

A Qualitative Review of Qi Coil PEMF Therapy: Effects on Pain Management, Sleep Quality, Stress and Anxiety Reduction, Mindfulness, and Energy Levels

Contents

Abstract · Protocol · Assessment Scales · Methodology · Statistical Analysis and Results · Discussion · Conclusion · References

Abstract

This qualitative review examines the effectiveness of PEMF for managing pain, improving sleep quality, addressing stress and anxiety, and influencing energy levels.

Keywords: PEMF, sleep, mindfulness, anxiety.

Protocol

Study title

A qualitative review investigating PEMF effectiveness in pain management, sleep quality, stress and anxiety management, and energy levels.

Objective

To assess the effectiveness of Qi Coil PEMF in managing pain, improving sleep quality, managing stress and anxiety, and influencing energy levels.

Study design

Qualitative survey review.

Sample

205 participants in total: Group A, 107; Group B, 43; Group C, 55.

Study period

30 days in total.

Inclusion criteria

- a. Group A did not use frequencies or Qi Coil.
- b. Group B used audible frequencies only.
- c. Group C used Qi Coil together with frequencies.
- d. Healthy women and men aged 25–65.
- e. Ownership of or access to a Qi Coil.
- f. No adverse physical or psychological impairments.
- g. Ability to follow protocol requirements.
- h. Psychological capacity to understand study information, give written informed consent, and complete research questionnaires.
- i. General health questionnaires (GHQ).

Exclusion criteria

- a. Cognitive, neurological, metabolic, or behavioral disorders identified from medical history.
- b. Medication known to affect cognitive functioning.

- c. Smoking or alcoholism that could affect metabolic variables.
- d. Pregnancy or breastfeeding.
- e. Allergy or sensitivity to electronic devices.
- f. Failure to satisfy inclusion criteria.
- g. Deprivation of liberty by administrative or legal decision, or placement under guardianship.
- h. Emergency situations.

Investigational device

Qi Coil PEMF device.

Duration

Participants were advised to use Qi Coil for at least 30 days.

Dosage

Daily exposure to Qi Coil PEMF for 15–30 minutes.

Administration

Direct exposure to the human biofield.

Safety measures

Assessment of adverse events and electrosensitivity.

Effectiveness measures

Standard research questionnaires measuring sleep quality, mindfulness, and pain.

Procedure

1. Select participants using the inclusion criteria.
2. Instruct participants to use the recommended PEMF frequency on their Qi Coil.
3. Ask participants to record questionnaire responses at specified intervals during the study.

Statistical plan

A two-tailed paired t-test was planned to evaluate effectiveness, with $p < 0.05$ regarded as significant.

Assessment Scales

Pittsburgh Sleep Quality Index (PSQI). This self-rated, 19-question instrument assesses sleep quality and sleep problems over the preceding month in clinical groups. Its seven areas are sleep duration, sleep disturbance, time taken to fall asleep, daytime impairment due to sleepiness, sleep efficiency, overall sleep quality, and use of sleep medication. Each area receives 0–3 points, where 3 represents the greatest dysfunction. Adding the seven component scores produces a global score of 0–21; higher totals mean poorer sleep quality.

Depression, Anxiety and Stress Scale – 21 items (DASS-21). Three self-report scales measure emotional experiences relating to depression, anxiety, and stress.

Mindfulness, Attention and Awareness Scale (MAAS). This 15-item measure assesses a central aspect of dispositional mindfulness: receptive, open attention to and awareness of present experience. It has strong psychometric characteristics and has been validated in student, community, and cancer-patient samples. Correlational, quasi-experimental, and laboratory research indicates that it measures a distinct aspect of consciousness associated with, and predictive of, self-regulation and well-being.

Perceived Stress Scale (PSS). First introduced in 1983, this established measure of perceived stress continues to be widely used to explore how situations shape feelings and perceived stress.

Pain Quality Assessment Scale (PQAS). This general-purpose instrument helps distinguish more nociceptive from more neuropathic pain conditions. Complex chronic pain can involve nociceptive, inflammatory, and neuropathic mechanisms.

