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I "searched" qigong and came up with well over 2,000 studies (actually, summaries, but the full reports are available). I flipped through the first 100 or so and then grew tired of it. Still, I wanted to share with those interested the pertinent studies I found, specifically the studies that came to some sort of conclusion. Some of the studies involve individual qigong practice while others involve external qigong therapy (with a practitioner treating the individual or animal being studied - some studies involve mice; most used people). Since the question often comes up – yes, I do this sort of qigong for people and their pets.

I surely don't expect anyone to read all of this data however, for those interested scanning some of the headlines may be well-worth it. I suggest you scroll through the pages that follow and see if there is a condition that affects you, a loved one, a co-worker, or perhaps a neighbor. If so, read the research abstract and pass it along if you feel it's appropriate. And remember, what follows was culled from just the first 100 studies in a collection of more than 2,000... Let me know if you have questions.

External Qigong for Pain Conditions: A Systematic Review of Randomized Clinical Trials.

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The aim of this systematic review was to assess the clinical evidence of external qigong as a treatment option for pain conditions. Databases were searched up to January 2007. Randomized, clinical trials (RCTs) testing external qigong in patients with pain of any origin assessing clinical outcomes were considered. Trials using any type of control group were included. The selection of studies, data extraction, and validation were performed independently by at least 2 reviewers. One hundred forty-one potentially relevant studies were identified and 5 RCTs could be included. All RCTs of external qigong demonstrated greater pain reductions in the qigong groups compared with control groups. Meta-analysis of 2 RCTs showed a significant effect of external qigong compared with general care for treating chronic pain (Pain 100 mm VAS; weighted mean differences, 36.3 mm; 95% CI, 22.8 to 49.8; $P < .001$; heterogeneity: $\chi^2(2) = 1.79$, $P = .18$, $I^2(2) = 44.0\%$, $n = 80$). The evidence from RCTs testing the effectiveness of external qigong for treating pain is encouraging. Further studies are warranted. PERSPECTIVE: This review of clinical studies focused on the efficacy of qigong, an energy-healing intervention used to prevent and cure ailments. A meta-analysis shows that evidence for the effectiveness of external qigong is encouraging, though further studies are warranted.

Qigong for hypertension: a systematic review of randomized clinical trials.

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OBJECTIVES: To assess systematically the clinical evidence of qigong for hypertension. **METHODS:** Databases were searched up to August 2006. All randomized clinical trials (RCTs) testing qigong in patients with hypertension of any origin and assessing clinically relevant outcomes were considered. Trials using any type of control intervention were included. The selection of studies, data extraction and quality assessment were performed independently by at least two reviewers. Methodological quality was evaluated using the Jadad score. **RESULTS:** A total of 121 potentially relevant articles were identified and 12 RCTs were included. Seven RCTs tested qigong in combination with antihypertensive drugs compared with antihypertensive drugs alone. The meta-analysis of two trials reporting adequate data suggested beneficial effects in favour of qigong [weighted mean difference, systolic blood pressure (SBP) -12.1 mmHg, 95% confidence interval (CI) -17.1 to -7.0; diastolic blood pressure -8.5 mmHg, 95% CI -12.6 to -4.4]. Qigong was compared with waiting list control in two RCTs and was found to reduce SBP significantly (weighted mean difference -18.5 mmHg, 95% CI -23.1 to -13.9). In three further RCTs the comparisons made were: qigong combined with conventional therapy versus muscle relaxation combined with conventional therapy; qigong as a sole treatment versus exercise. All reported positive results in at least some of the relevant outcome measures. The methodological quality of the studies was low. **CONCLUSION:** There is some encouraging evidence of qigong for lowering SBP, but the conclusiveness of these findings is limited. Rigorously designed trials are warranted to confirm these results.

A qualitative review of the role of qigong in the management of diabetes.

