

Center for Reiki Research Study Summary

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The effect of distant Reiki on pain in women after elective Caesarean section: a double-blinded randomized controlled trial

Reference

vanderVaart S, Berger H, Tam C, Goh YH, Gijzen VMGJ, de Wildt SN, Tadio A and Koren G. The effect of distant Reiki on pain in women after elective Caesarean section: a double-blinded randomized controlled trial. *BMJ Open* 2011;1:e000021. doi:10.1136/bmjopen-2010-000021

Purpose of Study

The purpose was to test the effectiveness of long distance Reiki therapy as a possible substitute for opioid pain medication for women who have undergone elective Caesarean section owing to the risk of morphine exposure in neonates during breast feeding.

Objective/goals/hypotheses

The objective was to determine if distant Reiki is effective in reducing pain after elective C-section through a randomized double-blinded study. The rationale for the study was based on previous results of pain reduction in women who received Reiki following hysterectomy.

Methods

This was a double-blinded, randomized clinical trial. After applying exclusionary criteria to possible participants, 40 women were randomly assigned to either the treatment group or the control group (standard care). The treatment group received standard care plus three distant 20 minute Reiki sessions from a Reiki Master. The first session was administered on the morning of the C-section, at least 30 min prior to surgery and the second and third on the following two mornings. The unique hospital patient ID was used as the identifier when sending distant Reiki to the participant.

A nurse measured baseline vital signs prior to the first Reiki session (before surgery), post surgery and twice a day on the following 2 days. Pain scores were collected, using a visual analog scale (VAS), prior to surgery and at three specified times each day for three days. Two scores were taken in each instance; one when the patient was at rest, and the other during movement. The calculated outcome parameter was area under the curve of plots of pain score versus time (AUC). Use of analgesic pain medication was monitored. Outcome variables were compared with baseline values and between the two groups using the Student t test, Mann-Whitney U test or Fisher exact test as appropriate.

Results

AUC for pain was not significantly different between the distant Reiki and control groups (mean \pm SD, 212.1 ± 104.7 vs 223.1 ± 117.8 , $p=0.96$), but the sample size was *not adequate* to achieve *statistical significance* for the pain scores. There were no significant differences in opioid consumption or rate of healing. However, the distant Reiki group had a significantly lower heart rate (74.3 ± 8.1 bpm vs 79.8 ± 7.9 bpm, $p=0.003$) and blood pressure (106.4 ± 9.7 mm Hg vs 111.9 ± 11.0 mm Hg, $p=0.02$) post-surgery. Positive trends were observed for all *primary endpoints* related to pain/stress: AUC for pain scores, mean pain score, pain medication consumption, number of patients on opioids on day 1, heart rate, diastolic and systolic blood pressure. A larger number of participants might show statistical significance.

Strengths

This paper is strong on a technical basis since it was double blinded, randomized and controlled with a relatively high sample size.

Weaknesses

The control group received only standard care, but was not 'treated' with distant Reiki from a sham Reiki provider. Yet the sample size was *not adequate* to achieve *statistical significance*. I find it interesting that positive trends were observed in all primary endpoints related to pain/stress: AUC for pain scores, mean pain score, pain medication consumption, number of patients on day 1 on opioids, heart rate, diastolic and systolic blood pressure. The only information that the Reiki practitioner had for each patient was the hospital ID number. The practitioner had never met the patients, did not have their photographs and did not know their names, which may have hindered treatment.

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