

Efficacy of Reiki as an Adjunct Therapy in Mental Health

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Abstract

The world environment of population health is now characterized by growing and deepweight burden of mental health disorders, a crisis that demands a paradigm shift in treatment provision. With the growing occurrence of psychological distress, conventional pharmacological and psychotherapeutic approaches are becoming increasingly questioned in terms of its ease of access, side effects and positive long-term effects. This has triggered the incorporation of complementary and biofield therapies in mainstream psychiatric care. Reiki is a non-invasive form of energy healing based in early Japan in the 20th century, which has become an important adjunctive intervention. Through the use of light touch and intentionality to adjust the hypothesized human biofield, Reiki provides a somatic path to psychological control. This review presents a profound systematic examination of the effectiveness of Reiki as an alternative treatment in mental health, its historical, clinical, neurophysiological, and ethical bases of integration as an adjunct therapy in contemporary medical care.

Keywords: Adjunct therapy; Anxiety; Depression; Integrative psychiatry; Mental health; Reiki;

1. Introduction

Mental health disorders have attained a critical proportion, and a leading cause of non-fatal disease burden in global socioeconomic and geographic borders. The 2019 Global Burden of Disease (GBD) study reported that mental disorders were in the top ten diseases worldwide in terms of prevalence, with the disability-adjusted life years (DALYs) of these conditions increasing in the 7th position as compared to 13th in 1990 (Fan et al., 2025). By 2022, the World Health Organization (WHO) released data that showed that about 970 million people were living with a mental disorder in 2022, with current estimates showing the figure is more than one billion today (WHO, 2025).

The financial impact of this crisis is astronomical, as the expense of depression and anxiety alone, to the world economy, is estimated to be about US dollar 1 trillion per year of lost productivity (WHO, 2025). It is estimated that the annual health bill on mental health may reach US\$ 6 trillion by 2030, higher than the annual expenses on cancer, diabetes, and chronic respiratory illnesses (Liu et al., 2025). Such figures notwithstanding, there is a deep-seated treatment gap. Government expenditure on mental health in low-income countries is frequently below US\$ 0.04 per capita and a very small proportion of those in need can obtain the correct treatment (WHO, 2025). The table summarizes the emerging patterns in prevalence and impact of mental health, with a particular focus on how specific groups and areas are disproportionately affected.

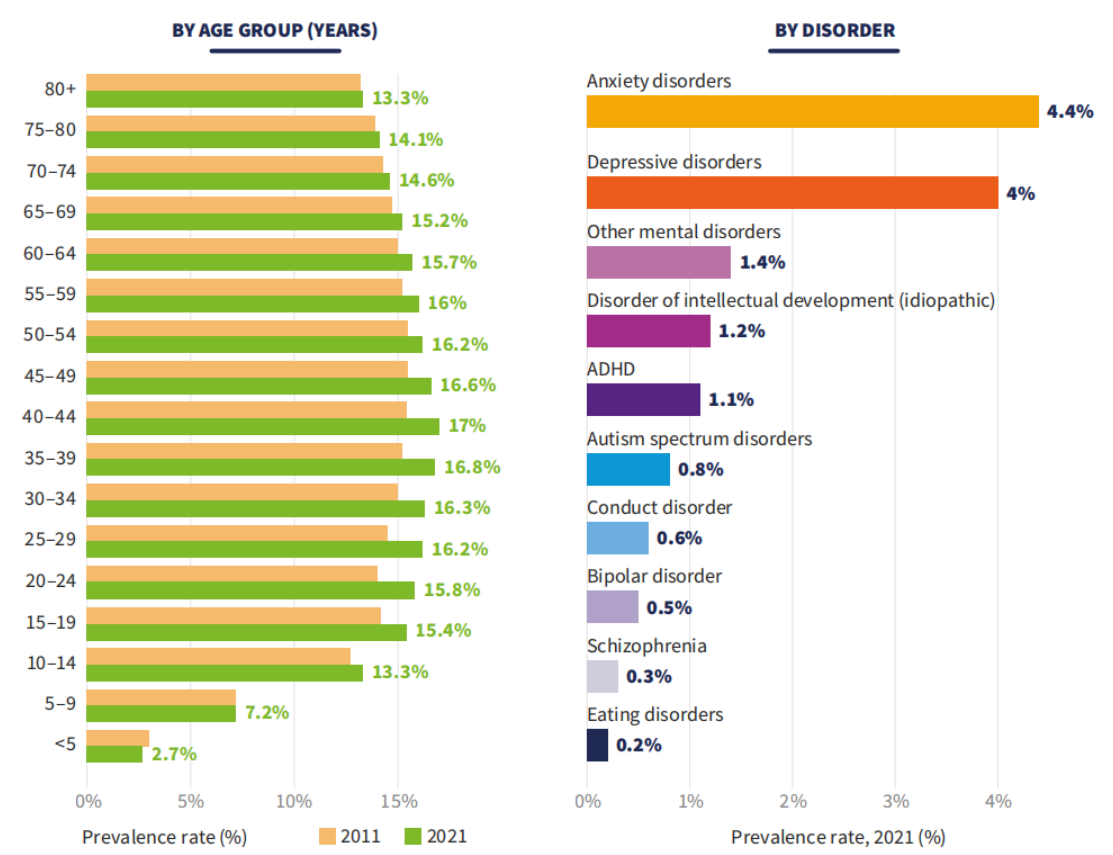


Figure 1. The global prevalence of mental disorders in 2021 (Global Burden of Disease (2021))

Table 1. Global Trends in Mental Health (Fan et al., 2025)

Category/Metric	1990 Stats	2021 Stats	Trend Analysis
Global Prevalence (Cases)	241.36 Million	444.39 Million	84% Increase (Total)
Global ASIR per 100,000	4737.97	5459.77	15.23% Rise

Anxiety Disorders (WCBA)	78.10 Million	138.31 Million	Leading prevalence
Depressive Disorders (WCBA)	72.35 Million	121.24 Million	Leading DALYs
Suicide Mortality (2021)	-	727,000 Lives	Urgent scale-up needed
Global Economic Cost	US\$ 2.5T (2010)	US\$ 6T (Proj. 2030)	Exceeds chronic diseases

Note: WCBA refers to Women of Childbearing Age; ASIR refers to Age-Standardized Incidence Rate.

2. Limitations of Standard Treatment Modalities

While pharmacotherapy and psychotherapy are still the mainstays of psychiatric treatment, but they have no significant limitations. Pharmacological therapies including antidepressants and antipsychotics are often linked to systemic side effects resulting in high withdrawal rates, for example, about 33.9% of patients receiving anti-depressant therapy may withdraw as a result of side effects (Joyce and Herbison, 2015). Moreover, conventional psychotherapy is helpful; however, it usually demands a degree of cognitive processing and articulation that can be unavailable to patients in acute trauma or in severe depression (Sise, 2025).

The development of complementary and integrative interventions (CIs) is an indication of an increased awareness of the necessity of holistic, patient-centered care, which considers a mind-body-spirit continuum. The non-invasive, low-risk, and affordable nature of Reiki as a biofield therapy is gradually establishing itself as a potential alternative to conventional care and provides an opportunity to stabilize the autonomic nervous system and improve the overall quality of life of mentally suffering individuals (Liu et al., 2025). This review will evaluate the evidence on the effectiveness of Reiki as an adjunct treatment. It aims to fill the gap between ancient vitalist philosophies and modern clinical studies, giving richness of understanding of how this ancient healing modality can be used to assist modern mental health healing.

3. Conceptual Foundations of Reiki

Historical and Philosophical Background

Reiki is a spiritual healing method, a type of biofield medicine, which has been developed and propagated within the early 20th century in Japan. It was established by a Japanese Buddhist lay monk, Mikao Usui (1865-1926), a spiritual pursuer who devoted his life to personal and spiritual development (Triplett, 2025).

His family believed in education, and Usui was well-informed about medicine, psychology, theology, martial arts, and other esoteric traditions, such as Shintoism and Taoism (Usui and Petter, 1999).

The single most significant event in Reiki history was the 21-day spiritual retreat (Isyu Guo) that Usui made in 1922 on Mount Kurama, a holy place near Kyoto. After a week of intense fasting, meditation, and prayer, Usui testified to a spiritually enlightening experience during the last day where he was shown an array of ancient Sanskrit symbols and experienced an influx of universal life energy (Triplett, 2025). This mystical experience served as the impetus for the development of "Usui Reiki Ryoho" (Usui Reiki Healing Method).

