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& Endoscopisti Ospedalieri

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A.I.G.O.**

LA NUOVA GASTROENTEROLOGIA

EMILIA ROMAGNA
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11-12 febbraio 2022
Hotel Sporting



YOGA E MEDITAZIONE

Dr.ssa Pamela Rossetti

**U.O.C.
GASTROENTEROLOGIA
ED ENDOSCOPIA
DIGESTIVA**

**Ospedale Murri
Fermo**

LE ORIGINI DELLO YOGA



Miniatura di epoca Moghul, 1635 ca. Acquerello e oro su carta. Istituto di Manoscritti Orientali, San Pietroburgo.

L'albero dello Yoga

RAMI
ASANA
posizioni

FOGLIE
PRANAYAMA
controllo del respiro

CORTECCIA
PRATYAHARA
ritenzione dei sensi

5 RADICI
YAMA

AHIMSA
non violenza

SATYA
non dire il falso

ASTEYA
non rubare

BRAHMACHARYA
non dispersione di energia

APARIGRAHA
non accumulo

LINFA
DHARANA
concentrazione

FRUTTI
SAMADHY
beatitudine

5 ANELLI DEL TRONCO
NIYAMA

FIORI
DHYANA
meditazione

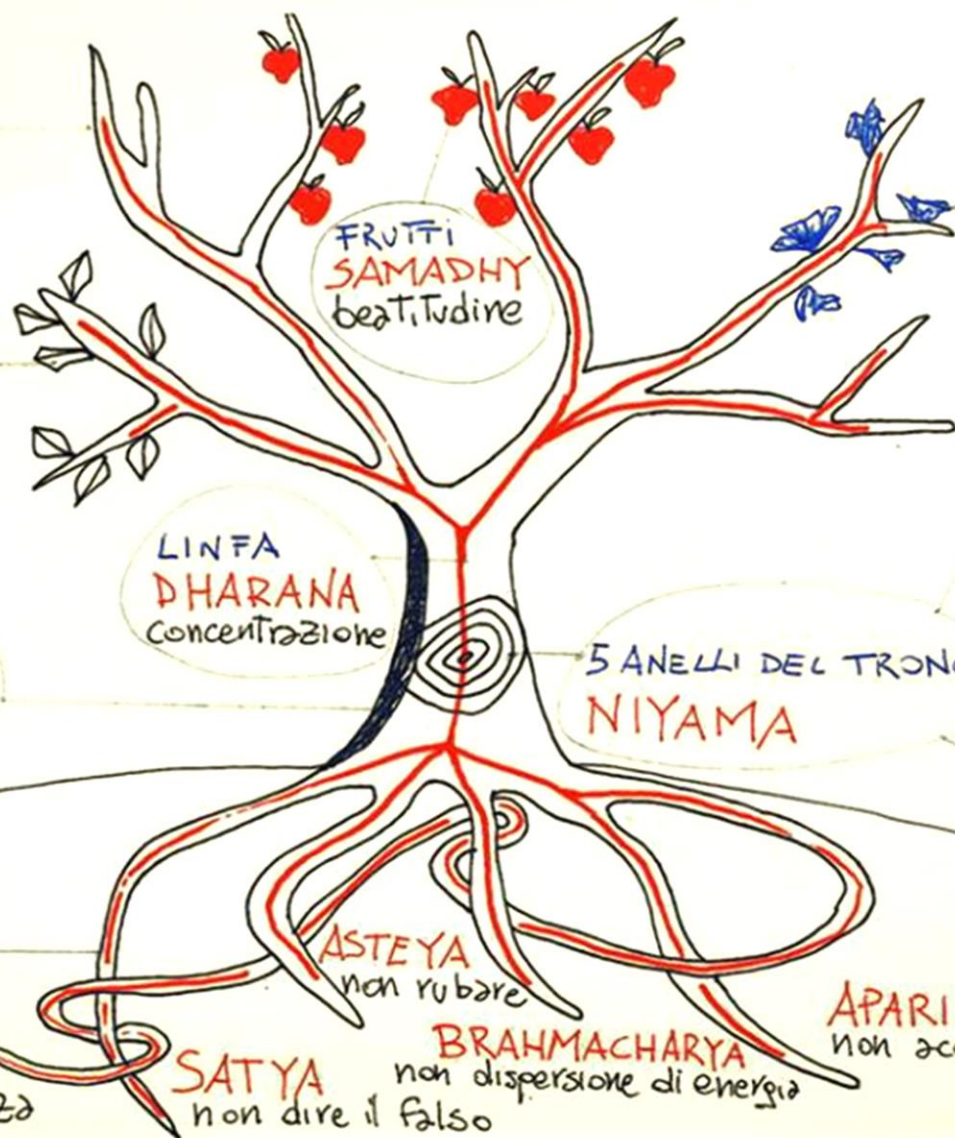
SAUCHA
purezza

SANTOSA
contentezza

TAPAS
auto-disciplina

SVADHYAYA
studio del se

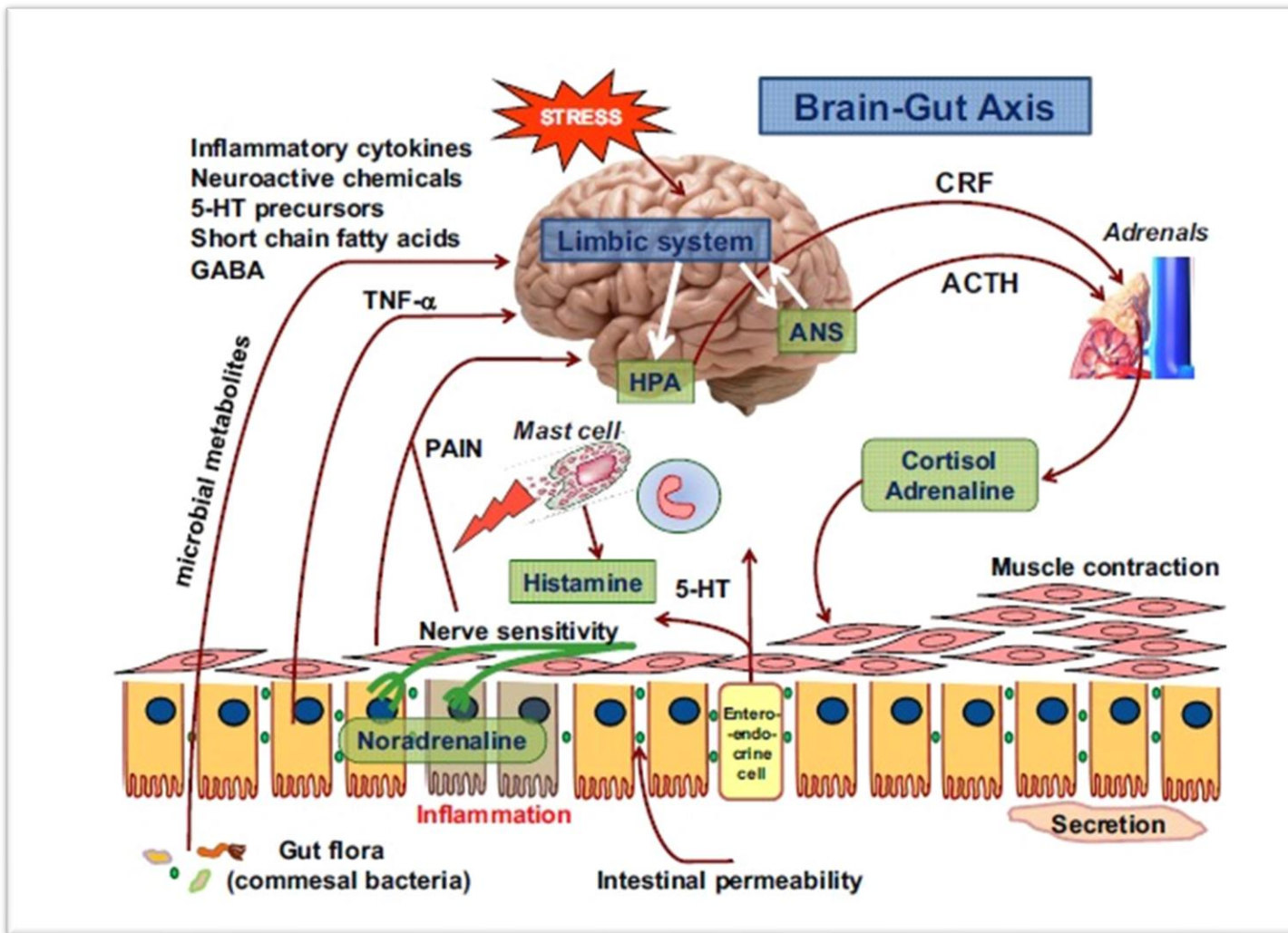
ISVARA PRANIDHANA
abbandono a "Dio"



