the greatest chance of success. There also needed to be residual hearing as well as hearing that had degenerated.

The objective was to use many healing techniques and methods to see whether any had potential to produce significant success and be repeatable, following which a full pilot study would be conducted.

It was also decided to record and assess healees with other health conditions, such as stress and tinnitus, to see if there could be additional positive benefits of spiritual healing.

### **7. Method**

The six participants were two men and four women over 18 years of age. They were the first six to volunteer for the study, regardless of whether they were on any medication. Five out of the six participants had been partially or profoundly deaf since before the age of two years old. There was the view that deafness occurring during adulthood might respond better to healing than genetic deafness. However, the study continued, as the participants were enthusiastic.

There was a daily treatment session for each participant from Monday to Friday during one week of September 2004. This was repeated in October and November.

Healing sessions were 60 minutes each, with additional time allowed before and after each session for participants to complete forms. For ease of convenience, a room was used at Donaldson's College during the participants' out-of-duty hours.

Sweeney undertook the experimental healing, with helpers who understand healing methods present to record whatever was needed before, during and after the sessions. Occasionally the healer-helper administered a healing session instead of Sweeney in order to see if a technique had potential for repeatability.

An audiologist was due to assess each participant with an audiogram report before the start of the sessions, at the end of month two, and after the end of the study.

Visual analogue scales (VAS) were used to assess symptoms before and after SEED healing.

## **8. Limitations**

For organizational reasons, only 20 minutes were allowed for the first month's sessions. This included form completion before, during and after sessions. Later sessions took the full sixty minutes for healing plus extra time for form filling. This limitation meant the September sessions could not be used for development of deafness-specific healing techniques.

In addition, the first session was used to complete forms and administer baseline measures, so the actual number of healing sessions was four rather than five in the first month. None of the participants knew the root biological cause of their deafness. This limited the development and use of specialist techniques, and how and where healing energy was directed.

Only three of the participants had experience of feelings/sounds/sensations in the ears. This limited their self-assessment ability, and limited healers' ability to know whether to adjust techniques.

Due to work overload, the audiologist was unable to complete assessments.

## **9. Additional symptoms assessed**

Because healing often has positive ripple-effect benefits for other health conditions, we asked participants to make a complete list of their physical, emotional and mental symptoms. The healer then chose the two most common additional health problems to assess for each person.

These were:

- Back pain 4/6
- Tinnitus 3/6
- Sleep disorder 3/6
- Stress 2/6
- Depression 2/6

- Allergy 2/6
- Asthma 2/6
- Migraine 2/6

During the study, most participants complained of energy blockages in their ears. It was discovered during the second month of healing that these blockages were preventing clarity of sound.

## 10. The experimental healing techniques

All experimental healing techniques were administered via the healers' hands and/or the healers' thoughts, creating potential energetic effects with possible consequential outcomes.

Category A – techniques that seemed most relevant to LOUDNESS

- Spectrum frequency – Finding a frequency of colour appropriate to the condition
- Causal Healing – Where the patient felt the cause of deafness is located
- Amplitude Channelling – greater or lesser amounts of energy because, as with pharmaceuticals or homeopathic medicines, some conditions respond better to either higher or lower doses, or amplitude.
- Coning - Healer using all five fingers in a coned point to focus energy
- Intention – Healer's thought that a desired outcome would happen
- Linear – Projecting straight line energy within a part of the patient

Category B – techniques that seemed most relevant to CLARITY

- Auric – Healing the energy field outside and around the head
- Jakikiri – Healer's hand action chops 'negative' energy from aura
- Magnetic extraction – Healer's magnetic energy pulls out 'negative energy
- Spiral – Vortexing away 'negative' energy from the aura

Category C – techniques that seemed most relevant to BLOCKAGES

Pulse – Sending energy in pulses to break a blockage

- De-blockage – Pushing/pulling dense blocked energy in/out of the patient's ears
- Tapping – Non-touch tapping over a blockage to break it
- Pressure – Sending energy as a sustained pressure to push out a block
- viii.

Category D – techniques that seemed to have less relevance

- Reiki – Using energy shapes for various purposes
- Spiritual – High frequency energy
- Meridian – Healing projected to an acupuncture meridian
- Breathing – Breathing simultaneously with patient to channel energy
- Hand positions – Healer places hands in various standard positions
- De-stressing – Healing from head down to feet to relax the patient
- Energising – Healing from feet up to head to energise the patient
- Energy triangle – Sending energy between healer's hands and thoughts to patient

Due to the experimental nature of the SEED healing, all techniques were administered randomly, with no pattern. Assessment was via the healer's decision, or the visual analogue

scales of that session. Techniques were changed to the next random technique when the healer saw little improvement or the VAS forms showed little change.

## **11. Results**

The results seem potentially significant in various areas, including those in points 11.1-11.7 below. Results were particularly striking for the additional assessed symptoms of tinnitus and back pain, both of which showed symptom scores dropping to a zero level.

The sessions were popular and enjoyed by most participants. Common recorded comments included: 'Very, very relaxed.' 'Continual progress in sleep pattern.' 'Feel I can cope with anything.' 'I wish I could stay here indefinitely.' 'The tinnitus has disappeared – none when I usually would have.' 'I'm sounding very loud to myself.' 'It's a really nice feeling.' 'I feel more alert.' 'Ears are sounding clearer.' 'I feel warm and happy.'

### **11.1 Audiologist's reports**

Changes of 5-10 db on audiograms can be recorded without any significance. Most audiometric measures taken between months two and three by Jo O'Donnell, the audiologist helping SEED, reported an increase. An increase in loudness of up to 15 decibels was recorded in some cases. All six participants felt their hearing had become clearer and louder due to the healing, or had heard sounds they had never heard before.

