

Reiki Application and Nursing Care in Patients with Diabetic Neuropathic Pain

Diyabetik Nöropatik Ağrısı Olan Hastalarda Reiki Uygulaması ve Hemşirelik Bakımı

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ABSTRACT

The most common cause of neuropathic pain is diabetic neuropathy, a chronic condition characterized by nerve damage in individuals with diabetes. Severe diabetic neuropathic pain is reported in 10% of individuals with type 1 diabetes and 20% of individuals with type 2 diabetes. This section focuses on Reiki, a non-pharmacological interventional method used in patients with diabetic neuropathic pain. The steps involved in the management of diabetic neuropathic pain are detailed. It is recommended that high-level evidence-based Reiki practice be integrated into nurses' care protocols.

Keywords: Diabetes Mellitus, neuropathic pain, nursing, reiki.

ÖZET

Nöropatik ağrının en sık nedeni diyabetik nöropati olup diyabetli bireylerde görülen sinir hasarı gelişmesiyle beraber ortaya çıkan kronik bir rahatsızlıktır. Tip 1 diyabetli bireylerin %10'ununda ve Tip 2 diyabetli bireylerin %20'sinde şiddetli diyabetik nöropatik ağrının mevcut olduğu belirtilmektedir. Bu bölümde diyabetik nöropatik ağrısı olan hastalarda farmakolojik olmayan intergratif yöntemlerden Reiki uygulaması üzerinde durulmuştur. Diyabetik nöropatik ağrının yönetiminde Reiki uygulama basamakları detaylı olarak verilmiştir. Reiki uygulamasında yüksek düzey kanıt sonuçlarının hemşirelerin bakım protokollerine entegre edilmesi önerilmektedir.

Anahtar Kelimeler: Diyabetes Mellitus, nöropatik ağrı, hemşirelik, reiki.

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INTRODUCTION

Diabetes Mellitus (DM) is a carbohydrate metabolism disorder characterized by hyperglycemia that occurs due to relative or absolute insulin deficiency or "insulin resistance" developed against the effect of insulin in peripheral tissues, affecting many organs and causing involvement of many systems (Türkiye Endokrinoloji ve Metabolizma Derneği) (TEMED, 2024).

According to data from the International Diabetes Federation (IDF), the global prevalence of diabetes among 20-79 year-olds is projected to reach 852.7 million in 2025, a 45% increase from 588.7 million in 2024. This figure is larger than the combined population of the United States, Canada, Mexico, and the Caribbean. More than 4 in 10 adults with diabetes (252 million) are unaware they have the disease. 3 in 4 adults with diabetes live in low- and middle-income countries (LMICs). Diabetes causes more than 3.4 million deaths each year. 1 in 8 adults is at high risk of developing type 2 diabetes. 1.8 million children and young adults under the age of 20 are living with type 1 diabetes (International Diabetes Federation [IDF], 2025).

Diabetic Neuropathic Pain

The International Association for the Study of Pain (IASP) defines neuropathic pain as pain resulting from a primary lesion or dysfunction of the nervous system (Çiçek, Demir, Yılmaz, & Yıldız, 2021). The increasing prevalence of diabetes paves the way for an increase in diabetes-related complications. Painful diabetic neuropathy is a serious complication of diabetes and the most common cause of all neuropathic pain. Neuropathic pain occurs in approximately 30-50% of individuals diagnosed with diabetes (Aslam, Singh, & Rajbhandari, 2014; Bates et al., 2019).

Diabetic neuropathy is a sensory dysfunction originating from the lower extremities and originating from hyperglycemia. The most common form of diabetic neuropathies is distal symmetric polyneuropathy, a type of peripheral neuropathy that most commonly affects the hands and lower extremities. Because neuropathy affects autonomic or somatic nerves, it causes sensory impairment due to nerve fiber deterioration (Oguntibeju, 2019 ;Feldman et al., 2019; Abudayyak, Yalçın, & Korkut, 2018). Neuropathic pain is experienced by approximately 30-50% of individuals diagnosed with diabetes (Quattrini & Tesfaye, 2003; Unluturk, 2023). The prevalence of neuropathic pain increases with the patient's age and the duration of diabetes, and can exceed 50% in individuals with type 2 diabetes over the age of 60 (Mitsikostas et al., 2022; Hartemann et al., 2011). The goal of treatment in patients with neuropathic pain is to address specific symptoms. The goal of treatment is to reduce pain

