

Treatment of IBS using acupuncture and moxibustion

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ABSTRACT

Many people with inflammatory bowel disease employ complementary therapies like acupuncture and moxibustion. Their effectiveness in treating ulcerative colitis and, albeit to a lesser extent, Crohn's disease, is only weakly supported by research. However, due to a lack of understanding, gastroenterologists and specialised nurses rarely employ them as extra supportive therapy. They should have their

efficacy evaluated through adequately powered trials, according to the available evidence, which suggests that they have a position as supplementary supportive therapy for patients with inflammatory bowel disease. Today, when patients and professionals share care and duties, it is important to provide patients with this knowledge so they can make educated decisions.

Key Words: *Crohn's; Ulcerative colitis; Acupuncture*

INTRODUCTION

In the past 50 years, both Crohn's disease and ulcerative colitis—two types of inflammatory bowel disease—have increased in prevalence and frequency. Both disorders' aetiologies are still unknown, and numerous potential causes have been put out during that time. As a result, treatment has focused more on managing symptoms than on curing the illness. Despite the improvements brought on by the development of biologic medicines, the illnesses continue to be chronic and are typified by repeated flare-ups. The undiagnosed symptom of fatigue likely contributes significantly to the negative impacts of chronic illnesses on daily living. As a result, people with inflammatory bowel disease often and widely employ complementary therapy.

It is utilised by younger patients, those who have completed more schooling, and those who are receiving immunosuppressive therapy among Hungarian patients. It tends to represent a dissatisfaction with their efficacy in this group and is likely related to decreased compliance with allopathic therapies.

This assessment of existing research on the possible benefits of acupuncture and moxibustion in the clinical therapy of ulcerative colitis and Crohn's disease is conducted in light of this context. Given the prevalence of rodent research in this field, the method by which they might be effective is not addressed in this review. Inflammatory bowel illness in rats and mice is chemically generated. Because Crohn's disease has not been identified in animals and spontaneously occurring colitis has mainly been observed in dogs, their application to the human state is in doubt. Inflammatory bowel disease has been treated using a variety of methods. Traditional

Chinese therapy, electroacupuncture, and catgut implantation at acupuncture points have all been researched as parts of the acupuncture alternative. Before any clinical symptoms can be shown to improve, traditional Chinese acupuncture often needs two or three sessions. Non-cutting tiny needles are used. Many proponents of evidence-based practise have sharply criticised its philosophical foundation of harmonising energy flow throughout the body. However, a large body of research has shown that it is effective in a number of chronic conditions.

Although treatments are customised for each patient, the majority of practitioners will make the same points. Acupuncture needles are placed into the skin during a treatment session at varying depths and at an angle to the surface. Usually, they are left in place for 30 to 45 minutes. The same insertion locations and needles are used in electroacupuncture. This contemporary variant, though, tries to increase the advantages of conventional therapy. Each acupuncture site receives two needles, and tiny quantities of electricity are delivered through them to produce a vibration effect similar to that produced by physically moving the needles, as occurs when the needles are turned in conventional therapy.

Similar to conventional acupuncture, moxibustion is a method of treatment that has been practised for many years. It appears to be routinely utilised in many NHS obstetric facilities to supplement traditional treatments for the management of breech presentations. It may be provided alone or in conjunction with acupuncture. Direct moxibustion involves placing cones of moxa—prepared from pulverised young *Artemisia vulgaris* leaves—on certain acupuncture sites and lighting them so they smoulder. In Western medicine, care must be made to prevent skin blistering from being caused by such

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hot cones. In the West, indirect moxibustion is more frequently used in order to prevent these problems.

Ulcerative colitis

Only affecting the colon, ulcerative colitis is most frequently encountered in non- or ex-smokers. There is no known cure for this chronic illness, and the risk of colorectal cancer is raised. 5ASA chemicals have been the cornerstone of treatment for the most of the previous century [7] and there is some evidence to suggest that they can greatly lower the risk of colonic cancer. Immunosuppressants, such as azathioprine, and biologics are frequently utilised in cases when 5ASA drugs have failed.

However, steroids continue to be the preferred medication for the treatment of flares. Although there are many different therapies available, surgery in the form of a colectomy is still the only widely acknowledged type of treatment when all other options fail. In light of this, a sizable fraction of patients turn to alternative treatments including probiotics, fish oils, and herbal remedies. Cultural background does not appear to have much of an impact on this choice, as both European and South Asian patients seek relief from such treatments.

Acupuncture and moxibustion in ulcerative colitis

Wang et al.'s meta-analysis of 13 randomised controlled trials revealed that acupuncture alone and in combination with conventional therapy were both superior to conventional medicine for treating ulcerative colitis. Both manual and electroacupuncture fall under this category. Similar to this, a meta-analysis has demonstrated that moxibustion is likely efficacious. However, many acupuncture and moxibustion studies have been questioned because the diagnostic standards and efficacy standards that were applied were neither universal nor standard.

Techniques and choice of points

In a trial involving 62 patients with ulcerative colitis, one group received conventional medical care while the other group received acupuncture and moxibustion at ST 25 and REN 4. Treatments like moxibustion and acupuncture have proven to be successful. In a trial with 120 patients, who were randomly assigned to receive either mesalazine or acupuncture together with acupoint catgut embedding sequential therapy for mild to severe ulcerative colitis, the effectiveness of the treatment was examined. In the acupuncture group, acupoint catgut embedding was used at BL 20, ST 36, and CV 4 during the remission period, while needling was done at ST 25, ST 37, and LI 11 during the active phase. Both treatment modalities were used for a total of 12 weeks. Both groups experienced an improvement in symptom scores following therapy, however acupuncture had a much greater impact than mesalazine.

