

REIKI: A STARTING POINT FOR INTEGRATIVE MEDICINE

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A family physician meets a new patient, who complains of frequent headaches and back stiffness, and is now concerned about frequent episodes of colds and cough. The patient uses a variety of herbs, and has seen an acupuncturist, without much improvement. He is increasingly concerned by his symptoms, and wants to use his health insurance to cover any further treatment costs. Motivated by such practices used by many of her patients, the physician has become more interested in the use of herbs and unconventional health practices of her patients. But she is unable to suggest any of these options because of her lack of knowledge. Instead, she offers the patient medication and a physical therapy referral, and suggests a blood test and chest X-ray to reassure the patient about the cough. The physician leaves this encounter frustrated both by her patient's obvious disappointment in her limited knowledge and skills in the use of complementary medicine, and by her knowledge that conventional medicine has little to offer.

As a practicing family physician and an educator of physicians, I sympathize with this physician's frustrations. Health care providers are overwhelmed. The expanding field of Integrative Medicine has increased expectations from patients, introduced many new techniques, and required a burgeoning body of literature to digest. Many practitioners previously unfamiliar with this field are now interested in understanding basic concepts and using appropriate therapies. The challenge for many of us is how to start. Unlike

other clinical fields, a mature and accessible curriculum does not yet exist.

Patients with health concerns and a desire for innovative therapies face similar challenges with Integrative Medicine. They have a daunting range of choices and, like their physicians, often lack the experience and knowledge to choose the best therapy for their condition. When physicians face uncertain therapeutic choices with little basis for a preference, they rely on the safest treatments that offer the most control for the patient. The patient can monitor the frequency and potency of the intervention to maximize the treatment and avoid side effects. Reiki is a therapy which meets these criteria, and is perhaps the best introduction to patients of the therapeutic effects of Integrative Medicine. With the first treatment patients typically feel better. More importantly, as a self-administered treatment, they grasp a fundamental principle of Integrative Medicine: patients realize that they have the ability to help themselves feel better and have a crucial role in their own healing.

Physicians who use Reiki also benefit from the effect of self-care. The Department of Family Medicine at Beth Israel Medical Center has made Integrative Medicine a part of the curriculum for its Family Practice residents from the program's inception in 1994. Since then, the faculty has tried to identify the best way to introduce these approaches to the residents' already demanding training experience. Some basic principles, well known to adult learning theory, have emerged: start with approaches that the learners can use (on themselves and on family and friends), and focus on experiential activities more than didactic theory or practice. We have found that healing through subtle energy is often a difficult practice to teach, and more challenging than teaching herbs or bodywork. This is where the value of Reiki, as not only a healing art, but also a teaching tool can be invaluable. Perhaps more than any of the other energy healing discipline, Reiki training can combine the "felt experience" with concepts of theory and an appreciation of the spirit. One of the authors has taught Reiki to our residents and faculty and

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the training has provided a useful introduction to healing, and the appreciation of its connection to subtle energy and to spirit.

The review article by Pamela Miles and Gala True (see pages 62-72) provides a clear and comprehensive summary of Reiki practice. The authors guide us through the history and development of Reiki as a healing tradition originating in Japan, by a gifted, insightful healer, who integrated spiritual practices with martial arts. Like many non-Western healing traditions, Reiki was disseminated by practitioners who faced the challenge of cultural translation, and needed to communicate in a new language while retaining the original concepts. As Miles and True emphasize, Reiki was created as a spiritual practice and is not simply a healing intervention. Using Reiki only as a healing technique without developing its spiritual component through regular self-practice limits Reiki's full therapeutic potential.

The article stresses the importance of self-treatment as a "foundation" of Reiki. By using Reiki on themselves, health care practitioners not only benefit directly from its therapeutic effects, but also they will be able to describe the effect of Reiki more effectively to their patients. This direct experience enables the physician to explain the effects of Reiki in a manner similar to those a physician, who has children or his or her own, may use when explaining a recommendation to the parent of a child being treated. Furthermore self-treatment is one of cornerstones of Integrative Medicine. Integrative Medicine through its literature, conferences, and practice, emphasizes that the treatment of the patient or client begins with the healer. In fact, healing in its deepest and most profound sense promotes the value of self-care.

For many complex or chronic health conditions, the use of an experienced Reiki practitioner is needed. Miles and True describe how to identify a competent Reiki practitioner by the depth of their training, communication style with patients, and self-practice. In addition to those recommendations, I suggest inquiring about the expected time until there is therapeutic response, which may range from a general sense of feeling better to a resolution of specific symptoms. This request may help avoid ambiguities about the duration and frequency of treatment. It may also serve to clarify expectations for the patient and the referring physician.

It is important to recognize that experienced Reiki practitioners often do not have conventional clinical training. The preferred long duration of Reiki training and the extended experience in the use of subtle energy and spiritual practice often involves different choices than that of a conventionally trained clinician. More conventional training criteria and credentialing does not exist for Reiki. Consequently, we must rely on experience to assess the competence and judgement of a Reiki practitioner. The current early development of integrating Reiki into the health care system should not be taken as a barrier to the use the full scope of the experienced Reiki practitioner. As Integrative Medicine exerts its influence on health

care delivery, the current restrictions on practitioners in unregulated healing disciplines need reform; their invaluable and unique contributions should be not be marginalized.

The authors also address the practical issues of the application of Reiki in our current society. Medical science demands an explanation congruent with its beliefs and complete with a basic literature of research to justify its acceptance. Energy therapies face the greatest challenge in demonstrating validity. Although future research should endeavor to suggest mechanisms to assist our understanding, the act of healing using Reiki can only be comprehended through the act itself. Certain medical practices, especially those using energy, require a different way of knowing. Perhaps this difference in knowing is like that of the unconscious as introduced by psychoanalysis. Acceptance of the unconscious has occurred over a long period of time as its impact was spread throughout society in a myriad of ways. It may be another generation that has successfully brought together the influences of energy, spirit and the body, when the explanation of Reiki is revealed.

Furthermore, the clinical evaluation of Reiki challenges our current standards of assessment. Clinical research in this area needs to expand our definition of outcome, to include the felt experience of the patient and the impact on the therapeutic relationship. Also the actual therapeutic process which relies on the unique connection between healer and patient can not be reduced to blinded models of assessment. This journal has published articles about the limitations of randomized clinical trials. Because of these limitations, other methods must be developed and employed. The use of the detailed clinical narratives and qualitative measures that are often part of psycho-social research should be encouraged to help us use Reiki and other complementary medicine therapies more effectively.

Of the numerous healing systems that Integrative Medicine offers to the interested novice practitioner, Reiki may be the best place to start. Self-treatment, simple techniques, and the use of energy and spirit, Reiki introduces the practitioner to essential elements of Integrative Medicine, and its ability to make even the most conventionally oriented physician more effective and compassionate.

These are exciting times for Integrative Medicine as there is increasing acceptance in mainstream medicine. However, barriers remain in the development of convincing research, training programs that can demonstrate competence, and reimbursement systems that will ensure adequate access. Interestingly, mainstream medicine has these barriers as well. Integrative Medicine has a potential beyond acceptance. It can influence the direction of health care and public health. It challenges basic assumptions and suggests new options; reasons many of us became interested in these fields in the first place. Reiki transforms the people that use it. Integrative Medicine can transform the system it challenges.