

## BOOK REVIEW

### Medical Qigong: Fact or Fiction?

**Chinese Medical Qigong** edited by Tianjun Liu and Kevin W. Chen. Jessica Kingsley Publishers, 2010. 656 pp. [2013 edition \$29.95. ISBN 978-1848190962]

Qigong, China's ancient system of exercise, meditation, and energy therapy ("External Qi"),<sup>1</sup> is, by sheer numbers, the most popular form of Complementary and Alternative Medicine (CAM) in the world. There are at least 100 million practitioners in China and millions worldwide, including more than 625,000 in the United States (NIH 2008). If we include Tai Chi, which is both Qigong and a martial art, there are an additional 2.2 million practitioners in the U.S. alone, and these numbers are increasing. One no longer needs to go to "New Age" or "Pseudo-science" sources to find healing reports. Rather, typical of readily available literature is the meta-analysis published by the American Medical Association in 2004, in which data indicated benefits in "balance and strength, cardiovascular and respiratory function, flexibility, immune system, symptoms of arthritis, muscular strength, and psychological effects" (Wang, Collet, & Lau 2004), though it is difficult to draw firm conclusions because of limitations or biases in some of the studies. More recent reports include impressive evidence of Qigong or closely related mind-body disciplines preventing oxidative stress and enhancing positive genetic expression (Dusek et al. 2008) as well as significant corroborating evidence for benefits previously reported (Jahnke et al. 2010).

Unfortunately, Western scholars and researchers have generally had little access to primary source material from China. This situation is partly remedied by the publication of *Chinese Medical Qigong*, the *only* work on the medical applications of Qigong officially approved by the government of the People's Republic of China (PRC). It has become the standard Qigong textbook in Chinese healthcare programs and schools of Traditional Chinese Medicine and, because of its status, is growing in usage in the United States. The English-language edition was a collaborative effort of more than 30 Chinese scholars, the U. S. Editor-in-Chief Kevin W. Chen, and a team of U.S. consulting editors.

Translators in China did a preliminary English version of the Chinese

text, perhaps with the help of a computer translation program, as most of the material was incomprehensible. This initial draft was sent to a group of U.S.-based editors, all of whom had a background in Qigong or Chinese medicine, who were told to “correct” it for grammar and style. I was part of the team of “Final Consulting Editors.” Luckily, I had a copy of the original Chinese edition in my library. I re-translated and edited the Introduction, Chapter 1, Chapter 9, and the Glossary.

I know that readers may find it unusual that I am writing a review of a book with which I am associated. Is there a conflict of interest? I believe not, and am grateful that the *Journal of Scientific Exploration* accepted my reasoning: I did not write the original text. I have, thus far, not received any royalty, though a small one, divided among all the authors and editors, is possible if publication costs are recapped. I do not have any connection with the authors or institutions associated with the book. Thus, I declare no competing loyalties or interests that could bias my judgment.

The authors are to be commended for the breadth of material covered. Readers will discover a great deal of new information and an integration of data that, previously, could be found only through laborious searching through academic and scientific journals, generally in Chinese. There is a good summary of Qigong research including a timeline showing the evolution of research from single cases, to thousands of cases, to impressive experimental and clinical studies. The authors, although not ruling out psychological factors such as placebo, cite in vitro and animal studies that effectively eliminate placebo as the mechanism of effect. For example, a group of 30 nude mice injected with hepatic cancer were randomly assigned to a control group, a group treated by a Qi healer, and a sham treatment group treated by untrained individuals. After four forty-minute treatment sessions once every other day, only the group treated by the actual Qi healer demonstrated statistically significant reduction in tumor growth. Electron microscope analysis of the cancer cells confirmed morphological changes in the Qi-treated group. Many of the animal studies cited are especially relevant to integrative treatment strategies, as External Qi or personal practice is often combined with appropriate drug therapies. As an example, when tumor-bearing mice were given cyclophosphamide, those treated by External Qi had slower-growing tumors and demonstrated different natural killer cell, macrophage, and interleukin-2 activity compared with controls. We assume that mice do not believe in the healing skill or authority of the healer! However, if professional skeptics still cling to “placebo,” the in vitro experiments should certainly frustrate them to no end. In vitro studies have been performed in which the Qi healer effectively destroys both gram-positive and gram-negative bacteria and numerous types of cancer cells (pp.160–161).

