

REIKI

THE SCIENTIFIC EVIDENCE



**UK REIKI
FEDERATION**

FOREWORD

This document is basically a unique catalogue both of clinical trials of Reiki and also of published articles about Reiki. New Reiki clinical trials are being published around the world every month, and they will be added into the document on an ongoing basis. This version that you are reading is the first public draft, and it is my intention to release a new and updated version every year.

(NB – Both the Contents listing and the majority of the trials and articles are hyperlinked. Just click on them!)

So, why is it valuable? I have the impression that very few people have actually done what I have done, namely to collate even some of the scientific evidence that is out there, in the world. Thus, this document, “Reiki – The Scientific Evidence”, should be read by anyone who has ever had any experience of the advantages and benefits that Reiki can bring to the health and lives of all of us.

To me – and this document supports the claim – “Reiki – The Scientific Evidence” should be essential reading for anyone who has any control over the decision making processes involved in delivering health care to our communities. Please draw it to their attention!

So, would you like to consider making a donation to the UK Reiki Federation in recognition of the work that has gone into this document? My predecessors and I have spent much time over the years to put the information together in this one document. If you would like donate, the banking details are as follows –

Bank – Co-operative Bank

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Please pay whatever you choose. All contributions will be most gratefully received by the UK Reiki Federation.

Thank you very much.

Ken Hill

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UK Reiki Federation

www.reikifed.co.uk

December 2017

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THE UK REIKI FEDERATION

Founded in 1999 with the aim of promoting standards of good practice for Reiki, the UK Reiki Federation, the largest Reiki professional associations in the UK, is a not-for-profit organisation providing support for Reiki professionals, non-Reiki professionals and to the public.

Members working under the title of the UKRF will share a loyalty to that title and for the protection of the public. The Aims & Objectives for which the Federation is established are for the purposes of support, education and training, and guidance in the professional practice of Reiki to the public.

Our Aims and Objectives:

- To federate individuals who are face to face attuned to Reiki and who practise Reiki on a professional basis.
- To promote best practice in the delivery of Reiki to the public and to provide a form of recourse.
- To provide advice, support and an information network to the Reiki community, to professionals who work with/alongside Reiki and to the general public.
- To support and encourage professional standards of training for Practitioners of Reiki.
- To help provide information on research.
- To have a voice within the field of Reiki through which to instigate and maintain a dialogue with relevant external agencies.
- To provide details of and to promote mutual understanding, communication and good relations between different styles, systems and schools of Reiki with Usui lineages, within the UK and internationally.
- To maintain a Register of Practitioner and Teacher Members.

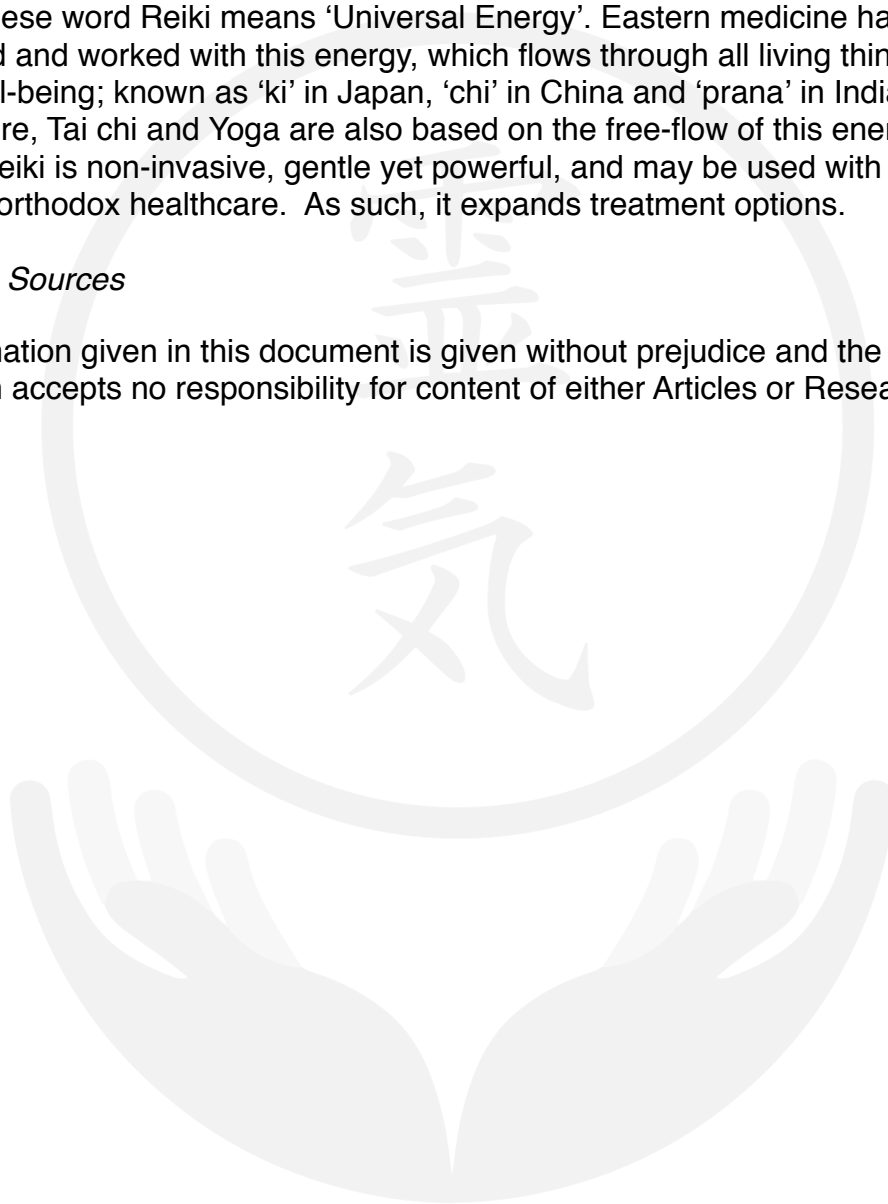
WHAT IS REIKI?

Reiki is a natural healing energy activated by intention. It works on every level, not just the physical. The practice of Reiki is an original method of healing, developed by Mikao Usui in Japan early in the 20th century.

The Japanese word Reiki means ‘Universal Energy’. Eastern medicine has always recognised and worked with this energy, which flows through all living things and is vital to well-being; known as ‘ki’ in Japan, ‘chi’ in China and ‘prana’ in India. Acupuncture, Tai chi and Yoga are also based on the free-flow of this energy in a person. Reiki is non-invasive, gentle yet powerful, and may be used with confidence alongside orthodox healthcare. As such, it expands treatment options.

Reference Sources

The information given in this document is given without prejudice and the UK Reiki Federation accepts no responsibility for content of either Articles or Research Papers.



REIKI – THE CHALLENGE OF RESEARCH – 1

As the popularity of Reiki as a therapy increases and more practitioners become interested in working in the statutory sector, so does the requirement for evidence as to Reiki's efficacy, especially amongst the medical and scientific professions.

What are the problems that a practitioner is likely to encounter if interested in conducting some form of research?

On a practical level, the majority of practitioners do not have the necessary training in research. Neither do they have access to the funding required to undertake such research or have the appropriate connections with the relevant institutions.

There is also a reluctance on the part of the practitioner to involve their clients in anything less than the individual, caring and holistic treatments they would normally deliver. The nature of some research studies can withhold choice, where treatments are identical; may involve manipulation and randomisation; and possibly even cause negative experiences. By looking at the fundamental differences between eastern and western philosophies and the way they are applied to allopathic and complementary medicine we can begin to understand the possible difficulties for the practitioner/researcher.

Allopathic treatments on the whole tend to be symptom-based and depend heavily on pharmaceutical intervention, the patient taking a passive role. In the east and those trained in complementary therapy, all aspects of the individual and the interconnectedness of such are considered to be of great importance. Reiki is an holistic therapy and as practitioners we care about our clients and their well-being. Our clients are treated as individuals and are encouraged to become actively involved in their health and to take responsibility for this. Any treatments that would deny client choice, damage practitioner/client relationships, withhold an intervention or be considered unsafe are not in keeping with holistic/eastern philosophies. Our clients have freedom of choice with regards to practitioner and/or methods of treatment which promotes a sense of independence. Eastern/complementary practices encourage harmony, respect and individuality which in turn empowers the client.

There have been and are increasing amounts of literature available on Reiki but many are case-studies or practitioners' anecdotal evidence. These are of course quite valid, but would not however, stand up to scientific scrutiny as the methods are not easy to repeat or draw conclusions from. As practitioners we have reams of anecdotal evidence of the success of Reiki. Our observations and accounts have noted reductions in pain and stress; Reiki producing a deep sense of relaxation and well-being in the receiver; plus healing on physical, psychological, emotional and spiritual levels.

In the last few years, there have been some pioneering studies done on Reiki which have been generally in support of the therapy but have been largely inconclusive and lack the rigors of randomised placebo controlled trials. Three studies which are worth mentioning are:

Thornton L.C. – *A Study of Reiki – An energy field treatment, using Rogers' Science 1996.*

Wetzel 1989 – *measuring the haemoglobin and haematocrit values of 48 adults before and after Reiki training and comparing the results to those of 10 healthy medical professionals.*

Olson et al. (1997) *measured the effects of Reiki on pain perception with a convenience sample of 20 volunteers with moderate pain*

The challenge of future research is to capture the holistic effect of Reiki. An early study by the Mansour research group in 1998 was successful in showing how the physical, psychological and spiritual levels of those receiving Reiki improved. The findings confirmed many of the anecdotal reports including Reiki being cumulative in effect.

