

COMMENTARY

Effect of Reiki on Symptom Management in Oncology

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Abstract

Reiki is a form of energy therapy in which the therapist, with or without light touch, is believed to access universal energy sources that can strengthen the body's ability to heal itself, reduce inflammation, and relieve pain and stress. There is currently no licensing for Reiki nor, given its apparent low risk, is there likely to be. Reiki appears to be generally safe, and serious adverse effects have not been reported. So in this article provides coverage of how to use Reiki in oncology services.

Keywords: Reiki - oncology services - symptom management

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Introduction

Reiki was discovered by a Buddhist monk named Usui. The practice of Reiki grew in Japan and after than brought to Hawaii in the 1930s by Hawayo Takata who was a Japanese-Hawaiian woman. Mrs Takata brought the practice of Reiki to California in the United States in early 1970 (Brathovde, 2006; Vitale, 2007; Toms, 2011). Reiki is a energy approaches and akin to Qigong, therapeutic touch. It is a system of laying on of hands which Reiki advocates believe has the capacity to heal the physical body and mind, and bring emotional and spiritual balance (Potter, 2007; Bowden et al., 2010; Birocco et al., 2012).

The word Reiki is made up of two Japanese words. Rei (sometimes thought of as a supreme being) and ki (meaning universal life energy) (Lee et al., 2008; Richeson et al., 2010; Birocco et al., 2012). Everything in the universe is made up of energy. This energy including the human body and disruption in that energy can cause illness or disease. Reiki supports the individual's energy to become "restored, free-flowing or balanced and one is more likely to feel relaxed and the body's own innate healing abilities are 'jump-started' and utilized for healing" (Moore, 2005). The therapist, is believed to access universal energy sources that can strengthen the body's ability to heal itself, reduce inflammation, and relieve pain and stress. The therapist send to energy with or without light touch (Brathovde, 2006; Cuneo et al., 2011; Toms, 2011).

There is currently no licensing for Reiki nor, given its apparent low risk, is there likely to be. Reiki appears to be generally safe, and serious adverse effects have not been reported (Lee et al., 2008). There are only a few published investigations on Reiki use and patient-centered outcomes and only one completed investigation on the

potential Reiki benefits to the practitioner (Vitale, 2007). It has been applied to persons who are stressed, anxious, fatigued, sedated, or unconscious and during or following painful medical Procedures (Toms, 2011).

These values are consistent with the belief that the human body needs a continuous flow of life force energy for sustained health and wellness. It is also believed that health and healing involve the integration of the human and environmental energetic fields and a mind-body-spirit connection. Energy balance or harmony involves biopsychosocial and spiritual integration, commonly expressed as physical and spiritual healing (Vitale, 2007; Lee et al., 2008).

The use of Reiki has increased among nurses and others, such as physicians in the last 10 years. Rehabilitation therapists who practice this modality in patient care in hospitals, hospice care settings, emergency departments, psychiatric settings, nursing homes, operating rooms, family practice, and many other settings (Miles and True, 2003; Vitale, 2007).

The National Center of Complementary and Alternative Medicine depicts a growing interest among consumers and health care providers, in complementary and alternative therapies and energy-based touch therapies. Touch therapies growing in popularity include therapeutic touch; healing touch; and, in recent years. Reiki is not dependent on high-tech care, and inexpensive, and can promote holism in caring-healing approach in patient care and self-care (National Center for Complementary and Alternative Medicine, 2008; Kryak and Vitale, 2011).

According to the Center for Reiki Research, recent Reiki research findings shows that decreased pain, depression, anxiety in patient care management (The Center for Reiki Research, 2010; Kryak and Vitale, 2011). Reiki, a noninvasive non pharmacological therapy and is

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offered to patients with cancer in hospitals and hospices (Miles and True, 2003; Burden et al., 2005).

Health care professionals are at the fore front for both the integration of Reiki into traditional health care practice and research (Baldwin et al., 2010; Kryak and Vitale, 2011). There has been increasing interest in complementary and alternative therapy and There was a significant gap in the literature regarding studies involving Reiki that were grounded in health care science (Ring, 2009).

One of the phenomenological, qualitative study reported that 75% of the nurses who practiced Reiki reported feeling more peaceful, calm, and relaxed while providing a Reiki session and this 75% of the nurse also felt increased satisfaction compared with previous or present nursing work (Whelan and Wishnia, 2003).

So Reiki practiced usefully patients and health professionals (Ring, 2009). Nowadays Reiki is popular in health system of most of the world country. In Turkey, there is a little health professional who is Reiki practice and there are only a few studies.

