

Il Qigong

Ginnastica Energetica

A cura del dottor Paolo Evangelista
Direttore del Centro Studi So-Wen sede dell'Aquila
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So-Wen sede Milano

Cosa vuol dire qigong?

- In cinese la parola è composta da due termini:
 - Gong = lavoro quotidiano;
 - Qi = energia.



- EQUILIBRIO DINAMICO

- I TRE TESORI:

- JING
- QI
- SHEN



Il qigong è una pratica che utilizza il qi per vari scopi, compreso il mantenimento della salute.

- Recupero funzioni carenti
- Sviluppo facoltà latenti

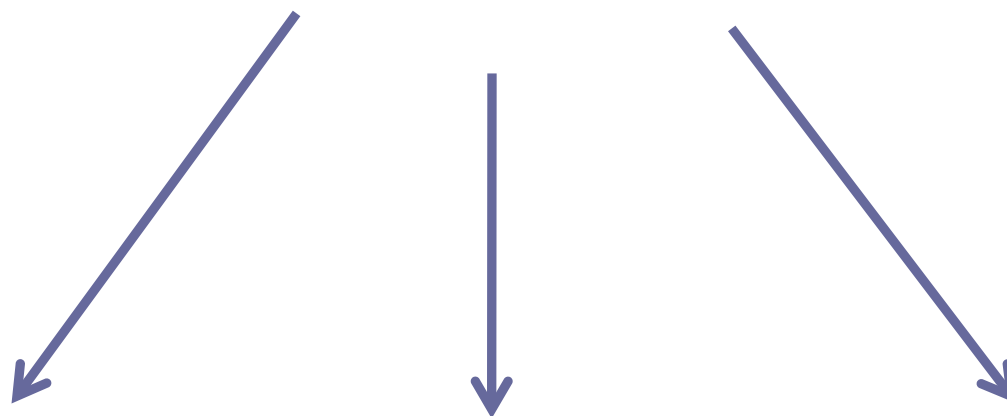


SCOPO DEL QI GONG:

Portare il proprio Qi
all'unisono con quello
dell'ambiente per
poterlo controllare
attivamente



QIGONG



QIGONG MEDICO

ARTE MARZIALE
TAIQICHUAN
GONGFU

SPIRITUALE



QI GONG MEDICO

- **MEDICINA TERAPEUTICA:** ripristino delle funzioni carenti, dell'equilibrio ed aumento di velocità di circolazione della nostra energia
- **MEDICINA PREVENTIVA:** osservazione costante del nostro stato psico-fisico
- **MEDICINA RIABILITATIVA:** recupero di forma ottimale dopo una convalescenza
- **MEDICINA DELLA MENTE:** attivazione cosciente di tutte le nostre risorse latenti



La tecnica

- 1- TIAO SHEN = controllo del corpo
- 2- TIAO XI = controllo del respiro
- 3- TIAO XIN = controllo del cuore-mente

Controllo delle funzioni carenti
Attivazione delle facoltà latenti



	RIPRISTINO FUNZIONI CARENTI	ATTIVAZIONE FUNZIONI LATENTI
TIAO SHEN CONTROLLO DEL CORPO	Ripristinare equilibrio yin-yang. Coordinazione, rilassamento, equilibrio	Sviluppo della capacità di assorbire, emettere e dirigere il Qi all'interno ed all'esterno del corpo
TIAO XI CONTROLLO DEL RESPIRO	Respirazione naturale lenta, sottile e profonda, emissione vocale	Respirazione embrionale, utilizzo della respirazione per dirigere il DAN
TIAO XIN CONTROLLO DEL CUORE-MENTE	Lentezza, rilassamento, utilizzo dell'immaginazione per indurre il rilassamento o per attivare processi di autoguarigione	Attivazione di facoltà sensoriali fuori dall'ordinario e acquisizione capacità super- normali attraverso l'attivazione di risorse psichiche latenti



La storia del *qigong*

La storia del *qigong*

- I. Epoca di Yao e di Shun, più di 4.000 anni fa
- II. Epoca precedente l' unificazione dell' Impero (770-206 a.C.)
- III. Epoca degli Han (206 a.C. – 220 d.C.)
- IV. Epoca dei Wei, dei Jing e delle dinastie del nord e del sud (200 – 589 d.C.)
- V. Epoca delle 5 Generazioni dei Sui e dei Tang (581-979)
- VI. Epoca dei Song, dei Jin e degli Yuan (930-1368)
- VII. Epoca dei Ming e dei Qing (1368-1840)
- VIII. Nostra epoca.