In 1922, Usui founded the Usui Reiki Ryoho Gakkai (Usui Reiki Healing Society) in Tokyo where he provided healing to the poor and ill within his local communities. His philosophy was built upon five fundamental principles, called the Reiki Gokai, and which are still used in ethical and healing practices of practitioners today:

- Just for today, I will not be angry.
- Just for today, I will not worry.
- Just for today, I will be grateful.
- Just for today, I will do my work honestly.
- Just for today, I will be kind to every living thing (Usui & Petter, 1999).

These principles emphasize mindfulness, emotional regulation, and compassionate living, positioning the practice as much as a spiritual path as a healing modality.

Reiki as an Energy-Based Healing Practice

The term "Reiki" is derived from the Japanese words "Rei" (meaning universal, supernatural, or spiritual power), and "Ki" (meaning life energy or life force). This idea of "Ki" is similar to Chinese "Qi" and Indian "Prana" that symbolize the vital energy that supports all living things (Triplett, 2025). The practitioners believed that blockages or imbalances in this field of energy is a contribution to physical and mental illness (Jain, 2011).

Reiki is practiced in several modalities and is mainly done by hands-on, hands-off (hands-near), and distance healing (Triplett, 2025). The training process is designed in

three degrees. The first degree deals with the physical implementation of light touch and self-healing. The second level brings the use of special symbols and distance transmission of healing energy (Miles and True, 2003). The third level or Master level enables the practitioner to teach others and initiate them in a process known as an attunement which is said to open the energy channels of the recipient (Usui and Petter, 1999). A typical session involves during which an individual will lie fully dressed in a comfortable setting and the practitioner will lay his hands over or above certain areas in the body often associated with major organs or energy centers referred to as chakras (Zadro and Stapleton, 2022). During the session, the recipient usually feels a warm and tingling sensation as well as a deep feeling of dreamy relaxation (Triplett, 2025).

4. Positioning Reiki within Complementary and Integrative Medicine

National Center of Complementary and Integrative Health (NCCIH) classifies Reiki as biofield therapy, a branch of the energy medicine that has an impact on energy and information hypothesized to enclose and penetrate human body (Liu et al., 2025). The traditional Western medical science regards the body as an independent biological process, whereas biofield treatments suggest that the state of health depends on the harmony of these subtle energies (Jain, 2011). Reiki has become widely accepted in clinical and wellness settings, with a number of hospitals and clinics in America adopting it to alleviate preoperative anxiety, shorten post-surgical recovery, and chronic pain management (Joyce & Herbison, 2015). It is also becoming a widely accepted non-manipulative relaxation therapy, which can be easily implemented in different health care facilities without disrupting traditional therapies (Liu et al., 2025).

Rationale and Complementarity

Reiki serve as a somatic transitional technique to patients who might find the traditional cognitive or talk therapies difficult during acute distress. When used in conditions such as PTSD or severe depression, verbal processing may occasionally cause dysregulation or retraumatization (Sise, 2025). The light-touch non-verbal aspect of Reiki facilitates the establishment of a physiological sense of safety and relaxation, which then forms the basis under which the psychotherapeutic work can later develop (Lanoy, 2015). Moreover, Reiki focuses on the invisible wounds of

mental illness, including insomnia, chronic fatigue, and the pervasive stress that hinders the effectiveness of psychotherapy or pharmacotherapy (Santos et al., 2021). By relaxing the autonomic nervous system, Reiki may be able to deepen the therapeutic relationship and increase the willingness of a patient to participate in his or her larger recovery strategy (Prasad et al., 2025).

Holistic and Patient-Centered Perspectives

Reiki based integration is an indication of a shift towards more individualized models of recovery. An Italian pilot study of a community mental health service (CMHS) discovered that recovery practices, such as Mental Health Recovery Star (MHRS), were feasible and acceptable, focusing on hope, meaning, and empowerment (Martinelli et al., 2025). Reiki aligns in this collaborative model, providing a self-empowering model to enable clients to cope with their distress and rebalance their lives (Sise, 2025).

Reiki and Mental Health Outcomes

The empirical scientific data on the effectiveness of Reiki in mental health provides a subtle image, as there is encouraging evidence of effectiveness in symptom management and well-being improvement, especially with stress and anxiety, and less extensive and conflicting evidence on major depressive symptoms and acute trauma.

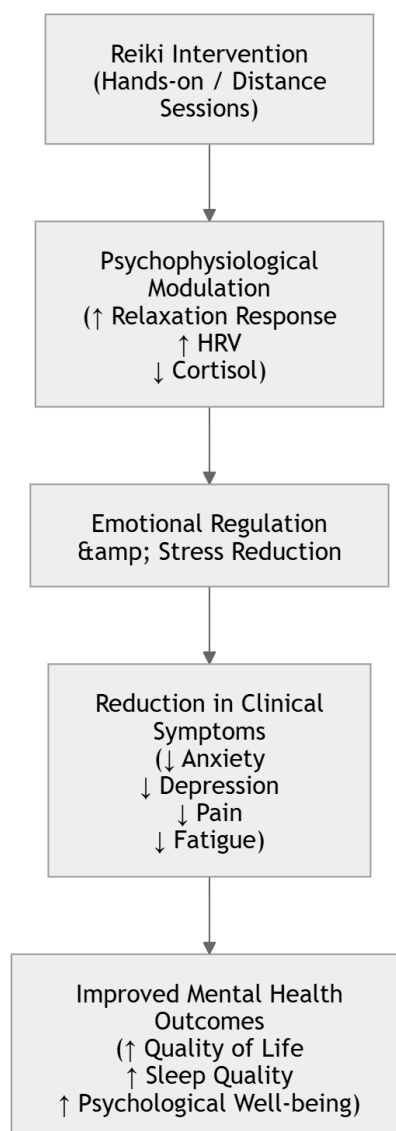


Figure 2. *Reiki and Mental Health Outcomes: Conceptual Flowchart.*

Stress and Psychological Distress

The cumulative body of research evidence indicates that Reiki works more effectively as a supportive adjunctive therapy, but not as a single treatment of psychiatric disorders. There is a large amount of research on its effect on stress and psychological distress. The strongest clinical observation relating to Reiki is the production of a profound relaxation effect and a major decrease in perceived stress. The systematic review of randomized placebo-controlled trials (RPCTs) has indicated that Reiki shows a significant therapeutic effect compared to placebo at clinically relevant levels of stress with large to very large effect sizes ($d = 0.90$ to 2.3) (Zadro and Stapleton, 2025). In health practitioners with burnout syndrome (BS), an exhaustion marked by emotional depletion and diminished individual accomplishment,

a solitary 30-minute Reiki session was discovered to significantly lower diastolic blood pressure and augment salivary secretory immunoglobulin A (s-IgA) concentration relative to a sham intervention (Díaz-Rodríguez et al., 2011). These biological findings reflect the subjective reports of enhanced emotional stability and mental clearness following sessions.

Anxiety-Related Conditions

Reiki has been tested widely in terms of its effects to both state and trait anxiety. In a meta-analysis of studies using 824 subjects, there was a significant standardized mean difference (SMD) of -0.82 in anxiety levels after Reiki interventions. Subgroup analyses have shown that Reiki is especially effective among chronically ill people and the overall adult population (Guo et al., 2024). Particularly, Reiki was found to markedly decrease the state anxiety, as measured in patients with fibromyalgia following four 30-minute Reiki sessions (Zadro and Stapleton, 2025). It has also been shown to be effective in reducing procedural anxiety; an example is cardiac surgery patients undergoing Reiki who reported statistically significant improvements in well-being and muscle tension over controls (Joyce and Herbison, 2015).

Table 2. *Modulatory Effects of Reiki/Biofield Therapy (Díaz-Rodríguez et al., 2011; Zadro & Stapleton, 2022; Prasad et al., 2025)*

Study Population	Outcome Measure	Results vs. Placebo/Control
Chronically Ill (Zadro & Stapleton, 2022)	State/Trait Anxiety	Significant reduction; $d = 1.36$ and 1.07
Burnout Nurses (Díaz-Rodríguez et al., 2011)	HRV & Blood Pressure	Significant increase in HRV; lower diastolic BP
Cardiac Patients (Zadro & Stapleton, 2022)	Anxiety Scores	Significant improvement ($p < 0.001$)
Low-Income Clinic (Prasad et al., 2025)	Perceived Stress	Median score drop from 6 to 2
Fibromyalgia Patients (Zadro & Stapleton, 2022)	State Anxiety	Significant reduction after 4 sessions

Depression and Mood Dysregulation

The relevance of Reiki in treating depression is becoming increasingly evidenced by clinical trials conducted on chronically ill groups. The GRADE level of

evidence is high in terms of clinically relevant levels of depression, with studies reporting very large effect sizes ($d = 1.4$). One study reported a very significant treatment impact ($p = 0.0001$) on the Beck Depression Inventory (BDI) after five weeks of bi-weekly Reiki therapy (Zadro and Stapleton, 2022).¹⁶ It has also been mentioned in research as the enhancement of the overall quality of life (QOL) is a secondary benefit. A meta-analysis of randomized controlled trials on 661 patients showed that there was a significant improvement in QOL after Reiki, especially when the intervention was provided at a minimum of 8 sessions, each session lasting 60 minutes (Liu et al., 2025). This indicates that although single sessions offer acute relief, a long-term protocol is required to cause significant changes in depressive symptomatology.

