

Group Remote Usui Shiki Ryoho Reiki Protocol

Protocolo de Reiki Usui Shiki Ryoho à Distância em Grupo
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RESUMO

Objetivo: Este artigo tem como objetivo descrever um protocolo de aplicação de Reiki Usui Shiki Ryoho à distância e em grupo como prática complementar ao cuidado da saúde mental. **Método:** Trata-se de um estudo metodológico, voltado ao desenvolvimento de um protocolo terapêutico. O protocolo de aplicação foi elaborado em três etapas sendo: revisão da literatura científica, construção das diretrizes de aplicação do Reiki Usui e definição de três modalidades de intervenção (sessão esporádica, quatro sessões consecutivas e uma aplicação semanal por 21 semanas). **Resultados:** Os resultados indicam que o estudo propõe um protocolo estruturado que visa subsidiar a prática de terapeutas reikianos na aplicação sistematizada do Reiki Usui à distância e em grupo, promovendo maior eficácia, segurança e reprodutibilidade da técnica. **Conclusão:** Conclui-se que a elaboração do protocolo contribui para consolidação do conhecimento científico sobre o Reiki Usui como prática integrativa e complementar, reforçando seu potencial como recurso terapêutico no cuidado à saúde mental de estudantes em sofrimento mental.

DESCRIPTORES: Terapias Complementares. Reiki. Protocolo de Tratamento.

ABSTRACT

Objective: This article aims to describe a protocol for the application of Usui Shiki Ryoho Reiki at a distance and in groups as a complementary practice in mental health care. **Method:** This is a methodological study aimed at developing a therapeutic protocol. The application protocol was developed in three stages: a review of the scientific literature, the development of guidelines for the application of Usui Reiki, and the definition of three intervention modalities (sporadic session, four consecutive sessions, and one weekly application for 21 weeks). **Results:** The results indicate that the study proposes a structured protocol aimed at supporting Reiki therapists in the systematic application of Usui Reiki at a distance and in groups, promoting greater efficacy, safety, and reproducibility of the technique. **Conclusion:** It is concluded that the development of the protocol contributes to the consolidation of scientific knowledge on Usui Reiki as an integrative and complementary practice, reinforcing its potential as a therapeutic resource in the mental health care of students experiencing mental distress.

DESCRIPTORS: Complementary Therapies. Reiki. Treatment Protocol.

RESUMEN

Objetivo: Este artículo tiene como objetivo describir un protocolo de aplicación de Reiki Usui Shiki Ryoho a distancia y en grupo como práctica complementaria para el cuidado de la salud mental. **Método:** Se trata de un estudio metodológico, orientado al desarrollo de un protocolo terapéutico. El protocolo de aplicación se elaboró en tres etapas: revisión de la literatura científica, construcción de las directrices para la aplicación del Reiki Usui y definición de tres modalidades de intervención (sesión esporádica, cuatro sesiones consecutivas y una aplicación semanal durante 21 semanas). **Resultados:** Los resultados indican que el estudio propone un protocolo estructurado destinado a orientar la práctica de terapeutas de Reiki en la aplicación sistematizada del Reiki Usui a distancia y en grupo, promoviendo una mayor eficacia, seguridad y reproducibilidad de la técnica. **Conclusión:** Se concluye que la elaboración del protocolo contribuye a la consolidación del conocimiento científico sobre el Reiki Usui como práctica integrativa y complementaria, reforzando su potencial como recurso terapéutico en el cuidado de la salud mental de estudiantes que experimentan sufrimiento mental.

DESCRIPTORES: Terapias Complementarias. Reiki. Protocolo de Tratamiento.

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INTRODUCTION

Clinical guidelines play a central role in improving the quality of health care by providing evidence-based recommendations designed to guide the actions of professionals, managers, and users in addressing various health conditions. Within the framework of the Unified Health System (SUS), these guidelines are formalized through Clinical Protocols and Therapeutic Guidelines (PCDT), regulatory instruments designed to ensure the comprehensiveness and effectiveness of health care¹. Also recognized as clinical practice guidelines, manuals, or protocols, these official documents serve as fundamental references for standardizing therapeutic approaches^{2,3,4}.