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Complement Ther Med. 2014 Feb;22(1):173-86. doi: 10.1016/j.ctim.2013.11.010. Epub 2013 Dec 18.

Health benefits of qigong or tai chi for cancer patients: a systematic review and meta-analyses.

Zeng Y¹, Luo T², Xie H², Huang M³, Cheng AS⁴.

+ Author information

Abstract

BACKGROUND: Cancer is a leading cause of death worldwide. Mind-body interventions are widely used by cancer patients to reduce symptoms and cope better with disease- and treatment-related symptoms. In the last decade, many clinical controlled trials of qigong/tai chi as a cancer treatment have emerged. This study aimed to quantitatively evaluate the effects of qigong/tai chi on the health-related outcomes of cancer patients.

METHODS: Five databases (Medline, CINAHL, Scopus, the Cochrane Library, and the CAJ Full-text Database) were searched until June 30, 2013. Randomized controlled trials (RCTs) of qigong/tai chi as a treatment intervention for cancer patients were considered for inclusion. The primary outcome for this review was changes in quality of life (QOL) and other physical and psychological effects in cancer patients. The secondary outcome for this review was adverse events of the qigong/tai chi intervention.

RESULTS: A total of 13 RCTs with 592 subjects were included in this review. Nine RCTs involving 499 subjects provided enough data to generate pooled estimates of effect size for health-related outcomes. For cancer-specific QOL, the pooled weighted mean difference (WMD) was 7.99 [95% confidence interval (CI): 4.07, 11.91; Z score=4.00, p<0.0001]. The standardized mean differences (SMDs) for changes in depression and anxiety score were -0.69 (95% CI: -1.51, 0.14; Z score=1.64, p=0.10), and -0.93 (95% CI: -1.80, -0.06; Z score=2.09, p=0.04), respectively. The WMDs for changes in body mass index and body composition from baseline to 12 weeks follow-up were -1.66 (95% CI: -3.51, 0.19; Z score=1.76, p=0.08), and -0.67 (95% CI: -2.43, 1.09; Z score=0.75, p=0.45) respectively. The SMD for changes in the cortisol level was -0.37 (95% CI: -0.74, -0.00; Z score=1.97, p=0.05).

CONCLUSION: This study found that qigong/tai chi had positive effects on the cancer-specific QOL, fatigue, immune function and cortisol level of cancer patients. However, these findings need to be interpreted cautiously due to the limited number of studies identified and high risk of bias in included trials. Further rigorous trials are needed to explore possible therapeutic effects of qigong/tai chi on cancer patients.

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KEYWORDS: Cancer patients, Exercise intervention, Meta-analysis, Qigong, Tai chi

PMID: 24559833 [PubMed - in process]

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[Explore \(NY\). 2013 May-Jun;9\(3\):142-9. doi: 10.1016/j.explore.2013.02.002.](#)

Qigong as a novel intervention for service members with mild traumatic brain injury.

Yost TL¹, Taylor AG.

+ Author information

Abstract

PURPOSE: To describe the experience of internal qigong practice in service members diagnosed with mild traumatic brain injury (mTBI).

THEORETICAL FRAMEWORK: The study used qualitative descriptive phenomenological methods originally described by Husserl and later refined by Giorgi.

METHODOLOGY: Participants were interviewed about their experiences while learning qigong to determine their level of interest, benefits, and/or adverse effects; ease of learning/performing the routine; and any barriers to practice.

SAMPLE: Six service members with mTBI receiving outpatient neurorehabilitation at the Defense and Veterans Brain Injury Center-Charlottesville Rehabilitation Center.

INTERVENTION: Participants learned Reflective Exercise Qigong, a form of qigong developed specifically to require less complex movement and balance than most forms of qigong, making it ideal for those with potential coordination and balance issues.

DATA COLLECTION: Semistructured interviews took place after four weeks of formal qigong instruction, then again after the subjects completed eight weeks. Interview data were analyzed with phenomenological methods described by Giorgi.