Trauma, PTSD, and Emotional Regulation

Reiki provides a somatic approach (bottom-up) that is especially helpful in trauma-informed care with veterans and survivors of profound abuse. The post-traumatic stress disorder (PTSD) is characterized by multi-faceted physical and emotional scarring, which can be insensitive to solitary interventions. It has been demonstrated that Reiki decreases well-being-impeding symptoms, including aggression, irritation, and insomnia, assisting in reversing the pattern of invisible wounds (Lanoy, 2015).²⁰ One case series study of the Trauma Reintegration Process (TRP) established that somatic-based energy work involving the meridians helped in processing memories in individuals with dissociation, without additional distress (Sise, 2025). Clinical settings show that qualitative feedback can be used to demonstrate that patients experience a sense of being dreamy, safe, and more grounded after they have been treated, thus showing that Reiki offers a secure foundation on which emotional regulation can be exercised (Thrane and Cohen, 2014).

Reiki in Psychiatric and Clinical Settings

The feasibility and acceptability of Reiki in hospital and community settings are well-documented. In a behavioral health clinic serving low-income patients, 81% of whom were women with diagnoses like major depressive disorder and PTSD, a single Reiki session led to significant improvements in positive emotions (happiness, relaxation, calmness) and decreases in negative measures (agitation, sadness, fatigue) (Prasad et al., 2025).

It is well documented that Reiki is feasible and acceptable in hospitals and other community settings. A single session of Reiki in a behavioral health clinic working with low-income patients, where 81% of individuals were women with diagnosis of major depressive disorder and PTSD, resulted in the significant positive (positive emotions, such as happiness, relaxation and calmness) and negative measures (agitation, sadness, fatigue) (Prasad et al., 2025).

Table 3. *Self-Reported Emotional Symptom Changes Before and After Reiki/Biofield Interventions (Prasad et al., 2025)*

Symptom (0-10 Scale)	Pre-Survey Median	Post-Survey Median	Change (Median)
Anxiety	6	2	-3
Stress	6	2	-4
Sadness	5	1	-3
Agitation	3	0	-2
Happiness	5	7	+1
Calmness	4	8	+4

This data indicates that Reiki is not only tolerable to patients, but can easily be incorporated into the routine of outpatient care and offers an effective means of managing acute symptoms.

5. Evidence from Chronic and Somatic Conditions

Although growing academic interest has been placed on the therapeutic potential of Reiki in mental health, its use has found a strong ground in the field of physical illness, especially chronic, stress-sensitive and inflammation-mediated diseases. An increasing body of research is proving the fact that Reiki has quantifiable effects on pain perception, autonomic regulation, immunology, and quality of life in a wide variety of somatic pathologies. This cross-diagnostic effectiveness does not only confirm Reiki as a holistic biofield intervention but also confirms the psychoneuroimmunological mechanism behind its action, therefore, its relevance to integrative mental health care, where somatic comorbidities are common.

Pain and Autonomic Regulation: Convergence on a Common Pathway

The chronic pain conditions have been the most widely studied in the Reiki literature and the results have shown to follow a similar pattern that cuts across the diagnostic lines. In fibromyalgia, osteoarthritis, low back pain, and neuropathic cases, Reiki has been shown to significantly diminish the intensity of pain, functional result, and a better quality of life (Heera et al., 2022). A systematic review of complementary and alternative medicine use in fibromyalgia, a disorder with central sensitization, autonomic dysfunction, and high psychiatric comorbidity, demonstrated that Japanese natural harmonization therapies such as Reiki produced significant effects on the physical and mental health outcomes in comparison to control conditions, but the heterogeneity of therapies and outcomes requires additional research (Badanta et al., 2024). Interestingly, not all studies have yielded similar results; in one randomised controlled trial, both Reiki and touch have been found to be of no benefit in the treatment of symptoms of fibromyalgia, which highlights the necessity of conducting serious research before prescribing energy medicine to patients with chronic pain symptoms (Assefi et al., 2008).

Stronger evidence are found in cancer pain management. In a randomized controlled trial that employed Reiki to treat 156 cancer patients undergoing palliative care, eight Reiki sessions over four weeks significantly reduced the levels of pain ($p < 0.001$), analgesic use ($p < 0.001$), and fatigue ($p < 0.001$) relative to control groups (Utli et al., 2023). A three-armed, randomized, double-blinded trial on 58 cancer patients more recently showed that Reiki was superior to both sham Reiki and progressive relaxation exercise in reducing pain, anxiety, and stress levels, with effects maintained at three-month follow-up (Oz Kahveci et al., 2025). The fact that pain results are correlated with autonomic results reinforces the mechanism argument. The reported pain improvements are always accompanied by a reduction in heart rate variability, blood pressure, and muscle tension. This trend indicates that the analgesic action of Reiki can possibly be mediated by parasympathetic activation and descending pain inhibition, but not direct regulation of pain pathways, which can justify its transdiagnostic effectiveness, as well as its special application to stress-related disorders (Heera et al., 2024; Bat, 2021).

Oncology and Palliative Care

The oncology literature provides some of the most convincing evidence of the clinical usefulness of Reiki, yet it also indicates the shortcomings of the traditional research

paradigms in their ability to capture the entire range of the effects. There are several RCTs that report significant decreases in chemotherapy-induced nausea, fatigue, pain, and anxiety. An evaluation of complementary therapies in pediatric oncology palliative care reported Reiki as one of the interventions with statistically significant outcomes on the management of the pain-anxiety-worry-dyspnea symptom cluster in children and adolescents, yet the majority of studies had a moderate risk of bias (Lopes-Júnior et al., 2021). In another study, patients in stage III and IV with cancer undergoing palliative care reported that pain, analgesic usage, and fatigue levels were significantly lower in post-Reiki interventions than in control groups, indicating the potential to accept both therapies as useful nursing interventions (Utli et al., 2023). One study also discovered that Reiki was more effective than progressive relaxation exercise in alleviating stress levels, and the lowest assessments of stress were noted after three months in the Reiki group (Oz Kahveci et al., 2025). Patients report experiencing a renewed sense of agency and dignity in the dehumanizing procedures of intensive cancer care because of Reiki. They claim that they experience being seen not as sick bodies but as intact individuals, and also have periods of calmness and connectedness, which offset the loneliness of serious illness. These existential and relational dimensions that are hard to measure and yet are core to patient experience can be the most significant contribution of Reiki in palliative and end-of-life care.

Inflammatory and Immunological Effects

The supposition, that Reiki regulates inflammatory and immune processes, has been spreading with mechanistic investigations as well as with clinical findings. Chronic inflammation has now been identified as one of the general pathways between stress, depression, cardiovascular disease and autoimmune diseases. Assuming that Reiki can modulate inflammatory processes, it would be transdiagnostic and cross specialty boundaries. In a review of Reiki in physical therapy and rehabilitation, it was observed that research around humans, animals, and bacterial cultures has been performed, and the effects on immune and endocrine systems are actively being studied. Reiki has been reported to affect stress-induced conditions, immunology, metabolism, and hormonal functions, inflammation, and microcirculation (Heera et al., 2022).

Human trials in autoimmune disorders provide initial evidence. In a study conducted on 60 participants with multiple sclerosis, the authors of the study concluded that the

Piper Fatigue Scale and Pittsburgh Sleep Quality Index scores of the Reiki group dropped significantly as compared to the control group ($p < 0.05$), which showed that Reiki was significantly effective in the treatment of fatigue and sleep qualities among this population. In the same way, the use of cognitive-behavioral therapy has been demonstrated to be helpful in the treatment of pain and fatigue in rheumatoid arthritis patients (Turan et al., 2024). Nevertheless, the data is still tentative. The majority of studies are small, not followed up longitudinally, and do not control upon concurrent treatments. Generalization is also complicated by the heterogeneity of autoimmune conditions that have different pathophysiology. It can be concluded that the inflammatory hypothesis is potentially plausible, with early evidence in its favor, and deserves serious research--especially because of the prominence of inflammation in the pathogenesis of physical and psychiatric disease.

