

Case series: are practitioners overlooking side effects of remote healing? observations from a series of cases

Abstract

Remote healing, also known as distant or energy-based healing, is increasingly utilized across complementary and integrative medicine, yet its potential adverse effects remain poorly studied. This case series evaluated both beneficial and negative outcomes in eight blinded participants receiving two remote healing interventions. While some participants reported modest improvements in stress, anxiety, depression, and pain, results were inconsistent. Notably, three participants (37.5%) experienced adverse effects, including symptom exacerbation, fatigue, depersonalization, and widespread pain. These effects were transient but lasted from several days up to ten days in one case. Findings challenge the common assumption that remote healing is inherently harmless and this case series highlights the need to systematically assess risks alongside benefits, emphasizing ethical obligations such as informed consent and monitoring, as well as the need for further trials to rigorously evaluate safety.

Keywords: remote healing, distant healing, adverse effects, energy medicine, patient safety, healing outcomes, nonlocal healing

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Introduction

Remote healing—also referred to as distant healing or energy transmission without physical proximity—has gained increasing attention in not only complementary and integrative medicine, but also in primary care and general internal medicine practice. Practitioners from diverse traditions employ a host of remote or distant healing techniques, which is why they are known by many names, including spiritual healing, intercessory healing, energy healing, shamanic healing, therapeutic touch (TT), quantum-touch, QiGong, Reiki, aura healing, energy psychology, Johrei and nonlocal healing. Many of these claim that intentionality alone can transmit therapeutic influence across space and time.ⁱ While anecdotal reports and a modest body of randomized trials suggest possible benefits for a variety of conditions including pain, anxiety, wound healing, and physiological markers,ⁱⁱ the question of adverse effects has received far less systematic attention.ⁱⁱⁱ Some publications even make it seem that distant healing interventions are solely beneficial and negate the presence of any adverse effects.^{iv}

But it is hard to conceive that such a modality can exist, i.e., one without any adverse effects. The principle “primum non nocere,” or “first, do no harm” that applies in conventional medicine should surely also apply to treatments considered non-conventional. It is this principle that obligates clinicians and scientists to document not only benefits but also risks, even when mechanisms remain unexplained. Despite a growing body of publications on the topic of positive effects

by remote healing, there is only a paucity of data on adverse effects in the context of distant healing interventions. As part of a pre-trial study, a total of eight participants were evaluated not only for the possibility of positive, but also negative or adverse effects. The results are presented below.

Methods

A total of eight participants were enrolled as part of a pre-trial study. All eight participants were blinded to the exact time and nature of remote healing interventions. They had all communicated with the lead author via a 15-minute zoom meeting. Prior to treatment, each participant filled out a questionnaire consisting of basic demographic information, questions on personal experience with complementary and alternative medicine modalities, as well as a 20-item questionnaire on topics pertaining to stress, anxiety, depression, insomnia and chronic pain. Following this, they each received two treatments of remote healing, whereby the practitioner, experienced in Reiki healing, focused his healing energy on the participant by using GPS data of the town the participant lived in, his or her (first) name and a picture sent to the practitioner as ways of anchoring his healing energy. The initial treatment lasted between ten to fifteen minutes, the second one was repeated the following day, lasting about five minutes. After this, within 48 hours of the last treatment, a second questionnaire was sent, this time including questions pertaining to possible side effects.

Results

Of the 8 participants, 5 were female. Average age at the time of study completion was 46.9 years. A varying degree of improvement was noted in terms of levels of stress, anxiety, depression and pain, but this was not consistent. Remarkably, a total of three (37.5%) participants experienced adverse effects. Two of the participants that experienced side effects were female, one male. The side effects that were noted were transient, but lasted several days.

ⁱ Targ E. Evaluating distant healing: a research review. *Altern Ther Health Med.* Nov 1997;3(6):74–78.

ⁱⁱ Radin D, Schlitz, M, Baur C. Distant Healing Intention Therapies: An Overview of the Scientific Evidence. *Glob Adv Health Med.* 2015:67–71.

ⁱⁱⁱ Ernst, E. Distant healing--an “update” of a systematic review. *Wien Klin Wochenschr.* 2003;115(7-8):241–245.

