

# Tai Chi Quan and Stroke Prevention and Rehabilitation

## Review Article

Shuri Yoshinaga<sup>1</sup> and Dingfang Cai<sup>1,\*</sup>

<sup>1</sup> Laboratory of Neurology, Institute of Integrative Medicine, Zhongshan Hospital, Fudan University, Shanghai, China

\* Corresponding author E-mail: dingfangcai@163.com

Received 17 Feb 2013; Accepted 5 Jun 2013

© 2013 Yoshinaga and Cai; licensee InTech. This is an open access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/3.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

**Abstract** Stroke is a major cause of mortality and disability across the globe and remains the third leading cause of death in China, with the total stroke incidence increasing 6.7% annually from 1984 to 2004. The prevention of strokes is more important than their treatment. Tai Chi Quan is a slow and graceful Chinese exercise that includes a form of mindful meditation known for its health benefits. Many studies have shown that Tai Chi Quan not only improves gait, balance capacity and muscle strength in older adults, but also modifies blood pressure, cholesterol and glucose levels, suggesting its potential benefits for stroke prevention and rehabilitation. This article will summarize the effects of Tai Chi Quan on stroke prevention.

**Keywords** Tai Chi Quan, Stroke Prevention, Primary Prevention, Secondary Prevention, Rehabilitation

## 1. Introduction

Stroke is a major cause of mortality and disability worldwide [1]. According to reported global estimates, 15 million people have been a victim of stroke. Of these, five million died and another five million were left with permanent disability [2]. In the United States, approximately 759,000 people have a new or recurrent

stroke each year. In China, stroke remains the third leading cause of death, with the total stroke incidence [3] increasing 6.7% annually from 1984 to 2004.

Stroke is a disease characterized by a high incidence and severe after-effects. Therefore, it is important to take efforts to prevent strokes rather than just treat strokes. The risk factors for stroke include old age, hypertension, a previous stroke or transient ischemic attack (TIA), high blood cholesterol, high blood pressure and smoking [4]. Primary prevention plays the most significant role in the reduction of the burden of stroke [5]. Secondary prevention addresses all the measures for avoiding recurrences following a first TIA or stroke, and recurrences are becoming more frequent in increasingly aging populations [6].

Tai Chi Quan is a form of traditional Chinese exercise that has been practiced in China for many hundreds of years and is now widely practiced throughout the world. Tai Chi Quan exercise emphasizes continuous slow (flowing) movements, with small-to-large expressions of motion, unilateral-to-bilateral shifts of body weight, and the rotation of the trunk, head and extremities, combined with deep diaphragmatic breathing and relaxation. It has been estimated that over 100 million people regularly practice Tai Chi Quan in China alone [7]. Over the

centuries, it has become far more focused on the homeostasis of the body's internal environment. Therefore, Tai Chi Quan is recommended for elderly people [8].

Some review articles [9,10] have shown that Tai Chi Quan can help to improve blood pressure [11], blood glucose, and blood cholesterol levels, as well as improve balance and prevent falls in the elderly [12,13] by improving the condition of the musculoskeletal system [14,15]. This applies to both healthy people and patients with chronic cardiovascular diseases, rheumatoid arthritis and osteoarthritis. Tai Chi Quan may then be applied as physical and mental treatment for the rehabilitation of patients [16].

Together with economic advancements in society as a whole, people's living standards have improved and, with increases in the average lifespan of the population, the age of onset of strokes is also gradually increasing. Some risk factors for stroke, such as gender, age and ethnicity, cannot be controlled. However, measures can be undertaken to prevent the development of some risk factors. Tai Chi Quan is one such safe and effective preventive measure that is also suitable for elderly people. In the present paper, the potential application of Tai Chi Quan to stroke prevention is discussed.

