

Qigong for Drug Addiction

Researchers Tout Therapy as "Safe, Economical and Effective"

By Michael Devitt

Substance abuse is one of the most serious public health issues in the United States. According to the Substance Abuse and Mental Health Services Administration, some 14 million Americans over the age of 12 use illicit drugs such as marijuana and cocaine, and hallucinogens such as PCP and LSD - not to mention the 104 million Americans that regularly consume alcohol, and the 65.5 million that use tobacco products.¹ Given these figures, it comes as little surprise that the Bush Administration recently proposed spending a record \$19.2 billion of the 2003 fiscal budget toward drug control and education.²

In the U.S., the most common means of treating drug addiction are the gradual-reduction method and symptom-specific therapy.

In the gradual-reduction method, the addictive drug is replaced with another medication to substitute and gradually replace patients' craving and withdrawal symptoms. However, most substitute medications usually only mask or lessen the pain of withdrawal and do not help patients adequately deal with the issue of addiction itself. Many drugs used in symptom-specific therapy, meanwhile, have side-effects that can impair a person's ability to function normally.

Kevin Chen, a professor at the University of Medicine and Dentistry in Newark, New Jersey, and two colleagues in China - Ming Li and Zhixian Mo, MD - conducted a series of experiments using a different option for drug addiction: *qigong*, the ancient health practice that combines meditation, relaxation and breathing exercises to restore balance and cleanse the body of unwanted toxins. The results of their most recent experiment, published recently in *Alternative Therapies in Health and Medicine*,³ suggest that *qigong* is "an effective alternative" to medications for helping people kick their drug habits, with the potential to assist patients addicted to a variety of illegal substances.

The researchers observed 86 male heroin addicts between the ages of 18 and 52 who had been enrolled in a mandatory addiction treatment program at the Changzhou Drug Treatment Center. Each addict had been using heroin for an average of five-and-a-half years; 92% used heroin by injection. All of the participants had used heroin within 36 hours prior to being enrolled in the study.

Study subjects were divided into three groups. One group practiced a simple, four-movement form of *qigong* known as *pan gu*. *Qigong* was practiced collectively, two to two-and-a-half hours per day, for 10 consecutive days. In addition to group sessions, each patient received daily 10-15 minute external *qi* emissions or adjustments from a *qigong* master to help patients gain extra energy and balance the flow of *qi*.

A second group received a popular detoxification medication (lofexidine HCl). The amount of lofexidine administered varied from .2 milligrams to .6 milligrams per day, and was delivered in a gradually reduced dosage for 10 days.

The control group received neither *qigong* nor detoxification therapy during the study. However, control patients were given "emergency care" in the form of aspirin or painkillers for pain relief, diarrhea or sleep disorders if deemed necessary. Members of the *qigong* and medication groups were also given the same care as needed.

To maintain an equal fitness level among the study participants, subjects in each group participated in the same number of outdoor activities each day. While the *qigong* group practiced *pan gu*, for example, patients in the control and medication groups performed physical activities or received psychological counseling. Services given to the control group were made available to the medication and *qigong* groups as needed.

Prior to the start of the study, staff members at the center collected a variety of data on each subject, including: the presence of morphine in the urine (urine is a metabolic byproduct of heroin use); symptoms of anxiety; blood pressure, weight, pulse rate, and other basic medical information; and physical or psychological reactions to heroin withdrawal such as nausea, hallucinations, drug side-effects and deviant behavior. These evaluations were performed during and at the end of the study for comparison to baseline values.

Results

Patients enrolled in the *qigong* group showed "statistically significant" improvements in every category measured in the study. In most instances, the improvements seen in the *qigong* patients occurred faster than those seen in the control or medication groups, often by a factor of two or more:

Anxiety and sleep levels. *Qigong* patients showed a marked improvement in anxiety scores at the five- and 10-day treatment intervals. At the start of the study, patients in the *qigong* group had a higher average anxiety score (37.4) than either the medication (33.5) or control (35.0) groups. By the fifth day of treatment, however, mean anxiety scores for the *qigong* patients had dropped nearly 80% to 8.2; by day 10, mean anxiety scores had dropped to just .7. Lower anxiety scores were also observed in the medication and control groups, but not at the rate or extent seen in the *qigong* group.

Sleep disturbances were also significantly lower in the *qigong* group. Staff records showed that while it was "not unusual" for subjects to have difficulty sleeping for up to 15 days after entering treatment, most patients in the *qigong* group could sleep after just "two to three days" of practice. Records also showed that after six days, 67% of the *qigong* patients went from getting no sleep at all to sleeping normally. Only 7.6% of subjects in the control group slept normally after two to three days.

