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ARC INK is for the information of ARC Inc members

# ARC INK Magazine



Published quarterly by the Australian Reiki Connection Inc.

## 'Presidential Comment' by John Coleman



Greetings ARC Members and welcome to this the second edition of the ARC INK Magazine in 2012. A warm welcome to our new members who have joined us in ARC and a warm welcome back to those who have rejoined ARC. Thank you for choosing ARC as your Professional Reiki Association. A reminder that this years National Reiki Awareness Week runs from Sunday June 3rd to Saturday June 9th. I urge each and every one of you to endeavour to organize an event in your clinic or local area or at the very least to participate in an event near you.

Remember your event can take place on any day during the week. This is an opportunity to further promote and educate others on the benefits of Reiki while at

the same time promoting you as Reiki Practitioners. Practitioners do not have to be members of ARC in order to participate so let your friends and colleagues know the dates and invite them to become involved. YOUR event details will be advertised on the ARC website for the Public to see. This year, ARC has produced a support pack for those of you who are organising an event, for more details see pages 12 and 13 of this ARC INK edition.

When we hear Reiki sceptics lobby against the integration of "energy based therapies" they more often than not refer to Reiki as an "ALTERNATIVE" therapy. This can be expected from them, however, I often notice with sadness, that many Reiki Practitioners and Teachers also refer to Reiki as an "Alternative" therapy. It is extremely important that emphasis is placed on informing others that Reiki is a **Complementary** therapy that works alongside all other medicines and therapies. It is incumbent on all of us as professional and passionate Reiki Practitioners and Teachers to inform our clients, the general public and those working in Mainstream Health as to the appropriate and safe use of **Complementary** therapies including Reiki. Which form of words are you using in your literature and in your explanation of Reiki?

This edition of the ARC INK is again packed with interesting articles and I thank all of our contributors for their submissions and permission to reprint where appropriate. These include news stories on a 'hands-on-healing' trial in the UK and a groundbreaking scientific study in the USA and also articles on what makes a great healer, healers in the operating room, healing ourselves and the 'confessions of a frustrated pharmacist'! Of particular interest are the *personal Reiki stories*, outlining the benefits of Reiki treatments. Do you have a personal Reiki story/case study you would like to share. If you would like to submit your own article or have a suitable article for inclusion please send it to [editor@australianreikiconnection.com.au](mailto:editor@australianreikiconnection.com.au) as we would love to have your input.

Do you have something Reiki related to sell or want to purchase, some snippet you would like to share with others then why not avail of the new Member Zone. It is there for members at the request of members so please help to make it work.

Finally, I would like to remind members that the ARC INK Editorial team welcome Members comments and feedback. You are encouraged to contact us and voice your opinions. Thank you for taking the time to read this ARC INK we look forward to hearing from you.

Enjoy your **ARC INK Magazine**

Love light and lots of laughter and Wellness,

John - President of ARC Inc.

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### MISSION STATEMENT

Australian Reiki Connection Inc. is an Association working with and promoting the spirit of Reiki through teaching, healing, fellowship and research, both within the Reiki community and the wider community

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ARC welcomes your comments - 1300 130 975

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**By Tony Carroll - Editor ARC INK**

*Australian Reiki Connection is delighted to announce - "NATIONAL REIKI AWARENESS WEEK 2012" which will run for 7 days from Sunday 3rd to Saturday 9th June. National Reiki Awareness Week will only be successful if **you** take part ...*

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**ENJOY YOUR MAGAZINE!**

# REIKI SHARE

Here is a list of locations and contact details where Reiki events are held on a regular basis, organized and facilitated by **ARC/AARP** members, your participation is welcomed. However, you will need to contact the convenor for more details as to the frequency, times, days, cost, etc. Further inclusions cheerfully accepted. *If you are listed and should not be **OR** if you should be listed and are not - **PLEASE** contact the editor today.*

Location	Convenor / Details	Location	Convenor / Details
<b>ACT</b> - Chapman Only Reiki Channels / Monthly	Alison McLean <b>AARP</b> Ph:0428 873 262	<b>VIC</b> - Beaumaris Only Reiki Channels / Monthly	Louise Riley <b>AARP</b> Ph:0418 391 809
<b>ACT</b> - Tuggeranong Open to All interested / Monthly	Vickie Hingston-Jones <b>AARP</b> Ph:0422 008 759	<b>VIC</b> - Brunswick Open to All interested / Monthly	Sylvia Kovacevic <b>AARP</b> Ph:0412 332 077
<b>NSW</b> - Albury - Wodonga Only Reiki Channels / Monthly	Karen Hutchinson <b>AARP</b> Ph:02 6024 4891	<b>VIC</b> - Caulfield Open to All interested / Monthly	Sharon Tal <b>AARP</b> Ph:0402 117 701
<b>NSW</b> - Engadine Only Reiki Channels / Monthly	Sue Khallouf <b>AARP</b> Ph:0407 661 164	<b>VIC</b> - Craigieburn Only Reiki Channels / Quarterly	Doreen van Boxtel <b>AARP</b> Ph:0415 558 425
<b>NSW</b> - Goulburn Only Reiki Channels / Monthly	Cherrie Brown <b>AARP</b> Ph:0432 409 061	<b>VIC</b> - Delacombe Open to All interested / Monthly	Wendy Rattray <b>AARP</b> Ph:0409 362 349
<b>NSW</b> - Killarney Vale Open to All interested / Monthly	Veronica Doppler <b>AARP</b> Ph:0408 494 807	<b>VIC</b> - Eaglehawk Only Reiki Channels / Monthly	Janet Sporton <b>AARP</b> Ph:03 5446 1996
<b>NSW</b> - North Sydney Only Reiki Channels / Quarterly	Erica Bagshaw <b>AARP</b> Ph:0414 598 262	<b>VIC</b> - Eltham Only Reiki Channels / Weekly	Inge Schmidt <b>AARP</b> Ph:03 9434 4228
<b>NSW</b> - Raby Open to All interested / Monthly	Irma Watson <b>AARP</b> Ph:0413 999 539	<b>VIC</b> - Fitzroy Open to All interested / Monthly	Jeremy O'Carroll <b>AARP</b> Ph:0417 328 457
<b>NSW</b> - Saratoga Open to All interested/2 Monthly	Pamela Northcote <b>AARP</b> Ph:0419 432 344	<b>VIC</b> - Lilydale Open to All interested / Weekly	Lorraine Mitchell ..... Ph:03 9735 0642
<b>QLD</b> - Reedy Creek - Gold Coast Open to All / Weekly & Monthly	Rachel Holmes <b>AARP</b> Ph:0420 238 933	<b>VIC</b> - Oakleigh South Open to All interested / Weekly	Liest Meuris <b>AARP</b> Ph:0421 490 983
<b>SA</b> - Aldinga Beach Open to All / Fortnightly	Marie Millikin ..... Ph:0432 083 033	<b>VIC</b> - Ormond Open to All interested / Monthly	Lida Parker <b>AARP</b> Ph:0403 861 638
<b>SA</b> - McLaren Vale Only Reiki Channels / Monthly	Christine Sinclair <b>AARP</b> Ph:0411 604 753	<b>VIC</b> - Pascoe Vale South Open to All interested/2 Monthly	Veronica Ulicni ..... Ph:03 9386 3853
<b>SA</b> - Mount Gambier Open to All interested / Monthly	Kathy McKie <b>AARP</b> Ph:0406 355 249	<b>VIC</b> - Preston Open to All interested / Weekly	Helen O'Connor <b>AARP</b> Ph:03 9484 7276
<b>TAS</b> - Lindisfarne Open to All interested / Monthly	Joy Nicholson <b>AARP</b> Ph:0415 416 168	<b>VIC</b> - St Albans Open to All / Fortnightly	Waltraud Scharhag ..... Ph:0413 372 036
<b>VIC</b> - Abbotsford Only Reiki Channels / Monthly	Andonna Gotsi <b>AARP</b> Ph:0422 261 394	<b>WA</b> - Joondalup Only Reiki Channels / Weekly	Judith Sims ..... Ph:0422 198 273
<b>VIC</b> - Airport West Open to All interested/2 Monthly	Hilary McPhee <b>AARP</b> Ph:0438 561 124	<b>WA</b> - Mullaloo Open to All interested / Monthly	Vicki Marshall <b>AARP</b> Ph:0438 700 122

## Member M-zone

### Welcome to the Member Zone

On this page Members can relate  
**NEWS & INFORMATION**  
about their work and life and voice opinions on what  
is or should be happening within the Reiki World



One of the founding principles of the Australian Reiki Connection and part of our Mission Statement is to encourage friendship amongst our many members. The INK has introduced a new section to the Magazine known as the Member Zone - it is hoped that ALL Members will use this facility to connect in fellowship.

#### VALE - William Alexander Heyes BUNDOORA - VICTORIA

In remembrance of our dear friend Alex Heyes following his recent passing. Much respected ARC Member and Reiki Teacher and enthusiastic miniature Rose grower - Our sincerest condolences to Foina and all of their family at this sad time.

#### ARC 2010 NATIONAL REIKI CONFERENCE DVD's ARE NOW AVAILABLE FOR YOU TO BUY

ARC is delighted to offer the 10 DVD set of Presenters at the 2010 Conference for \$150 plus \$10 p&p  
**50% OFF [\$75 + \$10 p&p] for Conference attendees**  
DVD's of individual presenters are also available to buy  
Download the order form on the ARC website or phone  
1300 130 975

If YOU would like to contribute to YOUR Zone - whether a point of view or a gripe - a request for or to impart knowledge you can email: [editor@australianreikiconnecton.com.au](mailto:editor@australianreikiconnecton.com.au) or write to: ARC INK Editor PO Box 525 MONBULK VIC 3793 or tweet to: @AustralianReiki ..... We want to hear from you!

*I have been working with Lambert a sufferer of Parkinson's disease for 2 months now. Lambert, a 55-year-old Indian male was diagnosed with PD about 3 years ago. Once a gifted guitar player and teacher, Lambert has had to put his guitar down and has retracted into himself. His self confidence has dwindled causing deep emotional and social problems that force him continually into deep depression. He has been prescribed various clinical drugs for his illness like primerol and sindopa, however they do not seem to be making much of a difference. He has for the past year been searching for some other form of treatment to complement his already prescribed medicines. I met with Lambert and agreed to treat him with Reiki.*

## **Background to Parkinson's and the Intervention of Reiki**

Parkinson's disease (PD) is a progressive neurological disorder of the middle brain. PD has far ranging effects including (but not exclusive to) degeneration of the body's basic motor functions and mild to more serious speech impediment. It is not just physically damaging it is also damaging emotionally. The sufferer loses confidence from the outset. The disease forces them to become very insular.