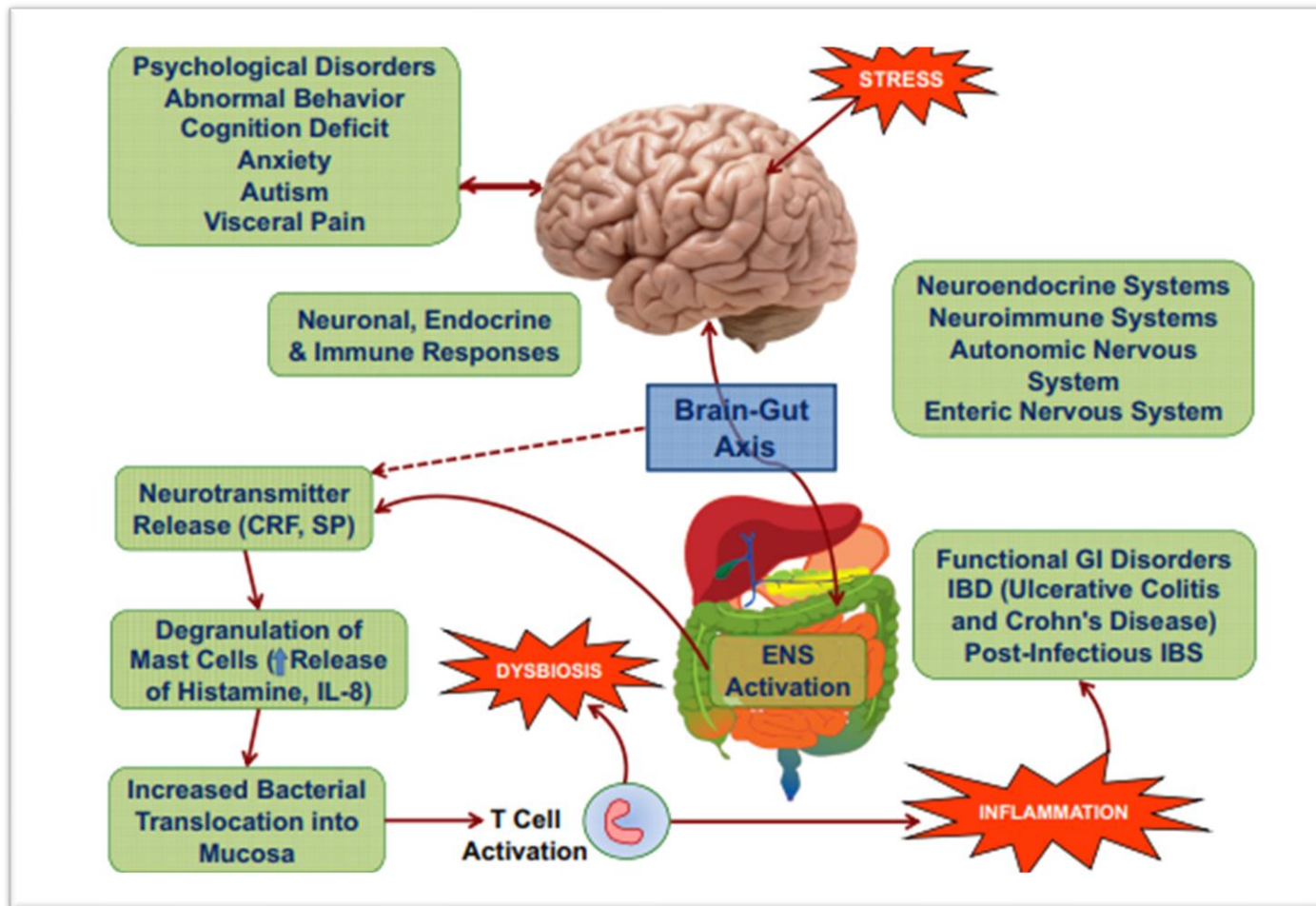
YOGA ↔ UNIONE



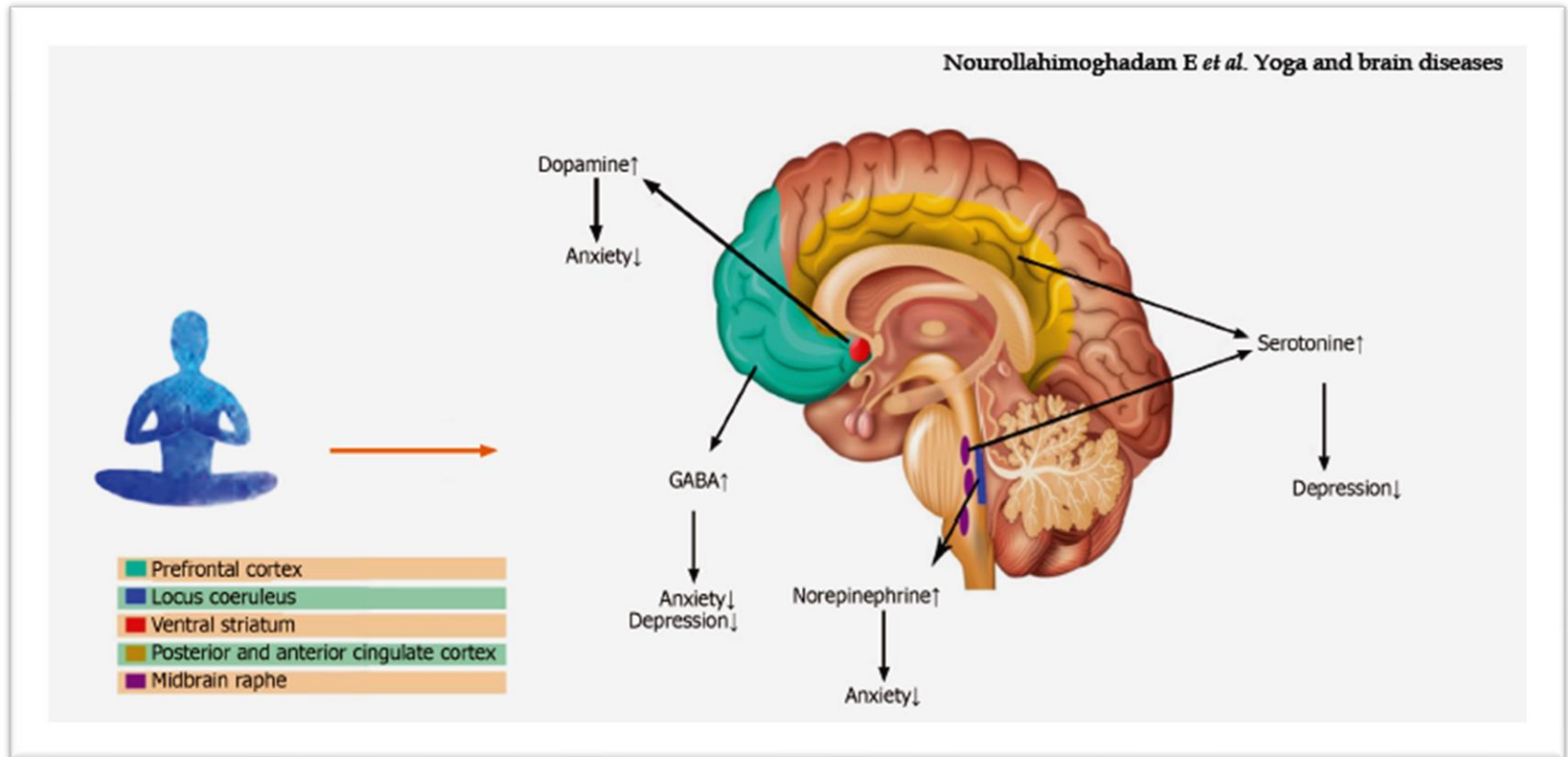
BRAIN-GUT AXIS



PSICONEUROENDOCRINO IMMUNOLOGIA



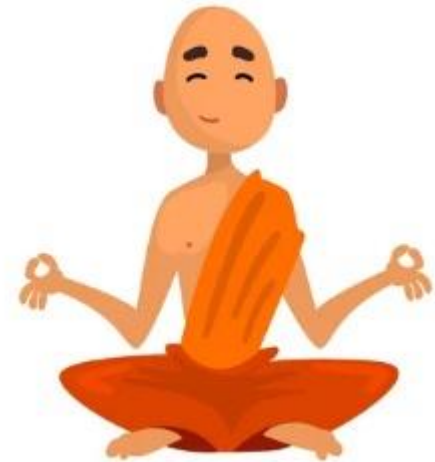
YOGA E NEUROTRASMETTORI



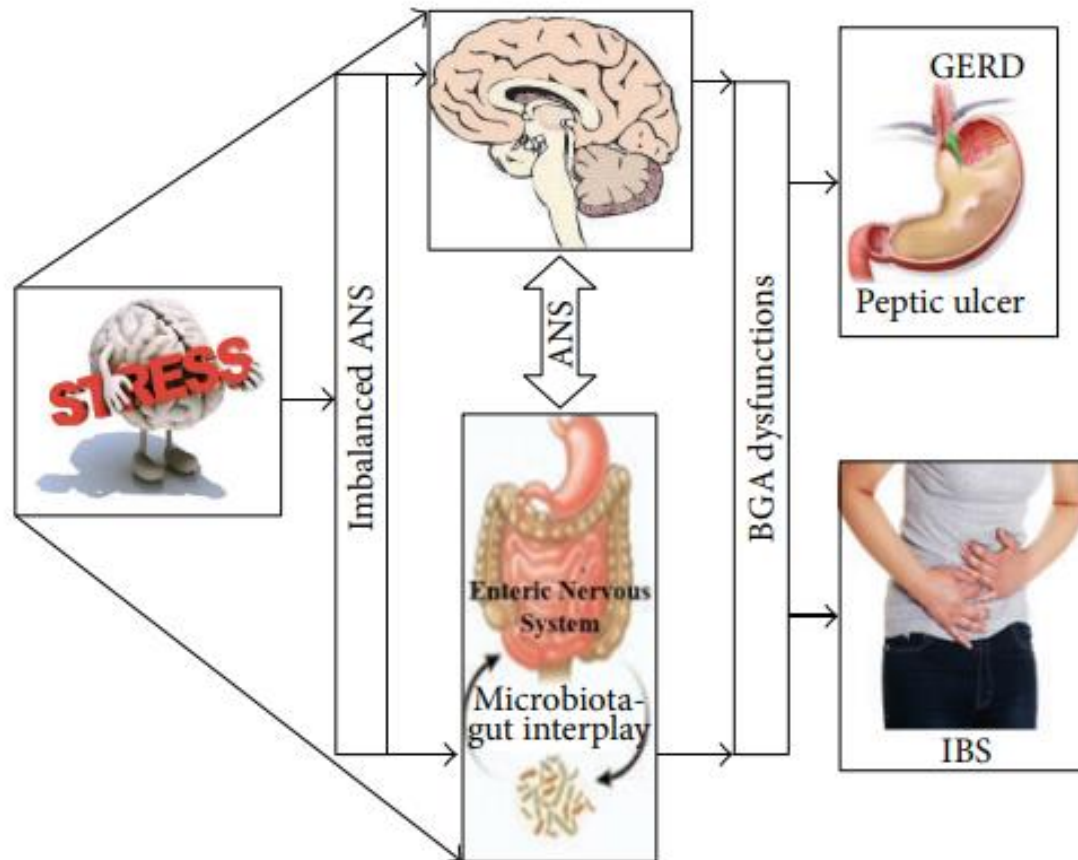
World J Psychiatr 2021 October 19; 11(10): 754-773

RUOLO TERAPEUTICO DELLO YOGA

- ↓ ***DEPRESSIONE***
- ↓ ***ANSIA***
- ↓ ***STRESS***
- ↑ ***AUTOCONTROLLO***
- ↑ ***CONSAPEVOLEZZA***
- ↑ ***BENESSERE PSICO-FISICO***



YOGA E DISTURBI GASTROINTESTINALI



YOGA E IBS

Hindawi Publishing Corporation
Evidence-Based Complementary and Alternative Medicine
Volume 2015, Article ID 398156, 10 pages
<http://dx.doi.org/10.1155/2015/398156>

Review Article

Irritable Bowel Syndrome: Yoga as Remedial Therapy

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YOGA ED IBS



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TOPIC HIGHLIGHT

WJG 20th Anniversary Special Issues (4): Irritable bowel syndrome

Complementary and alternative medicines in irritable bowel syndrome: An integrative view

Oliver Grundmann, Saunjoo L Yoon

YOGA ED IBS

Table 1 Clinical trials on diet and exercise interventions for irritable bowel syndrome

Intervention	Study design	Sample size	Outcome	Ref.
