

This thesis aimed to assess a TCM modality for relevance of its application to the Australian population's needs for mental and physical health optimisation. The author began research based on his experience of the application of *Qigong* and *24 Form Taijiquan* for health optimisation. The author found, from research, that the extent of efficacy of application was more extensive than first thought and that WM research on the topic was substantial. This WM research confirmed the research done in China particularly that of the SIH. The TQ program is particularly relevant to the health and well-being of Australia's population in these areas:

- Coronary Heart Disease;
- Stroke;
- Cholesterol;
- Weight regulation;
- Diabetes;
- Cancers;
- Osteoporosis;
- Fall prevention;
- Childhood Attention Deficit Syndrome;
- Insomnia;
- Ovarian degeneration;
- Reduction of high levels of pharmacological intervention, particularly in the aged;
- Asthma;
- Gastric and duodenal ulcers;
- Allergic colitis;
- Anxiety;
- Depression;
- RSI and MSD; and
- Complex Regional Pain Syndrome type 1.

It was particularly interesting to note the importance that WM placed on meditation especially in relation to stress management. The component of meditation in the TQ program gives it the additional benefit of application beyond that of an MIA. Research also informed the author of potential psychological problems which can be produced from inappropriate

methods of meditation. The author's research confirmed that when performed by the mentally healthy the TQ program poses no such potential problem. The meditation component of this program is very safe to use. It is not, however, designed for use by the mentally ill and is not intended, here and in China, to address such a problem.

It was concluded from research that the program of QYG used by the SIH was suitable for trial in Australia to assess its potential for application. Research on the needs of the Australian population led the author to add an element of *Taijiquan* to the program. This was done to increase the gross motor skill enhancing aspect of the program. Aimed particularly at the need to address the extensive demand for fall prevention modalities in the aging and elderly. It was hoped as well that this may encourage participants to further participate in *Taijiquan* and as such reap the benefits of learning a full program of *Taijiquan*. It was also found that walking produces benefits which, while not as extensive as those produced by *Taijiquan*, can be used instead of the *Taijiquan* element by those interested in utilising only the *Qigong* elements of the program.

Analysis of WM research indicated the very real dangers to mental and physical well-being of the use of prolonged repeated programs of VIE. TQ was found to cause none of the problems of VIE programs. TQ was found to be gentle and applicable to all ages and levels of health and fitness. Being a low impact modality TQ will not, if applied correctly, produce any ill effects as there is no possibility for injury to occur.

Experimentation led the author to conclude that slight modifications needed to be made to the teaching method of the program and that the final method of teaching was *Dong* before *Jing*. This was because the more mentally demanding *Taijiquan forms* were preferred, by his experimental participants, to be learned first before the *Qigong forms*. It was also found that due to the extensive problems of osteoporosis and the very real potential for participants to have undiagnosed osteoporosis that the *Taijiquan forms* needed modification to negate any

potential problems which may arise from application. This modification led to the sideways steps being reduced from an angle of 90 degrees to 45 degrees. The instructions for applying the program lying and sitting were also included for those who are unable to do the program standing. Applying the program sitting or lying down is used in China as a standard method of application by those who are ill. This allows the TQ program to be used by the chronically ill.

Participants being able to begin the program from a very low level of intensity and then build up, where applicable, to a MIA level ensures the safety of application of the program. Being able to adapt the program to the individual needs of people gives TQ greater flexibility than other MIA programs. This flexibility in implementation makes TQ an ideal program for a warming up and cooling down before and after sport. Because TQ heightens gross motor skills, it also improves ability while focusing mind and body in preparation for the sporting event ahead.

It was discovered by the author that the TCM modality of *Qigong* had a history of application and research which dated back millennia. It was also discovered that the ancient *forms* of *Qigong* were still in use today, notably by the SIH. It was concluded from research that these ancient *forms* of *Qigong* are more likely to be more relevant and applicable to the health needs of people than the newer, post 1986, religious *Qigong forms*. It was also found that *Qigong* was closely tied to the philosophy of the *Daojia*. Many of the participants in the Pilot Studies requested information as to the history and philosophy of *Qigong*. This led the author to include information on this in the TQ program. It would seem that this physical movement and meditation program is enhanced by an explanation of history and philosophy. This may be so because the philosophy of the *Daojia* is unique and reinforces respect for life and individuals while emphasising the potential for all individuals to answer the great philosophical questions of life through self-experience and self-wisdom without the need for intercession by the self-professed holy and wise.

