

Evaluation of indicators of anxiety, depression, stress, quality of life and frequency severity, and duration of migraine attacks under the influence of Psymontology Consciousness Fields

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ABSTRACT

Psymontology is one of the fields in Complementary and Alternative Medicine of Iran, and concerning the Mind-Psychology, founded and introduced by Mohammad Ali Taheri (having over 40 years of history). This complementary medicine has a supra-holistic view of human beings. It aims at the cognition of humans and their existential software as well as diagnosis and treatment of human psychological problems through establishing the connection between the components and constituents that is the subject of the study, and it is the Cosmic Consciousness Network (CCN). The purpose of this study was to evaluate the effects [of exposure to] Taheri Consciousness Fields (TCFs) via Psymontology (as one of the many TCFs) on the indicators of headache and psychic disorders caused by chronic migraine (such as depression, anxiety and stress), and the quality of life in patients. The research was performed among the patients with chronic migraine referred to the Migraine Clinic in Tehran (the capital of Iran) which was approved by a neurologist, 30 patients (22 females and 8 males between 18 and 60 years old) were randomly selected. Patients were divided into two groups: control and experimental groups. Before starting the study, each patient completed the MSQ v2.1 (Migraine-specific Quality of Life Questionnaire), and DASS42 (Depression, Anxiety, and Stress Scale) questionnaires under expert supervision. In addition, they received a migraine form accordance with IHS (International Headache Association) standards designed take notes during treatment.

Keywords: Migraine, anxiety, depression, stress, quality of life, Psymontology, Taheri Consciousness Fields

Two groups in the present study began their routine migraine treatment under the supervision of physicians. Moreover, the experimental group was justified by the researchers of the present study to use Psymontology sessions to complete the treatment process. The Psymontology approach consisted of 12 sessions, once a week, for 90 minutes of attending sessions. After presenting the theory required for the study method, the experimental group of patients was affected by TCFs for 20 minutes. After completing the number of Psymontology sessions and completing three months of conventional migraine treatment by the two groups of patients, the questionnaires were completed again, and the experts analyzed the completed forms during this period. Depression, anxiety, and stress were significantly reduced in the experimental group compared to the control group by 23, 20 and 13%, respectively (p -value < 0.05). On the other hand, considering the short-term quarterly study of chronic migraine headaches, its effect on the quality of life in this study was not significant. In headache indices, Psymontology Consciousness Fields had a meaningful effect on the severity and duration of migraine attacks. The frequency of seizures due to symptoms of discharge (as explained to patients before beginning the study) was 22% higher than the control group (p -value = 0.004). The duration of migraine attacks in patients undergoing the Psymontology Consciousness Fields effect showed a decrease of about 2% (p -value = 0.009).



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INTRODUCTION

The nature of consciousness and its place in science has received much attention in the current century. Many philosophical and scientific theories have been proposed in this area. In the 1980s, Mohammad Ali Taheri introduced novel fields with a non-material/non-energetic nature named Taheri-Consciousness Fields (TCFs). In this perspective, T-Consciousness is one of the three existing elements of the universe apart from matter and energy. According to this theory, there are various TCFs with different functions, which are the subcategories of a networked universal internet called the Cosmic Consciousness Network (CCN). The major difference between the theory of TCFs and other theoretical concepts about consciousness is related to the practical application of the TCFs. TCFs can be applied to all living and non-living creatures, including plants, animals, microorganisms, materials, etc.

Mohammad Ali Taheri, the founder of Erfan Keyhani Halqeh, a school of thought, introduced a new science in 2020 as a branch of this school. He coined the term Sciencefact for this new science because it utilizes scientific investigations to prove the existence of T-Consciousness as an irrefutable phenomenon and a fact. Although science focuses solely on the study of matter and energy and Sciencefact, by contrast, explores the effects of the [non-material/non-energetic] TCFs, Sciencefact has provided a common ground between the two by conducting reproducible laboratory experiments in various scientific fields, and it has used the scientific approach in proving TCFs.

The influence of the TCFs begins with the Connection between CCN as the Whole Taheri Consciousness of the universe and the subjects of study as a part. This Connection called "Ettesal" is established by a Faradarmangar's mind (a certified and trained individual who has been entrusted with the TCFs). The human

mind has an intermediary role (Announcer) which plays a part by fleeting attention to the subject of study and then the main achievement obtained as a result of the effects of the TCFs. These fields cannot be directly measured by science, but it is possible to investigate their effects on various subjects through reproducible laboratory experiments (Taheri, 2013).

