Irritable bowel syndrome is a common research topic for clinical trials in the People's Republic of China, at least every other Chinese medical journal contains a report on a recent IBS RCT. Below are abstracts of some of the more recently published Chinese medical research on this common condition.

**Study 1:** "The Treatment of 36 Cases of Constipation-type Irritable Bowel Syndrome with Shu Gan Li Qi Run Chang Tang (Course the Liver, Rectify the Qi & Moisten the Intestines Decoction)" by Wang Kui-ping, Zhe Jiang Zhong Yi Za Zhi (Zhejiang Journal of Chinese Medicine), #1, 2004, p. 19

**Cohort description:** Sixty-six patients with constipation-type IBS were enrolled in this study and randomly divided into two groups, a treatment group and a comparison group. In the treatment group, there were 36 patients, 15 males and 22 females aged 20-52 years, with an average age of 30.8 years. In the comparison group, there were 13 males and 17 females aged 18-50 years, with an average age of 28.6 years. All had suffered from constipation-type IBS for from eight months to six years, with an average disease duration of 2.8 years. Therefore, in terms of sex, age, and disease duration, these two groups were judged statistically comparable. All met the diagnostic criteria for constipation set forth in Zhong Yi Bing Zheng Zhen Duan Liao Xiao Biao Sun (Criteria for the Chinese Medical Diagnosis of Diseases and Patterns and Treatment Outcomes).

**Treatment method:** The members of the treatment group were administered the following self-composed Chinese medicinal formula: Radix Bupleuri (Chai Hu), Cortex Magnoliae Officinalis (Hou Po), and Radix Angelicae Sinensis (Dang Gui), 10g each, Fructus Citri Aurantii (Zhi Ke), Semen Arecae Catechu (Bin Lan), Semen Cannabis Sativae (Hua Ma Ren), and Semen Prunii (Yu Li Ren), 15g each, Radix Albus Paeoniae Lactiflorae (Bai Shao) and Tuber Curcumae (Yu Jin), 20g each, and mix-fried Radix Glycyrrhizae Uralensis (Gan Cao), 6g. If there was simultaneous intestine and stomach accumulation and heat, eight grams of uncooked Radix Et Rhizoma Rhei (Da Huang) were added. If there was simultaneous qi vacuity, 20 grams of Radix Astragali Membranacei (Huang Qi) and 15 grams of Radix Codonopsis Pilosulae (Dang Shen) were added. If there was simultaneous yin vacuity intestinal dryness, 20 grams of uncooked Radix Rehmanniae Glutinosae (Sheng Di), 18 grams of Radix Scrophulariae Ningpoensis (Xuan Shen), and 10 grams of Tuber Ophiopogonis Japonici (Ma Men Dong) were added. If there was simultaneous yang vacuity, 20 grams of Herba Cistanchis Deserticae Seu Salsae (Rou Cong Rong) and five grams of Lignum Aquilae (Chen Xiang) were added. One packet of these medicinals was decocted in water and administered orally warm per day in two divided doses. Three weeks equaled one course of treatment.

The members of the comparison group received 10mg TID of Sha Bi Li Pian (Peppermint Tablets). Three weeks likewise equaled one course of treatment for the members of this group.

**Study outcomes:** Cure was defined as a bowel movement once every two days at the least, with the stool consistency having become moist, and no short-term recurrence. Improvement was defined as a bowel movement once every three days, with the stool consistency having become moist, but the expulsion of the stools not yet really smooth and easy. No effect was defined as no improvement in the signs and symptoms. Based on these criteria, 25 patients in the treatment group were judged cured, eight improved, and three no effect for a total effectiveness rate of 91.7%. In the comparison group, eight cases were judged cured, 14 improved, and eight no effect. Therefore, the total effectiveness rate in that group was only 73.3%. In addition, there was a higher percentage of cures in the treatment group among those who experienced a positive effect. Thus the Chinese medicinal protocol was judged more effective than the Western medical protocol for the treatment of constipation-type IBS.