Methodology

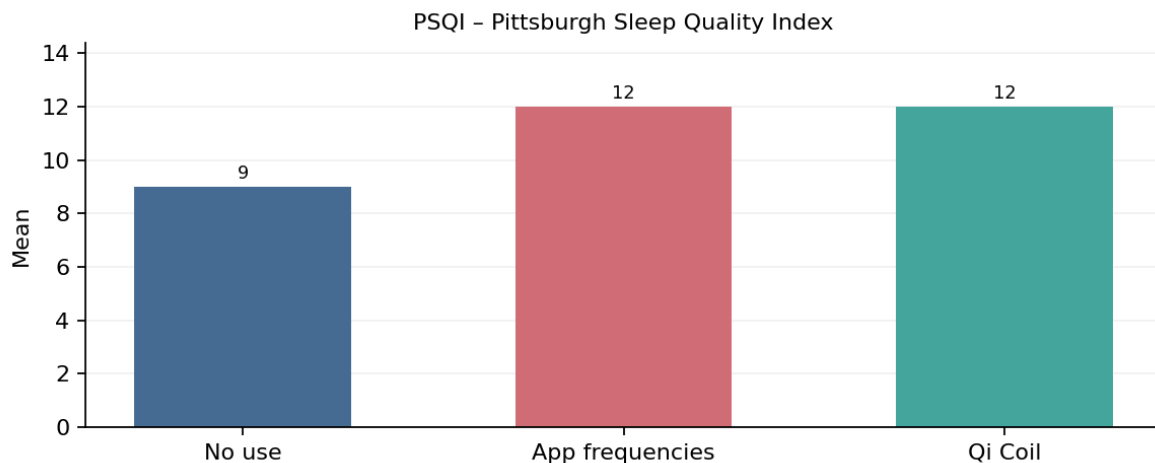
1. Participants were selected according to the inclusion criteria.
2. Participants were directed to use the recommended PEMF frequency with Qi Coil.
3. Participants were instructed to complete questionnaires at the recommended intervals throughout the study.
4. Responses were gathered and compiled for statistical analysis.

Statistical Analysis and Results

PSQI – Pittsburgh Sleep Quality Index

Measure	No use	Qi Coil app frequencies	Qi Coil
Mean	9	12	12
Standard deviation	0.539	0.602	0.777

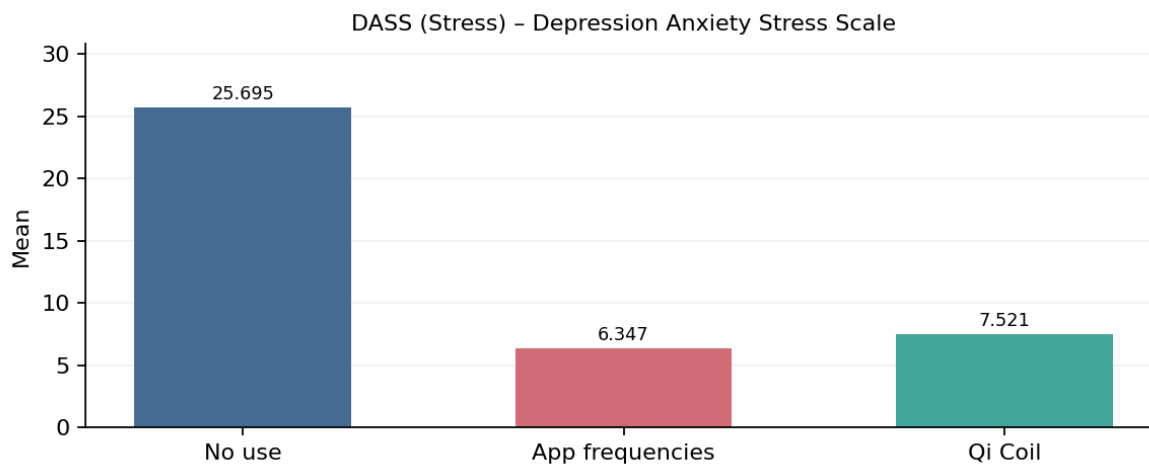
The reported two-tailed result was $p < 0.0001$. Under the criteria used in the study, the difference was described as **extremely statistically significant**.



