

Quantum Medical Hypnosis Improved the Efficacy of Healing of PTSD symptoms
measured by HRV Biofeedback

Ezzat Moghazy

International Quantum University of Integrative Medicine

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by

Ezzat Moghazy

International Quantum University of Integrative Medicine

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Approved:

Dr. Gerda Edwards,

PhD, DNM, FDN-P

Mentor/Advisor

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Abstract

The purpose of this dissertation is to provide an evidence-based quantum medical research of the connection between heart and brain functions. Quantum Medical Hypnosis (QMH) has a significant impact on Post Traumatic Stress Disorder (PTSD) individuals by increasing participants' Heart Rate Variability (HRV) measurements. In which improving PTSD participants' symptoms. Our focus in this research is to measure the increase of the HRV with PTSD individuals prior and after the QMH sessions. On the fifteen participants' measurement; the researcher monitored the HRV increase on a sequence of three sittings (Initial, Follow Up, Discharge). Finding of this study reveal that 1) the PTSD individuals' symptoms have alleviated radically; 2) the HRV level increased as an indication of waves of possibilities has been released; 3) and quantum collapse of the subconscious mind released through the supramental body in the form of replacing the wrong meanings with the right ones.

There was a significant increase in the HRV coherence scores over all between the first session (Prior QMH implementation) and the last session (after QMH entanglement), from 34 to 41, with t-test (0.032*). Associated with a remarkable decrease the participants' PTSD Symptoms. In addition, a significant decrease in the HR from 76.9 to 67.3, with t-test (0.005**). In summary, QMH had a positive instantaneous impact on increasing HRV and improving the PTSD symptoms including pain and stress. It is then, recommended that, in order for the full potential healing to take place the quantum entanglement has to be present.

Dedication

I dedicate this work to my wife Michelle and my family in Egypt and America. I would like to thank Dr. Gerda Edwards for her fully great support and guidance. Also, I am so grateful for this research participants, Quantum University Family and HeartMath institute for makes my research effortless and efficient.

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Chapter 1: Introduction

Posttraumatic Stress Disorder (PTSD) is a serious and growing health issue (Wahbeh et al., 2014). PTSD affects approximately 3.5 percent of U.S. adults, and an estimated one in 11 people will be diagnosed PTSD in their lifetime, women are twice as likely as men to have PTSD (APA, 2019). PTSD can be a chronic and disabling condition with detrimental effects on an individual's psychological, medical, social, and occupational functioning (Bhatnagar et al., 2013). PTSD may occur when a person has been exposed to a traumatic event that involves actual or threatened death, serious injury, or threat to the physical integrity of self or others (Wahbeh et al., 2014). PTSD has been conceptualized as a dysregulated stress-response system with increased sympathetic activation and decreased parasympathetic tone (Dennis et al., 2014).

PTSD and chronic pain frequently co-occur, patients with comorbid PTSD and chronic pain suffer more distress and disability than patients presenting with only one disorder (Gómez-Pérez et al., 1970). One in 4 Americans have chronic pain, and it costs the

United States \$635 billion per year: more than cancer, heart disease, and diabetes combined and there is the opioids crisis (Ramin, 2018). The personal and societal costs of PTSD are high due to chronic symptoms, increased co-morbidities, and marked functional impairment (Wahbeh et al., 2014). Approximately 50% of patients with pain symptom is one of the most common complaints made by patients to primary care providers in the Veterans Affairs (VA) healthcare system (Kerns et al., 2003).

People with chronic pain and comorbid PTSD report more severe pain and more mediocre quality of life than those with chronic pain alone (Morasco et al., 2013) and (Alschuler & Otis, 2012). Healing PTSD requires a willingness to change the relationship to pain (Schwartz, 2016). Therefore, measuring the participants' pain and stress levels before and after QMH is an excellent indicator of that positive change.

For individuals with PTSD, a disorder characterized by hyperarousal and frequent physiological symptoms related to anxiety and stress (Dennis et al., 2014). Stress is one of the main contributing factors to heart disease, which cost approximately \$207 billion in United States alone (Dispenza, 2019). Indeed, PTSD has been linked to reduced HRV, which is, in turn, a risk factor for cardiovascular disease and death (Dennis et al., 2014).

HRV is an objective measure that helps quantify the level of autonomic response (Dennis et al., 2014). Although many factors affect HRV, overall variability depends on vagal modulation and provides a noninvasive way to measure the interplay between the two autonomic systems (Dennis et al., 2014).

Getting beyond our physical body and enter a whole other reality called the quantum, the realm of infinite possibilities (Dispenza, 2019). Therefore, in QMH we get to experience that flow of possibilities in the state of hypnosis, in which the state of awareness or consciousness. As Dr. Dispenza mentioned in his book “becoming supernatural,” when you enter the quantum field, you have to enter as nobody, a thought, a possibility, a consciousness, and leaving behind the physical body-world behind and living only the present moment. Because when you put your attention on the possibilities a significant change is taking place in the brain. In which reflect on the physical body symptoms and positive changes are manifesting itself. When you start to perceive yourself as a wave of possibilities the outside danger, triggers, stressors have vanished. Leads to a subsidence of the stress state into a trance state, in which a state of full potential of healing. In such state the quantum leap is presenting itself in the form of quantum medical hypnosis, in which the subconscious mind is releasing through the supramental body the waves of possibilities.

1.1 Study Objectives

While HRV has been investigated in veterans with PTSD, its change with hypnosis treatment has not been investigated (Hauschildt et al., 2011) and (Zucker et al., 2009). Because hypnosis is quantum (Dr. Gerda Edwards, 2019), in this study, I have combined the quantum medicine and hypnology science to create the quantum medical hypnosis. In which is a natural extension of my quantum medical studies and my clinical hypnotherapy experience. In 3-4 weeks, I have provided one on one private therapy that uses QMH in conjunction with HRV biofeedback to reduce distress associated with

physical and mental well-being of PTSD individuals. QMH has demonstrated benefit for a variety of diagnoses in both mental and physical health and is specifically designed to improve emotional acceptance. Therefore, it is a significant therapy to facilitate the clinical improvement of PTSD symptoms.

1.2 Heart and Brain Connection

The heart and the brain are connected by 90% afferent (ascending) pathways compare to 10% efferent (descending) pathways (Dispenza, 2019). These ascending signals from the heart to the thalamus (thinking, perceiving, and understanding language) and the frontal lobes (motor functions and problem-solving) are connected through the vagus nerve (75% of the parasympathetic nervous system functions) then towards the amygdala (survival brain) (Dispenza, 2019). In which is directly influenced by hypnosis strategies like; conscious breathing, progressive relaxation, facial movement, HRV biofeedback, and heart focus intensions exercises (Schwartz, 2016).

This means that is the heart center is open less likely the person will react to stressors, and vice versa, less heart energy more likely to live in a survival mode (Dispenza, 2019). Therefore, measuring the HRV that has been affected by the emotional memories and triggers is very important to create coherence between the heart and the brain wave pattern, in which elevate the state of relaxation and alleviate the state of stress and pain.

Which eventually leads to the full potential of healing and recovery from the PTSD pain and stress symptoms.

PTSD individuals commonly have a high anxiety sensitivity would most likely become fearful in response to physical sensations such as pain, and stress thinking that these symptoms are signaling that something is wrong (Wolkin, 2018). That leads to a depressed HRV amongst individuals with PTSD (Dennis et al., 2014), in which is a crucial indicator of autonomic dysfunction notably a lacking the parasympathetic nervous system tone.

Because the analytical mind stands on the way of the individual to pursue their full potential, the QMH is helping the individual to move down the ladder of consciousness from alpha to theta to delta brain waves – the state in which restorative functions in the body take place (Dispenza, 2019). Living in a constant state of stress creates dis-integration between the heart and the brain. In which leads to incoherence between the sympathetic and the parasympathetic nervous systems (Dispenza, 2019). Eventually, our abilities to repair and maintain health is depleting our vitality and resilience (Dispenza, 2019).

The individual is suggestible only to the thoughts equal to the emotional state (Dispenza, 2019). Therefore, the suggestible hypnosis state is an excellent opportunity for the individual to create a positive thought, produces corresponding chemistry equal to that positive thought, which in turn creates a positive emotion (Dispenza, 2019). Those positive emotions open the door to the subconscious mind so the PTSD individual can program their autonomic nervous system equal to these positive new thoughts. Positive

change can only happen when positive thoughts are in alignment with the emotional state of the body (Dispenza, 2019). So, feeling is what produces the emotional charge (energy) to stimulate the ANS (the seat of the emotional memory) into a different destiny (Dispenza, 2019).

Acknowledging the heart center is going to open the heart intersect with the unified field (quantum) into a vast, beautiful, full potential of healing (Dispenza, 2019). In which is the quantum collapse of the consciousness through the downward causation in the form of a wave of possibilities creating a nonlocal entanglement.

I have learned so many fascinating knowledge and information from Dr. Paul Drouin, Dr. Amit Goswami, and my supervisor Dr. Gerda Edwards that Hypnosis is Quantum, and that was an “Ah” moment revealed itself. As a matter of fact, I am implementing the five pillars of health (Oxidation, Regeneration, Immunity, Assimilation, & Elimination) towards the body consciousness. Restoring the five bodies (Physical, Vital, Mental, Supra-mental, & Bliss) balance is becoming my daily practice now.

For instance, forgiveness and the lack of an individual’s ability to let go. I have learned at quantum university that the large intestine is connected to forgiveness and let go or hold on the old emotions and habits. It is all beyond the mind because the individual has caught into this moment of fight-flight mood. I start seeing things from a different perspective and raise the matter of consciousness and be able to help more people to let go and forgive themselves and others.

Connecting my minimal experience of over 18 years collectively in Hypnotherapy and Physical Therapy into my current practice with the Integrative Medicine knowledge from

quantum university creates the “Aha moment” every day and with every client. Applying the quantum medicine knowledge into my daily practice, such as Heart Rate Variability (HRV) biofeedback measurement, before and after my hypnotherapy sessions, which helps to create the positive outcome of hypnotherapy sessions in a tangible and measurable way that every individual can understand.

PTSD, HRV and QMH

2.1 Posttraumatic stress disorder (PTSD)

American Hypnosis Association defined PTSD as “disconnected from life,” the person is “stuck” with painful memories that do not fade and may perceive a constant sense of danger. The person will never get over what has happened (AHA, 2019). They may relive the event through flashbacks or nightmares; they may feel sadness, fear or anger; and they may feel detached or estranged from other people.

On the other side, the American Psychiatric Association defined people with PTSD as having profound, disturbing thoughts and feelings related to their experience that last long after the traumatic event has ended (APA, 2019). When the individual aligns everything material in the external world with memories of the past trauma, the person recognizes it as familiar (Dispenza, 2019). This is called pattern recognition, and it is the process PTSD perceive reality through a lens of the past (Dispenza, 2019).

People with PTSD may avoid situations or people that remind them of the traumatic event, and they may have strong negative reactions to something as ordinary as a loud noise or an accidental touch. PTSD has been known by many names in the past, such as “shell shock” during the years of World War I and “combat fatigue” after World War II (APA, 2019). One of the important things about an election year is that it brings light to topics that rarely see the light of day under normal circumstances. Donald Trump spoke about the need for more mental health resources to help veterans affected with PTSD (Drjonathanchung, 2019). PTSD can occur in all people, in people of any ethnicity, nationality, or culture, and any age not only combat veterans (APA, 2019). However, exposure could be indirect rather than firsthand. For example, PTSD could occur in individual learning about the violent death of a close family. It can also occur as a result of repeated exposure to horrible details of trauma such as police officers exposed to details of child abuse cases (APA, 2019).

It is important to note that not everyone who experiences trauma develops PTSD and not everyone who develops either requires treatment. For some people, symptoms of PTSD subside or disappear over time. Others get better with the help of family or friends. However, many people with PTSD need professional treatment to recover from psychological distress that can be intense and disabling (APA, 2019).

It is important to remember that trauma may lead to severe distress (APA, 2019).

Prolonged high beta brain waves cause to feel pain, stress; as a result, the heart brain waves become incoherence (Dispenza, 2019). The most common cause of PTSD is an event or series of events that make a person feel helpless. This condition became associated with soldiers in military combat, but any overwhelming life experience that

feels unpredictable or uncontrollable can precipitate PTSD. It can affect those who personally experience a catastrophe, those who witness it (a witness to violence is a victim of violence) or people who “pick up the pieces” after a disaster. This can include emergency workers, and friends and family who support someone who lived through the trauma.

There are many variations to how individuals experience PTSD. Most symptoms develop within days following the event, but it can sometimes take weeks, months, or even years to appear and become full-blown PTSD (APA, 2019). The most common traumatic events that are associated with PTSD are War, Natural disasters, Car or plane crashes, Terrorist attack, the sudden death of a loved one, Rap, Kidnapping, Assault, Sexual or physical abuse, and Childhood abuse, neglect, or witnessing domestic violence (APA, 2019). After a traumatic event, almost everyone experiences the loss of safety and trust. Feelings like being crazy, disconnected, and numb, having bad dreams, be fearful, and not be able to stop thinking about what happened are very common amongst PTSD individual (APA, 2019). For most people, these symptoms are short-lived, and they gradually lift. With PTSD, the symptoms do not decrease. Instead of feeling better every day, the PTSD individual may feel worse because the mind and body are in shock.

2.1.1 Although everyone experiences PTSD differently, there all three main types of symptoms:

- Re-experiencing the traumatic event
- Intrusive, upsetting memories of the event
- Flashbacks (acting or feeling like the event is happening again)

- Nightmares (either of the event or other frightening things)
- Feelings of intense distress when reminded of the trauma
- Intense physical reactions to reminders of the event (e.g., pounding heart, rapid breathing, nausea, muscle tension, sweating)
 - Avoidance and numbing
- Avoiding activities, places, thoughts, or feelings that remind you of the trauma
- Inability to remember important aspects of the trauma
- Loss of interest in activities and life in general
- Feeling detached from others and emotionally numb
- Sense of a limited future (you do not expect to live an average life span, get married, have a career)
 - Increased anxiety and emotional arousal
- Difficulty falling or staying asleep
- Irritability or outbursts of anger
- Difficulty concentrating
- Hypervigilance (on constant “red alert”)
- Feeling jumpy and easily startled

Other common symptoms:

1. Guilt, shame, self-blame
2. Substance abuse
3. Feeling mistrust/betrayal
4. Suicidal ideation

5. Re-experiencing the traumatic event
6. Intrusive, upsetting memories
7. Flashbacks
8. Nightmares
9. Distress when thinking about the events
10. Physical reactions to reminders (pounding heart, rapid breathing, nausea, tightening, sweating)
11. Alienation and isolation
12. Nonspecific aches and pains

2.2 Heart Rate Variability (HRV)

Heart Rate Variability (HRV) is a physiological phenomenon that measures environmental and physiological challenges as reflected by the variation of the heart's beat-to-beat intervals (Dispenza, 2019). A significant amount of research published over the past 50 years correlates Heart Rate Variability to PTSD (HRV, 2019). HRV helps to detect patterns of humans' process emotions and feelings on their well-being. HRV also is a window of communication between heart, brain, and emotions (Dispenza, 2019). The mean heart rate per minute is not essential; the variability of heart rate is the variable of interest and uses it as feedback for regulating the emotional state (HRV, 2019).

Low level of HRV is a reliable and independent predictor of future health problems, including all causes of mortality (Dispenza, 2019). HRV is low in people with PTSD (PTSD Treatment, 2015). Therefore, the magnitude of this systematic variability seems to

reflect a healthy alternation between two autonomic influences on the heartbeat: sympathetic and parasympathetic (Yucha & Gilbert, 2004). It measures the flexibility of the heart and the nervous system which reflects health and fitness level, as well as the balance between the mental and emotional lives (Dispenza, 2019). Lack of this variation reflects an imbalance between the two aspects of the Autonomic Nervous System, most likely deficient parasympathetic influence, and is a sign of poor cardiovascular health (Yucha & Gilbert, 2004). By calming one's emotional state and by making the breathing slower and more regular, the HRV can be increased, at least temporarily (Yucha & Gilbert, 2004). The biofeedback setup for HRV involves monitoring either heart rate alone or heart rate plus respiration.

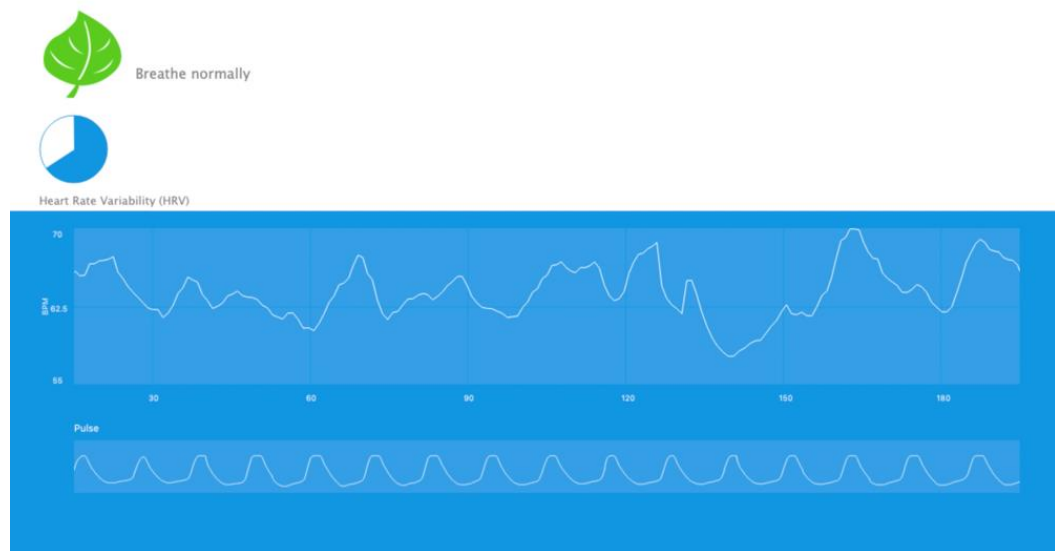


Figure 1: A screenshot of the HRV biofeedback graph



Figure 2: HRV has been detected by using a sensor on the earlobe

HRV biofeedback provides a model for real-life self-regulation; the goal is to develop an awareness of one's breathing and of one's emotional state, both of which interact and influence the autonomic balance. This balance, in turn, has been found helpful for chronic maladjustment of the autonomic nervous system, which is one of PTSD main symptoms - survival state; stress (Yucha & Gilbert, 2004). Once a person realizes that he or she can regulate their physiological stress level, QMH, in conjunction with HRV, biofeedback has employed to maintain a healthy state of consciousness.

2.2.1 HRV and Vagus Nerve connection

The vagus nerve is part of the parasympathetic nervous system, responsible for 75% of its functions measured and indexed by heart rate variability (Kemp, 2017). Supports a person's capacity for emotion regulation, social engagement, and cognitive function. By contrast, impaired vagal function – and lower heart rate variability – may play a role in the onset of depression; distress; PTSD (Kemp, 2017).

However, the vagus nerve does not just affect the mind. Higher levels of vagal function may lead to improved glucose regulation, reduced inflammation, and reduced risk of disease and death (Kemp, 2017). Play an essential role in brain cognition, suppress irrelevant and interfering stimuli, which also impact on cognitive function (Kemp, 2017). However, little research has been done which looks at how the vagus nerve affects body and mind together (Kemp, 2017). Supporting this possibility, I observed that improvement in PTSD symptoms appears to increase HRV, which contributes to a enhance PTSD mood, which in turn adversely impacts on cognitive function. This means that low HRV function initiates a cascade of adverse downstream effects which subsequently lead to cognitive impairment of PTSD individuals (Kemp, 2017).

There is a growing body of research showing the heart rate variability (HRV) biofeedback is an effective PTSD treatment (Kemp & Quintana, 2013). However, this research is to prove the efficacy of QMH on PTSD symptoms measured by the HRV biofeedback technology (EmWave ProPlus). QMH works by regulating the Autonomic Nervous System. The vagus nerve plays a central role (Schwartz, 2016). It passes through the abdominal, diaphragm, lungs, throat, inner ear, and facial muscles (Schwartz, 2016). Therefore, actions that influence these areas can influence vagus nerve functions in which get the person is in touch with their emotions and sensations. Through QMH stimulate the vagus nerve are aimed towards relaxing the self to feel calm and in control.

2.2.2 Consciousness and non-physical properties

According to HeartMath Research Director Rollin McCraty, the heart seems to be connected to a type of intuition that is not bound by the limits of time and space (McCraty, 2019). In addition, the wisdom of Dr. Maya Angelou, Deepak Chopra, Eckhart Tolle, Gary Zukav and the stories of souls transformed by love, all over the world, the power of the heart has the potential to generate a quantum leap in humankind's capacity for love, connectedness, compassion, and understanding (Publishing, 2015). Furthermore, Braden in 2019, stated that our heart is the most energetic magnetic field, which has an effect that extends beyond our bodies.

The heart chakra is the fourth chakra, which found in the center of the chest and controls the person's love, compassion, trust, and forgiveness. In PTSD one suffers from harbor feelings of fear and worries (Goswami, 2008). As the Greek thought the heart is the center of the soul, ancient Egyptians who referred to the heart as ieb, believed the heart rather than the brain, was the center of life and the source of human wisdom (Dispenza, 2019). It is the connection to the unified field (Quantum) a collapse of consciousness leading to the right meaning of love and safe within, in the form of non-local communication and entanglement – Einstein's theory - spooky action at a distance (Moreau et al., 2019).

The heart contains nerves from both branches of the Autonomic Nervous System (ANS), which means every change in both parasympathetic and sympathetic nervous systems affects the way the heart works on a beat-to-beat basis (Dispenza, 2019). Therefore, every emotion influences the heart rhythm, which gets communicated directly through the

CNS. In this way, the heart, the limbic brain (emotional brain; seat of the ANS), and the ANS have a very intimate relationship (Dispenza, 2019). Today, 75% accuracy, science can predict what someone is feeling just by looking at the beat-to-beat activity of the heart using heart rate variability (HRV) (Dispenza, 2019).

2.2.3 Physiological Coherence

Coherence is the state when the heart, mind, and emotions are in energetic alignment and cooperation (McCraty, 2019). When the physiological coherence mode is driven by a positive emotional state, we call it psychophysiological coherence (Dennis et al., 2014). The scientific term for this simple and quick tool is psychophysiological coherence. Heart Rate Variability (HRV) is an accurate, non-invasive measure of the Autonomic Nervous System (ANS) – which response to everything: how you exercise, recover, eat, sleep and perceive stress (HRV, 2019). Unlike basic heart rate (HR) that counts the number of heart beats per minute, HRV looks much closer at the exact changes in time between successive heartbeats (HRV, 2019).

By measuring the individuals' HRV readings, we have learned about the ANS patterns and gained insights into the unconscious mind, nervous system, stress, and recovery activity. With the help of QMH guided the PTSD participants through the full potential improvement of these patterns and influenced the internal organs pain symptoms over time.

