

Reiki Research Review

Olson, K., Hanson, J. & Michaud, M. A Phase II Trial of Reiki for the management of pain in advanced cancer patients. *Journal of Pain and Symptom Management*. 2003, 26(5), p. 990-997.

This Canadian study grew out of the problems of effective pain management in late stage cancer sufferers. Multiple side effects are often generated by high dosages of opioids. In this thorough study comparing rest with Reiki, a Reiki practitioner was asked to give a traditional Usui Reiki treatment for 1.5 hours, in 18 specific areas of the patient's body. The other group simply rested. It is not clear whether the practitioner was a Reiki II or Master, as both terms were used in the paper. A research nurse was present during the treatments, and collected data before and after each one. The study was not blinded, as "sham" Reiki was not used, and patients would know which group they were in. However, of the 24 participants who gave written permission to be in the study, none (including hospital staff) knew which group they would be in until allocated at random.

The study had originally intended a sample size of over 50, but encountered problems due to the many people who demanded to be in the Reiki sample, as many were desperate to try anything to prolong their life given the advanced stage of their disease. The groups either received standard opioid pain management plus 1.5 hours rest, or standard opioid pain management plus Reiki which was received about an hour after their medication. Over seven days, measurements of pain ratings, blood pressure, heart rate and respirations were taken after the rest or Reiki treatments on days 1 and 4, and quality of life was also assessed on days 1 and 7. While considering the possibility of a placebo effect, the researchers did find significant decreases in heart rate and diastolic blood pressure on day one, and a greater improvement still on day four. However, the benefits did not seem to flow through to day 7. The researchers said that many of the participants were very close to the end of their life, and noted that future studies would recruit participants with a minimum of 5-6 months of life expectancy.

Commentary

This study seems to have been very well conducted, with permission from the relevant ethics committee, attempts to avoid confounding issues, good matching of the groups, and the use of standard, recognised measuring tools. Statistically significant benefits of Reiki are always good to see, and the fact that a benefit on days 1 and 4 was found in end-stage cancer patients is excellent. The authors say that ongoing Reiki treatments are now given by volunteers at the facility where patients were recruited.

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B. Nat Therapies, Adv. Dip. Naturopathy, Reiki master