

Energy Healing

A Complementary Treatment for Orthopaedic and Other Conditions

Ellen M. DiNucci

Complementary and alternative therapies continue to grow in popularity among healthcare consumers. Among those modalities is energy healing (EH) (Eisenberg et al., 1998). EH is an adjunctive treatment that is noninvasive and poses little downside risk to patients. Well more than 50 major hospitals and clinics throughout the United States offer EH to patients (DiNucci, research table on healthcare facilities that offer Reiki, unpublished data, 2002). The National Institutes of Health is funding numerous EH studies that are examining its effects on a variety of conditions, including temporomandibular joint disorders, wrist fractures, cardiovascular health, cancer, wound healing, neonatal stress, pain, fibromyalgia, and AIDS (National Institutes of Health, 2004a). Several well-designed studies to date show significant outcomes for such conditions as wound healing (Grad, 1965) and advanced AIDS (Sicher, Targ, Moore, & Smith, 1998), and positive results for pain and anxiety (Aetna Intellihealth, 2003a; Wardell, Weymouth, 2004), among others (Gallob, 2003). It is also suggested that EH may have positive effects on various orthopaedic conditions, including fracture healing, arthritis, and muscle and connective tissue (Prestwood, 2003). Because negative outcomes risk is at or near zero throughout the literature, EH is a candidate for use on many medical conditions.

Background

Use of complementary and alternative medicine (CAM) by healthcare consumers in the United States is burgeoning. A growing number of these therapies are being offered to patients at hospitals and clinics throughout the country. Visits to CAM practitioners have grown by 47.3% since 1990 (Eisenberg et al., 1998).

Among the therapies growing most in use was energy healing (EH). The EH portion of the latest survey encompassed "magnets, energy-emitting machines or laying-on-of hands" (Eisenberg et al., 1998, p. 1570).

The growth of EH has resulted from patients' perceived satisfaction. A cross-sectional survey of health plan members in Minnesota found that 92% of those who used EH indicated a high level of satisfaction (Gray, Tan, Pronk, O'Connor, 2002).

EH is among a growing number of complementary therapies provided in healthcare settings. According to an EH utilization report, more than 50 hospitals and clinics throughout the country offer the EH technique Reiki (DiNucci, unpublished data, 2002). There are even more U.S. institutions that provide similar modalities, including healing touch (Svaral, 2004) and therapeutic touch (TT) (Bird, 1998). Other EH modalities offered to the general public outside healthcare settings are quantum touch, Barbara Brennan Method, Joh Rei, Kofutu, indigenous healing practices, and qigong.

Some of the prestigious healthcare facilities and other institutions that offer the EH modality Reiki are Harvard University Health Services, Columbia University Department of Surgery, Cornell University Wellness Program, Dartmouth-Hitchcock Medical Center Comprehensive Breast Program, and George Washington University Medical Center (DiNucci, unpublished data, 2002). In addition, Reiki is "used in a variety of medical settings including hospice care settings; emergency rooms; psychiatric settings; operating rooms; nursing homes; pediatric, rehabilitation; and family practice centers, obstetrics, gynecology, and neonatal care units; HIV/AIDS; and organ transplantation care units" (Miles & True, 2003, p. 65).

A growing number of National Institutes of Health (NIH)-funded studies are examining the efficacy of treating a variety of medical conditions with numerous EH therapies, including Reiki (NIH, 2004b), healing touch (NIH, 2004d), qigong (NIH, 2004e), and shamanic healing (NIH, 2004f). Furthermore, there are small numbers of past EH studies that suggest EH may have positive effects on numerous conditions. Several of these earlier studies are well designed and have produced significant results.

Because research results have begun to suggest efficacy from the usages of EH, the question of the underlying mechanism(s) that may be involved has arisen. Numerous EH practitioners theorize that illness is caused by disruptions to the energy field and that EH, in turn, can augment health (NIH, 2004g). However, just as

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with many medical treatments that are now generally accepted, the exact mechanism of action of EH is unknown.

This article defines EH, gives examples of past research, discusses three popular EH modalities and potential adverse effects, describes past and current orthopaedic-related EH studies, and reports on EH applications in medical environments and its integration into nursing settings.

□ Definition

EH encompasses a variety of ancient and modern practices, some of which conceive that they tap universal healing energy or the energy of God, Christ, or another spiritual source. All of these practices take as a given the existence of an energy to which everyone has access. It is known by various names in 97 different cultures (Benford, 1999).

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The ancient Chinese referred to it as chi, the Japanese as ki, Pythagorus as pneuma, ancient Hindus as prana, and Christians the Christ light energy.

Some modern physicists theorize that this energy taps the zero point field, a pervasive force that is posited to fill the universe and its inhabitants. They theorize that this field is one of few ways to explain a number of well-designed studies that explore remote healing, energy healing, remote viewing, and the human ability to change measurable outcomes solely using mental intention, among others (McTaggart, 2002).

Universal healing energy has numerous connotations depending on the practitioner's belief system. For Christians, these energies may emanate from God and/or Christ; for Buddhists, the Buddha; for Moslems, Allah; and for numerous indigenous peoples, archetypal forces in nature.

These invisible sources of healing energy are theorized to be different expressions of a higher intelligence that binds the universe and that is open to all to use, no matter what one's beliefs are. According to modern physics theory and ancient philosophy, these energies connect and enliven all living things (McTaggart, 2002). In fact, neither practitioner nor patient must believe in any underlying mechanisms to gain benefits.

To use healing energy, the practitioner, whether a layperson or professional healer, acts as a conduit of this force directing it to others, or back to himself or herself. Energy can be directed several different ways, including hand placement directly on the body or at a distance from the body. Patients' belief systems can be accommodated by (1) matching them with a suitable healing practitioner; (2) inviting patients to participate in the process

in their helping tap an appropriate energy source, and/or (3) using the technique without conveying beliefs about the underlying mechanisms that are at this point unknown.

Few studies of healing energy measurement are noted in scientific literature. However, in seven comparable experiments, John Zimmerman, a former researcher at the University of Colorado School of Medicine in Denver, used a Superconducting Quantum Interference Device (SQUID) to find weak magnetic fields radiating from the space near a healer.

This study was performed in a magnetically shielded room where a healer conducted a healing session compared to when the healer just sat next to the patient and when compared to a control healer not trained in a healing modality. In four out of seven experiments when the healer directed energy to the participant, the surrounding energy field increased in size compared to just sitting with the recipient. Control measurements were similar to baseline data (Zimmerman, 1990).

The SQUID is a sensitive instrument that detects extremely weak magnetic fields in the body (Oschman, 2000). Some theorize that these energy fields are similar to those fields produced by a pulsed electromagnetic field device (PEMF) in that they both can potentially induce the healing process "in a variety of soft and hard tissues" (Oschman, 2000, p. 83).

PEMFs are used to accelerate the healing process of nonunion bone fractures in humans (Aaron, Ciombor, & Simon, 2004). They have also been used experimentally to accelerate the healing of wounds in animals (Patino et al., 1996).

Anecdotal patient reports in clinical settings also support the possibility of a tangible healing energy. For example, one patient being treated for carpal tunnel with EH reported that the energy emitted from a healer's hands felt similar to the output of a PEMF apparatus (E. DiNucci, personal communication, 2001).

□ Historical Use of Energy Healing

Before the modern-day emergence of interest in and use of EH, our ancestors tapped the powers of EH in a variety of unusual ways.

- People received shocks from electric eels to accelerate healing in 2750 BC (Oschman, 2000).
- Ancient Greeks, Chinese, and Egyptians were treated with magnetite or lodestone to stimulate the healing process (Oschman, 2000).
- Anton Mesmer, MD, applied magnets to his patients to facilitate healing in the 1700s. He also created similar outcomes by moving his hands around the area surrounding patients' bodies (Oschman, 2000).
- Jesus did laying on of hands for the sick and dying to give comfort and to heal in biblical times.
- Medicine men and shamans from various indigenous tribes throughout the world have used ceremony and magic to assist in the healing and recovery of their people.
- St. Paul of the Catholic faith had healing energy emanating from his body. Objects with which he came in contact would absorb his healing qualities and positively affect the health of those who touched the articles (Benor, 2001).

Examples of Past Energy Healing Research

A few older well-designed EH studies have been conducted. They involve the use of EH on medical conditions in both animals and humans. Examples follow.

Bernard Grad, PhD, an emeritus professor of psychology at McGill University in Canada, conducted a pilot experiment on wound healing in mice. He inflicted similarly sized wounds on the backs of 48 mice, then randomly assigned them to one of three groups: (1) a healer who held them in a cage, (2) a heated cage, or (3) a control group in a cage that received no treatment. By day 14, the mice that received EH experienced a significant acceleration in the healing process compared to the other two groups (Grad, 1965).

The University of Manitoba replicated the Grad study using 300 mice and conducted it as a randomized double-blind controlled study. The mice were assigned to one of three groups: (1) a healer who held the mice in a cage, (2) people with no apparent healing ability who held the mice in a cage, or (3) no treatment. The EH group showed a significant acceleration in the healing process on days 15 and 16 compared to the other groups (Benor, 2001).

In a randomized double-blind controlled study conducted in the 1990s at California Pacific Medical Center in San Francisco, patients with advanced AIDS were assigned to either a group that received both distant healing (DH) and standard medical care for AIDS or the control group that received solely standard medical care for AIDS. Those in the DH group received DH 6 days each week for 10 weeks. Both groups were tracked for 6 months. The DH practitioners rotated their healings so that the subjects received treatments from 10 different healers. The DH group results included "significantly fewer new AIDS-defining illnesses . . . , lower illness severity . . . , fewer doctors visits . . . , fewer hospitalizations . . . , fewer days of hospitalizations," and "improved mood" (Sicher et al., 1998, p. 356).

Before this study, the same group conducted a small pilot project. As a result, refinements were made to the above-mentioned study to create a more rigorous design. With the second study, the participants did not know whether they were in the control, and healers never met the patients (Sicher et al., 1998). One of the current methods for conducting a randomized double-blind controlled study of EH is via remote healing. Thus the study supports not only EH but also EH performed miles away from subjects.

With such promising results, the same research group is conducting a larger NIH-funded study, which is examining the effects of DH on patients with AIDS as performed by nurses versus trained professional healers (Targ, 2001).

Popular Energy Healing Modalities

Following are summaries of reviews and clinical research for three popular EH therapies that have a research base and are more likely to be offered in conventional medical settings.

Reiki

The EH therapy Reiki is based on Tibetan Buddhist healing methods, which were rediscovered by Japanese min-

ister Mikao Usui in the early 1900s (Miles & True, 2003). Traditional Reiki features hand positions on the front and back of the body and includes symbols that are used to accentuate the healing process. Reiki has made headway in part because of its standardized training that has existed in its present form for more than 100 years. Being a Reiki master implies a minimum level of exposure to several standard trainings.

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When using Reiki, the practitioner acts as a conduit of universal healing energy and performs it through direct touch or at a distance from the body (Stein, 1995).

The Reiki research literature that exists is found in preliminary studies and a few randomized controlled studies with limited numbers of human subjects (Miles & True, 2003). The preliminary investigations that were evaluated note that Reiki may have beneficial impact on "relaxation, pain, physical healing, [and] . . . emotional distress," and an expanded "awareness of spiritual connection . . ." (Gallob, 2003, p. 9). However, a recent pilot study looking at Reiki's effect on patients recovering from stroke reports that it had no effect on depression or on functional independence measures, although it may "have had limited effects on mood and energy levels" (Shiflett, Nayak, Bid, Miles, & Agostinelli, 2002, p. 755).

Recent review articles recommend further rigorous study of Reiki (Gallob, 2003; Miles & True, 2003). Gallob (2003) also recommends designing experiments that are sensitive enough to track what appear to be the "paradoxical or self-regulating effects" (p. 12) of Reiki treatments. Such a suggestion comes as a result of an experiment where participants were interviewed after they received one Reiki treatment. Recipients reported contradictory outcomes, for example, "weightlessness versus heaviness and relaxation versus high arousal, with some participants reporting both extremes simultaneously" (Gallob, 2003, p. 12).

Healing Touch (HT)

Formulated by Janet Mentgen, who started using EH in 1980, healing touch (HT) is eclectic, drawing from numerous healing traditions. It also includes some original methods. HT began in 1990 and was endorsed by the American Holistic Nurses' Association. It is now taught throughout the world in six course levels and leads to a certification. Certification is based not only on completed trainings but also on a specified number of healing sessions that must be performed by students with treatment outcomes. Both nurses and laypersons may participate in the certification process (Colorado Center for Healing Touch, 1998).

In a typical HT session, the practitioner uses one or more techniques to clear and bring energetic balance to the body (Hover-Kramer, 2002).

Several HT studies have been conducted. A recent review article mentions that in a separate evaluation of HT research only 6 of 28 studies examined were of appropriate quality. Notwithstanding this limited state of HT data, some of the evidence suggests that HT may benefit conditions such as "stress, anxiety, . . . pain, . . . healing," and "biochemical and physiological markers" (Wardell & Weymouth, 2004, p. 154).

The article recommends that more rigorous studies, as well as repeat trials, be performed.

Therapeutic Touch

TT is based on the work of Dolores Krieger, a former New York University professor, and healer Dora Kunz. They first taught TT to graduate nursing students in 1972. TT is taught through workshops and a mentorship (Nurse Healers-Professional Associates International, 2000a).

The TT technique involves several steps—the practitioner centers himself or herself, assesses the patient's energy field for imbalances, gently clears the energy field surrounding the body, directs healing energy to the area(s) that need attention, then ends the session when intuitively sensing that the patient has received enough attention (Nurse Healers-Professional Associates International, 2000b).

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TT has been researched in small studies throughout the past several decades with mixed results. However, numerous anecdotes and past research exist on TT being an adjunctive treatment for various conditions. Current preliminary evidence suggests that TT may positively influence "pain . . . anxiety . . . psychiatric disorders (in children)"; agitation behaviors in patients with "Alzheimer's dementia"; "headache, well-being in cancer patients," and "wound healing" (Aetna Intellihealth, 2003a).