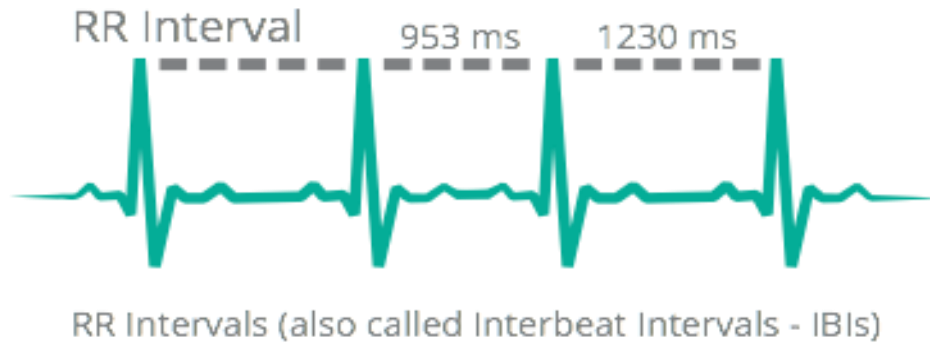


Figure 4: Demonstration HRV, RR Interval (IBIs) source (HRV, 2019)

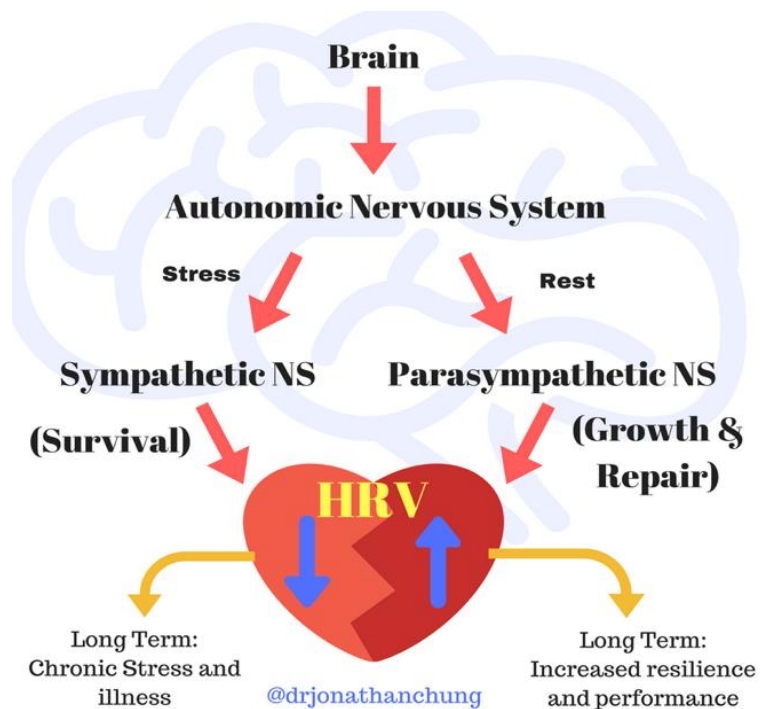


Figure 5: Demonstration SNS and PSNS source (Drjonathanchung, 2019).

The Sympathetic Nervous System (SNS) controls the body's "fight or flight" reactions in response to internal or external stressors (Drjonathanchung, 2019). It stimulates blood glucose (to fuel the muscles), pupil dilation (to see tigers better), slows digestion (to

focus energy on the present danger), and increases heart rate (to ensure adequate blood circulation to run or fight). The SNS is ideally activated to overcome short term stress situations such as running from a tiger or fighting an intruder. However, this same response also occurs during exercise, perform challenging mental tasks, get into an argument, or even launch a Kickstarter (Drjonathanchung, 2019).

The Parasympathetic Nervous System (PSNS) controls the body's "rest and digest" responses and is associated with recovery (Drjonathanchung, 2019). Parasympathetic activation conserves energy, constricts pupils, aids digestion, and slows the heart rate. The PSNS is meant to help build for the long term and is needed to grow faster, stronger, and healthier.

The SNS and PSNS control the same organs with opposite effects. Both branches are always working, and both are needed to maintain homeostasis in the body. With every single heartbeat, the nervous system is saying slow down – speed up based on feedback from all the senses and the emotions (Drjonathanchung, 2019). A healthy nervous system has a balanced but strong push and pulls between the sympathetic and parasympathetic branches. Heart Rate Variability is an accurate, non-invasive measure of the ANS and the balance between the SNS and PSNS branches (HRV, 2019).

The Sympathetic Nervous System's physiological response to stress focuses on short term survival instead of long-term health. This acute response can become chronic (constant, long term) in the presence of stress from modern daily life such as work,

relationships, financial, environmental, dietary, physical, lifestyle choice. Chronically accumulated stress from multiple sources can all contribute to drastically reduced health and performance over the long term (HRV, 2019).

Higher resting-state HRV scores signify the ability of the body to activate the Parasympathetic “rest-and-digest” response. Higher heart rate variability is correlated with calmness and positive emotions (HRV, 2019). Lower resting-state HRV scores signify an activated Sympathetic “fight-or-flight” response or suppressed Parasympathetic activity (HRV, 2019). This can indicate the body’s inability to engage in recovery mode or exhaustion of recovery capacity. Lower resting-state HRV is tied to negative emotions and increased anxiety and depression (HRV, 2019), which can be an indication of reduced health and increased risk of disease.

A growing number of studies analyzing cardiovascular, respiratory, gastrointestinal, mental health diseases, and various other pathological conditions show that Heart Rate Variability can significantly decline with decreased health (HRV, 2019). Changes in Heart Rate Variability have been correlated with 9 out of the ten leading causes of death in the United States, including; Heart disease, Cancer, Chronic lower respiratory diseases, Stroke (cerebrovascular diseases), Alzheimer’s disease, Diabetes, Influenza and pneumonia, Nephritis, nephrotic syndrome, and nephrosis, and Intentional self-harm (suicide) (HRV, 2019).

There is growing evidence for the role of the autonomic nervous system (ANS) in a wide range of diseases such as those mentioned above. Autonomic imbalance, as assessed via HRV measurement is associated with increased morbidity and mortality for these various pathologies (HRV, 2019). The autonomic imbalance is the imbalance between the Parasympathetic and Sympathetic branches of the ANS usually with a Sympathetic predominance and can be assessed by lower HRV indices.

Furthermore, HRV has been shown to accurately predict mortality in cases of heart failure, cardiomyopathy, and renal failure. In a study analyzing 808 post-myocardial infarction (heart attack) patients, HRV showed to be a significant independent predictor of mortality (Kleiger et al., 1987).

In this study, Time Domain SDNN values were analyzed to predict survival rates of patients after a severe myocardial infarction episode. Patients with SDNN values above 100 showed a significantly higher survival rate (HRV, 2019). Survival rates declined as the Heart Rate Variability SDNN value decreased. Therefore, in PTSD is critical to measure the HRV regularly to monitor their survival rate and dimension their mortality. The links between psychological conditions, mental health, and physical health are genuine (HRV, 2019). Moreover, psychological conditions can be some of the most complex scenarios to diagnose and treat PTSD. HRV can help guide a practitioner when treating psychological conditions.

2.3 Quantum Medicine

In order to heal the body, we have to go beyond the body, become nobody, no one, nothing, nowhere, no time, this is the moment you become fully conscious (Dispenza, 2019). Quantum field is transcendent information you create more memories and reality. Furthermore, Dr. Drouin stated that quantum medicine includes; Consciousness, Downward causation, Non-locality, discontinuity, and entangled are Quantum Reality (Drouin, 2017).

Because we use our senses to navigate space, we place most of our attention on physical things such as people, objects, and places, they are all made of matter, and they are localized, they occupy a position in space and time (Dispenza, 2019). These all represent points of consciousness from which we experience separation. For example, your dreams and goals are in the future where you are in the present reality creates the experience of separation, which is called locality (Dispenza, 2019).

Dr. Dispenza cited that reality have two models; space-time model is the physical Newtonian world based on knowns, predictable outcomes, matter infinite space, in which leads to separation of consciousness, collapsing space, pain and stress. On the other hand, the time-space model is a nonphysical quantum world based on unknowns and endless possibilities, where energy is the infinite time, leads to a unified quantum reality of ones in which creating happiness, joy, and bless (Dispenza, 2019).

2.3.1 The universal consciousness and the supramental body

When consciousness is present, the door of possibilities has to open, and the healing is taking place (Goswami, 2011). Consciousness is a non - local mediator between the mind and the brain in that there are no measurable signals involved. Consciousness lastly cannot be defined by man's philosophy. Universal consciousness which is rooted from our creator is the same as our bliss body. This is the underlying energy fabric of the universe. This is the level that we are all connected and connected to our creator. This is the level of pure quantum perfection. It is from this energy source that energy was compressed to form matter. It is on the level and further down that Newtonian physics are in effect but not above it. Above the level of matter, it is a quantum physics relationship that everything has and is connected (Goswami, 2011).

The Quantum doctor brings consciousness first into the practice of medicine, where the ground of all being is there. In this study I am introducing for the first time the combination of quantum medicine, HRV biofeedback, and hypnosis science in which I believe they are part of the universal consciousness, as my mentor Dr. Gerda Edwards said that hypnosis is quantum.

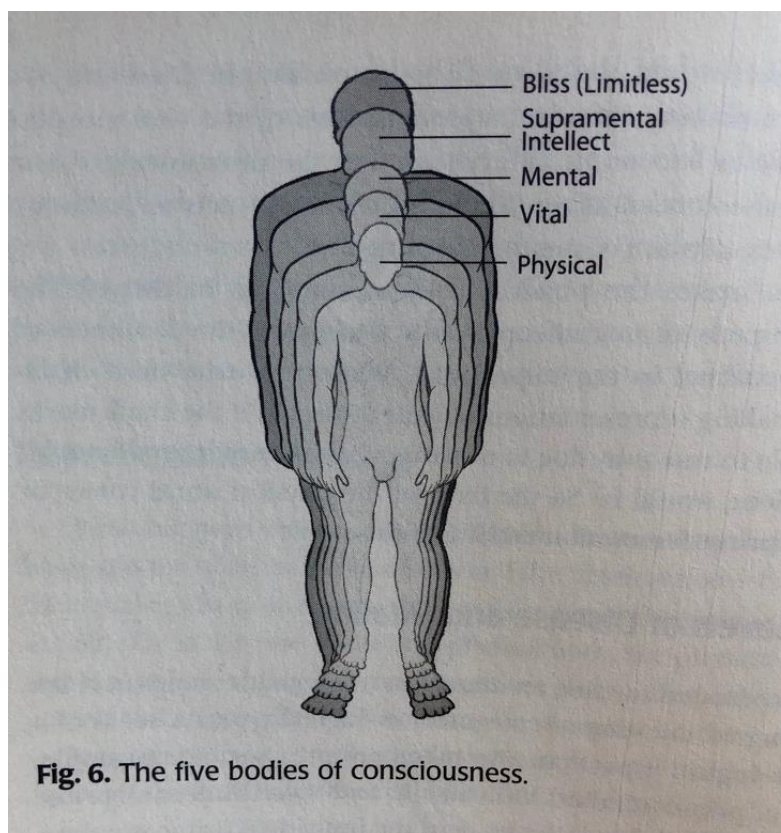


Figure 6: The five bodies of consciousness, source (Goswami, 2011)

As a clinical hypnotherapist, I want my clients to get in touch with the supramental body level. This is where the client can reset their reality and choose a different state of health and existence by aligning with the divine consciousness through the supramental body (Goswami, 2008). It includes the archetype and body of laws such as purposeful laws of the vital body like biological function like organic maintenance, homeostasis, reproduction. Congruence between the mental, vital, and physical bodies can be re-established at the supra-mental level. In addition, the individual's full potential of healing is taking place, where the perfect energy level of health in the universe.

This is the level of being that we can connect to the universal consciousness and with each other's supra-mental body. It is that feeling, happens when you think of a distant friend and when you call then they were thinking about you - Einstein theory of quantum entanglement - spooky action at a distance (Moreau et al., 2019). It is a quantum connection that is instantaneous across all time and space (Dispenza, 2019). It is also in this region of our quantum body that spontaneous healing takes place.

The mental body is where the conscious mind of the individual exists as well as the subconscious mind (Goswami, 2008). This is where thinking and meaning takes place, ego, belief systems that we learn, and where our thoughts are interconnected. At this level positive thought patterns will create positive feelings, in which impact on the health and vitality. Here where the subtle and subjective thoughts of an individual are as important as the objective observations and the physical manifestations. And that is an evidence of an individuals can choose their reality, change their health through consciousness (Stockdale, 2019).

In fact, the definition of Quantum Healing Hypnosis Technique developed by Dolores Cannon, where she stated that; you are what could be the most profound and transformational being by experiencing your full potential in life. Quantum Healing Hypnosis Technique (QHHT) is a fantastic journey of the consciousnesses and truly is a way of finding that all answers and healing lie within (Cannon, 2019).

QMH is a result of hypnology science with integrative quantum medicine to create a nonlocality healing method that leads to the full potential of healing. The main interests

of QMH are the interactions between the nervous system and cardiovascular system and the relationships between mental processes and health. QMH is bridging one's brain thinking and heart emotions and feelings into one of the fundamental quantum medicines in which the heart is the center of consciousness (Dispenza, 2019).

Dr. Goswami touched on several fundamental scientific studies proving this in his Quantum Doctor course; Intention occurs when we have the freedom to choose among quantum possibilities that can then become our actuality (Goswami, 2008). It is on the vital body level that the blueprint for biological function and formation exists (Goswami, 2008). It is on this level that there is an energy flow around the whole body, an energetic communication that does not follow anything physically seen. There are many different systems of medicine that have been in place for thousands of years that work on healing this level of the body and correct the energy blueprint and flow.

One could consider the genetic blueprint as part of this level of being. If there is a defect in the Vital Body blueprint, there will be a defect in the genetics of the physical body and will manifest itself in the Physical Body itself. It is on this level that diseases such as PTSD become apparent. When a cell takes on too much vital body blueprint damage, the genetics of the cells are damaged. This is when a cell becomes stressed in its behavior, and no longer follows the rules of its original blueprint. There are many other imbalances and illnesses that become a reality when this blueprint of the Vital Body is disrupted.

Throughout history, the disease has been viewed from two different perspectives. One viewpoint is that disease is a malfunction of specific components of the body, where symptoms are seen as the disease itself. The other viewpoint is that the symptoms are a result of a more profound disturbance and imbalance of the person as a whole, and the symptoms are simply an outward manifestation. Energy flows continuously throughout the meridians, and it transmits energy to and from the organ systems. This energy sends signals to regulate emotion, among countless others.

Dr. Drouin referred to the Five Elements as a comprehensive system that organizes all-natural phenomena into five master groups in nature. Each of the five groups (Wood, Fire, Earth, Metal, and Water) inside these categories are included seasons, directions, climates, stages of development, internal organs, body tissues, emotions, aspects of the soul, etc. The Five Elements reflect a profound understanding of the natural universe that underlie all things in the world and universe.

Everything within each element is related, however. If you take for example the water element and look at the five-element diagram, you will see that water is related to winter, a cold climate, the north, the color black, the kidneys, the emotion fear (Drouin, 2010). These things can share an intense, almost indiscernible relationship to each other. So, when it is winter there is an underlying cold presence, this will relate and impact the Kidneys, the emotion fear is involved, but this not be in an easily seen way.

The five elements system shows how our systems and structures are all inner connected. These show how we are connected to our environment and the natural world. They also show how our world is part of the greater universe. Most today have lost this deep connection to the universe and no longer can feel this energy resonating inside of them.

This system of the five elements goes deeper than just showing how everything is connected though. The Five Elements are five elemental energies in nature that are in motion. There is a synergy between them; they are not static; they do not remain the same. Within the structure of the Five Elements there are two primary relationships. These are generation and control. Without these two relationships staying in balance, things would quickly fall into a state of chaos.

A generation in the five elements is a relationship that nurtures and promotes growth (Drouin, 2010). Take the example of a mother and child. The child is birthed by the mother, and the mother gives of her energy to ensure the well-being and growth of the child. An example of generation in the five elements is the relationship between the Heart and the Spleen, meaning the Heart generates the Spleen.

Control, in the Five Elements, is a relationship that represents a restraining force that makes ensures that things do not grow too quickly or slowly, nor too strong or too weak. Without control, there would be imbalance. Both proportion and balance are needed to maintain order individually and in the universe. For example, in the Five Elements, the Liver controls the spleen.

The Five Elements are foundational to the practice of TCM. It gives an organized system to be able to understand, diagnose, and treat all health concerns in the body, mind, emotions, and spirit. The internal organs, their inner-connectedness and interactive relationship they have will make them stay in balance or all fall out of balance, which creates well-being or health problems for the latter. Ultimately, TCM practitioners seek to rebalance these organ relationships with their treatment plans.

The Physical body is the last part of the downward causation of our being (Drouin, 2010). If our existence were a stream of water, the beginning of the stream would be our consciousness, and the end of the stream would be our physical body. Changes made at the beginning of the stream would affect the entire stream to the very end at our physical body (Drouin, 2010). Changes made at the end of the stream, however, stay at the end of the stream. That means that changes made to our physical body only affect our physical body; it does not improve any of our other bodies up the figurative stream of water.

The Physical body provides a physical and tangible manifestation of the blueprint that the Vital body provides. On this level, Western medicine makes its focus. This is the level that standard American medicine uses 17th-century Newtonian physics to create new medicines and protocols. Surgery, radiation therapy, drug therapy, chiropractic care, and even many of the world's naturopaths focus their attention on this level of our being. Western medical doctors may prescribe statin drug therapy for high cholesterol levels where a naturopath may recommend omega three fish oils for this condition, merely monitoring blood levels of cholesterol. Whereas the natural approach may have fewer

side effects, neither approach attempts to treat the underlying cause of the condition in any of the other bodies “upstream” as it were. Because of this approach, when the drug or supplement is removed from the individual, the symptom of the imbalance returns because the exact cause remained unaddressed. By far, a complete approach would be to look further upstream into the energy bodies, toward the level of consciousness if possible, for the farthest-reaching impact on the individual’s health and well-being.

Dr. Drouin divides the Five Pillars into the following five categories: Assimilation, Elimination, Regeneration, Oxidation, and Immunity. The main pillar that correlated to this study is the Pillar of regeneration one of the deepest pillars which looks at the individual’s full potential. Quantum creativity helps to release the person’s potential from the supramental level of consciousness.

The regeneration process can be triggered by a quantum leap which releases the new meanings from the supramental. Using the supramental, the vital body can be altered, causing a change in the physical body, therefore causing physical regeneration (Drouin, 2010).

2.3.2 The Approach of Allopathic Medicine

The complex psychopathology and frequency of co-morbid conditions often make PTSD challenging to treat. Trauma-focused psychotherapy has the most persuasive evidence for PTSD treatment (Wahbeh et al., 2014). Yet, a high percentage of individuals do not engage in or drop-out prematurely from these treatments because of chronic patterns of

avoidance and an inability to tolerate the intense emotions often experienced with these approaches (Wahbeh et al., 2014).

The Allopathic practitioner does not get emotionally entangled with their patient to maintain their objectivity. The Allopathic practitioner treats the symptoms of the disease only. If there is no pathogen identifiable, the only option is to reduce symptoms. If the prescribed medication is discontinued, the symptoms will no longer be suppressed and return. The Allopathic practitioner considers the permanent drug treatment protocol to be acceptable if the side effects are less severe than the disease being treated. Therefore, the allopathic practitioner does not follow the principle of doing no harm from Hippocrates. The Allopathic practitioner looks at the patient as a sum of his parts, treating the parts individually if possible, referring the patient to a parts specialist where possible.

3.4 Quantum Medical Hypnosis (QMH)

According to Dr. Drouin, Quantum healing cannot happen at the level of the mind itself, it requires a quantum leap on the consciousness through the supramental creativity (Cannon, 2019). In which the downward causation model that has been taught by Dr. Goswami and Dr. Drouin has proved it. Therefore, the supramental body is the second body down in the downward causation model after the blessed body. This level of including what the full potential of the individual is. It is their perfect energy level of health in the universe.

This is the level of being that we can connect to the universal consciousness and with each other's supra-mental body. It is here that you get that feeling that happens when you think of a distant friend and when you call then they were just thinking about you. It is a quantum connection that is instantaneous across all time and space. It is also in this region of our quantum body that spontaneous healing takes place. As a healer, we want our clients to get into touch with this level. This is where the client can reset their reality and choose a different state of health and existence by aligning with the Divine consciousness through the Supra-mental body. It includes the archetype / blueprint and body of laws such as purposeful laws of the vital body like biological function like organic maintenance, homeostasis, reproduction (Goswami, 2011).

Congruence between the mental, vital, and physical bodies can be re-established at the supra-mental level. Relaxation images and hypnotic suggestions of warmth and heaviness to enhance the relaxation process (Drouin, 2017). In this research, I am inspired by the quantum medicine training at quantum university to create the QMH. This study is a form of my quantum leap of creativity on myself. This research is providing a proof of the state of hypnosis is a state of virtual reality, in which is the state of quantum healing, in which a quantum leap in the supramental creativity, in which the Quantum Medical Hypnosis (QMH).

Besides, The Pillar of Regeneration is one of the deepest five health pillars which looks at the individual's full potential. Quantum creativity helps to release the person's potential

from the supramental level of consciousness. The regeneration process can be triggered by a quantum leap which releases the new meanings from the supramental. Using the supramental, the vital body can be altered, causing a change in the physical body, therefore causing physical regeneration. This complex system of medicine is very successful in working on the vital body and can even be used as a tool to stimulate the supramental into action and guiding the vital body.

Hypnosis is associated with the treatment of posttraumatic stress disorder (PTSD) for two reasons: (1) the similarity between hypnotic phenomena and the symptoms of PTSD, and (2) the utility of hypnosis as a tool in treatment (Spiegel & Cardena, 1990). Scientific evidence of benefit for posttraumatic stress disorder was strong for repetitive hypnotherapy sessions (Wahbeh et al., 2014). Hypnotherapy opens a portal to the subconscious. With a skilled hypnotherapist, clients can access the pivotal events surrounding their trauma during careful and modulated regression (APA 2019). In a trance, they clearly experience the moment in which their conclusions turned negative. Individuals then begin to change those distorted beliefs and reclaim what was lost. A contrary conclusion such as 'I am bad' is then replaced with 'I am good' or 'I am lovable,' for instance.

Attention means focusing on and placing energy (Dispenza, 2019). Therefore, shifting the attention in QMH from the problem which is the matter into the solution which is the energy, leads to a unified consciousness and quantum leap of potential healing. Soul retrieval is another valuable component in the treatment of PTSD. Too often, parts of our-

selves are lost or forsaken when a traumatic event occurs, often as a way of protecting that part of ourselves. To retrieve and reclaim lost parts of the soul is of immeasurable benefit to trauma survivors (AHA, 2019).

Physical trauma produces a sudden discontinuity in the cognitive and emotional experience that often persists after the trauma is over. This results in symptoms such as psychogenic amnesia, intrusive reliving of the event as if it were recurring, numbing of responsiveness, and hypersensitivity to stimuli. Two studies have shown that Vietnam veterans with PTSD have higher than average hypnotizability scores on standardized tests (AHA, 2019). Likewise, a history of physical abuse in childhood is strongly associated with dissociative symptoms later in life. Furthermore, dissociative symptoms during and soon after traumatic experience predict later PTSD.

Formal hypnotic procedures are especially helpful because this population is highly hypnotizable. Hypnosis provides controlled access to memories that may otherwise be kept out of consciousness. New uses of hypnosis in the psychotherapy of PTSD victims involve coupling access to the dissociated traumatic memories with positive restructuring of those memories. Hypnosis can be used to help patients face and bear a traumatic experience by embedding it in a new context, acknowledging helplessness during the event, and yet linking that experience with remoralizing memories such as efforts at self-protection, shared affection with friends who were killed, or the ability to control the environment at other times.

In this way, hypnosis can be used to provide controlled access to memories that are then placed into a broader perspective. Patients can be taught self-hypnosis techniques that allow them to work through traumatic memories and thereby reduce spontaneous unbidden intrusive recollections (AHA, 2012).

So, the conclusion is that when the quantum leap happens at the supramental level of consciousness, which is the full potential of the individuals, connect to the universal consciousness, which is the spooky action at a distance, across time and space. The quantum healing is taking place through a regeneration process of the mental, vital, and physical bodies. Therefore, the physical body is resetting its reality and choose a different state of health and existence by aligning with the divine consciousness through the supramental body, includes the archetype or the blueprint and that leads to a congruence between the mental, vital, and the physical bodies.

Furthermore, the quantum creativity happens when the supramental consciousness releases the person full potential, and that guide towards the quantum leap in which allows the supramental consciousness to release a new meaning trigger. The process of regeneration causing a physical regeneration and quantum healing is taking place.

2.4.1 A Quantum Medical Hypnosis (QMH) approach to PTSD symptoms

1. EXPOSURE

Experience a traumatic event (an accident, assault, disaster, or act of terror) or a prolonged series of traumatic events (such as ongoing psychological, physical, and/or

sexual abuse as a child or adult), and the trauma changes PTSD individuals' perceptual experience of the world around them. The limbic system is designed to respond to a threat or attack on one of the following ways: fight, flight, or freeze. Trauma imprints upon the brain and body in such a way that clients continue to live as though the trauma is happening in the present (APA, 2019).

1.1 QMH approach

QMH cannot erase traumatic events, but it can directly address the event and their effects. QMH allows clients to access information and data that is stored in their physical bodies, their subconscious mind, and their energetic fields. The actual traumatic event can be examined; the vast array of emotion surrounding it can be claimed, processed, and expressed; any negative conclusions or beliefs (that have often directly contributed to life-long behavioral patterns) can be released and transformed (APA, 2019).

