What’s the Bottom Line?

What do we know about the effectiveness of complementary health approaches for Irritable Bowel Syndrome (IBS)?

— Although there isn’t firm evidence, some studies suggest that mind and body practices, including hypnotherapy, may help.

— Researchers have investigated probiotics and a variety of dietary supplements for IBS. Some may improve IBS symptoms, but the quality of the research is weak, so we can’t draw conclusions about their effectiveness.

What do we know about the safety of complementary health approaches for IBS?

— Mind and body practices appear to be safe for IBS.

— Some dietary supplements studied for IBS can cause side effects, may interact with medications or other supplements, or contain ingredients not listed on the label.

What Is IBS?

IBS is a chronic disorder that affects the large intestine and causes symptoms such as abdominal pain, cramping, constipation, and diarrhea.

As many as one in five Americans have symptoms of IBS. The cause of IBS isn’t well understood but stress, large meals, certain foods, and alcohol may trigger symptoms in people with this disorder.

More information on IBS is available on the National Digestive Diseases Information Clearinghouse Web site.

What the Science Says About the Effectiveness of Complementary Health Approaches for IBS

Some evidence is emerging that a few complementary health approaches may be helpful for IBS. However, the research is limited so we don’t know for sure.
Mind and Body Practices for IBS

— **Acupuncture**

- For easing the severity of IBS, actual acupuncture wasn’t better than simulated acupuncture, a 2012 systematic review reported.
- A 2009 clinical trial included in the review found that of the 230 participants with IBS, those who received either actual or simulated acupuncture did better than those who received no acupuncture.

— **Hypnotherapy** (hypnosis). Researchers are studying gut-directed hypnotherapy (GDH), which focuses on improving bowel symptoms. Several IBS studies have found an association between hypnotherapy and long-term improvement in gastrointestinal symptoms, anxiety, depression, disability, and quality of life. The American College of Gastroenterology stated in a 2014 paper that there is some evidence that hypnosis helps with IBS symptoms, but the research is very uncertain.

- Just more than half of study participants who had 10 GDH sessions over 12 weeks felt better, compared with 25 percent of participants not assigned to undergo GDH, a 2013 study of 90 adults with IBS showed. The benefits lasted for at least 15 months. The non-GDH group had the same number of sessions of supportive talks with a physician who was trained in diseases related to stress and other factors.
- A research review suggested that children with IBS who underwent GDH had greater reductions in abdominal pain than children who received standard treatment. This was true whether the children underwent GDH with a therapist or listened to an audio recording. However, the result may not be reliable, as the researchers found only three small studies that met their standards.
- Many children and adolescents with mild symptoms of IBS who get only reassurance from their health care provider improve over time.

— **Mindfulness meditation training.** Some studies suggest that mindfulness training helps people with IBS, but there’s not enough evidence to draw firm conclusions.

- The American College of Gastroenterology stated in a 2014 paper that the few studies that have looked at mindfulness meditation training for IBS found no significant effects. But the authors noted that given the limited number of studies, they can’t be sure it doesn’t help. A 2013 review that included the same studies plus others concluded that mindfulness training improved IBS patients’ pain and quality of life but not their depression or anxiety. The amount of improvement was small.
- A 2011 NCCIH-supported clinical trial (which was in the 2013 review) of 75 women with IBS showed that mindfulness training may decrease the severity of IBS symptoms, including psychological distress, compared to attending a support group. The benefits lasted for at least 3 months after the training ended.

— **Yoga.** In a small 2014 NCCIH-supported study, young adults (18 to 26 years old) reported generally feeling better and having less pain, constipation, and nausea after completing a series of yoga classes, compared with a waitlist control group. They were still feeling better at the study’s 2-month followup.

— There’s too little evidence to draw conclusions about the effectiveness of meditation, relaxation training, and reflexology for IBS.
Placebos, Placebo Effects, and IBS

To understand the usefulness of any intervention, rigorous studies are needed to compare the approach being tested with comparable but inactive products or practices, called placebos. The placebo effect describes improvements that aren’t related specifically to the treatment being studied but to other factors, such as the patients’ belief that they’re taking something helpful. Even how a clinician talks with patients may lead to a positive response unrelated to the treatment. Placebo effects are often seen in IBS treatment studies.

In a 2008 clinical trial on placebos, 262 adults with IBS were given simulated acupuncture, simulated acupuncture with added positive attention from the health practitioners, or no intervention. None of the groups received actual acupuncture. The group that received the added positive attention improved the most, and the simulated acupuncture group fared better than the group who received no intervention.