The research methodology in the study of T-Consciousness has been founded on the process of Assumption, Argument, and Proof, in which the basic Assumption is: The Cosmos was formed by a third element called T-Consciousness that is different from matter and energy.

The Argument: The existence of TCFs can be demonstrated by its effects on matter and energy (e.g., humans, animals, plants, microorganisms, cells, materials, etc.)

The Proof: is the scientific verification of the effects of TCFs on matter and energy (according to the Argument) through various reproducible scientific experiments.

Accordingly, to investigate and verify the existence, effects, and mechanisms of TCFs, the following five research phases (Phases 0 through 4), and the aims of each phase are outlined below.

Phase-0 studies aim to prove the existence of TCFs by observing their effects. The nature of T-Consciousness and what it is will not be addressed in this phase. Phase-1 explores the varied effects of different TCFs. Phase-2 examines the reason behind the varied effects of these fields. Phase-3 investigates the mechanism of TCFs effects on matter and energy. Finally, Phase-4 draws significant conclusions, particularly with regard to the mind and memory of matter and their relation to the T-Consciousness, etc.

Migraine is a neuropsychological disorder caused by increased excitability of the central nervous system (Sadeghi, et al., 2015). It is the

most common type of chronic headache, according to the International Society of Headache, a benign recurrent headache, is usually unilateral and throbbing, that lasts 4 to 72 hours, and usually includes nausea, vomiting, and other symptoms of neurological function that occur in a variety of ways (Shahandeh, et al., 2016).

The two main patterns of migraine are migraine without aura and migraine with aura. Genetic factors in migraine with aura are more important than migraine without aura (Ostad Sharif, et al., 2013).

The prevalence of migraines varies in different geographical areas. Some studies have shown that the prevalence of migraines in Asian countries is lower than in Western countries. Wang in a review of previous epidemiological studies showed that the prevalence of migraine varies from 11.4-3.4% in women and 3.6-6.7% in men (Wang, 2003). In European and American studies, its one-year prevalence is estimated at 10-15%. In Africa, community-based studies have reported a prevalence of 2.9-7.2% (Stewart, et al., 1992). The difference in the prevalence of these studies can be due to racial differences, as a meta-analysis showed that the highest incidence of migraine is seen in North America and South America, and in Asia, it is much lower (Scher, et al., 1999).

Clinical and comprehensive studies have shown that primary headaches, especially migraines, interact or have a two-way relationship with depression and anxiety. Depressed patients have a higher risk of developing migraines than non-depressed patients. Depressed patients with chronic daily headaches suffer more than those with recurrent headaches, especially those whose headaches have been transmitted. Depression and anxiety may increase headaches and correlate with migraine, depression, anxiety, and other psychological problems (Zhang, et al., 2017).

Research Findings and Clinical Observations

Complementary (and alternative) medicine is now widely used throughout the developed world. Like acupuncture, homeopathy, herbal medicine, and osteopathy are extensively used and increasingly accepted. In most countries of the world, especially countries such as the United States, the United Kingdom, France, and Germany, which themselves are leaders in Western medicine, complementary medicine is used alongside conventional medicine to diagnose and treat diseases.

Science is called "conventional medicine" or Western medicine. But in fact, Western medicine is only one of the human approaches. In addition to this method, there are other methods of medicine that with differences in principles, rules, and ways of diagnosis and treatment try to restore health to sick people and prevent disease in healthy people (Bozorgi, 2013). The collection of these methods with names such as complementary medicine or Alternative medicine is known all over the world, which differs from conventional medicine in the methods of diagnosis, treatment, or both. On the one hand, the ancient approaches such as Iranian traditional medicine, the ancient Indian medicine (Ayurveda), healing touch, and traditional Native American medicine and, on the other hand, less ancient methods such as homeopathy, chiropractic osteopathy, etc. can be mentioned (Landin, 1998).

Psymontology is a complementary medicine that was founded and introduced by Mohammad Ali Taheri. It studies mind-psychology from a supra-holistic perspective. The main purpose of Psymontology is the recognition of humankind, the human existential software, diagnosis, and treatment of unknown psychological disorders.

From the point of view of Psymontology, disease includes any disorder, obstruction, injury, and imbalance in any of the infinite constituents of human existence. If so, the definition of the disease has infinite different components. Therefore, its scanning and improvement are not possible except with the help of the grand T-Consciousness (Taheri, 2011).



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Type of view and how it works in Psymontology

There are two interventions in human treatment:

Hardware intervention: Therapies that consider the physical part of the human being and look at the human being as hardware and rely on physical examination and medicinal therapies, all phenomena are examined from a chemical perspective.

