

# Reiki therapy for pain, anxiety and quality of life

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Received 22 January 2019

Accepted 13 March 2019

## ABSTRACT

The use of complementary and alternative therapies is growing year after year, and Reiki therapy takes a place of choice. Reiki therapy, classed as a biofield energy therapy, raises the question of validity when applied to patients, especially in palliative care. The purpose of this review is to highlight the effects of Reiki therapy on pain, anxiety/depression and quality of life of patients, specifically in palliative care. The current article indicates that Reiki therapy is useful for relieving pain, decreasing anxiety/depression and improving quality of life in several conditions. Due to the small number of studies in palliative care, we were unable to clearly identify the benefits of Reiki therapy, but preliminary results tend to show some positive effects of Reiki therapy for the end-of-life population. These results should encourage teams working in palliative care to conduct more studies to determine the benefits of Reiki therapy on pain, anxiety/depression and quality of life in palliative care.

## INTRODUCTION

Pain in elderly people living their last days represents one-third of hospital palliative care unit residents.<sup>1</sup> Pain is defined as “an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage”.<sup>2</sup> As mentioned in the latter definition, pain is a physical sensation and is also linked with psychological and social components. It has been notably reported that the elderly people presenting the most pain present very high levels of anxiety and depression.<sup>3,4</sup> Consequently, pain associated with anxiety has a critical impact on quality of life. Therefore, when care is provided in life-limiting conditions, it is important to consider physical pain and also the psychological and social components of pain. While specific medication can relieve pain sensations or anxiety symptoms, this approach could also bring negative side effects.<sup>5</sup> In order

to provide complementary care rather than medication, the use of complementary therapies such as Reiki therapy could have a positive global effect in the area of palliative care. This paper focuses on Reiki therapy and its impact on pain, anxiety/depression and quality of life, especially in palliative care. First, we will introduce the history of Reiki and report the results of the literature on the effects of Reiki therapy on pain, anxiety and quality of life. Then, Reiki therapy will be discussed specifically in the field of palliative care.

## REIKI: DEFINITION AND HISTORY

Reiki can be translated as ‘universal life energy’, where ‘Rei’ means universal and ‘Ki’ means life energy. More than this well-known literal translation, the word Reiki is composed of two ideograms that strongly embody spirituality and are both difficult to define accurately. Reiki therapy is a Japanese complementary medicine. It is well documented that Reiki therapy was first practised by Dr Mikao Usui at the beginning of the 20th century. After a spiritual meditation of 21 days on Mount Kurama in Japan, Dr Usui experienced the Reiki energy. Reiki therapy involves the practitioner guiding energy to a living receiver (ie, person, animals, flora and fauna). Reiki therapy is characterised by spiritual practice without any references to religion and could be useful for every symptom. Before his death in 1926, Dr Usui taught students to become Masters so that they could teach in turn. Before becoming a Master of Reiki, which allows the person to teach Reiki, there are three levels of practice. Reiki is notably classed in the category of biofield energy therapy by the National Center for Complementary and Alternative Medicine.<sup>6</sup> In 2007, a *USA Today* article reported that 15% of hospitals in the USA (>800) offer Reiki therapy as a regular part of patient services.<sup>7,8</sup> Reiki is also officially recommended by the National Health Service



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**To cite:** Billot M, Daycard M, Wood C, et al. *BMJ Supportive & Palliative Care* Epub ahead of print: [please include Day Month Year]. doi:10.1136/bmjspcare-2019-001775

Trusts and The Prince of Wales's Foundation for Integrated Health in the UK. Further, in Brazil, a study conducted by the Brazil Ministry of Health indicated that Reiki was the most widely applied technique of all complementary and integrative practices in the national health system.<sup>9</sup> The American National Institute of Health reported that the use of complementary and alternative medicines increased from 38% to 47% for adults between 2007 and 2012, representing US\$14.1 billion.<sup>10 11</sup> More than 5 years later, it could be expected that the number of hospitals that offer Reiki therapy to their patients is significantly higher. The increased popularity of this complementary and alternative technique raises the question of scientific and clinical evidence for its use on pain, anxiety and quality of life. The next question is to know whether there is any evidence for considering Reiki therapy useful in palliative care.

