



Reiki Research

Observing Live Blood via
Live Cell Analysis Under
Darkfield Microscopy
When Exposed to
Reiki Ryoho Treatment

International Association
of Reiki Professionals®



“Observing Live Blood via Live Cell Analysis Under Darkfield Microscopy When Exposed To Reiki Ryoho Treatment” by *Jacqueline Bowman, Vibrant Health Research Project August 2021*

Abstract

Objective

To search for and observe change(s) of quality (motility, shape, and structure) in the Erythrocytes (RBC – Red blood cells), with the application of one thirty-minute Reiki treatment. To note any indications of, or actual change in, oxidative stress components within live blood samples with the application of 1 thirty-minute Reiki treatment. To document any change(s) while under the influence of Reiki Ryoho to the protit (somatid), terrain (mileu), or pleomorphic development. To note any change(s) in volunteer’s perceived wellbeing pre and post 1 thirty-minute Reiki treatment in this manner.

Methods

71 volunteers from November 2017 to January 2021 participated in this Vibrant Health Research project. Each volunteer donated blood samples by capillary puncture and received a Reiki treatment of thirty minutes in length.

This study was completed in 2 phases. The first phase being altered due to the observations made which were unanticipated, yet deemed pivotal, to the question of possible erythrocyte change resulting in the application of Reiki Ryoho treatments.

The first phase (Phase I) observed one capillary sample taken, documenting the change(s) or activity before, during, and up to the end of receiving a thirty-minute Reiki Ryoho treatment. This first phase (Phase I) was discontinued for Phase II at the 33rd volunteer.

The second phase (Phase II), blood samples were viewed and recorded before receiving Reiki Ryoho for thirty minutes (as done in Phase I) and were now followed by a second and fresh sample at the end of receiving Reiki Ryoho. The second and Final fresh sample was taken immediately after the volunteer received Reiki. This sample was also viewed and documented for comparison. Phase II only, included the second sample gathered to view under darkfield. Phase II added the inclusion of the Oxidative Stress test (OST) and a Positive and Negative Affect Schedule – simplified (PANAS – sf).

Clinical practices were adhered to as necessary, regarding Live Cell Microscopy and capillary puncture, by the practitioner. Reiki was offered by the same practitioner during the viewing of the live blood samples in a wellness clinic office adhering to standard clinical and Universal & Standard Precautions [\[1\]](#) for hygienic purposes. The intention of this research in this setting was to acknowledge and utilize the versatility of the application of Reiki and its dynamic ability to act innately. The choice to maintain a moderately medical, clinical setting, as to actively explore the ability to integrate Reiki easily into both complementary and allopathic health care.

The recorded data and practice style was modified once over the course of this research due to the nature of the preliminary findings. In Phase II a second capillary puncture was added to observe the shift in cells fresh from the body post Reiki, an oxidative stress test (future referenced as OST in this writing) was included and a simplified wellbeing PANAS (Positive and Negative Affect Schedule) questionnaire was added.

Results

Control Group: No notable change was found contained within the PANAS – sf of the control group participants. This group did not receive Reiki Ryoho for thirty minutes, however donated 2 samples for observation. These live blood samples naturally degenerated on the slide. Any variance of degeneration will be due to the health of the individual upon volunteering.

Treatment Group: Changes found in live cell blood samples, in its 3 forms of analysis (live cell samples, stressed samples, OST) were extensive and varied. Volunteers provided verbal personal observation during their session, that experiencing Reiki Ryoho and witnessing their blood under darkfield microscopy was (as described) “surprising”, “new to them”, “inspiring”, sharing that they had experienced “visibly noticeable changes”. The data markers typically used by Live Blood Analysis practitioners revealed change worth noting. These changes varied from no change to positive change, all results of the application of Reiki treatments observed in all 3 forms of the analysis. The analysis findings were then used to extrapolate the state of health of the individual. It was observed in many instances that where there appeared to be little, lessening, or no change in the live erythrocytes (Initial Sample), there was found to be substantial positive change found in the OST picture and/or the stressed sample of the same volunteer. There was no indication of depletion or degeneration of emotional or cellular states in treatment group participants.

When we take into consideration the first views of the live blood samples and looking at the change noted here only, (not including the information gathered from the OST or pleomorphic pictures from Phase II) the data show as follows: The variances of change rated among LBA Initial and Final samples show an overall improvement ranging from 0% to 66.67%. Assessing only the Phase II samples where the Second/Final sample was collected, improvement averaged *36.14% (*this average omitted 9 samples with 0% change and 1 damaged sample due to practitioner error).

Introduction

The blood, perhaps a reflection of our consciousness [\[2\]](#), is a powerful insight into ourselves. Our blood, considered by some [\[3\]](#) as a sacred life force, and known in standard hematology as a dynamic fluidic force of flowing connective tissue, could be considered an essential part of not only our cardiovascular and circulatory

system maintaining and sustaining the whole body, but also part of our deep connection to our being on not only the physical but the causal levels.

We know that our blood transports nutrients, hormones, vitamins, and oxygen to our tissues. That it transports excretory waste to the liver and kidneys for disposal. It fights disease and foreign bodies and excretes antigens and antibodies for immunity [4]. Blood and its composition began mere weeks into our creation at conception. From zygote to blastocyst, now sustained by mothers' blood, becoming an embryo. By week 5 major systems and structures begin to develop – embryo cells begin to take on different functions: blood cells, nerve cells, kidney cells.

By 6 weeks of age, the fetus' brain and spinal cord develop from the neural tube. As the neural tube closes the spinal cord and heart form, and the heart begins to beat. The first sight of blood formation is found in the yolk sac, in the internal and external embryonic mesoderm. The red blood cells, white blood cells, and platelets have formed pre bone marrow as no bones have formed yet [5].

In 1992 the US National Institute of Health (NIH) and its Complimentary Alternative Medicine (CAM) practitioners, along with researchers within the NIH's Office of Alternative Medicine, recognized and coined the phrase "Biofield". This committee described the biofield as being "a massless field, not necessarily electromagnetic, that surrounds and permeates living bodies and affects the body." [6]

Multiple studies of Reiki funded by NCCAM (National Centre for Complementary and Alternative Medicine – as of 2019 known as NCCIH National Centre for Complimentary and Integrative Health) are or have been conducted. [7]

Examples found are ones such as the University of Michigan study, is investigating the use of Reiki for patients with diabetic neuropathy. Another study at Albert Einstein Medical Center in Philadelphia examines the use of Reiki to improve quality of life and spiritual well-being for patients with advanced HIV/AIDS. A study at the Department of Family Medicine at the University of Washington School of Medicine is being conducted to study patients with fibromyalgia.

Exploration regarding the parasympathetic nervous system includes the findings of David McManus, PhD. Affiliated with the University of Massachusetts Medical Centre. McManus has conducted a recent meta-analysis of peer-reviewed Reiki research studies. After analyzing the findings, he found that Reiki had a positive effect on the autonomic nervous system and that there was a "reasonably strong evidence for Reiki being more effective than placebo." [8]. Here McManus alone cites 13 peer reviewed studies involving Reiki being published between 1998 – 2016, exploring both acute and chronic conditions.

These studies and others allow us to begin to grasp the very probability of the vital forces and activities or actions of our human bodies in both the physical body and the more spiritual or etheric activity/changes. Our physical body is innately able to shift itself into healing mode (apathogenic vs pathogenic) if the conditions are right. [9] Changing diet, environment, and thought patterns or attitudes have been proven to make a substantial if not profound effect on our health.

Could treatment (of energetic or spiritual nature) of the Biofield and its effects on the body, not be quantified also?

Materials & Methods

A total of 71 volunteers participated in the Vibrant Health Research project conducted by live cell microscopist and Reiki Shihan Jacqueline Bowman, from November 2017 – January 2021.

33 treatment group volunteers provided one capillary puncture sample. The visuals of the sample were recorded at the beginning and very end of the Reiki session and were also viewed live on screen (TV monitor, laptop) during the Reiki treatment for observation by not only the practitioner but also the volunteer. The change/activity during the session was also documented. These original 33 treatment group volunteers were grouped as Phase I.

11 volunteers were a part of a control group where Reiki Ryoho treatment was not applied. An Initial sample was taken, images were captured and viewed under darkfield microscopy. 30 minutes after the Initial samples were taken, a Final sample was then taken, images were captured and viewed under darkfield along with the OST. A PANAS wellbeing test was completed in full, pre and post volunteer session. All samples were kept to stress over varying time periods (up to 48 hrs.) to document pre and post control sessions' activity of the Pleomorphic cycle within the blood samples.

