Supplementary Table 1: Extended Summary of Findings

The Effect of Reiki Versus Placebo in Adults
RPCT which used standardized outcome measures for symptoms of Mental Health

Anxiety: Outcomes clinically relevant.
GRADE: HIGH for reducing clinical anxiety

	Cinar et. al. (2022) Fibromyalgia	**Baldwin, et al. (2017) Knee Replacement Surgery**	**Dressen & Singg (1998) Chronically ill & in pain.**
Population	University Medical Faculty Hospital fibromyalgia. Bursa, Turkey	Acute care hospital sched knee replacem surgery. Arizona, US	Self-selected or GP referred for chronic pain. Texas, US
N	50	46	120
Delivery	Reiki Hands on Reiki Sham	Reiki Hands on. Sham Quiet time control.	Reiki hands on. PMR Sham Control-quiet reading N=30
Time x Freq	30 mins/Wk X 4 weeks.	30min x 3 or 4.	30min x 10 bi-weekly.
Measure	STAI	STAI	STAI
Practitioner Level/Exp	Reiki by "a researcher" NI re experience or level.	Lev 3 master Not done by researchers.	3 Reiki masters Not done by researcher.
SS eyes/ touch	NI re eyes. Touched.	Touched. NI re eyes. Tested blinding after trt and effective.	Touch for head positions held over body for torso. NI re eyes.
Baseline clinically relevant	Yes STAI means> 39-40. State 40.18, Trait 51.44	YES overall. R39.1 SR42.2 C42.6	Anxiety Yes all>39-40 on STAI
% Females	88%	Not given. M/F	60
Significance (P Value)	**Post 4th trt Reiki sig lower than placebo for state anxiety (p=0.005) And trait anxiety (p=0.003).**	No comparison made due to small sample size of control. **Within grp Reiki sig p=0.004 and Placebo NS.**	**Sig pre-post State Anxiety p=0.0001 Trait Anxiety p=0.0001 And Reiki significantly > Placebo (no p given)**
ROB 2	Some concerns	Some Concerns	Some Concerns
Critique	No pre-specified analysis plan found. --Reiki done by "an experimenter" unclear if an author.	-If the Reiki size better matched placebo Reiki may not have performed as well. -Blinding assessed as successful. -No pre-specified analysis plan found.	-Unstated if assessors blind. -Subjects self-selected in response to advertisement. -No pre-specified analysis plan. -Follow up Reiki scores were not compared to other groups.

Anxiety: outcomes for the normal range.
GRADE: MODERATE for Not Reducing Normal anxiety.

	Bowden, Goddard and Gruzelier (2010) Well-being.	**Bowden et al. (2011) Mood and wellbeing in High vs Low Mood**	**Thornton (1991) Female Nurses Unpublished**
Population	University students. London UK	University students. London UK	Healthy female volunteer nursing students. California US
N	R18 PR17 (n=5 or 6 subgrp)	40 R20 P20 (10 per high and Low)	42 i.e. R22 SR 20
Delivery	Non-contact Reiki No reiki (blind 3-30 inches above head) All self-hypnosis/ +ve imagery	Non-contact Reiki (3-30 inches above head) No Reiki	Hands on Reiki Sham R
Time x Freq	10 x 20 mins (varied weeks)	30mins x 6 (varied weeks)	1 x 1hr
Measure	DASS, HADS.	DASS, HADS.	STAI
Practitioner Level/Exp	Lvl 3 Master Usui, Seichim, Violet flame, Ascension R. No yrs exp given. Not Researcher.	Lvl 3 Master Usui, Seichim, Violet flame, Ascension R. 4yrs exper. Not Researcher.	Author administered Reiki 10 year's experience.
SS eyes/ touch	No touch 3-30 inches above head/back. Blindfolded.	No touch 3-30 inches above head/back. Blindfolded	"Hands on" assumed. NI re eyes.
Baseline clinically relevant	No all healthy psych undergraduates.	No Anx. Borderline normal cutoff 7. HADS Mild/mod cut off. Sep means not given.	No acute/ chronic cond. All below cut-off 39-40 on STAI.
% Females	60%	82	100%
Significance (P Value)	Anxiety subscale DASS p=0.295	Anxiety subscale DASS p=0.084 (high mood improvements maint f.up, placebo anxiety increased).	State Anxiety p=0.864 Trait Anxiety p=0.350
ROB 2	Some Concerns	Some Concerns	Some Concerns

Critique	-Author administered Reiki but no touch (blinding successful p<0.05) -Very small sample size likely decreased power (5 or 6 in each group) -No pre-specified plan. -Dropouts 14% -High variation in time delivered but controlled.	-Very small sample decreased power. -Experimenter administered Reiki however well blinded and participant blinding assessed as successful. -High variation in time delivered but controlled.	- Small sample decreased power. -Assessors were not blind -Experimenter administered Reiki. -Baseline differences not statistically analysed.