### REIKI AND PAIN

Six review articles were used to assess the effectiveness of Reiki therapy on pain throughout a total of 12 studies.<sup>12–17</sup> Ten studies reported that Reiki had a significant impact on relieving pain in dental surgery,<sup>18</sup> various chronic pain conditions,<sup>19 20</sup> stage I to IV cancer,<sup>21–23</sup> abdominal hysterectomies,<sup>24</sup> post-caesarean surgery,<sup>25 26</sup> diabetic neuropathic pain<sup>27</sup> and community-dwelling older adults,<sup>28</sup> whereas no significant difference was seen in the fibromyalgia population.<sup>29</sup> Further, 11 studies also reported data of a Reiki intervention in comparison with sham Reiki, standard care, a resting group or self-control. Among these, seven studies indicated that Reiki therapy is more effective at relieving pain than another interventions or resting conditions,<sup>18 19 21 22 24 25 28</sup> while four studies showed similar effects.<sup>23 26 27</sup> More specifically, Richeson *et al*<sup>28</sup> assessed pain before and after a Reiki treatment of 8 weeks with one session per week in 13 patients aged around 64 years. These authors showed a decrease of pain by 54% after the intervention (mean pain score of 4.8/10 to 2.2/10,  $p=0.008$ ), whereas the control group indicated a significant increase of pain after an 8-week period (score 5/10 to 7.6/10,  $p=0.016$ ). In 93 patients with diabetic neuropathic pain, aged 66 years, Gillespie *et al*<sup>27</sup> showed that a 12-week Reiki therapy programme with two treatments in the first week and one treatment from weeks 2 to 12 (25 min per session) induced a decrease of 22% in the pain score ( $p=0.002$ ). In this study, a similar decrease of pain ( $-16\%$ ,  $p<0.039$ ) was found in a sham Reiki group, while no decrease was demonstrated in standard care ( $-12\%$ ,  $p=0.622$ ). To sum up, Lee *et al*<sup>13</sup> and vander-Vaart *et al*<sup>15</sup> indicated that the evidence is insufficient to consider Reiki therapy as an effective treatment, while Vitale<sup>16</sup> requested more studies to explore the benefits of Reiki therapy. The more recent reviews by Thrane and Cohen,<sup>14</sup> McManus<sup>17</sup> and Demir Dogan<sup>12</sup>

suggested that there is enough evidence to conclude that Reiki is effective in relieving pain.

### REIKI AND ANXIETY/DEPRESSION

Five review articles looking at 10 studies were used to investigate the effect of Reiki therapy on anxiety, stress and depression.<sup>13–17</sup> Six studies indicated that Reiki is able to decrease anxiety in healthy persons,<sup>30</sup> and people with various chronic pain conditions,<sup>19</sup> abdominal hysterectomies,<sup>24</sup> women with breast biopsy,<sup>31</sup> stage I to IV cancer<sup>23</sup> and community-dwelling older adults,<sup>28</sup> while one study showed no significant effect in patients with prostate cancer treated by radiation.<sup>32</sup> Moreover, five studies reported significant positive effects of Reiki therapy on depression in groups with various chronic pain conditions,<sup>19</sup> depressive conditions,<sup>33</sup> women with breast biopsies,<sup>31</sup> and elderly people living in community housing or nursing homes,<sup>28 34</sup> while two studies indicated no effects in post-stroke patients<sup>35</sup> and patients with prostate cancer treated by radiation.<sup>32</sup> When Reiki therapy was compared with sham Reiki, standard care or the resting group, the results showed that Reiki therapy had either a greater effect,<sup>19 24 28 33 34</sup> or no different effect on anxiety or depression.<sup>23 31 35</sup> In specific populations aged from 19 to 78 years identified as depressive, Shore<sup>33</sup> indicated that either hands-on or distance Reiki therapy were effective at decreasing the Beck Depression Inventory score ( $-60\%$  and  $-73\%$ , respectively,  $p<0.05$ ) in comparison with control conditions ( $-19\%$ ). Furthermore, in an elderly population, 78.3 (65–91) years old on average, Erdogan and Cinar<sup>34</sup> investigated the effect of an 8-week Reiki therapy programme where one session of 45 min was provided by a Reiki Master for the first 8 weeks. In comparison with sham Reiki and control groups, the Reiki therapy showed a greater effect on depression scores at 4, 8 and 12 weeks. With regard to pain outcomes described in the previous section, the oldest reviews established that there was not enough evidence to attest Reiki effectiveness on anxiety or depression,<sup>13 15 16</sup> while the two more recent reviews support the argument that Reiki therapy is valuable as a complementary therapy to manage anxiety and depression symptoms.<sup>14 17</sup>