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OBJECTIVE: To review the evidence relating to the effectiveness of qigong in the management of diabetes. **METHODS:** We performed a systematic literature review

of qigong intervention studies published in English or Chinese since 1980, retrieved from English-language databases and Chinese journals. Qigong intervention studies conducted with adults with diabetes, which reported both preintervention and postintervention measures of fasting blood glucose and/or hemoglobin A(1c)(HbA(1c)) were included. Sample characteristics, intervention frequency/duration, and metabolic outcomes were reviewed. RESULTS: Sixty-nine intervention studies were located. Of these, only 11 met the criteria for inclusion. There were consistent and statistically significant positive associations between participation in qigong and fasting and 2-hour oral glucose tolerance test results, blood glucose, and triglycerides and total cholesterol. Effects on insulin and HbA(1c) were inconsistent. There was no evidence of any effect of qigong on weight. Most of the studies were of short duration, involved small samples, and did not include a control group. CONCLUSIONS: Although qigong has beneficial effects on some of the metabolic risk factors for type 2 diabetes, methodologic limitations make it difficult to draw firm conclusions about the benefits reported. Randomized controlled trials are required to confirm the potential beneficial effects of qigong on the management of type 2 diabetes.

PMID: 17532735 [PubMed - indexed for MEDLINE]

Qigong reduces stress in computer operators.

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Chinese research indicates that the Qigong method reduces psychosomatic and physical symptoms through an effect on the sympathetic nervous system. OBJECTIVES: The aim was to investigate the effects of Qigong on stress among computer operators. DESIGN: Ten women were included in a Qigong group and an equal number in a control group. Heart rate, blood pressure, and finger temperature were measured at the beginning and at the end of the working day during 5 weeks. twenty four-hours urine samples were collected in the first and last weeks to measure catecholamine excretion in urine. Participants kept a daily record of psychological measures of strain and weekly measures of stress levels. RESULTS AND CONCLUSIONS: Qigong reduced noradrenaline excretion in urine ($p < 0.05$), and influenced the heart rate and temperature, indicating reduced activity of the sympathetic nervous system. Moreover, Qigong reduced low-back symptoms ($p < 0.05$). In conclusion, Qigong exercise may reduce stress at computerised work.

PMID: 17400142 [PubMed - indexed for MEDLINE]

Randomized trial of two mind-body interventions for weight-loss maintenance.

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OBJECTIVE: Regain of weight after initial weight loss constitutes a major factor contributing to the escalating obesity epidemic. The objective of this study was to determine the feasibility and clinical impact of two mind-body interventions for weight-loss maintenance. **DESIGN:** Randomized, balanced, controlled trial. **SETTING:** Large-group model health maintenance organization. **PARTICIPANTS:** Overweight and obese adults were recruited to a 12-week behavioral weight-loss program. Participants meeting threshold weight loss and attendance requirements were eligible for randomization. **INTERVENTIONS:** The three weight-loss maintenance interventions were qigong (QI), Tapas Acupressure Technique (TAT) (registered trademark of Tapas Fleming, L.Ac.), and a self-directed support (SDS) group as an attention control. **OUTCOMES:** The main outcome measure was weight loss maintenance at 24 weeks postrandomization. Patient interviews explored additional benefits of the interventions, as well as barriers and facilitators to compliance. **RESULTS:** Eighty-eight percent (88%) of randomized patients completed the study. There were no significant study-related adverse events. At 24 weeks, the TAT group maintained 1.2 kg more weight loss than the SDS group did ($p = 0.09$), and 2.8 kg more weight loss than the QI group did ($p = 0.00$), only regaining 0.1 kg. A separation test (0.05 level, 0.95 power) indicated that TAT merits further study. A secondary analysis revealed that participants reporting a previous history of recurrent unsuccessful weight loss were more likely to regain weight if assigned to the SDS arm, but this effect was suppressed in both the QI and TAT groups ($p = 0.03$). Although QI participants reported important general health benefits, the instruction sequence was too brief, given the complexity of the intervention. **CONCLUSIONS:** TAT warrants further research for weight-loss maintenance. Any further research on qigong should use a modification of our protocol.

PMID: 17309380 [PubMed - indexed for MEDLINE]

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Functional capacity after traditional Chinese medicine (qi gong) training in patients with chronic atrial fibrillation: a randomized controlled trial.

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Evidence indicates that low energy expenditure protocols derived from traditional Chinese medicine may benefit patients with cardiac impairment; therefore, the authors carried out a randomized controlled trial to test a 16-week medically assisted qi gong training program for the physical rehabilitation of patients with stable chronic atrial fibrillation and preserved left ventricular function. Functional capacity variation was evaluated using the 6-minute walk test, which was performed at baseline, at the end of the intervention, and after 16 weeks. Thirty men

and 13 women (mean age, 68+/-8 years) were randomized to the intervention protocol or to a wait-list control group. Qi gong training was well tolerated and, compared with baseline, trained patients walked an average 114 meters more (27%) at the end of treatment (P<.001) and 57 meters more (13.7%) 16 weeks later (P=.008). Control subjects showed no variation in functional capacity. These results seem promising and deserve confirmation with further research.

