

## Two Cases of Complete Recovery from Fibromyalgia Syndrome after External Qigong Therapy

Kevin W Chen<sup>1\*</sup>, Faxiang Hou<sup>2</sup> and Alan S Litchbroun<sup>3</sup>

<sup>1</sup>Center for Integrative Medicine, University of Maryland School of Medicine, Baltimore, Maryland, USA

<sup>2</sup>Qigong Research Society, Inc. Mount Laurel, New Jersey, USA

<sup>3</sup>Department of Medicine, Division of Rheumatology, UMDNJ – Robert Wood Johnson Medical School, New Brunswick, New Jersey, USA

\*Corresponding author: Kevin W Chen, Center for Integrative Medicine, University of Maryland School of Medicine, Baltimore, USA, Tel: 1-410-706-6188; E-mail: [kchen@som.umaryland.edu](mailto:kchen@som.umaryland.edu)

Rec date: May 23, 2014, Acc date: Sep 19, 2014, Pub date: Sep 21, 2014

Copyright: © 2014 Chen KW, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited

### Abstract

Fibromyalgia syndrome (FMS) is a rheumatologic condition characterized by widespread musculoskeletal pain with many co-morbid symptoms. There are some treatments available to control the symptoms but no complete cure was documented for this complicated pain syndrome. Qigong is an energy therapy and mind-body exercise from traditional Chinese medicine based on a theory or philosophy similar to acupuncture, but rarely studied in clinical trials in Western medicine. This study reports two cases with severe FMS who had minimal relief from conventional therapies. After 7 sessions of external Qigong therapy over 3 weeks; the patients experienced dramatically improvement in their FM symptoms and reported complete recovery. The 3-month follow-up indicated that they were still symptom-free in pain, functionality and depression. This ancient form of mind-body intervention for FMS resulting in complete recovery suggests something in Chinese medicine or the concept of bioenergy may be more effective in treating FMS than anything we know. Larger controlled clinical trials of this intervention are urgently needed.

**Keywords:** Qigong therapy; Energy medicine; Fibromyalgia; Chronic pain; Depression

### Background

Fibromyalgia syndrome (FMS) is a rheumatologic condition characterized by widespread musculoskeletal pain and multiple tender points, which affects about 5 million Americans, primarily women [1-3]. Many sufferers are diagnosed with co-morbid depression, anxiety, and other stress-related syndromes such as irritable bowel syndrome, temporomandibular disorder, headache, chronic fatigue syndrome, and multiple chemical sensitivities [2,3]. Patients with FMS are increasingly seeking alternatives to Western medicine [4-6], since there is no proven means found to bring adequate symptom relief and restoration of patient well-being. Most studies of qigong therapy for FMS in the U.S. have involved patients' self-practice of qigong movement therapy, although there are many studies with positive outcomes, there are inconsistent reports about its efficacy [7-10]. While most physicians may consider FMS resistant to treatment with current modalities, we would like to report two cases of complete recovery from severe FMS after a short course of external qigong intervention.

Qigong is a general term for a variety of traditional Chinese mind-body exercises and energy therapies that promote the flow of Qi (vital energy), similar to acupuncture. Qigong is a formal subject taught in the schools of Traditional Chinese Medicine (TCM). In the textbook of Chinese medical school, Qigong is defined as the mind-body exercises that integrate breathing, mind and body adjustments into one [11]. It is generally known that qigong practice is beneficial for stress or pain management and can prevent various diseases [11]. However, it is less known, even in China, whether qigong may also be

an effective therapy to treat various rheumatologic illnesses such as arthritis and FMS.

The physical nature of qi remains unknown to scientists, but some intriguing reports suggest that qi emission or EQT induces physical, biophysical, or biochemical changes [12,13]. A small, growing body of scientific evidence substantiates the existence of qi and the healing power of qigong [12,14,15].

TCM does not have a definitive concept that encompasses FMS as diagnosed in Western medicine. Nonetheless, some symptoms of FMS are closely related to the TCM concept of "Bi Zheng," which refers to different types of pain or numbness caused by windy, cold and damp qi, or Qi imbalance [16]. According to TCM, good health is the result of free flowing, balanced Qi (energy) while sickness and pain, e.g. arthritis and fibromyalgia, are the result of blocked or imbalanced Qi. It was said that some skilled Qigong practitioners could direct or emit their own Qi for the purpose of healing others. External Qigong Therapy (EQT) or "Qi emission" refers to the healing procedure by which an experienced and highly-skilled Qigong healer directs and applies his Qi and healing intention to help patients break the Qi blockage, remove the sick qi from a patient to relieve pain and reduce symptoms, so as to balance Qi system [11,12]. EQT is an important part of TCM and is widely practiced in hospitals in China.

