

Case Report

Enhancing the Treatment of HIV/AIDS with Reiki Training and Treatment

Background

Since the introduction of *highly active anti-retroviral therapy* (HAART) in 1996, the rate of death from AIDS in the US and Europe has decreased more than 50%. Quality of life and productivity for people living with HIV/AIDS (PLWA) have significantly improved. However, HAART regimens are complicated and must be followed strictly to remain effective.

PLWA have a higher frequency of psychiatric distress, substance abuse and disruptions in social support networks, making adherence to the demanding HAART protocols even more difficult. PLWA often need healing beyond their medications. A comprehensive approach to care is required.

This case report describes how one PLWA successfully used a hospital-based Reiki treatment and training program as part of a comprehensive approach to address depression, anxiety and substance abuse, to support adherence to HAART, and return to work.

Case history

In January 1998, a sixty-two year-old man came to a large multi-disciplinary HIV treatment program seeking primary medical care. He had been diagnosed with HIV in 1985 and had used HAART inconsistently in 1996-97. By January 1998 he had not used HAART for seven months and was diagnosed with AIDS based on his CD4 count of 170 (normal range is 800-1200, below 200 meets the criterion for AIDS). Viral load in his blood measured 504,000. He complained of fatigue, body-ache, and psoriasis.

Prior to coming to the HIV treatment center, he experienced significant psychological distress. He had struggled with substance abuse his entire adult life. After his lover of seventeen years died of AIDS in 1995, his cocaine use accelerated to a daily habit of approximately two grams per day, limiting his professional accomplishments and satisfaction with personal relationships. His physician referred him to a psychiatrist who diagnosed major depression and cocaine dependence. By January 1998, his financial reserves were exhausted and he was at risk of losing his apartment. Through the help of the social work department, he was enrolled in a public assistance program and referred to an outpatient drug treatment program.

After successfully completing the three month program, he initiated weekly psychotherapy, during which he described an interest in natural healing, meditation, and spirituality. Concomitantly, he declined psychotropic medication. His psychotherapist referred him to the hospital-based Reiki training program where he was initiated to Reiki Level I. He began receiving weekly, one-hour Reiki treatments from clinic volunteers,

and reported giving himself daily one-hour Reiki treatments at home. He told his physician and his psychotherapist that he found Reiki self-treatment extremely relaxing and enjoyable, and that it helped him to maintain his sobriety and work through his depression.

His physician initiated HAART in May 1998, two months after his Reiki initiation. He has maintained adherence to HAART and other prophylactic medications since that time, and reports he continues daily Reiki self-treatment. His CD4 count has increased to 340, and his viral load has decreased to 4,000. In his most recent medical exam, he was treated for a chronic sinus infection. He continues to report improved mood and energy level and his psoriasis has resolved. He discontinued psychotherapy in July 2000 and reports on-going abstinence from cocaine use. He recently started working part-time, and offers Reiki treatment at a local community-based organization serving PLWA.

Discussion

This case report describes an example of someone who has integrated Reiki training and treatment into his multi-disciplinary, hospital-based HIV treatment plan. This patient's ability to successfully address his psychiatric/substance abuse problems has enabled him to successfully utilize HAART and develop a social and financial support system.

Many factors other than Reiki contribute to this patient's treatment success (e.g. psychotherapy, substance abuse treatment, HAART, social work services). It is not possible to describe any direct medical benefits Reiki has provided this patient as he also uses a sophisticated combination of HAART and other prophylactic medications. However, both the patient's physician and former psychotherapist have repeatedly described the patient's belief that Reiki self-treatment is the single greatest factor contributing to his successful behavior change.

Although the CD4 count and viral load improved, the viral load remains detectable. Nonetheless, the patient is thriving according to quality of life and productivity assessments. This case demonstrates the potential value of integrating Reiki into conventional medical practice and points to the need for further discussion and research.

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