PMID: 17215629 [PubMed - indexed for MEDLINE]

[Stress management in the treatment of essential arterial hypertension]

[Article in German]

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Between 60 and 90% of patients consult their family doctor for stress-associated complaints. Not infrequently, a considerable number of these patients already have elevated blood pressure. The positive effect on high blood pressure of relaxation techniques has been confirmed in various studies. Accordingly, stress management should now have a permanent place in effective antihypertensive treatment. Appropriate relaxation techniques include, for example, autogenic training, progressive muscle relaxation, visualization and breathing exercises, chi gong and yoga. These practices are incorporated in various lifestyle programs. They act in different ways, and can be offered to the patient in accordance with his/her individual wishes.

PMID: 17168187 [PubMed - indexed for MEDLINE]

Qigong exercise with concentration predicts increased health.

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Regular physical activity has many positive health effects. Despite this, approximately 50% of all adults are not exercising enough to enjoy better health and may, therefore, need an alternative to vigorous physical exercise. Qigong offers a gentle way to exercise the body. A questionnaire sample of 253 participants was collected and correlations with the variable health-now were analyzed. Results showed that health-now was positively correlated with number of completed qigong courses ($p < 0.05$), with level of concentration ($p < 0.01$), session-time ($p < 0.01$), and years of practice ($p < 0.05$). Among these variables, concentration predicts an

increased feeling of health ($R(2) = 0.092$). Qigong exercise thereby seems to offer a viable alternative to other more vigorous physical activities when wellness is the primary goal. When interpreted using self-determination theory, qigong seems to satisfy needs related to autonomy, competence and relatedness, thereby, primarily attracting individuals who are intrinsically motivated.

PMID: 17163584 [PubMed - indexed for MEDLINE]

Retrospective survey on therapeutic efficacy of Qigong in Korea.

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Qigong is a complementary intervention for preventing and curing disease, and protecting and improving health through regulation of body and mind. Recently, we have been studying the psychoneuroimmunological effects of Qigong on the promotion of health. However, there are not many studies on the therapeutic efficacy of Qigong on various symptoms in Korea, hence the need to survey the clinical efficacy of Qigong. To evaluate the impact of Qigong in health care we categorized its effectiveness on the basis of ten years of subjects' memoranda. Among the 768 subjects, the motivation for doing Qigong was mostly to attend to health problems (81.5%), and males were more likely to use Qigong than females. The most improved symptoms were associated with psychological and musculoskeletal problems. Furthermore 66.9% of subjects reported improvements of perceived physical health and 40.3% of perceived psychological health. Other symptoms reduced by Qigong were pain (43.1%), fatigue (22.1%), and insomnia (8.7%). Wound healing was also surveyed ($n = 332$), and 84% of respondents reported improvement in recovery time, 66.6% reported reduced inflammation after Qigong and 50.3% reported no scarring as compared to before. In addition, 59.9% of respondents reported an increase in resistance to the common cold after four months of Qigong. The limitation of the study is that it is a retrospective survey on the basis of trainees' experiences of Qigong. Although this may constitute a potential bias, the study despite its limitations does provide precious empirical evidence of the effectiveness of Qigong.

PMID: 14696684 [PubMed - indexed for MEDLINE]

Impact of qigong exercise on self-efficacy and other cognitive perceptual variables in patients with essential hypertension.

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OBJECTIVES: The purpose of this study was to investigate the impact of practicing qigong on middle-age subjects with essential hypertension. Impacts on blood pressure, reported self-efficacy, perceived benefit, and emotion were observed. **DESIGN:** Thirty-six (36) adult volunteers were assigned to either a waiting list control or a qigong group that practiced two 30-minute qigong programs per week over 8 consecutive weeks. **RESULTS:** Systolic and diastolic blood pressure was significantly reduced in members of the qigong group after 8 weeks of exercise. Significant improvements in self-efficacy and other cognitive perceptual efficacy variables were also documented in the qigong group compared to the original situation described above. **CONCLUSIONS:** This pilot study demonstrates the positive effects of practicing qigong on controlling blood pressure and enhancing perceptions of self-efficacy.

