

REIKI FOR DYSMENORRHEA MANAGEMENT: A PILOT STUDY

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ABSTRACT

Introduction: This study was conducted to determine whether reiki is effective for managing dysmenorrhea.

Materials and methods: The participants were asked to fill in a questionnaire form consisting of 10 questions and the McGill Pain Questionnaire before and after the reiki session. The reiki was performed by placing the hands over the seven main chakras and painful regions of the participants for a period of 30-45 minutes.

Results: A statistically significant difference was found in the pain felt in the regions pre- and post-reiki application ($p < 0.001$). The average pain score of the women was 3.85 prior to the reiki while it was 1.6 after the application, and there was a statistically significant difference between the average scores ($p < 0.001$).

Conclusions: 30-45 minutes of reiki had a positive effect on dysmenorrhea management.

Keywords: Dysmenorrhea, reiki, student, pain.

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Introduction

Nearly half of the global population is younger than 25 years of age, and half of these people are female. Dysmenorrhea is the most common gynecologic complaint among female adolescents and young adults and has been identified as a leading cause of morbidity in this population, leading to absences from school and reduced activity^(1, 2). Dysmenorrhea is the cramp-like pain in the lower abdomen that may accompany menstruation. Pain is one of the most commonly experienced disorders during menstruation^(3, 4). Pain is an unpleasant sensory and emotional experience accompanying real or potential tissue damage⁽⁵⁾. Estimates of the percentage of women who experience dysmenorrhea range widely, from 25% of all women up to 90% in adolescents⁽³⁾. The rate of dysmenorrhea also varies from country to country: the prevalence of dysmenorrhea in studies on university students was found to be 64% in Nigeria and Mexico, 84% in Thailand, 93% in Taiwan, 60% in India, 52% in Geor-

gia, 80% in Hong Kong and between 46% and 80% in Turkey. Painful menstruation negatively affects the quality of daily life of women and also causes disruption to work and school life⁽⁴⁾.

Treatments for primary dysmenorrhea include lifestyle modifications, complementary and alternative treatments, over-the-counter and prescription analgesics, and hormonal contraceptives. Reiki is a complementary treatment approach based on the belief that healing can be provided spiritually, and pain relieved, through the transfer of energy⁽³⁾.

It was developed in Japan at the beginning of the 20th century as a form of energy healing. Reiki is used to enable relaxation, alleviate stress, and promote a feeling of well-being. One advantage of reiki is that it is inexpensive compared with the costs of other types of therapy⁽⁶⁾. It appears to generally be safe and serious adverse effects have not been reported. Reiki has not been shown to have any negative side effects and none of the studies reviewed reported any adverse events⁽⁷⁾.

The theoretical basis of reiki is the idea that disease or imbalance will occur if there is a blockage in an energy center. The areas we refer to as energy zones symbolize the chakras. 7 main points of our body "chakra" as named energy fields are available. These gates function as channels for energy transitions, balancing the flow of energy in our bodies. The natural flow of energy will deteriorate in any situation that interferes with the flow of energy. Reiki practitioners are conduits for healing energy that enters the top of the practitioner's head and leaves through his or her hands. The reiki practitioner's hands are in essence the conductors of a universal energy that flows naturally to any area of the recipient's body where it is needed⁽⁸⁾. The practitioner places his or her hands with dexterity and steadiness⁽⁹⁾ in a series of positions on the recipient's clothed body to facilitate their self-healing. There are three levels (or degrees) of Reiki.

In the First Degree, the beginning reiki practitioner learns the history of reiki, receives instruction in the basic reiki hand positions, and becomes attuned to the energies that allow them to practice at this level. Second degree reiki involves attunements unique to this level, including distant reiki therapy (or absentee healing). The third degree (or master level) involves several stages and prepares the practitioner to teach reiki. Training to be a master lasts approximately one year, and during this time the practitioner works as an apprentice with a reiki master learning to transmit the energy, and subsequently teach reiki to others⁽⁸⁾.

This study was conducted in order to determine whether the application of reiki is effective for managing dysmenorrhea.

Materials and methods

20 students from a nursing college who were on the first day of their menstrual cycles and were not using an analgesic medicine voluntarily participated in the study. Informed consent was obtained, and the participants were asked to fill in a questionnaire from consisting of 10 questions and the McGill Pain Questionnaire both before and after the reiki session. Data were collected between October 2013 and June 2014. Participation in the study was provided on a voluntary basis. In addition, informed consent was obtained from the participants in writing. There has not been any practice that threatens the life, health, dignity, and body integrity of the participants.

The privacy of women and the confidentiality of their personal information have been preserved during the research.