Although the basic root cause of the illness is known there is no complete cure as yet. PD is caused by the deficiency in the body's natural dopamine levels. It is progressive and can eventually cause complete disability to the sufferer. The current drugs available for the disease do in some ways slow the ailment down and help to control the illness however medical science can only do so much. Both the sufferer and their family need to be educated regarding preventative measures such as correct and well balanced diet, mild exercise, and other general wellbeing measures - complementary therapy being one of the preventative measures highlighted. It has been found that sufferers of PD have a lower life expectancy than that of a normal functioning individual. Surgery for most is a last ditch hope of achieving lasting results.

It has already been clinically proven that the intervention of various complementary healing modalities work hand in hand with medical science to combat and slow the disease down. Various articles have been written regarding the intervention of Reiki and Parkinson's disease over the past few years. The findings have been that after the first treatment, the sufferer has been able to control better their motor function for up to 5 days after the treatment. In my opinion (although some medical scientists may disagree), Reiki actually helps the brain to balance the body's natural dopamine levels, due to the external EMF energies channelled through the practitioner to the client.

## **First Treatment**

For Lambert's first treatment I filled out a very detailed interview form, which allowed me to find out whether the patient has seen a doctor, what the doctor's diagnosis was, what prescription drugs he is on and whether he's also suffering from any other ailments.

I scanned Lambert using the Traditional Japanese method of Byosen Reikan Ho to gauge which areas would benefit best during the treatment. The area around the left and right sides of Lambert's head were unsurprisingly very hot. Also at the front and back of Lambert's head there were various cold spots. The heat guides the healer to focus on physical ailments; the cold felt usually guides the practitioner to emotional problems being suffered by the client. Although Lambert has a lot of deep rooted emotional attachment to his illness, I primarily concerned myself with the physical aspect (as that was giving off the most sensation in my hand). With all of my clients I treat the worst ailment first.

My focus for the first treatment was that of a very physical nature using ChoKuRei as my Symbol of focus in conjunction with the colour violet. This was coupled with my deep intent to actually increase Lambert's neurological function in the middle part of the brain.

The first hands-on treatment lasted for 45 mins, and about 20 mins into the treatment Lambert fell asleep. This is quite common when giving Reiki energy due to the increased calming effect that happens as a by-product of the healing regardless of whether it is physical, emotional or even spiritual. My hands throughout the treatment throbbed immensely due to the amount of energy that I was channelling into Lambert.

After the treatment, Lambert felt a complete sense of relaxation. He did not see anything (colours, shapes, visions) - due mostly to him falling asleep during the treatment. He did however feel deep-rooted heat, not just where my hands were touching his skin, but deep inside his head. We chatted for a while regarding other avenues he could try linked with Reiki to further combat his illness. We arranged to meet another time for a further treatment and he got up to leave. His mobility had increased, and he didn't feel his usual stiffness after being static for so long. Even though he still showed signs of decreased motor function, it was not as severe as before the treatment.

## **Second Treatment**

The second treatment took place 3 days later. He said he was feeling more energetic when awake, and also able to sleep better. I again scanned him to look and feel for improvement in the affected areas using Byosen

Reikan Ho. He had decreased heat around the sides of his head and also decreased cold around the front and back of his head. The sensations had not completely gone but there was a huge improvement. Even though I concentrated on the physical frequency at a very high colour of the energy, it is completely normal for some emotional healing to take place. I believe that the emotions he's feeling are almost manifesting into physical problems and are causing his illness.

### Lambert's Reiki Course

Unfortunately after the second treatment, Lambert had to relocate to Abu Dhabi for a month, and treating Lambert proved very difficult for this time. We had already agreed to meet on his return for me to teach him a mini Reiki level I/II course. I have no doubt that this will help Lambert in the long run. After only 2 treatments Lambert felt much better for the next 2 weeks before slowly digressing back into how he felt before. This has motivated me to spend extra time teaching Lambert, as he needs to be able to self heal for times in the future when I am not there. This will help with his finances and will bring being his confidence forward in leaps and bounds.

During the attunement process, Lambert felt waves of energy moving down his body bringing him to a complete state of calmness. Having experienced these effects with a great number of clients I have come to realize that the waves of energy he is feeling is actually negative stress energy leaving his body. As we all know, stress energy is very damaging over time to us as individuals; it is caused by the absorption of negative energies surrounding us coupled with general stresses in our lives associated with family, work and basically anything in our lives that we view in a negative way.

The level I course will give Lambert the tools to self heal using Rei (spiritual energies only). Yes, it's not ideal for his conditions (both emotional and physical), but it is a start to integrate the self-healing process into his life. In addition, when time allows during the course I give CKR (ChoKuRei) treatments also.

My focus during these more recent treatments is to concentrate high frequency energy into his crown chakra, with the intent being to increase his motor function and balance his dopamine levels. My visualization for this is violet thunder-strikes to his brain to set off a violet electrical current reaction throughout his body. This I find as before gives him greater range of motion after each treatment.

### Third Teaching Day

After one week of self-healing (using just Rei energies to increase his spiritual frequency), Lambert feels so much better. His range of motion has increased a great deal, and he is not shaking as much as before. His confidence in his own abilities has also improved.

On the third teaching day my focus changed: Lambert is now using self-healing using predominately ChoKuRei has his healing focus. We achieved this by visualizing ChoKuRei in a very bright blue to purple. Through this intervention I have seen a direct improvement in Lambert's condition. I am not a medical doctor so there is no clinical proof to this, however through spending time with Lambert over this 2-month period I can see for myself and hear from Lambert that he is feeling so much better. He still has his down days but so does everyone.

My main effort throughout our treatments is to give Lambert back some of the life he had before Parkinson's Disease took a hold on him. Through the intervention of Reiki I actually feel that slowly this is happening.

### Summary

My focus throughout the treatment process is on getting Lambert feeling that his disease is getting better. His treatments coupled with self-healing are a positive and effective way of controlling his condition, and he feels increased movement and reduced muscle spasms for some time following treatments. At no stage did I suggest I would be able to fix PD, nor did I try to force Lambert to give up his conventional medicine. Reiki is a complementary add-on to conventional medicine, rather than an alternative to it.

Lambert now is incorporating SeiHeiKi into his daily self-healing process. I have great belief that in some ways all illness has an emotional stem to it. Of course, our main focus is on the very physical element of Parkinson's, but in addition we are now exploring its emotional cause. HonShaZeShoNen is going to play an invaluable part in trying to break any deep-rooted emotional attachments that Lambert has to his illness.

Reiki, like conventional medical science, is based on trial and error, and as an active Reiki practitioner you look at the most likely cause of ailments and work back from there to the cause. The more we try things the more we increase our Reiki focus.

I will continue to work with Lambert throughout the coming months as much as time allows me to.

*Steve Flaherty served in the British Armed forces for 15 years, serving worldwide on hostile action and humanitarian missions. After leaving the army he spent 5 years in Iraq as a private security consultant under stressful and again very dangerous conditions. Steve now lives in Dubai.*

*Steve came to Reiki to help him overcome Post Traumatic Stress Disorder. He was taught, attuned and then began the self-healing process. Through Reiki's intervention Steve got his life back on track. 2 years ago, he decided to train to help spread the wonderful gift that is Reiki.*

We are living in a very exciting and powerful time. On the deepest level of consciousness, a radical spiritual transformation is taking place. There is a need for real social transformation and our major arena, health, is part of the great transformation which challenge all of us. We can see how many are now turning more and more towards complementary modalities and techniques in addition to conventional medicine.

This is a challenge but also a wonderful hope with gratitude to all new technologies, through which Reiki, as a vibratory energetic technique, can find its rightful place among other healing practices, conventional and complementary.

Holistic health points out that dis-ease is a lack of harmony or ease. The focus for many complementary healers is to teach people how to change the matrix of their illness; the stress and tension involved, the worry, anxiety and pain but also the role they can play in restoring balance and harmony. In this way we can see that physical change is also based on the state of mind, the key element to health. Reiki practitioners and teachers with the help and support of their Reiki hands have an important role to play in such transformative period, because it can cause a sudden shift in values and awakening. The pursuit of health leads to greater self-awareness and happiness. The new way of thinking about health and disease has in it "hope" and charge the individual with responsibility and self-awareness. There is a power in each of us which is the power of change, reorganisation and transformation. During a Reiki treatment or a Reiki attunement the individual inner power is "touched" with the Universal Power. Then a new paradigm of health can take place according to the speed and note of the person which refers much more to a qualitative approach with respect of the interaction of mind, body and environment.

Health and disease are active processes issuing from inner harmony or disharmony affected by a state of consciousness; our activity or inactivity to flow with experiences. Here lies our responsibility and opportunity. Scientific research is increasingly drawn to the benefits of energetic and spiritual practices. The high quality of teaching asks students just to check out their teachers and what they teach. That's why regulative associations are a safe way to achieve the respect and quality of the teaching in regards to the respect to the public and in relation to health issues, wellbeing and responsiveness. Reiki is a spiritual journey for self-development, Reiki is always self-healing. Through its teaching and practice many valuable and needful qualities can be developed with positive, constructive and creative outcomes in life.

The most wonderful healing aspect of a Reiki session, everyone will agree, is a sense or feeling of relaxation and wellbeing. Such a state re-establishes the free flow of the blood which in its turn can nourish and nurture properly the whole body. That's an important aspect of healing because the blood is the life principle and needs to be constantly purified. During a treatment, whatever the cause or causes, Reiki energy runs through energetic lines or meridians which means that a re-organisation is underway, as well as a return to harmony and balance as the normal condition of the body. Wellbeing cannot be infused intravenously or prescribed as a medicine. It comes from within, from the matrix, from the healer within, from the willingness to accept responsibility, to deal with stress, anxiety with a sense of purpose. Reiki as a healing power is a great force as it works always for the highest good and support positively, constructively and creatively in a gentle way for any person willing to undergo transformation and change in life.

The challenge that the Reiki community has to face in our modern time and evolving mental and heart qualities, is to find the right technology which can measure with accuracy and correctness what this energy is. We know through some scientific research that Reiki Hands of Healing improve the adrenals, spleen, nervous and blood system by Electro-dermal-Screening. The benefits are as multiple and diverse as are the diversity of each human being. This is a concept that needs to be accepted and asks for a deeper understanding of what a human being is, what the conditions of a human being are. This means for a Reiki professional to improve constantly his/her knowledge through study, participation in some valuable workshops, reading and constant observations through practice; self-treatment and treatment to others.

