

Effect of Reiki Therapy on Pain and Anxiety in Adults: An In-Depth Literature Review of Randomized Trials with Effect Size Calculations

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■ ABSTRACT:

The objective of this study was to calculate the effect of Reiki therapy for pain and anxiety in randomized clinical trials. A systematic search of PubMed, ProQuest, Cochrane, PsychInfo, CINAHL, Web of Science, Global Health, and Medline databases was conducted using the search terms pain, anxiety, and Reiki. The Center for Reiki Research also was examined for articles. Studies that used randomization and a control or usual care group, used Reiki therapy in one arm of the study, were published in 2000 or later in peer-reviewed journals in English, and measured pain or anxiety were included. After removing duplicates, 49 articles were examined and 12 articles received full review. Seven studies met the inclusion criteria: four articles studied cancer patients, one examined post-surgical patients, and two analyzed community dwelling older adults. Effect sizes were calculated for all studies using Cohen's *d* statistic. Effect sizes for within group differences ranged from $d = 0.24$ for decrease in anxiety in women undergoing breast biopsy to $d = 2.08$ for decreased pain in community dwelling adults. The between group differences ranged from $d = 0.32$ for decrease of pain in a Reiki versus rest intervention for cancer patients to $d = 4.5$ for decrease in pain in community dwelling adults. Although the number of studies is limited, based on the size Cohen's *d* statistics calculated in this review, there is evidence to suggest that Reiki therapy may be effective for pain and anxiety. Continued research using Reiki therapy with larger sample sizes, consistently randomized groups, and standardized treatment protocols is recommended.

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The use of complementary and alternative medicine (CAM) techniques is growing in popularity with the public. CAM modalities are often either lauded or debunked in the popular press and the scientific community based on the evidence

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of one study. Reiki therapy, a form of biofield energy, has been examined in community dwelling older adults, in specific disease conditions such as cancer, chronic fatigue, diabetic neuropathy, in surgical patients, and in other patient populations. The objective of this review is to determine if Reiki therapy is effective for pain and anxiety in adults and to calculate the effect sizes for Reiki therapy in randomized clinical trials. Moreover, this review considers the use of Reiki therapy for pain and anxiety in adults and seeks to discover if Reiki therapy is effective for these conditions based on current evidence.

There is a lot of confusion about what Reiki therapy is. From a practical standpoint, Reiki therapy is a way for the practitioner to guide energy to the recipient, to assist the innate healing energy of the recipient, and to facilitate self-healing ([National Center for Complementary and Alternative Medicine, 2012](#)). Practitioners do not cause the healing nor are they the source of the energy. The practitioner is a channel for the energy, much like a garden hose is a channel for water. Many call this energy universal, but some say it is from God, Buddha, or a sacred source. A common interpretation of the word Reiki is spiritually guided life force energy ([Rand, 2005](#)).

There are several versions regarding the origins of Reiki therapy. It is generally accepted that Reiki therapy began with Dr. Mikau Usui, a spiritual seeker who undertook a 21-day penance and fast on Mount Kurama in Japan ([Miles, 2008](#)). Usui experienced the Reiki energy on the twenty-first day and was healed. He brought the technique to his family and subsequently opened a clinic to treat the public. Usui taught Reiki therapy level one to many people and taught several students the master/teacher level ([Rand, 2005](#)). Usui taught Reiki therapy as part of a spiritual practice, but not as a religion ([Miles, 2008](#)). As Reiki therapy evolved and came to the West, the hands-on healing practices came to the fore and the spirituality piece of the practice faded. There are three degrees or levels of Reiki practice. First degree practitioners are able to treat themselves or others through light touch ([Miles & True, 2003](#)). This level of Reiki is suitable for anyone from school aged children to the very old. Second degree Reiki expands practice to the use of distance healing: the practitioner may send Reiki energy to the next room or around the world ([Rand, 2005](#)). Third degree or master level Reiki expands Reiki practice to teaching and initiating others into Reiki and involves extensive practice.

A typical Reiki therapy session can last from 30 to 90 minutes. Ideally, the recipient lies comfortably on a massage table fully clothed and the practitioner places their hands lightly on the body in a set sequence

of hand positions. Most people leave a Reiki therapy session feeling very relaxed. A qualitative study found that during a Reiki treatment participants felt “dreamy,” “safe,” “secure,” and “more grounded” ([Ring, 2009](#), p. 255). A study of nurses who use Reiki therapy for self-care found that the nurses used Reiki therapy during their workday to feel more calm, centered, and more able to care for others ([Vitale, 2009](#)).

The National Center for Complementary and Alternative Medicine (NCCAM) places Reiki therapy in the category of biofield energy. Biofield energy is any electrical or magnetic field produced by a biological organism, e.g., a human. The human body produces measurable electrical and magnetic fields. The heart produces an electrical field to regulate its beat. This electrical signal is measured through an electrocardiogram (ECG or EKG), a common medical test. The brain also produces an electrical field but at a much lower level than the heart. In fact, every cell in the human body produces minute amounts of electricity, a magnetic field, has a positive charge on the outer cell wall, and has a negative charge on the inner cell wall ([Dale, 2009](#)). Electrical fields produce magnetic fields, with a stronger electrical field producing a stronger magnetic field ([Rae, 2005](#); [Thomas, 2012](#)). A magnetic resonance imaging (MRI) scan uses the body's own magnetic field (along with a strong magnet and radio waves that are emitted from the machine) to produce sharp images of soft tissue within the body ([Berger, 2002](#)). Classic Newtonian physics experiments have shown how waves interact with each other: Depending on the pattern, some waves are enhanced and some are cancelled ([Fig. 1](#)). The interference pattern between two human magnetic fields may explain some of the results that any touch therapy creates.

The theory of quantum physics may hold promise in the future explanation of the mechanisms of Reiki. Although no verified theory exists that explains how Reiki therapy (or any biofield energy therapy) works, a scientific explanation for Reiki therapy may be found in quantum physics, a branch of physics that was first discovered in the 1800s and studies extremely small particles (electrons, photons, and the like) that do not behave in a predictable way. Quantum physics studies these particles and attempts to describe the interactions of energy and matter. Physicists have found that very tiny particles have some very curious properties. Not only can these tiny particles be in more than one place at one time, some theorists say they must be in more than one place at the same time ([Rosenblum & Kuttner, 2006](#)). The Nobel Prize in Physics for 2012 was won by two scientists who were each able to detect a particle being in two places at the same time

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