In a meta-analytic review that looked at TT between 1986 and 1996, the author concludes that TT conveyed intermediate-level results on study participants' physical and psychologic measures. When compared to control groups, TT had intermediate results on biologic measures. Nevertheless, it was not more effective than the control group regarding psychologic states. Only 9 of the 36

research studies identified met the author's methodologic requirements for inclusion in the review (Peters, 1999).

Researchers suggest that more rigorous and well-designed trials are needed to determine TT's efficacy in treating numerous conditions (Meehan, 1998; Peters, 1999).

One review article sums up the state of EH research, recommending that it is worthy of further investigation. A systematic review of 23 DH randomized controlled trials examined the effect of EH on 2774 human subjects. The studies surveyed included TT, Reiki, and others.

The authors concluded that 13 of the studies demonstrated significant positive outcomes, 9 exhibited no significant results, and 1 produced a "negative effect" (Astin, Harkness, & Ernst, 2000, p. 903). In the study with the negative effect, the control group experienced significant acceleration in the healing process compared to the treatment group. The authors concluded that these healing methods warrant additional investigation because 13 (57%) of the reviewed studies had significant outcome results (Astin et al., 2000).

Potential Energy Healing Adverse Effects

So far, no adverse effects of EH have been mentioned in any scientific studies. Although both potential and negative outcomes are reported for several EH disciplines, instructors stress that these can be minimized by the practitioner's awareness. In any case, no mortality or morbidity of any duration is documented.

In a review article on DH, the author mentions that TT could have some possible negative outcomes on patients, according to TT founders. These potential effects could include being so satiated with energy that the patient experiences "irritability, restlessness, anxiety, or increased pain" (Astin et al., 2000, p. 909).

Another report mentions the potential effects of "dizziness, nausea" and "a published case of tension headache and a case of crying." (Aetna Intellihealth, 2003a). A possible explanation for this potential phenomena is that occasionally before the positive effects of an EH intervention take hold, current symptoms may intensify for a period of time then later subside or disappear. This effect has been reported anecdotally by patients (E. DiNucci, personal communication, 2004).

Furthermore, EH in general may act as a catalyst to release suppressed emotions, thus facilitating crying, a healthy expression of various emotional states. Another possible area of warning is with Reiki. Some energy healers believe that Reiki could be contraindicated for patients with psychiatric problems and that practitioners should proceed with care (Aetna Intellihealth, 2003b).

These occasionally documented warnings notwithstanding, EH poses little risk to patients.

Research on Energy Healing and Orthopaedic Conditions

EH may have beneficial implications for various orthopaedic conditions.

In an article that discusses the potential use of EH in orthopaedics, Karen Prestwood, University of Connecticut Health Center, states that according to anecdote and one

unpublished study, EH as an adjunctive method may accelerate the healing of bone fractures. The author also mentions that EH may have positive impact on "arthritis, . . . muscle and connective tissues"; decrease recovery time; and minimize "pain and immobility resulting from fracture, sprain, or arthritis" (Prestwood, 2003, p. 52). Prestwood recommended additional investigation of these modalities to determine efficacy in treating numerous orthopaedic conditions.

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Other EH studies and case reports on EH treatments that have focused on orthopaedic conditions include:

1. A small randomized single-blinded control study of 25 patients with osteoarthritis of one or more knees conducted by affiliates of University of Pittsburgh Medical Center. Participants were assigned to TT plus standard care, sham TT plus standard care, or just standard care. The TT and sham TT were delivered once a week for 6 weeks. Exclusion criteria included knee replacements and other connective tissues disorders. Outcome measures were self-reported pain and its effect, well-being, and health status. The TT group showed significant reductions in pain and increases in function compared to the other groups. A larger study is recommended to validate the outcomes (Gordon, Merenstein, D'Amico, & Hudgens, 1998).
2. A pilot study of TT's effect on human osteoblast proliferation and bone formation in vitro conducted by the Department of Orthopaedic Surgery at the University of Connecticut Health Center. Osteoblasts from the bones of patients under orthopaedic care and osteoblast-like cultures from human osteosarcoma were placed in dishes and were treated during 10-minute sessions twice weekly. An untreated group served as a control. The study concluded that when compared to the control group, "Therapeutic touch increases human osteoblast proliferation, differentiation and bone mineralization, and decreases differentiation and mineralization in human osteosarcoma-derived cells" (Jhaveri, McCarthy, & Gronowicz, 2004).
3. A small pilot study of TT's effect on patients with fibromyalgia conducted by an affiliate of Wichita State University and the Kansas Heart Hospital. Fifteen patients were randomly assigned to either weekly TT treatments or to a control group that listened to audio tapes that discussed various integrative health therapies. The intervention lasted for 6 weeks. The TT group showed a significant reduction in pain when pretreatment and posttreatment measures were compared, and a significant increase in func-

tion as measured by Fibromyalgia Health Assessment Questionnaire (FHAQ) (Denison, 2004).

