REIKI THERAPY IN A COLORECTAL CANCER PATIENT

Fernández-Ruiz Jonathan;[1] Vargas-Román Keyla;[2] Delgado-Díaz Francisco;[3] Galiano-Castillo N;[4] Cantarero-Villanueva I;[5] Díaz-Rodríguez Lourdes[6]

[1]Master's degree student, University of Granada, Spain; [2]PhD Student, University of Granada, Spain; [3]RN, University of Granada, Spain; [4]PhD, Health of Sciences Department, Faculty of Health Sciences, University of Jaen, Spain; [5]PhD, Physical Therapy Department, Faculty of Health Sciences, University of Granada, Spain; [6]PhD, Department of Nursing, Faculty of Health Sciences, University of Granada, Spain.

BACKGROUND

Colorectal cancer is the third most frequent cancer diagnosed in men and the second in women. Patients diagnoses with colorectal cancer experience physiological and psychological changes due to the disease itself and the side effects of the cancer treatment. Reiki is an energy therapy which uses a specific sequence of hand positions to channel the universal life force for recharging, realigning, and rebalancing the human energy field. Recent studies show that Reiki improves fatigue, anxiety and depression. The main objective of this study was to develop an individualized care plan in a patient with adenocarcinoma of the rectum in stage IIIC undergoing neoadjuvant radiotherapy treatment, using the NANDA, NOC and NIC taxonomy, whose main intervention was the NIC (1520) Reiki.

METHODS

The main diagnostic label included in this care plan was (00050) Disturbed energy field, evaluating the level of fatigue, anxiety, depression and different physiological variables. The patient received four Reiki session of 35 minutes each one spread over 6 weeks of radiotherapy treatment, using two different Reiki Level Two practitioners. Before and after each session it was measured the level of anxiety, depression and fatigue with validated questionnaires. Furthermore, in order to measure the physiological effects of Reiki, it was evaluated the heart rate variability with a Holter monitor.

RESULTS

Results showed a decrease in anxiety, depression and fatigue after each Reiki session, and also an increase in heart rate variability. Although the level of fatigue had a peak after 18 Reiki sessions, it was observed an improvement of fatigue and vagal activity as well as a decrease in anxiety and depression at the end of the radiotherapy treatment, reaching the target score of each indicator of the selected NOC. Regarding heart blood variability, after each Reiki session it was observed an increase in SDNN, RMSSD and HF parameters, and a decrease in LF and LF/HF, which indicates an activation of the parasympathetic nervous system and a decrease in the sympathetic nervous system.