The time in which we are living is a "revolutionary time". Science is breaking down old frontiers liberating a new knowledge. In the future the key note will be more on prevention. Today the word "prevention" has a connotation of vitamins, exercise, rest, dieting, not smoking. The assumption of the new paradigm of health will see "prevention" as wholeness, as relationship, connection, and interconnection and as body-mind-spirit. We are moving in this way and Reiki as a non-academic, non-dogmatic and non-manipulative system of Healing has much to offer through its teaching and practice. Maybe we too, as a Reiki Community, we need to re-evaluate and reassess our knowledge from time to time and deepen our understanding if we accept that the concept of healing is self-responsibility.

As an integral part of the whole we need to Heal Ourselves.

*"In finding health we find ourselves."*

*"The search for self becomes a search for health, for wholeness"*

ARC INK acknowledges with gratitude this contribution from Jocelyne Larghi - Reiki Master Teacher / Practitioner  
[www.reikihealyourself.com](http://www.reikihealyourself.com) - phone: 0428 038 099



## Hands on Healing under the microscope in the UK

### - what will it mean for the future of Reiki?

A full experimental trial into hands on healing on patients suffering with bowel disease is underway in a UK hospital. It's the brain child of Dr Sukhdev Singh, a Gastroenterologist. He put together a team including researchers from the University of Birmingham and supporters from the Holistic Healthcare Charity **Freshwinds** to look into the effects of Healing Therapy on 200 of his patients. Healing Therapy is not exactly Reiki but the level of credibility of the study means the results could be extremely helpful for the analysis and evaluation of all forms of hands of healing.

"In some people the results have been amazing," Dr Singh says. He started pushing for the study after working with a hands on healer for 5 years. She volunteered to give 20 minute sessions to his bowel disease patients alongside their regular healthcare treatment. "I'd seen so many people I didn't have a solution for, they would have abdominal pain, diarrhoea, sometimes I wouldn't even have a diagnoses for them." Plus he found those he could diagnose, like people with Crohns disease, he might not actually be able to help. "I felt frustrated and was keen to better serve people." Cue the hands on healer he had met. Dr Singh says he noticed patients symptoms were better even after just one treatment and that made him want to study what was going on in a more in depth way, "I have seen some amazing results, but still want to be scientific and objective so that the results will be credible to a broad range of people."

The study involves 200 volunteers, all have some form of bowel disease or disorder; Irritable Bowel Syndrome or Inflammatory Bowel Disease which includes Ulcerative Colitis or Crohns. These are conditions where very little can be offered as conventional treatment, only reactive, after the event medications are available. Half will receive 30 minutes of hands on healing per week for 5 weeks, the other half will wait for three months, then they will also receive Healing Therapy. This provides 12 weeks to directly compare the results of those being treated and those not. "We have had pilots before but they don't really mean enough," says Tom Kingstone from the Charity **Freshwinds**, a partner in the bid to get the trial funded.

In the pilot, 180 patients were surveyed after a single 20 minute session of Healing Therapy. Afterwards patients reported feeling more relaxed, less physical discomfort and a general increase in well being. The pilot also revealed a wish that the treatment be more readily available. Tom says, "The results of the pilot were particularly impressive, especially considering the small duration of the therapy received by the patient. However, in order to confirm the effectiveness of Healing Therapy, a high quality clinical trial is required." This time they will use a set of questionnaires to measure what they call 'key criteria' which will include severity of symptoms and quality of life. If the results show enough of a positive impact the trial could be used to argue for Healing Therapy being offered as standard in UK hospitals for people with these illnesses.

Of course some might not accept that the results show us anything about the effectiveness of Reiki as it's not the focus of the trial but it is difficult to see a huge difference between the two practices. Healing Therapy is taught by the Healing Trust which was founded in 1954 and has 50 healing centers throughout the UK staffed by volunteers. They describe healing as a completely natural process, thought to be the flow of beneficial energy between the healer and the recipient. According to their website "they work with their hands at a short distance or just touching the body" and advise that patients may feel "tingling, heat, coolness or even discomfort coming to the surface to be released as the healing energy works". However, one of the reasons Healing Therapy was chosen for the trial was because their standardized training program gives a high level of accountability. Practitioners have had a minimum of 2 years training, must pass standard final assessments and adhere to a professional Code of Conduct. This highlights a common problem for Reiki practitioners; how do we rate our service in a way that people can understand and fairly judge when there are so many differing ways of training and practicing?

The trial has been running since July 2010 with the results due in 2012 - they should garner quite a lot of interest. It is funded by the UK's National Lottery fund which is a national grant scheme. When this project was awarded two hundred thousand pounds last year (\$320k) it made the UK's national papers with some angry that public money was being used to research what a minority branded "voodoo". Dr Singh says there were some negative comments from outside the hospital but he doesn't really have a strong feeling about them, "I have a scientific background, I studied molecular biology, if I'd heard about laying on of hands I would also have been sceptical."

Within the hospital (*Good Hope Hospital in Sutton Coldfield, England*) people have been mostly supportive of his open minded approach. "My colleagues have got used to me," he says. Dr Singh's been making use of mindfulness, yoga and meditation for some time, "I've found most people to be really quite welcoming because I am one of them." He says some therapists borrow language from doctors and use it in a way that

# Confessions of a Frustrated Pharmacist

by Stuart Lindsey, PharmD.

(OMNS, Jan 30, 2012) *When an insider breaks ranks with pharmaceutical orthodoxy, it is time to take notice. "Whistleblower" may be an overused term, but the article that follows might be well worth readers' consideration before standing in line for their next prescription refill. - Andrew W. Saul, OMNS Editor*

I'm a registered pharmacist. I am having a difficult time with my job. I sell people drugs that are supposed to correct their various health complaints. Some medicines work like they're supposed to, but many don't. Some categories of drugs work better than others. My concern is that the outcomes of treatment I observe are so unpredictable that I would often call the entire treatment a failure in too many situations.

## How It Started

In 1993, I graduated with a BS in Pharmaceutical Sciences from the University of New Mexico. I became pharmacy manager for a small independent neighbourhood drug store. Starting in the year 2000, nutrition became an integral part of our business. The anecdotal feedback from the customers who started vitamin regimens was phenomenal. That same year, my PharmD clinical rotations began with my propensity for nutritional alternatives firmly in place in my mind. On the second day of my adult medicine rotation, my preceptor at a nearby hospital informed me that he had every intention of beating this vitamin stuff out of me. I informed him that probably wouldn't happen. Three weeks later I was terminated from my rotations. The preceptor told my supervisor at UNM that there were acute intellectual differences that couldn't be accommodated in their program. What had I done? I was pressuring my preceptor to read an article written by an MD at a hospital in Washington state that showed if a person comes into the emergency room with a yet to be diagnosed problem and is given a 3,000-4,000 mg bolus of vitamin C, that person's chance of dying over the next ten days in ICU dropped by 57%! <sup>[1]</sup>

One would think that someone who is an active part of the emergency room staff might find that an interesting statistic. His solution to my attempting to force him to read that article was having me removed from the program.

## Pecking Order

The traditional role of the pharmacist in mainstream medicine is subordinate to the doctor. The doctor is responsible for most of the information that is received from and given to the patient. The pharmacist's responsibility is to reinforce the doctor's directions. The doctor and the pharmacist both want to have a positive treatment outcome, but there is a legally defined 'standard of care' looking over their shoulder. The training that I received to become a PharmD motivated me to become more interested in these treatment outcomes. After refilling a patient's prescriptions a few times, it becomes obvious that the expected positive outcomes often simply don't happen. It's easy to take the low road and blame it on "poor compliance by the patient." I'm sure this can explain some treatment failure outcomes, but not all. Many (indeed most) drugs such as blood pressure regulators can require several adjustments of dose or combination with alternative medicines before a positive outcome is obtained.

## Wrong Drug; Wrong Disease

One drug misadventure is turning drugs that were originally designed for a rare (0.3% of the population) condition called Zollinger-Ellison syndrome into big pharma's treatment for occasional indigestion. These drugs are called proton-pump inhibitors (PPI). <sup>[2]</sup> After prolonged exposure to PPIs, the body's true issues of achlorhydria start to surface. <sup>[3]</sup>

These drugs are likely to cause magnesium deficiency, among other problems. Even the FDA thinks their long-term use is unwise. <sup>[4]</sup>

The original instructions for these drugs were for a maximum use of six weeks . . . until somebody in marketing figured out people could be on the drugs for years. Drug usage gets even more complicated when you understand excessive use of antibiotics could be the cause of the initial indigestion complaints. What you get from inserting proton pump inhibitors into this situation is a gastrointestinal nightmare. A better course of medicine in this type of case might well be a bottle of probiotic supplements (or yogurt) and a few quarts of aloe-vera juice.

Many doctors are recognizing there are problems with overusing PPI's, but many still don't get it. An example of this is my school in NM had a lot of students going onto a nearby-impoverished area for rotations. They have blue laws in this area with no alcohol sales on Sunday. The students saw the pattern of the patients going into the clinics on Monday after abusing solvents, even gasoline vapours, and having the doctors put them on omeprazole (e.g. Prilosec), long term, because their stomachs are upset. This is medicine in the real world.

Continued on page 9

# Confessions of a Frustrated Pharmacist

by Stuart Lindsey, PharmD.

## Reliability or Bias?

Mainstream medicine and pharmacy instil into their practitioners from the beginning to be careful about where you get your information. Medical journals boast of their peer review process. When you discuss with other health professionals, invariably they will ask from which medical journal did you get your information.

I actually took an elective course in pharmacy on how to evaluate a particular article for its truthfulness. The class was structured on a backbone of caution about making sure, as one read an article, that we understand that real truthfulness only comes from a few approved sources.

I was never comfortable with this concept. Once you realized that many of these "truthfulness bastions" actually have a hidden agenda, the whole premise of this course became suspect. One of my preceptors for my doctoral program insisted that I become familiar with a particular medical journal. If I did, she said, I would be on my way to understanding the "big picture." When I expressed being a little sceptical of this journal, the teacher told me I could trust it as the journal was non-profit, and there were no editorial strings attached. Weirdly enough, what had started our exchange over credibility was a warm can of a diet soft drink on the teacher's desk. She drank the stuff all day. I was kidding around with her, and asked her if she had seen some controversial articles about the dangers of consuming quantities of aspartame. She scoffed at my conspiracy-theory laden point of view and I thought the subject was closed. The beginning of the next day, the teacher gave me an assignment: to hustle over to the medical library and make sure I read a paper she assured me would set me straight about my aspartame suspicions, while simultaneously demonstrating the value of getting my information from a non-profit medical journal. It turned out that the article she wanted me to read, in the "non-profit medical journal," was funded in its entirety by the Drug Manufacturers Association.