Collagen from the serosal or submucosal layer of the small intestine of cattle, sheep, and goats is used to make traditional catgut. In a study involving 116 patients, 56 examples of acupoint catgut implantation therapy at the BL 25, ST 36, ST 37, and other locations were examined. Sulfasalazine was given to the control group at a dose of 4 g/day to 6 g/day. At 8 weeks, the catgut group had improved endoscopic and symptomatic results. However, due to the possibility of spreading disease from animals to humans, its usage has been outlawed in several nations. Granulomas and traditional materials have both been linked to localised reactions. The clinical implications

of the synthetic absorbable polymers, which have taken its place in surgical practise, are unknown. Catgut acupuncture, which was initially presented as a revolutionary therapy in the 1970s, has a brief history. Its idea is similar to that of Press Tack Needle (PTN) therapy, whose goal is to spread out the length of an acupuncture response over a number of days. PTN has not been studied in the management of inflammatory bowel disease, although it may be utilised as a home therapy in the early stages of a flare-up. However, this would necessitate a thorough evaluation in therapeutic trials in addition to standard care.

In a 117 patient trial, three treatments using heated needle moxibustion for 30 minutes at ST25, CV4, and CV12 were found to be more effective than acupuncture and therapies using sulfasalazine and azathioprine. Warm needle moxibustion patients' outcomes were 15-18% better than the other two groups. Moxa cones are ignited and connected to the end of the acupuncture needle during warm needle moxibustion. As the flaming moxa burns the needle, it is considered an indirect type of moxibustion.

Moxibustion use results in the creation of smoke that contains chemical agents, which suggests that its impact on colitis may be similar to that of tobacco use. As an illustration, it has been discovered that moxa smoke contains a wide range of complex ingredients, such as ammonia, alcohols (such as ethylene glycol and pentyl butanol), aliphatic hydrocarbons, aromatic hydrocarbons, terpene chemicals, and their oxides.

Difficulties with study design

The absence of sufficient controls makes it difficult to determine whether acupuncture and moxibustion are effective treatments. In randomised pharmacological therapy controls, sham acupuncture has consistently been proven to have a stronger effect than traditional placebos. For instance, the Colitis Activity Index decreased from 8.0 to 4.2 points compared to 6.5 to 4.8 points in the control group in a prospective, randomised, controlled clinical trial of 29 patients with mild-to-moderately active UC where traditional acupuncture and moxa were compared to sham acupuncture consisting of superficial needling at non-acupuncture points.

Despite the fact that this disparity was large, both groups' overall wellbeing and quality of life significantly improved. In patients with mild-to-moderately active UC, both conventional and phoney acupuncture appeared to provide an additional therapeutic benefit. This discovery highlights the problems with faux needling. To overcome such challenges, one strategy is to assess how acupuncture compares to traditional medical care. A similar investigation was conducted by Jia et al. Acupoint sticking therapy was alternated with electroacupuncture at CV12, ST25, CV4, and ST37, BL20, BL25, and ST36. The control group received oral mesalazine as treatment. Patients who got acupuncture treatment, including endoscopic evaluation, fared much better than those who received mesalazine treatment.

In cases where questions regarding the morality of such a comparison are raised, the study design could include both conventional treatment and acupuncture. A design like that would show any additional advantages of moxibustion or acupuncture. Additionally, it would enable acupuncture treatment plans to be modified to meet the needs of certain patients.

Failure to monitor the effectiveness of therapies for long enough periods of time further restricts the interpretation of several research

on the use of acupuncture and moxibustion in the treatment of ulcerative colitis. Since ulcerative colitis is a chronic disorder, comparing responses after 4 or 6 weeks is simply too soon to allow for accurate clinical evaluations. Acupuncture, like allopathic medicines, is not a cure and must be used on a regular basis, which is related to the necessity for longer trials. The results of more research will determine how often such treatments will be administered.

Clearly define quantifiable endpoints, such as the use of clinical evaluation methods that are widely accepted and patient-related outcomes. Pre- and post-treatment endoscopic evaluations with biopsies are necessary for studies.

Crohn's disease, acupuncture and moxibustion

The ailment known as Crohn's disease originally appeared in the first half of the 20th century and has since expanded all across the world. Its cause is unknown. The same drugs used to treat ulcerative colitis are still used to treat symptoms, however they have varied efficacies. A sizable risk of colorectal cancer exists, similar to that of ulcerative colitis.

In a study of 51 patients from Erlangen, Germany, those who received acupuncture saw an increase in their CDAI (Crohn's Disease Activity Index) of 97 points after 10 sessions spread over four weeks, while the control group who received sham acupuncture saw only a 39-point increase.

CONCLUSIONS

Patients with inflammatory bowel disease have chronic illnesses that necessitate ongoing medical care and frequently require major surgical procedures. Therefore, it is not unexpected that a sizable percentage of patients look for alternative therapies to enhance their quality of life. This frequently entails paying attention to your nutrition and using natural medicines. A distinct strategy is provided by acupuncture, which frequently caters to the unique needs of each patient. The effectiveness of acupuncture and moxibustion in treating inflammatory bowel illness is well demonstrated, despite the lack of available evidence. Moxa was partitioned with herbs or wheat to guarantee that it was not directly exposed to the skin, making it safe and another instance of indirect moxibustion. Such a strategy was essential in the context of a study of Canadian gastroenterologists, which revealed that almost half (49%) of the respondents felt uncomfortable discussing complementary therapies with their patients, with ignorance being the most frequently stated barrier. In actuality, the majority (79%) have no formal education regarding such treatments. Professional organisations like the British Medical Acupuncture Society must bear responsibility for creating adequate educational programmes.