PMID: 15353025 [PubMed - indexed for MEDLINE]

Qigong reduced blood pressure and catecholamine levels of patients with essential hypertension.

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This study was designed to investigate the efficacy of Qigong as a non-pharmacological treatment of hypertension and evaluate the contribution of Qigong in the blood pressure (BP) reduction of essential hypertension patients. Fifty-eight patients volunteered to participate in this study and were randomly divided into either a Qigong group (n = 29), or a wait list control group (n = 29). In response to 10 weeks of Qigong, systolic blood pressure (SBP), diastolic blood pressure (DBP), and rate pressure product (RPP) were decreased significantly. There was a significant reduction of norepinephrine, epinephrine, cortisol, and stress level by the Qigong. These results suggest that Qigong may reduce BP and catecholamines via stabilizing the sympathetic nervous system. Therefore, Qigong is an effective nonpharmacological modality to reduce BP in essential hypertensive patients.

PMID: 14602541 [PubMed - indexed for MEDLINE]

A pilot study of external qigong therapy for patients with fibromyalgia.

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OBJECTIVES: Although qigong is an important part of Traditional Chinese medicine (TCM) based on a philosophy similar to acupuncture, few studies of qigong exist in the Western medicine literature. To evaluate qigong therapy as a modality in treating chronic pain conditions such as fibromyalgia syndrome (FMS), we report a pilot trial of 10 women with severe FMS who experienced significant improvement after external qigong therapy (EQT). **DESIGN:** Ten patients with FMS completed five to seven sessions of EQT over 3 weeks with pre- and posttreatment assessment and a 3-month follow-up. Each treatment lasted approximately 40 minutes. **OUTCOME MEASURES:** Tender point count (TPC) and Fibromyalgia Impact Questionnaire (FIQ) were the primary measures. McGill Pain Questionnaire (MPQ), Beck Depression Inventory (BDI), anxiety, and self-efficacy were the secondary outcomes. **RESULTS:** Subjects demonstrated improvement in functioning, pain, and other symptoms. The mean TPC was reduced from 136.6 to 59.5 after EQT treatment; mean MPQ decreased from 27.0 to 7.2; mean FIQ from 70.1 to 37.3; and mean BDI from 24.3 to 8.3 (all $p < 0.01$). Many subjects reported reductions in other FMS symptoms, and two reported they were completely symptom-free. Results from the 3-month follow-up indicated some slight rebound from the post-treatment measures, but still much better than those observed at baseline. **CONCLUSIONS:** Treatment with EQT resulting in complete recovery for some FMS patients suggests that TCM may be very effective for treating pain and the multiplicity of symptoms associated with FMS. Larger controlled trials of this promising intervention are urgently needed.

PMID: 17109575 [PubMed - indexed for MEDLINE]

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External Qi of Yan Xin Qigong differentially regulates the Akt and extracellular signal-regulated kinase pathways and is cytotoxic to cancer cells but not to normal cells.

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Long-term clinical observations and ongoing studies have shown significant antitumor effect of external Qi of Yan Xin Qigong which originated from traditional Chinese medicine. In order to understand the molecular and cellular mechanisms underlying the antitumor effect of external Qi of Yan Xin Qigong, we have examined its cytotoxic effect on BxPC3 pancreatic cancer cells and its effect on the Akt and extracellular signal-regulated kinase pathways. We found that external Qi of Yan Xin Qigong dramatically inhibited basal phosphorylation levels of Akt and extracellular signal-regulated kinases, epidermal growth factor-mediated phosphorylation of extracellular signal-regulated kinases, and phosphatidylinositol 3-kinase activity. External Qi of Yan Xin Qigong also inhibited constitutive and inducible activities of nuclear factor-kappa B, a target of the Akt and epidermal growth factor receptor pathways. Furthermore, a single 5min exposure of BxPC3 cells to external Qi of Yan Xin Qigong induced apoptosis, accompanied by a

dramatic increase of the sub-G1 cell population, DNA fragmentation, and cleavage of caspases 3, 8 and 9, and poly(ADP-ribose) polymerase. Prolonged treatment with external Qi of Yan Xin Qigong caused rapid lysis of BxPC3 cells. In contrast, treatment of fibroblasts with external Qi of Yan Xin Qigong induced transient activation of extracellular signal-regulated kinases and Akt, and caused no cytotoxic effect. These findings suggest that external Qi of Yan Xin Qigong may differentially regulate these survival pathways in cancer versus normal cells and exert cytotoxic effects preferentially on cancer cells, and that it could potentially be a valuable approach for therapy of pancreatic carcinomas.

