**Selected by
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Latest Publications You Should Not Miss

Gallinger Z, Bressler B, Devlin SM, Plamondon S, Nguyen GC: A survey of perceptions and practices of complementary alternative medicine among Canadian gastroenterologists. Can J Gastroenterol Hepatol 2014;28:45–49.

Background: Despite a high prevalence of complementary alternative medicine (CAM) use among inflammatory bowel disease (IBD) patients, there is a dearth of information about the attitudes and perceptions of CAM among the gastroenterologists who treat these patients.

Objective: To characterize the beliefs, perceptions and practices of gastroenterologists toward CAM use in patients with IBD.

Methods: A web-based survey was sent to member gastroenterologists of the Canadian Association of Gastroenterology. The survey included multiple-choice and Likert scale questions that queried physician knowledge and perceptions of CAM and their willingness to discuss CAM with patients.

Results: Fifty-three per cent of respondents considered themselves to be IBD subspecialists. The majority (86%) of gastroenterologists reported that less than one-half of their patient population had mentioned the use of CAM. Only 8% of physicians reported initiating a conversation about CAM in the majority of their patient encounters. Approximately one-half (51%) of respondents were comfortable with discussing CAM with their patients, with lack of knowledge being cited as the most common reason for discomfort with the topic. Most gastroenterologists (79%) reported no formal education in CAM. While there was uncertainty as to whether CAM interfered with conventional medications, most gastroenterologists believed it could be effective as an adjunct treatment.

Conclusion: Our findings demonstrate that gastroenterologists were hesitant to initiate discussions about CAM with patients. Nearly one-half were uncomfortable or only somewhat comfortable with the topic, and most may benefit from CAM educational programs. Interestingly, most respondents appeared to be receptive to CAM as adjunct therapy alongside conventional IBD treatment.

Lindberg A, Ebbeskog B, Karlen P, Oxelmark L: Inflammatory bowel disease professionals' attitudes to and experiences of complementary and alternative medicine. BMC Complement Altern Med 2013;13:349.

Background: Complementary and alternative medicine (CAM) use in patients with IBD is on the increase. Patients report they use CAM when their condition is unresponsive to conventional medication or when they suffer from side-effects, negative stress and disease-related concerns. CAM use may improve patients' well-being but it can also lead to side-effects and interactions with conventional medications. Research on attitudes to and experiences of CAM among healthcare professionals working with IBD patients is not well studied. Studies in this area could lead to enhanced awareness of and improved communication about CAM between care staff and IBD patients. The aim of this study was to explore IBD professionals' attitudes to and experience of CAM.

Methods: Sixteen physicians and nurses, 26–70 years old, who had worked with IBD patients for 1–42 years, were recruited. Semi-structured qualitative interviews were conducted. Qualitative content analysis was performed.

Results: Participants stated patients used CAM to improve their well-being generally and their conditions specifically. Participants had a positive attitude towards CAM and respected their patients' decision to use it, but reported a lack of CAM knowledge. They required education about CAM to be able to meet patients' needs and provide adequate information. The result of this study indicates that there is a need for CAM education to be implemented in nursing and medical school.

Conclusions: All participants had experience of IBD patients who had used CAM in an attempt to achieve improvement and well-being. Attitudes to CAM were mainly positive, although a problematic aspect was lack of knowledge and evidence in relation to CAM. Implementing CAM education in nursing and medical school will allow healthcare professionals to gain an understanding of therapies widely used by patients with

IBD. In clinical practice, using a standard questionnaire regarding CAM use allow healthcare professionals to better understand their patients' wishes and current CAM use.

van Tilburg MAL, Palsos OS, Ringel Y, Whitehead WE: Is ginger effective for the treatment of irritable bowel syndrome? A double blind randomized controlled pilot trial. Complement Ther Med 2014; 22:17-20.

Objectives: Ginger is one of the most commonly used herbal medicines for irritable bowel syndrome (IBS) but no data exists about its effectiveness.

