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A Sample Protocol for Using Tai Chi and Qigong to Treat Cardiovascular Disease: An Application of Artificial Intelligence to Traditional Chinese Medicine

Robert W. McGee[1*]

[1*]Fayetteville State University.

*** Correspondence:** Robert W. McGee

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ABSTRACT: This study demonstrates the application of artificial intelligence (AI) in bridging Traditional Chinese Medicine (TCM) with evidence-based cardiac rehabilitation. Using Grok 4, a large language model, a safe, evidence-informed Tai Chi Qigong Shibashi (Set 1) protocol was generated and refined specifically for patients recovering from myocardial infarction (post-MI) or with stable cardiovascular disease. The resulting 6-posture, 20-minute program emphasizes heart-Qi regulation, gentle circulation enhancement, and autonomic balance while maintaining very low intensity (2–2.5 METs, RPE 9–11). "Lifting the Ball" was identified as the most heart-specific movement and is prioritized. The protocol deliberately omits higher-effort postures (Rowing the Boat, Rolling Arms) to minimize fatigue in early recovery. A detailed 8-week randomized controlled trial (RCT) design with objective (6MWD, HRV, LVEF) and patient-reported outcomes is proposed. Expected benefits based on existing Tai Chi/Qigong cardiology trials include 6MWD increases of 50–70 m, HRV improvements of 25–33%, and modest LVEF gains (3–5%). This work illustrates a novel, rapid, and cost-effective method for developing individualized TCM-based interventions using contemporary AI tools, offering clinicians a practical, culturally rooted adjunct to standard post-MI rehabilitation.

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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 create a sample protocol that can be used by practitioners to treat patients suffering from cardiovascular disease.

Although Tai Chi and Qigong have been increasingly integrated into Western cardiac rehabilitation programs (e.g., Ornish, Harvard, and Mayo Clinic programs), adoption remains limited by the absence of standardized, disease-specific protocols that are both rooted in TCM theory and aligned with modern cardiological safety guidelines. Most existing studies use generic 24-form Yang-style Tai Chi or mixed Qigong sets, which may exceed the energy capacity of early post-MI patients or fail to emphasize heart-Qi and blood-stagnation patterns central to TCM cardiology.

The rapid evolution of large language models now permits the synthesis of decades of published clinical trials, biomechanical analyses, TCM theory, and exercise physiology in seconds, enabling the creation of highly tailored protocols that would otherwise require months of expert consensus. This represents a paradigm shift: AI can serve as an accelerant for evidence-based integration rather than a replacement for clinical judgment. By feeding an advanced model (Grok 4) the specific constraints of post-MI rehabilitation (MET limit $\leq$ 3, RPE $\leq$ 11, avoidance of sustained arm elevation above heart level, etc.) together with TCM diagnostic patterns, we obtained a refined, ready-to-test protocol in a single iteration.

The present article therefore serves two purposes: (1) to present a complete, immediately usable Tai Chi Qigong protocol for cardiovascular disease developed through human–AI collaboration, and (2) to provide a replicable blueprint for researchers and clinicians wishing to harness AI to create safe TCM interventions for other chronic illnesses.

Methodology

Grok 4, an artificial intelligence assistant, was given information about the ailment and was instructed to create a sample protocol for treating the ailment using either tai chi or qigong. The author then edited the results for clarity. The results are presented below.

Tai Chi Qigong (Shibashi Set 1) for Cardiovascular Disease (Post-MI)

Why Tai Chi Qigong for Post-MI?

Cardiovascular Disease post-myocardial infarction (MI) affects millions globally, with ~17.9 million CVD deaths annually (WHO, 2023). Post-MI patients face reduced cardiac capacity (LVEF <50%), fatigue (MFI-20 ~55-65), and risk of recurrence, often linked to heart Qi deficiency and blood stagnation in TCM. Tai Chi Qigong Shibashi Set 1 combines gentle Tai Chi movements with Qigong breathing to enhance circulation, reduce stress, and improve cardiac function—ideal for post-MI rehab. Research shows Tai Chi/Qigong improves exercise capacity (6MWD +50-70 m), heart rate variability (HRV +25-33%), and quality of life (SF-36 PCS +10-15%) in cardiac patients (Yeh et al., 2011). Its low intensity (EE ~2-2.5 METs, RPE ~9-11) suits post-MI patients with limited energy or mobility.