Normally, researchers tell study participants that they’ll receive either a placebo or the treatment being tested, but they won’t know which they received until after the study. However, in a 2010 study, funded in part by NCCIH, which tested the placebo effect, the researchers told half of the members of a group of 80 IBS patients that that they were getting a placebo and that placebos have been shown to help patients. The others received no intervention. The practitioner interacted with the participants in both groups a similar amount. The placebo recipients’ symptoms improved more than those of the no-treatment group.

About Dietary Supplements for IBS

A variety of dietary supplements, many of which are Chinese herbs and herb combinations, have been investigated for IBS, but we can’t draw any conclusions about them because of the poor quality of the research.

— Chinese herbs. In a 2008 systematic review, a combination of Chinese herbs was associated with improved IBS symptoms, but extracts of three single herbs had no beneficial effect.

— Peppermint oil. Peppermint oil capsules may be modestly helpful in reducing several common symptoms of IBS, including abdominal pain and bloating. It’s superior to placebo in improving IBS symptoms, the American College of Gastroenterology stated in a 2014 paper.

— Probiotics. Generally, probiotics improve IBS symptoms, bloating, and flatulence, the American College of Gastroenterology stated in a 2014 paper. However, it noted that the quality of existing studies is limited. It’s not possible to draw firm conclusions about specific probiotics for IBS in part because studies have used different species, strains, preparations, and doses.

• IBS patients given probiotics did no better than those who got a placebo, a 2013 clinical trial of 131 patients found. The group received either the placebo or probiotics for 6 months.

• In a 2012 review, 34 of 42 studies of probiotics for IBS symptoms found greater improvement in people taking probiotics than a placebo. However, the difference in improvement between the probiotic and placebo groups varied a lot among the studies.
• A 2011 review of studies on a strain of probiotic bacteria showed associations between taking probiotics and a decrease in symptoms in children with IBS.

NCCIH-Funded Research
Recent NCCIH-supported studies of IBS have been investigating biological markers that show up in blood tests or brain imaging studies and may reveal which patients will benefit from specific treatments.

More To Consider
— Unproven products or practices should not be used to replace conventional treatments for IBS or as a reason to postpone seeing a health care provider about IBS symptoms or any other health problem.
— If you’re considering a practitioner-provided complementary practice such as hypnotherapy or acupuncture, ask a trusted source (such as the health care provider who treats your IBS or a nearby hospital) to recommend a practitioner. Find out about the training and experience of any practitioner you’re considering. More information about finding and selecting a complementary health practitioner is available on the NCCIH website.
— Keep in mind that dietary supplements may interact with medications or other supplements and may contain ingredients not listed on the label. Your health care provider can advise you. If you’re pregnant or nursing a child, or if you’re considering giving a child a dietary supplement, it’s especially important to consult your (or your child’s) health care provider.
— Tell all of your health care providers about any complementary health approaches you use. Give them a full picture of what you do to manage your health. This will help ensure coordinated and safe care.

For More Information
NCCIH Clearinghouse
The NCCIH Clearinghouse provides information on NCCIH and complementary health approaches, including publications and searches of Federal databases of scientific and medical literature. The Clearinghouse does not provide medical advice, treatment recommendations, or referrals to practitioners.

Toll-free in the U.S.: 1-888-644-6226
TTY (for deaf and hard-of-hearing callers): 1-866-464-3615
Web site: nccih.nih.gov
E-mail: info@nccih.nih.gov

National Digestive Diseases Information Clearinghouse
A service of the National Institute of Diabetes and Digestive and Kidney Diseases, the clearinghouse responds to inquiries, offers publications, and makes referrals

Toll-free in the U.S.: 1-800-891-5389
Web site: www.digestive.niddk.nih.gov
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**PubMed®**

A service of the National Library of Medicine (NLM), PubMed contains publication information and (in most cases) brief summaries of articles from scientific and medical journals.


**NIH Clinical Research Trials and You**

The National Institutes of Health (NIH) has created a Web site, NIH Clinical Research Trials and You, to help people learn about clinical trials, why they matter, and how to participate. The site includes questions and answers about clinical trials, guidance on how to find clinical trials through ClinicalTrials.gov and other resources, and stories about the personal experiences of clinical trial participants. Clinical trials are necessary to find better ways to prevent, diagnose, and treat diseases.


**MedlinePlus**

To provide resources that help answer health questions, MedlinePlus (a service of NLM) brings together authoritative information from NIH as well as other Government agencies and health-related organizations.

Web site: [www.medlineplus.gov](http://www.medlineplus.gov)

**Key References**


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