

# 氣功與身心健康



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# 甚麼是身心運動?



# 甚麼是身心運動？

- \* 是指可以同時鍛煉**身體**和**意念**的運動，令練習者達致身心**定靜**的境界
- \* 透過意念，與**身體活動**相配合的

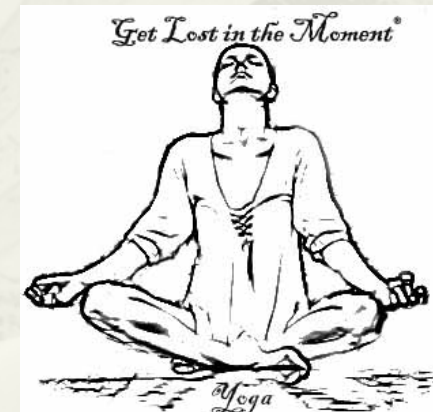


# 甚麼是身心運動？

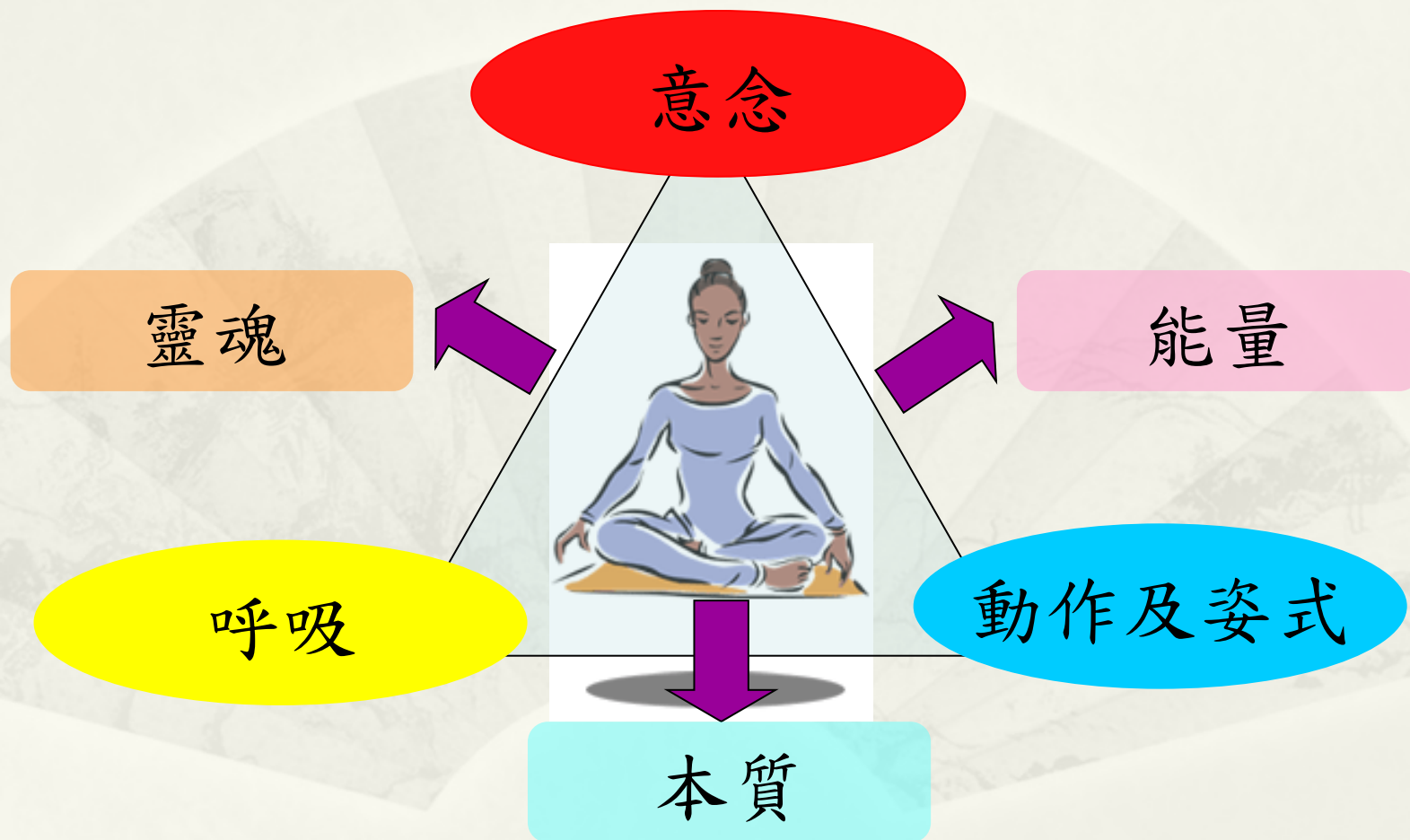
『身體覺察』

『呼吸』

『意念』的導引



# 身心運動的重要原素





# 身心運動 (MIND-BODY EXERCISE)

## \* 種類：

1. 太極
2. 八段錦
3. 瑜珈



# 身心運動 VS 一般運動

	身體覺察	呼吸	意念導引	神經系統	著重層面
身心運動	隨時	有意識的呼吸或均勻緩和的呼吸	多	副交感神經較旺盛	心理較多
一般運動	無或偶而	順其自然的呼吸或急促的呼吸	少或幾乎沒有	交感神經較旺盛	生理較多