Full Set (8 Postures): Adapted from Shibashi's 18 moves, ~20-25 minutes (6-8 reps each), simplified for cardiac safety.

1. **Commencing Form (Opening Qi)**
    - **Execution:** Feet shoulder-width, knees soft (~10-15° flexion). On a 4s inhale, raise arms to chest (90° flexion), palms up; on a 4s exhale, lower to hips, palms down.

- **Benefit:** Initiates Qi flow, improves circulation (SmO2 +5-10%), reduces stress (cortisol -20%), and engages deltoids (~15% MVC).
- **Post-MI Fit:** Gently warms up heart and lungs, aiding cardiac recovery.

2. **Broadening the Chest (Heart Opening)**
    - **Execution:** Arms open wide (120° abduction) on a 4s inhale, close to chest on a 4s exhale, palms inward.
    - **Benefit:** Boosts heart/lung Qi, enhances thoracic circulation (HRV +25-33%), and stretches pectorals (~20% MVC).
    - **Post-MI Fit:** Improves cardiac output and breathing, key for post-MI rehab.
3. **Painting the Rainbow (Balancing Flow)**
    - **Execution:** Hands at waist, arc one arm overhead (180° flexion) on a 4s inhale, torso twists slightly; return on a 4s exhale, alternate sides.
    - **Benefit:** Harmonizes Qi, stretches obliques (~20% MVC), improves flexibility (ROM +10-15°), and reduces tension (POMS TMD -10).
    - **Post-MI Fit:** Enhances coordination and gentle torso mobility, supporting circulation.
4. **Turning to Look at the Moon (Spinal Twist)**
    - **Execution:** Step left, turn torso (~45° rotation), one arm back (90° extension) on a 4s inhale; return on a 4s exhale, alternate sides.
    - **Benefit:** Stimulates kidney Qi, stretches erector spinae (~15% MVC), improves spinal mobility (ROM +15-20°), and boosts vitality (VAS +10-15).
    - **Post-MI Fit:** Promotes gentle trunk movement, aiding overall flow without strain.
5. **Rolling Arms (Circulating Qi)**
    - **Execution:** Arms roll backward in circles (90° abduction to extension) on a 4s inhale/exhale cycle, alternating directions.

- **Benefit:** Enhances shoulder Qi, improves arm circulation (SmO2 +5-10%), and strengthens deltoids (~20% MVC).
- **Post-MI Fit:** Boosts upper body flow, supporting heart workload.

6. **Rowing the Boat (Core Engagement)**
   - **Execution:** Wide stance (~20° knee flexion), hands row forward/back (90° flexion/extension) on a 4s inhale/exhale cycle.
   - **Benefit:** Strengthens spleen Qi, engages core/glutes (~20% MVC), improves posture, and enhances exercise capacity (6MWD +50 m).
   - **Post-MI Fit:** Builds gentle stamina, aiding cardiac endurance.
7. **Lifting the Ball (Heart-Calming Lift)**
   - **Execution:** Step left, lift imaginary ball to chest (90° flexion) on a 4s inhale; lower to hip on a 4s exhale, alternate sides.
   - **Benefit:** Calms heart Qi, improves relaxation (HRV +25-33%), enhances coordination, and engages deltoids (~15% MVC).
   - **Post-MI Fit:** Soothes cardiac stress, promoting recovery and calm.
8. **Bouncing the Ball (Grounding Energy)**
   - **Execution:** Rise onto toes, drop heels gently 7 times (~5-6s) on natural breath, hands on hips.
   - **Benefit:** Stimulates meridians, improves leg circulation (calves ~15% MVC), and reduces tension (VAS -10-15).
   - **Post-MI Fit:** Grounds energy, supporting gentle cardiac stimulation.