Patients' experiences of pain were assessed by means of the McGill Pain Questionnaire⁽¹⁰⁾. This questionnaire, developed by Melzack in 1975, is an instrument with sensory, affective, and evaluative categories describing the multidimensional components of pain⁽¹¹⁾. It consists of four major parts. In the first part of the questionnaire, patients note the body region in which pain is present. The validity and reliability of the Turkish version of the McGill Pain Questionnaire was confirmed by studies carried out by Kuguoglu et al in 2003⁽¹²⁾. The one-sample t test and frequencies was used to evaluate the data.

The reiki was conducted by the practitioner placing their hands over the seven main chakras and regions where the participants were experiencing pain for a period of average 30-45 minutes. During the procedure, the practitioner's hands were placed in the 7 regions of the patients (the channels in which the energy entered the body: head, eye and forehead, throat, heart, stomach (solar plexus), belly (sacral), groin) in each position for a time between 3 and 5 minutes. In the area where the pain was intense, the hands were kept 5 extra minutes. All the sessions took place in a quiet room with the participants sitting down. Institutional approval and the written consent of the participants were obtained for the research. In the evaluation of the pain regions, the McGill Pain Questionnaire marking area was used so that the painful areas were located. The data were statistically analyzed through the chi-square test, the independent-samples t-test, the Mann-Whitney U test and the frequency test.

Results

The average age of the participants was 20.2 years old. 90% had not underwent any surgical operation, 70% had no other illness. During the evaluation period the participants did not use any analgesic drugs. However, 85% of the participants expressed their use of analgesics in menstrual processes in previous months. The treatment with the highest rate of successfully preventing pain was found to be using a heat application, with a percentage of 35%. 35% of the participants had pain in the abdominal region. 45% stated that their pain "unbearable" before reiki. 30% stated that it was after "ache-like" after the reiki and 20% stated that it was "fluttering" afterwards (Table 1-2).

The average pain score of the women was 3.85 prior to the reiki while it was 1.6 after the application, and there was a statistically significant difference between the average pain scores ($p < 0.001$) (Table 3).

| One-Sample T Test | | | | | | |
|---------------------------------|----------------|----|-----------------|-----------------|---|--------|
| | Test Value = 0 | | | | | |
| | t | df | Sig. (2-tailed) | Mean Difference | 95% Confidence Interval of the Difference | |
| | | | | | Lower | Upper |
| Distribution of pain pre-reiki | 7.095 | 19 | .000 | 3.3000 | 2.3265 | 4.2735 |
| Distribution of pain post-reiki | 5.597 | 19 | .000 | 2.7500 | 1.7215 | 3.7785 |

Table 1. Distribution of pain pre- and post-reiki.

| Severity of the pain prior to the reiki | | | | |
|---|-----------|------------|------------------|-----------------------|
| | Frequency | Percentage | Valid Percentage | Cumulative Percentage |
| Disturbing | 2 | 10.0 | 10.0 | 10.0 |
| Intense | 5 | 25.0 | 25.0 | 35.0 |
| Very intense | 7 | 35.0 | 35.0 | 70.0 |
| Unbearable | 6 | 30.0 | 30.0 | 100.0 |
| Total | 20 | 100.0 | 100.0 | |

| Severity of the pain after the reiki | | | | |
|--------------------------------------|-----------|------------|------------------|-----------------------|
| | Frequency | Percentage | Valid Percentage | Cumulative Percentage |
| No pain | 1 | 5.0 | 5.0 | 5.0 |
| Mild | 9 | 45.0 | 45.0 | 50.0 |
| Disturbing | 7 | 35.0 | 35.0 | 85.0 |
| Intense | 3 | 15.0 | 15.0 | 100.0 |
| Total | 20 | 100.0 | 100.0 | |

Table 2. Severity of pain pre- and post-reiki.

| One-Sample T Test | | | | | | |
|---|----------------|----|-----------------|-----------------|-------------------|--------|
| | Test Value = 0 | | | | | |
| | t | df | Sig. (2-tailed) | Mean Difference | 95% CI Difference | |
| | | | | | Lower | Upper |
| Average pain score pre-reiki | 17.425 | 19 | .000 | 3.85000 | 3.3876 | 4.3124 |
| Average pain score post-reiki application | 8.718 | 19 | .000 | 1.60000 | 1.2159 | 1.9841 |

Table 3. Comparison of average pain scores pre- and post-reiki.