Issues and variables that have been ignored by Western scientists, and thus confounded research results, are highlighted. For example, the text notes that when a Qigong master attempted to emit Qi to various chemicals, light absorption (measured through circular dichroism (CD) spectroscopy) was affected by the practitioner's state of mind (p. 158). In later chapters, the authors also describe other, often overlooked, influences on Qigong treatment outcomes, including individual compared with group teaching and practice, the influence of a mountain environment and beautiful scenery, and the importance of directional orientation, such as facing North compared with South while practicing Qigong techniques.

In Western medicine, both the type and dosage of medicine must be tailored to the condition of the patient. *Chinese Medical Qigong* provides important details about how to create an appropriate Qigong regimen, including consideration of gender, age, individual character and physique, and lifestyle (sedentary vs. active). Numerous Qigong methods are described, though rarely with illustrations or with enough details to be able to practice on one's own or with confidence in accuracy of technique. And a full half of the book is devoted to Qigong exercise and treatment "prescriptions" for many of the most common diseases, including hypertension, heart disease, cancer, diabetes, depression, back pain, obesity, insomnia, chronic fatigue syndrome, and much more. The last section of the book is a detailed overview of Qigong literature with selected translations. This will be invaluable for future researchers who are looking for a reliable reference list.

In spite of these merits, the objectivity and validity of many portions of the text were tainted by an excessive emphasis on the medical and scientific nature of Qigong. Perhaps this is to be expected in a country where religion and spirituality are considered incompatible with the prevailing Communist ideology.<sup>2</sup> *Chinese Medical Qigong* attempts to backdate medical Qigong in a kind of revisionist history. Ancient dances and Daoist meditations that for most of the world would be the domain of shamanism or theology are here considered the origin of medical Qigong. Worse still, we see in this book the lingering effects of China's Cultural Revolution (1966–1976). Sadly, during this period many Chinese citizens lost touch with their own cultural traditions. Rather than lose face by admitting ignorance or searching for reliable scholarship outside of China, the authors of the original *Chinese Medical Qigong* text frequently make up information, cite myths as fact, and promote stereotypical views of the past, without apparent knowledge of relevant scholarly literature.

Our ancestors in the New Stone Age lived a tough life in the struggle for survival but were content with their lot. Their simple lifestyle and peace-

ful mental state kept their metabolism slow and mood/mind calm, so they were not subject to pathogenic Qi. This is a veracious description of primitive Qigong for the purpose of life-nurturing. (pp. 34–35)

When I read this, I wondered, “How do we know that ancient people were “content with their lot” and maintained a slow metabolism and calm mood? I would find it difficult to remain calm if I returned from a poor hunting expedition at the beginning of winter or knew that a saber-toothed tiger lurked nearby! The authors are also careful to reframe information to make it politically acceptable. Hence, yin/yang theory becomes “Marxist dialecticism.” As one of my colleagues, another co-editor, put it—“this book is essentially a work of Chinese nationalism.”

### Yi: Is It Medical?

The original title of *Chinese Medical Qigong* is *Zhong Yi Qigong Xue*. It is unlikely that the word *yi*, generally translated “medicine, medical, or doctor” had the same connotations as the English word “medical” before the Republican period, 1911–1949. Rather the meaning was closer to “healing,” as it covered physical, psychological, and spiritual dimensions of health. A Chinese doctor focused more on wholeness, balance, and prevention than on combating disease. At the heart of Chinese medicine there was still a link between healing and the natural or animistic powers invoked by shamanism. Indeed the word for doctor was once drawn with the component for shaman (*wu*). The terms “Qigong” and “Medical Qigong” *Yi Gong* were coined and popularized by two friends, Liu Guizhen (Daoist, acupuncturist) and Hu Yaozhen (Daoist priest, martial artist) around 1950, in an attempt to protect this Daoist art from the label *fan dong* “counter-revolutionary.” In other words, “medical Qigong” was a political expediency, a fact that is omitted by the authors of *Chinese Medical Qigong* and other similar works on the subject.