Acceptability questionnaire	Anonymous survey	256	Most acceptable were tablets (84%), diet and lifestyle changes (82%), yoga (77%); less acceptable were acupuncture (59%) and suppositories (57%)	[40]
Food elimination	Open label pilot study	20	Significant improvements in stool frequency ($P < 0.05$), pain ($P < 0.05$), and IBS-QOL ($P < 0.001$)	[89]
Diet and lifestyle	Cross-sectional study	1717	Significant difference between IBS and non-IBS participants in regards to residential type (OR = 1.27) and frequency of meals (OR = 1.69)	[90]
Diet and lifestyle	Questionnaire	983	BMI was associated with abdominal pain and diarrhea, healthier diet and physical activity were associated with fewer GI symptoms	[91]
Diet	3-way cross-over study	22	IBS-D patients showed significant increase in small bowel and mucosal permeability for mannitol and lactulose sugars compared to healthy controls	[92]
Diet	Questionnaire	1978	Potential for higher lactose intolerance incidence in patients with IBS compared to healthy patients	[93]
Diet	Case-control study	177	Symptomatic lactose intolerance more frequent in patients with IBS than healthy subjects, but incidence of lactose intolerance not different between groups	[94]
Diet	Case-control study	120	Lactose intolerance resulted in more frequent self-reported symptoms in patients with IBS-D than controls ($P < 0.001$, OR = 6.25), IBS-D patients consumed significantly less dairy products ($P = 0.04$)	[95]
Exercise	Randomized, controlled trial	56	No difference in quality of life between exercise and usual care groups, exercise group presented with significant less symptoms of constipation after 12 wk intervention	[98]
Exercise	Cross-over study	8	Gas retention during rest was associated with significant abdominal symptoms in IBS patients ($P < 0.01$), symptoms improved during exercise ($P < 0.05$) compared to rest	[99]
Exercise	Descriptive comparative study	89	Women with IBS report less physical activity ($P < 0.05$), women with IBS who were physical active reported significantly less symptoms of fatigue ($P = 0.003$) compared with the ones with IBS who were physically inactive	[100]
Yoga	Randomized cross-over study	25	Lower functional disability ($P = 0.073$) and anxiety levels ($P = 0.09$) in the yoga group compared to the waitlist group, significantly lower GI symptoms ($P < 0.01$)	[101]
Yoga	Randomized parallel design	21	Similar reductions in symptoms after 2 mo for yoga and the group receiving loperamide in IBS-D patients	[102]

YOGA ED IBS

Am J Gastroenterol. 2011 September ; 106(9): 1678–1688. doi:10.1038/ajg.2011.184.

