Report

SPRING FOREST QIGONG AND CHRONIC PAIN

by Jane Coleman

ABSTRACT

A pilot study with 120 persons practicing thirty minutes per day using Spring Forest Qigong (SFQ) Level I demonstrated measurable health benefits. Participants completed symptom surveys at four time points and kept a practice record. Subjects (n=86) demonstrated significant improvement during the study period. This pilot study did not include a control group. The attrition group (n=34) was, however, utilized as a comparison group.

Keywords: Spring Forest Qigong, chronic pain, Visual Analog Scale, emotional distress

PURPOSE

Research completed in Asia on various forms of Qigong over the years has repeatedly demonstrated the benefits of the modality by measuring decreased blood pressure, lipids, pain and anxiety, and by measuring an increase in bone density and neutrophil generation. Spring Forest Qigong (SFQ) created by Master Chunyi Lin after years of study of various qigong practices, is a simple breathing, meditation, visualization and movement technique that is both internal and external in scope. SFQ can be self-directed or emitted to a person in order to enhance the flow of vital force.

PROCEDURE

Chronic pain is the number one concern that brings people to the Spring Forest Center (Eden Prairie, MN) where nearly 10,000 healing sessions were conducted in 2007 (12,081 in 2008). In order to demonstrate that SFQ knowledge is easily accessible, promotes self-efficacy, and yields measurable health benefits, a pilot study was launched in the fall of 2008. From the 148 persons screened, 120 persons met the criteria and were introduced to Level I Spring Forest Qigong (SFQ). Participants were required to complete four symptom surveys (including the classic Visual Analog Scale), attend three group meetings, practice SFQ thirty minutes per day, and to keep a practice record.

RESULTS

The hypothesis was statistically supported. Pearson correlation coefficients were computed pairwise between the symptom surveys. Matched pairs t-tests were used to assess the effects of these variables between the four survey time points, with statistical significance assessed at p=0.05. Subjects (n=86) demonstrated significant improvement both anecdotally and statistically during the study period. The active exercise as well as the meditation aspects of SFQ are effective self-care modalities for persons with perceived chronic physical pain or emotional distress. One limitation was that a control group was not established however the attrition group (n=34) was utilized as a comparison group.

CONCLUSION

Findings indicate that health care providers could promote this promising evidenced-based modality for people to integrate into individual healing and health promotion practices. Further study of Spring Forest Qigong, including replication of this study, is recommended.

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