Design: Double blind randomized controlled trial.

Setting: University of North Carolina, Chapel Hill, North Carolina, USA.

Intervention: Forty-five IBS patients were randomly assigned to three groups: placebo, 1g of ginger, and 2 g of ginger daily for 28 days.

Main Outcome Measures: The IBS severity scale (IBS-SS) was administered, as well as adequate relief of symptoms scale. A responder was defined as having at least 25% reduction in IBS-SS post-treatment.

Results: There were 57.1% responders to placebo, 46.7% to 1 g and 33.3% to 2 g of ginger. Adequate relief was reported by 53.3% on placebo and 53.3% in both ginger groups combined. Side effects were mild and reported by 35.7% in the placebo and 16.7% in the ginger groups.

Conclusions: This double blind randomized controlled pilot study suggests ginger is well tolerated but did not perform better than placebo. Larger trials are needed before any definitive conclusions can be drawn.

Park J-W, Lee B-H, Lee H: Moxibustion in the management of irritable bowel syndrome: systematic review and meta-analysis. BMC Complement Altern Med 2013;13:247.

Background: Irritable bowel syndrome (IBS) is a common functional gastrointestinal disorder. Many patients suffer from IBS that can be difficult to treat, thus complementary therapies which may be effective and have a lower likelihood of adverse effects are being sought. This systematic review and meta-analysis aimed at critically evaluating the current evidence on moxibustion for improving global symptoms of IBS.

Methods: We searched Medline, EMBASE, the Cochrane Central Register of Controlled Trials, AMED, CINAHL, and CNKI databases for randomised controlled trials (RCTs) of moxibustion comparing with sham moxibustion, pharmacological medications, and other active treatments in patients with IBS. Trials should report global symptom improvement as an outcome measure. Risk of bias for each RCT was assessed according to criteria by the Cochrane Collaboration, and the dichotomous data were pooled according to the control intervention to obtain a risk ratio (RR) of global symptom improvement after moxibustion, with 95% confidence intervals (CI).

Results: A total of 20 RCTs were eligible for inclusion ($n = 1,625$). The risk of bias was generally high. Compared with pharmacological medications, moxibustion significantly alleviated overall IBS symptoms but there was a moderate inconsistency among studies (7 RCTs, RR 1.33, 95% CI (1.15, 1.55), $I^2 = 46\%$). Moxibustion combined with acupuncture was more effective than pharmacological therapy but a moderate inconsistency among studies was found (4 RCTs, RR 1.24, 95% CI (1.09, 1.41), $I^2 = 36\%$). When moxibustion was added to pharmacological medications or herbal medicine, no additive benefit of moxibustion was shown com-

pared with pharmacological medications or herbal medicine alone. One small sham-controlled trial found no difference between moxibustion and sham control in symptom severity (mean difference 0.35, 95% CI (-0.77, 1.47)). Moxibustion appears to be associated with few adverse events but the evidence is limited due to poor reporting.

Conclusions: This systematic review and meta-analysis suggests that moxibustion may provide benefit to IBS patients although the risk of bias in the included studies is relatively high. Future studies are necessary to confirm whether this finding is reproducible in carefully-designed and conducted trials and to firmly establish the place of moxibustion in current practice.

Sandborn WJ, Targan SR, Byers VS, Rutty DA, Mu H, Zhang X, Tang T: Andrographis paniculata extract (HMPL-004) for active ulcerative colitis. Am J Gastroenterol 2013;108:90-98.

Objectives: Andrographis paniculata has in vitro inhibitory activity against TNF- α , IL-1 β and NF- κ B. A pilot study of A. paniculata extract (HMPL-004) suggested similar efficacy to mesalamine for ulcerative colitis.

Methods: A randomized, double-blind, placebo-controlled trial evaluated the efficacy of A. paniculata extract (HMPL-004) in 224 adults with mild-to-moderate ulcerative colitis. Patients were randomized to A. paniculata extract (HMPL-004) 1,200 mg or 1,800 mg daily or placebo for 8 weeks.