# 健身氣功歷史

上古時代-

以“舞”來使氣血流通，  
舒展筋骨肢體

兩漢時代-  
華佗-五禽戲

魏晉南北朝時期-  
內修外養概念

隋唐時期-  
氣功廣泛應用在醫  
學上





# 健身氣功歷史

兩宋金元時期-

以靜為主的氣功  
得到士大夫階層文人  
學者歡迎

明清時期-

氣功發展有一個新的  
高潮，大量氣功養生  
方法總結推出

2000年-

國家體育總局對健身氣功概念  
界定為：

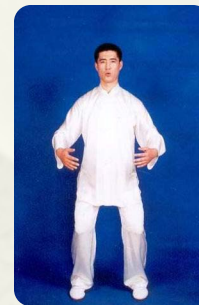
形體活動  
呼吸吐納  
心理調節

為主要運動形式的民族傳統體育項目

# 健身氣功

## \* 國家健身氣功的四種功法：

- \* 易筋經
- \* 五禽戲
- \* 六字訣
- \* 八段錦



# 八段錦

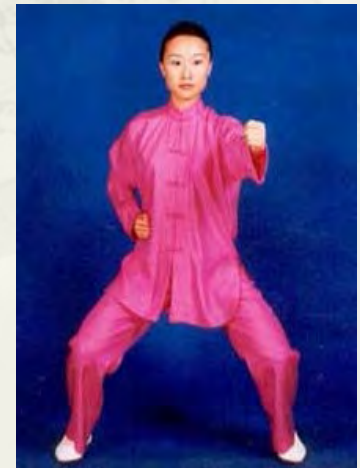
八- 八節動作  
錦 - 表示其精美華貴

八段錦的歷史：

最早出現於南宋的養生文獻。但這一時期的八段錦並未有定名及歌訣化  
