



# **Report on Autonomic Nervous System Changes and Pain Reduction Evinced by Patients Administered External Ki Therapy with Alpha Wave 1/f Music**

**Shinji NISHIMOTO**

*Nishimoto Pain Clinic(Wakayama,Japan)*

**Abstract:** It can be seen that the one's body reacts variously against one's consciousness by administering external Ki therapy. In terms of western medicine, the unconscious reaction represents a response to the autonomic nervous system. This report is based on the results of questionnaire surveys I conducted on patients administered external Ki therapy (Shinkiko therapy) with Alpha Wave 1/f Music; Ki-energized cassette tape called "ONKI". ONKI was developed five years ago by Dr. Masato Nakagaawa who is a famous Ki therapist in Japan. The total number of patients were 466. Total responsive questionnaires came to 1634. I surveyed their body reaction after I administered external Ki therapy with Alpha Wave 1/f Music. The contents of the survey are as follows; Changing of heart beat rate, A.relaxation, B.rise in body temperature, C.physiological response (body secretions), D.involuntary body movements, changing pain conditions. As a result, I perceived that subjects who had high heart beat rates had tendency to decline and those who had low heart beat rates had tendency to rise. In regards to B. C. D., I saw distinct statical differences toward the control groups. ( $P<0.01$ ) Moreover, pain was reduced by 73.6% of the data. I will report more and include a few findings from the autonomic nerve system point of view.  
**Keywords:**Alpha Wave 1/f Music, Ki, autonomic nerve, pain clinic, endorphin.

## **1.Foreward**

Oriental medicine is being spotlighted throughout the world today as a preventive form of medicine and for its propensity to heal intractable diseases. Although reports on the clinical effect of Ki therapies have been increasing, the number of findings dealing with external Ki has been relatively small

compared to those related to internal Ki. Needless to say, medicine in the 21st century will take a giant step forward if external Ki therapy can be administered to the sick by means other than through a person who releases the energy.

As the plastic tape of the music cassette is coated with zinc and iron oxide, external Ki's properties can readily enter the tape. This theory was announced by Dr. Hideo Seki as the STAR effect in 1991. Even before his announcement, however, Dr. Masato Nakagawa



had already developed "ONKI," or the "Sound Ki" tape, based on his intuitive faculty.

The tape in question is the Alpha Wave 1/f Music, fortified with Dr. Nakagawa's Ki, which causes persons listening to the tape for about 20 minutes in a relaxed state with eyes closed to evince a number of physiological reactions similar to those undergoing external Ki therapy. In these pages I will focus my report on autonomic nervous system changes and pain intensity changes of patients administered "Sound Ki" therapy.

## 2. The Subjects

I. Altogether 128 subjects (110 out- and 18 inpatients) of Yamaga Municipal Hospital (hereinafter abbreviated to Yamaga) were treated. Breakdown: males, 36 (aged 16 to 91), average age, 55.4; females, 92 (aged 11 to 83), average age, 47.6; overall average age, 51.5. Aggregate number of questionnaires: 500.

II. Of the persons attending Shinkiko Seminars at the Shinkiko Ikoma Training Center in Ikoma, Nara (hereinafter abbreviated to Ikoma) between December 1994 and June 1995, 338 patients, of which 152 were treated for pain, responded. Aggregate number of questionnaires came to 1,134.

III. The control group of 108 persons also listened to the commercial music tape, seated, relaxed, and with eyes closed. However, the Alpha Wave 1/f Music they listened to was not fortified with external Ki. They responded to the same questionnaire.

## 3. Method

With eyes closed the subjects listened to the Alpha Wave 1/f Music tape, fortified with Sound Ki, for 20 minutes. After the session, they each filled in the questionnaire (see Fig. 1).

In evaluating pain, the subjects' pre-therapy VAS pain levels were rated 100%. The therapy was considered "Very effective" for subjects whose post-therapy pain levels were down to 25% and lower, "Effective" for those in the 26% to 50% category, "Somewhat effective" for those in the 51% to 75% category, "Not effective" for those in the 76% and higher category and "Condition worsened" for those whose pain increased instead.

Pre- and post therapy heartbeat measurements were conducted on the 77 patients subjected to external Ki therapy in October and November 1995. The result is one of several data that concerns the autonomic nervous system.