Mindfulness Training Reduces the Severity of Irritable Bowel Syndrome in Women: Results of a Randomized Controlled Trial

Susan A. Gaylord, PhD¹, Olafur S. Palsson, PsyD², Eric L. Garland, PhD³, Keturah R. Faurot, PA, MPH¹, Rebecca S. Coble, BA¹, J. Douglas Mann, MD⁴, William Frey, MS⁵, Karyn Leniek, MD¹, and William E. Whitehead, PhD²

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YOGA ED IBD

	Summary of Evidence	General Recommendations
Acupuncture and Moxibustion	<p>Ulcerative colitis</p> <ul style="list-style-type: none"> Active mild-to-moderate ulcerative colitis: Some evidence suggesting superiority to oral sulfasalazine monotherapy, although limited due to low methodologic quality⁶⁹ <p>Crohn's disease</p> <ul style="list-style-type: none"> May decrease CDAI and CRP (2 RCTs)^{67,68} 	<p>Ulcerative colitis and Crohn's disease</p> <ul style="list-style-type: none"> Can consider as a complement to conventional therapy due to overall safety profile
CBT	<p>Ulcerative colitis and Crohn's disease</p> <ul style="list-style-type: none"> Evidence on efficacy of CBT points toward some improvements in QOL and lower rates of depression and anxiety (1 RCT)^{73,75} CBT does not influence course of IBD or changes in CDAI, SCCAI, or CRP (1 RCT)⁷⁴ 	<p>Ulcerative colitis and Crohn's disease</p> <ul style="list-style-type: none"> Can consider as a complement to conventional therapy for improving QOL, anxiety, and depression
Mindfulness	<p>Ulcerative colitis and Crohn's disease</p> <ul style="list-style-type: none"> Evidence indicates improvements in QOL, anxiety, and depression (1 RCT)⁷⁶ No improvements in fecal calprotectin, serum cytokines, and CRP were noted (1 RCT)⁷⁷ 	<p>Ulcerative colitis and Crohn's disease</p> <ul style="list-style-type: none"> Can consider as a complement to conventional therapy for improving QOL, anxiety, and depression
Hypnotherapy	<p>Ulcerative colitis and Crohn's disease</p> <ul style="list-style-type: none"> Gut-directed hypnotherapy increases clinical remission in patients with quiescent ulcerative colitis (1 RCT)⁷⁸ 	<p>Ulcerative colitis and Crohn's disease</p> <ul style="list-style-type: none"> Can consider as a complement to conventional therapy for improving symptoms
Yoga	<p>Ulcerative colitis and Crohn's disease</p> <ul style="list-style-type: none"> Improves QOL, anxiety, and abdominal pain, but has no effect on disease activity (2 RCTs)^{81,82} No difference in inflammatory markers⁸² 	<p>Ulcerative colitis and Crohn's disease</p> <ul style="list-style-type: none"> Can consider as a complement to conventional therapy for improving QOL and anxiety
Exercise	<p>Ulcerative colitis and Crohn's disease</p> <ul style="list-style-type: none"> Associated with higher QOL (1 RCT)⁸³ Improves bone mineral density (1 RCT)⁸⁴ Predicts lower rates of relapse (1 prospective study)⁸⁶ 	<p>Ulcerative colitis and Crohn's disease</p> <ul style="list-style-type: none"> Can consider as a complement to conventional therapy for improving QOL and bone density Exercise regimen should be individually tailored; avoid strenuous exercise in patients with more than mild active disease activity.

YOGA ED IBD

ORIGINAL ARTICLE

The Effect of Breathing, Movement, and Meditation on Psychological and Physical Symptoms and Inflammatory Biomarkers in Inflammatory Bowel Disease: A Randomized Controlled Trial

Patricia L. Gerbarg, MD,* Vinita E. Jacob, MD,[†] Laurie Stevens, MD,[‡] Brian P. Bosworth, MD,[†] Fatiha Chabouni, MD,[†] Ersilia M. DeFilippis, MD,[†] Ryan Warren, BA,[†] Myra Trivellas, BS,[†] Priyanka V. Patel, MS,[†] Colleen D. Webb, RD,[†] Michael D. Harbus, BA,[†] Paul J. Christos, DrPH,[§] Richard P. Brown, MD,[‡] and Ellen J. Scherl, MD[†]

perceived stress), physical symptoms (bowel symptoms, systemic symptoms, and pain), and quality of life (daily function and social function) in patients with IBD. Concomitantly, participants in the BMW had significant reductions in CRP, an inflammatory marker after 26 weeks. Mind-body practices can be taught as adjunctive treatments to groups of patients, thereby reducing cost and time demands on health care providers. Interventions, such as BMW, that emphasize slow VRBPs may provide an effective, safe, low risk cost-effective method to improve symptoms, quality of life, and inflammation in IBD. Additional studies with larger groups and longer follow-ups are warranted to validate and extend these encouraging results.

