

Impact of Distant Reiki on Owner Assessment of Health and Wellbeing of Adult Dogs: A Blinded, Placebo-controlled, Randomized Trial

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Abbreviations

IAQ Initial Assessment Questionnaire

Abstract

Reiki is a biofield therapy currently used in hospitals worldwide. Scientific evidence supports its effectiveness in addressing many physical and emotional conditions in human patients. However, few studies currently exist demonstrating the effects of Reiki on animal health. The present study aimed to evaluate the impact of distant Reiki on owner assessment of the health and wellbeing of adult dogs by measuring frequent complaints in veterinary practice. The research was conducted as a blinded, placebo-controlled, randomized clinical trial. Eleven variables were examined, analyzing changes after 3 and 6 weeks of distant Reiki treatment. The statistical analysis was performed using the Mann-Whitney *U* test to compare changes between the groups. The study demonstrated that dogs receiving distant Reiki showed significant pain reduction compared with the control group. After the third ($P = .05$) and sixth sessions ($P = .02$), all dogs in the Reiki group showed some pain reduction. No significant difference was observed in the other variables analyzed. Study results suggest that Reiki may have beneficial effects, particularly for pain relief in dogs. These preliminary results warrant further research to more accurately assess the effectiveness of Reiki in veterinary medicine.

Introduction

Reiki is a Japanese technique for relaxation and stress reduction that can also promote healing. Although similar techniques have been used for thousands of years, the contemporary practice was created by Mikao Usui in 1922 and can be applied with or without the touch of hands. The word *Reiki* is represented by 2 kanji (ideograms used in Japanese written language): *Rei*, meaning spiritual wisdom, and *Ki* (or Chi in Chinese), meaning life energy. The latter is scientifically referred to as biofield energy and can be understood as the energy of the Universe (1).

Reiki sessions can be conducted either in person or remotely, with distant Reiki being grounded in the principle of universal interconnectedness. This concept suggests that all living beings are linked energetically, allowing healing energy to transcend both spatial and temporal boundaries. As a result, distant Reiki is thought to facilitate the restoration and enhancement of health and wellbeing in both humans and animals (1). Over the last few years, particularly since the beginning of the COVID-19 pandemic, there has been a notable increase in the number of studies investigating the effectiveness of distant Reiki in human health. This trend reflects a growing scientific

interest in exploring the potential therapeutic benefits of this practice as well as its ability to be administered remotely (2-5).

In recent decades, an increasing number of complementary health practices have been adopted in conventional human medicine. Energy-based therapies such as Reiki are recognized as complementary health practices by WHO and are present in the treatment routines of hospitals and health-care facilities in countries such as Brazil and the U.S. In Brazil, Reiki has been recognized by the Ministry of Health and integrated into the public health system through Integrative and Complementary Health Practices. In the U.S. nearly 15% of hospitals (>800) were offering Reiki therapy in 2007 as a regular part of their patient services (6). Currently, according to the Institute for Integrative Healthcare website, there are more than 1,000 Reiki programs in US hospitals (7).

However, the same rate of use is not observed in veterinary medicine. Although Reiki has been integrated as a complementary practice to human medicine, and numerous scientific studies have proven the beneficial effects of Reiki on human health, the same is not true for animals. In veterinary practice, we find many anecdotal reports but scarce scientific research. This is because research on energy-based therapies is very complex due to their subjective nature. This becomes even more challenging in animals because, in addition to intrinsic subjectivity, the results are closely related to the guardian's ability to accurately observe the animal and the difficulty of controlling the variables. Therefore, the main objective of the present research was to determine the caregiver assessment of distant Reiki on the health and wellbeing of adult dogs, aged 8 years or more.

Materials and Methods

Study design

This was a blinded, placebo-controlled, randomized clinical trial to analyze the impacts of distant Reiki on the health and quality of life of adult dogs.

Selection of participants

The research project was publicized through a lecture explaining the practice and benefits of Reiki, development of the project, and requirements for participation. The event was held at a veterinary clinic located in the city of Florianópolis, Brazil. In addition to the lecture, social media advertisements were used for recruitment. The selection criteria were dogs ages 8 years or older and the presence of any physical, behavioral, or emotional health problems,

including chronic illness, anxiety, and fear. As the Reiki sessions were conducted remotely, there were no geographical limitations on participation.