Rosie Andersen, UKRF/February 2001

REIKI – THE CHALLENGE OF RESEARCH – 2

In 1999 the Mansour research team, having found no studies that evaluated standardisation procedures between real and placebo Reiki, decided that this intermediate step was imperative before proceeding to the planned full-scale project. From a research point of view the findings of the feasibility study have major implications showing their design is the only way to rule out the non-specific effects of a treatment. It is hoped that this will encourage others to develop strong and rigorous designs in studying alternative therapies. The full project will be to investigate the effects of Reiki on the level of anxiety, physical problems, spiritual well-being, and complete blood counts in breast cancer patients undergoing their initial (AC) chemotherapy.

Research Review

The effects of Reiki on pain and selected affective and personality variables of chronically ill patients. - Dressen Linda J. & Singg S. – Subtle Energies & Energy Medicine, Vol 9(1)51-82

It has been reported by those in the mental health profession that Reiki used in psychotherapy has had positive results. Barnett & Chambers state, “Reiki accelerates the process of psychotherapy by eliciting additional insights regarding the client’s situation as well as by allowing the emotional residue to gently release from the body’s cells.” (*Reiki Energy Medicine: Bringing Healing Touch into Home, Hospital and Hospice – Healing Arts Press, Rochester. VT 1996*).

The small amount of studies conducted on Reiki have tended to concentrate on physiological conditions. This study by Dressen & Singg is unusual in that it also considers in addition to the effects on pain, the improvements within patients on their mental and spiritual well-being in particular, the effects on anxiety, depression, self-esteem and faith in God. This was achieved by comparing Reiki, progressive muscle relaxation (*Jacobson’s model*), the control (no therapy) and the placebo (false Reiki); the participants consisting of 120 volunteers, 48 men and 72 women. The results indicated that Reiki is an affective modality in reducing pain in chronically ill patients. The study was also effective in showing positive changes in personality after Reiki treatment

- decrease in anxiety
- increased self-esteem
- enhanced faith in God
- a positive shift towards a sense of personal control

The largest treatment effect was with depression and here it was found that Reiki substantially reduced this, particularly with the male participants who initially presented more depression through their chronic illness.

An interesting outcome of this study was in the effects of Reiki on gender. Women often have a stronger support system around them, e.g. friends, children, neighbours, etc., find less difficulty in expressing feelings and receiving touch from others. They therefore coped better with pain showing a reduction in their level of depression. Men are encouraged to be strong, resilient, non-emotional and self-reliant without the need for comfort which in turn reflected in their capacity to deal with pain, intensifying the depression. There is a fundamental human need for unconditional touch. Culturally we are reserved and withdraw from touch where it is often viewed as invasive, violent or sexual. Amongst men in our society, touch is commonly seen as negative. The results of this study presented the thought that Reiki, being non-invasive, unconditional and spiritual may satisfy a deep need within the male psyche for non-violent and non-sexual touch.

In a report by Horton, Clance, Sterk-Elifson and Emshoff, they concluded that appropriate touch with those in need, may promote trust and communicate acceptance, thereby enhancing self-esteem. It is interesting to note that from a study by Willson & Mason in reviewing touch in therapy, both men and women were more comfortable receiving touch from woman – the Reiki masters involved in the Dressen & Singg study were all woman.

Rosie Andersen, UKRF/February 2001

THE SCIENCE BEHIND REIKI

What Happens in a Treatment?

During the 1980's, Dr Robert Becker, Dr John Zimmerman, and Max Cade each investigated what happens whilst people perform therapies like Reiki. They found that not only do the brain wave patterns of practitioner and receiver become synchronised in the alpha state, 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.

Both 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 homeostasis. 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 both Becker and Cade carried out their research on a 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 setting.

**For an extensive review of this research see J Oschman 'Energy Medicine', pub. by Churchill Livingstone, 2000.*

Reiki Induces Meditative State

Zimmerman's studies show that the brain wave patterns of practitioner and receiver are not only synchronised in the alpha or theta state, but become left-right balanced, both indicators of deep relaxation and meditation. This experience is typical of Reiki. The effects of regular meditation on health have been extensively studied at more than 200 universities, hospitals, and research institutions in 27 countries. The most important contribution to health appears to be in primary prevention. Over a 5 year period, meditators consistently had fewer than half the number of doctor visits and days in hospital, compared with controls. Hospital admission rates for medical and surgical conditions were 60-70% less in the meditating group, with 87% less for diseases of the heart and blood vessels, 55% less for tumours, 73% less for respiratory disorders, 87% less for neurological problems, and 30% less for infections. Notably, the meditating group showed relatively little increase in need for healthcare with increasing age, whereas this trend was clearly seen in controls, as would normally be expected. Further studies showed effective relief from stress, a significant reduction in use of alcohol, cigarettes and non-prescribed drugs, and a significant reduction in medical expenditure.

Although the above studies are not directly about Reiki, they do show the positive effects of regular meditation, the state known to be induced by Reiki, and are consistent with the reported benefits. They also support the purported holistic nature of this type of therapy, that is, it works to achieve overall balance and wellbeing rather than being symptom specific.

It is perhaps worth mentioning that those who receive Reiki regularly seem to find it easier to meditate than before. Most probably the treatments provide an example of 'body learning', whereby repeated exposure to the alpha or theta states makes it easier to achieve by oneself.

Therapeutic Touch

Therapeutic Touch is a form of laying-on hands 'energy' therapy specifically adapted by Krieger and Kunz for use by nurses in a medical setting. Like Reiki it is not practised within a religious context, and requires no faith or belief by either practitioner or patient. TT has been taught, researched and widely practised by nurses in US since the mid-1970s, and is now endorsed by the National League for Nurses. It has a growing interest in the UK, and is taught and researched by the

Didsbury Trust in nursing schools, post-basic education departments, and nursing development units. Sayre-Adams, Senior Tutor at the Trust says of TT, *'Nurses are drawn to it because it is safe, uses only the hands, and allows practitioners to capture the essence of nursing, an essence many believe has become lost amid high technology medical care. Managers are drawn to it because of the possibility of cutting costs... It is of greatest value in degenerative disease in that pain and anxiety can be reduced. It is also found to be of great comfort in the dying process.'*

Research Highlights

An elegantly designed experiment by Wirth et al. (1993) shows that Reiki significantly reduces post-operative pain following the surgical extraction of impacted wisdom teeth. The study utilised a 'randomised, double-blind, within subject, cross-over' design, which will be further explained. 28 dental patients each received two separate operations for the removal of their teeth, only one of which received Reiki in addition to standard medication for pain relief. 15-20 minutes of Reiki was provided from a distance, with neither the patient nor the independent statistician being aware that this was the focus of the experiment. They all thought the effect of the medication was being tested. The reduction in pain provided by Reiki was therefore neither a placebo nor the result of personal interaction with the patient.

An earlier study by Wirth (1990) on Therapeutic Touch, a therapy very similar to Reiki, examined the healing rates of a punch-biopsy on 46 volunteers. The experimental method was similarly sound, being randomised, double-blind and placebo-controlled. The volunteers were randomly split into two groups, only one of which received a daily 5 minute session of TT for a total of 16 days. Each participant was isolated in an empty room and passed their arm through a sleeved hole into an adjoining room. The experimental group received non-contact TT, whereas the controls received nothing. Neither the participants, the physician who performed the biopsies, nor the technician who measured the wounds were aware that the study involved TT. All thought that the bio-electric properties of healing were being monitored, thus ensuring that suggestion and placebo effects were nil. The size of the wound was measured on the day of the biopsy, and again on days 8 and 16. Day one was identical for all. Day 8 showed an average wound size ten times smaller in the TT group than in the controls, and by day 16 almost half the wounds of the TT group had completely

healed, whereas none had in the controls. Average size of the treated wounds was then 0.418 mm² compared with 5.855 mm². This showed that TT significantly assists wound healing.

A pilot study by Hartwell and Brewitt (1997) explored an ingenious method to investigate the effects of Reiki. A small group of chronically ill patients were given eleven, weekly, one-hour Reiki sessions, during which period no other new allopathic or complementary treatments were received. The electrical skin resistance of each patient was measured at a large number of conductance points on the hands and feet, using a Life Information System TEN (LISTEN) device. All patients were

measured three times: before the first session, and after sessions 3 and 11. Three test points showed highly significant differences before and after Reiki. These acupuncture / meridian points correlate with the spleen, adrenal glands, and cervical, thoracic region of the spine. Together they might be termed representative of the neuroendocrine-immune system. The greatest change was seen in the spinal readings which started on average 25% below normal and gradually improved to within the optimal range. Following Reiki all patients experienced a reduction in pain, and an increase in relaxation and mobility. Schlitz & Braud (1985) used biofeedback devices to measure the galvanic skin response (GSR) of people receiving distant Reiki. Stress is measured as skin resistance. There was a greater effect with subjects who had a high GSR and were stressed.

In 1997, Dr Olson, coordinator of Nursing Research, and Dr Hanson, research scientist at the Cross Cancer Institute in Edmonton, USA conducted some preliminary research into the usefulness of Reiki as an adjuvant to opioid therapy in the management of pain. Since high doses of opioids frequently aggravate other common symptoms of cancer patients, they wished to explore nonpharmaceutical adjuvants that might allow control of cancer pain with lower doses of opioids. Patient perception of pain was measured using two standard tests immediately before and after the Reiki treatment. Both tests showed a highly significant reduction in pain following Reiki, and a further, more extensive study is now underway.

