Studies on the Efficacy of Reiki

**Aladydy, Patricia and Kristen Alandydy**, 1999."Using Reiki to Support Surgical Patients". Journal of Nursing Care Quality , 1999 Apr;13(4): pp. 89-91. Surgical patients at Columbia/HCA Portsmouth Regional Hospital in Portsmouth, New Hampshire are given the option of a 15 minute pre- and post-surgery Reiki treatment. In 1998 more than 870 patients participated. As a result there was less use of pain medications, shorter lengths of stay, and increased patient satisfaction. This article discusses how this program was set up. Plans for the future include documentation of the benefits and the further use of complementary therapies.

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PURPOSE: To conduct a systematic review of the available data on the efficacy of any form of "distant healing" (prayer, mental healing, Therapeutic Touch, or spiritual healing) as treatment for any medical condition. DATA SOURCES: Studies were identified by an electronic search of the MEDLINE, PsychLIT, EMBASE, CISCOM, and Cochrane Library databases from their inception to the end of 1999 and by contact with researchers in the field. STUDY SELECTION: Studies with the following features were included: random assignment, placebo or other adequate control, publication in peer-reviewed journals, clinical (rather than experimental) investigations, and use of human participants. DATA EXTRACTION: Two investigators independently extracted data on study design, sample size, type of intervention, type of control, direction of effect (supporting or refuting the hypothesis), and nature of the outcomes. DATA SYNTHESIS: A total of 23 trials involving 2774 patients met the inclusion criteria and were analyzed. Heterogeneity of the studies precluded a formal meta-analysis. Of the trials, 5 examined prayer as the distant healing intervention, 11 assessed noncontact Therapeutic Touch, and 7 examined other forms of distant healing. Of the 23 studies, 13 (57%) yielded statistically significant treatment effects, 9 showed no effect over control interventions, and 1 showed a negative effect. CONCLUSIONS: The methodologic limitations of several studies make it difficult to draw definitive conclusions about the efficacy of distant healing. However, given that approximately 57% of trials showed a positive treatment effect, the evidence thus far merits further study. PMID: 10836918 [PubMed - indexed for MEDLINE]

**Bardia A, Barton DL, Prokop LJ, Bauer BA, Moynihan TJ.** Efficacy of complementary and alternative medicine therapies in relieving cancer pain: a systematic review. J Clin Oncol. 2006 Dec 1;24(34):5457-64 Department of Internal Medicine, Mayo Clinic College of Medicine, Rochester, MN, USA. PURPOSE: Despite widespread popular use of complementary and alternative medicine (CAM) therapies, a rigorous evidence base about their efficacy for cancer-related pain is lacking. This is a systematic review of randomized controlled trials (RCTs) evaluating CAM therapies for cancer-related pain. METHODS: RCTs using CAM interventions for cancer-related pain were abstracted using Medline, EMBASE, CINAHL, AMED, and Cochrane database. RESULTS: Eighteen trials were identified (eight poor, three intermediate, and seven high quality based on Jadad score), with a total of 1,499 patients. Median sample size was 53 patients, and median intervention duration was 45 days. All studies were from single institutions, four had sample size justification, and none reported any adverse effects. Seven trials reported significant benefit for the following CAM therapies: acupuncture (n = 1), support groups (n = 2), hypnosis (n = 1), relaxation/imagery (n = 2), and herbal supplement/HESA-A (n = 1, but study was of low quality without control data). Seven studies reported immediate postintervention or short-term benefit of the following CAM interventions: acupuncture (n = 2), music (n = 1), herbal
supplement/Ai-Tong-Ping (n = 1), massage (n = 1), and healing touch (n = 2). Four studies reported no benefit of CAM interventions (music, n = 2; massage, n = 2) in reducing cancer pain compared with a control arm. CONCLUSION: There is paucity of multi-institutional RCTs evaluating CAM interventions for cancer pain with adequate power, duration, and sham control. Hypnosis, imagery, support groups, acupuncture, and healing touch seem promising, particularly in the short term, but none can be recommended because of a paucity of rigorous trials. Future research should focus on methodologically strong RCTs to determine potential efficacy of these CAM interventions.

