

## Reiki in the Clinical Setting

By Bernadette Doran, RMT



Reiki is increasingly finding its way into institutional settings, from hospitals to hospices, and the push appears to be coming from patients as well as clinical practitioners.

"More and more, patients are requesting care beyond what most consider to be traditional health services, and hospitals are responding to the needs of the communities they serve by offering these therapies," according to researcher Sita Ananth of Health Forum, an affiliate of the American Hospital Association (AHA). "And hospitals are responding to the needs of the communities they serve by offering these therapies."

Reiki is now one of the top three complementary in-patient therapies in U.S. hospitals, according to an AHA survey. Massage therapy takes first place, with 37% of hospital patients requesting it. Number two is music and art therapy at 25%, and a very close third is "healing touch therapies" at 25%, which included Reiki and Therapeutic Touch.

Hospitals are responding, discovering for themselves the many benefits Reiki can offer. "As our health care system challenges institutions to offer high-quality but cost-effective service, Reiki is being recognized as an important tool to maximize patient care and minimize recovery time," according to Libby Barnett and Maggie Babb, co-authors of *Reiki Energy Medicine: Bringing Healing Touch into Home, Hospital and Hospice*.

For example, Memorial Sloan-Kettering Cancer Center in New York not only offers Reiki therapy to patients but also teaches Reiki once a month, inviting the patients' caregivers, the patients themselves, and the general public to learn it. "Patients love it," says Simone Zappa, RN, an administrator in the Integrative Medicine Department at Memorial Sloan-Kettering. "And they love it because it works."

According to an International Association of Reiki Professionals (IARP) study of “America’s Best Hospitals” (the top 25 ranked by *U.S. News and World Report* in 2002), 60% of them had formal or informal Reiki programs in place. All hospitals using Reiki said that they believed Reiki to be at least somewhat beneficial for patients, and 67% said they believed Reiki to be highly beneficial.

The highest profile advocate of complementary therapies, especially Reiki, continues to be Mehmet Oz, M.D., Professor and Vice Chairman of Surgery at Columbia University in New York City, Director of the Cardiovascular Institute, and Founder and Director for the Complementary Medicine Program at New York Presbyterian Hospital. Dr. Oz has used Reiki and Therapeutic Touch therapists in his cardiovascular surgeries for more than 10 years. And because he frequently talks about energy medicine on his television show, the general public as well as healthcare professionals are hearing about the implications of these therapies from a credible Western medical source.

“We’re beginning now to understand things that we know in our hearts are true but we could never measure. As we get better at understanding how little we know about the body, we begin to realize that the next big frontier in medicine is energy medicine,” according to Dr. Oz.

Dr. Oz has conducted research on the effects of Reiki on his surgical patients with Julie Motz, RN, a Reiki-trained therapist, who assisted Dr. Oz during 11 open heart surgeries and heart transplants. These 11 patients had no post-operative depression, pain or leg weakness; no organ rejection (in transplants); a better functioning immune system, and a positive attitude toward healing.

Acceptance of Reiki in institutions comes in part because it is so easy to incorporate into the clinical setting. It requires no specific setting, technology or preparation. Reiki is a touch therapy, and RNs and other professionals routinely touch patients as part of their job. If they are Reiki-trained, every time they touch a patient, the patient



automatically receives Reiki energy. Since long, formal sessions are not required to support a patient with Reiki therapy, opportunistic mini-treatments in the normal course of patient

care make Reiki very easy to incorporate.

Mounting anecdotal evidence confirms its benefits over and over again. Nurses and physicians who use Reiki in the clinical setting consistently say it: Makes a patient relaxed, calm and cooperative; relieves acute and chronic pain; boosts the immune system; reduces stress; decreases the need for pain medication; improves sleep and appetite; accelerates the healing process; and has no side effects or contraindications. They also say that Reiki reduces many of the unwanted side effects of radiation and chemotherapy, including nausea and fatigue.

Since health care service in general and nursing in particular are industries with very high burnout rates, the benefits Reiki for practitioners cannot be underestimated. Reiki is just as easily incorporated into the clinical setting for a nurse as it is for a patient, allowing the nurse immediate stress relief and relaxation after just a few minutes of self-treatment on the job.