## Flashy Pharma Ads

As I read the literature, I discovered that there is very decided barrier between two blocks of information: substances that can be patented vs. those substances that can't be. The can-be-patented group gets a professional discussion in eye-pleasing, four-color-print, art-like magazines. This attention to aesthetics tricks some people into interpreting, from the flashy presentation method, that the information is intrinsically truthful. The world's drug manufacturers do an incredibly good job using all kinds of media penetration to get the word out about their products. The drug industry's audience used to be confined to readers of medical journals and trade publications. Then, in 1997, direct-to-consumer marketing was made legal. [5]

Personally, I don't think this kind of presentation should be allowed. I have doctor friends that say they frequently have patients that self-diagnose from TV commercials and demand the doctor write them a prescription for the advertised product. The patients then threaten the doctor, if s/he refuses their request, that they will change doctors to get the medication. One of my doctor friends says he feels like a trained seal.

## Negative Reporting on Vitamins

A vitamin article usually doesn't get the same glossy presentation. Frequently, questionable vitamin research will be published and get blown out of proportion. A prime example of this was the clamour in the press in 2008 that vitamin E somehow caused lung cancer. [6]

I studied this 2008 experiment [7] and found glaring errors in its execution. These errors were so obvious that the experiment shouldn't have gotten any attention, yet this article ended up virtually everywhere. Anti-vitamin spin requires this kind of research to be widely disseminated to show how "ineffectual" and even "dangerous" vitamins are. I tracked down one of the article's original authors and questioned him about the failure to define what kind of vitamin E had been studied. A simple literature hunt shows considerable difference between natural and synthetic vitamin E. This is an important distinction because most of the negative articles and subsequent treatment failures have used the synthetic form for the experiment, often because it is cheap. Natural vitamin E with mixed tocopherols and tocotrienols costs two or three times more than the synthetic form.

Before I even got the question out of my mouth, the researcher started up, "I know, I know what you're going to say." He ended up admitting that they hadn't even considered the vitamin E type when they did the experiment. This failure to define the vitamin E type made it impossible to draw a meaningful conclusion. I asked the researcher if he realized how much damage this highly quoted article had done to vitamin credibility. If there has been anything like a retraction, I have yet to see it.

Concluded on page 10

### FEEDBACK IS ENCOURAGED

The Editorial Team at ARC INK welcomes YOUR commentary on articles printed in your Magazine

Email: [editor@australianreikiconnection.com.au](mailto:editor@australianreikiconnection.com.au)

Letter Post: Editor ARC INK - PO Box 525 - MONBULK - VIC 3793

# Confessions of a Frustrated Pharmacist

by Stuart Lindsey, PharmD.

## Illness is Not Caused by Drug Deficiency

If you've made it this far in reading this article you have discerned that I'm sympathetic to vitamin arguments. I think most diseases are some form of malnutrition. Taking the position that nutrition is the foundation to disease doesn't make medicine any simpler. You still have to figure out who has what and why. There are many disease states that are difficult to pin down using the "pharmaceutical solution to disease."

A drug solution is a nice idea, in theory. It makes the assumption that the cause of a disease is so well understood that a man-made chemical commonly called 'medicine' is administered, very efficiently solving the health problem. The reality though, is medicine doesn't understand most health problems very well. A person with a heart rhythm disturbance is not low on digoxin. A child who is diagnosed with ADHD does not act that way because the child is low on Ritalin. By the same logic, a person with type II diabetes doesn't have a deficit of metformin.

The flaw of medicine is the concept of managing (but not curing) a particular disease state. I'm hard pressed to name any disease state that mainstream medicine is in control of.

Voltaire allegedly said, "Doctors are men who pour drugs of which they know little, to cure diseases of which they know less, into human beings of whom they know nothing."

**Maybe he overstated the problem. Maybe he didn't.**

## References:

1. Free full text paper at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1422648/pdf/20021200s00014p814.pdf>  
Also: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1422648/?tool=pubmed>
2. <http://www.ncbi.nlm.nih.gov/pubmed/2777040> and <http://www.ncbi.nlm.nih.gov/pubmed/1697548>
3. <http://www.ncbi.nlm.nih.gov/pubmed/21509344> and <http://www.ncbi.nlm.nih.gov/pubmed/21731913>
4. <http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm245275.htm>
5. <http://www.nejm.org/doi/full/10.1056/NEJMsa070502#t=articleResults>
6. Media example: <http://seniorjournal.com/NEWS/Nutrition-Vitamins/2008/8-02-29-VitaminEMay.htm> .  
OMNS' discussion at: <http://orthomolecular.org/resources/omns/v04n18.shtml>
7. Original article at:  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2258445/?tool=pubmed>  
or <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2258445/pdf/AJRCCM1775524.pdf>

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**the OMNS free subscription link <http://orthomolecular.org/subscribe.html> and also**

**the OMNS archive link <http://orthomolecular.org/resources/omns/index.shtml>**

## Catholic Priest Writes Reiki Book

I recently had the honour of spending some time in conversation with Father Padraig Leonard. Back in Dublin for a holiday, he is the author of a recently published book titled **Reiki for Christians**. His book is currently available in Portuguese and English. Padraig Leonard was born in 1925 in Delvin, Westmeath, Ireland. He is a member of the Holy Ghost Congregation with 43 years missionary experience in Brazil.

In 1991 Fr. Padraig founded the Health Education Institute of Itajuba in Brazil with Sr. Marie do Carmo Costo. The centre was dedicated to a holistic approach to spirituality and actively used complementary therapies. Clientele at the centre were mainly religious and lay people engaged in church work. It was at this centre that Fr. Padraig was introduced to Reiki. He attended his first Reiki workshop in 1998 and completed his Reiki training by 2000.

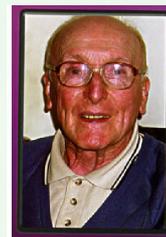
The Catholic Church in Brazil is very open to Reiki. Fr. Padraig is a frequent guest on a radio show run by a Catholic Bishop and he has experienced no resistance to his direct involvement with holistic therapies. Of the nearly 300 people he has taught Reiki to, the majority of them are priests and nuns. They in turn use and integrate Reiki in their work with their congregations.

One of the aims and objectives of his book is to answer the questions and doubts which many Christians have about Reiki. During his holiday in Ireland, Fr. Padraig was interviewed twice on Ocean FM radio, as a result of concerns some Catholics have about Reiki.

I was very impressed by Fr. Padraig's practical approach to Reiki. As I waved good bye to him, I couldn't help but think, he was looking forward to returning to Brazil, where the Catholic Church appear to be more open minded to holistic therapies.

**You can now order this book by [Contacting Angela](#)**

**Angela Gorman has been involved in holistic healing and stress management for nearly 20 years - [www.thehealingpages.com](http://www.thehealingpages.com)**



Father Padraig Leonard

**ARC INK acknowledges with gratitude this contribution - Copyright, The Healing Pages, 2011**

# ARC Absent Healing Book

To have the name of the person (who has asked to have their name) placed in the ARC Absent Healing Book just call or email the member who is the monitor for the period. The ARC Absent Healing Book is kept private, it is never for public view, names and any details are always kept confidential, there are of course 'trust factors' involved. Names are put in for the period and some ask for continuous healing, so it is written in the book in the way asked. Many members do take the time to send Reiki daily and together on Thursday nights at **9pm** all members are asked to send Reiki to those in need. It is always appreciated. If you encounter problems contacting the monitor please phone **1300 130 975** and a message will be passed on for you. Requests can be made through the ARC website: [www.australianreikiconnection.com.au](http://www.australianreikiconnection.com.au) - **Absent Healing**

## Absent Healing Book - Monitor Roster

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Kathy McKie	February 2013 & March 2013	0406 355 249 [Mobile]	kathym7@bigpond.com.au

## UNDER the MICROSCOPE

by Heather Alexander

Continued from page 7 they don't understand which can put people off. "I've managed to avoid doing that because I only claim what I can fairly claim." As well as thorough research trials like the one at his hospital, Dr Singh has taken Reiki levels 1 and 2, has studied Qi Gong and had Qi Gong healing sessions. He says he's also very interested in mindfulness because he found it was something he can actually participate in which he sees as the most important thing. Wisely he states, "You can talk about all this but in the end these are practical things, you need your own meditation practice, it's the most grounding thing you can do."

*(Freshwinds is Based in Birmingham in the UK. Since 1992 Freshwinds has been offering care and support, without charge, to adults and children living with life threatening and life-limiting illness as well as individuals from socially excluded backgrounds. They deliver a range of services including the provision of integrated complementary therapy, advocacy, employment advice, debt counselling and community based initiatives on HIV, substance misuse and crime.)*

About the author: Heather was born in the UK but lives and works in the US. She first arrived in New York in 2006 to work as a correspondent for BBC News. She broadcast across America, from the Whitehouse to the Oscars. She now runs NewUnderstanding.co which is dedicated to covering people at their best and investigating holistic approaches to health using online videos and in person exhibitions. Heather teaches and practices Reiki as her way of cultivating her NewUnderstanding and as a way of helping others to do so. Heather can be contacted at [info@newunderstanding.co](mailto:info@newunderstanding.co)

*ARC INK acknowledges with gratitude this contribution from Heather Alexander*

**Are you taking Reiki into Hospitals, GP Surgeries, Prisons, Cancer Support Groups, HIV / AIDS Centres, Hospices, Palliative/Aged Care, etc?**

**Do you know of Hospitals, GP Surgeries, Prisons, Cancer Support Groups, HIV / AIDS Centres, Hospices, Palliative/Aged Care, etc. where Reiki could be introduced?**

Please send any comments you or someone you know may have to:

ARC President - John Coleman  
PO Box 525 MONBULK VIC 3793  
email: [president@australianreikiconnection.com.au](mailto:president@australianreikiconnection.com.au)

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Letter Post: Editor ARC INK - PO Box 525 - MONBULK - VIC 3793

# NATIONAL REIKI AWARENESS WEEK

Sunday 3rd June to Saturday 9th June 2012 Inclusive - 7 Days of REIKI

Australian Reiki Connection is delighted to announce - "NATIONAL REIKI AWARENESS WEEK 2012" which will run for 7 days from Sunday 3rd to Saturday 9th June. ARC has supported the National Reiki Awareness Week since 2006 and prior to that - National Reiki Awareness Day. Over the years a large number of NRAW events have taken place throughout our great Nation, organized by ARC/AARP Reiki Practitioners, providing free short Reiki treatments to the public at large. ARC sincerely wishes that 2012 will have the largest number of NRAW events - nationwide - take place (on any day) during the 7 days of National Reiki Awareness Week. National Reiki Awareness Week will only be successful if **you** take part in, become involved with or organize an actual NRAW event. ARC throughout each year encourages Members to consider and plan NRAW events by running reminder advertising in the ARC INK Magazine.

