



## Research paper

## The effect of Reiki therapy on quality of life of patients with blood cancer: Results from a randomized controlled trial

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## ABSTRACT

**Introduction:** Reiki therapy has been used for a variety of health issues. The aim of this study was to ascertain how Reiki therapy could help holistically in alleviating suffering in patients with blood cancer. Its main aims were to: (1) assess the effect of Reiki as a complementary therapy on the quality of life (QoL) of cancer patients, (2) compare the QoL of cancer patients receiving Reiki therapy with the QoL of cancer patients who received sham Reiki therapy.

**Methods:** The sample consisted of an intervention (58 patients) and a control group (initially consisting of 58 patients). Patients were allocated to one of two groups (true Reiki or sham Reiki) by using computer randomization. True Reiki or sham Reiki treatment was delivered twice a week for 4 weeks and lasted 60 min. Quality of life was measured using the Portuguese version of the WHOQoL-Bref. Data was analysed using univariate comparisons, *t* Student or Mann-Whitney test for each dimension, and multivariate comparison by estimation of latent class models.

**Results:** Sixteen patients who had been allocated to the control group died after recruitment into the study and before they took part in the study or had answered the questionnaire. The Reiki group showed significantly more improvements in the general, physical, environmental, and social dimensions of the WHOQoL-Bref ( $p < 0.05$ ). Only the psychological domain did not reach statistical significance. Multivariate clustering using latent class models revealed that being younger (under 52). Being an unmarried male, and having a higher level of education contributed to a greater satisfaction with life for those who received true Reiki therapy when compared with sham Reiki.

**Conclusion:** These findings suggest that Reiki may be an effective and safe option for improving well-being in patients with blood cancer. These findings may lend support for the inclusion of Reiki into national health services as it may provide a useful contribution to improving patients' welfare and consequently a better quality of life.

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## 1. Introduction

The use of complementary and alternative medicine (CAM) in national health systems has been the subject of constant debate. There are important reference documents from the World Health Organization (WHO) [1], which advocate the need for research on traditional and complementary medicines: (1) national policies on including their practice in national health systems, (2) safety, efficacy and quality of these practices, (3) access to them and (4) rational use by professionals and consumers. In this paper it will be referred to as complementary medicine (CM), as in most cases in

the West it is used rather as a complement than an alternative to orthodox medicine [2].

'Healing', sometimes referred to as 'spiritual healing', has become an increasingly important component of complementary medicine (CM), particularly in cancer care [3]. Healing is not a religious activity and clients do not need to have religious faith or hold any particular beliefs, and it is non-diagnostic and non-invasive [4]. The healer's hands are usually held a few inches above the body surface, however, in some instances, with permission, the healer may touch the person receiving healing [3]. It seeks to harmonise the physical, emotional, mental and spiritual domains of a person's wellbeing, and healers currently work in hospitals, general practices, hospices and care centers as well as voluntary clinics in primary health care [4].

This project was based on the need to know whether one of these 'healing' therapies (Reiki) could help as a holistic approach to

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**Table 1**  
Reiki therapy research.

