

Original Research Article

Integrated Reiki therapy for the treatment and management of Psychosomatic disorders: A pilot study

ABSTRACT

Background: The prevalence of stress and anxiety disorders has become a significant public health concern, impacting the well-being of individuals globally. Despite its growing popularity, empirical research on the specific application of Reiki therapy for stress and anxiety disorders remains limited.

Primary Study Objective: This pilot study seeks to address this gap by investigating the potential benefits of Reiki therapy as a complementary strategy in the treatment and management of stress and anxiety.

Methods: In this observational study, a total of 31 volunteers having self-reported stress, anxiety/psychological disorders were included. The HRQoL was evaluated according to 36-Item Short Form Health Survey (SF-36) Questionnaire for anxiety and depression. The pre-and post-treatment HRQoL scores were compared and were calculated for the significance of the difference in pre- and post-treatment scores.

Setting: Patanjali Yogpeeth, Haridwar

Results: Volunteers who completed 3-day Reiki sessions were included in the analysis. Statistically significant improvements were observed for all outcome measures, including positive affect, negative affect, pain, drowsiness, tiredness, nausea, appetite, shortness of breath, anxiety, depression, and overall well-being ($P < 0.0001$).

Conclusion: The consistent and broad-ranging nature of these improvements suggests that Reiki therapy may play a valuable role in addressing not only specific symptoms but also contributing to an overall enhancement of mental and physical health.

Keywords: Anxiety, Depression, Reiki therapy, SF-36 Questionnaire, Meditation.

1. INTRODUCTION

In today's fast-moving world, Anxiety and depression are highly prevalent disorders affecting people of every generation in the entire world. The "Burden of Disease Project" reported that mental disorders account for 9.1% of the global burden of disease in the world, almost one-half of which is accounted for by anxiety and depressive disorders and affects the quality of life¹. Anxiety and depression affect many people very deeply. Research has shown a huge spectrum of potential sources of stress in the workplace. These sources of stress are environmental factors like economic problems, political turmoil, and technological upheaval etc., organizational factors like job role and task demands, interpersonal demands,

organizational hierarchy, scalar chain, organization's growth stage etc. and individual factors like family issues, financial problems, personality traits etc.². Mikao Usui (1865-1926), a lifelong practitioner of Tendai Buddhism and dedicated spiritual aspirant, formulated the roots of what has come to be called Reiki in early 20th century Japan. He trained in a monastery as a young boy, and practiced martial arts from age 12, achieving mastery in several disciplines. Perhaps because of Usui's background in Buddhism, Reiki is often referred to as an ancient Tibetan technique, although there is no evidence that this is true³. Usui stressed the importance of peaceful mental demeanor, and offered his students 5 precepts to guide them:

Just for today, do not anger.

Just for today, do not worry.

Be humble.

Be honest in your work.

Be compassionate to yourself and others.

Reiki therapy is a supplemental therapy that focuses on energy healing. It works with the energy fields around the body and involves the transfer of universal energy from the practitioner's palms to the client. The National Center for Complementary and Integrative Health classifies Reiki as a bio-field therapy and indicates that working with energy moves the human system into a more relaxed state that is connected to health and healing. Reiki is becoming ever more popular in the United States as evidenced by a survey conducted in 2007 that indicates that 1.2 million adults and 161,000 children received 1 or more sessions in 2016 in which Reiki, or a similar bioenergy therapeutic method, was used⁴. Reiki means "wonderful environment, miraculous sign" in Japanese. Both "rei," which means universal, and "ki," which means life energy, in Japanese. Ancient energy healing methods have different and diverse areas of origin, but they all utilize a life force (whether it is named "Prana", "Chi" or "Ki") to energize the patient⁵.

Practitioners assert that areas of the body where there has been a physical damage or even emotional suffering can become stagnant. Similar to acupuncture or acupressure, energy treatment tries to promote the passage of energy and remove obstacles. Reiki practitioners think that enhancing the body's ability to move energy might help people relax, get pain relief, heal more quickly, and lessen other symptoms of sickness. More than 1.2 million adult population reported that Reiki was an energy healing modality in U.S. Reiki is a non-invasive, inexpensive modality and it is offered to patients with cancer in hospitals and hospices throughout the country⁶. Hence, reiki are healing therapy that deals with the apparent manifestations of physical and mental illnesses by treating the body's energy.