### **11.2 Results from sessional visual analogue scales**

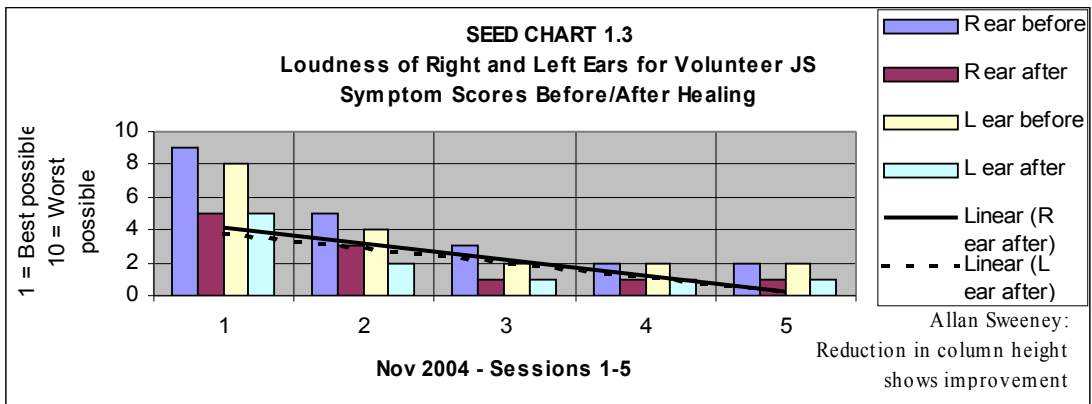
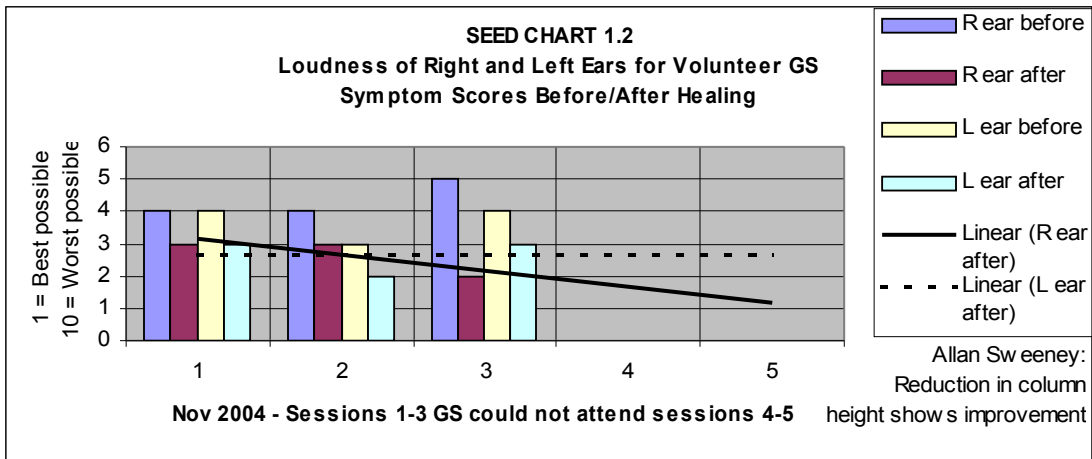
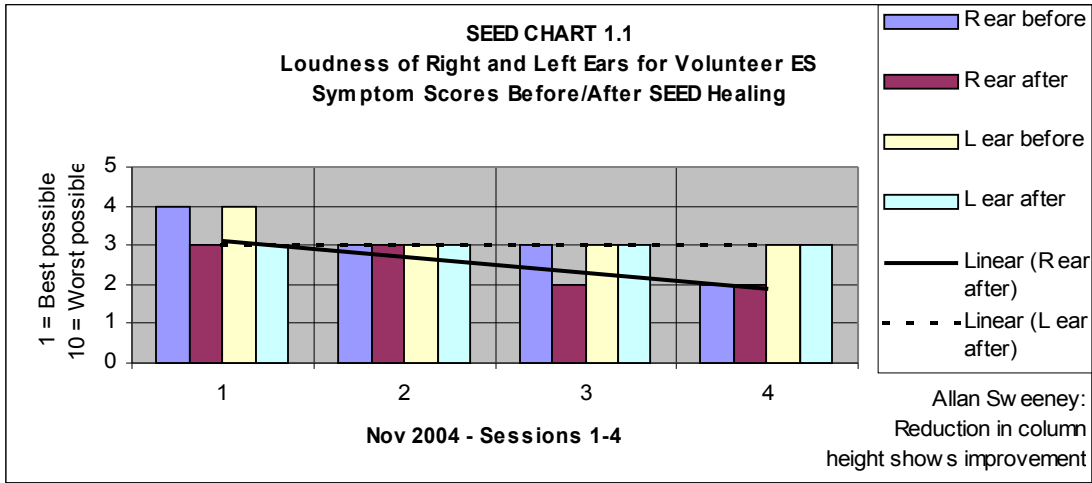
During the study it became apparent that loudness and clarity needed to be assessed separately. Consequently, appropriate forms were developed for the third month of healing. Two participants did not show much change. However, the results on loudness and clarity from the sessional forms and visual analogue scales of the other four participants may be significant, and are presented below in 15.2 and 15.3 in the form of bar charts.

Tinnitus and back pain, the two most common symptoms, showed significant improvement.

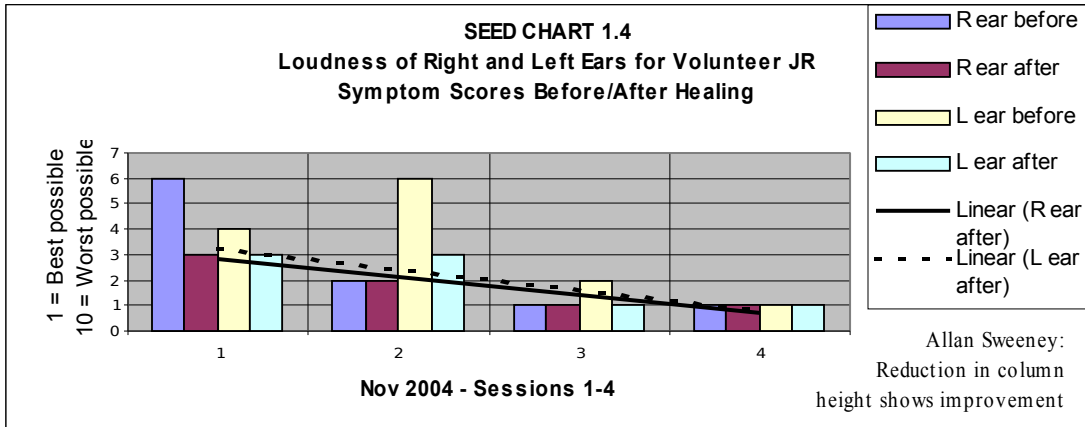
As blockages were not recognised as an issue to be healed until the final week, no measures were taken. The VAS form has been adjusted to take this into account for future studies.

### **11.3 Results of loudness – SEED charts 1.1 – 1.4**

Because loudness was only discovered to be assessable in October, it was not until the final November sessions that forms were produced to record and assess changes in loudness. Most symptoms' scores showed reduction trends. GS had a cold on day three and was unable to attend days 4 and 5.

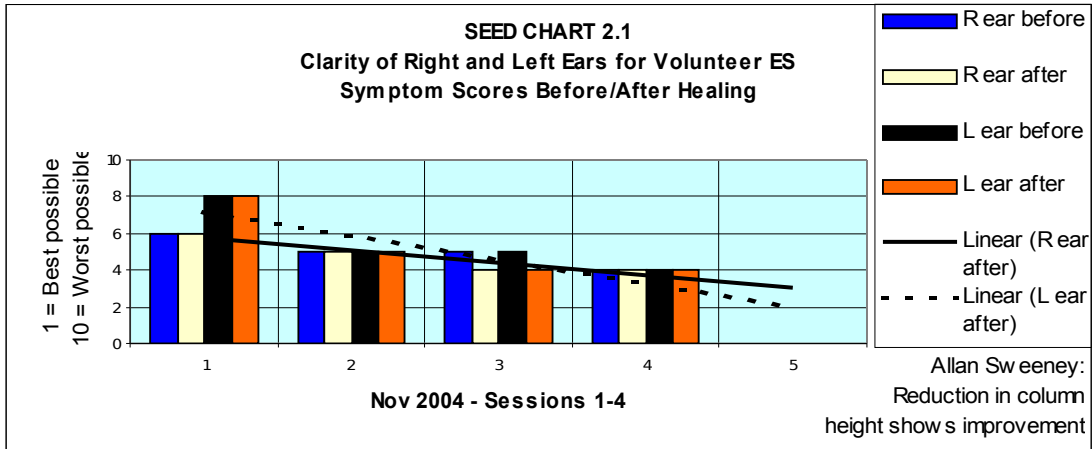




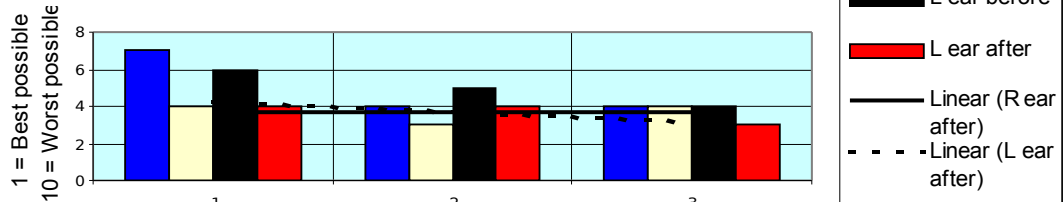


### 11.4 Results of clarity – SEED charts 2.1 – 2.4

Because clarity was only discovered to be assessable in October, it was not until the final November sessions that forms were produced to record and assess changes. Most symptoms' scores again showed reduction trends. GS had a cold on day three and could not attend days 4 and 5.

