



Perspective

## Using Traditional Chinese Medicine for Irritable Bowel Syndrome

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### Abstract

In recent years, Traditional Chinese Medicine (TCM) has gained popularity in the Western Hemisphere. More people are utilizing TCM as a conservative treatment option prior to proceeding with more invasive options such as pharmaceuticals and surgeries. Acupuncture and Chinese herbal medicine are the most well-known modalities of TCM. They are commonly used to treat disorders of various systems including digestive disorders. This article will discuss how TCM is used to treat Irritable Bowel Syndrome (IBS) by looking at numbers of research studies. Symptoms of IBS include abdominal pain, bloating, cramping and changes in bowel habits such as diarrhea and constipation. The studies show the efficacy and safety of using TCM to treat patients with IBS without significant adverse effects. Acupuncture and Chinese herbal medicine help decrease symptoms of IBS by facilitating and enhancing the functions of digestive organs, regulating bowel habits, assisting in release of hormones and neurotransmitters, reducing abdominal pain and bloating and stabilizing stress and anxiety that can contribute to IBS. Therefore, acupuncture and Chinese herbal medicine is recommended being a part of the treatment plan for those suffering from IBS.

**Keywords:** Acupuncture; Chinese herbal medicine; Irritable bowel syndrome; Traditional Chinese Medicine (TCM)

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### Introduction

National Institute of Diabetes and Digestive and Kidney Diseases (2018) defines Irritable Bowel Syndrome (IBS) as a digestive disorder that affects the large intestine causing symptoms such as abdominal cramping, abdominal bloating and a change in bowel habits. There are three types of IBS: IBS with constipation, IBS with diarrhea and IBS with mixed bowel habits. There is no known cause of IBS and no specific test for it. However, medical doctors can run tests such as stool sampling tests, blood tests, x-rays, or colonoscopy to rule out other diseases [1,2].

National Institute of Diabetes and Digestive and Kidney Diseases (2017) suggests 12 percent of people in the United States suffer from IBS. Women are twice more likely to develop IBS than men, and it is more common among people younger than 50 years old. Chance of developing IBS increases if one has a family history of IBS, a history of stressful or traumatic life events, and a history of infection in gastrointestinal tract. Most people who develop IBS often have other health concerns such as fibromyalgia, chronic fatigue syndrome, dyspepsia, gastroesophageal reflux disease, anxiety and depression [1,2].

Most of those diagnosed with IBS can control their symptoms through diet, stress management, probiotics, conventional medicine and complementary medicine such as Traditional Chinese Medicine (TCM) [1,2]. TCM has been used for thousands of years to treat disorders of various systems including the digestive system. Number of studies will be discussed to show the efficacy and safety of TCM when treating IBS.

### Body

Traditional Chinese Medicine (TCM) is a broad term used to gather multiple modalities. These modalities include: acupuncture, Moxibustion (heat therapy with use of mugwort), Chinese herbal medicine, nutrition/lifestyle, tui-na (Asian body works) and qi-gong. In the Western Hemisphere, acupuncture and Chinese herbal medicine are the most recognized modalities out of all. Acupuncture and Chinese herbal medicine have been used throughout history to treat various different illnesses such as cardiovascular disorders, mental disorders, gynecological disorders, musculoskeletal disorders, neurological disorders and digestive disorders [3,4].

Acupuncture is performed by inserting acupuncture needles into specific acupuncture points in the body to facilitate the flow of Qi (vital energy or life force), blood and bodily fluids throughout the meridians and bring one's health into harmony [3,4]. Acupuncture has a long history. First record that refers to a system of meridians is dated around 198 BCE. The Yellow Emperor's Classic of Internal Medicine which dates about 100 BCE describes an organized system of diagnosis and treatment which is recognized as acupuncture today. The concept of meridians and how Qi circulates throughout them was well recognized by this time period [5].

Acupuncture is found to relieve abdominal pain and distention, regulate bowel movements and reduce tension and stress by optimizing

the functions of the digestive organs and aiding in release of hormones and neurotransmitters states [6].

Acupuncture can regulate visceral reflex activity, gastric emptying and acid secretion through affecting various endogenous neurotransmitter systems. Studies have shown that the application of acupuncture targeting serotonergic, cholinergic and glutamatergic pathways in IBS patients can increase the concentration of endogenous opioids, which in turn reduces visceral and global pain perception [6].

Study conducted by Zheng et al., showed the effectiveness of electro-acupuncture for treating patients with diarrhea prominent IBS (IBS-D). The result of the study showed that electro-acupuncture was equivalent to the use of pharmaceutical Loperamide in reducing stool frequency in patients with IBS-D. Additionally, electro-acupuncture improved stool consistency, the number of days with normal defecation, and quality of life for patients [7].

