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Editorial

"Taylor-Made Qi Gong Approach", A Pilot Study Controlled for Patient in Integrative Oncology Therapy: Evaluation of Time Result and/or Efficacy of "Taylor-Made Qi Gong Approach" (TMQG) than "Not Taylor-Made One (N-TMQG)" on Patients with Cancer Undergoing Chemotherapy or in Follow Up – A Preliminary Perspective

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Qi Gong, like an ancient form of health maintenance of Traditional China Medicine, is applied to effectively give an integrative support on patients with cancer. The diagnosis and treatment of cancer are associated with significant changes in quality of life (QOL) and side effects. The effects of Qi Gong in treating common cancer-related side effects, including nausea, pain, fatigue, anxiety, inflammation, depressive symptoms and improving overall QOL are confirmed in literature [1-5]. Qi Gong includes many techniques (e.g. self-massages, movements, meditations, breath controlling and mindfulness) and managing physical body, breath and mind (consciousness). Most include more forms, "Family-styles" and only very few are able to combine significantly "body-breath-mind". Furthermore, only for 2 or 3 are available an Evidence Base Medicine-track records. Actually, the efficacy of Qi Gong is currently achievable in long/med time and depends on: i) time-training, especially homely, ii) correct sequence and iii) steadiness.

From 1 October 2019, ARTOI has started up a 13 month "Qi Gong pilot study" tailor-made on 12 patients (9 women + 3 men) with cancer undergoing chemotherapy and in follow up. These patients, 40-74 years old, have a history of different cancers (es. ovarian, breast, pulmonary, bone, prostate) and a personal ongoing oncologic therapy (chemotherapy, aromatase inhibitor, PDE5 inhibitor, thyroid hormone etc). The purpose of the study is to allow "all type" of cancer patients, undergoing chemotherapy or in follow up, to perform few techniques, exactly TMQG (based on bio-typology system: morphological

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constitution, neo-Hippocratic temperament, Wu Xing types etc.), potentially high effective on own health in less time than Not Tailor-made Qi Gong model, briefly N-TMQG; thanks to planned on own specific "body-mind mainframe" or PNEI system. The key-point at the basis of TMQG is to comply with the time-available of all patients and/or with the time-evolution of personal oncology disease.

The mainframe of the study is:

i. Time-logic phases: a first phase, concluded at 30 April 2020, of classroom (3 hours) and homely (from 15 minutes to 45 minutes) training and a second phase of testing the new approach TMQG (3 hours classroom + 45 minutes homely) (not evaluated at this time);
ii. Biotypology approach based on "Pyramid of Pende" (morphological, neuroendocrine and psychological human mainframe);
iii. 4 Qi Gong different techniques (Peng Qi Guanding Fa, Zhang Zhuang Gong, Liu Zi Jue, Wu Qin Xi);
iv. Quarterly checking sessions, by medical analysis, to monitor the trends of some bio-markers: DHEA-s (stress adaptation chronic level), C - RP (inflammatory chronic states), ESR (acute inflammatory) Homocysteine (cardiovascular risk) and the EuroQoL-5D (QOL).

From October 2019 to April 2020, these techniques have been carried out by all patients equally, either at home or at classroom. During the first phase 3 checking sessions were carried out: 1) at the beginning (1 of October), 2) on 31 of January 2020 and 3) on 30 of April 2020.

Waiting for the final results of the study, in the 7 months-first-phase training, without any biotyping of the Qi Gong techniques, the project has shown an overall improvement, at a rate of 70%, about the bio-markers monitored and the Quality of life. In detail, the improvement of each group-related biomarker was concerned (in % of the patients): 67% ESR, 58% Homocysteine, 50% C-RP and 42% DHEA-S. The C-RP trend was very sensitive to the personal cancer therapy such as: chemotherapy cycle, phosphodiesterase 5 (PDE5) inhibitors, aromatase inhibitor, anti-estrogen (tamoxifen), thyroid hormone (levothyroxine) [6-17]. Regarding to the DHEA-S trend, even if there was a general decrease, starting from 31 of January the biomarker began to increase for over 60% of the patients. Referring to future investigations, at preliminary, this swinging trend is, most likely, due to these factors as: i) the aging (58 - average age), ii) the down-regulation related to alpha 5 reductase/aromatase inhibitor therapy, iii) the good level of Qi Gong learning techniques between January/February and iv) the different individual stress-response (General Adaptation Syndrome). Note that during the March - May period (the classroom-lessons were managed online) the patients involved, like one at risk, were very influenced by "distress situation" related to COVID-19 emergency.