RESULTS: Four themes emerged from the interview data: "the physical experience of qigong," "regaining control," "no pain, a lot of gain," and "barriers to qigong practice." Participants offered examples of how qigong enabled them to control refractory symptoms after mTBI while decreasing reliance on pharmacotherapy. All agreed that qigong was uniquely conducive to the disciplined mindset of military service members and that the simplicity of Reflective Exercise qigong, compared with similar modalities such as tai chi and yoga, was well suited to individuals with decreased balance, cognition, and memory related to mTBI.

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Evid Based Complement Alternat Med. 2013;2013:152738. doi: 10.1155/2013/152738. Epub 2013 Jan 14.

The effects of qigong on anxiety, depression, and psychological well-being: a systematic review and meta-analysis.

Wang F¹, Man JK, Lee EK, Wu T, Benson H, Ericchione GL, Wang W, Yeung A.

+ Author information

Abstract

Introduction. The effect of Qigong on psychological well-being is relatively unknown. This study systematically reviewed the effects of Qigong on anxiety, depression, and psychological well-being. **Methods.** Using fifteen studies published between 2001 and 2011, a systematic review was carried out and meta-analyses were performed on studies with appropriate homogeneity. The quality of the outcome measures was also assessed. **Results.** We categorized these studies into three groups based on the type of subjects involved as follows: (1) healthy subjects, (2) subjects with chronic illnesses, and (3) subjects with depression. Based on the heterogeneity assessment of available studies, meta-analyses were conducted in three studies of patients with type II diabetes in the second group, which suggested that Qigong was effective in reducing depression (ES = -0.29; 95% CI, -0.58-0.00) and anxiety (ES = -0.37; 95% CI, -0.66-0.08), as measured by Symptom Checklist 90, and in improving psychological well-being (ES = -0.58; 95% CI, -0.91-0.25) as measured by Diabetes Specific Quality of Life Scale. Overall, the quality of research methodology of existing studies was poor. **Conclusions.** Preliminary evidence suggests that Qigong may have positive effects on psychological well-being among patients with chronic illnesses. However the published studies generally had significant methodological limitations. More high-quality studies are needed.

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1: [J Altern Complement Med.](#) 2007 Oct;13(8):831-40.

Biopsychosocial effects of qigong as a mindful exercise for people with anxiety disorders: a speculative review.

(No Relat

[Chow YW, Tsang HW.](#)

Department of Rehabilitation Sciences, The Hong Kong Polytechnic University, Hung Hom, Hong Kong.

In view of the inadequacies of mainstream treatments for anxiety disorders, we suggest that qigong, an ancient oriental mindful exercise, may be a useful adjunctive treatment. We base this on a biopsychosocial model for health. Evidence suggests that the benefits of exercise on personal well-being can be explained using six theories: cognitive behaviour; distraction; social interaction; cardiovascular fitness; amine; and endorphin theories. To date, not much has been done to employ these theories to analyze the benefits of mindful exercises. We try here to reorganize these theories into psychosocial and physiologic perspectives and integrate them with the "mind regulation," "body regulation," and "breath regulation" components of qigong. We propose, because of its potential therapeutic effects, that qigong can be considered as an alternative therapy to help meet the increasing demand of nonpharmacologic modalities in achieving biopsychosocial health for those suffering from anxiety in the general population.

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1: [Clin Rheumatol.](#) 2007 Sep 14; [Epub ahead of print]

Tai chi for osteoarthritis: a systematic review.

[Lee MS](#), [Pittler MH](#), [Ernst E](#).

Complementary Medicine, Peninsula Medical School, Universities of Exeter & Plymouth, 25 Victoria Park Road, Exeter, EX2 4NT, UK, myeong.lee@pms.ac.uk.

The aim of this study was to evaluate data from controlled clinical trials testing the effectiveness of tai chi for treating osteoarthritis. Systematic searches were conducted on MEDLINE, AMED, British Nursing Index, CINAHL, EMBASE, PsycInfo, The Cochrane Library 2007, Issue 2, the UK National Research Register and ClinicalTrials.gov, Korean medical databases, the Qigong and Energy database and Chinese medical databases (until June 2007). Hand searches included conference proceedings and our own files. There were no restrictions regarding the language of publication. All controlled trials of tai chi for patients with osteoarthritis were considered for inclusion. Methodological quality was assessed using the Jadad score. Five randomised clinical trials (RCTs) and seven non-randomised controlled clinical trials (CCTs) met all inclusion criteria. Five RCTs assessed the effectiveness of tai chi on pain of osteoarthritis (OA). Two RCTs suggested significant pain reduction on visual analog scale or Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) compared to routine treatment and an attention control program in knee OA. Three RCTs did not report significant pain reduction on multiple sites pain. Four RCTs tested tai chi for physical functions. Two of these RCTs suggested improvement of physical function on activity of daily living or WOMAC compared to routine treatment or wait list control, whilst two other RCTs failed to do so. In conclusion, there is some encouraging evidence suggesting that tai chi may be effective for pain control in patients with knee OA. However, the evidence is not convincing for pain reduction or improvement of physical function. Future RCTs should assess larger patient