NUOVO APPROCCIO TERAPEUTICO

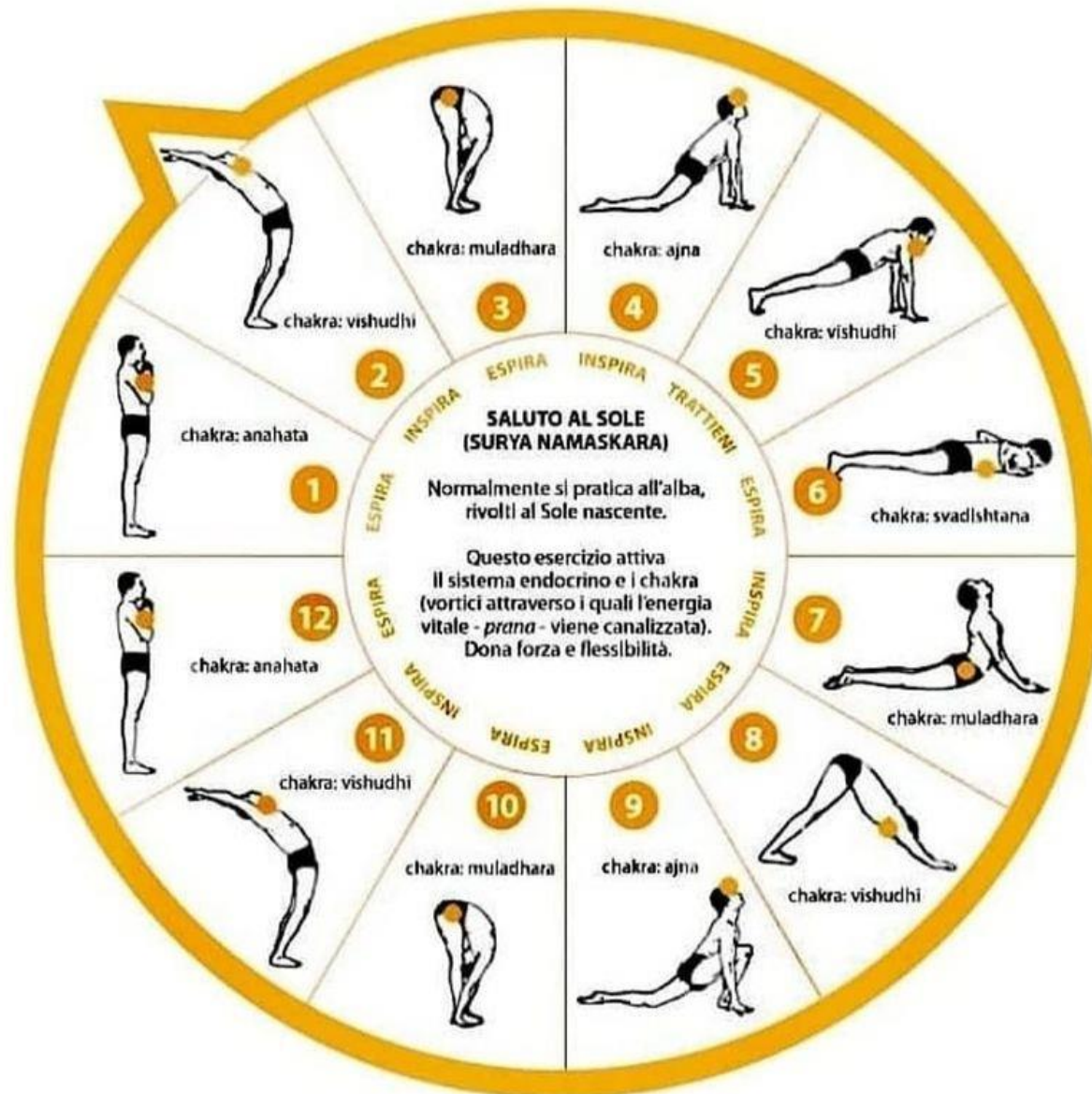
Lo yoga sposta l'attenzione su un piano diverso che porta alla ricerca del benessere, non attraverso la cura del sintomo imposta da qualcun altro in base a delle linee guida identiche per tutti, ma porta a rendere il paziente o meglio la persona protagonista del proprio benessere, della propria salute a 360 gradi, attraverso pratiche che aumentino la propria consapevolezza, la conoscenza di se stessi e dei propri bisogni, che sono unici e soggettivi



