



DOSSIER · THERAPY

Tai Chi and Qigong

Tai Chi and Qigong are **mind-body practices** derived from Traditional Chinese Medicine. Research centres on **cognition, the musculoskeletal system, and fatigue**, yet their transferability to everyday clinical settings is still limited.

1,096

STUDIES IN
TOTAL

849

IN HUMANS

594

OF WHICH
CONTROLLED

3

IN ANIMALS

1

IN THE LAB

Figures from the IHR study database · Last updated 2026-10-15

How to Read This Dossier

ESTABLISHED

measured in humans, with a comparison group

PLAUSIBLE

supported by mechanism, animal studies or observation

HYPOTHESIS

a likely connection that still needs to be tested

Tai Chi and Qigong at a Glance

ORIGIN:
Tai Chi and Qigong are mind-body practices from Traditional Chinese Medicine that combine slow, flowing movements with breathing techniques and mental focus. Tai Chi evolved from martial arts, while Qigong emerged from meditative and healing traditions. Both have been used for centuries to promote health and are now applied worldwide in prevention, rehabilitation, and therapy, often in group settings or as individual exercises.

EVIDENCE BASE:
1,096 evaluated studies · 594 controlled human trials · 255 observational studies · 86 review articles · 3 animal studies · 0 cell culture studies

- STRONGEST EVIDENCE:**
- **Bones and joints** Meta-analyses demonstrate significant pain relief in osteoarthritis (SMD: -0.54) and back pain (SMD: -0.81) through Tai Chi. An RCT with 204 patients with knee osteoarthritis showed improvements in the WOMAC score comparable to standard physiotherapy, though without significant between-group differences.
 - **Safety and tolerability** Systematic reviews report rare, mostly mild adverse effects such as muscle soreness or transient joint discomfort. An RCT with 66 fibromyalgia patients showed clinically relevant improvements in the FIQ score after 12 weeks of Tai Chi, sustained up to 24 weeks.
 - **Cognition and mental health** Meta-analyses confirm significant effects on stress (ES: 0.66), anxiety (ES: 0.66), and depression (ES: 0.56) in both healthy and chronically ill participants. An RCT with 226 fibromyalgia patients showed greater improvements in anxiety, depression, and self-efficacy through Tai Chi compared to aerobic exercise.
 - **Heart and circulation** An RCT with 30 heart failure patients showed significant improvements in quality of life, 6-minute walk distance, and BNP levels through Tai Chi. Meta-analyses on Baduanjin Qigong report significant reductions in systolic and diastolic blood pressure as well as resting heart rate.
 - **Oncology** Meta-analyses involving 1,283 participants show improvements in fatigue (SMD: -0.53), sleep disturbances (SMD: -0.49), depression (SMD: -0.27), and quality of life (SMD: 0.33) through Tai Chi and Qigong in cancer patients, particularly those with breast cancer.

- LIMITATIONS:**
- The methodological quality of studies is heterogeneous, with small sample sizes, short intervention periods, and often passive control groups, which may favour placebo effects and limit the strength of evidence.
 - Long-term data are largely lacking, as are dose-dependent analyses on the optimal frequency or duration of exercises. The diversity of Tai Chi and Qigong styles complicates direct comparisons.
 - Blinding is rarely feasible in movement-based therapies, increasing the risk of bias. Many studies do not systematically record adverse effects, limiting safety data.

INTERPRETATION:
Tai Chi and Qigong are promising mind-body practices with demonstrated effects on pain, psychological symptoms, and quality of life in chronic conditions. However, their broad clinical application is constrained by methodological limitations and a lack of long-term data.

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1. What Tai Chi and Qigong Are

Tai Chi and Qigong are **movement practices** that combine slow, flowing movements with **breathing techniques** and **mental focus**. Tai Chi often involves structured sequences (forms), while Qigong frequently includes static or repetitive exercises emphasising **energy flow (Qi)**. Both practices originate from China and have been used for centuries to promote health. Tai Chi developed from martial arts, whereas Qigong emerged from meditative and healing traditions. Today, they are applied globally in **prevention, rehabilitation, and therapy**, often in groups or as individual exercises.