Cardiovascular and Autonomic Effects

The cardiovascular literature contains some of the least biased evidence of the physiological effects of Reiki, based on measures that are not susceptible to expectancy or reporting bias. Heart rate, blood pressure and heart rate variability (HRV) are measurable continuously and objectively, giving indicators of autonomic activity that have been shown to be associated with health outcomes in a variety of conditions. A placebo-controlled study of the effect of Reiki in physiological markers revealed no statistically significant differences between groups, although the heart rate comparison between Reiki and sham groups neared statistical significance ($p = 0.053$), indicating that a larger study could have found meaningful differences (Bat, 2021). Previous findings by Diaz-Rodriguez et al. (2011) revealed that the Reiki effect on high-frequency HRV of professionals with burnout was positive, and it improved the parasympathetic tone.

A study identified that Reiki was associated with blood pressure reductions in hypertensive patients (Salles et al., 2014). Research in patients after a cesarean section has shown the effectiveness of Reiki in pain, anxiety, and hemodynamic parameters in the surgery group (Midilli and Eser, 2015; Midilli and Gunduzoglu, 2016). The objectivity of such measures reinforces the evidence base of the physiological effects of Reiki. In contrast to self-reported pain or anxiety, HRV and blood pressure are not affected by expectancy or the wish to impress the investigator. The overlap of

objective physiological changes with subjective improvement offers a stronger argument of specific treatment effects than either one.

6. Reiki in Neurological, Metabolic, and Other Somatic Conditions

The curative possibilities of Reiki lie outside of the much-investigated realms of pain, oncology, and cardiovascular medicine into a wide range of other physical disorders. Although the evidence base of such conditions is not as well-developed, and is highly preliminary, in terms of case reports, and ongoing clinical trials, it still indicates a rich and interesting array of applications.

Neurological and Neurodegenerative Disorders

A particularly interesting area of research is the use of Reiki on neurological disorders due to the complexity of interactions between the nervous system, stress, and the proposed action of biofield treatments. Studies have examined the effects of Reiki in stroke recovery as well as Parkinson disease. Patient rehabilitation following ischemic stroke or traumatic brain injury is a complicated and lengthy process that may require physical, occupational, and speech therapy. One study was investigating Reiki in functional recovery following ischemic stroke. The results were not promising. the study indicated no intergroup difference between Reiki and the sham control (Lee et al., 2008). This is a very important piece of evidence that is a null result. It indicates that in conditions where the structural damage is serious and fixed, a delicate, energy-related therapy such as Reiki might not be capable of countering the deep neurological loss. Although in more recent reviews it is stated that the effects of Reiki in the reduction of the effects of strokes are being investigated, the lack of strong, positive results in the intervening years supports the conclusion that the role of Reiki in acute neurological recovery remains unproven and, at best, insignificant (Heera et al., 2022). Emphasis is to be laid on traditional, evidence-based rehabilitation protocols.

The case of Parkinson disease (PD), a progressive neurodegenerative disorder with motor and non-motor symptoms such as tremor and rigidity, anxiety, depression, sleep disturbances, and others, makes a different impression. Some sources include PD as a disorder in which Reiki can be helpful. In a meta-analysis of biofield therapies, involving patients with neurodegenerative diseases, a positive trend regarding the alleviation of pain and psychological symptoms was described, but the

outcomes of depression as a frequent comorbidity in PD were more diverse (Sá et al., 2025). Here the plausibility is more than in the case of stroke. The ability to relax and alleviate stress (Heera et al., 2022), as well as enhance sleep (Morse and Beem., 2011), which have been documented in Reiki, directly address some of the most disabling non-motor symptoms of PD. Even when there is no change in the underlying progression of the disease, a patient with PD who is less anxious and has better sleep is likely to experience a better quality of life. Nevertheless, it is important to mention that evidence is still tentative. Large-scale RCTs that have proved the use of Reiki in PD on core motor symptoms are lacking. Thus, Reiki cannot be regarded as a disease-modifying intervention but rather an additional therapy aimed at managing symptoms.

Epilepsy and Seizure Disorders

Reiki has been studied to have effects of normalization of the nervous system, including epilepsy. A strong, but methodologically deficient case report was of a nine-year-old child whose history included perinatal stroke and seizures who received six weeks of Reiki. Reported findings indicated stress reduction and an improvement in sleep patterns, but, most importantly, no alterations were noted in the overall well-being of the child, and the report did not exclude the effect of placebo or other factors (Bukowski and Berardi, 2014). The absence of seizure activity during the study is mentioned though this is anecdotal. Considering the life threatening nature of seizures and the presence of effective anticonvulsant drugs, Reiki should not be viewed as a treatment of epilepsy. Any role it plays would be under the strict guidance of a neurologist and would only be involved in enhancing stress and well-being.

Metabolic and Endocrine Conditions

Stress has been shown to affect both metabolism and endocrine activity, which offers a theoretical basis to explore the role of Reiki in illnesses such as diabetes. The 2008 trial of Reiki on painful diabetic neuropathy was part of the study by Ernst and colleagues. The findings were categorical, no effects of Reiki on pain existed (Lee et al., 2008). This is a serious adverse observation. Diabetic neuropathy is a disease that has a definite organic pathology (nerve damage due to long-term high blood sugar). Reiki has not been shown to influence this type of pain negatively, which differs with other forms of pain, e.g., cancer pain, which have been found to have a more favorable response to Reiki (Sá et al., 2025). This indicates that the analgesic actions of Reiki can be very context-specific, and that they are most effective on pain with a

strong emotional/stress-mediated factor than on pain with a direct/structural nerve-damage factor. Although previous literature indicated that Reiki may help the body remove toxins and help the immune system fight diseases such as diabetes, these arguments lack strong clinical evidence. In a case report of a child with type-1 diabetes, the overall well-being of the child did not change, further emphasizing the absence of evidence of a direct metabolic effect (Bukowski and Berardi., 2024).

Other Somatic Conditions

Reiki has also been examined as an adjunctive treatment to a very broad assortment of other illnesses, often due to anecdotal accounts and initial research. Reiki has been recommended to complement digestive problems. The reason is probably due to the close relationship between the gut and the brain (the gut-brain axis) and the reality that stress can worsen other disorders such as irritable bowel syndrome (IBS). Although this is possible, there is no specific clinical trial data in the search results to prove this argument. The evidence is still at the general mentioning stage.

Other conditions that are listed by some sources as potentially having beneficial impact with Reiki include infertility. The high levels of psychological stress linked to infertility are a well-established factor that might produce adverse changes in the course of the treatment. It is also possible that the relaxing and stress-relieving effects of Reiki may be emotionally supportive to those who have gone through the fertility treatments. Nevertheless, these search results do not include any evidence that Reiki can have a direct effect on fertility outcomes such as conception rates (Dani Sheridan, NA).

One of the most recent research topics is Reiki and its impact on substance use. An experiment involving hypertensive young adults measured the impact of Reiki therapy on alcohol consumption. The findings were impressive: the experimental group that underwent 21 sessions of Reiki experienced a significant reduction in the mean arterial pressure (109.91 to 97.00 mmHg, $p=0.001$) and a significant reduction in the amount of consumed alcohol (11.00 to 8.83 on a scale, $p=0.015$) compared to the control group (Briones et al., 2023). This is an interesting observation that leaves a new avenue of investigation. The mechanisms remain purely speculative with the possibility that Reiki may decrease the anxiety or stress that motivates alcohol consumption or may work more directly on craving pathways. Although this one trial needs to be repeated, it is indicative that the potential uses of Reiki can be expanded

to include behavioral health and addiction medicine which are highly comorbid with mental health disorders.

The effect of complementary therapies, such as Reiki, on the healing rate of full-thickness dermal wounds, was investigated in early experimental works conducted in the 1990s. The outcome of this sequence of five experiments was inconclusive. The first two experiments were statistically significant, whereas the rest exhibited non-significance or converse significance (Wirth, 1996). Even in a controlled experimental design, this inconsistency reveals the inability to control a particular effect of Reiki and impact of uncontrolled factors. It is used as a historical reminder of the difficulties that have always haunted this research area.