DALLA CURA DELLA MALATTIA ALLA CURA DELLA SALUTE



ASANA



MEDITAZIONE



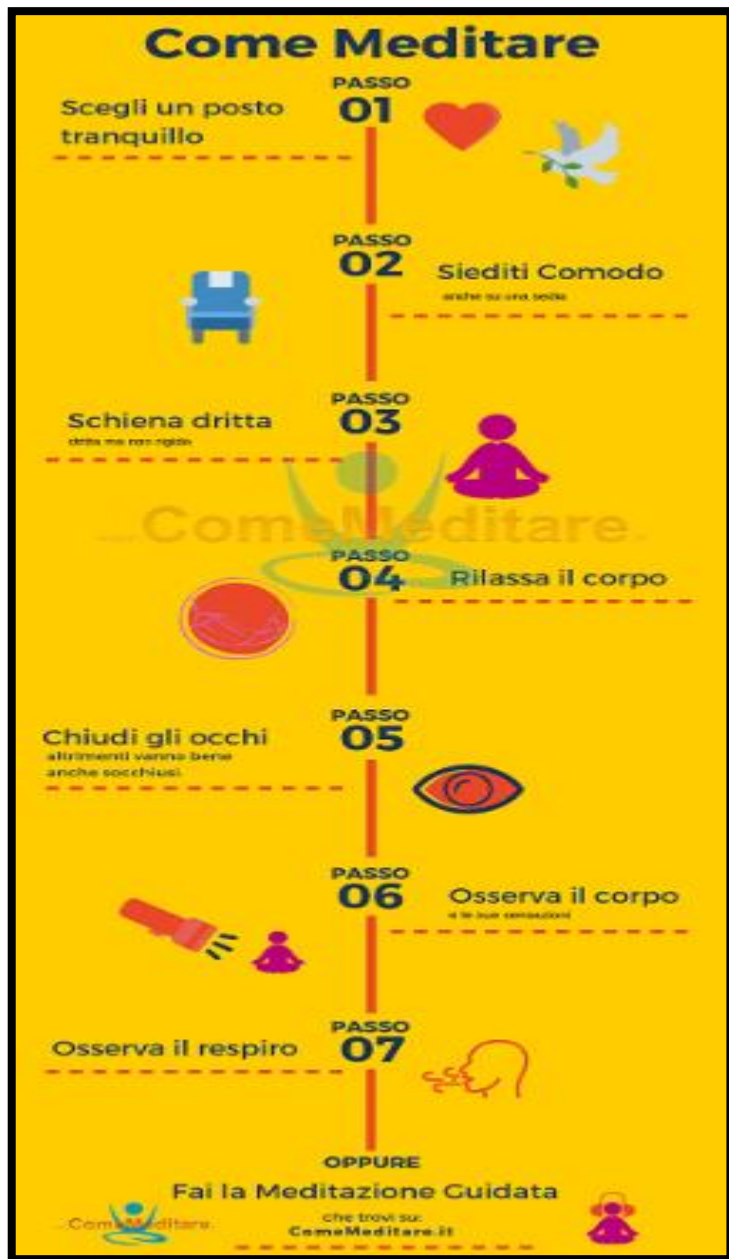
LA MEDITAZIONE E' UNA SCIENZA?

- La meditazione è stata definita “scienza intuitiva”
- Test di laboratorio hanno provato gli effetti fisiologici della meditazione
- Il limite di questi test è che ci mostrano soltanto i risultati fisici misurabili che nulla possono dirci sull'oggetto del pensiero e sul nostro vissuto emotivo



COSA SIGNIFICA MEDITARE





- FERMARSI
- CERCARE SILENZIO
- ASCOLTARE IL CORPO
- ASCOLTARE IL RESPIRO
- FERMARE LA MENTE





CONCLUSIONI

- *DALLA CURA DELLA MALATTIA ALLA CURA DELLA SALUTE*
- *IL PAZIENTE AL CENTRO DELLA CURA*
- *LA PERSONA COME UNITA' TRA CORPO, MENTE, ANIMA*



CONCLUSIONI

- *LO YOGA E LA MEDITAZIONE COME TERAPIE COMPLEMENTARI*
- *LO YOGA COME ESPERIENZA*
- *LO YOGA ANCHE PER IL MEDICO!*
- *RISCOSPRIRE LA COMPLESSITA' DELLA CURA DEL PAZIENTE E LA POSSIBILITA' DELL'APPROCCIO COMBINATO*



OM SHANTI

