

Center for Reiki Research Study Summary

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Effect of Reiki Treatments on Functional Recovery in Patients in Post stroke Rehabilitation: A Pilot Study

Reference

Shiflett SC et al. Effect of Reiki Treatments on Functional Recovery in Patients in Post stroke Rehabilitation: A Pilot Study. *Journal of Alternative and Complementary Medicine*, 8(6): 755–763, 2002.

Purpose of Study

Utilize a controlled research design to evaluate the effectiveness of Reiki on hospitalized patients.

Objective/goals/hypotheses

An objective of this exploratory study was to evaluate the effectiveness of Reiki as an adjunctive treatment for patients with subacute stroke who were receiving standard rehabilitation as inpatients.

Methods

This modified, randomized, placebo-controlled, double-blinded study examined the effects of Reiki on functional (physical) independence and depressed mood in patients who had experienced an ischemic stroke.

Thirty (30) patients (19 males, mean age range 69.3-76.6 years; and 11 females, mean age range 70.6-81.0 years) were randomized to one of the three Reiki treatment arms: Reiki master, Reiki practitioner, and sham Reiki provider. Each patient received from 6-10, 30-minute treatments over a 2-1/2-week period. An additional 20 patients were randomly selected from hospital records and assigned to a control arm that received no Reiki treatments in addition to standard rehabilitation. The control group was made up of 10 male and 10 female subjects had a mean age of 67.2 years.

Two well-known, routinely-used measures were employed to measure patient physical function and depressed mood. An initial average score that assessed a patient's condition as being at least moderately severe was used to try and determine a clinically meaningful effect.

Results

No effects of Reiki were found on physical function or depression scores. . Reiki did not have any clinically meaningful effect on stroke recovery in patients receiving standard-of-care rehabilitation therapy. Data for the cognitive portion of the functional assessment were not obtained.

Post hoc analyses suggested that Reiki may have had limited effects on mood and energy levels. Selective positive effects on mood and energy were not the result of receiving attention or of placebo effects.

Key implications

The results raise doubt as to the extent to which Reiki can help in functional recovery in patients with sub acute stroke; however, there is evidence that there is a selective improvement in some of the subjective components of the depression scale.

Strengths

Randomized, placebo-controlled, double-blinded study. Study design, implementation, and analysis were all very satisfactory.

Weaknesses

The measures used in this short-term study may not be a good measure of recovery and may not be sensitive enough to detect differences attributable to Reiki. Missing data on the cognitive portion of the functional assessment is a limitation on a full test of the effectiveness of Reiki in stroke recovery because Reiki is often said to have an effect on cognition. More outcome measures over a longer period of time might provide evidence for the longer term impact of Reiki that is currently unavailable. Relatively small sample size and control group did not receive assessment of depressed mood.

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