27 treatment group volunteers were part of Phase II. These volunteers completed a PANAS wellbeing test prior to the session, then provided two samples, each consisting of two drops of blood from capillary puncture. The first drop in the first sample was viewed and recorded live prior to the Reiki session, and again immediately after the reiki session. The second drop of the first sample was gathered and left to dry to observe the OST (Oxidative Stress Test) findings. Images of this OST portion of the sample were taken. The second sample was taken immediately after the 30-minute Reiki session. The first drop of the second sample was viewed live and recorded for comparison to the first drop in the first sample both pre and post Reiki session. The second drop of the second sample was gathered for the OST image findings, also to be compared to the OST of the first sample. The PANAS wellbeing test was completed in full, post volunteer session, to assess the Final score. Random samples of all volunteers (when clinic time and session times allowed) were kept to stress over varying time periods (24+ -48 hrs.) to document pre and post Reiki treatment samples which reflect the activity of the Pleomorphic cycle activity with the blood sample.

Overall Research Design

This study utilized an experimental design, as any such research of this kind has not been found to date by this practitioner/researcher. The design included (1) random volunteers from any age, gender, gender identity, ethnic, or socio-economic background, religious practice/belief, and health condition (physical, mental, emotional). There were no prescreening or requirements. **Note:** standard full preparation for a live blood analysis consists of fasting and other restrictions. A minimal four hour (optimal 12 hr.) fast; refraining from all food, consuming only water. Refraining from vigorous exercise, cell phone, and Wi-Fi use for 4+ hours is also required. Again, this study was to be as organic as possible, welcoming volunteers as they would randomly be on any typical day. (2) A simplified PANAS (Positive and Negative Affect Schedule) was presented prior to and after each volunteer session. (3) Blood (Initial) sample was taken from each volunteer and prepared for observation and image gathering (4) Standard Reiki session was offered 30 minutes in length; no additional Reiki balancing techniques were utilized. **Note:** this practitioner begins each typical appointment with the Reiki practice of open Reiju. Reiju is an energetic opening of the individual to receive Reiki Ryoho, takes less than three minutes, and was invoked here. A study of the effect of this is unknown. (5) A second blood (Final) sample was taken post 30-minute Reiki Ryoho. Images (still and video) were gathered. (6) Control group volunteers received no Reiki during the prescribed thirty minutes.

Lab Environment

All sessions took place in wellness clinics. The first 39 volunteers were seen in a naturopathic physician's clinic office. Light colour walls, florescent lighting, a utilitarian desk with one tall narrow bookshelf accompanied a movable cart holding the Olympus darkfield microscope and needed supplies. A wall-mounted 26" TV monitor was visible to the volunteer from the power vinyl covered clinical treatment table. This room was a windowless room with low pile carpet. The remaining 32 volunteers were seen in an office space

somewhat smaller and environmentally equivalent, yet which included a wall length of windows providing natural lighting during daytime hours. The treatment table was not power operated. During the Reiki session, overhead lighting was diminished and replaced by an incandescent lamp in both locations if no natural light was available. When providing the Reiki treatment, there was no ambient background music or artificial sound utilized. Volunteers' questions, comments and quiet conversation was not discouraged.

Experimental Procedures

Reiki

Biofield therapies are those modalities including Reiki, qigong therapy, and Therapeutic Touch. Reiki is performed by trained practitioners who manually and/or via intent, interact with the multitude of energy fields of the patients. These biofield therapies may all have different modes of action; however, they all share, not unlike meditation, the effects of moving the system in the direction of relaxation, and the effects on the sympathetic and parasympathetic systems, which has been linked to health and healing. [\[10\]](#)

Simply put, biofield practices use hands on healing to restore the full energetic function of the body's systems, via the autonomic nervous system, creating optimal physical and emotional wellness and allowing for the body to self-heal. Reiki Ryoho includes this and is also understood as reaching the etheric or spiritual bodies.

Reiki is a vibrational, or subtle energy therapy most commonly facilitated by light touch, which is believed to balance the biofield and strengthen the body's ability to heal itself. [\[11\]](#)

What we know as simply Reiki today is properly called Usui Reiki Ryoho, meaning "Usui Reiki Healing Method". The tradition of this practice originates with Usui Mikao (1865-1926), a Japanese spiritual seeker who developed Reiki from his personal search for enlightenment in the early 20th century. [\[12\]](#). Reiki is first and foremost a spiritual path. Reiki is not a religion [\[13\]](#).

Reiki involves specific initiations, spiritual teachings, and follows a lineage of official masters. Reiki Ryoho is more comprehensive than practices that fall into the Energy Medicine category. A standard treatment consists of hand placements over a variety of body locations, either on or within a few centimeters above the body. The practice of Reiki can include specialized techniques for a variety of healing methods. Reiki is a spiritual discipline that carries a general recommendation being that it is best practiced regularly for its impact and full benefits to be recognized.

Live Blood Analysis via darkfield microscopy

Live blood analysis uses a drop from capillary puncture, of live blood from the patients (volunteers) finger. This sample is one that has not been altered (killed) by staining or separating and are then viewed under a modified medical grade microscope with the addition of a darkfield condenser with appropriate objectives. The illumination of the sample in this way allows exceedingly small particles, to be seen against a black background. These particles, along with the biological findings in standard hematology, make up known life found in the terrain of the blood environment, both outside the erythrocytes and within, depending upon the health of the (RBC) cells. The outside particles may be fungal, amoebic, or bacterial forms, as well as the protit and its developmental phase forms (as introduced by Dr. Guenther Enderlein born in Leipzig Germany July 7, 1872 – a contemporary of both Louis Pasteur and Antoine Bechamp [\[14\]](#), – which will develop, or downgrade based on the terrain's condition. This developmental phase and its forms are known as the pleomorphic cycle or the polymorphic microorganism life cycle. Enderlein's protit, and his study of the blood has also been famously studied and bravely presented by Dr. Gaston Naessens (*March 16, 1924 – February 16, 2018*) a French (FR, CA) [biologist](#) who referred to this microorganism (the Protit) as the Somatid [\[15\]](#). Established and still successfully practiced today is that the correction of the condition of the terrain or

milieu will determine whether these components remain in their regulatory form or move into pathogenicity. The blood sample's particles are also "stressed" either by manually applying firm pressure to the cover slip housing the sample on the slide, or by allowing the sample to sit undisturbed for a period typically over 24 hours. A blood sample can remain viable up to 48 hours. This aging period allows for the living pleomorphic development [\[\[16\]\]](#) to develop naturally based on its environment (terrain).

All of these samples can be seen clearly and allow for capturing as video or photographic files with the use of a camera compatible with the darkfield microscope being used. The practice of blood (live cell) analysis combines live blood and stressed blood samples viewed under darkfield microscopy, along with a layered sample of dry blood (known as the oxidative stress test OST) for analysis viewed under bright field microscopy. The combination of these pictures allows for subjective extrapolation, and which will reflect on the subject's overall state of health.

Positive and Negative Affect Schedule – simplified

A Positive And Negative Affect Schedule (PANAS – sf) was presented to each Control and Treatment Phase II volunteer prior to the research session and immediately after. This psychometric scale for assessment is a self-report questionnaire divided up into two segments. This division rates both positive and negative variables on a scale of 1 – 5; 1 representing Very Slightly/Not At All, 5 representing Extremely. This study has chosen the PANAS – sf (all references to a PANAS in this report is referring to a PANAS – sf), a simplified version with less descriptors than a full PANAS. This assessment was used to monitor any changes experienced emotionally or physically before and after this research's application of Reiki during the Live Cell observation. The choice to include a PANAS with each research study volunteer came from the consistent comments and questions presented by the volunteers. Phase I of this research did not include a PANAS for documentation.

Subjects

Practitioner

Jacqueline Bowman, acting practitioner and research developer, has been practicing the technique of Reiki Ryoho for 18 years, being a Shihan (master level practitioner/teacher) for 15 years. Offering Reiki Ryoho, live cell microscopy and blood analysis, and Subtle Influence Medicine is a part of her public practice in Ontario, Canada.