## NATIONAL REIKI AWARENESS WEEK [NRAW]

In JUNE - NRAW Event(s) can take place on any or all of the 7 days of the designated week

### NATIONAL REIKI AWARENESS WEEK 2012 - Sun 3rd to Sat 9th JUNE

It is envisioned that emphasis will be placed on the benefits of Reiki for all members of the community. It is hoped that event organizers will endeavour to raise funds for research into the benefits of REIKI or for a charity of their choice - and what better way to promote the system of Reiki, yourself and your business than by providing free short Reiki treatments to the public at large nationwide.

Reiki practitioners do not have to be members of ARC to participate, so ask your Reiki Practitioner friends to join in. If you and/or your friends would like to organize an event and we urge you to consider doing so, and you require assistance or would like to work with the national organizing team then please Phone: **1300 130 975** Event details will be placed on the ARC Website and can be advertised in the February/April and May/July editions of the ARC INK Magazine.

To aid in the setting up and running of a NRAW event - ARC has developed a comprehensive **NATIONAL REIKI AWARENESS WEEK EVENT ORGANIZING PACK** - which is available to Members who plan to hold a NRAW event which will be open to the public. Details of the event will need to be provided to the editor for inclusion on the website and a brief report on the event to be published in the August/October ARC INK.

#### Event organizers pack content:

##### FOR DISPLAY AT THE EVENT

- 1 [A4] Laminated colour copy of the Usui inspired principles
- 1 [A4] Laminated colour copy of the AARP 'Mission' Banner
- 1 [A4] Laminated colour copy of the ARC Association Banner
- 1 [A4] Laminated colour copy of the Better Health Channel Fact Sheet (Double sided)

##### FOR HANDOUT AT THE EVENT

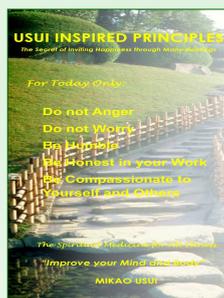
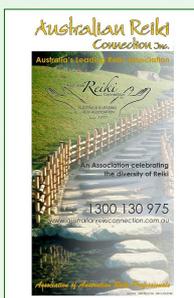
- 15 [A4] Printed B&W copy of the Better Health Channel Fact Sheet (Double sided)
- 15 [3 Fold] ARC/AARP Pamphlet
- 15 [BC] ARC/AARP Information Card

##### FOR ADVERTISING BEFORE THE EVENT

- 1 [A4] SAMPLE RAW FLYER (e-document available as a .doc)
- 1 [A4] SAMPLE PRESS RELEASE (e-document available as a .doc)
- 1 [A4] Guidelines PRESS RELEASE/ADVERT (e-document as a .doc)

##### FOR THE ORGANIZER OF THE EVENT

- 1 [A4] Laminated Information Sheet (Double sided A4)
- 1 [A4] Appointments/Record Sheet (e-document available as a .doc)



# NATIONAL REIKI AWARENESS WEEK

Sunday 3rd June to Saturday 9th June 2012 Inclusive - 7 Days of REIKI

## Guidelines for Organizing a Reiki Awareness Week EVENT

### Venue Selection

You can hold the event at your home, your business, shop, community centre, public building or local market. You must have the consent/permission of the owner/landlord and the necessary insurance cover. Only a few people may attend depending on how you advertise your event. Word of mouth, flyers, local shops, free newspapers - the numbers could be larger. Have enough space and chairs for your estimated number of people to be comfortable. There should be enough room for 1 Reiki table to be set up with a number chairs for the 'seated' treatments. The number of chairs depends on the time allocated and practitioners available on the day.

### Things to consider are:

Lighting; can it be dimmed? Quiet; able to remain uninterrupted? Toilets/facilities, Parking; public transport availability?

### Ambiance

It is nice to have soft music and candles.

Some people may be sensitive to incense and aroma oils. Use thoughtfully.

### Things to source/provide:

Chairs	Reiki Table(s)	Pillows	Blankets
Cushions	Tissues	Water or Tea/Coffee and cups	

### Things you may wish to do:

Share stories about Reiki experiences. Discuss an aspect of the Usui precepts. Just for today...

Calculate a time allocation for each person to receive Reiki, allowing additional time for feedback and change over. Someone can be tasked to keep an eye on the clock and gently let people know a minute before a treatment is due to finish.

## Guidelines for "What is acceptable" at a Reiki Awareness Week Event

**ARC Inc.** recognises and welcomes the diversity arising from different lineages within the Usui System of Reiki tradition and endeavours to maintain minimum agreed standards of practice.

**ARC Inc.** is founded upon the principles and practices of the Usui System of Reiki.

Hands-on attunement in the Usui Reiki tradition is a basic requirement for any level of membership in ARC Inc.

**When** a group of diverse Reiki practitioners come together at a Reiki Awareness Week Event what can happen is that there may be a number of different approaches and techniques used and this can be upsetting to some who do not use these styles or indeed any 'extras or add ons'. This is in no way saying that there is anything wrong or incorrect. It is not for ARC to intervene unless someone makes an official complaint in accordance with the Complaints procedure.

**All** Reiki channels should have been taught the basic techniques passed down from Usui.

**Over** time other techniques may have been added, but the basics must remain and these form the commonalities of Reiki.

**Whether** offering Reiki free at a RAW event or giving a Reiki treatment to a client each Reiki practitioner has the right to practice what they were taught by their teacher.

**Informed-Consent** should be applied on both occasions; informing the individual/client what approaches/ techniques and if any extras or add-ons are used and explaining them and having consent before proceeding.

**At** an open Reiki Awareness Week Event another way may be that all practitioners would use only those basic techniques that are common to us all.

**If you are planning to hold a NRAW event and would like a copy of the NRAW event organizing pack please telephone 1300 130 975 with details [Place/Day/Time/Contact] of your event for inclusion on the ARC website**

Petrea King, ND, DBM, DRM, DipCHyp, IYTA, is Director of the **Quest For Life Foundation**, Bundanoon.

## The complementary medicine patient

At least half of GP's patients use complementary medicine, often without the GP's knowledge - presenting some interesting challenges for the GP. **Petrea King** looks behind the increasing number of people utilising complementary therapies (CT). More people are seeking a greater involvement in their own healthcare and are increasingly interested in healing approaches that are less toxic or have fewer side effects.

This escalating interest in CT knows no predictable demographic of culture, age, socio-economic or educational background. People are more likely to encounter information about CT in casual conversation, in health and lifestyle magazines, through radio, television or Internet than through a qualified professional. Yet it is essential for GP's to know exactly what their patients are using or taking as CT may have a very real impact on their health or may negatively interact with prescription drugs. If the patient fears ridicule, disinterest or judgement, they are likely to withhold information that might be crucial to a GP's understanding and decision making. It is essential to ask people if they are taking or using any non-medical therapies.

## Patients' greater choices

Many of the therapies that were considered to be on the 'fringe' of medicine 20 years ago are now accepted as having a valuable role to play: meditation, acupuncture, massage, herbal medicines, nutritional therapies and supplements, even homeopathy, are now common complementary approaches to health and healing. This has certainly been borne out in our experience with more than 50,000 people who have sought individual counselling or attended residential programs at the Quest for Life Centre, in Bundanoon, NSW. Our participants range in age from teenagers to those in their 90s. Most of them have cancer or other serious or chronic illness, or experience anxiety, depression, relationship breakdown, grief, loss of meaning or other trauma. They come from differing cultural, educational, religious and socio-economic backgrounds. They seek to regain control over their response to the challenges they face in their lives and to find complementary ways to help themselves in addition to whatever medical treatment they might be receiving. Most of them are already using CT and all of them are open to learn more about how they can be of benefit to them.

## All paths lead to peace

We ask two questions of our participants at the commencement of programs: why are you here and what do you want from this program. The resounding and consistent reply is that, regardless of the stimulus that brought them there, people unanimously want to feel at peace: with themselves; what is happening to them; their history; the people with whom they share their life and, preferably, at peace in their own bodies. It is challenging to find peace of mind when we have no peace of body!

As we know, health is not simply the absence of disease. Real health is a dynamic state in which we feel able to embrace each moment with a clear mind and an open heart. This implies that we need to treat more than the body of the patient. They are generally aching for someone to engage with the 'being' enmeshed in the body rather than have the body as the only focus; we have physical, mental, emotional and spiritual dimensions, and the complementary health patient prefers a holistic approach that encompasses and respects each of these aspects. People often speak of the unseen anguish of their grief, meaninglessness, loss, depression and the affront when others tell them how well they look without any enquiry into how they *feel*. This leads me to generally ask people, 'Do you feel as good as you look?' rather than making the assumption that if they *look* OK then they *are* OK.

By listening deeply to a person, we find out what their priority for healing might be and so learn to respect and trust the patient's view. As professionals, we may choose to focus on the symptom or the problem that we can readily treat while the patient might have a different priority. For instance, a patient may present with regular headaches and insomnia and yet her priority may be the panicky feelings of being overwhelmed she is experiencing because she has a demented mother living with her and a stressful workplace. If we only treat her headaches and insomnia without penetrating to the underlying cause and giving her practical strategies by which she can regain a sense of control over her situation, then she has only been partially helped. In my work with doctors in our residential program for health professionals, the comment is often made that this deeper healing - the feeling that you have been truly worthwhile to another human being - is precisely why many of them became doctors in the first place. One tends not to get the same sense of satisfaction when only attending to a physical symptom without an understanding or acknowledgment of the deeper cause.

## What patients want

Our view of peace is very simple and is contained in the following four qualities known as the 'Four C's'. The knowledge of these qualities can assist us in understanding what the patient interested in CT may want from their GP. If we are to have peace:

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1) We need to regain a sense of **control** over our response to life. This quality recognises that we can't always change what happens to us but we can certainly change our response to what happens to us. This is the difference between feeling a passive victim of our circumstance or an active participant. This quality enables us to respond appropriately to our circumstance rather than simply react.

2) We need to feel **committed** to living. We need to get emotionally up-to-date so that we can enjoy the present moment. Many people are worn out by life's challenges or disappointments and harbour unresolved emotional issues that negatively influence their lifestyle choices. This quality embodies issues of forgiveness of self and others, improving awareness and communication and a re-appraisal of our priorities (as people often postpone their sense of contentment and happiness to some future time when things are different - the 'I'll be happy when ...' pattern).