Stress: Outcomes Clinically Relevant.
GRADE: HIGH for reducing clinical stress.

	Bowden et al. (2011) Mood and wellbeing in High vs Low Anxiety and Depression.	**Vasudev & Shastri (2016) Self-perceived work-related stress software professionals.**	**Yuce and Tasci (2021) Stressed Caregivers of cancer patients.**
Population	University students. London UK	Software proff from IT companies complaining of high stress. Bangalore India.	Oncology unit of a university hospital, Turkey.
N	40 R20 P20 (10 per high and Low)	120	42 R21 S21
Delivery	Non-contact Reiki No Reiki	Hands on Reiki Distant Placebo No Reiki.	Hands on Reiki Sham R
Time x Freq	30mins x 6 Varied wks	5 mins x 21 over 21 days.	45mins/wk for 6 weeks.
Measure	DASS	Perceived Stress Scale (PSS)	Caregiver Strain Index (CSI) 7 or > =high stress.
Practitioner Level/Exp	Lvl 3 Master Usui, Seichim, Violet flame, Ascension R. 4yrs experience. Not Researcher.	Unstated level. Author trained in Usui Reiki done by researcher.	Lvl 2 Investigator Usui Experience: NI
SS eyes/ touch	No touch 3-30 inches above head/back. Blindfolded	Assume touch "hands on" and NI eyes.	Touching 9 points. NI re eyes.
Baseline clinically relevant	Yes Stress Mild range (11.2 in high mood) 6 cut off.	Yes All scores Mod- HIGH. For Stress.	Yes all high stress >7 on CSI.
% Females	82	Not given	100%
Significance (P Value)	**R Sig reduced stress over > placebo p=0.008.**	**Hands on Reiki and DR Placebo p=0.028** **DR and DRP p= 0.019** No diff bet hands on Reiki and DR p=0.878 suggests benefits from hands on R not due to touch or other placebo effects.	**Sig** **CSI p<0.001 at post-treatment 6 weeks.**
ROB 2	Some Concerns	Some Concerns	Some Concerns
Critique	-Very small sample decreased power. -Experimenter administered Reiki however well blinded and participant blinding assessed as successful. -High variation in time delivered but controlled.	-Hands on and distant Reiki delivered by the experimenter but placebo told were given Reiki, and distant reiki told given placebo reiki. No diff bet dist reiki and hands on reiki suggests hands on not influence by placebo effect. -31% dropout rate (raw scores in thesis) though reasons mostly random.	Investigator administered Reiki and trained sham group. -17% dropouts and no ITT analysis reported.

Stress: Outcomes Normal
GRADE: LOW to MODERATE for reducing normal stress.

	Bowden, Goddard and Gruzelier (2010) Well-being.	**Shore (2004) Depression and Self Perceived Stress.**
Population	University students. London UK	Self-selected resp to ad. need trt for dep & stress,

		California, U.S.
N	R18 PR17	46
Delivery	Non-contact Reiki No reiki (blind) All self-hypnosis/ +ve imagery	Reiki, Distant Reiki or distant Reiki placebo
Time x Freq	10 x 20 mins	60-90 min/once wk for 6 wks.
Measure	HADS, DASS	PSS-10
Practitioner Level/Exp	Lvl 3 Master Usui, Seichim, Violet flame, Ascension R. No yrs exp given. Not Researcher.	12 Reiki masters, 3 level 2 practitioners. No researchers.
SS eyes/ touch	No touch 3-30 inches above head/back. Blindfolded.	"Hands on" assumed. NI re eyes.
Baseline Clin. Relevant.	No healthy psych undergraduates.	Scores PSS v low yet pre-screened for sig anxiety and depression
% Females	60%	Not given.
Significance (P Value)	NS (p=0.054) stress subscale over placebo on DASS.	Post-test p=0.029 One year follow up p =0.001
ROB 2	Some Concerns	Some Concerns
Critique	Author administered Reiki but no touch (blinding successful p<0.05) -Very small sample size likely decreased power (5 or 6 in each group) -No pre-specified plan. -Dropouts 14%	High drop out from post treatment to f. up though analyzed on original numbers. (73 to 46) -Placebo R led to believe Hands On was the placebo grp to reduce expectancy. -SS self-selected in response to advertisement as being in need of treatment for self-perceived depression and stress/anxiety.