Volunteers

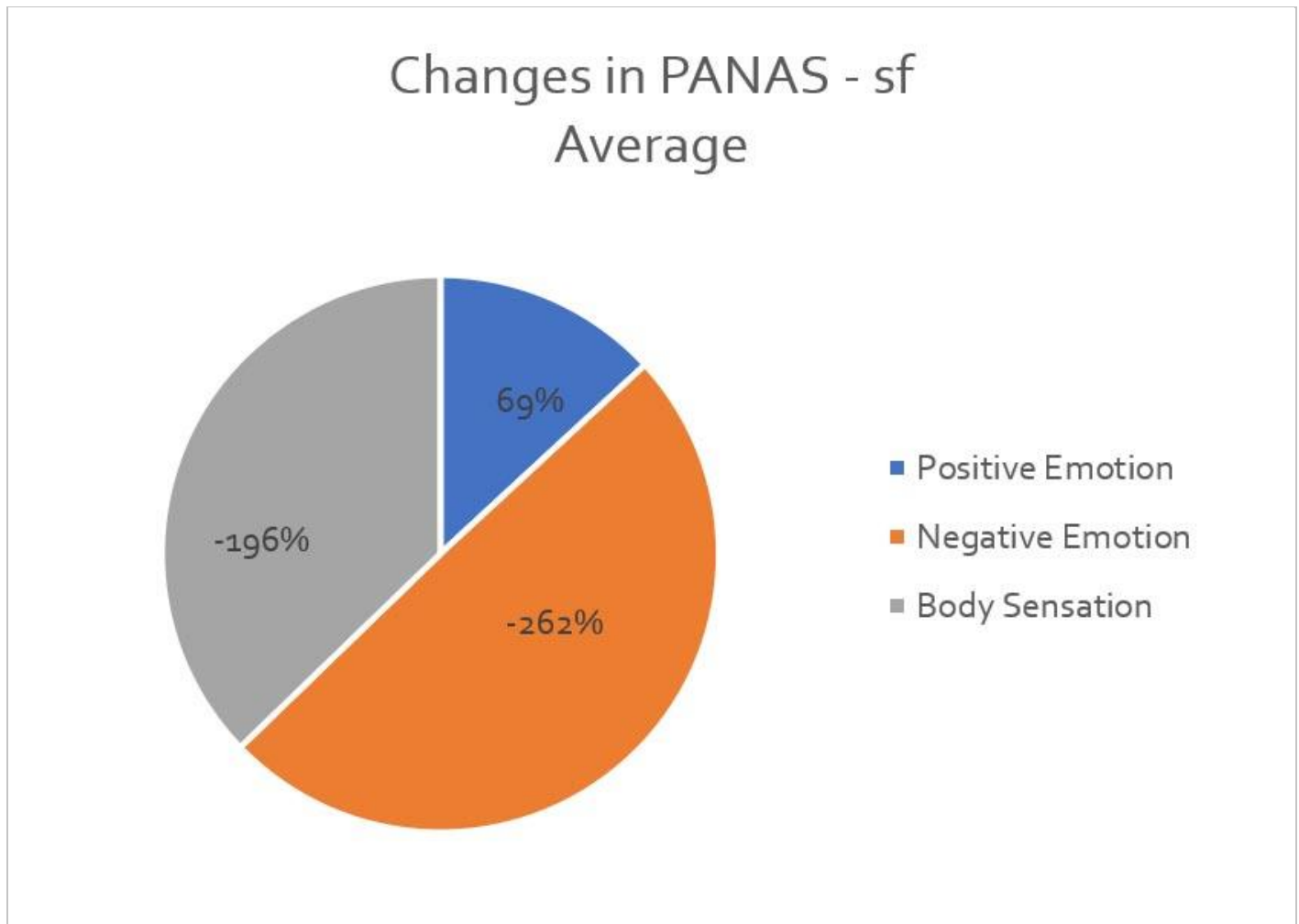
All volunteers were gathered by word of mouth or invitation by the practitioner. Support from volunteers also included sharing or extending the invitation to others that they felt may be interested in volunteering, the expansion of the resource of clinic space and time to facilitate more volunteers and data analysis, and guidance and potential resources for the compilation and reporting of this study and data.

Results

Positive and Negative Effect Schedule – SF

The PANAS results indicate that the Positive descriptors used, increased on average 69% per volunteer. Negative emotion descriptors dropped by 262% on average per descriptor, as emotional ratings shifted from a rating of varying discomfort to a more positive rating. Body sensations showed a decrease in ratings, averaging a drop in negative sensations of 196%.

Each volunteer's PANAS responded to multiple positive, negative, and body sensation descriptors reflecting in the percentage numbers exceeding 100.



Trapped emotions lower immune function and make the body more vulnerable to disease. They can distort body tissues, block the flow of energy, and prevent the normal function of organs and glands.

‘Trapped emotions are truly epidemic, and they are the insidious, invisible cause of much suffering and illness, both physical and emotional in nature.’ *Dr. Bradley Nelson DC (ret.)*

Control Group

The Control Group consisting of 11 Volunteers revealed that the quality of the live blood on the slides diminished in all 11 cases as it sat uninfluenced, without the effect of Reiki Ryoho. Each of varying degree, this based on the health of the individual organically and in the moment and reflected by the quality of the erythrocyte and the reflection of the body's terrain. Note that consideration was taken with first sample aging on the slide, the OST, as well as the condition of the second sample taken 30 minutes later.

Each Control Group volunteer was instructed to hydrate (min 8oz water) within 30 minutes of volunteering.

Figure 1

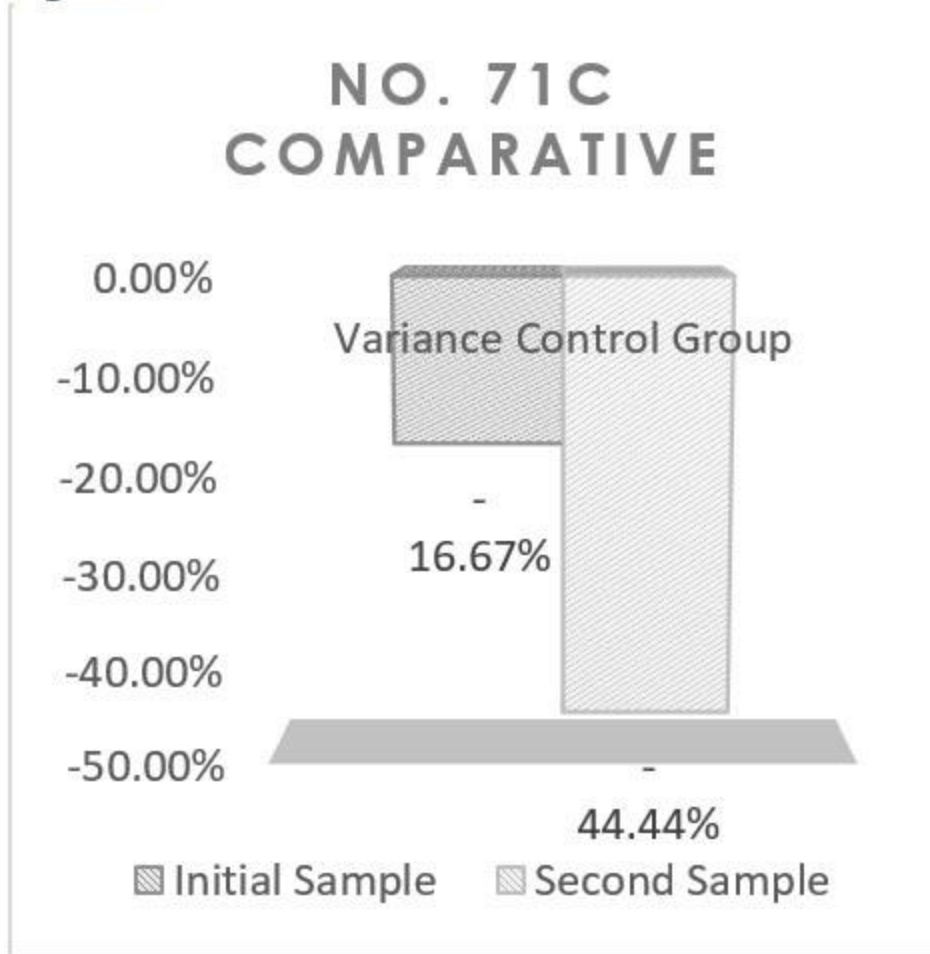


Figure 1. Condition diminished in the first sample by 16.76%. The quality of the Second sample from the Initial sample showed a drop in quality by 44.44%.

Figure 2

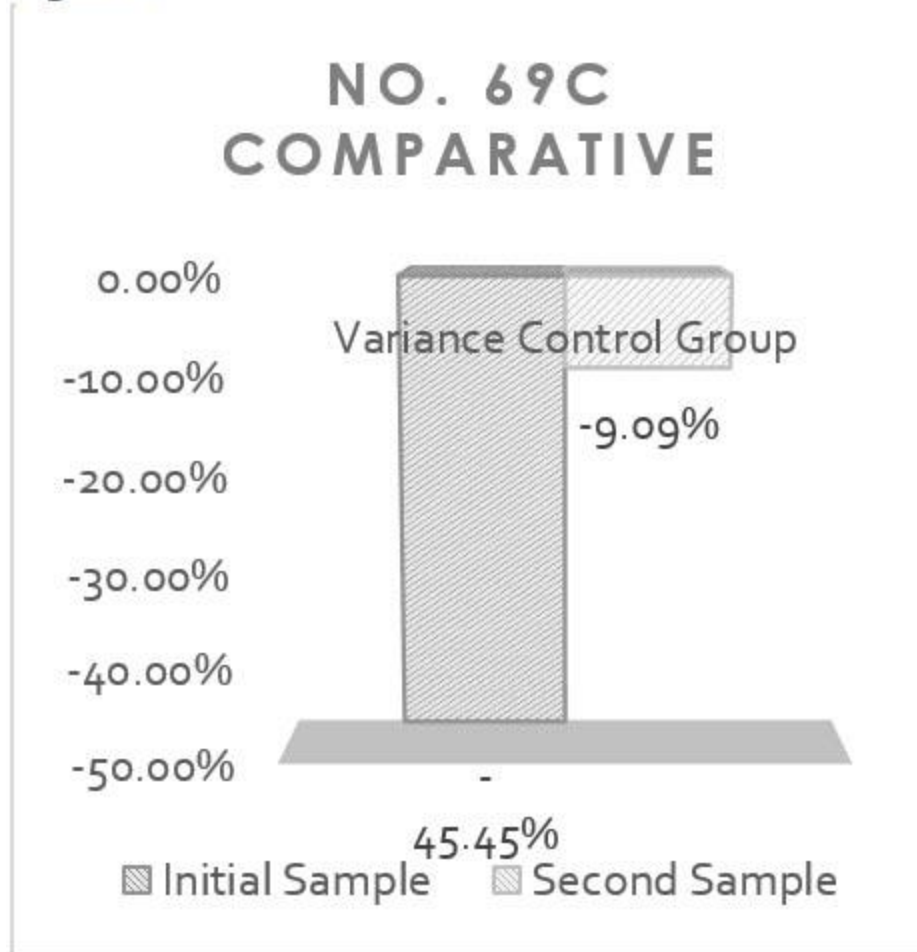


Figure 2. Condition diminished in the first sample by 45.45%. The quality of the Second sample from the Initial sample showed a drop in quality by 9.09%.