Samarel (1992) conducted a thorough investigation into the patient's experience of receiving Therapeutic Touch, using a qualitative approach with one open-ended interview followed by a second to clarify details. It was felt that this would best reveal the multidimensional nature of the therapy and its simultaneous impact on the physiological, mental/emotional, and spiritual aspects of life. Patients recalled focusing on unmet needs in all three areas prior to treatment, in particular physical discomfort. During the course of TT, there was a change in focus from negative to positive experiences, and from physical dimensions to more mental/emotional ones, especially relationships and roles. Finally, following treatment, experiences emphasised the spiritual dimension, referring to such things as spiritual love and faith. A typical example is, *'It seemed as if the pain was the most important reason I sought TT. But now it's not the pain that's important. I mean I have less pain, but what's really important is how I feel as a whole person.'* Samarel summarised the results in the following way: *'The lived experience of TT is a dynamic, multidimensional experience of developing awareness and personal change leading to resonating fulfilment.'*

Leading Edge Research in China

Over the last ten years, 'qi' or 'ki' energy has been studied at leading universities and scientific institutions in China. Quantum physicist Dr Yan Xin has spearheaded the research. Not unexpectedly, it seems that the physiological changes that occur during the 'ki state' mirror those of regular meditation, as do the health benefits. Of note is the use of ki energy for pain control through its potential to produce enkephalin in the brain and intestinal walls, and excite the body's morphine receptors to accept the enkephalin easily.

Experiments using 'external qi emissions', similar to sending distant Reiki, have been shown to affect the molecular properties of RNA and DNA, and various biochemical processes. This has led to an innovative collaboration between science and the pharmaceutical industry, in which ki is used to improve the production of antibiotics. In 1990, final formal certification of the process concluded that 1) ki methods can improve the properties of certain antibiotic bacteria, optimizing the selection process; 2) through the methods of mass production ki can save large amounts of raw material; 3) ki can shorten the production period; 4) the efficacy of medicines are improved using ki; and 5) ki can increase production yields. No harmful effects of any kind were found to occur to humans or the environment using these methods.

In summary of the Chinese research, Dr Yan Xin concludes that ki is known to have properties of matter, energy and information. At the same time, according to different purposes of the experiments, ki can also display different attributes, such as being bi-directional, distance-transcending, self-controllable, reversible and targeting. He comments, 'Currently, due to the difficulty in monitoring and investigating qi phenomena, qi-related research is still superficial and limited in scope. At best we can measure only a tiny fraction, or an extremely small portion of the qi phenomena. The major portion of the qi phenomena remains to be investigated.' 'Qi needs science to resurrect itself, and through the process of resurrection and renewal, qi will enable science to make a great leap forward.'

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The Science Behind Reiki: Healing through 'The Field' by Caroline Anson, Ph.D.

According to McTaggart (2001: 26), "A field is a matrix or medium that connects two or more points in space, usually via a force, like gravity or electromagnetism".

Understanding how the Field impacts on energy medicine means understanding:

- that the communication of the world occurs at sub-atomic levels, rather than in the realm of the visible cells and DNA (the building blocks of all living systems) communicate through frequencies
- the brain perceives and makes its own record of the world in pulsating waves

- there is a substructure that underpins everything, records everything, and enables everything to communicate with everything else
- people are not separate from this substructure, but contribute through our consciousness
- this consciousness has largely untapped, incredible healing powers for ourselves, our fellow humans, up through all levels to the larger living system that is our planet

(McTaggart, 2001: 294)

In attempting an explanation of the science behind Reiki, this Field, the underlying substructure of the universe, enables us to explain Reiki through the science of energy medicine, as explained by Oschman (2001: 2):

"We now know that the living organism is designed to both adapt and to utilize many different kinds of forces, and that healing processes involve the operation of many

kinds of communications. There is no single 'life force' or 'healing energy.' Instead there are many systems in the body that conduct various kinds of energy from place to place. Different energetic therapies focus on different aspects of this multiplicity, and each of these human energy systems work."

Looking at a science of Reiki from this point of view means taking on board the fact that to be wholly effective in the practitioner/client relationship we need to be able to develop a healthy distance as to the outcomes. Between what we believe the client might need (acknowledging the fact that we may never diagnose), and what the client's energy field is demanding for itself, there lies a space that is wholly clear and resonates with the Field. This space enables the client to draw on the most appropriate healing energies through the medium of the Reiki practitioner. Martin (2001) describes the relationship thus:

"The key point here is that the energy is passing through the healer first. This means that the energy must not be blocked by the healer's body and energy system. If it is, it will not reach the client. The path of invocative healing [where the healer allows energy to be drawn through their body to heal the client] is one of self-healing. The healer's effectiveness depends upon their ability to call in a broad spectrum of energy, which in turn depends on their level of self healing and openness. Most "pure" invocative healers believe that the client is the one drawing the energy through them."

Seeking to understand where we as individual practitioners fit in within such a diverse and complex living system is one of the defining purposes of the UK Reiki Federation Research Workgroup. We invite anyone who feels they have something to contribute in this area to contact in the first instance the UK Reiki Federation Secretary at enquiry@reikifed.co.uk

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UK Reiki Federation Founder Member**

OTHER POSSIBLE REFERENCE SOURCES

There are a number of sources of research information conducted in the area of Reiki.

In no special order, the first that I would suggest the researcher examine is Google Scholar.

- There are several ways to access it, and the first is to go to the Home page of Google and enter “Google Scholar” in the search window. Google Scholar will appear at the top of the next page: click on it, and the Google Scholar Home page will then appear. Whatever you’re seeking (e.g. Reiki and Cancer), enter it in the search window and press Return.
- Another way to access it is to go to the Home Page of Google. Next to the Sign In button at the top right hand corner of the screen is a small block of nine grey squares, three rows of three squares, one on top of the other. Click on the block, and Google Scholar will be found either in the drop down window that then appears, or by clicking on “More” or “Even more” at the foot of that window.

Next is Clinicaltrials.gov. This is a service of the U.S. National Institutes of Health. It is a registry and results database of publicly and privately supported clinical studies of human participants conducted around the world. It can be found on the website www.clinicaltrials.gov, and currently (January 2017) lists 234,224 studies with locations in the USA and in 195 other countries around the world.

Pamela Miles is a New York City-based Reiki therapist with many years of experience behind her. On her website, www.reikiinmedicine.org, can be found a list of medical papers that have been published in medical journals. Go to the foot of the Home page and on the Free Resources section, click on Medical Papers.

The International Center for Reiki Training (ICRT) has a website, www.reiki.org; they also have another called the Center for Reiki Research, www.centerforreikiresearch.org. To access the mine of information on the second website you will need to open an account, a simple procedure requiring only a username and a password.

A further fine source of published papers is the USA’s National Center for Biotechnology Information (NCBI). Their website is www.ncbi.nlm.nih.gov. No account is needed for access to this website.

ADDICTIONS

Research

<i>Title</i>	<i>Authors</i>	<i>References</i>	<i>Comment</i>
<u>The Benefits of Reiki Treatment in Drug & Alcohol Rehabilitation Programs</u>	Milton G, Chapman E	Pathways to healing: Enhancing Life Through Complementary Therapies, Conference Proceedings 1995 September; 24-25. Canberra. Royal College of Nursing.* (11 pages)	Monash University, Victoria
<u>Reiki as intervention in Drug and Alcohol Withdrawal and Rehabilitation</u>	E Chapman and G Milton	Reiki as intervention: Paper delivered by Eileen Chapman and Geraldine Milton at the BRAVE NEW WORLD, WFTC 21st World Conference. Carlton Crest, Melbourne. 17th-22nd February, 2002. (11 pages)	A study on the effects of provision of Reiki treatments to clients experiencing withdrawal symptoms over a ten year period at the Windana Society Drug and Alcohol withdrawal centre in Melbourne. The study cites effective alleviation of the physical and psychosocial stresses occurring during withdrawal and recovery.

CANCER

Research

Title	Authors	References	Comment
<u>National guidelines for the use of complementary therapies in supportive and palliative care.</u>	Tavares, M. (2003).	London: The Prince of Wales's Foundation for Integrated Health	http://www.nice.org.uk/nicemedia/pdf/csgspmanual.pdf
<u>Pilot Crossover Trial of Reiki Versus Rest for Treating Cancer-Related Fatigue</u>	Kathy Tsang, Linda E Carlson & Karin Olson	Integr Cancer Ther 2007; 6; 25 DOI 10.1177/153735406298986	http://ict.sagepub.com/cgi/content/abstract6/1/25
<u>Reiki as a clinical intervention in oncology nursing practice</u>	Bossi M, Ott MJ, Decristofaro S	Clin J Oncol Nurs 2008 Jun; 12(3): 489-94	PMID 18515247 http://www.ncbi.nlm.nih.gov/pubmed/18515247
<u>Reiki effects on pain and quality of life in advanced cancer patients.</u>	Royal Pharmaceutical Society of Great Britain 2004	Focus on Alternative & Complementary Therapies, 9; 138-140	Doi: 10.1211/fact.2004.00103
<u>Subsidized Complementary Therapies for Staff & Volunteers at a Regional Cancer Centre: a Formative Study</u>	Wilson, K, Ganley A, Mackereth P & Roswell V (2007)	European Journal of Cancer Care 16, 291-299	
<u>The increasing use of Reiki as a complementary therapy in specialist palliative care</u>	Burden B, Herron-Marx S, Clifford C	Int J Palliat Nurse 2005 11(5):248-53	PMID: 15944500 (PubMed – indexed for MEDLINE) http://www.ncbi.nlm.nih.gov/pubmed/15944500
<u>Therapeutic pluralism? Evidence, power and legitimacy in UK cancer services</u>	Broom, A & Tovey, P (2007)	Sociology of Health & Illness : 551-569	DOI: 10.1111/j.1467-9566.2007.01002.x http://onlinelibrary.wiley.com/doi/10.1111/j.1467-9566.2007.01002.x/abstract

