Natural healing is a noninvasive complementary treatment that assists the body’s own healing processes and patients’ coping strategies. It is a holistic therapy of proven safety which uses a hands-off or light-touch technique. It is a useful adjunct to several ailments, including a number of common chronic diseases as well as terminal illness. Natural healing is one of many complementary therapies, perhaps better known as spiritual healing, which in turn shares a lot in common with treatments such as hypnosis.

Although natural healing may be perceived as a new treatment because of its rising popularity, it is in fact thousands of years old (Harper, 2002) and has been used in several ancient cultures. Hippocrates recognized healing energies and observed that the heat emanating from hands was beneficial.

Natural healing is being increasingly accepted within mainstream health care, and many nurses and doctors have been trained in its practice. In this article the process of natural healing will be explained, including its indications, and the available evidence for its efficacy will be reviewed.

The treatment process
Healing sessions are typically relaxing and informal. The first session may include an assessment, including a medical history, and may last up to 1 hour, although subsequent sessions are usually shorter.

During treatments, patients do not remove any clothing except perhaps for their shoes. A treatment can be given with the patient sitting in a chair or lying on a couch. As with many types of holistic treatments, it is advisable for the patient to close the eyes, as this helps with relaxation.

Some therapists work at a short distance from the patient (6–12 inches) (Figure 1). Others use a light touch with the patient’s consent, analogous to the techniques used in hypnosis (Vickers and Zollman, 1999) (Figure 2).

The healer can usually feel warmth or coolness, either in the hands or all over the body, often accompanied by calmness or stilling of the mind and body. The patient can often feel similar sensations, which may last for several days or indeed until the next treatment.

The number of treatments recommended differs depending on several factors including the severity of the symptoms, whether the illness is acute or chronic, and the patient’s age and current physical and psychological state. After an initial treatment, both the practi-
tioner and the patient discuss how many treatments would be optimal. In many cases where the illness is chronic, as long as the patient perceives an improvement, the treatments may continue for some time. In cases of terminal illness, it is advisable for treatments to continue while the patient is still conscious and is clearly benefiting.

**Indications for treatment**

It has been shown that natural healing can be beneficial for many conditions, either alone or as an adjunct to conventional therapies. Not surprisingly, natural healing may be helpful for psychological problems including anxiety (Gulak, 1998) and depression (Leb, 1996), and it may be useful for patients trying to overcome addictions such as alcoholism (DuBrey, 2006). Likewise, it has also proved helpful in tension headache (Keller and Bzdek, 1986).

Another group of patients who may benefit is the terminally ill (Giasson and Bouchard, 1998) particularly cancer patients where its role as a nonpharmacological analgesic may be invaluable. This mode of action probably also explains its use in musculoskeletal pain (Weze et al, 2003). The likely mechanism is the calming influence, which may produce a beneficial effect by increasing the brain’s production of endogenous opiates, endorphins and enkephalins.

**The evidence base**

Studies which have found evidence to show a benefit in many common conditions have been mentioned above. As natural healing has gained wider acceptance, it has been recognized that there is a need to work within an ethical framework and seek evidence for its use in the same way required of mainstream medicine (Miller et al, 2004). In a review of available evidence, Aldridge (2001) considers several studies on spiritual healing in medical settings. He reports the results of a study by Greisinger et al (1997) who concluded that, when the treatment goal is palliative (defined as cancer patients with a life expectancy of 6 months or less), the most important outcome is improved quality of life.

Greisinger et al (1997) interviewed 120 terminally-ill patients who revealed their key concerns to encompass existential, spiritual, familial, physical and emotional issues; but throughout their illness these concerns were rarely a focus of their usual care. Spiritual wellbeing during the process of palliative was regarded as important, even when death was the inevitable outcome.

In a study of the experiences of users of complementary medicine, Torr and Cartwright (2005) concluded that the patient–practitioner relationship and explanatory frameworks were important components of the therapeutic process for users, irrespective of a treatment’s efficacy. This supports Balint’s observations (1957) of the doctor–patient relationship, in which the doctor him/herself can become the ‘drug’.

Torr and Cartwright (2005) found that CAM served a variety of functions beyond explicit relief of symptoms. It increased energy and relaxation, facilitated coping and enhanced self-awareness. They concluded that was important to take these wider effects into account when evaluating complementary medicine in order to accurately reflect patients’ experiences.

An umbrella group called the Healing Touch International Inc. has gathered together a number of studies on the effects of healing and touch on a variety of conditions. Most commonly the research indicated reduced mood disturbances, increased levels of relaxation, increased pain relief and reduced muscle tension (Table 1). It is acknowledged that these studies do not ‘prove’ the efficacy of natural healing, but they could be a platform for further research.

In the US, the National Centre for Complementary and Alternative Medicine (NCCAM) (2007) has identified one of the key problems for researchers in establishing a firmer evidence base for complementary therapies. The putative energy fields which are supposed to produce the effects of CAMs—such as qi in traditional Chinese medicine and ki in reiki—have not been able to be demonstrated in biophysical form by reproducible scientific methods.

Benor (2000) considers 1500 published articles and 191 randomized controlled trials of healing, and indicates that natural healing may be helpful as an adjunct to treating conditions as diverse as arthritis, myalgia, headache, anxiety, depression, cancer and HIV-

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**Table 1. Further information**

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related illness.

A study of the effect of natural healing on musculoskeletal problems conducted in Eskdale, Cumbria, by Weze et al (2003) found that healing was associated with statistically significant improvements in physical and psychological functioning on quality of life measures in a majority of subjects (P<0.0004). This study of outcomes provides some of the highest quality evidence for the role of natural healing.

Are there any contraindications?
Experience has shown that natural healing is safe for a wide spectrum of patients. It should not, however, be regarded as a simple alternative to conventional medicine if the latter has a useful, particularly curative, role. Nor should any unrealistic or misleading claims be made for efficacy or safety of natural healing; it must be practised and its effects evaluated within the ethical scientific framework of conventional Western medicine.

Application
Nurses and doctors working within the NHS or private sector may now recommend a healer to their patients provided that the primary care clinician retains overall responsibility for the patient’s care. Many nurses and doctors are trained natural healing therapists, and treatment may take place within the primary care setting. There are also hospital-based services, both government-financed and private healing centres, where healers and other complementary therapists work with patients.

In London, Angie Buxton-King has for several years headed a team of healers at University College Hospital under the NHS. She has a special interest in patients with haematological disorders, having lost her son to leukaemia in 1998 (Buxton-King, 2004). She also founded a charity, the Sam Buxton Sunflower Healing Trust.

Further research
The Mid Devon Primary Care Research Group has developed a high profile in its four key research areas, one of which is Integrated Healthcare – evaluating complementary therapies and integrated (complementary and conventional) approaches to primary health care (Table 1). They are currently collaborating with primary care staff, academics and others to develop a research framework for developing and evaluating integrated health clinics in primary care (Evaluations of Integrated Health Clinics). This is the core of a programme of research into the use of complementary therapies in primary care.

Conclusions
Natural healing is a safe and noninvasive complementary therapy that can be given to patients suffering from a wide spectrum of conditions. There are now over 15 000 registered healers in the UK Healers Association. The research evidence for efficacy is growing, and doctors in mainstream medicine may recommend natural healing and other complementary therapies to their patients.

Conflict of interest: none

References