CASE SERIES

EFFECTS OF REIKI ON PAIN AND ANXIETY IN THE ELDERLY DIAGNOSED WITH DEMENTIA: A SERIES OF CASE REPORTS

Beverly Meland, RMT

Beverly Meland, RMT, is a certified Reiki master teacher in the Usui System of Natural Healing, Evanston, Illinois. (*Altern Ther Health Med*. 2009;15(4):56-57.)

Six participants in the Great Opportunities Adult Day Services in Skokie, Illinois (an affiliate of Presbyterian Homes), between the ages of 68 and 91 years with diagnosed dementia as well as anxiety and pain were selected to receive a 20-minute Reiki therapy session twice a week for 4 weeks. A registered nurse with a digital monitor recorded their blood pressure and heart rate before and after each session. The Wong-Baker Smiley Face Scale was used to assess the participants' general level of well-being and pain. Behavioral changes were documented with observational surveys used by an activities therapist and a recreational therapist of the adult day-care center as well as family members of the participants. The Institutional Review Board of Northwestern University, Evanston, Illinois, granted approval for this study. Written consent was obtained from potential participants' families, and verbal assent was obtained from participants in advance.

Following are 6 case reports in which fictitious names are used. Each contains a Mini Mental State Exam (MMSE) score. The MMSE is a screening tool used to measure cognitive impairment. Normal is >27; mild, 26-21; moderate, 20-11; severe, <10.

Maggie, 91 years of age (MMSE score of 7), was 95% blind. She was anxious about her surroundings, though she had a cooperative disposition. Maggie's heart rate decreased an average of 9.31% or 7.75 beats per minute (bpm) per session. Following Reiki, she stated she felt calmer, and staff members reported she was more positive, less restless, and more willing to participate in activities.

Alan, 68 years of age (MMSE score of 7), had anxiety that his dementia would affect his relationship with his wife. In addition, he had stomach discomfort. Alan's heart rate decreased an average of 3.45% or 2.25 bpm per session. His pain level decreased; he had a more positive attitude with less anxiety. Staff members observed that he appeared less confused, less anxious, and increasingly willing to participate in activities. Alan's family reported he was feeling less sad but also that he experienced a slight increase in irritability.

Alice, 86 years of age (MMSE score of 16), was generally depressed over her physical and emotional situation, wore dark glasses to block out vision, and preferred not to participate in group activities. Alice's heart rate decreased 5.19% or 3.38 bpm per session. She was more relaxed and talkative and generally in good spirits. Staff members reported that she was willing to participate in more activities. Her family reported Alice had less sadness and anxiety and cried less.

Diane, 74 years of age (MMSE score of 10), had extreme emotional distress and cried frequently. She used a walker and complained of pain in her legs and shoulder. Diane's heart rate decreased 2.72% or 1.86 bpm per session. After Reiki, she stated she had less pain, felt "lighter," and was less depressed, which was confirmed by staff members.

Leon, 79 years of age (MMSE score of 19), spent his day in a wheelchair, would strike out with his cane on occasion to those around him, and rarely spoke. He shunned group activities with the exception of an ongoing game of dominoes. Leon had a history of heart disease and was on cardiac medication. Leon's heart rate increased by 1.90% or 1.43 bpm. His depression lessened, and staff members reported he was more interactive with others.

Maureen, 82 years of age (MMSE score of 26), suffered from painful arthritis in her knees that required her to use a walker. Maureen's heart rate decreased by 4.49% or 3.50 bpm per session. She appeared confused going into the Reiki sessions but came out very relaxed. Staff members reported that her knees were still painful, but she was more social with others. Her family observed better concentration, less anxiety, and less irritability.

GROUP RESULTS

In the study, participants experienced less anxiety after a Reiki session and cumulatively for the next 3 weeks. Anxiety levels, as reported to the nurse by participants, dropped for 5 out of the 6 participants. Of the 3 participants who came into the study with pain, one experienced <1 point less pain and another <9 points less pain. The third participant, while experiencing less pain some days, had no change on average.

The mean changes in blood pressure and heart rate before and after the 8 Reiki sessions appear in Table 1. Improvements in anxiety and pain levels before and after the Reiki sessions are documented in Table 2.