Reiki and Symptom Management

Symptoms related to cancer and its treatment persist for long periods after diagnosis and treatment and can worsen as the disease becomes more advanced (Sikorskii et al., 2011). Complementary and alternative systems of medicine have been in practice in many countries for centuries, including parts of the world where biomedical healthcare is readily available. It is estimated that around 80% of the developing world's population and about half of the industrialized world's population still depend on the complementary and alternative systems of medicine (Bodeker and Kronenberg, 2002; Sikorskii et al., 2011).

Cancer patients using CAM (Complementary and Alternative Medicine) represent a considerable challenge for oncologists. Terms of patient needs for an informed dialogue regarding CAM because some types of CAM may interact with standard treatments causing adverse effects (Hann et al., 2005; Ernst et al., 2006; Pedersen et al., 2009). One of the study including European countries showed CAM use in a range of 15-73% (Lee et al., 2008). Another study reported that in United States, approximately 38% of adults (about four in 10) were using some form of CAM (National Center for Complementary and Alternative Medicine, 2008). Prevalence of CAM use in Turkish patients with cancer varied between 36 and 81% (Gozum et al., 2003; Ugurluer et al., 2007; Can et al. 2009).

Catlin and Taylor aimed to determine whether provision of Reiki therapy during outpatient chemotherapy is associated with increased comfort and well-being. They included 189 patients receiving chemotherapy and patients were randomly placed into one of three groups which were standard care, a placebo, or an actual Reiki therapy treatment. Pre- and post-tests were given before and after chemotherapy infusion. They found that Reiki therapy was statistically significant in raising the comfort and well-being of patients post-therapy (Catlin and Taylor-Ford, 2011).

While there has been increasing interest in complementary and alternative healing modalities and a little literature which shows effect of reiki at symptom management at oncology. This article shows the effects of reiki with symptom which the cancer patients suffered.

Effect of Reiki on Pain

Olson et al. (2003) included twenty-five adults receiving palliative care for a pain rating greater than or equal to 3 on a 10-point VAS scale and requiring two to five breakthrough dosages of analgesia during the day were included in the study. Reiki treatment; participants also recorded use of analgesic medications in a daily diary. A significant reduction in pain was reported on Days 1 and 4 by the opioid plus Reiki group and reported significant psychological improvement. Patients had been advised to continue their pain medications even if they felt better (Olson et al., 2003).

Birocco et al. investigated effects of reiki therapy on pain and anxiety in patients attending a day oncology and infusion services unit. They found that the sessions were considered helpful to improve well-being (70%), relaxation (88%), pain relief (45%), sleep quality (34%), and reduce anxiety. Pain reduction of 50% in mean scores after each treatment. The statistical significance between the first and the fourth treatment (Birocco et al., 2012).

Lee et al. (2008) conducted a systematic review of RCTs for the purpose of investigating whether Reiki is beneficial for pain management. Five RCTs met the inclusion criteria and were reviewed. Two of these studies reported statistically significant reductions in pain when Reiki was used in addition to opioid agents, rest, or conventional nursing care.

Another systematic review, twenty four studies involving 1153 participants met the inclusion criteria. There were five, sixteen and three studies on Healing Touch, Therapeutic Touch and Reiki respectively. In this study reported that more experienced practitioners appeared to yield greater effects in pain reduction (So et al., 2012).

Effect of Reiki on Anxiety, Depression

Potter conducted a randomized pilot study to determine the feasibility of testing Reiki for reducing anxiety and depression associated with breast biopsy. There was not a statistically effective in the pilot group (Potter, 2007).

Birocco et al. (2012) found that the sessions were considered helpful to improve well-being (70%), relaxation (88%), pain relief (45%), sleep quality (34%), and reduce anxiety. Reiki seems to be a promising aid in anxiety control, with a marked reduction in the mean score after each treatment and a decrease of one third after 4 treatments.

Effect of Reiki on Fatigue and Quality of Life

Tsang et al. investigated the therapeutic effects of reiki on fatigue and quality of life in cancer patients in a cross-over trial. Sixteen patients were included this study

and Fatigue decreased within the reiki session over the course of all seven treatments compared with the rest session. There was no intergroup difference compared with the control group. They reported that quality of life was significantly improved with the reiki sessions compared with rest (Tsang et al., 2007).

Conclusion

Reiki energy work is now used in to health care foster wellness, reduce stress, and increase relaxation, with increasing awareness that touch therapies influence the recipient and the practitioner alike. Continued and sustained interest in energy work in health care professional is a part of a proactive vision for a discipline poised for 21st century practice.

There are only a few studies with Reiki and needs to be done a lot of study on this subject in the future. Deng et al. proposed that Energy Therapies based on a philosophy of bioenergy fields are safe and may provide some benefit for reducing stress and enhancing QoL. There is limited evidence as to their efficacy for symptom management, including reducing pain and fatigue. Grade of recommendation: 1B for reducing anxiety; 1C for pain, fatigue, and other symptom management (Deng et al., 2009).

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