

Reiki International Magazine

A Call for Case Reports

Recipients of Reiki commonly report profound relaxation, enhanced well-being, improved sleep, and lessening of pain. These effects stabilize with regular treatment, over time producing a wide range of benefits from better digestion to increased satisfaction in relationships. Reiki's simple grace has been used to soothe an injured child in an emergency, offer support to surgical patients, and bring peace at end of life. Given the many benefits of this gentle therapy, why do so many suffer without access to Reiki treatment? There a host of reasons, not the least of which is dismissal by the conventional medical community.

Physicians are trained to be skeptical about anything they did not learn in medical school. They understandably need empirical proof that any therapy is both effective and safe for their patients. Proof is achieved in medical research by randomized double-blind clinical trials (RCTs). These highly controlled studies are designed to separate effective from ineffective treatments by isolating a single variable in a bias-free environment. Though a handful of RCTs published in medical journals have found Reiki efficacious for specific purposes, Reiki's impact on the complex process of any given patient's healing is hard to capture in a test tube.

Meeting the need for evidence

Editor-in-chief of the medical journal *Alternative Therapies in Health and Medicine*, Dr. David Riley is a leading voice in complementary medicine research. Dr. Riley maintains that clearly documented individual case histories can meet the need for evidence that Reiki works not just in the lab, but also in "a real world medical setting." Dr. Riley explains, "The RCT is not a particularly useful tool to study whether Reiki should be integrated into the mainstream delivery of healthcare or how this process of integration will occur."

Dr. Michael Gnatt collects case histories for the National Foundation for Alternative Medicine in Washington, DC. According to Dr. Gnatt, "Any well documented story in which someone using only Reiki has a positive medical outcome for a condition not known to resolve on its own over time (as for example, back pain or rheumatoid arthritis often do) is a compelling and rare piece of evidence," Dr.Gnatt adds, "More common, and also very useful, are cases in which people use Reiki as part of a comprehensive health program that includes medical and non-medical therapies."

Judith Jacobson, Doctor of Public Health and assistant professor of clinical epidemiology at Columbia University in New York City, concurs. Dr. Jacobson recommends "collecting medical records, including relevant scans, slides, lab test results or pathology reports to document a diagnosis and, where possible, a recovery or improvement." Dr. Jacobson states, "Having a health care professional who isn't either the patient or the Reiki practitioner document the improvement adds to the persuasiveness of the case

report.” Improvement need not mean cure. It may mean living longer than the statistical expectation, or having enhanced quality of life, even at life’s end.

Writing case reports

The trick to writing credible case reports is to describe the event, narrate the story, and report the observations objectively. Keeping the narrative simple requires a level of detachment difficult for those with extensive Reiki experience. It will not work, for example, to assert that Reiki caused the improvement, especially if many interventions were used—which is the case more often than not. However, case reports should include patients’ perceptions of what benefit came from which treatment.

Dr. Jacobson cautions practitioners to “stay alert to the possibility of adverse effects.” A Second Degree practitioner herself, Dr. Jacobson says, “We don’t like to think anything we do has adverse effects, but if we are not alert to this possibility, we are failing in our responsibility to our patients.” Any negative comments or experiences should be included in the case report. Physicians constantly address side effects of medications and procedures, and may be more open to the possibility that Reiki is beneficial if practitioners are open to the possibility of adverse effects from treatment. An adverse effect can be simple—for example, a person who feels better after treatment winds up overexerting. It may also be a reaction which the practitioner sees as healthy, but which makes the receiver uncomfortable, such as feeling temporarily emotional. Even with adverse effects, the benefits often outweigh the risks, but it is important to document the entire experience.

Bringing Reiki into conventional medicine

Collections of case reports impact the direction of research, leading to more systematic observational studies and possibly RCTs. For example, if case studies recording Reiki’s value to asthma sufferers accumulate, Reiki for asthmatics could well become a research priority. If a low-cost, non-invasive intervention such as Reiki enables patients to take less medication, it might also reduce side effects and medical costs. Proof that Reiki can effectively reduce costs through either decreasing dependence on medications or shortening hospital stays would create a strong financial impetus to include Reiki in hospital-based medicine. If Reiki were offered to hospital in-patients, it would be available to those who normally are not able to afford it. Physicians might also prescribe Reiki training for their patients, strengthening prevention through stress reduction and thereby reducing both medical costs and subsequent disability expenses.

Reiki practitioners can build credibility with medical professionals by presenting the case for Reiki in an even-handed manner. The more objective and self-critical the presentation, the better—then physicians don’t have to play the scientific devil’s advocate. Reiki may be mysterious, but it is not irrational. As Hawayo Takata said, remove the cause and the symptoms disappear. The practice can withstand intellectual rigor.

The paradigm of Reiki is broader and deeper than that of conventional medicine. It is the responsibility of Reiki practitioners

to provide physicians with the information they need to recognize what Reiki can offer their patients. The initiative must come from within the Reiki community.

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Preference always given to cases in which diagnosis, treatment, and outcomes are clearly defined. ATHM

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GUIDELINES FOR WRITING A CASE REPORT

- Choose a case in which the diagnosis, treatment, and outcome are all clearly defined and documented.
- Use simple, direct language.
- Include medical documentation—lab tests results, scans, slides, or pathology reports.
- Avoid assuming causality.
- Detail adverse affects.
- Include patient's subjective assessment of the experience.

*Reiki practitioners can help support medical research on Reiki by recording and submitting clearly written, well documented case studies. The Institute for the Advancement of Complementary Therapies (I*ACT) will archive credible studies for future research and possible publication. Refer to the bulleted guidelines when writing. Please submit case reports in English, with the disease condition specified in the title to iact@earthlink.net. It is important to include full contact information (phone, address, email) and specify if you give permission to reproduce. The following is an example.*

Pamela Miles, Reiki Master, is a clinician, educator, researcher and writer in New York City who frequently collaborates with physicians on patient care. She is the founding director of the Institute for the Advancement of Complementary Therapies, an organization dedicated to bringing the wisdom of traditional healing therapies to medical professionals and the consumer.