Key Considerations for the Evidence Base: The **diversity of implementation** is critical: duration, intensity, and style vary widely—from short daily exercises to multi-month programmes. **Outcome measures** also differ: some studies assess **physiological markers** (e.g., inflammatory values), others **subjective symptoms** (e.g., fatigue), or **functional tests** (e.g., gait analysis). **Control groups** range from passive waitlist groups to active alternatives such as physiotherapy or endurance training. This heterogeneity complicates direct comparisons but allows conclusions about **broad applications**.

2. What the Studies Show in Detail

The key human studies and major reviews—organised by application, including population, duration, intervention, outcome measures, and results as reported in the original publications. Numbers are included only where the study provides them.

Distribution of controlled human trials by application area—the numbers are not additive, as a single study may be assigned to multiple areas:

APPLICATION AREA	CONTROLLED STUDIES
Cognition and mental health	272
Musculoskeletal system	218
Fatigue and stress	202

APPLICATION AREA	CONTROLLED STUDIES
Safety and tolerability	157
Oncology	97
Heart and circulation	73
Bones and joints	60
Metabolism	53

Bones and Joints

In a randomised controlled trial (RCT) with 204 participants (mean age 60 years, 70% women, 53% white) with symptomatic knee osteoarthritis, Tai Chi (twice weekly for 12 weeks) was compared with standard physiotherapy (twice weekly for 6 weeks, followed by 6 weeks of supervised home exercise). The primary endpoint was the Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) at 12 weeks. Both groups showed clinically relevant improvements in the WOMAC score (Tai Chi: 167 points [95% CI: 145–190]; physiotherapy: 143 points [95% CI: 119–167]), with no significant difference between groups (24 points [95% CI: –10 to 58]). Secondary endpoints, such as physical function, depression, and quality of life, also improved similarly in both groups. Limitations included single blinding and a follow-up period ending at 52 weeks without further data ¹¹.

Primary endpoints included WOMAC subscales (pain, physical function, stiffness), the 'Get Up and Go' test, and the 'Sit-to-Stand' test. The Mini-Mental State Examination (MMSE) was assessed as a cognitive measure. After 20 weeks, significant differences favouring the Tai Chi group were observed in WOMAC pain ($p = 0.006$) and stiffness ($p = 0.010$) scores. Physical function also improved, though without significant between-group differences. The study was limited by its small sample size and the absence of an active control intervention ¹³.

A systematic review and meta-analysis of 18 RCTs examined the effect of Tai Chi on chronic pain conditions. For osteoarthritis, the aggregated results showed significant pain relief (standardised mean difference [SMD]: –0.54; 95% CI: –0.77 to –0.30; $p < 0.05$) immediately after the intervention. A practice duration of more than 5 weeks was associated with stronger effects. The review also included back pain (SMD: –0.81; 95% CI: –1.11 to –0.52; $p < 0.05$) and osteoporosis (SMD: –0.83; 95% CI: –1.37 to –0.28; $p = 0.003$). However, the heterogeneity of the studies was high, and the quality of individual studies varied considerably ²⁰.

HYPOTHESIS The data suggest that Tai Chi may represent an effective, non-pharmacological option for pain relief and functional improvement in osteoarthritis and other degenerative joint diseases. The effects appear comparable to those of standard physiotherapy, though long-term data on the sustainability of the effects are lacking. What is missing are studies with longer follow-up periods and direct comparability of Tai Chi styles, as well as their specific effects on different joints.

