Connecting Reiki with Medicine CRWM

Reiki Research from a medical perspective:
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Introduction to the CRWM/FCFT project:

The Connecting Reiki with Medicine/ Full Circle Fund Therapies pilot project at St George’s University Hospital’s NHS Trust in Tooting UK, has been in development since 2016 and has established a regular Reiki intervention programme in the Haematology and bone marrow transplant ward. Under the auspices of Full Circle Funds Therapies (FCFT), this project is developing a transferrable clinical training and mentoring programme, run within medically approved standards and guidelines, for Reiki therapists working within hospital settings. The Connecting Reiki with Medicine (CRWM) project is now preparing to move forward to the next phase of rolling out a programme of evaluation, case studies and research, regarding the role of Reiki in the intensive clinical setting.

Background: CRWM Reiki Research

The CRWM/FCFT https://www.reikiwithmedicine.org/our-mission/ project’s most recent flyer: ‘A Landmark Project at St George’s University NHS Trust Hospital London’ cites several studies which evidence the benefits of energy based therapies for pain reduction, (Evanoff and Newton 1999; Turner et al 1998; Baldwin et al 2017).

The CRWM project has developed a template of Practitioner Notes for Reiki Treatments which seeks to build on areas identified in previous research: pain; anxiety; depression – low mood; and sleep difficulty.

Discussion

The key issues raised across a number of different platforms with regards to Reiki research is the small numbers of participants and the lack of placebo, randomised trials. I thought it would be helpful to update this picture of the current status quo regarding Reiki research, by searching the Royal Society of Medicine (RSM) database of research articles using the keyword Reiki, to see how Reiki is reported and what evidence doctors who access this, would see.
A perusal of the articles, generally paints a positive picture with regards to Reiki research evidence. The articles, reported briefly - in some cases with just the abstract, and in others with background, methods, results and conclusion - show a trend for rigorous methodology with randomised controlled trials and in some cases, comparison of sham Reiki, Reiki and placebo. The areas investigated are very wide, reflecting the many ways in which Reiki is being applied in the field.

Selection of articles which appear in the top 10 articles for ‘Reiki’ September 2018 in the RSM online library

These articles were sourced, through the ‘discovery search’ of the RSM online library and provide a snapshot of some of the latest articles being reported to UK doctors through the RSM library website:

**Effects of Reiki on Pain, Anxiety, and Blood Pressure in Patients Undergoing Knee Replacement: A Pilot Study**


**Abstract:** This blinded, controlled pilot study investigated the effects of Reiki on 46 patients undergoing knee replacement surgery. Of the 3 groups, Reiki, Sham Reiki, and Standard of Care, only the Reiki group showed significant reductions in pain, blood pressure, respiration rate, and state anxiety, which provides evidence for a full-scale clinical study.

**The impact of Reiki on side effects in patients with head-neck neoplasia undergoing radiotherapy: a pilot study.**

**Background:** Cancer patients often report symptoms related to therapeutic treatment, whose management is based on traditional medicine. In recent years, however, there has been growing interest towards adopting some form of complementary medicine, among these, Reiki. The aim of this study is to evaluate how this type of discipline can contribute to managing radiotherapy-related symptoms in patients with head and neck cancer.

**Method:** The study was performed in the Radiotherapy Department at the Regina Elena National Cancer Institute in Rome. To assess QoL, the FACT-H N questionnaire was used, while the CTCAE Scale was adopted to evaluate mucositis, cutaneous toxicity and salivation.

**Results:** 10.5% of patients were reported to experience strong pain in the fifth week, compared to 21.1% of patients in the previous week; a degree of mucositis equal to G3 was also found in 15.5% of cases according to the clinical evaluation, as well as in 10.5% of patients according to the functional one. Only one case (5.3%) of grade 3 cutaneous toxicity was registered.

**Conclusion:** The study shows how the **Reiki** treatment benefits patients in most cases, with both psychological support to help deal with the therapeutic process together with integrated support towards pain therapy.

