

Laying on of Hands in Health Care for Pregnant Women

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Citation: Suzin JB, Burgatti JC, Iukawa N. Laying on of Hands in Health Care for Pregnant Women. *Gynecol Reprod Health.* 2025; 9(5): 1-7.

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Received: 13 Sep 2025; **Accepted:** 20 Oct 2025; **Published:** 01 Nov 2025

ABSTRACT

The changes inherent to women during pregnancy have an impact on the health of their children, which can lead to damaging results and be exacerbated by adverse environmental situations, like those that occurred during the COVID-19 pandemic. This article shows a study of the application of a technique of laying on of hands, Neural Stimulation (NS) in 328 patients between the 5th and 38th weeks of pregnancy, seen between 2020 and 2022 in a large public hospital in the municipality of São Paulo, Brazil. The aim was to analyse the application of the technique to the health of pregnant women and its impact on improving the quality of life and well-being of these patients. It is a descriptive and exploratory study with a qualitative approach. In order to understand the results of the technique, interviews were carried out with 19 patients until the information was saturated and a thematic modality was used to analyse the data. As a result, all the patients interviewed reported benefits, which made it possible to identify the potential of the NS technique as a tool for comprehensive care, promoting effective and continuous improvement, calm and well-being, followed by learning techniques for self-care, reduction of pain, better mood, recovery of lost energy, improved sleep and the final finding of improved quality of life for pregnant women.

Keywords

Laying on of Hands, Pregnant Women, Complementary Therapies, Quality of Life.

Introduction

Women undergo major changes during pregnancy, both physically and psychologically, as well as in their family and social roles. These changes inevitably have repercussions on the health and well-being of their children, which can result in emotional and cognitive problems, with a greater risk of attention deficit/hyperactivity disorder and language delay [1].

Several authors point to psychosocial and socio-demographic factors as being responsible for symptoms of distress and anxiety during pregnancy and argue that they can have adverse results on

the offspring, leading to alterations in physical development and intellectual, emotional and behavioural functions [2-4]. Anxiety and depression have been associated with increased maternal and infant mortality as a result of secondary disorders such as gestational diabetes and pre-eclampsia, among other negative maternal consequences [5,6].

In the years leading up to the global pandemic, international literature already reported a wide variety of prenatal stressors that increased the risk of adverse neurodevelopmental outcomes in children, such as impaired cognitive development and behavioural problems, as well as autism and schizophrenia [7]. With the onset of the COVID-19 pandemic, these factors have been maximised, resulting in an insecure and stressed society.

For a long time, Western medicine understood that the functional problems of the organism were the result of structural defects in the system, produced by chemical imbalances. Only in recent decades has knowledge of the interactions between chemical states and electromagnetic fields led to an understanding of the multidimensional nature of the human being. The understanding of energy fields in a universe where time is relative, and that matter is a form of energy, has opened up possibilities for the understanding new points of view on health and disease [8].

Such facts led to the inclusion of non-conventional therapies in the world's health systems, like Práticas Integrativas e Complementares em Saúde - PICS (Integrative and Complementary Health Practices). Among their modalities, the techniques of laying on of hands are popular all over the world, as McManus [9] reports in a study in Australia, in which Reiki was used in hospitals, cancer support centres, drug and alcohol rehabilitation centres and in palliative care, with good results. Benefits were especially observed on an emotional level, with support for coping with stressful and traumatic situations.

During the years 2020 to 2022, Integrative Medicine (IM) - Práticas Integrativas em Saúde - PICS (Integrative Health Practices) outpatient clinic at the Hospital do Servidor Público Municipal de São Paulo (HSPM) endeavoured to support pregnant women who needed to come to the hospital, but who were stressed by the possibility of contamination with COVID-19, offering care with a variety of techniques, including the one we are dealing with now.

The present research with the laying on of hands, which is part of the framework of integrative and complementary therapies of the Brazilian Ministry of Health (MS), uses the technique of Neural Stimulation (NS) and is structured within the integral vision, considering the multidimensional human anatomy from the perspective of the existence of subtle energy fields.

The motivation for this research was to identify how the NS laying on of hands technique, which has been used at the hospital since 2010, contributed to the well-being of patients who received care during the first two years of the COVID-19 pandemic.

It was based on the hypothesis that the technique would improve the quality of life of pregnant women, contributing to the patients' unanticipated general well-being, and that it would improve their physical/emotional balance in stressful situations.