7. Proposed Mechanisms Underlying Reiki's Effects

Neurophysiological Mechanisms

The major scientific explanation of Reiki effectiveness is the regulation of the autonomic nervous system (ANS) and the induction of a parasympathetic-dominant state.¹⁸ Heart rate variability (HRV) is used as an objective measure of such a regulation. Sympathetic activation occurs during the stress phase of the body resulting in the low HRV. Research has demonstrated that the Reiki sessions are related to a considerable improvement in high-frequency (HF) HRV and mean standard deviation of the normal-to-normal intervals (SDNN), which is an indicator of improved parasympathetic tone and reduced physiological stress (Díaz-Rodríguez et al., 2011). Interestingly, this effect has also been witnessed in non-human subjects and cells, implying that the processes might be beyond the simple expectancy or placebo effects. Reiki has been proven to enhance homeostasis of heart rate and inhibit noise induced microvascular injury in rat models, indicating its ability to affect fundamental biological responses to stress (Zadro & Stapleton, 2022).

Psychological and Psychosocial Pathways

Reiki is also conducted by psychological channels associated with therapeutic touch and contextual healing. The non-invasive quality of Reiki touch offers a distinctive source of sensory perception that can build a sense of protection and trust. This protective experience can change the way the patient perceives the healthcare setting, establishing confidence and relationships that are frequently missing in high-stress clinical environments (Santos et al., 2021). Biofield therapies are also believed

to increase mindfulness and self-awareness. Reiki enhances individuals connection with the somatic self and improves emotional resilience and control of mood disorders by increasing a client awareness of their energized body, thus strengthening the connection between the mind and the somatic self (Mangione et al., 2017).

Neuroendocrine and Psychoneuroimmunological Perspectives

Psychoneuroimmunology (PNI) is the bidirectional communication of the mind, brain, and immune system, which results in an overactive hypothalamic-pituitary-adrenal (HPA) axis that leads to increased cortisol and an inflammatory hypothesis of mood disorders, in which pro-inflammatory cytokines such as IL-1, IL-6, and TNF- α are likely causes of fatigue and cognitive dysfunction (Daniel, 2024). Reiki and other biofield therapies have been shown to modify these biomarkers significantly:

- **Stress Hormones:** Although some studies have had inconclusive results about cortisol levels, multiple studies have found that there were significant decreases in salivary cortisol after Reiki therapy, meaning that the HPA axis was suppressed (Prasad et al., 2025).
- **Immune Markers:** Reiki has been demonstrated to produce great amounts of salivary secretory immunoglobulin A (s-IgA), an initial line of defense against pathogen presence, normally reduced in the wake of prolonged stress (Díaz-Rodríguez et al., 2011).
- **Inflammatory Cytokines:** Biofield energy treatment lowered the levels of pro-inflammatory cytokines (TNF- α , IL-1 β , IL-6, and IL-8) and enhanced neurotransmitter levels (dopamine and serotonin) in randomized controlled trials (Trivedi et al., 2021).

Table 4. *Modulatory Effects of Reiki/Biofield Therapy (Kaya et al., 2025; Díaz-Rodríguez et al., 2011; Trivedi et al., 2021)*

Biomarker Category	Specific Marker	Effect of Reiki/Biofield Therapy
Stress Hormone	Cortisol	Reduction (HPA axis stabilization)
Immune Function	s-IgA	Significant Increase
Pro-inflammatory	TNF- α	Significant Reduction (up to 87%)

Pro-inflammatory	IL-6	Significant Reduction
Neurotransmitter	Dopamine	Significant Increase
Antioxidant	Isoprostane	Reduction (Lower oxidative stress)

These results indicate that the Reiki healing power is located in its capacity to reestablish coherence in the emotional, mental, and physiological aspects of health.

8. Integration Across Clinical and Community Mental Health Settings

Reiki has a broad spectrum of integration into mental health care, including formal and informal community wellness programs, as well as professional programs in acute psychiatric hospitals. The fact is that it is strongly supported by evidence of its feasibility and high patient acceptability in these various settings and makes it a versatile adjunctive therapeutic option. Various studies in the hospital and clinical setting have shown that Reiki can be effectively integrated into the practice of outpatient behavioral health clinics, inpatient unit, or even partial hospitalization programs (Prasad et al., 2025). To take one example, a case study comparing the effectiveness of Reiki therapy in an outpatient care environment showed that a 30-minute session was feasible and could produce positive results (Gantt and Orina, 2020). Likewise, a study of pediatric patients in a psychiatric hospital environment established that Reiki was a noninvasive and relaxing treatment that was highly accepted (Thrane et al., 2022). Its application in practice may include trained volunteers or certified practitioners providing the sessions on-site or remotely (ICIMH, 2022). A pilot study on home-based Reiki provided by informal caregivers further highlights a flexibility of Reiki to be applied in other models of delivery (Chen et al., 2023). Reiki interventions on patients at any clinical facility are always associated with high levels of satisfaction. A qualitative analysis of a volunteer Reiki program, which found that participants reported feeling comfortable and well after these sessions, confirmed that this technique was well-received (Dyer et al., 2025) The same effect is observable in studies with children in palliative care, where Reiki turned out to be highly acceptable (Thrane et al., 2021). Its non-invasive aspect makes it especially applicable to vulnerable groups, such as newborns at risk of developing neonatal abstinence syndrome, among which it has been considered safe and viable (Radziewicz et al., 2018).

Reiki is also easily accessible to community participants, as it is made available by individual practitioners, holistic health facilities, and through certification schools (Bhargav et al., 2024). It is often incorporated into larger wellness programs which can also incorporate yoga, meditation, and massage therapy. Reiki is also attractive because it is inexpensive, non-invasive, and easily available, which places it as a useful intervention in the daily stress management and burnout prevention (NICE Guideline, 2022). Its application on different populations has been investigated by community-based programs, such as Latina breast cancer survivors in a culturally-focused group intervention (AuBuchon et al., 2025) and older medical patients in a mobilization study (Hill et al., 2021). The concept of integrating Reiki into community mental health is correlated with the increasing trend of universal and individual-level interventions that could help to establish resilience and enhance the overall quality of life (NICE Guideline, 2022). Moreover, the study of Reiki as a factor in alleviating compassion fatigue and burnout among healthcare professionals is being formalized, which is a very important consideration in mental health provision (May et al., 2024). A particular study evaluated the practicability of adding Reiki into a program of community mental clinician schedule to minimize burnout (Ivanchenko, 2025). This dual presence between an institutional and community setting brings out the versatility of Reiki. Regardless of whether administered by a specialist in a hospital room or practiced as a type of self-help in the house, Reiki provides a uniform methodology in the promotion of relaxation and well being.

Although the feasibility and acceptability of Reiki integration with mainstream mental health are strongly supported, a number of barriers hinder complete integration. One of the major ones is to make sure that its application as an adjunct therapy does not result in the displacement of evidence-based treatments. Effective communication between patients and clinicians is crucial to keep the right expectations and ethical lines. The other major obstacle is that there are no standardized guidelines on Reiki application, making it difficult to replicate and compare the results across research and formulate clinical guidelines (Miles and True, 2003; Manivannan, 2022). The lack of agreement on such aspects as the length of the session, how often it should be conducted, and the exact positions of the hands makes it hard to describe a dose of Reiki. The fact that more transparency in reporting clinical trials of biofield therapies is needed contributes to this problem, an issue that new reporting guidelines have

recently resolved (Hammerschlag et al., 2024). Lastly, training and credentialing of practitioners is an important standardization concern. Although practitioners are often certified in different schools, the content and rigor of those programs may differ considerably (Bukowski and Berardi, 2014; Bukowski, 2015). Another approach that might be useful in promoting consistency and professionalism in practice is to set out clear educational standards, perhaps supported by bodies such as the University Grants Commission (UGC) in the relevant regions (Philip et al., 2022). These problems need to be tackled: standardization of protocols, clear reporting and institutionalization of training are essential to the development of Reiki as a dependable component of a wholesome mental health care.

9. Safety and Ethics

The consideration of Reiki as a clinical treatment should take a careful and evidence-based approach and be based on a critical assessment of its safety profile, ethical concerns, and the methodological constraints of the current body of evidence. As far as safety is concerned, Reiki is always stated to be an extremely low-risk intervention. Several studies, such as those that have involved high-risk groups such as newborn at risk of neonatal abstinence syndrome and children under palliative care, have identified that Reiki is safe with no major adverse events reported (Radziewicz et al., 2018). Even a survey of negative experiences with complementary and alternative medicine in the pediatric setting mentioned the safety of the Reiki (Mora et al., 2022). Since it is non-invasive and passive, the risk of harm is low, so it is a favorable choice among patients who might be unable to receive other types of treatment. Nevertheless, the key ethical issue is not the safety but the possibility of abuse. The most serious ethical border is the assurance that Reiki is administered not as the main cure, but as an adjunct therapy to the proven and evidence-based treatment of serious mental illnesses such as depression, bipolar disorder, or schizophrenia. To avoid the process of abandoning necessary pharmacological or psychotherapeutic treatment in favor of Reiki alone, clinicians have to communicate with patients with clarity. This necessitates the development of clear scopes of practice of Reiki practitioners in a multidisciplinary team and enhances open communication regarding the aims and constraints of the intervention (Rosamond et al., 2025).

