

LAW OF KARMAS: THEORY BEHIND HYPNOTIC REGRESSION

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ABSTRACT

Like a fish swimming in the water or a snake moving on sand, we leave behind footprints of our own karmas. These impressions are known as "sanskaras". The epic Ramayana says that each individual is himself personally responsible for his happiness and miseries. "Kahu Na khwoo dukha – sukhakar data, Nij nij karm bhog sab bhrata" All beings reap the fruits of their own karmas. They rejoice or wail, weep and suffer because of their own doings. With each living being, God has provided an unerring and intelligent mechanism, which determines fruits of his actions. It is known as "Law of karma". Like Newton's Third Law of Motion, the law of Karma says that for every action, there is a reaction -- act well, get good facilities; act badly, get bad facilities. Sanskars are produced by each of three categories of karmas, known in spiritual parlance as – (i) Sanchit karmas (Involuntary Mental karmas) (ii) Prarabdha karmas (Karmas done with strong emotional involvement) and (iii) Kriyaman karmas (Physical Karmas). As the result of three types of karma or actions, there are three types of adverse reactions or sufferings (Dukhas): (1) Daivik dukhas (Mental Sufferings) (2) Daihik dukhas (Physical pain) (3) Bhutik Dukhas (Distress caused by natural disasters). In Hypnotic regression, the therapist leads a client to the causal segment of Sanchit Karma relevant to the symptoms i.e. Prarabdh Karma which produce healing. In present research paper the researcher discussed on the hypnotic regression as psychotherapy with explanation of "law of karma".

Keyword : - Hypnotic Regression, Psychotherapy, Law of Karma, Mental Sufferings.

1. HYPNOTIC REGRESSION: BEYOND THE REGULAR PSYCHOTHERAPY

A Hypnotic Regression is a therapeutic technique in which the client is urged to imagine going back in time, past their birth, and to remember a former lifetime. The client is able to retrieve memories of previous lives, and this recall of memory can be achieved by a process of hypnosis, however some processes use meditation techniques.

Hypnosis can also set you free of fears and phobias. In mild cases, where a person recognizes the triggers but would like help controlling their reaction, posthypnotic suggestions can help them control their breathing, slow their heart rate, and achieve a relaxed state of mind (Wizell). This permits them to deal with the problem in a calm and rational manner (Wizell). More severe cases are often the result of a traumatic childhood event (Wizell). Most of the time the event can no longer be recalled by the conscious mind, but it is still retained in the subconscious (Wizell). In these cases, the Hypnotherapist will often apply age regression (Wizell). Age regression is one of the most powerful tools available to the Hypnotherapist (Wizell). With it s/he can guide the person back in time, and help them reexamine the event that initially triggered the fear from an objective point of view (Wizell). Once the cause is revealed, the fear of losing control is eliminated (Wizell).

1.1 Regression therapy in hypnosis

Phobias are often childhood fears that were never outgrown. In certain instances they may develop after a traumatic event, such as an accident, natural disaster, illness, or visit to the dentist, in other words, as a result of conditioning.

Regression Hypnotherapy will allow a person to remember that particular event and review it with 'adult' eyes this time around. This will then allow them to interpret the event correctly and it will no longer be an issue for them.

1.2 Age regression

Whether a conscious memory is needed to cure phobias is a controversial issue. Some argue that it is very beneficial (Elman, 1964); others consider it unnecessary or even harmful (Alman & Lambrou, 1996). However, age regression can be a way (even through the use of Time-Line therapy) to tackle earlier triggers of the phobia, and to change the past paths of reaction.

1.3 Past-Life Regression

Past life memories underlie every person's makeup. It doesn't matter if a person believes in reincarnation for past life regression to be effective. It works, regardless of belief. "A past life memory is not an end in itself but a means to the emotional catharsis, self-understanding, and healing that are the true goals." The source of the problem can echo back through multiple past lives, each life adding another layer of complexity to the problem. A series of past lives can create a tangled skein of emotional physical and mental problems in the present. For example, a phobia may be accompanied by a physical symptom; being hanged for speaking out against the authorities could result in a chronic neck pain and a fear of speaking in public. A phobia of loud noises could have come from being traumatized while fighting in a war.

Underlying each phobia is usually a specific and corresponding past life trauma, most often a death. Past life regression can also cure a host of other fears - neurotic fears, such as eating disorders, acute insecurity, depression, poor self-image, and obsession with money.