These healing philosophies are based on the idea that our physical bodies are divided into two distinct components: Visible and invisible physical bodies. Although Reiki cannot directly cure diseases on its own, this therapy can help and comfort you whether you're dealing with a little bruise, cancer, or recovering from surgery. Reiki helps you relax deeply, and relaxation can help you reduce muscle tension and pain, release stress, accelerate wound healing, and improve your health and well-being. Stress and anxiety, Lifestyle disorders and diseases, PTSD, depression, difficulty sleeping, low mood, pain, high blood pressure, fibromyalgia, surgical recovery, and cancer symptoms are some of the illnesses for which Reiki is commonly used and practiced. Reiki can be given by caregivers for little to no money, which could have a huge positive social impact by lowering the need for medication and hospitalization⁷. Another study has displayed significant results in reducing stress and anxiety among participants in Reiki therapy⁸. The findings of a study suggest that Reiki treatments may help patients with mild cognitive impairment or Alzheimer's disease with some behavioral and memory issues.

2. MATERIAL AND METHODS

2.1 SUBJECTS AND STUDY DESIGN

A total of 31 volunteers who self-reported anxiety and depression were selected for the relaxation through Reiki therapy were contacted for prospective participation in this pilot study between April 2023 and May 2023. Inclusion criteria comprised of participants aged between 25-55 years having self-reported stress disorder, and anxiety/psychological disorders. Patients with a history of suicidal tendencies, mobility restriction, neurological cancers, and communicable diseases were excluded from this study. This study was conducted according to the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines⁹ for observational studies, and a flow chart of the study is given in **Figure 1**.

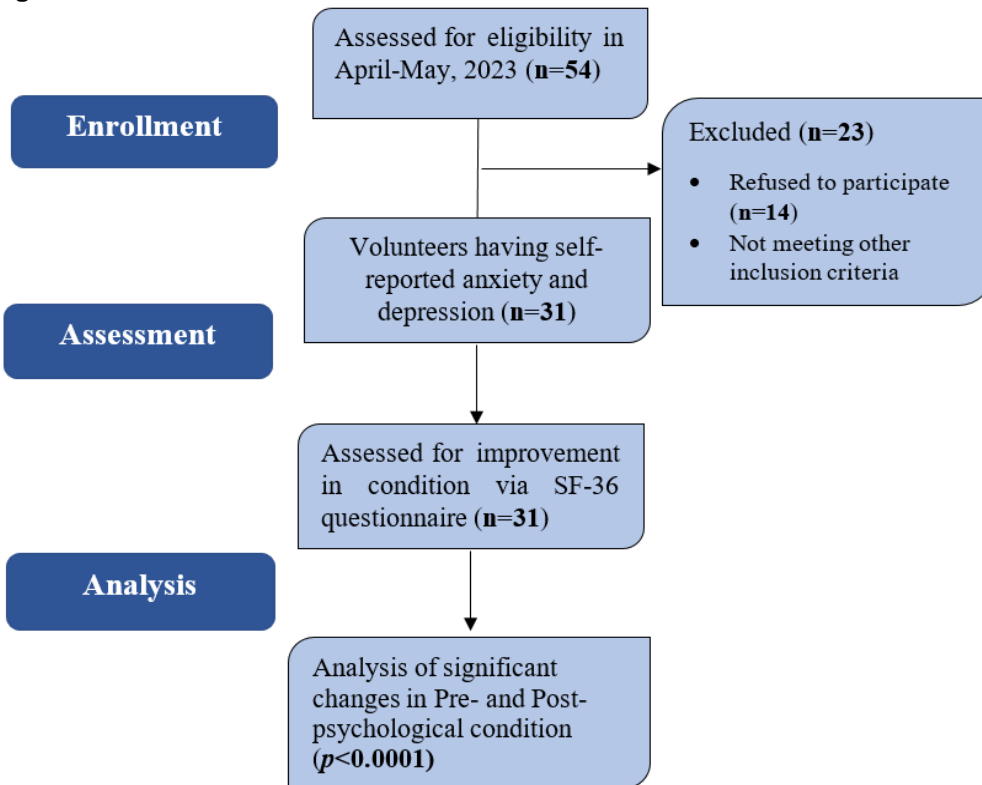


Figure 1: A Flowchart of STROBE guidelines for this Pilot Study⁹.

