Center for Reiki Research Study Summary

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Effects of Reiki energy therapy on saphenous vein incision pain: A randomized clinical trial structure

Reference

Shaybak, E, Effects of Reiki energy therapy on saphenous vein incision pain: A randomized clinical trial structure. *Der Pharmacy Lettre*, 9 (1): 100-109, 2017.

Purpose of Study

The purpose was to determine the effect of energy therapy on saphenous vein incision pain after coronary artery bypass grafting [CABG].

Objective/goals/hypotheses

The objective was to determine if Reiki intervention is a viable non-pharmacological pain management option for nursing staff to offer CABG patients after surgery. Current methods used for non-narcotic & narcotic pain management, as well as unrelieved pain, can cause dangerous states for patients after heart surgery, and may lead to potentially longer hospital stays.

Methods

Forty patients after CABG were randomly assigned to Reiki & sham Reiki groups. The intensity of pain and the sensory and affective (how pin affects emotions) qualities of pain were measured before and after the interventions. The patients under went Reiki healing energy from a Reiki Master and sham Reiki from a nurse untrained in Reiki for 9 minutes [at a distance]. The short and modified version of the McGill pain questionnaire and the Visual Analog Scale were used for pain measurement.

Results

There was a significant difference between the Reiki and sham Reiki groups in the main scores of pain sensory quality in the legs. However, no statistically significant difference was found between the two groups in the mean scores of pain severity and affective quality of pain in the legs.

Strengths

The study confirms previously published research that Reiki is an effective non-pharmacological option for pain relief and a particular strength is the use of non-touch Reiki treatment eliminating possibility of pain relief through slight touch.

Weaknesses

The weaknesses are as follows: No standard of care group; Reiki and Sham Reiki intervention was not offered until the 4th day after surgery, on average; Reiki intervention lasted 9 minutes only; and that very brief amount of time even, on occasion, was interrupted by nursing & medical care.

Additional comments

It is significant to note that these positive results were achieved with so brief a Reiki session, under such conditions. This strong study which validates the need for a larger scale study (adjusting for the above weaknesses) on non-touch Reiki for pain relief after surgery.

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