

## Reiki therapy for postoperative oral pain in pediatric patients: Pilot data from a double-blind, randomized clinical trial



Anjana Kundu<sup>a</sup>, Yuting Lin<sup>b</sup>, Assaf P. Oron<sup>d</sup>, Ardith Z. Doorenbos<sup>b,c,\*</sup>

<sup>a</sup> Department of Anesthesiology, Nationwide Children's Hospital, Columbus, OH, USA

<sup>b</sup> Biobehavioral Nursing and Health Systems, School of Nursing, University of Washington, Seattle, WA, USA

<sup>c</sup> Department of Anesthesiology & Pain Medicine, University of Washington, Seattle, WA, USA

<sup>d</sup> Children's Core for Biomedical Statistics, Children's Research Institute, Seattle, WA, USA

### A B S T R A C T

#### Keywords:

Pain, postoperative  
Reiki therapy  
Pain management  
Analgesics, opioid

**Purpose:** To examine the effects of Reiki as an adjuvant therapy to opioid therapy for postoperative pain control in pediatric patients.

**Methods:** This was a double-blind, randomized controlled study of children undergoing dental procedures. Participants were randomly assigned to receive either Reiki therapy or the control therapy (sham Reiki) preoperatively. Postoperative pain scores, opioid requirements, and side effects were assessed. Family members were also asked about perioperative care satisfaction. Multiple linear regressions were used for analysis.

**Results:** Thirty-eight children participated. The blinding procedure was successful. No statistically significant difference was observed between groups on all outcome measures.

**Implications:** Our study provides a successful example of a blinding procedure for Reiki therapy among children in the perioperative period. This study does not support the effectiveness of Reiki as an adjuvant therapy to opioid therapy for postoperative pain control in pediatric patients.

© 2013 Elsevier Ltd. All rights reserved.

### 1. Background

A significant number (38–95%) of children experience postoperative pain and discomfort following dental procedures, as reported either by children themselves or from parental observation [1–4]. The use of Complementary and Alternative Medicine among adults and children for pain management is increasing, and the use of these therapies is governed by patients' or their families' desires to follow a more integrative approach to medical care [5–7]. The current pilot study aimed to evaluate whether Reiki therapy is beneficial in postoperative pain management as an adjuvant to opioid therapy in pediatric patients undergoing either elective dental procedures, including restorative and extraction work, or palatoplasty with or without bilateral myringotomy.

Reiki therapy is a biofield energy healing modality [8] defined by the National Center for Complementary and Alternative Medicine as “a health practice in which practitioners place their hands lightly on or just above the person, with the goal of facilitating the person's

own healing response.” [9] According to the Reiki paradigm, surgery disrupts a patient's energy flow and energy patterns, thus resulting in a greater vulnerability to pain and discomfort due to a blockage of the energy center [10]. A Reiki practitioner places his or her hands in a series of positions on or above the recipient's body to realign and strengthen the energy flow by transmitting “Reiki” (a form of universal life energy) into the body [11] and consequently influencing the body's physical and psychological functioning as well as its spiritual well-being [8].

Previous studies have indicated that Reiki therapy supports opioid therapy in relieving pain by reducing pain intensity and improving quality of life among cancer patients [12,13]. Reiki therapy also has had a positive impact on the management of pain, anxiety, and depression in chronically ill patients [14]. The possibility of incorporating Reiki therapy following surgery has been explored [15]. Among patients undergoing dental procedures, a significant reduction in pain perception and experience has been demonstrated in a study of patients undergoing removal of impacted teeth [16]. The available data on adults regarding the efficacy of Reiki therapy for pain management suggests that a potential may exist for the pediatric population. Unfortunately, the available evidence evaluating the therapeutic role of Reiki therapy, especially among pediatric patients, is scarce and fraught with poor

\* Corresponding author. Biobehavioral Nursing and Health Systems, School of Nursing, University of Washington, Box 357266, WA 98195, USA. Tel.: +1 (206) 616 0927.

E-mail address: [doorenbos@uw.edu](mailto:doorenbos@uw.edu) (A.Z. Doorenbos).

