

PILOT STUDY: EFFECTS OF REIKI DISTANCE HEALING ON A PATIENT WITH SEVERE BRAIN DAMAGE SECONDARY TO INTRACRANIAL BLEED

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Objective We propose to assess the effects of Reiki Distance Healing on a woman who suffered a ruptured AVM with resultant coma for 7 years. She has had a return to full consciousness and is in active rehabilitation. She uses the Posit Science Brain Training Program Insight as part of her rehabilitation. She receives Distance Reiki therapy for 30 minutes once a week. She is monitoring improvement from Reiki by her performance on the Posit Science Brain Training Exercise for mental flexibility The 60 Second Brain Game.

Significance Reiki is a spiritual practice developed by Japanese Buddhist Mikeo Usui, in 1922. It is defined as an energy field therapy by the National Institutes of Health that can be performed at a distance. Practitioners interact with a source of spiritual energy that has “innate intelligence”.(1) Reiki therapy, in our opinion, theoretically occurs in the nonlocal timeless space-less informational domain and as such distance should not make a difference in its efficacy.

- One of Usui's students trained 22 Reiki practitioners outside of Japan, in the 1930s-1950s. Since then there are an estimated 1,000,000 Reiki practitioners worldwide. There have been over 200 articles on Reiki in the Nursing and Medical literature in the past 20 years, documenting that it is offered as an adjunct therapy in most hospitals in the United States as well as in the outpatient setting. It is primarily used to relieve anxiety, stress and pain.
- There is conflicting research in the medical literature with regards to its efficacy. A 2008 review of randomized trials stated there was insufficient evidence to document its efficacy at treating pain, depression, and anxiety.(2) Another review documented some slight benefit in wound healing in distance energy therapies.(3) Other research has found Reiki is helpful for pain and anxiety (4,5,6) Our own study documented associated improvement in white counts in a severely neutropenic patient as well as changes in the data stream of a true random number generator.(7) Regardless, there is ample documentation that the greater category of spiritual energy field therapy has documented effects, including tissue cell growth and blood cell counts in anemic patients.(8,9)
- One problem in both documenting the efficacy of Reiki as well as understanding how to best utilize energy healing is a lack of studies with easy to quantify clinical outcomes.
- The brain activity exercises and tests of brain function as developed by Posit Science would be ideal to monitor potential benefits of Reiki therapy on brain injured patients.

Background: We are not aware of any previous studies of Reiki on brain injured patients. We are not aware of any studies of Reiki using objective outcome parameters such as the Posit Science Brain Exercises and Tests of Brain Function.

- There are theoretical reasons to believe that Reiki could have a measurable effect on brain injured patients. Recent advances in understanding functional neurogenesis have documented that mental imagery and thoughts alone can alter and heal brain structures. The energetic healing purported to occur in Reiki healing involves mental imagery and perceptions of energy by both the healer and the client/patient. As a leader in the field of Neurogenesis has stated: All human experience causes changes in brain structure (through the processes of neurogenesis). (Jason Snyder PhD on Twitter)
- One theory of a potential mechanism of action of Reiki is that it works through either suggestion or the “placebo effect”. However, recent clinical reviews of the placebo effect document that although it has clinical efficacy, there has not been evidence that it can cause changes in biological parameters or cognitive changes on tests of brain function.(10,11,12,13)
- If Reiki was shown to cause changes on brain exercises that are not seen in control patients or with sham distance Reiki treatments, this could help to clarify the difference between energy healing and the placebo effect (if such differences can be documented).
- Angela Ronson has already had four weeks of Distance Reiki healing, administered by Melvin L Morse MD under the training and supervision of Alice Longhorn, a Reiki Master and teacher. (<http://reikiawakening.blogspot.com/>) This has consisted of four sessions of 30 minutes each.
- Angela Ronson has attempted to quantify her response to Reiki by utilizing the Posit Science Brain Exercise “The Sixty Second Brain Game”. This game, according to the Posit Science Web site assesses brain flexibility.(14) She takes the test the day after Reiki therapy. She does not otherwise practice it during the week.
- Angela’s scores have consistently increased. She is at Speed Level Two. She has increased weekly from 0.703 correct, to 0.741, 0.764, and 0.772.
- In addition, her tongue, previously deviated to the left for the past many years, has shifted to a midline position. This has led to a dramatic and noticeable improvement in her articulation when speaking.

