

Acupuncture Soothes Irritable Bowel Syndrome (IBS)

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Acupuncture and Moxibustion alleviate irritable bowel syndrome (IBS). Research confirms that acupuncture and Moxibustion significantly reduce abdominal pain, diarrhea, and the ratio of abnormal stools. The research was conducted on patients with IBS-D, a type of irritable bowel syndrome characterized by insidious attacks of diarrhea. The total effective rate was 96.7% with many patients experiencing a complete recovery

with no relapses. The positive patient outcomes for IBS-D patients suggest that additional research on IBS-C (constipation IBS) and IBS-A (alternating stool IBS) is warranted.

Over 65% of patients in the study demonstrated “marked effect.” The study’s criteria for marked effect are: completely asymptomatic, normal frequency of bowel movements, normal stools, no relapse after three months. An additional 30% of patients experienced improvements. The criteria for “improvements” are significant reductions in symptoms and relapse within three months but only with mild symptom intensity.

As a standalone procedure, acupuncture demonstrated a 76.7% total effective rate including reductions in abdominal pain, diarrhea, and frequency of bowel movements. Acupuncture combined with Moxibustion increased the total effective rate to 96.7%. The researchers note that “acupuncture combined with ginger and salt-partitioned Moxibustion can obtain a remarkable effect for IBS-D. This integrative therapy is simple and convenient.”

Biomedicine

The researchers note that the biomedical definition of IBS includes abdominal pain or discomfort with 2 out of 3 of the following symptoms: relief by defecation, changes in frequency of stools, changes in the form of stools (hard, loose, lumpy or watery). IBS may be further differentiated by greater than 3 bowel movements per day and urgent bowel movements. The symptoms occur for 12 weeks during a 12 month period but are not necessarily consecutive.

Traditional Chinese Medicine

The researchers note that IBS-D is differentiated into 3 patterns within Traditional Chinese Medicine (TCM) according to the *Diagnosis and Treatment Protocol of Integrative Chinese and Western Medicine for Irritable Bowel Syndrome* by Chen, et. al. Type 1 is liver qi stagnation with

spleen deficiency. Symptoms may be triggered by emotional disturbances and include: diarrhea, abdominal pain, alleviation by defecation, and lower abdominal cramping. Secondary symptoms of type 1 IBS-D are: borborygmus, flatulence, mucus in stools, depression, sighing, irritability, poor appetite, and abdominal distention. Signs include a thin-white tongue coating and a wiry pulse.

Type 2 IBS-D is due to spleen and stomach deficiency. Diarrhea, especially after food intake, is a primary symptom along with loose stools, watery stools, mucus in stool, poor appetite, and abdominal distention after eating, gastric fullness and general digestive organ discomfort. Secondary symptoms include abdominal pain relieved by pressure, borborygmus, mental and physical fatigue, abdominal bloating, and reluctance to speak. Signs include a sallow complexion, a pale tongue with teethmarks, a white tongue coating, and a thready-weak pulse.

Type 3 IBS-D is due to spleen and kidney yang deficiency. Primary symptoms include early morning diarrhea, stools with undigested food, and abdominal pain with a cold sensation. Secondary symptoms include: coldness of the limbs, aching and weakness of the lower back and knees. Signs include a pale tongue with a greasy white coating and a deep-thready pulse.

The study was conducted over a 4 year period. All participants in the study were screened for exclusion criteria. Patients with organic intestinal disorders were screened from participation using stool tests, fungal smear and colonoscopy.

Acupuncture

Acupuncture was applied to a set of primary and secondary points. Primary acupoints were:

Zhongwan (CV12)
Guanyuan (CV4)
Tianshu (ST25)
Zusanli (ST36)
Shangjuxu (ST37)
Pishu (BL20)
Dachangshu (BL25)

Secondary points were added for specific conditions:

Weishu (BL21) for weakness of the spleen and stomach
Ganshu (BL18), Xingjian (LR2) for liver qi stagnation with spleen deficiency
Shenshu (BL23) for yang deficiency of the spleen and kidney

The BL (bladder meridian of foot-taiyang) acupoints were needled with the patient in a prone position and the needles were removed upon the arrival of deqi. Next, patients assumed the supine position and the acupoints were inserted to 1 - 1.5 cun perpendicularly. Even reinforcing-reducing needle technique was applied using lifting and thrusting to achieve a deqi sensation of



local soreness, distention, numbness, or a radiating sensation towards the abdomen. The needles were manipulated once every 10 minutes and were retained for a total of 30 minutes per session. In addition, the abdominal area was heated using a TDP heat lamp.

Moxibustion

Moxibustion was applied with patients in a supine position. A pillar of salt was poured onto acupoint Shenque (CV8). Next, ginger slices of 0.7 to 0.8 cm thickness and approximately 4 cm diameter were placed upon the salt pillar. Prior to placement, two toothpick sized holes were made through the ginger. Moxa cones of a 3 cm diameter and a 3 cm height were placed atop the ginger and were ignited. The moxa cone was replenished once during each session. Both acupuncture and Moxibustion were performed once per day and 6 treatments made up one course of care. There was a 1 day interval between courses of care and all patients received 4 courses of care.

