The Role of Warm Moxibustion in IBS Treatment

By Linying Tan, PhD, LAc and Tiffany Smith, LAc, MSAOM

Irritable bowel syndrome (IBS) is a common intestinal condition, which accounts for 3.5 million physician visits in the U.S. annually.\(^1\) Symptoms characteristic of IBS include abdominal pain and cramping, changes in bowel movements (diarrhea, constipation, or alternating diarrhea with constipation), flatulence, bloating, and nausea.

Many doctors believe that there is no cure. IBS patients have high rates of absenteeism from work and school. Several studies have suggested that the impact of IBS on the quality of life is as significant as congestive heart failure and dialysis-dependent renal failure.\(^2\) Furthermore, the healthcare related costs of IBS are substantial. One study estimated the direct healthcare costs for IBS patients at $8 billion, and indirect costs at $25 billion per year.\(^3\)

Current knowledge of the etiologies and pathogenesis of IBS are unclear because there are no reliable bio-markers or demonstrable pathological abnormalities for the disease. Conventional IBS treatments include prescription medications and dietary modifications. Physicians prescribe the medications based on their experience. Because of IBS impact on patients’ quality of life and the medical costs to society, there is a great need for more efficient therapies.

As Chinese medical practitioners, we know that our therapies can greatly reduce the pain and suffering of IBS patients and do so at a relatively low cost. However, for our therapies to become integrated into current medical treatments, the science of their effects on IBS should be validated. The following article describes one therapy, warm moxibustion, its effects on IBS symptoms according to Chinese medicine, and results of some current, modern research on this application.

What is moxibustion therapy?

Moxibustion therapy like acupuncture therapy is a key component of traditional Chinese medicine (TCM), and is among the oldest healing practices in the world.

In 2010, UNESCO (United Nations Educational, Scientific and Culture Organization) formally recognized both acupuncture and moxibustion part of China’s intangible cultural heritage, giving both therapies equal
importance. Despite moxibustion’s long and rich history, it is not used as frequently in the U.S. as acupuncture.

Moxibustion treats and prevents disease via meridian systems by applying heat to specific acupuncture points. The heat is generated by burning "moxa-wool" (mugwort, artemesia vulgaris, or Ai Ye) in the shape of a cone or a stick. The Materia Medica states, "The moxa leaf is bitter and acrid, producing warmth when used in small amount and strong heat when used in large amount. Most importantly, the moxa leaf is of pure yang nature having the ability to restore the primary yang from collapse. It can open the 12 regular meridians, traveling through the three yin meridians to regulate qi and blood, expel cold and dampness, warm the uterus, stop bleeding, warm the spleen and stomach to remove stagnation, regulate menstruation and ease the fetus…. When burned, it penetrates all the meridians, eliminating hundreds of diseases."

To summarize, moxibustion therapy has the following functions: 1. Warms the meridians and expels cold. 2. Strengthens yang from collapse. 3. Induces the smooth flow of qi and blood. 4. Prevents diseases and maintains health.

Chapter 73 of Lingshu states, "A disease that may not be treated by acupuncture therapy may be treated by moxibustion therapy." Another classic book named Introduction to Medicine records, "when a disease fails to respond to Chinese herbs and acupuncture therapy, moxibustion therapy is suggested." In China, moxibustion therapy and acupuncture therapy are commonly and frequently used together.

**Effect of moxibustion therapy on IBS**

Although IBS is not specifically mentioned in the classical books of Chinese medicine, the characteristic symptoms of IBS are described. According to TCM theory, IBS can be classified as "diarrhea" or "constipation" and treated as such with TCM treatment methods. Despite the fact that moxibustion therapy has been used widely to treat abdominal pain and other symptoms consistent with IBS in China for more than 3,000 years, the mechanism of its beneficial effects remain unclear. Several recent studies have explored the mechanism of moxibustion’s effects on relieving IBS symptoms in both rat and human patients.

Since 2003, a team of traditional Chinese medicine doctors at Shanghai Research Institute of Acupuncture & Meridian, including this author, have performed several clinical and lab experiments to evaluate and verify the therapeutic effects and therapeutic mechanisms of moxibustion therapy on IBS patients and in an
IBS rat model.

More than 10 projects were supported by the Chinese government, and the trials have resulted in more than 50 published articles. The key results showed that moxibustion therapy was 76.92% effective for IBS symptoms when used on acupoints ST25 (Tianshu), ST36 (Zusanli), and ST37 (Shangjuxu). ST25 is the front Mu point of the large intestine, which can directly adjust the function of the large intestine and cure patients with IBS. ST36, the stomach He-sea point, moderates the transporting function of the large intestine, stomach and spleen. ST37, the lower He-sea point of the large intestine, strengthens the transporting function of the spleen and stomach. Moxibustion applied to all these points are effective in treating IBS.

As a result of scientific research, moxibustion therapy has been shown to regulate the concentration of 5-hydroxytryptamine (5-HT, serotonin), P-substance, dynorphin (Dyn), endomorphin(EM) and corticotropin releasing factor (CRF) both locally and in the central nervous system. These substances are responsible for transmitting abdominal pain. All data from our studies showed that moxibustion therapy has a significant effect in relieving symptoms of IBS.

References

8.  Qi Li, Shi Yin, Mu Jing-ping, Tan Lin-ying, etc. (2010). Effects of herbs-partitioned moxibustion on
heat-shock protein 70 expression in the spinal cord and colonic mucosa of rats with ulcerative colitis.

NEURAL REGENERATION RESEARCH 5(22): 1673-5374


Dr. Linying Tan has a PhD from Shanghai University of Traditional Chinese Medicine (China) and is currently a faculty member and Director of Research Program at Texas Health and Science University (Austin, TX). She plans to continue her research into moxibustion therapy.

Tiffany Smith, LAc, MSAOM, earned her master’s degree in microbiology and immunology from Texas Tech University before obtaining her degree and license in traditional Chinese medicine. She teaches at Texas Health and Science University and maintains a private practice.

Page printed from: