

Qigong for Health

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In this article, I look at Qigong from a scientific point of view.

In 2002, Qigong was categorised by the World Health Organisation (WHO) as: 'a Traditional and Complementary Medicine' it was listed in the 'Traditional Medicine Strategy' as a 'component of traditional Chinese Medicine that combines movement, meditation and regulation of breathing to enhance the flow of vital energy (qi) in the body to improve circulation and enhance immune function.' Qigong and Tai Chi are still listed by the WHO (2014-2023), and they state that:

- A knowledge based policy is the key to integration for traditional health approaches into national health systems
- Research should be prioritised and supported to provide that knowledge base
- While controlled clinical trials can provide valid information, a great deal can be learned from other evaluation methods and 'real world experiments'
- There is a need to broaden the evidence base to inform national policy and decision making (and it holds its own recommendations how to go about integration)

How can Tai Chi and Qigong practitioners work with this?

All good exercise professionals teach movements adapted according to the needs of the individual. Understanding how to do this with qigong movements and energy work poses many challenges, because qigong is multidimensional, and includes breath, energy, mind and the three treasures – even at a basic level.

The instructor needs to take into consideration that some qigong practices, as my teachers have taught me, can carry some risks for some people. Safe and appropriate practice for everyone is a

must.

So it would seem that, while standardised qigong 'sets' can be copied by anyone, it is not quite as simple as it seems, and the guidance of a knowledgeable instructor is important.

To explore a little deeper, I looked at what papers were already published on the matter. I decided to exclude all papers proving or disproving health benefits. This paper will not discuss the spiritual and belief aspects of Qigong.

Despite lack of consensus, and some scientific difficulties confirming effectiveness of practices, a raft of papers advocating the health benefits of qigong on differing forms, by practitioners confirms potential therapeutic use.

However, practice of qigong entails risk of injury and/or negative side effects - most commonly head pressure, insomnia, chest tightness, breathing difficulties, nausea, tachycardia, hot flushes, involuntary movements are reported. There are also psychological disturbances that have been recorded because of improper practice, which includes paranoia and hallucinations. Adverse effects have been detected in meditation and relaxation practices. While it is important to warn practitioners and professionals about such effects, the article states it would be a mistake to rule out the meditational and relaxation practices.

On the whole, the general guidelines the authors suggest, where the focus is on the promotion of health and improvement of some condition (not so much non-specific wellbeing), it is suggested the qigong should be delivered so that it is accessible to the majority of people, of most ages and the approach needs to be adjusted to the individual (i.e., no one 'remedy' suits all).

Looking at key points, for static and dynamic practices, the authors of the article highlight the

following.

On static Qigong:

Seated:

- Joints might be fixed and immobile, some people might flex and force which might cause circulation or joint difficulties (authors quote negatives of staying still/seated for too long, and the increase in sedentary lifestyle)
- There is less opportunity to strengthen leg muscles – which is an opposite effect desired in elderly and frail
- Might be more of a challenge when stress, or anxiety is a factor

Standing:

- Entails less harmful effects in principle (but not necessarily!)
- Gives the opportunity for variation in height, and intensity
- Legs can be strengthened plus working on standing-to-seated (authors state this is easier than seated-to-standing).
- Working in a 'live' position is most complete as joints are not blocked/tense

The article points out that the issues they raise apply to healthy individuals, but the same is true for those who are elderly and unwell; who as their condition progresses, or if they become weaker, will tend to move from standing, towards seated and then lying. However, due to the benefits of standing, the authors advocate standing practices should be adapted if possible (with caution, in certain individuals, it is understood that standing would not be appropriate).

DYNAMIC QIGONG CONSIDERATIONS

Dynamic Qigong is not simply 'moving meditation' – which is a different practice the

authors point out. Perhaps in the West these things have started to merge in some areas (i.e. the 'embodiment field') in some ways. The authors point to 'meditational movement' as presented by Larkey et al and expanded by Payne and Crane-Godreau (Jiménez-Martín and Liu, 2018). Dynamic Qigong are clear consistent types of slow, flowing physical exercises with relaxation and meditation.

Authors highlight that Dynamic Qigong should ideally:

- Feature internal and external harmony, and a good level of relaxation
- Encompass a wide range of movement to mobilise all joints, avoiding harm to joints
- Adapt to people's needs
- Ensure a minimum practice time for positive influence

The authors point to a further important aspect for practitioners and instructors – that is the capacity to blend both static and dynamic, the understanding that harmony at all levels is the ideal, rather than getting caught up in the postures as an 'end' in themselves.

So understanding how and when to apply postures is one thing, but qigong includes much more than just movement. Qigong has a pluralism of forms, which poses a challenge for researchers (and practitioners), it is complex and its effects are multicomponent.

I am reminded of two articles I read by Peter Wayne (tai chi practitioner and researcher) and Ted Kaptchuck, the author of 'The Web That Has No Weaver' in which they talked about the difficulties of researching traditional medicine approaches, and tai chi. The same applies to qigong. Some key points they made are:

How do you know the dosage?

Of the multiplicity of qigong forms, someone comes to an instructor with a health condition, how do you know what exercise to give them, and how many repetitions will work for that individual? How do you count and measure the dosage, remembering qigong is now recognised as a traditional medicine approach?

What do you have them do, and what do you say to them to guide and reassure them so that they will know its 'working'?

How do you know that your participants are practicing at optimal repetitions?

Or are there some deeper questions - missing your practice, missing your class?

Ted Kaptchuck has done a lot of work on placebo, and it is suggested that, from putting on your training kit (if it's the same or similar kit each time), and if you enter the same training venue, you might be subjecting yourself to a bit of a training ritual (not that this is bad), that is also part psychological impact that could be grouped into a kind of 'placebo effect'. Simply

by the positive associations you have built up from previous experiences in training, and all your mind, body and energy associations with it, you are training yourself to have a positive association with the kit, space, people and place. This is a kind of benefit that is not coming directly from the physical exercise, but is another factor (Wayne and Kaptchuck, 2008). Of course, there is the psychosocial interaction, and all the other elements of getting to class, but there are multifaceted psychological training elements you have embedded into things like, your training shoes, the clothes you train in, the walls you face and the people you meet along the way.

To build on and maximise Qigong's recognition by the World Health Organisation as a traditional approach to health and gain greater integration within healthcare, like Tai Chi, it needs well defined, high quality research, that is supported by and informed by both the scientific community and Chinese Internal Arts Community.

Reference

Jimenez-Martin, P., Liu, H. 2018. *Exploring the health advantages and disadvantages of static and dynamic postures of Qigong and its use as a Traditional Complementary Medicine*. European Journal of Integrative Medicine.