Questionnaires

The research was based on 3 questionnaires: 1) an Initial Assessment Questionnaire (IAQ) to find out the state of health and main complaints of the participating dogs; 2) an intermediate questionnaire to assess the effects of distant Reiki after 3 weeks of treatment; and 3) a final questionnaire to assess the effects after the sixth Reiki session. In the IAQ, caregivers were asked to answer the questions based on their observations of the subject's physical and emotional health and their behavior prior to the beginning of the sessions. This first questionnaire was accompanied by a consent form to be read and signed by the owners of the dogs enrolled in the project. As for the second and third questionnaires, the caregivers were asked to answer the questions in accordance with any changes observed over the course of the sessions.

Variables under study

Given that is a preliminary study intended to stimulate further research in the field of veterinary medicine, the most common physical, behavioral, and emotional health complaints in routine veterinary practice, especially in adult animals, were selected. Eleven variables were analyzed at 2 different timepoints (after 3 and 6 weeks). Four variables were related to physical issues: pain, pruritus, presence of vomiting, and presence of diarrhea. The other 7 variables were related to emotional and/or behavioral issues: mood, anxiety, fear, aggression, level of physical activity, degree of social interaction, and general wellbeing.

Concerning physical complaints, in the IAQ the variables "pain" and "pruritus" were rated from 1 to 5, with 1 indicating absence of pain/pruritus and 5 indicating extreme pain/pruritus. All animals without pain or pruritus were excluded from analysis. For the animals with some degree of pain, the level of improvement was measured using 2 questionnaires, one after the third session and the other after the sixth and final session. Results were classified as "excellent improvement," "moderate improvement," "little improvement," or "no improvement." As for the variables "vomiting" and "diarrhea" in the IAQ, the frequency of both was classified as "weekly," "biweekly," "monthly," "quarterly," or "rarely." In this case, dogs that stopped vomiting or having diarrhea during the study were considered to have "excellent improvement." Dogs that showed a 50% reduction in the frequency of vomiting or diarrhea were classified as having a "moderate improvement," and those

with a 25% reduction were classified as having a “little improvement.” “No improvement” was indicated for those that continued to experience the problem.

With regard to emotional and/or behavioral complaints, in the IAQ, the variables “anxiety,” “fear,” “aggression,” and “mood” were rated from 1 to 5, where “1” meant the absence of the behavior and/or emotion and “5” meant maximum degree of the emotion and/or behavior (eg, extreme anxiety). The variables “level of activity,” “degree of social interaction,” and “general wellbeing” were also rated from 1 to 5, with 1 indicating minimal levels and 5 indicating maximal level of these variables (eg, excellent wellbeing). Dogs that were already at the highest level regarding these variables were excluded from the respective analyses.

The effect of the Reiki sessions on these behavioral/emotional variables was also assessed through the 2 questionnaires mentioned above, which were based on the caregiver’s perception. These results were also classified as “excellent improvement,” “moderate improvement,” “little improvement,” or “no improvement.” Similar to the variables relating to physical issues, dogs that did not present the problem were also excluded from the statistics.

Interventions

Reiki sessions were administered by 3 practitioners with similar training. All were Usui/Holy Fire® III Reiki Masters and Holy Fire® III Karuna Reiki Masters, while 2 of them were also Animal Reiki Masters certified by the International Center for Reiki Training.

Since not all the dogs suffered from the same problems, the practitioners were not required to follow a set protocol. Instead, they relied on their perception and techniques such as byosen—a frequency emitted by the part of the body that is out of balance—to provide the best possible support for the participants’ needs (8). The research program included 6 weekly distant Reiki sessions, each lasting 30 minutes. The dogs were randomly divided into a Reiki group and a control group. Dogs in the Reiki group received sessions from all 3 practitioners, alternately, to avoid any bias in the results.

The sessions began on July 15, 2024, and ended on August 23, 2024, and were scheduled weekly. Caregivers were not required to be present during the sessions but were all asked to observe any changes in the animals throughout the research period. All caregivers received a message booking the appointment, including those whose animals

were part of the control group.

Statistical analysis

The Mann-Whitney U test was performed for each of the 11 variables surveyed to compare control and Reiki group dogs at each time. The package Prism GraphPad version 10.4.0 was used to perform the statistical analysis. A P-value < .05 was adopted as statistically significant.

Results

Fifty-nine applicants were enrolled to take part in the project. The total number of eligible dogs was 54. The eligible dogs were randomly divided into 2 groups, 26 animals in the control group and 28 animals in the Reiki group. The animals in the control group did not receive any Reiki sessions. The Reiki group received 6 weekly sessions of distant Reiki, lasting 30 minutes each. The project was divided into 2 phases: phase 1, which covered the first to the third session, and phase 2, which covered the fourth to the sixth session.