Given the fact that there is no adequate cure for FMS in western medicine modalities, we documented an open trial of 10 patients of FMS [17], with two cases of Caucasian women who experienced clinically significant improvement or complete recovery from FMS after being treated by a Chinese qigong master with EQT. This level of complete response to a single therapy in such a short period of time was unprecedented. This report would offer details of the two cases

before and after the EQT intervention. We hope that accumulated evidence like this will generate more interest for researchers and clinicians to conduct serious clinical trials using this energy therapy.

## Case Presentation

### The Patients

**Case 1:** A 57 year-old Caucasian woman (initials: VP) complained about pain in her lower back, arms, shoulders, hip, and other joints for 3 years. She was previously diagnosed with degenerative disc disease, but recently reported many symptoms of FMS, including morning stiffness, Sicca complaints, sleep problems, headaches, paresthesias,

irritable bowel syndrome, restless leg, persistent fatigue, and memory deficits. Because the patient believed that many of the symptoms were induced by the medications used previously, she was not taking any medication at the time of study. For VP, all 18 tender points used to make diagnosis of FMS were positive by ACR criteria. She chose the word “excruciating” to describe her worst possible pain, and had a score on the Beck Depression Inventory-II (BDI) of 50, indicating severe depression. Other indicators of her severe FMS included a FIQ score of 67.2 (more than a standard deviation higher than the mean of 50) and VAS pain score of 90 (out of 100). She was suffering from severe FMS symptoms when she came in for qigong treatment (Table 1).

Key Outcome Measures for FMS	Max score	Case #1 (VP)			Case #2 (JG)		
		Baseline	Post-Tx	3-month	Baseline	Post-Tx	3-month
Tender point scale of pain	180	167	0	0	130	6	9
FIQ score	100	67.2	21.5	0	51.9	1.0	6
BDI (depression)	63	50	0	0	17	0	0
VAS global pain	100	90	5	0	10	0	0
VAS negative mood	100	92	4	0	81	0	0
MPQ-SF Pain index	44	27	0	0	3	0	0
PSQI (sleep problem)	21	16	9	1	7	4	6
Spielberg Anxiety state	60	24	0	3	26	0	0
Lorig's Self-efficacy	80	40	78	80	57	79	80
VAS Quality of life	100	6	48	100	65	99	100

Note: FIQ=Fibromyalgia Impact Questionnaire (for past 7 days); BDI=Beck Depression Index-II (for two weeks); VAS=Visual Analog Scale (100 mm); MPQ-SF=McGill Pain Questionnaire (short form); PSQI=Pittsburg Sleep Quality Index (for past week).  
 Count with 0-10 scale of pain for 18 tender points by ACR diagnosis criteria of FMS  
 Quality of life VAS (for past week) is anchored as 0=poor and 100=excellent.

**Table 1:** Summary of Outcome Measures at Baseline, Post-treatment and 3-Month Follow-up

**Case 2:** This 50-year-old Caucasian woman (initials: JG) suffered from FMS for 10 years. She was divorced and had a family history of chronic pain. Her major symptoms included shoulder pain, muscle and joint pain, morning stiffness, Sicca complaints, sleep problems, headaches, irritable bowel syndrome, restless leg, digestive problem, memory deficit, Raynaud’s phenomenon and chronic fatigue. At entry she reported minimal diffuse musculoskeletal pain under normal conditions, but during the tender point count, she responded positively to 15 of the 18 tender points, with an FIQ score of 52. She took Ultram (a.k.a. tramadol, 50mg) regularly to manage her pain with minimal results. In addition, she had seen a Chiropractor for treatment for FMS. Her BDI score was 17 before the treatment, a score which is indicative of mild depression.

### The Intervention

Before the treatment, patients were examined by a rheumatologist (AL) to confirm the diagnosis of FMS through a tender point count and a brief pain history survey. Patients completed informed consent and study questionnaires including the Fibromyalgia Impact

Questionnaire (FIQ, the gold standard in FMS clinical study) [18], Beck Depression Inventory (BDI), McGill Pain Questionnaire--Short Form (MPQ-SF) [19], Pittsburg Sleep Quality Index (PSQI), Spielberg State-Trait Anxiety Scale and Lorig’s Self-Efficacy Scale.