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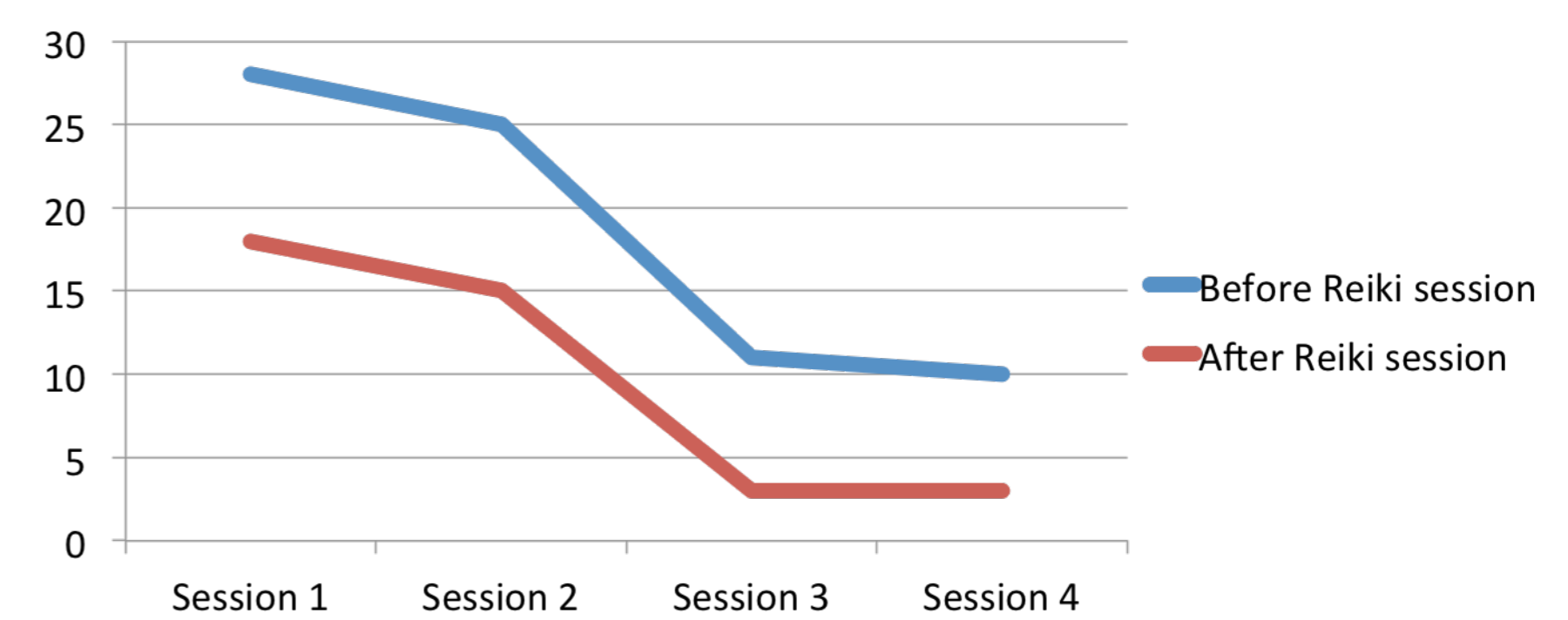
Figure 1. Level of anxiety before and after each Reiki session according to the State-Trait Anxiety Inventory.
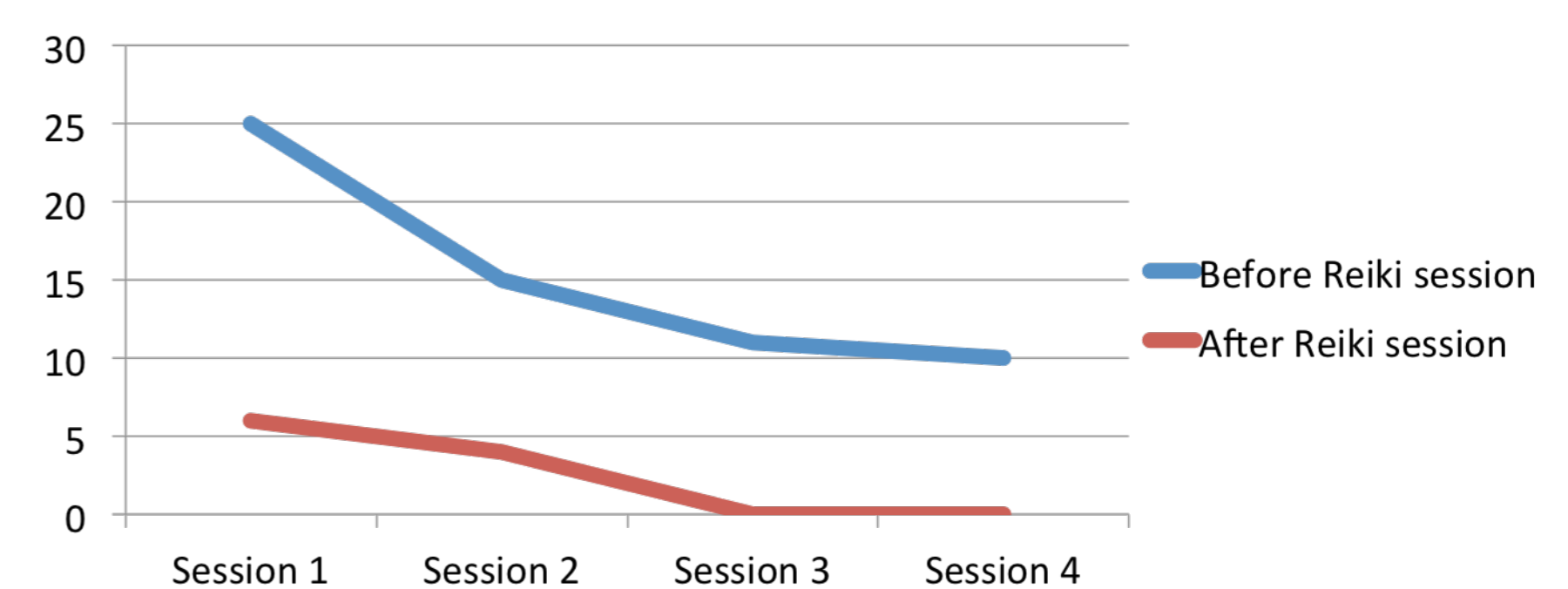