intensity and improve quality of life. Various medications are used in the treatment of neuropathic pain, including anticonvulsants (pregabalin, gabapentin), antidepressants (amitriptyline, venlafaxine, duloxetine), local anesthetics, and opioids. Because these medications can cause numerous adverse effects, such as mood disturbance, constipation, and sedation, the development of additional methods to complement existing treatment methods has become necessary. To this end, evidence-based complementary therapies are increasingly being used in the management of diabetes and its complications. These treatments include massage, reflexology, acupuncture, magnetic insoles, monochromatic infrared energy therapy, transcutaneous electrical stimulation, and transcranial magnetic stimulation (Çiçek, Demir, Yılmaz, & Yıldız, 2021; Macone & Otis, 2018). Complementary and supportive practices are approaches that enhance care by supporting patients' health and longevity, improving overall well-being, reducing treatment complications, strengthening the immune system, and meeting their energy needs (Dişsiz & Yılmaz, 2016).

Reiki (Universal Life Energy)

Reiki, composed of two Japanese kanji words, means "ubiquitous spiritual life energy" (Rei: Omnipresent - Ki: Spiritual life energy) (Midilli, 2015).

The concept of a biofield is quite old in origin and forms the basis of complementary and supportive therapy, among the various therapeutic methods used throughout history. In scientific literature, the biofield, referred to as "Chi, ki, qi, aura, prana, mana, and the human energy field," is also referred to as "psychophysical energy invisible to the naked eye" and "strength, vitality, and power." Biofield practices, particularly prevalent in Asia, approach the individual holistically rather than dividing them into body and mind, and include various applications of healing methods using the pure energy inherent in the individual's existence. The focus of energy therapies is to treat by analyzing the body's molecular organization (Schnepper, 2010).

Reiki Effect Mechanism

The physiological effects of Reiki on pain are associated with endorphin release and the "gate control theory." The gate control theory in Reiki states that skin stimulation stimulates alpha-beta large sensory fibers, and pressure on small-diameter fibers carrying pain messages results in suppression of pain signal transmission. The release of endorphins, morphine derivatives such as dynorphin and enkephalin, inhibits painful stimuli and stimulates the hypothalamus, resulting in relief. Nurses play a significant role in improving the holistic health of individuals through Reiki practice (Utli & Yağmur, 2022). The human body contains energy centers called "chakras" at specific points. These centers have different frequencies and are connected to the

endocrine and nervous systems. They circulate and balance life energy (Ki) throughout the body. Energy enters the body through the seven chakras. When the chakras are not functioning properly, the body struggles to maintain health. Each chakra is connected to important glands such as the upper kidneys, ovaries, prostate gland, pancreas, testicles, thymus, thyroid, pituitary gland, and pineal gland. The chakras, along with their glands and organs, maintain energy balance. When an obstruction occurs in the energy channels that must enter the chakras, it makes it difficult to nourish the organs connected to the chakras. A state of illness, whether spiritual or physical, is felt as a disharmony resulting from a decrease in energy (Yüce & Taşçı, 2020).

The seven main chakras in Reiki are listed as follows;

- 1. Root Chakra:** Located above the coccyx, this chakra controls the adrenal glands and bodily fluids. It also plays a role in the functioning of the nervous and circulatory systems. When the energy of this chakra is balanced, a person becomes more connected to life and enjoys it.
- 2. Sacral Chakra:** Located in the abdominal region below the navel, this chakra provides life energy to the reproductive organs, kidneys, bladder, intestines, and bodily fluids such as blood and digestive acids. This chakra focuses on the creation of individual creativity and ethical values.
- 3. Solar Plexus Chakra:** Located below the breasts, above the navel, this chakra is also called the stomach chakra. It influences digestive organs such as the liver, spleen, and stomach, as well as their problems. When an individual's third chakra energy is balanced, they gain the ability to solve problems, make decisions, and listen to their inner voice.
- 4. Heart Chakra:** Located in the center of the chest, this chakra is the energy center of love and relationships, and it also influences the immune system through the thymus gland. This chakra is important for fostering compassion, love, and the unity of mental development. If there is a problem with energy consumption in this chakra, problems such as loneliness, jealousy, feelings of worthlessness, lung problems, and high blood pressure can arise. Furthermore, the heart chakra focuses on the function of the thymus gland. Therefore, it has an impact on strengthening the immune system and a person's emotional responses.
- 5. Throat Chakra:** Located on the throat, this chakra provides life energy to the thyroid and parathyroid glands, larynx, jaw, teeth, neck, thyroid gland, nape, lungs, bronchi, esophagus, vocal cords, upper part of the lungs, shoulders and arms. Reiki work is

applied to the throat chakra to resolve high or low blood pressure, repressed emotions, excessive anger, and lack of self-expression.