### CONSORT FLOW CHART

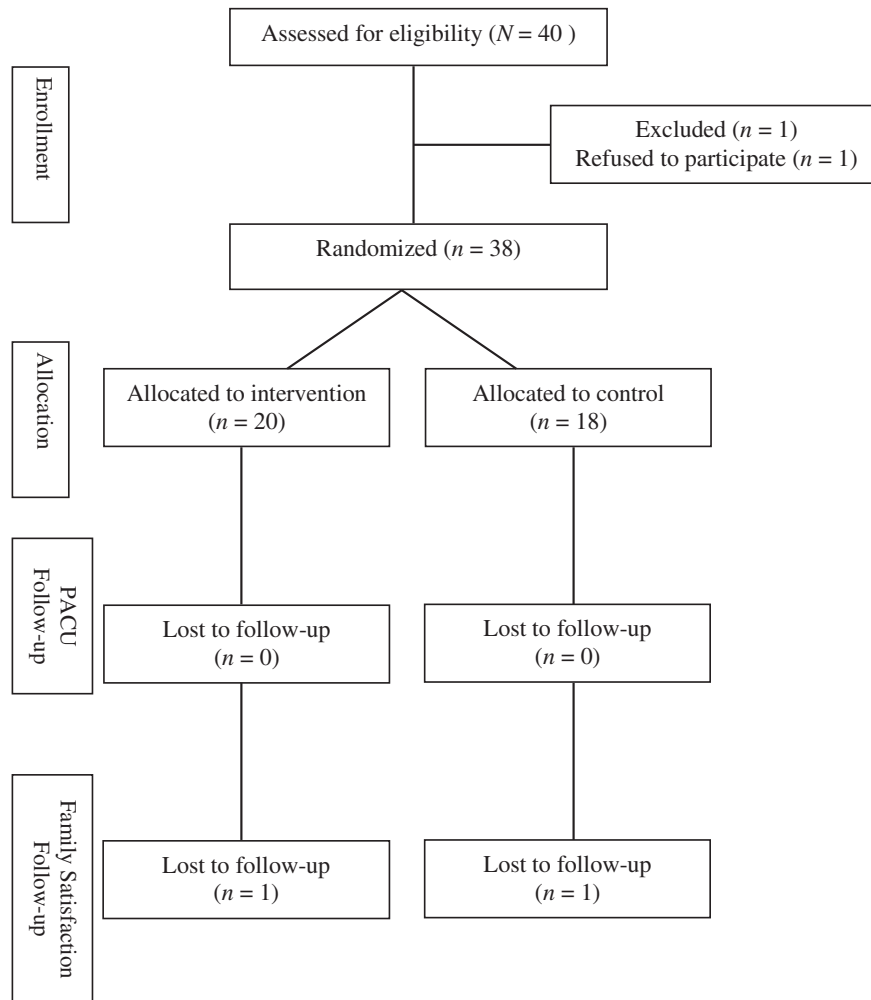


Fig. 1. Consort flow chart.

methodological design [17,18]. Considering the noninvasive nature of Reiki therapy and its potential to provide comfort and relaxation, it may be a valuable adjuvant therapy among the pediatric population [5].

## 2. Methods

The study took place at Seattle Children's Hospital. Seattle Children's Hospital serves a diverse population drawn from a five-state region. Reiki therapy is not the standard of care at Seattle Children's Hospital; however, the hospital does not preclude providing Reiki therapy in addition to standard analgesic therapy. The children who were enrolled in this study and randomized to the intervention group received Reiki therapy that was a noninvasive comfort therapy with the potential to promote the body's ability to self-heal and enhance endogenous analgesia. This study was approved by the Seattle Children's Hospital Institutional Review Board.

### 2.1. Design

A single-site, double-blind, randomized controlled study investigating the effects of Reiki therapy on postoperative pain

management in children was conducted. This study aimed to evaluate the effects of an intervention (Reiki) on pain scores, analgesic medication requirements, side effects, and family satisfaction related to perioperative care compared with the control treatment (sham Reiki).

### 2.2. Participants

Eligible participants were children aged 9 months to 4 years who were scheduled for elective dental work, including restorative and extraction procedures, or for palatoplasty surgery without need for a bone graft. The dental procedure patients were discharged home the same day, while the palatoplasty patients were routinely admitted to the hospital for 1–2 postoperative days. The palatoplasty patients were often scheduled simultaneously for the bilateral myringotomy tube or ear tube placements, since ear infections are commonly associated with cleft palate. Combining the two procedures avoids patient exposure to multiple anesthetics and multiple hospital visits. Fluency in English for at least one of the parents or legal guardians was a requirement for inclusion in the study. Patients who were given regional blocks for anesthesia during surgery were excluded from the study.

Download English Version:

<https://daneshyari.com/en/article/2628860>

Download Persian Version:

<https://daneshyari.com/article/2628860>

[Daneshyari.com](https://daneshyari.com)