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Using Tai Chi and Qigong to Treat Multiple Sclerosis: An Application of Artificial Intelligence to Traditional Chinese Medicine

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ABSTRACT

Objective: To summarize studies on Tai Chi/Qigong for MS, focusing on design, participants, interventions, findings, mechanisms, benefits, strengths, limitations, and recommendations.

Methods: Nine studies (2014-2024) were reviewed, including RCTs, pilot trials, and systematic reviews/meta-analyses.

Results: Tai Chi/Qigong improved balance (e.g., d=0.88, p<0.001), QOL, fatigue, depression, and cognition, with mechanisms involving neuromuscular enhancement and mindfulness. Benefits include Qi cultivation for enthusiasts. Strengths encompass feasibility and multi-domain effects; limitations include small samples and heterogeneity.

Conclusion: These exercises offer safe adjunct benefits for MS; larger RCTs are needed.

Keywords: Multiple Sclerosis; Tai Chi; Qigong; Balance; Fatigue; Depression; Quality of Life; Systematic Review; Meta-Analysis; Complementary Therapy

Abbreviations: TCM: Traditional Chinese Medicine; MS: Multiple Sclerosis; BBS: Berg Balance Scale; TAU: Treatment-As-Usual; QOL: Quality of Life; TCE: Traditional Chinese Exercises; TCQ: Tai Chi Quan

Introduction

Tai chi and qigong are both forms of traditional Chinese medicine (TCM). The origins of tai chi are steeped in myth, but some studies estimate that tai chi started around the twelfth or thirteenth century. Qigong is much older, going back several thousand years. Many studies have found that the application of tai chi and qigong yield multiple health benefits for a wide range of ailments [1-17]. Several bibliometric studies have been conducted on the health benefits of these forms of traditional Chinese medicine [18-22]. In recent years artificial intelligence has been used as both a research and administrative tool in Western medicine [23-30]. The present study utilizes artificial intelligence to summarize studies where tai chi and qigong have been used to treat multiple sclerosis. Multiple sclerosis (MS) is a chronic autoimmune disorder affecting the central nervous system, leading to symptoms such as impaired balance, fatigue, depression, and reduced quality of life. Traditional Chinese exercises like Tai Chi and Qigong, which emphasize mindful movement, breathing, and energy cultivation, have emerged as promising complementary therapies. This review synthesizes evidence from nine studies on their effects in MS treatment, mirroring the structured approach used in prior summaries on osteoarthritis, cancer, hypertension, diabetes, and depression. It highlights study designs, interventions, outcomes, mechanisms, and recommendations to guide clinical practice and future research.

Multiple sclerosis (MS) is a chronic, immune-mediated disease of the central nervous system that often affects relatively young adults and typically follows a long, fluctuating course. Beyond motor impairment, patients frequently experience a broad constellation of symptoms, including balance disturbances, gait instability, fatigue, pain, mood disorders, and cognitive difficulties, all of which contribute to reduced participation in daily activities and diminished quality of life. Conventional pharmacological therapies can modify disease activity and reduce relapse rates but do not fully address these functional and

psychosocial consequences, and some patients continue to report substantial symptom burden despite optimized medical management. This situation has spurred growing interest in complementary and integrative approaches that can be combined with standard care to target multiple domains simultaneously. Tai chi and qigong are particularly well suited to the challenges posed by MS. Their slow, coordinated movements, emphasis on posture and weight shift, and integration of breathing and mindful attention provide a form of exercise that is low impact yet neurologically demanding, potentially enhancing balance, coordination, and motor control without overtaxing fatigued individuals. At the same time, the meditative aspects of practice may help to regulate mood, reduce perceived stress, and support coping with a chronic, unpredictable illness. For many patients, these practices can be adapted for seated or supported positions, making them accessible across a range of disability levels.

Over the past decade, a small but growing number of clinical trials and systematic reviews have begun to examine these hypotheses in MS populations. The studies summarized in this article report improvements in balance, gait, fatigue, depression, anxiety, and health-related quality of life, with some evidence of benefits for cognitive function as well. Although sample sizes are modest and intervention protocols vary, the emerging picture is that tai chi and qigong are feasible, acceptable, and generally safe for people with MS when delivered by appropriately trained instructors within a supportive environment. These findings align with broader work on traditional Chinese exercises in other chronic conditions and suggest that tai chi and qigong may have a meaningful adjunctive role in multidisciplinary MS rehabilitation. An additional feature of the present work is the explicit use of artificial intelligence to assist in organizing and synthesizing the MS literature on tai chi and qigong. AI tools can rapidly extract key details from diverse study designs, highlight patterns across outcomes, and present information in a consistent format that is useful for clinicians, researchers, and tai chi/qigong practitioners. By applying this AI-assisted template to MS, building on previous summaries in other clinical domains, the current review aims to provide a concise yet structured overview that can inform both clinical decision-making and the design of future trials.