The adoption and implementation of Clinical Protocols and Therapeutic Guidelines (CPTG) by healthcare teams have demonstrated a positive impact on the quality of care provided by promoting safer, evidence-based clinical decisions, reducing diagnostic and treatment costs, and encouraging the rational use of available resources. Furthermore, these protocols contribute to reducing variability in care practices, incorporating technological

innovations, developing performance indicators, comparing outcomes, and improving communication among professionals, thereby promoting more effective coordination of care. In this context, PCDTs serve as strategic tools for consolidating safer, more equitable, and more efficient care within the Unified Health System (SUS), minimizing variations in the implementation of treatment protocols and, consequently, reducing risks and adverse events^{5,6}.

With regard to the generation of scientific evidence, there remains a significant gap in the standardization and development of specific protocols for biofield therapies. U.S. researchers, concerned about the methodological quality of existing studies, have identified major challenges and proposed recommendations for the design of clinical trials in this area⁷, as well as guidelines for the preparation of clinical research reports involving these practices⁸.

The development and use of specific protocols for Integrative and Complementary Health Practices (ICH) are fundamental strategies for ensuring the quality, safety, and efficacy of interventions. Such protocols also promote the standardization and replicability of these practices across different

levels of health care, contributing to their consolidation as an integral part of evidence-based health care.

The National Policy on Integrative and Complementary Health Practices encourages the use of protocols in various modalities, although the document does not specifically mention protocols for biofield therapies: Qigong, Healing Touch, Reiki, Therapeutic Touch, Johrei, and pranic healing, among others. Therefore, we believe there is room to elaborate on the protocols for such practices, particularly Reiki².

From a technical and operational standpoint, protocols are organized around key areas such as: definition of the technique, indications, contraindications, application criteria, and parameters for evaluating and monitoring therapeutic effects^{3,9}.

When structuring a protocol, it is essential to consider various aspects. First, the purpose—that is, the main objective for which the protocol is intended. Priority care pathways must be established to direct attention to the most critical areas. It is also important to identify the target audience—those who will benefit from the protocol, such as patients and healthcare professionals—as well as the region's epidemiological profile and specific

characteristics. In addition, the protocol must be based on well-established and recent scientific evidence, respecting ethical principles and current legal standards, followed by validation and training of the teams involved^{3,9}.

In terms of scientific evidence, although there is a considerable number of publications on the benefits of Usui Reiki in different populations and in different situations related to the health-disease process, there is still a need to systematize and standardize the application of Reiki. Additionally, some researchers are concerned about the quality of scientific output, highlighting methodological challenges and recommendations for clinical studies on biofield therapies, as well as guidelines for clinical trial reports. Therefore, systematized protocols also contribute to the generation of more reliable, robust, and replicable scientific evidence in different settings^{8,10}.

In light of the above, this study aims to describe a protocol for the application of Usui Shiki Ryoho Reiki remotely and in group settings as a complementary practice for Level II Reiki practitioners in remote applications and Level III practitioners in group applications.

METHOD

This is a methodological study aimed at developing a protocol for therapeutic guidelines regarding the practice of Usui Shiki Ryoho Reiki, performed remotely and in a group setting.

This protocol can be used in various situations, both clinical and psychological. The results of these studies have indicated positive effects from the application of Usui Shiki Ryoho Reiki, which have also been observed in empirical clinical practice.

The study began with a literature review aimed at mapping and identifying scientific evidence regarding methods for using Usui Reiki as an in-

tegrative and complementary practice focused on promoting mental health. Given the scarcity of research on Reiki application methods, the study also included direct contact, via email, with a prominent Reiki practitioner in Portugal¹¹ to learn about his experience in that country; he reported being unaware of the existence of a formal protocol that describes, in a standardized manner, the application of Usui Reiki.