Software intervention: Therapies that focus on the behind-the-scenes planning aspects of human existence and do not rely on physical examination and medicinal therapies. Psymontology is a group of these therapies that help software modification and treatment of patients. Therefore, Psymontology is a framework that has no hardware intervention in the dimensions of human existence (Taheri, 2011).

Today Iranian society is at the beginning of the use of complementary therapies, so access to accurate and scientific information about these treatment methods is essential for both physicians and patients. Due to the fact that migraine is a complex and debilitating disease and has a great impact on human functioning and is one of the diseases that have adverse effects on all aspects of a person's life, including the quality of life, the question is whether Psymontology has the desired effect on the frequency, severity, and duration of migraine attacks as well as anxiety, depression, stress, and quality of lives of patients with migraine?

Research Methods

Application of Taheri Consciousness Fields

TCFs were applied to the samples according to the protocols regulated by the COSMOintel research center (www.COSMOintel.com). A request for Connection to the CCN to utilize TCFs can be placed through the COSMOintel website

in the "Assign Announcement" section. This access is available for everyone at no cost. In order to study and experience this Connection, the researchers can register on the website at any time and in order to report the experiment to the COSMOintel research center. Certain details of the experiment must be provided to the center; for example, the characteristics or number and name of samples and controls must be specified. This entire experiment was carried out as a double-blind method where lab technicians were completely unaware of TCFs theory, and the Faradarmangar at the COSMOintel research center who established the Connection was unaware of the details of the study. Double-blind is a gold standard that is common in science experiments in the field of medicine and psychology, involving theoretical and practical testing.

This research has been made in a semi-experimental method with a control group. Of all migraine patients referred to a Medical Clinic in Tehran, 30 patients were chosen at random. After the pre-test, a group of 30 people was randomly divided into two equal groups. Every member of the group was given questionnaires for recording the duration, severity, and frequency of migraine pain. The control group then underwent medicinal treatment at the clinic, and the members of the experimental group were asked to participate in Psymontology and group therapy sessions. The Pre-test and post-test included DASS42 (Norton, 2007), and MSQ14 (Jhingran, et al, 1998) and the results were analyzed by using SPSS 23 software and descriptive statistics, central indicators, and multivariate covariance analysis.

Research findings

The experimental and control groups were assessed based on age, sex and education, as shown in the following tables and charts (Table 1 and Figure 1).

Table 1 . The statistics of the experimental and control groups

VARIABLE	GROUP	AVERAGE ADJUSTED		
FREQUENCY OF MIGRAINE ATTACKS	CONTROL	9.435		
	TEST	11.499		

VARIABLE	GROUP	MEAN SQUARES	TEST STATISTICS VALUE	THE SIGNIFICANCE LEVEL
FREQUENCY OF MIGRAINE ATTACKS	PRE TEST	573.757	21.904	0.00

VARIABLE	GROUP	AVERAGE ADJUSTED		
THE SEVERITY OF MIGRAINE ATTACKS	CONTROL	5.795		
	TEST	5.731		

VARIABLE	GROUP	MEAN SQUARES	TEST STATISTICS VALUE	THE SIGNIFICANCE LEVEL
THE SEVERITY OF MIGRAINE ATTACKS	PRE TEST	50.7	16.465	0.00

VARIABLE	GROUP	AVERAGE ADJUSTED		
DURATION OF MIGRAINE ATTACKS	CONTROL	14.018		
	TEST	13.815		

VARIABLE	GROUP	MEAN SQUARES	TEST STATISTICS VALUE	THE SIGNIFICANCE LEVEL
DURATION OF MIGRAINE ATTACKS	PRE TEST	2005.798	17.899	0.00