Safety and Tolerability

An RCT involving 66 patients with fibromyalgia (mean age not explicitly stated) compared Tai Chi (Yang style, twice weekly for 12 weeks) with a control group (health education and stretching exercises). The primary endpoint was the change in the Fibromyalgia Impact Questionnaire (FIQ) score after 12 weeks. The Tai Chi group showed a clinically relevant improvement in the total FIQ score (baseline: 62.9 ± 15.5 ; 12 weeks: 35.1 ± 18.8) compared with the control group (baseline: 68.0 ± 11 ; 12 weeks: 58.6 ± 17.6 ; group difference: –18.4 points; $p < 0.001$). Secondary endpoints, such as the physical and mental components of the SF-36, also showed significant improvements. The effects remained stable up to the 24-week follow-up. A limitation was the lack of blinding of participants and therapists ².

A systematic review of 153 RCTs examined the frequency and quality of adverse event (AE) reports in Tai Chi interventions. Only 50 studies (33%) reported AEs at all, and just 18 studies (12%) used an explicit protocol for systematic recording. The reported AEs were mostly mild and expected, primarily musculoskeletal complaints such as knee pain or back pain. No serious, intervention-related AEs were reported. However, the quality of AE reporting was heterogeneous, and many studies lacked systematic recording ¹⁹.

HYPOTHESIS Tai Chi appears to be a safe procedure with a low risk of serious adverse effects. The most common AEs are musculoskeletal in nature and likely due to unfamiliar exertion. However, many studies lack systematic AE recording, which limits the conclusiveness of the data. What is missing are standardised protocols for AE recording and long-term safety data for specific populations (e.g., older patients with multimorbidity).

Cognition and Mental Health

A systematic review and meta-analysis of 40 studies (3,817 participants) examined the effect of Tai Chi on psychological well-being. The results showed significant effects on stress (effect size [ES]: 0.66; 95% CI: 0.23–1.09), anxiety (ES: 0.66; 95% CI: 0.29–1.03), depression (ES: 0.56; 95% CI: 0.31–0.80), and mood (ES: 0.45; 95% CI: 0.20–0.69) in healthy participants and patients with chronic conditions. The studies varied in duration (1 hour to 1 year) and Tai Chi style, which limited comparability. The quality of the studies was heterogeneous, and many had small sample sizes ³.

An RCT involving 226 patients with fibromyalgia compared Tai Chi (12 or 24 weeks, once or twice weekly) with aerobic exercise (24 weeks, twice weekly). Secondary endpoints, such as anxiety, depression, and self-efficacy, also improved more in the Tai Chi group. The effects remained stable up to the 52-week follow-up. A limitation was the lack of blinding of participants ⁹.

The Qigong group showed significant improvements in subjective sleep quality ($p = 0.003$) and sleep latency ($p = 0.02$), as well as in fatigue ($p < 0.001$), anxiety ($p = 0.02$), and depression ($p = 0.02$) compared with the control group. The effects on sleep quality remained stable up to 3 months after the intervention. The number of Qigong sessions attended and self-reported practice duration correlated with symptom improvement.

HYPOTHESIS Tai Chi and Qigong may represent effective interventions for improving psychological symptoms such as anxiety, depression, and stress. The effects appear to be dose-dependent and partially persist for months. However, studies with active control groups are lacking to isolate the specific mechanisms of action (e.g., mindfulness, movement, social interaction).

Inflammatory Processes

The Qigong group showed significant improvements in quality of life ($p < 0.001$), fatigue ($p < 0.001$), and mood ($p = 0.021$) compared with the control group. CRP levels also decreased ($p = 0.044$), indicating a potential anti-inflammatory *surrogate* effect. The effects on quality of life, fatigue, and mood remained stable up to the 10-week follow-up. Limitations included the lack of blinding and the heterogeneity of cancer diagnoses ⁸.

A review of 26 RCTs examined the effect of mind-body therapies (including Tai Chi, Qigong, yoga, and others) on inflammatory markers. The results were mixed for *Tai Chi and Qigong specifically*: some studies showed a reduction in CRP and IL-6, while others reported no significant effects. More consistent results were observed at the genomic level, with reduced expression of inflammation-associated genes and diminished NF- κ B signalling activity. Possible mechanisms include neuroendocrine and psychological processes ⁴.

