Introduction

Some studies have suggested that Qigong may be helpful in the treatment of fibromyalgia. Qigong refers to a class of traditional Chinese energy exercises that facilitate the flow of qi (vital energy). Some forms refer to a self-training method involving body posture, movement, breathing and mind status leading to an optimal state of body-mind function. This pilot trial uses a specific type of qigong (CFQ qigong, www3.nbt.ubf.bcq) which involves performance of a series of gentle exercises that allow for optimal flow of qi throughout the body in an effort to facilitate healing.

Uncontrolled pilot studies of Qigong therapy have yielded positive results. An open trial using Qigong in combination with education and relaxation demonstrated significant improvements in the fibromyalgia impact questionnaire (FIQ) (Creamer et al. 2000). A second study in 10 patients with fibromyalgia demonstrated reductions in level of pain, improved functioning and included two cases of complete recovery which continued at 3 month follow-up (Chen et al. 2006). Controlled trials have also demonstrated positive results. One trial found the Qigong group demonstrated significant improvements in pain and psychological health and distress as compared with a waiting list control group (Haak and Scott 2007), a second trial comparing Qigong plus mindfulness meditation with an education support group found improvements in both groups on a number of variables but with no significant difference between groups (Astin et al. 2003) while a third trial found no differences in outcomes between the Qigong group and a no treatment control (Manerreko and Amdorow 2004).

There were variations in methodology in these studies including the type of Qigong and intensity of involvement and there is a need for further study. For this reason we have conducted pilot trial examining a specific type of self-practice Qigong in a group of patients with fibromyalgia with the specific request for a commitment to regular practice.

Methods

A group of 23 patients meeting the American College of Rheumatology criteria for fibromyalgia (Wolfe et al. 1990) and who agreed to practice the technique for 45 minutes per day were trained in the technique of CFQ Qigong. Training was done over 2 half-day sessions (Sept 07). The training was followed up by 4 further weekly review sessions (90 minutes each) and all participants were also provided with a DVD video reviewing the technique. Patients returned at 4 weeks, 3 and 6 months for completion of outcome measures which included a numeric rating scale for pain intensity, and distress as compared with a waiting list control group (Haak and Scott 2007). A second trial comparing Qigong plus mindfulness meditation with an education support group found improvements in both groups on a number of variables but with no significant difference between groups (Astin et al. 2003) while a third trial found no differences in outcomes between the Qigong group and a no treatment control (Manerreko and Amdorow 2004).

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Results

Twenty-three participants met the study criteria and were enrolled in the study. 21 completed 4 weeks of the study and 12 completed the 6 months measures. Eleven participants did not complete the full 6 month followup period, of these 5 participants withdrew and 6 were lost to followup. Of the 5 who withdrew, 2 left due to increased pain which they attributed to the Qigong movements, 1 withdrew due to a new job, 1 it inconvenient to continue and 1 developed an upper respiratory infection that she reported interfered with her fibromyalgia. CFQ Qigong is worthy of further study in controlled trials.

Conclusion

This pilot trial has provided initial evidence supporting that CFQ self practice may benefit pain and health related quality of life as well as decreasing the adverse impact of fibromyalgia in patients suffering with fibromyalgia. CFQ Qigong is worthy of further study in controlled trials.