**Study 2:** "The Treatment of 32 Cases of Irritable Bowel Syndrome with Jian Li Tiao Zhong Tang (Fortify, Rectify & Regulate the Center Decoction)" by Huang Ke-shu, Zhe Jiang Zhong Yi Za Zhi (Zhejiang Journal of Chinese Medicine), #1, 2004, p. 21

**Cohort description:** Altogether, there were 57 patients with IBS enrolled in this RCT. These were randomly divided into a treatment and a comparison group. In the treatment...
Study 3: "An Analysis of the Therapeutic Effects of Treating 36 Cases with Constipation-type Irritable Bowel Syndrome with 'Tong Bian Tong' (Free the Flow of the Stools Decoction)" by Zhang Jing-hua, Xin Zhong Yi (New Chinese Medicine), #1, 2004, p. 32-33

Cohort description: Altogether there were 68 patients enrolled in this RCT who were randomly divided into two groups, a treatment group and a comparison group. In the treatment group, there were 36 patients, five males and 31 females aged 19-55 years. These patients had been suffering from constipation-type IBS for 1-4 years. In the comparison group, there were 32 patients, three males and 29 females aged 20-50 years. These patients had been suffering from constipation due to IBS for 1-3 years. Therefore, in terms of sex, age, and disease duration, these two groups were judged statistically comparable.

Treatment method: The members of the treatment group all received the following Chinese medicinal formula: Radix Bupleuri (Chai Hu), Fructus Citri Aurantii (Zhi Ke), Radix Liquistici Wallichii (Chuan Xiong), Radix Aucklandiae Lappae (Mu Xiang), and Semen Arecae Catechu (Bin Lan), 10g each, Radix Angelicae Sinensis (Dang Gui), 15g, uncooked Rhizoma Atractyloidis Macrocephalae (Bai Zhu), 60g, Fructus Trichosanthis Kitorilwii (Guo Lou), 20g, and Sclerotium Poriae Cocos (Pu Ling), 12g. If there was marked abdominal distention, 10 grams each of Radix Albus Paeoniae Laciflorae (Bai Shao) and Radix Linderae Strychnifoliae ( Wu Yao) and six grams of Radix Glycyrrhizae Uralensis (Gan Cao) were added. If there was mucus in the stools, 15 grams of Radix Pulsatillae Chinensis (Bai Tou Weng), three grams of Rhizoma Coptidis Chinensis (Huang Lian), and 10 grams of Cortex Fraxini (Qin Pi) were added. If the patient feared cold and craved warmth, eight grams of dry Rhizoma Zingiberis Officinalis (Gan Jiang) were added along with 10 grams each of Herba Cistanches Deserticolae Seu Salales ( Rou Cong Rong) and Radix Achyranthis Bidentatae (Niu Xi). One packet of these medicinals was decocted in water and administered orally per day in two divided doses. Continuous administration for two months equaled one course of treatment.

Study outcomes: Marked effect was defined as one bowel movement every 1-2 days which was formed, swift, and easily expelled plus disappearance of abdominal pain, abdominal distention, and any accompanying mucus in stool. Some effect was defined as one bowel movement every two days with formed but soft stools. However, sometimes the stools were not easily or smoothly expelled. Abdominal pain and distention as well as mucus in stools had basically disappeared. No effect meant that none of the above criteria were met. Based on these criteria, in the treatment group, 16 patients experienced a marked effect, 16 got some effect, and four got no effect for a total effectiveness rate of 88.8%. In the comparison group, 12 patients experienced a marked effect, 17 got some effect, and three got no effect for a total effectiveness rate of 90.6%. Therefore, it was concluded that the Western medical protocol was more effective in terms of short-term effects. However, when long-term results were compared after six months, these outcomes were reversed. At that point, 12 patients in the treatment group were judged to have gotten a marked effect, 16 got some effect, and eight got no effect for a total long-term effectiveness rate of 77.7%. In the comparison group, after six months, only three were judged to have gotten a marked effect, nine got some effect, and 20 got no effect for a total long-term
effectiveness rate of 37.5%. In the treatment group, among the 32 patients who got some effect, there were four recurrences (12.5%) compared to 17 out of 29 effective cases (58.6%) in the comparison group.

**Study 4:** "Clinical Observations of the Treatment of Diarrhea-type Irritable Bowel Syndrome with Li Yi Ting Tang (Disinhibiting, Easing & Stopping Brew)" by Zhao Li-ju, Shang Hai Zhong Yi Yao Zu Zhi (Shanghai Journal of Chinese Medicine & Medicinals), #1, 2004, p. 22-23