HYPOTHESIS Tai Chi and Qigong may exert anti-inflammatory effects via psychoneuroimmunological mechanisms. However, the evidence is heterogeneous, and many studies have methodological limitations (e.g., small sample sizes, lack of blinding). What is missing are studies with standardised inflammatory markers and longer follow-up periods to examine the sustainability of the effects.

Heart and Circulation

An RCT involving 30 patients with chronic heart failure (left ventricular ejection fraction $\leq 40\%$) compared Tai Chi (12 weeks, twice weekly) with a control group (standard therapy). The Tai Chi group showed improvements in quality of life ($p = 0.001$), the 6-minute walk distance (135 metres; $p = 0.001$), and BNP levels (-138 pg/mL; $p = 0.03$) compared with the control group. A trend towards improved maximal oxygen uptake was observed. Limitations included the small sample size and lack of blinding ⁵.

A systematic review and meta-analysis of 19 RCTs on Baduanjin Qigong examined the effect on cardiovascular parameters. The aggregated results showed significant improvements in systolic (SMD: -0.60 ; 95% CI: -0.94 to -0.27 ; $p = 0.0004$) and diastolic blood pressure (SMD: -0.46 ; 95% CI: -0.73 to -0.20 ; $p = 0.0005$), as well as resting heart rate (SMD: -0.87 ; 95% CI: -1.47 to -0.27 ; $p = 0.005$). However, the quality of the studies was heterogeneous, and many had small sample sizes.

HYPOTHESIS Qigong may represent a useful adjunct to standard therapy for heart failure and hypertension. The effects on cardiovascular parameters are promising, though long-term data on sustainability and impact on hard endpoints such as mortality or hospitalisation rates are lacking.

Oncology

A systematic review and meta-analysis of 22 studies (1,283 participants) examined the effect of Tai Chi and Qigong on cancer-related symptoms and quality of life. The aggregated results showed significant improvements in fatigue (SMD: -0.53 ; $p < 0.001$), sleep disturbances (SMD: -0.49 ; $p = 0.018$), depression (SMD: -0.27 ; $p = 0.001$), and quality of life (SMD: 0.33 ; $p = 0.004$). The effects on pain were not significant (SMD: -0.38 ; $p = 0.136$). The studies varied in duration (3–12 weeks) and cancer diagnoses (primarily breast cancer). Limitations included the heterogeneity of the studies and lack of blinding ⁷.

A study involving a Qigong intervention group showed improvements in depressive symptoms ($p = 0.05$) and a trend towards improved quality of life. Limitations included the lack of blinding and the small sample size.

HYPOTHESIS Tai Chi and Qigong may represent effective supportive therapies for alleviating cancer-related symptoms such as fatigue, sleep disturbances, and depression. The effects on quality of life showed consistency in initial studies, though longer follow-up periods and larger sample sizes are needed to examine the sustainability of the effects.

Overall Picture

The available controlled human trials show that Tai Chi and Qigong may be effective for a variety of chronic conditions and symptoms. The effects are particularly well-documented in controlled studies on bone and joint diseases (e.g., osteoarthritis), psychological symptoms (e.g., anxiety, depression), cancer-related fatigue and quality of life, and cardiovascular parameters (e.g., blood pressure, heart failure). Most controlled studies report significant improvements in patient-relevant endpoints such as pain, physical function, sleep quality, and psychological well-being. The effects are often comparable to those of established therapies (e.g., physiotherapy, aerobic exercise), with Tai Chi and Qigong offering the advantages of a low adverse effect rate and high patient acceptance.

Despite promising results, there are significant methodological limitations that restrict their evidential value. Many studies have small sample sizes, short intervention durations, and lack blinding. Furthermore, the Tai Chi and Qigong styles, the duration and intensity of interventions, and the endpoints used vary considerably, complicating comparability. The evidence base is particularly sparse regarding long-term effects, specific mechanisms of action, and optimal dosing. Additionally, there is a lack of studies directly comparing Tai Chi or Qigong with other mind-body practices (e.g., yoga, meditation) to identify specific active factors.

