Comparative Evidence Map of Psychophysiological Findings from Hekalogia Versus Established Mind–Body and Emotion-Focused Interventions: Exploratory Documentary Review and Narrative Synthesis

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ABSTRACT:

Background: Mind–body interventions and emotion-focused approaches have been studied for stress, anxiety, somatic symptoms, and well-being. Hekalogia is an emerging intervention centered on conscious emotional release, pain awareness, and body–emotion integration. Multiple Hekalogia studies and reports describe psychophysiological, somatic, emotional, environmental, and exploratory bioenergetic outcomes; however, this evidence has not been organized as a balanced comparative evidence map against established interventions. Objective: To organize all available Hekalogia documents without prioritizing one domain over another and to compare them indirectly with major current categories of mind–body and emotion-focused interventions. Methods: An exploratory documentary review, evidence mapping, narrative synthesis, and indirect benchmarking were conducted. Sources included Hekalogia publications, preprints, public reports, unpublished manuscripts, and selected literature on mindfulness/MBSR, yoga, breathwork, EFT, relaxation, ACT/CBT, and somatic therapies. Results: Eleven Hekalogia documents were identified, totaling 695 reported participants or attendees, not necessarily unique. Domains included body weight, BMI, EEG, ACTH, cortisol/catecholamines, serotonin, body electromagnetic field, love–frustration indices, environmental vibration, and Holter monitoring. All domains were interpreted as complementary exploratory evidence lines. Conclusion: Hekalogia shows rapid and convergent exploratory signals across several domains, but current evidence does not establish causality or superiority over established interventions. The manuscript contributes an integrated evidence map and a research agenda for rigorous controlled trials.

Keywords: Hekalogia; emotional release; mind–body interventions; stress; EEG; biomarkers; well-being; inclusive education.

Introduction

Stress and emotional distress are complex psychobiological processes involving cognitive, endocrine, autonomic, somatic, and behavioral pathways. Sustained activation of the hypothalamic–pituitary–adrenal axis and the sympathetic–adrenal system has been associated with allostatic load, sleep disturbance, pain, anxiety, metabolic changes, and reduced psychological well-being (Chrousos, 2009; Herman et al., 2016; Lightman et al., 2020; McEwen, 1998; McEwen & Gianaros, 2010).

Mind–body and emotion-focused interventions have been developed to address stress, anxiety, somatic symptoms, and well-being. Major categories include mindfulness and MBSR, yoga, breathwork, EFT, relaxation training, ACT/CBT, and somatic or interoception-based approaches (Creswell, 2017; Fincham et al., 2023; Hayes et al., 2006; Hofmann et al., 2012; Khoury et al., 2015; Manzoni et al., 2008; Mu et al., 2026; Payne et al., 2015; Seok & Kim, 2024).

Hekalogia is presented as an emerging mind–body intervention focused on conscious emotional release, pain awareness, emotional movement, and body–emotion integration. To be evaluated scientifically, this conceptual framework must be translated into observable and measurable variables, including stress biomarkers, brain activity, body weight and BMI, serotonin, emotional state, cardiac safety, environmental variables, and exploratory bioresonance-related indicators.

This manuscript does not treat any single domain as more important than the others. ACTH, EEG, body weight, BMI, cortisol/catecholamines, serotonin, body electromagnetic field, love–frustration indices, environmental vibration, and Holter monitoring are interpreted as complementary evidence lines within an integrated Hekalogia evidence map.

Objective

The objective was to indirectly and evenly compare the findings reported across all available Hekalogia documents with major current categories of established mind–body and emotion-focused interventions through an exploratory documentary review, evidence map, and narrative synthesis oriented toward future controlled research.

Method

Design

This study used an exploratory documentary review, evidence mapping, narrative synthesis, and indirect benchmarking. It was not designed as a definitive systematic review or meta-analysis because it did not include a registered exhaustive search, duplicate independent screening, or statistical pooling of heterogeneous studies. Reporting was informed by PRISMA 2020, PRISMA-ScR, and the Cochrane Handbook (Higgins et al., 2024; Page et al., 2021; Tricco et al., 2018).

Information Sources

Sources included (a) all Hekalogia studies and reports listed by the authors as the documentary basis of the manuscript; (b) publications, preprints, SSRN manuscripts, academic reports, and unpublished manuscripts related to Hekalogia; and (c) selected scientific literature on major comparator interventions: mindfulness/MBSR, yoga, breathwork, EFT, relaxation, ACT/CBT, and somatic therapies. References were formatted according to APA 7th edition.