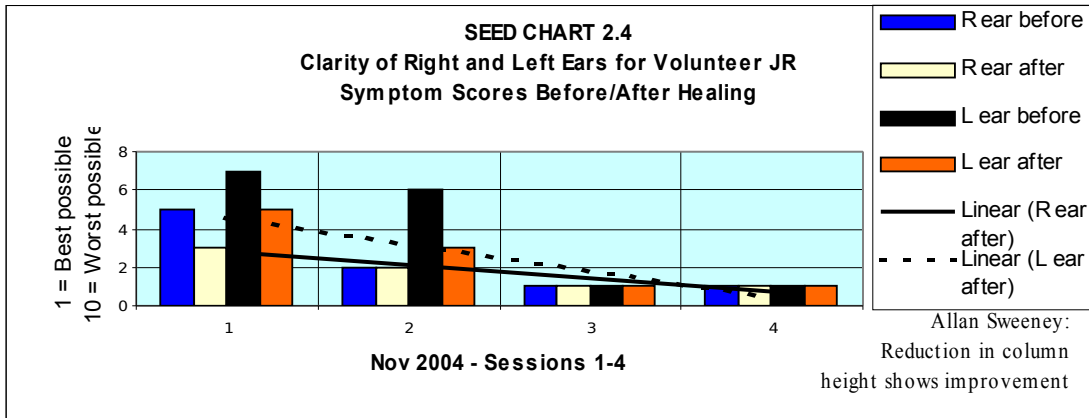
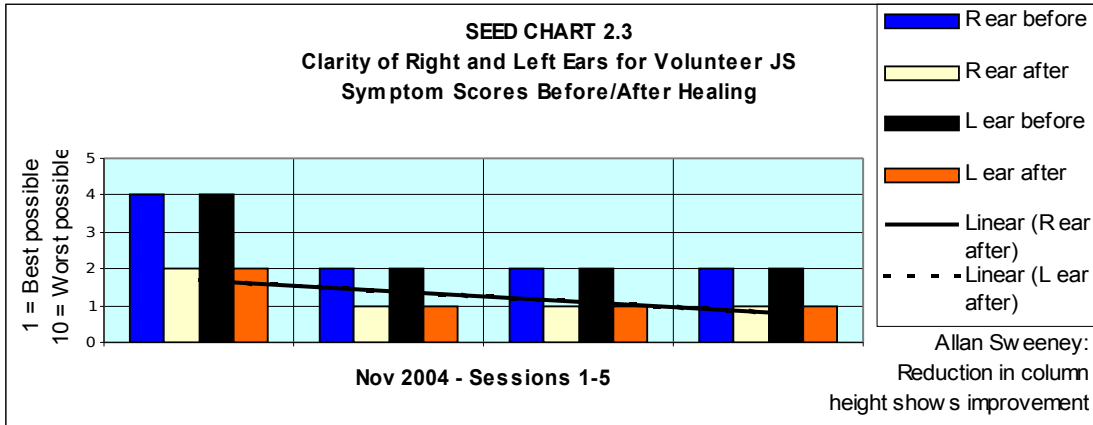


**SEED CHART 2.2**  
**Clarity of Right and Left Ears for Volunteer GS**  
**Symptom Scores Before/After Healing**



Nov 2004 - Sessions 1-3 GS could not attend session 4

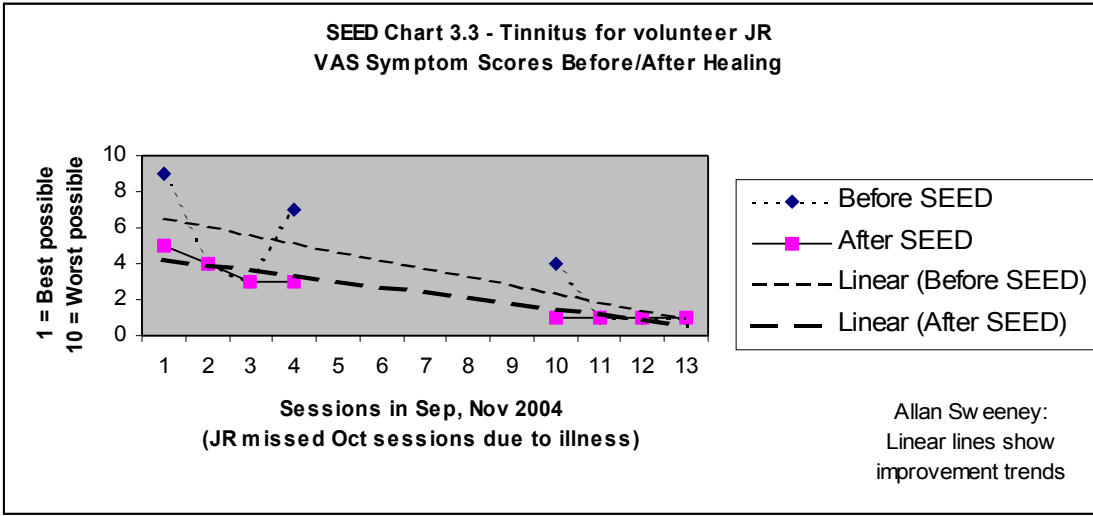
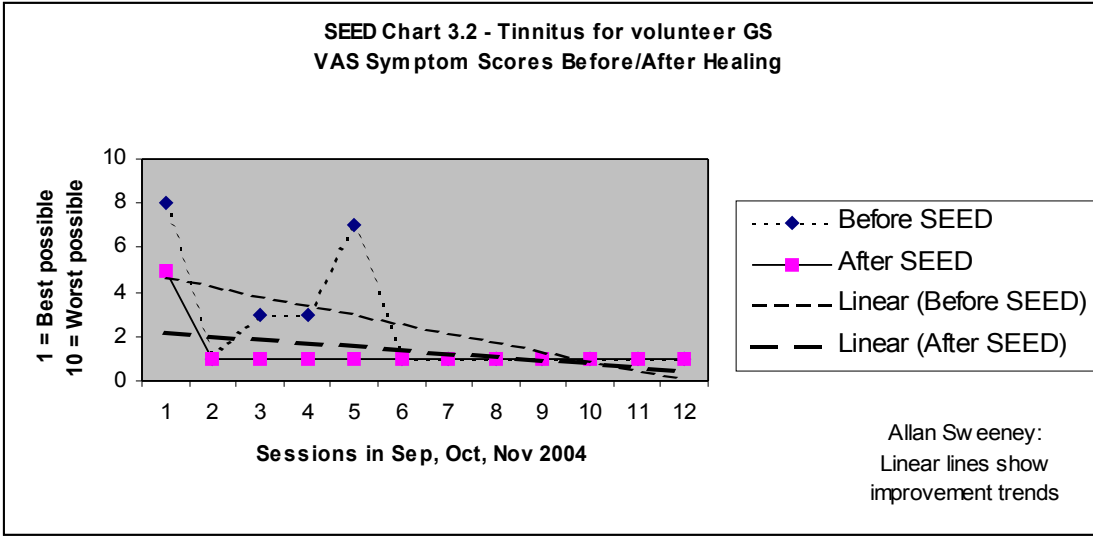
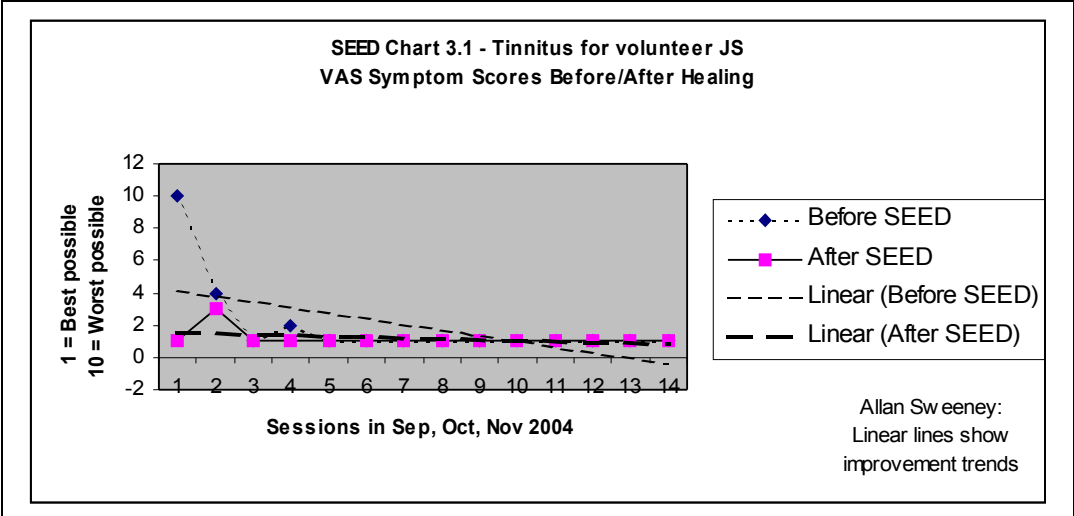
Allan Sweeney:  
Reduction in column height  
shows improvement