## 4. Results

The questionnaire denoted in **Fig. 1** was distributed to the subjects in all three groups, and the percentage of "yes" answers to A and B and the percentage of "yes" answers to D are shown in bar graph form. C shows the percentage of physiological reaction (repeatability) through body secretions. B, C and D of **Graph 1** show statistically significant results

**Fig. 1. Questionnaire structure.**

- |   |
|---|
| A. Were you able to relax?                                |
| 1. yes    2. felt no change    3. others (    )           |
| B. Did you feel your body warming or heating up?          |
| 1. yes    2. felt no change    3. others (    )           |
| C. Did your body undergo any physiological reaction?      |
| 1. I perspired  |
| (throughout my body; in my palms; on the sole of my feet) |
| 2. eyes became teary    3. I coughed                      |
| 4. phlegm appeared in my throat    5. saliva appeared     |
| 6. others (    )  |



D. Did the Ki music move your body?

1. Yes (arms; upper body; the whole body)
2. No
3. others ( )

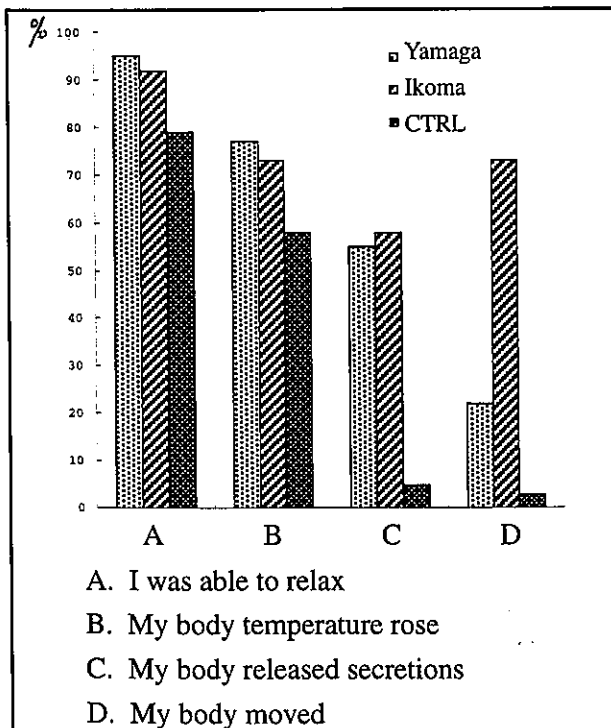
E. Other things you felt (body felt light; twitching sensation appeared in my muscles, etc.) or imaged. List down what or how you felt, or anything else, while undergoing external Ki therapy.

F. <Pain checks> Mark off the appropriate spots below that are painful in 10 stages, assigning the number 10 to "very painful," 0 to "painless" and 5 to "somewhat painful."

Spot	head	face	shoulder	arm	back
Before therapy					
After therapy					

Spot	back	stomach	hip	thigh	leg
Before therapy					
After therapy					

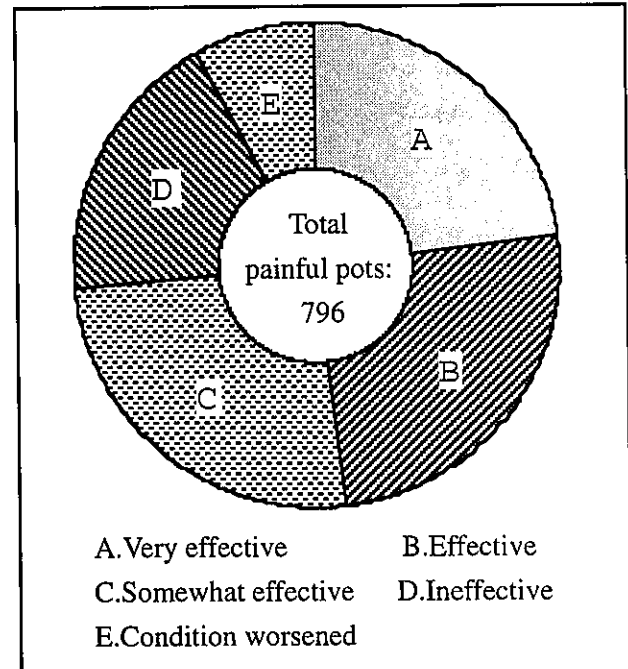
**Graph 1. Answers to questionnaire following external Ki therapy with Alpha Wave l/f Music**



( $P < 0.01$ ).

In Group II, the subject's pain was evaluated on the basis of the VAS, and the results showed that 23% found the therapy "Very effective," 25% "Effective," 26% "Somewhat effective," 18% "Ineffective," and 8% "Condition worsened."