明清時期，八段錦有了很大的發展，並廣泛流傳。

南派八段錦：動作較柔和，多採用站式

北派八段錦：動作多馬步，以剛強為主



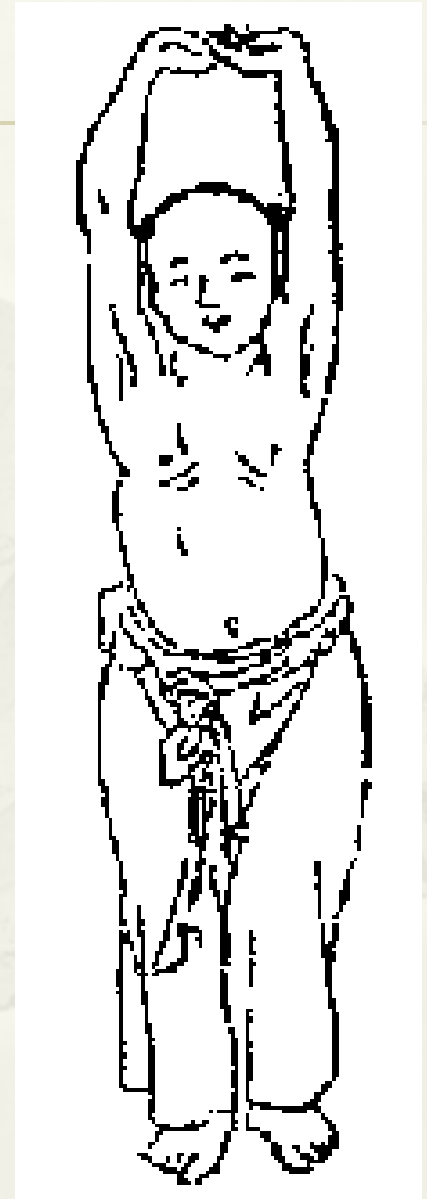
## 功法特點

柔和緩慢 圓活連貫  
鬆緊結合 動靜相宜  
神與形合 氣寓其中

# 1. 雙手托天理三焦

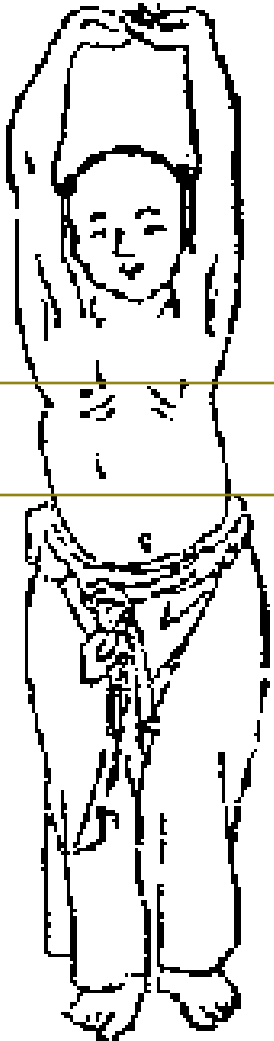
預備姿勢：自然站立

- 一、兩手掌指前伸交叉，手心向上
- 二、兩手平舉至胸前，順勢翻轉，慢慢向上托於頭頂上方
- 三、兩手自左右兩側由上向下畫弧，緩緩放下成預備姿勢





# 雙手托天理三焦



上焦：橫膈以上部位  
(主要包括心、肺)

中焦：橫膈下、臍上部位  
(主要包括脾、胃、肝、膽)

下焦：臍以下部位  
(主要包括腎、膀胱、大腸、小腸)

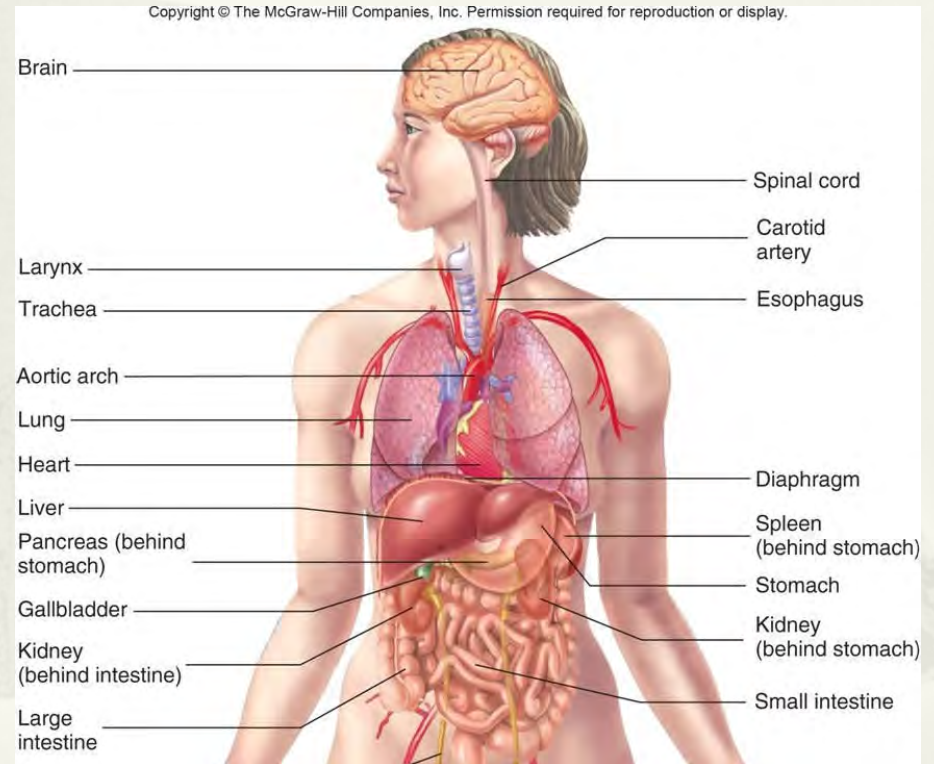
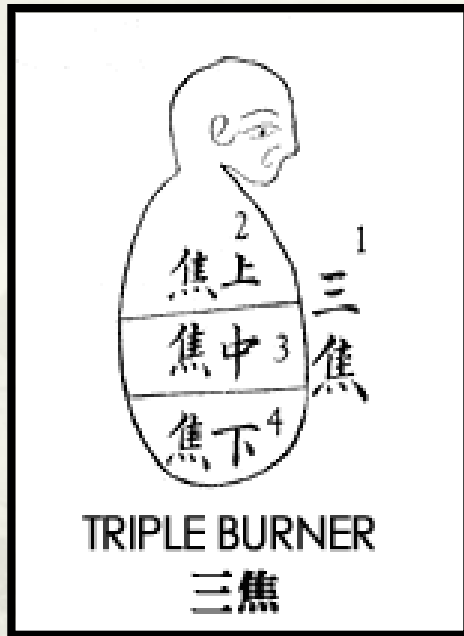
## 動作要點：