The UK Reiki Federation

<p><u>Using Reiki to manage pain: a preliminary report.</u></p>	<p>Olson, K. & Hanson, J. (1997).</p>	<p>Faculty of Nursing and International Institute for Qualitative Methodology (K.O.), University of Alberta; Alberta Cancer Board (J.H.); and Cross Cancer Institute (M.M.), Edmonton</p>	<p><i>PMID: 9765732 (PubMed – indexed for MEDLINE)</i> <i>http://www.ncbi.nlm.nih.gov/pubmed/9765732</i></p>
<p><u>Integrative Reiki for Cancer Patients: A program evaluation</u></p>	<p>Kimberly A. Fleisher, Elizabeth R. Mackenzie, Eitan S. Frankel, Christina Seluzicki, David Casarett, Jun J. Mao</p>	<p>Integrative Cancer Therapies January 2014 vol. 13 no. 1 62-67</p>	<p><i>Previously published October 2013</i></p>
<p><u>Symptomatic improvement reported after receiving Reiki at a cancer infusion center</u></p>	<p>Marcus DA, Blazek-O'Neill B, Kopar JL.</p>	<p>American Journal of Palliative Care, 2013 Mar;30(2):216-7</p>	<p>doi: 10.1177/1049909112469275. Epub 2012 Dec 5.</p>
<p><u>The effects of Reiki therapy on pain and anxiety in patients attending a day oncology and infusion services unit</u></p>	<p>Birocco N, Guillame C, Storto S, Ritorto G, Catino C, Gir N, Balestra L, Tealdi G, Orecchia C, Vito GD, Giaretto L, Donadio M, Bertetto O, Schena M, Ciuffreda L.</p>	<p>American Journal of Palliative Care, 2012 Jun;29(4): 290-4</p>	<p>doi: 10.1177/1049909111420859. Epub 2011 Oct 13</p>
<p><u>The application of techniques of Reiki, Therapeutic Touch and Healing Touch in cancer: a systematic review</u></p>	<p>Motta Pedro, Monezi Ricardo, Andrade Andre, Felice de Barros Nelso</p>	<p>European Journal of Interactive Medicine, Volume 4, Supplement 1, September 2012, Page 132</p>	
<p><u>An exploratory study of Reiki experiences in women living with cancer</u></p>	<p>Dr Maxine Stead, Prof Marilyn Kirschbaum, and Dr Serena McCluskey</p>	<p>University of Huddersfield Repository 2015</p>	<p>British Psychosocial Oncology Annual Conference, 12 & 13 March 2015, Leeds, UK. (Submitted)</p>

Reiki – The Scientific Evidence

<u>Reiki/Energy Healing in Prostate Cancer</u>	Joan Fox, The Cleveland Clinic	ClinicalTrials.gov, USA 2012	ClinicalTrials.gov Identifier NCT00065208
<u>Patient Care Report - Solaris Centre, Perth SCGH Brownes Cancer Support Centre Patient Care Report</u>	Dr David Oliver, Dr Donald McDermid, Karen Wallis, Joanne O’Leary, and Manish Joshi	Western Australian Centre for Cancer and Palliative Care, Edith Cowan University, Churchlands, Western Australia August 2004	Reiki Australia Research www.reikiaustralia.com/research
<u>Integrative Reiki for cancer patients</u>	Fleischer KA, Mackenzie ER, Frankel ES, Seluzicki C, Casarett D, Mao JJ	University of Pennsylvania, PA, USA 2014	PubMed <u>Integr Cancer Ther.</u> 2014 Jan;13(1):62-7. doi: 10.1177/1534735413503547. Epub 2013 Oct 7.
<u>Using mixed methods for evaluating an integrative approach to cancer care: a case study</u>	Brazier A, Cooke K, Moravan V	School of Nursing, University of British Columbia, Canada. alison.brazier@nursing.ubc.ca	PubMed <u>Integr Cancer Ther.</u> 2008 Mar;7(1):5-17. doi: 10.1177/1534735407313395.
<u>Effectiveness of Cancer Guides a study of an integrative cancer care training program for health professionals</u>	Staples JK, Wilson AT, Pierce B, Gordon JS	Center for Mind-Body Medicine, Washington, DC, USA.	PubMed <u>Integr Cancer Ther.</u> 2007 Mar;6(1):14-24.
<u>A community of healing: psychosocial functions of integrative medicine perceived by oncology patients/survivors, healthcare professionals, and CAM providers</u>	Kakai H	Department of International Communication, School of International Politics, Economics and Communication, Aoyama Gakuin University, 4-4-25 Shibuya, Shibuya-ku, Tokyo, Japan. Electronic address: hisako.aloha@gmail.com	PubMed <u>Explore (NY).</u> 2013 Nov-Dec;9(6):365-71. doi: 10.1016/j.explore.2013.08.002.
<u>Symptomatic improvement reported after receiving Reiki at a cancer infusion center</u>	Marcus DA, et al	Am J Hosp Palliat Care. 2013 Mar; 30(2):216-7. doi: 10.1177/1049909112469275. Epub 2012 Dec 5	

<p><u>2007 Pilot Crossover Trial of Reiki Versus Rest for Treating Cancer-Related Fatigue</u></p>	<p>Tsang, K. L., et al</p>		<p>Fatigue is an extremely common side effect experienced during cancer treatment and recovery. This research examined the effects of Reiki on fatigue, pain, anxiety, and overall quality of life. Promising results indicate that future research should further investigate the impact of Reiki on patients receiving treatment for cancer.</p>
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General Articles

Title	Authors	References	Comment
<p><u>Reiki & A Cancer Survivor</u> <i>(Added in 2017)</i></p>	<p>Diane Radliff, Buck Cancer Foundation</p>		

CARDIAC

Research

Title	Authors	References	Comment
<u>Effects of Reiki on autonomic activity early after acute coronary syndrome.</u>	Friedman RS, Burg MM, Miles P, Lee F, Lampert R.	J Am Coll Cardiol. 2010 Sep 14;56(12):995-6.	
<u>Effects of Reiki on Painful Neuropathy and Cardiovascular Risk Factors</u>	Taubman Center, Ann Arbor, Michigan, USA Sponsor - <u>National Center for Complementary and Integrative Health (NCCIH)</u>	ClinicalTrials.gov Identifier: NCT00010751	PubMed 2006
<u>Effects of Reiki on Autonomic Activity Early After Acute Coronary Syndrome</u>	Rachel S.C. Friedman, Matthew M. Burg, Pamela Miles, Forrester Lee, and Rachel Lampert	J. Am. Coll. Cardiol. 2010;56;995-996 doi:10.1016/j.jacc.2010.03.082	http://content.onlinejacc.org/cgi/content/full/56/12/995

DEMENTIA

Research

<i>Title</i>	<i>Authors</i>	<i>References</i>	<i>Comment</i>
<u>The Effects of Reiki, a Complementary Alternative Medicine, on Depression and Anxiety in the Alzheimer's and Dementia Population</u>	M. Deborah Salach, San Francisco State University	A thesis submitted to the faculty of San Francisco State University In partial fulfillment of the requirements for the degree Master of Arts In Gerontology	Reiki Australia www.reikiaustralia.com.au/files/research
<u>Using Reiki to decrease memory and behavior problems in mild cognitive impairment and mild Alzheimer's disease.</u>	Crawford SE, Leaver VW, Mahoney SD. Passamaquoddy Tribe at Pleasant Point, Perry, ME, USA.	J Altern Complement Med. 2006 Nov;12(9): 911-3.	phadrus@ptc-me.net

General Articles

<i>Title</i>	<i>Authors</i>	<i>References</i>	<i>Comment</i>
<u>Treating Alzheimer's Disease with Reiki</u>	Sylva, Theresa	Reiki News Magazine 2002, 39	

DEPRESSION

Research

<i>Title</i>	<i>Authors</i>	<i>References</i>	<i>Comment</i>
<u>Effects of Reiki Treatment on Anxiety and Depression: A randomized control trial</u>	Vera A Porter, ThD, PhD, David A Eicher, PhD and Nanci Avitable, PhD	Wholistic Healing Publications, Volume 12, No 2, May 2012	http://www.wholistichealingresearch.com/122.porter.html
<u>Long-term effects of energetic healing on symptoms of psychological depression and self-perceived stress.</u>	Shore, A.G. (2004).	Journal of Alternative and Complementary Medicine, 11(3), 569-574. 48	
<u>Effects of Reiki on Anxiety, Depression, Pain, and Physiological Factors in Community-Dwelling Older Adults</u>	Pauline M Wilson, BA, CRM	Research in Gerontological Nursing, Volume 3, Number 3, 2010.	http://www.geronuseresearch.com/view.asp?rID=66065
<u>A Randomised Controlled Single-Blind Trial of the Efficacy of Reiki at Benefitting Mood and Well-Being</u>	Deborah Bowden, Lorna Goddard, and John Gruzelier	Hindawi Publishing Corporation Evidence-Based Complementary and Alternative Medicine Volume 2011, Article ID 381862 8 pages doi: 10.1155/2011/381862	Reiki Australia www.reikiaustralia.com.au/files/research

DISTANT HEALING

Research

Title	Authors	References	Comment
<u>The efficacy of 'distant healing': a systematic review of randomised trials</u>	Astin, J.A., Harkness, E. & Ernst, E. (2000).	Annals of Internal Medicine 132: 903-910.	