1.4 Post hypnotic suggestions & anchoring

Both tools are used to ensure and strengthen the continuity of the therapeutic achievements, to give access to internal resources and to enhance confidence. Anchors are sensor-association which is created to establish a reaction and use positive feedback loop to promote the new behavior. They are in fact applied post-hypnotic suggestions. Creating unconscious associations can be useful when the stimuli are apparent (Alman&Lambrou, 1996; McColl, 1998).

Hypnotic regression aims to resolve any unconscious, survival-based soul scripts that could be negatively affecting your present quality of life, health or behaviors. It can help you to uncover patterns, soul agreements or death bed decisions that no longer serve you and are detrimental to this life, keeping you stuck in negative patterns. Such as Revenge, Death before Dishonor or Submission to Authority. Heart commitments like "I will always love you" or "you are the only one for me" or "I am yours forever". If a past life was one of a Healer, Spiritual or in Religious service you may have taken vows of Poverty, Chastity, Obedience, Silence or Secrecy, or vows that prevented you from personally benefitting from healing energy. Often we re-create similar experiences unconsciously in this life as an attempt to complete or heal an unresolved past life experience. A Hypnotic Regression can bring these unconscious decisions or vows up into the conscious mind where you can resolve them.

Dr. Brian Weiss, a practicing psychiatrist in Miami, Florida was treating Catherine, a lady in her late twenties who presented with fears, phobias, paralyzing panic attacks, depression and recurrent nightmares. She refused medications because of chronic fear of gagging and choking. He started conventional psychotherapy. More than a year of psychotherapy did not produce any positive effects. Finally he tried hypnosis. In age regression, she remembered being pushed from a diving board and choking while in water. She also recalled being frightened by the gas mask placed on her face in a dentist office. The recall of these traumatic experiences of early age also failed to result in therapeutic changes. In the next session, he once again hypnotized her and inadvertently gave some instructions which led her to an ancient lifetime about 4000 years back. She remembered details of topography, clothes and everyday items from that time. She had drowned in a flood or tidal wave. After this session, her symptoms began to improve dramatically. In subsequent sessions she remembered more past lives and cured totally without the use of any medicines.

A wonderful metaphor for this is the movie "Ground Hog Day", where Bill Murray has to keep on repeating one day in his life until he finally works out his lesson and changes his behavior. Once these negative patterns are uncovered they can be cleared. HR helps you to know and understand that death is not a threat and that loved ones haven't been lost forever, but they have merely travelled to another place. And can help to give purpose and meaning to your live,

because you realise each life is devised for learning. We learn more deeply from hardships and pain. These can help us to understand our karmic lessons and we see firsthand how the laws of karma work.

2. REVIEW OF LITERATURE ON HYPNOTIC REGRESSION

In previous decades several case studies, researches, works have been done in the field of hypnotic regression. Although it is an immersing field of psychology but it is proved in many reviews that hypnotic regression is very efficient in controlling irrational fear or phobia. In India the whole work of regression is mostly in the form of case studies and lack of regression researches.

2.1 Related to Psychological intervention

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Gustawson, Weight, (1981): Hypnotic procedures for treating phobias are reviewed. A case of a 21-year-old female with a long-standing phobia of slugs involved hypnotic techniques of dream elicitation, age regression, and directed imagery in therapy. The patient successfully overcame her fear of slugs as well as related problems.

Epstein, Deyoub, (1981): An eclectic hypnotherapeutic approach consistent with Sacerdote's treatment model was utilized for overcoming the swallowing difficulty of an adult male. Traumatic onset followed an active fellatio experience. Cognitive restructuring preceded symptomatic improvement, and the client was nearly asymptomatic after 56 sessions. Further improvement was evidenced post therapy on a 3-year follow-up study. The process of change is emphasized, highlighting the broader case management implications of this single case study. Clinical observations are supplemented with psychological test data, providing a richer framework for understanding client and therapy process.

John, Hollander, Perry, (1983): Twenty women who were phobic to snakes, spiders, or rats were individually evaluated for hypnotic susceptibility using the standard audiotaped version of the Harvard Group Scale of Hypnotic Susceptibility, Form A. Consistent with the findings of three earlier studies using the Hypnotic Induction Profile (HIP), 55% of the present sample was found to be highly responsive to hypnosis. An item analysis comparing item pass percentages for the phobic subjects with item difficulties obtained from a normative sample of 357 female college students indicated that the two samples were significantly correlated. The discrepancy between the findings of studies using standard measures of hypnotizability and studies using HIP is discussed.

