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# COMPLEMENTARY AND ALTERNATIVE MEDICINE FOR TREATMENT OF IRRITABLE BOWEL SYNDROME

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#### **ABSTRACT**

Complementary and alternative medical therapies and practices are Extensively employed in the treatment of the irritable bowel syndrome A methodical review of reciprocal and indispensable medical therapies and practices in the perverse bowel pattern was performed grounded on literature attained through a Medline A wide variety of reciprocal and indispensable medical practices and therapies are generally employed by irritable bowel syndrome cases Both in confluence with and in lieu of conventional therapies. As numerous of these therapies haven't been subordinated to controlled clinical Trials, some, at least, of their efficacity may reflect the high- placebo Response rate that's

characteristic of Irritable bowel syndrome. Of those that have been subordinated to clinical trials most have involved Small poor quality studies. There is, still, substantiation to support efficacity for hypnotherapy, some forms of herbal remedy and certain probiotics in irritable bowel syndrome. To review the operation of reciprocal and indispensable drug in the irritable bowel syndrome, and to assess critically the base and substantiation for its use.

**KEYWORDS:** acupuncture, complementary and alternative medicine, functional gastrointestinal disorder, herbal medicine, irritable bowel syndrome.

#### INTRODUCTION

Irritable bowel syndrome(IBS) is a common but potentially disabling complaint which may affect as Numerous as 20 as the adult population in western Europe and North America<sup>[1]</sup> Typical symptoms Include abdominal pain, bloating, abdominal distension and altered bowel habit. Until lately, remedy has Concentrated on characteristic relief and on pain, diarrhea and

constipation, in particular. Still, Substantiation for long- term efficacy of any pharmacological agent employing this approach in IBS was Lacking. While some new composites have been developed which offer pledge of lesser efficacy, these Aren't extensively available, as yet.<sup>[2]</sup> It should come as no surprise, thus, given the frequency and Disabling nature of IBS symptomatology, that expedient to reciprocal and indispensable medical(CAM) Remedies and curatives has long been common place among IBS victims. Interest in CAM isn't unique to IBS; indeed, similar curatives have attracted the attention of the mainstream literature in numerous areas Of drug of late.<sup>[3]</sup>

Our thing was to perform a methodical review of the use of CAM in IBS. To achieve this we performed a Medline hunt using 'perverse bowel pattern' as one keyword linked(by 'and') to either 'reciprocal', 'Indispensable', 'herbal', 'mind – body', 'hypnotherapy', 'probiotic', or other CAM modalities. Review Papers were also searched for fresh references. Emphasis was placed on controlled trials.

#### COMPLEMENTARY AND ALTERNATIVE MEDICINE

CAM is defined by the National Center for reciprocal and Indispensable drug(NCCAM) as medical practices that aren't presently considered to be a part of conventional drug. [4] It must be stressed at the onset that this description is kindly arbitrary and artistic, ethnical, social, religious, educational, profitable and other factors, as well as the prevailing station of the original medical profession will impact what's and what isn't regarded as CAM. reciprocal drugs or medical practices are, by description, taken or used in confluence with conventional drugs; as illustrated, for illustration, by the use of aromatherapy as an aid to pharmacological analgesia in the postoperative case. Indispensable drugs or medical practices, in discrepancy, are taken or used in place of conventional drugs or practices; an illustration then would be choosing a special diet rather than surgery, radiation remedy or chemotherapy in the operation of cancer. The term integrative drug refers to an approach to patient care that combines 'mainstream' and CAM practices and/ or curatives; some high quality substantiation formerly exists for the safety and efficacy of this system in several areas. [5,6]

CAM practices may be accessibly divided into five main orders.<sup>[4]</sup>

1. Manipulative and body- grounded styles These curatives similar as massage, chiropractic and osteopathic manipulation are grounded on the operation of manipulation, pressure or movement to one or further corridor of the body.