Results: In total, 45 and 60% of patients receiving A. paniculata 1,200 mg and 1,800 mg daily, respectively, were in clinical response at week 8, compared with 40% of those who received placebo ($P = 0.5924$ for 1,200 mg vs. placebo and $P = 0.0183$ for 1,800 mg vs. placebo). In all, 34 and 38% of patients receiving A. paniculata 1,200 mg and 1,800 mg daily, respectively, were in clinical remission at week 8, compared with 25% of those who received placebo ($P = 0.2582$ for 1,200 mg vs. placebo and $P = 0.1011$ for 1,800 mg vs. placebo). Adverse events developed in 60 and 53% of patients in the A. paniculata 1,200 mg and 1,800 mg daily groups, respectively, and 60% in the placebo group.

Conclusions: Patients with mildly to moderately active ulcerative colitis treated with A. paniculata extract (HMPL-004) at a dose of 1,800 mg daily were more likely to achieve clinical response than those receiving placebo.

Rusu E, Jinga M, Enache G, Rusu F, Dragomir AD, Ancuta I, Dragu R, Parpala C, Nan R, Sima I, Ateia S, Stoica V, Cheța DM, Radulian G: Effects of lifestyle changes including specific dietary intervention and physical activity in the management of patients with chronic hepatitis C – a randomized trial. Nutr J 2013;12:119.

Background: In patients with chronic hepatitis C (CHC), obesity is involved in the pathogenesis of insulin resistance, fatty liver disease and progression of fibrosis. The objective of this study was to compare a normoglycemic low-calorie diet (NGLCD) with a low-fat diet (LFD) among participants with CHC. Aimed to measure the impact of dietary changes in reduction of insulin resistance, obesity but also in steatosis and fibrosis.

Methods: Randomized, controlled trial in three medical centers with assessments at baseline, 6 months and 12 months. Participants were patients over 35 years with chronic hepatitis C ($n = 120$) with BMI over 25

kg/m². We evaluated the effects of NGLCD vs. LFD in weight management and metabolic improvement. The primary endpoint was to measure the impact of dietary changes through nutritional intervention in reversibility of insulin resistance, obesity, steatosis, and fibrosis. We performed anthropometric measurements, fasting glucose profile, serum lipids, liver profile, blood count at baseline, 6 and 12 months. Steatosis was evaluated using ultrasonographic criteria. Liver fibrosis was non-invasively assessed.

Results: After 6 and 12 months of intervention, both groups had a significant decrease in caloric consumption. At 6 months, weight loss was greater in the NGLCD group (-5.02 ± 3.43 kg vs. -4.1 ± 2.6 kg; $p=0.002$) compared to the LFD group. At 1-year, however, weight loss was similar in both groups (-3.9 ± 3.3 kg vs. -3.1 ± 2.6 kg; $p=0.139$). At 12 months, fasting plasma glucose, fasting plasma insulin, and HOMA-IR had significant improvements in both groups. With both diets aspartate aminotransferase (AST), alanine aminotransferase (ALT), gamma-glutamyl

transpeptidase (GGT) decreased with significant differences; also there were significant improvements in AST/ALT ratio, Forns fibrosis index. The two diets were associated with reduction of both the prevalence and the severity of steatosis (all $p<0.001$). At 12 months, total cholesterol, HDL-cholesterol, triglycerides improved in both groups (all $p<0.05$).

Conclusions: The present study establishes the benefits of low-calorie diet and low-fat diet in management of patients with hepatitis C regarding improvement of insulin resistance, steatosis and also fibrosis. Overweight or obese patients with CHC undergoing a lifestyle intervention (specific dietary intervention and physical activity) for 1-year had significant improvements in body weight, lipid and hepatic profile.

Trial Registration: PNCI2-3343/41008/2007.