Methodology

Studies were selected from the PubMed database. Grok, an artificial intelligence assistant, was then used to summarize the studies. The author then edited the findings.

Study 1: Azimzadeh et al. (2015) [31]

- **Study Design**: Randomized controlled trial.
- **Participant Details**: 36 women with multiple sclerosis (MS), members of the Iranian Multiple Sclerosis Society; intervention group (n=18), control group (n=18); age and specific MS severity not detailed.
- **Intervention Protocols**: Yang-style Tai Chi Chuan sessions, twice weekly for 12 weeks.
- **Key Findings with Statistical Data**: Significant improvement in Berg Balance Scale (BBS) mean score in the intervention group compared to baseline ($p<0.05$; exact SMD, CI not reported). No changes in control group.
- **Potential Mechanisms for Medical Professionals**: Not explicitly discussed; may involve enhanced neuromuscular coordination and proprioception through slow, controlled movements.
- **Benefits for Tai Chi/Qigong Enthusiasts**: Promotes Qi flow and mindfulness, fostering internal energy balance and harmony, which could aid in managing MS-related imbalance.
- **Strengths**: Demonstrates Tai Chi as a safe, complementary intervention with clear balance benefits in a controlled setting.
- **Limitations**: Small sample size; lacks detailed statistical metrics (e.g., SMD, CI); no long-term follow-up; limited to women.
- **Clinical Recommendations**: Recommend Tai Chi as an adjunct therapy for balance improvement in women with MS; integrate into rehabilitation programs with monitoring for adherence.

Study 2: Burschka et al. (2014) [32]

- **Study Design**: Non-randomized clinical trial with Tai Chi group vs. treatment-as-usual (TAU) comparison group, assessed pre- and post-6 months.
- **Participant Details**: 32 mildly disabled MS patients (Expanded Disability Status Scale <5); age, sex, and MS subtype not specified.
- **Intervention Protocols**: Structured Tai Chi (style not specified) sessions, 90 minutes twice weekly for 6 months.
- **Key Findings with Statistical Data**: Tai Chi group showed improvements in balance, coordination, and depression (partial $\eta^2=0.16$-0.20); life satisfaction (partial $\eta^2=0.31$); fatigue stabilized vs. deterioration in TAU (partial $\eta^2=0.24$; all $p<0.05$; CI not reported).
- **Potential Mechanisms for Medical Professionals**: Combines physical exercise with mindfulness, potentially modulating neurological symptoms via reduced stress response and improved neural plasticity.
- **Benefits for Tai Chi/Qigong Enthusiasts**: Enhances Qi cultivation through mindful movements, promoting emotional equilibrium and energy stability beneficial for chronic fatigue.
- **Strengths**: Consistent moderate-to-large effect sizes across multiple outcomes; incorporates mindfulness component.

- **Limitations**: Small sample; non-randomized design; no subgroup analysis by MS type; lacks CI and long-term data.
- **Clinical Recommendations**: Consider Tai Chi for mildly disabled MS patients to improve balance and mood; pair with standard care for fatigue management.

Study 3: Buttolph et al. (2021) [33]

- **Study Design**: Pragmatic feasibility randomized controlled trial (qigong vs. wait-list control).
- **Participant Details**: 20 adults with MS; age, sex, and MS specifics (e.g., type, severity) not detailed; retention 60%.
- **Intervention Protocols**: Community qigong classes (type not specified), over 10 weeks; frequency not detailed; completers attended mean 7 sessions.
- **Key Findings with Statistical Data**: Trends toward improved mental health, quality of life (QOL), reduced fatigue and depression (p-values not significant; SMD, CI not reported); self-reported gains in energy, flexibility, sleep, mobility.
- **Potential Mechanisms for Medical Professionals**: Mind-body integration may reduce inflammation and enhance autonomic nervous system regulation.
- **Benefits for Tai Chi/Qigong Enthusiasts**: Fosters Qi harmony in a community setting, aiding holistic well-being and subtle energy flow for MS symptoms.
- **Strengths**: Demonstrates feasibility in community delivery; minimal modifications needed for participation.
- **Limitations**: Low retention (60%); small sample; no detailed stats or MS subtype data; heterogeneous outcomes.
- **Clinical Recommendations**: Use qigong in community programs for MS to boost QOL; refine inclusion for better retention; consider tiered classes.

