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"A STUDY TO EVALUATE THE EFFECTIVENESS OF REIKI THERAPY ON REDUCTION OF DEPRESSION AMONG PATIENTS WITH DEPRESSION ADMITTED IN SELECTED PSYCHIATRIC UNITS OF SOUTH GUJARAT."

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Abstarct: Reiki therapy has many benefits not only physically but mentally and emotionally as well. It also helps to relieve the Depression as well as provide physical relief. It canlessen anxiety and stress, improve the mood, reduce fatigue and Increase the feeling of well- being and vitality. To Assess the level of Depression before and after Administration of Reiki Therapy Among Patients with Depression Admitted in Selected Psychiatric Units of South Gujarat. To Evaluate the Effectiveness of Reiki Therapy on Reducing Depression among Patients with Depression Admitted in Selected Psychiatric Units of South Gujarat. To find out the Association between post-test level with Selected demographic variables. The research deign used in the study is pre experimental one group pre-test and post-test design. The research approach used in this study is a quantitative approach. Through a Convenient sampling technique, A total of 40 samples (Patients with Depression) were selected. Data was collected by using the tool Standardized Hamilton Depression Rating Scale (HDRS). Paired t- test was used to analyze the Effectiveness of Reiki Therapy in research findings show a Depression

Level was reduced . Initially, the pre-test mean depression score stood at 17.90 (SD = 2.122) within the study cohort. Post-intervention, a substantial reduction in the mean depression score was observed, dropping to 14.15 (SD = 1.424). This change signifies a remarkable mean difference of 3.75 points between the pre-test and post-test assessments. Through Reiki therapy, the level of depression had got reduced to 27.1%. This reduction in depression level reflects the effectiveness of Reiki therapy.

Key words: Effectiveness, Depression, Reiki Therapy, Patient with Depression

INTRODUCTION

Health is a positive state of wellbeing; mental health is a sense of wellbeing, an individual experience. People who can carry out their roles in society and whose behaviour is appropriate and adaptive are viewed as mentally healthy. Mentally health is determined by hereditary, environmental opportunities, good working conditions, fair support system effective communication, autonomy and independence of an individual. Maladaptive responses to stressors form internal and external environment. There are many psychiatric disorders among them depression is the common cold of psychiatric disorder [1].

The world is moving fast and so hectic; Human beings do not have time to relax. Feelings of ill luck, sadness and disappointments are part of human life and are experienced by everyone in the world. These feelings are associated with academic failures, problems with-in relationship, financial problems, failure in love, and loss of loved one which may lead to changes in normal sleep, appetite and disinterest in daily activities. Many of the people get success with their strong coping mechanisms while some people do not know the correct way to resolve their problems. People get depression when this happens on a continuous basis.

Depression is the common cold of psychiatric disorder. Many persons get affected by depression either directly or indirectly. Depression is a state of low mood and aversion to activity that can affect a person's thoughts, behaviour, feelings and total sense of well- being. Depressed people feel sad, anxious, empty, hopeless, worried, helpless, worthless, guilty, alone, irritable, hurt, or restless and they don't show interest on daily activities [2].

Depression presents with depressed mood, loss of interest or pleasure, decreased energy, feeling of guilt or low self-worth, disturbed sleep or appetite, and poor concentration .Moreover, depression often comes with symptoms of anxiety. Depression drives the client to feel hopeless and helpless. This leads to suicide. Almost 1 million lives are lost every year due to suicide, which translates to 3000 suicides every day [3].

A large majority of patients with depression present to physicians with complaints of medically unexplained somatic symptoms, or masked depression [4].

Depression is classified under mood disorders. These include major depressive disorder (MDD) where the person has at least two weeks of depressed mood, loss of interest in pleasure from all activities. Dysthymia is a state of chronic depressed mood symptom that does not meet the severity of major depression. Bipolar disorder consists of one or more episodes of elevated mood and one or more episodes of depressive mood. Seasonal affective disorder (SAD) is a type of depression that is related to changes in seasons, SAD begins and ends at about the same time every year. Symptoms start in the fall and continue into the winter months; sapping energy and making one feel moody. SAD causes depression in the spring or early summer. Premenstrual disorder occurs during the week prior to menses improving shortly after the menstruation [5].

Complementary and alternative therapies are used more than conventional therapies by people with self-defined anxiety attacks and severe depression to improve sense of wellbeing complementary and alternative therapies for the treatment of anxiety attacks and severe depression is considerably higher than reported chronic physical condition [6].

Reiki for depression speeds up recovery in unimaginable ways. **Reiki** is a spiritual practice developed in **1922 by Japanese Buddhist Mikao Usui**. It is being followed by several teachers of diverse traditions. It uses a technique commonly called palm healing or hands-on-healing as a form of alternative medicine. **Rei**- which means God's wisdom, divine, high power and higher soul. **Ki**- which is life force energy or vital energy. Reiki is spiritually guided life force energy [7]. **(Mark Stallabrass (2015)"A Mannual of first degree Reiki and self")**

Reiki is a hand on healing technique that transmits universal energy from the Reiki practitioner to the person receiving the treatment. The practitioner applies hand positions on the body which passes the energy to the Reiki client. The energy enters the body and goes wherever it is needed. Reiki healers believe that Reiki opens the blocks which are present in the energy field or chakras. Reiki treats the whole body, emotions, mind and spirit. It involves physically, emotionally, mentally and spiritually and gives relaxation and feelings of peace and wellbeing [8].

Reiki is a spiritual healing practice that enhances wellness by gently encouraging balance throughout the entire system: body, mind, and spirit commonly facilitated by light touch [9].

Reiki is a simple, natural and safe method of spiritual healing and self improvement that everyone can use. It also works in conjunction with all other medical or therapeutic techniques to relieve side effects and promote recovery [10].

Regular Reiki self-healing can make anyone totally free from feelings of helplessness, hopelessness and worthlessness and make life positive again. These negative thoughts, emotions and feelings disturb the flow of life force energy and Reiki produces a good effect by dissolving the barrier in the flow of life force energy. **(Priybrata kalikinkarojha, 2013)**

It is a universally accepted fact that positive thoughts represent good healthwhereas; negative thoughts are likely to produce disease and discomfort. Therefore, a mental disease can be regarded as depression, depressive psychosis. With Reiki coping with depression, it is easier as compared to drugs and medicines. Reiki combats depressionas a negative energy. **(Shubhaangi Grandmaster 2011)**

CONCEPTUAL FRAMEWORK OF THE STUDY

Conceptualization refers to refining general or abstract ideas, which are formulated by generalizing from particular manifestation of certain behaviors or characteristics [28]. these abstracts, are referred to as concepts; conceptualization is the process of forming ideas designs and plans. The conceptual frame work deals with abstractions which are assembled together by virtue of their relevance to common theme. A conceptual framework in research can provide ways of looking at data andgrasping fact into rationale [29].

Conceptual frame work facilities communication and provides for systematic approach to nursing research, education administration and practice fawatt (1955) [30].

The conceptual frame work selected for the study was based in **General system theory by Bertalanffy (1968).** According to him general system theory is a science of wholeness and it purpose is to unite scientific thinking across disciplines which provide framework for analyzing the "while of any given system [29]. (**Figure:1)**

Ludwig Von Bertanlanffy defines system "as a compels interaction" which means that systems consist of two or more converted elements which form an organized wholeand which interact with each other.

The system acts as a while, a dysfunction of a part causes a system disturbance rather than less of a single function. In all system activity can be resolved such as input, process, throughput and output [29].

Input

Input is defined as "the energy & raw material transformed by the system" [30]. Inthe present study input refers to

-Assess the level of Depression among Depressive patients by administrationof Standardized Hamilton Depression Rating Scale (HRDS).

Process

Preparation of protocol of Reiki therapy.

Through put

Through put refers to the process used by the system to convert raw materials or energy from the environment into products that are usable by either the system itself or the environment [30]. In the present study throughput refers to

Administration of Reiki therapy to Depressive patients in Atmaviswas Vidyalaya and Divyam Institue of Psychiatry.

Output

The product which results from the system's throughput [30]. In the present studyoutput refers to effectiveness of Reiki therapy findings.

- Minimal
- Mild
- Moderate
- Severe

In this study Standardized Hamilton Depression Rating Scale (HRDS) was adopted to determine the level of Depression among Depressive patients.3

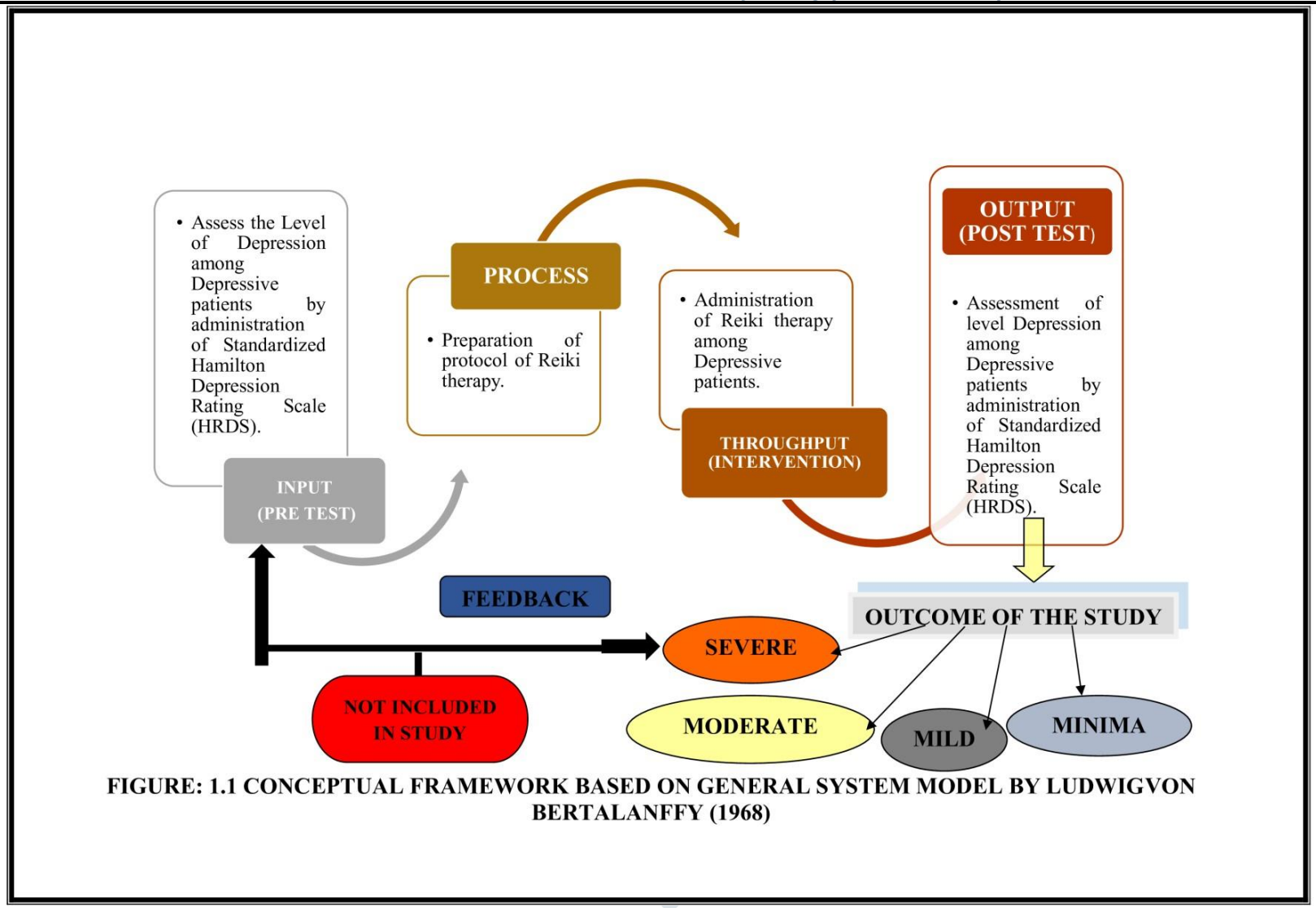


FIGURE: 1.1 CONCEPTUAL FRAMEWORK BASED ON GENERAL SYSTEM MODEL BY LUDWIGVON BERTALANFFY (1968)

SUMMARY

This chapter deals with background of the study, need of the study, objective of the research study, statement of the problem, operational definition, hypothesis, delimitations along with conceptual framework based on the General system model by Ludwingvon Bertalanffy which is apply in research study and it is to evaluate the effectiveness of Reikitherapy on Reduction of Depression among Patients with Depression Admitted in Selected Psychiatric Units of South Gujarat. The next chapter, Chapter no. 2 deals with review of literature related to the present study.

RESEARCH METHODOLOGY

This chapter deals with the description of methodology and different steps, which were undertaken for gathering and organizing data for the investigation. It includes description of research approach, research design, setting, sample and sampling technique, developmental and description of tools, development of teaching strategies, pilot study, data collection and plan for data analysis.

3.1 RESEARCH APPROACH:

The research approach used in this study is a quantitative research.

3.2 RESEARCH DESIGN:

The research design used in this study is pre-experimental one group pre-test post test design.
The study design is depicted in figures.

Pre-Test	Intervention	Post Test
O1	X	O2

KEY
O1: Pre-test to assess the level of depression among depressive clients
X: Reiki therapy
O2: Post-test to assess the level of depression among depressive clients

3.3 VARIABLES UNDER STUDY:

According to Polit and Hungler (1995): Variable is an attribute of person or object that varies, that is taken a different values [59].

Independent variable:

In this study the independent variable is the Reiki therapy.

Dependent variable:

In this study the dependent variable is the level of Depression.

Demographic variable:

Age, gender, educational status, religion, marital status, number of children, typeof family, occupational status, type of residence, family monthly income, source ofinformation regarding Reiki therapy.

3.4 SETTING OF THE STUDY:

The study is conducted on patients with Depression admitted in Atmaviswas Vidyalaya, Valsad and Divyam Institute of Psychiatry, Palsana. An Administrativeapproval was obtained from Psychiatric Units Authorities. This setting is chosen because of the researcher's accessibility to sample and feasibility of conducting the study.

TABLE 3.1: The table represents setting of study:

SR. NO.	NAME OF THE RESEARCH SETTING	RESEARCH STUDY
1	Atmaviswas Vidyalaya, Valsad	Pilot Study
2	Divyam Institute of Psychiatry, Palsana	Main Study

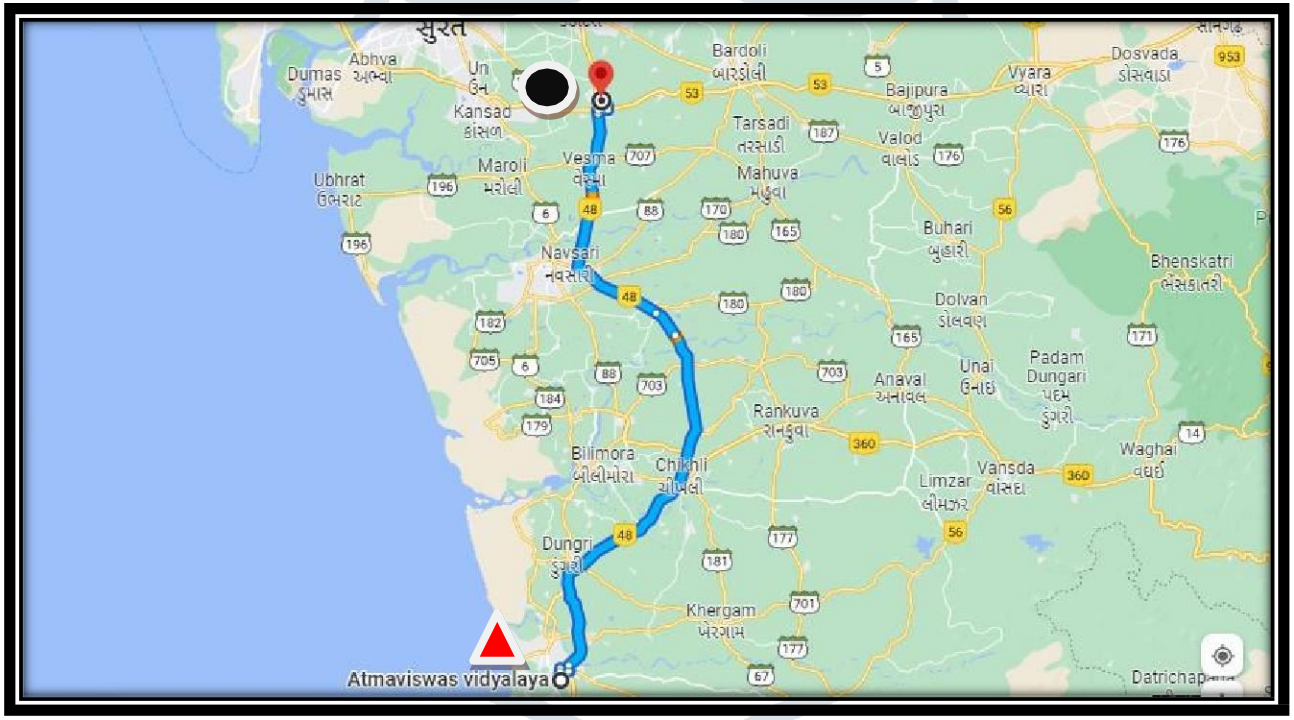


FIGURE: 3.1: MAP SHOWING THE LOCATION OF SELECTED PSYCHIATRIC UNITS AT SOUTH GUJARAT

: Pilot Study: Atmaviswas Vidyalaya- Valsad

: Main Study: Divyam Institute of Psychiatry- Palsana

3.5 POPULATION:

The population of the present study are Patients with Depression admitted inselected Psychiatric Units of South Gujarat.

Target population:

The target population in the study was patients with Depression admitted inAtmaviswas Vidyalaya, Valsad and Divyam Institute of Psychiatry, Palsana.

Table 3.2: The table presents total population of research study:

SR. NO.	NAME OF THE RESEARCH SETTING	TOTAL POPULATION
1	Atmaviswas Vidyalaya, Valsad	04
2	Divyam Institute of Psychiatry, Palsana	40

Accessible population:

In the study accessible population are patients with Depression who are undermet the designed criteria and who are also available for the research setting.

3.6 SAMPLE AND SAMPLING TECHNIQUE:

According to Polit and Hungler (1995) the sample consists of a subset ofpopulation selected to participate in research study [59].

Samples:

In this present study samples are Patients with Depression admitted in selectedPsychiatric Units of South Gujarat.

In this present study the sample size is 40 Patients with Depression admitted inselected Psychiatric Units of South Gujarat.

Sampling Technique:

In this study simple convenient sampling technique based on the inclusive criteria was used for the selection of the sample.

3.7 CRITERIA FOR SAMPLE SELECTION:

Inclusion criteria:

❖ PATIENTS:

1. Who are diagnosed with Depression.
2. Who are above 15 years of age.
3. Who are willing to participate in the study.
4. Who are available (admitted) at the time of study.
5. Who can speak and understand Gujarati & English.

Exclusion criteria:

❖ PATIENTS:

1. Who are not willing to participate.
2. Who are with severe Depression.
3. Who cannot speak or understand Gujarati & English.

3.8 ETHICAL CONSIDERATION:

This study was conducted as part of a requirement of an academic degree & received required ethical consideration. For that obtained permission from the principal of S. S. Agrawal College of Nursing Training College and Research Centre, Navsari. For the main study permission taken from Administrative Authorities of Psychiatric Units & written consent taken from the samples.

3.9 SELECTION AND DEVELOPMENT OF TOOL:

In this study, the researcher used two tools to collect the relevant data. They were Demographic Data and Standardized Hamilton Depression Rating Scale(HDRS).

