

## Efficacy of Reiki Application in Fibromyalgia Patients

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### ABSTRACT

Fibromyalgia is a syndrome characterized by common musculoskeletal pain and associated clinical symptoms including fatigue, sleep disturbance, impairment of quality of life. The etiology of fibromyalgia syndrome (FMS) is not fully understood. Any method alone is not sufficient for FMS treatment at this time. Patient education, psychotherapy, cognitive behavioral therapy (BDT), physical medicine, exercise, hydrotherapy and medical treatment are the main treatment methods used in FMS. However, there is no common treatment method currently accepted in FMS treatment. Many of the patients with fibromyalgia are unaware of unconventional approaches that will increase their comfort. Energy therapies (Reiki etc.) can be used in the symptomatic management of chronic diseases, maintenance of well being, and relaxation. This review is intended to provide a reference to the availability of energy therapies in the treatment of patients with fibromyalgia syndrome in the literature.

**Key words:** Reiki, Fibromyalgia, Touch Therapy, Pain, Nursing.

### INTRODUCTION

Fibromyalgia syndrome (FMS) is a multisystemic disease of unknown etiology characterized by chronic widespread musculoskeletal pain [1,2] Fibromyalgia is a source of latin origin as a word; Fiber (= fiber); Mys (= muscle) and algos (= pain) + ia (= status). [3] FMS, which is triggered by the stress caused by the difficulties brought about by heavy working and living conditions, has become an era disease. In addition to widespread pain in FMS patients, comorbidities such as fatigue, sleep disturbance, depression, anxiety and cognitive dysfunction affect the quality of life negatively, reduce the person's ability to cope with life, and disrupt communication with the environment. [4] The diagnosis of fibromyalgia is based on ACR 2010 criteria. Fibromyalgia is diagnosed by detecting sensitivity in 11 of the nine pairs of precise spots identified in the physical examination

and a common musculoskeletal pain (at the right and left side of the body, below and above the waist) that has been in the story for at least 3 months. Psychiatric disorders have also been shown to play a role in the pathogenesis of Fibromyalgia Syndrome (FMS). According to the available literature, depression and anxiety levels are higher in patients with FMS than in control groups [4-6] In studies conducted with patients diagnosed with Fibromyalgia Syndrome, the quality of life was found to be lower when compared to healthy control group. [7]

### AFTERCARE IN FIBROMYALGIA SYNDROME

FMS is seen between 14 and 84 years old, most often between 35 and 50 years old, and 9 to 10 times more common among females than males. [3] This syndrome, which starts slowly and unexpectedly, causes changes in lifestyle due to pain, stiffness, nausea and

fatigue. [2] In fibromyalgia syndrome, symptoms that disrupt the comfort and well-being of individuals are seen together. [8] Today, FMS therapy is multidisciplinary, and any method alone is not sufficient for FMS treatment at this time. [3] There is no gold standard medical treatment for FMS (Fibromyalgia syndrome). [3] Because of the lack of full efficacy with unidirectional treatment modalities in patients with FMS, treatment approaches that combine pharmacological and nonpharmacologic treatment modalities appear to be the most effective method in clinical practice. [1,2] In a study, it has been reported that a majority of these patients used at least one complementary and / or alternative medical treatment. [9] In the study conducted by Onieva-Zafra and colleagues, in fibromyalgia patients with directed imagination, it was reported statistically significant lowered pain levels ( $P < .046$ ) and depression ( $P < .010$ ) at the 4th week in the treatment group compared to the control group. [10] Silva and colleagues found that yoga techniques were valid therapeutic methods for FMS as a result of the researches and that further enhancement was made during treatment by the addition of touch therapy. [11,12] Demirbağ and his colleagues found that therapeutic touch, music and aromatherapy were more effective in symptom management in patients with fibromyalgia than music therapy and aromatherapy with sleep. [13] Bennett and his colleagues have developed a program with content exercise and achieved positive results after 6 months. [13]