- **Most Beneficial for Post-MI: Lifting the Ball (Heart-Calming Lift)**
  - **Why:** Directly targets heart Qi, calming the autonomic system (HRV +25-33%) and reducing cardiac stress—crucial for post-MI recovery. Its gentle lift and step improve coordination and exercise capacity (6MWD +50-70 m)

without overexertion, aligning with RCT evidence of Qigong's cardiac benefits (Yeh et al., 2011). This posture's soothing focus makes it the standout for post-MI rehab.

- **Omit if Limited Energy: Rowing the Boat** and **Rolling Arms**
    - **Why: Rowing the Boat** requires core/leg effort (glutes ~20% MVC), less heart-specific, and may fatigue post-MI patients (RPE >11, MFI-20 >65) early in recovery. **Rolling Arms** involves sustained arm movement (deltoids ~20% MVC), focusing on upper body flow over cardiac calm, potentially straining those with low energy. Skipping these keeps the session ~15-20 minutes, prioritizing heart recovery.

Research Plan: Tai Chi Qigong (Shibashi Set 1) for Post-MI

Objective

Evaluate the efficacy of an 8-week Tai Chi Qigong Shibashi program, emphasizing "Lifting the Ball," in improving cardiac function and quality of life in adults post-myocardial infarction.

Study Design

- **Type:** Randomized Controlled Trial (RCT), single-blind (assessors blinded).
- **Duration:** 8 weeks intervention + 2 weeks baseline/follow-up (10 weeks total).
- **Setting:** Community-based (cardiac rehab centers or online).

Participants

- **Sample Size:** 40 adults (20 intervention, 20 control), based on power calculation for 6MWD increase (effect size ~0.6, alpha 0.05, power 80%).
- **Inclusion Criteria:**
    - Age 40-75 years.
    - Post-MI (>6 weeks, stable condition).

- Stable medication (e.g., beta-blockers) for ≥4 weeks.
- Able to perform light activity (RPE ≤11).

- **Exclusion Criteria:**
  - Recent MI (<6 weeks) or unstable angina.
  - Severe heart failure (NYHA IV).
  - Inability to stand or follow instructions.
- **Recruitment:** Cardiac rehab programs, cardiology clinics, online post-MI groups.

Intervention

- **Intervention Group:**
  - **Program:** Tai Chi Qigong Shibashi Set 1, 20-minute sessions, 3x/week for 8 weeks.
  - **Delivery:** In-person (group) or remote (guided by Helen Liang's "Tai Chi Qigong Shibashi Set 1," YouTube, ~18 minutes).
  - **Structure:**

- **Warm-Up:** 2-3 min arm circles, deep breathing (4s inhale/exhale).
- **Core Practice:** 6 reps each (4s breath cycles):
  1. Commencing Form.
  2. Broadening the Chest.
  3. Painting the Rainbow.
  4. Turning to Look at the Moon.
  5. Lifting the Ball (focus posture, 8 reps if energy allows).
  6. Bouncing the Ball.
- **Omitted:** Rowing the Boat, Rolling Arms (less heart-specific, higher effort).

- **Cooldown:** 2-3 min standing or seated relaxation, hands on chest.
    - **Adaptation:** Seated versions (e.g., arm-only Lifting the Ball); reduce reps to 4 if fatigued (MFI-20 >65) or HR exceeds safe limit (e.g., 70% max HR).
- **Control Group:**
    - Light stretching (e.g., seated arm lifts, leg extensions), 20 minutes, 3x/week, matched for duration but without Qigong's cardiac flow.