Individuals who presented samples with a stronger health reflection had lower diminishing numbers. None of the volunteers of the Control Group not receiving Reiki Ryoho had any improvement. Only one volunteer within this group had an Initial sample which did not decline within the 30-minute period. (Data not shown here)

Live Blood Analysis

Focus on the live blood samples gathered first for Initial and second for Final variances were reflected on as in the control studies, with the addition of a 30-minute Reiki Ryoho treatment. Each result was of varying degree, this based on the health of the individual reflected by the quality of the erythrocyte and the reflection of the body's terrain. Noted here within these findings is the, at times, lack of degradation of the quality of the Initial Sample on the slide while under the influence of Reiki Ryoho. No change in these numbers reflect the sustaining health vs the degradation as shown in the control studies.

Notice in the following figures (3 – 6), the quality reflected in the charting of the varying conditions. The *Shape/Size* of the erythrocytes (red blood cells), the *Special Distance* (the non-clustering of cells), the *Motility* (the free moving flow and interaction of the cells), and the *Other Activity* (terrain articles and activity reflecting any pleomorphic activity and development of the somatid, as well as any reflection of bacterial, amoebic, digestive dysregulation etc.).

Figure 3

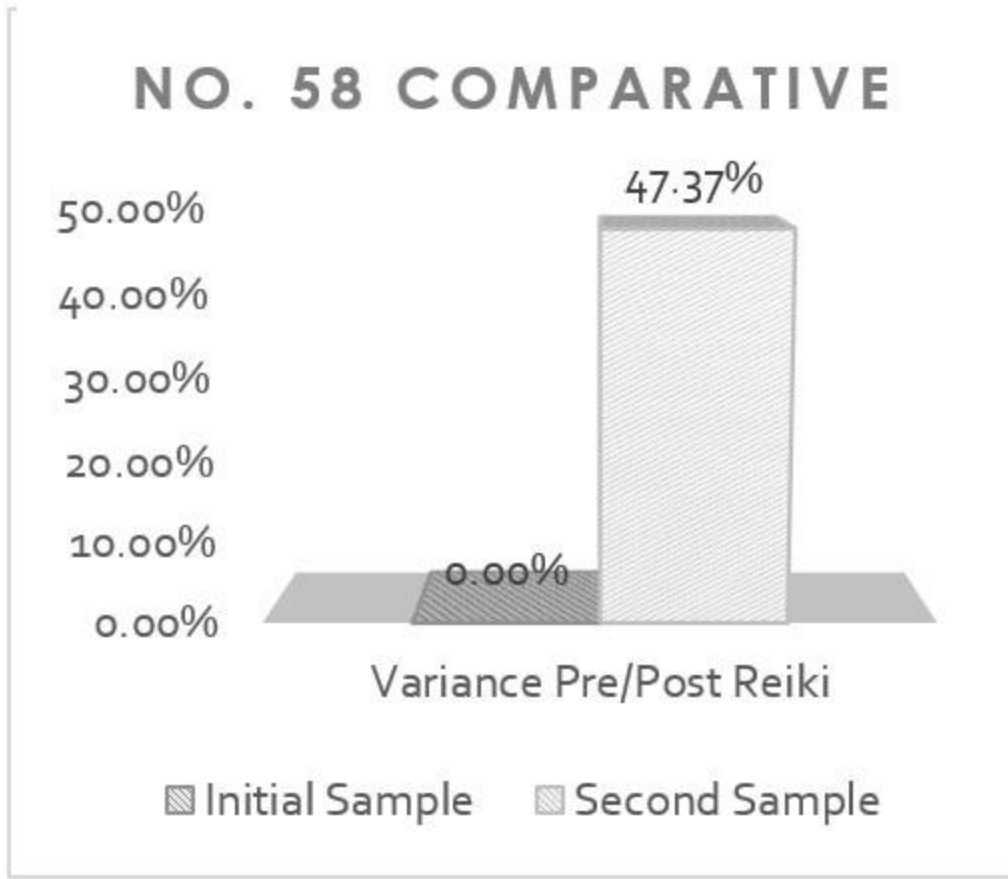


Figure 3. No degradation of the sample occurred in the Initial sample. A 47.37% improvement was revealed post Reiki Ryoho