3) We need to feel our life is satisfying, meaningful and **challenging** and that we are fully engaged in living the life we came here to live. This quality also gives meaning to our suffering. Our suffering generally pushes us to explore parts of ourselves that we might never have ventured into otherwise. Our disappointments, tragedies, anguish and upsets are often the means by which we get to know ourselves so deeply and which lead us to find strengths within ourselves and in our relationships. Suffering can be a great springboard to personal growth.

4) We need to feel **connected** to our own spirit or essence; we need to know who we are in order to be true to ourselves. It is essential for us as psycho-social beings that we have our sense of place or belonging amongst our family, community or loved-ones.

## Relating to the CM patient

This leads to the most fundamental essential of a respectful relationship between GP and patient; the doctor needs to enlarge their focus from treating the physical body so that they can engage with the person who inhabits the body. This is done through a doctors' ability to be present with the patient; to maintain eye contact, to hear where there is an emphasis or hesitation, to read body language, to hear what is not being said and to ask appropriate questions. From a complementary health perspective, it is better to understand the patient who has an illness than to understand an illness without regard to the patient.

The complementary health patient prefers to be given options rather than told what they *have* to do. After all, the patient is aware of other factors that may influence their choices and which they may or may not share with you as their doctor; for instance, their financial or relationship challenges, emotional state, other family difficulties or responsibilities, fundamental beliefs, disappointments, etc. In an honest and trusting relationship, therapies - both complementary and orthodox - can be explored without prejudice. This centres the treatment around the person and what makes sense to them rather than simply diagnosing the illness and prescribing its treatment. Complementary health patients tend to be highly motivated in making an active contribution to their own health and well-being.

In order for patients to make good choices, they need accurate information. It is difficult for many doctors to provide such accurate information when their area of expertise may not be CT. The sheer rate and volume of research in medicine makes it virtually impossible for any professional to remain completely up-to-date and informed. However, a willingness to listen with a clear mind and an open heart, plus their willingness to research information for the patient or refer them to someone who has the knowledge, is always respected and appreciated by the patient. The complementary health patient doesn't expect their doctor to know everything; however, they do expect that their input and decisions will be heard and respected.

## A matter of time

The health system has evolved in such a way as to make it almost impossible for GP's to have a deeply satisfying relationship with their patients. To a significant extent, financial, legal and bureaucratic pressures control your ability to deliver your expertise. The time constraints and accountability you are subjected to often doesn't let you listen deeply to your patients, let alone read the myriad more subtle ways that patients communicate beyond using words. And yet the heart of healing lies in the relationship between doctor and patient. The future holds promise of a more satisfying relationship between patients and professionals when we make time for the healing potential in this relationship to manifest.

### **Contributor: Petrea King - Founding Director and CEO of the Quest for Life Foundation**

The Quest for Life Foundation, established in 1989. Petrea is a well-known author, inspirational keynote speaker, teacher and facilitator. She is also qualified as a naturopath, herbalist, clinical hypnotherapist, yoga and meditation teacher.

Visit: [www.questforlife.com.au](http://www.questforlife.com.au)

Email: [info@questforlife.com.au](mailto:info@questforlife.com.au)



# TOP FIVE REGRETS OF THE DYING

from Susie Steiner, [www.guardian.co.uk](http://www.guardian.co.uk) - February 2012

*I believe that the following five regrets are something that all of us could benefit from by introducing them into our lives while we can. John Coleman*

Bronnie Ware is an Australian nurse who spent several years working in palliative care, caring for patients in the last 12 weeks of their lives. She recorded their dying epiphanies in a 'blog' called Inspiration and Chai, which gathered so much attention that she put her observations into a book called - "The Top Five Regrets of the Dying".

Ware writes of the phenomenal clarity of vision that people gain at the end of their lives, and how we might learn from their wisdom. "When questioned about any regrets they had or anything they would do differently," she says, "common themes surfaced again and again." There was no mention of more sex or bungee jumps.

**Here are the top five regrets of the dying, as witnessed by Ware:**

**1. I wish I'd had the courage to live a life true to myself, not the life others expected of me.**

"This was the most common regret of all. When people realise that their life is almost over and look back clearly on it, it is easy to see how many dreams have gone unfulfilled. Most people had not honoured even a half of their dreams and had to die knowing that it was due to choices they had made, or not made. Health brings a freedom very few realise, until they no longer have it."

**2. I wish I hadn't worked so hard.**

"This came from every male patient that I nursed. They missed their children's youth and their partner's companionship. Women also spoke of this regret, but as most were from an older generation, many of the female patients had not been breadwinners. All of the men I nursed deeply regretted spending so much of their lives on the treadmill of a work existence."

**3. I wish I'd had the courage to express my feelings.**

"Many people suppressed their feelings in order to keep peace with others. As a result, they settled for a mediocre existence and never became who they were truly capable of becoming. Many developed illnesses relating to the bitterness and resentment they carried as a result."

**4. I wish I had stayed in touch with my friends.**

"Often they would not truly realise the full benefits of old friends until their dying weeks and it was not always possible to track them down. Many had become so caught up in their own lives that they had let golden friendships slip by over the years. There were many deep regrets about not giving friendships the time and effort that they deserved. Everyone misses their friends when they are dying."

**5. I wish that I had let myself be happier.**

"This is a surprisingly common one. Many did not realise until the end that happiness is a choice. They had stayed stuck in old patterns and habits. The so-called 'comfort' of familiarity overflowed into their emotions, as well as their physical lives. Fear of change had them pretending to others, and to themselves, that they were content, when deep within, they longed to laugh properly and have silliness in their life again."

**What's your greatest regret so far and what will you set out to achieve or change before you die?**

Visit Bronnie Ware - <http://www.inspirationandchai.com/contact.html>

## Have you always wanted to help your community by becoming a volunteer?

SolarisCare Foundation is a cancer care organisation with a vision to improve the lives of cancer patients and their families  
With increasing demand for our services **YOU** maybe able to assist us in continuing to support the community of Western Australia.

**We need people to be 'meet & greet' volunteers and volunteer 'complementary therapists' at St John Of God Hospital Subiaco & Sir Charles Gairdner Hospital Shenton Park**

Volunteering is fun, rewarding and training is provided

Your time spent with SolarisCare will be appreciated by the people you serve

For details on how you can assist please contact **Lorraine: 9381 3097** or go to [www.solariscare.com.au](http://www.solariscare.com.au)



## Personal Reiki Stories: - Jill's Reiki Story related by Scribe Eve Lawson

### **Personal Reiki Story:**

*The idea is to listen and write down personal short stories about Reiki told by individuals and related through the medium of the ARC INK so that others might learn of the wonderful and exciting benefits of Reiki.*

*All the story tellers have given permission to publish their stories in the ARC INK - all stories are © of the ARC INK.*

Jill and I have been friends for about 10 years. We met when we worked together volunteering at a Day Centre for elderly people with disabilities. Although Jill is in her mid-seventies, she is a bright, bubbly, energetic, out-going and a really happy person, running rings around most of us with what she can accomplish in a day. I had given Jill Reiki occasionally, so she was familiar with it, but didn't have much need for it in her busy life. Then, several years ago she developed Cancer of the breast and went on to have a mastectomy followed by chemotherapy. There was a strong family history of cancer in her family so she opted to have the other breast removed as well. During this time I gave her Reiki as she felt she wanted it, and always she felt better afterwards. I sent distance Reiki to her before and after surgery, and at time she was hospitalised. Again she felt better after it was sent.

(When I give Reiki hands-on I work around the whole of the person's body, front and back.)

*Early December 2010*

I hadn't seen Jill for a while, she rang to say she was feeling ill and didn't know what was wrong, but could she have some Reiki. Jill arrived, appearing jaundiced and pale and said she was tired, nauseous and losing weight. Her GP thought she had a gall-bladder blockage and liver problems and she was being referred to Specialists. I gave Jill Reiki for an hour and after a treatment she looked rosy cheeked, bright eyed and felt much better again. Jill came for more Reiki, she appeared worse than I had seen her, more jaundiced thin and weak. Said the Reiki last week had helped with sleeping and she had more energy and less pain and nausea. After Reiki treatment she looked and felt much better again and was preparing to have investigative tests.

Jill had been diagnosed with Cancer of the liver, the tumours blocking the bile duct. She needed several admissions to hospital for investigations, stents to be inserted to the bile duct, then infection to be controlled. Now she was weak and needed to be in a wheelchair. I sent Distance Reiki, particularly before and after surgery, and each time it was sent Jill said she felt better for it.

*March 2011*

Jill's daughter brought Jill for Reiki treatment. She appeared pale and thin, but walked in slowly. We spent a good hour and a half working, much attention to the liver area, and she looked more energised and felt brighter afterwards. Again she said she felt the Distance Reiki sent had helped her in hospital. Jill is moving house to live with her daughter. Today Jill appears much better. Jill is not having Chemotherapy, it was recommended she wait. She has been having a sharp pain in her back. Special attention was given there and her abdomen, allowing the Reiki to work. The Reiki is helping her to sleep too.

*April 2011*

An intense Reiki treatment given to the whole of Jill's body, especially the liver area. A very strong feeling afterward treatment that the cancer will clear away.

*May 2011*

Jill has had the 'All Clear' from the Professor at the Oncology unit in Newcastle. She looks and feels wonderful. She has started driving her car again. Reiki treatment given, she felt good afterwards.

*June 2011 and onwards*

Jill has decided the Reiki has made such a huge contribution to her recovery that she is going to continue to come each month, irrespective of how she is feeling.

She came with a migraine one day, feeling much better after Reiki and hasn't had anything since.

The Reiki work is always with the whole of her body, allowing for extra attention to her liver area.

Jill loves to comment on how my hands can work in specific areas, which I am not aware of, then tells me later that she hurt herself here or she has had a pain there, and how it goes after Reiki!

Jill looks fantastic now and is back doing all the activities she was doing before she fell ill, except she now has an afternoon nap.

*Thank you kindly for reading Jill's story*

**CONTRIBUTIONS ARE ENCOURAGED - HAVE YOU REIKI STORIES TO TELL?**

Email: [editor@australianreikiconnection.com.au](mailto:editor@australianreikiconnection.com.au) / Letter Post: Editor ARC INK - PO Box 525 - MONBULK - VIC 3793

## Reiki Really Works:

# A Groundbreaking Scientific Study

After decades of often disputed validity, the effectiveness of **Reiki**, a holistic energy treatment is gaining new respect within the medical community. Not only are highly reputable medical facilities throughout the U.S. offering patients complementary healing programs such as Reiki, those facilities are analysing the benefits of their programs and are submitting them for review and compilation. The results are nothing short of remarkable.

