



# HerbClip™

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**FILE: ■Turmeric (*Curcuma longa*)  
■Irritable Bowel Syndrome**

**HC 030451-289**

**Date: September 30, 2005**

**RE: Promising Results from a Pilot Study Evaluating Turmeric in the Treatment of Irritable Bowel Syndrome**

Bundy R, Walker AF, Middleton RW, Booth J. Turmeric extract may improve irritable bowel syndrome symptomology in otherwise healthy adults: a pilot study. *J Altern Complement Med.* December 2004;10(6):1015-1018.

Irritable bowel syndrome (IBS) is the most common disorder seen in gastroenterology practices. It is characterized by abdominal pain, altered bowel habits, and changes in stool frequency. The causes of IBS are not clear, and there is no accepted cure. Studies have shown that peppermint oil (*Mentha x piperita*) and artichoke leaf extract (*Cynara scolymus*) may provide some symptomatic relief. Turmeric (*Curcuma longa*) has been used traditionally to treat poor digestion, abdominal pain, and distension. Curcumin in turmeric possesses many properties that could benefit patients with IBS, such as carminative actions. This pilot study evaluates turmeric as a treatment for IBS.

Subjects ( $n = 207$ ) who had self-reported IBS symptoms for at least 3 months and who met the Rome II criteria for IBS participated in this partially blinded, randomized, two-dose study. Participants were recruited through ads in the United Kingdom. More than 70% of subjects were female; the majority were over 50 years old, with a mean body-mass index of 26. For 8 weeks, subjects received either 72 mg or 144 mg daily of standardized turmeric extract (Cynara™ Turmeric, Lichtwer Pharma [UK] Ltd, Marlow, UK). Each tablet contains 72 mg of dried special standardized turmeric extract, equivalent to 1800 mg of dried turmeric root; however levels of well known constituents such as curcuminoids and termerones are not mentioned. The subjects did not know which dose they were receiving.

Three months transpired between screening and baseline. Unexpectedly the IBS prevalence at baseline was significantly lower than at screening being 41% and 57%, respectively, in the one- and two-tablet groups ( $P < 0.001$ ); after treatment with turmeric extract there were further reductions of 53% and 60%, respectively ( $P < 0.001$ ). As a result, the power of the study to reveal a difference between the two groups was reduced. There was a significant decrease in IBS prevalence between baseline and end of treatment in both groups ( $P <$

0.001). There were significant reductions in abdominal pain/discomfort between baseline and end of treatment in both groups ( $P < 0.001$ ). There was also an improvement in quality-of-life scores. Seventy percent of the subjects reported "definite to some improvement" in IBS after treatment. The incidence of normal bowel pattern significantly increased after treatment in both groups ( $P < .001$ ). There were no major side effects. Approximately 25% of the subjects reported flatulence and many reported dry mouth. Nine subjects withdrew because of side effects.

The authors state "there is little doubt, though, that the placebo effect contributed to the improvements seen in the present study." Nonetheless the authors believe that the results are promising. For example, one subject reported a vast improvement after 9 years of feeling like a prisoner because he could not be too far from a toilet. A placebo-controlled study is warranted.

—*Heather S. Oliff, PhD*

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