Qin, Yi, Lin, Yang, & Zhuang conducted a randomized controlled trial and compared the efficacy differences between abdominal acupuncture and pharmaceutical intervention when treating IBS-D. 50mg of pinaverium bromide tablet was administered orally 3 times a day to one group while abdominal acupuncture was given 3 times a week to another group. After 4 weeks of treatment in both groups, the result was that abdominal acupuncture was more effective than use of pinaverium bromide in relieving symptoms of IBS-D [8].

Chinese herbal medicine is a vital part of TCM. The term “herbal medicine” is often misleading as the traditional Chinese Materia Medica includes minerals and animal parts as well as herbs [9]. In Chinese herbal medicine, multi-herb formulae is commonly used where multiple different ingredients from Chinese Materia Medica are used together to treat specific conditions and disease patterns [10]. One can administer the multi-herb formulae through a form of water decoction, granule and powder, or pills [9]. Practitioners of TCM should thoroughly investigate each patient’s presentation and choose an herbal formula that best suits one’s case.

*Shun-Qi-Tong-Xie* (SQTX) is a Chinese herbal formula commonly used to treat symptoms of IBS. SQTX can reduce abdominal pain, abdominal distention and diarrhea. Ingredients of SQTX are Bai Shao (*Paeonia Radix alba*), Bai Zhu (*Atractylodis macrocephalae Rhizoma*), Xie Bai (*Allimacrostemi Bulbus*), Che Qian Zi (*Plantaginis Semen*), FoShou (*Citrisacrodactylis Fructus*), and Bo He You (*Oleum Menthaplocalycis*) Wang et al., states [11-13].

TCM has a long history spanning thousands of years, dealing with abdominal pain and diarrhea. In recent years, a group of studies confirmed the efficiency of TCM treatment on IBS. As the most common type of IBS, IBS-D is characterized by abdominal pain/discomfort and diarrhea, mainly accompanied with emotional instability, which is the exact indication of SQTX Granule in our study. Pharmacological and toxicological research with SQTX Granule demonstrated the efficacy and safety in preclinical trials, respectively, and phase II clinical trials also indicate the improvement of symptoms without significant adverse events [13].

Tong Xie Yao Fang (TXYF) is another very well-known Chinese herbal formula used to treat symptoms of IBS. TXYF contains four ingredients: Chao Bai Zhu (dry-fried *Atractylodis macrocephalae Rhizoma*), Chao Bai Shao (dry-fried *Paeoniae Radix alba*), Chao Chen Pi (dry-fried *Citrireticulatae Pericarpium*), and Fang Feng

(*Saposhnikoviae Radix*). According to the classical texts, TXYF is used to tonify the Spleen, soften the Liver, expel dampness and stop diarrhea. This formula is often used to treat variety of biomedically-defined digestive disorders [11,12,14,15].

Pan et al., studied the clinical effects of TXYF in treating IBS-D and the possible mechanism of the herbal formula. The conclusion was that TXYF is an effective herbal formula for the treatment of IBS-D because it showed decrease in abdominal pain and distention, improvement in the stool quality and improvement of the emotional health in patients. The study hypothesizes that TXYF’s mechanism of action may be through its ability to adjust activation of mast cells to decrease visceral hypersensitivity [16]. Li et al., found that TXYF treats IBS by lowering 5-HT levels [17]. 5-HT regulates sensory, motor and secretory functions of the digestive system and play an important role in pathophysiology of IBS [18,19]. Li et al., also states that certain ingredients in TXYF such as Bai Zhu and Fang Feng can relieve symptoms of IBS by affecting microbiota species in the gut flora [17]. Chen et al., conducted a double-blind placebo-controlled randomized trial to study the efficacy of TXYF for treating IBS-D. The study concluded that use of TXYF was superior to placebo in controlling symptoms of IBS-D with low adverse event rate [20].

As the research studies discussed above shows, acupuncture and Chinese herbal medicine can help decrease symptoms of IBS effectively and safely without the adverse effects that often comes with pharmaceutical intervention. Acupuncture and Chinese herbal medicine are shown to treat symptoms of IBS by optimizing functions of digestive organs, regulating hormones and neurotransmitters, improving bowel movements, reducing abdominal pain, distention and stabilizing moods.

## Conclusion

Irritable Bowel Syndrome (IBS) is prevalent in the United States where 12 percent of the populations are diagnosed with the disorder. Treatments include diet changes, stress management, probiotics, conventional medicine and complementary medicine such as acupuncture and Chinese herbal medicine [1,2]. Acupuncture and Chinese herbal medicine can safely and effectively help patients with IBS without adverse effects that are often presented with invasive procedures of conventional medicine and pharmaceutical uses. Acupuncture decreases abdominal pain by affecting the concentration of endogenous opioids and can regulate visceral reflux activity, gastric emptying and acid secretion [6]. Acupuncture overall relieves symptoms of IBS by facilitating and enhancing the functions of digestive organs, regulating bowel habits, assisting in release of hormones and neurotransmitters, reducing abdominal pain and bloating, and stabilizing stress and anxiety that can contribute to IBS [8,7].

