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Enhancing ulcerative colitis treatment with traditional Chinese medicine

Wen-Rui Hao, Chun-Yao Cheng, Tzu-Hurng Cheng

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Abstract

Inflammatory bowel disease, particularly ulcerative colitis (UC), poses significant treatment challenges due to its chronic nature and potential for severe complications. This editorial reviews a recent network meta-analysis that evaluated the efficacy of and highlighted the superior outcomes achieved by combining each of five traditional Chinese medicine (TCM) formulations with mesalazine for the adjuvant treatment of UC. Clinical outcomes included enhanced mucosal healing, improved quality of life, and reduced recurrence rates. Additionally, the combination therapy resulted in a lower incidence of adverse reactions compared with mesalazine monotherapy. Despite these promising results, limitations such as variability in study quality and TCM dosage highlight the need for further high-quality, large-sample, multicenter randomized controlled trials. This editorial underscores the potential of TCM in enhancing UC management and calls for more rigorous research to substantiate these findings and refine clinical guidelines.

Key Words: Ulcerative colitis; Traditional Chinese medicine; Mesalazine; Network meta-analysis; Clinical efficacy; Adjuvant therapy; Quality of life; Recurrence rate; Adverse reaction

Core Tip: This editorial highlights the promising role of the combination of mesalazine and traditional Chinese medicine formulations in the adjuvant treatment of ulcerative colitis. The findings from a network meta-analysis suggest that traditional Chinese medicine can significantly enhance clinical efficacy, reduce disease recurrence, and improve patient quality of life, while maintaining a lower incidence of adverse reactions.

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INTRODUCTION

Ulcerative colitis (UC) is a chronic inflammatory bowel disease marked by recurrent episodes of inflammation that can severely complicate clinical management of the disease[1]. UC is traditionally treated using 5-aminosalicylic acid derivatives, such as mesalazine, that effectively manage symptoms but may not fully alleviate the underlying inflammatory processes or prevent disease relapse[2]. This limitation has spurred interest in combining traditional Chinese medicine (TCM) with Western pharmacotherapy to enhance therapeutic outcomes and quality of life in patients with UC. Specific TCM formulations can act synergistically with mesalazine to modulate immune responses, reduce inflammation, and promote mucosal healing[3]. A recent network meta-analysis reported that integrating TCM with mesalazine enhanced clinical efficacy and safety and reduced recurrence rates and the number of adverse effects compared with treatment involving mesalazine alone[4]. This editorial examines the implications of these findings for clinical practice and advocates for integrating TCM with conventional treatments in the comprehensive management of UC[5-7]. By synthesizing the latest evidence, we propose a more holistic approach to UC treatment, leveraging the strengths of both traditional and modern medical practices to enhance patient care.

INTEGRATION OF TRADITIONAL CHINESE MEDICINE WITH WESTERN PHARMACOTHERAPY FOR MANAGING ULCERATIVE COLITIS

The integration of TCM with Western pharmacotherapy for managing UC has garnered considerable attention as an alternative to conventional treatments, which often fail to address the complex nature of this disease[1]. A network meta-analysis showcased the potential therapeutic benefits of combining TCM formulations with standard treatments such as mesalazine, yielding better therapeutic outcomes and lower recurrence rates[4]. The TCM approach to treating UC is inherently holistic because it addresses inflammatory pathways as well as the balance between the body's qi and blood, which are central tenets in TCM philosophy[2]. Some formulations have demonstrated promising results in clinical trials. For example, Shen-Yao-Tang modulates immune responses by balancing the ratio of regulatory T cells to T helper 17 cells, and Bu-Zhong-Yi-Qi-Tang enhances gut barrier function and immune resilience[3]. The synergy between TCM and mesalazine facilitates mucosal healing and immune modulation more effectively than does mesalazine monotherapy and offers a comprehensive strategy for managing UC symptoms and mitigating disease recurrence. Contemporary pharmacological research supports these traditional insights, revealing that TCM components such as *Paeonia lactiflora* and *Rheum palmatum* root reduce inflammation, enhance colonic motility, and modulate the composition of gut microbiota[5,6]. Integrating TCM into UC treatment regimens has also been linked with a reduced incidence of adverse reactions. Enhancing the safety profile of UC therapy is essential given the potential side effects associated with prolonged mesalazine use[7]. Despite these promising developments, several challenges remain in the integration of TCM into standard UC treatment protocols. Variability in TCM formulations, dosages, and treatment durations and biases in linguistic and geographical factors between studies highlight the need for further high-quality, large-scale, multicenter clinical trials[8]. Such studies should standardize TCM practices, elucidate mechanisms of action in greater detail, and establish clear guidelines for coadministration of TCM with conventional therapies.

CONCLUSION

Integrating TCM formulations with Western pharmacotherapy, particularly mesalazine, presents a promising strategy for enhancing the effectiveness of UC management. A network meta-analysis demonstrated that TCM formulations significantly improve clinical outcomes, promote mucosal healing, and reduce UC recurrence and offer a holistic therapeutic approach to this chronic disease[4]. The unique mechanisms of action of TCM formulations, including immune modulation, gut microbiota regulation, and enhancement of intestinal barrier function, complement those of

conventional treatments, making the combination more effective in managing UC[3]. However, variability in TCM formulations, dosages, and treatment durations and potential biases in current studies underscore the need for rigorous, large-scale, well-structured clinical trials to standardize TCM practices, clarify mechanisms of action, and determine optimal integration strategies[5,8]. Although TCM appears to offer a favorable safety profile with fewer adverse reactions compared with mesalazine alone, comprehensive studies are warranted to fully understand and mitigate any associated risks[6]. Future research should focus on customizing TCM treatments to individual patients, considering the diverse manifestations and underlying mechanisms of UC in different individuals[7]. Ultimately, the integration of TCM with Western medicine holds substantial promise for advancing UC treatment, enhancing patient outcomes, and improving quality of life. By bridging traditional wisdom with modern scientific evidence, we can pave the way for more effective and personalized treatment strategies for UC.

FOOTNOTES

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