^{iv} Branton A, Trivedi MK, Trivedi D, et al. Effectiveness of Distant/Remote Blessing Treatment on Cognitive-motor Function: A Randomized Double-blind Placebo-controlled Trial. *Health Psychol Res.* 2025;13

The first case of adverse effects was noted in a 38-year-old female who had requested remote healing treatment for a variety of conditions, including anxiety, panic attacks, fungal infections of the nails and anal pruritus. She underwent two sessions of remote healing, initially noting an improvement in her anxiety levels and rectal pruritus after her first remote healing session, but then experienced a significant worsening of rectal pruritus after her second session just 24 hours after the first one. Symptoms did gradually improve, but took more than 10 days until they had returned back to baseline. There was disappointment in the aggravation of the symptoms, and it was felt that this was far outside of what should be considered normal.

Another adverse effect that was noted occurred in a 47-year-old female participant with no significant past medical history. She had hoped to improve overall energy levels and decrease food intake. Following both treatment sessions, the client expressed subacute onset of fatigue, as well as a sense of depersonalization. In addition, she noted restlessness, all of which lasted for approximately 48 hours, gradually subsiding over the next 24 hours, so lasting for a total of 72 hours. She had noted some improvement in some other areas of psychological well-being.

The third case involved a 62-year-old male who has experienced intermittent and debilitating fatigue since childhood and who had hoped to improve his sense of fatigue with remote healing. After the first remote healing session he had worsening of his fatigue to the point of being unable to stay awake and experienced pain throughout his entire body, lasting for the entire day and severely impairing his work. The following day, following a second remote healing session, his fatigue gradually improved to prior levels as he has known and he was back to baseline about 48 hours after his initial remote healing sessions, not experiencing any symptomatic relief whatsoever.

Table 1 summarizes the adverse effects:

Table 1 Lists details

Age of participant, gender	Type of symptoms	Duration of symptoms
38, female	Anal pruritus	10 days
47, female	Fatigue, depersonalization, restlessness	3 days
62, male	Debilitating fatigue	2 days

Discussion

When unexpected negative outcomes following remote healing are mentioned, they range from transient discomfort to profound destabilization, challenging the widespread assumption that “energy healing cannot harm because it is only beneficial intent.”

Commonly reported side effects include:

- I. Emotional flooding (sudden release of suppressed grief, anger, or fear)
- II. Physical detoxification-like symptoms (headaches, nausea, flu-like aches, skin rashes)
- III. Temporary exacerbation of existing symptoms (“healing crisis” or Herxheimer-like reaction)

IV. Sleep disturbances and vivid or disturbing dreams

V. Heightened anxiety, panic attacks, or transient depressive episodes

VI. Energetic overwhelm described as “burnout,” “short-circuiting,” or sensation of being “un-grounded”

VII. Rare but serious reports of psychotic-like episodes, dissociation, or spiritual emergencies in predisposed individuals

Although most adverse effects resolve within hours to a few days and are interpreted by practitioners as evidence of “processing” or “cleansing,” a minority of recipients experience prolonged disruption requiring medical or psychiatric intervention. Vulnerable populations—those with trauma histories, serious mental illness, or extreme sensitivity (sometimes labeled “empaths” or “highly sensitive persons”)—appear at higher risk.

The authors of this publication feel that adverse effects are underreported and underappreciated in the discussion and publication on more healing modalities. These three cases highlight the potential of adverse reactions or side effects in the course of a remote healing session. The mechanisms remain speculative: abrupt shifts in autonomic balance, unintended activation of repressed psychological material, non-specific nocebo responses, or, from the practitioner perspective, transfer of unprocessed countertransference or entity attachment. Regardless of explanatory model, the clinical reality is that remote healing is not universally benign.

The aim of this publication is neither to discredit the modality nor to sensationalize adverse events, but to establish that side effects do occur, that they follow recognizable patterns, and that pre-screening, informed consent, and follow-up protocols are ethically indicated. By bringing these experiences into the medical literature, we hope to encourage more rigorous safety monitoring and to stimulate research into predictors of both benefit and harm in non-local healing practices.

Conclusion

This case series demonstrates that remote healing, while associated with some perceived benefits, may also produce adverse effects in a notable proportion of recipients. The observed reactions, though transient, ranged from physical discomfort to psychological disturbances, challenging the assumption of inherent safety. These findings underscore the ethical necessity of acknowledging potential risks alongside benefits in remote healing therapies. Careful participant screening, transparent informed consent, and structured follow-up are recommended to mitigate harm. Further research with larger samples and controlled designs is essential to clarify mechanisms, identify risk factors, and establish evidence-based safety guidelines for remote healing practices.

Conflicts of interest

The author declares that there are no conflicts of interest.

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