Thus, the general objective of the study was to analyse the application of the laying on of hands technique (NS) in the health of pregnant women in a large hospital in the city of São Paulo, Brazil, by identifying the contributions of the NS to pregnant women who were attended to between 2020 and 2022, mapping the potential and weaknesses of the technique and suggestions.

Laying on of Hands Therapies

Hands have been used to heal since the beginning of time. The

Ebers Papyrus, one of the oldest medical treatises, written in Ancient Egypt in 1552 BC, already described the laying on of hands as a medical treatment [10]. Hippocrates, the father of medicine, also considered the hands to be an important tool for medical practice. Paracelsus, a physician and alchemist, was one of the first researchers to propose that there is a therapeutic connection between human beings and the environment through a subtle, diffuse fluid with magnetic properties [8].

Traditional medicine uses them in healing rituals, such as those performed by Native Americans, African healers, the saints of Christian religions or even Chinese, Japanese, Tibetan and Indian medicine, among many others [11].

Among the Integrative and Complementary Practices (PICS), the techniques of laying on of hands, also known as energy therapies, have gained a lot of popularity in recent years. Nevertheless, they have been practised for centuries in different cultures around the world as effective ways of promoting balance, well-being and healing. Laying on of hands therapies are based on the belief that the human body is composed of flowing energy, and when this energy is blocked or unbalanced, it can lead to physical and emotional health problems. Each of these therapies has unique approaches and principles, but all share the ability to channel and direct vital energy to promote harmony and health.

In Brazil, these techniques make up the Ministry of Health's framework of integrative and complementary therapies.

"... therapeutic practice... makes use of the human capacity to consciously guide the flow of multidimensional healing energies into the human body and its physical and spiritual energy systems in order to bring about therapeutic changes" [12].

There are many reported laying on of hands therapies, the best-known being Reiki, Johrei, Okiyome, Access Bars, ChiKung, Pranic Healing, Therapeutic Touch and Healing Touch. Some date back to ancient times, but the field of research is still very new and there are few significant studies, although most show positive results [13].

All laying on of hands techniques have similarities, considering that they are therapeutic practices that involve balancing and/or transferring vital energy to the body. Among them is Reiki, an ancient practice of healing through the laying on of hands that has been lost to time, renewed by the Japanese monk Mikao Usui over a century ago, which works with the life force energy of the universe, a vibrating and pulsating energy based on love, a visible and palpable force that infuses and permeates all living forms [14]. Johrei, devised by Mokiti Okada; founder of the Messianic Church; with the initial aim of promoting health and curing illness, but with a broader objective, that of purifying the spiritual body by dissolving negative energies materialised in the physical body as illnesses, seeks to promote the elevation of consciousness through the channelling of pure, luminous spiritual energy, thus promoting a connection with the divine source [15]. Therapeutic Touch,

created in the early 1970s by nurse Dolores Krieger, is based on Eastern concepts of healing, which understand humans as beings endowed with energy, and that through touch and thought focussed on the intention of healing, it is possible to modulate this field in order to rebalance energies [16].

Pranic Healing involves manipulating and directing of vital energy (*prana*) to balance and revitalise the body, remove negative energy and restore balance and health [17]. Access Bars therapy aims to expand consciousness and personal transformation by releasing limiting patterns, negative beliefs and energy blockages, using gentle touches on specific points on the head [8].

ChiKung, a Chinese practice that combines gentle movements, breathing and the laying on of hands to guide and balance the flow of vital energy (Chi) in the body [19]. It improves vitality, concentration and mental clarity, promoting health and longevity. Healing Touch works through gentle touches and loving intention, promoting physical and energetic healing. The practitioner channels healing energy into the patient's body, stimulating the self-healing process [20].

Okiyome is a Japanese technique of laying on of hands used by the Mahikari Art or Sukyo Mahikari to purify the spirit, mind and body by transmitting divine energy (Divine Light) [21].