### 11.5 Results of tinnitus – SEED charts 3.1 – 3.3

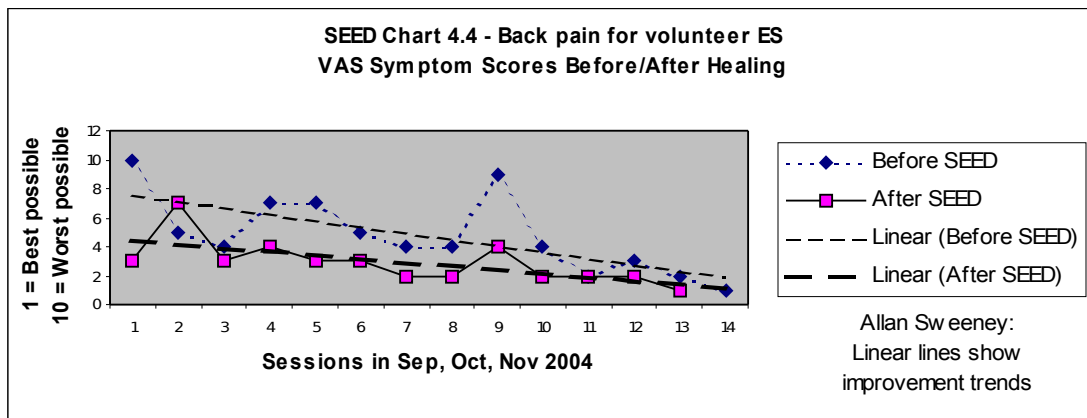
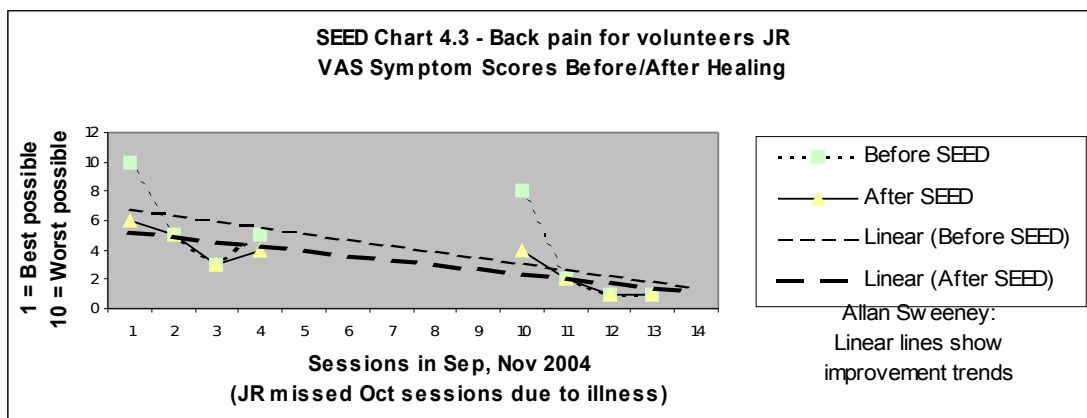
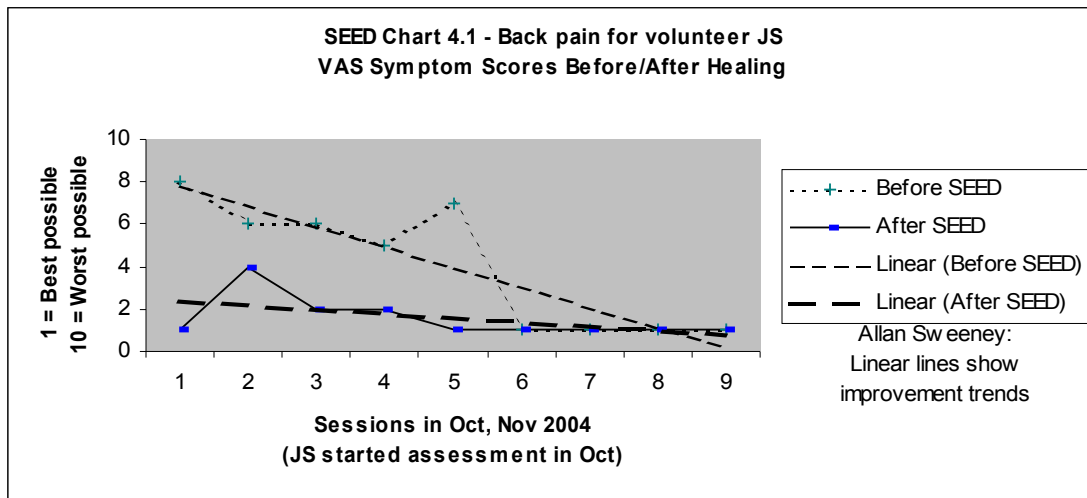
*Three of the participants suffered from tinnitus. Results of the assessed tinnitus symptoms seem significant, and are presented below in the form of line charts.*

*Tinnitus symptoms of two participants reduced to zero by session six. By the end of the study their tinnitus had not returned. The third participant with tinnitus missed the second month's treatments due to illness, but her tinnitus symptoms reduced to zero, and stayed at zero, before the end of the study.*



**11.6 Results of back pain – SEED charts 4.1 – 4.4**

The most common additional symptom in 4/6 participants was back pain. All back pains became worse during the treatments, but reduced significantly during the overall study. All four back pains reduced to zero and stayed at zero, as shown in the following charts.