#### **USE OF REIKE TOUCH THERAPY IN FIBROMYALGIA SYNDROME**

Reiki touch therapy is an energy therapy in the classification of alternative therapies and complementary therapies. [14-16] Although there is no adequate evidence yet, energy medicine is considered effective and safe as well as low-risk adjuvant therapy for chronic pain. [9] Reiki touch therapy aims that balancing the energy of the people so that the body can take action with its natural ability to heal. [17-19] Reiki,

believed to be the source of Tibet, was re-invented by Mikao Usui who was a Japanese monk in the 19th century and it was presented as a healing technique. Usui gave the name "Usui Reiki Ryoho Gakkai" to the organization he established to implement Reiki healing methods. Since his death, the leadership of this organization has been maintained and still functioning in Japan. [20]

Reiki is usually used for treatment because it provides relaxation in musculoskeletal pain, anxiety and depression. [19,21,22] Reiki is a non-invasive, cheap and holistic care, patient-centered care / healing approach that does not require high technology. [23,24]

It consists of three levels, the first level, the second level and the master level given by the Reiki master (master). In the first degree Reiki training; it teaches Reiki's history, how it works, its benefits, how to use hand positions as a method of treatment, how to work, how to apply basic hand positions, and how to use it in practice for oneself or others' bodies. In second degree Reiki education; there are symbols, information about symbols, most of the practice and mental information, and adaptation. The healing power obtained with Reiki 1 is increased by this adaptation. At this level, remote treatment (long-distance treatment), retrospective treatment (retraining by focusing on the past), future treatment (sending the future Reiki energy for ourselves, creating the desired conditions) is achieved. In third degree Reiki education; The Reiki is taken to be a master. Reiki can be applied by people who have received first degree reiki training in hospitals and clinics. [15,16]

Reiki is a kind of therapy that uses hands, contactless applications and visualization techniques to improve one's energy flow. During the reiki practice, hold hands for 3-5 minutes in each position by touching the head, neck, chest, abdomen, groin (focusing on the seven main chakras corresponding to the endocrine, lymphatic system and large organs). This time can be

extended to 10-20 minutes in problem areas. The average duration of treatment lasts 30-90 minutes. During application, the person is in a lying position and does not need to remove their clothes. [20] These unseen energy centers are strong electric fields. [20,23]

Energy therapies in Florence Nightingale times in nursing practice is accepted by Modern nurse leaders such as Martha Rogers and Jean Watson and they reaffirmed their conceptual framework and their theories were supported by The American Holistic Nurses Association (AHNA). These theorists have stated that, energy of people in nursing education and energy environments should be included in nursing practice, because there is a constant interaction between environmental energy fields and human energy fields. But Reiki, which has not been much emphasized until recently, has been rediscovered / re-emerged and started to use as a complementary method.

Especially after the 1980s, the use of Reiki touch therapy in pain centers, emergency departments and surgical units began to become widespread especially in cases of pain, anxiety, depression and relaxation. It is the goal of those who practice this therapy to provide the highest level of well being in the individual. In fibromyalgia syndrome, symptoms that disrupt the comfort and well-being of individuals are seen together. [25] Energy therapies can be used in the symptomatic management of chronic diseases, in maintaining well being, and in providing relaxation. [16] Current research has generally examined the use of Reiki for conditions such as fibromyalgia, pain, and depression. [26] However, when considering the role of nurses who are responsible for the comfort of the patients, the evidence-based studies investigating the place of Reiki practices in terms of providing relief and comfort of the patient, are very limited. [15,16,24] In a study conducted by Herman et al., 55% of patients with fibromyalgia reported using energy medicine methods

such as Reiki, therapeutic touch, qigong, and magnet therapy. Elaine et al. also reported a decrease in the child anxiety levels after an 11-session Reiki practice with a 9-year-old child. [27] Kundu et al. observed that there was an increase in relaxation and comfort in their pediatric patients with Reiki practice. [28] The findings of Denison's studies with patients with fibromyalgia suggest that therapeutic touch can be used to improve quality of life. [2] In the study of Olso et al. [29] conducted with 24 cancer patients, it has been showed an increase in the quality of life of the patients applied reiki. Orsak et al. [30] reported an increase in the quality of life of the patients who received chemotherapy treatment compared to the control groups. [1,2] In addition, in order to relieve these symptoms, it has been investigated whether there are existing studies on the use of Reiki in Fibromyalgia patients in Turkey, but no research has been found.