Neural Stimulation (NS), which has been present at the IM - PICS outpatient clinic since 2010, was created in 1986 in Spain by the non-governmental organisation (NGO) Manos Sin Fronteras - MSF (Hands without Borders), a member of the Instituto de Estimulación Neural y Terapias Naturales (Institute of Neural Stimulation and Natural Therapies), whose technique consists of touching the body's energy points with the hands, aiming to rebalance the body's energy and bring well-being and quality of life [16]. The technique uses the hands, where a high concentration of nerve endings exist and which, according to the creators, when in contact with the vital centres, they cause a bioelectromagnetic reaction that speeds up the body's natural regeneration processes. And that, by stimulating vital centres located on the head, wrist and along the spine, each of these points is connected to specific organs and systems in the human body via the nervous system [22]. The therapy seeks to supply, circulate energy and achieve harmonisation of body, mind and spirit by making use of three pillars: balancing the nervous system, strengthening the immune system and purifying the blood system [22]. During the session, the therapist places their hands on specific parts of the patient's body, usually starting with the head and moving on to other parts, depending on the proposed treatment. The touch is gentle and non-invasive, and the patient may feel a sensation of warmth or tingling. Among the expected physical and emotional health benefits, the therapy can provide relief from pain and stress, improve sleep quality, reduce anxiety and depression, strengthen the immune system, increase feelings of well-being and help improve quality of life [22].

Method

This is a descriptive and exploratory study using a qualitative approach through the collection of data from the initial care forms and semi-structured interviews carried out after the pregnancy had ended and further analysis of the data was conducted under thematic methods. Conducted at the Hospital do Servidor P<úblico Municipal de São Paulo (HSPM), a large, tertiary public hospital with an MI - PICS outpatient clinic, which develops various integrative and complementary health practices, including NS, the subject of this study. The technique was carried out by volunteers trained by Manos Sin Fronteras (MSF), a non-governmental organisation based in Spain and a partner of the clinic since 2010.

The population studied in the first stage was of 328 pregnant patients between the 5th and 38th weeks of pregnancy referred from the hospital's antenatal clinic and seen between the first of October 2020 and the 31st of December 2022 using the NS technique, with both face-to-face and online visits being taken into account. In order to characterise the participants in the study, data collection in the first phase took place using the hospital's PICS outpatient database, which includes a registration form and an anamnesis form filled in by the patient at the start of their appointment, which enabled the demographic profile of the group studied to be drawn up by the following variables: age group, gestational age, reported comorbidities and number of appointments carried out.

In the second stage, the qualitative sample was analysed through semi-structured interviews with 19 patients, conducted online or in person, depending on the interviewees' availability. This allowed for further data collection until the data was saturated. All the interviews were carried out after the gestational period to assess the contributions of the technique to the patients' well-being.

Based on the verbatim transcripts of the interviews with the semi-structured script, the corpus obtained was subjected to content analysis in the thematic modality, in which the central concept is the theme [23] used as a "recording unit to study motivations, opinions, attitudes, values, beliefs, tendencies..." [24]. In this way, we categorised and aggregated the data, identifying thematic clusters which allowed us to quantify and identify opinions, attitudes and perceptions.

This research followed the scientific principles and ethical aspects that involve human beings, in accordance with Brazilian Law Resolutions CNS number 466/2012 and number 510 of 04/07/2016. It was approved under CAAE number 69493323.00000.5442. All patients signed informed consent forms and retained the right to withdraw at any time.

Results and Discussion

The demographic analysis of the sample was carried out by using the data obtained from the spontaneous filling in of the forms by the patients at the start of their appointments; a lot of information may have been omitted or underreported.

When we analysed the profile of the total sample of 328 patients, we found that they were aged between 18 and 45, with an average of 36.26 years. With regard to gestational age, 243 (74.85%) were between 5 and 38 weeks, with an average of 16.25 weeks, while the remaining 85 (25.15%) did not provide any information.

The appointments made by NS during the research period were in person and online, totalling 1,239, which resulted in 3.77 appointments per patient. When separating face-to-face and online appointments, it was found that all patients were seen in person at least once and on average there were 2.11 face-to-face appointments per patient. Of the total, 140 (42.68%) patients were also seen online, with an average of 3.88 online consultations per patient.

Regarding the comorbidities reported by the participants in the initial phase of care, it was identified that 148 (43.78%) of the participants reported anxiety symptoms; 38 (11.24%) reported depressive symptoms; 98 (28.99%) reported stress; 146 (43.20%) reported algic (pain) symptoms, mostly in the spine; 80 (24.09%) reported insomnia; 26 (7.69%) hypertension; 11 (3.25%) diabetes and 9 (2.66%) reported COVID.

