



DEVELOPMENT NEWSLETTER

MARCH 2000 - Issue 5 - Sheet 1

The Umbrella Body for the Development of National Occupational Standards & Best Professional Practice of Reiki
PO BOX 261, Wembley, HAO 4FP email: enquiry@reikifed.co.uk website: <http://www.reikifed.co.uk>

Reiki and Research

by *Rosie Potter & Tamisha Sabrina*

One of the complaints often levelled at complementary therapists by those more confident in allopathic medicine is that the natural therapies are not adequately research based and lack proof of their effectiveness. This would seem to be a valid line of enquiry by any customer whether they be a private individual or a large organisation like the NHS or the Prison Services. Everyone wants to be assured that they are spending their resources wisely and effectively but how many of us are familiar with the research that has been carried out in Reiki and the current developments?

This issue concentrates on some of the scientific evidence behind Reiki, and research and audit recommendations. In view of the advice available, it would seem wise to include an understanding of audit in NOS practitioner training.

The UKRF is currently producing research summaries appropriate to the needs of the specialist service providers.

The Science Behind Reiki

What Happens in a Treatment?

Independent research by Dr Robert Becker and Dr John Zimmerman during the 1980's investigated what happens whilst people practice therapies like Reiki. They found that not only do the brain wave patterns of practitioner and receiver become synchronised in the alpha state, characteristic of deep relaxation and meditation, but they pulse in unison with the earth's magnetic field, known as the Schuman Resonance. During these moments, the biomagnetic field of the practitioners' hands is at least 1000 times greater than normal, and not as a result of internal body current. Toni Bunnell (1997) suggests that the linking of energy fields between practitioner and earth allows the practitioner to draw on the 'infinite energy source' or 'universal energy field' via the Schuman Resonance. Prof Paul Davies and Dr John Gribben in *The Matter Myth* (1991), discuss the quantum physics view of a 'living universe' in which everything is connected in a 'living web of interdependence'. All of this supports the subjective experience of 'oneness' and 'expanded consciousness' related by those who regularly receive or self-treat with Reiki.

Zimmerman (1990) in the USA and Seto (1992) in Japan further investigated the large pulsating biomagnetic field that is emitted from the hands of energy practitioners whilst they work. They discovered that the pulses are in the same frequencies as brain waves, and sweep up and down from 0.3 – 30 Hz, focusing mostly in 7 - 8 Hz, alpha state. Independent

medical research has shown that this range of frequencies will stimulate healing in the body, with specific frequencies being suitable for different tissues. For example, 2 Hz encourages nerve regeneration, 7 Hz bone growth, 10Hz ligament mending, and 15 Hz capillary formation. Physiotherapy equipment based on these principles has been designed to aid soft tissue regeneration, and ultra sound technology is commonly used to clear clogged arteries and disintegrate kidney stones. Also, it has been known for many years that placing an electrical coil around a fracture that refuses to mend will stimulate bone growth and repair.

Becker explains that 'brain waves' are not confined to the brain, but travel throughout the body via the perineural system, the sheaths of connective tissue surrounding all nerves. During a treatment, these waves begin as relatively weak pulses in the thalamus of the practitioner's brain, and gather cumulative strength as they flow to the peripheral nerves of the body, including the hands. The same effect is mirrored in the person receiving treatment, and Becker suggests that it is this system, more than any other, that regulates injury repair and system rebalance. This highlights one of the special features of Reiki (and similar therapies), that both practitioner and client receive the benefits of a treatment, which makes it very efficient.

It is interesting to note that Dr Becker carried out his study on a world-wide array of cross-cultural subjects, and no matter what their belief systems or customs, or how opposed to each other their customs were, all tested the same. Part of Reiki's growing popularity is that it does not impose a set of beliefs, and can therefore be used by people of any background and faith, or none at all. This neutrality makes it particularly appropriate to a medical or prison setting.

– *Tamisha Sabrina*

Research Advice

In July 1999 a group from the UK Reiki Federation attended a day on research facilitated by Andrew Vickers of the RCCM (The Research Council for Complementary Medicine – <http://www.rccm.org.uk>). The RCCM undertakes, promotes and evaluates rigorous research in complementary medicine to encourage safe and effective practice, and improve patient care. The following italics are extracts from recent publications.

