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Research on Faith

**How
conviction
and a simple
proposal
led to
medical
research**



by Barbara McDaniel

They met at the Cross Cancer Institute in Edmonton, Canada in 1993. Lisa Fontanella was passionate about Reiki. Dr. Karin Olson was committed to research. Together they study Reiki's effect on cancer and pain.

Lisa Fontanella already had Reiki ten years ago when her sister was diagnosed with a recurrence of breast cancer. "I ran into an old friend at a picnic," Lisa recalls, "who told me I looked like hell and that I should try Reiki." She got a treatment, took a class, and began to treat herself and her sister, Patty.

"Patty was on the cancer drug, tamoxifen," Lisa says. "Tamoxifen goes right to the bone—like calcium does—and attacks cancer cells very specifically. But because it's a foreign substance, the drug also causes muscle spasms, called flare-ups. She only got relief from that pain when I did Reiki."

The head of the Cross Institute's Oncology Department took notice. "Patty's breast cancer had spread to the bone," says Lisa. "She was always forgetting her cane, so she was pretty mobile, and she was on the lowest doses of pain medication her doctor had ever seen."

"One day her doctor asked, 'What are you doing?' She said, 'Well, I do meditation and Lisa does Reiki.'"

"The doctor wanted to know, 'What's Reiki?'"



Lisa began her investigation, looking for the research that would support her conviction.

Evidence

Lisa was convinced that Reiki could help the patients at the Cross, but as she tried to explain Reiki to the doctor and his staff, she realized that he would need more than her personal testimony to take Reiki seriously. Was there scientific evidence to back her up?

Lisa began her investigation, looking for the research that would support her conviction. She found studies on Therapeutic Touch, on various types of energy healing, on prayer . . . but nothing on Reiki.

"I was sitting at the Cross one day—one of the many times—with my hand on Patty's back. I looked around that waiting room. There were so many people . . . it just broke my heart. I thought, 'No one should have to go through this without Reiki,'" Lisa remembers.

"So I went home," she continues, "and put together this little lame, page-and-a-half proposal that cited Therapeutic Touch and any other similar practice I could think of. I made an appointment with the Director of Nursing and gave her this thing and said, 'This is Reiki. You should do something.'"

Partnership

The nurse introduced Lisa to Dr. Karin Olson, then the Coordinator of Nursing Research at the Cross Cancer Institute. Their synergistic partnership has lasted ten years and launched the first small study of Reiki's effect on pain.

Dr. Olson is the scientist; Lisa is the passionate Reiki advocate and practitioner. "Karin is very linear," comments Lisa. "She thinks in a very different way than I do. So I'll talk and she'll ask questions. We complement each other. It has to be that way in order to do research in something like the medical world that's really black and white."

"Reiki is purple, not black or white" she continues. "That was the hardest part when we wrote the first proposal—trying to articulate Reiki in words that would get medical support and funding for this research."

With no medical research to rely on, Karin, Lisa, and co-researcher John Hanson first designed a pilot study to measure Reiki's effect on pain. Among twenty patients experiencing various types of pain, eighty-five percent reported significant pain reduction after a single Reiki treatment. The study was published in *Cancer Prevention & Control* in 1997. (See Using Reiki to Manage Pain, page 35, for a summary).

Personal experience

The research team faced panels of doctors and several ethics committees before their study was approved, and they were careful to avoid any apparent conflicts of interest. Consequently, throughout the design and implementation of the first study, Karin never experienced a Reiki treatment.

A year and a half into their collaboration, Karin came down with pneumonia. At last, Lisa was allowed to treat her. "I went over on a Tuesday and a Thursday. Karin went to the doctor on Friday, who asked, 'What are you doing? Your pneumonia is completely gone.' That proved it to her. Until that time, she was working on blind faith. She knew nothing about Reiki other than what I had told her. Then to have Reiki get rid of double pneumonia in two treatments . . . It was one of the biggest gifts I could have given her."

Second study

The second study, soon to be published in *Journal of Pain Study and Symptom Management*, compared cancer pain in two groups of patients: those receiving standard pain medication plus rest and those receiving standard pain medication plus Reiki. It also assessed quality of life for the

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Lisa remembers.



twenty-four patients (see Using Reiki to Manage Pain, page 35). Again, Karin was the scientist and Lisa the Reiki practitioner.

Over seven days, study volunteers kept a pain diary at morning, noon, night, and bedtime. "The results were better than I could have hoped for," Lisa says. "For the Reiki group, pain decreased dramatically, and their quality of life improved from day one to day seven. And these were people in severe pain who were on heavy medications."

The study was hard on the researchers. "We worked with people who were at the end stages of their lives," Lisa explains. "We were supposed to study one hundred people, but it was difficult to find suitable volunteers. They had to be cognitizant, but so many were on morphine. The study took a year and a half longer than planned, and it took a huge toll on me. We lost volunteers before their part in the research even started. I never looked at obituaries until I started that study."

Third study

Critics of the second study point out that the positive result could be attributed to the particular practitioner. Karin, now a researcher with the University of Alberta, and Lisa, now a Reiki Master, have designed a third study to counter those concerns.

