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LEADING-EDGE THINKING AND THERAPIES FOR WELLNESS
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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]

Cross Cancer Institute, Edmonton. *Using Reiki to Manage Pain: a preliminary report alta.* Cancer Prev Control 1997;1(2):108-13. Purpose: to explore the usefulness of “Reiki as an alternative to opioid therapy in the management of pain.” This was a pilot study.

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>

Beuche M, Laing G, Leis A, Nurse J. A study to test the effectiveness of placebo Reiki standardization procedures developed for a planned Reiki efficacy study. J Altern Complement Med . 1999 Apr;5(2):153-64. 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.

Relatives' Lived Experiences of Complementary Therapies in a Critical Care Department - A Phenomenological Study. Subfile: Complementary and Alternative Medicine Format (FM): Journal Article (24). Language(s) (LG): English. Year Published (YR): 1999. Author (AU): **Brown, B.; et al.** Source (SO): *Australian Critical Care* . 12(4): 147-153. 1999. Abstract (AB) : This journal article describes the lived experiences of relatives of critically ill patients who received complementary therapies in the Department of Critical Care Medicine at Royal Hobart Hospital, Tasmania. Twenty relatives of critically ill patients completed nonstructured, audiotaped interviews. The sample included male and female relatives ranging in age from 18 to 75 years. Each participant had received aromatherapy, massage, reiki, and either Bach Flower Rescue Remedy or Australian Bush Flower Emergency Essence. The transcribed interviews were analyzed using a phenomenological transformative process to identify common themes. Results revealed a central theme of extending and enriching a caring atmosphere. The complementary therapies were felt to enhance caring by way of four sub-themes: inspiring calm and relaxation, enhancing connectedness, humanizing the technology, and adding a spiritual dimension. The findings suggest that complementary therapies can positively influence the lived experiences of relatives of critically ill patients. The article has 2 figures, 4 tables, and 24 references. Major Descriptors (MJ): Complementary Medicine. Critical Care. Relatives. Qualitative Analysis. Minor Descriptors (MN): Alternative Medicine. Verification/Update Date (VE): 200107. Notes (NT): Copyright: Yes. Accession Number (AN): AMJA03019.

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]

Ann Intern Med 2000 Jun 6;132(11):903-10. *Healing touch: applications in the acute care setting.* Umbreit AW. Comment in: *ACP Journal Club* 2000 Nov-Dec;133(3):107 *Ann Intern Med.* 2001 Dec 18;135(12):1094. *Ann Intern Med.* 2001 Jun 19;134(12):1150. *Ann Intern Med.* 2001 Mar 20;134(6):532-3. *Ann Intern Med.* 2001 Mar 20;134(6):532; discussion 533.

Fairview University Medical Center , Minneapolis, Minnesota, USA.

Nursing has been dedicated throughout its history to addressing the physical, psychological and spiritual aspects of the patient that influence the healing process. Current nursing practice in acute care is focused increasingly on monitoring equipment, giving medications, and administering medical treatments in a fast-paced environment that affords few opportunities for the deeper human connectedness between the nurse and the one who is ill and suffering. Healing touch (HT) is an energy-based complementary therapy fostering that nurse-patient connection. Nurses are beginning to use HT with their patients to assist in easing pain and anxiety, promote relaxation, accelerate wound healing, diminish depression, and increase a patient's sense of well-being. This article reports a conceptual framework for use of HT in acute care settings, describes specific HT techniques, and reviews numerous studies that have

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.

Nield-Anderson L, Ameling A. J Psychosoc Nurs Ment Health Serv 2001 Apr;39(4):42-9. *Reiki. A complementary therapy for nursing practice.*

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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]

Olson K, Hanson J. Cancer Prev Control 1997 Jun;1(2):108-13. *Using Reiki to manage pain: a preliminary report.* Cross Cancer Institute , Edmonton, Alta. karino@cancerboard.ab.ca 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]

Petry, J.J. *Surgery and Complementary Therapies: A Review.* Subfile: Complementary and Alternative Medicine. Format (FM): Journal Article (24). Language(s) (LG): English. Year Published (YR): 2000. Source (SO): Alternative Therapies in Health and Medicine. 6(5): 64-76. September 2000. Abstract (AB): This journal article reviews the literature on the use of complementary therapies in the surgical setting. The first part looks at the effects of psychological stress on the surgical patient, and the influence of coping style and locus of control on surgical outcome and the choice of stress-reducing intervention. The second part reviews research into the effects of specific complementary strategies on surgical outcomes. These strategies include relaxation techniques, hypnosis and suggestion, imagery, acupuncture, therapeutic touch, Reiki, music, massage therapy, and herbs/supplements such as L-arginine, bromelain, garlic, vitamin A, vitamin C, vitamin E, and zinc. The evidence suggests that relaxation techniques, imagery, and hypnosis/suggestion may have beneficial effects on anxiety, blood loss, postoperative pain, pain medication requirements, postoperative nausea and vomiting, recovery of bowel function, length of hospital stay, cost of care, and patient satisfaction. These and other complementary therapies also may affect immune function, stress hormone levels, and wound healing, but more research is needed to clarify their role in the surgical setting. The article has 5 tables and 111 references. Major Descriptors (MJ): Complementary Medicine. Surgery. Dietary Supplements. Treatment Outcomes. Literature Reviews. Minor Descriptors (MN): Alternative Medicine. Verification/Update Date (VE): 200104. Notes (NT): Copyright: Yes. Accession Number (AN): AMJA02807.

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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].

Boon H, Stewart M, Kennard MA, Gray R, Sawka C, Brown JB, McWilliam C, Garvin A, Baron RA, Aaron D, Haines-Kamka T. Use of complementary / alternative medicine by breast cancer survivors in Ontario: prevalence and perceptions. *Clin Oncol* 2000; 18:2515–2521.

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).

Dressen, Linda J. and Singg, Sangeeta. Pain, Anxiety and Depression in Chronically Ill Patients with Reiki Healing. Published in *Subtle Energies and Energy Medicine Journal*, Vol. 9 #1 1998

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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>).

Mansour AA, Beuche M, Laing G, Leis A, Nurse J. A study to test the effectiveness of placebo Reiki standardization procedures developed for a planned Reiki efficacy study. *J Altern Complement Med* 1999;5:153–164.

Martini FH. The Autonomic Nervous System: Fundamentals of Anatomy and Physiology. 5th ed. New Jersey: Prentice-Hall, 2001:503–526.

Orem J. The wakeful stimulus for breathing. In: Isaa FG, Surat PM, Remmers JE, editors. Sleep and Respiration. New York: Wiley-Liss, 1990:23–31. Quinn J. Therapeutic touch as energy exchange: testing the theory. *Adv Nursing Sci* 1984;6:42–49.

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Vaughan S. The gentle touch. *J Clin Nurs* 1995;4:359–368.

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>