It has been estimated that there are 4,000,000 people throughout the world who have taken at least one level of Reiki training. There are three traditional levels of expertise. Today, Reiki education is offered free of charge in more than 800 American Hospitals as a means to accelerate the healing process and to alleviate pain.

### Why Reiki Has Been Discounted

For years **Reiki**, along with other methods of holistic therapies were looked upon with disdain, even contempt from medical associations, practitioners, mainstream scientists and clerics. The idea that the human body was permeated or surrounded by an invisible, etheric body of “life force energy” was considered to be no less than nonsense.

These negative conclusions were formulated on the premise that “life energy” fields such as those accepted in China as **Chi or Qi**, in Japan as **ki** and in India as **prana**, were “unseen” and “immeasurable” by traditional research or scientific instrumentation.

But now all that is changing.

### Controlled Experiments, Improved Reporting

There's never been a comprehensive list of controlled, **evidence-based** research that was accessible to the holistic, medical, and scientific communities. It wasn't until 2005 when William Lee Rand, founder and president of the International Center for Reiki Training and a pioneer in worldwide Reiki awareness formed the Center For Reiki Research and developed what is now known as **The Touchstone Process**.

### What is The Touchstone Process?

**The Touchstone Process** is actually a peer review method for analysing the current state of scientific studies done on Reiki programs in hospitals, clinics and hospice facilities throughout the United States. The process of critique is rigorous, impartial, and consistent and incorporates the best practices for scientific review. William Lee Rand began formulating **The Touchstone Process** after developing the Reiki In Hospitals website, considered to be the most comprehensive compilation of hospitals offering Reiki treatments throughout the world. The Touchstone Process is unique. Never before have there been so many worthy studies of Reiki gathered, analysed and evaluated within a single source.

### Reiki Case Studies

The most recent data analysed (during 2008-9) shows strong evidence that Reiki is indeed responsible for a positive biological response in both humans and animals. The strongest evidence (rated “excellent” in the Process) was reported in the most carefully controlled of all experiments; none other than laboratory rats. In both 2006 and 2008 stressed-out lab rats received Reiki treatments and they all showed significantly **reduced stress, anxiety and depression responses**. “Sham” or bogus Reiki treatments were given to the placebo group and they showed no reduction in stress, anxiety or depression. Testing in humans performed between 1993 and 2006 showed ratings from Satisfactory to Excellent, all suggesting that the benefit of Reiki treatments were positive in **controlling pain levels** in humans. There were some “confounding variables”, which is typical in hospital (as opposed to laboratory) studies; however, the placebo Reiki treatments in this experiment were by contrast ineffective in controlling pain.

### Vital Signs

**New York Presbyterian Hospital/Columbia University Campus** conducted one of the first studies ever performed to determine the effectiveness of Reiki treatments on the autonomic nervous system. This “blind, random study” included a Reiki treatment group, a “sham” treatment group and a “control” group. The testing began with all participants at “baseline” autonomic nervous systems levels. The results within the Reiki treatment group showed a lowering of these levels including heart rate, respiration and blood pressure. These positive results led the team to recommend further, larger studies to look at the biological effects of Reiki treatment. It's interesting to note that Columbia/Presbyterian was one of the first hospitals to offer Reiki as part of their Integrative Medicine Program (CIMP). The now famous cardiovascular surgeon,

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## Reiki Really Works:

# A Groundbreaking Scientific Study



*Reiki practitioners treat faculty and staff from Columbia University Health Sciences and New York-Presbyterian Hospital at Employee Health and Wellness Day*

Dr. Mehmet Oz brought tremendous attention to Reiki when he invited Reiki practitioners to treat patients during open heart surgeries and heart transplant operations. Dr. Oz is often quoted as saying, "Reiki has become a sought-after healing art among patients and mainstream medical professionals."

### Reiki Passes Tests with Flying Colours

There have been many other controlled studies submitted to peer-journals and to The Touchstone Process for review. Ailments and disorders that tested favourably to Reiki treatment include:

1. Post operative pain after tooth extraction
2. Cognition in elderly, related to dementia/Alzheimer's
3. Pre-operative relaxation and post-op pain
4. Pain in chronically ill patients
5. Depression and stress
6. Well-being in Reiki practitioners

As of 2009, The Touchstone Process has evaluated **25** test studies that appeared in peer-review journals evaluating the merits of Reiki Treatments. Taking into consideration only the most rigorously controlled studies, the team reported that 83% showed moderate to strong evidence in support of Reiki as a viable, therapeutic healing modality.

Only one study proved solidly negative and that was for the treatment of fibromyalgia-associated pain levels. As is the case with conventional drug treatments, not all therapies prove to be effective.

### Thinking Positively

Despite these findings and the impressive number of highly reputable hospitals offering Reiki Treatments to patients, there will be those who continue to deem Reiki and other forms of energy – medicine as being "nonsensical".

As recently as 2009, reviews of randomized studies of Reiki research conducted by Edzard Ernst, M.D., Ph.D. and his colleagues at the University of Exeter, concluded that most were poorly designed and presented insufficient evidence to suggest that Reiki was an effective method for healing any condition. That same year, the United States Conference of Catholic Bishops came out with a statement urging Catholic health-care facilities and clergy not to promote or support Reiki therapy. They issued a statement emphatically concluding that Reiki cannot be an effective method of healing "within the findings of natural science or in Christian belief".

One can only look to the future of science and the evolution of scientific testing, evaluation and responsible reporting which began with The Touchstone Process to alter these perceptions.

The good news is that in a press release dated September 15<sup>th</sup>, 2008, The American Hospital Association President and CEO Rich Umbdenstock stated, "*Complementary and alternative medicine has shown great promise in supporting and stimulating healing. It's one of the many tools hospitals look to as they continue to create optimal healing environments for the patients they serve.*"

According to a 2008 AHA the survey, 84 percent of hospitals indicated patient demand as the primary rationale in offering complementary and alternative medicine (CAM) services including Reiki and 67 percent of those surveyed stated "clinical effectiveness" as their top reason.

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## Reiki Really Works:

## A Groundbreaking Scientific Study

65 of those hospitals are listed on the Center for Reiki Research's website including;

Duke Integrative Medicine, Durham, North Carolina

New York Presbyterian Hospital/Columbia University Medical Center Campus, New York, New York

Yale–New Haven Hospital, New Haven, Connecticut

Sharp Memorial Hospital Inpatient Cancer Support Services, San Diego, California

Children's Hospital Boston, Boston, Massachusetts

Citrus Valley Medical Center Cancer Resource Center, Covina, California

In addition, the American Medical Association (AMA) has added Complimentary and Alternative Medicine (CAM) treatments to their directory of billable procedures.

Here are links to other medical journal articles on the positive effects of Reiki:

Herbert Irving Child and Adolescent Oncology Center - <http://nyp.org/enews/adolescent-oncology.html>

Medical research and other papers on the benefits of Reiki treatment - [http://www.aetw.org/reiki\\_research.html](http://www.aetw.org/reiki_research.html)

Breast program welcomes alternative practitioners before and during breast surgery. Physicians, surgeons, and nursing staff at

New York-Presbyterian/Columbia understand that emotional well-being plays an important role in healing, and they do as much -

[http://www.columbiasurgery.org/news/healthpoints/2011\\_spring/p3.html](http://www.columbiasurgery.org/news/healthpoints/2011_spring/p3.html)

### Conclusion

A spokesperson from Columbia Integrative Medicine Program at the New York Presbyterian Hospital (CIMP) perhaps expresses it best, saying,

*"I find the practice of Reiki very rewarding, as a practitioner. Patients have reported deep relaxation and a sense of profound healing, after one session. I feel that Reiki is a huge asset for any hospital setting, because patients sense that they are in a truly caring environment."*

As Reiki continues to become "a huge asset" for the hospital setting, analytical reporting such as The Touchstone Process continues to add to the much needed pool of evidence that Reiki is indeed a worthy, effective method for facilitating the healing process; one that can contribute to the betterment of patients everywhere and to the betterment of our health care systems.

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## To ALL the Members of ARC from the ARC Inc. Committee of Management

### 'Membership of ARC & Membership Categories'

Everyone joining ARC Inc. does so in the standard "**MEMBER CATEGORY**" Membership - making a one-off payment of \$40 Administration/Joining Fee plus the initial (currently) \$40 Annual Membership Fee - Members can be Level I / Level II / Master/Teacher and remain in the standard member category for as long as they remain financial members of ARC Inc. [Current Annual Renewal Fee \$40 Due 31st August]

**Upgrading Membership is only by application :**

1st stage is AARP "PRACTITIONER CATEGORY" Membership Cost: \$20 valid until the next 31st August [Current Annual Practitioner Renewal Fee \$60 Due 31st August] Members must be Level II Practitioners or higher. Meet with Business and Insurance requirements - Keep Annual P&PD [Personal & Professional Development] Record. Members must be in practice to request entry on the public referral directory.

2nd stage is AARP "TEACHER CATEGORY" Membership - upgrade is by application - (*see form for criteria*) Cost: \$20 valid until the next 31st August [Current Annual Teacher Renewal Fee \$80 Due 31st August] Members must be Teacher Level and Teaching to request entry on the public referral teaching directory.

### Keeping YOUR ARC records up to date - Committee of Management of ARC Inc.

Dear Members, every so often we make changes to our personal information, such as our Email address or Residence/Postal address or Telephone numbers, etc. **Keeping ARC advised of these changes is vital so that ARC can keep in touch with you!** Telephone **1300 130 975** with any changes to your current information and we'll update your record. Changes can also be done online in the members area - so logon and keep up to date. If you have any questions about your Member record please telephone - **Thank You.**

Visit: <http://www.australianreikiconnection.com.au/MembersArea/?p=details>



It's hard to imagine how we ever conducted business back in the day before mobile devices. I actually remember when memos came in an envelope from the post office! And when I phoned someone, I asked 'How are you?' instead of 'Where are you?'

Perhaps the more important question is not how did we conduct business without a smart phone or iPad but, rather, how do we survive with them? With 24/7 accessibility and the speed of information transfer ever increasing, so do our stress levels. The race to keep up with the pace blurs the line between urgent and important.

We feel compelled to respond to every incoming byte of information (OMG we even call them ALERTS!) as quickly as they pop up on the screen. The stress piles up along with all those messages in your inbox and emotions like worry or anxiety or frustration, irritation or resignation go on overdrive.

