

Using Reiki to Manage Cancer Pain

Two Canadian Studies Pioneer Reiki Medical Research

by Barbara McDaniel

Karin Olson, a Registered Nurse and Ph.D., has coordinated two studies of Reiki's effect on cancer pain. Results of the pilot study were published in Volume 1, Number 2 of the journal, *Cancer Prevention and Control*, in 1997. A manuscript outlining the findings of a Phase II trial has been accepted for publication in the *Journal of Pain and Symptom Management*. Both reports indicate that Reiki is effective in reducing pain.

Dr. Olson was employed at the Cross Cancer Research Center in Edmonton, Alberta when she met Lisa Fontanella and learned about Reiki. Her purpose in engaging in this research is stated in the pilot study report. "To date, most research on cancer pain has focused on the use of opioids," the paper begins. "Since high doses of opioids frequently aggravate other common symptoms of cancer," she and co-researcher John Hanson were interested in exploring therapies that "may allow control of cancer pain with lower doses of opioids."

The research team first combed through extant research literature but found no study of this kind. They then designed a pilot study to see whether Reiki is beneficial in managing pain in general.

The pilot study recruited twenty volunteers who were experiencing pain at fifty-five sites for a variety of reasons, including cancer. Each volunteer received a full Reiki treatment of one and a quarter hours duration, administered by a second degree Reiki practitioner (Fontanella) in her office. The environmental factors were the same for each treatment. Two different scales were used to measure pain: a visual analogue scale (VAS) ranging from 0 to 10 and a Likert scale ranging from 0 to 5. Volunteers completed both scales immediately before and after the treatment. The results showed that eighty-five percent of the volunteers had less pain after the Reiki treatment, called a "significant reduction" in the paper's summary.

The results of the pilot study were encouraging but not conclusive. Since there was no placebo control group in the trial, the researchers couldn't rule out the possibility of a placebo effect. Secondly, the length of the pain-reducing benefit wasn't measured, so the researchers had no way of knowing the long-term benefit of a treatment. The touch itself may also have been a contributing factor to the results, but they had enough information to design and carry out a second study.

The Phase II Trial of Reiki for the Management of Pain in Cancer Patients compared pain, quality of life, and analgesic use in two groups of cancer patients. One group received standard opioid pain management plus rest; the other used standard opioid management plus Reiki.

The study followed twenty-four patients for seven days. The patients kept diaries that recorded their use of medication and other activities used to relieve pain. A Reiki group received a full treatment one hour after their first afternoon analgesic dose on day one and again on day four of the study period. The other group rested for one and a half hours after their first afternoon analgesic dose on days one and four. VAS pain ratings, blood pressure, heart rate, and respiration were taken before and after each treatment/rest period. Quality of life was assessed on the first and last days (day one and day seven) of the study period.

Complete findings of the Phase II trial can't be released before publication of the report, but the results encourage further study, both in Reiki's effect on pain and on quality of life. Dr. Olson, Lisa Fontanella, and the rest of the team plan to seek funding for the next trial in the near future.

(You'll find an interview with Lisa Fontanella about the process of developing this Reiki research in Wonderful Reiki Stories, available by signing up for Reiki Healing Arts' monthly eZine on any page www.reikihealingarts.com.)

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