



Soothes

Published Research into Reiki Healing

An abridged collection of published
research.

Sue Bennett MICHT IIHHT
Reiki practitioner in the First and Second
Degree of the Usui System



Published Research	3
Wendy Wetzel.....	3
Otelia Bengssten, M.D.....	3
St. Vincent's medical Center in New York.....	4
Daniel Wirth.....	4
Dr. John Zimmerman.....	5
Dr. Barnard Grad.....	5
School of Nursing, University of Texas Houston Health Science Center.....	6
Working with survivors of torture in Sarajevo with Reiki.....	7
Fairview University Medical Center.....	7
University of Maryland School of Medicine.....	8
Columbia/HCA Portsmouth Regional Hospital in Portsmouth.....	9
Columbia Presbyterian Medical Center.....	9
The University of Michigan	10
Cross Cancer Institute, Edmonton	10
Hospice of the Valley, Phoenix.....	10
Additional Reiki Research Papers	12



Published Research

Scientific research in the area of laying-on of hands has been conducted for some time. There are now quite a few experiments that validate the usefulness of Reiki and Reiki like healing techniques. Some of the more interesting results of these experiments demonstrate that their positive results are coming from more than just the placebo effect, while others indicate that the energy is non-physical in nature in that the benefits do not diminish regardless of the distance between sender and receiver. The following are a few of the more interesting experiments.

Wendy Wetzel, a registered nurse describes a Reiki experiment she conducted in her paper, "Reiki Healing: A Physiologic Perspective." In her study, forty-eight people made up the experimental group while 10 made up a control group. Both groups had blood samples taken at the beginning and at the end of the experiment. The experimental group received First Degree Reiki training. The control group was not involved in the Reiki training.

The blood samples were measured for hemoglobin and hematocrit values. Hemoglobin is the part of red blood cells that carry oxygen. Hematocrit is the ratio of red blood cells to total blood volume. The people in the experimental group who received Reiki training experienced a significant change in these values with 28 percent experiencing an increase and the remainder experiencing a decrease. The people in the control group who did not receive Reiki training experienced no significant change. It is thought that changes, whether an increase or decrease are consistent with the purpose of Reiki which is to bring balance on an individual basis.

One individual experienced a 20% increase in these values. She continued to treat herself with Reiki daily and after three months, her increase had been maintained and in fact had continued to improve. This improvement was appropriate for her as she had been experiencing iron deficiency anemia. Another experiment using a Reiki like technique has also demonstrated its ability to increase hemoglobin values.

Otelia Bengssten, M.D. conducted an experiment with a group of 79 sick patients. Together the patients had a wide range of diagnosed illnesses



including pancreatitis, brain tumor, emphysema, multiple endocrine disorders, rheumatoid arthritis, and congestive heart failure. Laying-on hands treatments were given to 46 patients with 33 as controls. The treated patients showed significant increases in hemoglobin values. The effect was so pronounced that even cancer patients who were being treated with bone marrow-suppressive agents which predictably induce decreases in hemoglobin values showed an increase. The majority of patients also reported improvement or complete disappearance of symptoms. Both this experiment and the one above, demonstrate that healers are able to induce actual biological improvements in the patients they treat rather than simply create a feeling of well-being.

St. Vincent's medical Center in New York.

The experiment was carried out by Janet Quinn, assistant director of nursing at the University of South Carolina. The design of this experiment tends to rule out the placebo effect. Thirty heart patients were given a 20 question psychological test to determine their level of anxiety. Then they were treated by a group trained in laying-on hands healing. A control group of patients were also treated by sham healers who imitated the same positions as those who had training. Anxiety levels dropped 17 percent after only five minutes treatment by trained practitioners, but those who were only imitating a treatment created no effect.

Daniel Wirth of Healing Sciences International in Orinda, California conducted a tightly controlled experiment involving a Reiki healing technique. Forty four male college students received identical minor wounds deliberately inflicted by a doctor in the right or left shoulder. Twenty-three then received a Reiki healing and the other twenty-one did not. The treatments were given in such a way that the possibility of a placebo effect was ruled out.