PMID: 17135649 [PubMed - indexed for MEDLINE]

Berger, Ann RN, MSN, MD. *Reiki and Pain* from Ontario Reiki Programme Centre sites Ann Berger, RN, MSN, MD Medical oncologist specializing in pain treatment, Chief of the Pain and Palliative Care Service at the National Institute of Health in Washington DC said “We use probably 50-80% of nonpharmacologic methods in our NIH pain clinic, meaning non medication. The things we use include massage, relaxation, hypnosis, and reiki therapy, which is also very helpful in fibromyalgia and chronic fatigue syndromes.” There is anecdotal evidence that reiki has been successful in the treatment of the pain associated with RSD.

Burden B, Herron-Marx S, Clifford C. *The increasing use of reiki as a complementary therapy in specialist palliative care.* Int J Palliat Nurs. 2005 May;11(5):248-53 Compton Hospice, Wolverhampton, West Midlands, UK. Barbaracompt@aol.com Palliative medicine and complementary therapies (CTs) have developed within the NHS as parallel philosophies of care. As a result, the last decade has seen an increase in the integration and usage of CTs, as adjunct therapies to conventional medical treatment. Documented benefits of relaxation, decreased perception of pain, reduced anxiety and improved sense of wellbeing have been shown to enable an enhanced quality of life, where curative treatment is no longer an option. Reiki is a more recent addition to the range of CTs available to cancer patients. As an energy-healing intervention it has gained in popularity as a non-invasive and non-pharmacological approach. Anecdotal evidence suggests that the profound relaxation effect has a positive impact on alleviating anxiety, stress, perception of pain and promotes a feeling of wellbeing particularly relating to the nature of psychospiritual wellbeing. However, there is very little evidence to support its application within clinical practice, and none within the specific field of specialist palliative care (SPC). This article will consider the position of reiki as an emerging CT within SPC. The function of the hospice movement, the role of CTs together with an understanding of energy healing will also be explored. Within this context, the rise in popularity of reiki and its potential benefits for SPC patients will be discussed. These considerations will then form the basis of the justification for further research in SPC. PMID: 15944500 [PubMed - indexed for MEDLINE]


Dressen, Linda J. & Singg, Sangeeta PhD. A double blind study: ISSSEEM Journal Vol 9 #1 Effects of Reiki on Pain and Selected Affective and Personality Variables of Chronically Ill Patients, [http://www.issseem.org/journal.htm](http://www.issseem.org/journal.htm)

PMID: 10328637 [PubMed - indexed for MEDLINE]
Brewitt, B., Vittetoe, T., and Hartwell, B., 1997. “The Efficacy of Reiki Hands-On Healing: Improvements in spleen and nervous system function as quantified by electrodermal screening”. Alternative Therapies, July 1997, Vol.3, No.4, pg.89. Improvement in spleen, immune, and nervous system function were quantified by electrodermal screening, and a reduction of pain, an increase in relaxation, and more mobility was reported in patients with chronic conditions as multiple sclerosis, lupus, fibromyalgia, thyroid goiter.