PMID: 16893670 [PubMed - indexed for MEDLINE]

Effect of a qigong exercise programme on elderly with depression.

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OBJECTIVES: This report released findings of a randomized controlled trial conducted in Hong Kong to further our understanding of the psychosocial effects of qigong on elderly persons with depression. **DESIGN:** Eighty-two participants with a diagnosis of depression or obvious features of depression were recruited and randomly assigned into the intervention and comparison group. The intervention group was given a 16-week period of Qigong practice while the comparison group participated in a newspaper reading group with same duration and frequency. **RESULTS:** After eight weeks of qigong practice, the intervention group participants outstripped themselves in improvement in mood, self-efficacy and personal well being, and physical and social domains of self-concept when compared with comparison subjects. After 16 weeks of practice, the improvement generalized to the daily task domain of the self-concept. **CONCLUSIONS:** This report shows that regular qigong practice could relieve depression, improve self-efficacy and personal well being among elderly persons with chronic physical illness and depression. Copyright (c) 2006 John Wiley & Sons, Ltd.

PMID: 16955451 [PubMed - indexed for MEDLINE]

Efficacy of Qi-therapy (external Qigong) for elderly people with chronic pain.

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To test the efficacy of Qi-therapy (external Qigong) in improving symptoms of pain and mood states in elderly peoples with chronic pain. Forty-three elderly people with chronic pain were randomly assigned either to an intervention or a general care group. The intervention group was given four weeks of Qi-therapy whereas the control group was given standard care. Compared with the control group, Qi-therapy participants experienced improvements in positive mood and psychological variables over the four-week program. Compared with baseline values, pain and psychological benefits remained significantly improved after two weeks of follow-up. These findings suggest that Qi-therapy may help the elderly cope with pain and associated mood disturbances.

PMID: 16051542 [PubMed - indexed for MEDLINE]

Effects of Qi therapy (external Qigong) on symptoms of advanced cancer: a single case study.

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The aim of this study was to examine the effectiveness of Qi therapy (external Qigong) in the management of symptoms of advanced cancer in a man. We used a single case study design to evaluate the effectiveness of Qi therapy (external Qigong) in a 35-year-old man with advanced cancer (Stage IV) involving metastases in the stomach, lung and bone (Karnofsky performance scale: KPS, 40: requires special care and assistance, disabled). Treatment involved six days of pre-assessment, eight treatment sessions on alternate days over 16 days, and a two-week follow-up phase. A visual analogue scale (VAS) was used to assess the patient's self-reported symptoms of cancer over the intervention and follow-up periods. Following treatment, VAS scores' analysis revealed beneficial effects on pain, vomiting, dyspnoea, fatigue, anorexia, insomnia, daily activity and psychological calmness. These improvements were maintained over the two-week follow-up phase. After the first Qi therapy session, the patient discontinued medication and could sit by himself; after the fourth session, the patient was able to walk and use the toilet without assistance (improvement in KPS: 70: care for self, unable to perform normal activity or to do active work). Although limited by the single case study approach, our results support previous studies on this topic and provide reasons to conduct controlled clinical trials.

PMID: 16274468 [PubMed - indexed for MEDLINE]

Two case reports of the acute effects of Qi therapy (external Qigong) on symptoms of cancer: short report.

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This paper reports upon two case studies addressing the short-term effects of Qi therapy on symptoms of cancer in two terminally ill oncology patients. Changes in anxiety state, pain, discomfort, depression, mood, alertness, and fatigue in two cancer patients were assessed. Treatment involved four therapy sessions on alternate days over a 7-day period. After 20 min of Qi therapy, both patients experienced improvements in mood and alertness, and a reduction in pain, anxiety, depression, discomfort, and fatigue, on both the first and last days of the interventions. Furthermore, the scores recorded on the last day for most symptoms were improved than those recorded on the first day. Although the results of these two case studies do not constitute conclusive evidence, the data suggest that Qi therapy may have some beneficial effects on some symptoms of cancer.

PMID: 16005839 [PubMed - indexed for MEDLINE]

Effects of Qi-therapy on premenstrual syndrome.