All forty-four students extend their arms though a hole in the wall. In the other room, a trained healer was present for those who received healing and administered healing from a distance without touching. For those who did not receive healing, no one was present in the room. Both the students and the doctor who administered the wounds and later also evaluated their healing rate had been told that the experiment was about the electrical conductivity of the body. Neither knew that the experiment was about healing.



Eight and sixteen day follow-up measurements of the rate of wound healing were done. After eight days, the treated group's wounds had shrunk 93.5 percent compared with 67.3 percent for those not treated.

After sixteen days, the figures were 99.3 and 90.9. After debriefing, the students stated they did not know the true nature of the experiment and had felt no contact with the healer. The possibility that expectations of the students caused the healing was ruled out.

Dr. John Zimmerman of the University of Colorado using a SQUID (Superconducting Quantum Interference Device) has discovered that magnetic fields several hundred times stronger than background noise are created around the hands of trained healers when doing healing work on patients. No such fields are created by sham' healers making the same movements indicating something special is happening with the trained healers. The frequencies of the magnetic fields surrounding the hands of the trained healers were of the alpha and theta wave range similar to those seen in the brain of meditators.

Dr. Barnard Grad of McGill University in Montreal, used barley seeds to test the effect of psychic healing energies on plants. The seeds were planted in pots and watered with a saline solution which is known to retard their sprouting and growth. With elaborate double-blind conditions set-up, one group of seeds were watered with saline solution that had been treated by a psychic healer.

The treated saline was held by the healer in a sealed container for fifteen minutes. The other seeds were watered with untreated saline. The person watering the plants did not know which group was getting the treated saline and which was getting the untreated saline.

The plants watered with healer treated saline solution grew faster and were healthier producing 25% more weight and having a higher chlorophyll content. These experiments have been replicated in Dr. Grads lab and in other laboratories as well.

Dr. Grad carried out similar experiments involving tap water and plants. Sealed containers of water were given to a psychic healer to hold and others were given to a severely depressed patient to hold. The plants watered with the healer-held water had an increased growth rate and those watered with the



Soothes

water held by the severely depressed patient had a decrease in growth rate compared to controls.

These experiments involving plants, in addition to confirming the non-placebo nature of psychic healing, scientifically confirm the ancient metaphysical understanding that healing energies can be stored in water for future use.

School of Nursing, University of Texas Houston Health Science Center

BACKGROUND

Despite the popularity of touch therapies, theoretical understanding of the mechanisms of effect is not well developed and there is limited research measuring biological outcomes.

AIMS

The aim of this study was to test a framework of relaxation or stress reduction as a mechanism of touch therapy.

METHODS

The study was conducted in 1996 and involved the examination of select physiological and biochemical effects and the experience of 30 minutes of Reiki, a form of touch therapy. A single group repeated measure design was used to study Reiki Touch'ssm effects with a convenience sample of 23 essentially healthy subjects. Biological markers related to stress-reduction response included state anxiety, salivary IgA and cortisol, blood pressure, galvanic skin response (GSR), muscle tension and skin temperature. Data were collected before, during and immediately after the session.

RESULTS

Comparing before and after measures, anxiety was significantly reduced, $t(22)=2.45$, $P=0.02$. Salivary IgA levels rose significantly, $t(19)=2.33$, $P=0.03$, however, salivary cortisol was not statistically significant. There was a significant drop in systolic blood pressure (SBP), $F(2, 44)=6.60$, $P < 0.01$. Skin temperature increased and electromyograph (EMG) decreased during the treatment, but before and after differences were not significant.

CONCLUSIONS



These findings suggest both biochemical and physiological changes in the direction of relaxation. The salivary IgA findings warrant further study to explore the effects of human TT and humeral immune function.

Journal of Advanced Nursing 2001 Feb;33(4):439-45 Biological correlates of Reiki Touch(sm) healing. Wardell DW, Engebretson J. PMID: 11251731 [PubMed - indexed for MEDLINE]

Working with survivors of torture in Sarajevo with Reiki.