- 2. Mind body interventions This form of CAM involves a variety of ways similar as contemplation, hypnotism, cognitive remedy, patient support groups and prayer, which are designed to enhance the capacity of the mind to impact or control fleshly functions and relieve symptoms.
- 3. Biologically grounded curatives These CAM curatives employ substances similar as herbal products, salutary ingredients or complements that are set up in nature, so-called 'natural' products, to achieve relief.
- 4. Energy mending curatives There are two forms of CAM remedy that employ some form of energy.
- Bio field curatives that are intended to affect the energy field that surrounds and penetrates the mortal body. exemplifications of this approach include Qi gong, acupuncture, reek and remedial touch styles.
- The alternate form of energy remedy involves the use of bio-electromagnetic fields and includes similar styles as palpitated field remedy, glamorous field remedy and the operation of direct or interspersing current fields.
- 5. Indispensable medical systems These systems similar as homeopathy, or traditional Chinese drug(TCM), involve an each- encompassing proposition and practice of drug and may include several different remedial approaches.

#### CAM IN IRRITABLE BOWEL SYNDROME

Public mindfulness and operation of CAM in IBS and other functional diseases have also increased in the advanced world in recent times. In one check, performed on a aggregate of 1409 subjects at a original supermarket, the prevalence of CAM use was 49.5 for subjects with seditious bowel complaint, 50.9 for those with IBS and 20 among those with other gastrointestinal conditions.<sup>[7]</sup>

Koloski etal. tried to define the predictors of conventional and indispensable care seeking for IBS.<sup>[8]</sup> Two hundred and seven community- grounded cases were included in the study. One hundred and three(49.9) cases had sought conventional care for IBS in the last 12 months. Only 43(20.8) pursued an indispensable drug pathway and the rest of the cases didn't seek any care. Frequent abdominal pain and lesser satisfaction with the croaker – case relationship were linked as independent predictors of conventional healthcare use. Being a womanish, singly prognosticated indispensable healthcare use. In CAM, numerous curatives are

administered constantly and are frequently accompanied by significant contact with the therapist, another factor which may increase the placebo response.

#### MANIPULATIVE AND BODY-BASED METHODS IN IBS

A small number of studies have estimated the part of reflexology in IBS operation. One singleblindfolded trial was carried out on 34 Rome II-positive IBS cases in primary care. Actors were allocated to admit either a reflexology bottom massage or anon-reflexology type of bottom massage. No clinical benefit was set up in relieving abdominal pain, constipation, diarrhoea or abdominal distention. [9] In another study, Herbert Benson's relaxation response contemplation(RRM) program was tested as a possible treatment for IBS. Sixteen grown-ups were included; 13 actors completed the treatment programmer. Cases were tutored the agreement fashion and asked to exercise it twice a day for 15 min. At the end of the treatment period, significant within- subject advancements were noted for flatulence and bloating. At follow- up 3 months latterly, significant advancements in flatulence, spewing, bloating and diarrhoea(P 1/40.03) were revealed from evaluation of symptom journals. [10] The same group of cases latterly shared in a 1- time followup study to determine whether the goods of RRM on IBS symptom reduction were maintained over the long-term.

Ten of the 13 who completed the original protocol shared; significant reductions, frompretreatment, were now noted for the symptoms of abdominal pain, diarrhoea, flatulence and bloating.

Continued use of contemplation appeared, thus, to be particularly effective in reducing the symptoms of pain and bloating.<sup>[11]</sup>

#### MIND-BODY INTERVENTIONS IN IBS

Of these approaches, hypnotherapy has been the most extensively used in the treatment of IBS. In one study, 250 unselected IBS cases were treated with hypnotherapy. Cases passed 12 sessions of hypnotherapy over a 3- month period. At the end of the study, pronounced advancements were seen in all symptom scores, as well as in quality of life, and scores for anxiety and depression. All groups of cases appeared to do inversely well, with the notable exception of males with diarrhoea. [12] In another study, a aggregate of 78 IBS cases completed a validated symptom- scoring questionnaire, the Hospital Anxiety and Depression(HAD) Scale and the Cognitive Scale for Functional Bowel diseases(FBDs), before and after 12 sessions of gut- concentrated hypnotherapy. Hypnotherapy redounded in

significant advancements in symptoms, quality of life and scores for anxiety and depression. IBS- related cognitions also bettered, with a reduction in the total cognitive score and all element themes related to bowel function. This study showed that symptom advancements, in IBS, in relation to hypnotherapy are associated with cognitive changes.<sup>[13]</sup>