At the completion of phase 1, an intermediate evaluation questionnaire was delivered, and 47 responses were received. All 47 animals were eligible for the second phase of the project, which included the last 3 Reiki sessions. Of the 7 animals whose caregivers did not respond, 4 animals died between the first and third week of the study. Of these, 2 belonged to the control group and 2 to the Reiki group. The other 3 animals were excluded from the study because their caregivers did not answer the questionnaire, as this was an exclusion criterion. Of these, 1 was in the Reiki group and 2 were in the control group.

At the end of the project, a final evaluation questionnaire was sent to all the remaining participants. Between the fourth and sixth weeks, 2 other animals from the Reiki group and 1 from the control group died. Thus, out of the 54 dogs that initially took part in the project, 45 completed all the sessions. One animal from the control group was also excluded from analysis after the last stage because the guardian did not follow the established rules. As a result, the total number of animals evaluated in phase 2 was 44, of which 23 were from the Reiki group and 21 from the control group.

Concerning the demographic distribution, the mean age of the dogs in the Reiki Group was 11.4 ± 2.3 years, ranging from 8 to 18 years, and in the control group the mean age was 11.7 ± 2.54 years, ranging from 8 to 16 years. In the Reiki group, 61% of the animals were between 8 and 11

years old, 21% were between 12 and 15 years old, and 18% were aged 16 or over (Figure 1). In the control group, 54% of the animals were between 8 and 11 years old, 42% were between 12 and 15 years old, and 4% were aged 16 or over (Figure 2).

Regarding the effects of distant Reiki on pain (experienced by 17 dogs in the Reiki group and 11 dogs in the control group), an improvement was observed in the majority of dogs in the Reiki group versus the control group. This improvement was statistically significant after the third session ($P = .05$; Figure 3) and after the sixth session ($P = .02$; Figure 4). All dogs in the Reiki group showed some degree of improvement in pain, with 70.6% showing an excellent or moderate degree of improvement and 29.4% showing little improvement, but still a reduction in pain.

No significant differences between the Reiki and control groups were observed for the variables “pruritus,” “vomiting,” and “diarrhea.” This may have been due to the small number of animals affected and the periodicity of the occurrences in comparison to the project’s duration.

With regard to behavioral and/or emotional variables, although a general improvement was observed in most of the animals, in most of the variables no statistically significant differences were found between the Reiki group and the control group. The P-values and other results for all the variables analyzed are detailed in Table 1.

Discussion

To our knowledge, this current study was the first blinded, placebo-controlled, randomized clinical trial to assess the effects of distant Reiki in the quality of life and wellbeing of adult dogs. The number of participants was considered suitable for statistical analysis because the sessions began with a total of 54 dogs. Although 16.6% of the animals did not complete the 6-week program, the number of participants who did was considered satisfactory, especially as this was a group of adult dogs, with an average age of over 11.5 years. The number of subjects that left the study was low, as only 3 (5.5%) of the 54 dogs enrolled quit the program. The highest number of subjects who discontinued participation was in the control group, and all of them occurred during phase 1 of the program, possibly motivated by a lack of observed results.