Hypothesis: Reiki therapy will promote neurogenesis within Angela’s brain. In turn, this will lead to noticeable and quantifiable improvements in her scores on Posit Science’s tests of Brain Function.

- There will be two control groups: 1) Brain injury patients who receive sham Distance Reiki Treatments once a week, and 2) Brain injury patients who simply take the Post Science Brain Exercise once a week.
- Significance of this study: If successful, this study will demonstrate a new area of research to investigate a novel treatment approach for traumatic brain injury. If unsuccessful, this study will role model a research protocol for Reiki using measurable and objective outcome parameters.

Participants: As of now, the participants will be the three authors of the study.

Method: Once a week, Melvin L Morse MD does a Reiki Distance healing session on Angela Ronson. The sessions are scheduled between the two of them. Dr. Morse uses the HeartMath Computer software technology to augment his Reiki sessions. During the healing, he attempts to keep his heart rate and variability within the Green Zone of the HeartMath system, indicating his breathing rate and heart rate are integrated with a calm emotional state.

In addition, he monitors Reiki sessions with the output of a true Random Number Generator, developed by Princeton University's Psyleron Development Group. This device generates random numbers by sampling the chaotic electronic noise of a semi-conductor. The quieting of the electronic noise has previously been shown to be associated with profound meditation, in both studies of Carmelite Nuns at the University of Montreal, as well as the author's own research.(Personal Communication Mario Beauregard MD September 2010)

- Statistics will be done by a statistician associated with the Spiritual Scientific Research Institute. He has already determined that 10 control subjects will be necessary to assess Angela's performance, in each of the two categories.
- The research study will continue until September of 2011 when Dr. Morse will graduate from his current class in Practical Reiki Healing.
- He is supervised by Reiki Master Alice Longhorn, affiliated with the Cleveland Clinic.

This is a Hypothesis Generating Study

- We are not aware of any similar studies. As a result, we simply seek to capture all possible data with the goal of generating a more formal hypothesis with a resultant more rigorous research design.
- The use of a true random number generator with provides a tangible means of assessing this case study to other studies in the literature. Specifically there are neural correlates of meditation in Carmelite Nuns.(15) Meditation in the same research population has been associated with changes in the data stream of a true random number generator.
- We have previously documented efficacy in Reiki therapy with changes in a true random number generator.(7)
- We have also previously documented an association between the nonlocal perception of controlled remote viewing and changes in the data stream of a true random number generator.(16)

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Narrative Summary of Pilot Study and Specific Questions for Posit Science

We propose to more formally study an ongoing project of weekly distance Reiki therapy on Angela Ronson, a severe stroke survivor. Currently we are using weekly performance on a Posit Science Brain Game assessment of neurological function, The Sixty Second Brain Game. She has shown weekly improvement on the game, in spite of otherwise not practicing during the week. In addition, her tongue, which for the past many years has been deviated to left of midline, is now midline. Her articulation, although still significantly impaired, has subjectively improved to many observers. Angela is currently participating in Posit Science's Brain Training Product Insight.

We would like to more formally assess Angela's possible response to Reiki therapy. Specifically we would like to add control groups of 1) subjects receiving sham distance Reiki and 2) subjects who take the Brain Game test weekly. Both control groups would also be in active rehabilitation from strokes.

Specific Questions for Posit Science:

1. Could we have access to whatever normative data has been done on the 60 Second Brain Game to assess if Angela's current improvement is remarkable? Have specific studies been done on the Brain Game, and if so, could we have a bibliography of it?
2. On reading our research design, are there better means that Posit Science offers to assess Angela's response to Reiki therapy?
3. Angela currently is participating in Insight Brain Training. Is her training on Insight an explanation for her improvement on the 60 second brain game? If so, are there other products offered by Posit Science that would not be effected by Insight Brain Training.
4. Would it be more ideal to use Angela's current Insight Brain Training as a means of documenting any response to Reiki therapy? If so, what are your ideas on this, timing of therapy, means of differentiating Reiki response from the expected response of a stroke patient to training, etc.
5. What general ideas do you have about this project?

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