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Reiki Measurable Results

Current Research and References

Reiki Research – Abstracts

Alandydy, Patricia, BSN, RN. **“Using Reiki to Support Surgical Patients.”**

Journal of Nursing Care Quality, April 1999, Vol.13, No. 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. By 1998, more than 870 patients participated. As a result there was need for less anesthesia, less bleeding during surgery, less use of pain medications, shorter lengths of stay, and increased patient satisfaction.

Singg, Sangreeta and Linda J. Dressen. **“Desirable Self-Perceived Psychophysiological Changes in Chronically Ill Patients: An Experiential Study of Reiki.”** International Society for the Study of Subtle Energy and Energy Medicine, June 1999.

A sample of 120 (48 men and 72 women) chronically ill patients were randomly assigned to one of four treatment groups: Reiki group, progressive muscle relaxation group, wait-list control, and placebo group receiving false Reiki. All except the control group received ten 30-minute sessions of Reiki, PMR or false Reiki. The 4 x 2 factorial ANOVA was used to test hypotheses. *Conclusions:* 1) Reiki is an effective modality for reducing pain, depression and anxiety, and of those receiving Reiki, men tend to show greater reduction in depression than women after receiving Reiki. 2) Reiki is effective in facilitating desirable personality changes. 3) Reiki attunements are necessary for practice; a false-Reiki practice is not effective in bringing about desirable changes in pain, affective states, and personality traits. 4) Patients experiencing chronic pain tend to be receptive to Reiki practice.

Brewitt, B., Vittetoe, T, and Hartwell, B. **“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 5 patients with multiple sclerosis, lupus, fibromyalgia, or thyroid goiter. *Conclusion:* Reiki has beneficial effects on lymphatics and lymph flow in the immune system. This study quantified positive changes in electrical conductance, a Western method for measuring chi or “vital life force” through skin points. Two acupuncture/ conductance meridians related to the neuroimmune system, SP1 and NE2, significantly improved after 11 Reiki sessions. All patients had chronic illnesses that would greatly benefit from greater immune and neuroendocrine functioning. Further study in this area with a larger sample size is warranted.

Olson, Karin, R.N., Ph.D., and John Hanson, MSc. **"Using Reiki to Manage Pain: a Preliminary Report."** Cancer Prevention and Control, June 1997, Vol.1, No. 2, pages 108-13.

The purpose of this study at the Cross Cancer Institute, Edmonton, Canada 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. *Conclusion:* "In addition to pain, cancer patients experience many symptoms associated with their disease and treatment ...The use of nonpharmacologic interventions, such as Reiki, may make it possible to provide cancer patients with good pain control at lower doses of traditional opioid preparations, thus reducing these symptoms."

Bullock, Marlene. **"Reiki: A Complementary Therapy for Life,"** The American Journal of Hospice & Palliative Care. Jan/Feb 1997, Vol.14, No.1, pp. 31-33.

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."

Wardell, Diane Wind and Joan Engebretson, **"Biological Correlates of Reiki Touch™ Healing,"** Journal of Advanced Nursing, Feb. 2001, Vol. 33, No. 4: pp. 439-445.

The aim of this study was to test a framework of relaxation or stress reduction as a mechanism of touch therapy. 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 single group repeated measure design was used to study Reiki's 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.

Current Reiki Studies Underway

Kessler Institute for Rehabilitation, Center for Research in Complementary and Alternative Medicine for Stroke and Neurological Disorders, West Orange, NJ. Ongoing studies of application of Reiki for rehabilitation from stroke, spinal cord injury, and traumatic brain injury. Contact: (201) 243-6972.

Mansour, Ahlam, M.D. **“Effects of Reiki on Breast Cancer Patients.”** \$20,000 grant from the Canadian Breast Cancer Research Initiative (CBCRI) to investigate 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. Partially-blind, placebo-controlled clinical trial. “We hope that the feasibility study will provide enough data to determine whether or not to proceed to a full-scale study on the efficacy of Reiki in reducing the side effects of chemotherapy and the emotional problems breast cancer patients generally experience.”

McIntyre, Rosemary, E., M.D. Cancer Center of Ventura County. **“Quality of Life Reiki Research Study for Women with Breast Cancer.”** Evaluating the effectiveness of Reiki in improving quality of life during active treatment of cancer, as measured by reduction of toxicity and side effects of chemotherapy.

Stanley, Lynne. George Washington University. **“Double Blind Study to Prove the Benefits of Reiki on Patients with AIDS, Diabetes and Migraine Headaches.”**

The University of Medicine and Dentistry of New Jersey (UMDNJ) Center for the Study of Alternative and Complementary Medicine. **“Effects of Reiki on Physical Function and Moods in People Who Have Had Strokes.”** “Statistics demonstrate that alternative and complementary medicine is not a fad but a trend which will increase as the number of physicians and consumers find scientific evidence that many of the modalities do, indeed, work. New information on these approaches is being made available on a daily basis. Besides conducting research, the center will also serve as a resource for both consumers and health care professionals and ensure that medical, dental, nursing and allied health professions' students are well-versed in the latest treatment modalities.”

