

Reiki Therapy is Credible in Oncology. A Possible Analysis...

Zilda Peixoto Alarcao*

Reiki Volunteer Coordinator in Bood Patitation Disease, Hospital Center of Sao Joao EPE, Alameda Prof. Hernâni Monteiro, 4200-319 Porto, Portugal

*Corresponding author: Zilda Peixoto Alarcao, Reiki Volunteer Coordinator in Bood Patitation Disease, Centro Hospitalar de Sao Joao EPE, Alameda Prof. Hernâni Monteiro, 4200-319 Porto, Portugal, Tel: +224964648; E-mail: zilda.alarcao@netcabo.pt

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Abstract

In an earlier article by the author, the effectiveness and efficacy of Reiki Therapy when used as complementary therapy in patients with blood cancer was demonstrated. With the present article, the author invites readers to reflect on the importance of further qualitative research study of Reiki Therapy as complementary holistic therapy in these same patients. This proposal results from the fact that there are cancer variables of weight that could not be considered in the previous investigation and that can be evaluated through the spontaneous testimonies of the patients, the registry of the same and also the analysis of the content of an open question made in the previous investigation. It is therefore urgent to continue to investigate.

Keywords: Blood cancer; Complementary and alternative therapies; Reiki therapy

Introduction

The purpose of this presentation is to share my experience regarding the benefits of Reiki therapy on cancer patients and to discuss with you some issues which I believe need to be taken into account when considering a holistic approach to health and treatment issues. Let's begin by explaining the genesis of my research.

In 2005, I completed a full training and graduation course in Traditional Tibetan Reiki (Third Level) at an international school of Reiki in Lisbon, the Centro de Meditação Solaris Terra Pura. Also in 2005, after attaining the required diplomas, I officially started to practice Reiki therapy – Traditional Tibetan Reiki (Third Level).

I witnessed the way in which this therapy helped those who sought me, for its multiple dimensions: physical, mental, spiritual and emotional dimensions. And I developed, with the help of my School, with extensive research of what was going on in Reiki at an international level, and also with my wish that this therapy was established in Portugal and I was able to leave my contribution in this field. And that was what happened. I developed a research project, at the Centro Hospitalar de S. João (S. João Hospital Complex), which was published in the European Journal of Integrative Medicine, under the title: "The Effect of Reiki Therapy on Quality of Life of Patients with Blood Cancer Disease. Results from a randomized controlled trial" [1].

The project was submitted to the decision makers, the Ethics Commission, the Administration Board and the Direction of Services of the Hospital and was accepted.

The experimental study was carried out at the Blood Cancer Ward, in the isolation area, which comprised eight rooms. This area included all patients (adults) who needed more aggressive chemotherapy, were in the initiation, maintenance or completion phases of different protocols, had relapsed, had serious complications, were in preparation for an autologous transplant and were in palliative care.

The purpose of the study was to demonstrate Reiki's efficiency and efficacy when applied, as a complementary therapy, to inpatients with cancer and the consequent acceptance of this therapy by the scientific community, due to its value. This research had specific purposes, two of which I would like to highlight: (1) assess Reiki's impact, as a complementary therapy, on the quality of life of cancer patients; (2) compare the quality of life of cancer patients who have been submitted or not to Reiki therapy.

The study was conducted during 2 years, from July 2007 to July 2009.

A quantitative methodology was used and the study was experimental, comparative and descriptive. The participants were divided in two groups (true Reiki or sham Reiki).

Data collection was divided in three parts: the first consisted of 13 closed questions, providing demographic data on the participants. The second set of data was the Portuguese version of the WHOQoL-Bref, which was used to assess the quality of life, and also an abbreviated version of the WHOQoL-100 consisting of 26 questions divided into four sessions: Physical, Psychological, Social Relations and Environment [2-4].

The third part of the questionnaire consisted of an open-ended question for the true Reiki group patients to describe what they thought of the Reiki therapy. The answers to this question have not yet been analyzed.

The analysis and statistical processing of the data were conducted by co-author Prof Jaime R.S. Fonseca, who was also of a great assistance in the preparation of the conclusions of the study. The data was submitted to a descriptive and inferential analysis. For comparisons between the results obtained in the two groups, Student's t test was used for the quantitative variables, and for normal and homoscedastic populations, and the non-parametric Mann-Whitney test. The Pearson's correlation coefficient was used to analyze the correlations between the results in the various domains. Finally, clustering methods, via latent class models, were used to identify the characteristics of patients in a multivariate analysis, a comparison with the previously achieved results, in a context of triangulation [5,6].

