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.

Keywords: Qi therapy, Qigong, cancer, pain, fatigue, dyspnoea, insomnia, vomiting.

INTRODUCTION

According to ancient Oriental thought, all humans are born with self-healing power or energy, called Qi, which dissipates as we mature. Qi denotes both the essential substances of the human body that maintain its vital activities and the functional activities of organs and tissues [Xing 1987]. Qi acts extensively by permeating all parts of the human body. When Qi flows smoothly, all of life’s processes operate rhythmically and harmoniously. When Qi is weak, unbalanced or blocked, the human body succumbs to illness and enters a diseased state. Qi practitioners use these basic ideas to measure the energetic imbalances in the body, to diagnose disease before clinical symptoms appear, and to treat the disease by normalizing the energetic imbalances. Sustaining Qi energy is most important to keep the body strong and healthy.

There are two methods to refresh or gain this vital energy or Qi [Tang 1994]. One is Qi training [internal Qigong], which refers to Qigong practice or to self-cultivation to achieve optimal health of both the mind and body. The other is Qi therapy (external Qigong), which refers to the process by which Qigong practitioners...
direct or emit their Qi energy to help patients clear Qi blockages and move the bad Qi out of the body to relieve pain, or to balance the Qi flow in the body and help eliminate or reduce the effects of disease. Qi therapy helps the body resist disease by enhancing Qi energy. Qi therapy is considered more effective when performed by a highly trained individual (called a master), although simple illnesses such as indigestion, headache, back pain and fatigue can be treated by someone performed four to six months of Qi training.

Although neither the Qi therapy itself nor the mechanism of its effects is understandable or explicable within any paradigm of modern medical science, its effects on the human body are apparent, as is its effectiveness in many clinical and psychological illnesses [Lee et al. 2003a]. While much of the research on Qi therapy effects is limited by methodological flaws, recent randomized controlled trials have found several beneficial effects of Qi therapy compared to placebo. Two weeks of Qi therapy significantly reduced the pain level and improved mood in elderly subjects compared to a general care control group, but this was not a placebo-controlled study [Lee et al. 2001a]. Another recent randomized placebo-controlled study showed that Qi therapy modulated hormone levels, and increased immune functions and mood compared to placebo controls [Lee et al. 2001b]. Qi therapy has proved to be useful in reducing heart rate and stabilizing the sympathetic nervous system [Lee et al. 2003b]. Elderly subjects receiving Qi therapy showed a significant decrease in systolic and diastolic pressure, and reduced anxiety, depression, pain and fatigue levels compared to placebo controls [Lee et al. 2003c].

Thus, Qi therapy may have beneficial psychological, physiological and immunological effects on health. In our previous study, Qi therapy stabilized cardiac autonomic tone and the sympathetic nervous system [Lee et al. 2003b], and patients exhibited increased alpha intensity compared to placebo-treated controls [Lee et al. 2004]. These results showed that Qi therapy helps relax the mind and body. A relaxed brain produces a reduction in anxiety and depression, and mood elevation.

Cancer patients experience many negative side effects of radiotherapy, other pharmacological treatments, and disease complications. These symptoms can ultimately influence the patient's mental health and well-being. Qi therapy has been reported to be beneficial in reducing pain, anxiety and fatigue, and in enhancing mood state [Lee et al. 2001a,b, 2003a,c]. Qi therapy is also purported as an effective treatment of physical and psychological illnesses, including cancer [Chen & Yeung 2002; Lee et al. 2003a]. The aim of this study was to examine the effectiveness of Qi therapy in the management of symptoms of advanced cancer in a man.

PATIENT AND METHODS

Research design

The design was a descriptive single case study involving Qi therapy treatment of a patient with advanced cancer. Eight Qi therapy intervention sessions were performed on alternate days over a total period of 16 days. Each intervention lasted 20 min and was performed in the hospital. The caregiver of this patient rated his symptoms using a visual analogue scale (VAS), and a nurse recorded his scores.

The Human Investigation Ethics Committee and the Human Subjects Review Board of University Hospital and School of Medicine approved this study and provided consent for publication of the case history before we approached the subject and obtained his written consent.

Participant

The study participant was a 36-year-old Korean man with a graduate degree who worked in a full-time office job. He had advanced cancer with complications such as diabetes and hypertension, the primary site of his cancer was the lung and it had metastasized to the stomach and bone. He had received radiotherapy and chemotherapy six months before Qi therapy. At the time of the study, he was being treated only with opioid therapy for pain (OxyContin C. R. Tab., 120 mg/day, Mundipharma, UK) and his Karnofsky Performance Scale (KPS; Schag et al. 1984) was 40 (requires special care and assistance, disabled) over the previous month. There was no other treatment for his disease except the medication for pain. Before Qi therapy began, the patient reported severe symptoms of advanced cancer, including pain, fatigue, vomiting.