2. INTRUSION

As mentioned above, trauma impacts the brain and body in myriad ways. Nightmares, flashbacks, distressing memories, and reactivity to cues or reminders of the events are the most common ways in which trauma interrupts daily life. The majority of PTSD individuals experiencing intrusive symptoms often feel a total lack of control over their minds and bodies, as though the trauma has hijacked their own sense of agency and free will (Kemp, 2017).

2.1 QMH approach

In a QMH session, the client is given multiple tools, resources, and opportunities to take back a sense of control. One method, called ego strengthening, employs a variety of techniques to help clients make direct contact to the parts of themselves that are reliable, wise, and brave. By doing this and providing a physical anchor to lock-in the resource via mind-body connection, gradually remember and reclaim their own agency. They are reminded of their own strengths and virtues, which is incredibly healing (APA, 2019).

Another useful component of QMH is teaching the PTSD individuals ways in which they can modulate their own physiological reactivity. This is often done while the PTSD individual is in a trance, but a hypnotherapist can also teach the client how to titrate their shock symptoms in a regular session.

3. AVOIDANCE

As can be expected, a victim of trauma will do what it takes to avoid a recurrence of the feelings associated with their trauma. Many avoidance symptoms can result from conscious choice; avoiding people or places, for instance, but PTSD individuals also avoid via isolation, dissociation, substance abuse, and addictive behaviors. The latter is far less conscious but no less purposeful. The purpose of avoidance is to attempt to distance oneself from the trauma, but when trauma is rooted in the brain and body, what results is a fragmented sense of self. Avoidance precludes connection; thus, be it months

or years later, PTSD individuals come to reporting that they feel detached, numb, and stuck.

3.1 QMH approach

One of the primary goals of QMH is the restoration of the self: for the physical, emotional, mental and spiritual parts of the client to be unified, balanced, and whole. From this place, healthy connection can be born. QMH gives a voice to the lost parts of the self, the parts that were hidden away or shrouded in negativity as a means to survive (Kemp, 2017).

Several types of regression can be successfully used to help PTSD individuals process all manner of traumatic memory. The hypnotherapist can use creativity and imagination to help PTSD individuals work through the past event, but this time, with resources they did not have at the time of the original event. When this work is done in a trance, it changes the way the memory is stored, and the way it functions in the body and mind. PTSD individuals are no longer held hostage by the past.

4. ALTERATION

Trauma changes and alters personality, mood, memory, motivation, cognitive function, and perception. By extension, it changes relationships, families, and systems. During a traumatic event, not only are sensory perceptions altered, and any previous sense of safety forever changed, but a victim of trauma displays notable shifts in the conclusions they draw. They form new, negative conclusions about themselves - deserved it; I am

bad; I should not have been there; My body is not my own; It was my fault. They also form negative conclusions about other people, and the world in general ('The world is a scary place; People are evil; Men are dangerous; Trust is foolish.

4.1 QMH approach

QMH opens a portal to the subconscious. With a skilled hypnotherapist, PTSD individual can access the pivotal events surrounding their trauma during careful and modulated regression. In a trance, they clearly experience the moment in which their conclusions turned negative. PTSD individuals then begin to change those distorted beliefs and reclaim what was lost. A contrary conclusion such as 'I am bad' is then replaced with 'I am good' or 'I am lovable,' for instance. Soul retrieval is another valuable component in the treatment of PTSD. Too often, parts of our-selves are lost or forsaken when a traumatic event occurs, often as a way of protecting that part of ourselves. To retrieve and reclaim lost parts of the soul is of immeasurable benefit to trauma survivors (Kemp, 2017).

5. AROUSAL

Lastly, a history of trauma, mainly when it goes untreated, results in marked behavioral and functional changes. Trauma that is stuck in the body will inevitably try to work its way out; this can manifest in chronic shock, somatic or physical illness, or arousal symptoms such as hypervigilance, exaggerated startle, or problems sleeping or concentrating. Reckless or high-risk behavior could be another way that arousal manifests in behavior.

5.1 QMH approach

A significant component of healing trauma is giving clients the ability to complete the action that they were not able to do when their trauma initially occurred. Trauma is rooted in the body, in the paralysis and the inability to take action that results from the 'freeze' response. It is useful to look at arousal symptoms as ways in which the body is trying to heal, trying to get our attention. Alternatively, arousal symptoms are a reflection of the 'stuck' trauma response (fight, flight, freeze). The healing of trauma cannot be complete without allowing the body to move. Part of our role as therapists is to help the client to un-freeze: to usher their emotions and thoughts into conscious awareness, process them, and release them.

In QMH, we encourage PTSD individual to move their bodies, to strikeout. What movement, what reflex was their body unable to do in that moment of helplessness. In a trance, the PTSD individual is provided with a corrective experience; they can hit the perpetrator, scream out loud, say NO, run away, defend themselves, push away a weapon, break out of a trap, tell a trusted person what happened. This new corrective experience can be monumental in helping a traumatized PTSD individual release the past and move forward in their life (Wahbeh et al., 2014).

Hypnosis relieving chronic pain and eliminating stress level (Goldberg, 2005). In which the symptoms of the PTSD, we are focused on in this study. QMH allows people with PTSD to down-regulate their autonomic nervous system and thus become more receptive to changes in cognition, mood or behavior (Wahbeh et al., 2014).

During the fight or flight reaction in hypnosis, we see apparent physiological changes taking place. The first is the change of breathing, and the second is dryness in the mouth area; the third is the rapid eye movement. Once the subject enters the hypnotic state, the body becomes still, the eyes tend to roll upward, the breathing slows down, and the facial muscles relax.

In summary, anxiety and hypnosis are the same except for one characteristic: hypnosis is a pleasurable state within a controlled environment, whereas anxiety is a worried, fearful state within an uncontrolled environment (Kappas, 2001). When overactivity of the senses takes place, causing extreme receptiveness, the hypnotized subject is guided with positives, while the anxious person is guided by his own negativity (Kappas, 2001).

A suggestion given in the hypnotic state is much stronger than one given in the conscious state because it moves so quickly from the critical area to the modern memory that it does not have time to dilute. Further, if a consistent positive reaction to a suggestion takes place, that reaction will become a permanent habit, and constant willpower and motivation will not be necessary to maintain it.

The success of the suggestion is predicated on how it is understood going from the conscious mind to the critical mind (where it is critically analyzed and possibly changed) to the common memory area (where it is accepted as a symbol) to the final stage (where it is acted upon). Complementary and alternative medicines (CAM) may be beneficial for

people with PTSD. The National Institutes of Health, National Center for Complementary and Alternative Medicine (NCCAM) defines CAM as a group of diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine (Wahbeh et al., 2014).

Many people with PTSD currently use CAM for their symptoms, 2.8% of these CAM users reported using CAM for anxiety symptoms or anxiety-related conditions including PTSD (Wahbeh et al., 2014). The most commonly used modalities were deep breathing, meditation, progressive relaxation, guided imagery, hypnosis, in which are all part of QMH (Wahbeh et al., 2014).

Dr. Drouin states, this model helps to organize and understand the quantum parameters as well as how to evaluate and improve health, unlocking the stressors that create resistance to the full potentiality and a state of positive health (Drouin, 2017).

Hypnotherapy is mind-body medicine, is a psychotherapeutic technique based on the hypnotherapist providing suggestions for changes in sensation, perception, cognition, affect, mood, or behavior (Wahbeh et al., 2014). Physical trauma produces a sudden discontinuity in the cognitive and emotional experience that often persists after the trauma is over. This results in symptoms such as psychogenic amnesia, intrusive reliving of the event as if it were recurring, numbing of responsiveness, and hypersensitivity to stimuli.

2.5 A Brief History of Hypnotherapy and Quantum Medical Hypnosis (QMH)

Throughout history, hypnosis had been known from the storytellers and fiction movies, from ancient Egyptian to the creek into the time of Dr. Mesmer and Dr. James Braid (Kappas, 2001). However, Dr. Kappas thinks as much as history tells the trail of the hypnosis science evolution, he believed that modern hypnosis is what matters for the current health and well-being. Therefore, I will discuss further the most common types of hypnosis that has been known in clinical practice nowadays. Due to the efforts of pioneers like Clark Hull and his student Milton Erickson the modern medicine accepted hypnosis as an accredited treatment modality.

In 1933 Clark Hull reported in his book “hypnosis and suggestibility” Mesmer’s medical dissertation in 1766 was written on the influence of planet upon the bodies of men, phenomena of magnetism, in another word action at a distance (Hull, 2002). In which matched with Einstein proved theory of spooky action at a distance or quantum entanglement. Mesmer believed that disease resulted when there was an improper distribution of this magnetism, therefore, he thought that magnetism or action at distance will cure nervous disease directly and other diseases indirectly (Hull, 2002). And by moving these errors or wrong diseased elements from the blood stream by hypnotic suggestions we can create a new element instead of the old ones. In another word, replacing the wrong meanings or old thoughts with the new ones, leads to an absolute healing.

Hull work, *Hypnosis and Suggestibility* in 1933 was a rigorous study of the hypnosis phenomenon, demonstrated emphatically once and for all that hypnosis is not related to sleep, hypnosis is not sleeping, it has no special relationship to sleep, and the whole concept of sleep when applied to hypnosis obscures the situation (Krout, 1934). His research even goes as far as to say that hypnosis is the opposite of sleep because he found that hypnosis gave responses linked to alertness rather than lethargy. In Hull's research, some of his subjects even felt that hypnotism made their sensitivity and alertness better (Krout, 1934).

In fact, many of Hull's subjects in hypnotic states did believe that their senses had increased. They genuinely thought their senses were better, but this was never proven to be a significant result. The main question of Hull's study was to examine the veracity of the apparently extravagant claims of hypnotists, especially regarding extraordinary improvements of cognition or the senses by hypnosis (Young, 1934). It was proven in this study by increasing the HRV rates significantly after applying the QMH techniques on the subjects. As an indication of alertness and sensitivity growth.

Hull's research indicated that hypnotic states and waking states are the same, besides a few simple differences. One of these differences is that subjects in hypnotic states respond to suggestions more readily than those in a waking state. The only other notable difference is that Hull believed that those in hypnotic states were better able to remember events that had happened far in the subject's past (Young, 1934). Similarly, moderate increases of specific physical capacities and changes to the threshold of sensory

stimulation could be induced psychologically; attenuation effects could be especially dramatic.

1920 to 1980 - Milton Erickson first began with direct suggestion techniques but quickly realized that a different approach, a more permissive approach worked better and that he could hypnotize a far more significant percentage of the population with what might be referred to as a permissive approach, eventually being called the utilization approach to hypnotherapy. Eventually Milton Erickson developed the confusion technique, and the handshake technique, along with many other extraordinary means of bringing on trance developments, making him the most notable and influential figure of modern-day hypnosis.

Since the animal magnetism was published in 1888, the relationship between magnetism and hypnotism became very strong (Hull, 2002). As if subject in hypnosis receive a new corrected magnetism to replace the physical stagnate manifestations influenced by allowing the suggestion to take place and a new physical stimuli sensation of calmness and relaxation taking over the stress and anxiety feelings (Hull, 2002).

2.6 Theory of mind

In order to understand what creates the hypnotic state, we must first understand primitive man, his development, his means of survival (Kappas, 2001). While the mind is divided into conscious and sub-conscious, with a critical mind in between. During trauma or over stimulating/loading message units the body fatigues and starts preparing the person to go

into a sleep state to vent. The brain becomes disorganized, making individual fatigued, irritable, and upset (Kappas, 2001).

The more emotional traumas any individual has, the more sleep they need. Once the subject goes to sleep, accumulated message units are immediately dropped into the subconscious mind. When the subject receives overload message units and cannot sleep or escape, hyper-suggestibility and accompanying anxiety result. At this time, the critical mind becomes less critical (because it is being threatened and because the consciousness is simulating sleep in this hyper-suggestible state) and starts dropping message units without evaluating them. This increases negative habits and increases hyper-suggestibility.

When the conscious mind is unconscious as in sleep, it is not receiving anything. It is only dropping the message units into the sub-conscious and venting them through dreams. In hypnosis, the conscious mind is not unconscious so that it can receive as well as drop and vent message units. The release of message units into the sub-conscious mind takes place instantly as the consciousness goes into abeyance and then the venting process through hypnotic suggestions begins.

Suggestibility is the ability to accept, believe, and surrender to information without analyzing it (Dispenza, 2019). As the individual's brain waves slow down and get beyond the analytical mind, the brain moves into a trance (hypnotic state /alpha brain wave) and become more suggestible to information (Dispenza, 2019).

Scientific evidence of the power of healing by autosuggestion has been mentioned in Clark's book "hypnosis and suggestibility, in 1933 (Hull, 2002). All suggestion is, in reality, nothing but autosuggestion. In the case of a person suffering from pain: therefore, every time you have pain, physical or otherwise, you will go quietly to your room sit down and shut your eyes, pass your hand lightly across your forehead if it is mental distress, or upon the part that hurts, if it is pain in any part of the body, and repeat the words: it is going, it is going, very rapidly, even at the risk of gabbling, the essential idea is to say - it is going, it is going - so quickly, that it is impossible for a thought of contrary nature to force itself between words. We thus actually think it is going, and like all ideas that we fix upon the mind become a reality to us, the pain, physical or mental, vanishes. Also, should the pain return repeat the process over and over till it is gone (Hull, 2002).

The medical use of hypnotism has come into its own practice and is so progressive, and so dynamic. There is a considerable overlapping area which we refer to as psychosomatic (Estabrooks, 1968). Hypnosis produces real healing at the physiological level within the body (Rossi & Cheek, 1988). A new research database of conceptualizing state-dependent memory, learning, and behavior as one of the significant psychobiological foundations of therapeutic hypnosis. In which may enable the true-believing clinician and skeptical laboratory researcher to join hands at last in a united effort to create a new science of mind-body healing (Rossi & Cheek, 1988).

All methods of mind-body healing and therapeutic hypnosis operate by accessing and reframing the state-dependent memory and learning systems that encode symptoms and

problems. The most striking clinical example of state-dependent memory, learning, and behavior are Post-Traumatic Stress Disorders (PTSD) (Rossi & Cheek, 1988). Any stressful life situation (surgery, war, natural disaster, accident, rape, malnutrition) that stimulates excessive arousal by the autonomic and endocrine systems can lead to the different clinical symptomatology of post-traumatic stress (Rossi & Cheek, 1988). State-dependent theory of mind-body theory: the integration of mind-body communication down to the cellular-genetic level via state-dependent physiology, memory, learning, and behavior.

METHODOLOGY

3.1 Study Design

Convenience sampling was conducted

3.2 Hypotheses

Increased in the HRV rating after the QMH session with the PTSD individuals and significant improvement in the PTSD participants' pain and stress symptoms.

3.3 Setting

Data collection took place at My Best Healer practice at 50 S. Steele St. #950 Denver, CO 80209. This study took place throughout June 2019 and August 2019.

3.4 Study Procedure

In order to achieve the most accurate HRV measurement, I have followed these steps:

1. Explaining to the participants what they should expect prior starting the HRV measurements: This eliminates the majority of the potential acute stressors that could be experienced throughout the study, which affect HRV.
2. Take several short measurements. One long HRV measurement can be instrumental, especially in a clinical or research setting. For most people though, several shorter measurements of two to five minutes each were more useful for analysis and comparison.
3. Measure on different days. The results from a single day are highly dependent upon what activities the participants did the previous day, what they ate, how they slept, and many other short-term factors. By taking a short reading and take the average of these HRV numbers and obtain a much more accurate picture of their overall health status.
4. Measure in the same position with a stable, resting heart rate. I made sure that the participants' body is in the same position each time. Also, make sure that their heart rate has stabilized after getting into position but before starting the measurement. HRV is sensitive enough to be altered by relatively small changes in the angle of the back or the position of the arms and legs. Eliminate these variables by finding a comfortable and repeatable position.

3.5 Subjects were asked to

- Sit and relax on a comfortable chair or coach
- Participate in a conversation with the research principal in the form of talking about main concerns and symptoms that related or resulted of to the PTSD.
- Measure the Heart Rate Variability (HRV) by using HeartMath (EmWave Pro Plus software) and ear sensor hardware. In which was attached to the subject ear loop before and after the hypnotherapy session for about 5 minutes each.
- Report the feedback, feelings, and emotions changes before and after each session in the form of changes in pain level, which was measured by Visual Analogue Scale (VAS) (0-10) scale. Also, measuring the changes in the stress level by using the Subjective Unit of Distress (SUDs) which is a (0-100) scale.

3.6 Study time

Study participation was taken approximately 30-60 minutes, in the course of 3 sessions with average of 1-2 sessions a week for an average of two weeks of randomly assigned QMH method.

3.7 Study location

All study procedures were taken place at My Best Healer Clinic, 50 S. Steele St. #950, Denver, CO 80209

3.8 Sampling procedure and sampling size

Consecutive sampling of new volunteers to this study was applied. A sample size of fifteen participants was randomly selected.

3.9 Sample description

3.9.1 Inclusion Criteria

The following inclusion criteria were applied to the sample population:

Male and/or female clients with the primary diagnosed of PTSD

Adult (age 18 years and above), PTSD individuals who were able to understand English questions and respond verbally in English

3.9.2 Exclusion criteria

The following exclusion criteria were applied to the sample population:

Any history of medical or surgical disease / disorder of the heart or the brain was excluded from this study; atrium fibrillation, heart failure, open heart surgery, arrhythmic heart or on anti-arrhythmia medication, type 1 diabetes, heart diseases, brain disease, heart attack, heart surgery, brain surgery, mental disorders or diseases. In which would affect their ability to attain self-improvement HRV to be completed.

3.9.3 Instrumentation

HeartMath EmWave Pro Plus served as the primary instrument. The instructions on how to administer the scale and the scoring process are described in detail in the appendix.

3.9.4 Researcher's responsibilities

The researcher responsibilities were to identify eligible clients, obtain consent, administer the HRV biofeedback device, record and coordinating the data collected. To minimize the

risks to the confidentiality, A pseudonym was developed and used by the researcher to protect participants' identity.

3.9.5 Data Collection Procedure

Data were collected between June and August 2019. The principal researcher received training by HeartMath Institute (HMI) on how to utilize the HRV HeartMath EmWave Pro Plus software in this research. To simulate realistic clinical conditions and in light of ease and simplicity of specialized administration, training included reading the HRV HeartMath EmWave Pro Plus software instruction manual and clarifying the process of data collection to the participants.

3.9.6 Preparation for data collection forms

Pseudonym procedure followed to protect the participant's identity

3.9.7 Ethical consideration

This study was conducted according to internationally accepted ethical standards and guidelines. The approval of the Committee for Medical Research at Quantum University was obtained (Appendix)

- The study was conducted in the USA: 50 S. Steele St. #950 Denver, CO 80209.
- Informed consent was obtained from each subject (Appendix).
- Subjects' names were replaced by Pseudonym to keep subjects' information confidential.
- Results were handled confidentially and were only made available to specific subjects, referring to medical practitioners and psychotherapists.

- Subjects were measured separately in order to maintain privacy.

3.9.8 Data analysis

All data were entered into Excel spreadsheet. Data analysis was conducted using Jackie Waterman, Medical Technologist, HeartMath Institute Research Division administered this research statistical needs. Descriptive statistics were used to describe the study population in terms of demography, disease characteristics, and score distributions.

Case Studies

4.1 Summary of the cases study

Fifteen participants in this study nine women and six men divided into two groups according to their ages. Younger group n8 (Age 22-55), Older group n7 (Ages 59-73). A significant improvement on the Standard Deviation of Normal-to-Normal (SDNN) in the younger group compare to significant reduction of the SDNN in the older group. It's an indication that the younger group showed more ability to regulating their emotions and stress compare to the older group.

4.2 Participants' profile

The demographic information of the participants is presented in table 1.

4.2.1 Table 1: Participants' description

Diagnosis	Occupation	Age	Gender	Participants
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1. PTSD Plane crashed	Businessman	39	M	Rp
2. PTSD Natural disasters	Fire Fighter	59	M	SH
3. PTSD Kidnapping	Driver	29	M	SA
4. PTSD Physical Assault	Retired	65	F	GK
5. PTSD Sudden death of a loved one	Student	22	M	JG
6. PTSD Childhood abuse	Teacher	46	F	LS
7. PTSD Sexual abuse	Veteran	41	F	MM
8. PTSD Childhood neglect	Military	67	M	TS
9. PTSD War	Veteran	55	F	SHD
10. PTSD domestic violence	Military	66	F	VF
11. PTSD Exposed to bomb explosion	Veteran	70	F	SR
12. PTSD Grief of dog and husband	Retired	73	F	SB
13. PTSD Rape	Doctor	67	M	MS
14. PTSD Witnessing the death of friend	Veteran	55	F	LB
15. PTSD Terrorist attack	Policewoman	36	F	JL

PTSD Case #1 History Summary (Rp, 39, M, Businessman, PTSD Plane Crashes)

1. PTSD Plane crashed	Businessman	39	M	Rp
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The principal researcher demonstrates a thorough intake demonstrates interview techniques, reflective listening, and taking clinical notes.

Client's Name: Rp

Gender: M

Age: 39

Presenting Issues: Rp represented with diagnosed PTSD with symptoms of Chronic pain in a form of neck, shoulders, and back muscles are tight 8/10 on VAS scale and high stress in a form of frequent urination (no medical etiology) of 80% on SUDs scale.

Symptoms length: 5 years

Feeling: Fear of flying, fear of heights, fear of death.

Describes himself as: Fear of loosing control, perfectionist.

Where it started: Rp is a businessman who had experienced a psychological and physical trauma through a plane crash 5 years ago.

How it's progressed: Rp wants to alleviate his chronic physical body pain and stressful memories associated with the plane crash trauma.

Additionally: Rp really desire to enjoy his life without stress or pain. He needs to be focused and relaxed to be successful in his business.

Used Modality: Predominantly QMH used and monitored the HRV by using the HRV biofeedback device (EmWave ProPlus with the ear sensor).

Quantum Medical Hypnosis Sessions

1. The first session with Rp, a businessman who had experienced a psychological and physical trauma through a plane crash 5 years ago. Reflective listening without trying to fix it. Listened carefully to the details of the trauma and how it is affecting his life. Let him know that there is research to show people can overcome PTSD. After preparing Rp for QMH session using Theory of Mind, principal researcher used stress inoculation in QMH to give Rp tools to have a calmer and more peaceful week when he feels the onset

of stress and pain from his PTSD. In addition, as a homework principal researcher discussed with Rp the importance of the law of repetition and association for replacement behavior and encouraged him to count himself down when taking naps during the day and counting himself up every hour.

Measure the Heart Rate Variability (HRV) by using HeartMath (EmWave Pro Plus software) and ear sensor hardware. In which was attached to Rp's ear loop prior and after the QMH session for about 5 minutes each. Report the feedback, feelings, and emotions changes prior and after each session in a form of changes in pain level, which was measured by Visual Analogue Scale (VAS) 0-10 scale and measuring the changes in the stress level by using the Subjective Unit of Distress (SUDs) which is a 0-100 scale. VAS was =7/10 and SUDs was = 90% before the first session, and VAS was =4/10 and SUDs was = 40% after the first session. In QMH have her bring up the memory, feel the anxiety and vent it out with cataleptic arm stiffening. Repeat as often as necessary to release the stress. Homework was given to Rp in a form of writing down "I am Enough" prior go to bed every night sign it and date it as a way to accept herself and feel hopeful about his future. A diaphragmatic breathing exercise was also given to him to relief his stress level and triggers that might show up during the week. In addition, teaches him mindfulness cognitively to feel present in the present. Anchor the skill of being mindful in hypnosis. Use the word, "CALM" in the middle of the forehead and a deep breath to anchor feeling calm, focused and present.