Unit of Analysis and Balance Criterion

The unit of analysis was the document, not the individual participant. To avoid allowing one domain to dominate the interpretation, each Hekalogia study was treated as a complementary evidence line. Domains were compared by outcome type, sample size, assessment timing, direction of effect, measurement method, and limitations, without assigning narrative hierarchy to ACTH or to any other marker.

Extraction and Synthesis

Extracted fields included authorship, year, document type, sample size, follow-up time, instrument, principal reported outcome, favorable direction, and limitations. Where aggregated or secondary data were available,

they were summarized descriptively. When de-identified individual data were available in the ACTH domain, means, percentage changes, and paired tests were recalculated; this subanalysis is presented only as one line of the evidence map, not as the manuscript's primary result.

Methodological Appraisal

Methodological quality was evaluated narratively across six domains: presence of a control group, randomization, measurement objectivity, use of validated instruments, follow-up, and peer-reviewed publication. RoB 2 was not formally applied because most Hekalogia documents were not randomized trials (Sterne et al., 2019). Certainty was interpreted using a GRADE-inspired logic (GRADE Working Group, 2026).

Results

Integrated Map of Hekalogia Documents

Eleven Hekalogia documents were included. The sum of reported participants or attendees was 695; this number should not be interpreted as unique participants because overlap between events or samples may exist. The evidence covers somatic, neuroendocrine, neurochemical, neuroelectrical, emotional, environmental, exploratory bioenergetic, and cardiac safety domains.

Table 1: Balanced evidence map of Hekalogia documents

Document/domain	n; time	Measurement	Reported signal	Balanced interpretation
Body weight (Calderon Nava & Ponce Herrera, 2025a)	30; 2 days	Body weight	Weight decrease reported in 98%	Short somatic line; requires control of intake, hydration, and daily variation
EEG SCIO (Calderon Nava & Ponce Herrera, 2025b)	54; 2 days	Brain-wave mapping with SCIO	Favorable direction in theta, alpha, gamma, and beta	Exploratory neuroelectrical line; requires standard EEG and artifact control
Body electromagnetic field (Calderon Nava & Ponce Herrera, 2025c)	28; 9 days	SCIO bioresonance	Improvement reported in body electromagnetic field	Exploratory bioenergetic line; not a primary biomedical endpoint
BMI Mexico City (Calderon Nava & Ponce Herrera, 2026a)	320; 15 days	BMI and adapted scales	BMI reduction in 88%; emotional improvement in 86%	Large sample; uncontrolled somatic and emotional line
Love–frustration indices (Calderon Nava & Ponce Herrera, 2026b)	30; 1 day	Bioresonance indices	Increase in love and reduction in frustration	Exploratory emotional line; requires validated psychometrics
Environmental vibration (Calderon Nava & Ponce Herrera, 2026c)	100 attendees; during event	PCE-VDL 16I	72,510 samples per axis; stable environmental pattern	Environmental/feasibility line, not clinical efficacy
EEG CONTEC (Calderon Nava & Ponce Herrera, 2026d)	25; 2 days / 15-day emotional follow-up	32-channel EEG and surveys	Theta/delta changes and emotional improvement	Closer to conventional EEG; requires laboratory protocol and artifact control

Cortisol/catecholamines (Calderon Nava & Ponce Herrera, 2026e)	40; 7 days	Cortisol ELISA; catecholamines HPLC	Reductions in cortisol and catecholamines	Neuroendocrine line; requires circadian control and comparator
ACTH (Calderon Nava et al., 2026)	30; 24 h and 7 days	Plasma ACTH	Mean reduction of 39.4% at 24 h and 36.5% at 7 days	Neuroendocrine line with secondary data; not the sole axis of the manuscript
Cardiac Holter (Calderon Nava & Ponce Herrera, 2026f)	8; 8 h	Holter monitoring	No rhythm alterations during the event	Safety and feasibility line, not efficacy
Serum serotonin	30; 24 h	HPLC serotonin	Mean increase from 105.66 to 113.06 ng/mL	Exploratory neurochemical line; requires preanalytical control