Methodology of the evidence base

A relevant proportion of controlled studies on Tai Chi and Qigong are randomised controlled trials (RCTs) with active or passive control groups. Typical intervention durations range from 6 to 24 weeks, with most studies lasting 12 weeks. Commonly used endpoints include patient-reported outcomes (e.g., WOMAC, FIQ, SF-36), physical function tests (e.g., 6-minute walk test, 'Get Up and Go' test), and psychometric scales (e.g., HADS, PSQI). However, studies with longer follow-up periods (> 1 year), standardised inflammatory markers, and hard clinical endpoints (e.g., mortality, hospitalisation rates) are systematically lacking. Moreover, many controlled studies are not blinded, increasing the risk of bias. The heterogeneity of Tai Chi and Qigong styles, as well as the lack of standardisation in interventions, further hinder comparability of results.

Tai Chi and Qigong: efficacy or exercise effect?

THE QUESTION OF SPECIFICITY

of Tai Chi and Qigong is central. Many studies compare these practices with **no intervention** or **waiting lists**, rather than with **active controls** such as endurance training or physiotherapy. In the few studies with **direct comparisons**, **similar effects** are observed, calling into question the assumption of **superior efficacy**. The **mechanistic explanations**—such as the role of **Qi** or **energy flow**—are **not scientifically validated** and play no role in clinical research. Instead, **non-specific factors** such as **relaxation**, **movement**, or **social interaction** are discussed as potential mechanisms of action.

THE GENERALISABILITY OF RESULTS

to clinical practice is limited. Most studies were conducted in **controlled settings** with **motivated participants**, often under the guidance of experienced instructors. **Real-world data** are largely absent, as are studies on **long-term effects** or **cost-benefit aspects**. The **heterogeneity of interventions**—different styles, durations, and intensities—complicates **standardisation** and thus **practical recommendations**. Additionally, **cultural differences** in the acceptance and implementation of these practices must be considered, which limits the **generalisability** of the findings.

3. How Robust the Research Is

The **research landscape** on Tai Chi and Qigong is **extensive**. A significant proportion of controlled studies investigates **musculoskeletal disorders** and **fatigue syndromes**, with further focal points including **cognitive function**, **oncology**, **cardiovascular diseases**, and **bone health**. **Safety aspects** have been examined in a substantial proportion of studies, indicating an established interest in **tolerability**. The **most frequently cited works** date from the 2010s and include **meta-analyses**, **systematic reviews**, and **randomised studies**, particularly on **fibromyalgia**, **heart failure**, and **cancer**.

The **methodological quality** of the studies is **mixed**. Many studies have **small sample sizes** or **short intervention periods**, limiting their evidential value. **Control groups** are often **passive** (e.g., no treatment), which may favour placebo effects. **Blinding** is rarely feasible in movement therapies, increasing the risk of **bias**. **Long-term data** are largely absent, as are **dose-response analyses** (e.g., frequency or duration of exercises). Nevertheless, **several highly cited meta-analyses** show consistent trends, such as in **pain reduction** or **psychological distress**. The **safety data** are robust, with rare and mostly mild **adverse effects**, such as muscle soreness or transient joint discomfort.

4. Common Claims — and What the Data Show

STATEMENT	EVIDENCE BASE
Tai Chi/Qigong as a replacement for conventional therapies	The body of research examines the methods as a supplement , not as an alternative . Controlled studies demonstrate no superiority over established therapies :
Efficacy in acute conditions	Nearly all studies examine chronic conditions . For acute illnesses (e.g., infections, postoperative rehabilitation), no robust data are available.
Long-term effects	Most studies have intervention periods ranging from weeks to months . Long-term data (years) are lacking, as are findings on sustainability .
Specific styles or techniques	Research often groups Tai Chi and Qigong together , despite differences in styles (e.g., Yang vs. Chen style) and techniques. Direct comparisons between style

5. The Most Robust Studies

Ranked by evidential strength, not by prominence. The full evaluation includes significantly more studies; here, only the most reliable are listed.