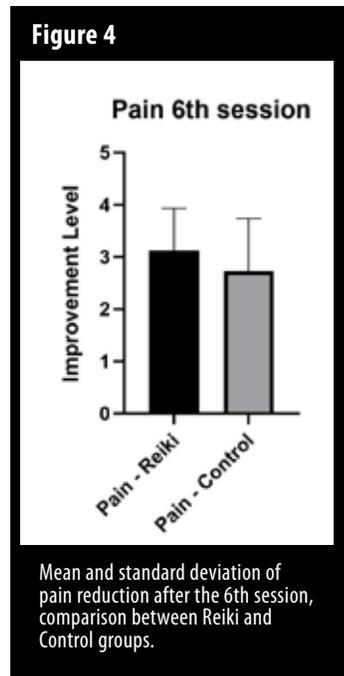
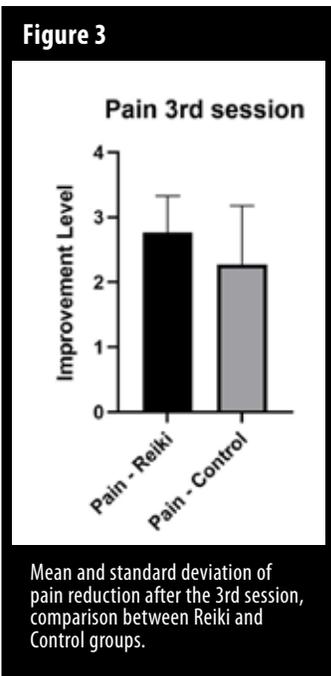
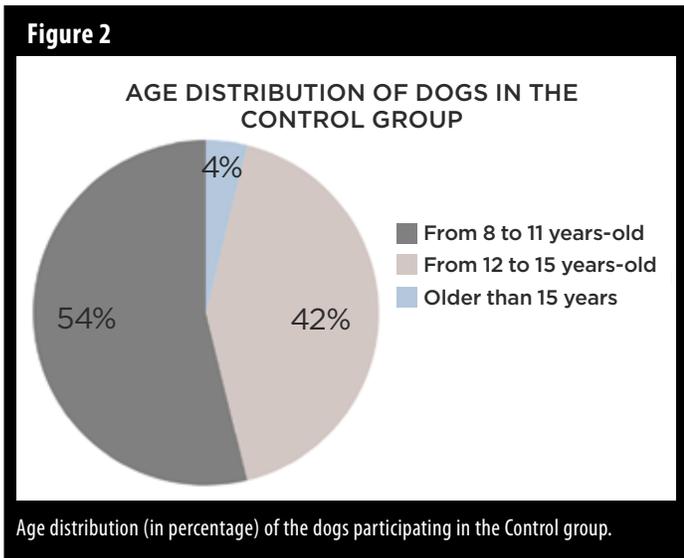
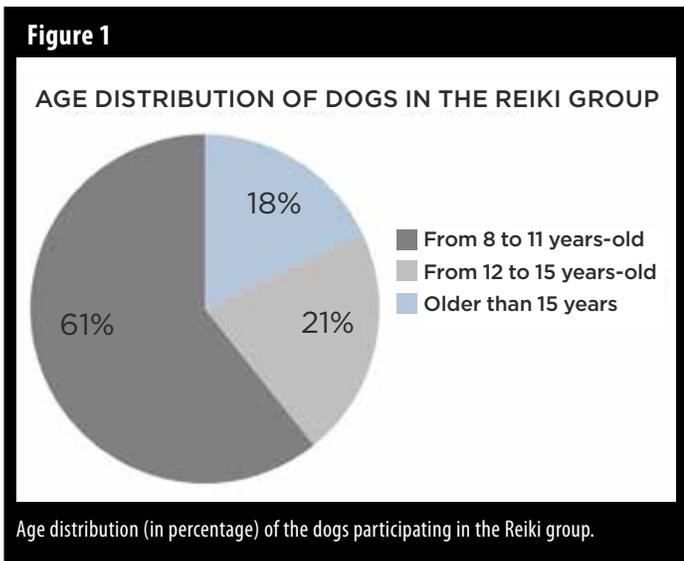


Table 1: P-value, Number of Patients, and Results by Level of Improvement in the Reiki Group and Control Group