Nugent, et.al. (1984): An Erickson an hypnotherapeutic procedure is designed to access and direct creative unconscious processes toward the creation and implementation of satisfactory solutions to recurrent problem behaviors. The use of the procedure is described in 3 cases. Two of the cases involve treatment of severe hypodermic needle phobias. The third case involves use of the procedure in treatment of a somnambulistic sleep disturbance. Possible curative forces tapped by the procedure, suggestions for its continued use, and suggestions for further investigation of the procedure are also discussed.

Kelly, (1984): A prospective replication of Frankel and M. T. Orne's (1976) finding that phobic patients scored higher on measures of hypnotic response than did patients wishing to use hypnosis to control smoking was carried out. 112 patients with a variety of complaints were compared to 22 phobic's. The latter scored significantly higher on hypnotizability.

Domangue, (1985): Presents the case histories of 2 women (aged 30 and 38 yrs) with insect phobias, who were treated with therapies that combined constructs and strategies from psychodynamic, cognitive, and behavioral approaches with hypnotic interventions. In one case, hypnotic regression to the original trauma resulted in reframing. In the other case, hypnotic regression was indirectly introduced through a childish story.

Wambacher & Snow, (1986): In her survey of 26 past life therapists with regards to reported xenoglossy and the past life death experience; wambach also asked about improvements in physical symptoms and relationship problems. Twenty four of the 26 therapists said that they worked with physical symptoms of these 18 reported clients improvement in at least one such symptom of the 18, the average reported that 63% of their past life report clients improved in a physical symptom 60 % of these clients improved in a physical symptoms related to a death experience in a supposed past life after relieving that experience in a supposed past life. They are typified by Brown's (1991) case in which Kelly reported drowning in the submarine shark, Kelly had sought therapy for claustrophobia, hydrophobia & chest pain and all of these symptoms disappeared after his first session, during which he "re-lived" the traumatic death experience in the sinking submarine.

As for improvement in relationship problems 24 therapists said that clients had reported "past life" ties with people now in the clients lives 20 said that these ties were "karmic" in nature (but karmic is not defined) and 16 said that troublesome interpersonal relationships improved as a result of the past life therapy. 4 therapists said that they didn't know if there had been improvement. One might say that clients believed that they understood the relationship better and felt empowered to deal with them appropriately.

Schlotter beck, (1986): Schlotter beck (1986, In a similar attempt to assess client satisfaction, asked 18 clients with various problems whether they had found past life report therapy and the tapes he had made for them helpful, most reported good results. Schlotter Beck wondered if listening to the tapes of their past life sessions had been helped to his clients or, conversely, might have "reprogrammed" their symptoms. Clients reported that the tapes had been helpful.

Cladder, (1986): Cladder (1986) is a more formal study. Indeed, 6 of the 20 subjects who improved did not report any past lives at all. Cladder lists four "Components" of the treatment: "Catharsis of traumatic situations found by hypnotic regressions, help to achieve a cognitive reorientation, past hypnotic suggestions and present – time oriental homework". A good many techniques lie buried within each of these four "components" cladder describes them. e.g. "present time techniques" included "Positive good rehearsals, rational fantasies, clinched – fist conditioning, homework and self-hypnosis tapes with rational ego-strengthening suggestions". Past life report therapy was only one of the several techniques used, and it was not used in every case cladder's results must be interpreted with this in mind. He himself refers to his method as "behavioral hypnotherapy with regression". Nevertheless, 20 of the 30 subjects took an average of 11 sessions "to get rid of their phobias and to show a clear improvement on our tests" of the remaining 10, 5 had serious compulsions and scored high on obsession scales on the pretests, of these 2 dropped out and the other 3 had not been cured after 22 sessions. As for the 20 who improved, 14 placed the origins of their phobias in past lives and 6 found "satisfactory explanations" in their present lives. Cladder states "we never directly instructed them to regress to past life". Cladder concludes that "the majority of phobic patients who have previously experienced unsuccessful therapies" would benefit from therapy using "the concept of past lives".

