



A clinical observation of irritable bowel syndrome treated by traditional Chinese spinal orthopedic manipulation



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KEYWORDS

Irritable Bowel Syndrome (IBS);
Spinal manipulation;
Orthopedic;
Jiaji points;
Intervertebral disk displacement;
Bowel Symptom Scale (BSS)

Summary

Objective: To evaluate the clinical effect of Traditional Chinese Spinal Orthopedic Manipulation (TCSOM) in treating Irritable Bowel Syndrome (IBS) in comparison with Pinaverium Bromide Dicetel (PBD), and to assess a possible cause for IBS.

Methods: 60 cases of IBS patients were randomly divided into two groups: TCSOM and PBD. All patients in the TCSOM group were treated with a 5-time spinal manipulations. The symptoms of pre-treatment and post-treatment were evaluated based on bowel symptom scale (BSS) scores. A symptom improvement rating (SIR) and patient subjective assessment (PSA) were implemented in order to evaluate the effects of the treatments, and to statistically compare the two groups.

Results: The symptoms of 23 patients of the TCSOM group disappeared soon after spinal manipulation and 6 cases were significantly improved. The BSS scores in the TCSOM group were significantly lower than those in the PBD group post-treatment. According to the SIR which was based on the BSS, the TCSOM research group included 14 cases with excellent results, 13 cases with good, and 3 cases with poor. Adverse side effects to the treatment were not reported. Based on the BSS, the PBD research group reported 7 cases with excellent results, 8 cases with good and 15 cases with poor. All cases were statistically analyzed, revealing a significant difference ($P < 0.001$) between the two groups.

Conclusion: The displacement of inter-vertebral disks and/or vertebra in the thoracic or lumbar region seems to be a contributing factor in the symptoms of irritable bowel syndrome. Thumb pressing manipulation on jiaji points in the thoracic and/or lumbar region can correct the displacement of inter-vertebral disks and/or vertebra, resolving the stimuli caused by pressure exerted on the nerves and vessels around the spine. So it is an effective treatment for IBS.

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Background

Irritable Bowel Syndrome (IBS) is a functional gastrointestinal (GI) disorder, characterized by abdominal pain, altered stool form or stool passage, and bloating, but in the absence of demonstrable organic pathology. IBS occurs in 10–20% of the general population.^{1,2} Abdominal pain is the most common symptom of IBS.³ The etiology of IBS remains unknown. It is believed that emotional factors, hormones, drugs, and diet may play some role, as these factors have been shown to precipitate or aggravate symptoms in some IBS patients. The pathophysiology of IBS is not completely understood. Traditional theories regarding pathophysiology may be conceptualized as a 3-part complex including altered GI motility, visceral hyperalgesia/hypersensitivity, and psychopathology. A unifying mechanism is still unproven. One theory suggests that all of these symptoms result from a dysregulation of the bi-directional communication between the gut's enteric nervous system and the central nervous system of the brain, referred to as the brain–gut axis.⁴

In 2002, a female inpatient visited the Department of Gastroenterology in Zhongda Hospital (Nanjing, China) presenting with severe abdominal pain. The gastroenterologist performed a thorough examination, and without any positive exam results, diagnosed her with IBS. She was treated with pharmaceuticals, which yielded poor results. Several months later, the patient visited the Department of Chinese Orthopedics and Traumatology for the treatment of her back pain. After she was treated with spinal manipulation, her back pain was concurrently alleviated with her abdominal pain. After three treatments with TCSOM, her abdominal pain completely resolved with no relapses. This important observation became the impetus for the further study of IBS patients, made possible by the cooperation of the Departments of Chinese Orthopedics and Traumatology, Gastroenterology, Acupuncture and Moxibustion in Zhongda Hospital in Nanjing, China.⁵

Materials and methods

Diagnostic criteria

Patients were recruited from the outpatient in Zhongda Hospital. All of the 60 patients fulfilled Rome III criteria, an established standard for diagnosis of IBS.⁶

Inclusion criteria

(1) Patients must fulfill the "Rome III criteria" for the diagnosis of the IBS and had symptoms currently. (2) Patients are at the age of 18–60. (3) Patients who had undergone colonic evaluation by colonoscopy or barium enema, and had marked a minimum of 20 mm away from the "no symptoms" end of the visual analog scale (VAS) for IBS symptoms. (4) Patients must be tested with normal liver function, a normal CBC, and had normal urea and creatinine levels. (5) IBS patients who also had symptoms of back pain and leg pain, with the contingency that these symptoms must be less severe than the IBS symptoms. (6) Patients must give informed consent to treat.

Exclusion criteria

Exclusion criteria included pregnancy or breast-feeding; menopause; liver disease; use of certain medications

including anticholinergics, lactulose, smooth muscle relaxants, motility stimulants and/or antidepressants; current alcohol or drug abuse; lactose intolerance; allergies to food additives; inflammatory bowel disease (ulcerative colitis or Crohn's disease); gastric and duodenal ulcers; cancer of the GI tract; celiac disease or diabetes mellitus; vertebral fracture; central herniation of lumbar inter-vertebral disk; post-operation of the spine; serious osteoporosis; vertebral tuberculosis and vertebral tumor or cancer.

General material

60 cases of pain-predominant IBS patients were observed in this study, all of whom were recruited from the outpatient department of Zhongda Hospital between 2010 and 2011. This study was approved by The Medical Ethics Committees of the Southeast University. All persons signed their informed consent prior to their inclusion in the study. The patients were randomly divided into two groups. One group was treated with Traditional Chinese Spinal Orthopedic Manipulation (TCSOM) and the other was treated with a pharmaceutical drug. The demographic breakdown of the TCSOM treatment group ($n=30$) included 13 men and 17 women, with ages ranging from 18 to 60 years [(38 ± 10) years] old, and the course of disease ranging from 2 to 16 years. All patients in the TCSOM group were treated with one course of treatment, which consisted of a Chinese spinal orthopedic manipulation, administered by a qualified doctor with above 5-year clinical experience of TCSOM. The patients that were treated with TCSOM received a total of 5 spinal manipulations. The demographic breakdown of the pharmaceutical group ($n=30$) included 12 men and 18 women, with ages ranging from 19 to 60 years [(40 ± 10) years], and the course of disease ranging from 2 to 15 years.

Methods

PBD group

Patients were treated with Pinaverium Bromide Dicitel (Abbott Products SAS, Chatillon sur Chalaronne, France), a calcium agonist used to relieve GI spasms, pain, transit disturbances, and other symptoms related to IBS and other functional intestinal disorders. The PBD group was instructed to take 50mg three times a day, keeping for 2 weeks.

TCSOM group

Patients were treated with Chinese spinal orthopedic manipulations, for a total of five treatments. Before treatment with spinal manipulation, the following examinations were conducted.

Sensation test. The patient's sensory perception of the skin of the chest, abdomen and back were examined prior to the treatment, as chronic low back pain and irritable bowel syndrome have been found to be associated with generalized musculoskeletal hyperalgesia.⁷ Sensibility to pain may be normal, reduced (hypo-algesia), absent (analgesia), or increased (hyper-algesia).⁸ Paresthesia can often be observed on the skin of the abdomen and back which correspond accordingly to the spinal nerve by which it is controlled. 23 of 30 cases in the TCSOM research group presented with paresthesia in the sensation test.

Palpatory examination. This is one kind of examinations and diagnosis ways of Traditional Chinese Medicine. The pads of the fingers are used to press along the spine in order to

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