Literature review:

Related literature review in the form of books, journals, published and unpublished research studies and mass education media was reviewed and the tool was developed.

3.10 DESCRIPTION OF THE TOOL

Tool was developed by the investigator based on his experience, review ofliterature, and expert's opinion.

It consist 2 parts:

1. Demographic variables.
2. Standardized Hamilton Depression Rating Scale.

DESCRIPTION OF THE TOOL AND METHOD OF SCORING:SECTION A: DEMOGRAPHIC DATA:

Questionnaire for demographic data collection tool such as Age, gender, educational status, religion, marital status, number of children, type of family, occupational status, type of residence, family monthly income, source of information regarding Reiki therapy.

SECTION B: STANDARDIZED HAMILTON DEPRESSION RATING SCALE:

The Hamilton Rating Scale for Depression (HRSD), also called the Hamilton Depression Rating Scale (HDRS), sometimes also abbreviated as HAM-D, is a multiple- item questionnaire used to provide an indication of depression, and as a guide to evaluate recovery. Max Hamilton originally published the scale in 1960 and revised it in 1966, 1967, 1969, and 1980.

The HDRS had 17 items. The questionnaire is self-administered and the results are relative and dependent on how the subject answers each question.

Tool consists of Depressed Mood, Feelings Of Guilt, Suicide, Initial Insomnia,Insomnia During The Night, Delayed Insomnia, Work And Interests, Retardation,Agitation, Psychiatric Anxiety, Somatic Anxiety, Gastrointestinal Somatic Symptoms,General Somatic Symptoms, Genital Symptoms, Hypochondriasis, Weight Loss, Insight.

SCORING INTERPRETATION:

- 0-7: Normal
- 8-16: Mild Depression
- 17-23: Moderate Depression
- >24: Severe Depression

3.11 VALIDITY OF THE TOOL:

It is concerned with scope of coverage of the content area to be measured. Judgment of the content validity may be subjective and is based on the previous researcher's and experts opinion about the adequacy, appropriateness and the completeness of the content of tool.

3.12 RELIABILITY:

Following the pilot study reliability of the tool was assessed by using the split half method. Depression score reliability correlation coefficient r- value was 0.83. This correlation coefficient is very high and is a good tool to assess the effectiveness of Reiki therapy to reduce the level of depression among depressive clients.

3.13 PILOT STUDY:

Pilot study is a small scale version or trial run done in preparation of the main study. Pilot study was conducted to ensure validity and reliability of the tool.

It is the rehearsal of the main study. The primary objective of the pilot study was to test as many elements of the research proposal as possible in order to correct, any part that does not work well. The pilot study was conducted on 4 patients with Depression at Atmaviswas Vidyalaya, Valsad.

3.14 PROCEDURE FOR DATA COLLECTION

- Written permission obtained from the Medical Officer of Institute of Mental Health prior to the data collection procedure.
- After getting permission from acute ward in charge Medical Officer and staff nurse the data was collected from 40 depressive clients diagnosed with depression in both male and female wards at Divyam Institute of Psychiatry.

- Clients were selected according to the inclusion criteria.
- After explaining the nature, aims and objectives of the study an informed consent was obtained and confidentially was assured to the clients and their relatives.
- Pre Interventional data were collected through a demographic variables and standardized Hamilton Depression Rating Scale after obtaining the consent from the clients as Well as their relatives.
- In 40 participants, weekly 10 clients were selected for four weeks. 1st week I have got 12 depressive clients in that two cases dropped out. 2nd week I got 14 depressive clients, 4 cases did not believe Reiki. 3rd week I have got 10 depressive clients. 4th week I got 13 clients, 3 clients got discharged.
- Reiki therapy was given for half an hour for 7 days by the investigator to each client. The procedure of Reiki therapy was explained to them with the help of pictures and videos of each step.
- During the Reiki treatments, the participants laid, fully clothed, on bed. The interventions were conducted by the investigator, using light touch on locations including the eyes, temples, back of head, throat, upper chest, upper and mid belly, proceeding to the back with the shoulders, upper, mid and lower back, and feet. Investigator held her hands on each location for 30 minutes. Following that the level of depression assessed through post -test after the 7 days of intervention.
- All the clients continued their identified medications.

Steps of Reiki therapy:

- warm up exercise
- breathing exercise
- point focus meditation
- energizing with Reiki

Intervention protocol

Place : Acute wards of male and female at Divyam Institute of Psychiatry

Intervention : Reiki therapy: The investigator provided Reiki therapy by placing thehands on locations of the clients with gentle touch in lying or sitting posture according to clients comfort.

Tool : Hamilton Depression Rating Scale

Duration : 7 consecutive days

Time : 30 minutes daily for each client

Frequency : Once a day

Administered by : Investigator

Recipient : Depressive clients

3.15 PLAN FOR DATA ANALYSIS:

The process of organizing and synthesizing data so as to answer researchquestion and test hypothesis is known as analysis.

The data obtained were analyzed in terms of objectives of the study usingdescriptive and inferential statistics.

The plan data analysis is as follow:

- Demographic variables in categories given in frequencies with their percentages.
- Depression score given in mean and standard deviation.
- Quantitative depression score in pre-test and post-test will becompared using paired t-test.
- Association between post-test level with selected demographic variables.

Figure3.2: Schematic Representation of the research process

3.16 SUMMARY:

This chapter has deals with research methodology indicates consent of quantitative research approach using one group pre-test and post-test research design. Thechapter describes the setting and population. The development of the tool. The chapter ends with description of data collection, and plan for data

DATA ANALYSIS AND INTERPRETATION

This chapter deals with analysis and interpretation of data collected to evaluate the effectiveness of Structured Teaching Programme regarding mobile addiction. The purpose of analysis is to reduce the data to a manageable and interpretable form so that the research problem can be suited and tested.

According to **Kerlinger(1993)**, Analysis has been defined as "the categorizing, ordering, manipulating and summarization of data to obtain answers to research hypothesis questions."

According to **Buckelder Jill and Richard Mc Mohan (1994),** The interpretation of tabulated data can bring to light the real meaning of findings of a study. In order to find the meaningful answer to the research questions, the collected data must be processed and analyzed in some orderly coherent fashion, so that patterns and relationships can be discerned.

The analysis and interpretation of data of this study are based on data collected through Demographic Data and Standardized Hamilton Depression Rating Scale (HDRS) (n= 40). Results were computed using descriptive and inferential statistics based on the objectives of the study.

OBJECTIVES:

1. To Assess the level of Depression before and after Administration of Reiki Therapy Among Patients with Depression Admitted in Selected Psychiatric Units of South Gujarat.
2. To Evaluate the Effectiveness of Reiki Therapy on Reducing Depression among Patients with Depression Admitted in Selected Psychiatric Units of South Gujarat.
3. To find out the Association between post-test level with Selected demographic variables.

HYPOTHESIS:

H_1: There will be a significant difference in the level of depression before and after administration of Reiki therapy among the patients with depression at 0.05 level of significance.

H_2: There will be a significant association between post-test level of depression and selected demographic variables among patients with Depression at 0.05 level of significance.

PRESENTATION OF DATA

To begin with the Data was entered in Master sheet for tabulation and statistical processing. The analysis of data was organized and represented under the following sections.

SECTION 1: Analysis of demographic characteristics of samples

SECTION 2: Analysis of mean pre-test& mean post-test score

PART A: Description of the pre test level of depression

PART B: Description of the post test level of depression

SECTION 3: Comparison of overall mean depression score

SECTION 4: Change in level of depression before and after Reiki intervention

SECTION 5: The association between levels of depression of samples with selected demographical variables

SECTION 1:ANALYSIS OF DEMOGRAPHIC CHARACTERISTICS OF SAMPLES

TABLE:4.1: FREQUENCY DISTRIBUTION OF DEMOGRAPHIC VARIABLES

(n=40)

Demographic Variables		Frequency	%
AGE IN YEARS	15-25	2	5.0

Demographic Variables		Frequency	%
	26-35	15	37.5
	36-45	10	25.0
	46-55	10	25.0
	56-65	3	7.5
	>65	0	0
GENDER	Male	18	45.0
	Female	22	55.0
	Transgender	0	0
EDUCATIONAL STATUS	No formal education	0	0
	Primary school	0	0
	Middle school	12	30.0
	High school	8	20.0
	Intermediate/diploma	13	32.5
	Graduate	5	12.5
	Professional degree	2	5.0
RELIGION	Hindu	26	65.0
	Muslim	7	17.5
	Christian	5	12.5
	Others	2	5.0
MARITAL STATUS	Unmarried	15	37.5
	Married	13	32.5
	Separated/divorced	12	30.0
NO. OF CHILDREN	None	22	55.0
	One-two	13	32.5
	Three-four	5	12.5

Demographic Variables		Frequency	%
	More than 4	0	0
TYPE OF FAMILY	Nuclear	20	50.0
	Joint	18	45.0
	Extended	2	5.0
OCCUPATIONAL STATUS	Unemployed	9	22.5
	Unskilled worker	2	5.0
	Semiskilled worker	5	12.5
	Skilled worker	5	12.5
	Clerical/shop/farm	8	20.0
	Semi profession	10	25.0
	Professional	1	2.5
PLACE OF RESIDENCE	Urban	18	45.0
	Rural	22	55.0
FAMILY MONTHLY INCOME IN RUPEES	Less than 2390	0	0
	2391-7101	7	25.0
	7102-11836	28	62.5
	11837-17755	2	5.0
	17756-23673	2	5.0
	23674-47347	1	2.5
	47348 & above	0	0
SOURCE OF INFORMATION REARDING REIKI THERAPY	Electronic media	10	25.0
	Printed media	0	0
	Family members/relations	5	12.5
	Friends	10	25.0
	Health personnel	15	37.5

Herein below is the graphical representation and descriptive overview of the socio-demographic characteristics of the study participants with depression symptoms involved in the study:

Age in Years:

The largest proportion of participants falls within 26-35 years age group, constituting 37.5% of the participants. Following closely, 25.0% of the participants were in 36-45 years age bracket. Another 25.0% fall within 46-55 years age range. A smaller but notable percentage, 7.5% and 5.0%, falls in the elder 56-65 years and younger 15-25 years age category, respectively.

Gender:

The majority of patients were female representing 55.0% of the participants. Following them were male patients comprising 45.0% of the participants.

Educational Status:

Most participants, around 32.5%, in our study held intermediate/diploma level education. In our study, 30.0% of participants completed education up to the Middle School. Following them were 20% participants who have completed education up to the High School. Only 12.5% held graduate level education and barely 5% held a professional degree in our study sample.

Religion:

Majority of our study participants, almost 2/3rd or 65%, were Hindu by religion. Following them were 17.5% Muslim participants and 12.5% Christian participants. About 5% study participants reported to be following other religions.

Marital Status:

Majority 37.5% participants in our sample were unmarried, given higher proportion of younger patients. Around 1/3rd or 32.5% participants were married. Considerably 30% of depressive patients in our sample were either divorced or separated.

Number of Children:

In our study, 32.5% participants reported to have one or two children. About 12.5% participants also reported to have three to four children. Majority of participants, say 55%, had no children.

Type of Family:

Almost half of our study participants, 50%, reported to be living in nuclear family social structure. Almost similar proportion, 45%, reported to be living in joint family social structure. Only 5% reported to be living in extended family social arrangement.

Occupational Status:

About a quarter (25%) of study participants reported to be occupied in semi-professional jobs. Following them 22.5% reported to be currently non-working or unemployed. Fifth (20%) of all study participants were engaged in agricultural, clerical, shopkeeper for their employment. About 12.5% of our study participants were engaged as semi-skilled workers. Around 5% were unskilled workers. Only 2.5% of all the participants were engaged in professional occupations.

Place of Residence:

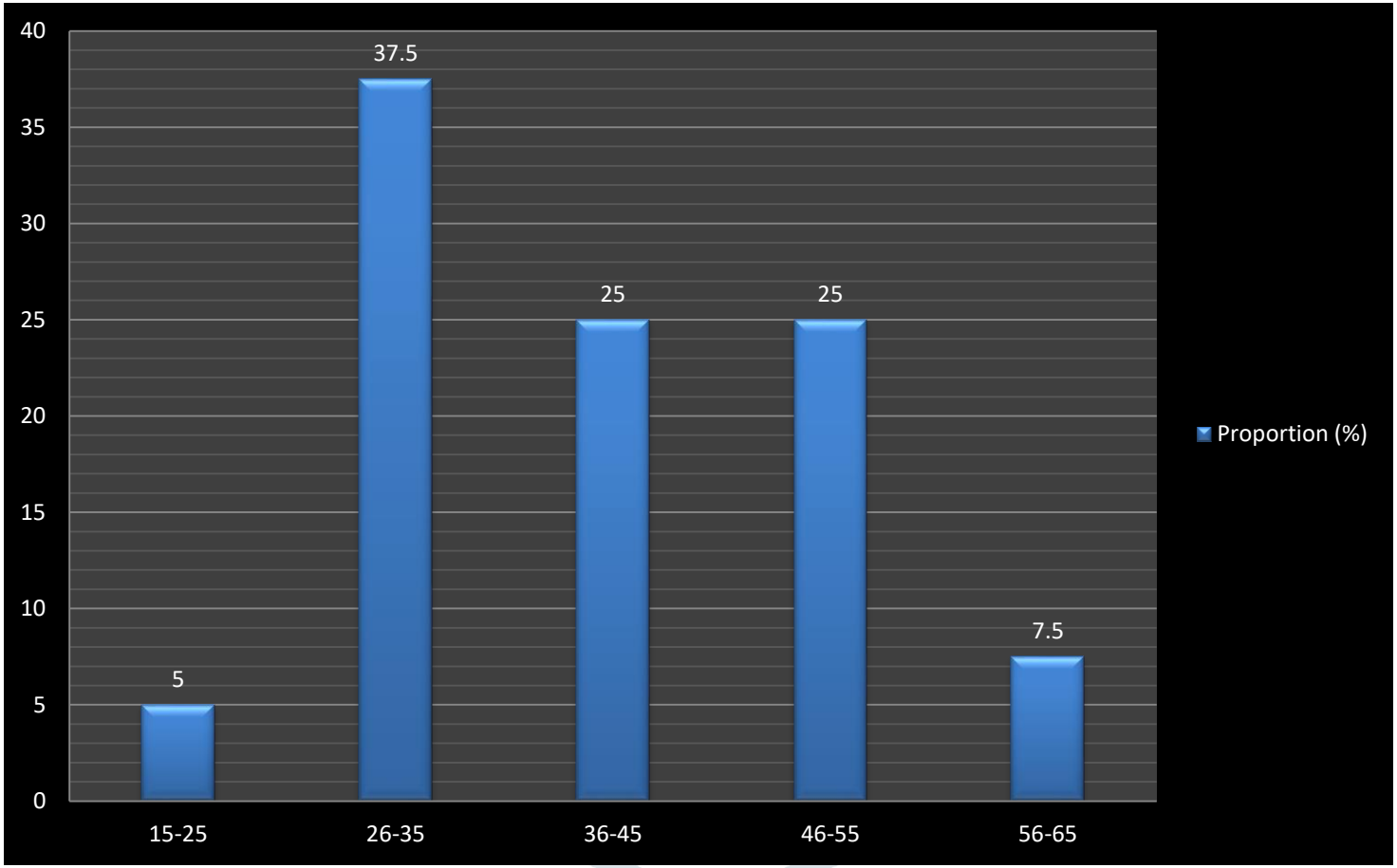
Majority of our study participants, that is 55%, were rural residents, followed by 45% participants who came from urban areas.

Family Monthly Income in Rupees:

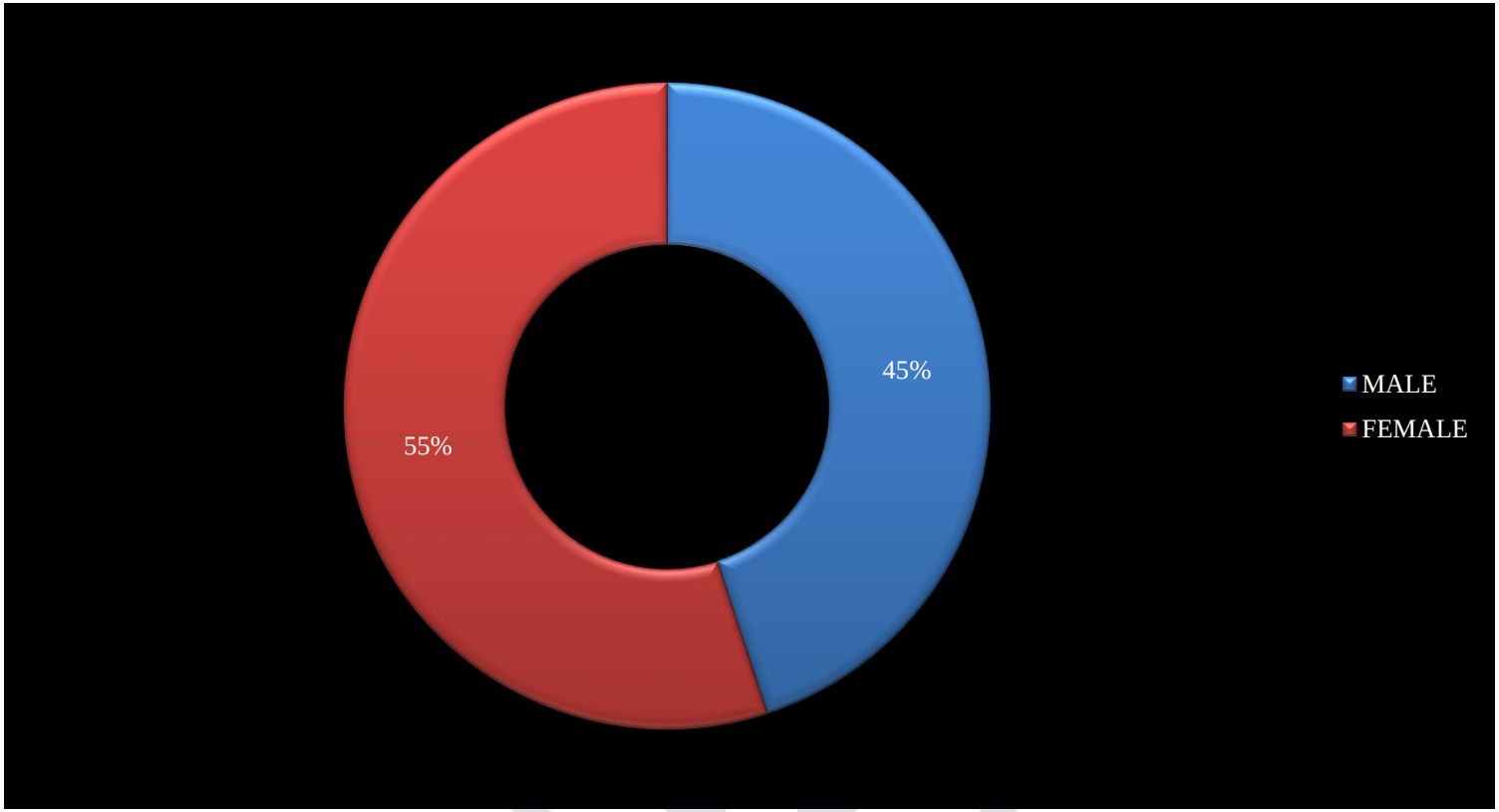
Almost 1/3rd or 62.5% of our study participants reported monthly family income in the range of 7,000 to 12,000 Indian Rupees. Followed by them quarter (25%) of all the participants reported monthly family income of <7,000 Indian Rupees. About 5% each reported monthly family incomes to be in the bracket of 12,000 - 18,000 and 18,000 - 24,000 Indian Rupees. Just about 2.5% participants reported monthly family income of more than 24,000 Indian Rupees but less than 48,000 Indian Rupees.

