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Kazunari Ozaki

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Kazunari Ozaki

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*To disseminate peer-reviewed information on the use of acupuncture and herbs, and integration with western
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Editorial

The Present State of Acupuncturist and Moxibustionist Education in Japan

The mainstay of education for acupuncturists/moxibustionists in Japan are three-year vocational colleges. There are 11 universities, but as many as 90 vocational colleges (as of April 2013). Acupuncturist/moxibustionist education is also implemented in educational facilities for visually disabled people in each prefecture. The number of people who take the national examination for the practice of acupuncture and moxibustion is on an increasing trend, such that in fiscal 2012, there were 5,015 applicants for the national exam for acupuncturists and 4,996 applicants for the national exam for moxibustionists, corresponding to approximately double the numbers ten years ago (fiscal 2002: 2,645 applicants for the acupuncturist exam, 2,613 applicants for the moxibustionist exam).

People who wish to become a practitioner of acupuncture or moxibustion in Japan must go to a university or vocational college that provides training for acupuncturists/moxibustionists, acquire a prescribed number of units that include technical education, and pass a national examination. The national exam, however, is a test of knowledge level only, and technical skills are in part left up to the discretion of each training facility. For this reason, practitioners of acupuncture and moxibustion may achieve a uniform level of knowledge, but their technical level is not uniform at present.

Given this social background, movements for enhancing the quality of acupuncturist/moxibustionist education have begun to emerge. One is a movement initiated by the Japan College Association of Oriental Medicine, which is an association dedicated to cultivating practitioners of acupuncture and moxibustion. With the objective of having students achieve a uniform technical skills level before graduating, it adopted a technical evaluation system for students of all member schools in fiscal 2009. The system aimed to allow teachers to evaluate students in other schools based on a unified evaluation criteria, as a first attempt of its kind in the field of acupuncturist and moxibustionist education. The problem, however, was that only 46 (including 2 universities), and roughly half, of 90 vocational colleges that provide acupuncturist/moxibustionist education were members of the Association. This prevented the uniformization of the technical level of all national exam applicants.

On the other hand, enhanced education has become available to those who have acquired qualification to practice acupuncture and moxibustion. Postgraduate training was previously provided only by clinics that recruited them, but institutions affiliated with university hospitals and educational institutions such as vocational colleges that provide acupuncturist/moxibustionist education, have also begun to establish a framework for offering postgraduate training in acupuncture and moxibustion. Furthermore, the Acupuncture-moxibustion Promotion Organization for the People Japan (AcuPOPJ) is presently preparing to offer postgraduate clinical training for acupuncturists/moxibustionists (slated for full-scale implementation from fiscal 2014).

Before acupuncturists/moxibustionists became a national qualification, a skills test was also held as part of the qualifying examination, but along with the transition to a national qualification, the skills test was abolished. It is now twenty years since acupuncturists/moxibustionists have become a national qualification. Perhaps it is time to review not only the examination, but also the system of acupuncturist/moxibustionist education itself, with the aim of achieving a uniformity of both knowledge and technical levels.

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Japanese Acupuncture - Current Research

Japanese Traditional Medicine Text (10) – Gynecology

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1. Introduction

Here we introduce studies on the effects of acupuncture treatment for gynecological disorders. The main subjects' dysmenorrhea, menstrual cycle abnormalities, infertility, and menopause are subject mainly. We found that most of the studies from abroad were high level, evidence based research based on RCTs (randomized controlled trials), and however, Japanese studies were primarily case studies with essentially no RCTs presented. One similarity between foreign research and that from Japan is that, compared to reports on acupuncture, is the relative dearth of research on moxibustion. A large number of the studies from abroad are based on traditional Chinese medicine (traditional Chinese medicine TCM) theory as a standard treatment. In contrast, the various reports from Japan are based on the classical theories from Classical Text and TCM, such as the somatic – visceral reflex. Because recent Acupuncture research examines therapeutic effects on the endocrine system, it is becoming more important worldwide. In the future, I hope that beyond TCM, clinical research based on classical theory and texts contributes to Japan's own research development.

Now we will proceed with our discussion of research on Infertility [6.Obstetrics].

2. The current state of Clinical Research Abroad

a) Dysmenorrhea

Many RCTs on Acupuncture treatment for dysmenorrhea have been performed, these trials often involve a study of women with primary dysmenorrhea. Additionally, there have been numerous “systematic reviews” published.

1) Systematic review

Yang H et al.¹⁾ reported that among the reviews of acupuncture research on primary dysmenorrhea, most of the reported research (32 published reports) had been ranked at a low level. Relevant research included 18 studies comparing analgesics and acupuncture. Acupuncture was found to be significantly effective. However, it was reported that 9 of these studies did not show significant effectiveness. These reports focused on traditional Chinese medicine, pain medication, psychotherapy with placebo acupuncture used as the control group.