**Reiki Reduces Burnout among Community Mental Health Clinicians**


**Abstract Background:** Clinicians working in community mental health clinics are at high risk for burnout. Burnout is a problem involving emotional exhaustion, depersonalization, and reduced personal accomplishment. Reiki is a holistic bio field energy therapy beneficial for reducing stress. The purpose of this study was to determine if 30 minutes of healing touch could reduce burnout in community mental health clinicians.
Methods: We utilized a crossover design to explore the efficacy of Reiki versus sham Reiki, a pseudo treatment designed to mimic true Reiki, as a means to reduce symptoms of burnout. Subjects were randomized to whether they started with Reiki or sham. The Maslach Burnout Inventory–Human Services Survey (MBI-HSS) and the Measure Your Medical Outcome Profile Version 2 (MYMOP-2) were used as outcome measures. Multilevel modelling was used to represent the relations among variables.

Results: Reiki was statistically significantly better than sham Reiki in reducing burnout among community mental health clinicians (p = 0.011). Reiki was significant in reducing depersonalization (p < 0.001), but only among single people. Reiki reduced the primary symptom on the MYMOP also only among single people (p = 0.03).

Conclusions: The effects of Reiki were differentiated from sham Reiki. Reiki could be helpful in community mental health settings for the mental health of the practitioners.

Self-Efficacy for Coping with Cancer Enhances the Effect of Reiki Treatments During the Pre-Surgery Phase of Breast Cancer Patients.

Abstract:
Background/aim: Self-efficacy for coping with cancer plays a critical role in influencing psychological cancer-related outcomes, some studies suggested its role in enhancing or reducing the effects of psychological interventions in cancer patients. Reiki has recently been included among the efficacious complementary therapeutic intervention for cancer patients.

Patients and Methods: The present study evaluated the role of self-efficacy for coping with cancer as buffer of the Reiki treatment effects on cancer-related symptoms in a randomized controlled trial (intervention versus control group) of breast cancer patients (N=110) during the pre-surgery phase.
**Results:** Results showed that self-efficacy for coping with cancer can influence the effect of a Reiki treatment. Higher efficacious patients showed a more powerful effect of the Reiki intervention on both anxiety and mood than the low efficacious patients.

**Conclusion:** From a practical perspective, the study provides insightful results for healthcare professionals.

**The Gift of the Application of Reiki Therapy in Cancer Patients [Article in Spanish]**

**Abstract:** Pain is one of the most feared symptoms of cancer. Bad pain not properly relieved contributes to the suffering of the patient and family. This may encourage them to seek additional complementary and alternative therapies, such as the one in our literature review. Reiki is understood as a healing method that uses universal energy to achieve balance and harmony of body, mind and soul, through the laying on of hands. Reiki is a relatively new therapy in relation to the relief of the symptoms of cancer. In fact, there are still a few articles in this field. Currently, the authors explore the evidence on the effectiveness of Reiki in relation to cancer pain and symptom control. Due to the increased interest deposited in Reiki by the health professionals--especially for oncology professionals--to relieve the symptoms of cancer, there has been a synthesis of recent studies to provide the evidence so far. After our literature review, we can conclude that there is insufficient evidence on the effectiveness of Reiki in relieving the cancer's symptoms due to the small sample size used, the paucity of studies and the abandonment of the study participants and others.

**Enhanced Coherence within the Theta Band between Pairs of Brains Engaging in Experienced Versus Naïve Reiki Procedures**
Abstract Objectives: The study objective was to discern whether the coherence between brain activities of the “patient” and practitioner differ between Reiki experts and novices. Rationale: If the physical process associated with Reiki involves “convergence” between the practitioner and subject, then this congruence should be evident in time-dependent shared power within specific and meaningful frequency electroencephalographic bands. Design: Simultaneous quantitative electroencephalogram measures (19 channels) were recorded from 9 pairs of subjects when 1 of the pairs was an experienced Reiki practitioner or had just been shown the procedure. Pairs recorded their experiences and images. Setting/Location: The “practitioner” and “patient” pairs were measured within a quiet, comfortable acoustic chamber.

Conclusions: Short periods of Reiki by experienced practitioners were associated with marked increases in electroencephalographic coherence between themselves and their “patients.” The changes occurred primarily within the theta band over the left hemispheres of the Reiki–patient pairs and were associated with greater congruence of the unpleasantness–pleasantness scores for the words employed to describe their experiences. Sham Reiki–patient pairs did not show this effect.

Conclusion
There has been a considerable advance in methodology for Reiki studies and an increasing body of evidence to support its efficacy across a range of medical settings. The CRWM/Full Circle Fund Therapies project is now very well placed to build on these developments in methodology to consolidate the growing body of clinical research evidence becoming available for the efficacy of Reiki within a range of medical settings.

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References