In addition, the researchers drew on what they had learned in Reiki training courses and on their accumulated practical experience. Subsequently, the protocol was tested in various clinical studies and in two systematic reviews at the graduate level—specifically, at the master's¹² and doctoral¹³ levels—involving individuals experiencing psychological distress, particularly those exhibiting symptoms of stress, anxiety, and depression. However, its application can be extended to anyone, regardless of their mental health status.

RESULTS

The developed protocol was structured around nine fundamental pillars, which guide its application in a systematic and theoretically grounded manner. These pillars comprise: (1) Theoretical overview of Usui Shiki Ryoho Reiki; (2) Purpose; (3) Target audience; (4) Definition of the technique; (5) Indications for the protocol; (6) Contraindications; (7) Application criteria; (8) Evaluation parameters; (9) Monitoring of therapeutic effects; and (10) Who can perform Usui Reiki remotely and in groups.

Theoretical Overview of Usui Shiki Ryoho Reiki

Usui Shiki Ryoho Reiki is a traditional energy healing technique developed by Mikao Usui in the early 20th century¹⁴. This therapy seeks to activate a universal energy, promoting benefits to the body, mind, and spirit through a holistic, human-centered practice¹⁵. It is a hands-on technique

that channels this universal life energy (ki) to restore the individual's physical, mental, and spiritual aspects, acting through the harmony between a vibrational energy and the patient^{14,16}.

Its origins date back to the early 20th century in Japan, when Mikao Usui developed the method following a period of intense spiritual seeking and meditative practice on Mount Kurama^{14,15}. Master Mikao Usui was the first to be attuned to this energy, establishing principles and techniques that came to be taught and passed on to other practitioners^{14,15}.

The word "Reiki" is derived from two Japanese characters: "rei" (霊), which can mean "spirit," "divine," or "universal," and "ki" (気), which refers to the "vital energy" or "life force" present in all living beings^{14,16}. This combination suggests the idea of "universal vital energy" or "spiritual vital energy."

The practice reached the West through Hawayo Takata, who, in the 1970s, spread Reiki to various countries, adapting its application and methodology to different cultural contexts^{17,18}. As a result, it came to be colloquially referred to as Usui Reiki. In Brazil, Usui Reiki was introduced in 1983 by Master Estefano Cordz, who established the first training and practice groups in the country, contributing to the expansion and consolidation of this technique as a complementary therapeutic modality¹⁶.

Reiki energy works on multiple levels—that is, the physical, mental, emotional, and spiritual—promoting holistic harmonization¹⁴. This energy acts in a subtle way, channeled by the practitioner to clear energy knots or dense energies and to stabilize and harmonize the recipient's energy. This promotes energy balance, care, and well-being. It can be used on oneself, on other people, on animals, plants, or environments, and incorporates Usui Reiki symbols to intensify the energy¹⁹.

The three pillars of Reiki, taught

by Mikao Usui, are Gassho, Reiji-Ho, and Chiryō^{14,20}. According to these authors, Gassho consists of joining the hands in prayer at the chest, performing a meditation that calms the mind, connects one to the present moment, and energetically prepares the practitioner. Reiji-Ho is the technique of intuitive guidance, in which one connects to Reiki energy and mentally intends for the Ki energy to guide the hands to the points where it is most needed, always with humility and the intention to heal. Finally, Chiryō refers to the treatment itself—that is, the laying on of hands to channel energy and restore physical, mental, and emotional balance.