The applicability of TQ to address the problem of *stressors*, both mental and physical, extends the value of its application. The demographic of the participants attracted to the Pilot Studies indicated a need existed for stress management modalities beyond those already available on the UNE campus. It was found that the participants came from particularly stressful working areas of the university. The capacity of the program to address not only mental stress but also the physiological stresses of white collar environments, notably computer workstations, gave added value to the program. The *forms* were found by to be of a greater scope than those currently available from WorkCover. It was found that meditation and physical movement provided a well rounded program that addressed the major Occupational Health and Safety issues of the white collar environment. This, the author believes, could be extended into areas where work is more physical as well.

During the research and experimentation for this thesis the author complied with the recommendations of Australia's health industry for MIA and meditation. It was found that TQ conformed to these recommendations without need for any modifications. TQ was also found to conform to the ideology for implementation of such programs, notably the aspect of equity. This had a lot to do with the ease and inexpensiveness with which TQ program could potentially be implemented by governing health bodies. The training of staff to run TQ programs would be simple and easy. Those who already deal with the physical needs of people, such as physiotherapists, would it is believed by the author be able to simply and inexpensively learn to be able to teach TQ. In relation to occupational health and safety this program could similarly be learnt and taught by those responsible for the physical welfare of those in the workplace. This is an area of health which could provide great savings for the government through prevention.

Instituting TQ programs in aged care facilities as well as in area health services for the aged could potentially, through the utilisation of the osteoporosis and fall management aspects be of great value. Implemented into school physical education programs TQ would provide a

solid foundation for prevention of osteoporosis and refine gross motor skills in the developing bodies of students. The TQ program would also provide education to introduce, at an early age, the preventative rather than curative potential for medicine.

While it was found by the author that research by both TCM and WM practitioners and institutions had been done and was ongoing there is still potential value from more research. The author believes that having compiled, modified and assessed a program from China it would be valid to trial the program beyond the limited scope of the this thesis. The scope of potential implementation would indicate that trials in a number of areas such as stress management, fall and osteoporosis prevention and management as well as behavioural and concentrative enhancement of those who suffer Childhood Attention Deficit Syndrome could be of potential value.

It was found by the author that the TQ program could be of great value for Australians. It potentially could reduce or prevent the human suffering caused by the most pressing health problems this country faces. TQ's ease of learning and application, inexpensiveness of implementation by both the providers and practitioners as well as its broad based applicability make it potentially a boon for the Australian population. These factors may well encourage the large numbers of sedentary people in Australia to undertake this form of MIA and meditation. The consequent savings financially and in terms of human suffering would be immense and add to the potential financial and human benefits which would ensue.

The contribution of this thesis to the field of mental and physical health is that the author has introduced a program used in TCM and WM in China. The appropriate teaching method was established from experimentation. The program was modified for application for Australian's health needs across a broad spectrum of application. An element of *Taijiquan* was melded with the QYG program to increase its efficacy in relation to fall prevention. The author has produced a program suitable for all ages and levels of fitness which addresses all the major

health problems of the Australian population as either, where applicable, an *adjuvant* or primary treatment modality. The TQ program also contributes to the education of the population in regards to STAM and prevention of illness and injury. The author hopes that the TQ program will be of great benefit to the people of Australia and possibly the world in reducing human suffering and costs of health treatment.

The University of New England
THE HUMAN RESEARCH ETHICS COMMITTEE
Non Invasive Procedures
FORM A
Proposed Research Project

1. Title of Project:

A STUDY OF MEDICAL AND HEALTH CARE QIGONG.

Specifically the *Qigong Forms* (exercises) developed by the Shanghai Institute of Hypertension, Shanghai Second Medical University, Shanghai, China. These *Qigong Forms* are from the following article. (photocopy enclosed):

C.Wang, D.Xu, & Y.Qian, 'Medical and Health Care *Qigong*', *Journal of Traditional Chinese Medicine*, 11 (4), 1991, pp.296-301.

2. Aims of Project:

To teach and assess the eight *forms* from the above article as a benchmark for the practice of Medical and Health Care *Qigong* relevant to Australia.

To find any perceived benefits by the participants who learn and practice these *forms*, particularly in the areas of stress reduction and health improvement.

If this anecdotal information is positive it will be used for further research with a medical basis, for which NHMRC funding will be sought.