Additional Research

The results of the study indicate that combining acupuncture with Moxibustion is significantly more effective for the treatment of IBS-D than acupuncture alone. Additional research confirms the efficacy of Traditional Chinese medicine. A meta-analysis published in the *World Journal of Gastroenterology* concludes, "Acupuncture exhibits clinically and statistically significant control of IBS symptoms." The study investigated all three types of IBS: diarrhea predominant (IBS-D), constipation predominant (IBS-C), and alternating (IBS-A). The researchers note "our meta-analysis of six randomized controlled trials suggests that acupuncture improves the symptoms of IBS, including abdominal pain and distention, sensation of incomplete defecation, times of defecation per day, and state of stool."

The researchers concluded that acupuncture is both safe and effective noting that, "No serious adverse events associated with acupuncture were reported in the articles." They added that one study "showed that improvement in pain in IBS was positively associated with increased parasympathetic tone in the acupuncture group." This finding indicates that acupuncture regulates the parasympathetic nervous system.

One study in the meta-analysis was conducted at the University of York and was published in *BMC Gastroenterology*. This randomized controlled trial included 233 IBS patients who suffered from this condition for an average of 13 years. A total of 116 patients received acupuncture plus conventional care. This was compared with another group of 117 patients receiving only conventional medical care. The group receiving acupuncture plus conventional medical care demonstrated significantly superior clinical outcomes. The researchers concluded, "Acupuncture for irritable bowel syndrome provided an additional benefit over usual care alone. The magnitude of the effect was sustained over the longer term. Acupuncture should be considered as a treatment option to be offered in primary care alongside other evidenced based treatments."

Global Acceptance

Given the recent study of acupuncture combined with Moxibustion and the meta-analysis published in the *World Journal of Gastroenterology*, it is reasonable to implement acupuncture in primary healthcare settings for the treatment of IBS. There are other sources supporting the use of acupuncture. The Mayo Clinic website notes, "Researchers have found that acupuncture may help improve symptoms for people with IBS." The IBS fact sheet from Johns Hopkins Medicine online notes, "Several small studies suggest acupuncture provides significant relief from chronic pain. In IBS patients, there are reports that acupuncture can relax muscle spasms and improve bowel function." IBS affects approximately 10 - 15% of the population. Scientifically based research now demonstrates that acupuncture may help patients with IBS.



The Healthcare Medicine Institute (HealthCMi) offers continuing education courses on the treatment IBS and digestive disorders. Online acupuncture CEU courses are valid for NCCAOM® PDA (national Diplomate), California Acupuncture Board, Florida Board of Acupuncture, Texas CAE, CTCMA, CAAA, Massachusetts acupuncture continuing education credit and more. In addition to acupuncture and herbal medicine courses on digestive concerns, the course [Chinese Medicine Dietetic Remedies](#) covers the treatment of IBS with dietetic treatments. A special steamed bun (Ba Zhen Gao) that helps patients with IBS, diarrhea, chronic dysentery, and colitis is presented. The recipe contained in the course material is:

"Powder Shan Yao (the main ingredient), Fu Ling, Dang Shen, Yi Yi Ren, Qian Shi, Bai Bian Dou and Lian Zi. Mix the powder with rice or wheat flour and add water to make a dough. Optionally, add powdered Dang Shen and Fu Ling. Sugar may be added for flavor. Make a steamed bun, bread or pastry. Originally, this steamed bun was served to children suffering from malnutrition."

An additional congee recipe is also presented in the dietetics course material. The Shan Yao Lian Zi Zhu recipe presented in the course materials is as follows:

"Zhu, translated as congee, is nutritious and well tolerated by children. Make a powder with Shan Yao (Chinese yam), Lian Zi, Qian Shi, Bai Bian Dou and Yi Yi Ren. Combine the powder with rice (Geng Mi), oatmeal or wheat to make a congee. Optionally, add Dang Shen, Fu Ling or both."

Browse healthcmi.com to learn more about the IBS online course materials. At HealthCMi, we are dedicated to research and education to promote greater health and understanding.

References:

Liu, Xiao-xia. "Moxibustion on Shenque (CV 8) improves effect of acupuncture for diarrhea-predominant irritable bowel syndrome." *Journal of Acupuncture and Tuina Science* 12, no. 6 (2014): 362-365.

Thompson WG, Longstreth GF, Drossman DA, Heaton KW, Irvine EJ, Müller-Lissner SA. Functional bowel disorders and functional abdominal pain. *Gut*, 1999, 45 (Suppl 2): II 43-47.

Chen ZS, Zhang WD, Wei BH. Diagnosis and treatment protocol of integrative Chinese and Western medicine for irritable bowel syndrome (IBS). *Shijie Huaren Xiaohua Zazhi*, 2004, 12(11): 2704-2706.

Chen CY, Wang Y. Clinical effect of Trimebutine in treatment of irritable bowel syndrome. *Zhongguo Xinyao Yu Linchuang Zazhi*, 2003, 22(4): 199.

Voland C, Serre CM, Delmas P, Clézardin P. Platelet osteosarcoma cell interaction is mediated through a specific fibrinogen-binding sequence located within the N-terminal domain of thrombospondin 1. *J Bone Miner Res*, 2000, 15(2): 361-368.

Chao, Guan-Qun, and Shuo Zhang. "Effectiveness of acupuncture to treat irritable bowel syndrome: A meta-analysis." *World Journal of Gastroenterology* 20, 7 (2014): 1871-1877.

MacPherson H, et. al. Acupuncture for irritable bowel syndrome: primary care based pragmatic randomised controlled trial. *BMC Gastroenterology* 2012; 12: 150.