通過兩肩的充分伸展，  
肺，肝，胃得到舒展，  
調和臟腑器官的氣血運行

## 作用：

- 1) 防治肩部疾患，預防  
頸椎病

# 雙手托天理三焦



## 5. 搖頭擺尾去心火

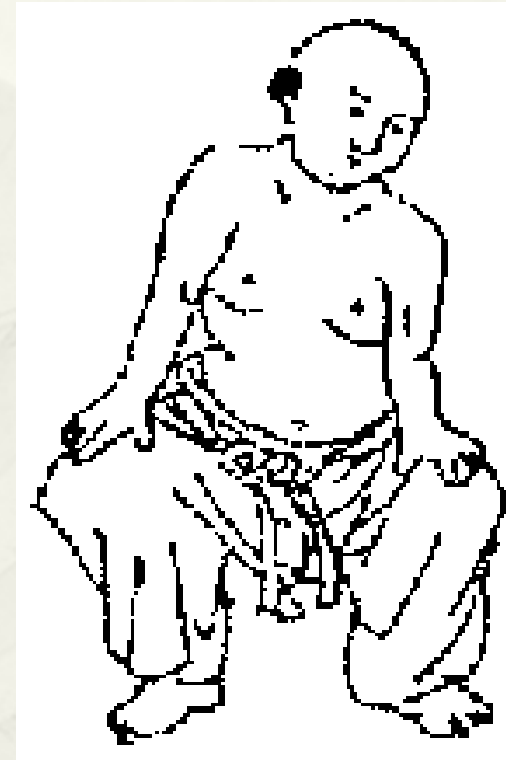
預備姿勢：騎馬勢，兩手撐於兩膝上，虎口上

一、重心向上，上體伸屈向右傾；重心往左移，同時上體由右向前、向左旋轉

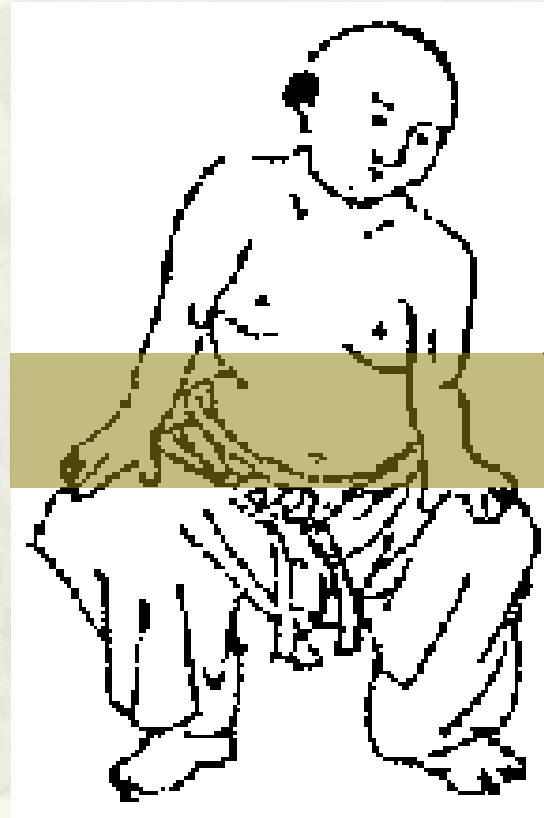
二、重心往右移至中間，同時頭向後右搖，目視前方成騎馬勢

三、重心向上向左傾；重心往右移，上體向前、右旋轉

四、重心往左移至中間，頭向後左搖，還原成預備勢

