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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.

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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

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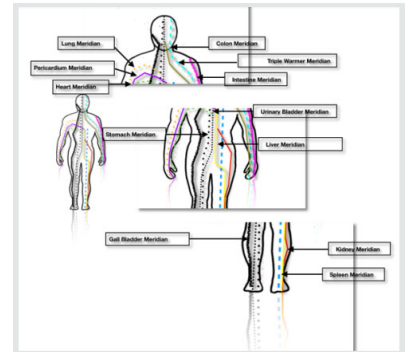
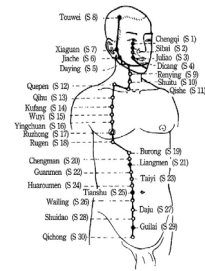
Acupuncturists are Common in the USA

- > 11,000 licensed acupuncturists
 - 4 year master's degree education
- 3,000 MD acupuncturists
 - 200-300 hours of special training

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Acupuncture: Basic Principles

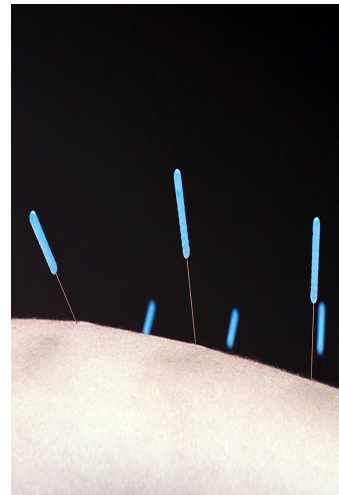
- 365 traditional acupuncture points on 14 main channels (meridians)
- Each point has defined therapeutic actions
- 5-15 needles are used in a session; combinations varying during a course of sessions



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Acupuncture: Basic Principles

- After puncturing the skin needles are moved back & forth
- Needles are left in place for 15-20 minutes



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Basic Theory: Acupuncture

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



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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

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Acupuncture for GI Disorders

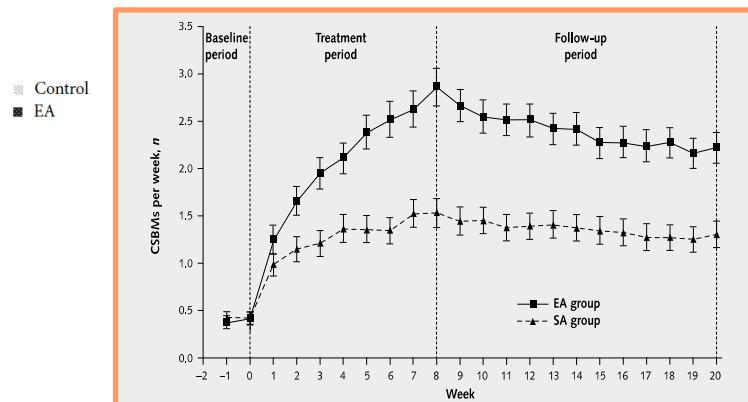
- Evidence Supports Efficacy:
 - Nausea and vomiting
 - Post-operative
 - Post-chemotherapy
 - Nausea of pregnancy
 - Post-op dental pain
 - Constipation
- Quality or quantity of research evidence for other diseases are not sufficient to provide firm evidence
 - IBS, inflammatory bowel disease, peptic ulcer disease, gastroparesis

NIH Consensus Panel Recommendations for Acupuncture, 2012

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Acupuncture for Functional Constipation (FC)

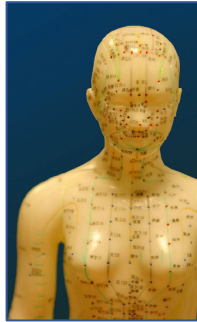
- 1057 FC patients received 28 true or sham electro-acupuncture treatments over 8 wks
- 15 centers in China
- Primary outcome:: CSBM/wk



Liu Z et al. Ann Intern Med. 2016;165(11):761-769.

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Acupuncture for IBS



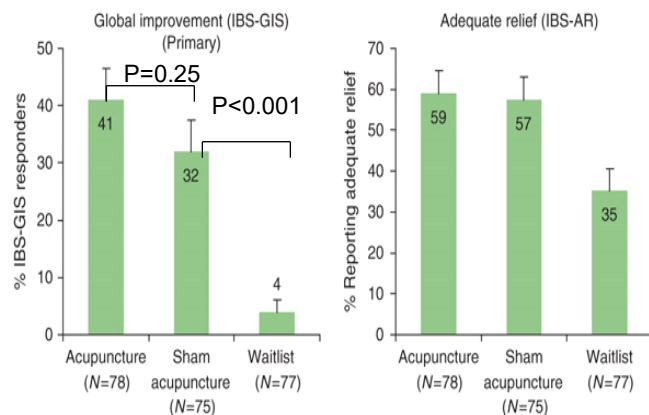
- A recent systematic review evaluated 17 RCTs¹
 - No benefit on IBS symptom severity or QOL compared to sham acupuncture
 - Acupuncture was better than:
 - Control medical therapy (RR of improvement = 1.28; 1.12-1.45)
 - No specific therapy (2.11, 1.18-3.79)
- Effects of acupuncture on rectal perception
 - No effect on rectal sensation in IBS in one study² and decreased perception in the other³

¹Manheimer et al. *Am J Gastroenterol* 2012; 107:835-847
²Xing J et al. *Altern Ther Health Med*. 2004; 10:38
³Schneider A et al. *Gut* 2006; 55:649

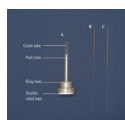
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Acupuncture: IBS Clinical Trial

- 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)



Sham Acupuncture Needle



Lembo A, *Am J Gastroenterol* 2009; 104:1489 – 1497;

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