

Center for Reiki Research Study Summary

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Biological correlates of Reiki Touchsm healing

Reference

Wardell D.W. & Engebretson J. Biological correlates of Reiki Touch sm healing. *Journal of Advanced Nursing*, 33(4), 439-445, 2001.

Purpose of Study

This study evaluated the effects of Reiki by measuring several indicators of stress.

Objective/goals/hypotheses

The study asked, "What is the effect of Reiki on anxiety and physiological measures over time?" The physiological measures included blood pressure, skin conductance and temperature, and amount of cortisol and IgA in the saliva (part of the body's immune system). The investigators proposed using this physical data to measure the relaxation response to a Reiki treatment.

Methods

The study used a single group with repeated measures over time (before and after Reiki). A convenience sample of 23 healthy adult men and women participated; none had immune system, kidney, or major cardiovascular problems. None had ever received Reiki, although 15 had previously received other complementary therapies.

Participants were monitored before, during, and after a single 30 minute Reiki session. Both before and after the session, they provided samples of saliva, and completed a questionnaire to assess anxiety. Blood pressure, skin temperature, and skin conductance were measured 10 minutes before the session, then during and 10 minutes after the session. The investigators used analysis of variance (ANOVA) to compare data.

Results

Reported anxiety was significantly reduced. Salivary IgA levels rose significantly, possibly showing an increase in immune function according to the authors. However, cortisol showed no significant change. There was a significant drop in systolic blood pressure. Skin temperature increased and electromyography readings (measuring skin conductance) decreased during the session, but both returned to baseline after the session ended.

Strengths

A single Reiki practitioner was used for all treatments, providing some consistency. Reiki was the only treatment used in the study (ie no multiple treatments)

Weaknesses

- No control group. Convenience sample consisting mainly of highly educated white females.
- Neither data collectors nor participants were blinded as to the treatment.

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