2.2 RECRUITMENT BIAS: Recruitment from a health and wellness center may lead to bias as the main purpose of a health or wellness center is the prevention and cure of the disease. The participants in this study were self-reported stress disorder, and anxiety/psychological disorders. However, to avoid recruitment bias, two independent reviewers assessed the participants' medical history and demographics and assigned the patients fit for the study without any prejudice keeping the bias to a minimal scale.

2.3 QUESTIONNAIRE: A 36-item Short Form Health Survey (SF-36) Questionnaire was adopted for this study. An SF-36 was constructed to survey health status in the Medical Outcomes Study. The SF-36 was designed for use in clinical practice and research, health policy evaluations, and general population surveys. The SF-36 includes one multi-item scale

that assesses eight health concepts: 1) Limitations in physical activities because of health problems; 2) Limitations in social activities because of physical or emotional problems; 3) Limitations in usual role activities because of physical health problems; 4) Bodily pain; 5) General mental health (psychological distress and well-being); 6) Limitations in usual role activities because of emotional problems; 7) Vitality (energy and fatigue); and 8) General health perceptions. The survey was constructed for self-administration by persons 14 years of age and older, and for administration by a trained interviewer in person or by telephone¹⁰.

2.4 DATA ANALYSIS: A descriptive analysis of the pre-and post-reiki program in the groups was performed. Data was analyzed using simple means and percentages.

3. RESULTS

In this study, a total of 54 participants were initially enrolled, but only 31 individuals who met the inclusion criteria and provided written consent were included. Among the participants, 53% were males, and 47% were females, with only 20% having prior experience with Reiki. The participants reported a noteworthy improvement in both emotional and physical health, with scores of 7.5 and 7.26, respectively, out of a possible 10. Additionally, the overall experience with Reiki treatment, as evaluated by participants, was rated at 7.172 (Figure 2a, b).

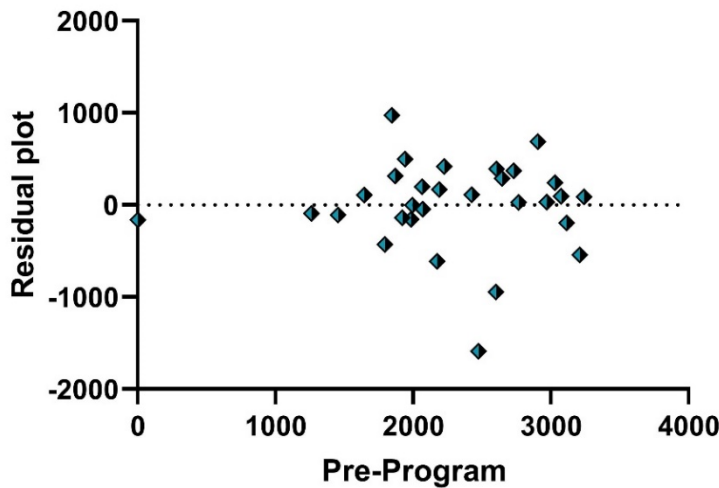


Figure 2 (a): Residual plot Analysis of the Pre-program participants.

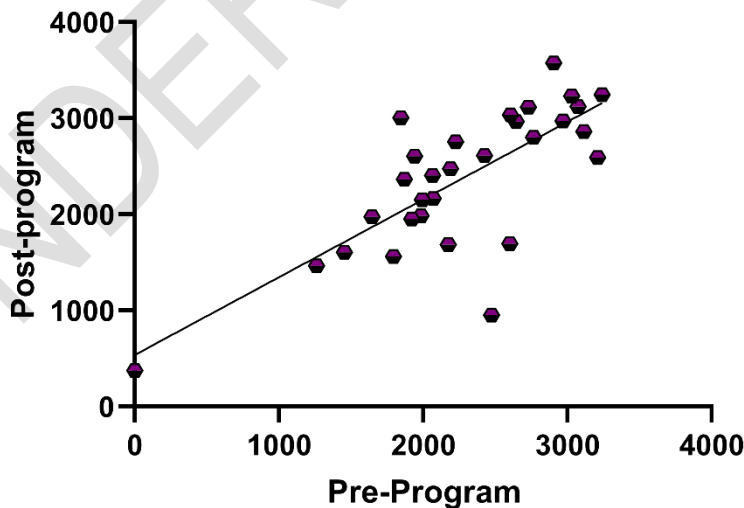


Figure 2 (b): The descriptive analysis of pre- and post-reiki program.