Source of Information Regarding Reiki Therapy:

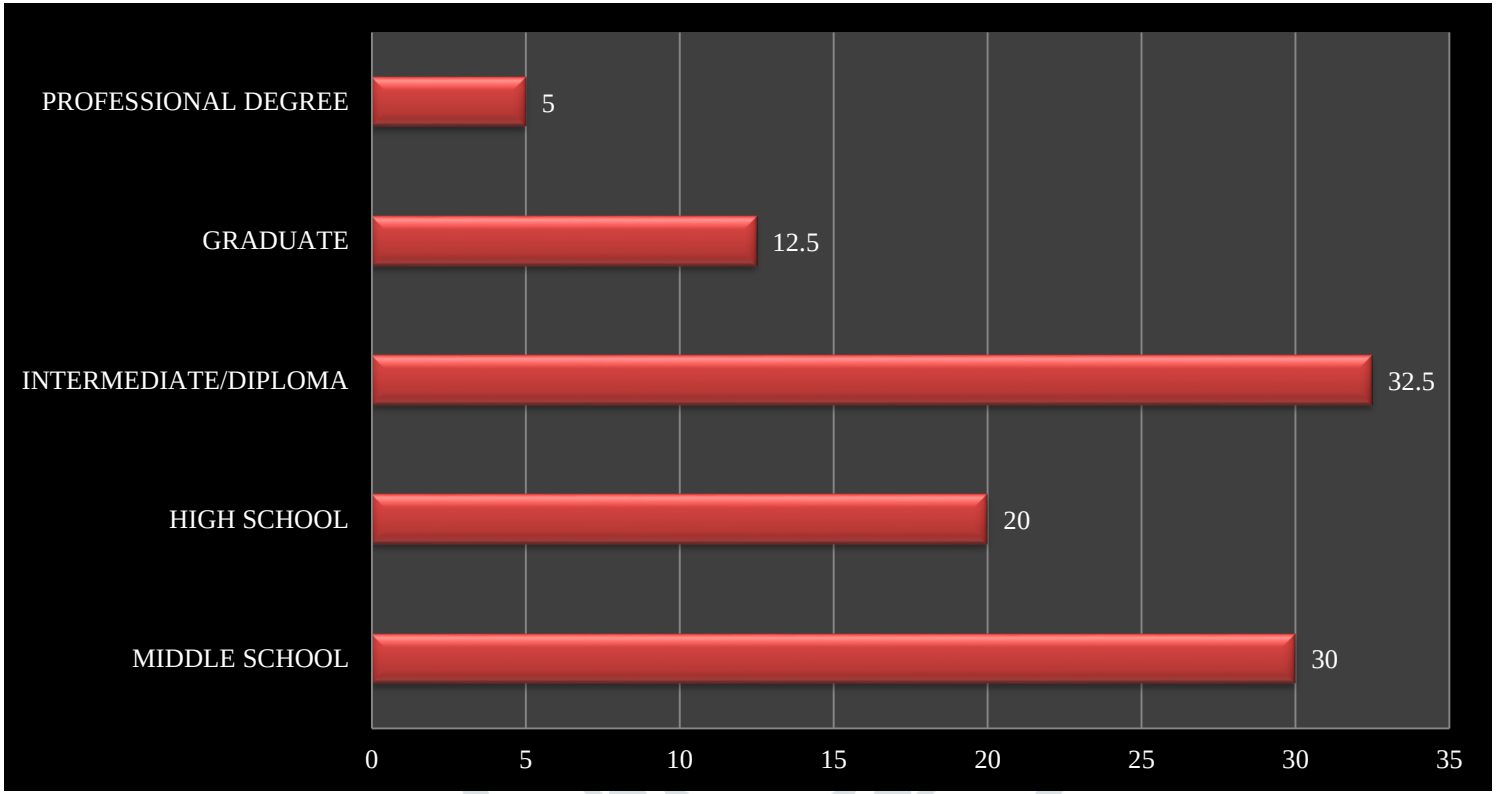
About 37.5% participants in our study acquired such information from health personnel. Following them, 25% participants each acquired information through electronic media and friends. Around 12.5% participants acquired information regarding Reiki Therapy from family members and relatives.



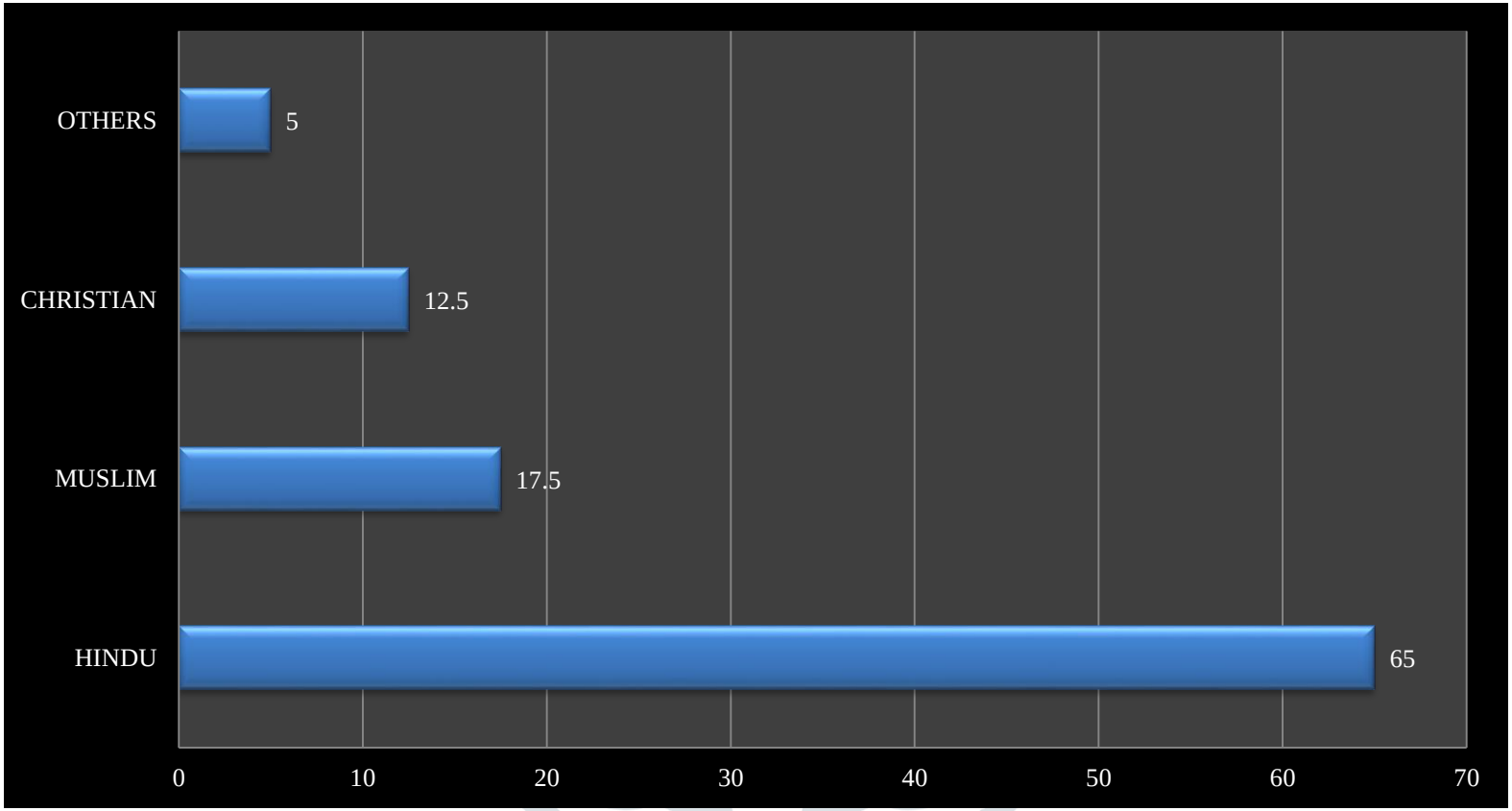
GRAPH: 4.1.1: AGE-WISE DISTRIBUTION OF STUDY PARTICIPANTS WITH DEPRESSIVE SYMPTOMS



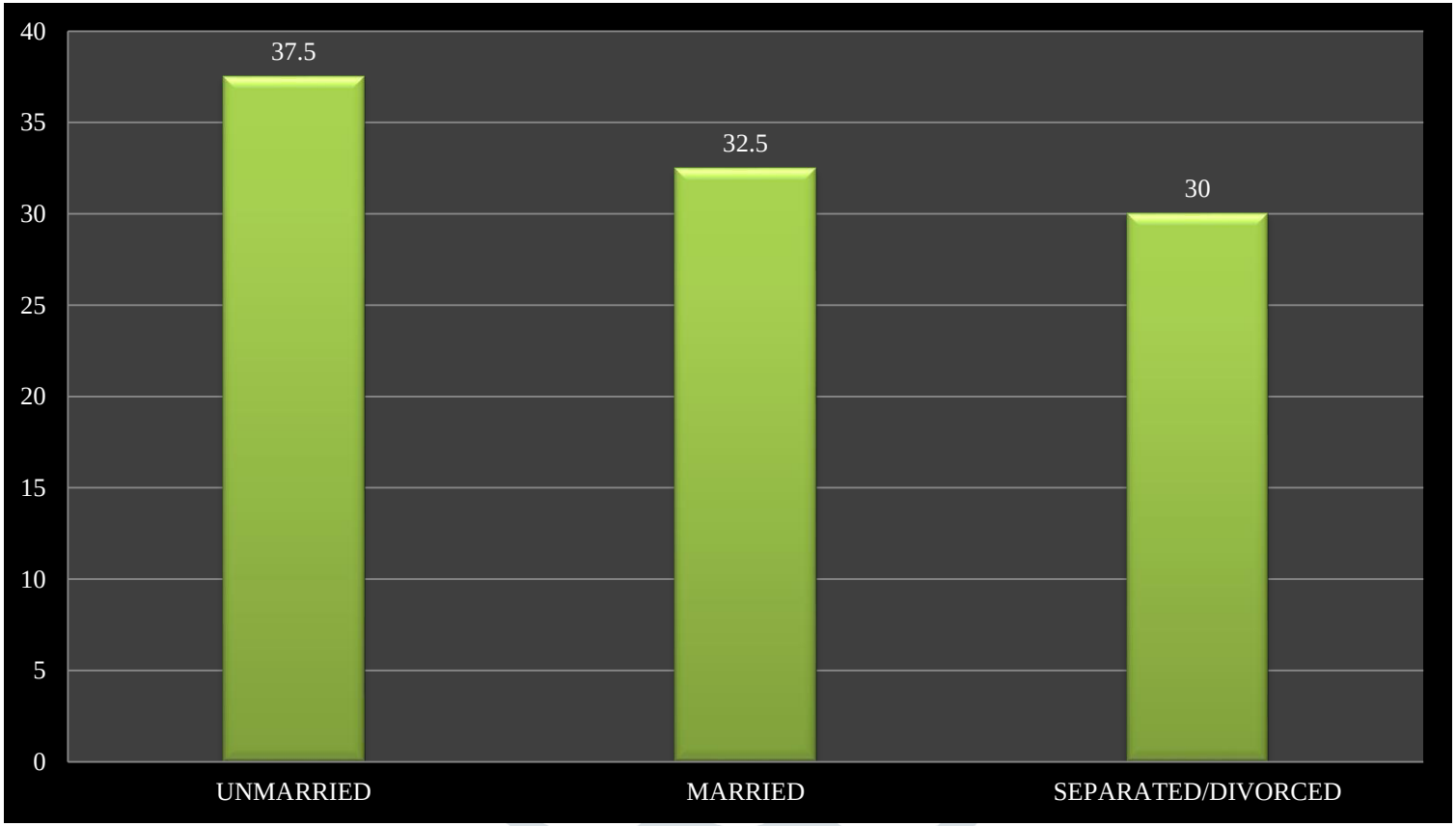
GRAPH: 4.1.2: GENDER-WISE DISTRIBUTION OF STUDY PARTICIPANTS WITH DEPRESSIVE SYMPTOMS



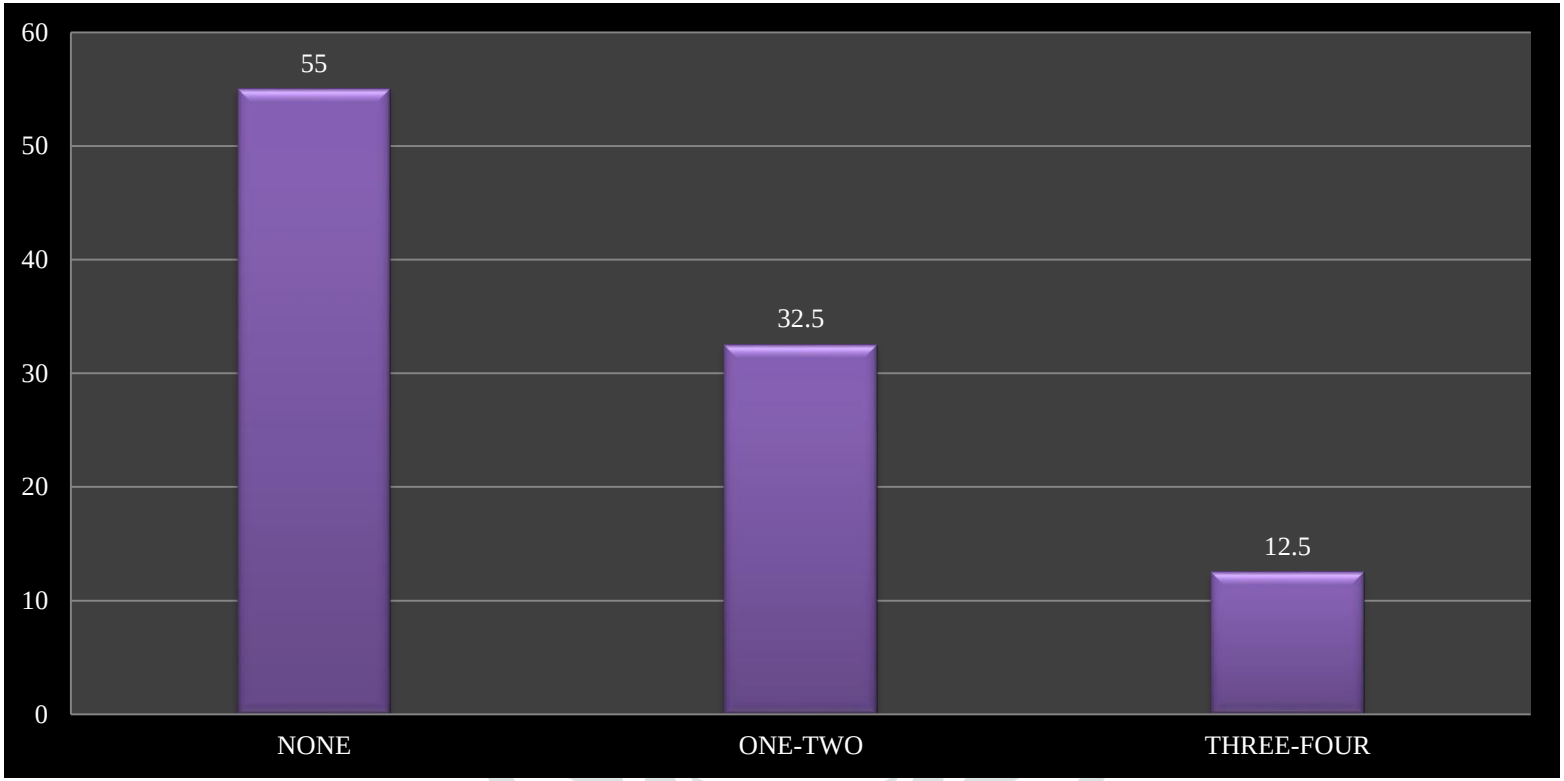
GRAPH: 4.1.3: DISTRIBUTION OF STUDY PARTICIPANTS BY EDUCATIONAL STATUS



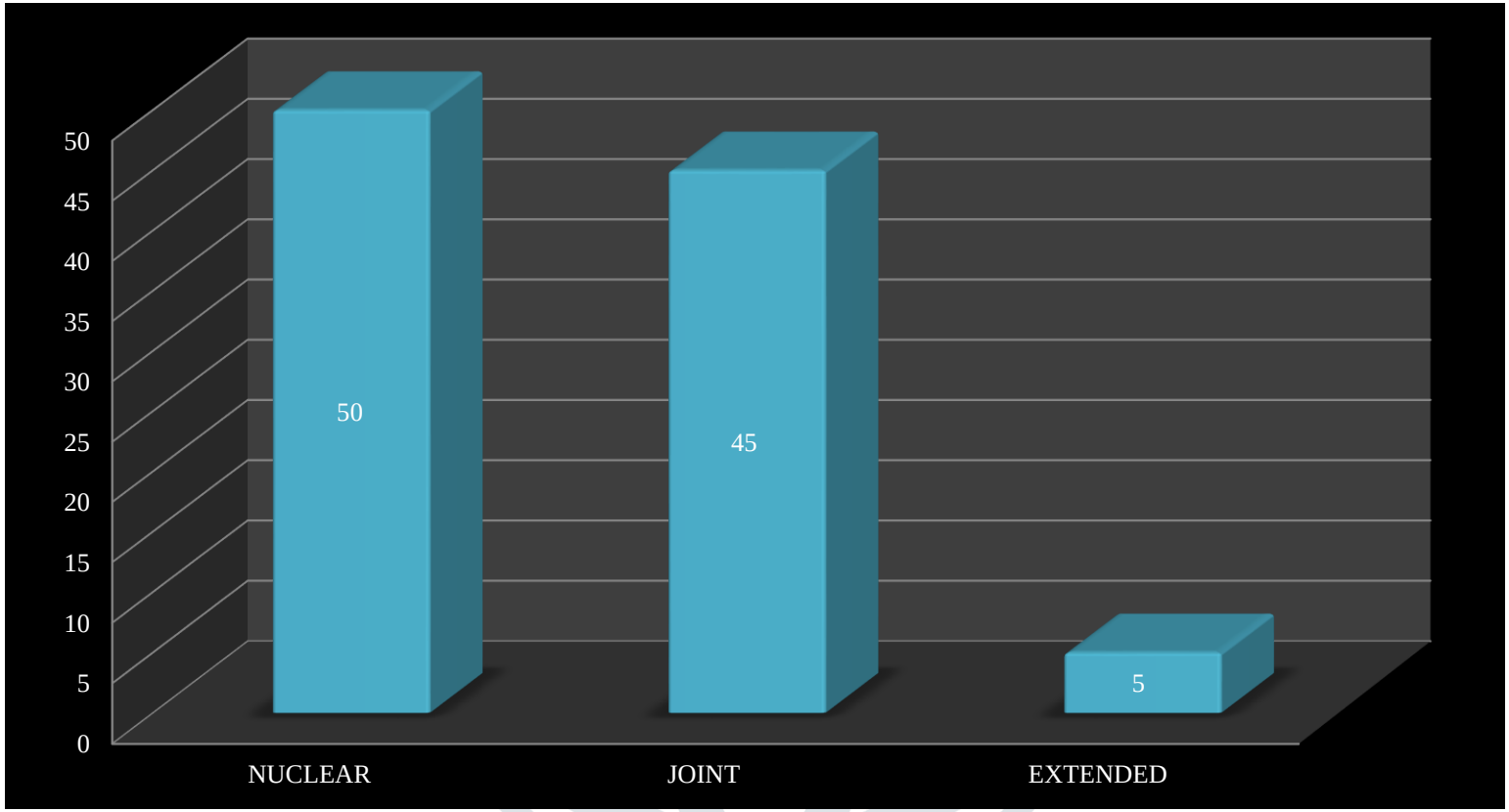
GRAPH: 4.1.4: DISTRIBUTION OF STUDY PARTICIPANTS BY RELIGION