What is important to know is that the statistical analysis showed that the global quality of life in patients with cancer was better when they received Reiki therapy. The data showed that patients who underwent true Reiki showed significantly more improvements on the general, physical, social relations and environmental dimensions in the quality of life test. Therefore, these results allowed us to conclude that Reiki is an effective and safe therapy in these domains. The findings show that Reiki appears to be an effective and safe option for improving the wellbeing of patients with blood cancer and also support the inclusion of Reiki into the national health services, thereby contributing to the patients' welfare and a better quality of life as a consequence.

Considering that the project was based on the need to know how this therapy can help, in a holistic point of view, to alleviate the suffering of cancer patients in its most significant aspects: stress, expectation, suffering - considering the broadest sense of the term - anxiety, pain, changes in the self-image and the side effects of treatments such as chemotherapy, dignity and death, some key subjects ought to be analyzed:

Reiki

In this part, I will explain what Reiki is and how it works.

Reiki and its method of spiritual and energy healing is thousands of years old, and dates back to the Tibetan Sutras. It has been rediscovered in the nineteenth century by Japanese priest and theologian Dr. Mikao Usui [7]. Reiki gathers together the cosmic essence King, the universal and transcendental energy that surrounds everything that exists in the Universe, with Ki, the individual vital energy to be found in humans, animals, vegetables and minerals [8].

Reiki, as a spiritual practice of healing, increases wellbeing, by stimulating the balance of the whole system: body, mind and spirit [9,10]. Because it is a universal energy, it has no side effects and can be used from birth to death, both for health promotion and for the treatment of diseases. This holistic view is closely linked to the understanding of the action of alternative/complementary therapies, of which Reiki is an example, recognized since 1962, according to the Alma Ata (WHO).

The twentieth century was the stage for new discoveries and new scientific concepts that enabled a better understanding of this universal energy. It was discovered that atoms are systems of energy and information. In 1905, Einstein published the Theory of Relativity: everything in the universe is energy, just with different levels of condensation. Matter is seen as an expression of energy and Man is also matter.

When applying Reiki, the hands of the therapist produce electromagnetic fields, pulsating fields, which cover a wide range of frequencies, according to the needs of the organism, when they are in the process of healing therapy, rather than the hand of a non-healing person, which does not produce these magnetic fields in patients [11].

Reiki therapy consists in directing the energy of the universe through the hands of a channel, the therapist, into the body of the patient, using the main chakras (energetic centers) to stimulate the innate capacity of the receiver. The therapist can touch the patient, lay his/her hands on the patient, or practice Reiki at a distance. Under Reiki, thoughts are considered information systems that alter the vibratory state of atoms and their energetic potential. Therefore, energy "obeys" the information produced by the mind.

The chakras are vortices of vital energy, also known as "prana", located in the human body, as transmitters and receivers of energy. There are hundreds of chakras, but usually the Reiki therapist uses the most important (chakras), which are seven:

- 1st - Base Chakra or Root Chakra
- 2nd - Sacred or Hara Chakra
- 3rd - Solar Plexus Chakra
- 4th - Heart Chakra
- 5th - Throat Chakra or Laryngeal Chakra
- 6th - Frontal Chakra, or Eye of Consciousness
- 7th - Crown Chakra or Coronary Chakra

Each chakra corresponds to a different part of the body, governing the functioning of the organs and glands, as well as the specific aspects of the mental and spiritual, emotional dimensions.

Here is one example of the 6th Chakra:

Location - located between the eyebrows and above these. Eyes, forehead, nostrils, nose, teeth and jaws

Governs - responsible for the CNS in general, the limbic system, memory and concentration in particular

Endocrine glands - thalamus, pineal and pituitary

Emotional - calms, relaxes, reduces stress and pain perception

Mental - greater concentration, positive thinking, improved memory and the development of natural leadership. See through the eyes of the mind....

Spiritual - it favors a clear vision of oneself, the knowledge of oneself, discernment, intuition and imagination.

In Balance - consciousness of our intuition and strength to overcome the world.