Figure 4

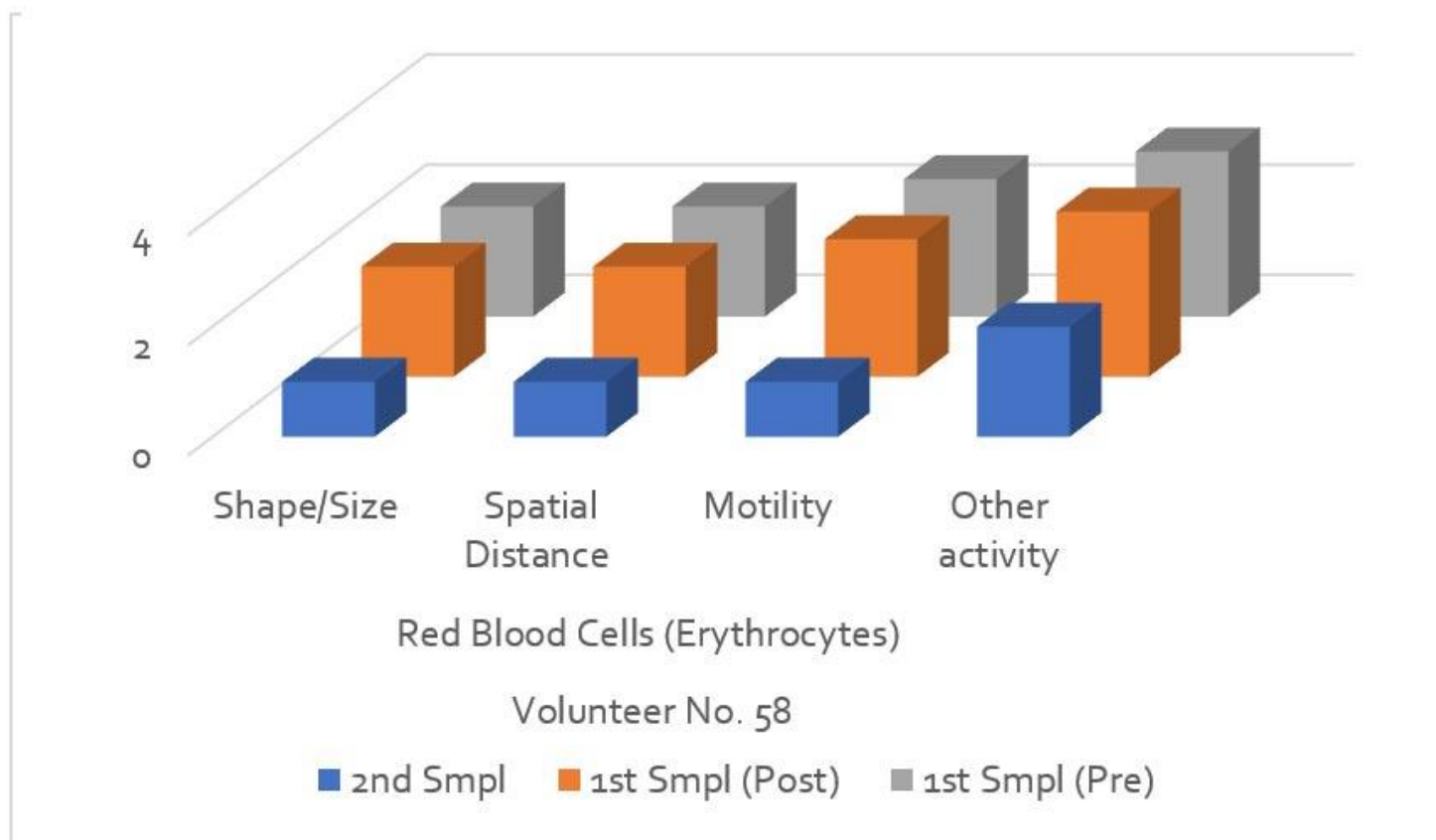


Figure 5

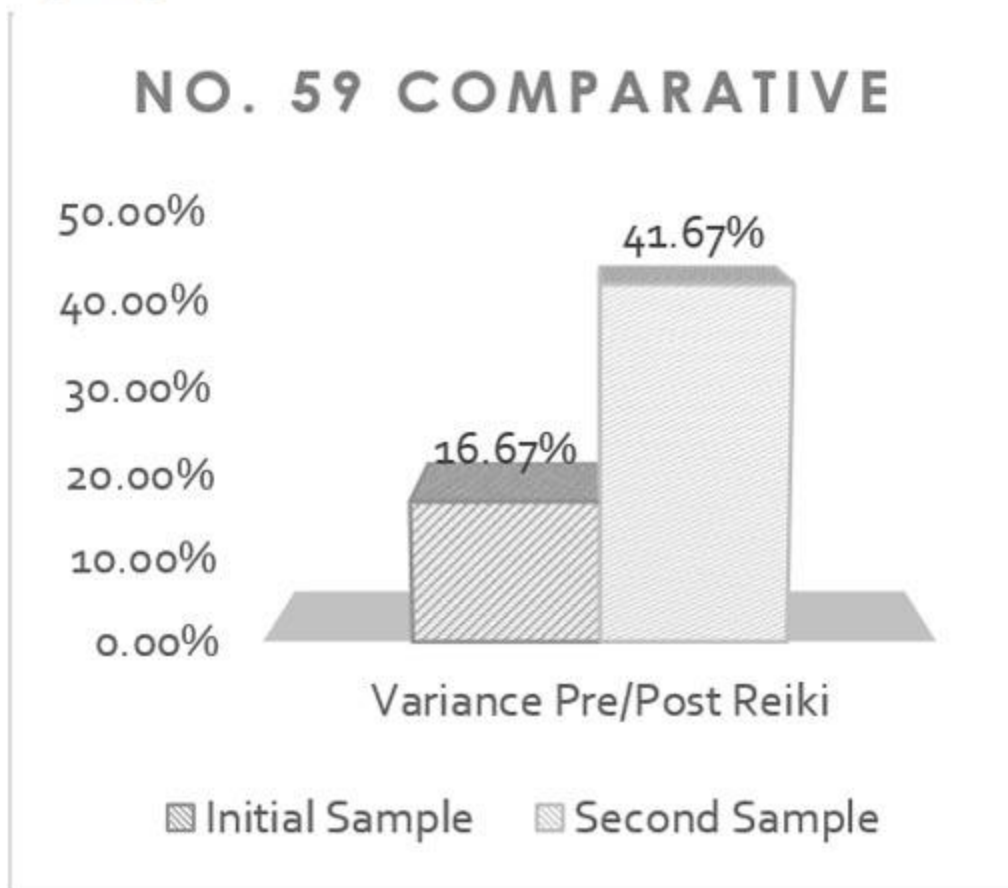
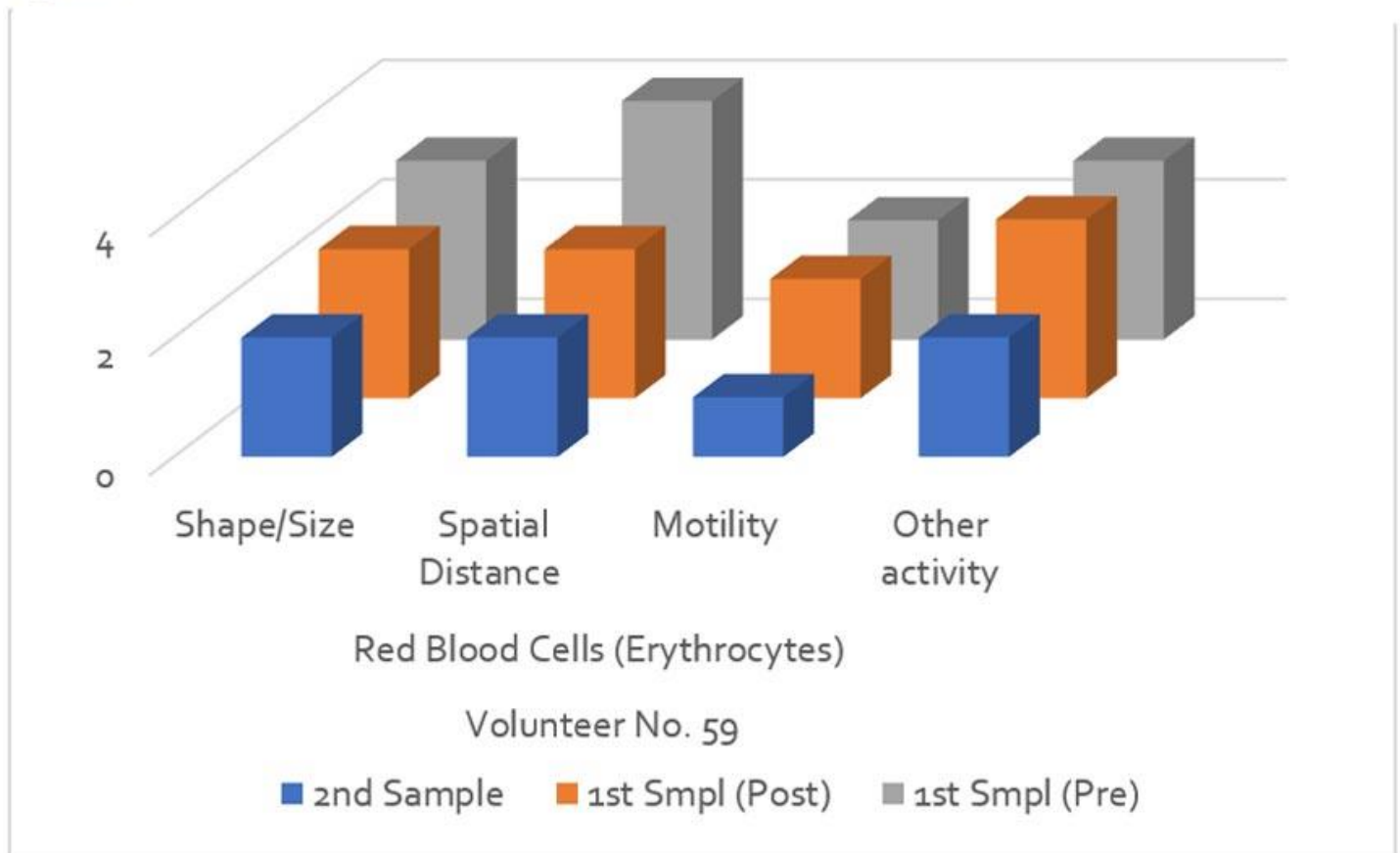


Figure 5. Note a 16.67% improvement of the Initial sample occurred during treatment. A 41.67% improvement was revealed post-Reiki Ryoho.

Figure 6



Each Treatment Volunteer was instructed to hydrate (min 8oz water) within 30 minutes prior to volunteering.

An average change in the live blood sample images captured, reflected improvement between 0.00% – 66.67% with a 30-minute Reiki Ryoho treatment in the Final Samples. The Initial Samples were observed; and noted was what became common activities such as change in the flow direction, and a flock or school like “startle” activity. Also observed was the downgrading of a congestive pleomorphic form back to the more regulatory protit (somatid) phase. This was witnessed within the unstressed erythrocyte during a 30-minute Reiki Ryoho treatment time. A live image capture of the change in the protit (somatid) development has rarely been done.

Polymorphic Organisms

Stressed Samples

As we view the examples of the pleomorphic activity within the terrain of the blood, we can consider the upward and/or downgrading development as a reflection of the body’s state of either restorative or dysregulated and degenerative health. In the charting and corresponding images (figures 7-10) we can see the live blood samples and their relation to the activity found within the sample left to stress over a period of 38 hours.