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1: [Disabil Rehabil.](#) 2007 Jun 15;;1-9 [Epub ahead of print]

The effect of Qigong on Fibromyalgia (FMS): A controlled randomized study.

[Haak T](#), [Scott B](#).

Department of Clinical Psychology, University of Uppsala, Sweden.

Purpose. To evaluate the effect of a 7-week Qigong intervention on subjects with Fibromyalgia Syndrome (FMS). **Methods.** The study was a controlled randomized study with repeated measures. Fifty-seven FMS female subjects were randomly assigned to an intervention group (n = 29) or a waiting-list control group (n = 28). After completion of the experimental part, the control group received the same intervention. Collection of data was made at pre- and post-treatment and at 4-month follow-up for both groups. **Results.** During the experimental part of the study, significant improvements were found for the intervention group, at post-treatment, regarding different aspects of pain and psychological health and distress. Almost identical results were found for the combined group. At 4-month follow-up, the majority of these results were either maintained or improved. **Conclusion.** The overall results show that Qigong has positive and reliable effects regarding FMS. A high degree of completion, 93%, and contentment with the intervention further support the potential of the treatment. The results of the study are encouraging and suggest that Qigong intervention could be a useful complement to medical treatment for subjects with FMS.

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Scand J Gastroenterol. 2007 Sep;42(9):1054-62.

ing exercises with vagal biofeedback may benefit patients with functional dyspepsia.

and IE, Svebak S, Berstad A, Flatabø G, Hausken T.

Department of Medicine, University of Bergen, Division of Gastroenterology, Medical Department, Haukeland University Hospital, Bergen, Norway. lland@med.uib.no

OBJECTIVE: Many patients with functional dyspepsia (FD) have postprandial symptoms, impaired gastric accommodation and vagal tone. The aim of this study was to improve vagal tone, and thereby also drinking capacity, intragastric volume and quality of life, using breathing exercises with vagal biofeedback. **MATERIAL AND METHODS:** Forty FD patients were randomized to a biofeedback group or a control group. The patients received similar information and care. Patients in the biofeedback group were trained in breathing exercises, 6 breaths/min, 5 min each day for 4 weeks, using specially designed software for vagal biofeedback. Effect variables included maximal drinking capacity using a drink test (Toro clear meat soup 100 ml/min), intragastric volume at maximal drinking capacity, respiratory sinus arrhythmia (RSA), skin conductance (SC) and quality of life scores. **RESULTS:** Drinking capacity and quality of life improved significantly more in the biofeedback group than in the control group ($p=0.02$ and $p=0.01$) without any significant change in baseline autonomic activity (RSA or SC) or intragastric volume. After the treatment period, RSA during breathing exercises was significantly correlated to drinking capacity ($r=0.6$, $p=0.008$). **CONCLUSIONS:** Breathing exercises with vagal biofeedback increased drinking capacity and improved quality of life in FD patients, but did not improve baseline vagal tone.

Related Links

- ▶ Drink tests in functional dyspepsia
- ▶ The water load test in functional dyspepsia.
- ▶ Vagal tone and meal intake
- ▶ Insulin-induced hypoglycemia without increasing vagal tone
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All: 1 Review: 0 1: [Am J Chin Med.](#) 2007;35(4):597-607.**Effects of a Taiji and Qigong intervention on the antibody response to influenza vaccine in older adults.****[Yang Y](#), [Verkuilen J](#), [Rosengren KS](#), [Mariani RA](#), [Reed M](#), [Grubisich SA](#), [Woods JA](#).**Department of Kinesiology and Community Health, University of Illinois at Urbana-Champaign, Urbana, IL 61801, USA. yyang5@uiuc.edu

