

Treating Alzheimer's Disease with Reiki

BY THERESE SILVA

A German doctor named Alois Alzheimer first discovered Alzheimer's disease in 1906. It is a disorder of the brain, causing damage to brain tissue over a period of time. Alzheimer's accounts for more than half of all organically caused memory loss and it is the fourth leading cause of death in the aged following heart disease, cancer and stroke. At present there is no known cause or cure. The disease can linger from 2 to 25 years before death results. Alzheimer's causes a global loss of intellectual abilities, which is severe enough to interfere with daily functioning. Initial symptoms are subtle; the person may show signs of personality change, memory loss, poor judgement, have less initiative, be unable to learn new things, have mood swings or become easily agitated.

As the disease progresses, the victim gradually develops speech and language problems, movement and coordination difficulties, total confusion and disorientation and will ultimately rely completely on a caregiver for daily functioning. Although in the early stages of Alzheimer's the victim may appear completely healthy, the damage slowly destroys the brain cells. This hidden process damages the brain in several ways:

- patches of brain cells degenerate (neuritic plaques)
- nerve endings that transmit messages within the brain become tangled (neurofibrillary tangles)
- there is a reduction in acetylcholine, an important brain chemical
- spaces in the brain (ventricles become larger and filled with a granular fluid)
- the size and shape of the brain alters. The cortex appears to shrink and decay.

Understandably, as the brain continues to degenerate, there is a comparable loss in mental functioning. Since the brain controls all of our bodily functions, an Alzheimer victim in the later stages will have difficulty walking, talking, swallowing, control-

ling bladder and bowel functions, etc. They become quite frail and prone to infections such as pneumonia.

To complicate matters further, there are numerous conditions that mimic Alzheimer's disease. Conditions such as stroke, vascular diseases, toxins, nutritional deficiencies, infections, etc. can all have symptoms that mimic Alzheimer's. For this reason it is important that a doctor's exam and tests be done to rule out any treatable condition.¹ Traditionally, there are no treatments for Alzheimer's victims, only options for care. Current options for care are; In-home Services, Day Care, Assisted Living Facilities [that is the type of care I provided also called Residential Care Facility for the Elderly (RCFE)] and Skilled Nursing Facility (SNF).

I'm a certified gerontologist and have been owner, operator and administrator of a six-bed 24-hour care home for the past six years that specializes in Alzheimer's (dementia) patients.

Over the years I noticed that some of my patient's responded exceptionally well to being touched, especially in areas of the body where they had pain or injuries. Having trained at Therapeutic Body Center in California with Sister Mary Mebane in the use of Reiki, I initiated the use of Reiki and found it to be more effective than the previous form of informal healing touch I had been using. I decided to use Reiki with all my patients.

I would like to share two of my most important Reiki patient experiences to date. For the purposes of this article I will refer to patient A as "Mary" and Patient B as "Rose". Mary is a 77 year old Caucasian female diagnosed primarily with dementia and hypertension, DJD and Torticollis. DJD and Torticollis are muscle and tendon conditions affecting the neck, head and jaw. DJD and Torticollis caused a strained distortion of her head and neck positioning (whereby she was continually forced to look at the ceiling). Through the use of Reiki and massage over a period of six months this condition was relieved 75%.

Mary was in the 4th stage of Alzheimer's and suffered from many symptoms including severe agitation, anxiety and restlessness and would continually pace the floors and grounds of my carehome. It took four different low doses of sleep medication for her to sleep at night. Mary was sensitive to some medications and could not tolerate medication for anxiety and agitation. As Mary continued to deteriorate from Alzheimer's disease her pacing (as is commonly the case) became such that she could not even sit down long enough to eat her meals due to the severe anxiety and agitation she suffered. She had lost weight, become frail, malnourished and underweight by the time she had arrived at my carehome.

We had to follow Mary around with a straw in a glass full of a supplement drink trying to get her to drink. Needless to say this was very difficult and frustrating for my nurses and me.