Figure 7

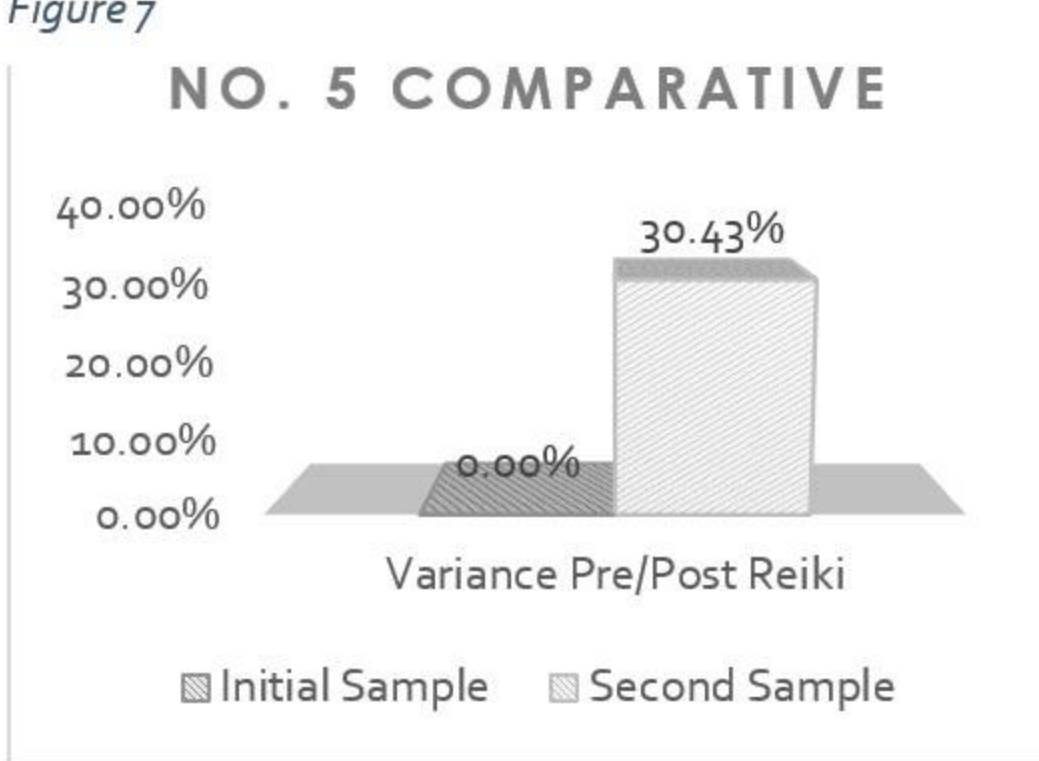


Figure 7. No evidence of change occurred in the Initial Sample. A 30.43% improvement was revealed post Reiki Ryoho.

Figure 8 No.5 Initial Sample

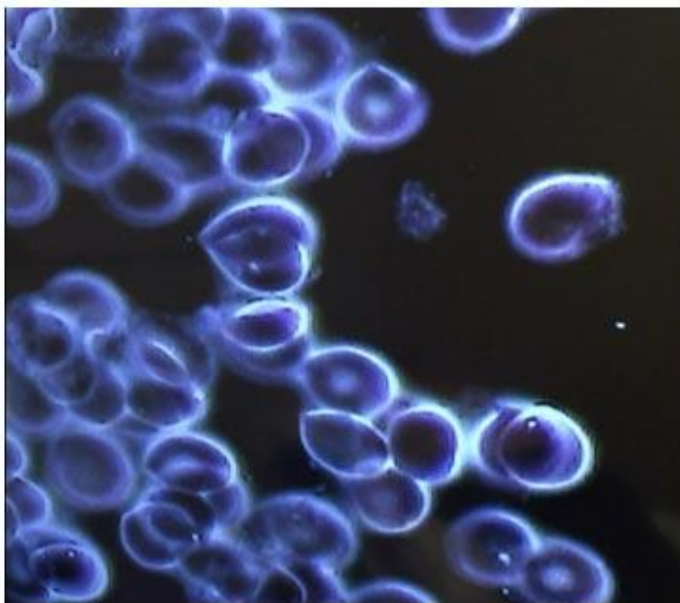


Figure 9 No.5 Second Sample



Figure 10 No.5 Initial Sample stressed 38hrs

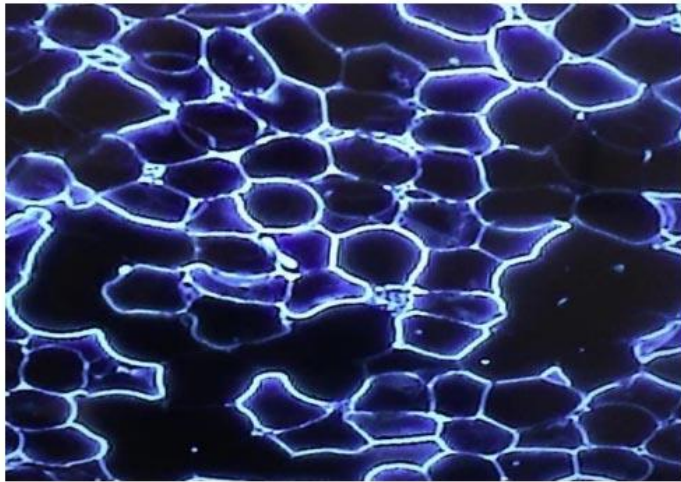
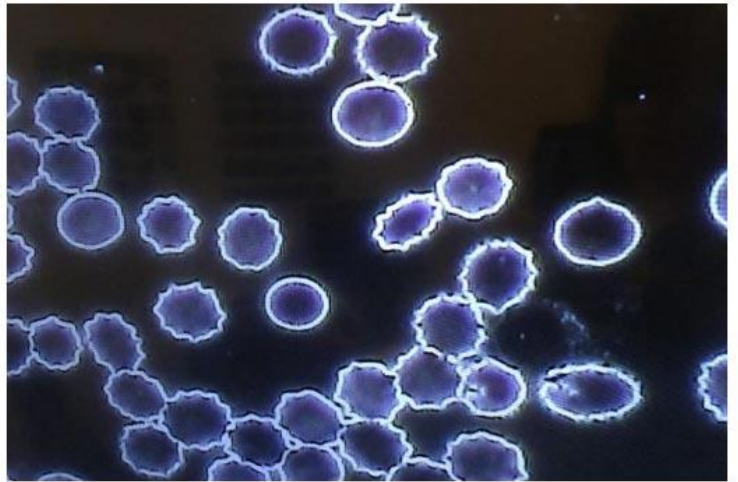


Figure 11 No.5 Final Sample stressed 38hrs



These Stressed Samples reveal (figure 10) the Initial sample, one of lost cellular structure and lacking general integrity. These cells have begun to stick to the slide and coverslip and no activity remaining of either white blood cell forms or healthy activity of the somatid. Unseen here is that most of the sample did not survive and there was no movement of the erythrocytes. In Figure 11, RBC's have remained active with little upward development in the terrain or within the cytoplasm. A normal finding of acanthocytes reveal the natural dying of the erythrocytes with the remaining intact cells reflecting a mostly healthy bilipid layer and with continued appropriate activity. This terrain is visibly cleaner than found in figure 10.

As we continue to observe various examples of the pleomorphic activity it is noted that even with a lower visible change in the live samples, many aged (stressed) samples prove to show great improvement as seen in figures 12 -15. Example Figure 12 originally showed in its Initial live and unstressed sample, a 20.00% degradation (Figure 12a) in overall

presentation within the 30 minutes of Reiki Ryoho treatment. This now stressed sample (figure 13) reveals weakened cells and poor terrain. The Final sample as shown stressed 23hrs (figure 14), comes from a sample of a minimal 6.67% improvement (Figure 12b) in the live sample pre-stressing. Change in the terrain is significant.

Figure 12

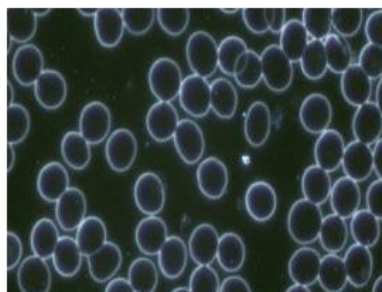
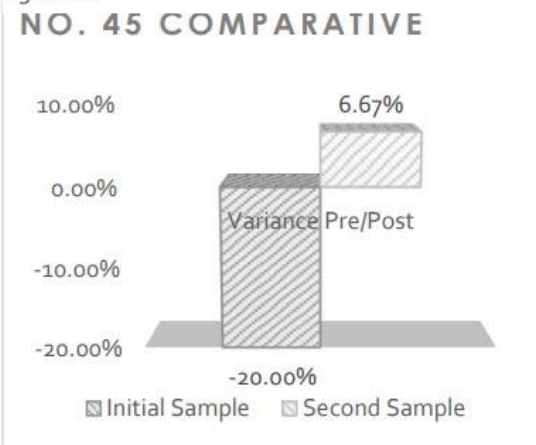