General Articles

Title	Authors	References	Comment
Effects of Reiki and Body Magnets in Distant Healings of the Chakra System	McCartney, Francesca		<i>(This is available only as a downloadable pdf file.)</i> http://www.intuitionmedicine.com/academy/pdfs/McCartney-Distance-Healing.pdf

ENERGY

Research

Title	Authors	References	Comment
<u>Reiki: review of a biofield therapy history, theory, practice and research.</u>	Miles, P. & True, G. (2003).	Alternative Therapies 9(2): 62-72.	Reiki Australia http://reikiinmedicine.org/pdf/alt_therapies_reiki.pdf
<u>An Integrative Review of Reiki Touch Therapy Research</u>	Anne Vitale, MSN, APRN,BC	2007 Continuing Education	Reiki Australia www.reikiaustralia.com.au/files/research/anne-vitale-2007.pdf
<u>Practicing Reiki does not appear to routinely produce high-intensity electromagnetic fields from the heart or hands of Reiki practitioners</u>	Baldwin AL, Rand WL, and Schwartz GE	Laboratory for the Advances in Consciousness and Health, Department of Psychology, University of Arizona, Tucson, AZ 85724, USA. abaldwin@u.arizona.edu	PubMed <u>J Altern Complement Med.</u> 2013 Jun; 19(6):518-26. doi: 10.1089/acm.2012.0136. Epub 2012 Dec 4.
<u>Enhanced Coherence Within the Theta Band Between Pairs of Brains Engaging in Experienced Versus Naïve Reiki Procedures</u>	Ventura AC, and Persinger MA	Human Development Program, Laurentian University, Sudbury, Ontario, Canada	PubMed <u>J Altern Complement Med.</u> 2014 Aug; 20(8):649-53. doi: 10.1089/acm.2012.0909. Epub 2014 Jun 26.

General Articles

Title	Authors	References	Comment
<u>Reiki Energy Medicine: Enhancing the Healing Process</u>	Moore, Alice RN	Moore, Alice, RN, BS, Hartford Hospital Dept. of Integrative Medicine, Hartford, CT	

FIBROMYALGIA

Research

<i>Title</i>	<i>Authors</i>	<i>References</i>	<i>Comment</i>
<u>The Efficacy of Reiki in the Treatment of Fibromyalgia</u>	Principal Investigator - Dedra S. Buchwald, University of Washington	ClinicalTrials.gov Identifier: NCT00051428	The purpose of this study is to investigate the effectiveness of Reiki in the treatment of fibromyalgia (FM), a condition characterized by widespread muscle pain and stiffness, often accompanied by sleep disturbance, headaches, irritable bowel syndrome, and psychological distress. Reiki is a form of energy medicine in which practitioners reportedly access universal life energy to heal patients, either by direct contact at specific hand positions or from a distance.

GENERAL

Research

<i>Title</i>	<i>Authors</i>	<i>References</i>	<i>Comment</i>
<u>A Study to Test the Effectiveness of Placebo Reiki Standardization Procedures Developed for a Planned Reiki Efficacy Study</u>	Mansour AA, Beuche M, Gaing G, Leis A, Nurse J	Journal of Alternative & Complementary Medicine Vol 5 No 2 1999 pp 153-164 Mary Ann Liebert Inc	Canada
<u>Anxiety reduced and immune function enhanced with Reiki Biological correlates of Reiki Touch(sm) healing.</u>	Wardell DW, Engebretson J. School of Nursing, University of Texas Houston Health Science Center , Houston, Texas, USA.	Journal of Advanced Nursing 2001 Feb; 33(4):439-45	dwardell@son1.nur.uth.tmc.edu
<u>Haematological indicators of complementary healing intervention.</u>	Wirth, D.P., Chang, R.J., Eidelman, W.S. & Paxton, J.B. (1996).	Complementary Therapies in Medicine 4: 14-20.	
<u>Harnessing life energy or wishful thinking? Reiki, placebo Reiki, meditation and music.</u>	Witte, D. & Dundes, L. (2001).	Alternative & Complementary Therapies Oct 2001: 304-309.	
<u>Patterns of use of complementary health services in the south-west of Western Australia.</u>	Sherwood, P. (2000).	Australian Journal of Rural Health 8: 194 200.	
<u>Reiki-plus natural healing: an ethnographic/ experimental study.</u>	Schlitz, M.J. & Braud, W.G. (1985).	PSI Research 4(3-4): 100-123.	
<u>Subsidized Complementary Therapies for Staff & Volunteers at a Regional Cancer Centre: a Formative Study</u>	Wilson, K, Ganley A, Mackereth P & Roswell V (2007)	European Journal of Cancer Care 16, 291-299	

The UK Reiki Federation

<u>Working with survivors of torture in Sarajevo with Reiki.</u>	Kennedy P	Complementary Therapies in Nursing and Midwifery, Vol 7 No 4, 2001	
<u>A randomized controlled single-blind trial of the efficacy of reiki at benefitting mood and well-being</u>	Deborah Bowden, Lorna Goddard and John Gruzelier	Evidence-Based Complementary and Alternative Medicine Volume 2011 (2011), Article ID 381862	<i>Published online March 27 2001</i>
<u>The empowering nature of Reiki as a complementary therapy</u>	Nield-Anderson L, Ameling A	Holist Nurs Pract. 2000 Apr;14(3):21-9. Review.	PMID:12119625
<u>Biological correlates of Reiki Touch healing</u>	Warden D.W, Engretson, J	Journal of Advanced Nursing, vol 3, no 4. February 2001, pp439-445	
<u>Integration of Holistic Therapies: The Path followed to incorporate Reiki and Music Therapy in a Clinical Setting</u>	Helen Gibson, Andrew Long, Cath Jackson, Jill Edwards	Complementary Therapies in Medicine, Volume 18, Issue 6, December 2010, Page 275	http://dx.doi.org/10/1016/j.ctim.2010.05.029
<u>A study to test the effectiveness of placebo Reiki standardization procedures developed for a planned Reiki efficacy study</u>	Mansour AA, Beuche M, Laing G, Leis A, Nurse J.	J Altern Complement Med. 1999 Apr;5(2): 153-64	
<u>A randomised controlled single-blind trial of the effects of Reiki and positive imagery on well-being and salivary cortisol</u>	Bowden D, et al	Trial sponsored by National Center for Complementary and Alternative Medicine (NCCAM)	Study start: September 1998 Study completion: June 2004 The object of this study is to determine if Reiki will improve glycemic control and cardiac autonomic function diabetic patients with painful neuropathy.

Reiki – The Scientific Evidence

<p><u>Qualitative and quantitative evaluation of a pilot integrative coping and resiliency program for healthcare professionals</u></p>	<p>Tarantino B, et al</p>	<p>Explore (NY). 2013 Jan-Feb;9(1):44-7. doi: 10.1016/j.explore.2012.10.002</p>	<p>Stress, fatigue, and burnout are common maladies among healthcare employees. To address this problem, a holistic integrative self-care program for healthcare practitioners was designed, implemented, and evaluated.</p>
<p><u>Benefits of Reiki Therapy for a Severely Neutropenic Patient with Associated Influences on a True Random Number Generator</u></p>	<p>Melvin L Morse MD and Lance W Beem MS</p>	<p>J Altern Complement Med. 2011 Dec; 17(12):1181-90. doi: 10.1089/acm.2010.0238. Epub 2011 Dec 1.</p>	<p>Reiki therapy is documented for relief of pain and stress. Energetic healing has been documented to alter biologic markers of illness such as hematocrit. True random number generators are reported to be affected by energy healers and spiritually oriented conscious awareness.</p>
<p><u>The empowering nature of Reiki as a complementary therapy</u></p>	<p>Nield-Anderson L, et al</p>	<p>Holist Nurs Pract. 2000 Apr;14(3):21-9.</p>	<p>PMID 12119625 [PubMed - indexed for MEDLINE] Full text: Lippincott Williams & Wilkins</p>
<p><u>A systematic review of the therapeutic effects of Reiki.</u></p>	<p>vanderVaart S, et al</p>	<p>J Altern Complement Med. 2009 Nov;15(11):1157-69. doi: 10.1089/acm.2009.0036</p>	
<p><u>Reiki: a complementary therapy for life</u></p>	<p><u>Bullock M.</u></p>	<p>Am J Hosp Palliat Care. 1997 Jan-Feb;14(1):31-3.</p>	

General Articles

Title	Authors	References	Comment
<u>Reiki: A Starting Point for Integrative Medicine</u>	Schiller, Robert MD	Alternative Therapies Mar/Apr 2003 Vol 9 No 2	
<u>Reiki healing: a physiologic perspective.</u>	Wetzel, W.S. (1989).	Journal of Holistic Nursing 7(1): 47-54.	
<u>Reiki therapy: the benefits to a nurse/reiki practitioner. 7.</u>	Whelan, K.M. & Wishnia, G.S. (2003).	Holistic Nursing Practice 2003 Jul-Aug;17(4): 209-17	
The Efficacy of Reiki Hands-on Healing: Improvements in Spleen and Nervous System Function as Quantified by Electro-Dermal Screening	Brewitt, Barbara, MDiv, PhD; Vittretoe, T, Hartwell E		<i>Available as a downloadable pdf document.</i> MS.Lupus, Fibromyalgia, Thyroid Goitre
<u>The experience of Reiki: Five Middle-aged Women in the Midwest</u>	Ahlan A. Mansour, Gail Laing, Anne Leis, Judy Nurse, and Alanna Denilkewich.	Alternative and Complementary Therapies. June 1998, 4(3): 211-217. Published in Volume: 4 Issue 3: February 3, 2009	doi:10.1089/act.1998.4.211.
<u>Reiki Therapy – a tool for Wellness</u>	Rivera, C (1999)	National Student Nurses Association, Vol 46, pp31-33	
<u>Reiki Healing: A Physiologic Perspective</u>	Wetzel, W	Journal of Holistic Nursing, vol 7, no 1, pp47-54	

