

Palliative Care Service at the NIH Includes Reiki and Other Mind-Body Modalities
by Pamela Miles

The combination of high-tech, cutting-edge, research science and the mantle of government support makes the National Institutes of Health (NIH) one of the most important and powerful medical institutions in the United States. The NIH is known for being at the forefront of medicine. What is less known is the NIH's pioneering attention to holistic, humanistic clinical care.

The NIH's Warren Grant Magnuson Clinical Center in Bethesda, Maryland provides medical care for all patients participating in NIH research protocols—7,000 in-patients and 68,000 out-patients each year. These patients come from all over the world and suffer a wide range of conditions, including metastatic cancer, cardiovascular disease, infectious disease, multiple sclerosis, sickle cell anemia, diabetes, emphysema, and mental illness. While the center's medical staff address patients' diseases, its Pain and Palliative Care Service (PPCS) addresses their suffering.

According to Ann Berger, MD, MSN, who established the service in August 2000, palliative care includes both pain management and relief from psychosocial/spiritual suffering, and is as appropriate for patients focused on cure as it is at end-of-life. To be effective, Berger explains, palliative care must be initiated early, monitored constantly, and adjusted to patients' changing needs. To this end, PPCS offers ongoing, comprehensive, relationship-based care that is integrated with aggressive cure-directed treatment. PPCS offers family-oriented care that addresses all symptoms that impact quality of life.

PPCS serves patients through a combination of pharmaceutical and non-pharmacologic interventions. The menu of complementary and psychosocial modalities includes acupuncture, Reiki, hypnosis, biofeedback, imagery, relaxation techniques, tai chi, massage therapies, yoga, physical exercise, pet therapy, art therapy, and music therapy. Any of these may be offered separately or in combination therapy with other modalities and/or pharmaceutical treatment. "It's the integration of all the modalities that works," Berger states. In addition, Berger's office houses a traveling tea cart, complete with fine china, garden hats and boas, designed to lift the spirits of patients and staff.

Reiki, a spiritual/vibrational healing practice commonly facilitated through light touch, is one modality that is readily integrated with other therapies. Although it was not on the original menu of services provided by PPCS, Reiki was added after spiritual chaplain and Reiki master Landis Vance observed how quickly it soothed distressed patients during chaplaincy visits. The goal of Reiki treatment is to bring the patient into balance on physical, mental, emotional, and spiritual levels. Reiki is flexible in delivery, in that treatment can be offered either as a stand-alone protocol lasting up to an hour, as a brief intervention, or in combination with any medical procedure, medication, or other

complementary therapy. Vance frequently uses Reiki in combination with other therapies in the outpatient clinic, and observes that it appears to enhance the effectiveness of other interventions.

The Clinical Center's two Reiki masters (advanced Reiki practitioners who can also train others in Reiki) provide most of the Reiki treatment there. However, other medical personnel have been trained to offer Reiki to patients in acute need, to themselves, and to other staff. Occasionally, the Reiki masters at PPCS train patients they are treating, as well as their family members, to practice Reiki to care for themselves and one another. Both Reiki masters report that family members deeply value having a skill to relieve the patient's suffering and to support themselves through the multi-leveled trauma that serious illness brings to a family. Indeed, it is not a specific disease, but rather a patient's overall state that alerts Berger to suggest Reiki, she says. She looks for anxiety, pain, or evidence of emotional or spiritual distress. Since Reiki soothes psycho-social-spiritual discomfort, Berger says it has the potential to benefit anyone. Additionally, there is preliminary research evidence on biological markers that supports Reiki's ability to precipitate the relaxation response.⁽¹⁻³⁾

According to Joani Hartman, massage therapist and Reiki master at the Clinical Center, Reiki has the ability to soothe even patients undergoing painful procedures, and it is not uncommon for patients screaming with intractable pain to become composed within 5-10 minutes of Reiki touch. Hartman says Reiki can effectively address a range of physical pain, the excruciating systemic pain of sickle cell anemia, acute localized cancer pain or overall post-surgical trauma. Berger notes, "Reiki can work on the physical as well as the psychosocial/spiritual levels," and adds, "Reiki addresses not only anxiety and pain, but also the spiritual suffering that frequently presents as anxiety and pain." Berger says, "Reiki gets at issues that we can't always get to in a very non-invasive way, and gives internal peace."

Vance and Berger have noted, for example, that Reiki can gently precipitate a beneficial attitude change when patients are resistant to treatment at any stage, or when they are unresolved and struggling for acceptance at end of life. According to Berger, Reiki can help non-expressive patients—those reticent to share details of their suffering with their caregivers—feel more comfortable verbalizing their needs. Vance reports that after receiving Reiki, patients are frequently more open to other modalities as well.

Vance maintains that the reliability with which Reiki soothes patients has been demonstrated even in the out-patient clinic, with its focus on outcomes that can be duplicated by local caregivers. She says she has seen only one patient receive Reiki without adequate response. Vance's assessment was that the patient simply needed more treatment, but in the results-oriented clinic, if a treatment doesn't yield benefits fast enough, the staff moves on to other options.

Research on Reiki is just beginning. In spite of the lack of data, Reiki is being used increasingly in conventional medical settings because of strong anecdotal evidence, because patients are using it on their own, and because there are no known

contraindications.⁴) Reiki warrants study into both its usefulness in clinical settings and its cost-effectiveness when used either alone or in tandem with other interventions.

Several studies funded by the NIH's National Center for Complementary and Alternative Medicine (NCCAM) are currently investigating Reiki's effectiveness in various clinical settings. These studies include:

The Efficacy of Reiki in the Treatment of Fibromyalgia (a condition characterized by muscle pain and stiffness, and often accompanied by other symptoms such as psychological distress, headaches, and irritable bowel syndrome) at the University of Washington.

Effects of Reiki on Painful Neuropathy and Cardiovascular Risk Factors, at the University of Michigan, to study whether Reiki can improve glycemic control and cardiac autonomic function in diabetic patients with painful neuropathy.

The Use of Reiki for Patients with Advanced AIDS, at Temple University, to determine Reiki's effects on well-being and quality of life in this group of patients.

An additional study, Reiki/Energy Healing in Prostate Cancer, at the Cleveland Clinic Foundation, has not yet begun to recruit patients. This study will investigate whether Reiki treatment affects anxiety and disease progression in patients with localized prostate cancer who are candidates for radical prostatectomy.

References

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Pamela Miles, founding director of the Institute for the Advancement of Complementary Therapies (I*ACT), is a Reiki master who has developed hospital-based Reiki programs and research projects. Journal articles on Reiki and other therapies are available at www.ReikiInMedicine.org.