DASS (Stress) – Depression Anxiety Stress Scale

Measure	No use	Qi Coil app frequencies	Qi Coil
Mean	25.695	6.347	7.521
Standard deviation	5.147	5.157	5.434

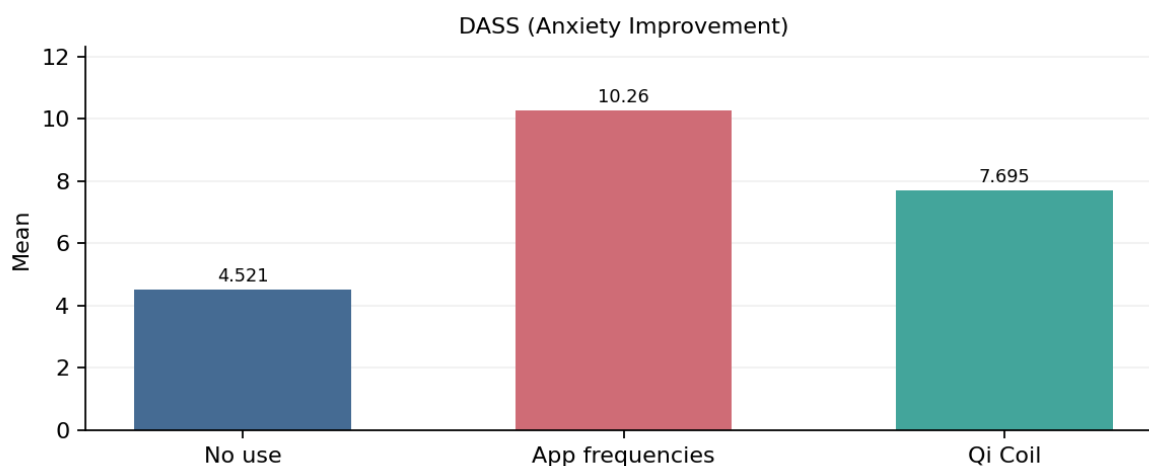
The reported two-tailed result was $p < 0.0001$. Under the criteria used in the study, the difference was described as **extremely statistically significant**.



DASS (Anxiety Improvement)

Measure	No use	Qi Coil app frequencies	Qi Coil
Mean	4.521	10.26	7.695
Standard deviation	2.332	9.489	5.147

The reported two-tailed result was $p = 0.0100$. Under the criteria used in the study, the difference was described as **very statistically significant**.

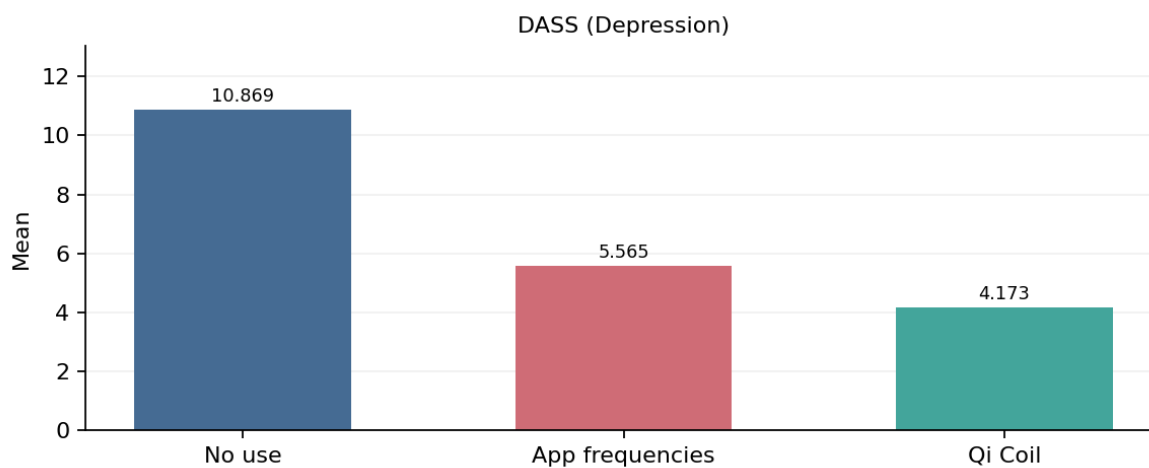


DASS (Depression)