## 11.7 Results of SEED healing techniques

The development of specialist deafness-specific SEED techniques seemed positive with regard to both the positive effects on the subjects of the study, and the awareness that we could further develop more effective techniques. (See section 10. The experimental healing

techniques.) Techniques were placed into four groupings: loudness, clarity, blockages, and less relevance.

Other results that have not been included in this report include assessed symptoms such as sleeplessness, sessional comments by participants on their feelings about their symptoms before and after SEED healing, and recorded comments from participants about the healing sessions. The three months records are available. All show positive outcomes.

### **11.7.1 Participants' evaluations**

An evaluation sheet was given to participants after the final session. Examples of comments include

Comments from participant JR

'The two most important things SEED helped were my deafness and tinnitus.'

'Seed helped my deafness become more accurate, extra perception, changed my mindset into more positive, helped focus my ears.'

'With clarity, it was best possible improvement, a feeling of being able to be less actively trying to lip read and still being able to get the picture.'

'Everything is louder – hearing things I haven't heard for a very long time, e.g., the dog snoring.'

'The blockages have been completely removed from the left ear – like a plug having been removed.'

'I have heard sounds or noises I would not have heard normally, such as computer 'buzzing', voices from another room, car radio 'jingle', own voice.'

'The asthma and arthritis have both improved significantly.'

Comments from participant JS

'SEED got rid on my back pain.'

'SEED made me feel relaxed and more energetic afterwards.'

'The clarity of sound was much clearer – fine-tuned!'

'Listening to music or voices is much clearer now.'

Comments from participant JD

'SEED helped my stress, grief and period pains. I found it very relaxing and therapeutic.'

'Heard only two sounds that I never heard before without hearing aids, crisp packets/opening fizzy juice.'

Comments from participant ES

'SEED helped my back problem, pain and overall wellbeing.'

'Things are louder with a little more clarity.'

'Able to interpret and understand speech better.'

'Seed more than exceeded my expectations.'

### **11.7.2 Follow up questionnaire**

A follow up questionnaire was completed two months after the end of the study. Examples of improvements include:

#### Comments from participant ES

'My perception of sound was different. I asked Joe (the audiologist) to check my ears. I was surprised to find the audiology results showed an improvement.'

'An 80% improvement in back pain – before SEED it was a constant dull ache across bottom of back, and now it is intermittent.'

'A 50% improvement in confidence – before SEED I was lacking in confidence and now I feel more confident.'

'A 30% improvement in my attitude – before SEED I tended to blame others for bad feelings and now accept more responsibility for feeling bad.'

'A 20% improvement in inner strength – before SEED I looked to others to solve problems, and now I realise I can try to solve the problems myself.'

'A 50% improvement in accepting my deafness – before SEED I hated being deaf and saw nothing positive in it. Now I am training other people about deaf awareness.'

'A 50% improvement in new motivation – before SEED I had no motivation to learn or share experiences. Now I am willing to share knowledge and experiences.'

'A 100% improvement in greater mobility – before SEED I would sometimes get 'stuck' as if hips wouldn't move. I never feel that now.'

'The worst thing about SEED was when it finished!'

#### Comments from participant DR

'Lower back pain, and pain between spinal column, and back shoulder pain less than before.'

'The pain in the hip/pelvis area faded away.'

'The best things about SEED were sleep and calm.'

Other results have been included under section 13, key recommendations.

## 12. Discussion and limitations

Results were particularly striking for the additional assessed symptoms of tinnitus and back pain, both of which show symptom scores dropping to a zero level.

The pilot successfully improved outcome measures and understanding of deafness-related issues. Results suggest that healing may have much to offer deaf persons with four aspects of their deafness – tinnitus, clarity, loudness, and blockages. The latter was not seen as healing potential until the final week of healing, too late to use the sessional forms to record outcomes. However, comments from participants suggested that the techniques tried might have significant success. Similarly, almost all symptoms of additional health issues showed improvement.

This SEED study demonstrates a need for further, more rigorous studies on the use of healing for deafness and tinnitus.

## 13. Key recommendations

This SEED exploratory pilot suggests a number of potential future steps, including:

1. Newly created forms developed and shown in appendices 1 and 2 incorporate questions specific to deafness, including changes in loudness, clarity, and blockages. These measures may be of help in further studies in assessing outcomes

2. Future studies' participants should be capable of evaluating changes as in 13.1. They may then provide important records to help evolve deafness-specific healing techniques.

3. Healers taking part in future studies need to know more about the ear damage, including where the deafness cause is located, e.g., if it is the hair cells, then which ones, what their names are, where they are, what the damage is, how many are damaged, and anything and everything about them where possible, including colored diagrams. If it is an inner ear nerve, healers will need to know which nerve it is, the VIII auditory nerve, or the VII cranial, or facial, nerve with its filaments connecting to the auditory nerve in the internal auditory meatus, what part is damaged and how, including diagrams. Then healers can develop, use and assess more precise or relevant techniques.

4. Some participants had a blockage in one or both ears. When SEED healing released the blockage, clarity improved. Blockages sometimes returned, especially when participants had a cold. Repeatable SEED techniques need to be developed to eliminate the blockages, or control them, e.g., tape recorders could be adjusted to hearing aids so participants can play a blockage-release technique. Blockages could be treated as separate symptoms.

5. During the final week of the study, the audiologist recommended a range of test measures to assess outcomes of future studies, in addition to the visual analogue scales. His recommendations and additional suggestions include:

- i. Audiograms to record changes in loudness.
- ii. Speech recognition tests such as a consonant confusion task (e.g., key, three) to record changes in clarity. Also, tests on disembodied or recorded speech because they are harder to understand.
- iii. Deafness-specific quality of life questionnaires, e.g., World Health Organisation's 'Disability Assessment Schedule – WHODAS 11,' to record additional benefits of SEED.
- iv. Other measures could be used to assess potential changes in physical structure, e.g., hair cells' dead regions are measurable by a TEN(HL) test.
- v. Questions 12-14 on the VAS form were added to assess whether improvements of noises or sounds correlated with audiogram records.
- vi. Genetic counseling, although a young discipline, may help find the cause of deafness, and allow healers to formulate or focus the healing energies more precisely.
- vii. The auditory part of the brain could be understood in more depth by future SEED healers so that healing energies can be directed to the relevant part of the brain. This may lead to the development of more effective, structure/function-appropriate techniques. The degree of hearing loss as measured on audiograms may not be as important because some deaf persons can develop spoken language to other variables such as automatic brain adjustment where a deaf person's brain absorbs language and allows speech. Organisations such as the Institute of Hearing Research (IHR) may be able to provide relevant support in these areas. ]

Because hearing aid technology can make hearing louder but not clearer, perhaps future studies could focus more on clarity and distortion, to assess improvements in discrimination of sounds.