3. Person responsible

Name: Ren (surname) Guanxin (first name)
 Position: Convenor of Chinese
 Department: Languages, Cultures and Linguistics
 UNE Extension: 3580

4. Associates (Including Honours and Postgraduate Students):

Mr R.Hopkins, B.A., M.Litt., author of thesis and this experiment for MAH.

5. Technicians associated with the experiment:

Ms M.Evers, Bachelor of Health Administration
 Terminology and health practices.

Mr B.Toohy, Graduate Diploma of Science
 Mental health and welfare advice.

Ms E. Baldwin, Mental health worker
 Mental health and welfare advice.

Cyber Advice
 CyberRites and Fission Chips
 Mojo, lead cyber advisor
 Ms.C.Tracey cyber design consultant.

6. **Funding** Is this application the subject of a grant proposal? YES

If YES, state name of organisation:

i. Languages, Cultures and Linguistics, UNE, for the author's accommodation expenses on campus for the duration of the study.

Has this protocol been funded?

YES at end of study accommodation will be paid for.

ii. The UNE Asia Centre (UNEAC) is providing office space, seminar facilities, phone and fax facilities.

7. **Proposed date of commencement:**

September first 1998.

8. **Duration and estimated finishing date: 12 months maximum from start.**

Two months duration, finishing in October 1998 at UNE; and

In the Nambucca Valley will be spread over a longer time, finishing in December 1998.

9. **Approximate intended number of participants:**

The maximum number of participants would be fifty (50) divided into two groups of twenty five.

10. **Source of participants:**

Group One

Students of UNE

Administrative staff of UNE

Academic staff of UNE

Group Two

Residents of the Nambucca Valley

For a second group study in the author's residential location.

11. **Briefly describe the research methods to be used.**

The participants will be taught eight *Qigong* exercises developed by the Shanghai Institute of Hypertension. It is intended that a maximum of 10 practice sessions during September and October 1998 will be sufficient to teach the course. Each session will last approximately half (1/2) an hour. The participants will be questioned as to their opinions in informal discussion.

12.(a) **Please describe any risks or serious burdens which this research might pose for your participants and how this will be rectified.**

It is envisaged that there will be no risks at all from learning and practising these *Forms*. There is no physical or mental strain involved in the practice of *Qigong*.

12.(b) **Does this research involve subject matter of a particularly sensitive nature?**

NO.

13. **If the research involves interviews with participants, briefly explain what mechanisms (if any) will be in place to respond to foreseeable eventualities such as: a revelation of illegal activity by or involving the participant; disclosure of institutional mismanagement; a participant becoming distraught because of the subject matter of the interview, etc**

No adverse eventualities are envisaged.

14. **Will your participants receive any financial reward or other compensation for their time and inconvenience?**

NO

15. **What steps will you take to obtain the agreement of your participants to take part in the research? Please attach a copy of the Plain Language Statement / Consent Form.**

Each participant will be required to sign the Plain Language Statement/Consent form before admission to the experiment.

16. **Does this research involve any impediments to obtaining the full understanding, free agreement of participants to take part in the project?**

NO.

17. **Are potential participants in this research in dependant relationships which may limit their belief that they are free to refuse participation?**

NO.

18. **Does the project require the withholding of relevant information about the aims and conduct of the research?**

NO.

19. **Does this research require that participants be deceived about a relevant aspect of the aims or nature of the research or their participation?**

NO.

20. **Will participants be informed that they are free at any time to discontinue participation?**
YES. This will be in the Plain Language Statement.

21. **Who will have access to the information you collect?**

Only those involved in the running the experiment, examiners of the thesis, and possibly the NHMRC. The identity of all subjects will be strictly confidential, with R. Hopkins being the only

one being in possession of personal identifiers.

22. Confidentiality of records

(a) How will the confidentiality of records be maintained during the study?

At all times the records will be held securely in R.Hopkins possession.

(b) Are the records to be preserved after the study is completed?

YES

(c) If YES, how will the confidentiality of the records be protected during the period of their preservation?

Locked in a safe. Personal Identifiers will be destroyed before storage.

23. Ethical Issues

Please indicate which, if any, of the following ethical issues are involved in this research.

(a) Will participants be photographed by camera or video?

NO

(b) Will participants be tape recorded?

NO

(c) Does the research involve any stimuli, tasks, investigations or procedures which may be experienced by the subjects as stressful, noxious, aversive or unpleasant?

