

TOWARD AN INTEGRAL ENERGY MEDICINE MODEL FOR UNDERSTANDING THE VASCULAR AUTONOMIC SIGNAL

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The Vascular Autonomic Signal (VAS) is a physiological response of the neurovascular system of the body to information being brought into its energy field. This response can be manually felt as a pulse change on the wall of the radial artery. The discovery of the VAS by Dr. Paul Nogier in 1966 brought an energetic diagnostic tool to the world, the science of which is not fully understood, and the potential of which has yet to be fully realized. Dr. Nogier believed that the nature of the human body is that we are highly sensitive and powerful instruments, responsive to subtle energy changes. The VAS seems to be a physiological “readout” of this sensitivity, transducing the subtle energy into a physical form that can be detected by a practitioner and used to identify what is energetically out of balance and how best to intervene.

In this dissertation, the VAS is studied from an Integral Energy Medicine approach enabling a more expansive and wholistic view of just how potent and effective is this diagnostic tool. Specifically, this study explores both experiential knowledge and theorized mechanisms to facilitate a better understanding of how the VAS can offer such refined information on a person’s symptomatic as well as deep causal pathology. This information is explored through four venues: a literature review that develops an historical and cultural context for the VAS; an exploration of current physiological as well as subtle energetic theories; communications with currently practicing practitioners; and a clinical demonstration of the effectiveness of the VAS in directing acupuncture needles to points for the relief of chronic pain. In the clinical trial, a single treatment of VAS-directed auricular acupuncture resulted in immediate pain reduction in 85% of the cases, with an average pain reduction of all participants of 2.7 points on a 0 to 10 visual analogue scale. As well, an 84% consistency rate was found between two separate mappings of the dominant points indicated by the VAS to be the most important points for treatment. The author presents the case that with an enhanced framework of understanding the VAS, the potential of the field of auricular medicine may become more realized.

Homeostasis is a state of balance of the internal processes of the body, maintained by various feedback and control mechanisms. The living system seems to know and remember homeostasis, and will return to the most beneficial condition known after a stress or change has been introduced. An accumulation of stress, however, can cause a “blockage to healing,” which prevents this natural rebalancing. The VAS, as an indicator of the whole system’s response to change, offers an indicator to which interventions would enable regaining a former level of balance. Auricular medicine protocols are designed to lead the assessment into ever-deeper layers of remembered homeostasis and into ever-greater levels of coherence of the system, and health (Figure 1).

Homeostasis seems to be governed by a harmonized effort of the autonomic nervous system along with the other systems of the body. Even though these body systems differentiate in the embryo, they all respond to each other in a synchronized and perhaps instantaneous manner. The speed and coordination of physiological response, and which, if any, mechanism is the leading process, are factors not yet understood. We do know, however, that this whole system reflex in response to stimuli can be read as a change in the pulse, the VAS.

The aim of this research was to determine and demonstrate the efficacy of the Vascular Autonomic Signal as a diagnostic tool. A possible reason for the low level of attention garnered by auricular medicine throughout the world could be a lack of understanding and faith in the clinical reliability of the VAS as the key assessment tool. More clinical research trials could help to overcome this limitation.

Stability reliability is a research measurement that indicates the degree to which one can rely on a tool to lead to the same results over time and/or with different practitioners. The second measure used in this research, predictive validity, indicates the probability of a predictable outcome, which in this case was the ability of the VAS to locate important points for the treatment of pain. Both reliability and validity are important for building confidence in the use of a tool or a construct. A high level of stability reliability was demonstrated by this research trial, with the precise dominant active points found by the VAS being consistent 84% of the time between two assessments done half an hour apart. The point was treated following the second assessment.

Predictive validity was demonstrated through the immediate occurrence of pain relief as a result of treating points found by the VAS. The change in pre- and post-test pain ratings as marked by the participant on the visual analogue scales provided the most important data. Of the 58 body areas identified by the 35 participants, on a scale of 0 (no discomfort) to 10 (extreme discomfort), the average pre-test pain rating was 5.5. Ten minutes after treatment, the average pain rating had decreased to 2.8. One week later, responses averaged 3.3 on the scale, a full two points below the initial