4. A case report on a patient with phantom limb pain received TT recorded by a physician at the Pain Management Program, Spaulding Rehabilitation Hospital, Boston. The patient, who had peripheral neuropathy resulting from alcoholism and diabetes, received TT treatments for a period of time. His baseline VAS scale pain level was between 8 and 10. His baseline medications would typically reduce his pain level to 6. Before starting TT, he was integrating relaxation strategies into his life, which helped to reduce his pain level to 7 or 8. When the TT sessions began, after each treatment he would remain pain free for several days. Usually a stressful event would cause another bout of pain. He eventually learned how to self-administer TT. At 6 months, his pain on a VAS scale level was between 0 and 1. He also continued to use relaxation practices three times per week and became more physically active (Leskowitz, 2000).
5. A case report where a patient with a bone fracture was treated with TT, which was reported in *Orthopaedic Nursing*. A man who had fractured his elbow during a fall from a ladder received surgery to implant a mechanism to repair the damage. After his release from the hospital, he was in pain and unable to go about his normal activities. He decided to try out a technique he thought might help—TT. He was treated with TT once daily for 3 days. The treatments helped to reduce pain, enabled him to help his wife out with the house chores and activities with their children, and decreased his anxiety about his physical condition (Herdtner, 2000).
6. A small crossover study that examined the effect of TT versus sham TT on 20 patients with carpal tunnel syndrome. The patients received either TT by nurses trained in TT or sham TT by nurses not trained in TT. Treatment was given once a week for 6 weeks for 30-minute sessions. There was no significant difference between both groups' outcome measures (median motor nerve distal latency, pain scores, and relaxation measures). When compared to baseline measures, participants' outcomes improved after each treatment. Some of limitations of the study included sample size, one of the outcomes being measured by the interventionists, the crossover experimental design, and that the interventionists felt uneasy about not being allowed to communicate with study participants (Blankenfield, Sulzmann, Fradley, Tapolyai, & Zyzanski, 2001).

The findings from these studies and reports suggest that EH's effect on orthopaedic conditions warrants further examination.

Current EH orthopaedic research studies are:

- Therapeutic Touch for Wrist Fractures in Postmenopausal Women (NIH, 2004h).
- The Efficacy of Reiki in the Treatment of Fibromyalgia (NIH, 2004i).
- Therapeutic Touch in Patients with Osteoarthritis of the Knee (Medical College of Ohio, 2004).
- Shamanic Healing for Women with Temporomandibular Joint Disorders (TMDs) (NIH, 2004f).

□ Current Nonorthopaedic Research

Current nonorthopaedic EH research funded by the National Center for Complementary and Alternative Medicine (NCCAM) at NIH is shown in Table 1.

Most of the findings of the few past EH and orthopaedic studies that exist show some positive promise for EH being a potential adjunctive modality for various orthopaedic conditions, particularly in the areas of tissue regeneration and pain (Prestwood, 2003). Though EH studies are still underway numerous hospitals and clinics are offering these modalities to patients.

□ Energy Healing Applications in Hospitals

In 2002, 16.6% of U.S. hospitals provided CAM to patients, according to the American Hospital Association's Annual Survey of Hospitals. These services have increased twofold since 1998, when the percentage was 7.9 (Ananth, 2004). With more healthcare institutions taking an interest in offering such therapies, the United States is seeing high-profile hospitals and clinics offer a variety of EH modalities for both inpatients and outpatients.

Some of these hospitals and clinics include:

1. Spaulding Rehabilitation Hospital in Boston that offers therapeutic touch as part of its complementary therapy services for outpatients (Mercer, 2004a; Spaulding Rehabilitation Hospital Network, 2004).
2. Columbia University Department of Surgery that offers patients exiting the hospital referrals to a variety of CAM therapies, including Reiki (Columbia University, 2004).
3. The Herbert Irving Child and Adolescent Oncology Center at Children's Hospital of New York that is affiliated with Columbia University and offers Reiki to patients and their families through its Integrative Therapies Program (Integrative Therapies Program, 2003).
4. Dana-Farber/Partners CancerCare of Boston that has two locations and provides Reiki to patients and their families as part of its alternative/complementary medicine component (Dana-Farber/Partners CancerCare, 2004).
5. Hartford Hospital of Connecticut, which offers Reiki as part of its Reiki Volunteer Program to pa-

TABLE 1. Energy Healing Research Funded by the National Center for Complementary and Alternative Medicine at the National Institutes of Health