2) Randomized Controlled Trials

Helms JM et al reported the results of RCTs. The subjects for these trials included 43 women complaining of dysmenorrhea. Subjects were randomly assigned to an acupuncture group, placebo acupuncture group and a standard control group. Results following a pre-determined course of treatment were compared between the groups. Improvement rates (that is, reports of reduced pain) within the acupuncture group were the highest. It was also reported that the frequency of analgesic treatment decreased the most within acupuncture group.

Also, Caroline A. et al. investigated 92 women with primary dysmenorrhea. The acupuncture treatment group and the placebo acupuncture treatment control group were compared. Following the treatment series, the acupuncture treatment group tended to have fewer days of menstrual pain compared to the control group. Three months after the treatment series, compared to the placebo acupuncture group, the acupuncture treatment group had significantly fewer days of menstrual pain. Additionally, the required amount of additional analgesics was also significantly reduced among the acupuncture treatment subjects. However, it was reported that 6 months following the trials, the effects of the acupuncture treatments were no longer reported by the subjects.

b) Irregular Menstruation

The causes of irregular menstruation are manifold including but not limited to anovulation various disorders associated with the corpus luteum. Clinical studies on menstrual cycle abnormalities are often intricately related to infertility research. Clinical studies on polycystic ovary syndrome (PCOS) have been carried out in efforts to clarify the causes of irregular menstruation.

1) Systematic Review

Lim CE et al.²⁾ reviewed acupuncture research on PCOS. They found that acupuncture treatment for PCOS patients led to increased blood flow to the ovaries, reduced in the number of ovarian cysts and overall size of the ovaries, and, seemed to influence blood sugar levels and insulin sensitivity by reducing circulating blood insulin levels.

2) Randomized Controlled Trials

Stener and Victorin E et al.³⁾ recruited 20 women with PCOS and divided them into three trial groups: the electro-acupuncture stimulation (EA) group, the exercise group and the no treatment group. Many of the common features of PCOS, such as central obesity, hyper-insulinemia and obstructive sleep apnea (OSA), are associated with chronic sympathetic over activity, suggesting that sympathetic—excitation may be involved in the pathogenesis of this condition. PCOS patients are known to have accelerated sympathetic nerve activity within muscle. Stener and Victorin reported that the exercise and EA groups experienced inhibition of this phenomenon of the muscle sympathetic nerve activity.

3) Comparative Clinical Research比

Stener and Victorin E et al. recruited a group of 24 PCOS women with non-ovulatory menstrual cycles or oligomenorrhea. Their reported results for the women who underwent EA, ovulatory cycles increased significantly. EA pretreatment average was 0.15 compared to a treatment and post-treatment average of 0.66.

c) Menopause

Among the research on the effects of acupuncture treatment for gynecological diseases, studies on menopause have been particularly frequent. There are numerous symptoms associated with Menopause, but many of the RCTs are conducted to verify the effect of acupuncture treatment for hot flashes.

1) Randomized Controlled Trials

Cohen SM et al. used 18 women who complained of hot flashes. The subjects were randomly divided into two groups. The first group received acupuncture treatments using points appropriate for menopausal symptoms and the second group received acupuncture treatments designed for general strength and vitality. For the acupuncture treatment trial group, comparing the frequency and intensity of the hot flashes prior to the treatment series it was reported that, during and following the treatments, hot flash frequency and intensity was significantly reduced. Similarly, for the general strength and vitality trial group, hot flashes were significantly reduced following the treatments. Further, both groups reported significantly improved sleep following the treatments.

Borud EK et al.⁴⁾ investigated the effects of acupuncture treatment combined with education about self-care compared to only education about self-care in 267 menopausal women. The trial groups were randomly selected and following the treatment series hot flash frequency and intensity were compared. It was reported that the acupuncture treatment group had significantly reduced hot flash frequency and intensity. However, at the 6 and 12 month follow-up sessions, there were no significant differences between the groups.

Also, in recent years there have been numerous of reported studies examining the effect of acupuncture treatment for menopausal symptoms caused by the side effects of hormone therapy in breast cancer patients in recent years.

Walker EM et al. randomly assigned 50 breast cancer patients with depression to acupuncture

treatments or venlafaxine (anti-depressant) protocol. Comparing results, both groups reported significant improvements in hot flashes, depression and other QOL indexes. However, it was reported that the acupuncture group's reports indicated that acupuncture was more effective than the pharmaceutical alternative.

3. Currents Status and Prospects for Clinical Research in Japan

a) Dysmenorrhea

1) Research on Dysmenorrhea

Clinical studies from Japan on Dysmenorrhea focus mainly on painful menstruation and various pain symptoms experienced during menstruation. There are fewer reports on the cause of the pain and other symptom sequela or on classification of common primary or secondary symptoms. Comparative studies on study design, case series and case reports make up the majority of published literature.

a. Comparative Clinical Research

Yoshimoto et al.⁵⁾, conducted research on 51 women with dysmenorrhea (painful menstruation). They established a treatment a treatment free period prior to and following the determined treatment series. They reported the results of their examination on the effect of embedded needles at Sp6 on menstrual pain. During the treatment period, pain assessments showed the subject's pain improved in about half of the participants. The amount of medication taken by the subjects also decreased significantly.