The traditional Usui Reiki training system includes three levels of study to become a Reiki practitioner: Level I refers to the awakening (Shoden), in which the person is attuned to Reiki energy, opening the energy channel; among other teachings, the person learns the hand positions and techniques for self-treatment, treatment of other people, animals, and plants, as well as for energizing the environment and food and beverages—always in person. The focus is on the physical realm, and the Cho Ku Rei symbol is introduced; Level II, also called Transformation (Okuden), introduces the student to emotional and mental work, deepens the use of energy, and attunes them to two additional symbols: Sei He Ki (emotional and mental purification) and Hon Sha Ze Sho Nen (distance healing). Students also learn techniques for applying Reiki at a distance, as well as for the past and future; Level III (Shinpiden) is divided into Levels IIIA and IIIB. In Level IIIA, known as “Realization,” the student is attuned to the sacred symbol Dai Ko Myo (spiritual attunement and enlightenment); its purpose is to intensify the effects of the symbols learned previously. The student is trained to harmonize and treat a large number of people; at Level IIIB, the master’s

level, work is conducted on a spiritual level, and the person receives attunement and training on how to initiate new Reiki practitioners, assuming the responsibility and commitment to transmit the Reiki method^{16,17}.

In a Usui Reiki session, the Reiki practitioner acts as a channel for Reiki energy to flow, with the aim of restoring balance and overall well-being¹⁶ and directing it to the recipient through the laying on of hands.

The in-person technique involves placing the hands on the seven main chakras, close to the recipient’s body, or using the application positions as learned in the training received.

In the distant healing technique, the Level II Reiki practitioner attunes to the recipient; to do so, they may use photographs, visualization, the recipient’s name, date of birth, and current location written on a piece of paper or a substitute²¹. It is necessary to use the Hon Sha Ze Sho Nen to break through geographical and/or temporal barriers. As a result, this technique makes it possible to expand access to Reiki, regardless of the recipient’s location.

Reiki symbols are graphic signs channeled to help the practitioner attune to and direct life energy (Ki or Qi) during application and treatment. According to Mark Hosak and Walter Luber¹⁹ in the Usui lineage, the first symbol is *Cho Ku Rei*, whose central meaning is “the power is here” or “invoke divine power here and now.” It functions as an energy switch or amplifier, used to intensify the flow of vital energy (Rei-ki), create protective shields, clear and harmonize negative energies in people, places, and objects, and align the chakras. The second symbol is *Sei He Ki*, which means “Harmony” or “Earth and Heaven Meet,” considered the key to the subconscious because it helps access and address deep emotional and mental issues, releasing negative patterns. It is used to balance and harmonize mental and emotional energies, perform en-

ergetic cleansing of the environment, provide emotional healing by helping to release traumas and limiting beliefs, create positive habits, and offer protection. The third symbol of Usui Reiki is *Hon Sha Ze Sho Nen*, which means “neither past, nor present, nor future” or “The divinity in me greets the divinity in you.” It transcends time and space, allowing energy to be sent to any place and time—both past and future—promoting healing and balance on all levels. It can also be used to access spiritual connection, deep healing, and heightened consciousness, as well as to promote inner harmony and harmony in life. The fourth symbol is *Dai Ko Myo*, which means “The Great Bright Light” or “Return to Divine Consciousness.” It is used at Level 3 and serves to deepen the spiritual and divine connection, promote healing on all levels (physical, emotional, and spiritual), and lead to enlightenment. It is considered the master symbol, associated with the highest level of channeling. The fifth symbol, *Raku*—also known as the Fire Serpent—is considered the additional symbol for masters, used at the end of sessions for purification and grounding. It represents the connection between heaven and earth, the flow of energy, and the dissolution of negative energies, and is applied from the body to the ground. All symbols require a *yantra* and a mantra for their use. It is important to note that the use of symbols is not mandatory, but they aid in cleansing and healing.

It is common for the person receiving Reiki to experience sensations such as relief, serenity, well-being, a feeling of floating, cold or heat, goosebumps, sleepiness, déjà vu, increased sensitivity, a sense of fulfillment, malaise, or headaches among others²². The Reiki practitioner should inform the recipient about these possible sensations, and if they become bothersome during the session, the practitioner should inform the Reiki, who should interrupt the treatment temporarily or perma-

mently, if the recipient so desires.

Purpose

Usui Reiki has been used as a complementary integrative practice in various situations and health conditions because it is a safe, easy-to-practice method that yields positive results.