6. Because loudness improvements may not be within the frequency range of speech, healers need to assess whether techniques can be developed that are specific to speech frequency.

7. Healers could use 3-D diagrams or 3-D brain scan images of the ears, pathways of the auditory nerves, and auditory cortex, like an architect's plans of front, side and top elevation or computer models. If the cause of deafness is known, this will aid more exact focus of the healing energies.

8. It was discovered that even though the exact cause of deafness was not medically known, most participants felt they knew the cause was located in a specific point of the ears, head, or brain. This was interesting because many scientists who study the deaf believe that some deafness is located in the brain. Future participants should be asked about the originating point of deafness. Question 18 on the Initial Interview Form was developed with this in mind. Healers can then assess whether healing these areas has positive outcomes. Impressions of medical intuitives could also be compared with the above.

9. Because of the highly significant success with tinnitus, future studies could focus on developing a standard and repeatable approach to the healing of tinnitus.

#### **14. Conclusions and way forward**

The positive changes in the VAS scales show that the pilot successfully improved results of the outcome measures. This in turn lead to better understanding of issues concerned with deafness and provided potentials for future studies.

This experimental pilot study showed that SEED healing was a popular treatment, had a high level of patient satisfaction, and provided evidence of health improvement. SEED provides the basis for a theory for the healing treatment of deafness, including a new knowledge base for healers, special healing techniques, proposed focus for targeting healing, and suggested performance indicators. More specific healing therapies for deafness conditions, such as blockages of energy and tinnitus could be developed to help improve hearing in the deaf – especially on parameters of loudness and clarity.

The apparent lack of previous research in the use of healing for deafness is an opening to conduct further research with SEED. As CAM funding opportunities increase, SEED's ability to carry out research will grow. SEED aims to respond to the almost exclusive focus on RCTs as the definitive source of evidence by incorporating evidence-based medicine and a range of experimental evidence through SEED's effectiveness studies alongside the efficacy evidence of RCTs.

At the same time, it is important to acknowledge that SEED healing could provide relief to patients with tinnitus or deafness, within either the public or private sectors, and that SEED is a first step in a process that can evolve over time.

#### **References**

Dossey, Larry. In: Benor, Daniel J, *Healing Research: Volume I*, (Popular edition) *Spiritual Healing: Scientific Validation of a Healing Revolution*, Southfield, MI: Vision Publications, 2001.

Institute of Hearing Research, Nottingham University, UK [www.ihr.mrc.ac.uk/research](http://www.ihr.mrc.ac.uk/research)

*Dixon, Michael; Smith, Peter. Foreword to Clinical Governance for Complementary and Alternative Medicine in Primary Care, Final Report to the Department of Health and the King's Fund, Westminster University October 2004)*

The Integrated Healthcare Network, [www.ihn.org.uk](http://www.ihn.org.uk)

Access to Complementary Therapies in Newcastle – A Pilot Study,  
[www.ihn.org.uk/LBPCPATHWAYPILOT/pages/024.html](http://www.ihn.org.uk/LBPCPATHWAYPILOT/pages/024.html)

## Appendix 1 – Initial Interview Form

### SEED: Study into the Effects of Energy on Deafness

#### Initial Interview Form

Please note extra space for responses at end of form. Or please use an extra piece of paper.

#### **PART A - GENERAL**

1. Title: \_\_\_\_\_ 2. First Name(s): \_\_\_\_\_

3. Surname: \_\_\_\_\_ 4. Date of birth: \_\_\_\_\_

5. Address: \_\_\_\_\_

6. Tel: \_\_\_\_\_ 7. Mobile: \_\_\_\_\_

8. Fax: \_\_\_\_\_ 9. Email: \_\_\_\_\_

10. Doctor's name & address: \_\_\_\_\_

11. When did you last see your doctor? \_\_\_\_\_

12. How regularly do you see any doctor? \_\_\_\_\_

13. Medication and dose currently prescribed? \_\_\_\_\_

#### **PART B – GENERAL ABOUT YOUR DEAFNESS**

14. Doctor's deafness diagnosis (exact cause from Form C – 'Request to ear specialist for cause of deafness'): \_\_\_\_\_

15. How long have you been deaf? \_\_\_\_\_

16. If you genetically inherited this condition please give details: \_\_\_\_\_

17. If the condition is not genetic, how did it occur? \_\_\_\_\_

18. Where do you consider the originating cause of deafness is located? (Please touch and describe the area):

18A. Right ear \_\_\_\_\_

18B. Left ear \_\_\_\_\_

#### **PART C – RIGHT EAR ASSESSMENT**

##### **19. Right ear loudness**

19A. How is the loudness (in words)? \_\_\_\_\_

19B. What is the highest number your hearing aid has been on? \_\_\_\_\_

19C. What is the lowest number your hearing aid has been on? \_\_\_\_\_

19D. Highest loudness score. One = best possible. 10 = worst possible. 1 2 3 4 5 6 7 8 9 10

19E. Lowest loudness score. One = best possible. 10 = worst possible. 1 2 3 4 5 6 7 8 9 10

##### **20. Right ear clarity**

20A. How is the clarity (in words)? \_\_\_\_\_

20B. Highest clarity score One = best possible. 10 = worst possible. 1 2 3 4 5 6 7 8 9 10

20C. Lowest clarity score One = best possible. 10 = worst possible. 1 2 3 4 5 6 7 8 9 10

##### **21. Right ear blockage**

21A. Describe where the blockage is located \_\_\_\_\_

21B. What is the size of the block? \_\_\_\_\_

21C. Describe what the block is like e.g. stone, squashy \_\_\_\_\_

21D. Blockage score                      One = best possible. 10 = worst possible. 1 2 3 4 5 6 7 8 9 10

### **PART D – LEFT EAR ASSESSMENT**

#### **22. Left ear loudness**

22A. How is the loudness (in words)? \_\_\_\_\_

22B. What is the highest number your hearing aid has been on? \_\_\_\_\_

22C. What is the lowest number your hearing aid has been on? \_\_\_\_\_

22D. Highest loudness score. One = best possible. 10 = worst possible. 1 2 3 4 5 6 7 8 9 10

22E. Lowest loudness score. One = best possible. 10 = worst possible. 1 2 3 4 5 6 7 8 9 10

#### **23. Left ear clarity**

23A. How is the clarity (in words)? \_\_\_\_\_

23B. Highest clarity score            One = best possible. 10 = worst possible. 1 2 3 4 5 6 7 8 9 10

23C. Lowest clarity score            One = best possible. 10 = worst possible. 1 2 3 4 5 6 7 8 9 10

#### **24. Left ear blockage**

24A. Describe where the blockage is located \_\_\_\_\_

24B. What is the size of the block? \_\_\_\_\_

24C. Describe what the block is like e.g. stone, squashy \_\_\_\_\_

24D. Blockage score                      One = best possible. 10 = worst possible. 1 2 3 4 5 6 7 8 9 10

Numbers 25 to 39 are for symptoms and limitations of doctor's diagnosis (as expressed by patient). **Symptoms may include physical, emotional, mental, spiritual, and energy.** E.g. heart diagnosis may include symptoms of pain, sadness due to inability to work, mental attitude that death is better, anger that god allows the problem, and a feeling of a cold or hot area of moving energy.