Owens, et.al. (1989): 25 phobic Ss were administered the Stanford Hypnotic Susceptibility Scale, Form C (SHSS: C) of Weitzenhoffer and E. R. Hilgard (1962). The mean SHSS: C score was 3.5 (S.D. = 2.6), which was lower than that obtained by comparison groups. The results are in direct opposition to previous results and the predictions of Frankel (1974; Frankel & M. T. Orne, 1976). Potential explanations for the discrepancy in results are discussed, including the possibility that previous studies used unrepresentative samples of phobic's. It is suggested that hypnosis may sometimes play a role in the production of phobic symptoms but that other processes must be considered as well.

Clark, (1993-94): Clark (1993-94) in conjunction with the APRT, compiled a questionnaire in which she queried 136 therapists, each with at least 5 yrs. experience with past life therapy. The kinds of client's problems they say are responsive to past life therapy, over 30 problems are reported and most report success with phobias, physical symptoms, relationship problems, & psychological problems in general. These therapists are "nonconformist and individualistic" and eclectic in their methods use a bewildering variety of techniques and often combine past life therapy with techniques from other forms of psychotherapy. Clark's survey contains a wealth of data about past life therapy as it is practiced today and it supports the therapeutic value of past life therapy.

Ten Dam (1995): Ten Dam (1995) in the Netherlands in an ongoing study to assess the degree of satisfaction of his past life therapy clients has presented two years of feedback from them. He found a diversity of presenting problems similar to that Clark found. Three months after treatment was concluded. Ten bam's clients were sent a follow – up

from with a 7 item “Satisfaction with treatment” scale. He received responses in the lower 3 items. Ten Dam is continuing to assess the degree of satisfaction his clients report with their past life therapy.

Freedman, (1995-96): In the study of phobic people discussed above also measured therapeutic outcome for 31 participants with 59 phobias between them. Drawing upon the DSM-III R’s diagnostic criteria for panic disorders, she constructed two anxiety level scales, the first administered at the intake session and the second two months or more after the last session with participant. Participants completed one scale at intake and a similar (but not identical) scale at outcome for each of their phobias. Also at intake the participants’ “upper mind” was defined to them while they were in hypnosis as “the part of your mind that is wise, knows everything, and wants the best for you”, ideomotor responses (finger signals) were then established and the upper mind was asked for information about the cause of the participants’ phobias and for permission, the causes were then examined, whether in the present life or in a past life. (One participant’s upper mind refused permission to examine. One of her phobia-related past lives, and it was not examined). These were three groups phobias traced to past life and pre the lost soul interlife. Those traced only to events earlier in the participants’ present life, and those phobias for which the cause were not examined in hypnosis and third group was comprised of participants who were not able to reach the required level of hypnosis (5 or deeper on test’s 0–10 scale). Significant improvement was seen in gp –1, these who reported past lives on interlives (all lost soul interlives of agoraphobics, described above) as caused for all three kinds of phobias. Results for the other two groups were not significant although for the social phobias said to have been caused by events earlier in the present life there were “suggestive” results. No therapy other than simply examination whatever emerged as causal of the phobia was given, and participants were instructed to remain “calm and comfortable” throughout. In other words, no strong affect was experienced by participants. On the basis of this study, one can conclude the past life interlife therapy for phobic people is fast and effective when their “upper mind” places the cause of their phobia in supposed past lives or lost soul interlives.

Weiss, (1996): Prior to my experience with Catherine, I had never even heard of past life regression therapy. This was not taught when I was at neither medical school nor anywhere else. I was to learn. I can still vividly remember the first time. I had instructed Catherine to travel backward in time, hoping to discover childhood traumas that had been repressed or forgotten and that I felt were causing her current symptoms of anxiety and depression. She had already reached in a deep hypnotized state which I had induced by gently relaxing her with my voice. Her concentration was focused on my instruction, during his therapy session the week previously we had used hypnosis for the first time carefully I took Catherine back to the age of two, but she recalled no significant memories. I instructed her firmly and dearly: - “go back to the time from which your symptoms arise.” I was totally shocked by her response.

“I see white steps leading up to a building, a big white building with pillars, open in front, there are no doorways, and I am wearing a long dress..... A sack made of rough material, my hair is braided, long blonde hair.” Her name was Aronda, a young woman who lived 4 thousand years ago. She died suddenly in a flood or tidal wave, which devastated her village. There are big waves knocking down the trees. There’s no place to run, it’s cold, the water is cold, I have to save my body but I cannot----- just have to hold her tight. I drown, the water chokes me, I cannot breathe, can’t swallow----- salty water----- my body is torn out of my arms.

