

Examining the Use of Natural Products for the Treatment of Irritable Bowel Syndrome



Should natural products have a role in the management of patients with irritable bowel syndrome (IBS)? One of the feature articles in this month's issue of the journal *Gastroenterology & Hepatology* explores the use of these products to treat patients who have IBS. According to Dr Sophie Brigstocke and Dr Darren M. Brenner, over one-third of IBS patients use nonpharmacologic therapies, which include natural products. The authors have performed a comprehensive overview of the efficacy and safety of numerous natural products used for treating this patient population, including fiber supplements, probiotics, cannabis, ginger, peppermint oil, turmeric, L-glutamine, and melatonin. As the authors highlight, several of these treatments show promise for IBS management, but evidence is limited for many of them and more rigorous evaluation of their efficacy and safety is needed.

Another feature article this month explores gut dysmotility in patients with Parkinson disease (PD), which is the fastest-growing neurologic disorder in the world. As Dr Alexander Woodcock, Dr Vanessa Hinson, and Dr Amol Sharma note, PD is well known for its motor symptoms, but gastrointestinal dysfunction is very prevalent and can have a large impact on quality of life. The authors examine the pathophysiologic framework of gut dysmotility in PD and review various types of physiologic dysfunction in patients with PD, including oropharyngeal, esophageal, gastric, small intestinal, colonic, and anorectal. Additionally, the authors discuss diagnostic strategies, including a number of objective assessments, and pharmacologic implications.

Our Advances in IBD column focuses on prehabilitation, a multidisciplinary approach that attempts to optimize a patient's well-being for an operation by focusing on improvement of their physical function, nutritional status, and mental health prior to the procedure. Professor Jane M. Andrews discusses the rationale for prehabilitation before inflammatory bowel disease (IBD) surgery, whether IBD medications should be adjusted preoperatively, and preoperative screening of nutrition, physical fitness, and psychological health. Her discussion also includes the importance of smoking cessation, components of the care team, and challenges associated with prehabilitation programs.

IBD is also discussed in an interview with Dr Gursimran S. Kochhar about the use of endoscopic procedures in IBD patients for our Advances in Endoscopy column. Topics of discussion include the current gold standard for IBD diagnosis, strategies for optimizing endoscopic monitoring, when to perform stricture dilation, the role of stenting in refractory IBD, and management of IBD-associated polyps.

Disparities in liver transplant are highlighted in our Advances in Hepatology column. Dr Veronica Loy examines research on a number of liver transplant disparities in terms of sex, race, geography, socioeconomic factors, providers, and gender identity. Also discussed are attempts at minimizing disparities in access to liver transplant and areas of future research, along with related topics.

Our HCC in Focus column features an interview with Professor Peter R. Galle on nivolumab plus ipilimumab combination therapy for patients who have hepatocellular carcinoma (HCC). Topics of discussion include the rationale behind combining these agents, recent data on this combination for first-line HCC treatment, common adverse events and toxicities, as well as contraindications.

In this month's Case Study Series section, Dr Jayde Kurland, Dr Jordan Stellern, Dr Hussain Kachwalla, Dr Suman Verma, Dr Victoria T. Lee, Dr Lishan Aklog, and Dr Sachin Wani present the cases of 4 patients with high-grade dysplasia/early esophageal adenocarcinoma initially identified through nonendoscopic Barrett esophagus screening using a swallowable balloon-catheter device and methylated DNA biomarker assay.

Finally, our quarterly content partnership with the Crohn's & Colitis Foundation continues by highlighting patients with very early onset of IBD—ie, those who are diagnosed before the age of 6 years. For more information, readers can scan the QR code on page 551.

I hope that this issue provides valuable insights for your clinical practice.

Sincerely,

Gary R. Lichtenstein, MD, FACG, AGAF, FCCF, FACP