2. In the second session asked about the week and if and when he used deep breathing to

release stress. See if there is any resistance. Teach about good nutrition and how regulating the blood sugar helps create a happy, stable outlook on life. Rp reported that his pain level is reduced compare to the first session VAS was =6/10 and SUDs was = 75%. Following the same protocol that have been applied at the first session by start measuring the HRV prior starting the session. Principal researcher's second session with Rp reveals the challenge of transitioning from a frequent urination to a controlled one and from digestive issues to a comfort of enjoying food. How PTSD has impacted his future goals becomes clear. Continue the QMH in a form of stress inoculation (with anchors) the process of letting go of the past. Teaching Rp about the heart is the center of love and letting go of fear is a powerful and effective strategy. Rp is beginning to enjoy activities he had been avoiding as he practices unpairing the present with the trauma of the past. The principal researcher explains the relationship between media and diet to becoming hyper-suggestible to negativity and fear. Rp learns how to use Cognitive Behavioral Therapy to correct Thinking Errors to be able to see the past and the present in a more balanced, more accurate way. In session two, Rp's venting dreams indicate subconscious improvement. Principal researcher demonstrates Dream Therapy and teaches how to evaluate Subjective Units of Distress (SUDs) to begin Exposure Therapy: QMH to visualize engaging in activities Rp has been avoiding since the trauma. Correct any thinking errors that have been noticed. Put him in QMH and vent out negativity or where he is "stuck". Our goal is unpair the sights and sounds of the present with the trauma of the past. By being able to stay in anxiety producing situations built his confidence that he can handle his anxiety and confront difficult circumstances.

Homework to write down the memories he had experienced with in this session. When he comes to the part that caused anxiety on the office, have him rate the memories using the SUDs Scale Subjective Units of Distress (SUDs) which is a 0 – 100 scale that indicates how distressing it would be for him to imagine each activity. Have him do this in the morning right when he wakes up because this is the natural time for venting things out one no longer needs. Asked him to do these 3 days in a row and observe how each day distress becomes lower and lower. The VAS was = 4/10 and SUDs was = 40% after this session was completed.

3. In the final session for this series, Rp has noticed dramatic improvement in his stress level at 30% on SUDs and dramatic relieve of his pain at 4/10 on VAS. Continue the research protocol that have been applied at the first session by start measuring the HRV before starting the session. In QMH, used the metaphors and effecting words and phrases Rp has used in the cognitive portion of the session to deeply penetrate the subconscious mind. The principal researcher works on Rp feelings and believing what he already knows with his logic and reason. Principal researcher leads Rp to consider his future. Rp celebrates his improvement in pain and stress symptoms. At end of the third and final session, he had managed to achieve a significant improvement in his pain level into 2/10 on VAS and no stress at all at 5% on SUDs. He has tools and strategies that he can use.

4.2.2 Table 2: Summary of Rp's QMH healing sessions

Date	VAS	SUDs
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	Prior – After QMH session	Prior – After QMH session
7/01/2019	7/10 – 4/10	90% - 40%
7/08/2019	6/10 – 3/10	75% - 35%
7/16/2019	4/10 – 2/10	30% - 5%

Summary of Rp's QMH healing sessions

The three QMH sessions were completed in person and throughout the month of July 2019 with significant results see table 2. Through the quantum medicine concepts of entanglement and quantum leap, the QMH sessions de-stressed the vital and the supramental bodies, which had a deep reflective healing effect on the physical body. The QMH protocol focused on systematic desensitization of the old traumatic memories and created a new memory with the right meaning. Rp reported in his last session that his chronic pain and stress symptoms had improved noticeably by almost 90%. He started to accept himself and feel comfortable and relaxed. Rp now is able to track his business successfully with a consciousness and awareness.

PTSD Case #2 History Summary (SH, 59, M, Firefighter, PTSD Natural disasters)

2. PTSD Natural disasters	Fire Fighter	59	M	SH
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The principal researcher demonstrates a thorough intake demonstrates interview techniques, reflective listening, and taking clinical notes.

Client's Name: SH

Gender: M

Age: 59

Presenting Issues: SH represented with diagnosed PTSD with symptoms of Chronic pain in a form of 8/10 on VAS scale and high stress in a form of frequent urination of 75% on SUDs scale.

Symptoms length: 9 years

Feeling: Anger, Guilt, Frustration, and panic attacks.

Describes himself as: ashamed, foggy mind.

Where it started: SH is a firefighter who had exposed to a natural disaster trauma.

How it's progressed: SH wants to relief his panic attacks and the negative thoughts.

Additionally: SH really needs to continue his life without constant stress and pain.

Used Modality: Predominantly QMH used and monitored the HRV by using the HRV biofeedback device (EmWave ProPlus with the ear sensor).

Quantum Medical Hypnosis Sessions

1. The first session with SH, a firefighter who had a trauma after exposed to a natural disaster. Frequently experience panic attacks and general chronic pain and fatigue.

Reflective listening without trying to fix it. Listened carefully to the details of the trauma and how it is affecting his life. Let her know that there is research to show people can overcome PTSD. After preparing SH for QMH session using Theory of Mind, principal researcher used stress inoculation in QMH to give SH tools to have a calmer and more peaceful week when he feels the onset of stress and pain from his PTSD. In addition, as a homework principal researcher discussed with SH the importance of the law of repetition

and association in replacement of the old behaviors and encouraged him to count himself down when taking naps during the day and counting himself up every hour.

Measure the Heart Rate Variability (HRV) by using HeartMath (EmWave Pro Plus software) and ear sensor hardware. In which was attached to SH's ear loop prior and after the QMH session for about 5 minutes each. Report the feedback, feelings, and emotions changes prior and after each session in a form of changes in pain level, which was measured by Visual Analogue Scale (VAS) 0-10 scale and measuring the changes in the stress level by using the Subjective Unit of Distress (SUDs) which is a 0-100 scale. VAS was =8/10 and SUDs was = 75% before the first session, and VAS was =3/10 and SUDs was = 35% after the first session. In QMH have her bring up the memory, feel the anxiety and vent it out with cataleptic arm stiffening. Repeat as often as necessary to release the stress. Homework was given to SH in a form of writing down "I am Enough" prior go to bed every night sign it and date it as a way to accept herself and feel hopeful about his future. A diaphragmatic breathing exercise was also given to him to relief his stress level and triggers that might show up during the week. In addition, teaches him mindfulness cognitively to feel present in the present. Anchor the skill of being mindful in hypnosis. Use the word, "CALM" in the middle of the forehead and a deep breath to anchor feeling calm, focused and present.

2. In the second session asked about the week and if and when he used deep breathing to release stress. See if there is any resistance. Teach about good nutrition and how

regulating the blood sugar helps create a happy, stable outlook on life. SH reported that his pain level is reduced significantly compare to the first session VAS was =5/10 and SUDs was = 40%. Following the same protocol that have been applied at the first session by start measuring the HRV prior starting the session. Principal researcher's second session with SH reveals the challenge of transitioning from a frequent urination to a controlled one and from digestive issues to a comfort of enjoying food. How PTSD has impacted his future goals becomes clear. Continue the QMH in a form of stress inoculation (with anchors) the process of letting go of the past. Teaching SH about the heart is the center of love and letting go of fear is a powerful and effective strategy. SH is beginning to enjoy activities he had been avoiding as he practices unpairing the present with the trauma of the past. The principal researcher explains the relationship between media and diet to becoming hyper-suggestible to negativity and fear. SH learns how to use Cognitive Behavioral Therapy to correct Thinking Errors to be able to see the past and the present in a more balanced, more accurate way. In session two, SH's venting dreams indicate subconscious improvement. Principal researcher demonstrates Dream Therapy and teaches how to evaluate Subjective Units of Distress (SUDs) to begin Exposure Therapy: QMH to visualize engaging in activities SH has been avoiding since the trauma. Correct any thinking errors that have been noticed. Put him in QMH and vent out negativity or where he is "stuck". Our goal is unpair the sights and sounds of the present with the trauma of the past. By being able to stay in anxiety producing situations built his confidence that he can handle his anxiety and confront difficult circumstances.

Homework to write down the memories he had experienced with in this session. When he comes to the part that caused anxiety on the office, have him rate the memories using the SUDs Scale Subjective Units of Distress (SUDs) which is a 0 – 100 scale that indicates how distressing it would be for him to imagine each activity. Have him do this in the morning right when he wakes up because this is the natural time for venting things out one no longer needs. Asked him to do these 3 days in a row and observe how each day distress becomes lower and lower. The VAS was = 2/10 and SUDs was = 20% after this session was completed.

3. In the final session for this series, SH has noticed dramatic improvement in his stress level at 20% on SUDs and dramatic relieve of his pain at 3/10 on VAS. Continue the research protocol that have been applied at the first session by start measuring the HRV before starting the session. In QMH, used the metaphors and effecting words and phrases SH has used in the cognitive portion of the session to deeply penetrate the subconscious mind. The principal researcher works on SH feelings and believing what he already knows with his logic and reason. Principal researcher leads SH to consider his future. SH celebrates his improvement in pain and stress symptoms. At end of the third and final session, he had managed to achieve a significant improvement in his pain level into 1/10 on VAS and no stress at all at 3% on SUDs. He has tools and strategies that he can use.

4.2.3 Table 3: Summary of SH's QMH healing sessions

Date	VAS	SUDs
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	Prior – After QMH session	Prior – After QMH session
6/28/2019	8/10 – 3/10	75% - 35%
7/16/2019	5/10 – 2/10	40% - 20%
7/12/2019	3/10 – 1/10	20% - 3%

Summary of SH's QMH healing sessions

The three QMH sessions were completed in person and throughout the month of June and July 2019 with significant results. Through the quantum medicine concepts of entanglement and quantum leap, the QMH sessions de-stressed the vital and the supramental bodies, which had a deep reflective healing effect on the physical body. The QMH protocol focused on systematic desensitization of the old traumatic memories and created a new memory with the right meaning. SH reported in his last session that his chronic pain and stress symptoms had surprisingly about 80% improvement. He started to understand how to work his way around the frequent urination and be confident with himself accept it and love it. SH now is able to continue with his life with more calmness and relaxation manner.

PTSD Case #3 History Summary (SA, 29, M, Driver, PTSD Kidnapping)

3. PTSD Kidnapping	Driver	29	M	SA
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The principal researcher demonstrates a thorough intake demonstrates interview techniques, reflective listening, and taking clinical notes.

Client's Name: SA

Gender: M

Age: 29

Presenting Issues: SA represented with diagnosed PTSD with symptoms of Chronic pain in a form of fibromyalgia 5/10 on VAS scale and constantly stressed of 50% on SUDs scale.

Symptoms length: 20 years

Feeling: fluctuation mood, cannot regulate his emotions.

Describes himself as: hypersensitive, different.

Where it started: SA is a driver who had a childhood trauma of being kidnapped at his country of origin and ashamed from his upbringing. Constantly sad and have lack of energy and motivation.

How it's progressed: SA wants to let go this pain and suffer issues that he lived most of his life.

Additionally: SA really desire to enjoy his life without being attached to his ruminating thoughts and childhood trauma.

Used Modality: Predominantly QMH used and monitored the HRV by using the HRV biofeedback device (EmWave ProPlus with the ear sensor).

Quantum Medical Hypnosis Sessions

1. The first session with SA, a driver who had a childhood trauma of being kidnapped at his country of origin and ashamed from his upbringing and family. Constantly sad and have lack of energy and motivation. Reflective listening without trying to fix it. Listened carefully to the details of the trauma and how it is affecting his life. Let him know that there is research to show people can overcome PTSD. After preparing SA for QMH session using Theory of Mind, principal researcher used stress inoculation in QMH to give SA tools to have a calmer and more peaceful week when he feels the onset of stress and pain from his PTSD. In addition, as a homework principal researcher discussed with SA the importance the law of repetition and association for replacement behavior and encouraged him to count himself down when taking naps during the day and counting himself up every hour.

Measure the Heart Rate Variability (HRV) by using HeartMath (EmWave Pro Plus software) and ear sensor hardware. In which was attached to SA's ear loop prior and after the QMH session for about 5 minutes each. Report the feedback, feelings, and emotions changes prior and after each session in a form of changes in pain level, which was measured by Visual Analogue Scale (VAS) 0-10 scale and measuring the changes in the stress level by using the Subjective Unit of Distress (SUDs) which is a 0-100 scale. VAS was =5/10 and SUDs was = 50% before the first session, and VAS was =2/10 and SUDs was = 20% after the first session. In QMH have his bring up the memory, feel the anxiety and vent it out with cataleptic arm stiffening. Repeat as often as necessary to release the stress. Homework was given to SA in a form of writing down "I am Enough" prior go to bed every night sign it and date it as a way to accept herself and feel hopeful about his

future. A diaphragmatic breathing exercise was also given to him to relief his stress level and triggers that might show up during the week. In addition, teaches him mindfulness cognitively to feel present in the present. Anchor the skill of being mindful in hypnosis. Use the word, "CALM" in the middle of the forehead and a deep breath to anchor feeling calm, focused and present.

2. In the second session asked about the week and if and when he used deep breathing to release stress. See if there is any resistance. Teach about good nutrition and how regulating the blood sugar helps create a happy, stable outlook on life. SA reported that his pain level is reduced compare to the first session VAS was =3/10 and SUDs was = 30%. Following the same protocol that have been applied at the first session by start measuring the HRV prior starting the session. Principal researcher's second session with SA reveals the challenge of transitioning from being a kidnapped child to an adult. How PTSD has impacted his future goals becomes clear. Continue the QMH in a form of stress inoculation (with anchors) the process of letting go of the past. Teaching SA about the heart is the center of love and letting go of fear is a powerful and effective strategy. SA is beginning to enjoy activities he had been avoiding as he practices unpairing the present with the trauma of the past. The principal researcher explains the relationship between media and diet to becoming hyper-suggestible to negativity and fear. SA learns how to use Cognitive Behavioral Therapy to correct Thinking Errors to be able to see the past and the present in a more balanced, more accurate way. In session two, SA's venting dreams indicate subconscious improvement. Principal researcher demonstrates Dream Therapy and teaches how to evaluate Subjective Units of Distress (SUDs) to begin

Exposure Therapy: QMH to visualize engaging in activities SA has been avoiding since the trauma. Correct any thinking errors that have been noticed. Put him in QMH and vent out negativity or where he is “stuck”. Our goal is unpair the sights and sounds of the present with the trauma of the past. By being able to stay in anxiety producing situations built his confidence that he can handle his anxiety and confront difficult circumstances.

Homework to write down the memories he had experienced with in this session. When he comes to the part that caused anxiety on the office, have him rate the memories using the SUDs Scale Subjective Units of Distress (SUDs) which is a 0 – 100 scale that indicates how distressing it would be for him to imagine each activity. Have him do this in the morning right when he wakes up because this is the natural time for venting things out one no longer needs. Asked him to do these 3 days in a row and observe how each day distress becomes lower and lower. The VAS was = 1/10 and SUDs was = 10% after this session was completed.

3. In the final session for this series, SA has noticed dramatic improvement in his stress level at 20% on SUDs and dramatic relieve of his pain at 2/10 on VAS. Continue the research protocol that have been applied at the first session by start measuring the HRV before starting the session. In QMH, used the metaphors and effecting words and phrases SA has used in the cognitive portion of the session to deeply penetrate the subconscious mind. The principal researcher works on SA feelings and believing what he already knows with his logic and reason. Principal researcher leads SA to consider his future. SA celebrates his improvement in pain and stress symptoms. At

end of the third and final session, he had managed to achieve a significant improvement in his pain level into 1/10 on VAS and no stress at all at 2% on SUDs. He has tools and strategies that he can use.

4.2.4 Table 4: Summary of SA's QMH healing sessions

Date	VAS Prior – After QMH session	SUDs Prior – After QMH session
6/28/2019	5/10 – 2/10	50% - 20%
7/01/2019	3/10 – 1/10	30% - 10%
7/09/2019	2/10 – 1/10	20% - 2%

Summary of SA's QMH healing sessions

The three QMH sessions were completed in person and throughout the month of June and July 2019 with significant results. Through the quantum medicine concepts of entanglement and quantum leap, the QMH sessions de-stressed the vital and the supramental bodies, which had a deep reflective healing effect on the physical body. The QMH protocol focused on systematic desensitization of the old traumatic memories and created a new memory with the right meaning. SA reported in his last session that his chronic pain and stress symptoms had 90% improvement. He started to understand how to work his way around the constant sadness and let go the fear from the past. SA now is able to enjoy his life.

PTSD Case #4 History Summary (GK, 65, F, Retired, PTSD Physical Assault)

4. PTSD Physical Assault	Retired	65	F	GK
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The principal researcher demonstrates a thorough intake demonstrates interview techniques, reflective listening, and taking clinical notes.

Client's Name: GK

Gender: F

Age: 65

Presenting Issues: GK represented with diagnosed PTSD with symptoms of Chronic pain in a form of fibromyalgia 8/10 on VAS scale and high stress of 80% on SUDs scale.

Symptoms length: 45 years

Feeling: Sad, anger, stressed, anxious.

Describes herself as: Fat, Lonely, Depressed.

Where it started: GK a retired lady who have lack of self-confidence and depressed after being physical assaulted by her x-husband. Her dad called her fatty, in which upset her.

How it's progressed: GK currently a retired, but she wants to find a job and to be financially independent.

Additionally: GK really wants to let go her physical body pain and stress.

Used Modality: Predominantly QMH used and monitored the HRV by using the HRV biofeedback device (EmWave ProPlus with the ear sensor).

Quantum Medical Hypnosis Sessions

1. The first session with GK, a retired lady who have lack of self-confidence and depressed after being physical assaulted by her x-husband. Her dad called her fatty, in which upset her. Reflective listening without trying to fix it. Listened carefully to the details of the trauma and how it is affecting her life. Let her know that there is research to show people can overcome PTSD. After preparing GK for QMH session using Theory of Mind, principal researcher used stress inoculation in QMH to give GK tools to have a calmer and more peaceful week when she feels the onset of stress and pain from her PTSD. In addition, as a homework principal researcher discussed with GK the importance of the law of repetition and association for replacement of old behaviors and encouraged her to count herself down when taking naps during the day and counting herself up every hour.

Measure the Heart Rate Variability (HRV) by using HeartMath (EmWave Pro Plus software) and ear sensor hardware. In which was attached to GK's ear loop prior and after the QMH session for about 5 minutes each. Report the feedback, feelings, and emotions changes prior and after each session in a form of changes in pain level, which was measured by Visual Analogue Scale (VAS) 0-10 scale and measuring the changes in the stress level by using the Subjective Unit of Distress (SUDs) which is a 0-100 scale. VAS was =9/10 and SUDs was = 80% prior the first session, and VAS was =4/10 and SUDs was = 40% after the first session. In QMH have her bring up the memory, feel the anxiety and vent it out with cataleptic arm stiffening. Repeat as often as necessary to release the stress. Homework was given to GK in a form of writing down "I am Enough" prior go to bed every night sign it and date it as a way to accept herself and feel hopeful

about her future. A diaphragmatic breathing exercise was also given to her to relief her stress level and triggers that might show up during the week. In addition, teaches her mindfulness cognitively to feel present in the present. Anchor the skill of being mindful in hypnosis. Use the word, “CALM” in the middle of the forehead and a deep breath to anchor feeling calm, focused and present.

2. In the second session asked about the week and if and when she used deep breathing to release stress. See if there is any resistance. Teach about good nutrition and how regulating the blood sugar helps create a happy, stable outlook on life. GK reported that her pain level is reduced compare to the first session VAS was =7/10 and SUDs was = 50%. Following the same protocol that have been applied at the first session by start measuring the HRV before starting the session. Principal researcher’s second session with GK reveals the challenge of transitioning from isolation to connection and communication. How PTSD has impacted her future goals becomes clear. Continue the QMH in a form of stress inoculation (with anchors) the process of letting go of the past. Teaching GK about the heart is the center of love and letting go of fear is a powerful and effective strategy. GK is beginning to enjoy activities she had been avoiding as she practices unpairing the present with the trauma of the past. The principal researcher explains the relationship between media and diet to becoming hyper-suggestible to negativity and fear. GK learns how to use Cognitive Behavioral Therapy to correct Thinking Errors to be able to see the past and the present in a more balanced, more accurate way. In session two, GK’s venting dreams indicate subconscious improvement. Principal researcher demonstrates Dream Therapy and teaches how to evaluate Subjective

Units of Distress (SUDs) to begin Exposure Therapy: QMH to visualize engaging in activities GK has been avoiding since the trauma. Correct any thinking errors that have been noticed. Put her in QMH and vent out negativity or where she is “stuck”. Our goal is unpair the sights and sounds of the present with the trauma of the past. By being able to stay in anxiety producing situations built her confidence that she can handle her anxiety and confront difficult circumstances. Homework to write down the memories she had experienced with in this session. When she comes to the part that caused anxiety on the office, have her rate the memories using the SUDs Scale Subjective Units of Distress (SUDs) which is a 0 – 100 scale that indicates how distressing it would be for her to imagine each activity. Have her do this in the morning right when she wakes up because this is the natural time for venting things out one no longer needs. Asked her to do these 3 days in a row and observe how each day distress becomes lower and lower. The VAS was = 3/10 and SUDs was = 30% after this session was completed.

3. In the final session for this series, GK has noticed dramatic improvement in her stress level at 30% on SUDs and dramatic relieve of her pain at 4/10 on VAS. Continue the research protocol that have been applied at the first session by start measuring the HRV before starting the session. In QMH, used the metaphors and effecting words and phrases GK has used in the cognitive portion of the session to deeply penetrate the subconscious mind. The principal researcher works on GK feelings and believing what she already knows with her logic and reason. Principal researcher leads GK to consider her future. GK celebrates her improvement in pain and stress symptoms. At end of the third and final session, she had managed to achieve a significant

improvement in her pain level into 1/10 on VAS and no stress at all at 10% on SUDs. She has tools and strategies that she can use.

4.2.5 Table 5: Summary of GK's QMH healing sessions

Date	VAS Prior – After QMH session	SUDs Prior – After QMH session
7/01/2019	9/10 – 4/10	80% - 40%
7/09/2019	7/10 – 3/10	50% - 30%
7/15/2019	4/10 – 1/10	30% - 10%

Summary of GK's QMH healing sessions

The three QMH sessions were completed in person and throughout the month of July 2019 with significant results. Through the quantum medicine concepts of entanglement and quantum leap, the QMH sessions de-stressed the vital and the supramental bodies, which had a deep reflective healing effect on the physical body. The QMH protocol focused on systematic desensitization of the old traumatic memories and created a new memory with the right meaning. GK reported in her last session that her chronic pain and stress symptoms had almost 90% improvement. She started to a new job, had achieved her full confidence as a great mom and a productive member of the community.

PTSD Case #5 History Summary (JG, 22, M, Student, PTSD Sudden death of a loved one)

5. PTSD Sudden death of a loved one	Student	22	M	JG
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The principal researcher demonstrates a thorough intake demonstrates interview techniques, reflective listening, and taking clinical notes.

Client's Name: JG

Gender: M

Age: 22

Presenting Issues: JG represented with diagnosed PTSD with symptoms of Chronic pain 7/10 on VAS scale and high stress 70% on SUDs scale.

Symptoms length: 2 years

Feeling: Grief, Guilt, shame, blame, worries.

Describes himself as: Responsible for his loved one's death.

Where it started: JG is a student who had a lost his loved dog two years ago.

How it's progressed: JG wants to let go that fear and worries of being guilty and responsible of his dog's death.

Additionally: JG really desire to enjoy having another dog, without feeling ashamed from his loved dog's death.

Used Modality: Predominantly QMH used and monitored the HRV by using the HRV biofeedback device (EmWave ProPlus with the ear sensor).

Quantum Medical Hypnosis Sessions

1. The first session with JG, a student who had a lost her loved dog two years ago.

Reflective listening without trying to fix it. Listened carefully to the details of the trauma

and how it is affecting his life. Let him know that there is research to show people can overcome PTSD. After preparing JG for QMH session using Theory of Mind, principal researcher used stress inoculation in QMH to give JG tools to have a calmer and more peaceful week when he feels the onset of stress and pain from his PTSD. In addition, as a homework principal researcher discussed with JG the importance of the law of repetition and association in replacement of the old behaviors and encouraged him to count himself down when taking naps during the day and counting himself up every hour.

Measure the Heart Rate Variability (HRV) by using HeartMath (EmWave Pro Plus software) and ear sensor hardware. In which was attached to JG's ear loop prior and after the QMH session for about 5 minutes each. Report the feedback, feelings, and emotions changes prior and after each session in a form of changes in pain level, which was measured by Visual Analogue Scale (VAS) 0-10 scale and measuring the changes in the stress level by using the Subjective Unit of Distress (SUDs) which is a 0-100 scale. VAS was =7/10 and SUDs was = 70% before the first session, and VAS was =3/10 and SUDs was = 40% after the first session. In QMH have her bring up the memory, feel the anxiety and vent it out with cataleptic arm stiffening. Repeat as often as necessary to release the stress. Homework was given to JG in a form of writing down "I am Enough" prior go to bed every night sign it and date it as a way to accept herself and feel hopeful about his future. A diaphragmatic breathing exercise was also given to him to relief his stress level and triggers that might show up during the week. In addition, teaches him mindfulness cognitively to feel present in the present. Anchor the skill of being mindful in hypnosis.