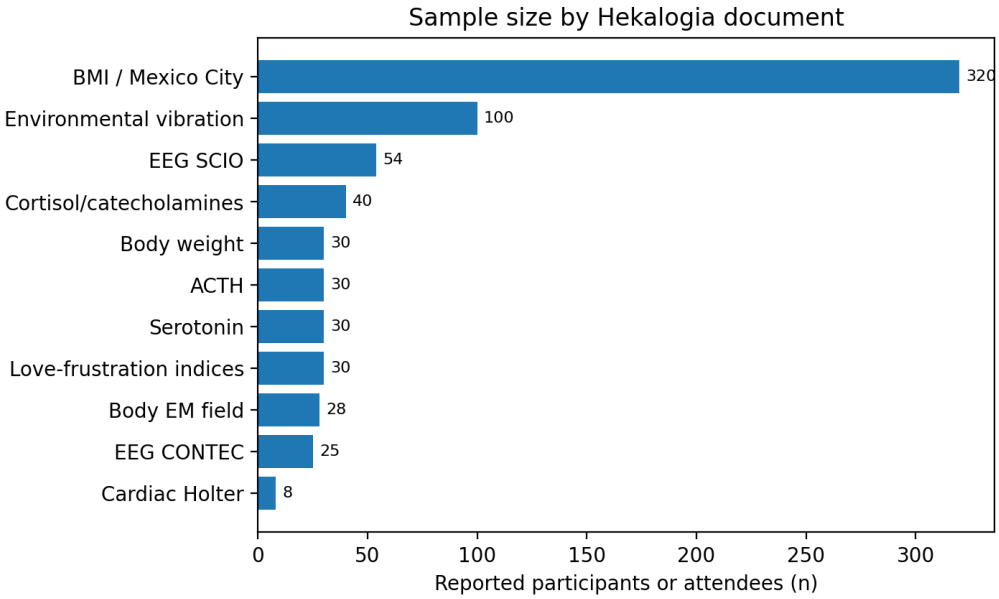

Figure 1. Reported sample size by Hekalogia document. The figure describes documentary volume, not quality or efficacy.

Synthesis by Hekalogia Domains

Somatic domain: Body weight and BMI studies reported favorable changes over short periods. These findings suggest a line of research on bodily variables associated with emotional processes; however, controlled designs are needed with assessment of intake, hydration, physical activity, hormonal cycle, sleep, and longer follow-up.

Neuroelectrical domain: EEG studies with SCIO and CONTEC reported favorable changes in brain waves and emotional state. The EEG line is relevant because it links Hekalogia with observable brain activity, but it requires standardized protocols, artifact control, blinded analysis, and clinically or research-validated equipment.

Neuroendocrine and neurochemical domain: ACTH, cortisol/catecholamine, and serotonin

reports suggest changes in markers related to stress and neurotransmission. These data require cautious interpretation because of circadian variation, preanalytical conditions, expectation, sleep, exercise, medication, and absence of control groups.

Emotional and exploratory bioenergetic domain: Body electromagnetic field and love–frustration studies provide information aligned with Hekalogia's internal language and reported emotional experience. For biomedical journals, these outcomes should be presented as exploratory and supplemented with validated measures of stress, anxiety, depression, well-being, interoception, pain, and perceived emotional release.

Environmental and safety domain: Environmental vibration and Holter monitoring contribute feasibility and characterization data. These domains do not prove efficacy, but they help document event conditions and preliminary cardiac safety during the intervention.

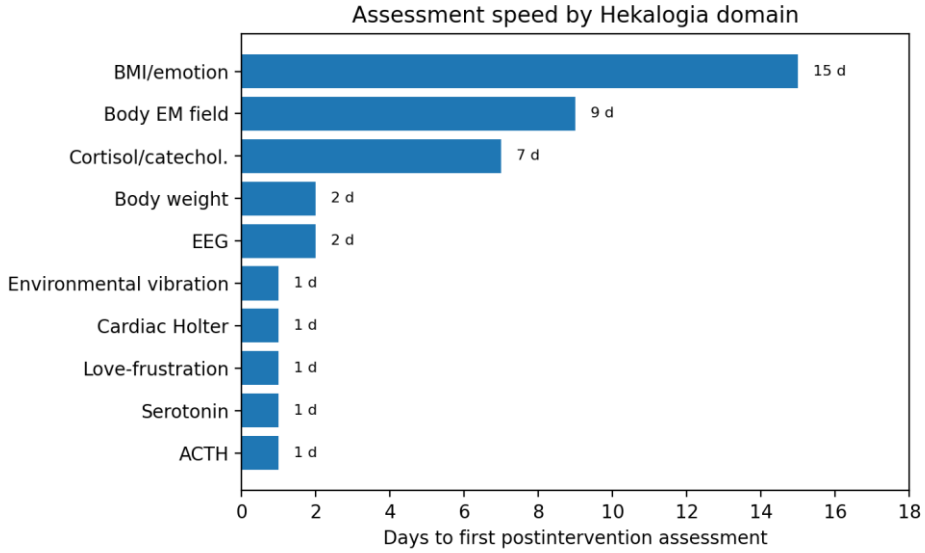

Figure 2. Assessment speed by Hekalogia domain. Each domain is shown as a complementary line.