NO

(d) In this study are there any procedures known (or thought) to be beneficial or harmful to one group of participants (EXPERIMENTAL) being withheld from another group of participants (CONTROL)?

NO

24. Are there any other ethical issues raised by this research? If so, what steps will you take in response to them?

Possibly the question of institutions being responsible for providing stress management and health optimisation procedures in the work/study environments of their employees and or students.

25. Is anything in the conduct of the research project likely to be subject to legal constraint?

NO.

26. How will the results of your research be presented?

They will be presented as a field study as part of an MAH thesis.

27. Conformation to accepted guidelines for research involving humans.

(a) NH&MRC *Statement on Human Experimentation* and its Supplementary Notes, (1992) as appropriate, or

YES

(b) Other principles of ethical conduct.

NO

28. Signatures of responsible investigator and associates:

We certify that the proposed experiment will conform with the guidelines indicated in Question 27.

Person responsible Dr Guanxin Ren

Date _____

Associates R.Hopkins

Date _____

Head of Department _____

Date _____

Comments, if thought necessary.

Medical and Health Care *Qigong* is easy to learn and to teach. These particular *forms* have been developed as part of an ongoing study begun in 1958 at the Shanghai Institute of Hypertension. It is suitable for people of all ages.

The author has made an extensive study and practise of Medical and Health Care *Qigong* over the last twelve months in preparation for this field work..

PLAIN LANGUAGE AND CONSENT FORM
TITLE OF PROJECT
 A SURVEY OF SELF-CARE QIGONG (CHI KUNG)
 YOU ARE FREE TO WITH DRAW FROM THIS STUDY AT ANY TIME
 People who participate in this inquiry are not experimental subjects,
 but valued participants in a survey of Qigong

It is hoped all participants will gain some long term, personal benefit from learning and practising these *Qigong* exercises. The information from the questionnaires will be of benefit to the future health of Australians.

Project Leader

Richard Hopkins (B.A., M.Litt.)
 Master of Arts Honours
 The University of New England

correspondence to:

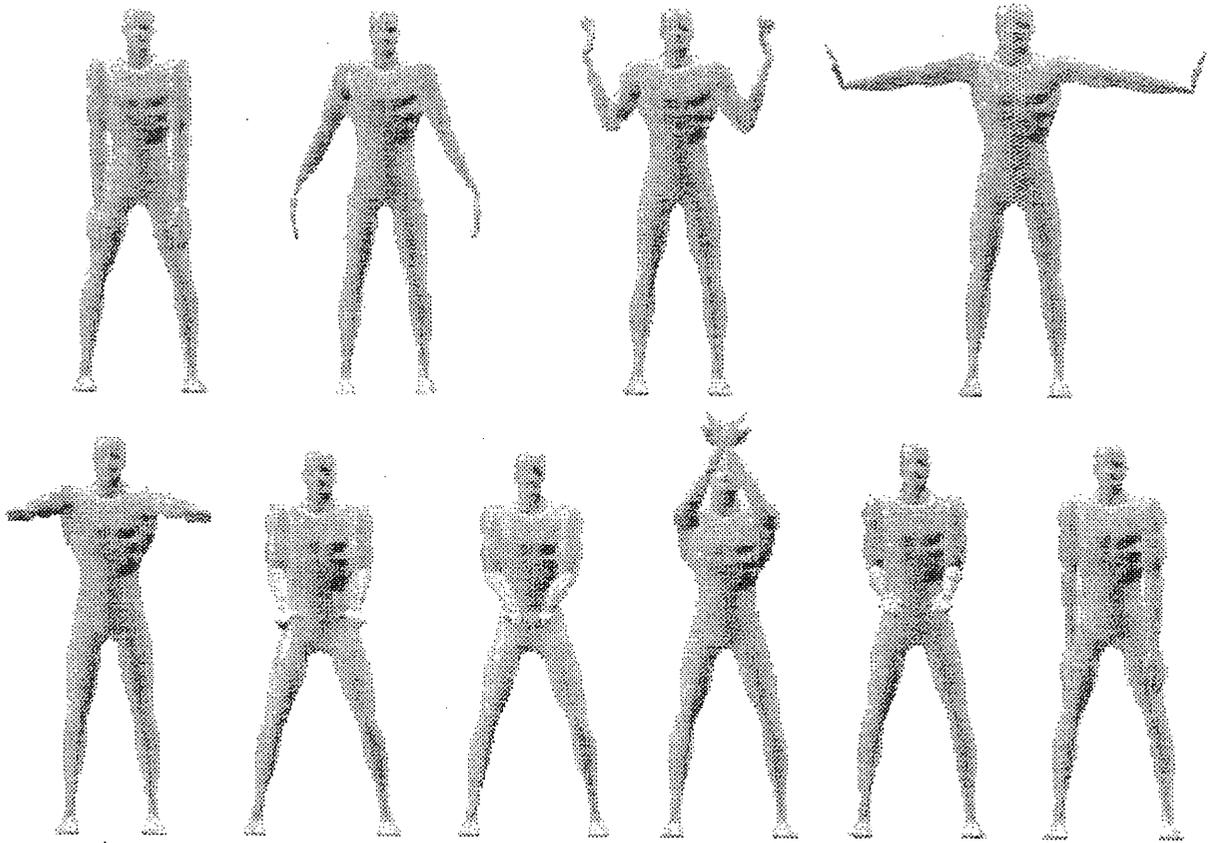
R. Hopkins
 c/- Dr. G. Ren
 Room 182
 Faculty of Arts
 Languages, Cultures and Linguistics
 The University of New England
 Armidale NSW 2351
 Telephone (02) 6773 3580