About this time Mary's pacing activity increased and I began giving her Reiki treatments. To do this, I would have to wait to catch her when she would sit down, which was usually not for more than a minute or so. I found that while I laid hands on her (I used whatever hand position was comfortable at the time depending on how and where she was sitting) she would sit still and not move for me and stay as long as I gave her Reiki. When receiving Reiki, she would become completely relaxed, and also become lucid and more present. When I stopped giving her Reiki she would get up and follow me (not a usual behavior for her) sometimes saying, "come on" (she rarely spoke to communicate) motioning and implying to me that she wanted more Reiki. This was quite exceptional coming from a person who was generally unable to communicate her needs, likes or dislikes and as demented or lacking in presence of mind as Mary. Mary did not respond with this comment on just one occasion but whenever I gave her a treatment.

I also began giving Mary Reiki treatments at mealtimes for approximately 10-20 minutes. The Reiki helped her sit perfectly still while she was fed!

This was a great improvement over having to follow her around, trying to get her to drink from a glass and was a tremendous help in maintaining her weight and keeping her physical health from declining. We know that once Alzheimer's patients' physical health begins to deteriorate their overall condition generally deteriorates much more rapidly, making them at risk of being patients who end up in a convalescent nursing hospital in the fetal position.

Alzheimer's patients usually have moments of lucidity or moments of clarity, which for Mary were few and far between, but these moments became more frequent after I began giving her Reiki and usually took place when I was actually giving her a treatment.

I also began treating the injuries that Mary got on a regular basis. Elderly Alzheimer's patients sometimes have very thin skin

and get skin tears from even the slightest brush against a wall etc. Many of them run into walls and sliding glass doors as a result of distorted spatial perception and vision. We could not use Band-Aids on Mary as she was much like a two-year-old and would pull off the Band-Aids, making the skin tear worse. I used a product called Liquid Band-Aid along with Reiki which would stop the bleeding almost immediately. Using Reiki healed the skin tears in half the time with daily 5-10 minute Reiki treatments.

Rose was an 87-year-old Caucasian female diagnosed with Alzheimer's disease. Rose suffered from the same symptoms described for Mary, but not quite to the same extent. Additionally, she suffered from many other symptoms including: paranoia, delusions, misunderstanding of events, and overreactions.

Rose was able to feed herself and was semi-incontinent for urine. She could speak and communicate somewhat for the first year that she was in my carehome. After that, most of what she said did not make sense. She would become frustrated and discouraged because she was cognizant most of the time of her language disability.

While Rose was with me from 1998 till 2001, she was on a medication called mellaril to control her combative behavior. The most distressing behavior for her caregivers was her wandering. Rose would leave the carehome every chance she could get. We constantly had to redirect and refocus Rose from wanting to leave. She would be lost as soon as she left but was convinced that she was going to see "someone". She continually accused others of stealing from her (which is a common and difficult Alzheimer's behavior). She paced all day and into the evening. She sat down to eat but only briefly throughout the day when she wasn't trying to leave.

Rose also did not like to be touched or helped with daily activities of living such as bathing, dressing, and grooming etc. She definitely needed to be in control and wanted to control others. I learned much about patience and tolerance from working with her and this has helped me in dealing with my children and others in my life.

She was consumed with being in control and thus a very difficult patient to assist in her needs. She was ornery and full of spit and vinegar. But I loved her as much as frail Mary and her presence made for never-a-dull-moment at my carehome.

I began giving Rose Reiki in short intervals. She allowed me to touch her and give her Reiki by placing my hands on her shoulders or on the crown or back of her head while she was sitting in a chair. These were the only positions she would allow. When I first started, I explained to her what Reiki was and asked for her permission. She said okay but every time I gave her Reiki, she would say "that's enough" after 3, 5, or 8 minutes. It appeared to me that this was consistent with her need to be in control at all times. I knew she could feel the Reiki by her body language and the way she looked at me.

