

Stress e colon irritabile in MTC

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Eziopatogenesi del Colon Irritabile in MTC

Secondo la MTC il Jingshen del fegato, lo Hun, è correlato alla creatività e alla capacità di “programmazione strategica” e di previsione, i suoi disturbi si manifestano con la collera, l’irritabilità, l’aggressività repressa per impossibilità di “lotta o fuga”, come detto in precedenza.

Il Jingshen della milza, lo YI, è correlato con l’intelligenza logica, il pensiero razionale, la riflessione, i suoi disturbi si manifestano con preoccupazioni, pensieri ossessivi e ripetitivi, rimuginazione.

Il Jingshen del polmone, il Po, è la sede degli istinti di conservazione dell’individuo e della specie, quello che secondo McLean è il “cervello rettiliano”, e della sensibilità, le sue alterazioni si manifestano con tristezza, depressione.

Il Jingshen del cuore, lo Shen, regge la globalità di tutte le attività mentali, la coscienza e la coscienza del sé, i suoi disturbi si manifestano con riso immotivato e gioia eccessiva.

Cuore e cervello sono nell’essere umano le sedi dell’intelligenza in quanto alloggiavano lo Shen; in particolare, il cuore regge l’intelligenza immediata ed intuitiva delle cose, il cervello regge l’intelligenza razionale in collaborazione con gli organi di senso che raccolgono le informazioni provenienti dall’esterno.

Recenti ricerche hanno dimostrato che la rete nervosa delle pareti interne del tratto gastro-enterico è sia collegata al cervello attraverso il sistema nervoso autonomo, sia con il sistema endocrino, immunitario e linfatico. Il colon quindi potrebbe essere visto come un complesso neuro-endocrino-immunologico in relazione continua con l’esterno attraverso il cibo, e con l’interno per la sua relazione con il cervello, le emozioni e i neurotrasmettitori, che poi sono i mediatori in causa nella patogenesi del colon irritabile. Cervello e colon possono quindi essere considerati i due “cervelli” connessi attraverso il sistema nervoso autonomo.

Colon irritabile come Disarmonia tra Cuore e Vescica Biliare e Disarmonia tra Fegato e Milza

Principali manifestazioni: Dolore addominale distensivo in relazione a stimoli emotivi, borborigmi, defecazione impellente, il dolore addominale si attenua dopo la defecazione, feci mucose, sensazione di pienezza e tensione al torace e agli ipocondri, eruttazioni frequenti, flatulenze frequenti. Patina linguale sottile e bianca, polso teso a corda.

Trattamento. GB34/Yanglingquan, TE5/Waiguan e TE6/Zhigou in puntura “transfissante” (corrispondente alla “zonula” WAU5 dell'Agopuntura di Polso-Caviglia), ST25/Tianshu, CV6/QiHai, ST36/Zusanli.

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Acupuncture for treatment of irritable bowel syndrome.

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BACKGROUND: Irritable bowel syndrome (IBS), a disorder of altered bowel habits associated with abdominal pain or discomfort. The pain, discomfort, and impairment from IBS often lead to healthcare medical consultation (Talley 1997) and workplace absenteeism, and associated economic costs (Leong 2003). A recent randomized controlled trial shows variable results but no clear evidence in support of acupuncture as an effective treatment for IBS (Fireman 2001).

OBJECTIVES: The objective of this systematic review is to determine whether acupuncture is more effective than no treatment, more effective than 'sham' (placebo) acupuncture, and as effective as other interventions used to treat irritable bowel syndrome. Adverse events associated with acupuncture were also assessed. **SEARCH STRATEGY:** The following electronic bibliographic databases were searched irrespective of language, date of publication, and publication status: MEDLINE, the Cochrane Central Register of Controlled Trials (CENTRAL) on The Cochrane Library, EMBASE, the Chinese Biomedical Database, the Cumulative Index to Nursing and Allied Health (CINAHL), and the Allied and Complementary Medicine Database (AMED). References in relevant reviews and RCTs were screened by hand. The last date for searching for studies was 7 February 2006. **SELECTION CRITERIA:** Published reports of randomized controlled trials (RCTs) and quasi-randomised trials of acupuncture therapy for IBS. **DATA COLLECTION AND ANALYSIS:** All eligible records identified were dually evaluated for eligibility and dually abstracted. Methodological quality was assessed using the Jadad scale and the Linde Internal Validity Scale. Data from individual trials were combined for meta-analysis when the interventions were sufficiently similar. Heterogeneity was assessed using the I squared statistic. **MAIN RESULTS:** Six trials were included. The proportion of responders, as assessed by either the global symptom score or the patient-determined treatment success rate, did not show a significant difference between the acupuncture and the sham acupuncture group with a pooled relative risk of 1.28 (95% CI 0.83 to 1.98; n=109). Acupuncture treatment was also not significantly more effective than sham acupuncture for overall general well-being, individual symptoms (e.g., abdominal pain, defecation difficulties, diarrhea, and bloating), the number of improved patients assessed by blinded clinician, or the EuroQol score. For two of the studies without a sham control, acupuncture was more effective than control treatment for the improvement of symptoms: acupuncture versus herbal medication with a RR of 1.14(95% CI 1.00 to 1.31; n=132); acupuncture plus psychotherapy versus psychotherapy alone with a RR of 1.20 (95% CI 1.03 to 1.39; n=100). When the effect of ear acupuncture treatment was compared to an unclearly specified combination of one or more of the drugs diazepam, perphenazine or domperidone, the difference was not statistically significant with a RR of 1.49(95% CI 0.94 to 2.34; n=48). **AUTHORS' CONCLUSIONS:** Most of the trials included

in this review were of poor quality and were heterogeneous in terms of interventions, controls, and outcomes measured. With the exception of one outcome in common between two trials, data were not combined. Therefore, it is still inconclusive whether acupuncture is more effective than sham acupuncture or other interventions for treating IBS.