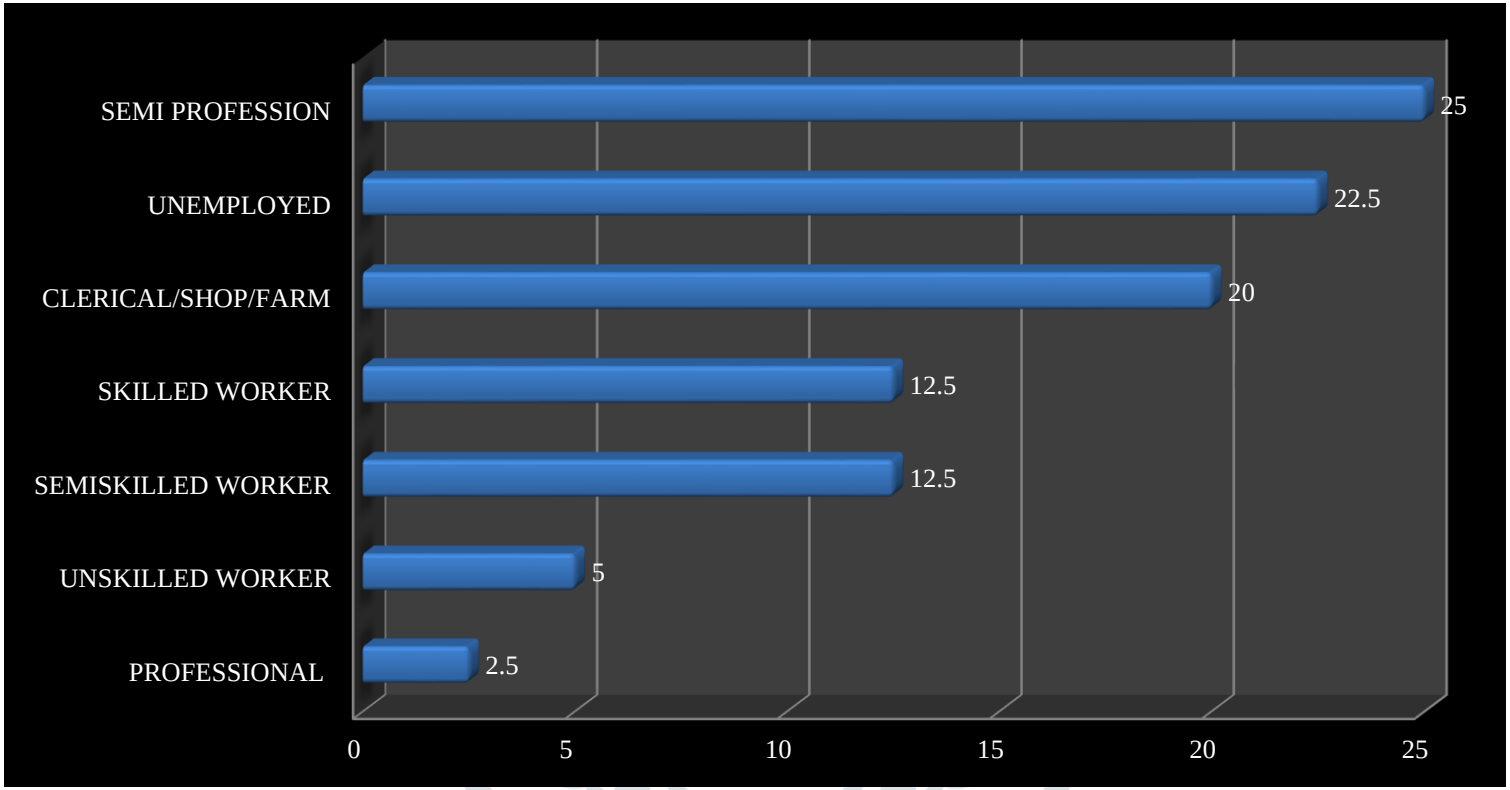
GRAPH: 4.1.5: DISTRIBUTION OF STUDY PARTICIPANTS BY MARITAL STATUS



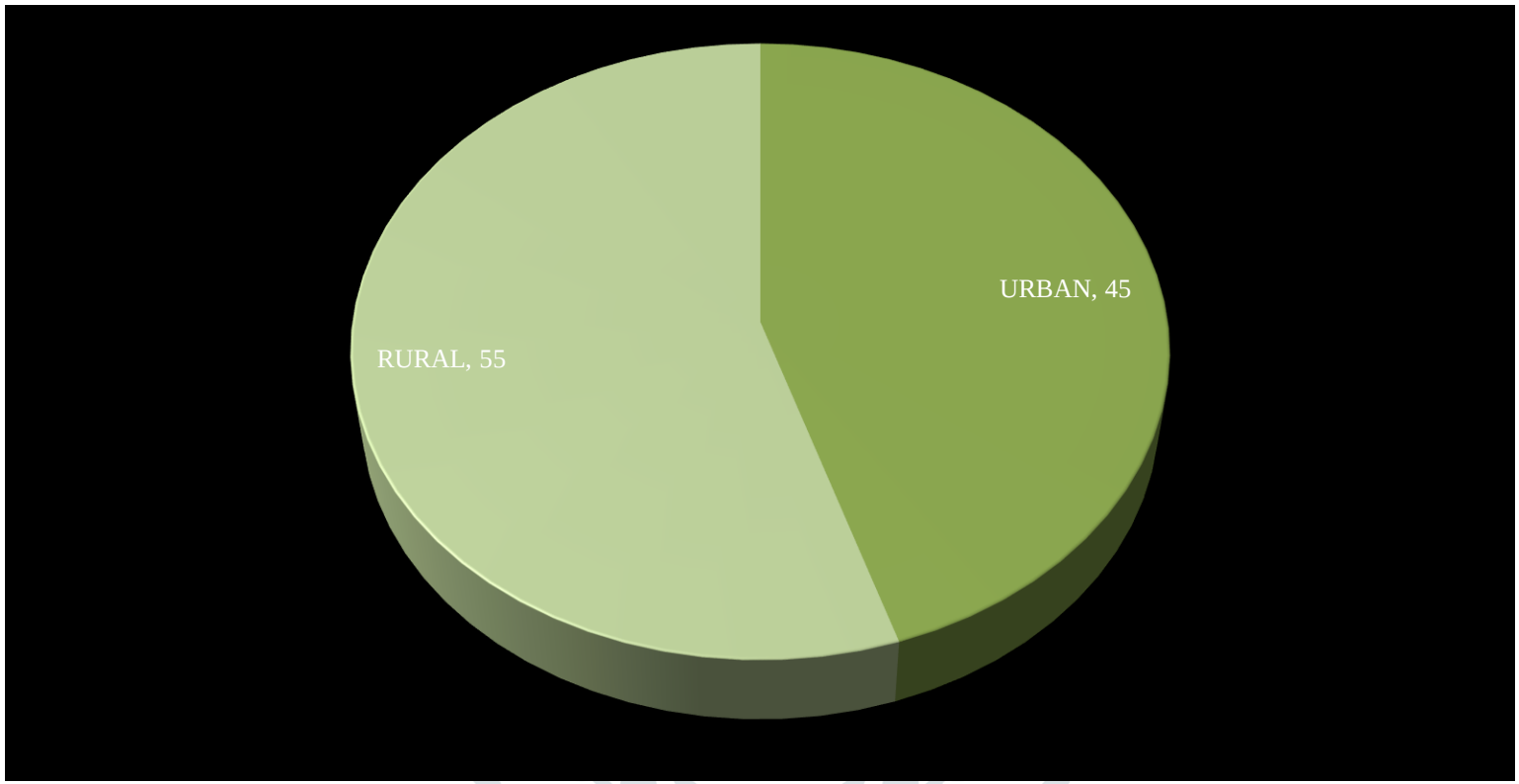
GRAPH: 4.1.6: DISTRIBUTION OF STUDY PARTICIPANTS BY NUMBER OF CHILDREN



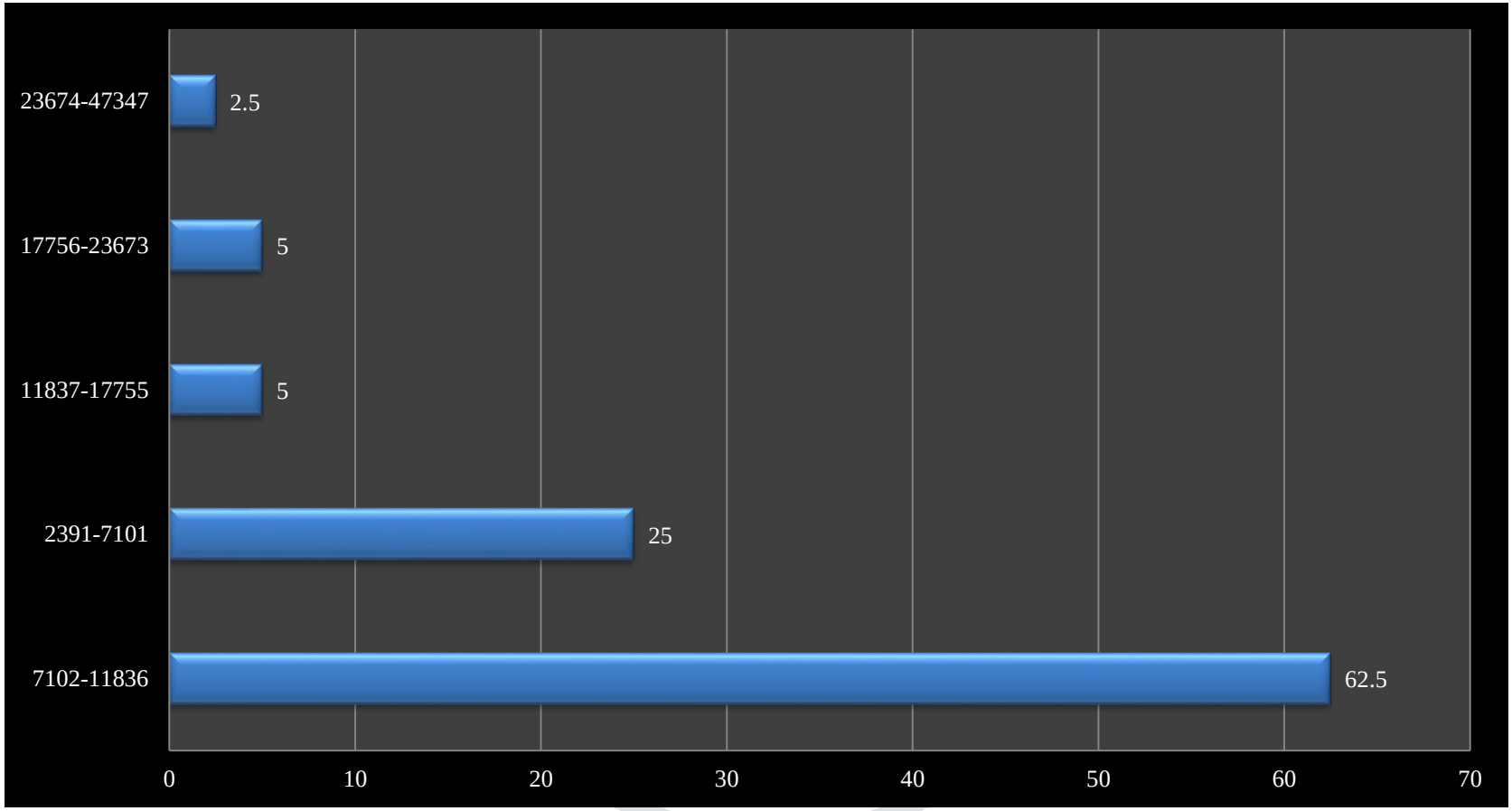
GRAPH: 4.1.7: DISTRIBUTION OF STUDY PARTICIPANTS BY FAMILY TYPE



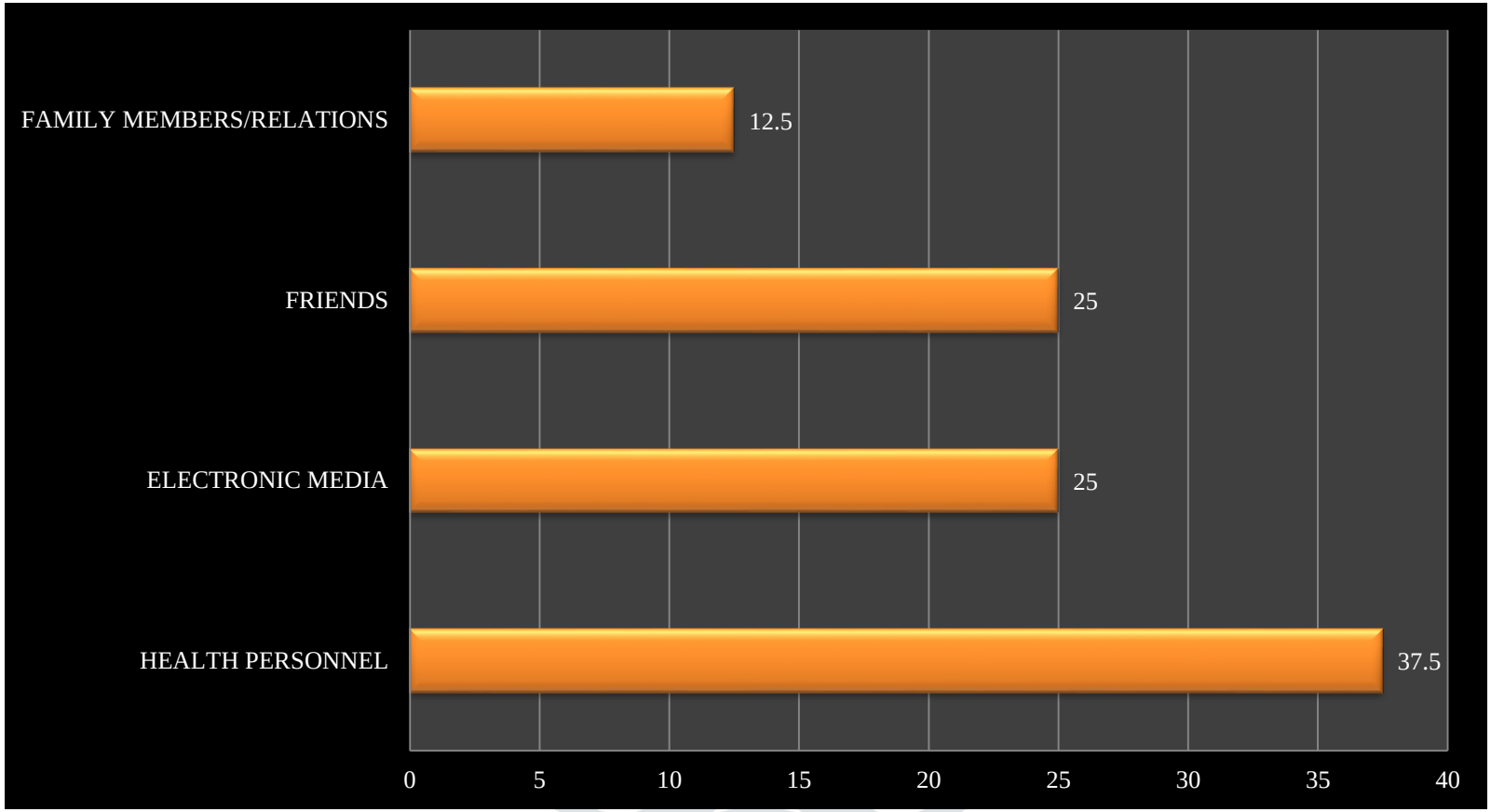
GRAPH: 4.1.8: DISTRIBUTION OF STUDY PARTICIPANTS BY OCCUPATIONAL STATUS



GRAPH: 4.1.9: DISTRIBUTION OF STUDY PARTICIPANTS BY PLACE OF RESIDENCE



GRAPH: 4.1.10: DISTRIBUTION OF STUDY PARTICIPANTS BY AVERAGE FAMILY INCOME PER MONTH



GRAPH: 4.1.11: DISTRIBUTION OF STUDY PARTICIPANTS BY SOURCE OF INFORMATION REGARDING REIKI THERAPY

SECTION 2:ANALYSIS OF MEAN PRE-TEST& MEAN POST-TEST SCORE

TABLE: 4.2: DESCRIPTION OF THE PRE TEST LEVEL OF DEPRESSION

Items	Minimum	Maximum	Mean	Std. Deviation
Depressed Mood	2	3	2.88	.335
Feeling Of Guilt	1	3	2.75	.670
Suicide	1	2	1.88	.335
Initial Insomnia	1	2	1.88	.335
Insomnia During The Night	0	1	.63	.490
Delayed Insomnia	0	1	.13	.335
Work And Interest	1	2	1.88	.335
Retardation	1	2	1.88	.335
Agitation	0	1	.88	.335
Psychiatric Anxiety	1	1	1.00	0.000
Somatic Anxiety	0	1	.05	.221
Gastrointestinal Somatic Symptoms	0	1	.18	.385
General Somatic Symptoms	0	1	.13	.335
Genital Symptoms	-	-	-	-
Hypochondriasis	-	-	-	-
Weight Loss	1	1	1.00	0.000
Insight	0	1	.75	.439
Total Score	12	20	17.90	2.122

The inclusion of pre-test depression scores through the Hamilton Rating Scale for Depression (HDRS), a tool encompassing 17 items, offers a comprehensive assessment of various aspects related to depression symptoms. These 17 items cover a wide spectrum of experiences, emotions, and manifestations commonly associated with depression. Here's a breakdown of the components assessed by the HDRS:

The pre-test assessment of depression utilizing the Hamilton Depression Rating Scale (HDRS) revealed an overall mean score of 17.90 (SD = 2.122) among the study participants. The total scores ranged from a minimum of 12 to a maximum of 20, reflecting a varied spectrum of depressive symptoms observed within the cohort.

When examining specific items within the scale, the top 10 symptoms observed, based on mean scores, highlight the predominant areas of concern:

The highest mean score was recorded for "Depressed Mood" (Mean = 2.88, SD = 0.335), closely followed by "Feelings of Guilt" (Mean = 2.75, SD = 0.670) and "Work and Interests," "Initial Insomnia," "Retardation," and "Suicide" (all with a mean of 1.88 and SD = 0.335).