Table I: Anxiety scores by group, pre- and post-treatment.			
Day in treatment	Control group	Medication group	<i>Qigong</i> group
Day 0 (pretreatment)	35.0	33.5	37.4
Day 5	21.3	13.6	8.2
Day 10	7.3	5.3	0.7

Withdrawal symptoms. Before treatment started, there was no significant difference in the mean withdrawal symptom scores between groups. During the program, withdrawal scores decreased gradually, but they decreased more quickly in the *qigong* group. "In fact," the researchers wrote, "from day one of treatment, the mean score of withdrawal symptoms in the *qigong* group was significantly lower than in the other groups." By the seventh day of the study, every *qigong* patient had reported a cessation of withdrawal symptoms. In the other groups, however, some symptoms were still being documented at the end of the 10-day program.

Morphine levels. Morphine is a byproduct of heroin consumption and can be found in the urine for several days after use. At the start of the program, every patient tested positive for morphine in the urine, but by the third day of treatment, half of the *qigong* patients no longer had detectable morphine levels. In comparison,

92% of the medication patients and 77% of the control patients still had morphine in the urine at that time. Five days after the program began, all of the *qigong* patients tested negative for morphine. It took nine days for the medication patients and 11 days for the control patients to produce the same results.

"This study shows that *qigong* practice may accelerate the detoxification process, reduce withdrawal symptoms, and shorten recovery time," the scientists noted. They added that no side-effects or risks were noted from using *qigong*, and that with further studies, it could have "significance and wide application" in treating addiction for substances other than heroin.

Finding the Secret to *Qigong's* Detoxifying Powers

How could a drugless, non-invasive therapy such as *qigong* work so well in treating heroin addiction? The researchers admitted that while determining the exact mechanism "may call for more basic scientific research," they also proposed several theories to explain its effectiveness.

Most drug addictions are presumed to be the result of a brain disorder, or a blockage of normal neurological function. However, *qigong* has long been associated with increased blood flow to (and increased electrical activity in) the brain. Scientific observations have shown that when in a state of *qigong*, the cerebrum generates relatively strong electric currents. "It is reasonable to assume," the researchers surmised, "that these currents and increased metabolism in the brain could have some effect (with unknown mechanism) on the brain blockage or malfunctioning caused by substance addiction, and could restore normal neurological functions."

Qigong has also been associated with increased oxygen metabolism and a restoration of the flow of *qi*; some researchers have speculated that skilled *qigong* masters can direct external *qi* to help heal other people. Li, Chen and Mo theorized that the increase in oxygen and vital energy gained through *qigong* "may supply the body with energy needed for detoxification, drive toxic elements out of the body, and remove the dysfunctional effects produced by addictive substances. They also conceded that their theories "require more sophisticated basic scientific research" before they could be verified.

The authors noted several limitations to their study, the first being the fact that only heroin addicts were treated in the study. Whether *qigong* could produce similar effects on patients addicted to other substances remains the subject for another experiment, which would be conducted at a later date.

Another drawback was the fact that patients in the *qigong* group were also aided by a *qigong* master, who provided external *qi* emissions and adjustments. The researchers employed *qigong* masters, they said, "to get the maximum effects of *qigong* practice" and "reduce the subjects' painful experience during detoxification." In addition, the scientists noted that the amount and intensity of exercise used by the *qigong* group was much higher than the control or medication groups, which they believed could "partially contribute" to the outcome of treatment. Future studies, they wrote, would examine the effects of self-practiced *qigong*, and would consider the effect of activity on a particular outcome.

Limitations notwithstanding, the researchers believe they are on the forefront of a form of care that could dramatically reshape the way drug addiction is treated in the United States. As they wrote in their conclusion:

"In short, in contrast with other known methods of treating substance dependence, *qigong* therapy seems to provide self-healing without medicine, engage both body and mind, combine detoxification with craving reduction, shorten the detoxification period, and reduce the discomfort of detoxification · with better physiological and psychological preparation and a better control group, *qigong* therapy appears to have potential to achieve good results in detoxification for drug addicts."

References

1. *2000 National Household Survey on Drug Abuse*. Published by the Substance Abuse and Mental Health Services Administration (www.samhsa.gov).
2. President Bush announces drug control strategy. February 12, 2002. Available at www.whitehouse.gov/news/releases/2002/02/20020212-8.html.
3. Li M, Chen K, Mo Z. Use of qigong therapy in the detoxification of heroin addicts. *Alternative Therapies in Health and Medicine* January/February 2002;8(1):50-59.



Page printed from:

http://www.acupuncturetoday.com/archives2002/may/05qigong.html?no_b=true