6. **Brow chakra-third eye:** Located on the forehead, this chakra affects the pituitary gland, eyes, nose and cerebellum. The brow chakra is the center of knowledge and wisdom. The energy of this chakra requires the submission of personal will to the Divine will.
7. **Crown Chakra:** Located at the top of the head, this chakra affects the brain and pineal gland. The crown chakra, the energy center of spiritual relationships, has an effect on the hormones serotonin and melatonin. This chakra connects us with the “universal life energy” and our “divine being.” It nourishes the meninges and an important part of the central nervous system. At this point, it affects the pineal gland and plays a role in the hormones serotonin and melatonin (Ergin, 2019).



Figure 1.1. Chakras in our body (Özsezer Kaymak, Ataç, & Tekir, 2022).

Reiki is claimed to have positive effects on health through physical and mental relaxation. Additionally, recent researches suggest that Reiki has a significant effect on stress reduction and pain management (Sağkal & Eşer, 2011).

The only rule in Reiki practice is that the person gives permission to the practitioner to facilitate the distribution of energy. During Reiki, it is not necessary for the person to believe

in Reiki. This is because Reiki is a universal life energy and this energy is found within everyone (Demir & Can, 2013).

Reiki Practice

Reiki can be applied to oneself, other individuals, animals, plants, food and drinks, medicines, etc (Farrell, 2015).

Self-Reiki Practice

Healing practices can be performed by a person who is new to Reiki training. Uygulayıcı bu yeteneği hiç kullanmasa bile yine de şifa verme yeteneğini kaybetmez. When practicing Reiki on yourself, you should first touch the eyes, ears, back of the head, nape of the neck, chest, abdominal cavity, groin, knees, ankles and soles of the feet. If there is a problem with a certain organ in the body, then that organ can be added to the positions. Each position is achieved by holding the hands for 3-5 minutes. In problematic areas, this time is increased to 10-20 minutes or depending on how well the person feels (Pocotte & Salvador, 2008).

Benefits of daily practices for the person:

- * Provides deep relaxation in case of stress.
- * It brings clarity to thoughts in times of confusion.
- * It calms the person in moments of fear. It helps focus the mind on a single point and solve problems.
- * By reducing pain, it accelerates the natural healing process of wounds.
- * It always makes the person healthier.
- * It prevents the progression of existing diseases and gradually eliminates chronic diseases.
- * It helps to heal emotional wounds.
- * It cleanses the body from toxins and dissolves energy blockages.
- * The person changes negative behaviors without realizing it (Pocotte & Salvador, 2008).

Applying Reiki to Others

The stages of Reiki application are as follows:

1. Reiki treatment is explained to the individual beforehand. The individual is introduced to Reiki before the treatment. The individual's existing questions are answered and the person is informed about how he/she will feel during the application and the situations that may arise (involuntary movements, emotional reactions, falling asleep, tingling sensations in different parts of the body, itching sensations, stomach rumbling, etc.). Before the application, the individual's consent must be obtained to begin the energy flow.

2. The individual's jewelry, if any, is removed and the individual is placed in a sitting position. The individual's arms and legs should be open to the sides so as not to interrupt the flow of energy (arms and legs should not be crossed).
3. The practitioner washes his or her hands and warms them to body temperature.
4. The practitioner begins the practice while maintaining concentration.
5. The practitioner moves her/his hands slowly over the aura, trying to feel the blocked and problematic areas of the recipient.
6. Considering the possibility that the recipient may be excited, the stomach chakra is first focused on for a few minutes. The fingers must be together and slightly bent as if you were carrying water in your palm. This will help to strengthen the connection between the recipient and the universal life energy.
7. The practitioner gently places his or her hands on the person to be treated and remains in each position for three to five minutes. Meanwhile, the behavior of the individual being treated is observed.
8. The hands are placed on the 7 main chakras (crown, throat, third eye, solar plexus, heart, sacrum and root), approximately 1 cm away from the person, starting from the head, for an average of 4 minutes in each chakra area and 5 minutes in the pain area, for a total of 30-40 minutes.
9. Once the work is completed, the recipient's aura is smoothed with a gentle sweeping motion from the crown chakra down to the feet.
10. The recipient is given a short rest.
11. To help flush out toxins, a glass of water is given when the patient gets up.
12. Hands must be washed after the application is completed (Karahan, 2005; Musal, 2008).