**Graph 2. ("Effective rate": 73.6%)**



and 8% "Condition worsened." (Graph 2)

In Graph 3 the horizontal figures denote the heartbeat readings before external Ki therapy and the vertical figures the number of changes in heartbeat rates after therapy was administered; 77 persons were used as plots.

The coefficient of correlation derived was  $Y = -X + 24$  ( $P < 0.05$ ).

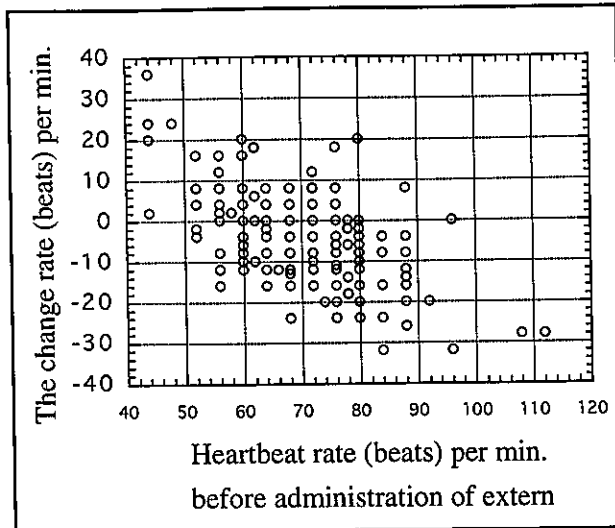
### 5. Remarks

With external Ki therapy, the only important points to keep in mind are that the subjects maintain correct postures, breathe naturally, be sincere and open minded and close their eyes throughout the session.

Let us consider the physiological changes



**Graph 3. Changes in the heartbeat rate from administration of external Ki**



brought about by 20 minutes of external Ki therapy. That the subjects were aware that they were relaxed (over 90% of the subjects) and that their body temperatures rose (over 70%) show, in my estimation, that the predominance of the parasympathetic nerves accounted for angiotelectasis and body temperature changes.

Special note should be made on the difference in predominance with the control group in B, C and D of **Graph 1**. The high rate (73%) shown in D was derived at Ikoma.

The pain-killing effect of external Ki can be credited to improved blood flow according to (1) the theory on the decrease of pain inducing substances, (2) the theory on gate control, (3) the theory on the descendancy of pain-killing controls, and (4) the endorphin theory.

Heartbeat rate changes before and after administration of external Ki therapy denoted in **Graph 3** show that high heartbeat rates fell and low heartbeat rates rose. This shows that external Ki therapy triggers autonomic nervous system type changes for subjects to maintain homeostasis, which can be measured objectively and accurately through R-R spac-

ing.

## 6. Conclusion

External Ki therapy using the Alpha Wave 1/f Music (Sound Ki) reduced the pain levels and acted to adjust autonomic nerves. In this sense, I will strive to announce important clinical data and findings while continuing my studies and research on the objective reaction of autonomic nerves.

Dr. Nakagawa administered external Ki therapy four times a day throughout the seven-day seminar, or more than 60 times, and healed the sick of intractable diseases and awakened their awareness dramatically.

Many persons from around the world have sent me their objective opinions concerning these data, and I will use them in my future studies and researches.

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## α波 1/f のゆらぎミュージックによる外気治療の 自律神経変化と疼痛改善に関する報告

(Report on Autonomic Nervous System Changes and Pain Reduction Evincd  
by Patients Administered External Ki Therapy with Alpha Wave 1/f Music)

西本真司

(Shinji NISHIMOTO)

西本ペインクリニック (日本、和歌山)

要旨: 外気功によって自分自身の意識に反して様々な反応が、気を受けた生体に起こることがある。無意識な反応を西洋医学的に表現すると、自律神経の反応と考えることができる。今回、日本で著名な気功師である中川雅人氏が5年前に開発した外気功効果を持つカセットテープ「音氣」を使用して、延べ466名(総アンケート数1634)に外気治療を行い、その後の反応を調査した。調査内容は、前後の心拍数の変化、Aリラックスの有無、B体温上昇感、C生理的反応(分泌物)、D体動、疼痛変化などである。結果としては、心拍数は高いものは低下し、低いものは上昇するという傾向が認められた。また、B、C、Dに関しては、コントロールに対して有意差がみられた。さらに疼痛有効率は73.6%のデータを得た。自律神経の見地で若干の考察を加え報告する。

**Key words:** Alpha Wave 1/f Music, Ki, Autonomic Nervous, Pain Clinic, Endorphin

### 1. 序文

東洋医学が、世界的に予防医学の見地と難病治療の見地から注目されている。気功法の臨床効果に対する報告は増加しているが、自らの気を練る内氣的なものに比較して、外氣的なものは少ない。もし、人による外気治療ではなく、他の方法で気の治療が可能となるなら、21世紀の医療に大きな可能性が生まれてくる。