## 2. Primary Prevention

### 2.1 Tai Chi Quan and high blood pressure

A total of 26 studies (11 in English, 15 in Chinese) have shown that Tai Chi Quan may have beneficial effects on blood pressure. These studies include nine RCTs, 13 NRSs, and four OBSs [17]. Each of the eight studies specifically designed to evaluate patients with hypertension reported improvements in blood pressure with Tai Chi Quan, although no difference when compared with conventional exercise was sometimes observed. The other 18 studies offer supportive evidence that Tai Chi Quan can reduce blood pressure and may play a role in primary prevention. More than one-half of the studies were published in Chinese and offer data that has historically been excluded from other reviews. One study entitled "The Effect of Tai Chi Exercise on Blood Pressure: A Systematic Review" states that the duration of Tai Chi Quan training for the studies ranged from 12 weeks to three years. The magnitude of the changes in systolic blood pressure and diastolic blood pressure in the Tai Chi Quan group ranged from -7 to -32 mmHg and -2.4 to -18 mmHg, respectively. High blood pressure is the most common primary office diagnosis in the United States, and it is the main reason for more than 35 million visits to physicians per year. Clinical trials have consistently shown that lowering blood pressure is

accompanied by substantial reductions in stroke. While pharmacologic therapy is often emphasized, the critical importance of non-pharmacological approaches and lifestyle modifications, including increased physical activity and exercise, have continued to be recognized by the most recent report for both the primary and secondary prevention of high blood pressure [18]. Clinical trials have reported excellent compliance with Tai Chi Quan interventions and suggest that Tai Chi Quan may promote exercise self-efficacy, while several studies mention better adherence to Tai Chi Quan as compared with standard exercise [19,20].

### 2.2 Tai Chi Quan and high blood glucose

Weight reduction and exercise are recognized as treatment strategies to control blood glucose levels and reduce macrovascular risk factors, thereby preventing complications such as cardiovascular disease [21-24]. People with diabetes who exercise regularly have better glycaemia control [25-28] and cardiovascular outcomes than those who do not exercise [28-30]. Tai Chi Quan offers a number of advantages as a form of exercise and has been demonstrated to decrease blood glucose [31]. A previous study (Effect of 12-week Tai Chi Chuan Exercise on Peripheral Nerve Modulation in Patients with Type 2 Diabetes Mellitus) reported that patients with high blood glucose had a mean fasting blood sugar level of 160.6 (SD 53.8) mg/dL and a mean insulin resistance index of 8.2 (SD 7.9) before the exercise programme. After 12 weeks of Tai Chi Quan, these levels had decreased by 11% and 23% to 142.6 (SD 44.0) and 6.3 (SD 6.2), respectively. In contrast, the reduction in these levels in the control group was substantially less (-0.6% and 11% for the two outcome variables, respectively) [32]. These results indicated that a 12-week programme of Tai Chi Quan exercise may improve high blood glucose levels.

### 2.3 Tai Chi Quan and high blood cholesterol

Hypercholesterolemia is another risk factor for stroke. The majority of studies have shown no association between hypercholesterolemia and total stroke. A ten week Tai Chi programme was found to improve the blood pressure, lipid profile and SF-36 scores in Hong Kong Chinese women. The mean age of the 20 subjects was 40.8±5.9 years (median, 42.5 years, range, 30-50 years). After completing the ten week Tai Chi Quan exercise programme, their systolic blood pressure, total cholesterol and low-density lipoprotein cholesterol levels were significantly reduced [33]. Although studies show that Tai Chi Quan can improve high blood cholesterol, less work has been done on Tai Chi Quan and blood cholesterol. Therefore, further studies on the effects of Tai Chi Quan on blood cholesterol are needed.

### 3. Secondary prevention

#### 3.1 Preventing the causes of stroke

The risk factors for intervention to prevent aetiology include primary prevention such as high blood pressure, high blood cholesterol and high blood glucose, etc.

