



## Journal of Inflammatory Bowel Diseases and Disorder: A New Paradigm Platform from Bench to Bedside

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Received date: September 29, 2015; Accepted date: September 30, 2015; Published date: October 05, 2015

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### Introduction

Inflammatory colitis, Crohn's disease (CD), and ulcerative colitis (UC) are classified under inflammatory bowel disease (IBD), which is a complex group of inflammatory conditions [1], wherein patients require both induction and lifelong medication [2.] The interaction between genetic factors and the environment causes IBD, and inflammatory gut diseases can be caused by modifications to enteral bacteria [3].

Few drugs have been approved by the FDA for the treatment of IBD, for example, budesonide, mesalamine, ciprofloxacin, certolizumab pegol, vedolizumab, and golimumab are used against the epidemiology of IBD. In addition to the approved drugs, many drugs are currently in Phase III trials, such as abatacept, adacolumn, adalimumab, infliximab, and azathioprine [4]. The use of immune-suppressants, corticosteroids, and antitumor necrosis factor for IBD treatment has been widely known [2]. Consequently, the following question has been posed: why do these treatments cause risks of infection and cancerous growth? Therefore, researchers have started to study the use of complementary and alternative medicine (CAM) because patients with IBD claim that CAMs are safer and less toxic than conventional treatment. The survey revealed that approximately half of the patients (mostly adults and children) with IBD used CAM for their treatment [5,6].

The use of herbs for IBD treatment is increasing worldwide. Herbs such as bilberry [7] and Jian Pi Ling [8] showed effectiveness when administered in patients with UC. *Artemisia absinthium* and mastic gum also showed promising results on CD [9,10]. CAM treatment for IBD is continuously increasing and may become a new effective and less expensive treatment method in the future. Considering that CAM has gained popularity in IBD treatment, a number of questions arise: given that the results obtained from in vitro studies are not equally effective in vivo, what is the efficacy of herbal preparation for IBD patients and what is the duration of the long-term safety of herbal treatment?

Most clinical studies on drugs for IBD (anti-UC and anti-CD) present unsatisfactory results. Nevertheless, the information obtained from published studies show useful information, particularly on the early diagnosis of IBD development and on the improvement of clinical trials. Clinical studies were not only conducted on synthetic

drugs but also on herbal therapy for IBD. Although data have shown the promising effectiveness of herbal therapy, some studies lack conclusive results and employ a huge number of patients to achieve a positive risk-benefit ratio in IBD. Given this situation, more attention should be paid to the etiology and pathophysiology of IBD to provide optimal clinical trial data. Finally, before we close the chapter on IBD, further research needs to be performed from the bench to the bedside. Thus, we invite researchers to provide the results of their studies, as well as their valuable comments and views, on drug discovery, drug mechanisms, CAM, IBD-targeted drug delivery, and clinical trials in this journal.

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