The demographic data analysis revealed a statistically significant association ($P < 0.0001$) among post-program participants. The treatment involved Reiki sessions aimed at cleaning the aura, with a recommended frequency of at least 2 times a day to aid in pain recovery. The SF-36 questionnaire, employed for pre- and post-analysis, demonstrated a significant ($P < 0.0001$) change in scores (**Figure 3**). Further examination through descriptive analysis of Reiki therapy's impact on pre-program and post-program scores indicated a substantial effect ($P < 0.0001$) on the psychological domain of the questionnaire, as outlined in Table 1. These findings collectively suggest that Reiki treatment had a positive influence on participants' emotional and physical well-being, with statistical significance observed in both subjective experiences and objective measures, such as the SF-36 questionnaire.

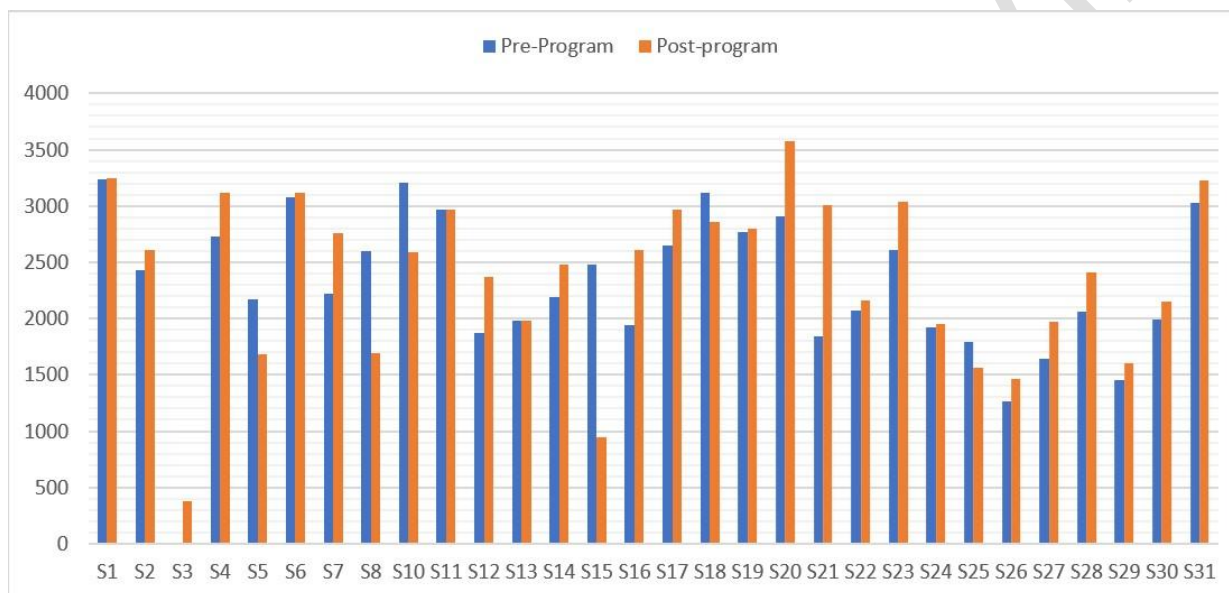


Figure 3: Analysis of SF-36 questionnaire scores of the pre-and post-program participants.

Table 1: Correlation of Pre-post program data.