Pending funding, the study will take place in three cities at the same time with a family member providing the treatments. The study will recruit patients early in their cancer diagnosis and will measure quality of life and fatigue as well as pain. "We're branching out," Lisa explains. "Cancer and its treatment takes so much out of the patient and the caregivers. We hope to show how Reiki can support everyone in this process." This time Lisa will be training the family members, not giving the treatments.

Results

Lisa had no idea that her "lame proposal" would have such a far-reaching effect. "I look back and I

still think that ignorance is bliss," she laughs. "If I had thought this through—I'm going to the leading research hospital in North America, and I'm going to tell them, 'This is what you need to do, okay?'—I never would have done it. But you get an intuition and you go with it and everything falls into place. Had I met anyone else but Karin things might have been different. But I hit the right person at the right time to do the right thing."

Lisa is still pursuing her original aim. "I wanted to pave the way so that people all over the world could take this information and start their own Reiki research—not just for cancer patients, but spinal cord injuries, whatever. I know that the only way the medical establishment will take any heed is to prove it."

Patty died before the first study was done, but memory of her experience sustains Lisa's commitment to Reiki research. "When you have terrible things to cope with, you can't imagine not having Reiki," she muses. "The person may or may not die, but that's not the point. My sister was healed when she died. She wasn't cured; she was healed. That was the thing that she taught me. My job was to make it easier . . . and detach from the outcome. That was a tough one for me at first; I had to learn a lot."

"This has taken me in a lot of different directions since that first day sitting at the Cross, borrowing somebody's computer, and typing up that little proposal," Lisa concludes. "I still have it. It's all faded. You can barely read it, but I can't throw it out. I look at it now and I just smile, because it was total faith on my part. It was total faith on the part of the Director of Nursing, and total faith on Karin's part. The connections, the research, the studies—it was all meant to happen. I feel truly blessed to be able to be a part of this. And the lessons that I've learned from all the people I've worked with. . . They have taught me so much. It's been an interesting ride and there's more to come." ■

Using Reiki to Manage Pain: Two Canadian Studies Pioneer Reiki Medical Research

Karin Olson, a Registered Nurse and Ph.D., has coordinated two studies of Reiki's effect on cancer pain. Results of the pilot study were published in Volume 1, Number 2 of the journal, *Cancer Prevention & Control*, in 1997. A manuscript outlining the findings of a Phase II trial has been accepted for publication in the *Journal of Pain and Symptom Management*. Both reports indicate that Reiki is effective in reducing pain.

Dr. Olson was employed at the Cross Cancer Research Center in Edmonton, Alberta when she met Lisa Fontanella and learned about Reiki. Her purpose in engaging in this research is stated in the pilot study report. "To date, most research on cancer pain has focused on the use of opioids," the paper begins. "Since high doses of opioids frequently aggravate other common symptoms of cancer," she and co-researcher John Hanson were interested in exploring therapies that "may allow control of cancer pain with lower doses of opioids."

The research team first combed through extant research literature but found no study of this kind. They then designed a pilot study to see whether Reiki is beneficial in managing pain in general.

Preliminary Study

The pilot study recruited twenty volunteers who were experiencing pain at fifty-five sites for a variety of reasons, including cancer. Each volunteer received a full Reiki treatment of one and a quarter hours duration, administered by a second degree Reiki practitioner (Fontanella) in her office. The environmental factors were the same for each treatment. Two different scales were used to measure pain: a visual analogue scale (VAS) ranging from 0 to 10 and a Likert scale ranging from 0 to 5. Volunteers completed both scales immediately before and after the treatment. The results showed that eighty-five percent of the volunteers had less

pain after the Reiki treatment, called a "significant reduction" in the paper's summary.

The results of the pilot study were encouraging but not conclusive. Since there was no placebo control group in the trial, the researchers couldn't rule out the possibility of a placebo effect. Secondly, the length of the pain-reducing benefit wasn't measured, so the researchers had no way of knowing the long-term benefit of a treatment. The touch itself may also have been a contributing factor to the results, but they had enough information to design and carry out a second study.

Phase II

The Phase II Trial of Reiki for the Management of Pain in Cancer Patients compared pain, quality of life, and analgesic use in two groups of cancer patients. One group received standard opioid pain management plus rest; the other used standard opioid management plus Reiki.

The study followed twenty-four patients for seven days. The patients kept diaries that recorded their use of medication and other activities used to relieve pain. A Reiki group received a full treatment one hour after their first afternoon analgesic dose on day one and again on day four of the study period. The other group rested for one and a half hours after their first afternoon analgesic dose on days one and four. VAS pain ratings, blood pressure, heart rate, and respiration were taken before and after each treatment/rest period. Quality of life was assessed on the first and last days (day one and day seven) of the study period.

Complete findings of the Phase II trial can't be released before publication of the report, but the results encourage further study, both in Reiki's effect on pain and on quality of life. Dr. Olson, Lisa Fontanella, and the rest of the team plan to seek funding for the next trial in the near future.