#### 3.2 Treatment of cognitive disorders after stroke

Stroke and cognitive disorders are closely correlated; strokes increase the incidence of cognitive disorders and dementia [34]. Strokes are also leading causes of lasting disability, the need for long-term care (LTC) and reliance upon nursing homes [35,36]. Tai Chi Quan is easy to implement in community settings and is very well suited for older adults who may have physical limitations [37]. A Chinese and American study found that patients who did Tai Chi Quan three times a week had significantly higher scores on an eight month memory test than subjects who did not engage in Tai Chi Quan. Tai Chi Quan not only has a beneficial effect on the physical body, but also on the spiritual aspects of the patient's well-being, delaying the onset of Alzheimer's disease [38]. Some studies have shown that Tai Chi Quan helps to improve brain function by regenerating nerves in the brain, which can prevent dementia from occurring. Tai Chi Quan is an aerobic exercise while at the same time promoting eye-hand and eye-foot coordination, as the eyes follow the hands and feet during the slow, smooth movements. This focused attention in turn promotes the unification of the mind and body, improves concentration and stimulates brain activity, which improves memory. Aerobic exercise continued for more than half a year has been found to improve the function of the frontal lobe of the brain [39].

#### 3.3 The treatment of depression after a stroke

Depression or a negative mood are common feelings experienced by stroke survivors, further compounding recovery [40]. The mental concentration or mindfulness associated with Tai Chi Quan is thought to promote peacefulness and tranquillity, reduce stress and tension, and improve overall mood [41]. However, few studies have examined the effects of Tai Chi Quan on mood or depression [42]. Depression can also have a negative effect on sleep. Poor sleep quality constitutes one of the most common difficulties facing older adults, with 58% reporting sleeping difficulties at least a few nights per week. Interestingly, the benefits of Tai Chi Quan emerged after participants had learned the 20 separate movements of Tai Chi Quan and were then able to practice the full set for nine weeks. Together, these

findings suggest a temporal progression of benefit in which Tai Chi Quan impacts arousal mechanisms, followed by improvements in sleep. In conclusion, Tai Chi Quan can be considered a useful non-pharmacological approach to improve sleep quality in older adults with moderate complaints, and thereby has the potential to ameliorate sleep complaints, possibly before syndromal insomnia develops.

### 4. Rehabilitation

The mind-body interaction is emphasized while performing Tai Chi Quan. Over the past decade, a number of studies examining the effects of Tai Chi Quan reported that it could improve balance capacity, the fear of falling, bone health and muscle strength in older adults. The ten classical movement types of Tai Chi Quan are extremely important for the rehabilitation of patients who have suffered a hemiplegic stroke. Many Tai Chi exercises involve the arm and calf muscles, which help strengthen the core of the body and the symmetrical distribution of the centre of gravity. This in turn promotes stability when walking, as well as reducing muscle atrophy and maintaining and strengthening muscles. Tai Chi exercises are very slow and smooth and, therefore, are suitable for patients who have suffered a stroke. Thus, Tai Chi is excellent for rehabilitating stroke patients, as it is effective at improving equilibrium and balance, preventing muscle atrophy and improving the difficulties associated with walking [43].

### 5. Summary

Stroke is a major cause of mortality and disability worldwide, and is preventable by controlling risk factors such as high blood pressure, high blood cholesterol, and high blood glucose. Tai Chi Quan is an exercise that improves posture and the maintenance of balance by shifting the body's centre of gravity to and from unilateral and bilateral positions at a smooth and slow movement speed, and is even recommended for older adults with chronic diseases. There are many reports indicating that Tai Chi Quan can control blood pressure, blood glucose and blood cholesterol levels, as well as improving gait, balance capacity, fear of falling and muscle strength, resulting in a better quality of life for elderly adults. Tai Chi Quan is also useful for the prevention of strokes.

### 6. Acknowledgments

This study was sponsored by the Three Year Developmental Plan Project for Traditional Chinese Medicine (major research) of the Shanghai Municipal Health Bureau (ZYSNXD-CC-ZDYJ028).