10. Critical Limitations

Although there is promise, there are major methodological constraints in the scientific literature on Reiki that softens any conclusive statements on its effectiveness. Methodological heterogeneity is one of the most widespread difficulties. There is a great diversity of study designs represented in the body of research, such as pilot studies, randomized controlled trials (RCTs), quasi-experimental pre-post studies and mixed-methods approaches (Potter, 2007; Ludeman et al., 2009). This heterogeneity complicates the ability to come up with solid conclusions and constrains the strength of meta-analyses, which in many cases have observed a high level of heterogeneity in terms of interventions, settings, and comparators (Witdiawati et al., 2025).

Blinding is another challenge that is quite fundamental. Due to the nature of Reiki being a hand-on or a hand-off treatment, the development of a convincing placebo control that replicates the sensory experience of the treatment, but which does not simultaneously provide the alleged energy, is inherently challenging (Hohenschurz-Schmidt et al., 2023). Although sham Reiki protocols have since been created, their capability to blind subjects and researchers is controversial, and at least some studies have indicated that even sham interventions could result in short-term effects that would be reversed in the future (Hanley et al., 2025). This is vulnerable to placebo effects and expectancy such that most positive results reported may result due to the therapeutic context, patient-practitioner relationship, and mythical belief of the recipient of the treatment, and not necessarily to a particular physiological action of Reiki itself.

Moreover, the absence of unified Reiki guidelines is one of the greatest impediments to scientific advancement. No single dose of Reiki has been agreed upon, with the length of the sessions, the number of sessions, the level of certification of the practitioner, and the specific positions of the hands being used to treat clients varying across research. This lack of standardization prevents replication and prevents the establishment of what, or whether, of the aspects of the intervention is causing observed effects. In response, scholars have requested that finer guides to the manner in which Reiki research should be conducted and reported be developed, including the necessity of some preclinical and clinical studies design that can more effectively isolate particular mechanisms of action. These underlying problems cannot be resolved until the evidence base is complete. Even the quality of the evidence itself is

usually moderate in nature, with dangers of biasness reported in the included research, especially when it comes to studies testing Reiki as an effective intervention in anxiety and depression (Miles and True, 2003; Manivannan, 2022). Thus, the initial results are interesting and should be investigated further, but the existing literature must be viewed carefully. This is a convincing evidence, however, it is still not at the stage of solid, definitive evidence to justify such widespread, evidence-based conclusions about Reiki as a primary therapy against mental health disorders. To progress the field, future research should focus on larger studies that are better designed and have standardized protocols and better sham controls.

11. Future Directions and Clinical Implications for Integrative Practice

The contemporary state of the Reiki research, despite its potential, requires a careful and tactful way of its introduction into the clinical mental health practice. The first clinical implication is that Reiki should be regarded as a useful, non-pharmacological adjunctive therapy that can improve the well-being of patients, their symptoms of distress, and the quality of life, and not as a treatment or cure of known psychiatric conditions (Liu et al., 2025). The fact that it has been found to cause relaxation, perceived stress reduction and emotional calmness, qualifies it as an intervention applicable in a large variety of clinical situations (Shore, 2002; McCutcheon and Habiya, 2025). Reiki may also be provided to patients in a multidisciplinary care environment to address the anxiety related to medical procedures, emotional weight of chronic disease, or as a tool to prevent burnout among health care workers (Nichter et al., 2020). Its high adoption intensity and suitability in a hospital and community set up implies that it can be easily integrated into holistic care plans (Prasad et al., 2025; Dyer et al., 2025). As an example, the short Reiki session might be included in a discharge plan package of a psychiatric inpatient to help a patient to get to the home, or it might be provided as a wellness module at an outpatient clinic (Uebelacker et al., 2021; Patra et al., 2024). The most important answer to effective integration is effective communication to patients regarding its intended purpose, so that it supplements, not replaces, conventional evidence-based treatments.

To construct a stronger and more believable body of evidence regarding Reiki, there are several important lines that research needs to take moving forward. The most important one is the urgent need of protocol standardization. It is necessary to develop

and validate a set of standardized Reiki application protocols (i.e. specific durations, frequencies, and hand positions) to facilitate the possibility of reliably replicating and comparing studies (Manivannan, 2022). Second, researchers should also keep on perfecting study methods to overcome the innate challenges of placebo control and blinding. It involves the creation and testing of more elaborate sham interventions that can better correct contextual and expectancy effects (Hohenschurz-Schmidt et al., 2023). Third, more studies that focus on long-term effectiveness are required to establish the persistence of Reiki effects, and its relationship with clinically meaningful outcome measures, including diagnostic remission rates, relapse prevention, and functional status, as opposed to short-term symptom scores. Fourth, a combination of qualitative and neurobiological research approaches will allow a more detailed explanation of how Reiki works. Integrating patient-reported experiences with objective physiological indicators (such as HRV and cortisol) will facilitate the gap between subjective feeling and objective change and provide a more detailed, more specific account of the therapeutic process (Doan et al., 2026).

Future studies are needed to investigate the use of Reiki in specific underserved groups and in clinical settings. Although research has been conducted on children, adolescents, and cancer patients, more focused research is required on groups like veterans with PTSD, substance use disorder, and those in forensic psychiatric populations. Exploring its interaction effects with particular psychotherapies, including trauma-focused CBT or mindfulness-based methods may clarify its best application within an integrative treatment model as well. However, in the end, the way to general clinical acceptance of Reiki lies in the capacity of the field to engage in rigorous, transparent, and replicable science. By overcoming the existing shortcomings in the methodology, standardization and reporting, researchers will be able to produce the quality of evidence required to illuminate the role of Reiki in the mental health care picture. Its application must be informed up to that moment by a patient safety promise, by a dedicated ethical course of action, by a moderated and evidence-based outlook, honoring its capacity to provide supportive care without overstepping the limits of the existing scientific understanding.

Conclusion

The body of evidence in this review indicates that Reiki can be of great potential as an adjunct form of mental health care. The major benefit of it is that it causes a

significant relaxation effect, stabilizes the autonomic nervous system, and alters major stress and inflammatory biomarkers. Reiki provides a low-risk, patient-acceptable and a bridge therapy to traditional pharmacotherapy and psychotherapy by treating the somatic and energetic aspects of psychological distress. Although the extant literature offers promising data regarding efficacy in lowering stress levels, anxiety, and depression especially in clinically significant populations, the field needs stronger, standardized, and large-scale clinical studies to surmount mistrust and attain broader diffusion. In the context of evidence-based practice, Reiki can be viewed as an essential component of holistic, person-centered care, which helps patients feel hopeful, safe, and healthy in the world of mental illness challenges. The careful but active involvement in multidisciplinary psychiatric environments seems not only possible but also potentially that which changes the future of global mental health recovery.

References

- Assefi, N., Bogart, A., Goldberg, J., & Buchwald, D. (2008). Reiki for the treatment of fibromyalgia: a randomized controlled trial. *The Journal of Alternative and Complementary Medicine: Paradigm, Practice, and Policy Advancing Integrative Health*, 14(9), 1115-1122.
- AuBuchon, K. E., Galván, C. J. C., Duron, Y., Sampayo, I., Torres, M., Hurtado-de-Mendoza, A., ... & Graves, K. D. (2025). Randomized trial of a community-based, culturally tailored intervention: High engagement among Latina breast cancer survivors. *Cancer*, 131(11), e35842.
- Badanta, B., Álvarez-Pérez, I., Bonilla Sierra, P., González-Cano-Caballero, M., Lucchetti, G., & de Diego-Cordero, R. (2024). Complementary and alternative medicine to treat fibromyalgia symptoms. A systematic review. *Journal of Pain Research*, 1709-1723.
- Bat, N. (2021). The effects of reiki on heart rate, blood pressure, body temperature, and stress levels: A pilot randomized, double-blinded, and placebo-controlled study. *Complementary therapies in clinical practice*, 43, 101328.
- Bhargav, H., George, S., & Varambally, S. (2023). Yoga and mental health: what every psychiatrist needs to know. *BJPsych Advances*, 29(1), 44-55.
- Briones, N. G. P., Paloalto, M. L. R., Casique, L. C., Ramírez-Girón, N., Puente, L. A. R., Lara, A. R., & Landeros-Olvera, E. (2023). Effect of Reiki therapy on blood pressure and alcohol consumption in young adults: A clinical trial.
- Bukowski, E. L. (2015). The use of self-Reiki for stress reduction and relaxation. *Journal of integrative medicine*, 13(5), 336-340.
- Bukowski, E. L., & Berardi, D. (2014). Reiki brief report: using Reiki to reduce stress levels in a nine-year-old child. *EXPLORE*, 10(4), 253-255.
- Bukowski, E. L., & Berardi, D. (2014). Reiki brief report: using Reiki to reduce stress levels in a nine-year-old child. *Explore (New York, N.Y.)*, 10(4), 253–255. <https://doi.org/10.1016/j.explore.2014.02.007>
- Chen, Y. J., Petrinec, A., Stephenson, P. S., Radziewicz, R. M., & Sheehan, D. (2023). Home-based Reiki by informal caregivers: A mixed-methods pilot study. *Holistic Nursing Practice*, 37(5), 285-297.