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This study investigated the effects of Qi-therapy (nine sessions over two menstrual cycles) on pain and other symptoms in women with premenstrual syndrome (PMS). Forty-six women who were attending college were randomly allocated to receive Qi-therapy (Qi-therapy group: n = 23) or placed on a waiting list as controls (n = 22: 1 dropped out). Qi-therapy had a significant effect on pain and water retention. In addition, there were significant short-term effects on pain, mental depression, and anxiety. These results suggested that Qi-therapy might be useful as a nursing intervention for women who suffer from PMS to maintain or restore a balance of Qi.

PMID: 15527198 [PubMed - indexed for MEDLINE]

Effects of qi therapy (external qigong) on premenstrual syndrome: a randomized placebo-controlled study.

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OBJECTIVES: To assess the effects of qi therapy on premenstrual symptoms in women with premenstrual syndrome (PMS). **DESIGN:** A randomized placebo-controlled trial. **SUBJECTS:** Thirty-six (36) college women with symptoms of PMS. **INTERVENTION:** After 2 months of screening, subjects with PMS were randomized to receive real qi therapy (18 subjects) or placebo (18 subjects). The

subjects were informed that they would receive one of two types of treatment. They did not know which treatment they received. Each intervention was performed eight times during the second and third cycles with subjects completing a PMS diary. RESULTS: There were significant improvements in the symptoms of negative feeling, pain, water retention, and total PMS symptoms in subjects receiving qi therapy compared to placebo controls. CONCLUSION: Qi therapy may be an effective complementary therapy for managing the symptoms of PMS. Copyright Mary Ann Liebert, Inc.

PMID: 15253849 [PubMed - indexed for MEDLINE]

Effects of Qi-therapy on blood pressure, pain and psychological symptoms in the elderly: a randomized controlled pilot trial.

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Recently, we reported that Qi-therapy may be beneficial in reducing negative psychological symptoms and increasing melatonin levels, neutrophil function and natural killer cell cytotoxicity in young subjects. However, there is little scientific evidence of its efficacy in elderly subjects. Therefore, this study was designed to investigate the effects of Qi-therapy on anxiety, depression, fatigue, pain and blood pressure in elderly subjects. Ninety-four elderly subjects were randomly assigned to either Qi-therapy (n=47) or mimic therapy (n=47) groups. Both groups received a 10-min intervention period once using similar procedures. The Qi-therapy group exhibited greater reduction in anxiety, depression, fatigue, pain level and blood pressure compared to the placebo group; the difference in anxiety was significant (P=0.014). These results suggest that even a brief application of Qi-therapy may exert a positive psychological and physiological effect. However, further research is necessary in order to fully understand the long-term impact of Qi-therapy on psychological health and the cardiovascular system.

PMID: 14659379 [PubMed - indexed for MEDLINE]

Qi therapy as an intervention to reduce chronic pain and to enhance mood in elderly subjects: a pilot study.

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Qi therapy (or external Qi) is an oriental complementary therapy preventing, curing disease and strengthens health and improving the human potentiality through regulation of body. It is increasingly being used to improve the quality of life, but there is little direct evidence of its efficacy. This study assessed the effects of Qi therapy (QT) on reducing pain and enhancing mood states in elderly subjects with chronic pain. We studied 40 elderly participants with chronic pain, who were randomly allocated to receive QT (n=20) or standard care (n=20). The experimental group receives Qi therapy twice a week for 2 weeks (total 4 times), and control group received general care at the same time and the same amount of duration. We measured pain level and Profile of Mood State (POMS) to explore participants' response to Qi therapy. There was a significant reduction in pain ($p < 0.0001$) after QT and an improved positive mood state ($p < 0.0001$). These findings suggest that Qi therapy may have a role in helping the elderly to cope with their pain and mood disturbances.

PMID: 11527067 [PubMed - indexed for MEDLINE]

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Effects of Qigong on immune cells.

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The aim of this study was to investigate the influence of two acute Qigong interventions (Qi-training and Qi-therapy) on immune cells. The Qigong interventions were compared with placebo training and placebo therapy in which no attempt was made to gather or move Qi. Immune cell numbers were measured pre-intervention, immediately post-intervention and 1 or 2 hours post-intervention. White blood cells increased significantly 2 hours after actual Qi-training ($p < 0.05$) but not sham training compared with pre-intervention. There were significant increases in lymphocytes 2 hours after actual but not sham Qi-training ($p < 0.05$) and monocyte numbers were significantly increased immediately after both actual Qi-training ($p < 0.01$) and sham training ($p < 0.05$). NK cell numbers decreased significantly both immediately after Qi-training and after sham movements done without concomitant Qi-training ($p < 0.01$). There were no significant effects on neutrophils. Actual Qi-therapy but not sham therapy increased monocyte numbers immediately after Qi-therapy, and lymphocytes increased more after real than after sham therapy. Neutrophils were again little changed. The data indicate that a single Qigong intervention can increase the monocyte and lymphocyte numbers.