Figure 12a -No.45 Initial pre stressed

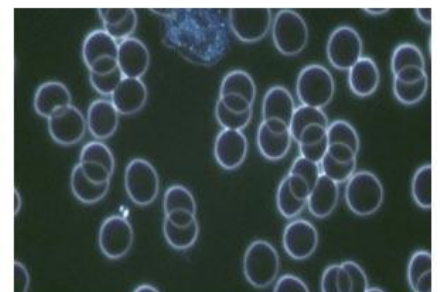


Figure 12b -No.45 Second pre stressed

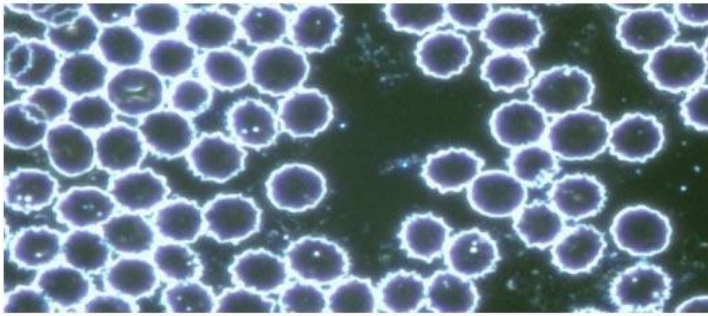


Figure 13 - No. 42 Initial Sample stressed 23hrs

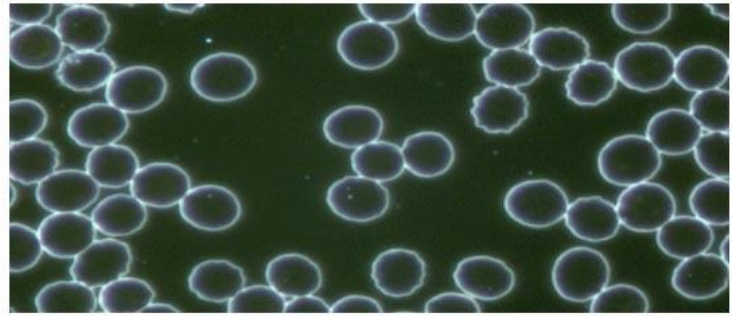


Figure 14 - No. 42 Final Sample stressed 23hrs

In example Figure 17, the live Initial pre-stressed samples showed a 14.29% decline in live cell quality (Figure 17), and only an improvement of 9.52% in the Final Sample.

Figure 15 No. 51 Initial Sample stressed 23hrs

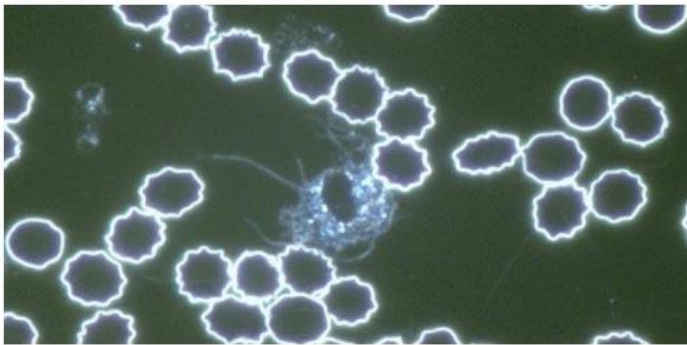


Figure 16 No. 51 Final Sample stressed 23hrs

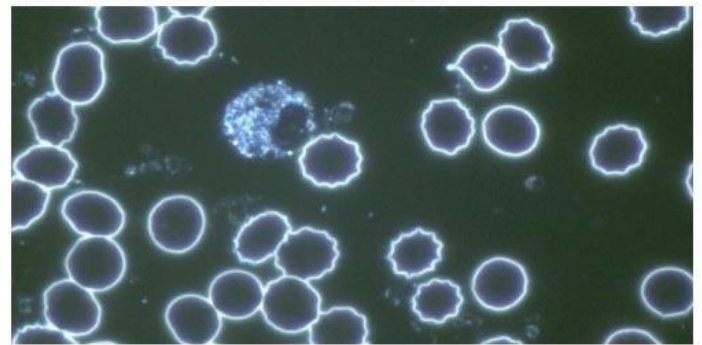


Figure 17

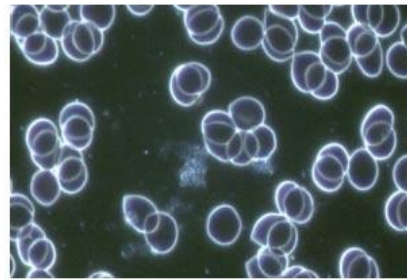
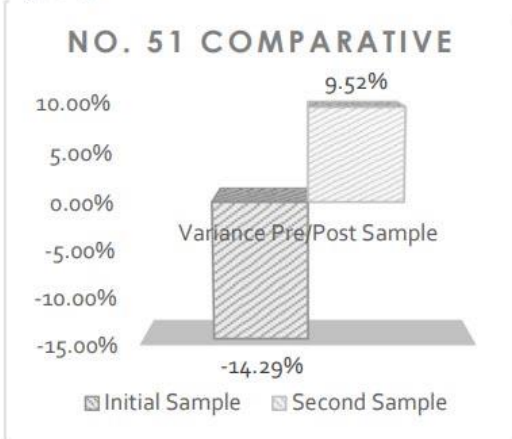


Figure 17a - No. 51 Initial pre stressed



Figure 17b - No. 51 Second pre stressed

As these stressed images partially reveal, there is a downgrading in development from a degenerative deposition (note active chondrite development and fungal with bacterial presence in figure 15), to more regulated, if not still congestive phase (figure 15). Here the white blood cell (WBC) remains active whereas in figure 15 it (WBC) has been overrun and unable to act as a key factor in immunity. Also remaining post Reiki Ryoho (Figure 16), fully formed erythrocytes are in greater quantity with ample movement along with the natural beginning phases of acanthocytes reflecting lack of remaining cell strength. A clearer terrain is also reflecting the healthier pH. This is another example of a deeper effect of Reiki Ryoho within the terrain versus the erythrocytes viewed upon Initial live sample.

Oxidative Stress Test (OST)

The Oxidative Stress Test samples show a variety of change noticeable between Initial and Final samples. Focusing on an oxidative stress indicator as shown here by the ring of “holes” or “lakes” near the

edge of the dried blood sample (figure 18) we can see that these “lakes” are clearly established in the general area known in live cell analysis as the region of lymphatic and circulatory systems. This concentrated oxidation ring is partnered with darkening areas conducive to other areas of dysregulation and body functions. Figure 19 is the matching sample area but from the Final Sample OST. Here the oxidation ring is still visible but appears blurred as there is a “filling in” of the lakes. This healing process is seen under microscopy as mostly colourless crystal forms, which will darken as the factors of the OST causes are eliminated or better managed. Also noticeable in the same image is the lightening of the surrounding tissue, another indication of movement into better function and wellness.

Figure 18 No.52 Oxidative Stress Test (OST) 1st layer Initial Sample pre-Reiki Ryoho.

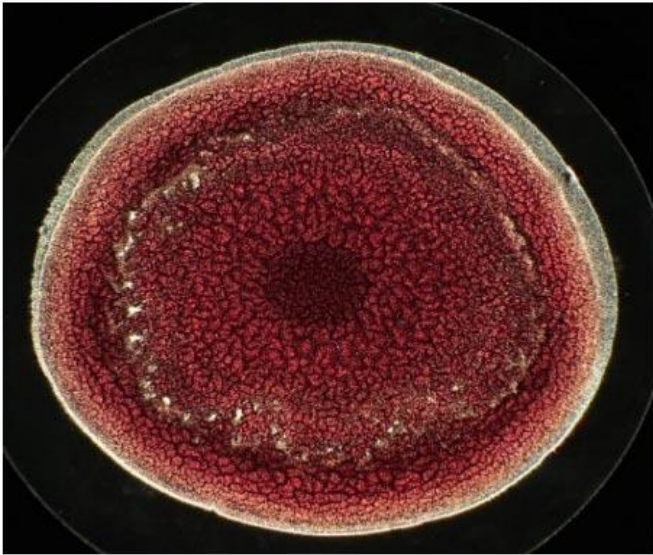


Figure 19 No.52 Oxidative Stress Test (OST) 1st layer Final Sample post Reiki Ryoho.

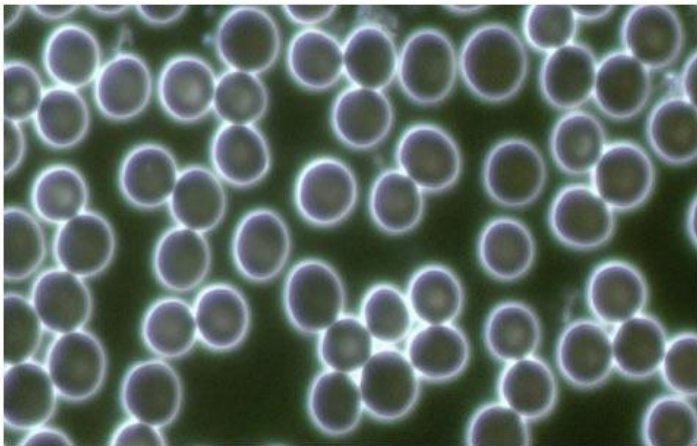


Figure 18a No.52 Initial Sample pre-Reiki Ryoho.