### REIKI AND QUALITY OF LIFE

To our knowledge, there are no reviews investigating the effect of Reiki on quality of life. However, five articles assessing quality of life after Reiki therapy were found in the literature.<sup>22 23 36–38</sup> Olson *et al*<sup>22</sup> assessed the effect of two Reiki treatments (1 hour) within 7 days in an advanced cancer population. It has been reported that Reiki therapy and opioid medication induced a significant increase in the psychological component of quality of life ( $+15\%$ ,  $p=0.002$ ), whereas no effects were found in the social and physical components of quality of life. It has also been reported that quality of life is improved by around 11% after seven Reiki

**Table 1** Summary of Reiki therapy studies and palliative care

Authors (year)	Disease	Sample/gender/age	Study design/ duration	Reiki session/ duration	Outcomes: results with Reiki
Bullock (1997) <sup>40</sup>	Cancer	N=1 Male 70 years	Narrative study	At least 10 sessions in 5 months (June to October)	Pain decrease Decreased medication (No statistical data available)
Berger <i>et al</i> (2013) <sup>39</sup>	Cancer	N=31	Single arm study Reiki therapy was aided by aromatherapy, massage	One or two sessions: duration not available	<i>Pre-post:</i> Pain: –44%, $p<0.01$ Discomfort: –61%, $p<0.01$ Low/depressed: –70%, $p<0.01$ Anxious: –66%, $p<0.01$ Stiff: –49%, $p<0.01$ Not relaxed/tense: –68%, $p<0.01$ Peaceful feeling: +66% Total: –62%, $p<0.01$
Olson <i>et al</i> (2003) <sup>22</sup>	Cancer	N=24 62.5% female Mean 56 years female/59.5 years male	Randomised control trial Opioid plus rest group (n=13) Opioid plus Reiki group (n=11)	Session on day 1: 1.5 hours Session on day 4: 1.5 hours	<i>Pre-post day 1</i> Pain: –27% ( $p=0.035$ ) Systolic blood pressure: –3% (ns) Diastolic blood pressure: –6% ( $p=0.005$ ) Heart rate: –9% ( $p=0.019$ ) Respiration: 0% (ns)  <i>Pre-post day 4</i> Pain: –38% ( $p=0.002$ ) Systolic blood pressure: –3% (ns) Diastolic blood pressure: –6% (ns) Heart rate: –3% (ns) Respirations: –6% (ns)  <i>Pre-post day 1 to 7: quality of life</i> Psychological: +15% ( $p=0.002$ ) Social: 0% (ns) Physical: +7% (ns)
Thrane <i>et al</i> (2017) <sup>41</sup>	44% cancer 31% genetic condition 25% congenital condition	N=16, 68.8% female Mean 12.6±2.4 years	Pilot study Verbal group (VG, n=8) Non-verbal group (NVG, n=8)	Session on day 1: 24 min Session on days 3 to 5: 24 min	<i>Pre-post session 1:</i> Pain: –31% for VG and –73% for NVG (ns) Anxiety: –94% for VG and –84% (ns) Heart rate: –10% for VG and –7% for NVG (ns) Respiratory rate: –8% for VG and –15% for NVG (ns)  <i>Pre-post session 2:</i> Pain: –22% for VG (ns) and –66% for NVG ( $p=0.06$ ) Anxiety: –94% for VG and –84% (ns) Heart rate: –1% for VG and 0% for NVG (ns) Respiratory rate: –15% for VG ( $p=0.009$ ) and –11% for NVG (ns)  <i>Pre-session 1 to post-session 2:</i> Pain: –8% for VG and –53% for NVG (ns) Anxiety: –51% for VG and –60% (ns) Heart rate: –2% for VG and –11% for NVG (ns) Respiratory rate: –10% for VG and –19% for NVG ( $p=0.08$ )

sessions lasting 45 min in patients with stage I to IV cancer.<sup>23</sup> In the cancer population, Rosenbaum and Velde<sup>38</sup> showed that Reiki therapies, such as massage and yoga intervention, are capable of increasing quality of life (+31%,  $p<0.001$ ). Further, improvement of quality of life has been observed when Reiki therapy was administrated during chemotherapy sessions.<sup>36</sup> Vergo *et al*<sup>37</sup> also show that Reiki therapy, similar to massage intervention, leads to increased quality of life (31.6%) in 357 hospitalised patients (61% for cancer).