## 7. References

- [1] Dobkin BH (2005) Clinical practice. Rehabilitation after stroke. *N Engl J Med.* 2005; 352: 1677-1684.
- [2] Mackay J, Mensah GA, Mendis S (2004) *The Atlas of Heart Disease and Stroke.* Geneva World Health Organization.
- [3] Roger VL, Go AS, Lloyd-Jones DM (2012) Heart disease and stroke statistics - 2012 update: a report from the American Heart Association. *Circulation* 2012; 1: e2-220.
- [4] Donnan GA, Fisher M, Macleod M, Davis SM (2008) Stroke. *Lancet.* 371: 1612-1623.
- [5] Rothwell PM, Algra A, Amarenco P (2011) Medical treatment in acute and long-term secondary prevention after transient ischaemic attack and ischaemic stroke. *Lancet.* 377: 1681-1692.
- [6] Paciaroni M, Bogousslavsky J (2010) Primary and secondary prevention of ischemic stroke. *Eur Neurol.* 2010; 63: 267-278.
- [7] Jahnke R (2002) *The Healing Promise of Qi: Creating Extraordinary Wellness Through Qigong and Tai Chi,* New York: McGraw Hill.
- [8] Fuzhong Li (2012) Tai Ji Quan Exercise for People with Parkinson's Disease and other Neurodegenerative Movement Disorders. *N Engl J Med;* 366:511-519
- [9] Wang C, Collet JP, Lau J (2004) The effect of Tai Chi on health outcomes in patients with chronic conditions: a systematic review. *Arch Intern Med.* 164: 493-501.
- [10] Klein PJ, Adams WD (2004) Comprehensive therapeutic benefits of Taiji: a critical review. *Am J Phys Med Rehabil.* 83: 735-45.
- [11] Young DR, Appel LJ, Jee S, Miller ER (1999) The effects of aerobic exercise and Tai Chi on blood pressure in older people: results of a randomized trial. *J Am Geriatr Soc.* 47: 277-84.
- [12] Wolf SL, Barnhart HX, Kutner NG, McNeely E, Coogler C, Xu T (1996) Reducing frailty and falls in older persons. *J Am Geriatr Soc.* 44: 489-97.
- [13] Tse SK, Bailey DM (1992) Tai Chi and postural control in the well elderly. *Am J Occup Ther.* 46: 295-300.
- [14] Hong Y, Li JX, Robinson (2000) Balance control, flexibility, and cardiorespiratory fitness among older Tai Chi practitioners. *Br J Sports Med.* 34: 29-34,
- [15] Lan C, Lai JS, Chen SY, Wong MK (2000) Tai Chi Chuan to improve muscular strength and endurance in elderly individuals: a pilot study. *Arch Phys Med Rehabil.* 81: 604-7.
- [16] Li JX, Hong Y, Chan KM (2012) Tai chi: physiological characteristics and beneficial effects on health, on December 7, 2012 - Published by group.bmj.com *Br J Sports Med.* 35: 148-156
- [17] Gloria Y. Yeh MD, MPH (2008) *The Effect of Tai Chi Exercise on Blood Pressure: A Systematic Review: Preventive Cardiology,* Spring.
- [18] Aram V. Chobanian (2003) Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure: the JNC 7 report. *JAMA.* 289: 2560-2572.
- [19] Morris DS (2006) Tai Chi and older people in the community: a preliminary study. *Complement Ther Clin Pract.* 12: 111-118.
- [20] Kutner NG, Barnhart H, Wolf SL (1997) Self-report benefits of Tai Chi practice by older adults. *J Gerontol B Psychol Sci Soc Sci.* 52B P242-P246.
- [21] Bjork S (2001) The cost of diabetes and diabetes care. *Diabetes Res Clin Pract* Volume 54, Supplement 1:13-18.
- [22] Haffner SM, Lehto S, Ronnemaa T, Pyorala K, Laakso M (1998) Mortality from coronary heart disease in subjects with type 2 diabetes and in nondiabetic subjects with and without prior myocardial infarction. *N Engl J Med.* 339: 229-34.
- [23] Yeap B (2001) Primary care diabetes: Why options are there? *Aust Fam Physician.* 30: 1122-228.
- [24] Brown S, Thompson W (1998) The therapeutic role of exercise in diabetes mellitus. *Diabetes Educ.* 14: 202-6.
- [25] Boule N, Haddad E, Kenny G, Wells G, Sigal R (2001) Effects of exercise on glycemic control and body mass in type 2 diabetes mellitus: A meta-analysis of controlled clinical trials. *J Am Med Assoc.* 286: 1218-27.
- [26] Koch J (2002) The role of exercise in the African-American woman with type 2 diabetes mellitus: Application of the health belief model. *J Am Acad Nurse Pract.* 14: 126-9.
- [27] Pigman H, Gan D, Krousel-Wood M (2002) Role of exercise for the type 2 diabetic patient management. *Southern Medical Association Journal.* 95: 72-7.
- [28] Zanzella M, Kohlman O, Ribeiro A (2001) Treatment of obesity, hypertension and diabetes syndrome. *Hypertension.* 2001; 38: 705-708
- [29] Dunstan D, Zimmet P, Welborn T (2002) The rising prevalence of diabetes and impaired glucose tolerance. *Diabetes Care.* 25: 829-34.
- [30] Rigla M, Sanchez-Quesada J, Ordonez-Llanos J, et al. (2002) Effect of physical exercise on lipoprotein (a) and low-density lipoprotein modifications in type 1 and type 2 diabetic patients. *Metab Clin Exp.* 49: 640-7.
- [31] Wang C, Collet J, Lau J (2004) The effect of tai chi on health outcomes in patients with chronic conditions. *Arch Intern Med.* 164: 493-501.
- [32] Jen-Wen Hung, Chia-Wei Liou, Pei-Wen Wang, Shu-Hui Yeh, et al (2009) MD1, Effect of 12-week Tai Chi Chuan exercise on peripheral nerve modulation in patients with type 2 diabetes mellitus. *Rehabil Med.* 41: 924-929.
- [33] KO Gary T. C. TSANG Patrick C. C.; CHAN Hamish C. K. (2006) A 10-week Tai Chi programme improved the blood pressure, lipid profile and SF-36 scores in Hong Kong Chinese women, *Med Sci Monit.* vol. 12, no5, [Note(s): CR196-CR199]