Antony, et.al (1996): Recent studies have generated mixed findings regarding the effects of distraction on exposure-based treatments. Results have also been inconsistent regarding the effects of monitoring and blunting coping styles on outcome. The present study attempted to integrate these two areas of research. We hypothesized that the effect of distraction on treatment outcome might depend on coping style. Specifically, we predicted that for blunders (i.e. individuals who tend to avoid threat-related information); distraction would interfere with the effects of exposure. However, we predicted that distraction might benefit monitors (i.e., individuals who tend to seek out threat-related information). Sixty individuals with a specific phobia of spiders underwent a single, two-hour session of exposure treatment. During the first hour, half of the participants were distracted by listening to an audiotape and the other half underwent exposure without distraction. In the second hour, all participants underwent focused exposure. Based on measures of heart rate, subjective fear, and behavioral testing, participants improved after one hour of treatment, and improved further during the second hour. However, neither distraction, coping style, nor their interaction had a significant effect on outcome. The present study provides support for the benefits of behavioral treatment for specific phobias. However, our hypotheses regarding distraction and coping style were not confirmed.

Vander Maesen, (1998-99): van der Maesen, in the Netherlands, carried out two studies of the therapeutic effectiveness of past life therapy, one for Gilles Deha Tourette's syndrome and the second for "people who suffered from auditory hallucination both studies demonstrated considerable therapeutic value. In the first (1998), van der Maesen started with 21 volunteers with Tourette's syndrome. After attrition, 11 people completed all reasons. All but one of the 11 had suffered from both vocal and motor tics since early childhood. One had developed the syndrome in adulthood their ages 9-52 yrs.

Eight of the ten who responded to the one-year follow-up questionnaire reported that their vocal and motor tics had either almost disappeared or were greatly reduced in frequency and severity. Five reported that they were free of medication the youngest participants in the study were three nine years old boys, and the parents of one of them reported that their son's tics had "largely disappeared" with improvement. Estimated at 95% (motor tics) and 99% (vocal tics). However the parents of the other two 9 yrs. olds reported that their sons' tics had "hardly decreased", the father of these two boys both believed that their sons were too young for his firm of therapy, but that it might work when they were older.

In his second study (1999), van der Measen worked with people who suffered from auditory hallucinations. The study was supervised by the department of clinical psychology of the University of Amsterdam and sponsored by the Dutch Association of Reincarnation therapists (NURT), some of whose therapists carried out the actual past life therapy according to van der measen's protocol's 54 participants initially volunteered for the study. All met the DSM-IV criteria for auditory hallucinations in schizaphobia; they completed the symptom check list (SCL-90). They were then randomly assigned to an experimental group and a wait-list control group, each of 27, those in the control group were offered and given therapy after the experimental gp's participation was completed.

Due to attrition, 14 participants in the experimental gp and 13 participants in the control gp completed the therapy for a total of 27. Sessions were 2-2½ hrs. long and there were 12 sessions for each participant. Six months after treatment, redesigned for this study, 52% reported that the treatment alleviated their auditory hallucinations, 4 said they had entirely stopped hearing the voices after the treatment, 78 % reported that the treatment had another, positive, meaning for them, and 74 % said they would recommended this form of therapy for people who hallucinate voices.

Van der Measen's two studies indicate that past life therapy may be a way to help some suffers from Tourettis syndrome and the hallucination of voices. Since both of these conditions have been considered untreatable except by medicator that sometimes have unpleasant side effects and do not usually completely eliminate the problems, a treatment that is both non-invasive and effective should be welcomed. These studies are small, of course, but their results are impressive and they richly deserve replication with larger samples.