It works to clear energy blockages and accumulations, aims to enhance and balance vital energy levels, and offers an opportunity for spiritual development²¹, contributing to the restoration of physical, mental, and emotional balance and promoting well-being and holistic health^{19,23}.

Target Audience

Usui Reiki, being an energy-based practice, is non-invasive and can be administered to a wide range of people regardless of age, gender, or physical condition, provided that informed consent is obtained from the individual or their legal guardian in cases where the person is unable to consent on their own behalf²⁴. However, it does not replace conventional clinical and psycho-emotional treatments when indicated.

According to scientific evidence, the target audience for Usui Reiki consists of people experiencing physical or emotional distress. A brief review reveals positive effects in the following situations:

In oncology, there have long been reports of it helping to reduce chronic pain, fatigue, nausea,

vomiting, and diarrhea, distress, anxiety, and depression, shortness of breath, improved emotional well-being, and sleep, among others^{25,26,27,28}. In oncology, its effects are observed on the physical, emotional, and spiritual levels: contributing to a reduction in pain, fatigue, and emotional stress, as well as an improvement in quality of life²⁹.

In adolescents with dysmenorrhea, in a randomized trial, Reiki proved effective in reducing pain and fatigue³⁰.

For older adults and hospitalized patients, a Reiki intervention program demonstrated effectiveness in promoting mental health among older adults by reducing symptoms of depression and anxiety³¹.

In a study of frontline healthcare workers, the application of distant Reiki was associated with reduced stress, anxiety, and pain, as well as improved in well-being and sleep quality³².

In cases of anxiety, stress, and depression, there are reports that Reiki helps alleviate emotional symptoms and contributes to psychological well-being³³.

In addition to humans, Reiki can be applied to animals, plants, and environments—such as homes and objects—demonstrating its versatility³⁴.

Among college students, the effect of Usui Reiki on depression, anxiety, and stress was analyzed using three treatment methods, all of which had positive effects on the pre-CE and longitudinal evolution³⁵.

Definition of the Technique

The technique proposed in the protocol follows the principles of Usui Shiki Ryoho Reiki and has been adapted for remote and group application, respecting the traditional foundations of energy practice combined with criteria for methodological systematization.

Remote application should be performed only by Level II Reiki practitioners, while group application should be performed by Level III Reiki practitioners. There is no set number of participants in the groups, nor is there a need for stratification, except in cases of research conducted in accordance with the method.

The Reiki practitioner should be mindful of *Byosen*, as this may cause them to adjust the amount of time spent on each position. In Reiki, *Byosen* is the technique of sensing energetic radiations of imbalance or illness in the body, which manifest to the practitioner through sensations in the hands—such as heat, tingling, pressure, coldness, or numbness—indicating where the energy needs attention. This technique is fundamental for energetic diagnosis and the targeted application of Reiki, helping to identify areas of blockage and disharmony in order to restore the flow of energy³⁶.

Table 1 presents the elements that make up the parameters established in this protocol.

Table 1: Steps in the protocol for applying Usui Reiki remotely and in a group

Start and end of the session	Participants are notified via WhatsApp groups of the start five minutes in advance so that they can prepare. At the end, a termination message is sent, and space is provided for comments and descriptions of sensations.
Application environment for recipients	Participants are instructed to remain seated or lying down in a location free from interference, using headphones for tuning through the Solfeggio frequency sent.
Reiki practitioner's posture	Comfortable posture in a quiet environment free from interference. Use of the three pillars of Reiki as preparation for the beginning of the applications: Gassho, Reiji-Ho, and Chiryo. Tuning is performed with the group of participants using the same Hertz frequency sent to the group. The symbols Cho Ku Rei, Hon Sha Ze Sho Nen, and Sei He Ki are drawn on the practitioner's hands and on the substitute.
Method of tuning	Full name, date of birth, and location where the participant is at the time of the application.
Application sites	Seven main chakras in the cranio-caudal direction: crown, frontal, laryngeal, cardiac, solar plexus or splenic, umbilical or sacral, basic or root. Followed by the knees, ankles, and feet. Front and back of the recipient.