Use the word, “CALM” in the middle of the forehead and a deep breath to anchor feeling calm, focused and present.

2. In the second session asked about the week and if and when he used deep breathing to release stress. See if there is any resistance. Teach about good nutrition and how regulating the blood sugar helps create a happy, stable outlook on life. JG reported that his pain level is reduced significantly compare to the first session VAS was =5/10 and SUDs was = 40%. Following the same protocol that have been applied at the first session by start measuring the HRV prior starting the session. Principal researcher’s second session with JG reveals the challenge of transitioning from a frequent urination to a controlled one and from digestive issues to a comfort of enjoying food. How PTSD has impacted his future goals becomes clear. Continue the QMH in a form of stress inoculation (with anchors) the process of letting go of the past. Teaching JG about the heart is the center of love and letting go of fear is a powerful and effective strategy. JG is beginning to enjoy activities he had been avoiding as he practices unpairing the present with the trauma of the past. The principal researcher explains the relationship between media and diet to becoming hyper-suggestible to negativity and fear. JG learns how to use Cognitive Behavioral Therapy to correct Thinking Errors to be able to see the past and the present in a more balanced, more accurate way. In session two, JG’s venting dreams indicate subconscious improvement. Principal researcher demonstrates Dream Therapy and teaches how to evaluate Subjective Units of Distress (SUDs) to begin Exposure Therapy: QMH to visualize engaging in activities JG has been avoiding since the trauma. Correct any thinking errors that have been noticed. Put him in QMH and vent

out negativity or where he is “stuck”. Our goal is unpair the sights and sounds of the present with the trauma of the past. By being able to stay in anxiety producing situations built his confidence that he can handle his anxiety and confront difficult circumstances.

Homework to write down the memories he had experienced with in this session. When he comes to the part that caused anxiety on the office, have him rate the memories using the SUDs Scale Subjective Units of Distress (SUDs) which is a 0 – 100 scale that indicates how distressing it would be for him to imagine each activity. Have him do this in the morning right when he wakes up because this is the natural time for venting things out one no longer needs. Asked him to do these 3 days in a row and observe how each day distress becomes lower and lower. The VAS was = 2/10 and SUDs was = 20% after this session was completed.

3. In the final session for this series, JG has noticed dramatic improvement in his stress level at 30% on SUDs and dramatic relieve of his pain at 3/10 on VAS. Continue the research protocol that have been applied at the first session by start measuring the HRV before starting the session. In QMH, used the metaphors and effecting words and phrases JG has used in the cognitive portion of the session to deeply penetrate the subconscious mind. The principal researcher works on JG feelings and believing what he already knows with his logic and reason. Principal researcher leads JG to consider his future. JG celebrates his improvement in pain and stress symptoms. At end of the third and final session, he had managed to achieve a significant improvement

in his pain level into 0/10 on VAS and no stress at all at 5% on SUDs. He has tools and strategies that he can use.

4.2.6 Table 6: Summary of JG's QMH healing sessions

Date	VAS Prior – After QMH session	SUDs Prior – After QMH session
6/28/2019	7/10 – 3/10	70% - 40%
7/16/2019	5/10 – 2/10	40% - 20%
7/22/2019	3/10 – 0/10	30% - 5%

Summary of JG's QMH healing sessions

The three QMH sessions were completed in person and throughout the month of June and July 2019 with significant results. Through the quantum medicine concepts of entanglement and quantum leap, the QMH sessions de-stressed the vital and the supramental bodies, which had a deep reflective healing effect on the physical body. The QMH protocol focused on systematic desensitization of the old traumatic memories and created a new memory with the right meaning. JG reported in his last session that his chronic pain and stress symptoms had an incredible over 90% improvement. He started to understand how to work his way around the guilt, shame, and blame feelings. In addition, he also has learned how to love himself and accept it as it is. JG now has a new dog that fill his love to animals and enjoy life to the fullest.

PTSD Case #6 History Summary (LS, 46, F, Teacher, PTSD Childhood Abuse)

6. PTSD Childhood abuse	Teacher	46	F	LS
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The principal researcher demonstrates a thorough intake demonstrates interview techniques, reflective listening, and taking clinical notes.

Client's Name: LS

Gender: F

Age: 46

Presenting Issues: LS represented with diagnosed PTSD with symptoms of Chronic pain in a form of fibromyalgia 9/10 on VAS scale and high stress of 80% on SUDs scale.

Symptoms length: 40 years

Feeling: Ashamed, Sadness, worries, and fears.

Describes herself as: Big lazy women, who doesn't have any future.

Where it started: LS a teacher who is a teacher and grief from the guilt and the shame of her childhood abuse trauma.

How it's progressed: LS is suffering from stress eating and lack of self-confidence.

Additionally: LS really wants to let go her physical body pain and stress.

Used Modality: Predominantly QMH used and monitored the HRV by using the HRV biofeedback device (EmWave ProPlus with the ear sensor).

Quantum Medical Hypnosis Sessions

1. The first session with LS, a teacher who is a teacher and grief from the guilt and the shame of her childhood abuse trauma. In addition, she is suffering from stress eating and lack of self-confidence. Reflective listening without trying to fix it. Listened carefully to the details of the trauma and how it is affecting her life. Let her know that there is research to show people can overcome PTSD. After preparing LS for QMH session using Theory of Mind, principal researcher used stress inoculation in QMH to give LS tools to have a calmer and more peaceful week when she feels the onset of stress and pain from her PTSD. In addition, as a homework principal researcher discussed with LS the importance of the law of repetition and association for replacement behavior and encouraged her to count herself down when taking naps during the day and counting herself up every hour.

Measure the Heart Rate Variability (HRV) by using HeartMath (EmWave Pro Plus software) and ear sensor hardware. In which was attached to LS's ear loop prior and after the QMH session for about 5 minutes each. Report the feedback, feelings, and emotions changes prior and after each session in a form of changes in pain level, which was measured by Visual Analogue Scale (VAS) 0-10 scale and measuring the changes in the stress level by using the Subjective Unit of Distress (SUDs) which is a 0-100 scale. VAS was =9/10 and SUDs was = 80% prior the first session, and VAS was =4/10 and SUDs was = 50% after the first session. In QMH have her bring up the memory, feel the anxiety and vent it out with cataleptic arm stiffening. Repeat as often as necessary to release the stress. Homework was given to LS in a form of writing down "I am Enough" prior go to bed every night sign it and date it as a way to accept herself and feel hopeful about her

future. A diaphragmatic breathing exercise was also given to her to relief her stress level and triggers that might show up during the week. In addition, teaches her mindfulness cognitively to feel present in the present. Anchor the skill of being mindful in hypnosis. Use the word, "CALM" in the middle of the forehead and a deep breath to anchor feeling calm, focused and present.

2. In the second session asked about the week and if and when she used deep breathing to release stress. See if there is any resistance. Teach about good nutrition and how regulating the blood sugar helps create a happy, stable outlook on life. LS reported that her pain level is reduced significantly compare to the first session VAS was =5/10 and SUDs was = 50%. Following the same protocol that have been applied at the first session by start measuring the HRV before starting the session. Principal researcher's second session with LS reveals the challenge of transitioning from isolation to connection and communication. How PTSD has impacted her future goals becomes clear. Continue the QMH in a form of stress inoculation (with anchors) the process of letting go of the past. Teaching LS about the heart is the center of love and letting go of fear is a powerful and effective strategy. LS is beginning to enjoy activities she had been avoiding as she practices unpairing the present with the trauma of the past. The principal researcher explains the relationship between media and diet to becoming hyper-suggestible to negativity and fear. LS learns how to use Cognitive Behavioral Therapy to correct Thinking Errors to be able to see the past and the present in a more balanced, more accurate way. In session two, LS's venting dreams indicate subconscious improvement. Principal researcher demonstrates Dream Therapy and teaches how to evaluate Subjective

Units of Distress (SUDs) to begin Exposure Therapy: QMH to visualize engaging in activities LS has been avoiding since the trauma. Correct any thinking errors that have been noticed. Put her in QMH and vent out negativity or where she is “stuck”. Our goal is unpair the sights and sounds of the present with the trauma of the past. By being able to stay in anxiety producing situations built her confidence that she can handle her anxiety and confront difficult circumstances. Homework to write down the memories she had experienced with in this session. When she comes to the part that caused anxiety on the office, have her rate the memories using the SUDs Scale Subjective Units of Distress (SUDs) which is a 0 – 100 scale that indicates how distressing it would be for her to imagine each activity. Have her do this in the morning right when she wakes up because this is the natural time for venting things out one no longer needs. Asked her to do these 3 days in a row and observe how each day distress becomes lower and lower. The VAS was = 3/10 and SUDs was = 20% after this session was completed.

3. In the final session for this series, LS has noticed dramatic improvement in her stress level at 30% on SUDs and dramatic relieve of her pain at 3/10 on VAS. Continue the research protocol that have been applied at the first session by start measuring the HRV before starting the session. In QMH, used the metaphors and effecting words and phrases LS has used in the cognitive portion of the session to deeply penetrate the subconscious mind. The principal researcher works on LS feelings and believing what she already knows with her logic and reason. Principal researcher leads LS to consider her future. LS celebrates her improvement in pain and stress symptoms. At end of the third and final session, she had managed to achieve a significant

improvement in her pain level into 1/10 on VAS and no stress at all at 10% on SUDs. She has tools and strategies that she can use.

4.2.7 Table 7: Summary of LS's QMH healing sessions

Date	VAS Prior – After QMH session	SUDs Prior – After QMH session
7/01/2019	9/10 – 4/10	80% - 50%
7/16/2019	5/10 – 3/10	50% - 30%
7/23/2019	3/10 – 1/10	30% - 10%

Summary of LS's QMH healing sessions

The three QMH sessions were completed in person and between the month of June and July 2019 with significant results. Through the quantum medicine concepts of entanglement and quantum leap, the QMH sessions de-stressed the vital and the supramental bodies, which had a deep reflective healing effect on the physical body. The QMH protocol focused on systematic desensitization of the old traumatic memories and created a new memory with the right meaning. LS reported in her last session that her chronic pain and stress symptoms had an unbelievable 100% improvement. LS is enjoying health food choices and have a great self-confidence. She has learned how to forgive herself and be happy with who she is and accept that.

PTSD Case #7 History Summary (MM, 41, F, Veteran, PTSD Sexual Abuse)

7. PTSD Sexual Abuse	Veteran	41	F	MM
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The principal researcher demonstrates a thorough intake demonstrates interview techniques, reflective listening, and taking clinical notes.

Client's Name: MM

Gender: F

Age: 41

Presenting Issues: MM represented with diagnosed PTSD with symptoms of Chronic pain in a form of headache and abdominal upset (without medical etiology) 6/10 on VAS scale and high stress of 75% on SUDs scale.

Symptoms length: 20 years

Feeling: Depression, Anxiety, Anxious, jealousy, lack of self-confidence.

Describes herself as: A fat and sad women.

Where it started: MM a veteran who just came home from the war overseas suffering from stress, anxiety and lack of self-confidence to find a job has been a challenge.

Sexually abused 20 years ago and that added to her current stressful situation.

How it's progressed: MM currently is unemployed, but she wants to find a job and to be financially independent.

Additionally: MM really wants to let go her physical body pain and stress. She also wants to lose weight and have a better self-image.

Used Modality: Predominantly QMH used and monitored the HRV by using the HRV biofeedback device (EmWave ProPlus with the ear sensor).

Quantum Medical Hypnosis Sessions

1. The first session with MM, a veteran who just came home from the war overseas suffering from stress, anxiety and lack of self-confidence to find a job has been a challenge. Sexually abused 20 years ago and that added to her current stressful situation. Reflective listening without trying to fix it. Listened carefully to the details of the trauma and how it is affecting her life. Let her know that there is research to show people can overcome PTSD. After preparing MM for QMH session using Theory of Mind, principal researcher used stress inoculation in QMH to give MM tools to have a calmer and more peaceful week when she feels the onset of stress and pain from her PTSD. In addition, as a homework principal researcher discussed with MM the importance of repetition for replacement behavior and encouraged her to count herself down when taking naps during the day and counting herself up every hour.

Measure the Heart Rate Variability (HRV) by using HeartMath (EmWave Pro Plus software) and ear sensor hardware. In which was attached to MM's ear loop prior and after the QMH session for about 5 minutes each. Report the feedback, feelings, and emotions changes prior and after each session in a form of changes in pain level, which was measured by Visual Analogue Scale (VAS) 0-10 scale and measuring the changes in the stress level by using the Subjective Unit of Distress (SUDs) which is a 0-100 scale. VAS was =6/10 and SUDs was = 75% before the first session, and VAS was =3/10 and SUDs was = 45% after the first session. In QMH have her bring up the memory, feel the anxiety and vent it out with cataleptic arm stiffening. Repeat as often as necessary to release the stress. Homework was given to MM in a form of writing down "I am Enough" prior go to bed every night sign it and date it as a way to accept herself and feel hopeful

about her future. A diaphragmatic breathing exercise was also given to her to relief her stress level and triggers that might show up during the week. In addition, teaches her mindfulness cognitively to feel present in the present. Anchor the skill of being mindful in hypnosis. Use the word, "CALM" in the middle of the forehead and a deep breath to anchor feeling calm, focused and present.

2. In the second session asked about the week and if and when she used deep breathing to release stress. See if there is any resistance. Teach about good nutrition and how regulating the blood sugar helps create a happy, stable outlook on life. MM reported that her pain level is alleviated compare to the first session VAS was =4/10 and SUDs was = 45%. Following the same protocol that have been applied at the first session by start measuring the HRV before starting the session. Principal researcher's second session with SR reveals the challenge of transitioning from isolation to connection and communication. How PTSD has impacted her future goals becomes clear. Continue the QMH in a form of stress inoculation (with anchors) the process of letting go of the past. Teaching SHD about the heart is the center of love and letting go of fear is a powerful and effective strategy. MM is beginning to enjoy activities she had been avoiding as she practices unpairing the present with the trauma of the past. The principal researcher explains the relationship between media and diet to becoming hyper-suggestible to negativity and fear. MM learns how to use Cognitive Behavioral Therapy to correct Thinking Errors to be able to see the past and the present in a more balanced, more accurate way. In session two, MM's venting dreams indicate subconscious improvement. Principal researcher demonstrates Dream Therapy and teaches how to evaluate Subjective

Units of Distress (SUDs) to begin Exposure Therapy: QMH to visualize engaging in activities MM has been avoiding since the trauma. Correct any thinking errors that have been noticed. Put her in QMH and vent out negativity or where she is “stuck”. Our goal is unpair the sights and sounds of the present with the trauma of the past. By being able to stay in anxiety producing situations built her confidence that she can handle her anxiety and confront difficult circumstances. Homework to write down the memories she had experienced with in this session. When she comes to the part that caused anxiety on the office, have her rate the memories using the SUDs Scale Subjective Units of Distress (SUDs) which is a 0 – 100 scale that indicates how distressing it would be for her to imagine each activity. Have her do this in the morning right when she wakes up because this is the natural time for venting things out one no longer needs. Asked her to do these 3 days in a row and observe how each day distress becomes lower and lower. The VAS was = 2/10 and SUDs was = 25% after this session was completed.

3. In the final session for this series, MM has noticed dramatic improvement in her stress level at 20% on SUDs and dramatic relieve of her pain at 3/10 on VAS. Continue the research protocol that have been applied at the first session by start measuring the HRV before starting the session. In QMH, used the metaphors and effecting words and phrases SR has used in the cognitive portion of the session to deeply penetrate the subconscious mind. The principal researcher works on MM feelings and believing what she already knows with her logic and reason. Principal researcher leads MM to consider her future. MM celebrates her improvement in pain and stress symptoms. At end of the third and final session, she had managed to achieve a significant

improvement in her pain level into 0/10 on VAS and no stress at all at 5% on SUDs. She has tools and strategies that she can use.

4.2.8 Table 8: Summary of MM's QMH healing sessions

Date	VAS Prior – After QMH session	SUDs Prior – After QMH session
7/07/2019	6/10 – 3/10	75% - 45%
7/16/2019	4/10 – 2/10	45% - 25%
7/21/2019	3/10 – 0/10	20% - 5%

Summary of MM's QMH healing sessions

The three QMH sessions were completed in person and during the month of July 2019 with significant results. Through the quantum medicine concepts of entanglement and quantum leap, the QMH sessions de-stressed the vital and the supramental bodies, which had a deep reflective healing effect on the physical body. The QMH protocol focused on systematic desensitization of the old traumatic memories and created a new memory with the right meaning. MM reported in her last session that her chronic pain and stress symptoms had an unbelievable 95% improvement. She started to a new job, had achieved her full confidence and lost over 25 pounds in the last three weeks.

PTSD Case #8 History Summary (TS, 67, M, Military, PTSD Childhood neglect)

8. PTSD Childhood neglect	Military	67	M	TS
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The principal researcher demonstrates a thorough intake demonstrates interview techniques, reflective listening, and taking clinical notes.

Client's Name: TS

Gender: M

Age: 67

Presenting Issues: TS represented with diagnosed PTSD with symptoms of Chronic pain in a form of uncomfortable digestion (no medical etiology) 8/10 on VAS scale and high stress in a form of frequent urination (no medical etiology) of 80% on SUDs scale.

Symptoms length: 60 years

Feeling: Lack of confidence, shame, guilt.

Describes herself as: shay, loser.

Where it started: TS is a military personal who had a childhood trauma of being neglected and ashamed from his upbringing. Frequent urination and digestive concerns are creating a lot of anxiety and stress around his life.

How it's progressed: TS wants to have a relief from the frequent urination and the digestive issues that he suffered most of his life.

Additionally: TS really desire to enjoy his meals without digestive problems and watching a movie without goes to the bathroom every hour.

Used Modality: Predominantly QMH used and monitored the HRV by using the HRV biofeedback device (EmWave ProPlus with the ear sensor).

Quantum Medical Hypnosis Sessions

1. The first session with TS, a military personal who had a childhood trauma of being neglected and ashamed from his upbringing. Frequent urination and digestive concerns are creating a lot of anxiety and stress around his life. Reflective listening without trying to fix it. Listened carefully to the details of the trauma and how it is affecting her life. Let her know that there is research to show people can overcome PTSD. After preparing TS for QMH session using Theory of Mind, principal researcher used stress inoculation in QMH to give TS tools to have a calmer and more peaceful week when he feels the onset of stress and pain from his PTSD. In addition, as a homework principal researcher discussed with TS the importance of repetition for the law of repetition and association in replacement of behavior and encouraged him to count himself down when taking naps during the day and counting himself up every hour.

Measure the Heart Rate Variability (HRV) by using HeartMath (EmWave Pro Plus software) and ear sensor hardware. In which was attached to TS's ear loop prior and after the QMH session for about 5 minutes each. Report the feedback, feelings, and emotions changes prior and after each session in a form of changes in pain level, which was measured by Visual Analogue Scale (VAS) 0-10 scale and measuring the changes in the stress level by using the Subjective Unit of Distress (SUDs) which is a 0-100 scale. VAS was =8/10 and SUDs was = 80% before the first session, and VAS was =4/10 and SUDs was = 55% after the first session. In QMH have her bring up the memory, feel the anxiety and vent it out with cataleptic arm stiffening. Repeat as often as necessary to release the stress. Homework was given to SHD in a form of writing down "I am Enough" prior go to bed every night sign it and date it as a way to accept herself and feel hopeful about his

future. A diaphragmatic breathing exercise was also given to him to relief his stress level and triggers that might show up during the week. In addition, teaches him mindfulness cognitively to feel present in the present. Anchor the skill of being mindful in hypnosis. Use the word, "CALM" in the middle of the forehead and a deep breath to anchor feeling calm, focused and present.

2. In the second session asked about the week and if and when he used deep breathing to release stress. See if there is any resistance. Teach about good nutrition and how regulating the blood sugar helps create a happy, stable outlook on life. TS reported that his pain level is reduced significantly compare to the first session VAS was =6/10 and SUDs was = 50%. Following the same protocol that have been applied at the first session by start measuring the HRV prior starting the session. Principal researcher's second session with TS reveals the challenge of transitioning from a frequent urination to a controlled one and from digestive issues to a comfort of enjoying food. How PTSD has impacted his future goals becomes clear. Continue the QMH in a form of stress inoculation (with anchors) the process of letting go of the past. Teaching TS about the heart is the center of love and letting go of fear is a powerful and effective strategy. TS is beginning to enjoy activities he had been avoiding as he practices unpairing the present with the trauma of the past. The principal researcher explains the relationship between media and diet to becoming hyper-suggestible to negativity and fear. TS learns how to use Cognitive Behavioral Therapy to correct Thinking Errors to be able to see the past and the present in a more balanced, more accurate way. In session two, TS's venting dreams indicate subconscious improvement. Principal researcher demonstrates Dream

Therapy and teaches how to evaluate Subjective Units of Distress (SUDs) to begin Exposure Therapy: QMH to visualize engaging in activities TS has been avoiding since the trauma. Correct any thinking errors that have been noticed. Put him in QMH and vent out negativity or where he is “stuck”. Our goal is unpair the sights and sounds of the present with the trauma of the past. By being able to stay in anxiety producing situations built his confidence that he can handle his anxiety and confront difficult circumstances.

Homework to write down the memories he had experienced with in this session. When he comes to the part that caused anxiety on the office, have him rate the memories using the SUDs Scale Subjective Units of Distress (SUDs) which is a 0 – 100 scale that indicates how distressing it would be for him to imagine each activity. Have him do this in the morning right when he wakes up because this is the natural time for venting things out one no longer needs. Asked him to do these 3 days in a row and observe how each day distress becomes lower and lower. The VAS was = 3/10 and SUDs was = 20% after this session was completed.

3. In the final session for this series, TS has noticed dramatic improvement in his stress level at 30% on SUDs and dramatic relieve of his pain at 4/10 on VAS. Continue the research protocol that have been applied at the first session by start measuring the HRV before starting the session. In QMH, used the metaphors and effecting words and phrases TS has used in the cognitive portion of the session to deeply penetrate the subconscious mind. The principal researcher works on TS feelings and

believing what he already knows with his logic and reason. Principal researcher leads TS to consider his future. TS celebrates his improvement in pain and stress symptoms. At end of the third and final session, he had managed to achieve a significant improvement in his pain level into 1/10 on VAS and no stress at all at 10% on SUDs. He has tools and strategies that he can use.

4.2.9 Table 9: Summary of TS's QMH healing sessions

Date	VAS Prior – After QMH session	SUDs Prior – After QMH session
6/28/2019	8/10 – 4/10	80% - 55%
7/02/2019	6/10 – 3/10	50% - 20%
7/12/2019	4/10 – 1/10	30% - 10%

Summary of TS's QMH healing sessions

The three QMH sessions were completed in person and throughout the month of June and July 2019 with significant results. Through the quantum medicine concepts of entanglement and quantum leap, the QMH sessions de-stressed the vital and the supramental bodies, which had a deep reflective healing effect on the physical body. The QMH protocol focused on systematic desensitization of the old traumatic memories and created a new memory with the right meaning. TS reported in his last session that his chronic pain and stress symptoms had unexpected 80% improvement. He started to understand how to work his way around the frequent urination and be confident with

himself accept it and love it. TS now is able to urinate in a controlled manner and enjoy food without digestive problems.

PTSD Case #9 History Summary (SHD, 55, F, Veteran, PTSD War)

9. PTSD War	Veteran	55	F	SHD
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The principal researcher demonstrates a thorough intake demonstrates interview techniques, reflective listening, and taking clinical notes.

Client's Name: SHD

Gender: F

Age: 55

Presenting Issues: SHD represented with diagnosed PTSD with symptoms of Chronic pain in a form of headache and shoulders tightness 4/10 on VAS scale and high stress of 50% on SUDs scale.

Symptoms length: 5 years

Feeling: Stressed, anxiety, and lack of sleep.

Describes herself as: A Hero.

Where it started: SHD a veteran who just came home from the war overseas suffering from stress, anxiety and lack of sleep. Self-confidence to find a job has been a challenge.

How it's progressed: SHD currently a stay home mom, but she wants to find a job and to be financially independent.

Additionally: SHD really wants to let go her physical body pain and stress.

Used Modality: Predominantly QMH used and monitored the HRV by using the HRV biofeedback device (EmWave ProPlus with the ear sensor).