VARIABLE	GROUP	AVERAGE ADJUSTED		
LIFE QUALITY	CONTROL	48.701		
	TEST	63.299		

VARIABLE	GROUP	MEAN SQUARES	TEST STATISTICS VALUE	THE SIGNIFICANCE LEVEL
LIFE QUALITY	PRE TEST	573.58	2.045	0.164

VARIABLE	GROUP	AVERAGE ADJUSTED		
ANXIETY	CONTROL	14.018		
	TEST	13.815		

VARIABLE	GROUP	MEAN SQUARES	TEST STATISTICS VALUE	THE SIGNIFICANCE LEVEL
ANXIETY	PRE TEST	2005.798	17.899	0.00

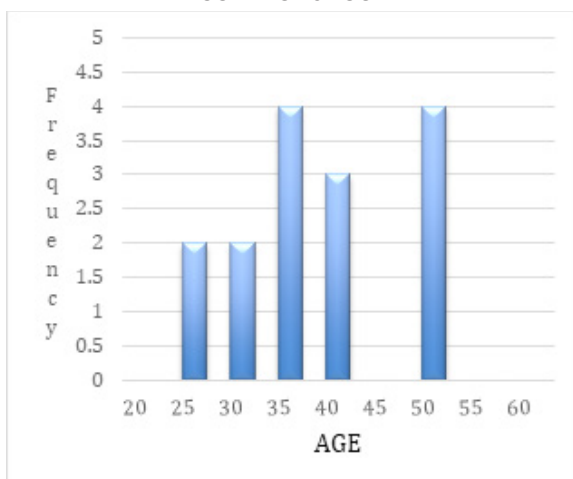
VARIABLE	GROUP	AVERAGE ADJUSTED		
DEPRESSION	CONTROL	11.015		
	TEST	8.519		

VARIABLE	GROUP	MEAN SQUARES	TEST STATISTICS VALUE	THE SIGNIFICANCE LEVEL
DEPRESSION	PRE TEST	1121.606	31.626	0.00

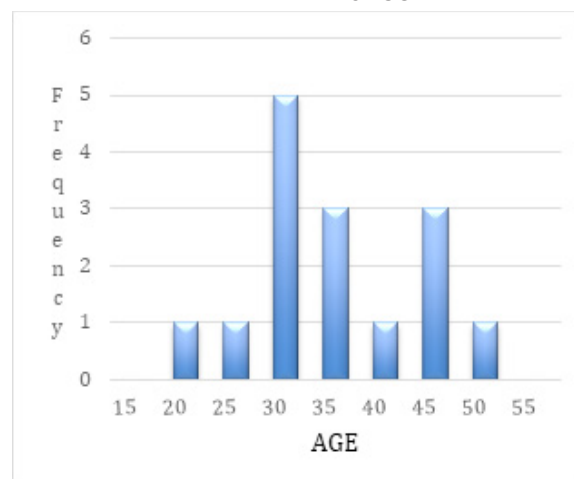
VARIABLE	GROUP	AVERAGE ADJUSTED		
THE AMOUNT OF STRESS	CONTROL	16.97		
	TEST	14.828		

VARIABLE	GROUP	MEAN SQUARES	TEST STATISTICS VALUE	THE SIGNIFICANCE LEVEL
THE AMOUNT OF STRESS	PRE TEST	436.815	16.31	0.00