3. THE ABSOLUTE LAW OF KARMA

Like a fish swimming in the water or a snake moving on sand, we leave behind footprints of our own karmas. These impressions are known as "sanskaras". The epic Ramayana says that each individual is himself personally responsible for his happiness and miseries. "*Kahu Na kowoo dukha – sukhakar data, Nij nij karm bhog sab bhrata*" All beings reap the fruits of their own karmas. They rejoice or wail, weep and suffer because of their own doings. With each living being, God has provided an unerring and intelligent mechanism, which determines fruits of his actions. It is known as "Law of karma". Like Newton's Third Law of Motion, the law of Karma says that "For every action, there is a reaction -- act well, get good facilities; act badly, get bad facilities". Sanskars are produced by each of three categories of karmas, known in spiritual parlance as – (i) Sanchit karmas (Involuntary Mental karmas) (ii) Prarabdha karmas (Karmas done with strong emotional involvement) and (iii) Kriyaman karmas (Physical Karmas). As the result of three types of karma or actions, there are three types of adverse reactions or sufferings (Dukhas): (1) Daivik dukhas (Mental Sufferings) (2) Daihik dukhas (Physical pain) (3) Bhutik Dukhas (Distress caused by natural disasters).

3.1 Daivik dukhas (Mental Sufferings):

All types of sorrows, mental suffering, are results of "Mental Sins". Worry, anxiety, anger, humiliation, animosity, ^{separation} from a beloved one, fear, grief, etc. are signs of divine justice for mental sins. Mental sins are those willful Karmas (deliberate acts) of minds, which are carried out under the influence of strong negative emotional stimuli.

The only purpose of mental pollutants such as jealousy, ingratitude, selfishness, cruelty, heartlessness cunning, hypocrisy and egoism. Through suffering, the intelligent divine mechanism ensures removal of sanskar generated by Prarabdha Karma.

3.2 Prarabdha karmas (Karmas done with strong emotional involvement)

Mental Karmas, which are voluntarily, deliberately performed under strong emotional stimuli, are known as Prarabdha Karma. Being motivated by intense emotions, such karmas produce powerful sanskars. Reactions of violent acts like adultery are very strongly felt by the inner conscience. Its innate spiritual purity is ever eager to get rid of this extraneous deleterious impurity at the earliest opportunity. It is obvious that this process is not unilateral. Divine justice makes souls of both the sinner and the sinned interact in complementary environment. This complex process at time takes several cycles of life and death.

4. RELATIONSHIP BETWEEN HYPNOTIC REGRESSION AND LAW OF KARMA

Hypnotic regression is based directly on the theory of reincarnation and law of karma. The work of Prof. Ian Stevenson and Prof. Satwant Pasricha in this regard is noteworthy. They have studied over 3000 cases including 450 Indian cases of reincarnation type. The most plausible explanation for their solved cases is the reincarnation. Apart from verification of demographic details provided by the children who remembered their previous lives, these investigators noted physical and behavioral similarities to previous life personalities. They also observed presence of fears and phobias related generally to the mode of death in previous lives. In Hypnotic regression it is hypothesized that the traumatic experiences of previous lives produce psychological and physical symptoms in current life. The working through of these experiences would alleviate the symptoms.

Prarabdha Management utilizes the concept of Law of Karma. The Law of Karma entails cause and effect relationship; and extends across lives. Sanchit Karma is the stored Karma of all lives. That is, it is storage of the experiences of one's existence in the universe. It is the causal Karma. For example, death because of drowning in previous life is an instance of Sanchit Karma. Prarabdha is the effect of a segment of one's Sanchit Karma which one is experiencing in the current life. Hydrophobia, the effect in current life is because of the drowning in previous life, the causal segment of Sanchit Karma. In Hypnotic regression, the therapist leads a client to the causal segment of Sanchit Karma relevant to the symptoms i.e. Prarabdha Karma which produce healing. Abdh is the form of Karma which one experiences in the current life and the relevant Sanchit Karma was also acquired in the current life. It is similar to the concept of age regression which hypothesizes cause of the symptoms to the past experiences of current life. Kiryaman is the form of Karma which are being added to the database of Sanchit Karma in current life which shall produce their effects in future lives. The work of Dr. Bruce Goldberg falls in this category. He performs future life progressions.

The researches investigating therapeutic value of pastlife regression found beneficial effects in relationship problems and phobias. Dr. Thelma B. Freedman has produced a doctoral dissertation on "Pastlife and interlife reports of phobic people: Pattern and outcome".

5. CONCLUSIONS

Hypnotic regression is a new, good and powerful psychotherapy, most of the researches shows its therapeutic value. As everyone knows every effect has a reason or explanation. If Hypnotic regression showing wonderful results so it must have any reason or theory behind it. Karmic theory is not related to any religion or community; it's a scientific phenomenon which bitterly explains hypnotic regression theory.

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