Previous studies have suggested that Taiji practice may improve immune function. This study was intended to examine whether 5 months of moderate Taiji and Qigong (TQ) practice could improve the immune response to influenza vaccine in older adults. Fifty older adults (mean age 77.2 +/- 1.3 years) participated in this study (TQ N = 27; wait-list control [CON] N = 23). Baseline pre-vaccine blood samples were collected. All subjects then received the 2003-2004 influenza vaccine during the first week of the intervention. Post-vaccine blood samples were collected 3, 6 and 20 weeks post-intervention for analysis of anti-influenza hemagglutination inhibition (HI) titers. We found a significant ($p < 0.05$) increase in the magnitude and duration of the antibody response to influenza vaccine in TQ participants when compared to CON. The vaccination resulted in a 173, 130, and 109% increase in HI titer at 3, 6, and 20 weeks post-vaccine, respectively, in the TQ group compared to 58, 54, and 10% in CON. There was a significant between group difference at 3 and 20 weeks post-vaccine and at 20 weeks the TQ group had significantly higher titers compared to the pre-vaccine time point, whereas the CON group did not. A higher percentage of TQ subjects also responded to the influenza A strains with a protective ($> 40\text{HI}$) antibody response (37% TQ vs. 20% CON for the H1N1 strain and 56% TQ vs. 45% CON for the H3N2 strain), but the differences between groups were not statistically significant. Traditional TQ practice improves the antibody response to influenza vaccine in older adults, but further study is

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1: [J Pain](#). 2007 Nov;8(11):827-31. Epub 2007 Aug 9.

External qigong for pain conditions: a systematic review of randomized clinical trials.

[Lee MS](#), [Pittler MH](#), [Ernst E](#).

Complementary Medicine, Peninsula Medical School, Universities of Exeter and Plymouth, Exeter, United Kingdom.; Center for Integrative Medicine, Institute of Medical Science, Wonkwang University, Iksan, South Korea.

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.

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1: [Acta Oncol.](#) 2007;46(6):717-22.

Qigong for cancer treatment: a systematic review of controlled clinical trials.

[Lee MS](#), [Chen KW](#), [Sancier KM](#), [Ernst E](#).

Complementary Medicine, Peninsula Medical School, Universities of Exeter & Plymouth, Exeter, UK. myeong.lee@pms.ac.uk

Qigong is a mind-body integrative exercise or intervention from traditional Chinese medicine used to prevent and cure ailments, to improve health and energy levels through regular practice. The aim of this systematic review is to summarize and critically evaluate the effectiveness of qigong used as a stand-alone or additional therapy in cancer care. We have searched the literature using the following databases from their respective inceptions through November 2006: MEDLINE, AMED, British Nursing Index, CINAHL, EMBASE, PsycInfo, The Cochrane Library 2006, Issue 4, four Korean Medical Databases, Qigong and Energy Medicine Database from Qigong Institute and four Chinese Databases. Randomised and non-randomised clinical trials including patients with cancer or past experience of cancer receiving single or combined qigong interventions were included. All clinical endpoints were considered. The methodological quality of the trials was assessed using the Jadad score. Nine studies met our inclusion criteria (four were randomised trials and five were non-randomised studies). Eight of these trials tested internal qigong and one trial did not reported details. The methodological quality of these studies varies greatly and was generally poor. All trials related to palliative/supportive cancer care and none to qigong as a curative treatment. Two trials suggested effectiveness in prolonging life of cancer patients and one failed to do so. We conclude that the effectiveness of qigong in cancer care is not yet supported by the evidence from rigorous clinical trials.

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1: [Rheumatology \(Oxford\)](#). 2007 Nov;46(11):1648-51. Epub 2007 Jul 18.

Tai chi for rheumatoid arthritis: systematic review.

[Lee MS](#), [Pittler MH](#), [Ernst E](#).

PhD Complementary Medicine, Peninsula Medical School, Universities of Exeter & Plymouth, 25 Victoria Park Road, Exeter, EX2 4NT, UK.
myeong.lee@pms.ac.uk; drmslee@gmail.com.