**Cohort description:** Altogether, there were 84 patients enrolled in this study who were then randomly divided into two groups, a treatment group and a comparison group. In the treatment group, there were 52 patients, 23 males and 29 females aged 32-61 years, with an average age of 44.5 years. These patients had suffered from diarrhea-type IBS for 0.5-12 years, with an average disease duration of 5.2 years. In the comparison group, there were 14 males and 18 females aged 29-56 years, with an average age of 42.8 years. These patients had had diarrhea-type IBS for 0.5-15 years, with an average disease duration of 4.8 years. Therefore, these two groups were considered comparable in terms of sex, age, and disease duration. All patients in both groups met the inclusion criteria for diarrhea-type IBS. For instance, all experienced abdominal pain and/or distention which was relieved after a bowel movement. They had three or more bowel movements per day, their stools were loose and/or contained mucus, and defecation was tense and urgent. Organic disease of the colon, liver, gallbladder, spleen, and pancreas had been ruled out, and microbial infection was negative. Exclusion criteria included constipation-type IBS, organic disease of the gastrointestinal tract, accompanying cardiovascular or cerebrovascular disease, liver or kidney disease, or psychiatric disease. Pregnant and lactating women were also excluded as were women with a history of pelvic cavity disease.

**Treatment method:** Members of the treatment group all received the following Chinese medicinal formula: Radix Codonopsis Pilosulae (Dang Shen), 12g, uncooked Rhizoma Atractylodis Macrocephalae (Bai Zhu), 12g, Sclerotium Poriae Cocos (Fu Ling), 15g, Radix Glycyrrhizae Uralensis (Gan Cao), 6g, Radix Bupleuri (Chai Hu), 12g, Radix Ledebourii Divaricatae (Fang Feng), 10g, Hallysium Rubrum (Chi Shi Zhi), 25g, and Fructus Terminaliae Chebulae (He Zi), 10g. One packet of these medicinals were decocted in water and administered per day in two divided doses, morning and evening.

Members of the comparison group received 50mg TID of De Shu Tie Pian (Achieving Comfort Exceptional Tablets, an unidentifiable Western pharma-
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was defined as improvement in symptoms, reduction in the number of bowel movements, and improvement in the consistency of the stools and symptoms surrounding defecation. No effect meant that there was either no improvement in symptoms or they got worse or that, after stopping the herbs, the condition came right back again. Based on these criteria, in the treatment group, 23 cases were judged cured, 25 improved, and four got no effect for a cure rate of 44.23% and a total effectiveness rate of 92.31%. In the comparison group, seven were judged cured, 16 improved, and nine got no effect for a cure rate of 21.88% and a total effectiveness rate of 71.88%. Therefore, the Chinese medical protocol was judged more effective overall than the Western medical protocol. No side effects were seen in either group.

**Study 5:** “The Treatment of 74 Cases of Irritable Bowel Syndrome Based on Pattern Discrimination” by Chen Jin-jun & Chen Zhi-rong, Xin Zhong Yi (New Chinese Medicine), #12, 2003, p. 53-54

**Cohort description:** There were 74 patients enrolled in this study, all of them seen as outpatients for IBS. Among these, there were 33 males and 41 females aged 16-64 years, with an average age of 42 years. All had suffered from IBS for a half year or more. There was no organic disease of the intestinal tract, but its function was abnormal. In terms of clinical symptoms, mainly there was abdominal pain, distention, diarrhea, and/or constipation. Accompanying conditions included psycho-emotional stress. Stool examination was negative for microbial infection and for occult blood. X-ray and fiber optic examination of the colon was also negative.

**Treatment method:** Liver effulgence assaulting the spleen pattern: 17 cases. Signs and symptoms of this pattern included emotional depression resulting in abdominal pain, borborygmus, and diarrhea, red tongue sides with thin, white fur, and a bowstring pulse. Treatment principles were to repress the liver and support the spleen, regulate and rectify the qi mechanism. The formula employed was Tong Xie Yao Fang (Painful Diarrhea Essential Formula) with additions and subtractions: Rhizoma Atractylodis Macrocephalae (Bai Zhu) and Radix Albus Paoniae Lactiflorae (Bai Shao), 15g each, Radix Ledebouriellae Divaricatae (Feng Feng), Pericarpium Citri Reticulatae (Chen Pi), Radix Bupleuri (Chai Hu), Fructus Citri Siccaductylis (Po Shao), Fructus Citri Aurantii (Zhi Shi), and Rhizoma Cyperi Rotundi (Xiang Fu), 10g each, Sclerocorm Poriae Cocos (Fu Ling), 20g, and Radix Glycyrrhizae Uralensis (Gan Cao) and Radix Aucklandiae Lappae (Mu Xiang), 6g each. If abdominal pain was severe, Fructus Meliae Toosendan (Chuan Lian Zi) and Rhizoma Corydalthis Yanhusuo (Yan Hu Suo) were added.