Use of Reiki in Nursing Care

The use of energy in nursing care is not new. Martha Rogers introduced this concept to nursing more than 50 years ago (Erdoğan & Çınar, 2016). According to Rogers' theory, all matter is energy and energy pathways are interconnected. Rogers brought quantum reality to nursing and according to this reality, she argued that the human body, which is in constant interaction with its environment, has energy and considered the human as a whole with its environment (Vitale, 2007). The nurse who performs her profession by touching in patient care is only a channel that transmits the universal life energy, and in this process, she/he transmits the flowing energy without losing it, on the contrary, she/he is strengthened and filled with energy. The energy transferred is determined by the needs of the Reiki recipient. When the hands touch the body in the necessary positions, Reiki begins to flow automatically.

Reiki works on all levels, restoring harmony between body, mind and spirit (Erdoğan & Çınar, 2016). Energy therapies are used by nurses for general health, well-being, relaxation, pain relief and to alleviate the symptoms of many chronic diseases.

Today, nurses are approaching people in a holistic approach that includes physical health, emotional, mental and spiritual well-being, as well as the energetic interaction between them and their environment, and they have begun to frequently use non-traditional energy therapies such as Reiki and therapeutic touch (Vitale, 2007).

CONCLUSION

In this review, the importance of Reiki application is emphasized in relieving pain in patients with diabetic neuropathic pain cared for by nurses, increasing spiritual well-being, and reducing or completely eliminating the symptoms of many chronic diseases. Nurses should support the use of Reiki in individuals with diabetic neuropathic pain as it has no side effects, is easy to apply, is economical, and can be applied as a complementary approach in line with the principle of holistic care in spiritual fields. It is recommended that high-level clinical studies be conducted by nurses for the widespread use of Reiki in care protocols.

Reiki contributes to the field of nursing by being used as a complementary method alongside evidence-based care.

CLINICAL CONTRIBUTION

This study contributes to the literature by demonstrating the effects of Reiki, a complementary method that can be used in addition to pharmacological treatments in the management of diabetic neuropathic pain. The study highlights the importance of a holistic approach to nursing care and demonstrates that Reiki training, which can be implemented by nurses, has no side effects, is cost-effective, and can positively impact patient comfort, reduce pain, and improve quality of life. It also sheds light on nursing practice and future research regarding the integration of alternative supportive methods in the management of diabetic neuropathic pain.

REFERENCES

- Abudayyak, M., Yalçın, C. Ö., & Korkut, E. (2018). Kemoterapi ile indüklenmiş peripherel nöropatinin tedavisi ve önlenmesine yönelik farmakolojik yaklaşımlar. *Journal of Pharmaceutical Sciences*, 43(2), 113–127.
- Aslam, A., Singh, J., & Rajbhandari, S. (2014). Pathogenesis of painful diabetic neuropathy. *Pain Research & Treatment*, 2014, 412041. <https://doi.org/10.1155/2014/412041>
- Bates, D., Schultheis, B. C., Hanes, M. C., Jolly, S. M., Chakravarthy, K. V., Deer, T. R., Levy, R. M., & Hunter, C. W. (2019). A comprehensive algorithm for management of neuropathic pain. *Pain Medicine*, 20(1), 2–12. <https://doi.org/10.1093/pm/pnz075>
- Çiçek, S. C., Demir, S., Yılmaz, D., & Yıldız, S. (2021). Effect of reflexology on ankle brachial index, diabetic peripheral neuropathy, and glycemic control in older adults with diabetes: A randomized controlled trial. *Complementary Therapies in Clinical Practice*, 44, 101437. <https://doi.org/10.1016/j.ctcp.2021.101437>
- Demir, M., & Can, G. (2013). Reiki. *Sağlıkta Hemşirelik Dergisi*, 2, 56–57.
- Dişsiz, G., & Yılmaz, M. (2016). Complementary and alternative therapies and health literacy in cancer patients. *Complementary Therapies in Clinical Practice*, 23, 34–39. <https://doi.org/10.1016/j.ctcp.2016.02.004>
- Erdoğan, Z., & Çınar, S. (2016). The effect of Reiki on depression in elderly people living in nursing homes. *Indian Journal of Traditional Knowledge*, 15(1), 35–40. <http://journal.acibadem.edu.tr/en/pub/issue/61302/914283>
- Ergin, Ö. (2019). *Uygulamalarla Reiki kitabı* (2nd ed.). Yason Yayınları.
- Farrell, S. (2015). *Usui Shiki Ryoho Reiki, Tibetan Reiki, and Medicine Buddha Mantra. Level 1 - Shoden (The Entrance): Training and reference manual* (pp. 1–34).
- Feldman, E. L., Callaghan, B. C., Pop-Busui, R., Zochodne, D. W., Wright, D. E., Bennett, D. L., Bril, V., Russell, J. W., & Viswanathan, V. (2019). Diabetic neuropathy. *Nature Reviews Disease Primers*, 5(1), 41. <https://doi.org/10.1038/s41572-019-0092-1>
- Hartemann, A., Attal, N., Bouhassira, D., Dumont, I., Gin, H., Jeanne, S., Said, G., & Richard, J. L. (2011). Painful diabetic neuropathy: Diagnosis and management. *Diabetes & Metabolism*, 37(5), 377–388. <https://doi.org/10.1016/j.diabet.2011.06.003>
- International Diabetes Federation. (2025). *IDF diabetes atlas (11th ed.)*. <https://diabetesatlas.org/resources/idf-diabetes-atlas-2025/>
- Karahan, Y. (2005). *Usui Reiki ışığı* (1st ed.). Kozmik Kitaplar.
- Macone, A., & Otis, J. A. (2018). Neuropathic pain. *Seminars in Neurology*, 38(6), 644–653. <https://doi.org/10.1055/s-0038-1673679>
- Midilli, T. S. (2015). Reiki. In M. Başer & S. Taşçı (Eds.), *Kanıtla dayalı rehberleriyle tamamlayıcı ve destekleyici uygulamalar* (pp. 157–167). Akademisyen Tıp Kitabevi.