This study contributes to the scientific literature by providing local evidence on mental health changes in pregnant women that reinforce a global problem. The World Health Organisation (WHO) warns that neglect of maternal mental health carries substantial risks for both the woman's well-being and the baby's physical and emotional development. A WHO guide on integrating perinatal mental health to support maternal and child health services points out that one in five women may develop mental health problems during pregnancy or in the year after birth [25].

Globally, the WHO estimates that the prevalence of maternal mental disorders is approximately 10 per cent in pregnant women and 13 per cent in postpartum women, with depression being the most common disorder. The regional disparity is remarkable, with the prevalence in developing nations being considerably higher: 15.6 per cent during pregnancy and 19.8 per cent in the postpartum period [26].

Because pregnancy is a period of great physical, hormonal, emotional or psychological change, the prevalence rate of depression during this phase in developing countries is between 20 and 25 per cent [27].

In a study of pregnant women attending a basic health unit in Nova Iguaçu, Rio de Janeiro, Brazil, it was found that the prevalence of depression during pregnancy was 18% [28].

Another cross-sectional study investigated the presence of anxiety in 209 pregnant women in a municipality located in the south of Minas Gerais, Brazil. The results indicated that 26.8 per cent of the participants showed symptoms of anxiety [29].

Another frequent complaint reported by patients was algic symptoms. Among these, low back pain is one of the most prevalent musculoskeletal complaints, affecting a large percentage of pregnant women. It is estimated that lower back pain affects around 50 per cent of pregnant women at some point, either during pregnancy or in the postpartum period. The pain tends to be more frequent in the second trimester and has specific characteristics. Thus, it is essential to implement prevention strategies to ensure a better quality of life for pregnant women [30].

The second stage of the research was carried out after the end of the pregnancy, when interviews were conducted until the data was saturated. The group consisted of 19 patients aged between 28 and 43, with an average of 35.15 years. With regard to gestational age, 3 of the 19 interviewees did not report it or did not know their gestational age at the beginning of the survey. The 16 patients who reported were between the 6th and 26th weeks, with an average of 16 weeks. Of the complaints mentioned in the initial anamnesis, 8 (42.10%) reported anxiety, 1 (5.26%) reported depression, 7 (36.84%) stress, 4 (21.05%) insomnia, 2 (10.52%) had high blood pressure and none reported diabetes or COVID.

The number of appointments in this group averaged 10.52 per patient, of which 4.78 were face-to-face and 5.73 were online. Studies with laying on of hands techniques that found more significant results were those with a greater number of sessions and a longer intervention time, suggesting that these techniques have a cumulative effect [13].

Afterwards, from the semi-structured interviews, the results of the technique could be identified using thematic analysis. Three thematic nuclei emerged from the field: the contributions that the NS technique brought to pregnant women during the pandemic, its potential and weaknesses, and suggestions.

With regard to the nucleus "Contributions that the NS technique brought to pregnant women during the pandemic", it was possible to identify 62 Context Units with 66 Registration Units (RU). From these RUs, 13 categories emerged. Through semantic grouping, they were unified into 5 categories, the vast majority of which translated into the observation of effective and continuous improvement, calm and well-being (38), followed by learning techniques for self-care (10), improvement in pain (4), better mood (4), recovery of lost energy (4), improvement in sleep (2), with the final observation that all the interviewees reported some benefit from the technique that translated into an improvement in the quality of life of the group surveyed.

Quality of life is a complex term, addressed by various fields of study, with no conceptual consensus, as observed by Farquhar [31]. According to the World Health Organisation, quality of life is "an individual's perception of how he or she fits into life, in the context of the culture and value systems in which he or she lives, and in relation to his or her goals, expectations, standards and concerns" [32].

In a study based on the conceptual and methodological aspects of quality of life and health, the conceptual characteristics of subjectivity and multidimensionality were highlighted [33]. The present study infers that there has been an effective and continuous improvement in well-being, including improvements in pain, sleep, mood and recovery of lost energy, which has resulted in an improved quality of life.

According to the Manos Sin Fronteras (Hands Without Borders) Organisation, Neural Stimulation provides a number of benefits, including balance of the nervous system, control of pain in general, recovery of sleep quality, control of stress levels, depression and anxiety, which could be verified in this study.