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Acupuncture for functional gastrointestinal disorders.

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Functional gastrointestinal (GI) symptoms are common in the general population. Especially, motor dysfunction of the GI tract and visceral hypersensitivity are important. Acupuncture has been used to treat GI symptoms in China for thousands of years. It is conceivable that acupuncture may be effective in patients with functional GI disorders because it has been shown to alter acid secretion, GI motility, and visceral pain. Acupuncture at the lower limbs (ST-36) causes muscle contractions via the somatoparasymphathetic pathway, while at the upper abdomen (CV-12) it causes muscle relaxation via the somatosymphathetic pathway. In some patients with gastroesophageal reflux disease (GERD) and functional dyspepsia (FD), peristalsis and gastric motility are impaired. The stimulatory effects of acupuncture at ST-36 on GI motility may be beneficial to patients with GERD or FD, as well as to those with constipation-predominant irritable bowel syndrome (IBS), who show delayed colonic transit. In contrast, the inhibitory effects of acupuncture at CV-12 on GI motility may be beneficial to patients with diarrhea-predominant IBS, because enhanced colonic motility and accelerated colonic transit are reported in such patients. Acupuncture at CV-12 may inhibit gastric acid secretion via the somatosymphathetic pathway. Thus, acupuncture may be beneficial to GERD patients. The antiemetic effects of acupuncture at PC-6 (wrist) may be beneficial to patients with FD, whereas the antinociceptive effects of acupuncture at PC-6 and ST-36 may be beneficial to patients with visceral hypersensitivity. In the future, it is expected that acupuncture will be used in the treatment of patients with functional GI disorders.

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Acupuncture treatment in irritable bowel syndrome.

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BACKGROUND AND AIMS: Despite occasional positive reports on the efficacy of acupuncture (AC) on functions of the gastrointestinal tract, there is no conclusive evidence that AC is effective in the treatment of irritable bowel syndrome (IBS). PATIENTS AND METHODS: Forty three

patients with IBS according to the Rome II criteria were randomly assigned to receive either AC (n = 22) or sham acupuncture (SAC) (n = 21) using the so-called "Streitberger needle". Treatment duration was 10 sessions with an average of two AC sessions per week. The primary end point was improvement in quality of life (QOL) using the functional digestive diseases quality of life questionnaire (FDDQL) and a general quality of life questionnaire (SF-36), compared with baseline assessments. QOL measurements were repeated three months after treatment. RESULTS: Both the AC and SAC groups improved significantly in global QOL, as assessed by the FDDQL, at the end of treatment ($p = 0.022$), with no differences between the groups. SF-36 was insensitive to these changes (except for pain). This effect was partially reversed three months later. Post hoc comparison of responders and non-responders in both groups combined revealed a significant prediction of the placebo response by two subscales of the FDDQL (sleep, coping) ($F = 6.746$, $p = 0.003$) in a stepwise regression model. CONCLUSIONS: Acupuncture in IBS is primarily a placebo response. Based on the small differences found between the AC and SAC groups, a study including 566 patients would be necessary to prove the efficacy of AC over SAC. The placebo response may be predicted by high coping capacity and low sleep quality in individual patients.

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Acupuncture for irritable bowel syndrome: a blinded placebo-controlled trial.

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AIM: Irritable bowel syndrome (IBS) is a common disorder and many patients fail to find adequate relief from conventional therapies for their symptoms. This study tests the claim that acupuncture is effective for a majority of these patients. METHODS: A prospective, blinded, sham acupuncture-controlled trial of traditional Chinese acupuncture was performed at a single postgraduate teaching hospital in Europe. Sixty patients with well-established IBS were recruited. The blinded comparator was sham acupuncture administered by the second of two acupuncturists who alone was aware of the randomization, and who otherwise followed the prescription of the first. The primary end-point was a defined fall in the symptom score at 13 wk (by intention to treat). The prior expectation was a 30% placebo response, and a response rate of 70% from acupuncture, for which the study was adequately powered. RESULTS: Patients in treated and sham groups improved significantly during the study-mean improvement in scores being equal (minus 1.9) and significant for both ($P < 0.05$; one-tailed t test). There was a small numeric but non-significant difference between the response rate in patients receiving acupuncture (40.7%) and sham treatment (31.2%). Several secondary end-points marginally favored active treatment, but an improved symptom score of any degree of magnitude occurred more often with sham therapy (65.6% vs 59.2%). For no criterion was statistical significance approached. CONCLUSION: Traditional Chinese acupuncture is relatively ineffective in IBS in the European hospital setting, and the magnitude of any effect appears insufficient to warrant investment in acupuncture services.