- Mitsikostas, D.-D., Moka, E., Orrillo, E., Aurilio, C., Vadalouca, A., Paladini, A., & Varrassi, G. (2022). Neuropathic pain in neurologic disorders: A narrative review. *Cureus*, 14(2). <https://doi.org/10.7759/cureus.22419>
- Musal, N. (2008). Birinci derece için uygulamalı Reiki el kitabı. Akis Yayıncılık.
- Oguntibeju, O. O. (2019). Type 2 diabetes mellitus, oxidative stress, and inflammation: Examining the links. *International Journal of Physiology, Pathophysiology, and Pharmacology*, 11(3), 45–63. <https://pmc.ncbi.nlm.nih.gov/articles/PMC6628012/>
- Özsezer Kaymak, G., Ataç, M., & Tekir, Ö. (2022). Hemşirelikte tamamlayıcı terapiler: Renklerle sanatsal tedavi, çakralar ve reiki. *Jaren*, 8(3), 177–186.
- Pocotte, S. L., & Salvador, D. (2008). Reiki as a rehabilitative nursing intervention for pain management: A case study. *Rehabilitation Nursing*, 33(6), 231–232.
- Quattrini, C., & Tesfaye, S. (2003). Understanding the impact of painful diabetic neuropathy. *Diabetes/Metabolism Research and Reviews*, 19(Suppl. 1), S2–S8. <https://doi.org/10.1002/dmrr.360>
- Sağkal, T., & Eşer, İ. (2011). Hemşirelikte yeni bir uygulama: Reiki dokunma terapisi. *Maltepe Üniversitesi Hemşirelik Bilim ve Sanatı Dergisi*, 4(1), 182–187. <https://doi.org/10.5455/spatula.20131027113423>
- Schnepper, L. (2010). Energy therapies. *Cancer Network: Home of the Journal Oncology*, 24, 27.
- Türkiye Endokrinoloji ve Metabolizma Derneği. (2024). Diabetes Mellitus ve komplikasyonlarının tanı, tedavi ve izlem kılavuzu. <https://file.temd.org.tr/Uploads/publications/guides/documents/diabetesmellitus2024.pdf>
- Unluturk, Z. (2023). Neuropathic pain and neurology clinic: Single center data in Kocaeli province tertiary care hospital. *Kocaeli Medical Journal*, 12(2), 230–232. <https://doi.org/10.5505/ktd.2023.77992>
- Utli, H., & Yağmur, Y. (2022). The effects of Reiki and back massage on women's pain and vital signs post-abdominal hysterectomy: A randomized controlled trial. *Explore*, 18(4), 467–474. <https://doi.org/10.1016/j.explore.2021.07.004>
- Vitale, A. (2007). An integrative review of Reiki touch therapy research. *Holistic Nursing Practice*, 21(3), 167–179.
- Yüce, U. Ö., & Taşçı, S. (2020). Bakım verici stresi ve Reiki enerji terapisi. *Türkiye Klinikleri Journal of Nursing Sciences*, 12(1), 158–165. <https://doi.org/10.5336/hemşireler.2019-71077>