

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 others³.

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 used⁵. 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 patient⁶.

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 country⁷. 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 hospitalization⁸. Another study has displayed significant results in reducing stress and anxiety among participants in Reiki therapy⁹. 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

A total of 54 volunteers who had 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 at Patanjali Research Foundation, Haridwar.

2.2 STUDY DESIGN

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. After the inclusion and exclusion criteria was screened, a total of 31 participants remained in the study and they were randomly divided into Reiki and Non-Reiki group. This study was conducted according to the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines¹⁰ for observational studies, and a flow chart of the study is given in **Figure 1**.

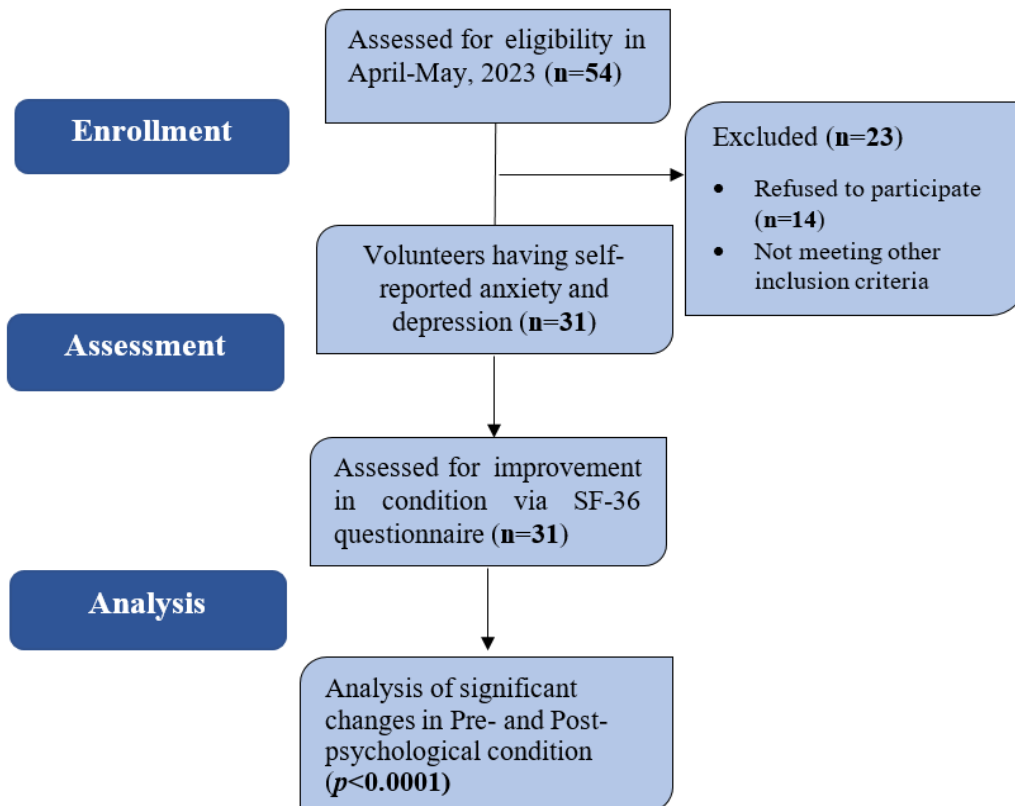


Figure 1: A Flowchart of STROBE guidelines for this Pilot Study¹⁰.

2.3 ETHICAL CONSIDERATIONS

The observational study was performed following the ethical standards laid down in the Declaration of Helsinki (1964)⁴. 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.

2.4 REIKI THERAPY: Reiki therapy was conducted according to the techniques as laid out by Usui³. The therapy was administered to Reiki group for two days in a duration of three hours per day and included meditation session of one hour as well as energy transfer session of two hours with the help of energy centering and tools along with Yogaasanas as prescribed for Depression, stress and Anxiety related disorders. The control group was given only Yogasanas. The assessment was conducted before starting of the program on Day 1 and after the program was concluded on Day 2.

2.5 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.

2.6 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 telephone¹¹.

2.7 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).

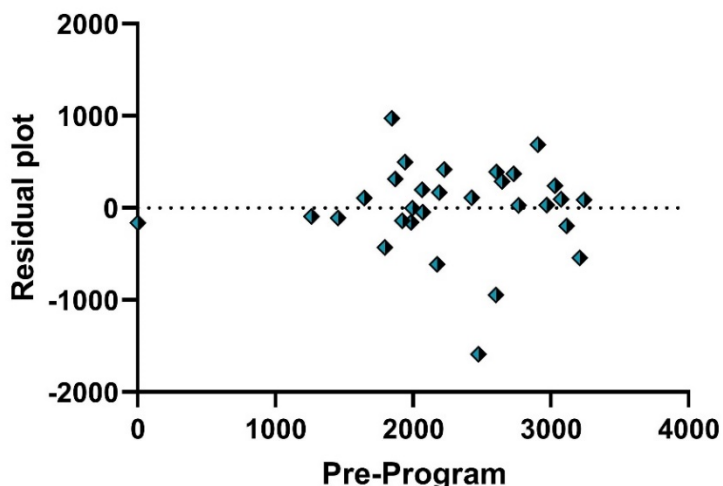


Figure 2 (a): Residual plot Analysis of the Pre-program participants.