Qi therapy

In this experiment, Korean Qi therapy (called ChunSoo Energy Healing) was performed by a Qi therapist in Ki Health International. The Qi master was a male, 32 years old, who had practised ChunDoSunBup Qi training for 6 years. Qi therapy was administered according to the standard procedures outlined in the textbook for Qi therapy [Ki Health International 1997], but slightly modified for this patient. The Qi master followed the experimental schedules and attempted to emit Qi with positive thinking to restore harmony and balance to the patient's energy systems. The participant received attention for about
Qi therapy and cancer patient

Outcome measures

The VAS was used to assess the patient’s physical symptoms of cancer such as pain, vomiting, dyspnoea, fatigue, insomnia, and anorexia, daily activity and psychological calmness during the 24 h before each assessment. At each assessment, the subject was not informed of his previous scores. The VAS for physical symptoms ranged from 0, which represents an absence of symptoms, to 10, which represents an extreme level of symptoms (Fig. 1). The scale was reversed to assess daily activity and calmness (i.e. 0 represents the lowest level of activity and calmness, and 10 represents the highest level of activity and calmness). The VAS numerical scale is a commonly used method to assess symptoms with established reliability and validity (Cline et al. 1992; Dudgeon et al. 2001).

RESULTS

In the pre-treatment assessment phase, the patient reported extremely high levels of pain, and was treated with 120 mg/day OxyContin. The pain score decreased slightly after the first Qi therapy session (Fig. 2A), and the patient discontinued taking OxyContin. The pain level decreased further after the fourth Qi therapy session (day 8), and slightly increased at the end of the 16 days of Qi therapy; the pain score remained at this level after the two-week follow-up.

The vomiting score decreased slightly after the first and increased after the second Qi therapy session (day 4), but then rapidly improved from the third Qi therapy session (day 6); the patient reported no vomiting after the fifth Qi therapy session (day 10) through the two-week follow-up (Fig. 2B). The dyspnoea score rapidly decreased from the...
first to the fourth Qi therapy sessions (day 8), increased slightly, and then remained constant through the two-week follow-up (Fig. 2C). The fatigue score steadily decreased throughout the 16 days of Qi therapy (Fig. 2D). There was a slight increase after the last therapy session, after which the fatigue score remained constant through the two-week follow-up.

In the pre-treatment phase, the patient reported anorexia because of pain, vomiting and fatigue. The anorexia score decreased rapidly after the second Qi therapy session (day 4) and remained at this level until the end of the two-week follow-up (Fig. 2E). In the pre-treatment phase, the patient reported severe insomnia and an inability to sleep well. After the second Qi therapy session (day 4), the insomnia score rapidly decreased and remained stable throughout the 16 days of treatment and during the two-week follow-up (Fig. 2F).

The patient reported zero daily activity in the pre-treatment phase (i.e. he found movement difficult and remained in bed all day, KPS: 40). His activity score increased after the second Qi therapy session (day 4), when he was able to sit in bed for one-half day without help (KPS: 60: requires occasional assistance but is able to care for most of own needs). After the fourth Qi therapy session (day 8, KPS: 70, care for self, unable to perform normal activity or to do active work), the patient could walk and use the toilet without help; he maintained this level of activity through the two-week follow-up (Fig. 2G). The score for psychological calmness increased (i.e. improved) after the second Qi therapy session (day 4). He reported ‘peace of mind’ after the fourth Qi therapy session, this score remained at this level through the two-week follow-up (Fig. 2H).

**DISCUSSION**

Qi therapy (external Qigong) treatment was associated with beneficial effects on the patient’s self-rating of pain, vomiting, dyspnoea, fatigue, anorexia, insomnia, daily activity and psychological calmness. These variables improved from baseline (pre-intervention) measures, and improvements were maintained for two weeks after the end of treatment. The chronic nature of the patient’s disease indicates that spontaneous remission cannot explain the improvements during and for two weeks after the intervention.

The patient discontinued using pain-killing medication and was able to sit without help after the second Qi therapy session. After a further two sessions (i.e. after the fourth session), he was able to use the toilet without help and to walk alone near the hospital. Our recent report shows that a single session of Qi therapy can influence psychological symptoms and pain in cancer patients (Lee & Jang 2005). Accumulation of these acute effects over time might be responsible for the improvements in symptoms reported by this patient. Our previous reports show that Qi therapy modulates psychological, neurohormonal and immunological functions, as assessed using both in vivo and in vitro methods (Lee et al. 2001a,b, 2003c,d, 2004). In our current study, the patient’s symptoms might have been alleviated because the Qi therapy stimulated a holistic connection of body function with mind.

Through his written responses, the patient reported an effect of Qi therapy on his feelings of ‘inner peace’. He reported experiencing ‘relaxation of mind and emotions’ and the energetic power of Qi, which he felt provided him with the strength to overcome pain and fatigue. Qi therapy is believed to help the body resist disease by enhancing the body’s Qi and energy. However, we acknowledge that administering Qi therapy requires specialist training and is not therefore currently broadly generalizable. We cannot also completely discount the possible bias of date rating, even if the data were collected from the caregiver and recorded by a nurse.

**CONCLUSIONS**

Despite an increased demand for non-pharmacological, complementary therapies such as Qi therapy and massage, continued scientific research on the therapeutic benefits of Qi therapy is needed to fully understand its possible role in health and well-being. Although our data may not be generalized to other patients with cancer or other diseases, this case study provides a foundation for further research exploring the ability of complementary therapies such as Qi therapy to reduce or prevent the negative symptoms of cancer. More objective clinical measures are needed in addition to the self-reported
improvements we found using the VAS. In future studies, we intend to use well-controlled clinical trials to measure the efficacy of Qi therapy, to perform detailed physical examinations, and to include a greater number of cancer patients.

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REFERENCES
