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The following slides were presented during the educational portion of IFFGD’s 2020 Virtual Advocacy Event. To view this presentation and the all videos available during this program, please visit https://bit.ly/Adv_Edu.

Introduction to Complementary Alternative Medicine (CAM) in Gastrointestinal Illness

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Acupuncture

- Key component of Traditional Chinese Medicine
  - Patterns of energy flow (qi) through the body that are essential to health

- Disruptions of this flow are believed to be responsible for disease

- Imbalances in qi flow can be corrected at identifiable anatomical locations (i.e., acupuncture points) or by herbs

Acupuncturists are Common in the USA

- > 11,000 licensed acupuncturists
  - 4 year master’s degree education

- 3,000 MD acupuncturists
  - 200-300 hours of special training
Acupuncture: Basic Principles

• 365 traditional acupuncture points on 14 main channels (meridians)

• Each point has defined therapeutic actions

• 5-15 needles are used in a session; combinations varying during a course of sessions

Acupuncture: Basic Principles

• After puncturing the skin needles are moved back & forth

• Needles are left in place for 15-20 minutes
Basic Theory: Acupuncture

- Other therapies commonly used during acupuncture treatment:
  - Massage
  - Cupping
  - Heat
  - Electrical stimulation
  - Scarification (counter irritation)
  - Lifestyle counseling

Specific Challenges in Studying Acupuncture

- Inherent bias by the acupuncturist
- Matching sham control
  - Penetrating, non-penetrating, location
- Heterogeneity of acupuncture techniques
- Individuality of treatment according to ‘patterns of disease’ is difficult to incorporate into a RCT
- Non-specific effects
Acupuncture for GI Disorders

• Evidence Supports Efficacy:
  • Nausea and vomiting
    • Post-operative
    • Post-chemotherapy
  • Nausea of pregnancy
  • Post-op dental pain
  • Constipation

• Quality or quantity of research evidence for other diseases are not sufficient to provide firm evidence
  • IBS, inflammatory bowel disease, peptic ulcer disease, gastroparesis

NIH Consensus Panel Recommendations for Acupuncture, 2012

Acupuncture for Functional Constipation (FC)

• 1057 FC patients received 28 true or sham electro-acupuncture treatments over 8 wks
• 15 centers in China
• Primary outcome:: CSBM/wk

Acupuncture for IBS

- A recent systematic review evaluated 17 RCTs
  - No benefit on IBS symptom severity or QOL compared to sham acupuncture
  - Acupuncture was better than:
    - Control medical therapy (RR of improvement = 1.28; 1.12-1.45)
    - No specific therapy (2.11, 1.18-3.79)

- Effects of acupuncture on rectal perception
  - No effect on rectal sensation in IBS in one study and decreased perception in the other

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Acupuncture: IBS Clinical Trial

- 262 IBS patients
- Following 3 weeks run-in period of sham acupuncture pts were randomized to 3 weeks of:
  - Acupuncture (3x/wk)
  - Sham acupuncture (3x/wk)
    - Sham non-penetrating needle
    - "non-acupuncture" points in vicinity of genuine points
  - Waitlist control (no visits)

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