Reiki: Academic & Medical Research Report

Compiled April 2026 — An objective review of peer-reviewed literature

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Executive Summary

The body of research on Reiki has grown substantially over the past decade. The most credible conclusion from the current literature is this: Reiki consistently outperforms no treatment and shows a meaningful — though modest — advantage over sham (placebo) Reiki on outcomes including pain, anxiety, fatigue, and quality of life. These effects appear strongest when Reiki is used as a **complementary** therapy alongside conventional care, particularly in oncology, palliative care, and mental health settings. However, the overall quality of individual trials remains low-to-moderate, no validated biological mechanism has been established, and no major health authority currently endorses Reiki as a primary treatment for any specific condition. The evidence base is improving, and the research trajectory is positive.

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1. The Research Landscape

Biofield therapies — a category that includes Reiki, Therapeutic Touch, and Healing Touch — have been studied with increasing rigor since the early 2000s. A 2025 scoping review published in the *Journal of Integrative and Complementary Medicine* identified **353 published clinical studies** in this category through early 2024, including:

- 88 Reiki-specific trials
- 71 Therapeutic Touch trials
- 31 Healing Touch trials

This body of work has expanded rapidly, though the quality of individual studies remains uneven. Most reviews note that Reiki research suffers from small sample sizes, inadequate blinding procedures, inconsistent reporting, and a lack of pre-registered protocols — the same methodological challenges that affect much of complementary medicine research.

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2. What the Research Shows

2a. Pain Reduction

Pain is the most studied outcome for Reiki, particularly in cancer and palliative care settings.

- A **meta-analysis** (ScienceDirect, 2017) examining multiple randomized trials found that Reiki produced a statistically significant reduction in pain compared to both control and sham-Reiki groups.

- A **randomized controlled trial (RCT)** published in *ScienceDirect* (2025) — a three-armed, double-blinded trial with 58 cancer patients — found that Reiki was **more effective** than both sham Reiki and progressive relaxation exercise in reducing pain, anxiety, and stress levels, with effects measured at 4-day, 21-day, and 3-month follow-up.
- A **systematic review** in *Bezmialem Science* specifically on cancer pain in palliative care patients concluded that Reiki produced measurable reductions in patient pain scores.
- A 2014 literature review in *PMC* (Thrane & Cohen) calculated effect sizes across seven qualifying studies and found consistent evidence for Reiki's effectiveness on pain across cancer patients, post-surgical patients, and community-dwelling older adults.

2b. Anxiety Reduction

Anxiety is the second most-studied outcome, and the evidence is relatively strong.

- A **meta-analysis of 824 participants** (all adults 18+), published in *BMC Palliative Care* (2024), found that Reiki therapy had a **statistically significant effect** on anxiety reduction.
- Of three high-quality randomized placebo-controlled trials measuring clinically relevant anxiety, **two showed significantly reduced anxiety** in the Reiki group versus placebo, with large to very large effect sizes for Reiki over placebo.
- A 2022 study in *Frontiers in Psychology* specifically investigated whether Reiki benefits mental health symptoms above placebo and found measurable advantages in anxiety reduction.
- A 2025 RCT (ScienceDirect) found that Reiki reduced anxiety in mothers of hospitalized children compared to controls.

2c. Fatigue

- A **meta-analysis of 576 participants** (aged 18+), currently in preprint via *Research Square* (2025), found that Reiki therapy exerted a **highly significant beneficial effect** on fatigue (SMD = -2.86, 95% CI -3.88 to -1.84, $p < 0.0001$). This is among the largest effect sizes reported in any Reiki meta-analysis.

2d. Quality of Life

- A **meta-analysis of 661 participants** (aged 14+), published in *Systematic Reviews* (Springer Nature, 2025) and indexed in *PMC*, found a **significant enhancement in quality of life** following Reiki therapy. Subgroup analyses revealed that sessions lasting ≥ 60 minutes and protocols of ≥ 8 total sessions produced the strongest improvements. Shorter acute interventions (≤ 20 minutes) also showed benefits.

2e. Depression and General Wellbeing

- A 2025 *PMC* study examined Reiki's effect on measures of well-being in low-income patients with mental health diagnoses and found positive outcomes across multiple dimensions of wellness.
- A 2023 study evaluated **distance Reiki** for frontline healthcare workers (physicians, nurses, and other staff) during the COVID-19 pandemic. Eight practitioners simultaneously delivered 20-minute remote sessions over 4 consecutive days. Results showed **significant improvement in all outcomes**: stress, anxiety, pain, wellbeing, and sleep quality — with medium to large effect sizes.