While working as a nurse/therapist in Sarajevo, P. Kennedy, Reiki Master, had the opportunity to work in an experimental situation at a center for torture survivors. This was to see if the use of Reiki would have a beneficial effect on this type of patient. It involved a rethink on traditional Reiki hand positions, music, and the general set-up of the room being used.

"It was a challenge, and one I was delighted to have had. The people I worked with were wonderful, and the changes in them over the period were so positive. The staff at the Center were delighted; I was delighted; but so much more importantly, the patients were delighted. The ground has now been broken and hopefully will be considered in a positive light for other traumatized patients."

Complement Ther Nurs Midwifery 2001 Feb;7(1):4-7 Working with survivors of torture in Sarajevo with Reiki. Kennedy P. Reiki Master, Bearsden, Glasgow, UK. PMID: 11855528 [PubMed - indexed for MEDLINE]

Fairview University Medical Center.

Nursing has been dedicated throughout its history to addressing the physical, psychological and spiritual aspects of the patient that influence the healing process.

Current nursing practice in acute care is focused increasingly on monitoring equipment, giving medications, and administering medical treatments in a fast-paced environment that affords few opportunities for the deeper human connectedness between the nurse and the one who is ill and suffering.

Healing touch (HT) is an energy-based complementary therapy fostering that nurse-patient connection. Nurses are beginning to use HT with their patients to



Soothes

assist in easing pain and anxiety, promote relaxation, accelerate wound healing, diminish depression, and increase a patient's sense of well-being.

This article reports a conceptual framework for use of HT in acute care settings, describes specific HT techniques, and reviews numerous studies that have reported positive outcomes of HT as a noninvasive complementary therapy.

Ann Intern Med 2000 Jun 6;132(11):903-10. Comment in: ACP Journal Club 2000 Nov-Dec;133(3):107 Ann Intern Med. 2001 Dec 18;135(12):1094. Ann Intern Med. 2001 Jun 19;134(12):1150. Ann Intern Med. 2001 Mar 20;134(6):532-3. Ann Intern Med. 2001 Mar 20;134(6):532; discussion 533. 'Healing touch: applications in the acute care setting.' Umbreit AW. PMID: 11040557 [PubMed - indexed for MEDLINE]

University of Maryland School of Medicine

PURPOSE

To conduct a systematic review of the available data on the efficacy of any form of 'distant healing' (prayer, mental healing, Therapeutic Touch or spiritual healing) as treatment for any medical condition.

DATA SOURCES

Studies were identified by an electronic search of the MEDLINE, PsychLIT, EMBASE, CISCOM, and Cochrane Library databases from their inception to the end of 1999 and by contact with researchers in the field.

STUDY SELECTION

Studies with the following features were included: random assignment, placebo or other adequate control, publication in peer-reviewed journals, clinical (rather than experimental) investigations, and use of human participants.

DATA EXTRACTION

Two investigators independently extracted data on study design, sample size, type of intervention, type of control, direction of effect (supporting or refuting the hypothesis), and nature of the outcomes.

DATA SYNTHESIS

A total of 23 trials involving 2774 patients met the inclusion criteria and were analyzed. Heterogeneity of the studies precluded a formal meta-analysis. Of the



Soothes

trials, 5 examined prayer as the distant healing intervention, 11 assessed none contact Therapeutic Touch, and 7 examined other forms of distant healing. Of the 23 studies, 13 (57%) yielded statistically significant treatment effects, 9 showed no effect over control interventions, and 1 showed a negative effect.

CONCLUSIONS

The methodology limitations of several studies make it difficult to draw definitive conclusions about the efficacy of distant healing. However, given that approximately 57% of trials showed a positive treatment effect, the evidence thus far merits further study.