This survey is a study of 8 Medical and Health Care *Qigong* exercises, developed by the Shanghai Institute of Hypertension, Shanghai Second Medical University, Shanghai, China. These exercises are based on Traditional Chinese Medical concepts.

The aim of this survey is to see what you think of these Qigong exercises.

To gain maximum benefit, each participant is expected to practise these exercises in their own time. Medical and Health Care *Qigong* can be described as gentle self-physiotherapy, designed to alleviate stress and optimise health.

- There are 8 simple exercises to learn.
- There will be no pain or discomfort involved in the learning and practice of these exercises.
- There will be 10, half-hour practice sessions to complete the course;
 (5 hours in total, Times to suit everyone)
- Sessions will be held during September and October.



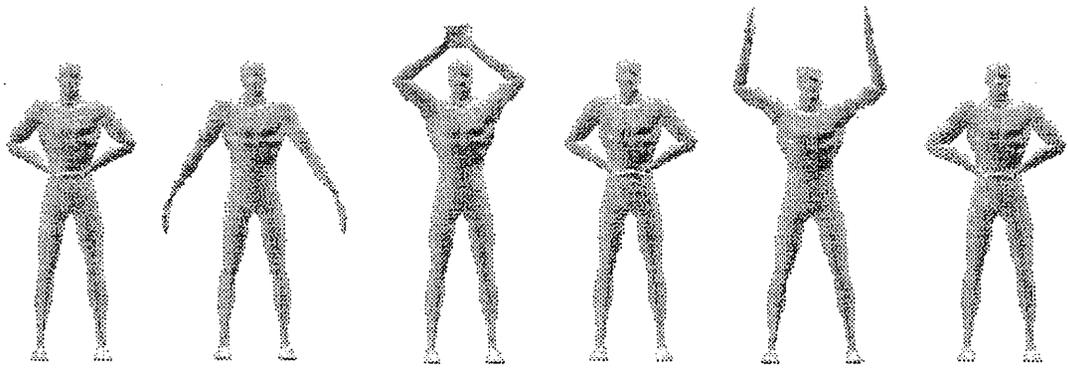
SHU ZHAN MU YU

Stand naturally with the feet apart at the breadth of the shoulders.

Slowly lift the arms laterally and upward with the fingers pressing down and gently moving upwards and downwards.

Then move the arms medially along a curved line to the front of the chest with the elbows slightly bent and the palms facing downwards, inhaling during the entire movement.

Next, while exhaling move the hands down to the lower abdomen and squat down with the trunk kept upright, all led by the mind. Form a cup with the hands as if holding water, raise the "cup" over the head while inhaling. While exhaling, slowly move the hands down, passing the chest to the lower abdomen, and set the hands apart and back to the natural position.



SHUANG LUN HUAN DAN

Stand naturally with the feet apart at the breadth of the shoulders.

The left hand presses the Dantian in the lower abdomen with the right hand on its back.

After standing still for a moment, slowly wield the arms laterally and then medially to make a circular movement with the shoulder joints as the centre of the circles. When the hands return to the Dantian, squat down by bending the knees and inhale. Then make another upward circular movement in the reverse direction, when the hands return to Dantian again, stand up and exhale. repeat these movements several times.

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