Although there were certainly some Chinese medical practitioners who incorporated or prescribed Qigong, in general *Dao Jia Yang Sheng Shu*, Daoist Arts of Nurturing Life (or *Yang Sheng* for short, an ancient name for what is now called “Qigong”), emphasized systemic well-being, longevity, and spiritual transformation. *Yang Sheng* was no more “medical” than prayer or talisman writing is “medical.” Yet this does not exclude the realization that an ancient art can be put to modern medical usage.

In the U.S. there are legal ramifications to stressing the “medical” side of Qigong or claiming ancient *Yang Sheng* as a medical discipline. If it is fundamentally medical, then Qigong becomes the domain of licensed medical practitioners, such as chiropractors, medical doctors, and, in most

states, acupuncturists. Instead of being a primary therapy for the spiritual and “energy” side of illness (with “cure” a hoped-for side effect), Qigong healers, like acupuncturists, would be legally restricted in the scope of their practice. In California, for example, acupuncturists are allowed to treat pain, nausea, and other side effects of radiation and chemotherapy, but are not permitted to treat cancer, *even though their methods have demonstrated great efficacy in the laboratory*. If Qigong were licensed, intuition, a hallmark of the Qigong master’s ability to tune in to the needs of the student, would deteriorate in favor of standards set by boards, insurance companies, and the paranoia of “better safe than sueable.” There are also numerous financial quagmires along the path to licensure: the need for malpractice insurance, the various state statutes against sliding scales among medical practitioners, and the requirement of co-providers to accept Medicare once they are approved by the insurer (whereas conventional medical practitioners such as doctors and dentists may refuse to accept it if the reimbursement policy is unacceptable to them).

Although there is certainly a master/student (or client) hierarchy in Qigong, it is qualitatively different from the status of doctor compared with patient. Qigong healers and teachers expect their clients/students to adhere to certain behavioral and ethical standards. If clients are clearly disruptive, dishonest, unappreciative, or fail to follow instructions (including practicing Qigong techniques), they may be dismissed, hopefully with some tact and compassion. Medical professionals, on the other hand, are not allowed to dismiss a patient; although in rare instances it is permitted if they follow set protocols, such as referrals or when closing or selling a practice. The patient can abandon the practitioner, but not vice versa.

At present Qigong is somewhat protected because the National Institutes of Health (NIH) in its classification of CAM modalities does not consider it a medical system, but rather a form of energy healing, closer to Reiki or therapeutic touch. Similarly, Qigong is classified in some states as a form of spiritual healing. Practitioners may still need to register with regulatory agencies and provide informed consent forms to clients that describe their training, ethical standards (including confidentiality), precautions, scope of practice, and how to register complaints. But this is a very different level of oversight from that required for medical practitioners. As long as Qigong practitioners are not practicing medicine, they cannot be sued for practicing medicine without a license. The concept and practice of “medical Qigong” threaten the protections that “healing” Qigong now enjoys.

In China, the situation is different. Right or wrong, Qigong therapy is a category of medical practice. Qigong healers’ medical records are virtually identical to those of doctors of Western Medicine, except that

their “diagnoses” include both Western and Chinese categories of disease, and their treatments may include a “prescription” of Qigong exercises. The parameters of medical practice are limited by ideological concerns rather than by the economic and lobbying power of the medical, pharmaceutical, and insurance industries so common in the United States. My personal opinion is that the legal, political, social, educational, and economic differences between China and the United States make it ill-advised to promote “medical Qigong” here. With this caveat in mind, let’s proceed to a more critical look at the content and style of *Chinese Medical Qigong*.