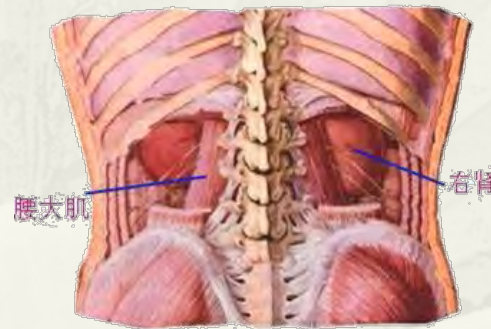
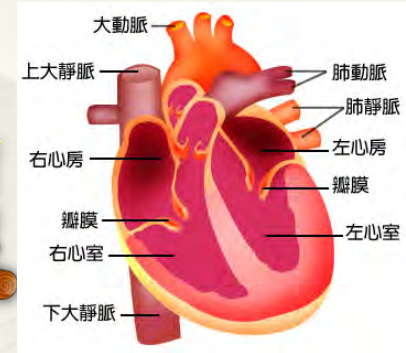


# 搖頭擺尾去心火



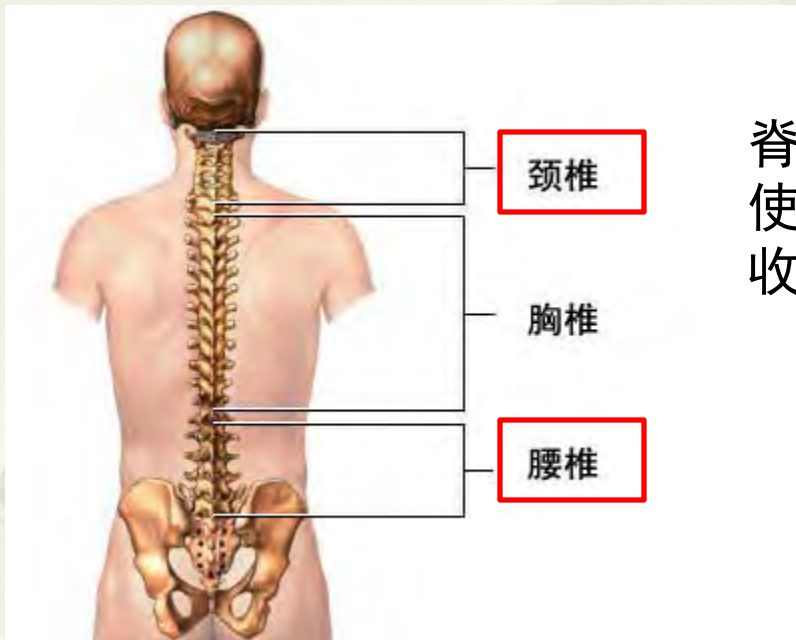
腰為腎府

# 搖頭擺尾去心火





# 搖頭擺尾去心火



脊椎的頸段及腰段大幅度側屈，環轉及回旋使整個脊柱的頸段，腰腹及臀，股肌肉群參與收縮，增加這些部位的肌肉力量

# 八式八段錦重溫



INTERNATIONAL JOURNAL OF GERIATRIC PSYCHIATRY

*Int J Geriatr Psychiatry* 2006; **21**: 890–897.