カセットテープは、プラスチックのテープの上に亜鉛や酸化鉄がコーティングされており、

外気の情報が入りやすいといわれている。この理論は1991年にSTAR効果という形で関英男氏が報告したものである。この理論に先立ち、中川雅人氏が直感力により気を注入したテープ「音氣」を開発した。

このテープはα波 1/fのゆらぎミュージックであり、約20分安静閉眼で聴取することで、他の気功法で見られる種々の生体反応が認められた。特に自律神経系に対する変化と痛みの変化、心拍数変化についてデータ集積したものを報告する。

### 2. 対象

I. 対象は山鹿市立病院(以下山鹿)ペイン



クリニック外来患者 110名入院患者 18名で、計 128名である。男性は、36名 (16～91才) 平均年齢 55.4才、女性は、92名 (11～83才) 平均年齢 47.6才、全体の平均年齢は 51.5才であった。総アンケート延べ数は 500であった。

Ⅱ. 対象は、1994年12月～1995年6月までの期間に奈良県生駒市・真氣光生駒研修所 (以下生駒) で行われている真氣光のセミナー参加者のうちの 338名で、疼痛患者は、152名、総アンケート数は、1134名であった。

Ⅲ. 対象は、108名のコントロール群に市販の  $\alpha$ 波 1/f のゆらぎミュージックを座位安静閉眼で聞かせ、同じアンケート調査をした。

### 3. 方法

閉眼にて、 $\alpha$ 波 1/f のゆらぎ外気ミュージック (音氣) を 20分間聴き、その後、アンケート (表 1) の記入を各自で行ってもらう。

疼痛評価は VAS で行い、治療前を 100% とし治療後 25% 以下を著効、50～26% を有効、75～51% をやや有効、76% 以上を無効とし、悪化したものを増悪とし分類した。

1995年10月～11月、77名に関しては、外気治療直前後の心拍数をチェックし、自律神経的なデータの 1つとした。

### 4. 結果

対象 3群に対して、Fig. 1 のアンケートを行い、A・Bについては、「はい」という回答の%、Dについては、体動が認められた方の%を棒グラフに示した。Cに関しては、分泌物等の生理的反応があったもの (重複可) の%を示した。(Graph 1) B、C、D に関して統計的有意差 ( $P < 0.01$ ) が認められた。

Ⅱ群のアンケートによる疼痛評価は VAS で行い、著効 23%、有効 25%、やや有効 26%、無効 18%、増悪 8% の結果を得た (Graph 2)。

Graph 3 は、横軸に外気治療前の心拍数をとり、縦軸に外気治療後の心拍数の変化量を取り、77名をプロットしたものである。

$Y = -X + 24$  ( $P < 0.05$ ) の相関が認められた。

### 5. 考察

外気治療上の注意点は、姿勢を正し、自然呼吸で、素直な気持ちで閉眼でいるだけという点のみである。

実際どのような変化が 20分の治療で生体に生じたかを考えてみる。本人の自覚でリラックス可能 (90% 以上)、体温上昇感 (70% 以上) が認められたことは、副交感神経が優位になっている所見で、末梢血管が拡張し、体温の変化が認められたことが考えられる。

特記すべきことは、Graph 1 の B、C、D でコントロールとの有意差がみられ、D に関しては生駒で高率 (73%) のデータが得られた。

外気による鎮痛効果は、血流改善による①発痛物質減少説、②ゲートコントロール説、③下行性鎮痛抑制説、④エンドルフィン説が考えられる。

心拍数の気功前後の変化に関して図 3 により、高いものは低下し、低いものが上昇するという変化が認められた。これは、この外気治療が生体に対して、より恒常性を保つ方向に自律神経的变化を起こしていると考えられるが、これは実際 R-R 間隔という形でより正確で客観的な測定が可能である。

### 6. 結語

$\alpha$ 波 1/f のゆらぎ外気ミュージック (音氣) による外気治療により、疼痛の改善、自律神経調節の作用が認められた。実際の臨床でのデータをさらに報告できるよう努めつつ、より客観的な自律神経の反応を調査していきたい。

中川氏は、この外気治療を 1日 4回 7日間の



合宿の形で約60回以上実施し、難病治療、意識革命に関する業績を残してきた。

今回このデータに関する客観的な世界各国からのご意見をいただき、今後の研究の課題としていきたい。

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