Conversely, symptoms like "Psychiatric Anxiety" and “Weight Loss” (Mean = 1.00, SD = 0.000) demonstrated

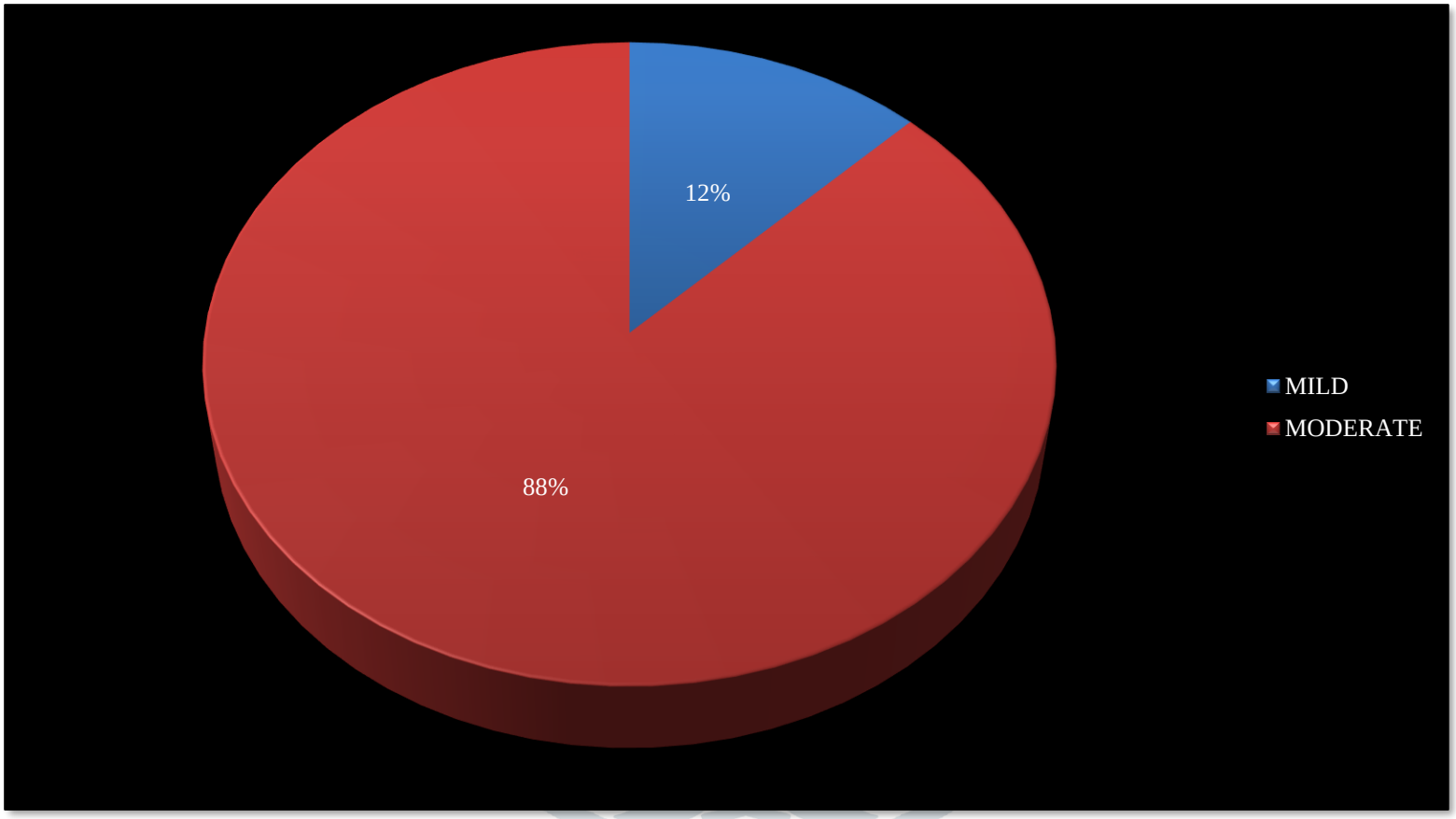
a relatively lower variability among participants.

Additionally, "Agitation" (Mean = 0.88, SD = 0.335) and "Insight" (Mean = 0.75, SD = 0.439) exhibited moderate levels, while "Insomnia During the Night" showed a mean score of 0.63 (SD = 0.490).

These findings shed light on the specific domains of depressive symptoms that were particularly prominent within the study population.

TABLE: 4.3: PRE-TEST LEVEL OF DEPRESSION

Level of Depression	Frequency	Percent
MILD	5	12.5
MODERATE	35	87.5
otal	40	100.0



GRAPH: 4.1.12: LEVEL OF DEPRESSION BY THE OVERALL HDRS SCORING BEFORE INTERVENTION

The evaluation of the overall HDRS scoring indicates varying levels of depression severity within the study participants.

According to the classification scale used for interpreting the HDRS scores, the majority of individuals exhibited moderate levels of depression prior to the intervention. Specifically, 87.5% of the participants fell within the "Moderate" depression category, encompassing total HDRS scores ranging from 17 to 23.

An additional 12.5% of the cohort were categorized under "Mild" depression, scoring between 8 and 16 on the HDRS.

None of the study participants had severe depression as exhibited by total HDRS score of >24.

These findings underscore the substantial prevalence of moderate depression symptoms among the study population.

TABLE: 4.4:DESCRIPTION OF THE POST TEST LEVEL OF DEPRESSION

Items	Minimum	Maximum	Mean	Std. Deviation
Depressed Mood	1	2	1.25	.439
Feeling Of Guilt	0	2	1.83	.501
Suicide	1	2	1.25	.439
Initial Insomnia	0	2	1.30	.608
Insomnia During The Night	0	1	.63	.490
Delayed Insomnia	0	1	.13	.335
Work And Interest	1	2	1.88	.335
Retardation	1	2	1.88	.335
Agitation	0	1	.88	.335
Psychiatric Anxiety	1	1	1.00	0.000
Somatic Anxiety	0	1	.05	.221
Gastrointestinal Somatic Symptoms	0	1	.18	.385
General Somatic Symptoms	0	1	.13	.335
Genital Symptoms	0	0	0.00	0.000
Hypochondriasis	0	2	.10	.441
Weight Loss	1	1	1.00	0.000
Insight	0	1	.75	.439
Total	10	16	14.15	1.424

The inclusion of post-test depression scores through the Hamilton Rating Scale for Depression (HDRS), a tool encompassing 17 items, offers a comprehensive assessment of various aspects related to depression symptoms following a week-long, daily 30-minute intervention. Here's a breakdown of the components assessed by the HDRS:

The post-test evaluation of depression levels among study participants using the Hamilton Depression Rating Scale (HDRS) revealed an overall mean score of 14.15 (SD = 1.424). This assessment exhibited a narrower range of total scores between 10 and 16, showcasing a reduction in the severity of depression symptoms following the intervention.

When examining specific items within the HDRS, the top 10 symptoms based on mean scores shed light on the prominent areas of concern:

Notably, the highest mean score was recorded for "Work and Interests" and "Retardation" (both with a mean of 1.88 and SD = 0.335), followed closely by "Feeling of Guilt" (Mean = 1.83, SD = 0.501).

"Initial Insomnia" demonstrated a moderate mean score of 1.30 (SD = 0.608), while "Depressed Mood" and "Suicide" shared a mean score of 1.25 (SD = 0.439).

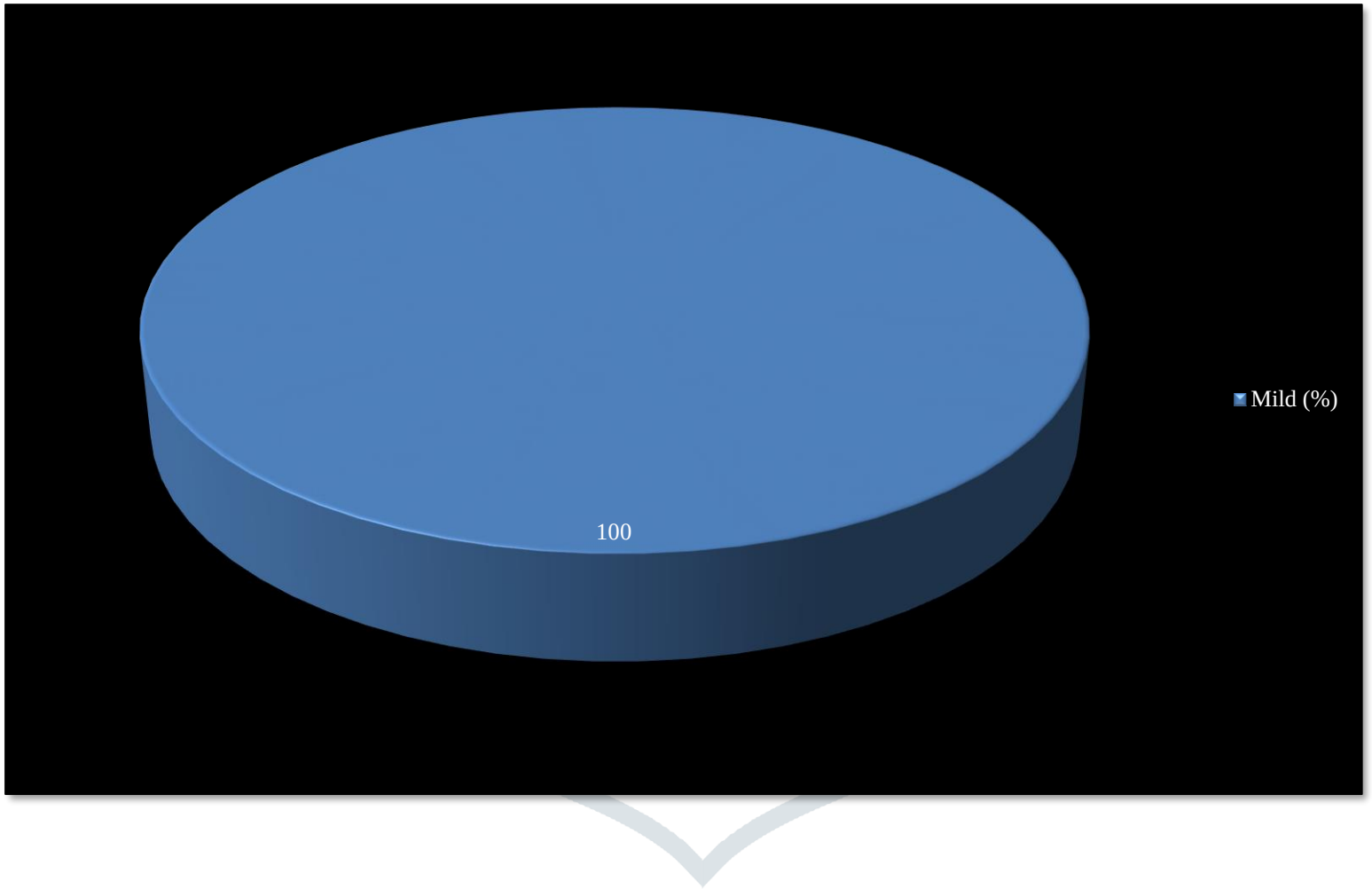
Conversely, symptoms such as "Psychiatric Anxiety" and “Weight Loss” displayed a consistent mean score of 1.00 (SD = 0.000).

Additionally, “Agitation” presented a mean score of 0.88 (SD = 0.335), followed by “Insight” and "Insomnia During the Night" with mean scores of 0.75 (SD = 0.439) and 0.63 (SD = 0.490), respectively.

These findings illustrate the notable improvements in specific depressive symptoms post-intervention, contributing to the reduction in the overall mean depression score observed in the post-test assessment.

TABLE: 4.5: POST-TEST LEVEL OF DEPRESSION

Level of Depression	Frequency	Percent
MILD	40	100.0



GRAPH: 4.1.13: LEVEL OF DEPRESSION BY THE OVERALL HDRS SCORING AFTER INTERVENTION

The post-test assessment of depression levels among the study participants using the Hamilton Depression Rating Scale (HDRS) revealed a substantial shift in the distribution of depression severity following the intervention.

In contrast to the pre-test findings, all participants exhibited a categorization of "Mild" depression, constituting 100% of the cohort.

This categorization was based on total HDRS scores falling between 8 and 16.

Notably, there were no individuals exhibiting "Moderate" or "Severe" depression levels post-intervention, signifying a notable improvement in the severity of depressive symptoms across the entire study population.

SECTION 3

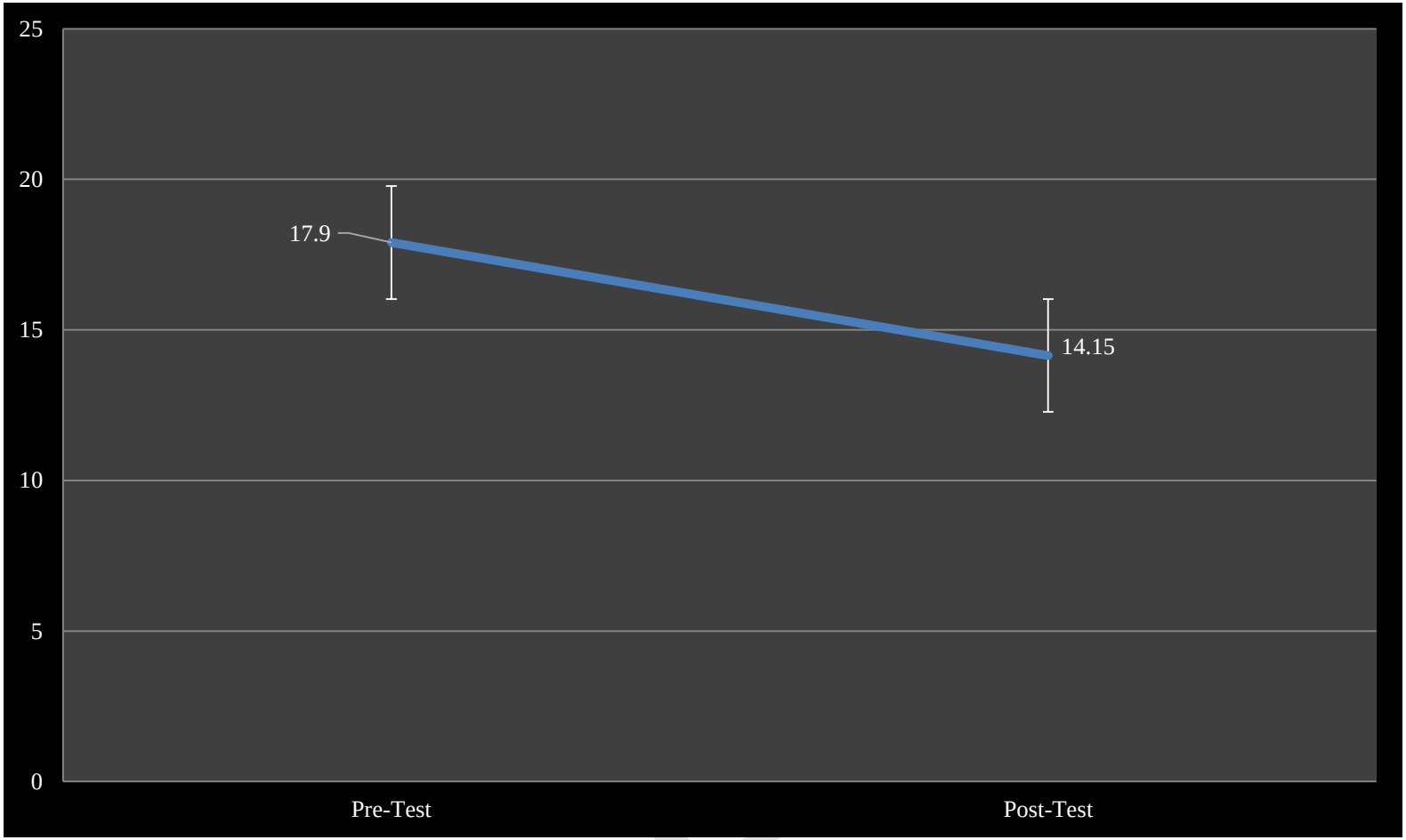
TABLE: 4.6: COMPARISON OF OVERALL MEAN DEPRESSION SCORE

	Mean	Std. Deviation	Mean difference	95% Confidence Interval of the Difference	Paired t test
re-test	17.90	2.122	3.75	3.299,0.201	t=16.82
ost-test	14.15	1.424			p<0.001

The comparison between the pre-test and post-test mean depression scores, as evaluated through the Hamilton Depression Rating Scale (HDRS), unveils a notable shift in the severity of depression symptoms following the intervention. Initially, the pre-test mean depression score stood at 17.90 (SD = 2.122) within the study cohort. Post-intervention, a substantial reduction in the mean depression score was observed, dropping to 14.15 (SD = 1.424). This change signifies a remarkable mean difference of 3.75 points between the pre-test and post-test assessments.

The paired t-test, utilized to determine the statistical significance of this observed change, yielded a striking result ($t = 16.82$, $p < 0.001$), signifying a statistically significant difference in depression scores before and after the intervention. The 95% confidence interval for the mean difference (3.299 to 0.201) reinforces the confidence in this substantial change, indicating that the intervention contributed significantly to reducing the severity of depressive symptoms among the study participants.

This statistically significant decrease in the overall mean depression score from pre-test to post-test underscores the effectiveness of the Reiki intervention in alleviating and mitigating depressive symptoms within the study population, highlighting the intervention's potential impact in improving mental health outcomes.



GRAPH: 4.1.14: MEAN DIFFERENCE IN TOTAL HDRS SCORES PRE- AND POST-INTERVENTION

SECTION: 4

TABLE: 4.7: CHANGE IN LEVEL OF DEPRESSION BEFORE AND AFTER REIKI INTERVENTION

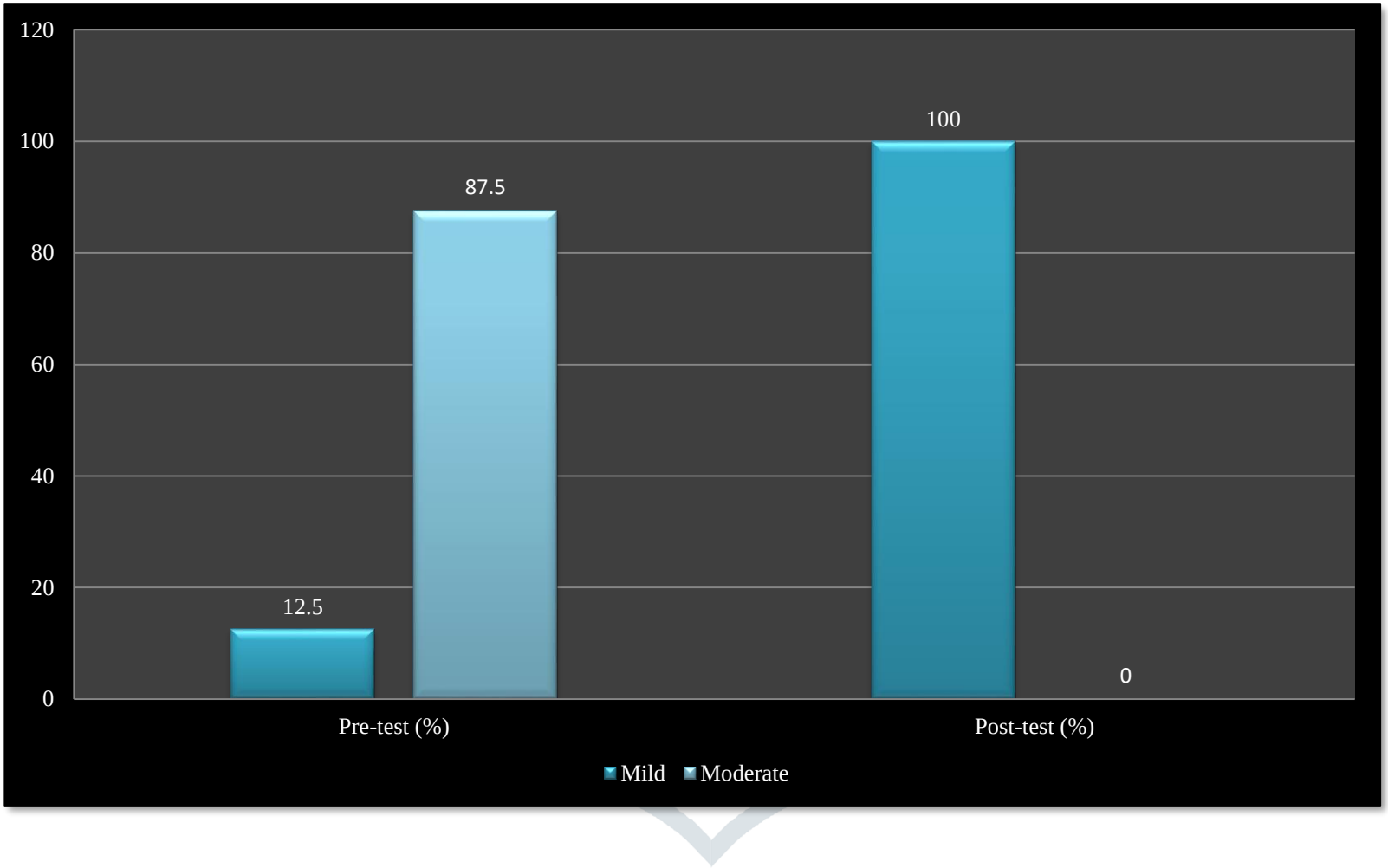
Level of Depression	PRE-TEST		POST-TEST	
	Frequency	Percent	Frequency	Percent
ILD	5	12.5	40	100.0
ODERATE	35	87.5	-	-
otal	40	100.0	40	100.0

The comparison between the pre-test and post-test levels of depression severity, as outlined in Table 7, demonstrates a stark shift in the distribution of depression categories following the intervention.