Analyzed variables	Group	Number of patients (n)	Excellent (%)	Moderate (%)	Slight (%)	None (%)	P-value
Pain (3rd session)	Reiki	17	1 (6)	11(65)	5 (29)	0 (0)	.05
	Control	11	0 (0)	4 (36)	5 (45)	2 (18)	
Pain (6th session)	Reiki	16	6 (38)	6 (38)	4 (25)	0 (0)	.02
	Control	11	0 (0)	5 (45)	4 (36)	2 (18)	
Pruritus (3rd session)	Reiki	7	0 (0)	3 (43)	2 (29)	2 (29)	1.00
	Control	5	1 (20)	1 (20)	1 (20)	2 (40)	
Pruritus (6th session)	Reiki	6	2 (33)	2 (33)	1 (17)	1 (17)	.50
	Control	5	1 (20)	1 (20)	1 (20)	2 (40)	
Vomiting (3rd session)	Reiki	7	3 (43)	1 (14)	2 (29)	1 (14)	1.00
	Control	3	1 (33)	0 (0)	2 (67)	0 (0)	
Vomiting (6th session)	Reiki	6	3 (50)	1 (17)	2 (33)	0 (0)	.70
	Control	3	2 (67)	1 (33)	0 (0)	0 (0)	
Diarrhea (3rd session)	Reiki	4	1 (25)	0 (0)	3 (75)	0 (0)	.63
	Control	4	1 (25)	1 (25)	0 (0)	2 (50)	
Diarrhea (6th session)	Reiki	4	0 (0)	2 (50)	2 (50)	0 (0)	1.00
	Control	4	0 (0)	3 (75)	0 (0)	1 (25)	
Mood (3rd session)	Reiki	17	4 (24)	1 (6)	4 (24)	8 (47)	.35
	Control	14	3 (21)	2 (14)	6 (43)	3 (21)	
Mood (6th session)	Reiki	16	4 (25)	2 (13)	8 (50)	2 (13)	.26
	Control	13	5 (38)	3 (23)	4 (31)	1 (8)	
Anxiety (3rd session)	Reiki	15	3 (20)	2 (13)	2 (13)	8 (53)	.76
	Control	16	2 (13)	2 (13)	6 (38)	6 (38)	
Anxiety (6th session)	Reiki	14	2 (14)	4 (29)	3 (21)	5 (36)	.30
	Control	14	3 (20)	7 (47)	2 (13)	3 (20)	
Fear (3rd session)	Reiki	10	0 (0)	2 (20)	6 (60)	2 (20)	.96
	Control	10	2 (20)	1 (10)	3 (30)	4 (40)	
Fear (6th session)	Reiki	9	0 (0)	3 (33)	4 (45)	2 (22)	.64
	Control	9	2 (22)	1 (11)	1 (11)	5 (56)	
Aggressiveness (3rd session)	Reiki	5	2 (40)	2 (40)	0 (0)	1 (20)	.68
	Control	3	1 (33)	0 (0)	0 (0)	2 (67)	
Aggressiveness (6th session)	Reiki	4	1 (25)	2 (50)	1 (25)	0 (0)	.67
	Control	2	0 (0)	1 (50)	1 (50)	0 (0)	
Activity level (3rd session)	Reiki	19	3 (16)	6 (32)	5 (26)	5 (26)	.16
	Control	15	2 (13)	3 (20)	1 (7)	9 (60)	
Activity level (6th session)	Reiki	18	4 (22)	4 (22)	8 (44)	2 (11)	.61
	Control	14	3 (21)	4 (29)	2 (14)	5 (36)	
Social interaction (3rd session)	Reiki	14	2 (14)	3 (21)	3 (21)	6 (43)	.69
	Control	10	0 (0)	2 (20)	4 (40)	4 (40)	
Social interaction (6th session)	Reiki	13	3 (23)	3 (23)	4 (31)	3 (23)	.52
	Control	9	1 (11)	1 (11)	5 (56)	2 (22)	
Wellbeing (3rd session)	Reiki	24	2 (8)	8 (33)	9 (38)	5 (21)	.24
	Control	22	3 (14)	3 (14)	7 (32)	9 (41)	
Wellbeing (6th session)	Reiki	22	6 (6)	5 (23)	8 (36)	3 (14)	.13
	Control	21	4 (19)	3 (14)	6 (29)	8 (38)	

No studies have been found to date that demonstrate the effects of Reiki directly on vomiting and diarrhea. In the present study, although a certain degree of improvement was observed in dogs in the Reiki group, no significant difference was found between the Reiki and control groups. This could be secondary to the relatively small number of animals presenting the problem, which made it difficult to obtain reliable results. However, it was observed that the dogs in the Reiki group that vomited weekly (2 dogs) or monthly (4 dogs) had a reduction or, in some cases, a total improvement in their vomiting during the project period. The same applied to dogs that had diarrhea at the same frequency, as shown in **Table 1**.

Similarly to the aforementioned variables, no study has been found to date that demonstrates the effects of Reiki directly on pruritus. While no statistically significant difference was observed between the Reiki and control groups in terms of pruritus reduction, a more detailed examination revealed some trends. In the Reiki group, only 1 (17%) of the 6 animals with pruritus did not show any improvement after the sixth session. In contrast, in the control group, 2 (40%) of the 5 animals with pruritus exhibited no improvement (**Table 1**).

Numerous studies in humans have demonstrated the effectiveness of Reiki in reducing anxiety across various contexts, in both in-person and distant sessions (2, 3, 12, 15, 17-19). However, the present study did not yield significant results for this variable. Similarly, an inconclusive outcome was reported in a study on humans, which found no significant difference in anxiety reduction between the Reiki and control groups (20).