2f. Physiological Markers

A small but notable body of research has looked at objective physiological outcomes rather than self-reported scores:

- Studies have found that Reiki — but not sham Reiki — significantly reduced **resting heart rate** and blunted the heart rate rise in response to stress stimuli (including animal studies using rats exposed to loud noise).
- A pilot randomized, double-blinded, placebo-controlled study (*ScienceDirect*, 2021) found that Reiki was more effective than placebo in reducing resting heart rate, increasing **heart rate variability** (a marker of parasympathetic/relaxation response), and reducing blood pressure.
- These physiological findings suggest Reiki may activate the **parasympathetic nervous system** — the "rest and digest" branch — which would be consistent with its reported effects on anxiety, pain, and stress.

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3. The Placebo Question

The most methodologically interesting question in Reiki research is whether its effects exceed placebo. This is studied using **sham Reiki** controls — untrained actors who mimic the hand positions and presence of a trained practitioner.

A landmark 2017 review by McManus, published in *JACM* and indexed in *PMC*, analyzed 13 qualifying studies:

- **8 of 13 studies** found Reiki to be more effective than sham Reiki
- **4 of 13** found no significant difference (though the author noted these were likely underpowered to detect an effect)
- **Only 1 of 13** provided clear evidence against Reiki being beneficial

The author concluded: *"Reiki is better than placebo and has broad potential as a complementary health therapy."*

This is a meaningful finding because it suggests Reiki's effects are not entirely attributable to therapeutic touch, social contact, attention, or expectation alone — though these factors almost certainly contribute.

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4. Methodological Limitations — The Honest Assessment

Every credible review of Reiki research acknowledges significant weaknesses in the existing literature. These are not minor quibbles; they are substantive limitations that prevent definitive conclusions.

The key methodological issues are:

- **Small sample sizes.** Most trials have fewer than 50–100 participants, limiting statistical power.
- **Poor blinding.** It is inherently difficult to blind participants to whether they are receiving Reiki, and researchers themselves cannot always be blinded. This introduces expectancy effects.
- **Low Jadad scores.** Using the Jadad Quality Scale for RCT quality, 11 of 12 studies in one systematic review ranked "poor." High Jadad scores require adequate randomization, blinding, and complete accounting of all participants — criteria most Reiki trials do not meet.

- **Heterogeneity.** Reiki protocols vary widely between studies: session length, number of sessions, practitioner training, hand positions, and outcome measures differ substantially, making meta-analysis aggregation imprecise.
- **Publication bias.** Positive results are more likely to be published, which likely inflates the apparent effect sizes across literature reviews.
- **No pre-registration.** Many older trials were not registered in advance (e.g., on ClinicalTrials.gov), which raises the risk of outcome-switching.

The **National Center for Complementary and Integrative Health (NCCIH)** at the NIH states officially: *"Reiki hasn't been clearly shown to be useful for any health-related purpose"* and notes that high-quality evidence remains insufficient to support clinical recommendations.

The **Cochrane Collaboration** has similarly noted that aggregating results across studies often fails to demonstrate significant effects for specific biofield therapies given inconsistencies in the evidence.

McGill University's Office for Science and Society has raised pointed criticisms about the theoretical basis of Reiki, noting there is no empirical evidence for the existence of a measurable "biofield" or "universal life energy" as typically described.

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5. The Mechanism Question

Unlike conventional pharmacological treatments, Reiki has no established biological mechanism. The traditional explanation — that a practitioner channels "universal life energy" (ki/qi) through their hands to correct energetic imbalances in the recipient — is not supported by any instrument-based measurements in physics or physiology.

Two alternative mechanistic frameworks are discussed in the scientific literature:

1. Psychosocial/Relaxation Model

The human contact, intention, and therapeutic ritual involved in Reiki may produce real physiological effects through well-understood pathways: relaxation, reduced cortisol, activation of the parasympathetic nervous system, and the therapeutic benefit of sustained, caring human attention. These effects are real and clinically meaningful, even if the traditional "energy" framing is not scientifically verifiable.

2. Biofield/Subtle Energy Model

Some researchers, including those associated with the *Consciousness and Healing Initiative* and the *Samueli Institute*, have proposed that practitioners may interact with low-level electromagnetic or biophotonic fields generated by living tissue. This remains highly speculative and lacks robust empirical support, though it is an area of ongoing exploratory research. The 2021 *PMC* narrative review on non-contact biofield practices notes that measurement methods remain inconsistent and unvalidated.