The intervention consisted of 7 sessions of EQT treatment in a 3-week period. Although the healer indicated that 12 treatments were needed to achieve the desired result, only seven treatment sections were planned and carried out due to the limited availability of the healer and other resources. On the first and last visits, physician examinations and symptom assessments were conducted. The patients underwent 7 sessions of EQT treatment by the same healer, and then completed another round of questionnaires for outcome assessment. .

Each healing session took approximately 40 minutes. The EQT procedure used by this healer includes acupressure, detection of Qi imbalance and Qi blockage, Qi emission and adjustment, and magnetic cupping (directly takes the stagnant Qi out from specific areas). After 3 weeks of intervention, patients were invited back for three monthly maintenance EQT treatments before the 3-month follow-up examination. Since this study did not contain the element of

self-practice of the energy therapy, the healer suggested that monthly maintenance sessions were needed to maintain the healing results.

## The Outcomes and Follow-up

**Case 1:** After the EQT treatment VP's tender point count scale of pain went from 167 to 0, and she claimed having no tender point pain at all. Similarly, her BDI score went down to 0; her FIQ score dropped from 67.2 to 21.5 (68% reduction, and reported zero in depression at 3-month follow-up); VAS pain down from 90 to 5; and her self-confidence went up from 40 to 78. She also reported significant improvement for all previously mentioned physical symptoms. VP became tearful when talking about her dramatic improvement. At the three-month follow-up, her condition remained excellent, some outcomes even better than post-treatment (Table 1). She had also reported persistent diarrhea consistent with irritable bowel syndrome for 6 years, but none since the EQT treatment. She considers herself cured by the EQT treatment.

**Case 2:** After the intervention, JG's tender point scale of pain went from 130 to 6, and her FIQ score dropped from 52 to 1, indicating a complete absence of FMS symptoms. Other significant improvements include her BDI and anxiety scores dropping to 0, and her self-confidence score increased from 57 to 79. She also reported complete disappearance of many other related symptoms, such as chronic body pain, Sicca complaints, headaches, joint pain, irritable bowel, memory deficits, Raynaud's phenomenon and chronic fatigue. In JG's words, "I have experienced an increase in energy, mental clarity, and self-confidence and a decrease in pain;" I am "doing things I have not been able to do in years. I have not felt this good for the past ten years." At the 3-month follow-up, her improvement persisted (Table 1). Her tender point scale of pain remained very low (9) and her FIQ score remained at a low 6. She stopped taking pain medication and continued to have a very positive mood and maximum self-confidence. She considers herself completely recovered from FMS due to the EQT treatment.

## Discussion

Qigong as an ancient form of energy healing is not well known by scientists, physicians and the public in Western society. This is likely due to our inability to measure or verify the existence of the "subtle energy" (Qi) that TCM proposes qigong modulates [13]. One way to determine its efficacy or existence is to have the qigong healer apply his healing energy to patients with complicated syndromes and few treatment options. FMS seemed like a good place for us to test this therapy since many patients have become frustrated with Western medicine and are open to novel interventions. The measurable outcomes and improvement reported in this study are preliminary evidence suggesting that the healing may be due to this energy therapy, although it is also possible that the improvement may partially be due to an unusually potent and persistent placebo effect. Nonetheless, our case report should be considered the first step toward the more systematic study of the salutary effects of EQT, to determine the legitimate uses for qigong and/or derivative techniques in health care. As we mentioned in the introduction, we observed a total of 10 cases, and all of them had reported some improvement, but only these two cases reported complete response to the therapy. It would be nice to know in future study that what kind of patients may respond to the Qigong therapy better than others.

The true mechanism behind this promising healing intervention is unknown. According to our qigong healer (FH), the combined technique of acupressure and Qigong that he used in the treatment of FMS is believed to balance yin (blood) and yang (qi), keep the normal flow of energy unblocked, and restore health to both the body and mind. According to TCM theory, when Qi and blood are in the balanced state, pain and other symptoms of FMS will disappear [15,16].

