

# Biofield therapies: Helpful or full of hype?

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Biofield therapies, which claim to use subtle energy to stimulate the body's healing process, are promising complementary interventions for reducing the intensity of pain in a number of conditions, reducing anxiety for hospitalized patients and reducing agitated behaviors in dementia, over and above what standard treatments can achieve.

However, longer-term effects are less clear. Dr. Shamini Jain, from the UCLA Division of Cancer Prevention and Control Research, and Dr. Paul Mills, from the Department of Psychiatry at the University of California, and the Moores Comprehensive Cancer Center in San Diego, US, publish their review of the science behind biofield therapies online this week in Springer's *International Journal of Behavioral Medicine*.

A significant number of patients use biofield therapies - Reiki, therapeutic touch and healing touch - despite very little research proving that they work. These techniques have been used over millennia in various cultural communities to heal physical and mental disorders. They have only recently been under the scrutiny of current Western scientific methods.

In a detailed review of 66 clinical studies looking at biofield therapies in different patient populations with a range of ailments, Jain and Mills examine the strength of the evidence for the efficacy of these [complementary therapies](#). They show that overall, published work on biofield therapies is of average quality - in scientific terms.

Bearing that in mind, they find strong evidence that biofield therapies reduce pain intensity in free-living populations, and moderate evidence

that they are effective at lowering pain in hospitalized patients as well as in patients with cancer.

There is also moderate evidence that these therapies ease agitated behaviors in [dementia](#) and moderate evidence that they reduce anxiety in hospitalized patients. There is inconclusive evidence for the efficacy of biofield therapies on symptoms of [fatigue](#) and quality of life in cancer patients, as well as for overall pain reduction, and anxiety management in cardiovascular patients.

The authors conclude that there is a strong need for further high-quality studies and suggest specific areas for further research. They add: "In order to better inform patients of the potential benefits or non-benefits of these biofield-based interventions, clinicians and scientists within behavioral medicine should familiarize themselves with current theory, practice and research of such techniques."

More information: Jain S & Mills PJ (2009). Biofield therapies: helpful or full of hype? A best-evidence synthesis. *International Journal of Behavioral Medicine*; [DOI 10.1007/s12529-009-9062-4](https://doi.org/10.1007/s12529-009-9062-4)

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