Controlled Human Studies

- ¹ A comprehensive review of health benefits of qigong and tai chi (2010)
- ² A randomised trial of tai chi for fibromyalgia (2010)
- ³ Tai Chi on psychological well-being: systematic review and meta-analysis (2010)
- ⁴ Mind-body therapies and control of inflammatory biology: A descriptive review (2016)
- Exercise therapy for fibromyalgia (2011)

- ⁵ Effects of tai chi mind-body movement therapy on functional status and exercise capacity in patients with chronic heart failure: a randomised controlled trial (2004)
- ⁶ Tai chi exercise in patients with chronic heart failure: a randomised clinical trial (2011)
- A Systematic Review and Meta-Analysis of Baduanjin Qigong for Health Benefits: Randomised Controlled Trials (2017)
- ⁷ Tai Chi and Qigong for Cancer-Related Symptoms and Quality of Life: A Systematic Review and Meta-Analysis (2018)
- ⁸ Impact of Medical Qigong on Quality of Life, Fatigue, Mood and Inflammation in Cancer Patients: A Randomised Controlled Trial (2010)
- Effects of Acupuncture, Tuina, Tai Chi, Qigong, and Traditional Chinese Medicine Five-Element Music Therapy on Symptom Management and Quality of Life (2016)
- ⁹ Effect of Tai Chi Versus Aerobic Exercise for Fibromyalgia: Comparative Effectiveness Randomised Controlled Trial (2018)
- ¹⁰ Health Benefits of Qigong or Tai Chi for Cancer Patients: A Systematic Review and Meta-Analyses (2014)
- ¹¹ Comparative Effectiveness of Tai Chi Versus Physical Therapy for Knee Osteoarthritis: A Randomised Trial (2016)
- Qigong Improves Quality of Life in Women Undergoing Radiotherapy for Breast Cancer: Results of a Randomised Controlled Trial (2013)
- ¹² Efficacy and Safety of Meditative Movement Therapies in Fibromyalgia Syndrome: A Systematic Review and Meta-Analysis of Randomised Controlled Trials (2013)
- ¹³ A Pilot Cluster-Randomised Trial of a 20-Week Tai Chi Programme in Older Adults with Cognitive Impairment and Osteoarthritic Knee: Effects on Pain and Other Health Outcomes (2013)
- ¹⁴ The Effect of Tai Chi in Older Adults with Sarcopenia and Frailty: A Systematic Review and Meta-Analysis of Randomised Controlled Trials (2022)
- ¹⁵ A Randomised Controlled Trial of 8-Form Tai Chi to Improve Symptoms and Functional Mobility in Fibromyalgia Patients (2012)
- ¹⁶ Tai Chi Exercise for Patients with Cardiovascular Conditions and Risk Factors: A Systematic Review (2009)
- ¹⁷ Effects of Tai Chi Chuan on Cognitive Function in Adults Aged 60 Years or Older with Type 2 Diabetes and Mild Cognitive Impairment in China: A Randomised Controlled Trial (2023)
- Effect of Baduanjin Qigong Exercise on Cancer-Related Fatigue in Patients with Colorectal Cancer Undergoing Chemotherapy: A Randomised Controlled Trial (2019)
- Managing Stress and Anxiety Through Qigong Exercise in Healthy Adults: A Systematic Review and Meta-Analysis of Randomised Controlled Trials (2014)
- ¹⁸ An Evaluation of the Effects of Tai Chi Chuan and Qigong Training in Patients with Symptomatic Heart Failure: A Randomised Controlled Pilot Study (2007)

