

Federally Funded Reiki Study Underway in Washington

By Michael Devitt

While not strictly under the auspices of massage, Reiki (pronounced "ray-key") is nevertheless often practiced in conjunction with bodywork. The word Reiki comes from two Japanese words - *rei*, meaning higher power or universal force, and *ki*, meaning life energy.

Loosely translated, Reiki means universal or spiritually-guided life-force energy.

Practiced for thousands of years throughout Japan, China, Tibet and other Asian nations, Reiki was "rediscovered" in the late 19th century by Dr. Mikao Usui, a Buddhist monk and educator, who used the therapy to heal the sick.¹ In the 1930s, a Japanese-American woman, Hawayo Takata, brought Reiki to the West after she learned the practice from a Reiki master in Japan. Today, Reiki is used as a method of healing illness and reducing stress through light touch or, more commonly, by placing the hands near or above the body in specific positions or patterns. Through these positions, a Reiki practitioner can correct energetic imbalances in the body, improving health and restoring a person's energy levels.

Although the practice of Reiki is widespread - the International Center for Reiki Training estimates there are more than 50,000 Reiki masters and 1 million Reiki practitioners worldwide - and has been purported to help treat conditions ranging from heart disease to impotence, relatively few scientific studies have documented its effectiveness. Researchers at Harborview Medical Center in Seattle are attempting to add to the depth of knowledge about Reiki by using a \$304,000 grant from the National Institutes of Health (NIH) to determine whether it can ease the pain and suffering associated with fibromyalgia, a debilitating rheumatic condition that affects roughly 6 million Americans.

Dr. Nassim Assefi, an internist and women's health specialist at Harborview, will coordinate the research. Dr. Assefi first learned of Reiki when she was doing her residency at Harvard Medical School, and observed one of her patients use the therapy to help lessen cancer pain. Dr. Assefi's patient happened to be a Reiki

master; when she grew too weak to treat herself, the Reiki master who had taught the patient flew to Boston to provide care and help her die peacefully, a situation Dr. Assefi found "moving to watch."

"As a medical student, I had studied traditional Chinese medicine in China, and had seen some remarkable results from *qigong* and acupuncture treatments that could not be explained by the Western biomedical model, so I was already open to the possibility of other healing paradigms," Dr. Assefi explained in an e-mail to *Massage Today*. "Shortly after my patient passed away, Harvard offered me the opportunity to receive Reiki training, and soon thereafter, I integrated Reiki into my everyday patient care. I remain an open-minded skeptic about the mechanism of Reiki, but I have been impressed by my anecdotal experience; every time I use Reiki on patients, they feel better.

"No high-quality studies have thus far been published on the efficacy of Reiki for pain. Thus, I set out to apply the highest scientific standards to objectively answer the question of whether Reiki is beneficial in the treatment of fibromyalgia, a chronic pain syndrome that is not well treated by conventional methods. If Reiki proves to be effective for the treatment of fibromyalgia, our unique clinical study design will help answer preliminary questions about how Reiki works."²



Dr. Nassim Assefi will lead the Reiki study at Harborview Medical Center. The study will involve a total of 100 fibromyalgia patients divided into four groups of 25 participants each, and will take place at three treatment centers in the Seattle area. Patients in each group will receive Reiki treatments twice per week for eight consecutive weeks, with each treatment session lasting approximately 30 minutes. The breakdown of each group is follows:

- The first group will receive direct-contact Reiki from an experienced Reiki master. Patients will be touched lightly in specific spots on the body while lying on a massage table, for up to five minutes per location.
- The second group will receive distant Reiki, also from an experienced Reiki master. Instead of being touched, the Reiki master will send his or her energy to the patient from across the room, without any direct physical contact.

- Patients in the third and fourth groups will also receive direct-contact or distant Reiki. However, treatment will be delivered not by a Reiki master, but by an actor who has been trained in the basics of the practice and merely plays the part of a Reiki master. To maintain a blinded nature throughout the trial, patients will not be told whether they are receiving Reiki from a trained professional or an actor.

Before enrolling in the study, participants will undergo an evaluation of their overall health and functional ability, along with a tender point exam (to determine the severity of pain and discomfort). Patients must also keep a one-week diary that documents the number of times they take analgesic medications. Once enrolled in the study, patients will complete brief questionnaires about their pain levels and health status at each treatment visit. In addition, every four weeks during the treatment phase of the study, as well as three months after the last treatment, participants will undergo an assessment identical to the initial evaluation, including questionnaires and pain/threshold testing.

Upon completion of the study, the results of each group will be compared and analyzed for publication in a medical journal. According to Roxane Geller, a licensed acupuncturist and research coordinator at Harborview, initial work on the study could be finished as early as July 2004, with a detailed analysis completed by the end of this year or early 2005.³ Study participants will also have access to the results through a secure Web site.

The Seattle research project marks the second time in the past few years that a major Reiki study has been funded by a grant from the NIH. The first grant was given to the University of Michigan Complementary Research Center in Ann Arbor, to study the effects of Reiki on approximately 200 people with diabetic neuropathy. While the initial findings of the Michigan study were completed in June 2003, the results are still being analyzed and will not be released until later this year.⁴

As we go to press, there are approximately 30 spots still available for patients interested in enrolling in the study; the researchers hope to finish recruiting by the end of February. For more information, or to be a part of the Reiki program, call (206) 521-1731 or visit <http://depts.washington.edu/reiki>.

References

1. Robb J. Reiki. Accessed at A Healthy Me! (www.ahealthyme.com).
2. E-mail sent by Nassim Assefi, MD, to *Massage Today*, Jan. 15, 2004.
3. Telephone conversation with Roxane Geller, LAc, Jan. 15, 2004.

4. Ortiz L. Helping hands: an alternative pain management therapy is moving toward the mainstream.
Detroit Free Press. Nov. 11, 2003.

[IMAGE]

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