Taken from: 'Advice for First Time Researchers – A Resource Pack' (February 1999)

The RCCM believes that research is extremely difficult to do well; you need resources and expertise but, most of all, it helps to have experience.

PLEASE PHOTOCOPY AND DISTRIBUTE FREELY

Many people who contact the RCCM believe they have research experience. They may site a student project, for example. Such work is often limited in scope: little student work manages to produce information about the world that is also new, reliable and useful. We usually define an individual as having research experience if they have published original research in a peer-reviewed, health-related journal.

Getting involved in research

There are three general ways in which practitioners can get involved in research.

- Practitioners can (and should) use the results of research to modify their own practice. They require a basic understanding of the research process in order to understand and evaluate published studies.
- Some practitioners study their own practice in order to improve the service they provide to their patients. This is generally known as "audit" and is a method of ensuring high quality care. The results of audits are often only relevant to the practice where the study was and are rarely published.
- A few practitioners wish to undertake original research which aims to answer a question of a general nature. Though this might be a question about the effectiveness of an intervention (e.g. does traditional acupuncture lead to greater improvements in migraine symptoms than usual GP care?), there are many other important types of question in health research: a survey would be one example. Undertaking original research is difficult and time consuming and requires the development of specialist skills.

..... Research has been likened to mountain climbing: first timers rarely get to the top without the guidance of an experienced individual. It is particularly useful for researchers to collaborate with someone based in an institution such as a medical school or university. Institutions have valuable resources, such as library facilities or statistical advice. Researchers without institutional support and advice often fail to bring research to a satisfactory conclusion.

What is audit and what can it do?

Taken from 'Clinical Audit and Complementary Medicine: Colloquium Report. April 1997.'

- Audit is defined by the DoH (Department of Health) as, "the systematic critical analysis of the quality of care, including procedures used for the diagnosis and treatment, the use the resources, and the resulting outcome on quality of life for the patient."
- Audit aims to improve the quality of care given to patients. It differs from pure research. Its emphasis is on change.
- Audit acknowledges the individual practitioner's ability to set appropriate standards of care.
- It is more likely to be successful if it focuses on the process of patient care rather than on outcomes.
- It is important to remember that audit itself is a process, in which we engage. Audit is not a goal to be reached.
- Audit provides a framework for setting and increasing adherence to national standards of good practice. Very few complementary medicine professions have explicit standards for good practice.
- GP's are looking for complementary practitioners who are able to say, "I understand the principles of Audit and would be prepared to work with you on this."

Note: All areas of the health service are audited as a matter of routine. This is why it is important that complementary practitioners understand the process and how to implement it.

Audit cannot be used to prove therapy effectiveness.

Practitioners often think that they can collect data on the health of their patients and use audit to investigate whether or not their therapy works. But audit is a very poor way of answering this question. Reliable evidence on effectiveness is best provided by clinical trials.

In contrast, audit is based on observation and answers a different type of question altogether. Audit asks, "am I doing what I should be doing?" and then "have these changes to my practice made me more able to do what I should be doing?" Audit depends upon existing knowledge: knowledge of what is effective; of what is considered good practice; of what benefits patients. It supplements effectiveness research. It is generally agreed that the first step is to find out what is effective. Only then can we use audit to help make sure this is being done.

Quote from National Institute for Clinical Excellence

"There has been much talk amongst health professionals about 'evidence based medicine' but it remains unclear what constitutes 'evidence', and who is best placed to determine 'best evidence'.

Taken from the PGACM Newsletter (Parliamentary Group for Alternative and Complementary Medicine) 'Health Focus – Issue 1 December 1999'

(The PGACM is an All-Party Parliamentary Group whose purpose is to stimulate debate and inform policy over the whole field of alternative and complementary medicine, and thereby to help to steer legislation in the right direction).