Measure	No use	Qi Coil app frequencies	Qi Coil
Mean	10.869	5.565	4.173

Measure	No use	Qi Coil app frequencies	Qi Coil
Standard deviation	5.903	5.93	5.147

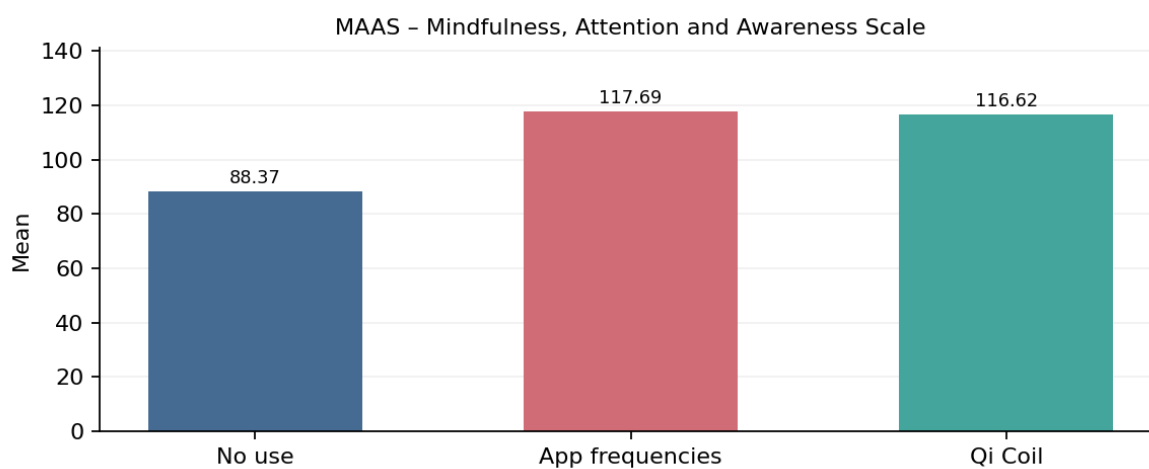
The reported two-tailed result was $p = 0.0002$. Under the criteria used in the study, the difference was described as **extremely statistically significant**.



MAAS – Mindfulness, Attention and Awareness Scale

Measure	No use	Qi Coil app frequencies	Qi Coil
Mean	88.37	117.69	116.62
Standard deviation	14.17	44.11	45.6

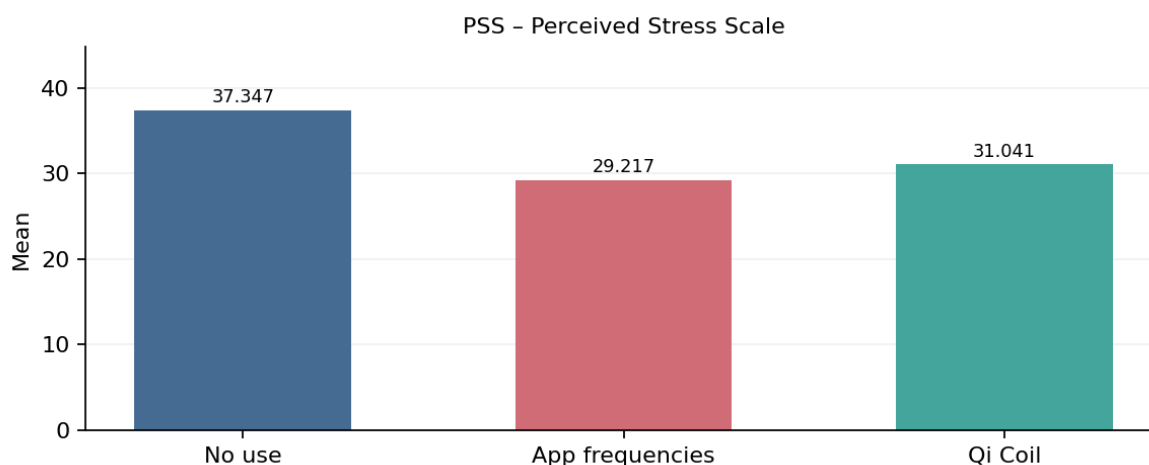
The reported two-tailed result was $p = 0.0002$. Under the criteria used in the study, the difference was described as **extremely statistically significant**.