Initially, prior to the intervention, the majority of participants fell within the "Moderate" depression category, encompassing 87.5% of the cohort. However, after the intervention, there was a substantial transformation in depression severity levels. The post-test assessment indicates a complete shift in the distribution, where all participants (100%) were categorized under "Mild" depression category.

Notably, none of the participants remained in the "Moderate" depression category post-intervention, indicating a significant improvement in the severity of depressive symptoms across the entire study population.

The absence of individuals in the "Moderate" depression category post-intervention further reinforces the intervention's effectiveness in improving the mental health status of the study participants.



GRAPH: 4.1.15: CHANGE IN LEVEL OF DEPRESSION BEFORE AND AFTER REIKI INTERVENTION

SECTION: 5

TABLE: 4.8: THE ASSOCIATION BETWEEN LEVEL OF DEPRESSION AND OF VARIOUS DEMOGRAPHIC DATA

Demographic Variables		Code	Mild	Moderate	Total	χ 2	p-Value
AGE IN YEARS	15-25	1	0	2	2	1.600[a]	0.809
	26-35	2	3	12	15		
	36-45	3	1	9	10		
	46-55	4	1	9	10		
	56-65	5	0	3	3		
	>65	6	0	0			
GENDER	MALE	1	3	15	18	.519[a]	0.47
	FEMALE	2	2	20	22		
	TRANSGENDER	3					
EDUCATIONAL STATUS	NO FORMAL EDUCATION	1				2.520[a]	0.64
	PRIMARY SCHOOL	2					
	MIDDLE SCHOOL	3	1	11	12		
	HIGH SCHOOL	4	1	7	8		
	INTERMEDIATE/DIPLOMA	5	3	10	13		
	GRADUATE	6	0	5	5		
	PROFESSIONAL DEGREE	7	0	2	2		
RELIGION	HINDU	1	1	25	26	7.176[a]	0.06
	MUSLIM	2	2	5	7		
	CHRISTIAN	3	2	3	5		
	OTHERS	4	0	2	2		
MARITAL	UNMARRIED	1	3	12	15	1.237[a]	.539

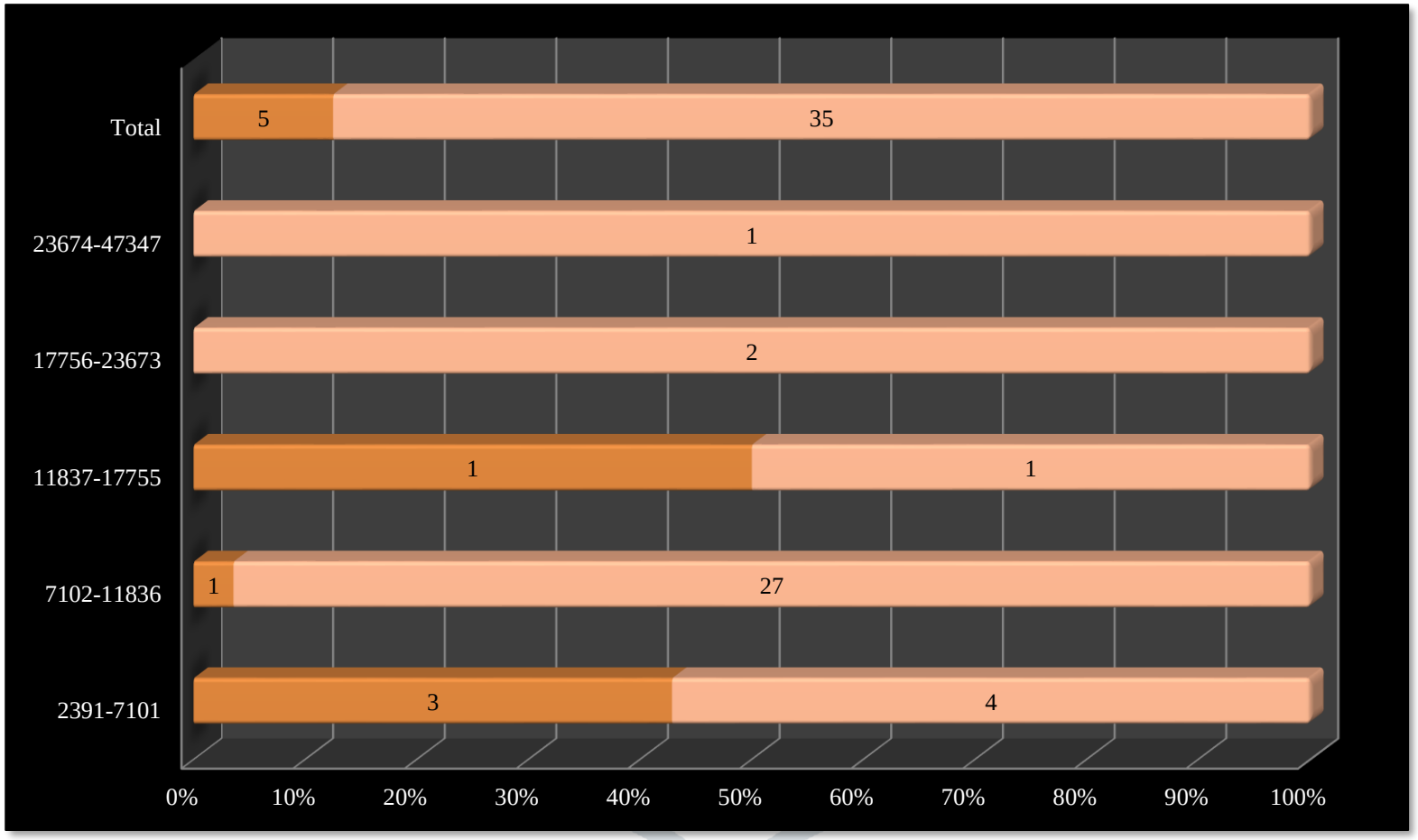
Demographic Variables		Code	Mild	Moderate	Total	χ 2	p-Value
STATUS	MARRIED	2	1	12	13		
	SEPARATED/DIVORCED	3	1	11	12		
NO. OF CHILDREN	NONE	1	4	18	22	2.764[a]	.251
	ONE-TWO	2	0	13	13		
	THREE-FOUR	3	1	4	5		
	MORE THAN 4	4					
TYPE OF FAMILY	NUCLEAR	1	1	19	20	3.886[a]	0.14
	JOINT	2	3	15	18		
	EXTENDED	3	1	1	2		
OCCUPATIONAL STATUS	UNEMPLOYED	1	1	8	9	5.359[a]	.499
	UNSKILLED WORKER	2	0	2	2		
	SEMISKILLED WORKER	3	0	5	5		
	SKILLED WORKER	4	1	4	5		
	CLERICAL/SHOP/FARM	5	0	8	8		
	SEMI PROFESSION	6	3	7	10		
	PROFESSIONAL	7	0	1	1		
PLACE OF RESIDENCE	URBAN	1	2	16	18	.058[a]	0.81
	RURAL	2	3	19	22		
FAMILY MONTHLY INCOME IN RUPEES	LESS THAN 2390	1				10.93[a]	**0.02**
	2391-7101	2	3	4	7		
	7102-11836	3	1	27	28		
	11837-17755	4	1	1	2		
	17756-23673	5	0	2	2		

Demographic Variables		Code	Mild	Moderate	Total	χ 2	p-Value
	23674-47347	6	0	1	1		
	47348 & ABOVE	7					
SOURCE OF INFORMATION REARDING REIKI THERAPY	ELECTRONIC MEDIA	1	1	9	10		
	PRINTED MEDIA	2					
	FAMILY MEMBERS/RELATIONS	3	0	5	5	1.600[a]	.659
	FRIENDS	4	1	9	10		
	HEALTH PERSONNEL	5	3	12	15		

The association between the level of depression and various demographic variables was explored using the chi-square test for independence. While most associations did not reach statistical significance, some findings warrant attention.

Statistically Significant Findings:

Family Monthly Income in Rupees: A statistically significant association was observed between family monthly income and the level of depression ($\chi^2 = 10.93$, $p = 0.02$). Specifically, individuals with an income bracket of 7102-11836 Rupees exhibited higher proportions in the "Moderate" depression category compared to other income groups.



GRAPH: 4.1.16: LEVEL OF DEPRESSION BY AVERAGE MONTHLY FAMILY INCOME

Other Considerable Findings:

Religion: Although the association between religion and the level of depression did not reach statistical significance at the conventional level ($p = 0.06$), there seemed to be a notable trend. A higher percentage of Hindus were observed in the "Moderate" depression category compared to other religious groups.

Occupational Status: While not statistically significant ($p = 0.499$), there was a trend indicating different proportions across occupational statuses. Participants in the "Unskilled," “Semi-skilled,” and “Clerical/Shop/Farm” category showed a higher presence in the "Moderate" depression category compared to other occupational statuses.

These findings suggest potential correlations between certain demographic factors and the level of depression. The association between family income and depression levels stands out as statistically significant, indicating that income brackets may influence the severity of depression experienced.

4.8 SUMMARY

This chapter deals with analysis and interpretation of data collected from 40 samples, on Effectiveness of Reiki Therapy on Reduction of Depression Among Patients with Depression Admitted in Selected Psychiatric Units of South Gujarat. Effectiveness of Reiki Therapy was assessed by descriptive and inferential statistics. The data gathered were summarized in the master sheet. Paired t- test was used to analyze the Effectiveness of Reiki Therapy in research findings show a Depression Level was reduced which was statistically significance at 0.001 level of significance. There was significant association between the level of Depression with their selected demographic variable (Monthly Family Income).

DISCUSSION, SUMMARY, CONCLUSION, NURSING IMPLICATION, LIMITATION AND RECOMMENDATIONS

This chapter deals with the Discussion, Summary, Conclusion, Nursing Implication, Limitation And Recommendations for the study entitled "A Study To Evaluate the Effectiveness of Reiki Therapy on Reduction of Depression Among PatientsWith Depression Admitted In Selected Psychiatric Units of South Gujarat."

5.1 DISCUSSION

Various studies have been conducted to Evaluate the Effectiveness of Reiki Therapy on Reduction of epression Among Patients With Depression. The present study has been discussed in reference with the objectives and the hypotheses in accordance with other similar studies.

Ms. L. Jayalakshmi Conducted on A study to assess the effectiveness of Reiki therapyto reduce the level of depression among depressive clients at Institute of Mental Health, Chennai. Research approach was Evaluative approach. Study design was Pre- experimental one group pre-test and post-test. Sampling technique was convenient sampling. Study population was All the depressive clients who met the inclusion criteria. Study setting was Acute male and female wards at Institute of Mental Health. Tool used for study was Beck depression inventory-II. The samples (n=60) were assessed for the pre-existing level of depression among the depressive clients by using BDI-II scale, Reiki therapy was given to depressive clients for 30 minutes once a day for 7 consecutive days , on 8th day post-test was done by using BDI-II. Demographic variables and clinical variables were analyzed by using descriptive statistics (mean, standard deviation) and correlated the levels depression score with demographic variable by using inferential statistics. The overall pre-test depression score among depressive clients were 57% whereas in post-test it was 29.9%. Depression reduction score is 27.1%. The study result revealed that Reiki therapy was effective. There was a statisticaldifference between pre-test and post-test levels of depression score. (P= 0.001).

Depression is one of the major disorders among psychiatric illness. It can be treated with anti-depressants and alternative complementary therapy (Reiki is an emerging ancillary therapy). Through this study, Reiki therapy is effective in reducing the depression level among depressive clients. Reiki therapy was effective in reducing level of depression among depressive clients. Since it is cost effective and self- healing procedure it can be applied in all settings.

5.2 SUMMARY

The main aim of the study was to Evaluate the Effectiveness of Reiki Therapy on Reduction of Depression Among Patients With Depression. The research approach used in this study is a quantitative research. The research design used in this study is pre- experimental one group pre-test and post-test design. The study is conducted on patients with Depression admitted in Divyam Institute of Psychiatry, Palsana. The population of the present study are Patients with Depression admitted in selected Psychiatric Units of South Gujarat. In this present study the sample size is 40 Patients with Depression admitted in selected Psychiatric Units of South Gujarat. In this study simple convenient sampling technique was used for the selection of the sample. In this study, the researcher used two tools to collect the relevant data. They were Demographic Data and Standardized Hamilton Depression Rating Scale (HDRS).

OBJECTIVES:

1. To Assess the level of Depression before and after Administration of Reiki Therapy Among Patients with Depression Admitted in Selected Psychiatric Units of South Gujarat.
2. To Evaluate the Effectiveness of Reiki Therapy on Reducing Depression among Patients with Depression Admitted in Selected Psychiatric Units of South Gujarat.
3. To find out the Association between post-test level with Selected demographic variables.

HYPOTHESIS:

H1: There will be a significant difference in the level of depression before and after administration of Reiki therapy among the patients with depression at 0.05 level of significance.

H2: There will be a significant association between post-test level of depression and selected demographic variables among patients with Depression at 0.05 level of significance.

5.3MAJOR FINDINGS OF THE STUDY

The analysis and interpretation of data of this study are based on data collected through Demographic Data and Standardized Hamilton Depression Rating Scale (HDRS)(n= 40). Results were computed using descriptive and inferential statistics based on the objectives of the study.

1. Analysis of demographic characteristics of samples (n=40)

Herein below is the graphical representation and descriptive overview of thesocio-demographic characteristics of the study participants with depression symptoms involved in the study:

Age in Years:

The largest proportion of participants falls within 26-35 years age group, constituting 37.5% of the participants. Following closely, 25.0% of the participants were in 36-45 years age bracket. Another 25.0% fall within 46-55 years age range. A smaller but notable percentage, 7.5% and 5.0%, falls in the elder 56-65 years and younger 15-25 years age category, respectively.

Gender:

The majority of patients were female representing 55.0% of the participants.
Following them were male patients comprising 45.0% of the participants.

Educational Status:

Most participants, around 32.5%, in our study held intermediate/diploma level education. In our study, 30.0% of participants completed education up to the Middle

School. Following them were 20% participants who have completed education up to the High School. Only 12.5% held graduate level education and barely 5% held a professional degree in our study sample.

Religion:

Majority of our study participants, almost 2/3rd or 65%, were Hindu by religion. Following them were 17.5% Muslim participants and 12.5% Christian participants. About 5% study participants reported to be following other religions.

Marital Status:

Majority 37.5% participants in our sample were unmarried, given higher proportion of younger patients. Around 1/3rd or 32.5% participants were married. Considerably 30% of depressive patients in our sample were either divorced or separated.

Number of Children:

In the study, 32.5% participants reported to have one or two children. About 12.5% participants also reported to have three to four children. Majority of participants, say 55%, had no children.

Type of Family:

Almost half of our study participants, 50%, reported to be living in nuclear familysocial structure. Almost similar proportion, 45%, reported to be living in joint family social structure. Only 5% reported to be living in extended family social arrangement.

Occupational Status:

About a quarter (25%) of study participants reported to be occupied in semi- professional jobs. Following them 22.5% reported to be currently non-working or unemployed. Fifth (20%) of all study participants were engaged in agricultural, clerical, shopkeeper for their employment. About 12.5% of our study participants were engaged assemi-skilled workers. Around 5% were unskilled workers. Only 2.5% of all the participants were engaged in professional occupations.Place of Residence:

Majority of our study participants, that is 55%, were rural residents, followed by 45% participants who came from urban areas.

Family Monthly Income in Rupees:

Almost 1/3rd or 62.5% of our study participants reported monthly family income
in the range of 7,000 to 12,000 Indian Rupees. Followed by them quarter (25%) of all the participants reported monthly family income of <7,000 Indian Rupees. About 5% each reported monthly family incomes to be in the

bracket of 12,000 - 18,000 and 18,000 - 24,000 Indian Rupees. Just about 2.5% participants reported monthly family income of more than 24,000 Indian Rupees but less than 48,000 Indian Rupees.

Source of Information Regarding Reiki Therapy:

About 37.5% participants in our study acquired such information from health personnel. Following them, 25% participants each acquired information through electronic media and friends. Around 12.5% participants acquired information regarding Reiki Therapy from family members and relatives.

2. Level of depression by the overall HDRS scoring before intervention

The evaluation of the overall HDRS scoring indicates varying levels of depressionseverity within the study participants. According to the classification scale used forinterpreting the HDRS scores, the majority of individuals exhibited moderate levels of depression prior to the intervention. Specifically, 87.5% of the participants fell within the "Moderate" depression category, encompassing total HDRS scores ranging from 17 to
23. An additional 12.5% of the cohort were categorized under "Mild" depression, scoringbetween 8 and 16 on the HDRS. None of the study participants had severe depression as exhibited by total HDRS score of >24. These findings underscore the substantial prevalence of moderate depression symptoms among the study population.

3. Level of depression by the overall HDRS scoring after intervention

The post-test assessment of depression levels among the study participants using the Hamilton Depression Rating Scale (HDRS) revealed a substantial shift in the distribution of depression severity following the intervention. In contrast to the pre-test findings, all participants exhibited a categorization of "Mild" depression, constituting 100% of the cohort. This categorization was based on total HDRS scores falling between
8 and 16. Notably, there were no individuals exhibiting "Moderate" or "Severe" depression levels post-intervention, signifying a notable improvement in the severity of depressive symptoms across the entire study population.

4. The comparison between the pre-test and post-test mean depression scores

The comparison between the pre-test and post-test mean depression scores, as evaluated through the Hamilton Depression Rating Scale (HDRS), unveils a notable shift in the severity of depression symptoms following the intervention. Initially, the pre-test mean depression score stood at 17.90 (SD = 2.122) within the study cohort.

Post- intervention, a substantial reduction in the mean depression score was observed, droppingto 14.15 (SD = 1.424). This change signifies a remarkable mean difference of 3.75 points between the pre-test and post-test assessments. The paired t-test, utilized to determine the statistical significance of this observed change, yielded a striking result ($t = 16.82$, $p < 0.001$), signifying a statistically significant difference in depression scores before and after the intervention. The 95% confidence interval for the mean difference (3.299 to 0.201) reinforces the confidence in this substantial change, indicating that theintervention contributed significantly to reducing the severity of depressive symptoms among the study participants. This statistically significant decrease in the overall mean depression score from pre-test to post-test underscores the effectiveness of the Reiki intervention in alleviating and mitigating depressive symptoms within the study population, highlighting the intervention's potential impact in improving mental health outcomes.

5. The association between the level of depression and various demographic variables

The association between the level of depression and various demographic variables was explored using the chi-square test for independence. While most associations did not reach statistical significance, some findings warrant attention.