"The House of Lords Select Committee on Science and Technology has set up a Sub-Committee to prepare a report on complementary and alternative medicine. The Committee is to look at questions in six areas: evidence, information, research, training, regulation and risk, and NHS provision."

On 'Evidence' and 'Research', the PGACM comments as follows:

Evidence

Patients satisfaction and other measures of improved quality of life should be an important determinant of what is effective and available, as patients have their own perception about what is good (enough) evidence.

Orthodox methods have their place among a hierarchy of evidence and methodology. Randomised controlled trials can answer some questions in CAM (Complementary and Alternative Medicine), but in other cases they fail to measure what patients and therapists find important so different approaches must be sought

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Research

Research funding for CAM should be increased, whether by new money or a re-ordering of funding arrangements. This is a very high priority in evidence-based culture. Government should play its part, through its various arms; medical charities should be persuaded to contribute. Therapy bodies, as well as manufacturers, should do what they can.

Efficacy and safety are both important: the primary need is to evaluate in greater depth what works and for which conditions. An addition to any risk/benefit question there is a matter of cost-effectiveness in an NHS context.

We believe that patients should be well represented on bodies that set the research agenda to produce a better balance in all these areas.

Fundraising News

A 'Reiki Marathon' is taking place on Saturday 3rd June 2000 at THE HELIOS HEALTHY LIVING CENTRE, 63-71 COLLIER STREET, LONDON, N1 9BE (5 minutes walk from King's Cross Station) from 10am – 8pm. No running is involved, just lots of Reiki. We will be raising funds for The Elton John Aids Foundation plus the UK Reiki Federation. Come and support us on the day either as a Reiki practitioner giving treatments or as a donator (£5 donation for 20 min. Reiki treatment). Open to all, non-members and general public, so please tell any friends interested in Reiki. Please contact Josef Alberts on 020 8200 5897 or email nick@reikifed.co.uk for further info.

Another fundraising event is taking place on Saturday 29th April in Woodbridge, Suffolk. This will give local members of the UK Reiki Federation within Suffolk, Norfolk and Essex the chance to meet up, to share lunch and Reiki. Contact Rosie Potter at rosie@reikifed.co.uk or phone 01394 388863 for further details. Open to all, non-members welcome so please bring friends along who would like to try a Reiki treatment!

Study Workgroups

The organisation of the Spring Study Workgroups is underway with over 25 facilitators in Aberdeenshire, Bristol, Caithness, Derby, Durham, E. Sussex, Herts, High Peak, Lancs, Leicester, London, Morayshire, Northampton, Northants, Peterborough, Perthshire, Surrey, W. Midlands, W. Yorkshire & Wiltshire. The first workgroups will be concentrating on the Codes of Practice (Newsletter 3) – so if you haven't sent in your reply slips please do so as soon as possible. Members will receive updated Codes of Practice as soon as they are available.

Questions & Answers

INSURANCE - We are currently looking into practitioner insurance with H & L Balen and will keep you posted.

REFERRAL LIST - The referral list will not be in operation until our National Occupational Standards have been finalised and an accreditation system established.

MEMBERSHIP - The only membership currently available is our 'provisional' level. There are two membership periods now running from 1st Nov – 30th Sept & 1st April – 31st March.

Sharing Groups

Many of our members are feeling isolated and would like to meet other Reiki practitioners in their area. At members requests we have decided to run a Reiki Sharing Group Contact List. If you hold a sharing group that you would like to open up to the UK Reiki Federation membership please enclose your details in the reply slip below. Please note that this will be for internal distribution of members only. - *Nick Ioannou*

Next issues to include:

- National Consultation Study Workgroups
- Reiki Pioneers

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SHARING GROUPS Reply Slip - I would like to include my sharing group in the UK Reiki Federation contact list.

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|------------------------------|--------------------|
| Name: | |
| County: | City/Town: |
| Times: (e.g. 7.30pm alt Wed) | |
| Contact Telephone Number: | Membership Number: |

Non-members - to **receive the next newsletter** please send a stamped SAE to:
Newsletter Request, UK Reiki Federation, PO BOX 261, Wembley, HAO 4FP or e-mail: enquiry@reikifed.co.uk