Figure 2. Level of depression before and after each Reiki session according to the Beck Depression inventory.
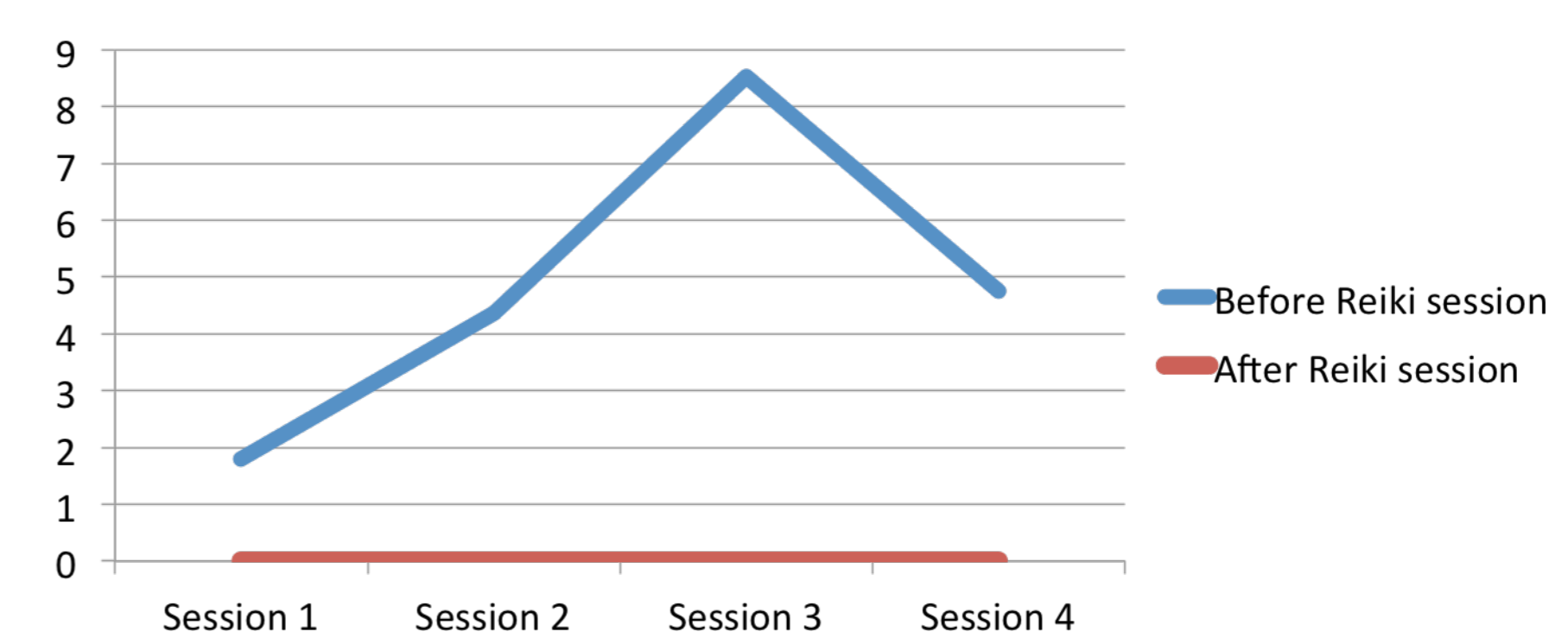

Figure 3. Level of fatigue before and after each Reiki session according to the Piper Fatigue Scale.

Table 1. Heart rate variability (HRV) parameters before and after each Reiki session.

	Session 1	Session 2	Session 3	Session 4
SDNN (pre)	53.91	54.64	45.34	52.23
SDNN (post)	63.46	62.73	60.23	61.12
RMSSD (pre)	46.23	43.08	41.01	43.56
RMSSD (post)	60.34	54.40	60.87	94.88
HRV (pre)	6.01	5.58	3.74	4.46
HRV (post)	5.95	6.27	5.01	6.02
LF (pre)	129.55	142.34	159.90	134.57
LF (post)	107.90	131.45	139.55	127.64
HF (pre)	213.66	246.66	193.32	200.43
HF (post)	240.12	251.82	248.44	250.29
LF/HF (pre)	1.20	1.42	1.71	1.56
LF/HF (post)	0.95	0.75	0.66	0.41

CONCLUSSION

It is suggested that Nursing professional should be trained in NIC (1520) Reiki to apply comprehensive care to cancer patients and improve their quality of life.