It can be seen that most of the pregnant women showed continuous and effective improvement, reporting calm and well-being, as they say below:

“...There has been improvement. (quality of life) ... helped a lot with anxiety....” (E5)

“...after the face-to-face sessions, I had a very good feeling of relaxation, so I stayed relaxed for a long time, I felt a sense of peace ...” (E9)

Calmness and well-being lead to emotional balance, improving all aspects of the individual's life. An experience report on neural stimulation in the preoperative period describes that the technique has the purpose of calming patients in the preoperative period, strengthening immunity, improving pain and well-being. When researching the bibliography, it can be seen that there is scarce production regarding NS. Most of the research articles on energy therapies involving the laying on of hands found generally refer to other therapies such as Reiki and Therapeutic Touch. Gonçalves, et al. [34], in research with Reiki, demonstrated benefits in reducing stress, anxiety and symptoms of depression, as well as physical pain. Another review study specifically identified the mental health benefits of Reiki as greater than the placebo effects, concluding that this energy therapy has a consistent and superior therapeutic effect to placebo for symptoms of stress and depression at clinically relevant levels [35].

A randomised clinical trial evaluated the effectiveness of a Reiki protocol on anxiety levels in the preoperative period of cardiac surgery and showed favourable evidence for the effectiveness of Reiki in controlling preoperative anxiety in cardiac surgery [36].

Corroborating the findings of this study, the participants also reported a reduction in anxiety, as can be seen in their comments: “... as the levels of anxiety decreased... I could sleep better; I could eat better... I was calmer. So, this serenity, this calm, this peace that I felt was the best benefit I had....” (E13)

Another contribution of neural stimulation reported by pregnant women is pain relief. Pain can lead to mental, emotional and physiological problems. A meta-analysis showed that Reiki is an effective therapeutic approach for pain relief [37].

Some of the pregnant women interviewed reported a reduction in pain, as follows.

“.... I felt some pain and discomfort, especially towards the end of my pregnancy. And Neural Stimulation helped a lot.....” (E5)

A study that took place in private Reiki clinics in the United States evaluated the patients before and after application of Reiki and found statistically significant improvements in several variables such as pain, lack of appetite, shortness of breath, anxiety, depression, general well-being, tiredness and drowsiness [38].

Interviewees reported improved sleep quality for pregnant women and their newborns, as described below.

“... my baby's quality of sleep, my quality of sleep, have been very positive, ...” (E8)

“... I was fine, I could sleep better, so it brought me peace, I was very calm...” (E13)

Scientific studies show that energy therapies improve sleep quality, characterised by a reduction in time to fall asleep, nightmares and an increase in hours slept [39].

From the perspective of the pregnant women, the benefits of practising neural stimulation for promoting self-care were also identified, according to the reports.

“... I even learnt how to do some of the techniques, and I've carried them with me for life...” (E1)

“.... know how to breathe, reflect a little more, ... even meditate...” (E2)

The promotion of self-care, another benefit of Integrative and Complementary Practices from the point of view of the professionals who apply these practices at the Núcleos Ampliados de Saúde da Família e Atenção Básica (Expanded Family Health and Primary Care Centres - Nasf-AB) in the municipality of Jaboatão dos Guararapes-PE - Brazil [40].

The analysis of the second thematic nucleus, which dealt with strengths and weaknesses, identified 14 Context Units with 21 Registration Units that, after semantic grouping, emerged into 9 categories, 6 categories in potentiality and 3 in weaknesses.

Among the potentialities that appeared in the field, improved mood and connection with oneself were the most frequent, followed by having time for oneself, improved self-esteem, relaxation and having a peaceful pregnancy with an impact on the child.

“... to have a peaceful pregnancy, to have these moments, this connection with myself ...” (E18)

“... I'd go there with some feelings and left the place in a completely different mood, more willing and motivated...” (E19)

Among the weaknesses identified, the most frequent was the lack of public knowledge about the practice; the improvement of the service infrastructure and the lack of publicity were also pointed out.

“... I had no expectations, because I didn't know about Neural

Stimulation... "(E8)

"... I think this should be more publicised ... "(E11)

When mapping the third thematic nucleus, which deals with suggestions, four suggestions were identified, including expanding care during and after childbirth, continuing with face-to-face and online care, and improving publicity.

"... I think it has to be expanded and should never stop..." (E14)

Final Considerations

This research highlights the evolving role of Integrative Medicine (IM) as a valuable complement to conventional healthcare, especially in the Brazilian public healthcare system, as formalised by the National Policy for Integrative and Complementary Health Practices (PNPICS). The findings offer a new perspective on the application of a laying on of hands technique, a practice aligned with a model of care that values the multifaceted nature of the human being.