An activities therapist and a recreational therapist were each assigned 3 study participants to observe changes in attitude, emotional state, energy level, physical function, and mental acuity pre– and post–Reiki treatments. The majority of assessments

TABLE 1 Mean Change in Blood Pressure and Heart Rate Before and After 8 Reiki Sessions

Subject #	Average Increase or (Decrease) in Mean Blood Pressure	Average Increase or (Decrease) in Heart Rate	Average % Increase or (Decrease) in Heart Rate
100	3.38 mmHg	(7.75) bpm	(9.31%)
101	(.83) mmHg	(2.25) bpm	(3.45)
102	3.05 mmHg	(3.38) bpm	(5.19%)
103	2.28 mmHg	(1.86) bpm	(2.72%)
104	1.38 mmHg	1.43 bpm	1.90%
105	6.37 mmHg	(3.50) bpm	(4.49%)
All subjects	2.60 mmHg	(2.88) bpm	(3.87%)

*mmHg indicates millimeters of mercury; bpm, beats per minute

TABLE 2 Improvement in Anxiety and Pain Levels Before and After 8 Reiki Sessions

Subject #	Average Increase or (Decrease) in Anxiety Score	Average Increase or (Decrease) in Pain Score
100	(.625)	—
101	(.5)	(.125)
102	(.25)	—
103	(.625)	(1.125)
104	—	—
105	(.125)	—

were positive, with an average increase of 15 points in attitude, 11 points in emotional state, 12 points in energy level, 3 points in physical functioning, and 12 points in mental acuity.

For qualitative measurements, the nurse asked participants to describe their sense of well-being and their pain level using the Wong-Baker Smiley Face Scale pre– and post–Reiki treatments. Overwhelmingly, participants emerged from their treatment feeling better, more talkative, less depressed, more relaxed, and with less pain. Staff members reported that participants appeared to be less confused, more interactive with others, and more willing to participate in group activities. The 4 home caregivers who returned a weekly checklist (2 families did not participate) also reported less anxiety in their family members. MMSE scores did not appear to make any difference to the benefits received by each participant. Those with both high and low scores on the MMSE benefited.

DISCUSSION

People aged 65 years and older make up 13% of the US population, and more than 5 million of them have dementia.[1] Dementia produces a state of anxiety, confusion, and frustration in many patients. Reiki is a form of touch therapy. The National Center for Complementary and Alternative Medicine at the National Institutes of Health classifies it as "bio-field therapy" or "energy medicine." Reiki is a natural and simple healing method that proposes that a person can absorb natural life-force energy through the hands of a Reiki practitioner,[2] and during a Reiki treatment, electromagnetic currents can be measured.[3] Unlike many relaxation therapies, Reiki requires no participation by recipients except that they remain seated for 20 minutes; therefore, Reiki is well suited for many elderly patients with impaired mobility. Each session consists of gently placing a Reiki practitioner's hands on the body—a light touch without applying pressure—on top of the head, forehead, neck, shoulders, upper chest and back, and knees. A Reiki treatment commonly puts the recipient's body into a state of relaxation, presumably by downregulating autonomic nervous system tone, which lowers blood pressure and heart rate and relieves tension and anxiety.[4] Reiki is related to therapeutic touch, which has been shown to be effective in clinical studies to produce pain relief for postsurgical patients.[5] Julie Motz, a Reiki master surgical nurse, used Reiki in the operating room of the Columbia Presbyterian Medical Center in New York during 11 open-heart surgeries and heart transplants. None of the patients experienced the usual postoperative depression, bypass patients had no postoperative pain or leg weakness, and transplant patients experienced no organ rejection.[6] Gregory and Verdouw analyzed research done in a nursing home documenting therapeutic touch administered in 24 cases of dementia: 88% of the patients experienced physical improvement, and 92% demonstrated an improved behavioral outcome.[7]

CONCLUSION

In these case reports, we believe that Reiki reduced stress, anxiety, and pain in elderly patients with dementia. The participants in adult daycare were the primary beneficiaries; however, staff members and caregivers were the secondary beneficiaries. When these patients were more relaxed and more social and experienced less pain, staff members found them more willing to participate in group activities, and caregivers and families found their loved ones less anxious, less depressed, and less irritable. Additional research with a larger sample of participants is needed to strengthen the evidence of Reiki's reliability as an adjunct therapy.

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