

# Complementary and Alternative Therapies in IBD

Complementary and alternative therapies encompass a range of medicinal, psychological or physical therapies that are not considered conventional treatment.

## What is the difference between complementary and alternative therapies?

Complementary therapies are therapies used together with conventional treatments prescribed by your inflammatory bowel disease (IBD) team. Alternative therapies, however, are those used instead of conventional treatments. While complementary therapies may play a role in your treatment, we generally do not recommend using non-conventional therapies as an alternative to conventional treatments. If you are using or are interested in using complementary therapies, we suggest discussing this with your IBD team.

## Are there complementary therapies that are helpful for inflammatory bowel disease?

Many people are interested in complementary therapies, but more research is needed in this area. Some studies have shown that complementary therapies may help some bowel symptoms, pain, or contribute to improving your quality of life and well-being. Some therapies may have a positive effect on bowel inflammation as well. It is worthwhile discussing this with your IBD team if you are interested. See the below table for a few therapies that have been investigated.

## Can complementary/alternative therapies cause harm?

Just as some of these therapies may cause a beneficial effect, they may also cause side effects or have interactions with your other medications. Unfortunately, their safety may not have been well-studied. It is best to inform your IBD team about the use of complementary or alternative therapies.

## There are many products or websites claiming success or cures from complementary and alternative therapies in IBD – how should I approach them?

There is no evidence that IBD can be cured by complementary or alternative therapies. While many products or websites can be found claiming the effectiveness or even cures from various complementary or alternative therapies, these should be viewed with caution. The regulation of production and advertising of non-conventional therapies is very different to conventional therapies, so claims can be made without any scientific evidence to support them.

## Table: Some commonly asked questions about complementary therapies in IBD

<b>Acupuncture +/- Moxibustion</b>	There are some studies indicating a possible benefit of acupuncture +/- moxibustion in IBD patients. However, there is no agreed technique and the quality of the studies is variable. They appear to be safe.
<b>Aloe Vera</b>	There is some evidence from a small study in ulcerative colitis patients to suggest that aloe vera gel, 100mL twice daily, may improve clinical activity and appears to be safe.
<b>Cannabinoids (eg. CBD)</b>	There is some evidence to support cannabinoids reducing symptoms, but no quality evidence in humans to suggest they reduce inflammation or prevent complications associated with IBD. There may also be some harms to the use of cannabinoids.
<b>Curcumin/Turmeric</b>	There is some evidence to support the use of curcumin, the main active ingredient of turmeric, in the induction and maintenance of remission in patients with ulcerative colitis on 5-ASA therapies only. Suggested doses are 1-3 g per day.
<b>Exercise</b>	There is some evidence suggesting a role for exercise in preventing IBD development or a flare up. Recommendations regarding the best type and intensity of exercise are unknown. However, regular exercise can have benefits on overall physical and mental health and quality of life.
<b>Meditation, mindfulness and relaxation</b>	Meditation, mindfulness and relaxation may have a positive effect on mental health, quality of life and IBD symptoms, with no known associated harm. Please refer to the <a href="#">Mental Health and IBD information sheet</a> .
<b>Probiotics</b>	There is currently no good quality evidence to support the use of probiotics in Crohn's disease. In ulcerative colitis and pouchitis, some formulations have been found to be effective – you should discuss this with your treating team if you are interested.

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