Is reiki beneficial for pain management?

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CRD summary
This poorly reported systematic review concluded that there was insufficient evidence to suggest that reiki was an effective treatment for pain conditions. Insufficient details about the review processes were reported, making it difficult to evaluate the reliability of this conclusion, but it appears to be appropriate given the limited evidence available.

Authors' objectives
To assess the evidence for reiki (therapeutic/healing touch) as a treatment in pain conditions.

Searching
The following databases were searched from inception to June 2007: MEDLINE, AMED, British Nursing Index, CINAHL, EMBASE, PsycINFO and the Cochrane Library. Search terms were reported. The journals "Subtle Energies" and "Energy Medicine Journal" were handsearched. Researchers' personal files were also checked. No language restrictions were applied.

Study selection
Randomised controlled trials (RCTs) were included if they compared reiki (alone or as adjunctive treatment) with any control group for pain relief.

Included RCTs were conducted in the UK, USA and Canada. Most included trials used a parallel group design; one adopted a cross-over design. Details of the age and gender of included populations were not reported. Included participants had various pain conditions including postoperative pain, cancer and diabetic neuropathy. Reiki was given in sessions which lasted between 30 and 45 minutes (where reported), total sessions received varied from two to 14 across the trials. Outcomes reported included the McGill pain questionnaire, Likert and visual analogue pain scales, and the Edmonton Symptom Assessment System.

The author did not state how papers were selected for this review, or how many reviewers performed the study selection.

Assessment of study quality
Included trials were assessed for allocation concealment according to Cochrane classification. A modified Jadad scale was also used, where a point was given for blinding if the outcome assessor had been blinded.

The author did not state how the validity assessment was performed.

Data extraction
For each trial, the change in pain from baseline was extracted for control and intervention groups.

The author did not state how the data were extracted for the review, or how many reviewers performed the data extraction.

Methods of synthesis
A narrative synthesis was performed with data presented in both text and tables.

Results of the review
Five RCTs were included in this review (n=378 participants). Quality scores varied between 2 and 3 points out of 5 on the Jadad scale. No trials reported assessor blinding or allocation concealment, two described the method of
randomisation and one described patient-blinding. Sample sizes ranged from 16 to 207; three trials had less than 25 participants each. 

Two trials reported statistically significant reductions in pain scores when reiki was compared with resting or conventional nursing care. Two further trials reported no significant changes compared with resting or sham reiki. The fifth trial reported contradictory results across two pain outcome measures.

Authors' conclusions
The evidence was insufficient to suggest that reiki was an effective treatment for pain conditions; the value of reiki for these conditions remains unproven.

CRD commentary
This poorly reported systematic review searched a wide number of databases. Inclusion criteria were specified in terms of study design and intervention; criteria for participants were appropriately broad given the paucity of identified trials. No language restrictions were applied, but it was unclear if unpublished literature was considered, so the presence of publication bias could not be excluded. The review processes were poorly reported leaving the review potentially vulnerable to reviewer error and bias.Validity assessment was carried out and the reported results suggested that the trials had methodological limitations. The narrative synthesis was probably appropriate given the variety of pain conditions and outcome measures. The author's conclusion appeared to reflect limited evidence from a few flawed trials, but lack of reporting of review methods make it difficult to assess its reliability.

Implications of the review for practice and research
Practice: The author did not state any implications for practice.

Research: The author suggested that future trials should adopt more rigorous designs, control for placebo effects, use appropriate sample sizes, adopt validated outcome measures and fully describe the interventions.

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Record Status
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.