Quantum Medical Hypnosis Sessions

1. The first session with SHD, a veteran who just came home from the war overseas suffering from stress, anxiety and lack of sleep. Reflective listening without trying to fix it. Listened carefully to the details of the trauma and how it is affecting her life. Let her know that there is research to show people can overcome PTSD. After preparing SHD for QMH session using Theory of Mind, principal researcher used stress inoculation in QMH to give SHD tools to have a calmer and more peaceful week when she feels the onset of stress and pain from her PTSD. In addition, as a homework principal researcher discussed with VR the importance of the law of repetition and association for replacement of old behaviors and encouraged her to count herself down when taking naps during the day and counting herself up every hour.

Measure the Heart Rate Variability (HRV) by using HeartMath (EmWave Pro Plus software) and ear sensor hardware. In which was attached to SHD's ear loop prior and after the QMH session for about 5 minutes each. Report the feedback, feelings, and emotions changes prior and after each session in a form of changes in pain level, which was measured by Visual Analogue Scale (VAS) 0-10 scale and measuring the changes in the stress level by using the Subjective Unit of Distress (SUDs) which is a 0-100 scale. VAS was =4/10 and SUDs was = 50% before the first session, and VAS was =3/10 and SUDs was = 20% after the first session. In QMH have her bring up the memory, feel the

anxiety and vent it out with cataleptic arm stiffening. Repeat as often as necessary to release the stress. Homework was given to SHD in a form of writing down “I am Enough” prior go to bed every night sign it and date it as a way to accept herself and feel hopeful about her future. A diaphragmatic breathing exercise was also given to her to relief her stress level and triggers that might show up during the week. In addition, teaches her mindfulness cognitively to feel present in the present. Anchor the skill of being mindful in hypnosis. Use the word, “CALM” in the middle of the forehead and a deep breath to anchor feeling calm, focused and present.

2. In the second session asked about the week and if and when she used deep breathing to release stress. See if there is any resistance. Teach about good nutrition and how regulating the blood sugar helps create a happy, stable outlook on life. SHD reported that her pain level is reduced significantly compare to the first session VAS was =2/10 and SUDs was = 20%. Following the same protocol that have been applied at the first session by start measuring the HRV before starting the session. Principal researcher’s second session with SR reveals the challenge of transitioning from isolation to connection and communication. How PTSD has impacted her future goals becomes clear. Continue the QMH in a form of stress inoculation (with anchors) the process of letting go of the past. Teaching SHD about the heart is the center of love and letting go of fear is a powerful and effective strategy. SHD is beginning to enjoy activities she had been avoiding as she practices unpairing the present with the trauma of the past. The principal researcher explains the relationship between media and diet to becoming hyper-suggestible to negativity and fear. SHD learns how to use Cognitive Behavioral Therapy to correct

Thinking Errors to be able to see the past and the present in a more balanced, more accurate way. In session two, SHD's venting dreams indicate subconscious improvement. Principal researcher demonstrates Dream Therapy and teaches how to evaluate Subjective Units of Distress (SUDs) to begin Exposure Therapy: QMH to visualize engaging in activities SHD has been avoiding since the trauma. Correct any thinking errors that have been noticed. Put her in QMH and vent out negativity or where she is "stuck". Our goal is unpair the sights and sounds of the present with the trauma of the past. By being able to stay in anxiety producing situations built her confidence that she can handle her anxiety and confront difficult circumstances. Homework to write down the memories she had experienced with in this session. When she comes to the part that caused anxiety on the office, have her rate the memories using the SUDs Scale Subjective Units of Distress (SUDs) which is a 0 – 100 scale that indicates how distressing it would be for her to imagine each activity. Have her do this in the morning right when she wakes up because this is the natural time for venting things out one no longer needs. Asked her to do these 3 days in a row and observe how each day distress becomes lower and lower. The VAS was = 1/10 and SUDs was = 5% after this session was completed.

3. In the final session for this series, SHD has noticed dramatic improvement in her stress level at 10% on SUDs and dramatic relieve of her pain at 1/10 on VAS. Continue the research protocol that have been applied at the first session by start measuring the HRV before starting the session. In QMH, used the metaphors and effecting words and phrases SR has used in the cognitive portion of the session to deeply penetrate the subconscious mind. The principal researcher works on JL feelings and

believing what she already knows with her logic and reason. Principal researcher leads SHD to consider her future. SHD celebrates her improvement in pain and stress symptoms. At end of the third and final session, she had managed to achieve a significant improvement in her pain level into 0/10 on VAS and no stress at all at 0% on SUDs. She has tools and strategies that she can use.

4.2.10 Table 10: Summary of SHD's QMH healing sessions

Date	VAS Prior – After QMH session	SUDs Prior – After QMH session
6/25/2019	4/10 – 3/10	50% - 20%
7/16/2019	2/10 – 1/10	20% - 5%
7/23/2019	1/10 – 0/10	10% - 0%

Summary of SHD's QMH healing sessions

The three QMH sessions were completed in person and between the month of June and July 2019 with significant results. Through the quantum medicine concepts of entanglement and quantum leap, the QMH sessions de-stressed the vital and the supramental bodies, which had a deep reflective healing effect on the physical body. The QMH protocol focused on systematic desensitization of the old traumatic memories and created a new memory with the right meaning. SHD reported in her last session that her chronic pain and stress symptoms had an unbelievable 100% improvement. She started to a new job, had achieved her full confidence as a hero and mom.

PTSD Case #10 History Summary (VF, 66, F, Military, PTSD domestic violence)

10. PTSD domestic violence	Military	66	F	VF
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The principal researcher demonstrates a thorough intake demonstrates interview techniques, reflective listening, and taking clinical notes.

Client's Name: VF

Gender: F

Age: 66

Presenting Issues: VF represented with diagnosed PTSD with symptoms of Chronic pain (fibromyalgia) 7/10 on VAS scale and high stress of 70% on SUDs scale.

Symptoms length: 10 years

Feeling: Anger, frustration, self-doubts.

Describes herself as: Anxiety and panic attack.

Where it started: VF a retired military personal who suffered from domestic violence.

How it's progressed: VF currently retired and suffering from anxiety and panic attacks.

Additionally: VF really wants to let go her physical body pain and stress.

Used Modality: Predominantly QMH used and monitored the HRV by using the HRV biofeedback device (EmWave ProPlus with the ear sensor).

Quantum Medical Hypnosis Sessions

1. The first session with VF, a retired military personal who suffered from domestic violence. Reflective listening without trying to fix it. Listened carefully to the details of the trauma and how it is affecting her life. Let her know that there is research to show people can overcome PTSD. After preparing VF for QMH session using Theory of Mind, principal researcher used stress inoculation in QMH to give VF tools to have a calmer and more peaceful week when she feels the onset of stress and pain from her PTSD. In addition, as a homework principal researcher discussed with VR the importance of repetition for replacement behavior and encouraged her to count herself down when taking naps during the day and counting herself up every hour.

Measure the Heart Rate Variability (HRV) by using HeartMath (EmWave Pro Plus software) and ear sensor hardware. In which was attached to VF's ear loop prior and after the QMH session for about 5 minutes each. Report the feedback, feelings, and emotions changes prior and after each session in a form of changes in pain level, which was measured by Visual Analogue Scale (VAS) 0-10 scale and measuring the changes in the stress level by using the Subjective Unit of Distress (SUDs) which is a 0-100 scale. VAS was =7/10 and SUDs was = 70% before the first session, and VAS was =4/10 and SUDs was = 35% after the first session. In QMH have her bring up the memory, feel the anxiety and vent it out with cataleptic arm stiffening. Repeat as often as necessary to release the stress. Homework was given to VF in a form of writing down "I am Enough" prior go to bed every night sign it and date it as a way to accept herself and feel hopeful about her future. A diaphragmatic breathing exercise was also given to her to relief her stress level and triggers that might show up during the week. In addition, teaches her mindfulness

cognitively to feel present in the present. Anchor the skill of being mindful in hypnosis. Use the word, “CALM” in the middle of the forehead and a deep breath to anchor feeling calm, focused and present.

2. In the second session asked about the week and if and when she used deep breathing to release stress. See if there is any resistance. Teach about good nutrition and how regulating the blood sugar helps create a happy, stable outlook on life. VF reported that her pain level is reduced significantly compare to the first session VAS was =5/10 and SUDs was = 45%. Following the same protocol that have been applied at the first session by start measuring the HRV before starting the session. Principal researcher’s second session with SR reveals the challenge of transitioning from isolation to connection and communication. How PTSD has impacted her future goals becomes clear. Continue the QMH in a form of stress inoculation (with anchors) the process of letting go of the past. Teaching VF about the heart is the center of love and letting go of fear is a powerful and effective strategy. VF is beginning to enjoy activities she had been avoiding as she practices unpairing the present with the trauma of the past. The principal researcher explains the relationship between media and diet to becoming hyper-suggestible to negativity and fear. VF learns how to use Cognitive Behavioral Therapy to correct Thinking Errors to be able to see the past and the present in a more balanced, more accurate way. In session two, VF’s venting dreams indicate subconscious improvement. Principal researcher demonstrates Dream Therapy and teaches how to evaluate Subjective Units of Distress (SUDS) to begin Exposure Therapy: QMH to visualize engaging in activities VF has been avoiding since the trauma. Correct any thinking errors that have

been noticed. Put her in QMH and vent out negativity or where she is “stuck”. Our goal is unpair the sights and sounds of the present with the trauma of the past. By being able to stay in anxiety producing situations built her confidence that she can handle her anxiety and confront difficult circumstances. Homework to write down the memories she had experienced with in this session. When she comes to the part that caused anxiety on the office, have her rate the memories using the SUDS Scale Subjective Units of Distress (SUDS) which is a 0 – 100 scale that indicates how distressing it would be for her to imagine each activity. Have her do this in the morning right when she wakes up because this is the natural time for venting things out one no longer needs. Asked her to do these 3 days in a row and observe how each day distress becomes lower and lower. The VAS was = 2/10 and SUDs was = 25% after this session was completed.

3. In the final session for this series, VF has noticed dramatic improvement in her stress level at 25% on SUDs and dramatic relieve of her pain at 3/10 on VAS. Continue the research protocol that have been applied at the first session by start measuring the HRV before starting the session. In QMH, used the metaphors and effecting words and phrases SR has used in the cognitive portion of the session to deeply penetrate the subconscious mind. The principal researcher works on JL feelings and believing what she already knows with her logic and reason. Principal researcher leads VF to consider her future. VF celebrates her improvement in pain and stress symptoms. At end of the third and final session, she had managed to achieve a significant improvement in her pain level into 1/10 on VAS and no stress at all at 5% on SUDs. She has tools and strategies that she can use.

4.2.11 Table 11: Summary of VF's QMH healing sessions

Date	VAS Prior – After QMH session	SUDs Prior – After QMH session
7/16/2019	7/10 – 4/10	70% - 35%
7/22/2019	5/10 – 2/10	45% - 22%
7/30/2019	3/10 – 1/10	25% - 5%

Summary of VF's QMH healing sessions

The three QMH sessions were completed in person and throughout the month of July 2019 with significant results. Through the quantum medicine concepts of entanglement and quantum leap, the QMH sessions de-stressed the vital and the supramental bodies, which had a deep reflective healing effect on the physical body. The QMH protocol focused on systematic desensitization of the old traumatic memories and created a new memory with the right meaning. VF reported in her last session that her chronic pain and stress symptoms had about 70% improvement. She started to travel and appreciate her life more.

PTSD Case #11 History Summary (SR, 70, F, Veteran, PTSD Exposed to bomb explosion)

11. PTSD Exposed to bomb explosion	Veteran	70	F	SR
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The principal researcher demonstrates a thorough intake demonstrates interview techniques, reflective listening, and taking clinical notes.

Client's Name: SR

Gender: F

Age: 70

Presenting Issues: SR represented with diagnosed PTSD with symptoms of Chronic pain (fibromyalgia) 8/10 on VAS scale and high stress of 90% on SUDs scale.

Symptoms length: 50 years

Feeling: Sadness, confusion, isolation.

Describes herself as: Lonely.

Where it started: SR a veteran who exposed to bomb explosion in the line of her duty.

How it's progressed: SR currently retired and suffering from isolation and sadness.

Additionally: SR really wants to let go her physical body pain and stress.

Used Modality: Predominantly QMH used and monitored the HRV by using the HRV biofeedback device (EmWave ProPlus with the ear sensor).

Quantum Medical Hypnosis Sessions

1. The first session with SR, a veteran who experienced multiple traumas in the line of duty after had been exposed to a bomb explosion. Reflective listening without trying to fix it. Listened carefully to the details of the trauma and how it is affecting her life. Let her know that there is research to show people can overcome PTSD. After preparing SR for QMH session using Theory of Mind, principal researcher used stress inoculation in QMH to give SR tools to have a calmer and more peaceful week when she feels the onset of stress and pain from her PTSD. In addition, as a homework principal researcher

discussed with SR the importance of repetition for replacement behavior and encouraged her to count herself down when taking naps during the day and counting herself up every hour.

Measure the Heart Rate Variability (HRV) by using HeartMath (EmWave Pro Plus software) and ear sensor hardware. In which was attached to SR's ear loop prior and after the QMH session for about 5 minutes each. Report the feedback, feelings, and emotions changes prior and after each session in a form of changes in pain level, which was measured by Visual Analogue Scale (VAS) 0-10 scale and measuring the changes in the stress level by using the Subjective Unit of Distress (SUDs) which is a 0-100 scale. VAS was =8/10 and SUDs was = 90% before the first session, and VAS was =5/10 and SUDs was = 50% after the first session. In QMH have her bring up the memory, feel the anxiety and vent it out with cataleptic arm stiffening. Repeat as often as necessary to release the stress. Homework was given to JL in a form of writing down "I am Enough" prior go to bed every night sign it and date it as a way to accept herself and feel hopeful about her future. A diaphragmatic breathing exercise was also given to her to relief her stress level and triggers that might show up during the week. In addition, teaches her mindfulness cognitively to feel present in the present. Anchor the skill of being mindful in hypnosis. Use the word, "CALM" in the middle of the forehead and a deep breath to anchor feeling calm, focused and present.

2. in the second session sked about the week and if and when she used deep breathing to release stress. See if there is any resistance. Teach about good nutrition and how

regulating the blood sugar helps create a happy, stable outlook on life. JL reported that her pain level is reduced significantly compare to the first session VAS was =6/10 and SUDs was = 60%. Following the same protocol that have been applied at the first session by start measuring the HRV before starting the session. Principal researcher's second session with SR reveals the challenge of transitioning from isolation to connection and communication. How PTSD has impacted her future goals becomes clear. Continues the QMH in a form of stress inoculation (with anchors) the process of letting go of the past. Teaching SR about the heart is the center of love and letting go of fear is a powerful and effective strategy. SR is beginning to enjoy activities she had been avoiding as she practices unpairing the present with the trauma of the past. The principal researcher explains the relationship between media and diet to becoming hyper-suggestible to negativity and fear. SR learns how to use Cognitive Behavioral Therapy to correct Thinking Errors to be able to see the past and the present in a more balanced, more accurate way. In session two, SR's venting dreams indicate subconscious improvement. Principal researcher demonstrates Dream Therapy and teaches how to evaluate Subjective Units of Distress (SUDS) to begin Exposure Therapy: QMH to visualize engaging in activities SR has been avoiding since the trauma. Correct any thinking errors that have been noticed. Put her in QMH and vent out negativity or where she is "stuck". Our goal is unpair the sights and sounds of the present with the trauma of the past. By being able to stay in anxiety producing situations built her confidence that she can handle her anxiety and confront difficult circumstances. Homework to write down the memories she had experienced with in this session. When she comes to the part that caused anxiety on the office, have her rate the memories using the SUDS Scale Subjective Units of Distress

(SUDs) which is a 0 – 100 scale that indicates how distressing it would be for her to imagine each activity. Have her do this in the morning right when she wakes up because this is the natural time for venting things out one no longer needs. Asked her to do these 3 days in a row and observe how each day distress becomes lower and lower. The VAS was =4/10 and SUDs was = 40% after this session was completed.

3. In the final session for this series, SR has noticed dramatic improvement in her stress level at 20% on SUDs and dramatic relieve of her pain at 2/10 on VAS. Continue the research protocol that have been applied at the first session by start measuring the HRV before starting the session. In QMH, used the metaphors and effecting words and phrases SR has used in the cognitive portion of the session to deeply penetrate the subconscious mind. The principal researcher works on JL feelings and believing what she already knows with her logic and reason. Principal researcher leads SR to consider her future. SR celebrates her improvement in pain and stress symptoms. At end of the third and final session, she had managed to achieve a significant improvement in her pain level into 2/10 on VAS and no stress at all at 20% on SUDs. She has tools and strategies that she can use.

4.2.12 Table 12: Summary of SR's QMH healing sessions

Date	VAS Prior – After QMH session	SUDs Prior – After QMH session

7/22/2019	8/10 – 5/10	90% - 50%
7/30/2019	6/10 – 4/10	60% - 40%
7/31/2019	5/10 – 2/10	40% - 20%

Summary of SR's QMH healing sessions

The three QMH sessions were completed in person and throughout the month of July 2019 with significant results. Through the quantum medicine concepts of entanglement and quantum leap, the QMH sessions de-stressed the vital and the supramental bodies, which had a deep reflective healing effect on the physical body. The QMH protocol focused on systematic desensitization of the old traumatic memories and created a new memory with the right meaning. SR reported in her last session that her symptoms had 80% improvement from the chronic pain and stress. She started to enjoy her daily life and participate in her community activities.

PTSD Case #12 History Summary (SB, 73, F, Retired, PTSD Grief of dog and husband)

12. PTSD Grief of dog and husband	Retired	73	F	SB
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The principal researcher demonstrates a thorough intake demonstrates interview techniques, reflective listening, and taking clinical notes.

Client's Name: SB

Gender: F

Age: 73

Presenting Issues: SB represented with diagnosed PTSD with symptoms of Chronic pain 5/10 on VAS scale and high stress of 65% on SUDs scale.

Symptoms length: 5 years

Feeling: Guilt, shame, frustration, and anger.

Describes herself as: Old women with no purpose in life.

Where it started: SB a retired lady who lost her dog and husband.

How it's progressed: SB currently is retired and have an empty and lonely life.

Additionally: SB needs to let go the feeling of guilt and anger that she lived with for so many years after losing her two loved ones.

Used Modality: Predominantly QMH used and monitored the HRV by using the HRV biofeedback device (EmWave ProPlus with the ear sensor).

Quantum Medical Hypnosis Sessions

1. The first session with SB, a retired lady who witnessed the death of her dog and husband. Reflective listening without trying to fix it. Listened carefully to the details of the trauma and how it is affecting her life. Let her know that there is research to show people can overcome PTSD. After preparing SB for QMH session using Theory of Mind, principal researcher used stress inoculation in QMH to give SB tools to have a calmer and more peaceful week when she feels the onset of stress and pain from her PTSD.

Measure the Heart Rate Variability (HRV) by using HeartMath (EmWave Pro Plus software) and ear sensor hardware. In which was attached to SB's ear loop prior and after the QMH session for about 5 minutes each. Report the feedback, feelings, and emotions changes prior and after each session in a form of changes in pain level, which was

measured by Visual Analogue Scale (VAS) 0-10 scale and measuring the changes in the stress level by using the Subjective Unit of Distress (SUDs) which is a 0-100 scale. VAS was =5/10 and SUDs was = 65% prior the first session, and VAS was =4/10 and SUDs was = 30% after the first session. In QMH have her bring up the memory, feel the anxiety and vent it out with cataleptic arm stiffening. Repeat as often as necessary to release the stress. Homework was given to SB in a form of writing down “I am Enough” prior bed every night sign it and date it as a way to accept herself and feel hopeful about her future. A diaphragmatic breathing exercise was also given to her to relief her stress level and triggers that might show up during the week. In addition, teaches her mindfulness cognitively to feel present in the present. Anchor the skill of being mindful in hypnosis. Use the word, “CALM” in the middle of the forehead and a deep breath to anchor feeling calm, focused and present.

2. In the second session asked about the week and if and when she used deep breathing to release stress. See if there is any resistance. Teach about good nutrition and how regulating the blood sugar helps create a happy, stable outlook on life. SB reported that her pain level is reduced significantly compare to the first session VAS was =3/10 and SUDs was = 30%. Following the same protocol that have been applied at the first session by start measuring the HRV prior the session. Principal researcher’s second session with SB reveals the challenge of transitioning from being a lonely to occupy her time with love and inner peace. How PTSD has impacted her future goals becomes clear. Continues the QMH in a form of stress inoculation (with anchors) the process of letting go of the past. Teaching SB about the heart is the center of love and letting go of fear is a powerful

and effective strategy. SB is beginning to enjoy activities she had been avoiding as she practices unpairing the present with the trauma of the past. The principal researcher explains the relationship between mind and diet to becoming hyper-suggestible to negativity and fear. SB learns how to use Cognitive Behavioral Therapy to correct Thinking Errors to be able to see the past and the present in a more balanced, more accurate way. In session two, SL's venting dreams indicate subconscious improvement. Principal researcher demonstrates Dream Therapy and teaches how to evaluate Subjective Units of Distress (SUDS) to begin Exposure Therapy: QMH to visualize engaging in activities SB has been avoiding since the trauma. Correct any thinking errors that have been noticed. Put her in QMH and vent out negativity or where she is "stuck". Our goal is unpair the sights and sounds of the present with the trauma of the past. By being able to stay in anxiety producing situations built her confidence that she can handle her anxiety and confront difficult circumstances. Homework to write down the memories she had experienced with in this session. When she comes to the part that caused anxiety on the office, have her rate the memories using the SUDS Scale Subjective Units of Distress (SUDS) which is a 0 – 100 scale that indicates how distressing it would be for her to imagine each activity. Have her do this in the morning right when she wakes up because this is the natural time for venting things out one no longer needs. Asked her to do these 3 days in a row and observe how each day distress becomes lower and lower. The VAS was =2/10 and SUDs was = 10% after this session was completed.

3. In the final session for this series, SB has noticed dramatic improvement in her stress level at 10% on SUDs and dramatic relieve of her pain at 1/10 on VAS. Continue the

research protocol that have been applied at the first session by start measuring the HRV before starting the session. In QMH, used the metaphors and effecting words and phrases SB has used in the cognitive portion of the session to deeply penetrate the subconscious mind. The principal researcher works on LB feelings and believing what she already knows with her logic and reason. Principal researcher leads SB to consider her future. SB celebrates her improvement in pain and stress symptoms. At end of the third and final session, she had managed to achieve a significant improvement in her pain level into 0/10 on VAS and no stress at all at 0% on SUDs. She has tools and strategies that she can use.

4.2.13 Table 13: Summary of SB's QMH healing sessions

Date	VAS Prior – After QMH session	SUDs Prior – After QMH session
7/19/2019	5/10 – 4/10	65% - 30%
7/30/2019	3/10 – 2/10	30% - 10%
7/31/2019	1/10 – 0/10	10% - 0%

Summary of SB's QMH healing sessions

The three QMH sessions were completed in person and throughout the month of July and August 2019 with significant results. Through the quantum medicine concepts of entanglement and quantum leap, the QMH sessions de-stressed the vital and the supramental bodies, which had a deep reflective healing on the physical body. The QMH

protocol focused on systematic desensitization of the old traumatic memories and created a new memory with the right meaning. SB reported in her last session that her chronic pain and stress symptoms had almost 99% improved. She enjoys her retirement time now with joy and happiness.

PTSD Case #13 History Summary (MS, 67, M, Doctor, PTSD Rape)

13. PTSD Rape	Doctor	67	M	MS
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The principal researcher demonstrates a thorough intake demonstrates interview techniques, reflective listening, and taking clinical notes.

Client's Name: MS

Gender: M

Age: 67

Presenting Issues: MS represented with diagnosed PTSD with symptoms of Chronic pain 8/10 on VAS scale and high stress of 70% on SUDs scale.

Symptoms length: 60 years

Feeling: Fear, worries, lack of sleep.

Describes himself as: Invisible, lack of confidence.

Where it started: MS a doctor who was raped by a family member as a child.

How it's progressed: MS currently is a retired doctor, who needs to experience confidence and joy of life.

Additionally: MS wants to let go that fear and start enjoying life confidently.

Used Modality: Predominantly QMH used and monitored the HRV by using the HRV biofeedback device (EmWave ProPlus with the ear sensor).