Chakras can be blocked, and thus the energy is prevented from flowing. When the energy is blocked, diseases appear at the mental, emotional, spiritual or physical levels. The application of Reiki in human beings promotes a deep cleansing of the cells and energetic bodies (atoms) to balance the physical, mental, emotional and spiritual health.

But Reiki goes further. Reiki is also a therapy of self-help and knowledge of one's inner self, a commitment and abandon to the "other being" (the therapist) with a view to its harmonization, through unconditional love. It is not adequate to consider Reiki a religion, belief, dogma, doctrine, magic or phenomenology ... because it uses universal energy and is based on free will. Reiki can be considered as a Philosophy of Life, because it is governed "by five principles: Just for today: I am calm, I am kind, I trust, I work honestly, I am grateful" [12].

In the course of the therapy, the therapist first fosters a dialogue with the patient to understand what her/his needs are. Respect and confidentiality are of utmost importance here. The therapist uses a language of commitment, affection, empathy and love and is guided by a strong intuition. A calm environment is created, using music that is suitable to each patient. The therapist guides the patient through the breath, to facilitate the relaxation of the body and mind. And the patient is asked to lie down, in a comfortable position, and close

his/her eyes. The therapist then places her/his hands through the main energy centers and feels how the energy flows, staying the necessary time in each chakra.

Countless scientific studies were recently conducted on the scientific value of the Reiki therapy. I list these studies at the end of this article [13-22].

The integration of Complementary and Alternative Medicine (CAM) in healthcare and in the national health systems, of which Reiki is an example, has been subject to continuous debate in several European, American, African and Asian countries, emphasizing Reiki as a complementary therapy.

The findings of the study carried out at Centro Hospitalar de S. João, contribute to considering that CAM offer a potential option to healthcare and should have a greater visibility as a therapeutic practice. I would like to remind that the WHO recently defined CAM as a "sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness" (2013) [23].

I strongly believe that Reiki can play a greater role in the holistic treatment of patients, namely those with cancer, providing them with assistance to go through the illness with dignity and hope and also to face death.

Cancer

Cancer represents an important cause of death for both genders in most of the Western civilizations. In Portugal, cancer is the second cause of death for both men and women (stroke being the first cause). We all know that the simple word "cancer" suggests, almost instantly, a frightening image. As we know, in the great majority of the cases, this disease manifests itself abruptly and is identified following a simple routine analysis and the patient, who was normally working, has to be hospitalized that same day, start chemotherapy as soon as possible and receives no guarantees as to the diagnosis and prognosis. The patient with cancer is usually a person who is angry with the world. She/he goes through different phases – denial, anger, negotiation, depression and finally acceptance – so often referred by clinical psychologists. The diagnosis of cancer is experienced as a time of distress and anxiety and this illness is frequently labeled as painful and deadly.

After the diagnosis and throughout the treatment, patients experience pain and loss of physical capacities and are faced with uncertainty about the future, which increases their anxiety [24].

The etiology of anxiety in cancer patients is multifocal and persists throughout the duration of the disease process with significant levels of buoyancy, depending on the type of personality, the different stages of the disease, the adopted therapeutic measures, the prognosis associated and the spiritual growth that each patient experiences [25].

Dignity and hope

When dealing with patients, we need to treat them with dignity. What is it that is meant by this word? Dignity is intimately linked to the "being" of each person, to his/her own lived experiences, to his/her cultural background, the strength of the family ties and DNA. It also depends largely on the person's ability to preserve her/his own autonomy (for instance, to wash herself/himself). At the same time,

dignity protects the intimate life of a person. And dignity goes hand-in-hand with hope, as confirmed by the adage "hope is the last to die." The way we take care of hope is one of the most delicate tasks when the patient is close to death. And we are not taking care of the dignity of the patient when we are untrue about the prognostic or when we turn our faces away from death ... This is equally true when facing our own mortality, thus separating ourselves from the sense of life. The actions that hurt someone's dignity are mostly related to the loss of autonomy, such as allowing others to wash us [26].