Please also include symptoms of any additional conditions such as stress, back pain, sleeplessness, emotions, attitudes or tinnitus.

#### **25A Symptom** \_\_\_\_\_

25B Limitation due to symptom \_\_\_\_\_

#### **26A Symptom** \_\_\_\_\_

26B Limitation due to symptom \_\_\_\_\_

#### **27A Symptom** \_\_\_\_\_

27B Limitation due to symptom \_\_\_\_\_

#### **28A Symptom** \_\_\_\_\_

28B Limitation due to symptom \_\_\_\_\_

#### **29A Symptom** \_\_\_\_\_

29B Limitation due to symptom \_\_\_\_\_

#### **30A Symptom** \_\_\_\_\_

30B Limitation due to symptom \_\_\_\_\_

#### **31A Symptom** \_\_\_\_\_

31B Limitation due to symptom \_\_\_\_\_

#### **32A Symptom** \_\_\_\_\_

32B Limitation due to symptom \_\_\_\_\_

**33A Symptom** \_\_\_\_\_

33B Limitation due to symptom \_\_\_\_\_

**34A Symptom** \_\_\_\_\_

34B Limitation due to symptom \_\_\_\_\_

**35A Symptom** \_\_\_\_\_

35B Limitation due to symptom \_\_\_\_\_

**36A Symptom** \_\_\_\_\_

36B Limitation due to symptom \_\_\_\_\_

**37A Symptom** \_\_\_\_\_

37B Limitation due to symptom \_\_\_\_\_

**38A Symptom** \_\_\_\_\_

38B Limitation due to symptom \_\_\_\_\_

**39A Symptom** \_\_\_\_\_

39B Limitation due to symptom \_\_\_\_\_

40. Given the above symptoms and limitations, what do you suppose your body might be saying to you? \_\_\_\_\_

41. How are you coping with your life? \_\_\_\_\_

42. Do any of your close or wider family have a similar condition? \_\_\_\_\_

43. If yes, please give details: \_\_\_\_\_

44. When did you first have the condition? \_\_\_\_\_

45. What life stresses happened at that time or within the 18-30 months prior to first having the condition? \_\_\_\_\_

46. How do you feel about those life stresses now? \_\_\_\_\_

47. What treatments or therapies are you currently receiving?

47A. \_\_\_\_\_

47B. \_\_\_\_\_

48A. Have you had healing previously? \_\_\_\_\_

48B. If 'yes', what type(s)? \_\_\_\_\_

48C. When did you have healing? \_\_\_\_\_

48D. How many sessions did you have? \_\_\_\_\_

48E. What were the results from the healing? \_\_\_\_\_

49. What is your sleep pattern? \_\_\_\_\_

50. What are your energies like when you wake up? \_\_\_\_\_

51A. Have you felt suicidal within the last year? \_\_\_\_\_

51B. If yes, when were the most recent suicidal feelings? \_\_\_\_\_

51C. If you answered 'yes' to 23, how regular are the suicidal feelings? \_\_\_\_\_

52. Are you on insulin or do you have a pacemaker, epilepsy, or been hospitalised due to a mental illness? (Please give full details): \_\_\_\_\_  
\_\_\_\_\_

53. General health (current): \_\_\_\_\_

54. General health (past): \_\_\_\_\_

55. Why did you apply to take part in the SEED research? \_\_\_\_\_  
\_\_\_\_\_

56. What do you expect from the SEED course of treatments? \_\_\_\_\_  
\_\_\_\_\_

57. Would you like to learn self-healing? \_\_\_\_\_

58. Other comments: \_\_\_\_\_  
\_\_\_\_\_

EXTRA SPACE FOR ABOVE NUMBERS IF NEEDED

59. Number ... \_\_\_\_\_

60. Number ... \_\_\_\_\_

61. Number ... \_\_\_\_\_

## Appendix 2 – The Sessional Visual Analogue Forms

### SEED (Study into the Effects of Energy on Deafness) Sessional Visual Analogue Scales (VAS Form) For Healee Symptoms

#### **PART A – GENERAL**

1. Participant's name: \_\_\_\_\_
2. Doctor's diagnosis (exact cause from Form C – 'Request to ear specialist for cause of deafness'): \_\_\_\_\_
3. Where do you consider the cause of deafness is located? (Please touch and describe the area): \_\_\_\_\_
3. Session no: \_\_\_\_\_
4. Name of healer: \_\_\_\_\_

#### **PART B – YOUR GENERAL HEALTH SINCE PREVIOUS SESSION**

5. How have you been since last session? (General): \_\_\_\_\_
6. If much better or worse than normal, please state why \_\_\_\_\_
7. How have you coped with your life? \_\_\_\_\_
8. What was your sleep pattern? \_\_\_\_\_
9. What were your energies like when you woke up? \_\_\_\_\_
10. If you reduced any medication, please explain to what dose: \_\_\_\_\_
11. What do you expect from this session? \_\_\_\_\_

#### **PART C – HOW EARS HAVE BEEN SINCE PREVIOUS SESSION**

12. Are there any noises or sounds you have heard better? Yes/no \_\_\_\_\_
13. If 'Yes', please explain what noises or sounds \_\_\_\_\_
14. When did you last hear these noises and sounds?  
\_\_\_\_\_
15. Have you noticed any other change in the ears? Yes/no \_\_\_\_\_
16. If 'Yes', please explain \_\_\_\_\_
17. Please explain if anything other than healing could have contributed to this change?  
\_\_\_\_\_

#### **18A. Right ear loudness since previous session**

- a. How has the loudness been (in words)? \_\_\_\_\_
- b. What is the highest number your hearing aid has been on? \_\_\_\_\_
- c. What is the lowest number your hearing aid has been on? \_\_\_\_\_
- d. Highest loudness score. One = best possible. 10 = worst possible. 1 2 3 4 5 6 7 8 9 10
- e. Lowest loudness score. One = best possible. 10 = worst possible. 1 2 3 4 5 6 7 8 9 10

#### **18B. Right ear clarity since previous session**

- a. How has the clarity been (in words)? \_\_\_\_\_
- b. Highest clarity score One = best possible. 10 = worst possible. 1 2 3 4 5 6 7 8 9 10
- c. Lowest clarity score One = best possible. 10 = worst possible. 1 2 3 4 5 6 7 8 9 10

#### **18C. Right ear blockage since previous session**

- a. How has the blockage been (in words)? \_\_\_\_\_
- b. Worst blockage score One = best possible. 10 = worst possible. 1 2 3 4 5 6 7 8 9 10

**18D. Left ear loudness** since previous session

- a. How has the loudness been (in words)? \_\_\_\_\_
- b. What is the highest number your hearing aid has been on? \_\_\_\_\_
- c. What is the lowest number your hearing aid has been on? \_\_\_\_\_
- d. Highest loudness score. One = best possible. 10 = worst possible. 1 2 3 4 5 6 7 8 9 10
- e. Lowest loudness score. One = best possible. 10 = worst possible. 1 2 3 4 5 6 7 8 9 10

**18E. Left ear clarity** since previous session

- a. How has the clarity been (in words)? \_\_\_\_\_
- b. Highest clarity score One = best possible. 10 = worst possible. 1 2 3 4 5 6 7 8 9 10
- c. Lowest clarity score One = best possible. 10 = worst possible. 1 2 3 4 5 6 7 8 9 10