Session duration	Hands are placed for 3 minutes at each point, totaling an average of 30 minutes, with minor variations possible.
Number of sessions	Modality 1 – Sporadic session: single and specific application; Modality 2 – four-day treatment – Four consecutive sessions: performed on four consecutive days; Modality 3 – 21-day treatment with weekly sessions.
Symbols used	Cho Ku Rei Sei He Ki Hon Sha Ze Sho Nen All with their respective yantras and mantras.
Energy frequency	In all sessions, the 432 Hz Solfeggio frequency was used, recognized for its effects on the balance of the body, mind, and spirit, and made available through a link in the group profile to facilitate access to each session. The 432 Hz frequency promotes calmness, mental balance, and emotional integration, in addition to favoring greater coherence between the heart and brain.
End of the session	The Reiki practitioner disconnects from the group using the dry bath technique and responds to messages and provides relevant guidance when necessary.
Post-Reiki care	The recipient was instructed that, according to their conditions and needs, they should remain at rest for a few minutes and drink filtered water as desired.

Source: Research authors (2025).

Protocol Recommendations

This is recommended for remote and group use. However, it has been tested for remote and individual use as well as in-person, yielding the same therapeutic responses.

As a complementary therapeutic intervention, it is aimed at promoting health, alleviating psycho-emotional symptoms, promoting mental health, and preventing complications. In scientific research, it was used on individuals with mild, moderate, and severe symptoms of stress, anxiety, and depression, resulting in a significant reduction in physical and psychological symptoms and an improvement in well-being.

Contraindications

Reiki is a non-invasive therapeutic practice considered safe and free of significant adverse effects. According to the literature, there are no absolute contraindications for its application, and it can be used as a complementary therapy across all age groups and in various health conditions, provided that ethical principles and the individual needs of each patient are respected².

However, there are recommendations against its use in situations where the recipient is operating machinery or driving, due to the possi-

bility that relaxation could cause accidents or incidents³⁷.

In any case, informed consent from the recipient or their legal guardian is essential when the recipient is unable to consent on their own—for example, people in a coma, young children, animals, and others.

Application criteria

In general, the technical criteria for application involve preparing the environment: clean, quiet, comfortable, and private; Therapist's posture: centered, in a state of mindfulness, with positive therapeutic intent; Average duration: 20 to 60 minutes, though it may be shorter depending on the Reiki practitioner's level and intuition; Frequency: may vary from single sessions to series, depending on the protocol or therapeutic goal; Client's position: It is recommended that the person sit or lie down, always in a comfortable position; however, there is no specific requirement for these positions.

Regarding the Method: the laying on of hands should be performed at specific points on the body (chakras, areas of pain, or energy centers), with no need for physical contact.

Ethically, the Reiki practitioner must ensure confidentiality and respect for the patient, avoid creating

unrealistic expectations, clearly explain that this is a complementary practice and that conventional treatments should be continued, and respect the person's refusal when it is expressed. Finally, the practitioner must maintain appropriate training and be mindful of progressing through their training with reputable and qualified individuals.

Usui Reiki can be applied in different ways, varying according to the therapeutic goal and the proposed intervention.

As for frequency, the first modality consists of a single session, characterized as a sporadic application, generally used to promote immediate relaxation, temporary relief of symptoms, or as an initial experience with the practice.

Another option involves an intensive protocol of four consecutive days, with intervals of up to 24 hours between sessions. This format aims to enhance the cumulative effects of Reiki in the short term, promoting energetic stabilization and a faster response to physical and emotional symptoms.

Finally, there is the extended 21-day treatment, structured into weekly sessions, which allows for gradual and continuous exposure to the practice. This modality has been studied by the

authors for its ability to promote progressive effects, such as stress reduction, improved psychological well-being, and a strengthened subjective sense of balance.

Thus, the three forms of application—the single session, the four-day consecutive treatment, and the 21-day weekly treatment—represent different strategies for the clinical application of Usui Reiki, each with specific potential benefits and contexts for recommendation.