Care for a dignified death

When death is there, our role is to assist the patient to die in peace and calm. This is an ideal as noble as preventing death. Fortunately, there has been a change in the definition of death, which is no longer considered a series of organ failures but rather a phenomenon that occurs when technical intervention is no longer effective, that is, death is just an irreparable malfunction [27]. On the other hand, palliative care philosophy often denies the positive sense of caring, giving priority to the recognition of a medicine of the departure, as a triumph over the enemy of the death, but with the nobility of a multidisciplinary team that brings dignity to the act of dying.

The role of spirituality

All these considerations around holistic treatments bring me to the notion of spirituality. In a scientific study aimed at determining whether spirituality could influence the quality of life of cancer patients undergoing chemotherapy, it was concluded that the higher the level of spirituality of the patients, the greater the quality of life in general, especially in terms of their physical, functional and emotional well-being [28].

Spirituality is a set of all emotions and beliefs of the non-material, with the assumption that there is more to life than being fully realized or understood, emphasizing the issues as the meaning and purpose of life, not limited to any particular religious belief or practice.

Please note that religiosity and spirituality are not the same thing. Religiosity is related to a certain degree of participation or adherence to the beliefs and practices of a given religious system, while spirituality is seen as a dynamic, personal and experimental process that seeks to attribute meaning to the sense of life, which may or not contribute to the practice of a religious creed. Thus, religion is institutional, dogmatic and restrictive, while spirituality presents itself as personal, subjective and emphasizing life.

Areas for further research

The field investigation and my experience as a nurse specialist in oncology led me to the knowledge that there were several parameters with relevance to the clinical symptomatology that could not be evaluated by the questionnaire that I mentioned above, even if they were observed by the researcher and/or verbalized by the patients and health professionals.

A certain number of aspects that were not part of the WHOQOL-Bref tool, which appeared in my records and in the dialogues with the patients and professionals, came to light at end of the investigation (2011) and when the preliminary findings were widely circulated in the media. As feedback from the study, they cover the following matters:

- Decrease/suppress stress, fears and worries

- Decrease/suppress the effects of chemotherapy
- Decrease anxiety
- Promote trust in the treatment, the team and in oneself
- Learn to manage the emotions
- Decrease/suppress suffering (knowledge of the inner self)
- Internalization of new values
- Relaxation and lightness in thoughts
- Believing in a new day and strength to overcome the treatment, the disease
- Inner peace
- Recognition of the value of therapy
- Die with serenity

We have now to build on the quantitative research conducted on the efficiency and effectiveness of Reiki when applied to patients with blood cancer. We need to explore, in particular, the patients' spontaneous testimonies to the media, analyze the content of the answers to the open-question of the questionnaire and consider the need for a qualitative approach to research.

Conclusion

My final words are to remind that the purpose of the research that we conducted also included the acceptance of the scientific value of Reiki therapy as a complementary therapy, and the fact that the hospital where I work has institutionalized this therapy since 2012 as a complementary therapy for patients with blood cancer, thus becoming the first hospital in Portugal to accept the practice of this therapy. I am the coordinator of this service that now counts with 8 other collaborators and offers Reiki Therapy on a volunteer basis.

With this background experience, I am strongly committed to further promote research and bring to it more knowledge and more practical know-how, to help, with love, to improve the quality of life of these patients in the multiple facets of the disease...

Clearly, this is the path I want to take to pursue with that research.