I also gave Rose long distance Reiki treatments while in the same room by sending the Reiki through my fingertips like laser beams. Rose seemed to enjoy this better without my actually touching her as it was apparently more compatible with her behavioral symptoms and condition. I gave her 20-minute treatments 2-3 times a week for 6 weeks, and then once a week for several weeks.


I combined an additional Reiki treatment with a technique called "Validation Therapy".²

I used this additional treatment combination on her on a daily basis for 8 minutes a day, for about 3 weeks. The patient then weaned to 3 times a week for one month.

After a month of starting the Reiki and Validation treatment combination, Rose's daily efforts to leave the carehome declined to once a month and after giving her additional Reiki "tune-ups" her efforts to leave were declined even further to as much as 3 months. This was a great relief to me as it allowed me to keep staff who might have previously quit because they could not deal with the stress and frustration caused by Rose's wandering. Another result of the treatments was an increase in compliance with her caregivers making it easier to assist her in her daily activities of living. An additional improvement is that she almost completely stopped accusing people of stealing which was a great relief to the other residents and staff. This in turn created a tremendous amount of harmony in the environment of my carehome.

I became so excited by the successful results I have obtained with my Alzheimer's patients that I decided it was important to spread the news of the Reiki techniques to a wider audience by developing an Alzheimer's Reiki research program.³ I have also made arrangements to contract with another carehome provider to offer Reiki treatments to their Alzheimer's patients.

To find the time to do this, I have closed my carehome and am currently pursuing a full-time Reiki practice. I am also developing a detailed Reiki therapy plan that can be used by Alzheimer's caregivers. This plan will benefit Alzheimer's patients and their caregivers by reducing or eliminating detrimental symptoms and thus resulting in a higher quality of life for both the Alzheimer's patients and their caregivers.

May all those working and caring for Alzheimer's patients come to know the blessings and wonders of using Reiki as I have and may they experience the healing love and mercy of God. I wish love and peace is ever foremost in your life. 

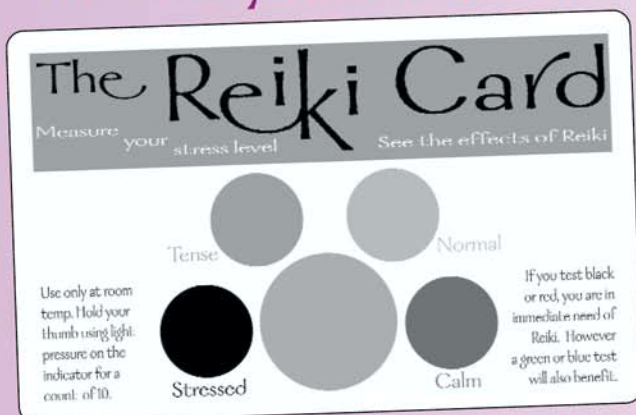
You can contact the author about this article or her programs by email at silvat@jps.net or by phone at (530) 823-8615.

Endnotes

- 1 Disease as it can only be verified via an autopsy so they just diagnose as dementia as a rule. Alzheimer's Aid Society of Northern California
- 2 Validation Therapy is a method used to converse with certain Alzheimer's victims who exhibit "classic" Alzheimer's behaviors. For more information I recommend Naomi Feil's book "The Validation Breakthrough", Simple Techniques for Communicating with People with "Alzheimer's-Type Dementia" available from The Alzheimer's Aid Society of Northern California.
- 3 The Alzheimer's Reiki Program Incorporated will be a minimum 5-year research project. (The RCFE general operating expenses are paid by the participating RCFE.) If there is interest in funding our research please contact me by e-mail at: silvat@jps.net, telephone at (530) 823-8615 or Fax (530) 823-0646. You may view my web page at: <http://home.jps.net/~reikitherese@jps.net>

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