The study mapped the contribution of the NS technique to promoting the well-being and quality of life of pregnant women, a population particularly susceptible to uncertainty, especially during the COVID-19 pandemic.

It highlights the potential of the NS technique as a tool for comprehensive care, promoting effective and continuous improvement, calm and well-being, followed by learning techniques for self-care, improvement in pain, better mood, recovery of lost energy and improved sleep, with the final finding of improved quality of life for pregnant women.

The weaknesses identified in the study include lack of technical and practical knowledge about the technique, inadequate infrastructure for care in the adverse situation at the time of COVID-19 and a lack of publicity for the practice.

This research not only validates the relevance of integrative practices in contemporary health, but also establishes a basis for future studies on the laying on of hands technique. Further research should focus on randomised clinical trials to better understand their mechanisms of action and facilitate their wider integration into clinical practice, ultimately improving the quality of care for pregnant women and other vulnerable populations.

References

1. Talge NM, Neal C, Glover V, et al. Antenatal maternal stress and long-term effects on child neurodevelopment: how and why. *J Child Psychol Psychiatry*. 2007; 48: 245-261.
2. Ross, Coleman J. The Effectiveness of Reiki Treatments: A Summary of Evidence-Based Research and Clinical Effectiveness. The Effectiveness of Reiki Treatments to the Review of Australian Government Rebate on Private Health Insurance for Natural Therapies. Monbulk, Victoria, Australia: Australian Reiki Connection Inc. 2013.
3. Lilliecreutz C, Theodorsson E, Sydsjö G, et al. Salivary cortisol in pregnant women suffering from blood-and injection phobia. *Archives of Women's Mental Health*. 2011; 14: 405-411.
4. Costa Lt, Santos Mfr. The impact of gestational and puerperal period on the mental health of women in Brazil. *Revista Contemporanea*. 2024; 4: e6650. <https://ojs.revistacontemporanea.com/ojs/index.php/home/article/view/6650>.
5. Alawamir Ama, Zakaria Ni, Alsbhani Nm, et al. Depression and anxiety in early pregnancy and their risk in pre-eclampsia. *J Hosp Med*. 2017; 67: 683-691.
6. Ouyang H, Chen B, Abdulrahman AM, et al. Associations between gestational diabetes and anxiety or depression: a systematic review. *J Diabetes Res*. 2021; 2021: 9959779.
7. O'donnell K, O'Connor TG, Glover V. Prenatal stress and neurodevelopment of the child: focus on the HPA axis and role of the placenta. *Dev Neurosci*. 2009; 31: 285-292.
8. Gerber R. Vibrational Medicine. A Medicine for the Future. Cultrix São Paulo. 1988. <https://empresaqueantica.com.br/wp-content/uploads/2020/02/medicina-vibracional-richard-gerber.pdf>
9. Mcmanus De. Reiki Is Better Than Placebo and Has Broad Potential as a Complementary Health Therapy. *J Evid Based Complementary Altern Med*. 2017; 22: 1051-1057.
10. Harvey Ca, Cochrane A. Fundamentals of Vibrational Healing. São Paulo: Cultrix. 2000.
11. Philip E Greenman. Principios y Práctica de La Medicina Manual. 3^aEdición. 2003.
12. Brasil, Ministério da Saúde. Include new practices to the National Policy for Integrative and Complementary Health Practices. 2018. https://bvsms.saude.gov.br/bvs/saudelegis/gm/2018/prt0702_22_03_2018.html
13. Motta Pmr, Barros Nf. The application of laying on of hands techniques in stress-anxiety: a systematic review of the literature. *Cad Ter Ocup UFS Car São Carlos*. 2015; 23: 381-392.
14. Afonso Fm, Salles Rlbm, Ribeiro Fsn. Carer care: Reiki in basic health units. *Conceptual bases of health*. Atena Editora. 2019; 5: 42-50.
15. Guede ST. Johrei in Performance: An Ethnographic Analysis of the Practice of Laying on of Hands in the World Messianic Church of Brazil. Monograph presented to the Federal University of São Paulo to obtain the title of Specialist in Theories and Techniques for Integrative Care. São Paulo. 2013.
16. Paul Fs, Barros Tt. Impact of Neural Stimulation on the health of staff at the Hospital de Clínicas-Federal University of Paraná-Brazil. Curitiba. 2016.
17. Sui Ck. Pranic Healing Sciences, Practical Energy Healing Manual. Editora Brasileira de Estudos Interiores. 8th Edn. 2020.
18. Freitag VL. Integrative and Complementary Health Practices: Access Bars as a health care strategy. Research Society and Development. 2020; 9: e24985221.