Depression: Outcomes Clinically Relevant.
GRADE: HIGH for reducing clinical depression

	Dressen & Singg (1998) Chronically ill & in pain.	**Shore (2004) Depression and Self Perceived Stress.**	**Shiflett et. al. (2002) Functional Recovery Post Stroke Rehab.**	**Erdogan & Cinar (2016) Depression in the Elderly.**
Population	Self selected or GP refered for chronic pain. Texas, US	Self-selected resp to ad. need trt for dep & stress, California, U.S.	Kessler Institute for Rehabilitation. US	2 nursing homes Instanbul Turkey
N	120	46	50 total 10RMaster 10RNovice 10Sham 20 historic control	90 R30 S30 C30
Delivery	Reiki hands on. PMR Sham Control-quiet reading N=30	Reiki, Distant Reiki or distant Reiki placebo.	Hands On	Reiki Sham At rest control Hands on.
Time x Freq	30min x 10 bi-weekly.	60-90min/once wk for 6 wks.	6-10 x 30mins varied weeks.	45-60mins/ once wk for 8 weeks. 5 mins/ position
Measure	STAI	PSS-10	CES-D FIM	DASS Geriatric Depression Scale long. Measured 1st, 4th, 8th week and 1 month f up at 12 weeks.
Practitioner Level/Exp	3 Reiki masters Not done by researcher.	12 Reiki masters, 3 level 2 practitioners. No researchers.	Lvl 3 Master Usui R Alliance >10 yrs exp. & Lvl 1	Lvl 3 Master Unstated Exp. Reiki done by researcher.
SS eyes/ touch	Touch for head postitions held over body for torso. NI re eyes.	"Hands on" assumed. NI re eyes.	Double blind. Sham Practitioners thought it was real. Hands on. NI re eyes.	Touch yes.NI eyes. Sham pract belived they delivered Reiki.
Baseline clinically relevant	Anxiety Yes all>39-40 on STAI	Scores PSS v low yet pre-screened for sig anxiety and depression	Yes Mild Depression. 16 cut-off on CES-D All means but one above this but low.	Yes Mod to severe clinical dep. 14 or higher on GDS
% Females	60	Not given.	42	63.3

Significance (P Value)	**Reiki sig>placebo (no p value) P=0.0001 pre-post. d**	Post test p=0.029 One year follow up p =0.001	NS Depression (p>0.05).	**Sig at all 4-time measurements. 1st p=0.001 4th p=0.000 8th p=0.000 12th p=0.000 (1 mth f.up)**
ROB 2	Some Concerns	Some Concerns	HIGH	Some Concerns
Critique	-Unstated if assessors blind. -Subjects self-selected in response to advertisement. -No pre-specified analysis plan found. -Follow up Reiki scores were not compared to other groups	High drop out from post treatment to f. up though analyzed on original numbers. (73 to 46) -Placebo R led to believe Hands On was the placebo grp to reduce expectancy. -SS self-selected in response to advertisement as being in need of treatment for self-perceived depression and stress/anxiety.	-double blinded i.e. PR thought they may be attuned in Reiki. -20 historic controls used. -16% missing data and cognitive FIM missing so data excluded from analysis. R often shown to influence cognition so > relevant to outcomes. ITT not done. -Sig diff in age and severity of impairment at baseline – these made covariates but still may have affected results. -No pre-specified analysis plan. -Variation of 6-10 trts though not related to group assignment.	-One of only 2 studies blinding sham practitioners i.e. Reiki done by researcher but Placebo Reiki practitioners believed they were doing Reiki to control for practitioner expectancy effects. -NI whether outcome assessors were blind.

Depression: Outcomes Normal
GRADE: MODERATE for NOT reducing normal depression.

