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PRELIMINARY REPORT ON THE USE OF REIKI FOR HIV-RELATED PAIN AND ANXIETY

An educational program teaching patients First degree (light touch) Reiki was implemented in the hopes that Reiki might reduce pain and anxiety in out-patients with HIV/AIDS at an inner city hospital clinic. Patients were referred to First degree Reiki classes by primary care physicians and psychiatrists to manage anxiety, insomnia and pain, and to support substance abuse treatment. Patients had emotional disturbances ranging from anxiety and depression to mild psychosis. Their reported pain included peripheral neuropathy, gastrointestinal distress, myalgias, and headaches. Many patients were motivated by a belief that reducing stress could enhance immune function.

Reiki is a system of subtle vibrational healing that purports to balance the biofield, the subtle energy field that surrounds and interpenetrates the physical body, inducing relaxation and promoting well-being.¹ Patients in the classes were tested to see if there would be measurable anxiety and pain related responses to 20 minutes of either self-treatment or treatment by another student. Scales used were the State Trait Anxiety Inventory (STAI) and Visual Analog Scale (VAS). The STAI is a standard measure of anxiety, in which respondents score 20 statements on a scale of 1 to 4; the range of possible responses is 20-80. The VAS is a standard pain measure.

The First degree Reiki training was given in 4 four-hour sessions on consecutive weekdays. Patients were assessed on days 3 and 4 to determine whether there were changes in anxiety and pain related responses after 20 minutes of either self-treatment or treatment by another student. Thirty students participated in the program evaluation. Students were given two sets of scales, one for pre-treatment assessment and the other for post-treatment evaluation. Each form was coded for both the subject and the type of treatment (self-treatment or student-to-student). The Reiki students filled out the forms in a silent

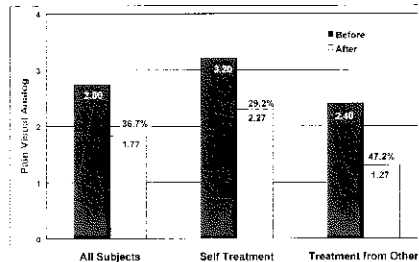


FIGURE 1 Pre- and post-assessment visual analog report of current pain, means and percent change.

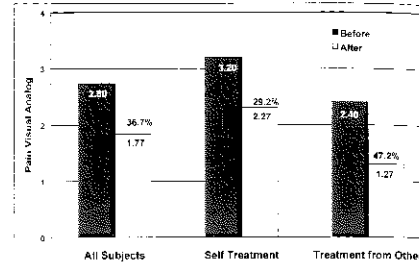


FIGURE 2 Pre- and post-assessment state anxiety scores, means and percent change.

room, according to how they felt in the present moment, before and after treatment. The evaluations were anonymous.

In an evaluation of the program, it was noted there was a decline in reported pain after the Reiki treatment; on an 11-point scale, the average pain rating dropped from 2.73 to 1.83. Results were similar for the anxiety scale, with mean anxiety dropping from 32.6 to 22.8. There was no significant difference in pain or anxiety reduction as a function of whether the Reiki was self-administered or administered by another.

Discussion

Several factors converge to complicate biomedical treatment of HIV/AIDS in inner city out-patient-clinics. The population served often has multiple diagnoses, including psychiatric diagnoses, AIDS, hepatitis C, and substance abuse. In addition, they face the challenges of the urban poor—homelessness, poverty, and weak social support networks. The most advanced and effective biomedical HIV treatment, highly active anti-retroviral therapy (HAART), places high demands on patients. HAART must be self-administered according to complicated protocols which require strict adherence to maintain effectiveness. Comprehensive HIV/AIDS care clinics frequently include Reiki, acupuncture, shiatsu, massage, hatha yoga, and meditation as part of a multi-disciplinary approach to enhance adherence to medical treatment.²

The decrease in reported pain and feelings of anxiety after a short, 20-minute

Reiki treatment in both treatment groups was encouraging. The fact that self treatment was as effective for pain as treatment received from another is particularly interesting. It is not possible to rule out a variety of non-specific effects as alternate explanations for these results. The rapid reduction in pain and anxiety is nevertheless an important outcome, and this program evaluation provides information useful in designing a formal study of Reiki as an adjunctive treatment for these conditions.

The high completion rate was encouraging given this patient population is often in emotional and/or physical pain, has difficult life circumstances, and many patients traveled more than an hour each way to the clinic. Training HIV patients in First degree Reiki may be a cost effective way to support biomedical treatment of HIV/AIDS by empowering patients with an effective tool to reduce pain and anxiety. Formal research to determine the full extent of the benefit is warranted.

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