2. Spleen-stomach vacuity weakness pattern: 34 cases. Signs and symptoms of this pattern included marked increase in the number of bowel movements caused by eating oily, greasy, uncooked, chilled, or stimulating foods, diarrhea preceded by borborygmus, thin, loose stools, mucus in the stools, a fear of chilled or uncooked foods and a liking for warm foods, white tongue fur, and a moderate (i.e., slightly slow), weak pulse. Treatment principles were to fortify the spleen and boost the qi, and the formula administered was Shen Ling Bai Zhu San (Ginseng, Poria & Atractylodes Powder) with additions and subtractions: Radix Codonopsis Pilosulae (Dang Shen), Sclerotium Poriae Cocos (Fu Ling), and Radix Dioscoreae Oppositae (Shan Yao), 20g each, Rhizoma Atractylodis Macrocephalae (Bai Zhu), 10g, Fructus Amomi (Sha Ren), 8g, Radix Platycodi Grandiflori (Jie Geng), Pericarpium Citri Reticulatae (Chen Pi), Rhizoma Atractylodis (Cang Zhu), and Radix Glycyrrhizae Uralensis (Gan Cao), 6g each, Semen Dolichoris Lablab (Bai Bian Dou) and Semen Nelumbinis Nuciferae (Lian Zi), 12g each, Semen Coicis Lachyrma-jobi (Yi Yi Ren), 15g, and Fructus Zizyphi Jujubae (Da Zao), 5 pieces. If there was a cockcrow or day-break diarrhea with low back and knee soreness and limpness, a cold body and chilled limbs, Fructus Pseoraleae Corylifoliae (Bu Gu Zhi) and Semen Myristicae Fragrans (Rou Dou Kou) were added.

3. Intestinal tract fluid depletion pattern: 15 cases. Signs and symptoms of this pattern included calcitranit constipation with one bowel movement every 3-4 days, hard, bound, difficult to pass stools similar to stones or sheep droppings often covered by mucus on the outside, a lumpy or hard lower abdomen, occasional marked abdominal pain during defecation, a red tongue with scanty fur, and a bowstring, possibly fine, rapid pulse. Treatment principles were to increase fluids and free the flow of the stools, rectify the qi and broaden the intestinal tract.

The formula administered was Shao Yao Gan Cao Tang (Peony & Liquorice Decoction) plus Zeng Ye Tang (Increase Humors Decoction) with additions and subtractions: Radix Albus Paoniae Lactiflorae (Bai Shao), 30g, Radix Et Rhizoma Rhei (Da Huang), Fructus Immaturus Citri Aurantii (Zhi Shi), and Radix Glycyrrhizae Uralensis (Gan Cao), 6g each, Tubera Ophiopogonis Japonici (Mai Men Dong), and uncooked Radix Rehmanniae Glutinosae (Sheng Di), 20g each, Radix Scrophulariae Ningpoensis (Xuan Shen), Semen Arecae Cutcehu (Bai Lan), Fructus Meliae Toosendan (Chuan Lian Zi), and Herba Dendrobii (Shi Hu), 10g each.

4. Combined pattern: 8 cases. This consisted of patients presenting mixtures of the above three patterns, particularly alternating constipation and diarrhea. These patients received highly individualized formulas depending on their personal signs and symptoms. Therefore, no single formula was given. However, a commonly used formula to treat these patients was Tong Xie Yao Fang (Painful Diarrhea Essential Formula) plus Shao Yao Gan Cao Tang (Peony & Liquorice Decoction) with additions and subtractions.

One packet of the above medicinal formulas was decocted in water and administered per day, with 15 days equaling one course of treatment and 1-3 successive courses given.

**Study outcomes:** Marked effect was defined as complete disappearance of symptoms. Improvement was defined as partial disappearance or marked reduction in symptoms. No effect meant that there was no remission or significant reduction in symptoms. Based on these criteria, 50 cases got a marked effect and the other 24 cases improved. Therefore, the total effectiveness rate of this protocol was 100%

Clearly, these and the many other published Chinese medical studies on IBS suggest that Chinese medicine can be a safe and effective alternative to Western medicine for the treatment of all types and patterns of this condition.

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For more information on the Chinese medical treatment of IBS for professionals, see Bob Flaws and Philippe Sionneau's *The Treatment of Modern Western Medical Diseases with Chinese Medicine*. For more information on Chinese medicine and IBS for the lay reader, see *Curing IBS Naturally with Chinese Medicine* by Jane Bean. Both books are available from Blue Poppy Press.