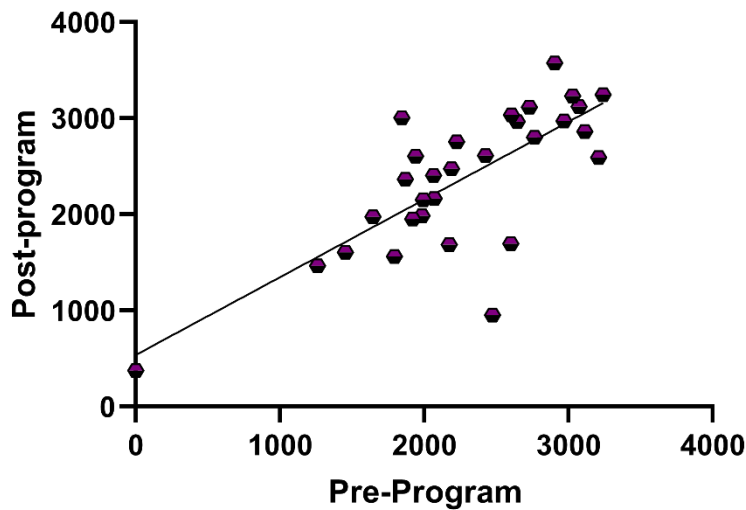


Figure 2 (b): The descriptive analysis of pre- and post-reiki program.

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.

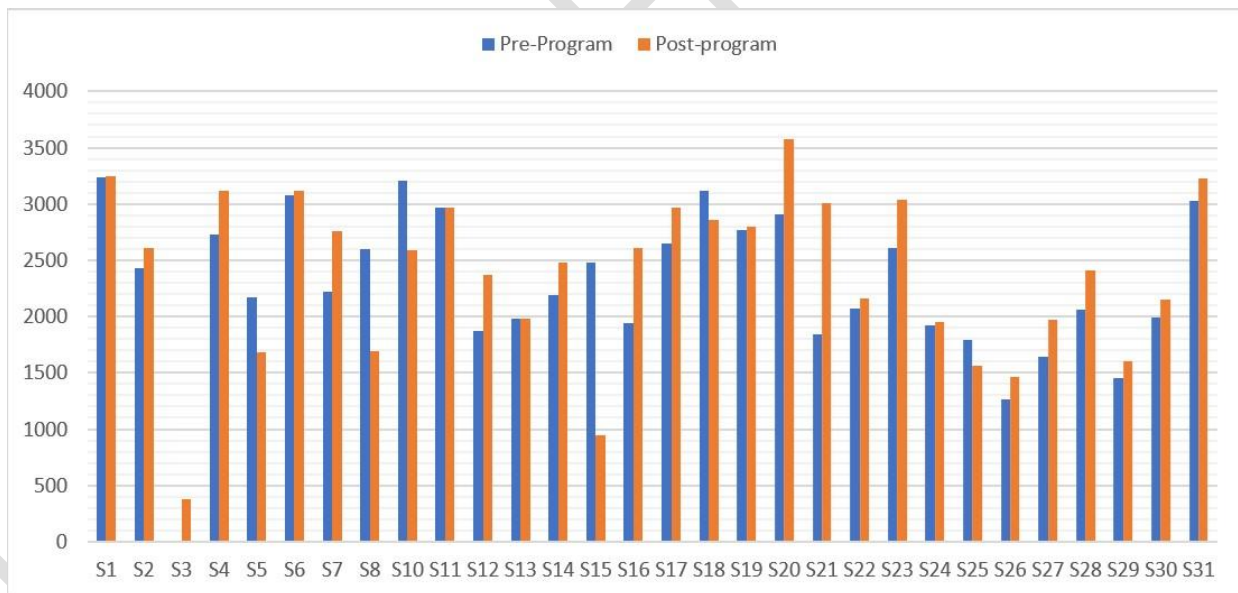


Figure 3: Analysis of SF-36 questionnaire scores of the pre-and post-program participants.

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
Number of XY Pairs	30

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 stress¹². Similarly, Reiki was reported to reduce the physiological effects of stress¹³, and a study showed persuasive reductions in the total Stress Scale score compared to a Non-Reiki group¹⁴. Both our preliminary study and another study support the notion that Reiki may be effective in reducing anxiety and stress responses while promoting relaxation^{15, 16}. Our research further suggests that Reiki is a viable management option for anxiety, stress, and other brain-related disorders¹⁷. Despite these positive outcomes, more extensive studies on Reiki are needed in the future¹⁸.

The Spearman correlation coefficient result of 0.7224 with a highly significant p-value (<0.0001) suggests a strong positive monotonic relationship between the Reiki and Non-Reiki groups under consideration. The coefficient of 0.7224 indicates a robust and substantial positive relationship between the variables. This means that as one variable increases, the other tends to increase as well, and vice versa. The high correlation coefficient suggests a relatively predictable and consistent association between the two measures. The very low p-value (<0.0001) indicates that the observed correlation is unlikely to be due to random chance alone. This strengthens the confidence in the relationship observed and supports the rejection of the null hypothesis that there is no correlation between the variables.

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 intervention¹⁹. 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 Medicine²⁰. 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 institutions²¹.

5. CONCLUSION

In conclusion, the results of our study suggest that Reiki treatments may hold promise as a beneficial intervention for individuals grappling with moderate cognitive impairment or stress related disorders, particularly those facing behavioral and memory challenges. The observed decrease in stress scores among participants who received Reiki, along with consistent findings from other studies on its positive impact on anxiety and stress responses, highlights its potential as a viable management option for various brain-related disorders. The growing trend of Reiki usage, as reported by national health centers, underscores the increasing interest and acceptance of complementary approaches in the Asian sub-continent. Moreover, the strong positive correlation coefficient between the Reiki and Non-Reiki groups, coupled with a highly significant p-value, provides robust evidence for a consistent and predictable association. While these preliminary findings are promising, it is crucial for future research to conduct more extensive studies on Reiki, exploring its integration with traditional modern medicine and other complementary approaches for a comprehensive understanding of its therapeutic potential.

CONFLICT OF INTEREST

The authors declare no potential financial or personal conflict of interest.

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