There are specific and recognized questionnaires for assessing anxiety levels in humans, such as the State-Trait Anxiety Inventory (STAI) and the Beck Anxiety Inventory (BAI) (21). In dogs, Lincoln Canine Anxiety Scale is used to assess the degree of anxiety. However, because the aim of this study was a general assessment of multiple variables, and the addition of a specific questionnaire for anxiety might have discouraged the participation of caregivers, a more general assessment was chosen.

In the present study, no significant reduction in fear was observed among the dogs in the Reiki group compared with the control group. Although there is anecdotal evidence of the effects of Reiki in reducing fear in humans, to date there has been only 1 research study in which Reiki was shown to significantly reduce fear in human patients (22).

Although some studies have shown that aggressive behavior is a frequent problem in dogs, in this study, only 14.8% of the animals showed some degree of aggression. Older age can contribute to aggression, as this problem can be triggered by pain which is quite common in older animals, as are fear and anxiety (23, 24). Although no statistically significant improvement in aggressiveness was found between groups in the present study, it was observed that of the 5 animals in the Reiki group, 4 had an excellent or moderate improvement after the first 3 sessions compared with 1 dog in the control group that showed improvement over the same period. It is empirically recognized that Reiki can be a valuable tool in helping with aggression in animals, as it reduces stress and pain, balances emotions, and improves the relationship between guardian and animal. Nevertheless, to date, no other studies have been found that measure the effects of Reiki on aggressive behavior, although some anecdotal reports are known.

It is also widely recognized that Reiki helps to relax and consequently improves overall mood. While a few studies have shown that Reiki helps to improve mood in humans, in this trial no significant difference was observed between the animals in the Reiki and control groups (25, 26). Even so, it was possible to observe that in absolute terms, the number of animals in the Reiki group that had some improvement in mood after the sixth session was greater than in the control group.

Regarding social interaction, a study with 13,700 Finnish pet dogs showed that socialization with other dogs and caregiver interaction via activities and training can improve dogs' wellbeing (27). It is also known that with age, the degree of social interaction and physical activity can decrease (28). Although no specific studies have been found to date on the effects of Reiki on social interaction and physical activity levels, anecdotal reports show that Reiki is a valuable tool for helping dogs to create and nurture good relationships. Although this study found no significant differences between the Reiki and control groups regarding this variable, the dogs in the Reiki group showed a greater improvement in the degree of social interaction after the sixth session compared with dogs in the control group. No similar difference was observed in terms of physical activity.

Wellbeing is a broad concept that, in the context of animals, encompasses not only the absence of pain or distress but also the presence of positive experiences, such as pleasure,

contentment, and overall happiness (29). Reiki is widely recognized for its potential to enhance overall wellbeing, both in-person and remotely, as supported by several trials conducted on humans. These studies have consistently shown notable improvements in wellbeing among individuals who participated in Reiki sessions across different settings (2, 5, 20, 30).

Although no significant differences were observed in the current study between the Reiki and control groups in relation to wellbeing, a higher number of animals in the control group showed no improvement in wellbeing after the sixth session compared with animals in the Reiki group. Specifically, 8 animals in the control group exhibited no improvement in wellbeing, whereas only 3 animals in the Reiki group showed no change in this variable.

The current study provides evidence for the effects of Reiki on various physical and emotional/behavioral complaints among adult dogs. During the trial, it was possible to observe that the placebo effect was present in some cases, especially regarding emotional/behavioral variables.

Despite significant advances in scientific knowledge about the placebo effect, there is still a limited understanding of this phenomenon due to the complex nature of mind-body interactions (31). In this study, the placebo effect was linked to the expectations and conditioning of the caregivers and the energy shared with their dogs, which made the analysis of the variables more complex than when dealing only with human patients. This can be explained by the fact that in addition to dealing with the caregivers' expectations, the results also depended on their ability to observe the animal, which can generate a certain degree of bias due to some uncontrolled variables. Nevertheless, qualitative feedback indicated that caregivers of the animals who took part in the Reiki group were satisfied with the improvements observed. Such improvements may demonstrate the beneficial effects of Reiki or the placebo effect.

The present results suggest that Reiki therapy can be helpful in pain management in adult dogs. These results should be considered preliminary until specific studies are carried out for each of the variables analyzed. Further research on Reiki therapy in veterinary medicine is recommended,



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with larger samples and standardized treatment protocols. Despite the limitations of the study, these results provide sufficient support to expand research into the promising effects of Reiki in veterinary medicine.

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