Statistically Significant Findings:

Family Monthly Income in Rupees: A statistically significant association was observed between family monthly income and the level of depression ($\chi^2 = 10.93$, $p = 0.02$). Specifically, individuals with an income bracket of 7102-11836 Rupees exhibited higher proportions in the "Moderate" depression category compared to other income groups.

5.4 CONCLUSION

Education in evidence based care gives the opportunity to nurses to improve their ability to apply theoretical knowledge to practice.

Depression is the condition which causes many psychological and physical problems in our life resulting even in termination. It occurs when a person has difficulty dealing with challenging situations, continuous failures, over and negative expectations. Each person facing the problems reacts differently according to their inner abilities.

This study concluded that nurse’s in managing the depression is mandatory.Through Reiki therapy, the level of depression had got reduced to 27.1%. This reduction in depression level reflects the effectiveness of Reiki therapy. So the nurses can educate the clients regarding Reiki self-healing which is cost effective and covers all aspects of the client.

Reiki therapy was effective in reducing level of depression among depressive clients. Since it is cost effective and a self- healing procedure it can be applied in all settings, by all the people who underwent Reiki training and it can be used to all people irrespective of age, gender, religion and societal status.

5.5 IMPLICATIONS

The results of the study have implications for nursing education, nursing practice, nursing administration and nursing research.

NURSING PRACTICE

A psychiatric nurse must have the skills in teaching about stress and depression reductionmeasures. Leaflets can be distributed to the people regarding Reiki. The nurse should have the skills to avoid stress and depression in clinical as well as community setting. Nurses can arrange awareness programs regarding the effective use of Reiki therapy for the different aspects of health. Reiki therapy for the different aspects of health. Community health nurse can be given Reiki for rehabilitation. In Clinical setting, the nurse must use Reiki therapy as a tool for preparation of so many procedures and as an intervention for depressive clients.

NURSING ADMINISTRATION:

Nursing administrators must act as a back bone to provide facilities to reduce the depression among the clients and other persons at Institution. The administration can encourage the nurses to conduct research for prevention depression. The administration can organize conferences, workshops, in-service education and seminars for nurses working in the hospitals and other health care centers regarding Reiki therapy for prevention and management of depression.

NURSING EDUCATION

Nursing curriculum focuses on development of skills in identifying the stress and depression level to reduce the depressive clients and its management. Conferences, workshops, a symposiums and seminars can be held for nurses for exchange of ideas on depression and prepare them to have positive attitude towards challenges. Get theirknowledge updated through in-service education regarding reduction measures of depression, stress management and how to face the challenges, loss and threats. Make available literature related to Reiki therapy Reiki therapy can be used as one of the best alternative therapies and nursing curriculum should include Reiki. Nurse educator can learn Reiki and teach Reiki to the nursing studentsin order to promote their healthy life style and healthy learning.

NURSING RESEARCH

With scarcity of literature and research on Reiki therapy being the feature, the Investigator suggests more researches for treatment of depression by providing Reiki therapy. Nurses should be encouraged to conduct research on Reiki therapy. Liberal allocation of funds, manpower, time and adequate training should be provided tonurses for conducting research.

LIMITATIONS OF THE STUDY

- The study can be done at the old age homes and orphanages
- The study can be done for studying long time effects of Reiki therapy.
- Maintenance of privacy found difficult.
- Since the sample size is small cannot take it as representative sample of generalpopulation.
- A study can be conducted at disaster affected areas by group Reiki.

5.6 RECOMMENDATIONS FOR THE FURTHER STUDY

- A similar study can be repeated with a large sample in a different setting.
- A similar study can be conducted as a comparative study with other complementarytherapies and Reiki therapy.
- A longitudinal study can be undertaken to find out the long term effect of Reiki therapy on depression.
- A similar study can be conducted for treatment of other psychiatric disorders likeschizophrenia, post-traumatic stress disorder and personality disorder.
- The study can be conducted in community set up in order to identify the effect of Reiki therapy without medication.

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ANNEXURE
INTERVENTION

REIKI THERAPY:

DR HAYASHI 1880-1940

HAWAYO TAKATA (1900-1980)

INTRODUCTION:

Reiki is a simple, natural and safe method of spiritual healing and meant for self-improvement. It has been effective in healing virtually every known illness and malady and always creating a beneficial effect. It also works in conjunction with all other medical or therapeutic techniques to relieve side effects and promote recovery. Reiki is a one of the supportive therapy. It has physical, emotional, mental and spiritual features and gives relaxation and feeling of peace and wellbeing.

Reiki is a Japanese technique for stress reduction and relaxation that also promotes healing. It is administered by "laying on hands" and is based on the idea that an unseen "life force energy" flows through us and is what causes us to be alive. If one's "life force energy" is low, then we are more likely to get sick or feel stress, and if it is high, we are more capable of being happy and healthy. (**The International Centre for Reiki Training)**

MEANING OF REIKI:

Reiki is a Japanese word composed of two words. REI and KI. Reiwhich mean spirit and Ki mean energy. The combined meaning of the twowords, is Spiritual Energy or a higher form of energy. But in practice Reiki is translated as Universal Energy, Universal Life Force or Universal Energy Field.

Reiki treats the whole body, the entire gamut of emotions, mind and spirit. It involves physically, emotionally mentally and spiritually and gives relaxation and feelings of peace and wellbeing.

ORIGIN OF REIKI:

Reiki is an ancient healing art that is thousands of years old and was rediscovered in the mid-1800 toearly 1900's by Dr. Mikao Usui. He was a Japanese monk and educator who sought the origins of the healing art from the Tibetan sutras, ancient records of cosmology, and philosophy. The laying on of hands method of Reiki is akin to healing used by Buddha and Jesus (Barnett & Chambers, 1996; Hebner, 2000; Rand, 1991; Stein, 1995).

Reiki was developed by Mikao Usui in 1922 while performing *Isyu Guo*, a twenty-one day Buddhist training course held on Mount Kurama, involveing meditation, fasting, chanting, and prayer. Usui had gained the knowledge and spiritual power to apply and attune others to what he called Reiki, which entered his body through his crown Chakra. In April 1922, Usui moved to Tokyo and founded the *" Usui Reiki Ryoho Gakkai"* Dr. Usui passed the Reiki Master initiation to Dr. Chijuro Hayashi and Dr. Hayashi taught Mrs. Hawayo Takata who brought Reiki to the United States in 1938. From there Reiki has spread rapidly. Reiki

is taught in separate Level I-Level II.

Five Reiki Principles Taught By Dr Usui

Introduced by Usui and taught to his students as spiritual teachings and were to be followed and be a guide in his/her life. Practice of these principles we would put the user path of self-healing.

The secret of inviting happiness. The spiritual medicine for all illness

- Just for today, do not get angry
- Just for today, do not worry
- Just for today, be grateful
- Just for today, take delight in your work
- Just for today, be kind to others.

Do repeat these at the beginning of each day.

REIKI SESSIONS:

Once you have been attuned to Reiki energy you can treat others or yourself with Reiki. It is useful after an attunement to practice daily on yourself, helps for energy flowing. Reiki is not a substitute for traditional medical practise, but it can be an exceptionally useful complimentary therapy.

CHAKRAS:

Chakras constitute a key factor in all aspects of Reiki and you should have a basic understanding of what they are. There are 7 major Chakras. They are energy portals where energy flows. When a Chakra becomes blocked, an imbalance occurs. If it is not cleared, illness and Disease can manifest themselves.

1. The First Chakra - Root Chakra located at the base of the spine. It is linked to survival and our ability to ground ourselves in the physical world.

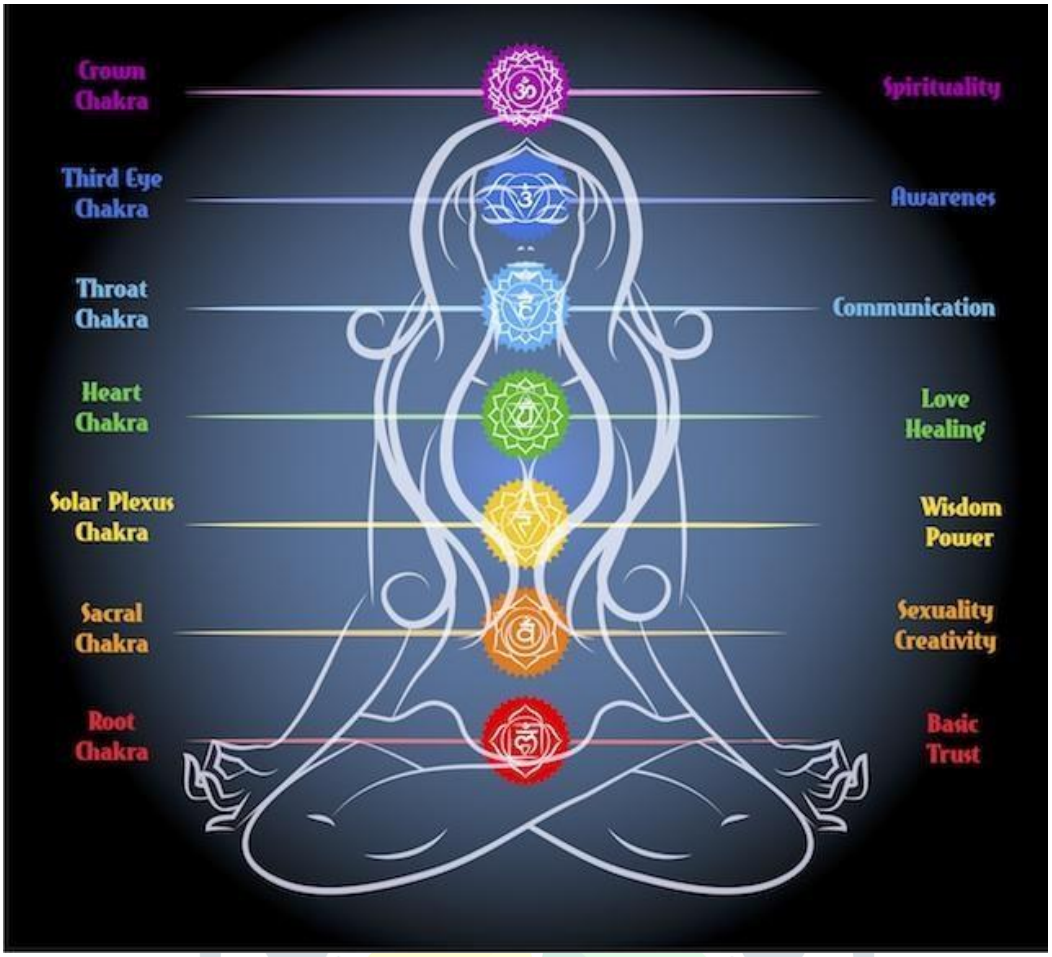
2. The Second Chakra - Sacral Chakra located just beneath the navel. It is related to our sexual and reproductive capacity.

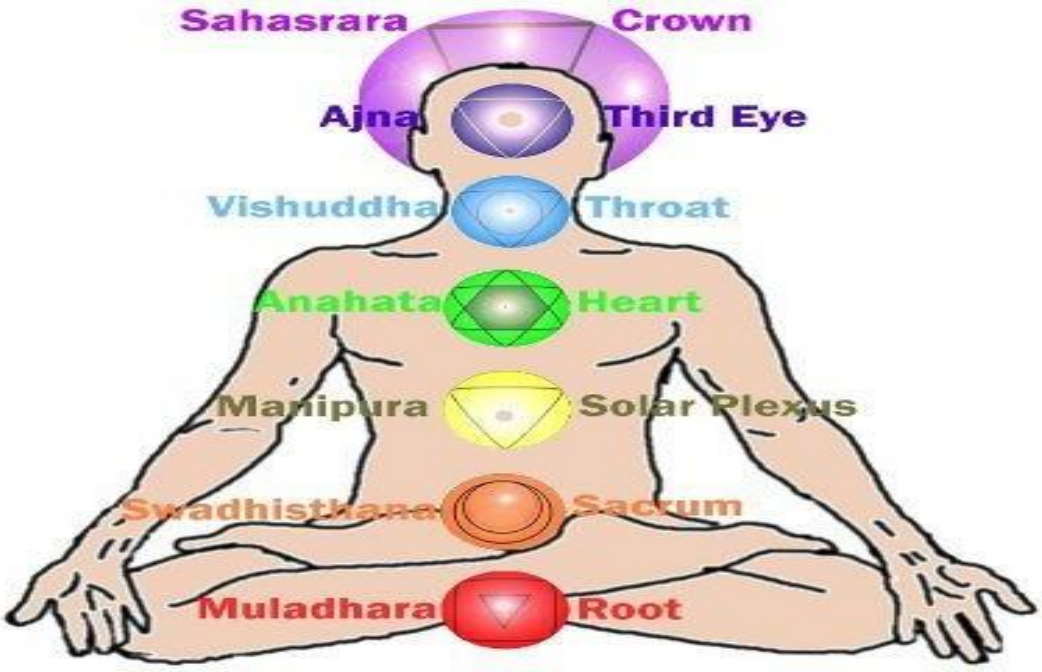
3. The Third Chakra - Solar Plexus located behind the solar plexus which gives us our personal power in the world.

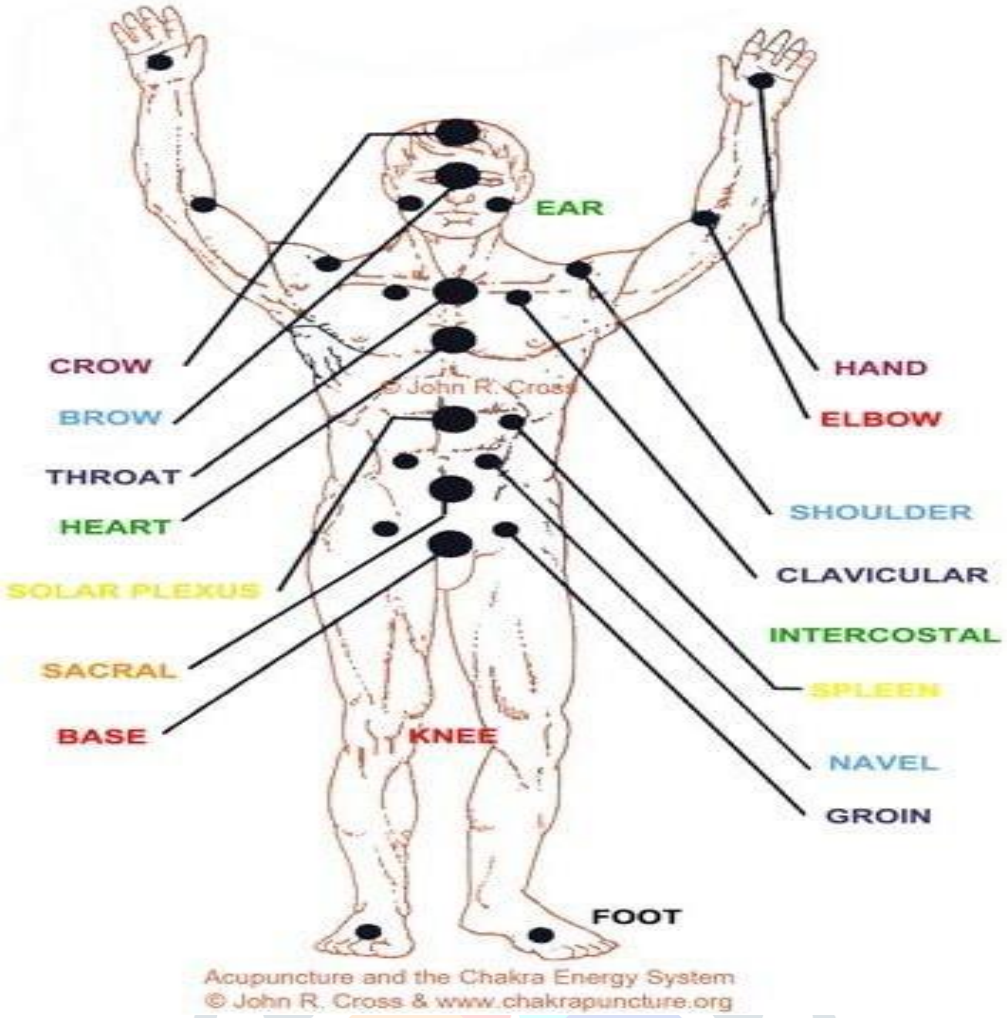
4. The Fourth Chakra - Heart Chakra located at the Heart and gives us the ability to express love. 5. The Fifth Chakra - Throat Chakra is linked to creativity and communication.

6. The Sixth Chakra - Third Eye Chakra located between the eyebrows. This is the centre of intuition and awareness.

7. The Seventh Chakra - Crown Chakra located at the top of the head. This is relates to one's personal and spiritual connection to the universe.


Crown Chakra
Spirituality
Third Eye Chakra
Awarenes
Throat Chakra
Communication
Heart Chakra
Love Healing
Solar Plexus Chakra
Wisdom Power
Sacral Chakra
Sexuality Creativity
Root Chakra
Basic Trust


Sahasrara
Crown
Ajna
Third Eye
Vishuddha
Throat
Anahata
Heart
Manipura
Solar Plexus
Swadhisthana
Sacrum
Muladhara
Root



AURA

The Aura is the energy field which surrounds our body and interacts with forces within our environment. This energy field has several different functions. Aura regulates the volume of energy within our system; it serves as an advanced contact system with other energy fields and can be used in the diagnosis and treatment of illness. It can be strengthened to provide a means of defence.

The auric body is made up of several layers, one layer for each chakra. Each one of the auric layers is governed by a specific chakra but all the chakras exist on all layers. There are seven auric layers and a total of 56 chakras manifest on all seven layers and the physical body.

The first auric layer is the Etheric layer. The etheric layer is closest to the body and fits nearly like a second skin. It has a definite size and shape. Generally, it extends from 1/4 of an inch to two inches from the body. Lines of energy are readily seen in this section of the aura since it is most closely linked to the physical body. It usually appears to "sight" as a blue or grey light or haze.

The second auric layer is the Emotional body. This layer deals with emotions, including emotions with us and emotions we have for other people. The emotional layer is often seen as a mass of energy swirling about the body. The form pretty much approximates the human shape but is not well defined as the etheric layer. In

fact, each layer out becomes less and less structured as a physical person.

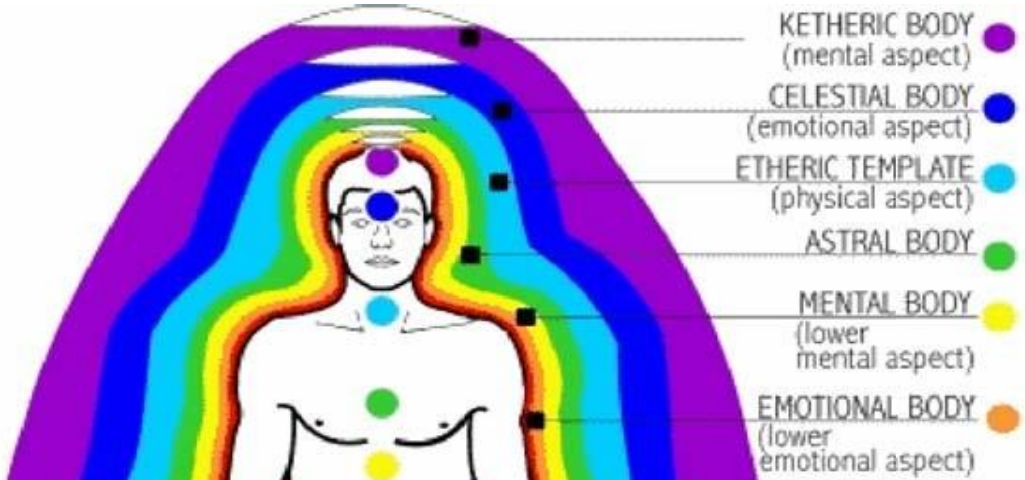
The third auric layer is the mental layer. This is the layer of thought and ideas the layer where concepts are fashioned into reality. It usually is most visible around the head and shoulders as a yellowish light. It is in this layer that thoughts and ideas actually become pronounced.