Institution	Intervention	National Center for Complementary and Alternative Medicine Web Site
Bastyr University, Kenmore, WA (NIH, 2002)	Transfer of neural energy between human subjects	http://clinicaltrials.gov/show/NCT00029978?order=2&JSessionIdzone_ct=hjd9rq9fh1
California Pacific Medical Center Research Institute, San Francisco (NIH, 2004j)	Efficacy of distant healing in glioblastoma treatment	http://www.clinicaltrials.gov/show/NCT00029783
Cleveland Clinic Foundation, Cleveland, OH (NIH, 2004k)	Reiki/energy healing in prostate cancer	http://clinicaltrials.gov/show/NCT00065208
Complementary Medicine Research Institute, San Francisco (NIH, 2004l)	Distant healing in wound healing	http://clinicaltrials.gov/show/NCT00067717
Temple University, Philadelphia, PA (NIH, 2004m)	The use of Reiki for patients with advanced AIDS	http://clinicaltrials.gov/show/NCT00032721
University of Arizona, Tucson, AZ (NIH, 2004n)	Efficacy of healing touch in stressed neonates	http://clinicaltrials.gov/show/NCT00034008
University of Arizona, Tucson, AZ (NIH, 2004e)	Qigong therapy for heart device patients	http://clinicaltrials.gov/ct/gui/ca1r/show/NCT00027001?order=1&JSessionIdzone_ct=ldyf98hsc1
University of Iowa, Iowa City, IA (NIH, 2004o)	Healing touch and immunity in patients with advanced cervical cancer	http://clinicaltrials.gov/show/NCT00065091
University of Michigan, Ann Arbor, MI (NIH, 2004p)	Effects of Reiki on painful neuropathy and cardiovascular risk factors	http://clinicaltrials.gov/show/NCT00010751
University of Michigan (University of Michigan, 2004)	Qigong and psychosocial effects during rehabilitation after cardiac surgery (QiPERCS)	http://www.med.umich.edu/camrc/research/qigong.html
California Pacific Medical Center (California Pacific Medical Center, 2001)	Comparison of nurses versus professional healers in accomplishing remote healing for persons with AIDS.	http://www.cpmc.org/professionals/research/currents/distant_healing_2001.html

tients and provides referrals to hospital-associated Reiki therapists to interested community members (Hartford Hospital, 2003). Hartford's Orthopaedic Center was nationally recognized in 1999 in the HCIA Incorporated Health Network "100 Top Hospitals: Orthopaedics Benchmarks for Success Study" (HCIA, 1999).

6. The Norris Cotton Cancer Center at Dartmouth-Hitchcock Medical Center in New Hampshire that offers Reiki to patients (Mercer, 2004b).
7. Sharp Coronado Hospital in San Diego that offers healing touch to patients (Sharp Hospitals, 2004).
8. Abbot Northwestern Hospital's Institute for Health and Healing in Minneapolis that offers healing touch to both inpatients and outpatients (Abbott Northwestern Hospital, 2004).
9. Fairview University Medical Center in Minneapolis that offers healing and therapeutic touch to patients (Umbreit, 1997, 2000).
10. Queen's Medical Center in Honolulu that offers healing touch for pain management patients (Umbreit, 2000).
11. The Comprehensive Breast Center at Baystate Medical Center in Springfield, MA, that offers healing touch to patients with cancer (Healing Touch International, 1998a).
12. The Hackley Hospital Cancer Center in Muskegon, MI, that offers healing touch to patients (Healing Touch International, 1998a).
13. St. Clare's Hospital, Center for Complementary Medicine in Dover, NJ, that offers healing touch to patients (Healing Touch International, 1998a).
14. The Obstetrics Department at Calvert Memorial Hospital in Frederick, MD, that offers Reiki and healing touch to patients (Jordan, 1999).
15. Scripps Center for Integrative Medicine, La Jolla, CA, which provides healing touch to patients as part of its integrative pain program (Scripps Center for Integrative Medicine, 2004).
16. The Integrative Medicine Program of the Wellness Center at Dekalb Medical Center in Georgia that offers healing touch (Dekalb Medical Center, 2004).
17. Tomah Memorial Hospital in Wisconsin that offers Reiki to surgical patients (Tomah Memorial Hospital, 2004).
18. Englewood Medical Center in New Jersey that offers Reiki to patients (Englewood Hospital and Medical Center, 2004).
19. Danbury Hospital in Connecticut that offers Reiki and therapeutic touch (Danbury Hospital, 2004).
20. Abington Memorial Hospital in Pennsylvania that provides Reiki to patients (Abington Memorial Hospital, 2004).
21. Numerous hospitals affiliated with Planetree, an organizational model based on a philosophy of holistic medical care (Planetree, 2003), which offer Reiki (Romano, 2002). These include Windber Medical Center in Pennsylvania; the Minerva and Fred Braemer Heart Center of the University Medical Center in Hackensack, NJ; and Longmont United Hospital in Colorado (Romano, 2002).
22. Numerous hospitals that offer Reiki and purport that it is "efficacious in reducing symptoms includ-

