

Table 1: Controlled clinical trials of Reiki for cancer

Source: Ava Lorenc, CAM-Cancer Consortium. [Reiki \[online document\]. http://cam-cancer.org/en/reiki](http://cam-cancer.org/en/reiki), July 7 2020.

First author, year, (ref)	Study design	Participants (number, diagnosis)	Interventions (experimental treatments, control)	Main outcome measures	Main results	Comments
Chirico 2017	RCT	110 breast cancer patients during the pre-surgery phase	Reiki (one 60-min session the day before surgery vs Standard care	Anxiety (STAI) Mood States (POMS) Self-efficacy, (Cancer Behavior Inventory Brief Form)	Significant reductions in anxiety, particularly in patients with high self-efficacy	Very low quality, no power calculation, and no details of randomisation
Alarcao 2016	RCT	126 patients with blood cancer	Reiki (n=58) vs Sham Reiki (n=58) Two one-hour sessions per week for 4 weeks.	Quality of life	Results showed a significant benefit of the Reiki group for general, physical, environmental and social aspects of the WHOQoL Brief measure.	Although described as double-blind, no specific details on how the blinding occurred for those giving the Reiki, or receiving it, are given; also the success of blinding is not reported. A large number of the control group (n=16) died before the trial was completed, however this attrition occurred after randomisation, and those that died had the worst prognosis – those with the worse prognosis were equally represented in the experimental arm. Larger sample size testing would be needed to improve the reliability of this trial.
Catlin 2011	RCT, 3 arms	189 cancer patients receiving chemotherapy	Reiki vs Placebo-Reiki vs Standard care	Comfort (Healing Touch Comfort questionnaire) Wellbeing (VAS)	Both Reiki and placebo-Reiki were superior to standard care.	Well designed RCT with a powered sample, although randomisation was by days of the week rather than patients. Measures taken to ensure validity and reliability of intervention. Suggests that Reiki is associated with sizable placebo effects but has no specific effects.

Demir 2015	Pilot CCT	18 cancer patients	Distant Reiki (five 30-min sessions) vs Usual care	Pain (VAS) Anxiety (VAS) Fatigue (VAS)	Reductions in measures of pain, anxiety and fatigue reported for Reiki group.	Very small number of participants, no details of randomisation, the two groups were not comprised of similar sexes of participants and the conclusions of the paper cannot be supported by the data.
Orsak 2015	Pilot RCT, 3 arms	36 breast cancer patients receiving chemotherapy	Reiki vs A companion vs Usual care One 30-minute Reiki/companion session during chemotherapy.	Measures of quality of life (FACT Breast cancer) Mood (Profile of Mood States) Symptom distress.	Both outcomes were found to be better than usual care in the Reiki and companion groups.	This study would have benefitted from an additional sham Reiki condition, also, an increased sample size and blinding participants to their intervention groups would have been desirable.
Clark 2012	Pilot RCT, 4 arms	36 patients with chemotherapy-induced peripheral neuropathy but only 26 completed the study	Reiki vs Yoga vs Meditation vs Education-only control Weekly, hour-long sessions for 6 weeks.	Psychological distress (Brief Symptom Inventory-18) QoL and neurotoxicity (FACT—Gynecologic Oncology Group – Neurotoxicity scale) Mindfulness (Mindful Attention Awareness scale)	No significant effects on quality of life, mindfulness or psychological distress	This was a well-conducted pilot, although their conclusions do not seem to reflect their results, and the small sample size meant only 5-7 patients in each group. Also high dropout (10 out of 36 participants withdrew).

FACT – Functional Assessment of Cancer Therapy

QoL – Quality of life

POMS – Profile of Mood States

STAI - State-Trait Anxiety Inventory, STAI Form Y

VAS – Visual Analogue Scale