The honest scientific position is: **the mechanism is unknown**, and the theoretical framework from traditional practice does not translate into current scientific models.

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6. Clinical Adoption

Despite the lack of a clear mechanism and the NCCIH's cautious position, Reiki has gained significant traction in mainstream hospital settings as a complementary therapy. Notably:

- **Johns Hopkins Medicine** offers Reiki through its Integrative Medicine & Digestive Center, describing it as creating "deep relaxation, helping speed healing, reducing pain, and decreasing symptoms."
- **Cleveland Clinic** employs Reiki support for cancer, Parkinson's disease, chronic pain, infertility, and stress-related conditions through its Wellness Institute.
- **Mayo Clinic**, **Dana-Farber Cancer Institute**, **Brigham and Women's Hospital**, and **Boston Children's Hospital** have all offered Reiki as part of integrative care programs.
- Estimates suggest more than **800 hospitals** in the United States have offered Reiki in some capacity, most commonly in oncology and palliative care units where symptom management — rather than cure — is the goal.

These institutions are not endorsing Reiki as curative or as a replacement for medical care; they are recognizing its value as a comfort-focused, low-risk, patient-centered complement to treatment.

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7. Where the Evidence Is Strongest

Based on a synthesis of the available literature, Reiki has its **most credible and consistent evidence base** in the following areas:

Area	Evidence Strength	Notes
Anxiety reduction	Moderate–Strong	Multiple RCTs, meta-analysis support
Pain (cancer/palliative)	Moderate	Several RCTs, sham comparisons
Fatigue	Emerging–Strong	2025 meta-analysis, large effect size
Quality of life	Moderate	2025 meta-analysis (661 participants)
Stress / ANS activation	Moderate	Physiological markers (HRV, HR)
Depression	Emerging	Fewer trials, promising results
Specific disease treatment	Insufficient	No credible evidence for direct curative effect

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8. Conclusions

What the science supports:

Reiki is a low-risk, well-tolerated complementary intervention with a growing evidence base suggesting real benefits for anxiety, pain, fatigue, and quality of life — particularly in clinical populations facing serious illness. Its physiological effects on heart rate and heart rate variability suggest a genuine, measurable relaxation response. In sham-controlled

studies, it more often outperforms placebo than not.

What the science does not support:

Reiki has not been shown to treat or cure any specific medical condition. The theoretical mechanism (universal life energy, biofield correction) has no scientific validation. The existing trial literature is methodologically weak — small, unblinded, and heterogeneous — and no major health authority recommends it as a first-line or standalone treatment.

The overall picture:

Reiki occupies a defensible and increasingly credible space as a **complementary wellness modality** — one that appears to do something, works best alongside conventional care, is safe and accessible, and produces its strongest outcomes in the management of subjective suffering: pain, anxiety, fatigue, and the diminished quality of life that accompanies illness and stress. The research base is improving, and more rigorously designed trials are beginning to appear.

Key Sources

- Effects of Reiki therapy on quality of life: a meta-analysis of RCTs (PMC, 2025)
- Effects of Reiki therapy on quality of life (Springer Nature, 2025)
- Therapeutic effects of Reiki on anxiety: a meta-analysis (PMC/BMC Palliative Care, 2024)
- The Effect of Reiki on Cancer Patients — Pain, Anxiety, Stress (ScienceDirect, 2025)
- Reiki Is Better Than Placebo — McManus review (PMC, 2017)
- Effect of Reiki Therapy on Pain and Anxiety in Adults — Literature Review (PMC, 2014)
- Does Reiki Benefit Mental Health Symptoms Above Placebo? (Frontiers, 2022)
- Distance Reiki for Healthcare Workers During COVID-19 (PMC, 2023)
- The effect of Reiki on physiological factors (ScienceDirect, 2021)
- Effect of Reiki on Well-Being in Low-Income Mental Health Patients (PMC, 2025)
- Biofield Therapies Clinical Research Landscape — Scoping Review (JICM, 2025)
- NCCIH Official Position on Reiki
- The therapeutic effect of Reiki on fatigue — meta-analysis (Research Square, 2025)
- Current Status of Reiki Research 2024 — Center for Reiki Research
- Should We Take Reiki Seriously? — McGill University OSS

Report compiled using peer-reviewed sources from PubMed/PMC, Springer Nature, ScienceDirect, Frontiers, and institutional sources. All findings represent the state of published research as of April 2026.