FMS is widely thought to be incurable; however, in some cases it may be possible to dramatically alleviate or even completely remove FMS for a short period with the observed therapy whose mechanism is mostly unknown at this time. The significant and complete response to EQT and the persistent recovery after three months suggest that Qigong therapy could be an effective modality for treating some patients with FMS. There are many unknown elements in this anecdotal study that need a more systematic study with a more sophisticated design. Although there are some reported positive outcomes in randomized control trials of Qigong therapy as a self-care method [20,21] rigorous trials are needed to examine the true effect of EQT on patients with FMS and other chronic pain syndromes.

## References

1. Wolfe F, Smythe HA, Yunus MB, Bennett RM, Bombardier C, et al. (1990) "The American College of Rheumatology 1990 criteria for the classification of fibromyalgia. Report of the Multicenter Criteria Committee." *Arthritis & Rheumatism* 33: 160-172.
2. Wolfe F, Ross K, Anderson J, Russell IJ, Hebert L (1995) The prevalence and characteristics of fibromyalgia in the general population. *Arthritis & Rheumatism* 38: 19-28.
3. Clauw DJ (2014) Fibromyalgia: a clinical review. *JAMA* 311: 1547-1555.
4. Holdcraft LC, Assefi N, Buchwald D (2003) Complementary and alternative medicine in fibromyalgia and related syndromes. *Best Pract Res Clin Rheumatol* 17: 667-683.
5. Mannerkorpi K, Henriksson C (2007) Non-pharmacological treatment of chronic widespread musculoskeletal pain. *Best Pract Res Clin Rheumatol* 21: 513-534.
6. Mist SD, Firestone KA, Jones KD (2013) Complementary and alternative exercise for fibromyalgia: a meta-analysis. *J Pain Res* 6: 247-260.
7. Astin J, Berman B, Bausell B, Lee W, Hochberg M (2003) The efficacy of mindfulness meditation plus Qigong movement therapy in the treatment of fibromyalgia: A randomized controlled trial. *Journal of Rheumatology* 30: 2257-2262.
8. Chan CL, Wang CW, Ho RT, Ng SM, Ziea ET, et al (2012) Qigong exercise for the treatment of fibromyalgia: a systematic review of randomized controlled trials. *J Altern Complement Med* 18: 641-646.
9. Lauche R, Cramer H, Häuser W, Dobos G, Langhorst J (2013) A systematic review and meta-analysis of qigong for the fibromyalgia syndrome. *Evid Based Complement Alternat Med* 2013: 635182.
10. Langhorst J, Klose P, Dobos GJ, Bernardy K, Häuser W (2013) Efficacy and safety of meditative movement therapies in fibromyalgia syndrome: a systematic review and meta-analysis of randomized controlled trials. *Rheumatol Int* 33: 193-207.
11. Liu TJ, Chen KW (2010) *Chinese Medical Qigong (A College Textbook)*. Singing Dragon London
12. Chen K (2004) "An analytic review of studies on measuring effects of external Qi in China." *Alternative Therapies in Health and Medicine* 10: 38-50.
13. Yan X, Lin H, Li H, Traynor-Kaplan A, Xia ZQ, Lu F, Fang Y, et al (1999). Structure and property changes in certain material influenced by the external Qi of Qigong. *Material Research Innovation*, 2: 349-359
14. Sancier KM (1996) Medical Applications of Qigong. *Alternative Therapies in Health & Medicine* 2: 40-45.

- 
15. Chen K, Liu T (2004) Effects of qigong therapy on arthritis: A review and report of a pilot trial. *Medical Paradigm* 1: 36-48.
  16. Veith I (1972) (Translation) *The Yellow Emperor's Classic of Internal Medicine*. University of California Press Berkeley CA
  17. Chen K, Hassett, AL, Hou F, Staller J, Litchbroun AS (2006) "A pilot study of external qigong therapy for patients with fibromyalgia" *The Journal of Alternative & Complementary Medicine* 12: 851-856.
  18. Burckhardt CS, Clark SR, Bennett RM (1991) The Fibromyalgia Impact Questionnaire: development and validation. *Journal of Rheumatology* 18: 728-733.
  19. Melzack R (1987) The short-form McGill Pain Questionnaire. *Pain* 30: 191-197.
  20. Lynch M, Sawynok J, Hiew C, Marcon D (2012) A randomized controlled trial of qigong for fibromyalgia. *Arthritis Res Ther* 14: 178
  21. Liu W, Zahner L, Cornell M, Le T, Ratner J (2012) Benefit of Qigong exercise in patients with fibromyalgia: a pilot study. *Int J Neurosci* 122: 657-664.