Clinical Practice Guideline: **Reiki**

Date of Implementation: **February 9, 2006**

Product: **Specialty**

POLICY

American Specialty Health – Specialty (ASH) clinical committees have determined that Reiki has insufficient evidence to establish clinical effectiveness, is not professionally recognized, does not have an established benefit:risk profile, poses a health and safety risk through a substantial risk of substitution harm, and is considered to be scientifically implausible. For more information, see ASH policy Techniques and Procedures Not Widely Supported as Evidence Based – CPG 133 – S.

PROCESS AND DEFINITIONS

When developing, reviewing, and approving clinical policy, ASH peer-review committees consider whether the technique/procedure:

- Is established as clinically effective by:
  - Scientific information published in an acceptable peer-reviewed clinical science resource, and
  - The consensus opinion of the Evidence Evaluation Committee (EEC) when available;
- Is professionally recognized by:
  - Inclusion in the educational standards accepted by the majority of the professions' educational institutions,
  - Wide acceptance and use of the practice, and
  - Recommendations for use made by healthcare practitioners practicing in the relevant clinical area;
- Poses a health and safety risk; and
- Is plausible or implausible
  - A belief, theory, or mechanism of health and disease that can be explained within the existing framework of scientific methods, reasoning and available knowledge is considered plausible.
  - A treatment intervention or diagnostic procedure that requires the existence of forces, mechanisms, or biological processes that are not known to exist within the current framework of scientific methods, reasoning and available knowledge is considered implausible.

Substitution harm (indirect harm): Compromised clinical outcomes caused by:

- Utilizing a specific diagnostic or therapeutic procedure when the safety, clinical effectiveness, or diagnostic utility is either unknown or is known to

be unsafe, ineffective, or of no diagnostic utility, *instead of* a diagnostic or therapeutic procedure known to be safe, be clinically effective, or to have diagnostic utility; or

- The utilization of a diagnostic or therapeutic procedure that is substantially less effective or safe than another procedure with established safety, and clinical effectiveness or utility.

Labeling effects (non-specific harm): The harm that results from identifying in a patient a condition or a finding that is not clinically valid.

Safe: The terms "safe" and "safety," are used only with specific reference to the absence of direct harm. Direct harm would include any injury to a patient caused by the mechanical, thermal, biological, chemical, pharmacological, electrical, electromagnetic, or psycho-dynamic properties of a diagnostic or therapeutic procedure, and as such, the procedure would be considered unsafe.

Direct harm: Any injury to a patient caused by the mechanical, thermal, biological, chemical, pharmacological, electrical, electromagnetic, or psycho-dynamic properties of a diagnostic or therapeutic procedure.

Benefit versus risk profile: The relative effectiveness or utility of a therapeutic intervention or diagnostic procedure versus its potential for direct harm.

- Positive (benefits outweigh risks),
- Negative (risks outweigh benefits), or
- Equivocal (available information is inconclusive).

Description/Background

Reiki can be described as the direct channeling of spiritual energy between one individual (the healer) and a second individual (the person with an illness) with the intention of bringing about an improvement or cure of the illness. Reiki is based on the belief that when spiritual energy is channeled through a Reiki practitioner, the patient's spirit is healed, which in turn heals the physical body.

The name Reiki comes from two Japanese words. *"Rei"* which can be translated to mean universe but is also believed to mean spirit or soul, or even an older meaning of a possessed Shamaness (i.e., a priestess who uses magic for the purpose of curing the sick, seeing the hidden and controlling events). The second word, *"ki"* means energy or life energy. Other common translations of Reiki include "universal life force energy" or "healing energy of the universe."

Some spiritual healers believe that the therapeutic effect results from the channeling of 'energy' from an assumed source via the healer to the patient. The central claim of such healers is that they promote or facilitate self-healing in the patient.

Reiki practitioners do not usually relate to the disease entities of conventional medicine. Their aim is to help the patient in more general terms, for instance by increasing well-being. Reiki practitioners may also purport to treat patients with emotional problems or chronic pain.

During a Reiki session, the clothed patient is asked to lie down and relax. Then the practitioner acts as a channel for Reiki energy, allowing Reiki energy to be channeled through the practitioner to wherever the patient requires it. Usually the practitioner applies his or her hands to various parts of the patient's body. Some practitioners lightly touch the body while others simply, hover their hands above the patient without any physical contact. Some patients report feeling various sensations: heat, cold, pressure, and the like. The Reiki practitioner attributes this to Reiki energy filling the client's body and aura as well as energy deficiencies, repairing and opening the energy channels (meridians), pulling out negativity, and dissolving the blocked energy.

Evidence and Research

Based on a review of the literature, the evidence regarding the effectiveness of Reiki is as follows:

- Systematic Reviews**:** 3 systematic reviews (Lee, Pittler, & Ernst, 2008; vanderVaart, Gijsen, de Wildt, & Koren, 2009; Vitale, 2007) reported inconclusive results regarding the effectiveness of Reiki for treatment of health conditions. All 3 reviews found a lack of randomized controlled trials evaluating this technique, as well as serious methodological limitations and poor study quality within the limited research.

- Randomized Controlled Trials (RCTs)**:** 3 RCTs evaluated the effectiveness of Reiki for treatment of health conditions. One found no positive effect, one found positive effects, and one was inconclusive.
    - Assefi, et al. evaluated the effectiveness of Reiki for management of chronic pain symptoms (n = 100) and found no positive effect for direct touch or distant Reiki (Assefi, Bogart, Goldberg, & Buchwald, 2008).
    - Richeson, et al. evaluated the effectiveness of Reiki in older, community-dwelling adults (n = 20) and found positive effects for Reiki on measures of pain, depression, and anxiety (Richeson, Spross, Lutz, & Peng, 2010).
    - Bowden, et al. compared the effects of Reiki to the effects of "No-Reiki" in college students over a period of 2 ½ to 12 weeks (n = 35) and found a possible protective effect for students receiving Reiki (Bowden, Goddard, & Gruzelier, 2010).

- Non-randomized Controlled Trials**:** 2 non-randomized controlled trials found evidence of positive effects for Reiki.
    - A non-randomized controlled (2-arm, phase II) trial (n = 24) found evidence of improved pain control and quality of life, but no reduction in opioid use, for cancer patients receiving Reiki when compared with patients receiving "rest" with no Reiki (Olson, Hanson, & Michaud, 2003).
    - A second non-randomized controlled trial (n = 24) comparing the effects of 4 weeks of Reiki treatments with no treatment found statistically significant increases in scores for mental function, memory, and behavior problems after Reiki treatment (Crawford, Leaver, & Mahoney, 2006).

- Analysis of one RCT conducted as a modified double-blinded, placebo-controlled clinical trial with an additional historic control condition of 50 in-patients with subacute ischemic stroke concluded that Reiki did not have any clinically useful effect on stroke recovery in subacute hospitalized patients receiving standard-of-care rehabilitation therapy.

References

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