GYNAECOLOGY

Research

<i>Title</i>	<i>Authors</i>	<i>References</i>	<i>Comment</i>
<u>The Effect of Reiki on Pain and Anxiety in Women With Abdominal Hysterectomies: A Quasi-experimental Pilot Study</u>	Vitale, Anne T. MSN, APRN, BC; O'Connor, Priscilla C. PhD, APRN, BC	Continuing Education Holistic Nursing Practice: November/December 2006 - Volume 20 - Issue 6 - p 273-274	

General Articles

<i>Title</i>	<i>Authors</i>	<i>References</i>	<i>Comment</i>
<u>Reiki Energy Medicine: Enhancing the Healing Process</u>	Moore, A	Hartford Hospital Dept of Integ Medicine, Hartford CT	
<u>Reiki in Hospitals: How I introduced Reiki Treatments into my Obstetrics and Gynecology Practice</u>	Mills, Jeri MD	UKRF Resonance Magazine. Summer 2003 issue, Reiki in Hospitals	

HIV/AIDS

Research

Title	Authors	References	Comment
<u>Qualitative Assessment of the Impact of Implementing Reiki Training in a Supported Residence for People Older Than 50 Years with HIV/AIDS.</u>	Mehl-Madrona L, Renfrew NM, Mainguy B.	The Permanente Journal, 2011 Summer;15(3): 43-50.	
<u>Preliminary Report on the Use of Reiki for HIV-related Pain & Anxiety</u>	Miles, P	ALTERNATIVE THERAPIES, Mar/Apr 2003, VOL. 9 NO. 2	Inst for Advancement of Complementary Therapies
<u>The Use of Reiki for Patients With Advanced AIDS</u>	Gala True, PhD – Albert Einstein Healthcare Network	2006 Albert Einstein Medical Center, Philadelphia, Pennsylvania, United States, 19141 Temple University, Philadelphia, Pennsylvania, United States, 19121 ClinicalTrials.gov Identifier: NCT00032721	Reiki Australia https://clinicaltrials.gov/ct/show/NCT00032721?order=2

General Articles

Title	Authors	References	Comment
Enhancing the treatment of HIV/AIDS with reiki training and treatment.	Schmehr, R. (2003).	Alternative Therapies 9(2): 120-1.	<i>Available as a downloadable pdf document</i>
<u>Meaning of complementary and alternative medicine practices among people with HIV in the United States: strategies for managing everyday life.</u>	Foote-Ardah, C.E. (2003). The	Sociology of Health & Illness 25(5): 481-500.	

HOSPICE – SEE PALLIATIVE CARE

HOSPITALS, REIKI IN

Research

Title	Authors	References	Comment
<u>Complementary Therapies in Critical Care. Relatives' Lived Experiences of Complementary Therapies in a Critical Care Department - A Phenomenological Study.</u>	Brown, B.; et al : 1999..	Subfile: Complementary and Alternative Medicine Format (FM): Journal Article (24).	Source (SO): Australian Critical Care . 12(4): 147-153. 1999.
<u>Haematological indicators of complementary healing intervention.</u>	Wirth, D.P., Chang, R.J., Eidelman, W.S. & Paxton, J.B. (1996).	Complementary Therapies in Medicine 4: 14-20.	
<u>Reiki training for caregivers of hospitalized pediatric patients: a pilot program</u>	Kundu A, Dolan-Oves R, Dimmers MA, Towle CB, Doorenbos AZ.	Complementary Therapies in Clinical Practice, 2013 Feb; 19(1):50-4	doi: 10.1016/j.ctcp.2012.08.001. Epub 2012 Sep 27.
<u>Development of a hospital reiki training program: training volunteers to provide reiki to patients, families, and staff in the acute care setting</u>	HahnJ, Reilly PM, Buchanan TM	2014	PubMed <u>Dimens Crit Care Nurs.</u> 2014 Jan-Feb;33(1):15-21. doi: 10.1097/DCC.000000000000009
<u>Reiki: a supportive therapy in nursing practice and self-care for nurses</u>	Gallob R	<u>J N Y State Nurses Assoc.</u> 2003 Spring-Summer;34(1):9-13 University of Rochester School of Nursing, Loving Touch Center of East Rochester, NY, USA	PubMed www.ncbi.nlm.nih.gov/pubmed/14639776
<u>Reiki and its journey into a hospital setting</u>	Kryak E, et al.	Holist Nurs Pract. 2011 Sep-Oct;25(5): 238-45. doi: 10.1097/HNP.0b013e31822a02ad	

<u>Reflection of a 7-year patient care program: implementing and sustaining an integrative hospital program</u>	Ernst LS, et al	J Holist Nurs. 2009 Dec;27(4):276-81. doi: 10.1177/0898010109339526.	
<u>Introduction for "Reiki at University Medical Center, Tucson, Arizona, a magnet hospital": Mega R. Mease is interviewed by William Lee Rand</u>	Vitale A.	Holist Nurs Pract. 2011 Sep-Oct;25(5): 231-2. doi: 10.1097/HNP.0b013e31822a8611.	Comment on Holist Nurs Pract. 2011 Sep-Oct;25(5): 233-7.

General Articles

Title	Authors	References	Comment
<u>Palliative care service at the NIH includes Reiki and other mind-body modalities.</u>	Miles, P. (2004).	Adv. Mind Body Med. 2004 Summer 20(2), 30-1	
Reiki Energy Medicine: Enhancing the Healing Process	Moore, A	Hartford Hospital Dept of Integ Medicine, Hartford CT	<i>Available as a downloadable pdf document</i>
<u>Reiki in Hospitals: How I introduced Reiki Treatments into my Obstetrics and Gynecology Practice</u>	Mills, Jeri MD	Tapestry of Healing Copyright©2002	Reiki News Summer 2003
<u>Reiki in Hospitals</u>	William Lee Rand	2015	International Centre for Reiki Training www.reiki.org/reikinews/reiki_in_hospitals.html#TopOfPage
<u>How We Got Reiki Into The Hospitals</u>	Ava Wolf and Janet Wing	2015	International Centre for Reiki Training http://www.reiki.org/reikinews/how_we_got_reiki_in_to_the_hosp.html
<u>A Healing Space for Reiki In a Hospital</u>	Janny E. Adkins, RN, BS, CHTP, HNC	2015	International Centre for Reiki Training http://www.reiki.org/reikinews/SpaceforReikiHospital.html

Examples of UK Hospitals & Healthcare Establishments using Reiki

In the UK and around the world, the benefits of Reiki are beginning to be recognized by the community. As a result of this Reiki is now being used, mainly on a voluntary basis, in a wide variety of settings in the UK, including many parts of the National Health Service. For example at the University College Hospital in London both full-time and part-time practitioners have been employed to give Reiki to patients, particularly those with life threatening diseases. The UK Reiki Federation has a “Pioneers” group and this includes members who are working with Reiki in hospitals or hospices, mainly on a voluntary basis.

University College London Hospitals NHS, London :

- *Reiki treatments offered to patients with stress and mood disorder*
- *Reiki treatments offered to complement conventional cancer treatments*
- *Reiki treatments offered to complement the treatments of endometriosis*

Southampton University Hospitals NHS, Southampton :

- *Reiki treatments offered to palliative care cancer patients (day care)*

Aintree University Hospitals NHS, Liverpool :

- *Reiki treatments offered by elderly medicine services*

Wallace Cancer Care (works with Addenbrooke’s Hospital-Cambridge University Hospitals NHS), Cambridge :

- *Reiki treatments offered to complement conventional cancer treatments*

South Tees Hospitals NHS, Middlesbrough :

- *Reiki treatments offered to complement conventional cancer treatments*

Newham University Hospital NHS, London :

- ***Project to offer complementary therapies including Reiki treatments to the staff and later to the patients (newsletter Feb./March 2006, p. 7)***

Hospitals & Healthcare Establishments in other UK areas:

- Bristol Cancer Help Centre
- Carers Associations
- Drug & Alcohol Abuse/Addiction Programmes + Substance Abusers & Families Support Networks
- GP & Dental Practices
- HIV/AIDS Organisations Holistic Health & Healing Centre
- Hospices
- Local Council Health & Harmony Events treating post natal mothers, Asian Elders, and others
- Brain Injury Rehab Centres
- Medical & Paramedical (many of our members are also doctors, nurses, physios, chiropodists etc, officially practising or promoting Reiki in the statutory sector)
- NHS Hospitals including Maternity Units, Cancer Wards/Clinics/Centres/ Support Groups
- NHS Medical Centres
- NHS Mental Health Units/Psychotherapy Clinics
- NHS Occupational Health Depts
- Physiotherapy Units
- Residential Care & Nursing Homes
- Social Services Day Care Centres
- Special Needs – learning & behavioural difficulties and mental health

Complementary therapies are becoming increasingly popular within the National Health Service, but at the present time they are mainly funded by volunteers and not the Government.

Reiki Overseas

These are establishments which we believe use Reiki.