Correlation of pre-post program data	
Spearman r	
r	0.7224
95% confidence interval	0.4809 to 0.8620
P value	
P (two-tailed)	<0.0001
P value summary	****
Exact or approximate P value?	Approximate
Significant? (alpha = 0.05)	Yes

4. DISCUSSION

The results of this study suggest that Reiki treatments may be beneficial for individuals experiencing moderate cognitive impairment or Alzheimer's disease, particularly those with behavioral and memory challenges, ultimately contributing to improved health and well-being. Reports from the National Center for Complementary and Integrative Health and other sources in the United States indicate a growing trend of Reiki usage among Americans, particularly for relaxation, musculoskeletal conditions, pain management, anxiety, and depression³. There is potential for further research on the integration of traditional modern medicine with complementary approaches like Ayurveda, Yoga, Yagya, Panchkarma, acupuncture, etc.

Our findings indicate that participants who received Reiki experienced a decrease in stress scores. While one study showed a reduction in physical stress but not mental stress, another demonstrated that distance Reiki lowered depression and stress¹¹. Similarly, Reiki was reported to reduce the physiological effects of stress¹², and a study showed persuasive reductions in the total Stress Scale score compared to a Non-Reiki group¹³. Both our preliminary study and another study support the notion that Reiki may be effective in reducing anxiety and stress responses while promoting relaxation^{14, 15}. Our research further suggests that Reiki is a viable management option for anxiety, stress, and other brain-related disorders¹⁶. Despite these positive outcomes, more extensive studies on Reiki are needed in the future¹⁷.

Reiki emerges as a cost-effective, non-invasive therapy that can be easily integrated into patient care. This article aims to explore the scientific basis of Reiki therapy and its potential as a valuable nursing intervention¹⁸. Central to Reiki is the belief in a universal source of energy that influences the physical, mental, emotional, and spiritual aspects of human existence, leading to its characterization as Energy Medicine¹⁹. Reiki is thought to flow through the practitioner's hands to the recipient, with the ability to be transmitted over any distance. The therapy's intelligence is believed to direct itself to where it is needed without active guidance from the practitioner. However, the existing data is limited, and reviews from participants in Reiki therapy programs are essential to understanding the effectiveness and frequency of integrative therapies in alleviating anxiety and stress.

Research supports Reiki as an intervention for relieving pain and anxiety, as well as reducing symptoms of stress commonly found in critical care settings, such as elevated blood pressure and pulse rates²⁰. This observational study successfully provided Reiki training to participants reporting stress and anxiety/psychological disorders, offering them a tool for comfort with the potential to positively impact their experiences. Participant feedback will aid in refining the program to better meet the needs of future participants, with the hope that the established training program will become a permanent fixture in hospitals, schools, and colleges. This program could potentially serve as a prototype for implementation in other institutions²⁰.

5. CONCLUSION

The increasing popularity of Reiki therapy worldwide highlights its emergence as a widely accepted and effective approach, particularly in institutional settings, for alleviating stress and anxiety. Notably, Reiki's reputation as a safe, gentle, and profoundly relaxing healing modality has contributed to its widespread adoption. Various studies have consistently demonstrated the positive effects of Reiki therapy on diverse medical conditions, showcasing its efficacy in managing pain, anxiety, and depression, and improving overall quality of life. This growing body of evidence underscores the versatility of Reiki as a therapeutic intervention. As such, the promising outcomes from this pilot study suggest that Reiki has the potential to offer valuable support in addressing a broad spectrum of chronic health conditions, particularly psychosomatic disorders. The integration of Reiki into holistic healthcare practices could potentially enhance overall well-being and contribute to a more comprehensive approach to healing.

CONSENT

The observational study was performed in accordance with the ethical standards laid down in the Declaration of Helsinki (1964) [28]. Informed consents were obtained from the health seekers who consented to participate in the study prior filling the questionnaires. The questionnaire did not contain any critical questions, and confidentiality of data was maintained. Being observational in nature, this study was waived off from ethical approval from Institutional Ethical Committee.