Bullock M. Am J Hosp Palliat Care 1997 Jan-Feb;14(1):31-3. Reiki: a complementary therapy for life. Hospice of the Valley, Phoenix, Arizona, USA. Tom was diagnosed with a very aggressive cancer and received only palliative radiation and medication. At the time of diagnosis, his symptoms suggested that he had a very limited life expectancy. With the Reiki and his intent, he was able to achieve his goal of long-term stability with freedom from immobilizing pain and swelling. Tom’s comfort and quality of life improved dramatically, and he is living well with his cancer. Reiki has been associated with dramatic results for many patients. The importance of the patient’s intent during Reiki treatments cannot be overemphasized. Some general trends seen with Reiki include: periods of stabilization in which there is time to enjoy the last days of one’s life; a peaceful and calm passing if death is imminent; and relief from pain, anxiety, dyspnea, and edema. Reiki is a valuable complement in supporting patients in their end-of-life journey, enhancing the quality of their remaining days. PMID: 9069762 [PubMed - indexed for MEDLINE]

reported positive outcomes of HT as a noninvasive complementary therapy. PMID: 11040557 [PubMed - indexed for MEDLINE]

Ther Nurs Midwifery 2001 Feb;7(1):4-7
Working with survivors of torture in Sarajevo with Reiki. Kennedy, P.
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While working as a nurse/therapist in Sarajevo, I had the opportunity to work in an experimental situation at a center for torture survivors. This was to see if the use of Reiki would have a beneficial effect on this type of patient. It involved a rethink on traditional Reiki hand positions, music, and the general set-up of the room being used. It was a challenge, and one I was delighted to have had. The people I worked with were wonderful, and the changes in them over the period were so positive. The staff at the Center were delighted; I was delighted; but so much more importantly, the patients were delighted. The ground has now been broken and hopefully will be considered in a positive light for other traumatized patients.

PMID: 11855528 [PubMed - indexed for MEDLINE]
Mansour, A.A.; et al. The following abstracts were obtained from http://chid.nih.gov Experience of Reiki: Five Middle-Aged Women in the Midwest. Subfile: Complementary and Alternative Medicine Format (FM): Journal Article (24). Language(s) (LG): English. Year Published (YR): 1998. Source (SO): Alternative and Complementary Therapies . 4(3): 211-217. June 1998. Abstract (AB): This journal article describes a qualitative study of Reiki, a type of touch therapy, as experienced by the participants. The informants were a practitioner and four female patients, aged 38 to 50 years, from the Canadian Midwest. The patients had received between 15 and 50 sessions of Reiki from different practitioners under different circumstances and in different settings. Data were collected through in-depth interviewing over a 5-month period. Thematic analysis of their stories revealed some commonalities and some differences. The overriding theme was one of experiencing existential changes. All of the women spoke about experiencing major psychospiritual and/or physical changes. Four additional subthemes were identified: how the participants came to try Reiki, what they experienced during the Reiki treatments, how they felt after the Reiki sessions (short-term and long-term outcomes), and what was the nature of Reiki. The article discusses these themes, presents paradigm cases of the five participants, and discusses the implications for future research. It has 1 table, a list of recommended readings, and 27 references. Major Descriptors (MJ): Treatment Evaluation. Reiki. Alternative Medicine. Massage. Women. Verification/Update Date (VE): 199908. Notes (NT): Copyright: Yes. Accession Number (AN): AMJA01088.