Quantum Medical Hypnosis Sessions

1. The first session with MS, a doctor who had been raped by a family member as a child. Reflective listening without trying to fix it. Listened carefully to the details of the trauma and how it is affecting his life. Let him know that there is research to show people can overcome PTSD. After preparing MS for QMH session using Theory of Mind, principal researcher used stress inoculation in QMH to give MS tools to have a calmer and more peaceful week when he feels the onset of stress and pain from his PTSD.

Measure the Heart Rate Variability (HRV) by using HeartMath (EmWave Pro Plus software) and ear sensor hardware. In which was attached to MS's ear loop prior and after the QMH session for about 5 minutes each. Report the feedback, feelings, and emotions changes prior and after each session in a form of changes in pain level, which was measured by Visual Analogue Scale (VAS) 0-10 scale and measuring the changes in the stress level by using the Subjective Unit of Distress (SUDs) which is a 0-100 scale. VAS was =8/10 and SUDs was = 70% prior the first session, and VAS was =5/10 and SUDs was = 40% after the first session. In QMH have his bring up the memory, feel the anxiety and vent it out with cataleptic arm stiffening. Repeat as often as necessary to release the stress. Homework was given to MS in a form of writing down "I am Enough" prior bed every night, sign it and date it, as a way to accept himself and feel hopeful about his future. A diaphragmatic breathing exercise was also given to him to relief his stress level and triggers that might show up during the week. In addition, teaches him

mindfulness cognitively to feel present in the present. Anchor the skill of being mindful in hypnosis. Use the word, "CALM" in the middle of the forehead and a deep breath to anchor feeling calm, focused and present.

2. In the second session asked about the week and if and when he used deep breathing to release stress. See if there is any resistance. Teach about good nutrition and how regulating the blood sugar helps create a happy, stable outlook on life. MS reported that his pain level is reduced significantly compare to the first session VAS was =5/10 and SUDs was = 40%. Following the same protocol that have been applied at the first session by start measuring the HRV prior the session. Principal researcher's second session with MS reveals the challenge of transitioning from being a traumatized as a child to a healthy and happy adult. How PTSD has impacted his future goals becomes clear. Continues the QMH in a form of stress inoculation (with anchors) the process of letting go of the past. Because FEAR is a False Evidence Appearing Real, teaching MS about the heart is the center of love and letting go of fear is a powerful and effective strategy. MS is beginning to enjoy activities he had been avoiding as he practices unpairing the present with the trauma of the past. The principal researcher explains the relationship between mind and diet to becoming hyper-suggestible to negativity and fear. MS learns how to use Cognitive Behavioral Therapy to correct Thinking Errors to be able to see the past and the present in a more balanced, more accurate way. In session two, MS's venting dreams indicate subconscious improvement. Principal researcher demonstrates Dream Therapy and teaches how to evaluate Subjective Units of Distress (SUDS) to begin Exposure Therapy: QMH to visualize engaging in activities MS has been avoiding since the

trauma. Correct any thinking errors that have been noticed. Put him in QMH and vent out negativity or where he is “stuck”. Our goal is unpair the sights and sounds of the present with the trauma of the past. By being able to stay in anxiety producing situations built his confidence that he can handle his anxiety and confront difficult circumstances.

Homework to write down the memories he had experienced with in this session. When he comes to the part that caused anxiety on the office, have him rate the memories using the SUDs Scale Subjective Units of Distress (SUDs) which is a 0 – 100 scale that indicates how distressing it would be for his to imagine each activity. Have him do this in the morning right when he wakes up because this is the natural time for venting things out one no longer needs. Asked him to do these 3 days in a row and observe how each day distress becomes lower and lower. The VAS was =2/10 and SUDs was = 10% after this session was completed.

3. In the final third session for this series, MS has noticed dramatic improvement in his stress level at 0% on SUDs and dramatic relieve of her pain at 0/10 on VAS. Continue the research protocol that have been applied at the first session by start measuring the HRV before starting the session. In QMH, used the metaphors and effecting words and phrases MS has used in the cognitive portion of the session to deeply penetrate the subconscious mind. The principal researcher works on MS feelings and believing what he already knows with his logic and reason. Principal researcher leads MS to consider his future. MS celebrates his improvement in pain and stress symptoms. At the end of the third and final session, he had managed to achieve a significant

improvement in his pain level into 0/10 on VAS and no stress at all at 0% on SUDs. he has tools and strategies that he can use.

4.2.14 Table 14: Summary of MS's QMH healing sessions

Date	VAS	SUDs
	Prior – After QMH session	Prior – After QMH session
7/19/2019	8/10 – 5/10	50% - 40%
7/23/2019	5/10 – 2/10	40% - 10%
7/30/2019	2/10 – 0/10	10% - 0%

Summary of MS's QMH healing sessions

The three QMH sessions were completed in person and throughout the month of July 2019 with significant results. Through the quantum medicine concepts of entanglement and quantum leap, the QMH sessions de-stressed the vital and the supramental bodies, which had a deep reflective healing on the physical body. The QMH protocol focused on systematic desensitization of the old traumatic memories and created a new memory with the right meaning. MS reported in his last session that his symptoms had almost 99% improvement from the chronic pain and stress. He felt confident and joy of life.

PTSD Case #14 History Summary (LB, 55, F, Veteran, PTSD Witnessing the death of friend)

14. PTSD Witnessing the death of friend	Veteran	55	F	LB
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The principal researcher demonstrates a thorough intake demonstrates interview techniques, reflective listening, and taking clinical notes.

Client's Name: LB

Gender: F

Age: 55

Presenting Issues: LB represented with diagnosed PTSD with symptoms of Chronic headache 7/10 on VAS scale and high stress of 50% on SUDs scale.

Symptoms length: 20 years

Feeling: Guilt, shame, confusion, and drinking addiction.

Describes herself as: Does not feel her physical body, disconnected from reality.

Where it started: LB a veteran who witnessed the death of her best friend in the war.

How it's progressed: LB currently is a retired veteran.

Additionally: LB wants to let go the pain and the suffer that she lived with for so many years and start to contribute to the community.

Used Modality: Predominantly QMH used and monitored the HRV by using the HRV biofeedback device (EmWave ProPlus with the ear sensor).

Quantum Medical Hypnosis Sessions

1. The first session with LB, a veteran who witnessed the death of her best friend in the war. Reflective listening without trying to fix it. Listened carefully to the details of the trauma and how it is affecting her life. Let her know that there is research to show people

can overcome PTSD. After preparing LB for QMH session using Theory of Mind, principal researcher used stress inoculation in QMH to give LB tools to have a calmer and more peaceful week when she feels the onset of stress and pain from her PTSD.

Measure the Heart Rate Variability (HRV) by using HeartMath (EmWave Pro Plus software) and ear sensor hardware. In which was attached to LB's ear loop prior and after the QMH session for about 5 minutes each. Report the feedback, feelings, and emotions changes prior and after each session in a form of changes in pain level, which was measured by Visual Analogue Scale (VAS) 0-10 scale and measuring the changes in the stress level by using the Subjective Unit of Distress (SUDs) which is a 0-100 scale. VAS was =7/10 and SUDs was = 50% prior the first session, and VAS was =3/10 and SUDs was = 30% after the first session. In QMH have her bring up the memory, feel the anxiety and vent it out with cataleptic arm stiffening. Repeat as often as necessary to release the stress. Homework was given to LB in a form of writing down "I am Enough" prior bed every night sign it and date it as a way to accept herself and feel hopeful about her future. A diaphragmatic breathing exercise was also given to her to relief her stress level and triggers that might show up during the week. In addition, teaches her mindfulness cognitively to feel present in the present. Anchor the skill of being mindful in hypnosis. Use the word, "CALM" in the middle of the forehead and a deep breath to anchor feeling calm, focused and present.

2. In the second session asked about the week and if and when she used deep breathing to release stress. See if there is any resistance. Teach about good nutrition and how

regulating the blood sugar helps create a happy, stable outlook on life. LB reported that her pain level is reduced significantly compare to the first session VAS was =4/10 and SUDs was = 40%. Following the same protocol that have been applied at the first session by start measuring the HRV prior the session. Principal researcher's second session with LB reveals the challenge of transitioning from being a veteran to a civilian. How PTSD has impacted her future goals becomes clear. Continues the QMH in a form of stress inoculation (with anchors) the process of letting go of the past. Teaching LB about the heart is the center of love and letting go of fear is a powerful and effective strategy. LB is beginning to enjoy activities she had been avoiding as she practices unpairing the present with the trauma of the past. The principal researcher explains the relationship between mind and diet to becoming hyper-suggestible to negativity and fear. LB learns how to use Cognitive Behavioral Therapy to correct Thinking Errors to be able to see the past and the present in a more balanced, more accurate way. In session two, JL's venting dreams indicate subconscious improvement. Principal researcher demonstrates Dream Therapy and teaches how to evaluate Subjective Units of Distress (SUDS) to begin Exposure Therapy: QMH to visualize engaging in activities LB has been avoiding since the trauma. Correct any thinking errors that have been noticed. Put her in QMH and vent out negativity or where she is "stuck". Our goal is unpair the sights and sounds of the present with the trauma of the past. By being able to stay in anxiety producing situations built her confidence that she can handle her anxiety and confront difficult circumstances.

Homework to write down the memories she had experienced with in this session. When she comes to the part that caused anxiety on the office, have her rate the memories using the SUDS Scale Subjective Units of Distress (SUDS) which is a 0 – 100 scale that

indicates how distressing it would be for her to imagine each activity. Have her do this in the morning right when she wakes up because this is the natural time for venting things out one no longer needs. Asked her to do these 3 days in a row and observe how each day distress becomes lower and lower. The VAS was =2/10 and SUDs was = 10% after this session was completed.

3. In the final session for this series, LB has noticed dramatic improvement in her stress level at 0% on SUDs and dramatic relieve of her pain at 0/10 on VAS. Continue the research protocol that have been applied at the first session by start measuring the HRV before starting the session. In QMH, used the metaphors and effecting words and phrases LB has used in the cognitive portion of the session to deeply penetrate the subconscious mind. The principal researcher works on LB feelings and believing what she already knows with her logic and reason. Principal researcher leads LB to consider her future. LB celebrates her improvement in pain and stress symptoms. At end of the third and final session, she had managed to achieve a significant improvement in her pain level into 0/10 on VAS and no stress at all at 0% on SUDs. She has tools and strategies that she can use.

4.2.15 Table 15: Summary of LB’s QMH healing sessions

Date	VAS Prior – After QMH session	SUDs Prior – After QMH session
7/19/2019	7/10 – 3/10	50% - 30%

7/23/2019	4/10 – 2/10	40% - 10%
8/2/2019	1/10 – 0/10	50% - 0%

Summary of LB's QMH healing sessions

The three QMH sessions were completed in person and throughout the month of July and August 2019 with significant results. Through the quantum medicine concepts of entanglement and quantum leap, the QMH sessions de-stressed the vital and the supramental bodies, which had a deep reflective healing on the physical body. The QMH protocol focused on systematic desensitization of the old traumatic memories and created a new memory with the right meaning. LB reported in her last session that her symptoms had almost 99% improvement from the chronic pain and stress. She started a volunteering job at the red cross and helping those are in need in her community.

PTSD Case #15 History Summary (JL, 36, F, Policewoman, PTSD Terrorist attack)

15. PTSD Terrorist attack	Policewoman	36	F	JL
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The principal researcher demonstrates a thorough intake demonstrates interview techniques, reflective listening, and taking clinical notes.

Client's Name: JL

Gender: F

Age: 36

Presenting Issues: JL represented with diagnosed PTSD with symptoms of Chronic pain (fibromyalgia) 9/10 on VAS scale and high stress of 90% on SUDs scale.

Symptoms length: 10 years

Feeling: Frustration, anger, and wants to give up.

Describes herself as: A big picture girl, doesn't like to party would prefer to read, likes time alone.

Where it started: JL a police officer who experienced multiple traumas in the line of duty.

How it's progressed: JL currently working as police officer and this requires driving and standing for long hours as well as the ability to be focused and detail oriented.

Additionally, JL really wants to go to pursuing her photography business in which has been on hold for several years because of her trauma and physical body pain and stress.

Used Modality: Predominantly QMH used and monitored the HRV by using the HRV biofeedback device (EmWave ProPlus with the ear sensor).

Quantum Medical Hypnosis Sessions

1. The first session with JL, a police officer who experienced multiple traumas in the line of duty. Reflective listening without trying to fix it. Listened carefully to the details of the trauma and how it is affecting her life. Let her know that there is research to show people can overcome PTSD. After preparing JL for QMH session using Theory of Mind, principal researcher used stress inoculation in QMH to give JL tools to have a calmer and more peaceful week when she feels the onset of stress and pain from her PTSD.

Measure the Heart Rate Variability (HRV) by using HeartMath (EmWave Pro Plus software) and ear sensor hardware. In which was attached to JL's ear loop prior and after the QMH session for about 5 minutes each. Report the feedback, feelings, and emotions

changes prior and after each session in a form of changes in pain level, which was measured by Visual Analogue Scale (VAS) 0-10 scale and measuring the changes in the stress level by using the Subjective Unit of Distress (SUDs) which is a 0-100 scale. VAS was =9/10 and SUDs was = 90% before the first session, and VAS was =6/10 and SUDs was = 70% after the first session. In QMH have her bring up the memory, feel the anxiety and vent it out with cataleptic arm stiffening. Repeat as often as necessary to release the stress. Homework was given to JL in a form of writing down “I am Enough” before bed every night sign it and date it as a way to accept herself and feel hopeful about her future. A diaphragmatic breathing exercise was also given to her to relief her stress level and triggers that might show up during the week. In addition, teaches her mindfulness cognitively to feel present in the present. Anchor the skill of being mindful in hypnosis. Use the word, “CALM” in the middle of the forehead and a deep breath to anchor feeling calm, focused and present.

2. in the second session sked about the week and if and when she used deep breathing to release stress. See if there is any resistance. Teach about good nutrition and how regulating the blood sugar helps create a happy, stable outlook on life. JL reported that her pain level is reduced significantly compare to the first session VAS was =6/10 and SUDs was = 70%. Following the same protocol that have been applied at the first session by start measuring the HRV before starting the session. Principal researcher’s second session with JL reveals the challenge of transitioning from active police officer to pursuing her photography business. How PTSD has impacted her future goals becomes clear. Continues the QMH in a form of stress inoculation (with anchors) the process of

letting go of the past. Teaching JL about the heart is the center of love and letting go of fear is a powerful and effective strategy. JL is beginning to enjoy activities she had been avoiding as she practices unpairing the present with the trauma of the past. The principal researcher explains the relationship between media and diet to becoming hyper-suggestible to negativity and fear. JL learns how to use Cognitive Behavioral Therapy to correct Thinking Errors to be able to see the past and the present in a more balanced, more accurate way. In session two, JL's venting dreams indicate subconscious improvement. Principal researcher demonstrates Dream Therapy and teaches how to evaluate Subjective Units of Distress (SUDS) to begin Exposure Therapy: QMH to visualize engaging in activities JL has been avoiding since the trauma. Correct any thinking errors that have been noticed. Put her in QMH and vent out negativity or where she is "stuck". Our goal is unpair the sights and sounds of the present with the trauma of the past. By being able to stay in anxiety producing situations built her confidence that she can handle her anxiety and confront difficult circumstances. Homework to write down the memories she had experienced with in this session. When she comes to the part that caused anxiety on the office, have her rate the memories using the SUDS Scale Subjective Units of Distress (SUDS) which is a 0 – 100 scale that indicates how distressing it would be for her to imagine each activity. Have her do this in the morning right when she wakes up because this is the natural time for venting things out one no longer needs. Asked her to do these 3 days in a row and observe how each day distress becomes lower and lower. The VAS was =4/10 and SUDs was = 40% after this session was completed.

3. In the final session for this series, JL has noticed dramatic improvement in her stress level at 30% on SUDs and dramatic relieve of her pain at 4/10 on VAS. Continue the research protocol that have been applied at the first session by start measuring the HRV before starting the session. In QMH, used the metaphors and effecting words and phrases JL has used in the cognitive portion of the session to deeply penetrate the subconscious mind. The principal researcher works on JL feelings and believing what she already knows with her logic and reason. Principal researcher leads JL to consider her future. JL celebrates her improvement in pain and stress symptoms. At end of the third and final session, she had managed to achieve a significant improvement in her pain level into 1/10 on VAS and no stress at all at 0% on SUDs. She has tools and strategies that she can use.

4.2.16 Table 16: Summary of JL's QMH healing sessions

Date	VAS Prior – After QMH session	SUDs Prior – After QMH session
7/19/2019	9/10 – 7/10	90% - 70%
7/30/2019	7/10 – 4/10	70% - 40%
8/2/2019	4/10 – 1/10	40% - 0%

Summary of JL's QMH healing sessions

The three QMH sessions were completed in person and between the month of July and August 2019 with significant results. Through the quantum medicine concepts of

entanglement and quantum leap, the QMH sessions de-stressed the vital and the supramental bodies, which had a deep reflective healing effect on the physical body. The QMH protocol focused on systematic desensitization of the old traumatic memories and created a new memory with the right meaning. JL reported in her last session that her symptoms had a 98% improvement from the chronic pain and stress. She started to pursue her photography business passion and live the life that she deserves and desire.

RESULTS

5.1 DEMOGRAPHIC DATA RESULTS

5.1.1 Gender

A total sample of (n=15) participants were (n=9) women 60% and (n=6) men 40% (see figure 7).

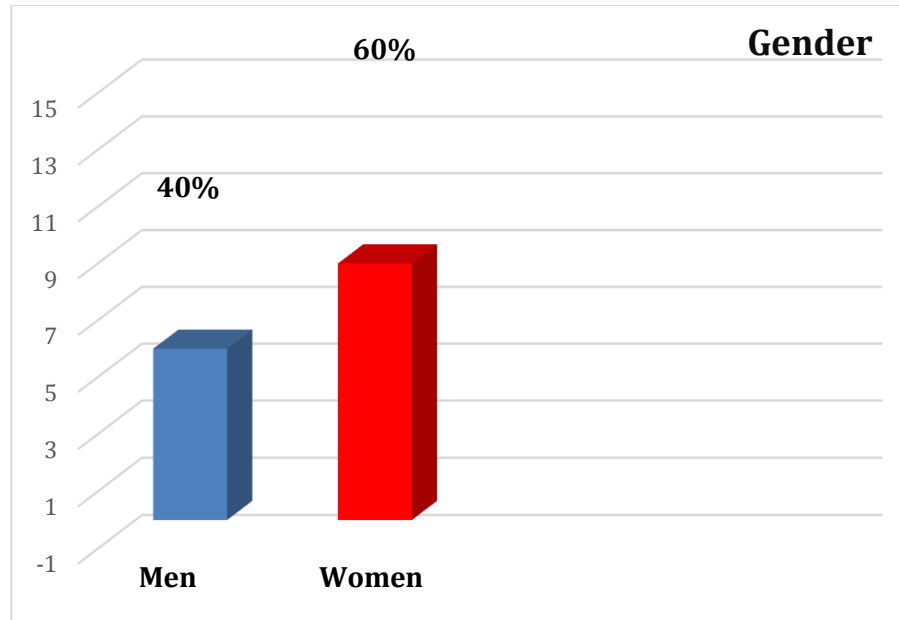


Figure 7: Percentage of the patients' gender

5.1.2 Age

Of total 15 PTSD participants sample, the range of age was between 22 years to 73 years old. Divided them into two groups, younger group's age was (n=8) range between 22-55 years old with a percentage of 53.3% and older group's age was (n=7) range between 59-73 with a percentage of 46.6% (see figure 8).

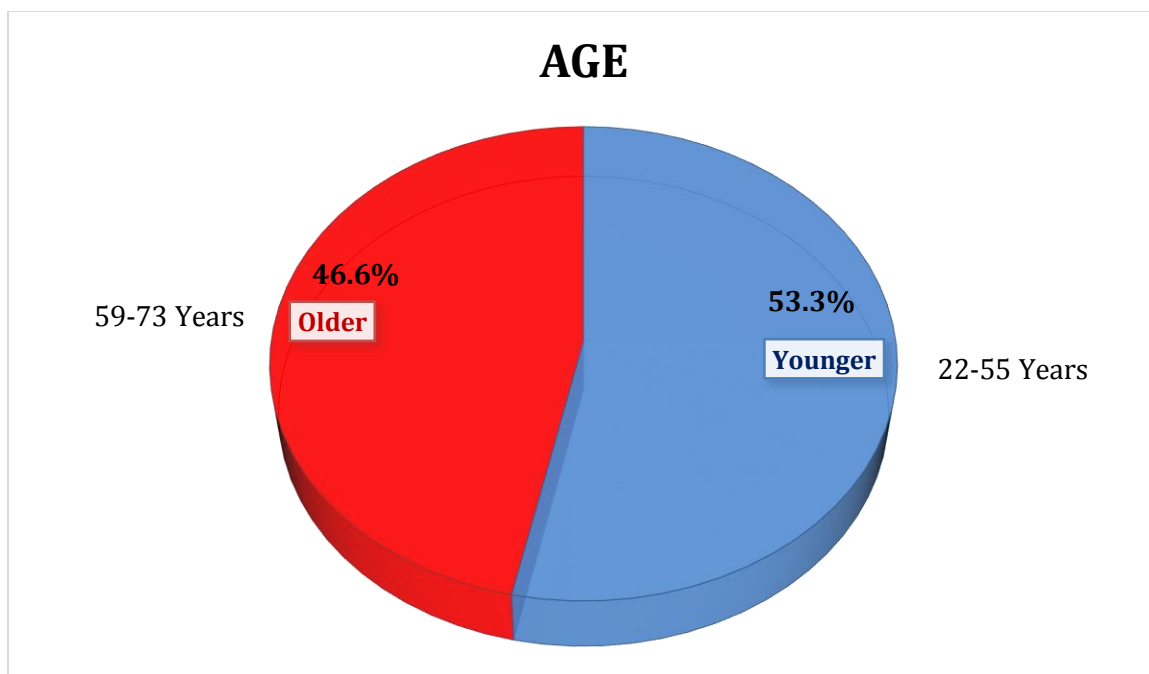


Figure 8: Participants' age

5.1.3 Duration of therapy

The duration of this study was between the month of June and August 2019. The average treatment duration was two weeks, 7 out of 15 (46.6%). On the other side 13% (n=2) have completed their therapy protocol in 12 days. However, 40 % of the participants (n=6) have finished the QMH treatment between 10, 13, 16, 23, 25, and 29 days, respectively (see figure 9).