The objective of this systematic review is to evaluate data from controlled clinical trials testing the effectiveness of tai chi for treating rheumatoid arthritis (RA). Systematic searches were conducted on Medline, Pubmed, AMED, British Nursing Index, CINAHL, EMBASE, PsycInfo, The Cochrane Library 2007, Issue 1, the UK National Research Register and ClinicalTrials.gov, Korean medical databases, Qigong and Energy Medicine Database and Chinese databases up to January 2007. Hand-searches included conference proceedings and our own files. There were no restrictions regarding the language of publication. All controlled trials of tai chi for patients with RA were considered for inclusion. Methodological quality was assessed using the Jadad score. The searches identified 45 potentially relevant studies. Two randomized clinical trials (RCTs) and three non-randomized controlled clinical trials (CCTs) met all inclusion criteria. The included RCTs reported some positive findings for tai chi on disability index, quality of life, depression and mood for RA patients. Two RCTs assessed pain outcomes and did not demonstrate effectiveness on pain reduction compared with education plus stretching exercise and usual activity control. The extent of heterogeneity in these RCTs prevented a meaningful meta-analysis. Currently there are few trials testing the effectiveness of tai chi in the management of RA. The studies that are available are of low methodological quality. Collectively

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1: [J Hypertens.](#) 2007 Aug;25(8):1525-32.

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

[Lee MS](#), [Pittler MH](#), [Guo R](#), [Ernst E](#).

Complementary Medicine, Peninsula Medical School, Universities of Exeter and Plymouth, Exeter, UK. drmslee@gmail.com

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

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1: [J Altern Complement Med.](#) 2007 May;13(4):427-33.

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

[Xin L](#), [Miller YD](#), [Brown WJ](#).

School of Human Movement Studies, The University of Queensland, St. Lucia, Queensland, Australia. liuxin@hms.uq.edu.au

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]

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1: [J Clin Nurs.](#) 2007 Apr;16(4):769-76.

Qigong practice among chronically ill patients during the SARS outbreak.

Siu JY, Sung HC, Lee WL.

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AIMS AND OBJECTIVES: This research aimed at exploring the motivations and experiences of chronically ill participants practising qigong during the severe acute respiratory syndrome outbreak in Hong Kong. BACKGROUND: Although biomedicine is the mainstream medical system in Hong Kong, many people employ complementary and alternative medicine in dealing with their chronic health problems. Practising qigong is one of the most popular forms of complementary and alternative medicine used among chronically ill patients. Little is known about the experiences of the chronically ill patients practising qigong in the severe acute respiratory syndrome outbreak and even less is known how this practice is related to the social context of Hong Kong during the outbreak. DESIGN AND METHODS: Qualitative methods using participant-observation from three qigong classes in Hong Kong and in-depth semi-structured interviews with 30 participants were employed. Content analysis and discourse analysis were used to identify major themes of the data. RESULTS: Both the underlying and trigger motivations could motivate these chronically ill participants to practise qigong. Legitimacy of qigong in health maintenance, deterioration of health and unpleasant experiences in biomedical treatment on their chronic illnesses served as the underlying motivations. Stigmatization of and discrimination against the chronically ill and the sense of searching coping strategy during the severe acute respiratory syndrome outbreak further motivated their practice. CONCLUSION: To the participants, practising qigong not only could

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1: [Prev Cardiol.](#) 2007 Winter;10(1):22-5.

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

[Pippa L](#), [Manzoli L](#), [Corti I](#), [Congedo G](#), [Romanazzi L](#), [Parruti G](#).

Camillo de Lellis per la Ricerca Clinica Applicata, Pescara, Italy.

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]

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Caratteristiche principali dei metodi di *qigong*

1. Metodo attivo
2. Metodo d'insieme
3. Metodo naturopatico

Metodi essenziali degli esercizi di *qigong*.

1. Regolare il corpo
2. Regolarizzare la respirazione
3. Armonizzare il cuore



Dan Tian o Campo del Cinabro

Due fondamentali tipologie di esercizi

- Qigong statico
- Qigong dinamico

Requisiti che bisogna avere per praticare il *Qigong* statico *Zhang Zhuang*

- Lo spirito deve essere concentrato
- Il corpo deve essere rilassato
- La respirazione deve essere naturale
- La posizione dei piedi
- La posizione della testa

- La posizione del petto e dell'addome
- I denti
- La lingua
- La bocca
- Gli occhi
- L'orecchio

Yin

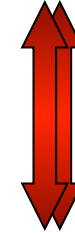
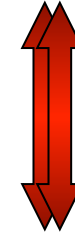
Qigong statico



Quiescenza



Qigong dinamico



Yang

Metodi di rilassamento nel *Zhang Zhuang*

- Metodo delle tre linee
- Metodo dei passi
- Metodo dall' interno all' esterno
- Metodo dall' esterno all' interno

CONCENTRAZIONE

- Felicità
- Naturalezza
- Mancanza di preoccupazioni
- QUIESCENZA.

