Rationale for the study
A number of studies have been carried out in different countries to assess the effectiveness of Tai Chi exercise for people with Rheumatoid Arthritis (RA). The results of these studies are usually varied and inconclusive but the evidence is that at least Tai Chi does not cause any harm and that people do seem to enjoy it. Some other studies have shown that Auricular Acupressure is an effective treatment for pain. So if Auricular Acupressure is combined with Tai Chi, then it is possible that any pain improvements may be enhanced.

Funding was obtained for 2 studies. The first was primarily a quantitative study designed to measure the physical and psychosocial effects of the interventions. The second was a qualitative study designed to ascertain the views of the participants about their experience.

Background
Tai Chi is a mind-body practice that originated in China as a martial art. The person doing Tai Chi moves his/her body slowly and gently while breathing deeply and meditating. Movements involve turning shifting weight from one leg to the other, bending the legs and using various arm movements. The beneficial effects are balance, strength and flexibility. Because is a gentle exercise in some countries Tai Chi is becoming popular among people who have RA.

Auricular Acupressure - is a complementary medicine technique, which involves applying pressure on areas of the outer ear and which does not require any drugs, tools or needles. A fundamental tenet of auricular therapy is that the ear is related to all parts of the human body as well as internal organs.

Study 1:

Design
- Pragmatic Controlled Trial with outcome measurement
- 2 groups of participants
- One group received the Tai Chi exercise programme x2 per week for 12 weeks (8)
- The other group received the same Tai Chi programme but with additional Auricular Acupressure Therapy (15)
- The study was carried out in 2 venues in Yorkshire.

The Interventions
Tai Chi
- Participants attended classes for 1 hour, twice a week for 12 weeks - led by HYL.
- Thereafter, the participants performed 10 minutes of warm-up stretching, 40 minutes of Sun-style Tai Chi for arthritis, 21 movements with gi gong exercise, and 10 minutes of cool-down exercises.
- Traditional instrument music was played in the background to help participants move gracefully.
- Tai Chi for Arthritis Videotape (ISGN 0-9750551-4-3) – developed by Dr Paul Lam.

Auricular Acupressure
- Auricular pressure points were located at ear apex, wind stream and shenmen for rheumatoid arthritis (Figure 1). All acupuncture was performed with 1 mm round natural seeds (Vaccaria seeds) covered with a little patch.

Study 2: Views of the participants

Physical benefits
- The physical improvements shown in the table were reflected in the comments of the participants. They reported feeling fitter and stronger with more stamina e.g. ‘my daughter commented on how well I looked’. In many cases pain was reduced and the Tai Chi exercise had taught them some relaxation skills which helped their pain management. Participants explained that ‘relaxing helps cope with the pain’ as it ‘reduces the tension created by the pain of RA’.

Psychological benefits
- Tai Chi claims to be a ‘mind / body exercise and the participants talked about how they felt mentally as well as physically better. Comments were made such as ‘opening up physically means opening up mentally’, ‘the mind becomes better as your body is moving better’ and Tai Chi ‘gives a boost’ and ‘alters your mindset’.

Social Benefits
- All participants suggested that the social aspects of the Tai Chi class were important. Exercising with others who have RA fostered a feeling of inclusivity rather than difference. Comments were made such as: ‘it got you out of the house’, ‘shared fun’ ‘made friends’. Because the class was designed specifically for people with RA, participants were able to offer each other informal information on health and other related forms of advice including medications.

Conclusions
- The interview study expanded on the physical benefits of Tai Chi demonstrating that it offered a rich tapestry of sensory and cognitive benefits which included intertwined threads of music, movement, breathing and social cohesion. A number of comments suggested that taking part in the Tai Chi classes allowed the participants an opportunity to recapture times when their bodies moved more fluently and were not restricted by the legacy of RA and related jarring movements. Thus the experience of taking part formed more than the ‘sum of the parts’. It was more than just another exercise class and more than just another support group. The findings from this small study suggest that for these people with RA the experience was highly valuable and should be offered to others. At the time of the interviews all except two participants had tried to find another Tai Chi class with 6 currently attending classes run by the University of the Third Age.