California Pacific Medical Center	CA		
Center for Integrative Medicine	George Washington University Hospital	Washington DC	
Dartmouth Hitchcock Medical Centre	Lebanon NH		
Foote Hospital	MI		
Integrative Medicine Outpatient Center at Memorial Sloan Kettering Cancer Centre	New York		
Integrative Therapies Program for Children with Cancer at Columbia Presbyterian Medical Center	New York		
Marin General Hospital	CA		
Mercy Hospital	Portland me		
Metropolitan South Health Center	Santiago	Chile	
Portsmouth Regional Hospital	NH		
Samuels Center for Comprehensive Care at St Lukes-Roosevelt Hospital Center	New York		
Siloam	Philadelphia	PA	
The Manhattan Eye	Ear & Throat Hospital	NY	
Tucson Medical Center	AZ		
University Michigan Hospital	MI		
Willcox Memorial Hospital	Lihue	Kauai	Hawaii

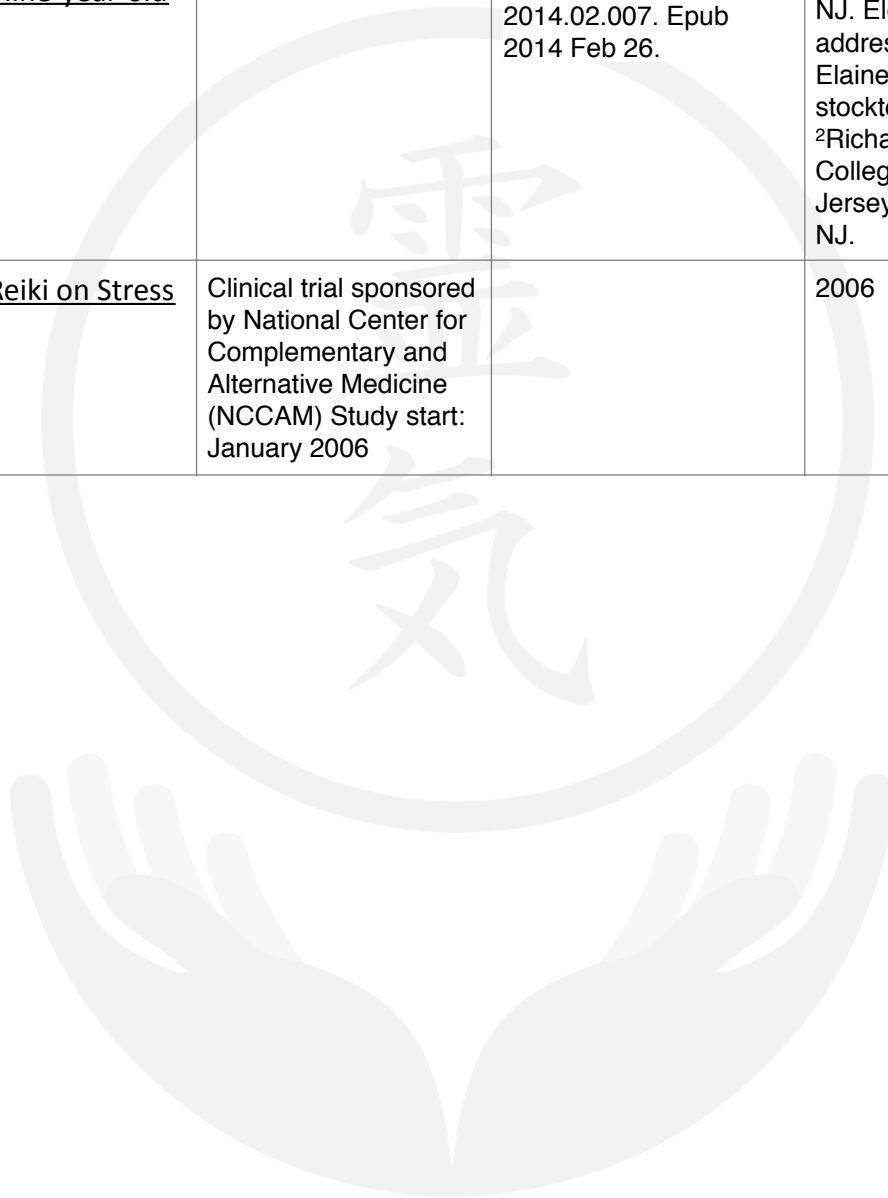
MENTAL HEALTH

Research

Title	Authors	References	Comment
<u>Changes in the isoprenoid pathway with transcendental meditation and Reiki healing practices in seizure disorders.</u>	Kumar, R.A. & Kurup, P.A. (2003).	Neurology India 51(2): 211-214	
<u>Integrating complementary therapies into community mental health practice: an exploration.</u>	Collinge, W., Wentworth, R. & Sabo, S. (2005).	Journal of Alternative and Complementary Medicine 11(3): 569-574	
<u>Long-term effects of energetic healing on symptoms of psychological depression and self-perceived stress.</u>	Shore, A.G. (2004)	Alternative Therapies May/June 10(3):42-48.	
<u>On-going study in Maine into anxiety/depression/pain . Reiki: Healing Hands In Kennebunk Maine</u>	Pauline M Wilson, BA, CRM	Reiki Research Study-2008-2009	On-going study
<u>The use of Reiki in psychotherapy.</u>	LaTorre, M.A. (2005).	Perspectives in Psychiatric Care 41(4): 184-187.	
<u>Effects of Reiki Treatment on Anxiety and Depression: A Randomized Control Trial</u>	Vera A. Porter, ThD, PhD, David A. Eicher, PhD and Nanci Avitable, PhD	Wholistic Healing Publications, May, 2012 Volume 12, No. 2	www.wholistichealingresearch.com/122porter.html

Reiki – The Scientific Evidence

<p><u>Reiki treatment for psychological symptoms</u></p>	<p>Janine Joyce, G Peter Herbison</p>	<p>Editorial Group: Cochrane Depression, Anxiety and Neurosis Group Published Online: 17 OCT 2007</p>	<p>DOI: 10.1002/14651858.CD006833</p>
<p><u>Reiki brief report: using Reiki to reduce stress levels in a nine-year-old child</u></p>	<p>Bukowski EL¹, Berardi D².</p>	<p>Explore (NY). 2014 Jul-Aug;10(4):253-5. doi: 10.1016/j.explore.2014.02.007. Epub 2014 Feb 26.</p>	<p>¹Richard Stockton College of New Jersey, Galloway, NJ. Electronic address: Elaine.Bukowski@stockton.edu. ²Richard Stockton College of New Jersey, Galloway, NJ.</p>
<p><u>Effects of Reiki on Stress</u></p>	<p>Clinical trial sponsored by National Center for Complementary and Alternative Medicine (NCCAM) Study start: January 2006</p>		<p>2006</p>



MYALGIC ENCEPHALOMYELITIS (ME)

General Articles

Title	Authors	References	Comments
An Investigation into the Effects of Reiki (a Complementary Therapy) On the Symptoms of M.E.	Pankhurst, J, RGN	Reiki Research Foundation	<i>No longer available online, but copy from UKRF office</i>
The Efficacy of Reiki Hands-on Healing: Improvements in Spleen and Nervous System Function as Quantified by Electro-Dermal Screening	Brewitt, Barbara, MDiv, PhD; Vittreoe, T, Hartwell E	http://fubar.com/the- efficacy-of-reiki-hands- on-healing/ b60706-249374	<i>Available as a downloadable pdf document.</i> MS.Lupus, Fibromyalgia, Thyroid Goitre

MULTIPLE SVEROSIS (MS)

General Articles

Title	Authors	References	Comment
The Efficacy of Reiki Hands-on Healing: Improvements in Spleen and Nervous System Function as Quantified by Electro-Dermal Screening	Brewitt, Barbara, MDiv, PhD; Vitretoe, T, Hartwell E	Alternative Therapies, July 1997, Vol.3, No.4, pg.89	<i>Available as a downloadable pdf document.</i> MS.Lupus, Fibromyalgia, Thyroid Goitre
<u>Thirteen Case Studies to investigate the Effects of Reiki on n the Symptoms of MS</u>	Pankhurst, J, RGN	Reiki Research Foundation	
<u>Effect of Reiki on symptoms of Multiple Sclerosis</u>	Multiple Sclerosis Society of Medway, Sittingbourne		2006

NERVOUS SYSTEM

Research

Title	Authors	References	Comment
<u>Autonomic nervous system changes during Reiki treatment: a preliminary study.</u>	MacKay, N., Hansen, S. & McFarlane, O. (2004).	Journal of Alternative & Complementary Medicine 10(6): 1077-1081.	
<u>Effects of Reiki on autonomic activity early after acute coronary syndrome.</u>	Friedman RS, Burg MM, Miles P, Lee F, Lampert R.	J Am Coll Cardiol. 2010 Sep 14;56(12): 995-6.	
<u>Effects of Reiki on pain and selected affective and personality variables of chronically ill patients.</u>	Dressen, L.J. & Singh, S. (1999).	Subtle Energies & Energy Medicine 9(1):51-82.	
<u>Effects of Reiki on Stress</u>	Joan Dittrick PhD	Ref NCT00346671	National Centre for Complementary & Alternative Medicine
<u>Long-term effects of energetic healing on symptoms of psychological depression and self-perceived stress.</u>	Shore, A.G. (2004).	Alternative Therapies 10(3): 42-48.	