Published online in Wiley InterScience (www.interscience.wiley.com). DOI: 10.1002/gps.1582

# Effect of a qigong exercise programme on elderly with depression

Hector W. H. Tsang<sup>1\*</sup>, Kelvin M. T. Fung<sup>1</sup>, Ashley S. M. Chan<sup>1</sup>, Grace Lee<sup>2</sup> and Fong Chan<sup>3</sup>

<sup>1</sup>*Department of Rehabilitation Sciences, The Hong Kong Polytechnic University, Hong Kong*

<sup>2</sup>*Kwai Chung Hospital, Hong Kong*

<sup>3</sup>*University of Wisconsin, Madison, USA*

# 氣功對抑鬱症的治療作用

- \* 研究發現鍛鍊氣功有助提升受長期病患長者的自我形象
- \* 抑鬱長者接受了**16**星期的氣功治療後, 均出現以下情況



減輕抑鬱症狀



減輕自我限制, 提高自信及自我效能



正面改善社交支持及人際關係

*Psychophysiology*, 46 (2009), 257–269. Wiley Periodicals, Inc. Printed in the USA.  
Copyright © 2009 Society for Psychophysiological Research  
DOI: 10.1111/j.1469-8986.2008.00763.x

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# Psychophysiological outcomes of health qigong for chronic conditions: A systematic review

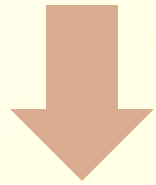
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**BOBBY H.P. NG AND HECTOR W.H. TSANG**

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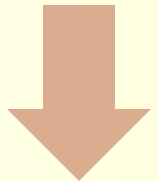
## 生理



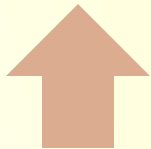
血壓, 心跳率, BMI



心肺功能

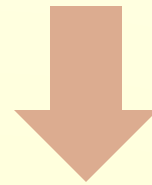


膽固醇

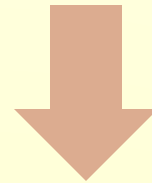


平衡力

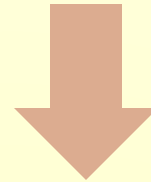
## 心理



抑鬱



焦慮



壓力指數



自我效能

RESEARCH ARTICLE

## A Pilot Evaluation on a Stress Management Programme Using a Combined Approach of Cognitive Behavioural Therapy (CBT) and Complementary and Alternative Medicine (CAM) for Elementary School Teachers

Hector W. H. Tsang<sup>1\*†</sup>, W. M. Cheung<sup>2</sup>, Alan H. L. Chan<sup>1</sup>, Kelvin M. T. Fung<sup>1</sup>, Ada Y. Leung<sup>1</sup> & Doreen W.H. Au<sup>1</sup>

<sup>1</sup>Neuropsychiatric Rehabilitation Laboratory, Department of Rehabilitation Sciences, The Hong Kong Polytechnic University, Kowloon, Hong Kong China

<sup>2</sup>Faculty of Education, The University of Hong Kong, Pokfulam Road, Hong Kong China

### Abstract

The aim of this study is to explore the efficacy of implementing a stress management programme based on a combined approach using cognitive behavioural therapy and complementary and alternative medicine for elementary school teachers who experienced mild level of stress, anxiety and/or depressive symptoms in Hong Kong. A 12-h programme involving cognitive behavioural therapy, self-management, relaxation techniques (diaphragmatic breathing and progressive muscle relaxation), mindful exercises (qigong and yoga), aromatherapy and acupressure was conducted. A quasi-experimental design was used to compare the intervention groups ( $n = 47$ ) with the wait-list control groups ( $n = 46$ ). The primary outcome measures were depression, anxiety and stress. Results indicated that the intervention group had significant reduction in depression [ $(F = 3.93$ ; degrees of freedom ( $df$ ) = 2.90;  $p = 0.023$ )], anxiety ( $F = 3.37$ ;  $df = 2.90$ ;  $p = 0.039$ ) and stress ( $F = 3.63$ ;  $df = 2.89$ ;  $p = 0.031$ ) when compared with the control group. Participants in both groups demonstrated lowered level of salivary cortisol at the post-assessment. The pilot results provided preliminary support to the multi-component stress management programme in relieving affective symptoms of teachers. The programme may be considered as an initial strategy to empower teachers with the abilities to cope with their affective symptoms. Further evaluation using a better designed randomized study with a larger sample size is warranted. (word: 198; max.: 200). Copyright © 2013 John Wiley & Sons, Ltd.



參加者在曾教授團隊帶領下學習八段錦



# 參考

國家體育總局健身氣功管理中心編：《健身氣功社會體育指導員培訓教材》，北京：人民體育出版社，2007

國家體育總局健身氣功管理中心編：《健身氣功二百問》，北京：人民體育出版社，2006

謝  
謝！