The University of Michigan Complementary and Alternative Medicine Research Center. **“Bio-energy Recovery Techniques in Diabetic Patients.”** To determine whether chronic pain in diabetic neuropathy can be controlled through Reiki, thereby increasing patients’ quality of life. This is one of the first Reiki studies funded by the National Institutes of Health, and has the full support of the University of Michigan Health System.

Additional Published Reiki Research

Algarin, R. **“Using Reiki as a Harm Reduction Tool and as a Stress Management Technique for Participants and Self.”** Northeast Conference: Drugs, Sex and Harm Reduction Conference Syllabus. (1995) Harm Reduction Coalition and the Drug Policy Foundation, the ACLU AIDS Project and the City University of New York.

Behar, M. **“Reiki: Bridging Traditional and Complementary Healing Techniques.”** OT Practice, 1997, Feb. 2 (2), pp 22-23.

Brown, F. **“Ancient Reiki Accepted at a Modern American Hospital.”** The Journal of Awareness, 1992, pp. 3-16. Reiki treatments seen as comfort measure for cancer patients.

Kelner, M. et al. **“Health Care and Consumer Choice: Medical and Alternative Therapies.”** Soc Sci Med. 1997 Jul; 45(2): 203-212.

Kelner, M. et al. **“Who Seeks Alternative Health Care? A Profile of the Users of Five Modes of Treatment.”** Journal of Alternative and Complementary Medicine. 1997; 3(2): 127-140.

Kennedy, P. **“Working with Survivors of Torture in Sarajevo with Reiki.”** Complementary Therapies in Nursing and Midwifery, 2001, 7:4. Small scale study of Reiki and trauma.

Mansour A.A., Beuche M., Laing G., Leis A. and Nurse J., **“A Study to Test the Effectiveness of Placebo Reiki Standardization Procedures Developed for a Planned Reiki Efficacy Study,”** The Journal of Alternative and Complementary Medicine, 1999 Nov; 5(2): pp. 153-164. How to design a study to test the effectiveness of Reiki using a control group to take into account the placebo effect.

Milton, G., & Chapman, E. **“The Benefits of Reiki Treatment in Drug and Alcohol Rehabilitation Programs.”** Pathways to healing: Enhancing Life

Through Complementary Therapies, Conference Proceedings 1995 September; 24-25. Canberra: Royal College of Nursing Australia.

Neklason, Zale T. **“The Effects of Reiki Treatment on Telepathy and Personality Traits.”** Thesis (M.S. in Counseling) 80 pages --Calif. State University, Hayward, 1987.

Nield-Anderson, Leslie and Ann Ameling, **“The Empowering Nature of Reiki in Complementary Therapy,”** Holistic Nurse Practice, 2000 Apr; 14(3): pp. 21-29. A well researched article discussing what Reiki is, how it works and issues in designing scientific studies for Reiki. Includes a case study using Reiki in hospice care.

Robertson, A.L. **“Pronounced Effects of Proper Reiki Attunement.”** American Reiki Master Association Newsletter; 1(5),6.

Rosentiel, L. **“Hypnosis and Reiki.”** Journal of Hypnotism 1991 Dec.; 8-10

Schlitz, M., Braud, W. **“Reiki-Plus Natural Healing: An Ethnographic/Experimental Study.”** PSI Research 1985 Sept./Dec.; 4(3-4) 100-123.

Sicher, F., Targ, E.. **“A Randomized Double-Blind Study of the Effect of Distant Healing in a Population with Advanced AIDS.”** The Western Journal of Medicine, Dec. 1998, Vol. 169, No. 6, pp. 356-363.

Tattam, A. **“Reiki – Healing and Dealing.”** Australian Nursing Journal. 1994 Aug; 2(2): 3. Calls for the same “tests” applied to orthodox treatments as for Reiki.

Thorton, L. **“A Study of Reiki, An Energy Field Treatment, Using Rogers' Science.”** 1996 Winter; Vol. VIII, No. 3. Available from: Lucia Thorton, 12592 Valley Vista Lane, Fresno, CA 93720.

Thorton, L. **“A Study of Reiki Using Rogers' Science, Part II.”** 1996 Spring; Vol. VIII, No. 4. Available from: Lucia Thorton, 12592 Valley Vista Lane, Fresno, CA 93720.

Wardell, Diane Wind and Joan Engebretson, **“Biological Correlates of Reiki Touch™ Healing,”** Journal of Advanced Nursing, 2001 Feb; 33(4): pp. 439-445. A scientific paper outlining a study using biological markers to measure effects of Reiki therapy. Findings suggest biochemical and physiological changes in the direction of relaxation.

