

Center for Reiki Research Study Summary

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The effect of Reiki on pain and anxiety in women with abdominal hysterectomies

Reference

Vitale AT and O'Conner. The effect of Reiki on pain and anxiety in women with abdominal hysterectomies. *Holistic Nursing Practice*, 20(6): 263-272, 2006.

Purpose of Study

The purpose of the pilot study was to compare reports of pain and levels of state anxiety in two groups of women (with and without Reiki treatment) after abdominal hysterectomy.

Objective/goals/hypotheses

Underpinned by Rogerian theory (developed by Martha Rogers and applied to touch therapy) the hypothesis of this study was that there would be a greater decrease in pain in subjects adjunctively treated with Reiki touch therapy.

Methods

Twenty-two women, ranging in age from 40 to 73 years and scheduled to undergo hysterectomies for non-cancer diagnoses, were randomly assigned to one of two groups. Patients in the control group (n=12) received traditional nursing care throughout their length of stay. Patients in the treatment group (n=10) were given three 30-minute Reiki treatments per the study regimen. Reiki treatment was given: 1) In the surgery center after an intravenous drip for surgery had been started; 2) 24-hours postoperatively; and 3) 48-hours postoperatively. Treatments two and three were performed in the patient's room.

Reiki treatments were performed by medical center employed registered nurses with a minimum level III certification as a Reiki practitioner and were supervised by a Reiki Master-level RN. For consistency, a standard Reiki hand position protocol was followed with each of 10 hand positions held for 3 minutes each. All participants followed a standard pain medication protocol.

Data were collected using the State component of the State-Trait Anxiety Inventory (STAI) and a visual analog scale for pain measurement. IRB approved demographic information and medical records were obtained for each participant by the principal investigator. This information was used to eliminate differences between the control and treatment groups.

Results

Reports of pain differed in the first 24 hours postoperatively (3.8 for the treatment group versus 5.4 for the control group on a 10-point scale) but not at 48 and 72 hours. Use of pain analgesics was mixed but there was a general lessening of need in the treatment group. Anxiety was positively affected in the treatment group; this was especially noticed in the preoperative setting. The length of surgery was longer for the control group than for the treatment group (mean = 72 minutes for control group versus mean = 59 minutes for treatment group) using the same anesthesia protocol.

Strengths

A well designed pilot study with suitable control and treatment groups. The Reiki treatments were standardized with the same Reiki practitioner administering treatment for a given patient. Data collection was blind. Indication of desirable effect on relaxation preoperatively and at 24 hrs postoperatively, also some effect on pain levels. Interesting observation of shorter surgery duration in Reiki group.

Weaknesses

Small study size and it was unclear whether participants had previous Reiki experience. There was no sham Reiki control group, so effects cannot be distinguished from touch therapy alone, and the participants were unblinded as to treatment group.

Additional comments

Another study that supports the need for further and more extensive study on the effects of Reiki in the health care setting. The indication of shorter surgical procedures for patients receiving preoperative Reiki therapy could have an especially profound impact.

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