	Bowden, Goddard and Gruzelier (2010) Well-being.	**Bowden et al. (2011) Mood and wellbeing in High vs Low Anxiety and Depression.**
Population	University students. London UK	University students. London UK
N	R18 PR17 (n=5 or 6 subgrp)	40 R20 P20 (10 per high and Low)
Delivery	Non-contact Reiki No reiki (blind) All self-hypnosis/ +ve imagery	Non-contact Reiki No Reiki
Time x Freq	10 x 20 mins varied weeks	30mins x 6 varied weeks
Measure	DASS HADS	DASS HADS
Practitioner Level/Exp	Lvl 3 Master Usui, Seichim, Violet flame, Ascension R. No yrs exp given. Not Researcher.	Lvl 3 Master Usui, Seichim, Violet flame, Ascension R. 4yrs exper. Not Researcher.
SS eyes/ touch	No touch 3-30 inches above head/back. Blindfolded.	No touch 3-30 inches above head/back. Blindfolded
Baseline clinically relevant	Healthy psych undergraduates.	No below cut-off for depression.
% Females	60%	82
Significance (P Value)	NS (p>0.05 no values given).	NS (p>0.05 no values given)
ROB 2	Some Concerns	Some Concerns
Critique	Author administered Reiki but unlikely to influence as sat behind a blindfolded SS no touch (blinding successful p<0.05) -Very small sample size likely decreased power (5 or 6 in each group) -No pre-specified plan. -Dropouts 14%	Variation in the period of treatment: 2 to 8 weeks doesn't state how variation distributed bet groups. -Very small sample decreased power. -Experimenter administered Reiki. -Participant blinding was assessed as successful.

Burnout
GRADE: MODERATE for reducing burnout.

	Díaz-Rodríguez et al., (2011) Nurses with Burnout.	Díaz-Rodríguez et al., (2011) Health Care Proff with Burnout. –	Rosada et.al. (2015) Burnout Mental health care professional.
Population	University hospital diagnosed with burnout. Granada, Spain.	University hospital diagnosed with burnout. Granada, Spain.	Community mental health agencies New England, US
N	18	21	45

Delivery	Hands not touching over body	Hands not touching over body	Hands on Reiki Sham R
Time x Freq	30min x 1	30min x 1	30mins/week for 6 weeks then swap to 30 mins sham/wk for 6 weeks.
Measure	Omron HEM-737 validated. Average of Triplicate Measurements used.	OMRON 510 for body temp. Saliva- lumin immune assay. Malach to diagnose burnout. Standardized software HRV and ECG.	Maslach Burnout Inventory Measure your medical outcome profile
Practitioner Level/Exp	Lvl 3 Master >15 yrs experience. Usui	3 master 15 yrs experience	Lvl 2 & 3 6 mast 10 lvl 2. 5-21 yrs exp. Not Researchers.
SS eyes/ touch	No touch "over various parts body" NI eyes.	No touch "over various parts body" NI eyes.	Yes touch. NI re eyes.
Baseline clinically relevant	Yes Diagnosed Burnout Syndrome.	Yes Diagnosed Burnout Syndrome.	NI if Burnout met cut-off on MBI means not given.
% Females	100	100	73
Significance (P Value)	**Reiki reduced diastolic BP p=0.04** **Increased SIgA p= 0.04** NS Systolic BP p=0.24 a-amylase activity p=0.71	**ECG recordings for SDNN sig higher then PR (p<0.04).** **Sig higher body temp then PR (p=0.02).** **Higher body temp sig corr with LF domain after Reiki (p=0.02) suggesting** **effect on parasympatheticNS** NS over PR Salivary Cortisal (p=0.08) ECG RMSSD (p=0.06).	**Sig** **p=0.011** **Reiki reduced burnout over placebo.** **Also reduced emotional exhaustion, depersonal, increased pers accomp (p<0.05 no values given)**.
ROB 2	Some Concerns	Some Concerns	Some Concerns
Critique	NI found on pre-register.	- NI found on pre-register. -blinding of participants tested and found to be successful.	-It is not stated whether volunteer outcome assessors were blind. -Published study excludes some non-significant results found in original thesis suggesting selective reporting. -baseline numbers between groups for single people not given and this is important to some results.

Bolded text indicates significant outcomes.