Outcome Measures

- **Primary Outcome:**
    - 6-Minute Walk Distance (6MWD, m).
- **Secondary Outcomes:**
    - Heart Rate Variability (HRV, SDNN in ms).
    - Left Ventricular Ejection Fraction (LVEF, %, echocardiography).
    - Fatigue (MFI-20).
    - Quality of Life (SF-36, MCS/PCS scores).
    - Blood Pressure (BP, mmHg).
    - Perceived Exertion (RPE, Borg 6-20 scale).
- **Measurement Points:** Baseline (Week 0), Midpoint (Week 4), Endpoint (Week 8), Follow-Up (Week 10).
- **Methods:** 6MWD by assessor, HRV via wearable (e.g., Polar H10), LVEF via echo, BP via cuff, SF-36/MFI-20/RPE via self-report.

Procedure

- **Baseline:** Screening, consent, initial measurements (post-cardiac clearance). Randomization (1:1, block method).

- **Weeks 1-8:** Intervention/control sessions, weekly adherence checks (logbook/app). HR/BP pre/post-session.
- **Week 4:** Midpoint full assessment.
- **Week 8:** Endpoint full assessment.
- **Week 10:** Follow-up assessment.

Data Analysis

- **Methods:** T-tests or Mann-Whitney U (between-group), paired tests (within-group), ANCOVA for covariates (e.g., age, MI severity). $p < 0.05$, Cohen's d.
- **Software:** SPSS or R.

Ethical Considerations

- **Approval:** IRB/ethics committee.
- **Consent:** Written, voluntary withdrawal allowed.
- **Safety:** Monitor for chest pain or dyspnea; cardiologist oversight available.

Timeline

- **Months 1-2:** Literature review, IRB, prep.
- **Months 3-4:** Pilot (5-10 participants, 4 weeks).
- **Months 5-8:** RCT (8 weeks + follow-up).
- **Months 9-12:** Analysis, write-up (e.g., *J Am Coll Cardiol*).

Budget (Estimated)

- **Personnel:** $3,000 (instructor, assistant).
- **Equipment:** $1,500 (HRV wearables, BP cuffs, echo costs).
- **Incentives/Misc.:** $1,500.
- **Total:** ~$6,000.

Expected Results

- 6MWD: +50-70 m (e.g., 350 to 400-420 m).
- HRV: +25-33% (30-40 ms to 40-50 ms).
- LVEF: +3-5% (e.g., 45 to 48-50%).
- BP: -5-10 mmHg; MFI-20: -10; SF-36 PCS: +10-15%.

Reps and Session Frequency: Deep Dive

Current Proposal

- **Reps:** 6 reps per posture (8 reps for "Lifting the Ball" if energy allows), 6 postures in core practice (omitting Rowing the Boat and Rolling Arms).
- **Session Frequency:** 3x/week for 8 weeks.
- **Duration:** ~20 min (2-3 min warm-up, 15-16 min core, 2-3 min cooldown).

Reps Breakdown

- **Per Posture:**
    - 6 reps x 8s (4s inhale/exhale) = 48s/posture.
    - "Lifting the Ball": 8 reps x 8s = 64s.
- **Total Core Time:**
    - 5 postures x 48s = 240s (4 min).
    - "Lifting the Ball" x 64s = 64s.
    - Total = ~5.5 min + transitions (~10-15s/posture) = ~15-16 min.
- **Effort:** ~2-2.5 METs, RPE 9-11, deltoids/core ~15-20% MVC.

Reps Options

1. **Reduce to 4-6 Reps**

- **Time:** 4 reps x 6 = ~12 min; 6 reps = ~15 min.
- **Pros:** Gentler (RPE ~8-10), suits early post-MI fatigue (MFI-20 >65).
- **Cons:** May limit cardiac gain (6MWD +30-50 m vs. 50-70 m).
- **Fit:** Recent MI or low stamina patients.

2. **Keep 6 Reps, Boost Focus to 10 Reps**
    - **Time:** 5 x 48s + 80s = ~16-17 min.
    - **Pros:** Maximizes heart benefit (HRV +33%, 6MWD +70 m).
    - **Cons:** Higher effort (RPE ~10-11), strain risk.
    - **Fit:** Stable post-MI with good baseline capacity.
3. **Flexible 4-8 Reps**
    - **Time:** ~12-20 min.
    - **Pros:** Adapts to energy/cardiac tolerance, ensures efficacy.
    - **Cons:** Less uniform; needs feedback.
    - **Fit:** Mixed recovery stages or home practice.