### Critical Commentary

Readers will enjoy the contrasts between ancient and modern diagnostic categories, such as diabetes mellitus characterized as an endocrine disease that in Traditional Chinese Medicine is known as *Xiao Ke* (Extreme Thirst) resulting from prolonged Yin deficiency. The juxtaposition of old and new terminology along with modern explanations of archaic concepts is very helpful for those not steeped in China’s rich, ancient literature. Unfortunately, these and other merits of *Chinese Medical Qigong* are often hidden from Western readers because of poor translations. As mentioned earlier, the team of U.S. editors was sent an incomprehensible English text and told to “edit it.” Most of the English edition editors did not read Chinese or have a copy of the original text and relied on, as one put it, “best guesses.” Sometimes even these best guesses were overruled by editors in China who had final proofing rights. For example, I changed “Bionic Qigong” (*Que Gu*) to “Qigong Fasting” or “Grain Avoidance” and was happy that my corrected translation was retained. An ancient text, *Jing Ming Zong Jiao Lu* is translated Ana [sic] of Pure and Bright School. I recommended “Records (or Annals) of the Clear Bright Sect.” The meaningless word “Ana” was kept in the published book (p. 14).

Some poor translations were simply the result of nuances and connotations of which Chinese editors were unaware. We see this in what was perhaps the most important translation of all, the definition of Qigong: I submitted the translation, “Qigong is a mental and physical skill and practice that adjusts body, breath, and mind, bringing them into unity” with an added editorial note that the word “tiao” (adjust) may also be translated “tune” as in tuning a piano. The published version has, “Qigong is the skill of body–mind exercise that integrates body, breath, and mind adjustments into one” (p. 15) The English draft contained numerous examples of nonsensical sentences such as this, from the Daoist classic *Taiping Jing* (Classic of Great Peace), “(You) empty the room, paint Five zang [yin organs—liver, heart, spleen, lungs, kidneys] organs corresponding to their color and the Qi

of four seasons. Then hang it up on the window light to ponder.” I changed this to: “In an empty room, imagine the five zang organs [lungs, heart, liver, spleen, kidneys] in their respective colors and in accord with the Qi of the seasons.” This was one of the rare instances when I did not have a copy of the source text (*Taiping Jing*) in my library, and, frankly, without spending a full day searching through the text to find and read the pages surrounding the quote—the context of these sentences—I could not be absolutely certain of my translation.

I hate to say it, but I suspect that some readers who praised this book either didn’t read it carefully or confused difficulty with depth. Here is a typical paragraph, found near the opening of a chapter called Psychological Effects of Qigong:

Mental activities in Qigong practice are quite distinct from those in everyday life mainly in respect to the thinking form. The rudimental requirement for the thinking maneuver in mind adjustment is, therefore, transforming the basic thinking form from abstract (language-based) and imaginal thinking into the pattern mostly based on concrete thinking. (p. 149)

Grammar, extremely poor in the draft translation, was only occasionally corrected pre-publication. The work is replete with run-on sentences and redundancy. Some stylistic norms in Chinese writing, such as unnecessary repetition, are the vestige of rote learning and the memorization required for pre-Republic civil service exams. I tried to eliminate such repetitions when it seemed advisable and hoped that other editors would do the same.

To clarify obscure ideas, expand discussions, or suggest other viewpoints, in the chapters I translated/edited I added various editorial notes in parentheses as “Editor’s note:” It was disappointing to discover that in the published version, my notes were included as footnotes without any acknowledgment of my authorship. This implies that the footnotes were in the original Chinese text.

