

Evidence summary

Chinese medicine for irritable bowel syndrome

This summary of key findings from *Volume 19: Irritable bowel syndrome*¹ of the Evidence-based Clinical Chinese Medicine monograph series outlines:

- what irritable bowel syndrome is
- current treatments
- findings from research into classical Chinese medicine literature and modern Chinese medicine clinical studies.

What is irritable bowel syndrome?

Irritable bowel syndrome (IBS) is a bowel disease that causes abdominal pain and altered bowel habits, such as diarrhoea and constipation.² It can be triggered by a range of things, including diet and stress. Some people may experience more diarrhoea than constipation (IBS-D), or more constipation than diarrhoea (IBS-C), or a mix of both. The nature of bowel habits determines the subtype and what medical care the patient receives.

Current treatments

Preventive strategies aim to reduce symptoms by encouraging the patient to control their diet to avoid foods that trigger gastrointestinal sensitivity and inflammation; maintain normal bowel habits; and manage their emotions. Medicines may be used according to IBS subtype: anti-diarrhoeal drugs may be used for IBS-D,² while laxatives may be used for IBS-C.³

Chinese medicine treatment options include oral and topical Chinese herbal medicine, body acupuncture, ear acupuncture, massage, electromagnetic heat treatment and dietary therapy. Chinese medicine practitioners base their treatments on the patient's predominant symptoms, relevant clinical textbooks and guidelines, research and clinical experience.

Classical Chinese medicine literature

The *Encyclopedia of Traditional Chinese Medicine (Zhong Hua Yi Dian)* is a large and important collection of historical Chinese medicine books. These books include 729 citations describing Chinese medicine treatment of abdominal pain that co-occurred with either diarrhoea or constipation. Almost 80% of these citations (593) described Chinese herbal medicine treatments, most of which (512) related to the diarrhoea subtype.

Three Chinese herbal medicine formulas for diarrhoea included in multiple classical literature citations are also recommended in contemporary textbooks and guidelines: *Tong xie yao fang*, *Fu zi li zhong tang* and *Si shen wan*. However, constipation subtype formulas are not described in contemporary textbooks or guidelines.

Acupuncture, moxibustion and applying an herbal paste to acupuncture points were described in 123 citations. Acupuncture and moxibustion continue to be used in contemporary clinical practice.

Modern Chinese medicine clinical studies

To write the *Irritable bowel syndrome*¹ monograph, nine biomedical databases (five English-language and four Chinese-language) were searched in February 2017. This search found 160 relevant studies of Chinese medicine for irritable bowel syndrome, including 147 randomised controlled trials, three non-randomised controlled clinical trials and 10 non-controlled studies.

Chinese herbal medicine

Chinese herbal medicine was tested in 118 randomised controlled trials, with most of these (103) for IBS-D.

Oral Chinese herbal medicine adequately improved symptoms and stool frequency more than placebo or conventional medicine in people with IBS-D, but some findings were based on a small number of studies and participants, so we cannot be certain about the results.

For IBS-C, Chinese herbal medicine was no different to conventional medicine in improving stool form, but Chinese herbal medicine combined with conventional medicine was more effective than conventional medicine alone. Chinese herbal medicine improved abdominal pain in people with IBS-C more than conventional medicine.

There were fewer adverse events among people with IBS-D who received Chinese herbal medicine than in the placebo or conventional medicine control groups. However, the number of adverse events was similar between treatment and control groups in trials of people with IBS-C.

Acupuncture and other therapies

Among the 22 randomised controlled trials that tested acupuncture and other therapies, acupuncture appeared to improve symptom severity for people with IBS-D.

Fewer studies reported the effects of acupuncture for people with IBS-C, and the evidence remains uncertain.

Moxibustion was tested in four randomised controlled trials of IBS-D and four of IBS-C. These studies measured different outcomes, so the results could not be combined for analysis.

Few studies reported the safety of acupuncture therapies for people with IBS, and the number of adverse events was low.

For more information

Find out more about Chinese medicine for IBS in the book *Evidence-based Clinical Chinese Medicine Volume 19: Irritable bowel syndrome*¹ from <https://doi.org/10.1142/13000>

Key messages

- Chinese herbal medicine, acupuncture, and herbal paste applied to acupuncture points have been used throughout history for IBS-like symptoms.
- Some treatment approaches have evolved over time, while others have remained the same.
- Chinese herbal medicine may improve symptoms and reduce pain when used alone or combined with conventional medicines.
- Acupuncture may improve overall symptoms, and body acupuncture may reduce pain.
- Further research is needed on the effectiveness of moxibustion.
- Clinicians should discuss potential risks and benefits of treatments with patients and carers, so they can make informed choices about their care.

To find out more about Chinese medicine research at the China–Australia International Centre for Chinese Medicine, visit www.rmit.edu.au/research/centres-collaborations/multi-partner-collaborations/cairccm

References

1. Parker S, Li Y. (2023) *Volume 19: Irritable bowel syndrome*. Xue CC, Lu C, editors. World Scientific Publishing Co. Pte. Ltd.; Singapore.
2. Lembo A, Sultan S, Chang L, et al. AGA clinical practice guideline on the pharmacological management of irritable bowel syndrome with diarrhea. *Gastroenterology*. 2022 Jul;163(1):137–151.
3. Chang L, Sultan S, Lembo A, et al. AGA clinical practice guideline on the pharmacological management of irritable bowel syndrome with constipation. *Gastroenterology*. 2022 Jul;163(1):118–136.

Disclaimer

This evidence summary is not intended as a guide for self-medication or medical advice – patients should seek professional advice from qualified Chinese medicine practitioners.