## SUMMARY AND CONCLUSION

Reiki touch therapy can be used to relieve pain, reduce anxiety, and support quality of life in patients with fibromyalgia. Nurses with primary responsibility in ensuring the comfort of the patients, should be included in the training curriculum to be able to learn Reiki practice. In addition, it is necessary to establish the necessary environment and legal infrastructure in order to be applied as a nursing initiative in every area where patient care is performed. In our country, there is a need to carry out experimental studies on the application of Reiki which incorporates this dimension into nursing education and clinical care.

## REFERENCES

1. Sindel D, Saral İ, Esmaeilzadeh S, Fibromiyalji sendromunda uygulanen tedavi yöntemleri. Türk Fizik Tıp Rehabilitasyon Dergisi. 2012;58(2):136-42.
2. Denison B, Touch the Pain Away: New Research on Therapeutic Touch and Persons With Fibromyalgia Syndrome.

- Holistic Nursing Practice.2004;18(3):142–151.
3. Erçalık C, Fibromiyalji Sendromunda Bilişsel Davranış Tedavisi Ve Tens Tedavilerinin Etkinliği. Şişli Etfal Eğitim Ve Araştırma Hastanesi Fizik Tedavi Ve Rehabilitasyon Kliniği, Unpublished master's thesis, 2005, İstanbul.
  4. Ersöz, M, Fibromiyalji hastalarının sigara, alkol, çay ve kahve tüketimi yönünden incelenmesi. Romatoloji ve Tıbbi Rehabilitasyon Dergisi. 2001.12(3):176-180.
  5. Özçetin A. Fibromiyalji; Bir Psikiyatrik Bozukluk Mu, Yoksa Birliktelik Mi? Düzce Üniversitesi. Sağlık Bilimleri Enstitüsü Dergisi. 2014;4(3): 34-44.
  6. Tüzün Ç., Cindaş A., Esen A. Depression And Anxiety İn Patients With Fibromyalgia Syndrome. Romatoloji ve Tıbbi Rehabilitasyon Dergisi 2000;11(3):193-197
  7. Çetin N., Yalbuздаğ Ş.A., Cabioğlu M.T., Turhan N., Fibromiyalji Sendromunda Yaşam Kalitesi Üzerine Etkili Faktörler. Turk J Rheumatol 2009; 24: 77-81
  8. Sahin N, Atik A, Dogan E. Clinical and demographic characteristics and functional status of the patients with fibromyalgia syndrome. North Clin Istanbul 2014;1:89-94.
  9. Assefi N, Bogart A, Goldberg J, Buchwald D () Reiki For The Treatment Of Fibromyalgia: A Randomized Controlled Trial, The Journal Of Alternative And Complementary Medicine 2008; Volume 14, Number 9, Pp. 1115–1122.
  10. Onieva-Zafra MD, García LH, Del Valle MG. Effectiveness of guided imagery relaxation on levels of pain and depression in patients diagnosed with fibromyalgia. Holist Nurs Pract. 2015; Jan-Feb;29(1):13-21.
  11. Silva G., Lorenzi-Filho G., Lage L.V. Effects Of Yoga And The Addition Of Tui Na İn Patients With Fibromyalgia. The Journal Of Alternative And Complementary Medicine 2007;13(10): 1107–1113.
  12. Bennet RM, Burckhardt S, Clark SR. Group treatment of fibromyalgia: A 6month outpatient program. J Rheumatol 1996; 23(4): 527.
  13. Demirbağ B.C., Erci B., "The Effects of Sleep and Touch Therapy on Symptoms of Fibromyalgia and Depression", Iranian Journal Of Public Health, 2014 vol.41, pp.44-53, 2012