- Dani Sheridan, C. R. A. R. P. How does Reiki stimulate the parasympathetic nervous system?.
- Daniel F (2024). Understanding the Mechanisms of Psychoneuroimmunology in Chronic Illness. *J Psychol Psychother.* 14:497.
- Díaz-Rodríguez, L., Arroyo-Morales, M., Cantarero-Villanueva, I., Fernández-Lao, C., Polley, M., & Fernández-de-las-Peñas, C. (2011). The application of Reiki in nurses diagnosed with Burnout Syndrome has beneficial effects on concentration of salivary IgA and blood pressure. *Revista latino-americana de enfermagem*, 19, 1132-1138.
- Díaz-Rodríguez, L., Arroyo-Morales, M., Fernández-de-Las-Peñas, C., García-Lafuente, F., García-Royo, C., & Tomás-Rojas, I. (2011). Immediate effects of reiki on heart rate variability, cortisol levels, and body temperature in health care professionals with burnout. *Biological Research for Nursing*, 13(4), 376-382.
- Doan, T. K. H., Sofija, E., Ho-Thi, T. H., Phan, N. N., Le, H. N., Nguyen, L. N., & Phung, H. (2026). Traditional, Complementary, and Alternative Medicine for Self-Care in Chronic Neck and Shoulder Pain: A Scoping Review. *Nursing Reports*, 16(2), 44.
- Dyer, N. L., Rodgers-Melnick, S. N., Fink, K. E., Rao, S., Surdam, J., & Dusek, J. A. (2025). Evaluation of a reiki volunteer program within two cancer infusion centers. *Journal of Pain and Symptom Management*, 69(3), e211-e219.
- Fan, Y., Fan, A., Yang, Z., & Fan, D. (2025). Global burden of mental disorders in 204 countries and territories, 1990-2021: results from the global burden of disease study 2021. *BMC psychiatry*, 25(1), 486. <https://doi.org/10.1186/s12888-025-06932-y>
- Gantt, M., & Orina, J. A. T. (2020). Educate, Try, and Share: A Feasibility Study to Assess the Acceptance and Use of Reiki as an Adjunct Therapy for Chronic Pain in Military Health Care Facilities. *Military medicine*, 185(3-4), 394–400. <https://doi.org/10.1093/milmed/usz271>

- Global Burden of Disease (GBD) (2021) [online database]. Seattle: Institute for Health Metrics and Evaluation; 2024 (<https://vizhub.healthdata.org/gbd-results/>).
- Guo, X., Long, Y., Qin, Z., & Fan, Y. (2024). Therapeutic effects of Reiki on interventions for anxiety: a meta-analysis. *BMC palliative care*, 23(1), 147. <https://doi.org/10.1186/s12904-024-01439-x>
- Hammerschlag, R., Sprengel, M., & Baldwin, A. L. (2024). Biofield therapies: Guidelines for reporting clinical trials. *Global Advances in Integrative Medicine and Health*, 13, 27536130231202501.
- Hanley, A. W., Nakamura, Y., Edwards, R. R., Lingard, A., Childs, K., Faulkner, J., ... & Garland, E. L. (2025). Complementary therapies for chronic knee pain: a placebo-controlled RCT of Reiki and mindfulness. *Complementary Therapies in Medicine*, 103278.
- Heera, H. S., Najar, S. S. H., & Lytvynenko Olu, S. A. (2022). Reiki method in physical therapy and rehabilitation (researchs' review). *Experimental and Clinical Medicine*, 91(1), 9p.
- Hill, T. G., Langley, J. E., Kervin, E. K., Pesut, B., Duggleby, W., & Warner, G. (2021). An Integrative Review on the Feasibility and Acceptability of Delivering an Online Training and Mentoring Module to Volunteers Working in Community Organizations. *Frontiers in digital health*, 3, 688982. <https://doi.org/10.3389/fdgth.2021.688982>
- Hohenschurz-Schmidt, D., Draper-Rodi, J., Vase, L., Scott, W., McGregor, A., Soliman, N., ... & Rice, A. S. (2023). Blinding and sham control methods in trials of physical, psychological, and self-management interventions for pain (article II): a meta-analysis relating methods to trial results. *Pain*, 164(3), 509-533.
- ICIMH 2022 Abstracts. (2022). *Global Advances in Health and Medicine*, 11, 2164957X221096590. <https://doi.org/10.1177/2164957X221096590>
- Ivanchenko, Andreyanna. (2025). Reiki Technique as a Rehabilitation Psycho-Emotional Adaptive-Regulating Mind-Body Therapy: a Comprehensive Review

Within the Author's Innovative Psychological Paradigm. Psychology and Mental Health Care. 09. 01-15. 10.31579/2637-8892/333.

Jain, S. (2021). Healing ourselves: Biofield science and the future of health. St. Martin's Essentials.

Joyce, J., & Herbison, G. P. (2015). Reiki for depression and anxiety. Cochrane Database of Systematic Reviews, (4).

Kaya, Elif (2025). Reiki and Biofield Therapies Reduce Stress in Young Adults. Alt Integr Med 14, 554.

Lanoy, T. L. (2015). Reiki: application as a modality of INTEGRATIVE therapy for treating post-traumatic stress disorder and other wounded warrior issues.

Lee, M. S., Pittler, M. H., & Ernst, E. (2008). Effects of reiki in clinical practice: a systematic review of randomised clinical trials. International journal of clinical practice, 62(6), 947-954.

Liu, K., Qin, Z., Qin, Y., Li, Y., Liu, Q., Gao, F., ... & Wang, W. (2025). Effects of Reiki therapy on quality of life: a meta-analysis of randomized controlled trials. Systematic Reviews, 14(1), 72.

Liu, W., Zhang, Y., Chen, J., Li, X., Huang, Y., Zhao, F., ... & Li, Y. (2025). Global burden and trends of major mental disorders in individuals under 24 years of age from 1990 to 2021, with projections to 2050: insights from the Global Burden of Disease Study 2021. Frontiers in Public Health, 13, 1635801.

Lopes-Júnior, L. C., Urbano, I. R., Schuab, S. I. P. C., Pessanha, R. M., Rosa, G. S., & Lima, R. A. G. (2021). Effectiveness of complementary therapies for the management of symptom clusters in palliative care in pediatric oncology: a systematic review. Revista da Escola de Enfermagem da U S P, 55, 03709. <https://doi.org/10.1590/S1980-220X2020025103709>

Ludeman, R. B., Osfield, K. J., Hidalgo, E. I., Oste, D., & Wang, H. S. (2009). Student affairs and services in higher education: Global foundations, issues and best practices.

Mangione, L., Swengros, D., & Anderson, J. G. (2017). Mental health wellness and biofield therapies: An integrative review. Issues in mental health nursing, 38(11), 930-944.

