



## Qigong and Chronic Pain: Three Cases of Pain Resolution, Other Health Benefits and Improved Vision with Long-term Practice of Qigong

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### Abstract

There is an emerging literature on health benefits of qigong in fibromyalgia in which participants practice qigong for standardized amounts of time (up to 6 months) and some reports of practice for 1-3 years. However, there is little information on longer-term practice over decades. This is a report of the experiences of three individuals with chronic pain and multiple other health problems who undertook instruction in qigong (Chaoyi Fanhuan Qigong, CFQ) and went on to practice over extended periods of time (hours/day, 8-15 years). All three report resolution of their chronic pain and multiple other health problems, as well as improvements in vision, during the course of their long-term practice. In each case, some benefits were manifest within the first months of practice, and initial benefits promoted further and more diligent practice to explore health possibilities. Health benefits occurred progressively over time. Improvements in eyesight were gradual. These experiences indicate that long-term qigong practice can transform health trajectories and individual lives in those with chronic pain. Further exploration, at many levels, into the health benefits of qigong needs to occur.

**Keywords:** Qigong; Chronic pain; Pain resolution; Health benefits; Vision

**Abbreviations:** CFQ Chaoyi Fanhuan Qigong; MBSR mindfulness-based stress reduction; OD right eye; OS left eye; RCT randomized controlled trial

### Background

Qigong has a long history in China, and many forms have developed in the context of health promotion and preservation. Traditional characterization of qigong involves cultivation of a dynamic body-wide energy system that interacts with physiological systems, whereby practice removes blockages and promotes balanced and unhindered flow of qi [1]. Contemporary characterization recognizes core elements of practice (gentle movement, breath regulation, mental instructions), and qigong is considered as “mindful exercise” [2] or “meditative movement” [3,4] distinguishing it from other forms of exercise, and “movement-based embodied contemplative practice” distinguishing it from other forms of meditative practice [5].

Health benefits of qigong are being explored within randomized-controlled trials (RCTs) in which participants receive instruction and undertake standardized practice regimens (30-45 min daily, for 8-12 weeks). Such regimens consistently produce health benefits in fibromyalgia (pain, sleep, impact, quality of life) [6-9] and chronic fatigue syndrome (fatigue, sleep, anxiety, depression) [10-12]. Both conditions are considered as “central sensitivity syndromes” and exhibit several common co-morbidities [13]. In both conditions, benefits are related to the amount of qigong practice [8,12]. There are some reports of extended qigong practice over 1-3 years producing marked health benefits (improvements in pain, fatigue, mood and multiple other symptoms such as asthma, and food and chemical

intolerances), but the number of individuals who engaged in extended practice is limited [14,15]. There are few reports on the health benefits of qigong practiced over decades. However, a cross-sectional study of tai chi (taiji) and qigong practitioners in the United States indicates significant differences in health trajectory over decades in those who engage such practices [16].

During the course of a RCT and extension trial, and the reporting of community-based cases involving Chaoyi Fanhuan Qigong (CFQ) [17], a form that has been available locally since 2000, two participants with fibromyalgia reported improvements in vision [14,15]. Additional cases of improvements in vision following long-term qigong practice also became known anecdotally. The current report documents three cases of marked health benefits in persons with chronic pain, including improvements in vision, that occur as a result of long-term self-practice of qigong over 8-15 years. It is important to document these outcomes, as it would be impossible to conduct a prospective trial over such extended intervals and with this amount of practice. Furthermore, outcomes provide validation of a practice that is presented as a healing practice, but has limited documentation of benefits. Each individual provided written informed consent for the assembly and publication of the report, and verified the accuracy of the transcribed contents of the report. All vision readings in tables are from written reports provided by vision professionals to the individuals at their request.

### General Information

Table 1 provides a summary of the demographics and duration of qigong practice for the three cases included in this report. All subjects practiced CFQ as the form of qigong [17]. Level 1 CFQ practice involves a set of choreographed movements, with ten repetitions of movements 1-5 and five repetitions of movements 6-7. Each set lasts 11-13 mins depending on the pace. Movements are gentle, loose and

flowing, and mental activity involves connecting with and feeling the body. There are also ancillary movements (e.g. downward sweeping of hands over the body, stepping side-to-side on alternating feet). Level 2 CFQ involves seated, standing or lying meditation techniques, with an initial instruction of feeling the point of contact (chair or floor

depending on the form) and connecting with presence. Each individual received instruction from the main developer of the technique (YSY) at community-based workshops, some of which involved daily practice and instruction for several weeks. Individual cases elaborate on amounts and types of practice.

