**Potsdam Fibromyalgia Support Group**

**Newsletter**

##  August, 2013

# Reiki

 Energy-based healing has been around for a very long time. Hippocrates described a “biofield” of energy that flowed from people’s hands. Indians talk about Chakras, locations of intensive energy flow in the body. Qigong is a form of Eastern healing that uses breathing to balance qi, or energy, in the body. All these systems share a belief that improper flow of energy through the body can lead to illness, and that certain actions – either by the patient or by a healer – can restore the flow of energy. Once the body’s energy field is restored, physical and mental processes regain balance and the body is able to heal itself. A consequence of this philosophy is that energy healing is intended to balance and heal the whole body, not just one specific illness.

 Reiki is considered a ‘biofield energy therapy,’ where the practitioner guides the ‘universal healing energy’ through their body into the patient’s. Practitioners typically place their hands lightly on or just above a person; however, Reiki can also be delivered remotely, where the practitioner is not present with the patient. In both hands-on and remote practice, “the Reiki practitioner maintains a meditative presence and allows the Reiki energy to flow to where the patient needs it” (vanderVaart, 2009).

 There are 3 levels of Reiki provider: 1) practitioner, 2) sender, and 3) Reiki Master. Only the Reiki Master is allowed to teach others and pass on the tradition. Reiki is not taught in the typical, mechanical sense that massage might be taught and learned. All Reiki providers are trained by Reiki Masters and must go through a process of “attunement,” where the Master passes energy to the student. Although Reiki connects to one’s spiritual energy, it is not a religion and does not adhere to any specific religious belief. A central tenet is that, to be healthy, we must live in harmony with ourselves, other people, and the world around us.

 According to the International Center for Reiki Training, “A treatment feels like a wonderful glowing radiance that flows through and around you. Reiki treats the whole person including body, emotions, mind and spirit creating many beneficial effects that include relaxation and feelings of peace, security and wellbeing.”

 Reiki was originally developed two thousand years ago in Japan; the earliest record links it to a Japanese Buddhist monk named Kukai. It was rediscovered in the early 20th century by another Buddhist monk, Dr. Mikao Usui, who developed and taught the skill to others. Mrs. Hawayo Takata brought Reiki from Japan to the West in 1937 and continued to practice and teach until her passing in 1980.

 What does the research say about effectiveness of Reiki? vanderVaart, et al, 2009, conducted a systematic review of Reiki research; this means that they searched for all available research, evaluated the quality of the research, and summarized the results. Overall, there was little high quality research, but this is in part because the Reiki practitioner cannot be ‘blinded’ – that is, the provider knows whether the patient is receiving real or sham/placebo Reiki. Nevertheless, moderately strong research shows that Reiki can be effective in managing:

* Anxiety and depression
* Autonomic symptoms (stress response)
* Post-operative pain
* Fatigue, pain and anxiety in patients with cancer
* Pain in chronically ill patients
* Self-esteem and feelings of control over life.

 Very little research has been done to determine whether that Reiki is effective in managing fibromyalgia and the research so far has not shown a benefit. More research is needed.

![C:\Users\Leslie Russek\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\XERK93GZ\MC900440520[1].wmf]() One interesting result from the research is that effectiveness of Reiki appears to depend on the experience level of the practitioner. Research with significant results almost always involved Reiki practitioners with at least 3 years of experience, or who were Reiki Masters. This may explain why some research has been inconclusive.

 Come to the August Fibromyalgia Support Group meeting and learn more about Reiki!

Scientific sources used in this article:

* National Commission on Complementary and Alternative Medicine, National Institute of Health, at (<http://nccam.nih.gov/health/reiki>)
* The International Center for Reiki Training, at <http://www.reiki.org/faq/whatisreiki.html>
* vanderVaart S, Gijsen MGJ, Wildt SN, Koren G. A systematic review of the therapeutic effects of Reiki. *J Alt Complem Med.* 2009;15(11):1157-1169.

# In the News: Chronic Pain Changes Brain Structure

# “A new review by NCCAM researchers in *Nature Reviews Neuroscience* looks at recent research on pain and the brain. It suggests that chronic pain affects the anatomy of the brain and impairs certain nerve pathways, leading to a “negative feedback loop” that results in more pain and accompanying emotional and reasoning problems. Many people affected by chronic pain are becoming more aware of how the mind can control the body, and are adopting practices such as meditation and yoga to reduce stress and control pain.”

“The evidence has been building that chronic pain can alter the functioning and anatomical integrity of various brain regions. This can lead, for example, to accelerated loss of gray matter, increased sensitivity to pain signals, reduced ability of the brain to release its own painkillers, emotional changes (such as anxiety disorders and depression), and cognitive deficits. However, some animal and human studies have found that when chronic pain is successfully treated, such brain effects may be reversible.”

“Mind and body approaches are of interest because, similarly to chronic pain, they involve cognitive (for example, focusing attention in meditation) and emotional factors. Evaluating the available research, the authors found growing evidence that mind and body practices may reduce acute and chronic pain. In addition, some studies suggest that mind and body practices could help reverse chronic-pain-associated brain changes and may have protective effects.”

Source: <http://nccam.nih.gov/research/results/spotlight/062113>

This research confirms the importance of mind-body self-care activities such as those we discuss in the support group: relaxation, mindfulness meditation, tai chi, qigung, etc.

# Aquatic Exercise Program:

 Many people with FM respond well to exercising in water. SUNY Potsdam’s Center for Lifelong Education and Recreation continues to offer a Deep Water Exercise class run by Tracy Sharlow, who used to run the adaptive aquatic class at SUNY. The exercises are easily adapted for all fitness levels and ability to swim is not necessary. The Merritt pool is (relatively) warm, which is good for people with FM.Classes start September 9th, Tues/Thurs 3:30-4:30 or 4:30-5:30. For information or to sign up: log in at <http://clear.potsdam.edu>, call (315)267-2167 or email clear@potsdam.edu.

# New Pain Management Doctor in Potsdam!

#  Canton-Potsdam Hospital has recently hired a new pain management specialist: Dr. Lai Kuang. He is very knowledgeable about fibromyalgia and takes a comprehensive view of pain management. Patients who have seen him so far speak very highly of him, appreciating both his treatment of the fibromyalgia and his treatment of them, as patients. You can learn more about him at: [www.cphospital.org/providers/lai-kuang](http://www.cphospital.org/providers/lai-kuang) His office is at 190 Outer Main St. Potsdam, phone # is (315)274-9078.

# August Support Group Meeting:

 The next meeting of the Potsdam Fibromyalgia Support Group will be **6:30 pm on Monday, August 26th.** The meeting will be a **guest presentation by Kay DePerno, Reiki Master.** Ms. DePerno has been practicing Reiki for 14 years, and has made it through the levels of ‘practitioner’ and ‘sender’ to ‘Master.’ As a Reiki Master, she is authorized to teach Reiki to others. She is also a skilled teacher and grief counselor, so this session should be excellent.

This newsletter is a joint effort of Clarkson University and Canton-Potsdam Hospital. If you would prefer to receive these newsletters electronically, please send your email address to gilberta@clarkson.edu. You can access current and previous Potsdam Fibromyalgia Support Group Newsletters on our web site: [www.people.clarkson.edu/~lnrussek/FMSG](http://www.clarkson.edu/~lnrussek/FMSG).