References

1. Alarcão Z, Fonseca JRS (2016) The effect of Reiki therapy on quality of life of patients with blood cancer: Results from a randomized controlled trial. *Eur J Integr Med* 8: 239-249.
2. WHOQOL Group (1994) Development of the WHOQOL: Rationale and current status. *Int J Ment Health* 23: 24-56.
3. WHOQOL Group (1998) Development of the World Health Organization WHOQOL-BREF quality of life assessment. *Psychol Med* 28: 551-558.
4. Serra AV, Canavarro MC, Simões MR, Pereira M, Gameiro S, et al. (2006) Psychometric studies of the World Health Organization (WHOQOL-100) quality of life assessment instrument for Portuguese from Portugal. *Clin Psychiatry* 27: 41-49.
5. Leech NL, Onwuegbuzie AJ (2007) An array of Qualitative Data Analysis Tools: a call for data analysis triangulation. *School Psychol Quarter* 22: 557-584.
6. Fonseca JRS (2012) Clustering in the field of social sciences: that's your choice. *Int J Soc Res Methodol* 16: 403-428.
7. Baldwin AL, Vitale A, Brownell E, Scicinski J, Kearns M, et al. (2010) The touchstone process: an ongoing critical evaluation of Reiki in the scientific literature. *Holist Nurs Pract* 24: 260-276.
8. Coakley AB, Barron AM (2012) Energy therapies in oncology nursing. *Semin Oncol Nurs* 28: 55-63.
9. Sadock BJ, Sadock VA (2003) Kaplan and Sadock's synopsis of psychiatry: behavioral sciences clinical psychiatry. (9th edn.) Philadelphia, PA: Lippincott, Williams and Williams..
10. Pizzorno J (2004) Building community. *Integr Med* 2: 3-7.
11. Oschman J (2002) Science and the Human Energy Field. *Reiki News Magazine*, Winter.
12. Carli J (2012) Reiki como filosofia de vida, Editora Dinalivro, (1st edn.) Lisboa, Portugal.
13. Kundu A, Dolan-Oves R, Dimmers MA, Towle CB, Doorenbos AZ (2013) Reiki training for caregivers of hospitalized pediatric patients: a pilot program. *Complement Ther Clin Pract* 19: 50-54.
14. Tarantino B, Earley M, Audia D, D'Adamo C, Berman B (2013) Qualitative and quantitative evaluation of a pilot integrative coping and resiliency program for healthcare professionals, *Explore (NY)* 9: 44-47.
15. Marcus DA, Blazek-O'Neill B, Kopar JL (2013) Symptomatic improvement reported after receiving Reiki at a cancer infusion center. *Am J Hosp Palliat Care* 30: 216-217.
16. Bourque AL, Sullivan ME, Winter MR (2012) Reiki as a pain management adjunct in screening colonoscopy. *Gastroenterol Nurs* 35: 308-312.
17. Birocco N, Guillame C, Storto S, Ritorto G, Catino C, et al. (2012) The effects of Reiki therapy on pain and anxiety in patients attending a day oncology and infusion services unit. *Am J Hosp Palliat Care* 29: 290-294.
18. Diaz-Rodriguez L, Arroyo-Morales M, Cantareto-Villanueva I, Fernández-Lao C, Polley M, et al. (2011) The application of Reiki in nurses diagnosed with Burnout Syndrome has beneficial effects on concentration of salivary IgA and blood pressure. *Rev Latino-Am Enfermagem* 19: 5.
19. Diaz-Rodriguez L, Arroyo-Morales M, Fernández-de-las-Peñas C, García-Lafuente F, García-Royo C, et al. (2011) Immediate effects of Reiki on heart rate variability, cortisol levels, and body temperature in health care professionals with burnout, *Biol Res Nurs* 13: 376-382.
20. Bowden D, Goddard L, Gruzelier J (2011) Randomised controlled single-blind trial of the efficacy of reiki at benefitting mood and well-being. *Evid Based Complement Alternat Med*.
21. Richeson NE, Spross JA, Lutz K, Peng C (2010) Effects of Reiki on anxiety, depression, pain, and physiological factors in community-dwelling older adults. *Res Gerontol Nurs* 3: 187-199.
22. Dressin LJ, Singg S (1998) Effects of Reiki on pain and selected affective and personality variables of chronically ill patients, *Subtle Energies Energy Med* 9: 51-82.
23. Comité Regional Africano (2013) Reforçar O Papel Da Medicina Tradicional Nos Sistemas De Saúde: Uma Estratégia Para A Região Africana.
24. Venâncio JL (2004) Importância da atuação no tratamento de mulheres com câncer de mama, *Revista Brasileira de Cancerologia* 50: 55-63.
25. Callahan D (1999) The social sciences and the task of bioethics. *Daedalus* 128: 275-294.
26. Pestana JP, Esteves D, Conboy J (2007) O papel da espiritualidade na qualidade de vida dos doentes oncológicos em quimioterapia. *Cons-Ciências Porto: Edições Universidade Fernando Pessoa. CTEC* 3: 125-158.
27. Koren ME, Papadimitriou C (2013) Spirituality of staff nurses: application of modeling and role modeling theory. *Holist Nurs Pract* 27: 37-44.
28. Pinto C, Pais-Ribeiro JL (2007) Construção de uma Escala de Avaliação da Espiritualidade em Contexto de Saúde. *Arquivos de Medicina* 21: 2.