CONTROL GROUP



EXPERIMENTAL GROUP



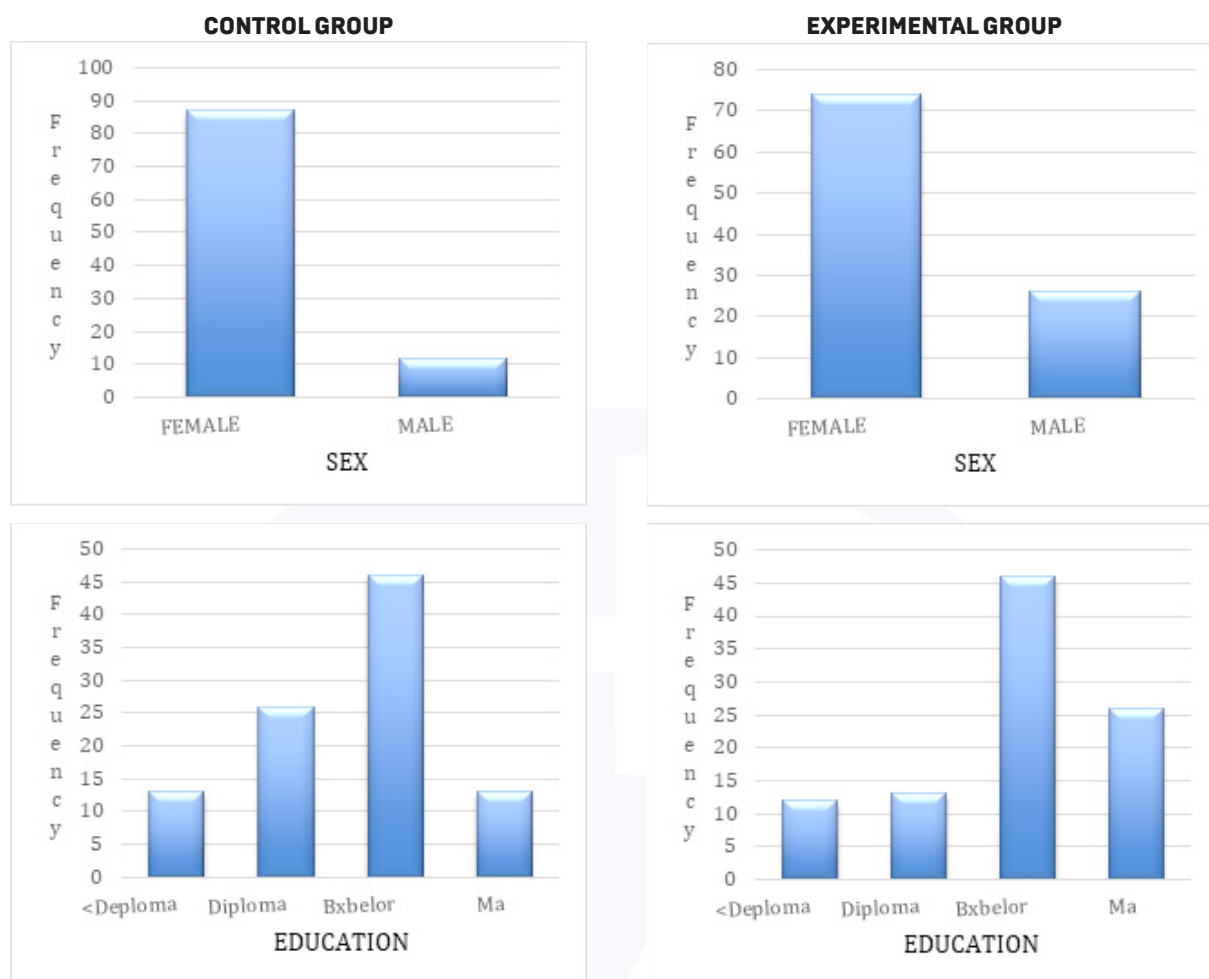


Figure 1. The graphs of the experimental and control groups based on age, sex and education

Results

Psymentology was performed on patients with migraine in the experimental group. Based on age, sex, and education in the graphs and the covariance analysis, the frequency of pain increased by a meaningful level of 0.05 compared to the control group. However, the severity and duration of pain in the experimental group decreased compared to the control group, with a meaningful level of less than 0.05. On the other hand, depression, anxiety, and stress were reduced in the experimental group compared to the control group with a meaningful level of less than 0.05. However, according to the covariance analysis, the quality of life was the same in both groups.

Discussion and conclusion

Fighting the disease has been one of the most important human struggles during his life and the dream

of victory has formed one of his greatest dreams. Migraine is a chronic disease that imposes a significant burden on the patient. According to a study conducted in other research, it seems that complementary medicine can affect both migraine pain and related psychic disorders.

For example, in a study by de Manincor et al. (2016), which was performed on 101 migraine patients with symptoms of depression and anxiety in a randomized controlled trial with yoga intervention for 6 weeks and with pre-test and post-test with Depression and Anxiety Questionnaire (Dass, 21). They were taken and compared with yoga intervention for the experimental group of two groups and the results showed that yoga has a positive effect on their depression and anxiety (de Manincor et al., 2016).

In 1996, Vincent and his colleagues conducted a study of more than 250 patients in three complementary medicine exercises, including acupuncture, bone

massage, and homoeopathy, with a ranking questionnaire of 20 potential answers to the desire for complementary medicine, and the reasons that strongly determined that medicine Supplements are more effective for common problems than conventional medical treatment. Because the person believes that complementary medicine enables him to play a more active role in maintaining his health while conventional medicine is not effective for some problems. The five factors identified in order of importance were: positive evaluation of complementary medicine treatment, the ineffectiveness of common treatments for their complaints, concern about drug side effects, concern with physicians, and less importance of access to complementary medicine.

On the other hand, the present study aimed to investigate the effect of Psymtology on patients with migraine headaches who suffers from psychic complications and disorders such as depression, distress, and stress and its effect on the quality of life that remove the psychic complications and alleviate the pain. The frequency of migraine attacks due to symptoms of discharges (as explained to patients before the study began) was significantly higher ($p\text{-value}=0.004$) than

in the control group (22%). On the other hand, the duration of migraine attacks in patients undergoing intervention demonstrated a decrease of about 2% ($p\text{-value} = 0.009$).

The results of the present study justify continuing it with more patients and over a longer period in the process of treating migraine headaches and associated diseases. We conclude that Psymtology can be effective as complementary medicine to migraine pain, and its associated mental disorders. In connection with further research, it is suggested that other psychosomatic illnesses be studied. It is also suggested that more time be spent researching to assess factors such as the frequency of attacks and the quality of life.

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Conflict of Interest

The authors declare no conflict of interest.

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