Integrative Medicine for Gastrointestinal Disease



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KEYWORDS

- Complementary therapies Integrative medicine Digestive system diseases
- Gastroesophageal reflux disease
 Inflammatory bowel disease
- Irritable bowel syndrome Liver disease Nausea

KEY POINTS

- Patients with gastrointestinal conditions frequently use integrative medicine, and evidence
 of efficacy of specific therapies for certain conditions is growing.
- Promising results have been achieved with mind-body therapies, acupuncture, diet, and some dietary supplements, including probiotics and specific herbs in distinct gastrointestinal conditions.
- The most commonly studied conditions are gastroesophageal reflux disease, inflammatory bowel disease, irritable bowel syndrome, nonalcoholic fatty liver disease, and nausea and vomiting.

INTRODUCTION

Gastrointestinal (GI) conditions account for substantial morbidity, mortality, and health care costs in the United States. Approximately 42% of the US adult population with GI conditions have used integrative therapies over the course of a given year. Interest in, and research on, integrative approaches for addressing GI conditions is growing, in part owing to the recognition of the importance of the gut microbiome on human health, the effects of stress on the enteric nervous system, and their interrelationship. Although an exhaustive review of integrative approaches for managing GI disease is

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outside of the scope this work, herein we focus on the more common and studied approaches for addressing common GI disorders.

GASTROESOPHAGEAL REFLUX DISEASE

Gastroesophageal reflux disease (GERD) is one of the most prevalent health-related conditions in the Western world, with prevalence estimates ranging from 20% to 40%. GERD is primarily a clinical diagnosis, characterized by symptoms of heartburn and acid reflux. It is associated with decreased health-related quality of life and significant health care costs and lost productivity. Several integrative therapies may help to reduce symptoms.

Acupuncture

Two studies from China suggest that acupuncture (4 points stimulated daily for 6 weeks with a 2- to 3-day break between each week of stimulation) can significantly reduce esophageal acid and bile reflux and improve GERD-related symptoms. Another study found that for individuals with ongoing GERD symptoms despite once daily proton pump inhibitor therapy, addition of acupuncture (10 sessions over 4 weeks) was more effective than doubling the proton pump inhibitor dose. Another study patients with GERD also have functional dyspepsia, and acupuncture treatment seems to be effective for those symptoms as well, perhaps through a centrally mediated mechanism.

Mind-Body Therapies

Anxiety and depression are known to increase reports of GERD symptoms, and patients who respond less well to proton pump inhibitor therapy are more likely to suffer from psychological distress. In small studies, hypnotherapy, biofeedback, and muscle relaxation techniques have been shown to improve GERD symptoms. In a recent randomized, controlled trial (RCT) of diaphragmatic breathing exercises for patients with nonerosive GERD, subjects were instructed to practice for 30 minutes daily and were given a recording with instructions and relaxing music. After 4 weeks, those practicing the breathing exercises had a significant decrease in esophageal acid exposure by esophageal manometry and improvements in quality of life, whereas there were no changes in the control group. In those still practicing at 9 months, proton pump inhibitor use was decreased.

Herbs and Dietary Supplements

Melatonin is synthesized in the GI tract and is an important gut motility signal. Two studies suggest that melatonin may be as or more effective than omeprazole 20 mg in reducing GERD-related symptoms. ¹⁰ One study examined 3 mg of melatonin daily, the other examined 6 mg of melatonin in combination with several vitamins and amino acids. The only side effect noted in the latter study was somnolence.

STW 5 (Iberogast) is a commercial formula that includes 9 botanicals: *Iberis amara*, *Matricaria chamomilla*, *Carum carvi*, *Mentha piperita*, *Glycyrrhiza glabra*, *Melissa officinalis*, *Chelidonium majus*, *Silybum marianum*, and *Angelica archangelica*. ¹⁰ In 3 studies of functional dyspepsia that included patients with GERD symptoms, those receiving STW 5 were more likely to have improvement in symptoms than those receiving placebo. STW 5 was most effective for epigastric pain, retrosternal pain, and acid regurgitation. Adverse events were similar to placebo and included dermatitis, angioedema, digestive intolerance, and 1 case of allergic asthma. The product has been sold in Germany for 40 years and has a good safety profile.

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