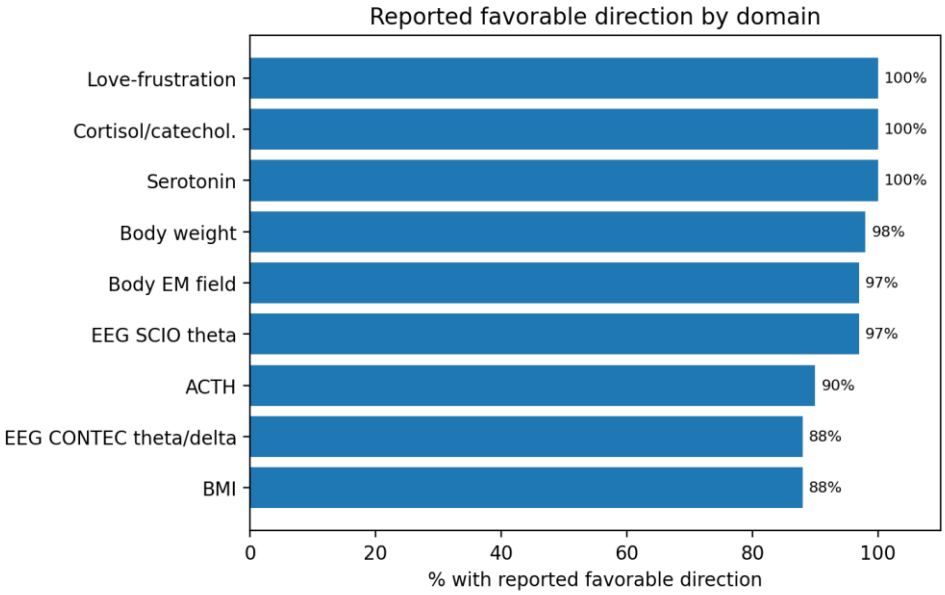

Figure 3. Reported favorable direction by domain. Percentages do not represent controlled efficacy or causal comparison.

Indirect Benchmarking Against Mind–Body and Emotion-Focused Interventions

Hekalogia was indirectly compared with representative categories of established mind–body and emotion-focused interventions. The comparison does not imply superiority because designs, endpoints, duration, and certainty of evidence differ. The objective was to locate Hekalogia within the broader landscape of existing approaches and identify what should be tested in direct comparative trials.

Table 2: Conceptual and indirect comparison with established approaches

Comparator category	Core mechanism	Common duration	General evidence	Comparison with Hekalogia
Mindfulness/MBSR	Mindful attention and non-reactive observation	Often 8 weeks	Trials and meta-analyses; also teacher studies	Hekalogia shares attention to experience but emphasizes emotional release and intensive events
Yoga	Movement, breathing, body attention	Multweek	Meta-analytic evidence for stress and emotion outcomes	Hekalogia is not posture-centered; it emphasizes emotional movement
Breathwork	Respiratory and autonomic modulation	Brief sessions or repeated programs	Meta-analysis of RCTs with small-to-moderate effects	Hekalogia may involve spontaneous breathing but centers on feeling and releasing emotion
EFT/tapping	Emotional exposure, tapping, cognitive elements	Brief or multisession	Meta-analytic evidence with heterogeneity	Shared emotional focus; Hekalogia does not depend on structured tapping
Relaxation/PMR	Physiological tension reduction	Variable	Evidence for anxiety and stress	Hekalogia does not seek relaxation alone but emotional transit
ACT/CBT	Acceptance, values, restructuring, psychological flexibility	Multisession	Broad clinical evidence base	Hekalogia differs through body–emotion language and surrender to emotion
Somatic therapies	Interoception, proprioception, body processing	Variable	Theoretical and emerging evidence	Hekalogia is somatically adjacent but needs reproducible protocols