Wetzel, W. **“Reiki Healing: A Physiologic Perspective.”** Journal of Holistic Nursing 1989; Vol.7, No. 1 47-54. Significant change in hemoglobin and

Reiki Articles and Books Most Relevant to Traditional Medical Settings

Barnett, Libby and Maggie Chambers. **“Reiki Energy Medicine: Bringing Healing Touch into Home, Hospital and Hospice.”** Healing Arts Press, Rochester, Vermont, 1996. The “bible” on Reiki in traditional Western clinical settings, including hospitals, nursing homes, and hospices, for both patients and caregivers. Many case studies and first-person patient accounts. *“Reiki Energy Medicine is the first book to show how Reiki is being brought into mainstream healthcare...Unlike other complementary healing methods, Reiki does not require complicated techniques or extensive training; practitioners of many disciplines can easily incorporate it into their specialties. Physicians, nurses, rehabilitation therapists, surgeons, midwives and anesthetists report that Reiki can help manage pain and promote healing. Counselors and caregivers find that Reiki gives patients with terminal illness an increased physical and emotional ability to cope.”*

Kelner M, Wellman B. **“Who Seeks Alternative Health Care? A Profile of the Users of Five Modes of Treatment.”** Institute for Human Development, Life Course and Aging, University of Toronto, Ontario. A comparison of the social and health characteristics of patients of five kinds of practitioners: family physicians (used as a baseline group); chiropractors; acupuncturist/traditional Chinese medicine doctors; naturopaths, and Reiki practitioners. The data were gathered in a large Canadian city from 1994 to 1995. Face-to-face interviews were conducted with 300 patients (60 from each type of treatment group). While the most striking social and health differences occur between patients of family physicians and the patients of alternative practitioners, significant differences are also evident between the different groups of alternative patients. ***Reiki patients, for example, have a higher level of education and are more likely to be in managerial or professional positions than other alternative patients.*** The profiles presented here indicate that users of alternative care should not be regarded as a homogeneous population. The findings also show that almost all alternative patients also consult family physicians. The pattern revealed is one of multiple use: patients choose the kind of practitioner they believe can best help their particular problem.

Motz, Julie, M.p.H. **“Hands of Life.”** New York; Bantam Books, 1998. Motz has pioneered the use of energy healing in the operating room since 1994. Reiki was used in the operating room of the Columbia Presbyterian Medical Center in New York City. The *New York Times* magazine reported about the use of Reiki during open-heart surgeries and heart transplantations performed by Dr. Mehmet Oz. None of the 11 heart patients treated with Reiki by Reiki Master Julie Motz experienced the usual postoperative depression, the bypass patients had no

postoperative pain or leg weakness, and the transplant patients experienced no organ rejection. Patients also demonstrated a better functioning immune system and a positive attitude for healing.

Nield-Anderson, Leslie and Ann Ameling, "**Reiki, A Complementary Therapy for Nursing Practice**," *Journal of Psychosocial Nursing*, 2001 Apr; 39(4): pp.42-49.

Provides a comprehensive introduction to Reiki, including information on different levels of training, and the author's personal experiences with Reiki.

Olstinski, M. "**'Skeptical' Nurse Finds Wellness with Reiki.**" *Nursing Matters*, 1997 July, 8(7), p. 13.

Retzlaff, N. "**Reiki – The Gift of Love, Healing and Wholeness.**" *Nursing Matters*, 1998 Feb., 9 (2), pp. 14-15.

Rivera, Christina, "**Reiki Therapy, a Tool for Wellness**," *NSNA/IMPRINT* 1999 Feb/Mar; pp. 31-33. A well-written and referenced introduction to Reiki. Includes testimonials from nurses who use Reiki routinely in their work.

Sawyer, Jeannette, "**The First Reiki Practitioner in Our OR**," *AORN Journal* (Association of Operating Room Nurses), 1998 Mar; 67(3): pp. 674-677. A patient at Dartmouth-Hitchcock Medical Center in Lebanon, New Hampshire requested that her Reiki practitioner be present for her laparoscopic procedure. This article discusses the steps taken to fulfill this request and to develop requirements for allowing complementary healers in the operating room. "Months have now passed and comments are still being made about the serenity and the positive experience in the OR that day!"

Van Sell, Sharon L., "**Reiki: An Ancient Touch Therapy**," *Registered Nurse*, 1996 Feb; 59(2): pp.57-59. A good overview of Reiki with illustrations of the hand positions. "One nurse trained as a Reiki practitioner summed it up this way: 'I have gained more patience, understanding, empathy, and love for patients, in addition to the actual healing ability.'...Many of the nurse volunteers affiliated with the Denver Nursing Project in Human Caring have wholeheartedly embraced Reiki therapy for this very reason."