Book titles and technical Qigong terminology are translated without regard for established Western academic standards. “Form is not different from emptiness” (*Se bu yi kong*), a well-known phrase from the Buddhist *Heart Sutra*, is translated “Visible is equal to invisible” (p. 587). “Triple Burner/ Triple Heater” is rendered “Triple Energizer.” The classic text *Lushi ChunQiu* is translated *Collection of Eclectics*. I had been overruled in my attempt to change this to the standard *Springs and Autumns of Master Lu*. Thankfully my Chinese colleagues accepted my rendering of Qu Yuan’s poem *Yuan You* as “Distant Wandering” rather than their “Get Away” and *Balanced Instructions on Spirit and Life (Xingming Guizhi)* instead of *Life Sundial*. Some of the most glaring mistranslations are found in the

“translation” section at the end of the book, where, again scholarly corrections were overruled by non-English speaking editors in China.

The original Chinese authors seem to have little familiarity with critical works on traditional Chinese literature. For example, “Confucianism stressed the importance of ‘quiet sitting’ or ‘sitting meditation’ (*jingzuo*), as seen in the book, *Zhuangzi*” (p. 39). Confucianism did not stress quiet sitting, and *Zhuangzi* uses these sections to make fun of Confucianism. To take such spurious references literally would be as absurd as citing the *Hua Hu Jing* (Classic on Converting the Barbarians) as proof that Laozi taught the Buddha! *Chinese Medical Qigong* has a general tendency to portray conjecture as fact, for example calling Qu Yuan’s *Yuan You* a work of “Qigong poetry,” rather than folk belief, or labeling Tao Hongjing as a Qigong scholar rather than, primarily, a Daoist alchemist (and one who died young from taking his mercury-laden elixirs). Similarly, the authors suggest that the Jade Pendant Inscription (one of the earliest literary references to breathing techniques) may belong to a particular Qigong School. Yet there were no “schools” of Qigong during the 4th or 5th Century B.C. Or when the authors speak about “scientific progress” during the Tang Dynasty contributing to the evolution of Qigong theory, how do they define “scientific progress”? China certainly has a great scholarly tradition, which makes these errors all the more puzzling.

There are also confusing historical inconsistencies; the reader may not know what to believe. For example on page 48, we read about the origin of the Tiantai sect of Buddhism: “At the close of the Southern and Northern dynasty, the Buddhist Tiantai sect began to take form. It traced its philosophy back to Nagarjuna (Longshu), an Indian monk and philosopher, and regarded him as the founding master. Huiwen and Huisi were the second and third masters, during the Northern Qi dynasty. The fourth master, Zhiwei, brought the sect to its full development during the Chen and Sui dynasties.” Then on page 51 Zhi Yi is identified as the sole founder of the sect. It is also a serious oversight by the authors to not include the relationship of Qigong to Buddhist theories of disease, as discussed in Zhi Yi’s writings. (Zhi Yi’s works also contain one of the earliest references to the popular *Liu Qi Fa* Six Healing Sounds Qigong, a fact not mentioned by the authors.)





I was especially interested in how the authors would describe shamanism, the substratum of Daoism, Chinese medicine, and Qigong. Indeed the word doctor, *yi*, was originally drawn with a key component meaning “shaman,” and another component meaning a quiver of arrows, suggesting that the shaman/healer removed the arrows of disease, perhaps through physical gestures or prayer. *Zhu you*, “exorcising illness through prayer,” was once a major branch of Chinese medicine. In *Chinese Medical Qigong*, descriptions of the link between shamanism and Qigong are inaccurate, misleading, and demeaning to both indigenous people and the scholars who study them. In the first draft of the historical chapters, the Chinese authors translate *wu* as “wizardry” rather than the standard “shamanism” and refer to practitioners as witch doctors, witches, or wizards. The latter two terms belong to Western paganism. Was Merlin, perhaps, a practitioner of Chinese *wu*-ism? Only after much persistence was my recommended translation for *wu* (“shamanism”) accepted, though the terms “wizardry” and “witchdoctor” still appear on page 37. The Chinese official view of shamanism reminds me of early American missionaries’ cants against North American Indian spirituality.