PMID: 12856872 [PubMed - indexed for MEDLINE]

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A preliminary study of the effect of external qigong on lymphoma growth in mice.

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OBJECTIVE: To examine the effectiveness of external qigong on the in vivo growth of transplantable murine lymphoma cells in mice. **BACKGROUND:** Qigong is a traditional Chinese health practice that is believed by many to have special preventive and healing power. Underlying the system is the belief in the existence of a subtle energy (qi), which circulates throughout the body, and when strengthened or balanced, can improve health and ward off or slow the progress of disease. To date, much of the literature showing the effects of qi are presented in the non-Western literature, and as such are viewed with considerable skepticism. In an attempt to demonstrate qi in a controlled setting, the effect of external qigong emission from a qigong healer on the in vivo growth of transplantable murine lymphoma cells in mice was explored in two pilot studies. **METHODS:** In study 1, 30 SJL/J mice were injected intravenously with lymphoma cells that localize and exhibit aggressive growth in the lymphoid tissues of untreated syngeneic recipients. These tumor-injected mice were divided into 3 groups: (1). qigong treatment (administered by a qigong healer); (2). sham treatment; and (3). no-treatment control. The sham group received the same number of treatments from a person without training in qigong, who imitated the motions of the qigong healer. The control group received no treatment at all. In study 1, the mice were sacrificed on the 9th or 11th days after tumor-cell injection, and in study 2, the mice were sacrificed on the 10th and 13th days. Tumor growth in lymph nodes (LN) was estimated by LN weight expressed as a percentage of total body weight. **RESULTS:** In study 1, LNs from mice in the qigong-treated group were significantly smaller than LN from mice in either the control group or in the sham treatment group ($p < 0.05$), suggesting that there was less tumor growth in the qigong-treated mice. In study 2, using the same design as study 1, the same pattern of difference found in study 1 emerged: LN ratio from mice in the qigong-treated group was smaller than that in either the control group or in the sham group. However, these results did not reach statistical significance, partially as a result of larger variances in all groups in this study. **CONCLUSIONS:** These preliminary results, while still inconclusive, suggest that qigong treatment from one particular qigong practitioner might influence the growth of lymphoma cells negatively. Further studies with different practitioners, more repeated trials, and/or different tumor models are needed to further investigate the effects of external qigong on tumor growth in mice.

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Use of qigong therapy in the detoxification of heroin addicts.

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CONTEXT: Qigong is a traditional Chinese health practice believed to have special healing and recovery power. Little scientific documentation was found on qigong

and its effectiveness, and no literature was found on qigong as a treatment of substance addiction. OBJECTIVE: To explore the effectiveness of qigong therapy on detoxification of heroin addicts compared to medical and nonmedical treatment. DESIGN: Participants were randomly assigned to 1 of 3 groups: qigong treatment group (n = 34), medication group (n = 26), and no-treatment control group (n = 26). PARTICIPANTS: Eighty-six male heroin addicts, aged 18 to 52 years, who met the substance-dependence criteria of the Diagnostic and Statistical Manual of Mental Disorders, Third Edition Revised, with a history of heroin use from .5 to 11 years. All were residents at a mandatory drug-treatment center in the People's Republic of China. INTERVENTION: The qigong group practiced Pan Gu qigong and received qi adjustments from a qigong master daily. The medication group received the detoxification drug lofexidine-HCl by a 10-day gradual reduction method. The control group received only basic care and medications to treat severe withdrawal symptoms. MEASURES: Urine morphine test, electrocardiogram, Hamilton Anxiety Scale, and a withdrawal-symptom evaluation scale were applied before and during the 10-day intervention. RESULTS: Reduction of withdrawal symptoms in the qigong group occurred more rapidly than in the other groups. From day 1, the qigong group had significantly lower mean symptom scores than did the other groups ($P < .01$). Both the qigong and medication groups had much lower anxiety scores than did the control group ($P < .01$), and the qigong group had significantly lower anxiety scores than did the medication group ($P < .01$). All subjects had a positive response to the urine morphine test before treatment. Fifty percent of the qigong group had negative urine tests on day 3, compared to 23% in the control group and 8% in the medication group ($P < .01$). By day 5 of treatment, all subjects in the qigong group had negative urine tests, compared to day 9 for the medication group and day 11 for the control group. CONCLUSIONS: Results suggest that qigong may be an effective alternative for heroin detoxification without side effects, though we cannot completely eliminate the possibility of the placebo effect from the current study.