The efficacy of 'distant healing': a systematic review of randomized trials. Astin JA, Harkness E, Ernst E. University of Maryland School of Medicine, Baltimore, USA PMID: 10836918 [PubMed - indexed for MEDLINE]

Columbia/HCA Portsmouth Regional Hospital in Portsmouth

Surgical patients at Columbia/HCA Portsmouth Regional Hospital in Portsmouth, New Hampshire are given the option of a 15 minute pre- and post-surgery Reiki treatment.

In 1998 more than 870 patients participated. As a result there was less use of pain medications, shorter lengths of stay and increased patient satisfaction. This article discusses how this program was set up. Plans for the future include documentation of the benefits and the further use of complementary therapies.

Aladydy, Patricia and Kristen Alandydy, 1999. 'Using Reiki to Support Surgical Patients'. Journal of Nursing Care Quality , 1999 Apr;13(4): pp. 89-91.

Columbia Presbyterian Medical Center

Reiki was used in the operating room of the Columbia Presbyterian Medical Center in New York City. The New York Times magazine reported about the use of Reiki during open-heart surgeries and heart transplantations performed by Dr. Mehmet Oz. Of the 11 heart patients treated with Reiki by Reiki Master Julie Motz, none experienced the usual postoperative depression, the bypass patients



Soothes

had no postoperative pain or leg weakness; and the transplant patients experienced no organ rejection.

Motz, Julie, 1998. 'Hands of Life'. New York; Bantam Books, 1998

The University of Michigan Complementary and Alternative Medicine Research Center is studying Reiki, to determine whether chronic pain in diabetic neuropathy can be controlled, thereby increasing the patients' quality of life. This is one of the first studies of this technique funded by the National Institutes of Health, and has the full support of the University of Michigan Health System.

'Reiki Technique Study to Control Chronic Pain in Diabetic Neuropathy' The Department of Public Relations & Marketing Communications, University of Michigan

Cross Cancer Institute, Edmonton

The purpose of this study was to explore the usefulness of Reiki as an adjuvant to opioid therapy in the management of pain. Since no studies in this area could be found, a pilot study was carried out involving 20 volunteers experiencing pain at 55 sites for a variety of reasons, including cancer.

All Reiki treatments were provided by a certified second-degree Reiki therapist. Pain was measured using both a visual analogue scale (VAS) and a Likert scale immediately before and after the Reiki treatment. Both instruments showed a highly significant reduction in pain following the Reiki treatment.

Cancer Prev Control 1997 Jun;1(2):108-13 'Using Reiki to manage pain: a preliminary report'. Olson K, Hanson J. Cross Cancer Institute, Edmonton, Alta. PMID: 9765732 [PubMed - indexed for MEDLINE]

Hospice of the Valley, Phoenix

Tom was diagnosed with a very aggressive cancer and received only palliative radiation and medication. At the time of diagnosis, his symptoms suggested that he had a very limited life expectancy. With the Reiki and his intent, he was able to achieve his goal of long-term stability with freedom from immobilizing



Soothes

pain and swelling. Tom's comfort and quality of life improved dramatically, and he is living well with his cancer.

Reiki has been associated with dramatic results for many patients. The importance of the patient's intent during Reiki treatments cannot be overemphasized. Some general trends seen with Reiki include: periods of stabilization in which there is time to enjoy the last days of one's life; a peaceful and calm passing if death is imminent; and relief from pain, anxiety, dyspnea and edema.

Reiki is a valuable complement in supporting patients in their end-of-life journey, enhancing the quality of their remaining days.

*Am J Hosp Palliat Care 1997 Jan-Feb; 14(1):31-3 Reiki: a complementary therapy for life.
Bullock M. Hospice of the Valley, Phoenix, Arizona, USA PMID: 9069762 [PubMed - indexed for MEDLINE]*



Soothes

Additional Reiki Research Papers

If you would like to explore more papers, you may like to track down the following:

Algarin, R.

Using REIKI as a harm reduction tool and as a stress management technique for participants and self.

Northeast Conference: Drugs, Sex and Harm Reduction Conference Syllabus. (1995) Harm Reduction Coalition and the Drug Policy Foundation, the ACLU AIDS Project and the City University of New York.