19. KIT Wong Kiew. Arte del Chi-Kung. 1996. <https://www.libroesoterico.com/biblioteca/sanacion/Wong%20Kiew%20Kit%20-%20El%20Arte%20Del%20Chi%20Yung%20-%20Fuente%20de%20La%20Vida.pdf>

20. Fazzino Dl, Griffin Mt, McNulty Rs, et al. Energy healing and pain: a review of the literature. *Holist Nurs Pract.* 2010; 24: 79-88.

21. Saleme C. Energy donation through the laying on of hands in the COVID-19 pandemic A bibliometric study. Master's dissertation. São Paulo. 2023.

22. Melo Joa. Neural Stimulation®-terapeutic technique from Hands Without Borders movement. Monograph presented to the Federal University of São Paulo, to obtain the title of Specialist in Theories and Techniques for Integrative Care. 2013.

23. Minayo Mcs. Social research; theory, method and creativity. RJ: Vozes. 2016.

24. Bardin L. Análise de conteúdo. Translation: Luís Antero Reto, Augusto Pinheiro. São Paulo: Edições. 2016; 70.

25. World Health Organization. Mental Health, Guide for integration of perinatal mental health in maternal and child health services. ISBN 978-92-4-005714-2 (electronic version). 2022.

26. World Health Organization. Mental Health, Brain Health and Substance Use. Acesso em 12 de setembro de 2025. <https://www.who.int/teams/mental-health-and-substance-use/promotion-prevention/maternal-mental-health>

27. Pereira Pk, Lovisi Gm. Prevalence of gestational depression and associated factors. *Rev Psiq Clín.* 2008; 35: 144-153.

28. Thiengo Dl, Santos Jfc, Fonseca Dl, et al. Depression during pregnancy a study on the association between risk factors and social support among pregnant women. *Cad Saúde Colet.* 2012; 20: 416-426.

29. Silva Mmj, Nogueira Da, Clapis Mj, et al. Anxiety in pregnancy: prevalence and associated factors. *Rev Esc Enferm USP.* 2017; 51: e03253.

30. Carvalho Mecc, Lima Ic, Terceiro Cal, et al. Low Back Pain in Pregnancy. *Rev Bras Anestesiol.* 2017; 67: 266-270.

31. Farquhar M. Definitions of quality of life: a taxonomy. *JAN.* 1995; 22: 502-508.

32. WHOQOL. Whoqol user manual. Division of mental health and prevention of substance abuse world health organization. Rev. 2012; 3: 106.

33. Seidl EMF, Zannon Cmle. Quality of life and health: conceptual and methodological aspects. *Cad Saúde Pública.* 2004; 20: 580-588.

34. Gonçalves Jrl, Gonçalves Ar, Ribeiro Ga. Reiki: a tool for the relief of depression and improvement of life quality. *Revista Aracê.* 2024; 6: 8866-8878.

35. Zadro S, Stapleton P. Does Reiki Benefit Mental Health Symptoms Above Placebo. *Front Psychol.* 2022; 13: 897312.

36. Gomes Et, Puschel Vaa. Effectiveness of Reiki therapy for preoperative anxiety in cardiac surgery: randomised clinical trial. *Acta Paul Enferm.* 2024; 37.

37. Dogan MD. The effect of Reiki on pain: A meta-analysis Complement. *Ther Clin Pract.* 2018; 31: 384-387.

38. Dyer NI, Baldwin Al, Rand Wl. A Large-Scale Effectiveness Trial of Reiki for Physical and Psychological Health. *J Altern Complement Med.* 2019; 25: 1156-1162.

39. Costa Jr, Marcon Ss, Nitschke Rg, et al. Reiki for health promotion and sleep quality in hospital nursing professionals. *Rev Bras Enferm.* 2022; 75: e20210535.

40. Queiroz Na, Barbosa Fes, Duarte Wba. Use of Integrative and Complementary Health Practices by professionals from the Expanded Family Health and Primary Care Centres. 2023.