#### BIOLOGICALLY BASED THERAPIES AND ALTERNATIVE MEDICINE

Herbal curatives have been generally used for a variety of diseases since ancient times. A recent study of cases using CAM modalities for gastrointestinal diseases showed that 48 used some form of herbal remedy.<sup>[14]</sup>

Traditional Chinese drug has long used combination herbal remedy, whereby TCM herbal formulae are personalized grounded upon a given case's pattern of symptoms, rather than being general for a specific complaint process. likewise, formulae may be modified over time, as the pattern of symptoms changes. These factors render comparisons between studies nigh insolvable and militate against dazed, placebo controlled studies. Variations in quality between studies or, indeed from day- to- day, in the same center, further complicate the interpretation of these studies.

Sauces that have been used in TCM formulae for IBS have included numerous common foods similar as rhubarb, barley, tangerine peel, cardamom and liquorice; most formulae include five or further sauces. While these curatives have been used in China for thousands of times, there have been many studies of their efficacy in the western literature. That this can be achieved, despite all of the forenamed obstacles, is illustrated by one well-designed trial in which 116 cases were randomized into three groups placebo(an inert formula looking and smelling just like the herbal treatment), a formula collectively formulated for each case by a trained TCM guru, or a standardized formula developed for IBS.9 About 42 of those cases who entered either of the herbal treatments had a lesser enhancement in their symptoms than those taking the placebo. [16] No differences in enhancement rates for symptoms were set up between personalized and standardized Chinese herbal formulae at 16 weeks.

Peppermint oil painting is generally used, as both a element of tradition drugs and as a element of several untoward remedies, for the treatment of IBS.<sup>[15,16]</sup> The most common and, potentially distressing, side effect of peppermint oil painting treatment is heartburn. before, several small trials showed that peppermint was perfectly superior to placebo in perfecting abdominal discomfort, bloating and overall IBS symptoms.<sup>[17-19]</sup> still, these trials were small

in size, generally of short duration and would be regarded, currently, as unacceptable. Not unexpectedly, thus, a recent review and meta- analysis of all available trials using peppermint oil painting in IBS concluded that the data were inadequate to justify its use. [20]

#### **ENERGY HEALING THERAPIES**

Acupuncture is another area that has been studied in IBS operation. Acupuncture, began from ancient Chinese drug, is rested on channels of energy(Qi), called meridians, which run through the body. On the Meridians lie 360 acupuncture points. Although claims for effectiveness for acupuncture in IBS live. There's little data. One airman study of just seven cases reported advancements in bloating and general Well being. [21] A prospective, dazed, sham- controlled trial of traditional Chinese acupuncture was conducted on 60 IBS Cases at a single postgraduate training sanitarium in Europe. [22] The primary end point was a predefined Fall in symptom score at 13 weeks. Cases in treated and sham groups bettered significantly during the Study, mean advancements in scores being equal(-1.9) and significant for both. There was a small Numeric butnon-significant difference between the response rates in cases entering acupuncture(40.7) And sham treatment(31.2). Several secondary end points hardly favored active treatment, but an Bettered symptom score passed more constantly with sham remedy(65.6vs.59.2).

#### **CONCLUSIONS**

It is abundantly clear that recourse to CAM is widespread among IBS patients; doctors must recognize This and attempt to understand this reliance on therapies which, in many instances, do not have a scientific Basis. The high-placebo response rate in IBS renders Studies difficult; it has indeed been suggested that CAM is the new placebo. [23] All CAM is not the same And some, such as hypnotherapy, forms of herbal therapy and probiotics, may well find a place in the armamentarium of the gastroenterologist and primary care Doctor caring for IBS sufferers. Above all, we Need more science and more controlled studies; the Absence of truly randomized placebocontrolled trials For many of these therapies has limited meaningful Progress in this area.

#### REFERENCES

- 1. Talley NJ. Irritable bowel syndrome; definitions, diagnosis and epidemiology. Bailllieres Best Pract Res Clin Gastroenterology, 1999; 13: 371–84.
- 2. Quigley EM. Why do we have so few effective drugs for IBS? A European perspective. Nat Clin Pract Gastroenterol Hepatol, 2005; 2: 436–7.

