INTRODUCTION

Qigong is an emerging health practice that exhibits potential to be of benefit in several chronic health conditions, including fibromyalgia. There are several reports of sustained benefits (4-6 months) of regular qigong practice (6-12 weeks) in fibromyalgia using different forms of qigong [1-2,3,4]. Qigong has now been characterized as “meditative movement” and this is helpful as it provides more recognizable terminology in relation to the practice, and core domains for considering components [5].

In Halifax, we completed a randomized controlled trial (RCT, N=100) [6] and an extension trial (N=20) [6] of qigong for fibromyalgia and reported that a subset of individuals from the extension trial had marked improvements in core FM domains (pain, sleep, impact, function) as well as other health benefits (e.g. allergies, asthma, migraines).

In this analysis, we retrospectively analysed qualitative comments from the original RCT with respect to: (a) motivation, (b) amount of practice that the hypothesis being considered was that health benefits were related to amount of practice. [7]

METHODS

RCT participants had training in level 1 Chaoyi Fanhuang Qigong (CFQ) (movement) and CFQ patterns performed slowly and rhythmically (5X M1-5 and 5X M6-7), practiced 45 min daily for 8 weeks, and were encouraged to continue practice for 6 months. Extension trial participants had training in level 2 CFQ (meditation), practiced 60 min daily for 8 weeks, and were encouraged to continue practice for 6 months.

TABLE 1

<table>
<thead>
<tr>
<th>Domain</th>
<th>Initial Measurement</th>
<th>Extension Measurement</th>
<th>Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>5.00</td>
<td>4.50</td>
<td>-0.50</td>
</tr>
<tr>
<td>Sleep</td>
<td>4.00</td>
<td>3.50</td>
<td>-0.50</td>
</tr>
<tr>
<td>Mood</td>
<td>3.00</td>
<td>2.50</td>
<td>-0.50</td>
</tr>
</tbody>
</table>

TABLE 2

Narrative comments in the original RCT by:

(A) those who completed the extension trial [N=13] and
(B) those who did not complete the extension [N=7].

TABLE 3

Thematic comments by RCT participants for those who practiced per protocol (n=32) at 8 weeks) and those who practiced minimally (n=33 hrs at 8 weeks).

A. PAIN: 31.36% or 6/ per protocol group offer comments

EXPERIENCE


C. QUALITY OF LIFE: 34.36% or 9/4% per protocol group offer comments

EXPERIENCE


SUMMARY & CONCLUSIONS

1. Participants who completed the extension trial of qigong were more likely to have had a positive experience with symptoms during the first 8 weeks of qigong practice, and were more relaxed, but did not complete the extension (Table 2).

2. Participants who practice qigong diligently (45 min/day, 8 weeks) in the initial RCT were more likely to experience health benefits than those who practiced minimally (Table 3).

3. Initial good experiences with qigong predispose to regular continued practice over extended intervals and consolidated health gains.

ACKNOWLEDGEMENTS: This work was supported by a Pfizer Neuropathic Pain Research Award. We thank D Marcon and C Hew for instruction in qigong in the RCT.