ing anxiety, depression, phobias, indigestion, insomnia, loss of weight and appetite" (Delal, 2003). These include: Portsmouth Regional Hospital in New Hampshire, which offers it to surgical patients (Alandydy & Alandydy, 1999); the Cleveland Clinic Reflections wellness program (The Cleveland Clinic, 2003) in Ohio and Memorial Sloan Kettering Cancer Center in New York, which offer it to patients with cancer (Delal, 2003); University of Michigan, which provides it to patients via nurse practitioners (Delal, 2003); and Tucson Medical Center, which offers it to patients with cancer (Delal, 2003).

23. In Canada, the Vancouver Hospital and Health Science Centre and more than 13 healthcare facilities in Ontario, Alberta, and British Columbia offer healing touch to patients (Elash, 1997); and in the United Kingdom, The Disability Foundation of the Royal Orthopaedic Hospital offers Reiki treatments (Royal National Orthopaedic Hospital, 2004).

As of December 2002, more than 50 hospitals and clinics throughout the U.S. offered Reiki to patients (E. DiNucci, personal communication, 2002).

Integrating Energy Healing Into Nursing in Healthcare Settings

For those nurses who wish to introduce their hospital/clinic setting to EH services, following are information and ideas on possible ways to maneuver such activities.

Energy Healing Programs in the Planning Stages

EH modalities are growing in popularity, with increasing numbers of hospitals and clinics implementing both volunteer and fee-for-service EH programs. Some examples of nurses integrating EH into hospital and clinic settings follow.

At Stanford, the Healing Partners Program for patients with breast cancer is spearheaded by nurse practitioner Kathy Turner. In its early stages, the program's currently potential volunteer HT practitioners are being screened and will participate in a 2-day training program covering the "medical, energetic, professional and ethical aspects of working with these patients" (K. Turner, personal communication, 2004). The volunteers must have completed at least HT Levels 1 and 2 trainings and be experienced with conducting HT sessions. Once the 2-day workshop is completed, each practitioner will be assigned to 1 patient, called a partner. Practitioners will be matched with a mentor, deliver regular treatments to their "partner" for 6 months, and attend monthly support meetings.

The Stanford Healing Partners Program is similar to existing programs in both Hawaii and Denver. The program in Hawaii is called Bosom Buddies and is located at The Queen's Medical Center Pain Management Services (Bosom Buddies, 2004). It is offered to patients with breast cancer. Healing Buddies, the Denver program, offers both Reiki and HT for current patients with cancer (QuaLife Wellness Community, 2004).

Another prestigious institution that is in planning stages for offering EH modalities is the Cleveland Clinic

Center for Integrative Medicine, of which Joan Fox, PhD, is the director (The Cleveland Clinic Foundation, 2002). The clinic already provides other CAM therapies, and its wellness program for patients with cancer provides Reiki.

Established Energy Healing Services

An already-established inpatient hospital program that offers TT is the Department of Holistic Care Services of St. John's Riverside Hospital. It was first formed in 1999 at Yonkers General Hospital, before both hospitals merged in 2001.

To ensure that patients receive benefits and that the quality of treatments is controlled, St. John's has a twofold evaluation process: a Patient Satisfaction Survey and a TT Performance Improvement Tool (Newshan & Schuller-Civitella, 2003). The two steps in this process follow:

1. Patients who are appropriately cognitively aware and are provided TT at least two times complete Patient Satisfaction Surveys. In an article that examined 92 returned surveys of the 190 distributed to patients, authors found that 36% were aware of TT before their hospital stay; "90% . . . found TT very helpful . . . or helpful . . . , with only 9 patients indicating there was no change" (Newshan & Schuller-Civitella, 2003, p. 191). Patients ranked their overall experience with TT as follows: 32% as excellent, 28% as very good, 28% as good, 12% as fair, and 1 patient as poor (Newshan & Schuller-Civitella, 2003).
2. Staff members complete the Performance Improvement Tool on completion of a TT session. In outcomes collected between May 1998 and August 2000, the authors found that 48% of the patients experienced decreased pain. Many of them also reported lower anxiety levels, and a majority experienced a helpful effect (Newshan & Schuller-Civitella, 2003).

Integrating Energy Healing as Complementary Method for Self-care for Patients

Another area of EH that may assist with empowering patients in their quest for health is teaching them EH self-care methods.