Perhaps most importantly, increasing research allows Western healthcare practitioners to see quantifiable data about the effects of Reiki on patients with a variety of conditions. The largest ongoing study of Reiki in the clinical setting continues to be conducted at Columbia/HCA Portsmouth Regional Hospital, Portsmouth, NH, where more than 8,000



surgical patients have been given pre- and post-surgery Reiki treatments. Reiki is incorporated into their admission procedure and is also administered during transport to surgery. Treatments are given by trained RNs, physical therapists, technicians and support staff.

Research results continue to be consistent. All the patients in this study who received Reiki had the need for less anesthesia, had less bleeding during surgery, used less pain medications, had shorter lengths of stay in the hospital, and indicated greater satisfaction with their hospital experience than other patients.

The Cross Cancer Institute in Edmonton, Canada, conducted a study on the effects of Reiki with 20 oncology patients in chronic pain. Study supervisors used both a VAS (visual analog scale) and Likert scale to measure pain before and after Reiki, and their conclusion was that Reiki greatly improved pain levels.

Other research with oncology patients shows that Reiki speeds up the elimination of toxins, improves immune response, helps manage side effects of chemotherapy and radiation, and

helps reduce the inevitable fear and anxiety that accompanies a cancer diagnosis.

The Section of Cardiology, Department of Internal Medicine, at Yale University conducted a study to determine if Reiki would improve Heart Rate Variability (HRV) in patients recovering from acute coronary syndrome. Reiki is an ongoing clinical program offered on Yale-New Haven Hospital cardiac units, so the Reiki therapists in this study were 5 Reiki-trained nurses already employed in that program. To compare Reiki to musical intervention and resting control, continuous electrocardiographic readings were obtained for 12 control, 13 music, and 12 Reiki patients. The change with Reiki was significantly greater than with music ( $p=0.007$ ) or resting ( $p=0.025$ ).

Several studies on Reiki and chronic illness indicate improvement in spleen, lymphatic and nervous system function in patients with multiple sclerosis, lupus, fibromyalgia and thyroid disorder, as well as better management of symptoms in patients with AIDS, chronic fatigue syndrome, and sleep disorders.

Research conducted at Hartford Hospital in Hartford, CT, showed that Reiki used during pregnancy reduced anxiety by 94 percent, reduced nausea by 80 percent, reduced pain by 78 percent, and improved sleep by 86 percent.

For end of life issues, hospice studies show that Reiki addresses physical and emotional symptoms while improving quality of life during palliative care. Reiki promotes deep relaxation, pain management, and relief from depression with less medication. It also facilitates release of anxiety, grief and fear, supporting positive emotional closure with loved ones and a calm, peaceful passing.

Clinicians have found that Reiki is equally safe and effective for children. At California Pacific Medical Center, one of California's largest hospitals, Dr. Mike Cantwell, a pediatrician specializing in infectious diseases, provides one to three hour-long Reiki sessions. Dr. Cantwell says, "I have found Reiki to be useful in the treatment of acute illnesses such as musculoskeletal injury, pain, headache, acute infections and asthma. Reiki is also useful for patients with chronic illnesses, especially those associated with chronic pain."



Literally from cradle to grave, patients in neonatal units, hospices, hospitals, nursing homes, surgical suites, organ transplant units, and other clinical settings are increasingly being



helped by Reiki, and as a result, Reiki is being incorporated into the clinical setting more and more.

“Incorporating Reiki with conventional healthcare not only assists with curing the curable, but also provides a solution for caring for the incurable. Because Reiki facilitates the body’s creative ability

to heal itself, dramatic healing shifts can occur when Reiki...is part of a medical treatment plan,” according to authors Libby Barnett and Maggie Babb.

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*Editor's Note: Congratulations to Equilibrium Energy + Education in their offering of Reiki Training with CE Hours for Nurses. In addition to a variety of Reiki and energy classes, they now offer 6 CE hours for Nurses for each Reiki Levels One and Two. Visit [www.equilibrium-e3.com](http://www.equilibrium-e3.com) for more information on all of their services and classes.*

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