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# Is energy healing an effective non-pharmacological therapy for improving symptom management of chronic illnesses? A systematic review



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## ABSTRACT

**Background:** Emerging evidence suggests that some people living with non-communicable diseases (NCDs) have integrated energy healing into their self-management strategy, however little is known about its efficacy.

**Purpose:** To identify energy healing interventions that impacted positively on the symptom management outcomes for patients living in the community with various NCDs.

**Methods:** A systematic review of energy healing interventions for the management of non-communicable disease related symptoms, conducted between 01 January 2000 and 21 April 2015, published in an English peer-reviewed journal. This review conforms to the PRISMA statement.

**Results:** Twenty seven studies were identified that evaluated various energy healing interventions involving 3159 participants. Thirteen of the energy healing trials generated statistically significant outcomes.

**Conclusions:** Energy healing has demonstrated some improvement in illness symptoms, however high level evidence consistently demonstrating efficacy is lacking. Further more robust trials are required to better understand which elements of energy healing interventions are associated with positive outcomes.

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## 1. Introduction

It is increasingly recognised that many people with non-communicable diseases (NCDs) have unmet needs and novel approaches that address the psychosocial and emotional aspects of symptom management are required [1]. Despite technological advances in the delivery of conventional medical and surgical care, many adults with NCDs in the community find it difficult to effectively manage their symptoms [2,3]. Energy healing is a novel adjunct approach that requires evaluation for its potential to be utilised as a part of interdisciplinary collaborative care [4]. While people affected by NCDs utilise a range of pharmacological treatments there is emerging evidence that some people are integrating energy healing into their self-management strategy [5,6].

Energy healing is defined by the National Centre for Complementary and Integrative Health (NCCIM) as involving "...the channelling of healing energy through the hands of a practitioner into the client's body to restore a normal energy balance and, therefore, health" [7]. Energy healing utilises an expanded paradigm of health and disease, in that it identifies the physical body as being surrounded by an energetic field, with illness arising in part due to psychosocial or emotional issues that manifest as an imbalance in energetic flow [8]. The mechanism of effect of energy healing remains unknown. Energy healing includes both contact healing, which involves light touch on or a few inches above the body, or distance healing, which involves focused intention from a remote location, and has a variety of applications not limited to spiritual healing, Therapeutic Touch, Healing Touch and Reiki. Therapeutic Touch involves a five step process of *centering* (generation of a quiet, focused state and the intention to heal), *assessment* of the energy field using the hands to sense energetic cues such as density or blockage or depletion, direction and modulation of energy to balance and restore the energy field, and an *evaluation* phase to determine the restoration of balance to the energy field of the recipient, which is purported to produce a relaxation effect [9]. A relaxation response refers to positive physiological changes induced by an autonomic response that diminishes the hypothalamic-pituitary-adrenal axis response of the autonomic nervous system by reducing norepinephrine release [10]. Healing touch is a similar modality to Therapeutic Touch however purports to have an extended focus that incorporates spiritual growth and intuitive awareness by means of balancing the chakras (seven major energy centres within the body) [11]. Reiki is a method of healing which purports to use universal life force energy, which flows from the practitioner to the areas of the body where it is needed [12]. Reiki generates a sense of internal stillness and peace with sensitisation and perception of energy within the hands, which is then directed to the patient using twelve specific hand

positions [13]. This process is referred to as 'attunement'. Energy healing conducted over distance ('distant healing') using intention is believed to be effective because its purported effects are not dissipated or blocked by conventional energy barriers [14]. The variety in energy healing approaches also affects the ways in which contact and non-contact approaches can be adequately assessed. Contact healing approaches require simulation in sham conditions in order to control for the effects of expectation or placebo, whereas this is not required in distance healing where no contact is made between the healer and the recipient.

Healing prioritises psychological and spiritual components of health in a way that conventional health care is currently not able to adequately address, encompassing the broader medical, social and emotional contexts of illness as inherent in the treatment plan [15]. These therapies may be particularly attractive as an adjunct to conventional treatments, where the condition is particularly unresponsive to allopathic approaches or reflects a chronic condition for which changes in wellbeing may be as beneficial as effecting actual biological change. For example, the capacity of adults with NCDs to effectively self-manage their illness symptoms requires an understanding of the relationship between one's emotional state and personality traits with the capacity to cope with life stressors [12]. Despite energy healing increasingly being used as part of an overall self-management strategy for symptoms associated with various NCDs [16], there is inconclusive evidence these type of interventions improved the well-being of adults with a terminal illness [17]. The numbers of adults using healing therapies is difficult to determine, with estimates varying between 0.7% and 24.4% in Western countries [18,19]. Whilst use of healing has been found to be higher among adults managing NCDs it is unclear as to how many adults with NCDs actually use healing as part of a self-management strategy [5].

Four systematic reviews published at the start of the new millennium, investigated the impact of healing on disease or illness symptoms (n = 3102; 22 trials) [20], medical conditions (n = 2774; 23 trials) [21], or clinical conditions (n = 8455; 45 studies) [22] in hospital settings and the community. Each of these systematic reviews generated inconclusive results due to heterogeneity of comparison groups and/or poor study design. Issues related to study design included: inadequate reporting of group baseline comparability, inadequate or lack of blinding, lack of sensitivity of measurements used (distant healing); lack of reliability, study power; omission of confidence intervals, lack of independent replication and increased risk of type II errors [20–22].

Over the past decade further work in this area has generated small, significant improvements in healing yet remain overall inconclusive [23–25]. This includes a Cochrane review of depression and anxiety [25], and two other systematic reviews that

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