Chinese herbal medicine such as *Shun-Qi-Tong-Xie* (SQTX) and Tong Xie Yao Fang (TXYF) can greatly reduce symptoms of IBS. SQTX was found to reduce abdominal pain, abdominal discomfort and diarrhea that are mainly accompanied with emotional instability [13]. Studies showed that TXYF decreases abdominal pain and distention, improves the stool quality and stabilizes emotional health in patients better than pharmaceutical interventions. TXYF treats symptoms of IBS through its ability to adjust activation of mast cells to decrease visceral hypersensitivity, its ability to lower 5-HT levels, and its ability to affect microbiota species in the gut flora [17,16].

More conducted studies would be beneficial in gaining additional measurements on safety and efficacy of acupuncture and Chinese herbal medicine when treating symptoms of IBS. Regardless, acupuncture and Chinese herbal medicine is recommended to be a part of the treatment plan for those suffering from IBS.

## References

1. National Institute of Diabetes and Digestive and Kidney Diseases (2017) Definition & Facts for Irritable Bowel Syndrome. National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, Maryland, USA.
2. National Institutes of Health (2018) Irritable Bowel Syndrome. National Institutes of Health, Bethesda, Maryland, USA.
3. Baker K, Deadman P, Al-Khafaji M (2008) *A Manual of Acupuncture*. Eastland Press, Seattle, Washington, USA.
4. Cheng X (1987) *Chinese Acupuncture and Moxibustion*. Foreign Language Press, Beijing, China.
5. White A, Ernst E (2004) A Brief History of Acupuncture. *Rheumatology* 43: 662-663.
6. Li CY, Li SC (2015) Treatment of irritable bowel syndrome in China: A review. *World J Gastroenterol* 21: 2315-2322.
7. Zheng H, Li Y, Zhang W, Zeng F, Zhou SY, et al. (2016) Electroacupuncture for Patients With Diarrhea-Predominant Irritable Bowel Syndrome or Functional Diarrhea: A Randomized Controlled Trial. *Medicine (Baltimore)* 95: 3884.
8. Qin Y, Yi W, Lin S, Yang C, Zhuang Z (2017) [Clinical Effect of Abdominal Acupuncture for Diarrhea Irritable Bowel Syndrome]. *Zhongguo Zhen Jiu* 37: 1265-1268.
9. Ergil KV, Kramer EJ, Ng AT (2002) Chinese Herbal Medicines. *West J Med* 176: 275-279.
10. Yi Y-D, Chang I-M (2004) An Overview of Traditional Chinese Herbal Formulae and a Proposal of a New Code System for Expressing the Formula Titles. *Evid Based Complement Alternat Med* 1: 125-132.
11. Bensky D, Clavey S, Stöger E (2004) *Chinese Herbal Medicine: Materia Medica* (3<sup>rd</sup> edn). Eastland Press, Seattle, Washington, USA.
12. Brand E, Wiseman N (2008) *Concise Chinese Materia Medica*. Paradigm Publications, Brookline, Massachusetts, USA.
13. Wang X-X, Luo R-J, She B, Chen Y, Guo J (2014) Traditional Chinese Medicine (*Shun-Qi-Tong-Xie* Granule) For Irritable Bowel Syndrome: Study Protocol For a Randomised Controlled Trial. *Trials* 15: 273.
14. Maclean W, Lyttleton J (2009) *Clinical Handbook of Internal Medicine: The treatment of Disease with Traditional Chinese Medicine*. Pangolin Press, USA.
15. Scheid V, Bensky D, Ellis A, Barolet R (2009) *Chinese Herbal Medicine: Formulas & Strategies* (2<sup>nd</sup> edn). Eastlands Press, Seattle, Washington, USA.
16. Pan F, Zhang T, Zhang Y-H, Xu J-J, Chen F-M (2009) Effect of Tongxie Yaofang (痛泻要方) Granule in treating diarrhea-predominate irritable bowel syndrome. *Chin J Integr Med* 15: 216-219.
17. Li J, Cui H, Cai Y, Lin J, Song X, et al. (2018) Tong-Xie-Yao-Fang Regulates 5-HT Level in Diarrhea Predominant Irritable Bowel Syndrome Through Gut Microbiota Modulation. *Front Pharmacol* 9: 1110.
18. Gershon MD, Track J (2007) The Serotonin Signaling System: From Basic Understanding To Drug Development for Functional GI Disorders. *Gastroenterology* 132: 397-414.
19. Stasi C, Bellini M, Bassotti G, Blandizzi C, Milani S (2014) Serotonin Receptors and Their Role in the Pathophysiology and Therapy of Irritable Bowel Syndrome. *Tech Coloproctol* 18: 613-621.
20. Chen M, Tang TC, Wang Y, Shui J, Xiao XH, et al. (2018) Randomised clinical trial: Tong-Xie-Yao-Fang granules versus placebo for patients with diarrhoea-predominant irritable bowel syndrome. *Aliment Pharmacol Ther* 48: 160-168.



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