PAIN MANGEMENT

Research

<i>Title</i>	<i>Authors</i>	<i>References</i>	<i>Comment</i>
<u>A phase II trial of Reiki for the management of pain in advanced cancer patients.</u>	Olson, K., Hanson, J. & Michaud, M. (2003).	Journal of Pain and Symptom Management 26(5): 990-997.	
<u>Effects of Reiki on pain and selected affective and personality variables of chronically ill patients.</u>	Dressen, L.J. & Singh, S. (1999).	Subtle Energies & Energy Medicine 9(1):51-82.	
<u>On-going study in Maine into anxiety/depression/pain. Reiki: Healing Hands In Kennebunk Maine</u>	Pauline M Wilson, BA, CRM	Reiki Research Study-2008-2009	
<u>The effect of complementary healing therapy on postoperative pain after surgical removal of impacted third molar teeth.</u>	Wirth, D.P., Brenlan, D.R., Levine, R.J. & Rodriguez, C.M. (1993).	Complementary Therapies in Medicine 1:133-138.	
<u>The Effect of Reiki on Pain and Anxiety in Women With Abdominal Hysterectomies: A Quasi-experimental Pilot Study</u>	Vitale, Anne T. MSN, APRN, BC; O'Connor, Priscilla C. PhD, APRN, BC	Continuing Education Holistic Nursing Practice: November/ December 2006 - Volume 20 - Issue 6 pp: 261-306	
<u>Touch therapies for pain relief in adults</u>	So PS, Jiang Y, Qin Y	The Cochrane Library, 2008, Issue 4	sophiaso@gmail.com DOI: 10.1002/14651858.CD006535.pub3

The UK Reiki Federation

<u>Using Reiki to manage pain: a preliminary report.</u>	Olson, K. & Hanson, J. (1997).	Prevention & Control en Cancerologie 1(2): 108-113. Cross Cancer Institute, Edmondson, Alta	PMID: 9765732 (PubMed – indexed for MEDLINE)
<u>Using Reiki to manage pain: a preliminary report.</u>	Olson, K. & Hanson, J. (1997).	Prevention & Control en Cancerologie 1(2): 108-113. Cross Cancer Institute, Edmondson, Alta	PMID: 9765732 (PubMed – indexed for MEDLINE)
<u>Effects of Reiki on Painful Neuropathy and Cardiovascular Risk Factors</u>	Principal investigator – Martin Stephens MD, University of Michigan	ClinicalTrials.gov identifier: NCT00010751	The object of this study is to determine if Reiki will improve glycemic control and cardiac autonomic function diabetic patients with painful neuropathy.

General Articles

Title	Authors	References	Comment
<u>Complementary therapies offer pain control options.</u>	Same Day Surgery (2000).	SDS Pain Management 24(3): 1-3.	
<u>Reiki released me from 35 years of pain.</u>	Phipps, B. (1997).	Here's Health 6: 50.	
<u>Use of complementary and alternative medicine in pediatric pain management service: a survey.</u>	Lin, Y-C., Lee, A.C.C., Kemper, K.J. & Berde, C.B. (2005).	Pain Medicine 6(6): 452-458. Lock, S. (1991). Editorial peer review in medicine. London: BMJ.	

PALLIATIVE CARE

Research

Title	Authors	References	Comment
<u>Assessing complementary therapy services in a hospice program.</u>	Demmer, C. & Sauer, J. (2002).	American Journal of Hospice and Palliative Care 19(5): 306-314.	
<u>National guidelines for the use of complementary therapies in supportive and palliative care</u>	Tavares, M. (2003).	London: The Prince of Wales's Foundation for Integrated Health.	Closed down in 2010
<u>Reiki: a complementary therapy for life.</u>	Bullock, M. (1997).	American Journal of Hospice and Palliative Care 14(1): 31-3.	
<u>The increasing use of Reiki as a complementary therapy in specialist palliative care</u>	Burden B, Herron-Marx S, Clifford C	Int J Palliat Nurse 2005 11(5):248-53	PMID: 15944500 (PubMed – indexed for MEDLINE)

General Articles

Title	Authors	References	Comment
Easing the Pain of Terminal Illness.	Heiman, Terri A	Reiki News Magazine, Winter 2006	<i>Available only by contacting Reiki News Magazine</i>
<u>Palliative care service at the NIH includes Reiki and other mind-body modalities.</u>	Miles, P. (2004).	Advances 20(2): 30-31.	PMID: 15356954

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Title	Authors	References	Comment
<u>A study to test the effectiveness of placebo Reiki standardization procedures developed for a planned Reiki efficacy study</u>	Mansour, A.A., Beuche, M., Laing, G., Leis, A. & Nurse, J. (1999).	Journal of Alternative and Complementary Medicine 5(2): 153-164	
<u>Cochrane handbook for systematic reviews of intervention.</u>	Cochrane Collaboration (2005).	Online: Accessed 26/05/14 http://www.cochrane.org/resources/handbook/handbook.pdf	
<u>Introduction to Reiki & Published Medical Research</u>		reikimedresearch.com, 1989 - 2004	
<u>Physical touch in nursing studies: a literature review.</u>	Routasalo, P. (1999).	Journal of Advanced Nursing 30(4): 843-50. Volume 30, issue 4	DOI: 10.1046/j.1365-2648.1999.01156.x
<u>Qualitative research in health care: assessing quality in qualitative research.</u>	Mays, N. and Pope, C. (2000)	BMJ 320:50-52	
<u>Reiki – Review of a Biofield Therapy, History, Theory, Practice & Research</u>	Miles, P	Alternative Therapies Mar/Apr 2003 Vol 9 No 2	

SURGICAL

Research

Title	Authors	References	Comment
<u>Using Reiki to support surgical patients.</u>	Alandydy, P. & Alandydy, K. (1999)	Journal of Nursing Care Quality 13(4): 89-91.	PMID: 10330795

General Articles

Title	Authors	References	Comment
<u>The first Reiki Practitioner in our operating room</u>		AORN J 67(3):674-7 (1998)	

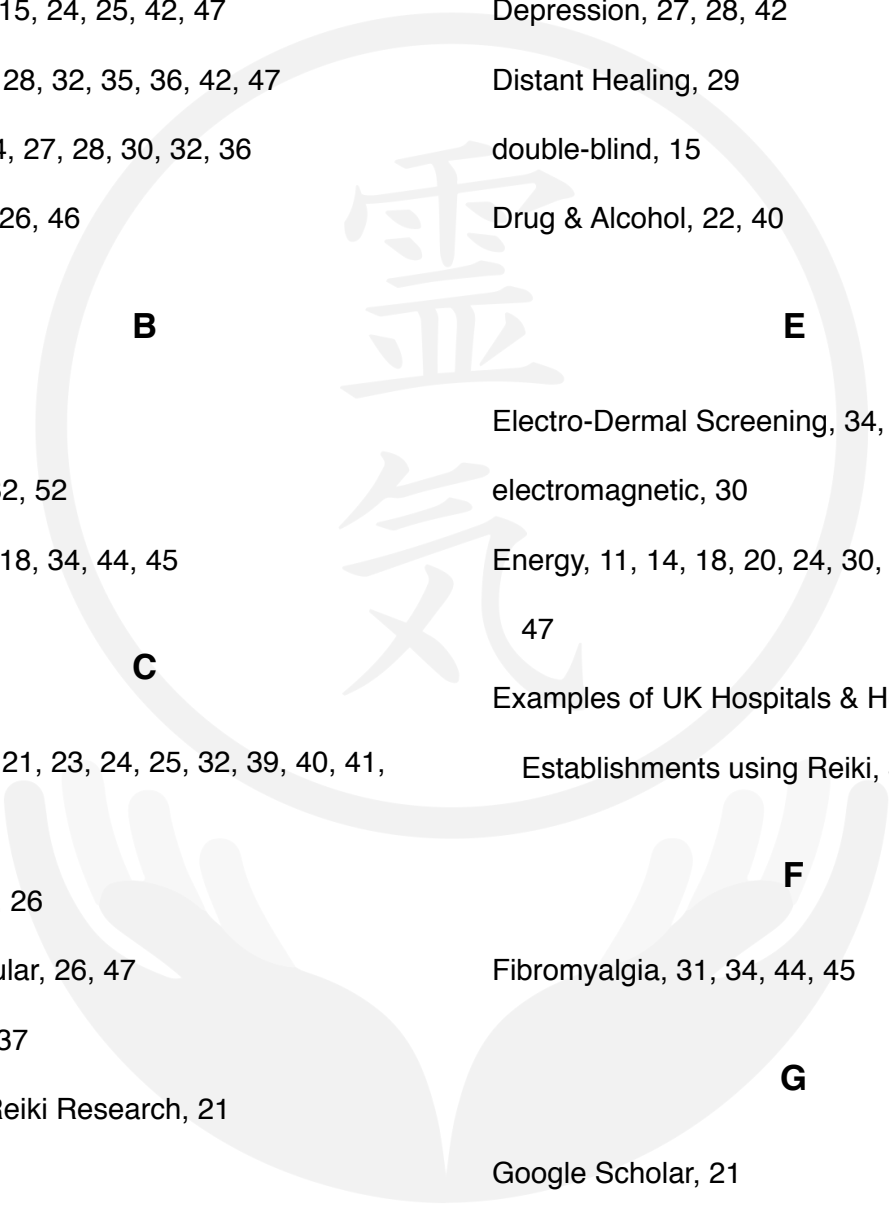
TOUCH - HEALING TOUCH

Research

Title	Authors	References	Comment
<u>Biological correlates of Reiki touch (sm) healing.</u>	Wardell, D.W. & Engebretson, J. (2001)	Journal of Advanced Nursing 33(4): 439-445.	
<u>An integrative review of Reiki touch therapy research</u>	Vitale, A	Holistic Nursing Practice, 2007 Jul-Aug;21(4): 167-79; quiz 180-1.	



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