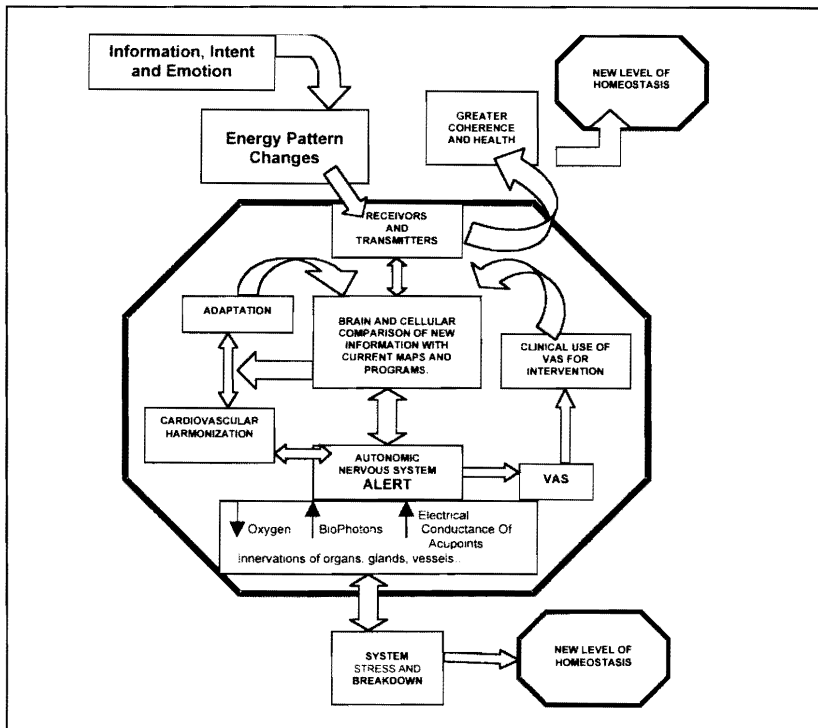


Figure 1. An energy medicine model of information transference in the human system.

pain levels with no further acupuncture treatments (Figure 1). Therefore, one can conclude that by using the VAS to assess the best location for needle placement for the treatment of chronic pain, one can predict a favourable outcome of pain relief. Another measure of predictive validity was a change in range of motion from pre-test to post-test, which also brought favourable results.

Finally, some observations based in the clinical experience of this study provide data of a more qualitative nature about the application of the VAS as a diagnostic tool. Six people remarked that they could feel the effects of the hammer used for point finding being in a stream of energy extending from their ear prior to my touching the ear, when I was as much as 10 cm. from the surface of the ear. These remarks were unsolicited, and came as a surprise to the participant, and to me. They either thought I was touching them, or noted feeling pressure, warmth or tickling sensations on their ear. It felt to them, as to me, like we were connected through an electrical current. One person could clearly tell me the area of her body in which she was feeling a warmth or tingling as I

moved the hammer around in the area beyond her ear (“That is my sinus. That’s my left arm”). These sensations are not unusual when a needle is placed in an acupuncture point, but it is more unusual for someone to notice the change prior to touching the point. This experience suggests that the VAS had indeed directed me to an important stream of energy for that person, creating a strong energetic connection.

What are the mechanisms that allow the VAS to be such a refined tool for discrimination? The answer to this question includes, *and* moves us beyond, physical level descriptions of the information transfer involved. Indeed, pursuing an understanding of the VAS leads us into considering the dynamic communication network of our whole human system, as in Figure 1.

The VAS seems to be a summarized response of the whole human system to any change of information, whether the stimulus has originated externally or internally to the system, and whether it is touching the body or not. A model for understanding this phenomenon that is inclusive enough to contain all aspects of the change process has yet to be defined. That the VAS is a neurobiochemical response of the body to a stimulus is part of the answer, which does not address the subtle information transfer processes involved. The VAS allows us to “listen” to the communication occurring within the body, and between the physical body and the more subtle energy bodies surrounding it.

As Bill Tiller suggests in *Science and Human Transformation*, homeostasis is maintained through an ongoing information transfer between frequencies of consciousness, energy and matter. To include all factors of this “dynamic equation of nature” is to form an Integral Energy Medicine model, taking into account the effects of all aspects of our nature: physiology, electromagnetic energy, subtle energy and consciousness. Not to include all factors is to ignore data and limit understanding. Although subtle energy and consciousness are not validated within the accepted scientific-medical model, the effects of energy, and of focused consciousness, on the human system have been well documented—measurements of the impact of emotions on brain responses and perceptions, effects of electromagnetic pollution, photography of variations in light around a body, hypnosis’ effects on physiology, and the ability of biofeedback to control autonomic responses as some examples. To study the phenomenon of the VAS, as a subtle energetic diagnostic tool, fully necessitates exploring the domains of information transfer occurring amongst all levels of consciousness, energy and matter. Such a conceptualization of the communication that results in a practitioner feeling the change in the pulse that is the VAS offers an opportunity to reflect the whole wonder of the VAS and the human system that it reflects.

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