**18F. Left ear blockage** since previous session

- a. How has the blockage been (in words)? \_\_\_\_\_
- b. Worst blockage score One = best possible. 10 = worst possible. 1 2 3 4 5 6 7 8 9 10

**PART D – SYMPTOMS' ASSESSMENT BEFORE AND AFTER HEALING****19. FIRST SYMPTOM – RIGHT EAR****19A. Right ear loudness** immediately **before** healing

- a. What number is your hearing aid on? \_\_\_\_\_
- b. How is the loudness (in words)? \_\_\_\_\_
- c. Loudness score. One = best possible. 10 = worst possible. 1 2 3 4 5 6 7 8 9 10

**19B. Right ear clarity** immediately **before** healing

- a. How is the clarity (in words)? \_\_\_\_\_
- b. Clarity score One = best possible. 10 = worst possible. 1 2 3 4 5 6 7 8 9 10

**19C. Right ear blockage** immediately **before** healing

- a. Describe where the blockage is located \_\_\_\_\_
- b. What is the size of the block? \_\_\_\_\_
- c. Describe what the block is like e.g. stone, squashy \_\_\_\_\_
- d. Blockage score One = best possible. 10 = worst possible. 1 2 3 4 5 6 7 8 9 10

**19D. Right ear loudness** immediately **after** healing

- a. Can you notice any improvement in hearing? Yes/no \_\_\_\_\_
- b. What number is your hearing aid on? \_\_\_\_\_
- c. How is the loudness (in words)? \_\_\_\_\_
- d. Loudness score. One = best possible. 10 = worst possible. 1 2 3 4 5 6 7 8 9 10

**19E. Right ear clarity** immediately **after** healing

- a. How is the clarity (in words)? \_\_\_\_\_
- b. Clarity score One = best possible. 10 = worst possible. 1 2 3 4 5 6 7 8 9 10

**19F. Right ear blockage** immediately **after** healing

- a. What is the size of the block? \_\_\_\_\_
- b. Describe what the block is like e.g. stone, squashy \_\_\_\_\_
- c. Blockage score One = best possible. 10 = worst possible. 1 2 3 4 5 6 7 8 9 10

**20. SECOND SYMPTOM – LEFT EAR****20A. Left ear loudness** immediately **before** healing

- What number is your hearing aid on? \_\_\_\_\_
- a. How is the loudness (in words)? \_\_\_\_\_
- b. Loudness score. One = best possible. 10 = worst possible. 1 2 3 4 5 6 7 8 9 10

**20B. Left ear clarity** immediately **before** healing

- a. How is the clarity (in words)? \_\_\_\_\_



b. Clarity score One = best possible. 10 = worst possible. 1 2 3 4 5 6 7 8 9 10

**20C. Left ear blockage immediately before healing**

a. Describe where the blockage is located \_\_\_\_\_

b. What is the size of the block? \_\_\_\_\_

c. Describe what the block is like e.g. stone, squashy \_\_\_\_\_

d. Blockage score One = best possible. 10 = worst possible. 1 2 3 4 5 6 7 8 9 10

**20D. Left ear loudness immediately after healing**

a. Can you notice any improvement in hearing? Yes/no \_\_\_\_\_

b. What number is your hearing aid on? \_\_\_\_\_

c. How is the loudness (in words)? \_\_\_\_\_

d. Loudness score. One = best possible. 10 = worst possible. 1 2 3 4 5 6 7 8 9 10

**20E. Left ear clarity immediately after healing**

a. How is the clarity (in words)? \_\_\_\_\_

b. Clarity score One = best possible. 10 = worst possible. 1 2 3 4 5 6 7 8 9 10

**20F. Left ear blockage immediately after healing**

a. What is the size of the block? \_\_\_\_\_

b. Describe what the block is like e.g. stone, squashy \_\_\_\_\_

c. Blockage score One = best possible. 10 = worst possible. 1 2 3 4 5 6 7 8 9 10

**21. THIRD SYMPTOM**

21A. Symptom: \_\_\_\_\_

21B. Limitation: \_\_\_\_\_

21C. Worst symptom score has been since previous healing session:

**Not present** 1 2 3 4 5 6 7 8 9 10 **Worst possible**

21D. Assessment of symptom score immediately before healing:

**Not present** 1 2 3 4 5 6 7 8 9 10 **Worst possible**

21E. Describe in words how symptom feels immediately before healing:

21F. Assessment of symptom score immediately after healing:

**Not present** 1 2 3 4 5 6 7 8 9 10 **Worst possible**

21G. Describe in words how symptom feels immediately after healing:

**22. FOURTH SYMPTOM**

22A. Symptom: \_\_\_\_\_

22B. Limitation: \_\_\_\_\_

22C. Worst symptom score has been since previous healing session:

**Not present** 1 2 3 4 5 6 7 8 9 10 **Worst possible**

22D. Assessment of symptom score immediately before healing:

**Not present** 1 2 3 4 5 6 7 8 9 10 **Worst possible**

22E. Describe in words how symptom feels immediately before healing:

22F. Assessment of symptom score immediately after healing:

**Not present** 1 2 3 4 5 6 7 8 9 10 **Worst possible**

22G. Describe in words how symptom feels immediately after healing:

**23. FIFTH SYMPTOM**

23A. Symptom: \_\_\_\_\_

23B. Limitation: \_\_\_\_\_

23C. Worst symptom score has been since previous healing session:

**Not present 1 2 3 4 5 6 7 8 9 10 Worst possible**

23D. Assessment of symptom score immediately before healing:

**Not present 1 2 3 4 5 6 7 8 9 10 Worst possible**

23E. Describe in words how symptom feels immediately before healing:

---

23F. Assessment of symptom score immediately after healing:

**Not present 1 2 3 4 5 6 7 8 9 10 Worst possible**

23G. Describe in words how symptom feels immediately after healing:

---

## **PART E – TO BE COMPLETED BY PATIENT AFTER HEALING**

24. Patient's general experiences and sensations of the healing energy: \_\_\_\_\_

25. Patient's positive or negative comments about the healing treatment: \_\_\_\_\_

26. Signature of patient: \_\_\_\_\_

27. Date: \_\_\_\_\_

## **PART F – TO BE COMPLETED BY HEALER**

### **28. Timing: Lengths of time of healing treatment**

28A. Time spent on right ear: \_\_\_\_\_

28B. Time spent on left ear: \_\_\_\_\_

28C. Time spent on other symptom: (Also state number of symptom e.g. Fourth symptom)

28D. Time for complete session: \_\_\_\_\_

### **29. Healing energy, technique, or method used: \_\_\_\_\_**

29A. Right ear: \_\_\_\_\_

29B. Left ear: \_\_\_\_\_

29C. Other symptom: (State number of symptom e.g. Fourth symptom) \_\_\_\_\_

### **30. Experiences/biofeedback sensations of each technique or method:**

30A. Right ear: \_\_\_\_\_

30B. Left ear: \_\_\_\_\_

30C. Other symptom: (State number of symptom e.g. Fourth symptom) \_\_\_\_\_

31. Comments about the healing treatment: \_\_\_\_\_

32. Future healing energy, technique(s) or method(s) to try: \_\_\_\_\_

33. Signature of healer: \_\_\_\_\_

34. Date of session: \_\_\_\_\_

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