6. Summary

Controlled trials consistently demonstrate that Tai Chi and Qigong have beneficial effects in chronic conditions, particularly in musculoskeletal disorders (e.g., osteoarthritis), psychological symptoms (anxiety, depression), cancer-related fatigue, and cardiovascular parameters (blood pressure, heart failure). These practices improve patient-relevant outcomes such as pain, physical function, sleep quality, and psychological well-being. The effects are often comparable to established therapies (e.g., physiotherapy, aerobic exercise), with a low incidence of adverse effects and high acceptance. The most robust data support pain reduction in osteoarthritis, improved quality of life in heart failure, and alleviation of fatigue and depression in cancer patients.

HYPOTHESIS Tai Chi and Qigong could be established as safe, non-pharmacological options in the supportive therapy of chronic conditions, particularly where conventional approaches reach their limits or cause adverse effects. The dose-dependent effects (e.g., longer practice duration correlates with greater improvements) suggest a cumulative benefit, indicating that regular practice is advisable. **Hypothesis:** These practices may exert their effects through psychoneuroimmunological mechanisms, such as stress reduction, improved sleep quality, and anti-inflammatory effects (e.g., reduction of CRP or IL-6). However, the specific mechanisms of action remain unclear, and studies isolating the contributions of movement, mindfulness, and social interaction are lacking. **Hypothesis:** Due to their low incidence of adverse effects and broad applicability, Tai Chi and Qigong may be particularly suitable for older or multimorbid patients for whom other therapies are contraindicated.

Future studies should address three key gaps: 1) **Long-term data** on the sustainability of effects, particularly in degenerative conditions such as osteoarthritis or heart failure, with follow-up periods of at least 12–24 months. 2) **Standardisation of interventions** to analyse dose-dependent effects (e.g., frequency, duration, style) and enable direct comparisons between Tai Chi and Qigong variants. 3) **Active control groups** to isolate specific mechanisms of action (e.g., movement vs. mindfulness vs. social interaction) and minimise placebo effects. Additionally, studies with **hard clinical endpoints** (e.g., mortality, hospitalisation rates) in cardiovascular diseases or **biomarker-based analyses** (e.g., inflammatory markers, gene expression) are needed to better understand the underlying physiological processes. Finally, **systematic recording of adverse effects** using standardised protocols would be desirable to assess safety in specific populations (e.g., older patients with multimorbidity).

7. Unanswered Questions

- **Dose-Response Relationship:** How do frequency, duration, and intensity of practice relate to the observed effects?
- **Mechanisms:** Which physiological or psychological processes mediate the observed effects?
- **Cost-Effectiveness:** Are Tai Chi and Qigong economically viable compared to other therapies?

Frequently Asked Questions

Are Tai Chi and Qigong suitable for elderly or frail patients?

Safety data indicate that both practices are **suitable for elderly or frail patients**, provided the exercises are **adapted**. Studies on **fall prevention** or **heart failure** demonstrate **low rates of adverse effects**. The **individual adjustment** of intensity is crucial, for example, through **seated variations** or **shorter sessions**. **Contraindications** are rare but may include **severe balance disorders** or **acute inflammation**.

Can Tai Chi or Qigong help with depression?

Several **controlled studies** and **meta-analyses** have examined these practices for alleviating **mood and quality of life**, particularly in **mild to moderate depression**; however, findings are inconsistent. They are often used **in addition** to psychotherapy or medication. **Direct comparisons** with established therapies are lacking, as are **long-term data**. **Potential mechanisms of action** range from **stress reduction** to **social interaction** in group classes.

How long does it take for effects to manifest?

In the examined intervention periods, initial effects often emerge after **8 to 12 weeks** with **regular practice**. **Consistent results** are observed in **pain reduction, fatigue, and psychological distress**. **More rapid effects** are possible but **less well-documented**. **Long-term effects** (beyond 6 months) have scarcely been investigated.

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International Health Research

Research, put in context. Every statement leads to the original paper; the decision in the individual case rests with the treating professional.
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