Evaluation Parameters

The evaluation of the effects of Usui Reiki in clinical practice can be conducted along two complementary axes. The first concerns the recipient's self-report, which expresses their perceptions regarding the physical, emotional, and spiritual changes experienced during and after the sessions. This self-report is essential, as Usui Reiki is a practice that subtly influences an individual's energy balance, and the personal experience serves as a rich source of qualitative data. The second approach depends on the Reiki practitioner's experience with *byosen*, as they use their own sensations to make an energetic diagnosis of the recipient.

Sensations such as deep relaxation, reduced anxiety, improved mood, pain relief, or increased energy are frequently mentioned examples that serve as subjective indicators of the recipient's perceived effectiveness of the intervention. The sensations of heat, cold, tingling, and numbness provide an indication of the results of Usui Reiki to the practitioner.

In this research, specific instruments—such as validated scales and inventories for measuring emotional and health-related symptoms, including pain—can be used to conduct a systematic assessment. These instruments provide objective and quantitative parameters that, when combined with personal reports and *byosen*, al-

low for a more robust analysis of the results obtained. Thus, the combination of qualitative and quantitative methods makes it possible to assess the benefits of Usui Reiki with greater reliability, contributing to the scientific consolidation of the practice as an integrative therapeutic resource.

Monitoring of Therapeutic Effects

Monitoring the therapeutic effects of Usui Reiki may vary for each recipient. This monitoring can be conducted sporadically, through in-person conversations, messages, or phone calls, or continuously and systematically, with records kept for each session received. This practice makes it possible to assess individual progress, identify positive responses, adjust the protocol when necessary, and ensure greater safety and efficacy in the therapeutic process.

Who can perform Usui Reiki remotely and in groups

The practice of Usui Reiki at a distance and in groups must be performed by practitioners who are duly qualified and attuned to advanced levels of the technique. For distance practice, the Reiki practitioner must have been initiated to at least Level II, which grants access to the use of specific symbols designed to transcend time and space. As for conducting group sessions, training at Level III (master/advanced practitioner) is recommended, as it provides greater energetic preparedness, confidence, and the ability to collectively guide the therapeutic process.

DISCUSSION

The practice of Usui Reiki stands out for its wide range of applications, especially in clinical and community settings. Recent studies show that Reiki can be administered remotely, with significant results in reducing stress, anxiety, and pain, as well as

improving well-being and sleep quality among healthcare professionals on the front lines of CO-38. This accessibility and flexibility in delivery (in-person or remotely) facilitate its application in diverse settings, broadening its therapeutic reach.

Additionally, Usui Reiki group interventions allow for efficiently meeting greater demand while respecting the principles of equity and inclusion in healthcare; although still scarce, empirically, group protocols facilitate the spread of the practice and reduce logistical and cost barriers.

With regard to the clinical efficacy, safety, cost, and replicability of Usui Reiki, recent literature indicates that Usui Reiki shows consistent evidence of efficacy superior to placebo for relevant clinical symptoms, such as stress and depression (evidence grade “high”), and for anxiety (evidence grade “moderate to high”)39. Furthermore, a meta-analysis conducted in 2025 showed a statistically significant positive impact on quality of life following interventions of adequate frequency and duration (≥ 8 sessions of ≥ 60 minutes or acute interventions of ≤ 20 minutes)40.

Reiki also stands out as a low-risk method with few known adverse effects, often described as non-invasive, safe, and highly affordable, as it does not require the use of complex materials or costly infrastructure41. This integrative, low-cost, safe, and effective practice reinforces its potential as a complementary therapy in health systems with limited resources.

Finally, the adoption of structured and systematized protocols in clinical or research settings—involving standardized frequency, duration, and modalities—promotes the replicability of studies and the integration of Reiki into clinical contexts with methodological rigor. This type of approach contributes to the consolidation of the practice in scientific settings and, consequently, to its

efficient incorporation into clinical practice, reducing variability among interventions^{39,42}.