REFERENCES

1. Joyce J, Herbison GP. Reiki for depression and anxiety. *Cochrane Database Syst Rev.* 2015;(4):CD009873. doi.org/10.1002/14651858.CD006833.pub2
2. Vasudev SS, Shastri S. Effect of Reiki on perceived stress among software professionals in Bangalore, India. *Int E-J Adv Soc Sci.* 2016;2(6):720-727.
3. Shore A. Long-term effects of energetic healing on symptoms of psychological depression and self-perceived stress. *Altern Ther.* 2004;10:42-48.
4. Baldwin AL, Vitale A, Brownell E, et al. Effects of Reiki on pain, anxiety, and blood pressure in patients undergoing knee replacement: A pilot study. *Holist NursPract.* 2017;31(2):80-89. DOI: 10.1097/HNP.000000000000195
5. Petter FA. *Reiki: The Legacy of Dr. Usui.* Lotus Press; 1998.
6. Demir M, Can G, Kelam A, et al. Effects of distant Reiki on pain, anxiety, and fatigue in oncology patients in Turkey: A pilot study. *Asian Pac J Cancer Prev.* 2015;16(12):4859-4862. dx.doi.org/10.7314/APJCP.2015.16.12.4859
7. Crawford SE, Leaver VW, Mahoney SD. Using Reiki to decrease memory and behavior problems in mild cognitive impairment and mild Alzheimer's disease. *J Altern Complement Med.* 2006;12(9):911-913. doi.org/10.1089/acm.2006.12.911
8. Richeson, N. E., Spross, J. A., Lutz, K., et al. Effects of Reiki on anxiety, depression, pain, and physiological factors in community-dwelling older adults. *Res. Geront. Nurs.* 2010, 3(3), 187-199. doi.org/10.3928/19404921-20100601-01
9. Cuschieri RA. Understanding Willpower and Its Role in Leadership: A Study on How Educational Leaders from Different Multicultural Backgrounds Perceive Willpower. In: *Emotion Management and Feelings in Teaching and Educational Leadership.* Emerald Publishing Limited; 2019:255-276. doi.org/10.1108/978-1-78756-010-920191014
10. Ware JE Jr, Sherbourne CD. The MOS 36-item short-form health survey (SF-36): I. Conceptual framework and item selection. *Med Care.* 1992;473-483. https://www.jstor.org/stable/3765916
11. Baldwin AL, Vitale A, Brownell E, et al. Effects of Reiki on pain, anxiety, and blood pressure in patients undergoing knee replacement: A pilot study. *Holist NursPract.* 2017;31(2):80-89. DOI: 10.1097/HNP.000000000000195
12. Baldwin AL, Wagers C, Schwartz GE. Reiki improves heart rate homeostasis in laboratory rats. *J Altern Complement Med.* 2008;14:417-22. https://doi.org/10.1089/acm.2007.0753
13. Bowden D, Goddard L, Gruzelier J. A randomized controlled single-blind trial of the effects of Reiki and positive imagery on well-being and salivary cortisol. *Brain Res Bull.* 2010;81:66-72. doi.org/10.1016/j.brainresbull.2009.10.002

14. Vitale AT. An integrative review of Reiki touch therapy research. *Holist NursPract*. 2007;21:167-79. DOI: 10.1097/01.HNP.0000280927.83506.f6
15. Miles P. Preliminary report on the use of Reiki HIV related pain and anxiety. *Altern Ther Health Med*. 2003;9:36.
16. Bullock M. Reiki: A complementary therapy for life. *Am J Hosp Palliat Care*. 1997;14:31-33. doi.org/10.1177/104990919701400112
17. Barnett L, Chambers M. *Reiki energy medicine: Bringing healing touch into home, hospital, and hospice*. Rochester, VT: Healing Arts Press; 1996.
18. Escudero DG, Reyes-Bossio M. Original Research Study: Stress and Anxiety Reduction Effects of a Reiki Program During the COVID-19 Pandemic Among Employees in Lima, Peru. *Holist NursPract*. 2022;36(5):E48. Doi: 10.1097/HNP.0000000000000545
19. Dressen LJ, Singg S. Effects of Reiki on pain and selected affective and personality variables of chronically ill patients. *Subtle Energies & Energy Med J Arch*. 1998;9(1).
20. Kundu A, Dolan-Oves R, Dimmers MA, et al. Reiki training for caregivers of hospitalized pediatric patients: A pilot program. *Complement Ther Clin Pract*. 2013;19(1):50-54. DOI: 10.1016/j.ctcp.2012.08.001

UNDER PEER REVIEW