- 3. Nahin RL, Pontzer CH, Chesney MA. Racing toward the integration of complementary and alternative medicine: a marathon or a sprint? Health Aff., 2005; 24: 991–3.
- 4. National Center for Complementary and Alternative Medicine. Available at: http://nccam.nih.gov. Last accessed 12 December 2005.
- 5. Myers C, Jacobsen P Integrative medicine and oncology: emerging evidence. Cancer Control, 2005; 12: 146–7.
- 6. Sun X, Cai G, Wang WG. Observation on intestinal flora in patients of IBS after treatment of Chinese integrative medicine. Zhong Xi Yi Jie He Xue Bao, 2004; 2: 340–2.
- 7. Kong SC, Hurlstone DP, Pocock CY, Walkington LA. The incidence of self prescribed oral complementary and alternative medicine use by patients with gastrointestinal diseases. J Clin Gastroenterol, 2005; 39: 138–41.
- 8. Koloski NA, Talley NJ, Huskie SS, Boyce PM. Predictors of conventional and alternative health care seeking for irritable bowel syndrome. Aliment Pharmacol Ther., 2003; 17: 841–51.
- 9. Tovey P. A single-blind trail of reflexology for irritable bowel syndrome. Br J Gen Pract, 2002; 52: 19–23.
- 10. Keefer L, Blanchard EB. Effects of relaxation response mediation on the symptoms of IBS: results of a controlled treatment study. Behav Res Ther., 2001; 39: 801–11.
- 11. Keefer L, Blanchard EB. One year follow up of relaxation response meditation as a treatment for IBS. Behav Res Ther., 2002; 40: 541–6.
- 12. Gonsalkorale WM, Houghton LA, Whorwell PJ. Hypnotherapy in irritable bowel syndrome: a large-scale audit of a clinical service with examination of factors influencing responsiveness. Am J Gastroenterol, 2002; 97: 954–61.
- 13. Gonsalkorale WM, Toner BB, Whorwell PJ. Cognitive changes in patients undergoing hypnotherapy for IBS. J Psychosom Res., 2004; 57: 271–8.
- 14. Langmead L, Chitnis M, Rampton DS. Use of complementary therapies by patients in IBD may indicate psychosocial distress. Inflamm Bowel Dis., 2002; 8: 174–9.
- 15. Friedman G. Treatment of the irritable bowel syndrome. Gastroenterol Clin North Am, 1991; 20: 325–33.
- 16. Kline RM, Kline JJ, Di Palma J, Barbero GJ. Enteric-coated, pH-dependent peppermint oil capsule for the treatment of irritable bowel syndrome in children. J Pediatr, 2001; 138: 125–8.

- 17. May B, Kohler S, Schneider B. Efficacy and tolerability of a fixed combination of peppermint oil and caraway oil in patients suffering from functional dyspepsia. Aliment Pharmacol Ther., 2000; 14: 1671–7.
- 18. Liu JH, Chen GH, Yeh HZ, Haung CK, bPoon SK. Enteric-coated peppermint oil capsule in the treatment of irritable bowel syndrome, a prospective randomized trail. J Gastroenterol, 1997; 32: 765–8.
- 19. Dew MJ, Evans BK, Rhodes J. Peppermint oil for irritable bowel syndrome, a multicentre trial. Br J Clin Pract, 1984; 38: 394–8.
- 20. Pittler MH, Ernst E. Peppermint oil for irritable bowel syndrome: a critical view and metaanalysis. Am J Gastroenterol, 1998; 93: 1131–5.
- 21. Chan J, Carr I, Mayberry JF. The role of acupuncture in the treatment of irritable bowel syndrome; a pilot study. Hepatogastroenterology, 1997; 44: 1328–30.
- 22. Forbes A, Jackson S, Walter C, Queraishi S, Jacyna M, Pitcher M. Acupuncture for irritable bowel syndrome, a doubleblind placebo-controlled trial. World J Gastroenterol, 2005; 11: 4040–4.
- 23. Vozeh A. Is the increasing use of evidence-based pharmacotherapy causing the renaissance of complementary medicine? Br J Clin Pharmacol, 2003; 56: 292–6.