Limitations and Future Prospects

This study has some limitations that should be considered. The proposed protocol, although based on a literature review and the authors' practical experience, has not yet undergone formal content validation by experts or empirical validation studies with larger samples. The application of Usui Shiki Ryoho Reiki at a distance and in a group setting depends, in part, on the practitioners' subjective perception, which may introduce individual variations in its execution. Furthermore, the field of biofield therapies still lacks international standardization and consolidated evidence regarding its mechanisms of action. Thus, this protocol should be understood as an initial proposal, subject to refinement and adaptation in future studies involving validation and multicenter evaluation phases.

Given these limitations, it is recommended that future studies include content and construct validation phases (using techniques such as the Delphi method and calculation of the Content Validity Index), followed by controlled clinical trials that evaluate the protocol's effectiveness in different populations and therapeutic contexts. It is also suggested that complementary qualitative analyses be included, aimed at understanding the subjective experience of Reiki practitioners and recipients, as well as the development of indicators of acceptability, safety, and adherence. The integration of mixed-methods approaches and multicenter strategies may enhance the reliability of the results and contribute to strengthening the scientific evidence regarding Usui Reiki applied remotely and in group settings within the field of Integrative and Complementary Health Practices.

Conclusion

Given the lack of standardized scientific protocols for the practice of Usui Shiki Ryoho Reiki, this study proposes a structured model that can be used by certified Reiki practitioners as a complementary therapeutic strategy in patient care. Although the developed protocol is based on scientific evidence, established clinical experience, and ethical principles, it allows for safe, systematic, and replicable application in educational and research contexts.

The development of this protocol represents a significant step toward consolidating scientific knowledge about Usui Shiki Ryoho Reiki as an integrative and complementary practice in the field of health. By systematizing and organizing the steps, criteria, and guidelines for its application, the protocol provides a solid methodological foundation that can be used by both researchers and healthcare professionals, thereby promoting the reproducibility and credibility of future studies. This effort helps overcome barriers related to subjectivity and the lack of standardization—aspects frequently cited as challenges in research on complementary therapies.

In the specific context of mental health among students experiencing psychological distress, Usui Shiki Ryoho Reiki has emerged as a therapeutic resource with the potential to help reduce symptoms such as anxiety, stress, and emotional overload, thereby improving psychological and subjective well-being. Scientific literature and clinical practice indicate that this technique, by promoting deep relaxation and energetic rebalancing, can serve as a valuable support in strategies for promoting well-being and preventing health complications. By proposing clear parameters for application and evaluation, this protocol expands the possibilities for using Usui Reiki in an academic setting,

taking into account both individual needs and the institutional context.

Furthermore, the development of this instrument aligns with public health policies that recognize and encourage the use of Integrative and Complementary Practices (ICP) within the Unified Health System (SUS), strengthening the commitment to holistic and person-centered approaches. This alignment contributes to the recognition of therapeutic methods that are increasingly finding a legitimate place and are supported by scientific evidence in contemporary society.

Therefore, this study not only reinforces the value of Usui Reiki as a complementary resource in students' mental health care but also opens up new possibilities for rigorous scientific research in this area. It is hoped that the application of the protocol developed here will facilitate the generation of consistent data, enabling comparisons and meta-analyses that deepen our understanding of the efficacy and ideal conditions for the use of this practice. This paves the way for an increasingly robust integration between traditional wisdom and scientific knowledge, for the benefit of holistic health and human well-being.

Due to the absence of formal validation of the protocol by experts, a lack of broad empirical validation, and the absence of international standardization, it should be adopted as an initial and exploratory proposal, subject to revisions and adaptations. In this regard, it is recommended that the protocol be tested in different academic and clinical settings, with diverse populations, in order to validate its effectiveness, refine its operational guidelines, and contribute to the strengthening of Usui Reiki as an evidence-based complementary and integrative practice in the field of mental health. It proved effective in all situations in which it was applied and has been systematized

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