

Center for Reiki Research Study Summary

www.centerforreikiresearch.org

Reiki for the treatment of fibromyalgia: a randomized controlled trial

Reference

Assefi N, Bogart A, Goldberg J, and Buchwald, D. Reiki for the treatment of fibromyalgia: a randomized controlled trial. *J Altern Complement Med.*, 14(9): 1115–1122, 2008

Purpose of Study

The purpose of this study was to investigate whether Reiki is beneficial as an adjunctive treatment for fibromyalgia.

Objective/goals/hypotheses

The primary objective was to measure subjective pain. The secondary objective was to assess differences in physical and mental functioning, medication use, and health provider visits

Methods

This was a randomized, blinded, sham-controlled trial of Reiki for chronic pain. 100 participants (92% female, 80% Caucasian, mean age range 45-52 years among groups) were assigned to one of four treatment groups consisting of 2 treatments weekly for 8 weeks (16 treatments). Two groups received direct contact Reiki delivered at the 12 standardized hand positions by either a Reiki Master or actor, and two groups received distant Reiki administered from approximately 2 feet away either by a master or actor who mimicked the master's sending position. Participants who received at least 12 treatments (75%) were considered to have completed a full course. Seven (7) participants dropped out of the study prior to receiving any therapy. An additional 12 participants dropped out after receiving 1–8 treatments. All research personnel who collected, monitored, and analyzed data were unaware of treatment group. Reiki masters and actors could not be blinded to group assignments and participants could not be blinded to direct versus distant therapy.

Pain was measured by visual analog scale (VAS) at weeks 4, 8, and 20 (3 months following end of treatment). Secondary outcomes of physical and mental functioning were measured using the Medical Outcomes Study 36-item Short-Form Health Survey. Participants' pain medication use and number of health care provider visits at baseline were compared with those of the previous 7 days at weeks 4, 8, and 20. Participant blinding and adverse effects were ascertained by self report.

Improvement between groups was examined in an intention-to-treat analysis. Generalized estimating equations were used to model the association between treatment group and the VAS and functional outcomes, number of pain medications, number of health care provider visits, and adverse events. Missing data were accounted for.

Results

Neither Reiki nor touch had any effect on pain or any of the secondary outcomes. All outcome measures were nearly identical among the 4 treatment groups during the course of the trial.

Strengths

The study has several strengths including the use of sham Reiki providers to control for both touch and healing intention; a study design that accounted for the potential placebo effects of light touch; the blinding of participants, data collectors, and data analysts; a low rate of attrition; and the use of standard, validated outcome measures for fibromyalgia.

Weaknesses

The study also had some limitations: the sample size was modest and the study was not powered to detect subtle changes; standardized Reiki positions were used that did not cater to individualized participant need; treatment intensity or duration may have been insufficient for a chronic pain disorder; and the trial was so tightly controlled that it may not represent the optimal circumstances for healing to take place.

Additional comments

Overall, this study was very well designed and executed. While females are disproportionately represented, this does not pose a problem since women are more likely than men (7:1) to suffer from fibromyalgia. Also, while the sample size was of sufficient size, it was not large enough to provide adequate statistical power given the number of outcomes and group assignments.

Copyright Information

The material on this web site is the copyrighted property of Center for Reiki Research. The information is provided free of charge to those who have become members and membership is also free. You have permission to read it and print it as well as share the printed material with others. You do not have permission to edit the information, copy and paste from it or place it on your web site. If you'd like to share this material with your friends, please ask them to sign up and log on to www.centerforreikiresearch.org