Together, these studies indicate that Reiki therapy can improve quality of life.

### REIKI AND PALLIATIVE CARE

Only a few studies have investigated the use of Reiki therapy in palliative care.<sup>22, 39–41</sup> These studies are summarised in table 1. The first study using Reiki therapy for palliative care is a narrative study of a case report.<sup>40</sup> In this article, Bullock<sup>40</sup> describes the story of a 70-year-old man diagnosed with cancer. Reiki

therapy caused a reduction of pain and anxiety, and an increase of quality of life. The author also reported that these results were coupled with a decrease in the biological markers of cancer and with a reduction of inflammation of the legs. The second study examined the effect of alternative therapy with aromatherapy, massage and Reiki.<sup>39</sup> Taken together, these approaches showed a reduction of pain (−66%), discomfort (−61%), depression (−70%) and anxiety (−66%). This study also showed that the word ‘calm’ is the most frequently used word by the patient after receiving the treatment, whereas the words ‘anxious’, ‘fearful’, ‘irritable’, ‘restless’, ‘stressed’ or ‘pain’ were mainly used before the treatment. Reiki has also been assessed in children receiving palliative care.<sup>14</sup> Children were allocated to verbal and non-verbal groups depending on their verbal capacity. Each child received two 24 min Reiki sessions at their home. Results indicated a significant reduction in pain between before and after the second sessions in the non-verbal group (−66% corresponding to 0.72 points on the visual analogue scale). While no other significant results were found for pain or anxiety scores, this study showed that the baseline score was very low for each parameter. Furthermore, the authors suggested that two sessions of Reiki therapy were not enough to observe significant effects. In patients with advanced cancer, Olson *et al*<sup>22</sup> investigated the effect of two Reiki sessions on days 1 and 4. The measurement of pain, blood pressure, breathing and heart rate were completed before and after each session. This controlled-randomised study showed that opioids plus Reiki significantly decreased pain (−27%,  $p=0.035$ ), diastolic pressure (−6%,  $p=0.005$ ) and heart rate (−9%,  $p=0.019$ ) after the first session of Reiki compared with opioids with rest. The decrease of pain was also observed for the opioid plus Reiki group at day 4 (−38%,  $p=0.002$ ) without any changes in the opioid plus rest group. Quality of life was also studied before and after a 7-day period. Results indicated that the psychological component of quality of life significantly increased in the opioid plus Reiki group (+15%,  $p=0.002$ ), without any changes either in the social and physical components or in all parameters for the opioid plus rest group. This research did not report any modification in the use of opioids, but this could be due to the short study period. Even if the sample is small ( $n=13$  for opioid plus rest group and  $n=11$  for opioid plus Reiki group), the authors supported the hypothesis that Reiki, when used in conjunction with standard opioid therapy, did relieve pain and improve quality of life. Overall, these studies support the theory that Reiki therapy could be helpful for patients at the end of their life.<sup>42</sup>

## CONCLUSION

The interest in and use of Reiki therapy are growing all over the world, and more specifically in institutional care. Although there is no formal process to

train for Reiki and studies reported different periods of care, our review showed clinical evidence of the benefits of Reiki therapy on pain, anxiety/depression and quality of life for several conditions. While there is not enough evidence in the scientific literature on the benefits of Reiki therapy in palliative care, the few results encourage research to assess possible positive effects of Reiki therapy with standardised protocols and suggest that more studies should be conducted.

**Contributors** All named authors contributed to the project and to the writing of the paper. MB drafted manuscript. MD, CW and AT edited and revised manuscript. MB, MD, CW and AT approved final version of manuscript.

**Funding** The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

**Competing interests** None declared.

**Patient consent for publication** Not required.

**Provenance and peer review** Not commissioned; internally peer reviewed.

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