Most often the patient is the passive recipient of energy through the healer. However, EH self-care groups can empower patients to be active participants in co-managing their conditions. In an EH self-care group at Stanford Cancer Supportive Care Program (SCSCP) at Stanford University Hospital, the patients are both recipients and participants in stimulating the flow of healing energy into their bodies (DiNucci, 2003). SCSCP is directed by Holly Gautier, BSN, RN, (Stanford Hospital & Clinics, 2003a) with the EH group facilitated by health educator and Reiki Master Ellen DiNucci (Stanford Hospital & Clinics, 2003b).

This hourlong group begins with a brief description of what energy healing is and what some of the research findings are. Then, the facilitator leads the group through relaxation and energy exercises, whereby patients learn how to act as conduits of healing energy and to direct energy to themselves (DiNucci, 2003).

Although the instructor leads the group through these practices, she takes turns performing EH on each participant by lightly placing her hands either directly on the body or on the area surrounding it. At the close of the session, most participants report feeling relaxed with some elimination of or reduction in various symptoms of discomfort (DiNucci, 2003).

Introducing Energy Healing Into Nursing at Medical Settings

There are numerous resources available for orthopaedic nurses who are interested in pursuing the integration of EH into their healthcare setting. Initial steps include contacting personnel in existing programs, data gathering using informational interviews, and consulting with EH teaching organizations. Examples of teaching organizations include Healing Touch International (Healing Touch International, 1998b), Nurse Healers-Professional Associates International (Nurse Healers-Professional Associates International, 2000a), and International Association of Reiki Professionals (International Association of Reiki Professionals, 2004).

The first step is to align with a sympathetic supervisor or health program director and/or coworkers who are supportive of such a program. Frequently, the next step is to develop and deliver a proposal to department administration. Possible departments to approach include: (1) orthopaedic nursing services, (2) orthopaedic services, (3) orthopaedic surgical services for preoperative and postoperative conditions, (4) rehabilitation services, (5) an integrative medicine department, (6) pain management services, (7) patient education services, or (8) other organizations chartered with speeding patient recovery.

Based on the experience to date, there are several approaches to the integration of EH into both hospital programs generally and nursing practices specifically. Programs have been successfully established for both inpatient and outpatient settings.

Both free and fee-for-service programs are delivered by nurses, other healthcare professionals, or volunteers trained in one or more healing modalities. Healing Touch International has information, materials, and consulting services to assist healthcare facilities in establishing their own in-house delivery systems (Healing Touch International, 1998b).

Nurse Healers-Professional Associates International and the International Association of Reiki Professionals have staff with whom to discuss potential integration ideas (International Association of Reiki Professionals, 2004; Nurse Healers-Professional Associates International, 2000c).

If an EH program already exists within one's healthcare work environment, those who run these programs are typically happy to provide information on organizations to which they refer patients.

Despite the growing use of EH in medical settings, positive outcomes among patients, and its low downside risk, some may argue against using EH at all.

Why Healthcare Professionals May Argue Against Energy Healing

Although reviewers of EH suggest more research be done given the positive outcomes reported, critics of EH make

numerous arguments about why EH is not a potential appropriate adjunctive treatment for various medical conditions. These include issues that EH:

- Runs counter to some patients' and healthcare professionals' philosophic or spiritual beliefs (Salladay, 2002);
- Outcomes are merely placebo effects (Meehan, 1998); and
- Studies need to be better designed and larger (Astin et al., 2000).

Another counterargument notes correctly that scientists are unable to define the mechanism by which EH works (O'Mathuna, Pryjmachuk, Spencer, Stanwick, & Matthiesen, 2002). However, the underlying mechanisms are not known for numerous treatments deemed efficacious by well-designed studies.

Also, one study claimed to have refuted EH because the practitioners were unable to distinguish energy fields (Rosa, Rosa, Sarnar, Barrett, 1998). This latter point is contested by some because the study did not address the treatment outcomes of TT (Aetna Intellihealth, 2003a).

Conclusion

EH evidence gathered from pilot studies, case reports, randomized controlled trials, and anecdotes suggest that EH may offer a noninvasive nonpharmacologic adjunctive treatment for several physical and psychologic conditions. Although both advocates and skeptics agree about the value of further research to better define EH's appropriate place in healthcare, EH is currently being used in several hospital and clinic settings for numerous conditions.

EH's biggest asset as a therapeutic modality is that it shows few, if any, signs of adverse reactions, can be performed both hands-on and hands-off, offers patients a self-care alternative, and can potentially lessen the need for pain and stress-related medications. There are numerous commonly used medical procedures that introduce significant risk to the patient that have not been adequately studied (Eddy & Billings, 1988).

Increasing numbers of healthcare organizations are looking to offer integrative services that provide supportive care to patients for various medical conditions. Adding EH therapies to patient services could potentially provide a creative healing environment with a more personal touch, relieve and manage various symptoms, and, in general, support the healing process. Furthermore, providing such services could be potentially profitable for hospital administration in terms of being an attractive option for consumers seeking integrative health care choices (Weber, 1998).

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