

1) Title:

The Effect of Qi-gong Relaxation Exercise on the Control of Type 2 Diabetes Mellitus: A Randomized Controlled Trial

2) Short running title:

Qi-gong Relaxation on Type 2 Diabetes

3) Authors:

Takuya Tsujiuchi, PhD<sup>1</sup> Hiroaki Kumano, PhD<sup>1</sup> Kazuhiro Yoshiuchi, PhD<sup>1</sup>  
DeGuang He, MD<sup>1</sup> Yuko Tsujiuchi, MD<sup>1</sup> Tomifusa Kuboki, PhD<sup>1</sup>  
Hiroyuki Suematsu, PhD<sup>2</sup> Koichi Hirao, PhD<sup>3</sup>

4) Affiliations:

1;Department of Psychosomatic Medicine, Branch Hospital, Faculty of Medicine, The University of Tokyo. 2;Japanese Society of Psychosomatic Medicine. 3;Institute of Diabetes Mellitus and Obesity Treatment, Health Education Center, Science Clinic.

5) Corresponding author;

Name: Takuya Tsujiuchi. Current address: Institute of Total Stress Research, Kenseikai Clinic, 3-10-6-4F Yushima, Bunkyo-ku, Tokyo, 113-0034 Japan.

Telephone number: +81-3-3837-2637. Fax number: +81-3-3837-2745

E-mail address: taku-tj@gw5.gateway.ne.jp

6) Word count: 498 Words

## Letter to the editor:

Qi-gong relaxation exercise is one of the traditional Chinese health care self-management technique. It consists of two aspects, controlled synchronized breathing with slow body movements as an aerobic exercise, and relaxation (1). The purpose of this study was twofold: to examine the effects of Qi-gong and to identify biological and psychological characteristics associated with a positive response to therapy.

The study used a paired group design with age and sex matched participants randomly assigned to one of two groups. Of the 554 eligible patients, thirty-six type 2 diabetes were randomized to the study. This study was ethically approved by the board of directors of Science Clinic and informed consent was obtained from all 36 patients. For a variety of reasons, 10 of these subjects were excluded from analysis resulting in data reported on 26 participants. The First Group (16 patients, age  $65.3 \pm 7.7$ ) received the initial four months intervention while the Second Group (10 patients, age  $59.1 \pm 9.0$ ) served as a control. Then the intervention was repeated for the second group. Weekly two-hour Qi-gong group sessions were held by a Chinese Qi-gong doctor, and subjects were also requested to practice Qi-gong at home. Conventional diabetes therapies such as pharmacotherapy, dietary and exercise treatment, were not modified during the study period.

HbA1c levels were measured. It changed as follows:  $8.13 \pm 1.73$  before treatment,  $7.33 \pm 1.09$  after treatment in the First Group,  $8.29 \pm 1.63$  before control period,  $8.17 \pm 1.30$  before treatment, and  $7.23 \pm 0.90$  after treatment in the Second Group. Compared to the control period of the Second Group, the First Group demonstrated significant improvements in HbA1c level ( $p < 0.01$ ) by ANCOVA using pre-HbA1c as a covariate. In the Second Group, HbA1c level significantly decreased by the delayed treatment indicated by a one-way layout ANOVA ( $F = 7.26$ ,  $p < 0.005$ ). By Tukey's HSD multiple comparison test, no

significant change was found between before and after the control period, but a significant improvement was ascertained between before control and after treatment ( $p < 0.01$ ), and between before and after treatment ( $p < 0.05$ ). The changes of other biological and psychological factors in the combined data of the First and Second Group were compared by paired t-tests or Wilcoxon signed-ranks tests. While there were no significant changes in caloric intake, caloric consumption, body mass index, and lipid metabolism, significant improvements in C-peptide ( $p < 0.05$ ) were demonstrated. Some psychological improvements were demonstrated, including the anxiety index ( $p < 0.05$ ) and total scores ( $p < 0.05$ ) of the Mood Inventory (2). The improvement in HbA1c could be predicted (total 86.3% variance,  $F = 25.145$ ,  $p < 0.0001$ ) by higher pre-HbA1c (70.8%,  $p = 0.0001$ ), younger age (6.6%,  $p = 0.002$ ), trend of obesity (2.2%,  $p = 0.01$ ), stronger self-efficacy (3) (2.5%,  $p = 0.08$ ), and weaker personality trait of alexithymia which means difficulty in identifying and describing one's own emotions (4) (1.9%,  $p = 0.04$ ) on multiple regression analysis.

Because obese patients benefited more and the significant decrease in C-peptide was demonstrated in this study, Qi-gong may improve the insulin resistance. On the other hands, as several studies described the effects of relaxation training for type 2 diabetes (5-8), Qi-gong can improve glucose metabolism by the benefits of relaxation response. In conclusion, these findings suggest that Qi-gong relaxation exercise may be a beneficial adjunctive treatment for individuals with type 2 diabetes.

## References:

1. Enqin Z. editor: Chinese Qigong. Shanghai, China: Publishing House of Shanghai University of Traditional Medicine, 1990
2. Sakano Y, Fukui T, Kumano H, et al: Development and validation of a new mood inventory. *Jpn J Psychosom Med* 34: 629-636, 1994
3. Sakano Y, Tohjoh M: The General Self-Efficacy Scale (GSES): Sale development and validation. *Jap J Behav Ther* 12: 73-82, 1986
4. Taylor GJ, Ryan D, Bagby RM: Toward the development of a new self-report alexithymia scale. *Psychother Psychosom* 44: 191-199, 1985
5. Surwit RS, Feinglos MN: The effects of relaxation on glucose tolerance in non-insulin -dependent diabetes. *Diabetes Care* 6:176-179,1983
6. Surwit RS, Feinglos MN: Relaxation-induced improvement in glucose tolerance is associated with decreased plasema cortisol. *Diabetes Care* 7:203,1984
7. Lane JD, Feinglos MN, McCaskill CC, Surwit RS, Ross SL: Relaxation training for NIDDM. *Diabetes Care* 16:1087-1094,1993
8. Aikens JE, Kiolbasa TA, Sobel R: Psychological predictors of glyceimic change with relaxation training in non-insulin-dependent diabetes mellitus. *Psychother Psychosom* 66:302-306,1997