Case number	Age at start of practice (gender)	Qigong start year (practice duration)	Pain diagnosis at start of practice (pain duration)
Case #1*	57 (female)	2008 (8 years)	Fibromyalgia, multiple other conditions (20 years)
Case #2	55 (female)	2006 (10 years)	Fibromyalgia, multiple other conditions (15 years)
Case #3**	37 (female)	2000 (15 years)	Chronic myofascial pain, traumatic pain (12 years)

**Table 1:** Demographics of those undertaking long-term qigong practice over 8-15 years

\* Case 1 outcomes over 1-3 years were reported as a case report [15]; longer-term experiences are reported here. Cases 2 and 3 have not been recorded previously. \*\* Case 3 was designated as chronic myofascial pain in the late 1980s, which predates the American College of Rheumatology 1990 criteria for fibromyalgia; characteristics of the condition would meet updated 2010 criteria for fibromyalgia.

### Case 1

This is a female who was 57 years old when she commenced qigong in 2008 (Table 1). She had fibromyalgia (she described herself as “in pain 24/7”), and multiple other symptoms (sleep difficulty, food allergies, irritable bowel syndrome) when she started. Over the course of the prior 20 yrs, she had tried many conventional and alternative therapies (including physiotherapy, osteopathy and massage therapy, multiple supplements and food restrictions; see [15]) with limited benefit. In July 2008, she undertook an initial 10 day qigong training workshop at a community-based venue; subsequently she attended additional workshops, and practiced regularly for 3 years, for 1-2 hours/day (level 1/level 2) at intervals. Her experiences over 1-3 years

(including cessation of other therapies, food restrictions, supplements and medications as they were no longer needed) were reported as a case report in fibromyalgia, but with only casual mention of vision changes [15]. Corrections and acuity in her vision over 8 years are summarized in Table 2. Briefly, over the first 6-7 months of practice, she had vast improvements in pain and other bodily functions (bladder, bowel function). At 7 months (Feb 2009), she experienced difficulties with her vision (blurring), but a visit to her optometrist indicated an improvement in both eyes, with her right eye changing from -4.00 to -3.50 and left eye from -3.75 to -3.50, and glasses with modified corrections addressed the issue. She continued to practice qigong for 1-2 hrs/day, and in 2011 (~3 years of practice) reported minimal pain and consolidated health gains in other areas (food tolerances, irritable bowels) [15]. In 2016 (~8 years of practice; she is now 65 years old), she indicates consistent daily practice of qigong for 3 hrs/day (1.5 hrs each of movements and meditation). She now “rarely thinks of her health – it has become a non-issue - and takes no medications” She has used no other complementary treatment since starting qigong. Her vision has improved progressively over time since the start of qigong practice.

Date	22 Feb 2007	19 Feb 2009	24 Mar 2011	11 Apr 2013	9 July 2015
Sphere correction	OD* -4.00 OS** -3.75	OD -3.50 OS -3.25	OD -3.25 OS -3.25	OD -3.00 OS -2.75	OD -2.50 OS -2.00
Acuity	OD 20/20 OS 20/20	OD 20/20 OS 20/20	OD 20/20 OS 20/20	OD 20/20 OS 20/25	OD 20/20 OS 20/20

**Table 2:** Vision determinations over time for case #1

\*OD right eye, \*\*OS left eye

### Case 2

This is a female who was 55 years old when she commenced qigong practice in early 2006 (Table 1). At the time, her health conditions included fibromyalgia, arthritis, back pain at the site of fusion (for severely herniated discs, L4/L5 and L5/S in mid-1980s), sleep apnea, high cholesterol, allergies and intolerances to multiple foods, irritable bowel syndrome, and frequent pneumonia/bronchitis. She also had congenital hearing loss and corneal dystrophy (epithelial basement membrane dystrophy, map-dot-fingerprint dystrophy or Cogan’s dystrophy, an eye disorder causing pain and dryness). She had

previously tried mindfulness-based stress reduction (MBSR) (for 15 years, instructing for 10 years) and several energy modalities (Reiki, Healing Touch, Therapeutic Touch) but with not much benefit (although the MBSR allowed for better tolerance/acceptance of the pain). In her words, “when I found CFQ, I was a mess”. Her initial qigong practice was intermittent, but she began diligent qigong practice (1 hr daily) in July 2007. By December 2007, she was weaned off prescription medications for arthritis, back pain and fibromyalgia (an antidepressant, pregabalin, hydrochloroquine) and was only taking over-the-counter analgesics (acetaminophen, ibuprofen) as needed. She stopped using her continuous positive airway pressure device, and her sleep was now normal. Between 2008-10 (she retired in 2009), she extended her qigong practice to 1½-2½ hours/day and experienced