Finally, with reference to QOL, the EuroQoL-5D TTO-score improved for over 80% of the patients (from 0,726 - to 0,778). These results confirm basically Qi Gong practice and, in particular, the ARTOI Qi Gong-techniques selected were able, only by the 7 months training program and without any biotyping, to improve the quality of life of the patients in cancer treatment and, potentially, to module positively the risk factor related to the cancer disease. This preliminary scenario make us to be confident about the effectiveness and feasibility of the TMQG model and, therefore, to achieve the our original aims to: 1) make the oncology patient, by a day-by-day auto-training, be stronger psycho-physically to better tolerate the therapies and 2) help him to be more aware to overcome own disease.

REFERENCES

1. Myeong Soo Lee, Kevin W Chen, Kenneth M Sancier, Edzard Ernst (2007) Qigong for cancer treatment: a systematic review of controlled clinical trials. *Acta Oncol* 46: 717-722. [Crossref]
2. S H Loh (1999) Qigong therapy in the treatment of metastatic colon cancer. *Altern Ther Health Med* 5: 111-112. [Crossref]
3. Tsoy Ing Lee, Hsing Hsia Chen, Mei Ling Yeh (2006) Effects of chan-chuang qigong on improving symptom and psychological distress in chemotherapy patients. *Am J Chin Med* 34: 37-46. [Crossref]
4. Byeongsang Oh, Phyllis Butow, Barbara Mullan, Stephen Clarke (2008) Medical Qigong for cancer patients: pilot study of impact on quality of life, side effects of treatment and inflammation. *Am J Chin Med* 36: 459-472. [Crossref]
5. B Oh, P Butow, B Mullan, S Clarke, P Beale et al. (2010) Impact of medical Qigong on quality of life, fatigue, mood and inflammation in cancer patients: a randomized controlled trial. *Ann Oncol* 21: 608-614. [Crossref]
6. K Hauner, P Maisch, M Retz (2017) Side effects of chemotherapy. *Urologe A* 56: 472-479. [Crossref]
7. Nathan P Staff, Anna Grisold, Wolfgang Grisold, Anthony J Windebank (2017) Chemotherapy-induced peripheral neuropathy: A current review. *Ann Neurol* 81: 772-781. [Crossref]
8. Jamie R Brewer, Gladys Morrison, M Eileen Dolan, Gini F Fleming (2016) Chemotherapy-induced peripheral neuropathy: Current status and progress. *Gynecol Oncol* 140: 176-183. [Crossref]
9. Liang Chen, Sergej E L Staubli, Marc P Schneider, Alfons G Kessels, Sandra Ivic et al. (2015) Phosphodiesterase 5 inhibitors for the treatment of erectile dysfunction: a trade-off network meta-analysis. *Eur Urol* 68: 674-680. [Crossref]
10. Run Wang, Arthur L Burnett, Warren H Heller, Kenji Omori, Jun Kotera et al. (2012) Selectivity of avanafil, a PDE5 inhibitor for the treatment of erectile dysfunction: implications for clinical safety and improved tolerability. *J Sex Med* 9: 2122-2129. [Crossref]
11. Harold J Burstein (2007) Aromatase inhibitor-associated arthralgia syndrome. *Breast* 16: 223-234. [Crossref]
12. Jennifer R Garreau, Tammy Delamelena, Deb Walts, Kasra Karamlou, Nathalie Johnson (2006) Side effects of aromatase inhibitors versus tamoxifen: the patients' perspective. *Am J Surg* 192: 496-498. [Crossref]
13. Joshua Bauml, Lu Chen, Jinbo Chen, Jean Boyer, Michael Kalos et al. (2015) Arthralgia among women taking aromatase inhibitors: is there a shared inflammatory mechanism with co-morbid fatigue and insomnia? *Breast Cancer Res* 17: 89. [Crossref]
14. Serdar E Bulun, Camran Nezhat (2016) Aromatase, microRNA, and inflammation: a complex relationship. *Fertil Steril* 106: 552-553. [Crossref]

15. Johanna Suskin, Charles L Shapiro (2018) Osteoporosis and musculoskeletal complications related to therapy of breast cancer. *Gland Surg* 7: 411-423. [Crossref]
16. Hong Tai Chang, Hsiang Ju Pan, Chien Hung Lee (2018) Prevention of Tamoxifen-related Nonalcoholic Fatty Liver Disease in Breast Cancer Patients. *Clin Breast Cancer* 18: e677-e685. [Crossref]
17. Ellen Boswijk, Karin J C Sanders, Evie P M Broeders, Marlies de Ligt, Guy H E J Vijgen et al. (2019) TSH suppression aggravates arterial inflammation - an F-FDG PET study in thyroid carcinoma patients. *Eur J Nucl Med Mol Imaging* 46: 1428-1438. [Crossref]