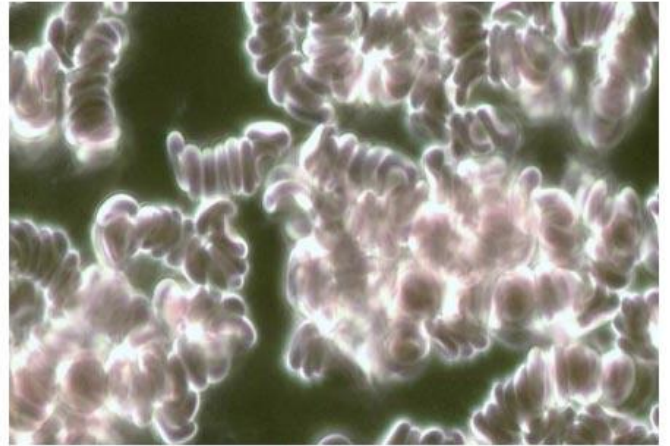


Figure 19a No.52 Final Sample post Reiki Ryoho.

Comparisons and extrapolations made from figures 18, 18a, 19 & 19a reveal that all pictures gathered from a Live Cell Analysis must be taken into consideration when assessing the effect of Reiki Ryoho on the blood tissues. As can be seen in comparing Figure 18a and Figure 19a, an assumed degradation of condition at times, can be indicative of improvement in both the cellular and fluidic condition of the blood reflecting the body’s condition. Figure 19a reflects a Rouleaux formation conducive to imbalanced electrostatic properties, pH imbalance, extreme digestive insufficiency, chronic organic degenerative disease, or advanced endobioses [\[17\]](#). This subject (VHR Volunteer No.52) followed instruction to consume water pre session. The OST image (Figure 19) is showing improvement. The release of toxicity and the change in the lymphatic area, reflective of the area of oxidative stress, appears to be evidence of the activation of the body’s detoxification process, “dirtying” the live blood picture; a common gathering of formations/particles found within a sample of

an individual during a lifestyle change involving diet, or nutritional shift, focused on drainage, anti-viral/bacterial and detoxification for the activation of the immune system for the reversal of dis-ease or adverse symptoms.

Within the OST, chemical and metal toxicity is easily seen. Movement reflecting the release of these waves and colours shown “spraying” away from the samples indicate the release and removal from the cells. Note the wave like dark rings and colours within the spray of the edge (coast) of the samples (figure 21). The darkening of areas in figure 21 may manifest as a clearing or elimination, due to the bringing forth (dumping) of toxicities. The center area relates to bowel. The darker rings and waves, toxins from the areas of outer organs i.e., Liver, lungs, lymphatic in these examples.

Figure 20 Oxidative Stress Test (OST) 1st layer Initial Sample pre-Reiki Ryoho.

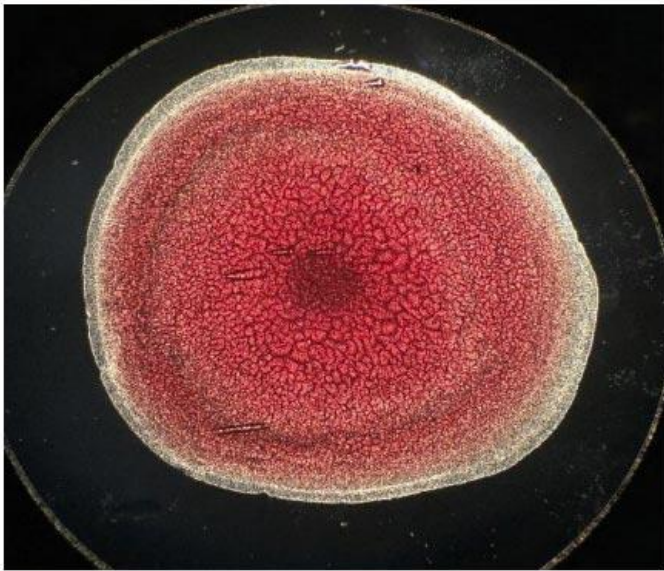
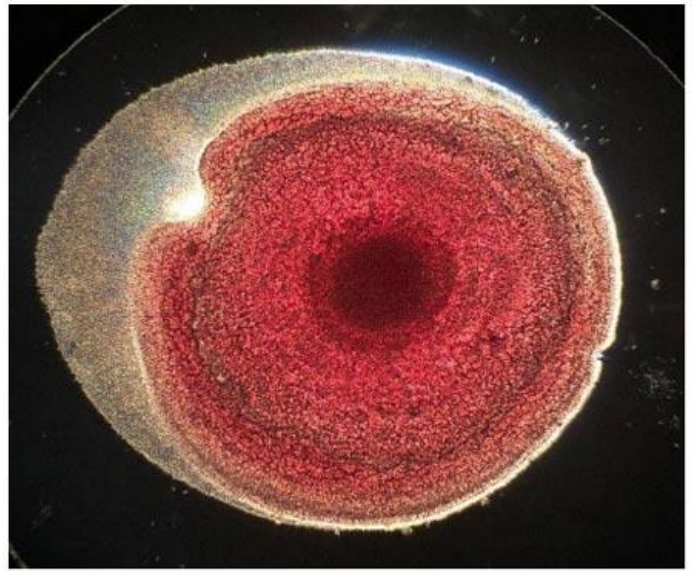


Figure 21 Oxidative Stress Test (OST) 1st layer Initial Sample pre-Reiki Ryoho.



Discussion

Conclusion

As evident with the extrapolation of information found here with the 4 components (live, stressed, OST, PANAS -sf) of Live Cell Analysis and of this Vibrant Health Research project; although not a continuous consistent path of scientific before and after's, there is found evidence of change in each case.

Examples presented here show that even though the search for change in the erythrocytes has resulted in at times, a range of none / minimal change to absolute change, deeper changes may have been revealed in the OST sample or in the stressed samples of the same individual. One must also include the emotional wellbeing shift when looking at the ½ hour Reiki Ryoho treatment sessions. As standard hematology teaches, the erythrocytes live approximately 120 days and so to also begin generating fresh red blood cells from bone marrow within that time. We know then that any change made nutritionally or metabolically, will take up to 4 months to reveal these RBC changes. As live blood analysis points out, the terrain – as seen in both live cell images and stressed images, and its developmental phases (pleomorphic) of the somatid, will change relatively quickly, based on digestion, hydration, and pH.

A minimal recommended fasting time prior to a standard assessment is 4 hours (up to 12 hrs.), and to remain hydrated with water only. In this time, shifting can be noted, and (fasting) is necessary for more accurate assessment. Fat and protein digestion, and hydration will typically be observed and may be naturally balanced

over a short amount of time through our body's processing. This however does not reflect the extent (time and changes) witnessed here. Substantial or even beginning changes in polymorphic phases or oxidative stresses are noticeable over time, and in some cases prior to the regeneration of erythrocytes, however not within 30 minutes time as seen here.

Reiki Ryoho has shown itself as a worthwhile, valid choice for the betterment of health and wellness. This study shows examples of the positive effect of integrating Reiki Ryoho into the individual's wellness choices in varying degrees. The application of Reiki Ryoho reveals its effects in a multitude of ways. This study reveals, using standard focus ratings, as to having an effect of seemingly nil to slight in the live erythrocytes, did show in other components, as regenerating. Most noted, Reiki Ryoho did not show evidence of a negative or ill effect.

The images and graphing in the figures within this paper have all been gathered after only one ½ hr. (30 minute) Reiki Ryoho treatment. We must remember that Reiki Ryoho is cumulative, and the changes that will follow will be both physical and emotional. As an innate technology, Reiki Ryoho knows better than our perception, rationalization, or intention, what is for our highest good. Acting with the innate disbursement of the power and quantity that is best suited for us to receive – ranging in effects from grounding to find peace within ourselves and our situation (to be of sound mind), to physical healing in each session. Reiki is permeable and is known to affect the recipient, the practitioner, and those witnessing the session [\[\[18\]\]](#). In this we can confirm that multiple and consecutive Reiki Ryoho treatments consisting of a time length most available, will aid in the progression of wellness.

Further study and exploration of the effect of Reiki Ryoho on the health of the individual, on a cellular or molecular level is warranted for the respect, need/desire, and integration into our common care practices (perhaps for current practice revisit; a choice point for potential revision), for the maintenance of health, and to aid in the reversal of dis-ease and the related symptoms. This intention to shift wellness and healing to an inclusion of not only the body, but the mind and spirit, for possibly achieving and maintaining wellness at a level previously not perceived this way.

At the time of this study, the ability to quantify cellular images as gathered, was not found. Impossibility of this should not be the final answer, but yet a momentary missing component due to the possible lack of available technology for this method and purpose, and/or practitioner/researcher's ability.

Further exploration finds, details, and thoughts relating to this research will be found in the near future, contained within this authors yet unnamed publication exploring the human biofield and its role in spirituality and whole health. Date published TBA.

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This study endeavors to inspire others to expand on what has been found here, with equal or greater curiosity, without prejudice or agenda.

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