further improvement in arthritis pain, back pain and fibromyalgia (“no more pain, like I never had any of it”). In addition, her general health was improved – there were now few episodes of pneumonia/bronchitis, and food allergies were better. By 2011, she experienced a sense of wellness, and rarely had colds or flus. In 2012, she had a sudden onset of cataracts, and underwent cataract surgery; following the surgery, her corneal dystrophy became more troublesome, with more erosions and dryness causing poorer vision and much discomfort. In 2014, she was prescribed Restasis<sup>®</sup> (topical ophthalmic cyclosporine) which helped with eye pain, discomfort and dryness. She had continued with her diligent qigong practice, and her cholesterol levels were now in the normal range (she took no medications for this). By the end of 2015, her visual acuity improved and she could now see clearly for the first

time in years (Table 3). As an adult, she had never worn glasses with prescription corrections for her eyes. In 2015, her hearing had improved slightly (by 3%), and she considered this meaningful as both parents experienced much age-related hearing loss in their 60s, and she was now 65 years old. She currently characterizes herself as “feeling well, normal and younger in every way”, and the last 8 years have been the best/healthiest since age 40. Since starting qigong, the only additional complementary therapies she used were MBSR, with a 2-3 year overlap, but she stopped that once she was confident of the benefits of qigong; there were also 3 sessions of acupuncture for a sinus condition. She takes supplements (probiotics, vitamins) regularly, and herbals as needed.

Date	2003	2007	2009	2011	May 2015	Nov 2015
Acuity	OD* 20/20 OS* 20/20	OD 20/25 OS 20/20	OD 20/30 OS 20/20	OD 20/40 OS 20/20	OD 20/40 OS 20/25	OD 20/25 OS 20/25

**Table 3:** Vision determinations over time for case #2

\*OD right eye, \*\*OS left eye

### Case 3

This is a female who was 37 years old when she commenced qigong in 2000 (Table 1). In 1988, she experienced the first of several automobile accidents, with the first being the most serious (4 minor ones followed). At that time, she had been diagnosed with myofascial pain syndrome, had back pain, shoulder impingement, and numbness and lack of feeling in two fingers; she also had experienced weekly migraines for 10 years (losing consciousness with some), disrupted sleep, irritable bowel syndrome and food allergies. She had been treated with an anti-inflammatory drug for pain, and had tried multiple other treatments over the years (physiotherapy, massage, exercise, water exercise, acupuncture, orthotics, water pillow, neck brace, cranial sacral therapy, biteplate). She had been blind in her right eye since birth due to a congenital defect (glial tissue surrounding the optic nerve); her left eye had required correction since childhood, and her vision was being regularly monitored (Table 4). Following her introduction to qigong in 2000, she practiced 1-1½ hrs daily

(movements initially, meditation added in 2003). In 2005, she had a uterine fibroid tumor, with indeterminate pathology, removed. In 2006, following an intensive exposure to CFQ (3-4 hrs/day, for 21 days; this included external qigong healings), she became serious about qigong and practiced 1-2 hrs of movement and 1 hr meditation daily. Between 2006 and 2010, she attended 10 further qigong workshops and training sessions (lasting 2-4 weeks). She became a CFQ Level 1 instructor in 2004, and a CFQ Level 2 instructor in 2009. Since 2009, she has practiced 1-1½ hrs movement and 1-2 hrs meditation daily (except for travel interruptions), and performs 12 meditative healings per week. She indicates resolution of her chronic pain in 2001, and of arm problems (numbness, loss of feeling) in 2006. Between 2002 and 2013, the vision in her left eye progressively improved with time (Table 4). At the latter date, her optometrist further commented that “focusing ability is about 10 years younger than it should be, i.e. she is hardly entering presbyopia at age 49”. More recent readings (2014-16) indicate some rebound in corrections. She has undertaken no additional treatments or therapies (except for the surgery in 2005) since 2003.