During the period of feudal society, a few distinguished shamans became rulers and some became ‘medical’ doctors, but most turned into quacks or swindlers. These charlatans carried out their performances in the name of the medical knowledge and techniques now called Qigong and consequently disgraced the reputation of both medicine and Qigong. (p. 37)

The authors suggest that it was only “witch-doctors” knowledge of physics, chemistry, and medicine that allowed them to “perform tricks so as to obtain the trust of their audiences” (op. cit.). When the authors wonder if “perhaps shamanism was the only medical service available to primitive humans” (p. 36), they imply that given the choice, any modern or rational person would certainly choose a prescription over a prayer. Two major problems here: (1) Much of the world’s population depends on shamanism as primary healthcare, even when given the choice of therapies. This includes some six million Hmong in China, among whom shamans are held in high regard. In Central and South America, Curanderos (male) and Curanderas (female)—a Meso-American equivalent of Siberian shamans—have used their combination of physical and spiritual therapies as front-line responders during national disasters such as earthquakes and hurricanes. According to U.S. National Health Statistics, in a typical year, approximately 812,000 Americans visit traditional healers, which includes 329,000 to Curandero/as (combining the categories of Curandero, Yerbera–Herbalist, and Sobador–Indigenous Massage Therapist), and

224,000 visit Native American healers. (2) There is strong evidence for the healing benefits of music, ritual, prayer, and other shamanic techniques, some of which can be analyzed scientifically, but much of which appears to be acausal, nonlocal, and beyond explanation. To dismiss phenomena as “trickery” simply because the mechanism is unknown or in defiance of current paradigms is not science but scientism.

*Chinese Medical Qigong* contains many other less troubling oversights or inaccuracies. For example, in their discussion of the origin of modern Qigong, the authors mention the important role of Liu Guizhen but not his colleague Hu Yaozhen, also considered the father of modern Qigong. Also, the authors cite 1979 as the beginning of the “second high tide” of Qigong and the beginning of Qigong’s spread abroad. Neither is entirely true. The Cultural Revolution’s prohibition against Qigong was not fully lifted until about 1982, largely because of the endorsement of nuclear physicist-turned-Qigong-exponent Qian Xuesen, whose omission here is problematic. Also, Qigong had spread abroad many years earlier during pre-Cultural Revolution days.

Here are some of the important and well-known facts in the Western Qigong timeline, which should have been noted. Choy Hok-P’eng (1885–1958) taught Tai Chi in San Francisco beginning in 1939, followed by his son, the famed Choy Kam Man (1920–1994) who, in the 1950s, was the first to teach large numbers of non-Asians. Daoist Master Share K. Lew (1918–2012) arrived in the U.S. in 1948 where he trained and mentored thousands of students. Da Liu (1904–2000), who had an impeccable lineage in Daoism, Qigong, and internal martial arts, taught at the United Nations and in other New York City locations beginning in 1955. Kuo Lien Ying (1895–1984), with a distinguished background in Qigong, Tai Chi, Shaolin, and other martial arts, taught in San Francisco beginning in 1965. Cheng Man-ch’ing (1902–1975), carrying the Yang Style Tai Chi lineage and Daoist Qigong from Zhang Qinglin, moved to Manhattan in 1964. Ironically, while Qigong was illegal in China, it was becoming increasingly popular in the United States.