RESPIRAZIONE

- Uniforme
- Sottile (leggera)
- Profonda
- Lunga.

Jing gong. Gong di tranquillità

Posizione eretta del *qigong* (*Zhang Zhuang Qi Gong*)

- o Abbracciare la palla all' altezza della cintura TI BAO SHI
- o Sostenere la palla all' altezza delle spalle CHENG BAO SHI
- o Due forme di riposo XIU XI SHI
- o Forma da seduti su una sedia ZI RAN ZUO SHI
- o Forma da seduti per terra ZI RAN PAN QI
- o Posizione completamente sdraiati per terra SHUI GONG
- o Abbracciare il DAN TIAN. BAO DAN TIAN
- o Cavalcare la tigre FU HU SHI
- o Forma del drago XIANG LONG SHI
- o Esercizio del tronco che galleggia FU HAN SHI

Alcune caratteristiche del *Zhang Zhuang Qi Gong*

- Semplicità di studio e di pratica
- Velocità dell' effetto ed immediatezza del risultato
 - Indolenzimento
 - Formicolio
 - Calore
 - Rigonfiamento
 - Freschezza (fresco come brezza)
 - Fluttuare in aria o in acqua
 - Pesantezza nel petto e nelle gambe
 - Movimento irregolare e incontrollato (vibrazione)
- Assenza di controindicazioni
- Elemento principale: la tranquillità, simbiosi fra movimento e stasi
- Completezza: di per sé consente di conservare la salute.

Qigong dinamico Wu Xing

Le 5 forme di animali

- Forma della **scimmia**
- Forma della **tigre**
- Forma dell' **orso**
- Forma del **serpente**
- Forma della **gru**

- Separare le acque

Cosa curano le singole forme?

- **TIGRE**

- Infiammazione cronica delle vie respiratorie;
- Respiro corto, affanno;
- Infiammazioni pleuriche;
- Malattie del polmone soprattutto nelle persone anziane (asma bronchiale ed asma cardiaco);
- Emottisi, TBC;
- Periartrite scapolomeroale;
- Infiammazioni di tutte le articolazioni.

- **ORSO**

- Disturbi digestivi, gonfiori di stomaco;
- Acidità;
- Senso di oppressione respiratoria, oppressione toracica;
- Sciatica e dolore cervicale;
- Tutte le malattie croniche in particolare i disturbi della schiena;

- **SCIMMIA**

- Effetto benefico su tutte le articolazioni: artrosi cervicale, dorsale, lombare , infiammazione delle articolazioni soprattutto quando c'è un rigonfiamento (mani, piedi, ecc.)
- Problemi oculistici: miopia dei bambini e presbiopia degli anziani, cataratta, astigmatismo.

- **SERPENTE**

- malattie dello stomaco e dell' intestino;
- Qualsiasi disturbo delle articolazioni;
- Mal di schiena;
- Tutte le malattie croniche.

- **FORMA DELLA GRU**
 - Ipertensione arteriosa;
 - Emiparesi;
 - Molto utile negli anziani con difficoltà di movimento (disturbi dell'equilibrio, vertigini, capogiri)

Esercitazioni

Qigong statico

- SAN XU XI
- SAN KAI HE
- TI BAO SHI (*Tenere la palla al Dantian*)
- CHEN BAO SHI (*Tenere la palla a livello del torace*)
- (*Attivare il qi*)
- ZHI RAN ZUO SHI (posizione di riposo seduti su una sedia)
- ZHI RAN PAN QI (posizione di riposo seduti per terra)
- POSIZIONI DI RIPOSO IN PIEDI
- FU HU SHI (Cavalcare la tigre)
- XIANG LONG SHI (posizione del drago)
- FU AN SHI (esercizio del tronco che galleggia)

Esercitazioni

Qigong dinamico

- LE 5 FORME ANIMALI:
 - SCIMMIA
 - TIGRE
 - ORSO
 - SERPENTE
 - GRU
- Camminare
- FEN SHUI SHI (separare le acque)
- LONG YOU GONG (il fluttuare del drago)

Esercitazioni a Roio nel 2006