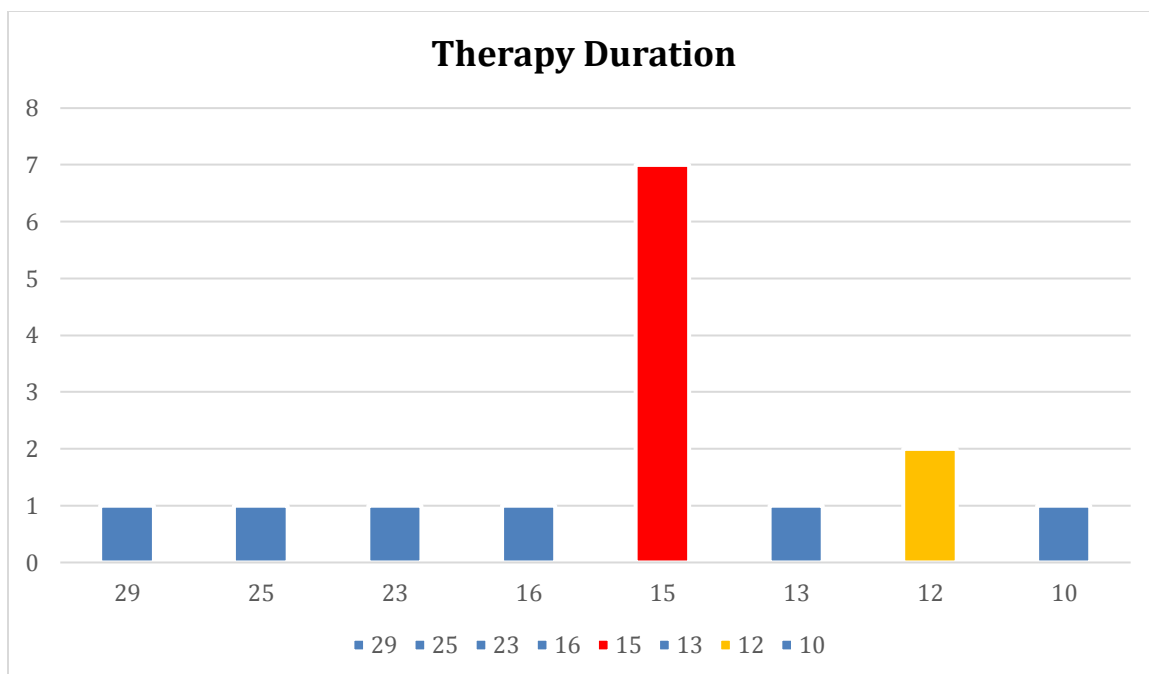


Figure 9: QMH Therapy duration

Table 17: The participants' QMH therapy duration

Case number	Duration (days)
1.	16
2.	15
3.	12
4.	15
5.	25
6.	23
7.	15
8.	15
9.	29
10.	15
11.	10
12.	13
13.	12
14.	15
15.	15

Table 18: The number of participants over the QMH therapy duration

Therapy Duration (Days)	Number of participants
29	1
25	1
23	1
16	1
15	7
13	1
12	2
10	1

5.1.4 HRV coherence Response to QMH intervention

There was a significant increase in the HRV domain measures; over all increased of the Standard Deviation of the average Normal to Normal index intervals for each 5-minute segment of a 24 hours HRV recording (SDNN), in which associated with SNS and the PSNS directly and correlated directly with the VLF band power. SDNN is the gold standard for medical stratification of cardiac risk recorded over 24 hours period. SDNN value predict both mortality and morbidity. Any SDNN measurement under 50ms is considered unhealthy 50-100ms classified as compromised health, and above 100ms are health (Shaffer & Ginsberg 2017). SDNN primary measure the influence of the autonomic nervous system of the HRV and that measurements correlate with the VLF power.

SDNN measurements has increased from 71.2ms prior QMH intervention to 73.4ms after the treat of the QMH was completed at the third session. While the absolute power of the Very Low Frequency band (VLF), in which is associated with mortality, and the heart intrinsic nervous system appears to contribute to the VLF rhythm, therefore, stress

responses modulates the VLF frequency. VLF has increased from 5.48Hz prior to 5.83Hz after the third session of the QMH. In addition, a significant decrease in the HR from 76.9 to 67.3, with t-test (0.005**). The most significant results here was the general coherence between the heart and the brain, always implies connect-ness, correlations, stability, and efficient energy utilization. Dr. McCraty introduced the term physiological coherence to describe the degree of order, harmony, and stability in varies rhythmic activities. had increased radically from 34 to 41, with t-test (0.032*), see figure10, 11, 12 and 13 and table 19.

Low HRV has been proposed as a marker of increasing the risk of mortality (Umetani, Singer, Mccraty, & Atkinson, 1998). In this study, It was clear that aging is associated with HRV measurement declined, in the older group age between 59 and 73 the coherence has decreased from 34 to 43 as an indication of increased the mortality. On the other hand, the younger group showed a significant increase in the coherence from 33 prior the QMH healing sessions to 39 after the treatment was completed at the third session see tables 20 and 21.

Table 19: All participants' HRV variables

	All Participants n15		
	PRE	POST	<i>t-test</i>
Heart Rate	76.9	67.3	0.005**
SDNN	71.2	73.4	0.892
VLF	5.48	5.83	0.349

Coherence	34	41	0.032*
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Paired *t*-test significance: * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

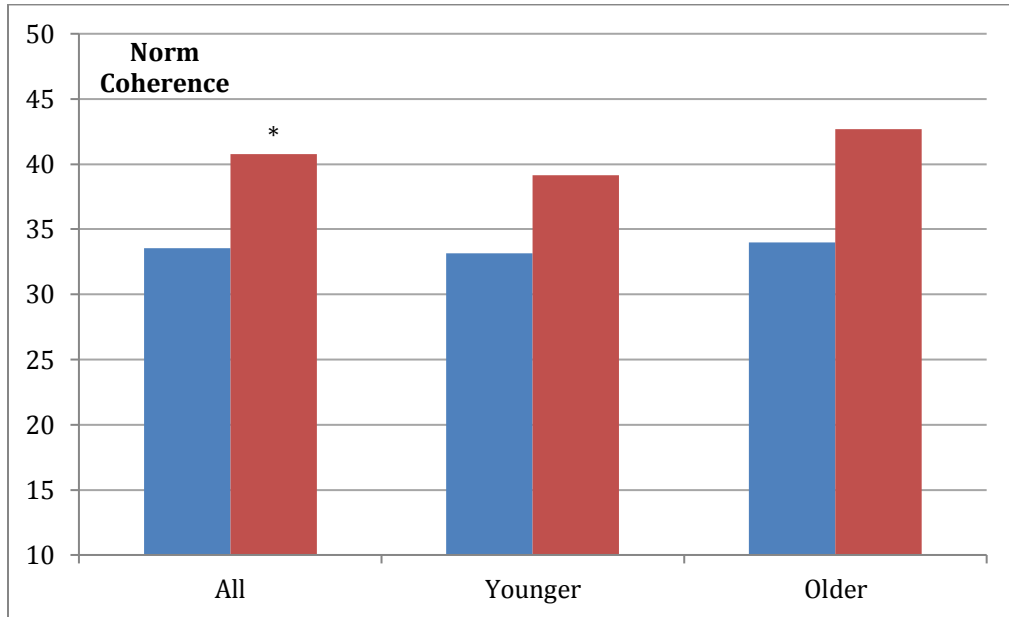


Figure 10: Normal Coherence

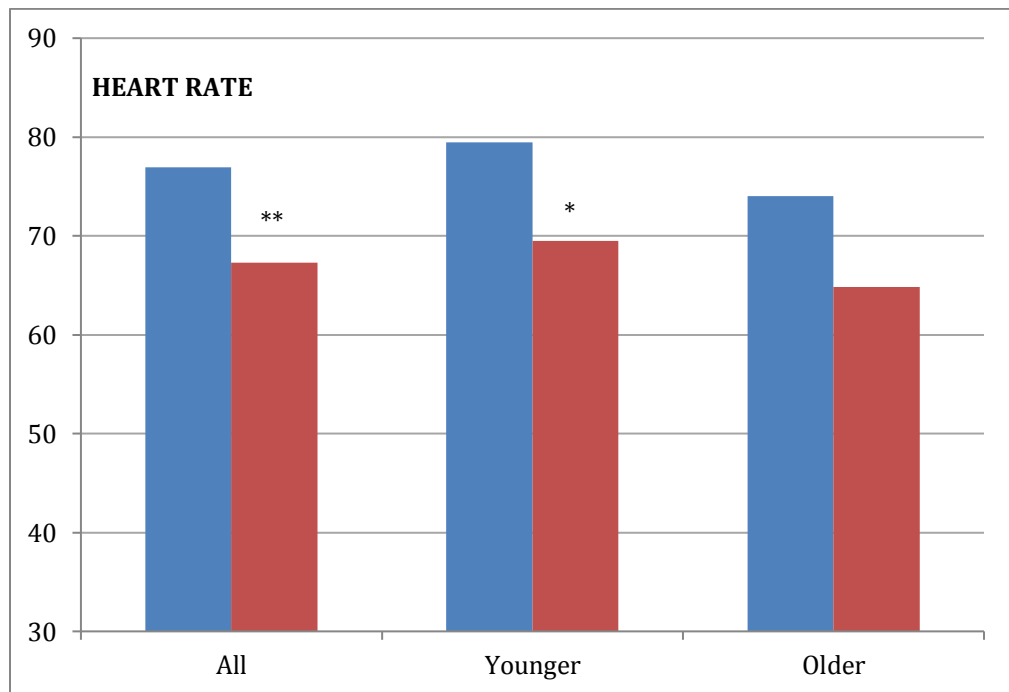


Figure 11: Heart Rate

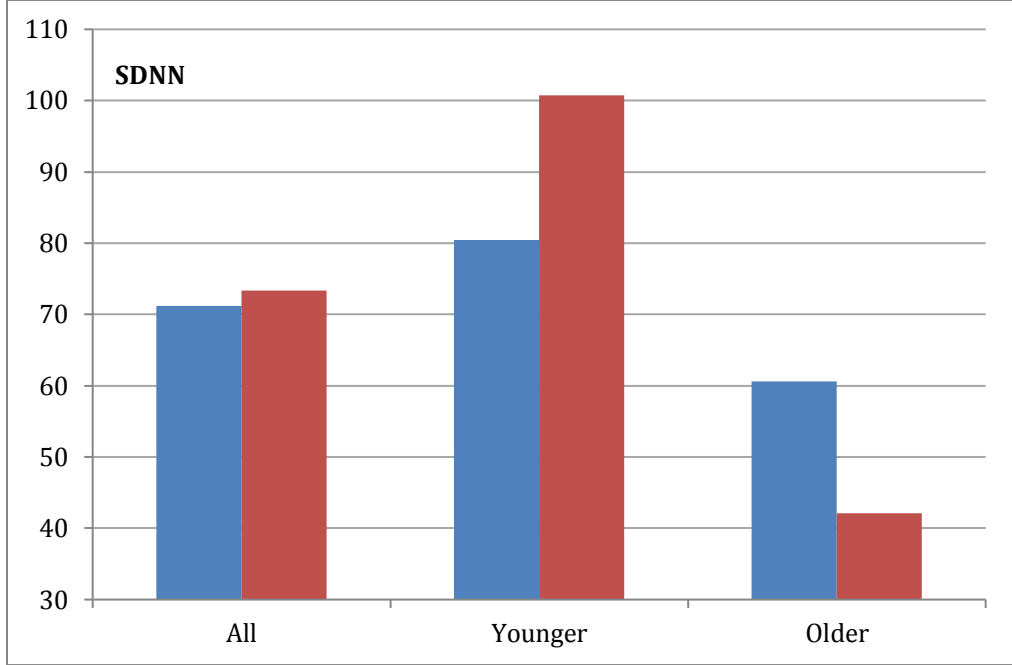


Figure 12: SDNN

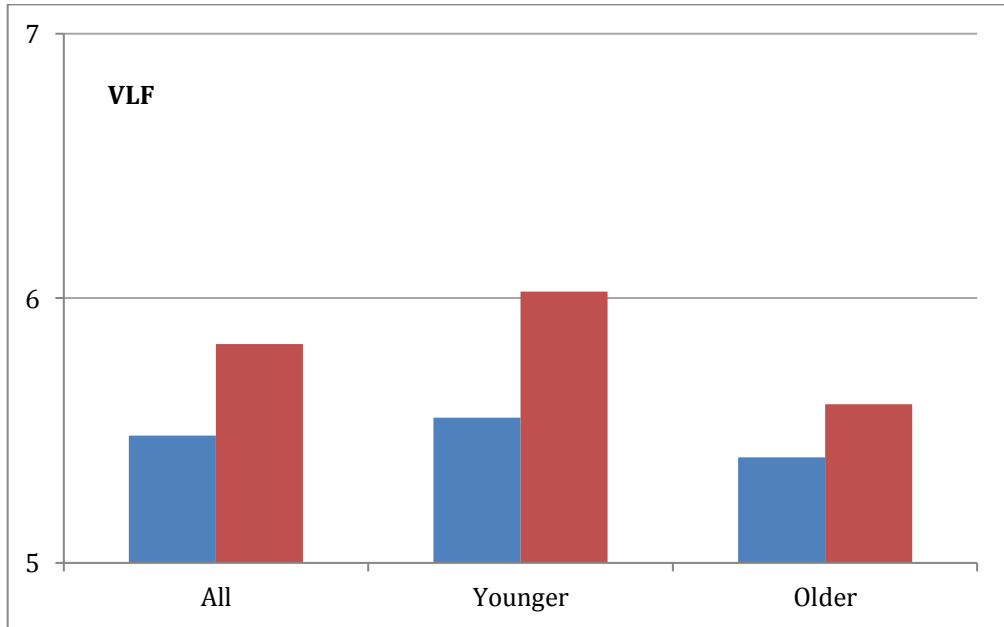


Figure 13: VLF

Table 20: Younger participants' HRV variables

	Younger n8 (Ages 22-55)		
	PRE	POST	<i>t-test</i>
Heart Rate	79.5	69.5	0.027*
SDNN	80.4	100.8	0.480
lnVLF	5.55	6.03	0.456
Coherence	33	39	0.113

Table 21: Older participants' HRV variables

	Older n7 (Ages 59-73)		
	PRE	POST	<i>t-test</i>
Heart Rate	74.0	64.8	0.115
SDNN	60.6	42.1	0.188
lnVLF	5.40	5.60	0.625
Coherence	34	43	0.171

5.1.5 Summary points

In general, there was a significant HRV coherence in the younger group compare to the older group. On the other side, there was a significant decrease in the HR over the entire participants. In which a great indication of the relaxation and calmness were taking place.

DISCUSSION

The overall aim of this research project was contributed towards the current knowledge base regarding HRV and QMH in PTSD individuals. The majority of the previous studies were conducted for PTSD and HRV, but nothing was investigating the efficacy of QMH on PTSD symptoms monitored by HRV biofeedback. The specific objectives of this project were thus to develop evidence-based medical research for PTSD and to assess selected PTSD symptoms; pain and stress.

The annual economic burden of anxiety and stress disorders in the United States is estimated at \$42.3–\$46.6 billion (Wahbeh et al., 2014). The findings of this study indicated that an appropriate HRV biofeedback outcome measure with the application of QMH for PTSD individuals had not been published. The majority of the previous researches were not tested or evaluated in PTSD symptoms - pain and stress - during the application of QMH, which is a new addition to the science of quantum medicine.

Development of an evidence-based quantum medical research to measure the changes of the PTSD symptoms was thus warranted to assess and monitor the progress of the mental status of PTSD individuals (Haley et al., 2004).

Consequently, this research is the first step towards the development of an evidence-based quantum medical research was to test the HRV of the PTSD individuals before and after each QMH sessions.

My research is the first step into uncovering how the health of the body and mind can be affected by this HRV biofeedback and QMH. However, it is one step on a path that we hope will develop with our own research into “Quantum Medical Psycho-neuro-physiology” for people living with PTSD.

6.1 Clinical Implications

The present results provide clinical evidence that QMH can be used effectively to alleviate the PTSD symptoms. In addition, using HRV biofeedback as a tangible outcome measure for the PTSD symptoms prognosis was significantly responsive. Furthermore, it determined the efficacy of QMH interventions with several varieties of PTSD symptoms.

This study provided an evidence-based quantum medicine research that quantum leap is possible. In fact, it is the gate to the full potential healing and possibilities. HRV was significantly important measure of the quantum entanglement during this study. It showed that when the subconscious mind is open for suggestion the supramental body releasing the right meaning and allowing the vital and the physical body to choose a new reality of existence, in which the full potential of healing.

6.2 Summary of study limitations

- Guidelines are needed to set standards and define the criteria by which QMH should be assessed.

- Bias in choosing articles to be evaluated may be a problem in systematic reviews.
This review only included English papers, and this could have introduced bias.
- Randomization of this study sample selection was not applied and may have influenced bias.
- The conclusions from this study cannot be directly considered to have global implications due to sampling diversity from the subjects and geographical contexts.
- This study did not evaluate the validity of different levels of work status, personal activity, or symptom duration.
- Due to financial resources this study was limited to expand on a bigger sample or longer time follow-up.

RECOMMENDATIONS AND CONCLUSION

7.1 Recommendations for further studies

This thesis reports the improvement of the PTSD symptoms after applying the QMH and monitored a significant increase in HRV marks. Further studies are recommended to test the clinical utility of this newly developed evidence based QMH techniques and HRV biofeedback and its ability to detect deterioration. Further investigation is also needed to document the measurement properties of the HRV biofeedback for PTSD individuals in other settings and to examine if other domains of the symptoms should be included. The QMH for PTSD individuals needs further examination and comparison with competing scales to assess convergent and divergent validity. Clinical studies to determine if the HRV biofeedback instrument used in this study is efficient in assessing the effectiveness of an intervention should be conducted.

Research into the clinical application of the tool and methods to facilitate the use of outcome measurement in this participants population should be addressed. This may include the application of the QMH and HRV in computerized systems to reduce administrative burden and build a data bank to describe the profile and progress of PTSD symptoms on a more extended period and a more significant population.

7.2 Conclusion

This study presents the first steps in the development of a quantum medical research on hypnosis techniques as an evidence based QMH tool for PTSD individuals, as the

systematic review findings indicate that there is currently no published QMH measured by HRV biofeedback to heal the PTSD symptoms.

The QMH for PTSD individual using the HRV biofeedback as a tangible measurement tool may be useful to clinicians working in trauma wards in the hospitals, or private practice clinicians. The use of the QMH for PTSD may provide valuable information about an individual's independence and reflect areas that are important to patients who are unable to function during the acute hospital stay because of PTSD. Further work in this area is needed to continue to validate these measures and to make them more meaningful for patients and clinicians.

The availability of evidence based QMH tools for PTSD using the HRV biofeedback to measure pain and stress levels of individuals in conjunction with a structured outcome measurement plan will empower hypnotherapists, doctors, and clinicians to contribute towards global healthcare systems and increase in the economic cost of hospital and mental healthcare. Further research to improve the QMH for PTSD individuals is also advocated.

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Appendix

QUANTUM UNIVERSITY

CONSENT FORM FOR RESEARCH PARTICIPATION

Study Title: Quantum Medical Hypnosis Improved the Efficacy of Healing of PTSD

symptoms measured by

HRV Biofeedback

Principal Researcher: Ezzat Moghazy

Mentor/Advisor: Dr. Gerda Edwards, PhD, DNM, FDN-P

I am a PhD Student at Quantum University, in the Department of Integrative Medicine. I

am planning to

conduct a research study, which I invite you to take part in. This form has important information about the reason for doing this study, what we will ask you to do if you decide to be in this study, and the way we would like to use information about you if you choose to be in the study.

Why are you doing this study?

The purpose of this dissertation is to provide an evidence-based quantum medical research of the connection between heart and brain functions. Quantum medical hypnosis has a significant impact on Post

Traumatic Stress Disorder (PTSD) individuals by increasing participants' Heart Rate Variability (HRV) rates. In which improving PTSD participants' symptoms. I will focus on changes of the HRV with PTSD individuals before and after the quantum medical hypnosis session. Execution of my quantum medicine learning is a very important component of hypnosis application.

What will I do if I choose to be in this study?

You will be asked to

- Sit and relax on a comfortable chair or coach
- Participate in a conversation with the research principal in a form of talking about your concerns and symptoms that related to your PTSD.

- Measure your Heart Rate Variability (HRV) by using HeartMath ear sensor. In which will be attached to your ear loop before and after the hypnotherapy session for about 5 minutes each.
- Report your feedback, feelings, and emotions changes before and after each session in a form of pain in which will be measured by Visual Analogue Scale (VAS) (0-10). And measuring your stress level by the Subjective Unit of Distress (SUDs) which is a (0-100) scale.

Study time: Study participation will take approximately 30-60 min, in a course of 4 – 6 sessions with average of 1-2 sessions a week for a period of time between 4-6 weeks of randomly assigned quantum medical hypnosis methods.

Study location: All study procedures will take place at My Best Healer Clinic, 50 S.

Steele St. #950

Denver, CO 80209

What are the possible risks or discomforts?

“I do not anticipate any risk to you participating in this study other than those encountered in day to day life.”

What are the possible benefits for me or others?

You are not likely to have any direct benefit from being in this research study. The study results may be used to help other people in the future.

How will you protect the information you collect about me, and how will that information be shared?

Results of this study may be used in publications and presentations. Your study data will be handled as

confidentially as possible. If results of this study are published or presented, individual names and other personally identifiable information will not be used.

To minimize the risks to confidentiality, A pseudonym will be used to protect your identity.

We may share the data we collect from you for use in future research studies or with other researchers – if we share the data that we collect about you, we will remove any information that could identify you before we share it.

Financial Information

Participation in this study will involve no cost to you. You will not be paid for participating in this study.

What are my rights as a research participant?

Participation in this study is voluntary. You do not have to answer any question you do not want to answer. If at any time and for any reason, you would prefer not to participate in this study, please feel free not to. If at any time you would like to stop participating, please tell me. We can take a break, stop and continue at a later date, or stop altogether.

You may withdraw from this study at any time, and you will not be penalized in any way for deciding to stop participation.

If you decide to withdraw from this study, the researchers will ask you if the information already collected from you can be used.

Who can I contact if I have questions or concerns about this research study?

Ezzat Moghazy

Clinical Hypnotherapist

50 S. Steele St. #950

Denver, CO 80209

303-810-8888

ezy@mybesthealer.com

www.mybesthealer.com

Participant Signature

“My signature below formally acknowledges that I have read this document and understand the information contained herein. My questions and concerns have been answered by the researcher.”

Participant's Name (printed)

Participant's Signature Date

Biography

As 5 years of age, Egyptian child, born in Dubai in March 13th, 1980, it is my dream to become a doctor and professor in America. I have taken the steps over the last two decades working towards this career goal. I have it in my heart to fulfill and accomplish my life dream.

Education Accomplishments:

University	Degree	Year
Quantum University, USA	Doctorate and PhD in Integrative Medicine	2019
HMI, USA	Clinical Hypnotherapist / Registered Psychotherapist	2017
Discovery Learning Institute, UK	Diploma in Diabetes and Weight Management	2010
Athabasca University, Canada	Diploma Health Care Management and Administration	2009
Stellenbosch University, South Africa	Master of Science in Physical Therapy	2008
Gulf Medical University, UAE	Certified in Diagnostic and Manual Therapy	2007
Cairo University, Egypt	Bachelor of Science in Physical Therapy	2002
Egypt	Reiki Master Teacher	1999

Research activity and publications:

Moghazy E. (2019). The Red Book, how to heal yourself and others.

Moghazy E. (2017). The Taping Bible: Your Complete Serious to Master the Taping Methods & Techniques

Moghazy E. (2016). Elite Taping Methods & Techniques: Your Complete Guide to the Elite Taping Techniques and Methods

Moghazy E. (2016). Reiki Master: Essential book in the healing room

Moghazy E. (2014). Kinesio Taping: Kinesio Taping and Fibromyalgia, Case Study

Moghazy E. (2013) Kinesio Taping After A Diagnostic Arthroscopy of Left Knee Medial Meniscus Tear, Case Report.

Moghazy, E., & Louw, Q. (2011). Validation of a new outcome measure for orthopedic trauma inpatients: Functional outcome measurement. *Journal of Evaluation in Clinical Practice*, 64(3), p.31. doi:10.1111/j.1365-2753.2010.01624.x

Moghazy, E. (2010). The New Functional Scale for The Trauma Inpatients. The 7th. Biennial Meeting of Asia- Pacific Orthopedic Society for Sports Medicine (7th APOSSM). July 2-4, 2010 in Okinawa, Japan. (A-10048).

Moghazy E. (2010). Basic Health Care Course, Module-2"[Accreditation Number: (0271/10) Dubai Health Authority-Dubai- UAE).

Moghazy, E. (2008). Developed a new and Accredited program of Moving and Handling Techniques. [Accreditation Number: 0607 /08], Dubai Health Authority-Dubai- UAE.

Moghazy E. (2008). Developed a new and Accredited program of Moving and Handling Techniques"[Accreditation Number: 0607 /08], Dubai Health Authority-Dubai- UAE

Moghazy E. (2007). Evidence Based Practice and Research Methodology for Physiotherapists, Stellenbosch University, faculty of Health Science, South Africa

Moghazy E. (2007). Statistical analysis: elementary and advanced, DOHMS -RH, Dubai - UAE (13) CME Credit Hours

Honors and Awards:

Sheikh Hamdan Bin Rashid Al-Maktoum 2008, International Award for the Best Physical Therapy Department in UAE.

Achieve the international quality standard in hospital services 2007, International accreditation committee of the hospitals

Scientific Presentations

Location	Subject	Year
Colorado University – Boulder (Leeds School of Business)	Consumer Behavior and Suggestibility	2018
Excel Energy – Engineering Department	Stress Management at workplace	2018
AmCheck- Administration / Management	Stress Management at workplace	2018
South African Society of Physiotherapy International Congress	New Outcome Measurement for Orthopedic Trauma Inpatients	2009
Medical conditions in Physical therapy	Gulf medical University	2008
Tapping Techniques for Sports and Physical Therapy	Gulf medical University	2008