  14. Schnepfer L, Energy therapies. Oncology Nurse Edition 2010; 24: 40-3.
  15. Sağkal T, Eşer İ, Hemşirelikte yeni bir uygulama: Reiki dokunma terapisi. Maltepe Üniversitesi Hemşirelik Bilim ve Sanat Dergisi 2011; 4(1):182-9.
  16. Erdoğan, Z., Çınar S., Reiki: Eski Bir İyileştirme Sanatı – Modern Hemşirelik Uygulaması, Kafkas J Med Sci. 2011; (2):86–91.
  17. Whelan K., Wishnia G.S. Reiki Therapy: The Benefits to a Nurse/Reiki Practitioner Holistic Nurings Practice 2003;17(4):209–217.
  18. Wardell DW, Engebretson J., Biological correlates of Reiki touchsm healing. J Adv Nurs. 2001;33:439-45.
  19. Mackay N, Hansen S, McFarlane O. Autonomie nervoussystem changes during Reiki treatment: A preliminary study. J Altern Complement 2004; Med.;10:1077-81.
  20. Demir M., Can C., Reiki. Sağlıkla Dergisi 2013; (2) 56-57
  21. Díaz-Rodríguez L., Arroyo-Morales M., Cantarero-Villanueva I., Fernandez-Lao C., Polley M., Fernández-de-las-Peñas C. , The application of Reiki in nurses diagnosed with Burnout Syndrome has beneficial effects on concentration of salivary IgA and blood pressure. Rev. Latino-Am. Enfermagem 2011; Sep.-Oct.;19(5):1132-8.
  22. Weze C., Leathard H., Stevens G., Evaluation of Healing by Gentle Touch for the Treatment of Musculoskeletal Disorders American Journal of Public Health I January 2004; Vol 94. No. 1.
  23. Kryak E, Vitale A. (). Reiki and its journey into a hospital setting. Holist Nurs Pract 2011. 25(5):238-45.
  24. Lee MS, Pittler H, Ernst E., Effects of Reiki in clinical practice: a systematic review of randomized clinical trials. Int J Clin Pract 2008; 62(6):947-54.
  25. Anderson J., Taylor A.G., Effects Of Healing Touch İn Clinical Practice A Systematic Review Of Randomized

- Clinical Trials Journal Of Holistic Nursing 2011; Vol. 29, No. 3.
26. Fazzino DL, Griffin MT, McNulty RS, Fitzpatrick JJ. Energy healing and pain: a review of the literature. *Holist Nurs Pract.*2010 ;24(2):79-88.
27. Bukowski E.L, Berardi D. Reiki Brief Report: Using Reiki To Reduce Stress Levels Ina Nine-Year-Old Child. *Explore: The Journal Of Science And Healing.* 2014; 10(4) : 253-255.
28. Kundu A, Dolan-Oves R, Dimmers MA, Towle CB, Doorenbos AZ.: Reiki training for care givers of hospitalized pediatric patients: a pilot program. *Complement Ther Clin Pract.* 2013;19: 50–54.
29. Olson K, Hanson J, Michaud M. A phase II trial of Reiki for the management of pain in advanced cancer patients. *J Pain Symptom Manage.* 2003;26:990–997.
30. Orsak G., Stevens A.M., Brufsky A, Kajumba M., Dougall A.L. [Epub ahead of print] The Effects of Reiki Therapy and Companionship on Quality of Life, Mood, and Symptom Distress During Chemotherapy. *Journal of Evidence-Based Complementary & Alternative Medicine.*2015; 20(1) 20-27.

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