### **Other Sins of Omission**

Knowledgeable readers are likely to be concerned about the “sins of omission:” particularly the limited number of diseases and Qigong methods mentioned and the lack of information about the history of the various styles (e.g., Dr. Ma Litang in connection with the “Six Syllable Formula;” Guo Lin with New Qigong Therapy, Walking Qigong, and the revival of interest in Five Animal-Play; and Wang Xiangzhai with methods of Standing and visualization created by him). But, in all fairness, it is impossible to

cover everything in one text, and there is indeed a wealth of information here. Readers should carefully consider the many Qigong prescriptions offered, but not assume that they all are safe or generally recommended by a majority of Qigong clinicians. For example, page 271 has a description of a standing meditation posture called “Subduing Tiger” (part of Master Wang Xiangzhai’s *Yi Quan* Qigong method, not noted in the text). Positive effects on the muscles, joints, nerves, and stability are described correctly. However, the authors also recommend Subduing Tiger for its therapeutic effects on “prolapse of the lumbar intervertebral disc, chronic strain of lumbar muscles, sacroiliac joint dysfunction syndrome, and injury of the knee joint and anklebone...” (p. 271) In my experience, these are the very conditions for which Subduing Tiger is generally *not* recommended. Some methods are so counterintuitive that, without case studies or at least more explanation, I am not convinced. For example, on page 478, an anti-cancer method is described that consists of inhaling, then holding the breath and moving the diaphragm rapidly up and down to increase abdominal pressure and heat. The heat and pressure are mentally directed to the tumor. Then, with a rapid exhalation and deliberate abdominal tension, toxic Qi is emitted in a sudden “burst.” In the United States, massage therapists are warned about putting pressure on tumors, lest they burst and metastasize. Is Qigong so very different?

As disturbing as the lack of information is the lack of attribution. China is not known for its protection of intellectual or artistic property. Various translations scattered throughout the book are strangely inconsistent with the poor grammar and translations elsewhere. I cannot help wondering about their source. When I received the galley proof of *Chinese Medical Qigong*, I found that my own copyright had been violated because one of the other U.S.-based editors had copied much of the Glossary section from my book *The Way of Qigong: The Art and Science of Chinese Energy Healing* (Ballantine Books, 1997) without acknowledgment and without my knowledge. At my insistence, a note was added to the final published text that I gave permission to copy definitions from my book.

**The Bottom Line:** *Chinese Medical Qigong* is a tome filled with information that will be new for most Western readers, including details about the history and development of Qigong, the current state and view of Qigong, descriptions of various techniques, a solid overview of research conducted in China, and, very importantly, how Qigong is applied in the treatment of disease. It is an ambitious work, perhaps overly ambitious.

### Notes

- <sup>1</sup> Similar to Therapeutic Touch, though generally applied without physical contact.
- <sup>2</sup> During the last fifteen years, there has been an increase in PRC regulation of Qigong as a medical discipline, in part as a reaction to the Falun Gong movement, a late 20<sup>th</sup> century religious cult that recommended Qigong to its members as a way of unifying people through both ideology and body-based practices. Falun Gong is not a style of Qigong but, rather, a religion that includes Qigong, in the same way that Christianity is not prayer, but a religion that includes prayer. Falun Gong is a messianic cult that claims that the earth is “the trash heap of the universe.” The founder of the movement, Li Hongzhi, names Jesus, Buddha, and other religious figures as saviors who lift people out of their decrepitude. He suggests that in this age, he is the new savior.

**KENNETH S. COHEN**  
www.kennethcohen.com

### References

- Dusek, J. A., Otu, H. H., Wohlhueter, A. L., Bhasin, M., Zerbini, L. F., Joseph, M. G., Benson, H., & Libermann, T. A. (2008). Genomic counter-stress changes induced by the relaxation response. *PLoS ONE*, 3(7), e2576. doi:10.1371/journal.pone.0002576
- Jahnke, R., Larkey, L., Rogers, C., Etnier, J., & Lin, F. (2010). A comprehensive review of health benefits of Qigong and Tai Chi. *American Journal of Health Promotion*, 24(6), e1–e25. doi:10.4278/ajhp.081013-LIT-248
- NIH (2008). National Health Statistics Reports No. 12, December 10, 2008. National Institutes of Health.
- Wang, C., Collet, J. P., & Lau, J. (2004). The effect of Tai Chi on health outcomes in patients with chronic conditions. *Archives of Internal Medicine*, 164, 493–501.