- [34] Wu Jiang, Neurology M, (2011) People's Medical Publishing House, 155.
- [35] Lloyd-Jones D, Adams RJ, Brown TM, Carnethon M, Dai S, et al (2010) Heart disease and stroke statistics—2010 update: a report from the American Heart Association. *Circulation*. 121: e46–e215.
- [36] Agüero-Torres H, von Strauss E, Viitanen M, Winblad B, Fratiglioni L (2001) Institutionalization in the elderly: the role of chronic diseases and dementia: cross-sectional and longitudinal data from a population-based study. *J Clin Epidemiol*. 54: 795–801.
- [37] Irwin MR, MD (2008) Improving Sleep Quality in Older Adults with Moderate Sleep Complaints: A Randomized Controlled Trial of Tai Chi Chih Sleep. 31(7): 1001–1008.
- [38] Kramer AF, Hahn S, Cohen NJ, et al. (1999) Ageing fitness and neurocognitive function [J], *Nature*, 1999; 400: 418-9.
- [39] Heart Disease and Stroke Statistics-2005 Update. Dallas, (2005) TX: American Heart Association. Available: <http://americanheart.org>
- [40] La Forge R (1997) Mind-body fitness: encouraging prospects for primary and secondary prevention. *J Cardiovasc Nurs*. 11(3): 53–65.,
- [41] Chenchen Wang, (2011) Tai Chi and Rheumatic Diseases: *Rheum Dis Clin North Am*. 37(1):19-32.
- [42] Ohayon MM (2002) Epidemiology of insomnia: what we know and what we still need to learn. *Sleep Med Rev*. 6: 97-111.
- [43] Juanbi G, Yuzhen F, Qingnong L, Meiping L et al., (2012) Observation of ten type movement Tai Chi Quan on stroke patients with hemiplegia curative effect: *Chinese Manipulation & Rehabilitation Medicine*. 31:71-72

INTECH

INTECH