PSS – Perceived Stress Scale

Measure	No use	Qi Coil app frequencies	Qi Coil
Mean	37.347	29.217	31.041
Standard deviation	7.952	7.217	5.607

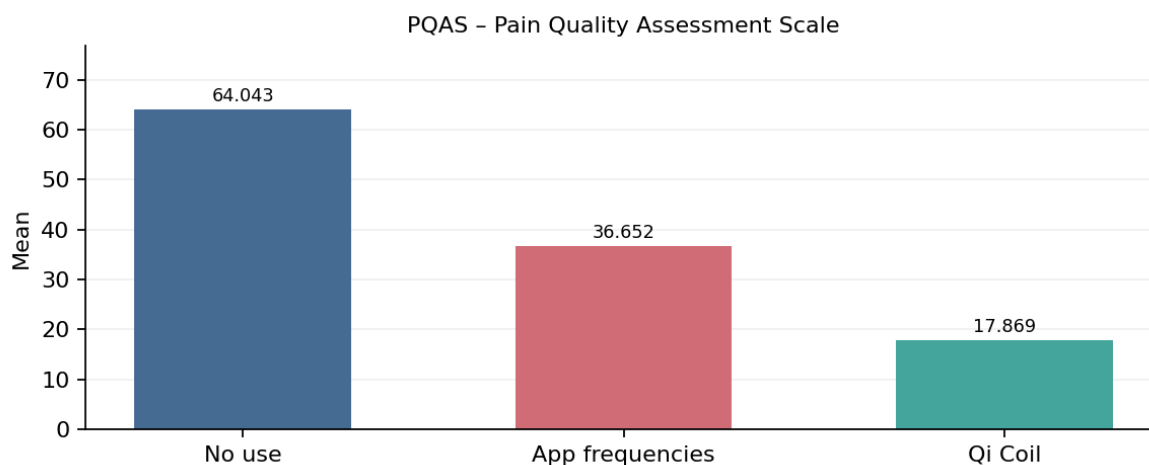
The reported two-tailed result was $p = 0.0033$. Under the criteria used in the study, the difference was described as **very statistically significant**.



PQAS – Pain Quality Assessment Scale

Measure	No use	Qi Coil app frequencies	Qi Coil
Mean	64.043	36.652	17.869
Standard deviation	47.395	35.972	15.22

The reported two-tailed result was $p < 0.0001$. Under the criteria used in the study, the difference was described as **extremely statistically significant**.



Discussion

The study reports statistically significant differences between the control group and the study group across every scale examined. Comparisons of PSQI, DASS, PQAS, and MAAS were described as extremely statistically significant, while the Perceived Stress Scale (identified as PQAS in the original discussion) was described as highly statistically significant. Comparing the measures suggested beneficial effects in the study group relative to the control group. The assessed changes were described as remaining within the limits for passing the statistical tests.

Conclusion

The findings indicated several beneficial effects associated with the Qi Coil app and Qi Coil. Participants showed significant improvements in sleep quality, mindfulness, pain levels, and anxiety levels.

References

1. Lovibond, S.H. & Lovibond, P.F. (1995). *Manual for the Depression Anxiety & Stress Scales*. (2nd Ed.) Sydney: Psychology Foundation.
2. The PSS Scale is reproduced with permission from the American Sociological Association: Cohen, S., Kamarck, T., and Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24, 386–396.
3. Cohen, S. and Williamson, G. Perceived Stress in a Probability Sample of the United States. In Spacapan, S. and Oskamp, S. (Eds.), *The Social Psychology of Health*. Newbury Park, CA: Sage, 1988.
4. Smyth, Carole. "The Pittsburgh sleep quality index (PSQI)." (1999): 10–10.
5. Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology*, 84(4), 822.