

# Qigong and Health

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Qigong (“chi kung”) is a term that refers to a variety of traditional Chinese mind-body practices. It has a long history, over 2500 years, but became better known in the 1950s when scientists and physicians began studying effects on health. There are many forms of qigong, but common elements include postures and movement, attention to breathing, and mental instructions.

More contemporary terminology for such practices is “meditative movement”.<sup>1</sup> Other practices often considered under this same umbrella are Tai Chi and yoga. Qigong differs from conventional exercise, where the emphasis is on aerobic fitness, strength and flexibility, in the manner in which the movement occurs (loose and flowing, with minimal effort) and in the mental instructions. It differs from other forms of meditation in that it involves movement.

There is currently considerable interest in exploring the health benefits of qigong. Some of the more researched areas include chronic pain,<sup>2</sup> anxiety and depression,<sup>3</sup> chronic fatigue and related symptoms,<sup>4</sup> and quality of life in cancer patients.<sup>5</sup> While there is much promising data, larger controlled trials and comparative trials are needed to further an understanding of the health benefits of qigong practice.

## Research Questions

There are many research questions relating to qigong that need to be addressed. Some studies focus on trying to define what is unique about qigong, and develop sham interventions which mimic some elements (movement) but lack specific components (mental instructions). A more pragmatic approach, with relevance to real world situations, has less focus on specific components and more on global effects. The following pragmatic issues need attention.

1. **Amount of practice.** Is there a quantitative relationship between the amount of practice and outcomes? Does this practice-response relationship differ for different health conditions?

2. **Quality of practice.** Is all time spent engaged in an activity equivalent, or can aspects of the practice represent “quality time” or “effective time”?
3. **Types of practice.** There are many types of qigong. Are there specific types or aspects of practice that benefit one condition more than another? Can practices be selected to specifically target a particular condition?
4. **Comparison to exercise.** There are health benefits from regular exercise, and effects of qigong compared to more conventional exercise regimens need to be determined.
5. **Other mind-body practices.** How do the effects of qigong compare to other meditative, mind-body or stress-reduction practices? These practices also produce health benefits.

## CFQ Research in Halifax

CFQ (Chaoyi Fanhuan Qigong) is a particular form of qigong. It was developed in the 1990s, and several books are available.<sup>6</sup> It has been available in the Maritime Provinces of Canada since about 2000. Instruction occurs through weekend workshops, or weekly sessions over 6 weeks. Regular practice over 5-7 days/week for several months is recommended for best effects.

Several research studies of CFQ have been conducted in recent years in Halifax, as listed below. These studies involved fibromyalgia, a pain condition in which the pain is chronic and widespread, and which often has accompanying comorbidities (e.g. sleep difficulty and fatigue,

anxiety and depression, bowel difficulties, allergies and chemical or food insensitivities).

Fibromyalgia is currently regarded as a “central sensitivity syndrome” and results from hypersensitivity in central nervous system pathways.<sup>7</sup> Depending on which symptoms are prominent, it may be considered as chronic fatigue syndrome (CFS), irritable bowel syndrome (IBS), or multiple chemical sensitivity (MCS). Treatment involves managing symptoms that are prominent, and can involve non-pharmacological approaches (exercise, stress-reduction, education, self-management techniques) as well as pharmacological approaches (drugs are used to treat pain, sleep, and mood disturbances). Within treatment guidelines, qigong is considered “meditative movement” or “complementary exercise”, or part of CAM (CAM = complementary and alternative medicine) or CIM (CIM = complementary and integrative medicine). There are several studies indicating qigong is of benefit in fibromyalgia,<sup>8</sup> but it is still finding its place in treatment guidelines.

1. **A pilot trial** determined whether CFQ was of benefit in fibromyalgia.<sup>9</sup> This involved 23 subjects, instruction in level 1 CFQ over 4 weeks, continued practice over 9 weeks, and follow-up at 3 and 6 months. In those who completed the trial ( $N=12$ ), there were significant reductions in pain, and improvements in quality of life compared to baseline over time.
2. **A Randomized Controlled Trial (RCT)** was conducted where CFQ was compared to usual care over 6 months.<sup>10</sup> This involved 100 subjects who were randomized to CFQ or wait-list groups; at the end of 6 months,

the wait-list subjects were given CFQ training. Instruction in level 1 CFQ (movements) was over 3 half-days, with weekly refresher instruction over 8 weeks; subjects were required to practice daily (45 min) during this interval.  $N=73$  Completed 6 months of training and practice. In the immediate CFQ group, there were significant improvements in pain, sleep, quality of life and physical and mental function when compared to both baseline and to the wait-list subjects. In the delayed CFQ group, there were similar improvements as in the immediate treatment group, so there was reproducibility between groups. Practice times were recorded, and outcomes were related to amount of practice, i.e. those who practiced according to the protocol had better effects than those who practiced minimally.

3. **An extension trial** of a subset of 20 subjects who had participated in the RCT and were interested in further practice; some of these had already voluntarily undertaken further training and continued on with community-based practice.<sup>11</sup> This group received additional instruction (level 2 CFQ), and practiced daily (levels 1 and 2 CFQ) for up to 6 months, and these individuals were observed over a minimum of 12 months. In the group that completed the extension and practiced regularly ( $N=13$ ), there were further improvements in pain, sleep and quality of life. Qualitative comments by participants reinforced the improvements seen in the quantitative data, but also noted additional health benefits (e.g. in vision, allergies, asthma).

4. **Cases in which CFQ was practiced over extended periods** (several years) in a community setting.<sup>12</sup> Two individuals with fibromyalgia lasting several decades, who had tried many other treatments during that time, undertook extensive training (repeat workshops) and practice (1-2 hours/day at times) and experienced major improvements in their fibromyalgia symptoms, as well as benefits in other areas (vision, allergies, food and chemical intolerance).

## Perspective

The above trials show that qigong, used as a complementary practice to usual medical care, can produce health benefits in those with complex and long-standing conditions. Some continue on with extensive qigong practice, having experienced initial benefits, and lives are transformed.

However, qigong is not for everyone, for many reasons. For some, the nature of the instruction can be a challenge to their worldview and this prevents effective learning and implementation.

For others, life can simply get in the way, and the best of intentions are challenged. It is not possible to predict who will do well with qigong, and the only way to find out is to try it (for the recommended interval) and see what happens. Future research is attempting to address the issue of who might benefit the most. For example, are there attitudes and attributes that predispose to continued practice and better outcomes (e.g. internal locus of control, attitudes towards complementary approaches, expectations and optimistic life orientation)?

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