Mariani, J. Wellness Center at York Hospital. Subfile: Health Promotion and Education Format (FM): Program. Language(s) (LG): English. Year Published (YR): 1997. Corporate Author (CN): York Hospital. Availability (AV): York Hospital, 15 Hospital Drive, York, ME 03909. (207) 351-3402 . September 1997-continuing. Abstract (AB): The Wellness Center at York Hospital provides a nurturing, relaxing environment for its clients to enhance their personal well-being. The staff, consisting of four wellness specialists, a massage therapist, and two contract service providers of Reiki and massage, serve people of all ages and backgrounds within the hospital and community. The Wellness Center offers (1) therapeutic massage; (2) hypnosis; (3) surgery preparation; (4) wellness and risk reduction education; and (5) Reiki, a Japanese method of relaxation and stress reduction. The staff use the Wellness Wheel as a tool to help their clients explore nine aspects of their lives: (1) Physical, (2) emotional, (3) social, (4) spiritual, (5) intellectual, (6) occupational, (7) environmental, (8) financial, and (9) cultural. Program materials are available, including leaflets describing program offerings. Major Descriptors (MJ): ECOLOGICAL PERSPECTIVE. HEALTH PROMOTION. HOLISTIC APPROACH. HOSPITALS. HYPNOSIS. MAINE. MENTAL HEALTH. PATIENT EDUCATION. PATIENTS. RISK FACTOR INTERVENTION. RISK REDUCTION PROGRAMS. SOCIAL FACTORS. SPIRITUAL HEALTH. STRESS MANAGEMENT. SURGERY. WELLNESS. Minor Descriptors (MN): Wellness Center at York Hospital. Verification/Update Date (VE): 200107. Accession Number (AN): HE01P0750.
"Reiki Technique Study to Control Chronic Pain in Diabetic Neuropathy" The Department of Public Relations & Marketing Communications, University of Michigan, www.med.umich.edu/1libr/topics/alt03.htm The University of Michigan Complementary and Alternative Medicine Research Center is studying Reiki, to determine whether chronic pain in diabetic neuropathy can be controlled, thereby increasing the patients' quality of life. This is one of the first studies of this technique funded by the National Institutes of Health, and has the full support of the University of Michigan Health System.


Reiki is an ancient healing art involving the gentle laying on of hands. It can be practiced anytime and anywhere. 2. Reiki can be used as a complementary treatment to medical protocols. 3. Hand positions customarily correspond to the body's endocrine and lymphatic systems and major organs, focusing on seven main chakras. 4. More research investigating the effects of Reiki on persons with psychiatric and medical disorders is necessary.

PMID: 11324176 [PubMed - indexed for MEDLINE]


The purpose of this study was to explore the usefulness of Reiki as an adjuvant to opioid therapy in the management of pain. Since no studies in this area could be found, a pilot study was carried out involving 20 volunteers experiencing pain at 55 sites for a variety of reasons, including cancer. All Reiki treatments were provided by a certified second-degree Reiki therapist. Pain was measured using both a visual analogue scale (VAS) and a Likert scale immediately before and after the Reiki treatment. Both instruments showed a highly significant (p < 0.0001) reduction in pain following the Reiki treatment. PMID: 9765732 [PubMed - indexed for MEDLINE]

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BACKGROUND: Despite the popularity of touch therapies, theoretical understanding of the mechanisms of effect is not well developed and there is limited research measuring biological outcomes.

AIMS: The aim of this study was to test a framework of relaxation or stress reduction as a mechanism of touch therapy.

METHODS: The study was conducted in 1996 and involved the examination of select physiological and biochemical effects and the experience of 30 minutes of Reiki, a form of touch therapy. A single group repeated measure design was used to study Reiki Touch'ssm effects with a convenience sample of 23 essentially healthy subjects. Biological markers related to stress-reduction response included state anxiety, salivary IgA and cortisol, blood pressure, galvanic skin response (GSR), muscle tension and skin temperature. Data were collected before, during and immediately after the session.

RESULTS: Comparing before and after measures, anxiety was significantly reduced, t(22)=2.45, P=0.02. Salivary IgA levels rose significantly, t(19)=2.33, P=0.03, however, salivary cortisol was not statistically significant. There was a significant drop in systolic blood pressure (SBP), F(2, 44)=6.60, P < 0.01. Skin temperature increased and electromyograph (EMG) decreased during the treatment, but before and after differences were not significant. CONCLUSIONS: These findings suggest both biochemical and physiological changes in the direction of relaxation. The salivary IgA findings warrant further study to explore the effects of human TT and humeral immune function. PMID: 11251731 [PubMed - indexed for MEDLINE]