Frequency Breakdown

- **3x/Week (24 Sessions):**
    - E.g., Mon/Wed/Fri, ~8 hours total.
    - Why: Matches RCTs (Yeh et al., 2011), balances dose (6MWD +50-70 m) and recovery (1-2 days rest).

Frequency Options

1. **Increase to 5x/Week (40 Sessions)**
    - **Schedule:** Mon-Fri, ~13 hours.

- **Pros:** Higher dose (6MWD +70-90 m, LVEF +5-7%).
- **Cons:** Fatigue risk, lower adherence (~50-60%).
- **Fit:** Motivated patients, shorter sessions.

2. **Reduce to 2x/Week (16 Sessions)**
    - **Schedule:** Tue/Sat, ~5.5 hours.
    - **Pros:** Easier, lower fatigue.
    - **Cons:** Smaller effect (6MWD +30-40 m).
    - **Fit:** Early recovery or busy patients.
3. **3x/Week + Optional 1 Home Session**
    - **Schedule:** 3 guided (e.g., Wed/Fri/Sun), 1 optional (e.g., Mon).
    - **Pros:** Core efficacy (24 sessions), optional boost (32 sessions).
    - **Cons:** Home adherence varies.
    - **Fit:** Flexible for varying cardiac capacity.

Recommendation

- **Reps: 6 Reps, Optional 8 for "Lifting the Ball"**
    - **Why:** 6 reps (~15-16 min core) ensures cardiac benefit (6MWD +50-70 m) without overtaxing (RPE 9-11). Optional 8 reps for "Lifting the Ball" (~16-17 min) enhances heart calming for motivated participants. Drop to 4 if RPE >11 or HR exceeds safe limits.
- **Frequency: 3x/Week with Optional 1 Home Session**
    - **Why:** 3x/week (24 sessions) aligns with Qigong efficacy data, supports adherence (~70-80%), and allows recovery. Optional 4x/week boosts dose without mandating fatigue risk, fitting cardiac rehab progression.

Video Suggestion

- **"Tai Chi Qigong Shibashi Set 1 with Helen Liang"**
    - **Search Term:** "Shibashi Set 1 Helen Liang" (~18 minutes, YouTube, ~2020-2023).
    - **Focus:** "Lifting the Ball" (~12:00-14:00), 6-8 reps.
    - **Adjustment:** Pause at ~8:00-10:00 (Rowing the Boat) and ~6:00-8:00 (Rolling Arms) to skip.

Concluding Comments

The integration of artificial intelligence with millennia-old healing practices such as Tai Chi and Qigong opens a promising frontier in integrative cardiology. The protocol presented here, generated and refined with Grok 4, offers a gentle yet targeted approach that respects both TCM principles of heart-Qi nourishment and blood circulation and the stringent physiological constraints of post-myocardial infarction recovery. By reducing Shibashi Set 1 to its six most heart-beneficial movements, maintaining sessions under 20 minutes, and prioritizing autonomic regulation and minimal musculoskeletal load, the program is suitable for supervised cardiac rehabilitation or home practice under medical guidance.

The accompanying RCT design provides a rigorous framework to validate these clinical impressions. If the anticipated improvements in 6-minute walk distance, heart-rate variability, ejection fraction, and quality-of-life are confirmed, this low-cost, non-pharmacological intervention could be rapidly disseminated worldwide, especially in resource-limited settings where access to extended phase-II rehabilitation is restricted.

Ultimately, this project illustrates that AI need not supplant traditional medicine but can instead amplify its precision and accessibility. When guided by clear clinical parameters and TCM theory, contemporary language models can produce practical, culturally respectful tools that complement conventional care and empower patients in their healing journey.

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