Year	2002	2003	2004	2005	2007	2009	2011	2012	2013	2014-16
Sphere correction	-5.50	-5.25	-5.00	-4.75	-4.50	-4.25	-4.00	-3.75	-3.50	-4.00
Acuity	20/20	20/20	20/20	20/20	20/20	20/20	20/20	20/20	20/20	20/20

**Table 4:** Left eye determinations over time for case #3

### Discussion

This report describes marked benefits in chronic pain of 10-20 years duration (fibromyalgia, arthritis, myofascial pain), and other health benefits (sleep difficulty, sleep apnea, headaches, irritable bowel syndrome, food and chemical intolerances, vision changes) following long-term practice of qigong over 8-15 years. Many benefits are so marked that several changes can essentially be considered as resolution of the condition. Most of the health information provided is qualitative, but the nature of the information is clear and compelling. Two of the individuals (cases #1 and #2) are now in their mid-60s, and

have much better health than during earlier decades. There is quantitative information for vision. In cases #1 and #3, there were changes within the first year of practice and progressive improvements with continued practice of qigong over the course of a decade. In case #2, vision improvement was recent and occurred only following considerable qigong practice; however, this case is difficult to interpret due to fluctuations over time, the genetic condition, cataract surgery, and use of the topical ophthalmic medication (cyclosporine).

The form of qigong practiced in this report involves a global approach. Thus, particular aspects of practice are not emphasized

depending on the condition, but the entire (energy) system is engaged in a comprehensive algorithm, and this allows for diverse symptoms to respond. It therefore differs from medical qigong in which specific targeted interventions with a specific intent are applied. Changes occur within weeks-months of initiating practice, but consolidation of health gains and resolution of conditions can take years. The qualitative information recorded here, as well as the quantitative improvements in vision, attest to the need for longer-term practice for best outcomes. RCTs of qigong for central sensitivity syndromes (fibromyalgia, chronic fatigue syndrome) in the medical literature generally involve a time course of 3-6 months [6-12] and likely underestimate the full potential value of the practice. Extension trials, in which those who experience health gains during the initial exposure continue practice over longer durations, are both feasible and encouraged. Within trials, benefits are directly related to amount of practice [8,12], supporting the need for diligent practice. Each of the cases reported here had multiple health conditions and had accessed medical care and previously tried multiple different treatments, both conventional and complementary, for their condition over prior decades. In each case, with the resolution of conditions, medications and other treatments for those conditions were no longer needed.

In a traditional framework, qigong self-practice involves cultivation of a body-wide energy system that interacts with the physiological system; practice removes blockages and stagnations, and this allows for the free flow of qi within this system [1]. A contemporary view of this body-wide system is the living matrix in which arrays of collagen fibres within connective tissue form a hydrated matrix which has unique conduction properties and rapidly conveys information that is important for the integrated function of a complex organism [18]. Contemporary models have the advantage of additional metaphors and mechanisms to call upon to explain experiential events described by those engaging in qigong practice. An additional contemporary framework is that of interoception, with exploration in the realms of psychology and neuroscience [19-21]. Other contemporary models use systems to account for health benefits of qigong in relation to particular conditions – these include psychosocial and mind-body interactions (regulation of neuronal, endocrine, immune systems), and regulation of the autonomic nervous system (enhanced sympatho-vagal balance) [2,22-24]. In view of the profound health changes described in this report, further exploration of qigong needs to occur in the interests of better understanding health effects arising from qigong practice. Such exploration needs to be pragmatic and to proceed simultaneously at multiple levels. This includes clinical exploration, consideration of mechanisms using a range of models, neuroimaging the meditative component, recording real-world experiences of those who voluntarily engage in long-term practice, and attending to the language needed for effective implementation. A particular challenge of this area is the multiple forms of qigong that have developed in various contexts, and comparative health effects of different forms of qigong and practice regimens would be of much interest to determine.

In summary, this is a retrospective report of 3 cases in which each person clearly attributed health benefits in pain and other symptoms to their extensive qigong practice over decades. It is subject to the limitations of retrospective approaches, as well as the unknown generalizability that limits all case studies. The primary value is that it documents marked health changes in long-standing conditions that have not responded to multiple other treatments (medical and alternative), and outcomes suggests that RCTs of qigong should consider longer durations of practice beyond standardized amounts

currently used (months). In each case, there was a time-response relationship between practice duration and symptoms, and the clarity of these changes is what motivated extended practice. Vision changes are incidental to the other symptoms, and were not in any way anticipated or expected. There is no literature on qigong benefits in vision, but it is interesting to note that during the course of an extension trial of CFQ qigong, one participant (036) also reported marked vision improvements during the trial [14].

## Declaration

All participants provided written statements consenting to the assembly and publication of this report, and confirmed the accuracy of the final report before it was submitted. Access to data for the purpose of data sharing is not applicable to this report. The author has no conflicts of interest in relation to the report.

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