



Real-World Outcomes of Reiki as an Integrative Supportive Care Intervention at a Comprehensive Cancer Center in the MENA Region

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Background: Integrative medicine interventions, including Reiki, are increasingly incorporated into oncology supportive care, yet real-world evidence from the Middle East and North Africa (MENA) remains limited. We evaluated patient-reported outcomes following Reiki sessions delivered as part of routine supportive care at a comprehensive cancer center.

Methods: We analyzed 105 oncology patients who received Reiki sessions. Pain and emotional well-being were assessed using the Edmonton Symptom Assessment Scale before and after each session. Session utilization was summarized descriptively. Linear mixed-effects models with patient-level random intercepts evaluated post-session pain while accounting for repeated measures. Bivariate and multivariable regression examined associations between demographic and clinical factors and post-session pain.

Results: Patients received a median of 3 Reiki sessions (IQR 1–7; mean 5.7 ± 7.8 ; range 1–53). Across 594 sessions, post-session pain scores were consistently lower than pre-session scores. Pre-session pain was the strongest predictor of post-session pain ($\beta = 0.28$, $p < 2 \times 10^{-16}$), indicating meaningful session-specific pain reduction. Cumulative session number was not independently associated with pain. Male sex was associated with higher post-session pain ($\beta = 1.44$, $p = 0.0028$), while hormonal therapy was associated with higher pain ($\beta = 3.52$, $p = 0.039$). Age and most treatment phases were not significantly associated with outcomes. Patients also frequently reported peacefulness, comfort, grounding, and mental clarity following Reiki.

Conclusions: In this real-world MENA cohort, Reiki was associated with improved patient-reported pain and well-being, supporting its integration into supportive cancer care and the need for prospective controlled studies to define its effectiveness.