Author	Aim	Methods	Results/conclusion
Kundu, Dolan-Oves, Dimmers, Towle, and Doorenbos (2013) [12]	Explore the feasibility of a Reiki therapy-training program for the caregivers of pediatric medical or oncology inpatients, at a large pediatric hospital	A series of Reiki training classes were offered by a Reiki Master. At completion of the training, an interview was conducted to elicit participant's feedback regarding the effectiveness and feasibility of the training program. Seventeen of the 18 families agreed to participate.	Most families (65%) attended three Reiki training sessions, reporting that Reiki benefitted their child by improving their comfort (76%), providing relaxation (88%), and pain relief (41%).
Suroowan and Mahomoodally (2013) [13]	To assess CAM usage among women in Mauritius	A cross-sectional survey with a nationally-representative sample ( $n = 384$ )	Thirteen therapies were identified and are currently used to treat or manage 26 ailments: phytotherapy (30%); yoga (13%); deep-breathing (12%); massage therapy (11%); ayurvedic medicine (8%); meditation (6%); zootherapy (6%); homeopathy (5%); exercise (3%) and reiki (3%). The most prevalent CAM was phytotherapy.
Tarantino, Earley, Audia, D'Adamo, and Berman (2013) [14]	To address problems such as stress, fatigue, and burnout	A total of 84 participants, recruited via presentations, flyers, and word of mouth, completed the 8-week program. The experiential course, entitled Healing Pathways, combined training in Reiki, guided imagery, yoga, toning, meditation, intuitive scanning, creative expression, and mentorship to foster more empowered and resilient individuals.	They measured the effectiveness of the program via mixed methods consisting of qualitative interviews providing in-depth feedback and quantitative analysis demonstrating statistically significant benefit.
Marcus, Blazek-O'Neill, and Kopar (2013) [15]	To evaluate patient-perceived benefits from receiving Reiki at a cancer infusion center	During a 6-month period, adults at a university hospital receiving Reiki through volunteer services were invited to complete a survey asking about perceived changes after Reiki. Changes in pain, mood, distress, sleep, and appetite were rated on a 5-point scale from no benefit to great benefit. Surveys were distributed after completing treatment and were returned in postage-paid envelopes. A total of 145 surveys were completed (34.5% response rate), with 47 participants seen in the cancer infusion center and 98 in other areas of the hospital.	Reiki was rated as a positive experience by 94% at the cancer center and 93% of others, with 92% at the cancer center and 86% of others interested in receiving additional Reiki sessions. Symptomatic improvement was similar for people at the cancer center and others, respectively, with much to great improvement for 89% and 86% for relaxation, 75% and 75% for anxiety/worry, 81% and 78% for improved mood, 43% and 35% for improved sleep, 45% and 49% for reduced pain, 38% and 43% for reduced isolation/loneliness, 75% and 63% for improved attitude, and 30% and 30% for improved appetite. Response was unaffected by previous exposure to Reiki, massage, or other touch therapy. Conclusion: Reiki results in a broad range of symptomatic benefits, including improvements in common cancer-related symptoms.
Fox, Butler, Coughlan, Murray, Boland, Hanan, Murphy, Forrester, O'Brien and O'Sullivan (2012) [16]	To investigate complementary and alternative medicine (CAM) use among women with breast cancer in Ireland	Mixed methods modified sequential explanatory design. Semi-structured interviews were conducted with oncology professionals ( $n = 20$ ) and CAM practitioners ( $n = 20$ ) and this was followed by a survey of 406 women with breast cancer using the 'Use of Complementary and Alternative Therapies Survey' questionnaire (UCATS) (Lengacher et al., 2003). Follow up interviews were subsequently undertaken with a subset of this survey sample ( $n = 31$ ).	Over half of those surveyed (55.7%, $n = 226$ ) used some form of CAM since diagnosis. The most frequently used therapies were massage, herbal supplements (including herbs with oestrogenic properties), antioxidants, relaxation, counselling, health supplements, reflexology, Reiki and support groups. Most respondents reported that the CAM therapies they had used were helpful. The qualitative data elaborated on and provided clarification of the survey results.
Bourque, Sullivan and Winter (2012) [17]	To determine whether the use of Reiki decreases the amount of meperidine administered to patients undergoing screening colonoscopy.	Following the chart review, 30 patients were recruited to the Reiki study. Twenty-five of the study arm patients received Reiki in conjunction with meperidine. Five randomly chosen study arm patients received placebo Reiki in conjunction with meperidine in an attempt to blind the clinicians to the treatment received by the patients.	Results from this pilot study suggest that there may be a decrease in meperidine needed during screening colonoscopy when patients receive Reiki treatments before the procedure.
Birocco, Guillame, Storto, Ritorto, Catino, Gir, Balestra, Tealdi, Orecchia, Vito, Giaretto, Donadio, Bertetto, Schena, Ciuffreda (2012) [18]	To investigate the role of Reiki in the management of anxiety, pain and global wellness in cancer patients	Building on the results of a pilot project conducted between 2003 and 2005 by a volunteer association at our hospital, a wider, 3-year study was conducted at the same center. The volunteer Reiki practitioners received 2 years of theory and practical training. The study population was 118 patients (67 women and 51 men; mean age, 55 years) with	Overall, the sessions were felt helpful in improving well-being, relaxation, pain relief, sleep quality and reducing anxiety. Offering Reiki therapy in hospitals could respond to patients' physical and emotional needs.

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