The fourth auric layer is the astral layer. The astral layer marks the division between the physical layers and the higher layers. This layer is responsible for interaction between individuals. It is the layer of love and of relationship. Emotional bonds are formed on this layer.

The fifth auric layer is the Etheric Template. This is a copy of the physical body on a higher level. It is the "master" copy for the Etheric body to model itself after.

The sixth auric layer is the Celestial body. It is the body of emotional level on the spiritual plane. Through this layer we are able to commune with Spirit. It is the level of unconditional love and trust.

The seventh auric layer is the Ketheric Template, also known as the Causal Body. This is the mental layer of the spiritual level. This layer helps one to become with the Spirit and access to the akashic records and delve into our past lives. It is the layer of true.



THE BODY SCAN

Scanning is a technique that is useful to know. It is now clear that Usui taught a Scanning technique. Scanning is placing your hands into the energy field of another to get a feeling for differences in their energy field.

LEVELS OF REIKI:

Level 1: The student is attuned to 3 Reiki symbols which are imbedded for life within the student's aura, as well as directed to 5 key areas or positions within their body.

Level 2: The Reiki attunement opens the student's Heart Chakra. The purpose is to allow the student to share and experience unconditional Universal love and compassion.

Level 3: Advanced Practitioner Level, or Advanced Reiki 3 Level, or Reiki Master Level.

ATTUNEMENTS

Purpose of Attunement:

The main purpose of an attunement or reiju (pronounced Ray-joo) is to raise the student's energy level to re-connect to the true inner self (soul), plus strengthen the connection to universal spiritual energy.

In Reiki Level 1, the student is attuned through four initiations, to three symbols

- The power symbol -Cho-Ku-Rei,
- The mental/emotional symbol , Sei-He-Ki and
- The distant/absentee symbol, Hon-Sha-Ze-Sho-Nen.

1st initiation:

Energy is utilized through student's physical body to raise the energy vibrational level and to increase healing capacity. Attunement opens crown chakra to access and channel more universal energy light, plus initiate universal wisdom and purpose to flow.

2nd initiation:

Energy operates through student's etheric body (spiritual double located slightly above the physical body). Attunement opens cervical and spinal column to improve the functioning of entire nervous system, plus open throat chakra to enhance communication.

3rd initiation:

Balances student's right and left brain for clearer thinking and action

4th initiation:

Influences student's pineal and pituitary gland, which increase higher consciousness and intuition. The pineal gland located at the 7th chakra (crown) increases perception of light, plus connects student to the universal source of energy. The pituitary gland located at the 6th chakra (third eye) is also influenced to balance the endocrine system (see diagram page 19), as well as the brain. The symbols are permanently sealed into the student's hands and aura, before the energies between student and Master, are disconnected. This initiation completes the process allowing the energy channels to remain open.

Preparing Students for Attunement Process (to relax student)

• Play soft Reiki music if you like

• Sit with feet flat on the floor, place hands on laps (avoid crossing limbs- this indicates non-acceptance foe receiving)

• Close your eyes, take 3-deep breaths and relax

• Take a moment to scan yourself

• Starting at your feet and working upward toward your crown, observe any tenseness and relax each muscle

• Say to students, "You are safe and secure at all time"

SYMBOLS OF REIKI:

1. Choku Rei 2. Sei He Ki 3. Hon Sha Ze Sho Nen

HOW REIKI WORKS

We are alive due to life force is flowing through us. Life force energy flows within the physical body through pathways called chakras, meridians and nadis. It also flows around us in a field of energy called the aura. Life force nourishes the organs and cells of the body, supporting them to do vital role. While this life force energy depleted, it causes diminished function in one or more of the organs and tissues of the physical body.

The life force energy is a reflection of our thoughts and feelings. It becomes disturbed when we meet, either consciously or unconsciously, negative thoughts or feelings about ourselves. These things attach themselves to the energy field and cause a disruption in the flow of life force, reducing the vital functions of our body. Reiki heals by flowing through the affected parts of the energy field and charging them with positive energy. When treating others, there are a number of hand positions to use. Each position is held for 3 to 5 minutes, more or less, before moving to the next position. Trust your intuition. At times you might feel led to place your hands on a certain area, and in this case trust your intuition and do that. Reiki sessions are conducted with the client fully clothed. When working around private areas you hold your hands about 3 to 5 inches above the area, instead of directly on the person. Ask the person to remove his shoes and to close his eyes and relax. As you place your hands in the first position say to yourself "Reiki On". This will focus your

intentions on the start of the Reiki flow.

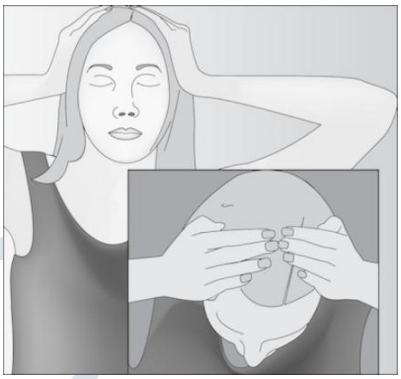
Hand positions and locations of Self-healing and healing others:

1. **Face:** This position covers your fore head (third eye chakra) and eyes, nose, ears, etc. A few minutes of Reiki in this position will relax all the muscles in this region and bring a glow on your face. With practice you will literally feel the stress dissolving. Your body will not have any proneness to cause head-aches when you do this regularly.
2. **Temples and your brain:** Your brain controls many parts of your body. This position helps you in maintaining healthy teeth and jaws.
3. **Brain (head)**
4. **Throat:** This energises many vital parts of the body. Constant practice will give you a voice and helps you to communicate.
5. **Heart chakra:** This will transform your relations and fill your heart with love, forgiveness and compassion. This helps to energise the thymus gland and thus has the potential to improve your mood instantly.
6. **Solar plexus and organs like stomach, liver, etc**. This position gets you heal past emotional pain and thereby heals.
7. Abdominal area: With continuous practice, not have any proneness, you will find your breathing getting normal and natural.
8. **Pelvic area:** This is the Reiki hand position for fertility and abundance. Practice makes you to feel as a peaceful person.
9. **Shoulders and neck area:** This gives you more strength to fulfill your responsibilities. It gives you unlimited strength and power.
10. **Upper back and shoulder blades:** This position heals vital organs like the lungs, etc.
11. **Lower back along with your kidneys and other organs:** It gives you strength and vitality. A few minutes of healing at this position makes you full of energy. These positions also energise your joints, tissues, muscles and bones.
12. **Spine area and your root chakra:** It makes you feel grounded and settled in just a few minutes. As with other hand positions, this one also heals other organs in this area.

HAND POSITIONS TO HEAL SELF

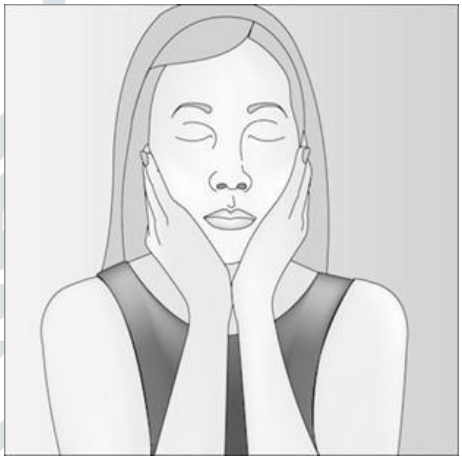
1. Face

2. Crown and Top of the Head



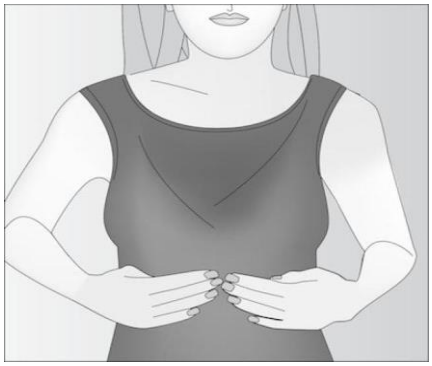
3. Back of the Head

4. Chin and Jawline

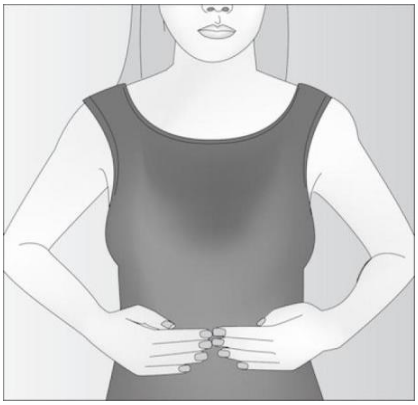


5. Neck Collarbone and Heart

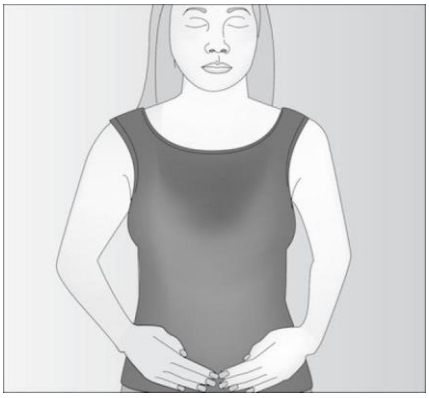
6. Ribs and Rib Cage



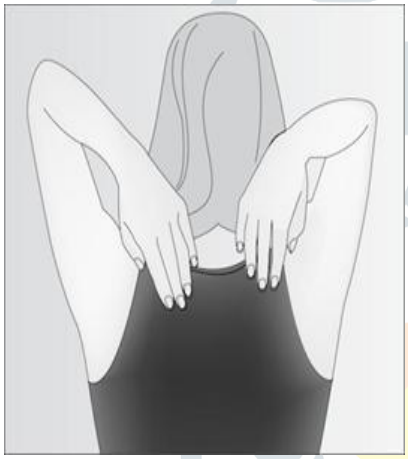
7. Abdomen



8. Pelvic Bones



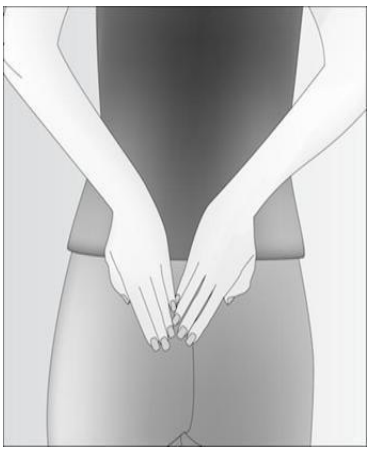
9. Shoulder Blades



10.Midback

11. Lower Back

12. Sacrum



REIKI HAND POSITIONS TO HEAL OTHERS

Hands on shoulders This is comforting for the client while I say prayers for us both and feel the Reiki energy start to flow.

1 - Crown chakra Place both hands on the crown of the head.

2 - Third eye chakra With one hand behind the head and the other on the forehead or both hands could be under the head.

3- Ears and jaw With respect to the client's boundaries, the hands may need to be held just away from the face

4 - Throat chakra Touching the throat is uncomfortable but resting one hand on the collar bone may Be comfortable enough.

5-Heart chakra Obviously when treating a woman hands Should be held away from the chest.

6 - Solar plexus chakra One hand each side of the solar plexus chakra works well.

7 - Sacral chakra With the hands each side of the chakra. The sacral chakra is about a hand's width below the navel.

8 - Base chakra Both hands can be held away from the base chakra or the hands can be placed to each side, on the hips.

9 - Arms Hold the client's hand with thumbs Inter-locking and one hand on the shoulder. Then do the other arm.

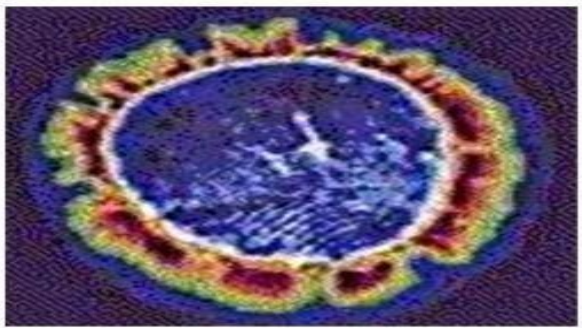
10 - Legs Place one hand on the hip and other on the middle of the foot. Then do the other foot.

11 - Feet It is grounding and comforting for the clients to Reiki both feet at once at the end.

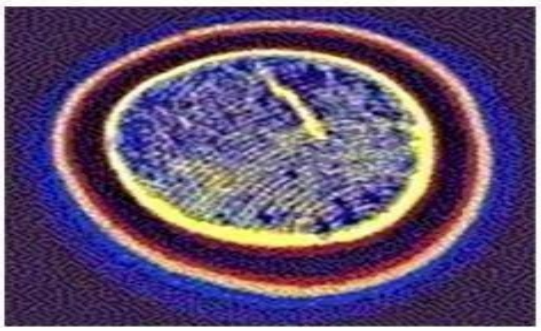
12 - Sweeping strokes over the body To finish, move the hands in sweeping strokes, as if brushing through the aura just above the body, from head to toe.	13- Hands on shoulders At the end I take time to feel gratitude and give thanks for the Reiki healing and the blessings we have received.

KIRLIAN PHOTOGRAPHY:

Kirlian photography is a technique of photographing the etheric energy patterns around living things. Pioneered by Semyon Kirlian, a Russian researcher in the 1940's, it is based on a phenomenon known as corona discharge. This discharge pattern seems to follow the pattern of the etheric aura. As you can see from the images above, the energy after Reiki is stronger, more organized, and more balanced.



Before healing
The bright outer layer which normally acts as a protective layer (aura) is gone fading and has a lot of negativity



After healing
The energy is cleaner and the aura is intact again

INDICATIONS FOR REIKI THERAPY:

- Cancer
- Heart disease
- Anxiety
- Depression
- Chronic pain
- Infertility
- Neurodegenerative disorders
- ADD/ADHD
- Autism/developmental delays
- HIV/AIDS

- Crohn's Disease
- Irritable Bowel Syndrome
- Traumatic brain injury
- Emotional illness, including mild psychosis
- Fatigue syndromes
- End-of-life care and bereavement (By Andrea Stillman)

CONTRA INDICATIONS

No contra indications for Reiki therapy.
Reiki is for everyone: it heals adults, babies, toddlers, children, elderly and pets and plants

Reiki and Depression:

Regular Reiki self-healing can make anyone totally free from feelings of helplessness, hopelessness and worthlessness and make life positive again. It may affect sleep, concentration, level of thinking, appetite and psychological condition. . Reiki reduces the mental stress, anxiety, depression and the pains. The negative thoughts, emotions and feelings disturb the flow of life force energy in our body. Reiki produces a good effect by dissolving the barrier in the flow of life force energy. Reiki symbols, positions, self Reiki symbols, positions, self-healing methods, distance healing techniques all are highly useful in treating depression.

Symbols to treat Depression

Choku Rei: The general meaning of Choku Rei is: "**Place the power of the universe here**". This is power symbol which can be used for increasing the power of Reiki. It can also be used for protection. See it as a light switch that has the intention to instantly boost your ability. Draw or visualize the symbol in front of you and you will have instant access to more healing energies.

Sei He Ki: This symbol is used for the treatment of depression and heals mental and emotional illness, protection, clearing, balancing and purification of mind. It also reduces the fear, anger and sadness.

Hon Sha Ze Sho Nen: This symbol can be used as distance Reiki across the room, across the country or any part of the world. This symbol is also called 'The awakened Heart'. This symbol can heal the Karmic and problems associated with it. It is helpful in relieving the mental and emotional pain as well as stress.

Depression and Chakras:

Root Chakra represents the physical power of a person and has association with parts of the body, such as spine, teeth, anus, colon, rectum, cell building parts and blood. Root Chakras influence the suprarenal glands, which are responsible for production of emergency hormone (adrenalin). Root Chakra imbalances can cause physical problems to a person and makes them low from body and mind. The creative energy of such a person becomes low and they lose their self-control and get indulged into sensual pleasures. They become selfish, overweight, constipated, irritable, upset, violent and aggressive; even for minor things. In a few cases, this chakra is fully blocked and will induce feelings of uncertainty in a person.

Naval Chakra is the reproductive centre of a human being. It is associated with all liquids in the body

(lymph, blood, gastric juices, and regulators of menstrual cycle in females), kidneys, bladder and pelvic region. Prostate gland, ovaries, testicles and gonads are associated with this chakra. The activeness in this chakra will make a person free and ease the self-expression in them. It will also make interpersonal experiences good and create high esteem of human being. Any disharmony in this chakra will turn off sensual feelings and make a person low and create lowness in sexual charm in individuals. This can induce suicidal thoughts in nature.

Solar Plexus Chakra is the power centre of human beings. Solar Plexus Chakra is located between high and low chakras of body and purifies the basic instincts to direct the creative energy to higher values of life. It helps in the integration of wit, is associated with nervous system, digestion, lower back region, abdomen, liver, spleen and stomach areas. Solar Energy is absorbed by the body through this chakra. It energizes and maintains the parts of the body and govern the emotional being of a person. A person having blockage in this chakra would feel unbalanced body and mind. They will get negative, restless and gloomy in nature. They might feel rejected and discouraged, and will forget their true goals in life.

The symptoms of a person having acute depression can affect him physically, mentally or emotionally. The blockage in any of the above mentioned chakras will have a negative impact on mind, body and attitude of a person. The energy levels of a person will become lower and driving him to avoid situations requiring expression of feelings. He becomes unsound physically and emotionally. There will be decrement in physical stamina and even the moody nature will become a big hassle for a person. The interest in life will become less and the person will refuse for socialization. In extreme cases, the person might think about ending his/her life.

Positions to treat depression:

Reiki hand positions are there for treating self & others. These Reiki positions are very helpful to relieve mental depression. Hands are placed on energy centres of the body which is called Chakras. The endocrine system is influenced by these energy centres, when Reiki is given to the energy centres there is a balancing effect on the glands. Place hands on the back of the head and give Reiki, which will promote relaxation and relieves headaches associated with depression.

- Place your hands on the either sides of the umbilicus and give reiki, that will helps to relieves the symptoms like nausea, vomiting, stomach ache and indigestion and ultimately will reduce the depression.
- For muscle ache and headache, place hands across the shoulder (scapulae) at mid to upper point. This position will helps us to relieve the head ach, muscle pain and stomach pain.
- Place the hands across the lower ribs which impact the kidneys and improve the function of the adrenalin glands and definitely change the mood to obtain positive health.

How Reiki works on depression:

The person suffering from acute depression requires healing from the Reiki grand master. He requires visiting the clinic for 21 sessions where his aura is cleaned and set free of the dark spots on the *chakras*. The Reiki grandmaster heals all the affected *chakras*. The patient needs to have a positive attitude and accept the

healing energy passed on to him. After these 21 sessions the patient feels totally positive and out of depression. Reiki healing shuns all the negative energy and helps human being to combat depression.

Reiki - a powerful and gentle healer (Benefits)

- Promotes natural self-healing
- Balances the energies in the body
- Balances the organs and glands
- Strengthens the immune system
- Treats symptoms and causes of illness
- Relieves pain
- Clears toxins
- Adapts to the natural needs of the receiver
- Enhances personal awareness
- Relaxes and reduces stress
- Promotes creativity
- Releases blocked and suppressed feelings
- Aids medication and positive thinking
- Heals holistically and Reiki is easy to le