Study 4: Husted et al. (1999) [34]

- **Study Design**: Non-randomized, non-controlled pilot study.
- **Participant Details**: 19 patients with MS; age, sex, and condition specifics not detailed.
- **Intervention Protocols**: Tai chi program (style not specified), over 8 weeks; frequency not reported.
- **Key Findings with Statistical Data**: Walking speed increased 21%, hamstring flexibility 28%; improvements in vitality, social functioning, mental health, physical/emotional roles (p-values, SMD, CI not reported).
- **Potential Mechanisms for Medical Professionals**: Slow movements may improve proprioception and muscle strength, reducing spasticity via neurophysiological pathways.
- **Benefits for Tai Chi/Qigong Enthusiasts**: Cultivates Qi for enhanced vitality and emotional resilience, aligning with traditional energy practices.
- **Strengths**: Volunteer-based; led to nationwide MS Tai chi classes; addresses QOL in chronic conditions.
- **Limitations**: No control group; small sample; lacks stats and follow-up; limited intervention details.
- **Clinical Recommendations**: Promote tai chi for independence and QOL in MS; expand access through community programs.

Study 5: Menkyova et al. (2024) [35]

- **Study Design**: Single-group longitudinal prospective study over 1 year.
- **Participant Details**: 15 women with MS (mean age 44.27 years); initial enrollment 25; MS subtype/severity not specified.
- **Intervention Protocols**: Regular Tai-chi training (style not specified), over 12 months; frequency/duration per session not detailed.
- **Key Findings with Statistical Data**: Improvements at 12 months: Mini-BEST est ($p<0.001$), post urography TA ($p=0.015$), 25FWT ($p=0.001$), BAI anxiety ($p=0.005$), PASAT cognition ($p=0.003$); trends in BDI depression ($p=0.071$), SDMT cognition ($p=0.079$), EQ-5D-5L QOL ($p=0.095$; SMD, CI not reported).
- **Potential Mechanisms for Medical Professionals**: May enhance postural control via vestibular and proprioceptive pathways; reduce anxiety through mindfulness-induced serotonin modulation.
- **Benefits for Tai Chi/Qigong Enthusiasts**: Long-term practice builds Qi reserves, improving cognitive clarity and emotional balance per traditional principles.
- **Strengths**: Longitudinal design with objective measures (e.g., post urography); multi-domain assessment.
- **Limitations**: Small sample (women only); no control group; potential type II error; lacks intervention specifics.
- **Clinical Recommendations**: Encourage long-term Tai-chi for balance and mood in female MS patients; confirm with RCTs including men.

Study 6: Shi et al. (2024) [36]

- **Study Design**: Systematic review and meta-analysis of 11 RCTs/non-RCTs.
- **Participant Details**: 461 MS patients across studies; age, sex, condition specifics not aggregated.

- **Intervention Protocols**: Traditional Chinese exercises (TCE) including Tai Chi, Qigong, Baduanjin, etc.; varied duration/frequency not pooled.
- **Key Findings with Statistical Data**: Improvements in balance (d=0.88, 95% CI 0.45-1.31, p<0.001, I^2=39%); activities of daily living (d=1.17, 95% CI 0.30-2.04, p<0.001, I^2=89%); MSIS (d=0.53, 95% CI 0.12-0.93, p=0.01, I^2=0%); depression (d=0.66, 95% CI 0.003-1.32, p=0.049, I^2=63%); ABC scores (d=1.30, 95% CI 0.41-2.18, p<0.001, I^2=0%).
- **Potential Mechanisms for Medical Professionals**: TCE may modulate immune responses and neuroinflammation, improving physical/psychological health via anti-inflammatory pathways.
- **Benefits for Tai Chi/Qigong Enthusiasts**: Integrates Qi cultivation with movement, enhancing holistic health and resilience against MS progression.
- **Strengths**: Comprehensive database search; quantitative synthesis with effect sizes.
- **Limitations**: Heterogeneity (high I^2 in some); small studies; needs higher-quality RCTs.
- **Clinical Recommendations**: Incorporate TCE for balance and depression in MS; prioritize in multidisciplinary care.

Study 7: Taylor et al. (2017) [37]

- **Study Design**: Systematic review of 8 studies (3 RCTs, 5 quasi-experimental).
- **Participant Details**: 193 MS patients; age, sex, severity not pooled.
- **Intervention Protocols**: Tai Chi (Yang style in 3 studies, unspecified in 5), average 27 sessions over 11 weeks.
- **Key Findings with Statistical Data**: Improved balance, gait, flexibility, reduced fatigue/depression, better QOL (mixed results; SMD, p-values, CI not pooled; study quality mean 21/32).
- **Potential Mechanisms for Medical Professionals**: Enhances coordination via slow postures, potentially reducing MS-related demyelination effects on motor pathways.
- **Benefits for Tai Chi/Qigong Enthusiasts**: Builds Qi through meditative flow, supporting psychosocial harmony and physical endurance.
- **Strengths**: Multi-database search; quality scoring; covers physical/psychosocial domains.
- **Limitations**: Mixed results; small samples; variable quality (range 13-26); no meta-analysis.
- **Clinical Recommendations**: Tai Chi as safe adjunct for MS function; use rigorous designs in future trials.