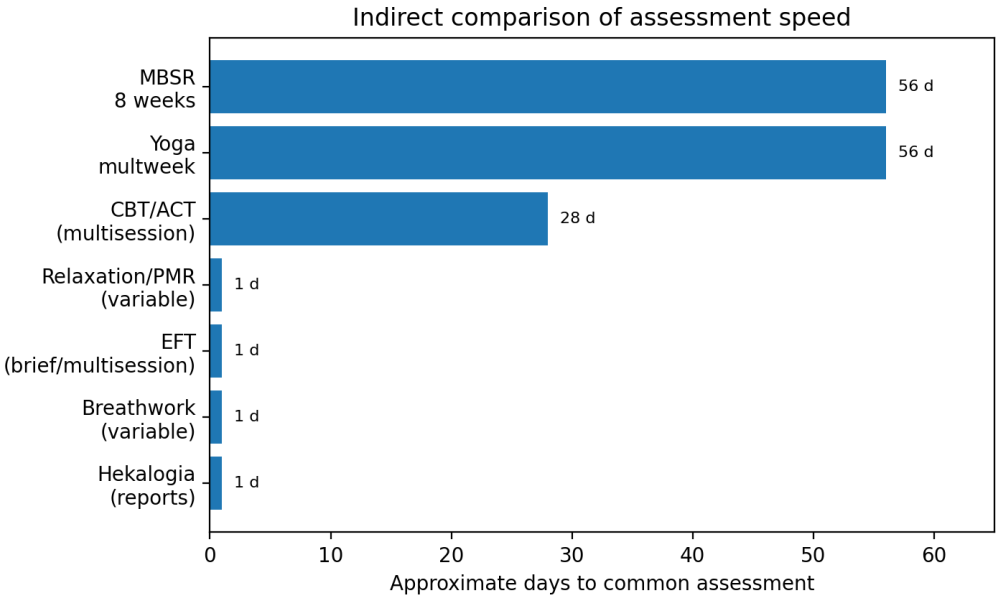

Figure 4. Indirect comparison of assessment speed. The figure compares approximate timing, not causal effect magnitude.

Discussion

This exploratory documentary review presents Hekalogia as a set of psychophysiological and emotional evidence lines, not as a manuscript centered on a single biomarker or domain. The main interpretation is convergence: different studies report changes in somatic, neuroelectrical, neuroendocrine, neurochemical, emotional, environmental, and safety domains.

The manuscript does not claim that Hekalogia is superior to mindfulness, yoga, breathwork, EFT, relaxation, ACT/CBT, or somatic therapies. Its contribution is to show that Hekalogia has an emerging documentary body that deserves organization, critical appraisal, and direct comparative testing.

The rapid timing of reported outcomes is relevant because several documents assessed change between 24 hours and 15 days. This rapidity may be useful for clinical and educational hypotheses, but it may also be influenced by event intensity, expectation, group context, participant selection, regression to the mean, or subsequent behavioral changes. Therefore, rapidity should be investigated, not assumed to represent superiority.

To strengthen scientific acceptance, exploratory bioresonance, body electromagnetic field, and environmental vibration domains should remain complementary, while studies using recognized biomarkers, conventional EEG, HRV, validated scales, and active comparators should be expanded. This strategy preserves Hekalogia's conceptual identity while improving clarity for external reviewers.

In special and inclusive education contexts, future research could evaluate Hekalogia among teachers, caregivers, therapists, support staff, and families exposed to high emotional demands. Potential endpoints include perceived stress, burnout, sleep, HRV, salivary cortisol, psychological well-being, emotional climate, compassion fatigue, and perceived emotional release.

Limitations

First, this is an exploratory documentary review and not a definitive systematic review. Second, most Hekalogia documents are pre-post studies without control groups, preventing causal inference. Third, studies vary in instruments, samples, follow-up times, and peer-review status. Fourth, some endpoints rely on technologies or constructs that are not standard

biomedical measures. Fifth, comparisons with other interventions are indirect and conceptual, not head-to-head trials. Sixth, potential conflicts of interest exist because of the authors' relationship with Hekalogia and are explicitly disclosed.

Conclusion

Hekalogia has an emerging documentary body reporting favorable signals across multiple domains: body weight, BMI, EEG, ACTH, cortisol/catecholamines, serotonin, emotional state, body electromagnetic field, bioresonance indices, environmental vibration, and cardiac safety. In this manuscript, all lines are presented as complementary components of the same exploratory evidence map, without making ACTH or any other domain the dominant axis. Indirectly compared with established mind–body and emotion-focused interventions, Hekalogia stands out for the rapid timing of several reported outcomes and its emphasis on body–emotion emotional release. Current evidence is promising but does not establish causality or superiority. The next stage should include randomized trials, active comparators, validated instruments, recognized biomarkers, reproducible protocols, and independent replication.

Declarations

Funding. No external funding was declared.

Conflict of interest. The authors declare a potential conflict of interest because the manuscript evaluates Hekalogia, two authors are linked to Hekalogia research activities, and one author is the creator of Hekalogia and Emotional Liberation.

Data availability. Documentary sources are available in the cited references. Secondary de-identified data may be requested from the corresponding author subject to ethical, institutional, and privacy restrictions.

Author contributions. All authors contributed to conceptualization, documentary review, interpretation, critical revision, and approval of the final manuscript.

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