Vitale AT, O'Connor PC. The effect of Reiki on pain and anxiety in women with abdominal hysterectomies: a quasi-experimental pilot study. Holist Nurs Pract. 2006 Nov-Dec;20(6):263-72; quiz 273-4 Community Medical Center, Toms River, NJ, USA. annern2@gmail.com The purpose of this pilot study was to compare reports of pain and levels of state anxiety in 2 groups of women after abdominal hysterectomy. A quasi-experimental design was used in which the experimental group (n = 10) received traditional nursing care plus three 30-minute sessions of Reiki, while the control group (n = 12) received traditional nursing care. The results indicated that the experimental group reported less pain and requested fewer analgesics than the control group. Also, the experimental group reported less state anxiety than the control group on discharge at 72 hours postoperation. The authors recommend replication of this study with a similar population, such as women who require nonemergency caesarian section deliveries. PMID: 17099413 [PubMed - indexed for MEDLINE].


Bullock, Marlene (Jan/Feb 1997). "Reiki: A Complementary Therapy for Life," The American Journal of Hospice & Palliative Care 14(1): pp. 31-3. This article describes the treatment of a 70 year-old man with an aggressive cancer using palliative radiation and medication, and Reiki. Through her hospice experiences the author concludes that, "Some general trends seen with Reiki include: periods of stabilization in which there is time to enjoy the last days of one's life, a peaceful and calm passing if death is imminent; and relief from pain, anxiety, dyspnea and edema. Reiki is a valuable complement in supporting patients in their end-of-life journey, enhancing the quality of their remaining days."

"Reiki Technique Study to Control Chronic Pain in Diabetic Neuropathy", The Department of Public Relations & Marketing Communications, University of Michigan, http://www.med.umich.edu/1libr/topics/alt03.htm The University of Michigan Complementary and Alternative Medicine Research Center is studying Reiki, to determine whether chronic pain in diabetic neuropathy can be controlled, thereby increasing the patients' quality of life. This is one
of the first studies of this technique funded by the National Institutes of Health, and has the full support of the University of Michigan Health System.

The Reiki Clinic at the Tucson Medical Center in Arizona has a team of Reiki practitioners who give Reiki to patients in their rooms. The program first began in the Cancer Care Unit, but has since expanded to many other areas in the hospital. Conditions treated at the Reiki Clinic include cancer, pain, chronic conditions, postoperative surgery, and they also deal with childbirth. (Source: "Reiki In Hospitals" by William Lee Rand, Reiki Master, http://www.reiki.org/Healing/reiki_in_hospitals.html).


Julu POO, Hansen S, Barnes A, Jamal GA. Continuous measurement of the cardiac component of arterial baroreflex (ccbr) in real-time during isometric exercise in human volunteers. J Physiol (Lond) 2001; 533P:76P–77P.


Mansour, Dr. Ahlam of the College of Nursing, University of Saskatchewan, Canada received a research grant from the Canadian Breast Cancer Research Initiative (CBCRI) to conduct a feasibility study of the effects of Reiki on the level of anxiety, physical problems, spiritual well-being, and complete blood counts in breast cancer patients undergoing their initial (AC) chemotherapy. (Source: Office of Communications, University of Saskatchewan, Canada, http://www.usask.ca/communications/ocn/Apr24/news8.html).


Wardell DW, Engebretson J. Biological correlates of Reiki Touch(sm) healing. J Adv Nurs 2001;33:439–45

Zorella, Peter. Reiki for Palliative Care is an article by a Reiki practitioner and teacher with the Canadian Reiki Association. The Ontario Reiki Program is a non profit corp that provides reiki programs in health care centres.

Heart surgeon, Dr Mehmet Oz, has worked with Julie Motz who used Reiki on his patients. These patients had received heart transplants and had experienced open heart surgery. She treated 11 patients. These patients had received heart transplants and had experienced open-heart surgery. She treated 11 patients in total and none of them had the usual post-operative depression. The bypass patients had no post-operative pain or leg weakness and the transplant patients experienced no organ rejection. Julie Motz has written about this experience in her book, “Hands of Life”.

SOURCE: http://www.spiritsdelight.com/efficacy.html