Unless you've been living under a rock, you know the negative impact stress has on body and mind. So what can you do?

The way I see it you have 3 choices. You can turn everything off. But we know that's not a realistic option. Or, you can take the old tech approach to stress reduction and just RELAX. Sure. Right. Who has the time?

Or, you can take the new tech approach that works on demand while you multitask and manage all those devices. The next time and every time you're waiting for your devices to synchronize or a web page to refresh or a new app to upload try this: First, focus your attention to the area around your heart. Then, imagine your breath flowing into and out of your heart. Finally, recall a positive or fun time in your life and attempt to re experience it.

Ah, 3G relief, Take care,  
Kim Allen

Director, Licensing and Training Programs at HeartMath, LLC

For more information on HeartMath visit: <http://www.heartmath.org/>



## NEWS from Ross Creek Reiki Centre - Ballarat Vic

In early January - Cathy Thomas, Coordinator Delacombe Community House arranged for Level One Reiki training at the house. Reiki Teacher, Hendrika Thomas provided the Reiki training in place of Fred Jeffrey who unfortunately due to health issues could not as originally planned do the training.

Three local residents were attuned to Level One and are all keen to proceed to Level Two. Five more residents will begin training in Level One in the very near future. Delacombe Community House is under the auspices of Child and Family Services and has many years of community engagement with the public housing estate (Leawarra Crescent Estate) in Delacombe.

**The aim of the Community House is to provide:**

**Learning opportunities  
Community engagement  
Inclusion and to support the 'whole of family'**

*We aim to assist in giving residents a voice, so that their needs and concerns can be addressed. We address this by engaging service providers to be available at the house (a safe environment) so that members of the community can access services without being disadvantaged due to financial status, lack of transport or health reasons.*

*The Delacombe Leawarra Crescent Public Housing Estate (Estate) was established in the early 1980's. It provides 3 and 4 bedroom housing for low or no income families and is overwhelmingly populated by families and young children in circumstances of poverty. This Estate has the misfortune of registering below 5% on all socio economic indexes of disadvantage according to SEIFA. This includes low income, low education attainment, unemployment, unskilled occupations, and dwellings without motor vehicles.*

**Members - Payment of your Annual Membership Renewal Fee is due  
on or before the 31st August every year**

**Paying 'on time' is most appreciated and helpful - ARC Inc. Treasurer**

## The Difference Between a Good Healer and a Great Healer

**Angela Gorman** has been involved in holistic healing and stress management for nearly 20 years. She also has a nursing background, which contributes to her understanding of peoples' challenges. During her nursing career Angela became disheartened at the lack of credence given to the interweaving relationship between mind, body and spirit. The patient's ailment was commonly treated in isolation to the "cause and the "whole".

Angela began a journey in 1989, which brought her to many parts of the globe. She has worked and travelled extensively throughout Canada, The USA, Australia, New Zealand and South East Asia. Angela facilitates a variety of workshops and seminars. Through sharing her experience and knowledge she believes that each individual has the choice to empower their lives, minds bodies and their souls. - [www.thehealingpages.com](http://www.thehealingpages.com)



Have you ever contemplated what it is that makes a certain medical professional or complementary practitioner stand out in the crowd? Why is it that some practitioners appear to have exceptional results in their practice? There are wonderful doctors within the conventional world of medicine sincerely working on behalf of their patients. In the complementary healing sector there are a broad range of therapies available and every day there seems to be something new on offer.

When you peel it all back, within each field of medicine and every type of complementary technique, certain factors prevail in cases where great and outstanding results appear to occur. I was always intrigued as a nurse at how two specialists working in the same hospital, treating the same condition could have patients who responded very differently to the same treatment. Some Doctors simply had a better success rate than others.

Moving on from my life as a nurse into the world of holistic therapies, I am now fascinated to observe the same phenomenon. It is a given that a client or patient must desire to get better in order for improvements to happen. But assuming this is the case, what else empowers healing. Trust and Surrender are very important concepts when it comes to the therapeutic process. The more a person trusts their practitioner and the therapy, the more they will surrender to a great outcome. Without trust you will not find surrender. Without surrender, the body finds it difficult to heal.

Communication is key in any relationship. Some practitioners have a greater ability to reach their clients, to understand their concerns and doubts and ease their worry. Good communication helps the client to trust the therapy and the practitioner. There is no doubt that some practitioners are more passionate about what they do than others. Passion fuels the process. It makes things happen. Who wants to attend an appointment where someone is just going through the motions!

How unlimited is the practitioner in their mindset and thinking! This cannot be underestimated. The more unlimited the mind of the practitioner overseeing the therapy, the more influence there is on unlimited results. Any of you who understand the nub of quantum physics, will understand this. How present and engaged is your practitioner or physician when you are with them? Are they thinking about their game of golf or how many minutes to go till their next client! Only when a practitioner is totally present, can their mind spill into empowering the best result possible. Great practitioners know how to hold the space in any therapeutic environment. They have the ability to be very caring but emotionally detached from their clients' or patients' challenges. Emotion breeds imbalance and illness, therefore it will not contribute to healing it.

In conclusion, the greatest physicians, practitioners and teachers I have come across all share the attributes I have highlighted above. They are usually very humble and practical people who mindfully distance themselves from any need to gratify their ego. Those who move on to do the miraculous on a daily basis without having to meet their clients and who can change an environment by just walking through it are truly demonstrating their greatness.

*ARC INK acknowledges with gratitude this contribution from Angela Gorman - Reiki Master Teacher - Copyright, The Healing Pages, 2011*

### **IMPORTANT NOTICE for AARP PRACTITIONER & TEACHER MEMBERS**

**All listings on the ARC-AARP Public Referral Directory are subject to the Member meeting with and maintaining certain criteria, among which is the submission to ARC of;**

**a completed (annual) P&PD - Personal & Professional Development Booklet and**

**a valid (annual) Certificate of Currency of Insurance which requires renewal of Membership of ARC.**

**Insurance obtained through membership of ARC Inc. becomes null & void without paid up membership**

# Healers in the Operating Room

## Breast program welcomes complementary practitioners before and during surgery

Physicians, surgeons, and nursing staff at New York-Presbyterian/Columbia understand that emotional well-being plays an important role in healing, and they do as much as possible to address the full scope of patients' needs before, during, and after surgery. [Sheldon Feldman, MD](#), *Chief of the Breast Surgery Section*, believes so strongly in the importance of patients' overall well-being that he is spearheading a program to welcome healers into the operating room during breast surgery.

In this program, healers such as energy workers or Reiki masters may be present while a patient undergoes mastectomy or other surgical procedures. According to Dr. Feldman, "Patients may be going through very difficult problems, such as accepting the loss of a breast or the ability to breastfeed. Healers can help patients on the emotional level, which helps on the physical level. The positive impact on healing after surgery can be potentially huge."

Patient Carolyn Dwyer could not agree more. Diagnosed with stage IV breast cancer in the summer of 2009, Carol enlisted the help of Reverend Diane Epstein, a long-time friend and transformational healer. Carol had previously received occasional massages from Diane, but was not aware of the full extent of Diane's healing work. Upon her diagnosis, they set to work with great focus.

First, Diane helped Carol use imagery to welcome into her body the chemotherapy medications she was receiving to shrink her tumours. "I chose for these medications to save my life," Carol explains. "This was very empowering to me. All along, I wasn't nearly as wiped out by chemotherapy as other people who undergo the same treatment." She reached a point in her work with Diane that she felt the doctors were not doing things **to** her, but **for** her. The chemotherapy effectively shrunk her tumours in both breasts and her spine, where it had spread. With the tumours at their smallest, she was ready for surgery.



During Carol's double mastectomy in January 2010, Diane was present in the operating room, along with Dr. Feldman and the surgical team, doing energy work. "Dr. Feldman was focused on my body, and Diane was focused on my energy, my spirit. I felt like I was in such good hands from top to bottom," says Carol. Had she not worked with Diane, Carol believes that the entire process would have been frightening and overwhelming, and that she would not have been able to proactively direct her healing process. "I wouldn't have understood that I needed to visualize the story of my healing." Today, Carol exudes confidence, happiness, and peace. "I am fine. I honestly am fine." To hear Carol's voice leaves no doubt in one's mind that she truly is doing well and living a life of vitality.

.... [Sheldon Feldman, MD, Chief, Breast Surgery Division](#)

The NY-P/Columbia program carries the torch from its Integrative Medicine Program, which included healers in the operating room during heart surgery.

Led by [Mehmet Oz, MD](#) for 15 years, this program in complementary medicine continues to provide massage therapy, music therapy, and other healing techniques to patients undergoing heart surgery. "Before surgery, patients always ask what they can do to get ready, to be prepared. Working with a healer can be very helpful," says Dr. Feldman. "We instituted this program so that this option can be available to everyone who wants it, not just the exceptional patient." The program is accessible to patients of all backgrounds: like yoga, healers may assist with relaxation and energy, regardless of one's religious beliefs or affiliation.

As another patient explains it, the presence of Reiki master Raven Keyes felt like having a 'surgical doula' it made complicated procedures "not only tolerable, but a healing experience." Before her lumpectomy, this patient also read affirmations and prayers with everyone in the operating room. According to Dr. Feldman, "The team loved it. It made the whole environment more healing. It engaged the staff on a very personal level and elevated their awareness."

Both patients worked with their healers before and after surgery, but patients may choose to enlist a healer as many or as few times as they wish. They may enlist the help of Diane or Raven, who already work with Dr. Feldman's surgical team, or they may request that a new person be present, if they already have a relationship with someone. Dr. Feldman's initiative strives not only to make healers in the OR accessible to patients, but also to study the effect of healers in the OR in order to objectively measure their effect.

For information about the Breast Surgery Program at New York-Presbyterian/Columbia: [www.breastmd.org](http://www.breastmd.org)

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Questions relating to membership applications contact the Membership Officer - William Secker  
Email: [membership@australianreikiconnection.com.au](mailto:membership@australianreikiconnection.com.au)  
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Questions relating to global Reiki issues and the activities of Reiki in Australia contact the President - John Coleman [also the public officer of ARC Inc.]  
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Questions relating to ARC Inc. finances, membership fees and renewal payments contact the Treasurer - Tony Carroll - Email: [treasurer@australianreikiconnection.com.au](mailto:treasurer@australianreikiconnection.com.au)

Questions relating to ARC Inc. association business records contact the Secretary - Hilary McPhee - Email: [secretary@australianreikiconnection.com.au](mailto:secretary@australianreikiconnection.com.au)

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