Discussion

The purpose of the present study was to determine the impact of reiki on managing dysmenorrhea. The menarche, which is a natural part of the life cycle of young girls, may lead to menstrual problems⁽¹³⁾. The menstrual cycle is a complex bio-

logical event. Psychological stress, excessive weight loss and intense exercise affect the organism and can lead to menstrual problems. Dysmenorrhea is one aspect of these menstrual problems⁽¹⁴⁾. Difficulties in the premenstrual period, which includes the premenstrual and menstrual periods, affect the life of young girls negatively⁽¹³⁾. The school setting is an environment in which adolescents' health can be assessed and monitored^(15, 16, 17).

Menstrual pains is the main problem experienced: dysmenorrhea is encountered in 85% of women in the United States and in 81.7% of women in Turkey. The pain commonly encountered may either be mild or so severe that it can prevent female students from attending school⁽¹¹⁾. In our study, the average age of the participants facing problems related to dysmenorrhea was found to be 20.2 years old. Similarly, the average age of participants suffering from dysmenorrhea was found to be 20.36 in the study by Oskay et al., 21.1 in the study by Azima et al., 20.0 in the study by Öksüz et al. and 22.2 in the study by Jahangirifar et al.^(12, 18, 19, 20, 21).

As dysmenorrhea negatively affects women's health and quality of life, there is a need for a variety of pharmacological and non-pharmacological treatments. Non-steroid anti-inflammatory drugs, analgesics and oral contraceptives are the most commonly used drugs to combat menstrual pain. However, long-term use of these drugs may lead to the development of further neurological symptoms and gastrointestinal reactions⁽²²⁾. Among the individuals who participated in our study, 85% stated that they used analgesics when they had menstrual pain. Similarly, in the study by Öksüz et al., 74.7% of individuals suffering from dysmenorrhea indicated that they used analgesics and they were used by 80.3% of individuals suffering in the study by Potur and Kömürçü^(18, 20).

Because women consider dysmenorrhea part of the natural cycle of life, they try to cope with the process on their own. Thus, they also try many non-medical methods to combat menstrual pain^(23, 24). Studies in Turkey show that participants are well acquainted with and use traditional methods such as applying heat, taking a shower, massaging, drinking herbal tea, taking dietary or nourishment supplements, doing sports and exercise⁽⁴⁾. Exercise also helps to defeat menstrual pain; women doing exercise apparently have fewer menstrual symptoms than women not doing exercise⁽²³⁾. Methods such as acupuncture, energy therapies, aromatherapy and reflexology are not well known or much used, because they are potentially less accessible and more expensive^(4, 25).

In our study, it was also found that applying heat was the most commonly used method (35%) to prevent pain from dysmenorrhea.

As one of the methods used for reducing pain within Japanese medicine, reiki is defined as an “energy medicine”⁽²⁶⁾. Some studies suggest that reiki is effective for relieving pain⁽²⁷⁾. However, there is currently only a limited number of studies on the effectiveness of reiki on endometrial pain. One of these studies, conducted by vanderVaart et al. for the purpose of evaluating the effectiveness of reiki on the pain management of patients who had undergone a C-section, concluded that it was not an effective method⁽²⁶⁾. On the other hand, in the study conducted by Midilli and Eşer with individuals who had also undergone a C-section, it was concluded that reiki could be used effectively for postoperative pain management⁽⁴⁾.

In the study conducted by Vitale and Connorit was determined that reiki caused a decrease in postoperative pain of at least 24 hours in women who had undergone a hysterectomy^(27, 28). According to the results of our study, there was a statistically significant difference related to a decrease in the distribution of painful areas before and after the reiki application. In addition, a statistically significant difference was found between the average pain scores ($p < 0.001$). The average pain values decreased in a statistically significant way after the reiki session. According to the results of our study, while the pain was characterized as “unbearable” by 45% of the participants before the reiki, the pain was characterized as “tingling” (30%) and “palpating” (20%) in the participants after the reiki. This situation shows that the reiki reduced not only the severity of pain, but also the style of pain and the sense of restlessness it caused in the patients. Our data make us think that the misery caused by dysmenorrhea in the daily life of patients can be reduced. No other similar study to support our data has been implemented with patients suffering from dysmenorrhea. However, the results of our study support some of the studies on endometriosis and C-sections, which cause endometrial pain in women.

Conclusion

30-45 minutes of reiki had a positive effect on dysmenorrhea. Nurses can use reiki as part of the application of non-pharmacologic therapeutic interventions for pain management. However, reiki has not yet been evaluated using a systematic, evidence-based approach and there is no other study in the literature evaluating the efficacy of the practice of reiki in the

management of dysmenorrhea in the literature. Future studies should investigate the effects of reiki combined with different complementary therapies, non-pharmacologic therapeutic methods, and sham reiki.

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