

Alternative and Complementary Medicine in Treatment of Irritable Bowel Syndrome

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Abstract

The benefits of current pharmacological therapy are minimal. Tricyclic antidepressants have strong clinical support, although antispasmodics and selective serotonin reuptake inhibitor antidepressants have weaker clinical evidence. Due to potential hazards, serotonin subtype targeting drugs are not frequently used. Both alosetron and tegaserod, which are not approved for usage in Canada, are linked to cardiovascular events and ischemic colitis, respectively. It is not surprising that nearly 50% of IBS patients seek out Complementary and Alternative Medicine (CAM) therapies given their low levels of satisfaction with therapy they receive. The national center for complementary and alternative medicine defines Complementary and Alternative Medicine (CAM) as medical procedures that are not currently regarded as a part of mainstream medicine. It must be noted right away that this definition is rather arbitrary and that what is and is not considered CAM will depend on a variety of circumstances, including cultural, racial, social, religious, educational, economic, and other considerations, as well as the attitude of the local medical community. As an illustration, the use of aromatherapy as a support for pharmaceutical analgesia in the post-operative patient illustrates how complementary medicines or medical practices are, by definition, administered or used in addition to traditional medicines. Alternative medications or medical procedures are utilised instead of standard medicines or procedures; an illustration of this would be the decision to treat cancer with a particular diet rather than surgery, radiation therapy, or chemotherapy. An approach to patient treatment known as integrative medicine mixes "mainstream" and Complementary and Alternative Medicine (CAM) methods and/or therapies. This approach has been shown to be safe and effective in a number of different contexts.

Keywords: Complementary and alternative medicine • Irritable bowel syndrome • Clinical studies • Natural medications • Methodological quality

Introduction

Irritable bowel syndrome is commonly treated with natural medications. In the East, traditional Chinese herbal medicine is widely used, and some clinical studies indicate that using herbal remedies to treat this condition's symptoms can be beneficial. Based on 75 randomised clinical trials investigating the efficacy of various herbal remedies (either single herbs or mixes of different herbs) it was found that certain herbal remedies help with general symptoms like constipation, diarrhoea, and/or stomach pain. Unfortunately, the bulk of clinical trials examining these botanicals had usually subpar methodological quality. Evidence suggests that good results from small, low-quality studies are more likely to be linked to exaggerated effects. Further study is required to establish the safety of herbal medicines, even though the included trials did not identify any major side effects from using herbal medicines. Irritable bowel syndrome may benefit from the use of herbal medications, to sum up. To advocate using herbal remedies frequently for irritable bowel

syndrome is, however, premature. To produce reliable evidence for the usage of the herbs, bigger, well planned experiments are required.

Reviewing the research behind a few complementary and alternative therapies used to treat irritable bowel syndrome. The terms irritable bowel syndrome or irritable colon were combined with complementary therapies, alternative medicine, acupuncture, fibre, peppermint oil, herbal, traditional, yoga, massage, meditation, mind, relaxation, probiotic, hypnotherapy, psychotherapy, cognitive therapy, or behaviour therapy. MEDLINE, EMBASE, and the cochrane database of systematic reviews were included in the study. Only clinical trials, systematic reviews, and meta-analyses were selected for the results screening [1]. Most interventions have access to level I evidence. In general, IBS symptoms and constipation are alleviated by soluble fibre. Abdominal pain and other IBS symptoms are reduced by peppermint oil. Although there is little evidence to support the use of any particular strain, probiotic trials have generally shown benefits for IBS. Hypnotherapy and cognitive behavioral therapy are

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also viable therapeutic choices. Despite the scant evidence for some herbal remedies, safety is something to consider. As part of an evidence based strategy for the treatment of IBS, a number of complementary and alternative therapies can be suggested; these may offer patients sufficient relief and strengthen the therapeutic relationship.

Many individuals turn to CAM therapies since current medication treatments for IBS symptoms frequently are insufficient. Probiotics and peppermint oil have adequate proof to be recommended for use. Further rational therapeutic options include hypnotherapy and Cognitive Behavioural Therapy (CBT), and sufficient data support their usage in the right patients. IBS-related constipation is relieved by soluble fibre, but not abdominal pain. Even though there is little evidence to support some herbal remedies, doctors should think about their quality and purity before giving them to their patients. Before diagnosing IBS, doctors should check for parasite infection, gluten sensitivity, SIBO, and lactose intolerance. They should ask patients about their use of CAM therapies in the past and present and promote open communication about the possibilities they are thinking about. This has the potential to strengthen the therapeutic alliance, which might also improve IBS patient outcomes.