- Manivannan, V. Z. (2022). This is about the body, the mind, the academy, the clinic, time, and pain (Doctoral dissertation, Rutgers The State University of New Jersey, School of Graduate Studies).
- Martinelli, A., Pozzan, T., Procura, E., D'Astore, C., Cristofalo, D., Bonetto, C., & Ruggeri, M. (2025). Feasibility, Acceptability, and Impact of Recovery-Oriented Practices in an Italian Community Mental Health Service: A Pilot Study. *Journal of Clinical Medicine*, 14(7), 2280. <https://doi.org/10.3390/jcm14072280>
- May, H., Millar, J., Griffith, E., Gillmore, C., Kristoffersen, M., Robinson, R., & West, M. (2024). Interventions to address empathy-based stress in mental health workers: A scoping review and research agenda. *PLoS One*, 19(12), e0306757.
- McCutcheon, H., & Habiya, S. K. (2025). Investigating perceived stress and pain reduction following brief Reiki sessions in high-stress communities: an exploratory study. *Frontiers in psychology*, 16, 1625414. <https://doi.org/10.3389/fpsyg.2025.1625414>
- Midilli, T. S., & Eser, I. (2015). Effects of Reiki on post-cesarean delivery pain, anxiety, and hemodynamic parameters: A randomized, controlled clinical trial. *Pain Management Nursing*, 16(3), 388-399.
- Midilli, T. S., & Gunduzoglu, N. C. (2016). Effects of Reiki on pain and vital signs when applied to the incision area of the body after cesarean section surgery: A single-blinded, randomized, double-controlled study. *Holistic nursing practice*, 30(6), 368-378.
- Miles, P., & True, G. (2003). Reiki-review of a biofield therapy: history, theory, practice, and research. *Alternative therapies in health and medicine*, 9(2), 62-73.
- Mora, D. C., Kristoffersen, A. E., Overvåg, G., Jong, M. C., Mentink, M., Liu, J., & Stub, T. (2022). Safety of Complementary and Alternative Medicine (CAM) treatment among children and young adults who suffer from adverse effects of conventional cancer treatment: A systematic review. *Integrative Cancer Therapies*, 21, 15347354221105563.

- Morse, M. L., & Beem, L. W. (2011). Benefits of Reiki therapy for a severely neutropenic patient with associated influences on a true random number generator. *The Journal of Alternative and Complementary Medicine: Paradigm, Practice, and Policy Advancing Integrative Health*, 17(12), 1181-1190.
- Nichter, B., Haller, M., Norman, S., & Pietrzak, R. H. (2020). Risk and protective factors associated with comorbid PTSD and depression in US military veterans: Results from the National Health and Resilience in Veterans Study. *Journal of psychiatric research*, 121, 56-61.
- Oz Kahveci, S., Engin, E., & Goker, E. (2025). The Effect of Reiki Applied to Cancer Patients on Pain, Anxiety, and Stress Levels: A Randomized Controlled Study. *Seminars in oncology nursing*, 41(2), 151807. <https://doi.org/10.1016/j.soncn.2024.151807>
- Patra, B. N., Khandelwal, K., Sagar, R., & Sharma, G. (2024). Effect of Yoga among Children and Adolescents Diagnosed with Psychiatric Disorders: A Scoping Review. *International journal of yoga*, 17(1), 3–9. https://doi.org/10.4103/ijoy.ijoy_227_23
- Philip, S., Chander, K. R., Varshney, P., Patley, R., Pandey, P., Suhas, S., ... & Math, S. B. (2022). The legality and ethical issues of certifying laypersons as mental health counselors in India. *Indian Journal of Psychological Medicine*, 44(6), 537-543.
- Potter, P. J. (2007). Breast biopsy and distress: Feasibility of testing a Reiki intervention. *Journal of Holistic Nursing*, 25(4), 238-248.
- Prasad, K., Dyer, N. L., St Sauver, J., Drost, M. S., Prasad, V., Baldwin, A. L., ... & Bauer, B. A. (2025). Effect of Reiki on Measures of Well-Being in Low-Income Patients with Mental Health Diagnoses. *Global Advances in Integrative Medicine and Health*, 14, 27536130251323581.
- Radziewicz, R. M., Wright-Esber, S., Zupancic, J., Gargiulo, D., & Woodall, P. (2018). Safety of Reiki therapy for newborns at risk for neonatal abstinence syndrome. *Holistic nursing practice*, 32(2), 63-70.
- Rosamond, R. L., Wardell, D. W., Giarratano, G. P., J. Devier, D., & Yu, Q. (2025). Healing Touch as a Method for Supporting Holistic Nursing Practice: A Cluster

Randomized Controlled Trial. Journal of Holistic Nursing, 08980101251337518.

Sá, R., Quitério, R., & Pignataro Neto, G. (2025). Efficacy of Biofield Therapies in alleviating pain and reducing symptoms associated with mental disorders: a systematic review and meta-analysis.

Salles, L. F., Vannucci, L., Salles, A., & Silva, M. J. P. D. (2014). The effect of Reiki on blood hypertension. *Acta Paulista de Enfermagem*, 27(5), 479-484.

Santos, C. M. R. D., Crispim, M. D. O., Silva, T. T. D. M., Souza, R. C. R. D., Frazão, C. M. F. D. Q., & Frazão, I. D. S. (2021). Reiki as nursing care to people in mental suffering: an integrative review. *Revista Brasileira de Enfermagem*, 74, e20200458.

Shore, A. L. G. (2002). The long-term effects of energetic healing on symptoms of psychological depression and self-perceived stress (Doctoral dissertation, Institute of Transpersonal Psychology).

Sise, M. T. (2025). Using the Trauma Reintegration Process to Treat Posttraumatic Stress Disorder with Dissociation and Somatic Features: A Case Series. *Healthcare*, 13(10), 1092. <https://doi.org/10.3390/healthcare13101092>

Thrane, S. E., Maurer, S. H., & Danford, C. A. (2021). Feasibility and Acceptability of Reiki Therapy for Children Receiving Palliative Care in the Home. *Journal of hospice and palliative nursing : JHPN : the official journal of the Hospice and Palliative Nurses Association*, 23(1), 52–58. <https://doi.org/10.1097/NJH.0000000000000714>

Thrane, S. E., Williams, E., Grossoehme, D. H., & Frieber, S. (2022). Reiki therapy for very young hospitalized children receiving palliative care. *Journal of Pediatric Hematology/Oncology Nursing*, 39(1), 15-29.

Thrane, S., & Cohen, S. M. (2014). Effect of Reiki therapy on pain and anxiety in adults: an in-depth literature review of randomized trials with effect size calculations. *Pain management nursing : official journal of the American Society of Pain Management Nurses*, 15(4), 897–908. <https://doi.org/10.1016/j.pmn.2013.07.008>

- Triplett, S. (2025). Reiki. Encyclopedia Britannica. <https://www.britannica.com/science/Reiki>
- Trivedi, M. K., Branton, A., Trivedi, D., & Jana, S. (2021). Evaluation of Inflammatory Serum Cytokines after Treatment with the Consciousness Energy Healing Based Proprietary Test Formulation on Combination of Cecal Slurry, LPS and E. Coli Induced Systemic Inflammatory Response Syndrome (SIRS) in Sprague Dawley Rats. *Journal of Current Scientific Research*, 1(3), 23.
- Turan, G. B., Özer, Z., & Arıkan, E. (2024). The effect of reiki on fatigue and sleep quality in individuals with multiple sclerosis: a randomised controlled study. *Explore*, 20(6), 103018.
- Uebelacker, L. A., Wolff, J. C., Guo, J., Feltus, S., Caviness, C. M., Tremont, G., Conte, K., Rosen, R. K., & Yen, S. (2021). Teens' perspectives on yoga as a treatment for stress and depression. *Complementary therapies in medicine*, 59, 102723. <https://doi.org/10.1016/j.ctim.2021.102723>
- Universal individual-level approaches: Mental wellbeing at work: Evidence review D. London: National Institute for Health and Care Excellence (NICE); 2022 Mar. (NICE Guideline, No. 212.) Available from: <https://www.ncbi.nlm.nih.gov/books/NBK590601/>
- Usui, M., & Petter, F. A. (1999). The original reiki handbook of Dr. Mikao Usui. Lotus Press.
- Utli, H., Dinç, M., & Utli, M. D. A. (2023). The effect of acupressure or reiki interventions on the levels of pain and fatigue of cancer patients receiving palliative care: A randomized controlled study. *Explore* (New York, N.Y.), 19(1), 91–99. <https://doi.org/10.1016/j.explore.2022.11.007>
- Wirth, D. P., Richardson, J. T., & Eidelman, W. S. (1996). Wound healing and complementary therapies: a review. *The Journal of Alternative and Complementary Medicine: Paradigm, Practice, and Policy Advancing Integrative Health*, 2(4), 493-502.
- Witdiawati, W., Ibrahim, K., Juniarti, N., Purnama, D., & Rahayuwati, L. (2025). Contextual and culturally adapted interventions to improve HIV outcomes: a scoping review. *BMC Infectious Diseases*, 25(1), 1760.

World Health Organization. (2025). Over a billion people living with mental health conditions—services require urgent scale-up. WHO News Release, 2.

Zadro, S., & Stapleton, P. (2022). Does Reiki benefit mental health symptoms above placebo?. *Frontiers in Psychology*, 13, 897312.