Brewitt, B., Vittetoe, T., Hartwell

The efficacy of Reiki hands-on healing: improvements in spleen and nervous system function as quantified by electrodermal screening.

Alternative Therapies 1997 July; Vol.3. No.4. Available from: Hartwell Healing and Health 2850 228th S.E. #D, Issaquah, WA 98029

Bullock, M.

Reiki: a complementary therapy for life.

Am J Hosp Palliat Care. 1997 Jan; 14(1): 31-33.

Harris, Darryl James R.N., Dip.App.Sc.(Nursing) (UWSN)., B.H.Sc.(Nursing) (UWSN)., MCN(NSW)., MRCNA.

The Mystery and Meaning of Reiki.

This study contributes to nursing knowledge and practice by expanding and supporting previous research on Reiki. It describes the essence of Reiki, thus enabling nurses, and other health care professionals, to better understand this healing art. Implications for nursing education, research, and practice are discussed.

A thesis submitted to the University of Western Sydney Nepean (School of Health & Nursing) in fulfilment of the requirements for the degree of Bachelor of Health Science (Nursing) (Honours), 1998.

Kelner, M. et al

Health care and consumer choice: medical and alternative therapies.

Soc Sci Med. 1997 Jul; 45(2): 203-212.



Soothes

Kelner, M. et al.

Who seeks alternative health care? A profile of the users of five modes of treatment.

J Altern Complement Med. 1997; 3(2): 127-140.

Milton, G., & Chapman, E.

The benefits of Reiki treatment in drug and alcohol rehabilitation programs.

Pathways to healing: Enhancing Life Through Complimentary Therapies, Conference Proceedings 1995 September; 24-25. Canberra: Royal College of Nursing Australia.

Neklason, Zale T.

The effects of Reiki treatment on telepathy and personality traits.

Thesis (M.S. in Counseling) 80 pages --Calif. State University, Hayward, 1987.

Olson, K., Hanson, J.

Reiki to manage pain: a preliminary report.

Cancer Prevention & Control 1997; I(2) Canadian publication

Robertson, A.L.

Pronounced effects of proper Reiki attunement.

American Reiki Master Association Newsletter; I(5),6.

Rosentiel, L.

Hypnosis and Reiki

Journal of Hypnotism 1991 Dec.; 8-10

Schlitz, M., Braud, W.

Reiki-Plus natural healing: an ethnographic/experimental study.

PSI Research 1985 Sept./Dec.; 4(3-4) 100-123.

Available from Mind Science Foundation, 8301 Broadway, #100, San Antonio, TX 78209

Tattam, A.

Reiki--healing and dealing.

Aust Nurs J. 1994 Aug; 2(2): 3.



Thorton, L.

A study of Reiki, An energy field treatment, using Rogers' Science.
1996 Winter; Vol. VIII, No. 3.

Thorton, L.

A study of Reiki using Rogers' Science, Part II
1996 Spring; Vol. VIII, No. 4.

van Sell, SL.

Reiki: an ancient touch therapy.
RN. 1996 Feb; 59(2): 57-59.

Wetzel, W.

Reiki Healing: a physiologic perspective.
Journal of Holistic Nursing 1989; Vol.7, No. 1 47-54.
Available from Wendy Wetzel, 452 Dahlia Street, Fairfield, CA 94533

Wirth, D.P. et al.

Wound healing and complementary therapies: a review.
J Altern Complement Med. 1996; 2(4): 493-502.

Wirth, D.P. et al.

Complementary healing therapies.
Int J Psychosom. 1994; 41(1-4): 61-67.

Wirth, D.P., Chang, R.J., Paxton E. And J.B.

Haematological indicators of complementary healing intervention
Complementary Therapies in Medicine 1996; 4, 14-20.

Wirth, D.P., Brenlan, D.R., Levine, R.J., Rodriguez, C.M.

The effect of complementary healing therapy on postoperative pain after surgical removal of impacted third molar teeth.
Complementary Therapies in Medicine 1993; 1, 133-138.