Literature Review

Irritable Bowel Syndrome (IBS) is a functional bowel illness that affects many people but for which there is no proven medical cure. To find out if Chinese Herbal Medicine (CHM) can help with IBS therapy randomized, double blind, placebo controlled experiment that was carried out [2]. Patients were enrolled in CHM in three Chinese herbal clinics after being referred by two teaching hospitals and five private gastroenterologists. Patients who met the Rome criteria, a recognized benchmark for the diagnosis of IBS were included in the study. During the study, patients took capsules three times each day while getting regular checks from a gastroenterologist and a traditional Chinese herbalist. Changes in the scores on the whole bowel symptom scale, overall improvement as determined by patients and gastroenterologists, and the level of improvement brought on by IBS symptoms as determined by patients. Patients in the active treatment groups (standard and customised CHM) experienced significant improvement in bowel symptom scores as rated by patients and by gastroenterologists as well as significant overall improvement as rated by patients and by gastroenterologists when compared to patients in the placebo group.

Patients claimed that the medication greatly lessened the level of inconvenience brought on by their IBS symptoms. Chinese herbal treatments that were specially created for each patient turned out to be no more efficient than regular CHM care. Only the group receiving customised CHM treatment continued to improve at follow-up after the end of treatment. Therefore for certain IBS patients, Chinese herbal formulations seem to offer symptom alleviation. Certain IBS patients may get symptom relief using Chinese herbal formulations. While individuals receiving personalized therapies discovered that the benefit obtained extended beyond the treatment term, patients receiving the conventional CHM formulation performed better during the course of treatment. Even while not all patients responded to this medication, the study further encouraged additional research into Chinese herbal medicine as a potential IBS treatment option.

IBS is frequently treated with complementary and alternative medicine methods and practices. A recent study reviewed the use of complementary and alternative medicine for IBS while critically evaluating the rationale and supporting data. A systematic analysis of complementary and alternative medicine therapies and practises in the IBS was undertaken based on material gathered through a Medline search [3]. Results showed that patients with IBS frequently use a wide range of complementary and alternative medical procedures and treatments, either in place of or in addition to conventional treatments.

As many of these treatments have not undergone controlled clinical studies, at least some of their success might be explained by the high rate of IBS-related placebo responses. The majority of those who have undergone clinical trials involved modest, low-quality investigations. Nonetheless, there is evidence to suggest the effectiveness of hypnotherapy, various herbal therapies, and specific probiotics in the treatment of IBS. Physicians who treat patients with irritable bowel syndrome must be aware of the prevalence of complementary and alternative medicine among this group as well as the rationale behind its usage. Not all complementary and alternative medicine is the same, and some, like probiotics, certain diets, herbal therapies, and hypnosis, may be effective. More systematic and controlled studies are needed and the absence of truly randomized placebo controlled trials for many of these therapies has limited outcomes.

It is obvious that many IBS patients turn to Complementary and Alternative Medicine (CAM); doctors must acknowledge this and make an effort to comprehend this reliance on treatments that frequently lack a scientific foundation. Studies are challenging because of the high occurrence of placebo responses in IBS; it has even been proposed that CAM is the new placebo. Probiotics, herbal therapies, and hypnotherapy are a few examples of Complementary and Alternative Medicine (CAM) that may find a place in the toolkit of the gastroenterologist and primary care physician who treats IBS patients. Additional research and controlled studies are required as many of these treatments lack true randomized placebo controlled trials.

A thorough evaluation of the clinical research evidence supporting the efficacy of traditional herbal treatments for gastrointestinal illnesses, including irritable bowel syndrome, is necessary. One of the recent literature based study included the cochrane library, MEDLINE, EMBASE, AMED, LILACS, the Chinese biomedical database, together with manual searches of Chinese Journals and conference proceedings devoid of language restriction. There were randomised controlled trials comparing herbal remedies to no treatment, placebo, and pharmaceutical therapies. The elements of randomization, allocation concealment, double blinding, and inclusion of individuals who had been randomly assigned was used to assess the methodological quality of trials.

Discussion

The inclusion criteria were satisfied by randomised trials with thousands of irritable bowel syndrome patients. Three double blind, placebo controlled trials had good methodological quality, whereas the majority of the other trials had inadequate standards. The trials that were tested included different herbal remedies, which were put

up against placebos or traditional pharmaceutical treatments. Also, conventional therapy was contrasted with conventional therapy alone and herbal medications were added with it.

Ayurvedic preparation, standard Chinese herbal formula, STW 5 and STW 5 II, Tibetan herbal medicine Padma Lax, traditional Chinese formula Tongxie Yaofang, and individualized Chinese herbal medicine all considerably reduced overall symptoms as compared to placebo. In trials evaluating various herbal remedies, several herbal remedies showed a statistically significant advantage for symptom alleviation, while certain herbal remedies did not differ substantially from conventional therapy. Six of the examined herbal preparations shown greater effectiveness from the combination therapy compared to conventional monotherapy in nine trials evaluating herbal medication combined with conventional therapy. There were no documented severe ill effects from the herbal medications [4].

Conclusion

Certain herbal medications may help with irritable bowel syndrome symptoms. Positive results from less rigorous trials, however, should be regarded cautiously due to poor methodology, small sample sizes, and a lack of corroborating evidence. High-quality experiments should be conducted to further examine several herbal remedies.

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