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Exploratory studies of Qigong therapy for cancer in China.

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The authors reviewed more than 50 studies of qigong therapy for cancer in China, in 3 categories: clinical studies on cancer patients, in vitro studies on laboratory-prepared cancer cells, and in vivo studies on cancer-infected animals. Most of the clinical studies involved observation of cancer patients' self-practice of qigong. Although no double-blind clinical trials were found among patient studies, many had a control. The qigong groups showed more improvement or had a better survival rate than conventional methods alone. In vitro studies report the inhibitory

effect of qi emission on cancer growth, and in vivo studies find that qigong-treated groups have significantly reduced tumor growth or longer survival among cancer-infected animals. However, there is much room for improvement in these studies, and some require replication to verify the findings. Qigong therapy is an area that is often neglected by mainstream medicine and research, but our review strongly suggests that qigong deserves further study as a supplement to conventional cancer treatment.

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Therapeutic benefits of qigong exercises in combination with drugs.

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This article reviews clinical studies from the Qigong Bibliographic Database, developed by the Qigong Institute, a nonprofit organization. This database was started in 1994 and holds approximately 1300 references going back to 1986, covering medical applications, scientific, and experimental studies on qigong from China, the United States, and Europe. Records in English have been compiled from International Qigong conferences and seminars, scientific journals, magazines, dissertations, MEDLINE, and other databases. The therapeutic role of qigong exercises combined with drugs is reported for three medical conditions that require drug therapy for health maintenance: hypertension, respiratory disease, and cancer. In these studies, drugs were administered to all patients who were divided into two groups, a group that practiced qigong exercises and a control group that did not. Taken together, these studies suggest that practicing qigong exercises may favorably affect many functions of the body, permit reduction of the dosage of drugs required for health maintenance, and provide greater health benefits than the use of drug therapy alone. For hypertensive patients, combining qigong practice with drug therapy for hypertensive patients resulted in reduced incidence of stroke and mortality and reduced dosage of drugs required for blood pressure maintenance. For asthma patients, the combination therapy permitted reduction in drug dosage, the need for sick leave, duration of hospitalization, and costs of therapy. For cancer patients, the combination therapy reduced the side effects of cancer therapy. Also reported is a study showing that the practice of qigong helps to rehabilitate drug addicts. The reported studies do not necessarily measure up to the strict protocols required for randomized controlled clinical trials.

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Effects of chan-chuang qigong on improving symptom and psychological distress in chemotherapy patients.

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The purpose of this study was to explore the effect of Chan-Chuang qigong on symptoms distress and psychological distress of breast cancer patients who underwent chemotherapy. A quasi-experimental design was adopted. Subjects were recruited from breast cancer outpatients receiving chemotherapy at an 1800-bed medical center in Taipei, Taiwan. Of these subjects, 35 were assigned to the control group and 32 to the experimental group in which Chan-Chuang qigong was administered. Assignment was not random. The instruments included a 21-item symptom distress scale and psychological distress with the symptom checklist-90-revised. Data of the symptoms and psychological distress were collected on the day before chemotherapy as baseline values, and also collected on days 8, 15 and 22 of chemotherapy. The results showed that the overall severity of symptom distress in the experimental group was significantly lower than the control group on day 22 ($p < 0.05$). The symptoms with significant improvement included pain, numbness, heartburn and dizziness ($p < 0.05$). With regard to psychological distress, the difference of overall severity between the two groups was not statistically significant ($p > 0.05$). However, the items of "unwillingness to live" ($p < 0.05$) and "hopelessness about the future" ($p < 0.05$) were significantly improved in the experimental group. In conclusion, Chan-Chuang qigong had the effect of attenuating the symptom distress and probably some part of the psychological distress of chemotherapy patients.

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