Study 8: Wang et al. (2022) [38]

- **Study Design**: Systematic review of reviews/meta-analyses/clinical trials (28 on Parkinson's, 21 cognitive impairments, 9 MS).
- **Participant Details**: MS subset: not quantified separately; age, sex, specifics not detailed.
- **Intervention Protocols**: Tai Chi Quan (TCQ); duration/frequency varied across studies.
- **Key Findings with Statistical Data**: For MS: likely beneficial/safe for motor function, balance, falls (heterogeneous; SMD, p-values, CI not reported for MS).
- **Potential Mechanisms for Medical Professionals**: Improves neural health via exercise-induced neuroprotection in degenerative pathways.
- **Benefits for Tai Chi/Qigong Enthusiasts**: Strengthens Qi for neurodegenerative resilience, aligning with traditional preventive practices.
- **Strengths**: Broad neurodegenerative focus; independent reviewer process.
- **Limitations**: Heterogeneous/small MS samples; lacks MS-specific stats; more evidence needed for QOL/mood.
- **Clinical Recommendations**: TCQ for motor benefits in MS; integrate cautiously pending robust data.

Study 9: Zou et al. (2017) [39]

- **Study Design**: Systematic review of 10 peer-reviewed studies.
- **Participant Details**: MS patients across studies; total number, age, sex, specifics not aggregated.
- **Intervention Protocols**: Tai chi; protocols varied, often unclear.
- **Key Findings with Statistical Data**: Improved QOL, functional balance; positive on flexibility, strength, gait, pain; inconsistent for fatigue (SMD, p-values, CI not reported).
- **Potential Mechanisms for Medical Professionals**: May alleviate symptoms via improved circulation and stress reduction affecting MS pathophysiology.
- **Benefits for Tai Chi/Qigong Enthusiasts**: Enhances Qi meridians for balance and pain relief, per ancient principles.
- **Strengths**: Focuses on effectiveness/safety; guidelines for clinicians.

- **Limitations**: Methodological flaws; small samples; unclear protocols; no safety reporting.
- **Clinical Recommendations**: Tai chi for symptomatic MS management; larger RCTs with follow-up needed.

Concluding Comments

The body of evidence reviewed in this article indicates that tai chi and qigong can offer meaningful adjunctive benefits for people living with multiple sclerosis. Across randomized controlled trials, pilot studies, and systematic reviews, these traditional Chinese exercises are associated with improvements in balance and postural control, enhanced gait and mobility, reductions in fatigue and depressive symptoms, and gains in perceived quality of life. Effect sizes for balance and certain functional measures are in the moderate to large range in several analyses, and no major safety concerns have been reported, suggesting that these interventions are both clinically relevant and well tolerated when appropriately adapted. At the same time, important limitations in the current literature must be acknowledged. Many studies enroll small, relatively homogeneous samples, often focusing on mildly disabled or predominantly female participants, and there is considerable heterogeneity in tai chi and qigong styles, session duration, frequency, and total program length. Details about instructor training, home practice, and adherence are not always fully specified, and long-term follow-up data are scarce. These factors make it difficult to draw firm conclusions about optimal training parameters or to generalize findings across the broader MS population, including those with more advanced disability or progressive disease courses.

Despite these constraints, the overall pattern of results is encouraging and supports the integration of tai chi and qigong into multidisciplinary MS care as complementary, non-pharmacological options. For clinicians, referring interested patients to well-structured classes or programs may provide a way to address balance, fatigue, and mood in a single, holistic intervention that can be sustained over time. For rehabilitation teams and researchers, tai chi and qigong offer a flexible platform for designing future trials that can systematically vary style, intensity, and dose, incorporate objective and patient-reported outcomes, and include longer follow-up periods to assess durability of effects. Finally, this article demonstrates how artificial intelligence can assist in synthesizing a complex and heterogeneous literature, presenting key features of each study in a standardized format that facilitates comparison and critical appraisal. As more high-quality randomized controlled trials are conducted, AI-assisted reviews can be updated efficiently, helping to refine clinical recommendations and identify promising directions for mechanistic research. Continued collaboration among neurologists, rehabilitation specialists, tai chi and qigong instructors, and methodologists will be essential to realize the full potential of these mind–body practices in supporting people with multiple sclerosis.

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