Tanaka et al. divided 22 women subjects with dysmenorrhea into 2 groups. The first group received acupuncture that included retention method with dispersing stimulation. The second group received retention method acupuncture without dispersing stimulation. The treatment protocol began with 2 weeks of treatment, followed by a week without treatment. After menstruation had continued from between 1-3 days, the subjects received a 10 minute

retention method acupuncture treatment. The researchers used a visual analogue scale (VAS) with both trial groups and reported that both groups felt their lower abdominal pain was relieved immediately following the treatments but that there were no significant differences between the groups.

b. Case Studies

Yamashita et al., reported their results from a comparative case review of 7 women with dysmenorrhea. With each passing week of their cycle, these women tended to have lower dysmenorrhea symptom scores. Significantly lower discomfort scores were reported prior to the treatments and during the second and third weeks of their cycles. Treatment results for the seven subjects included one remarkably effective case, 3 significantly effective cases. The remaining 3 subjects did not find the treatments effective. Notably, significant decreases were observed in lethargy and lower abdominal pain. It was reported that, in all 7 subjects, symptoms that had previously interfered with life style enjoyment and daily activities improved.

c. Case Reports

Taguchi et al.,⁶⁾ investigated the effects of tack needles on Sp6 in 2 patients with functional dysmenorrhea. After 2 weeks of treatment, subject 1 reported a Menstrual Disorders Index of 96.5 but after 6 and 10 weeks of treatment her Menstrual Disorders index had decreased to 49 and then 40. VAS scores and amounts of medications decreased until the 6th week but were then found to be increasing again following the 10th week. The second subjects started treatment with a Menstrual Disorders Index of 59. Her score was 49.5 after one month of treatment and 21.5 after 5 months. Both her VAS scores and necessary amount of pain relievers also decreased over the course of the treatment series.

Among the case reports of acupuncture treatment for organic dysmenorrhea, Yamashita et al, reported on the results of acupuncture treatment for a 29-

year-old woman with dysmenorrhea whose symptoms resulted from bilateral chocolate ovarian cysts. Following a series of 42 acupuncture treatments, it was reported that her Menstrual Disorders Index had decreased from 37 to 23 and she reported that her menstrual pain was “no longer interfering with her daily activities” and has improved to a level that “no longer bothered her”.

2) Prospects for Future Research

Among gynecologic clinical studies in Japan, I suspect the number of reports on dysmenorrhea is relatively large. Pain symptoms, such as menstrual pains associated with dysmenorrhea, are suitable for short-term observation and represent the main reason for the prevalence of such studies. In the future, reports of studies designed with follow-up periods and appropriate control groups would add significantly to the value of this research. Also standardized classification of the cause of symptoms, such as primary or secondary would also be desirable.

b) Irregular Menstruation

1) Research on Irregular Menstruation

Studies of menstrual cycle abnormalities make up the majority of reported cases and comparative studies. Research often focuses on amenorrhea and disorders associated with ovulation. Most research aims to clarify evaluation methods and observations of physical changes experienced during the menstrual cycle. Specifically, many research reports include easily obtainable data comparing of the time course of basal body temperature and menstrual cycle dates.

a. Comparative Clinical Research

Shimizu et al.^{7, 8)}, targeting six women who were suspected of anovulatory cycle disease by tracking their basal body temperature. They observed changes in basal body temperature following Stick Moxa treatments on the feet and Electro-acupuncture at Sp6 combined with infra-red irradiation. They reported that, after 6 months of treatment, 2 subjects experienced high-temperature

phases of 4 days. Additionally, after one year of treatment, 5 subjects were confirmed to have high-temperature phases as well.

Further, 33 adult women were asked to measure their basal temperature for 3 months. Six subjects were found to have normal basal body temperature changes and regular menstruation, they made up the control group. The trial group was made up of 7 women who were not found to have normal basal body temperature fluctuations throughout their cycle. After conducting a 75 g glucose tolerance test, both groups were compared. Blood glucose levels and blood insulin levels were significantly higher in the abnormal group. Blood glucose was abnormally high at 30, 60, and 120 minute intervals. Abnormally high blood insulin levels were confirmed at 120 minutes. For the abnormal trial group, ear acupuncture, needling at Sp6 combined with infra-red light was continued for one year. Blood sugar and insulin levels prior to and following the treatment series were compared and found to be significantly reduced at 30- and 120-minute intervals following the treatment series. It was reported, following the course of treatment, that the menstrual cycle duration (number of days) was reduced and the high temperature phase was significantly lengthened.

Taguchi et al. investigated 16 women complaining of irregular menstruation by comparing a no-treatment period followed by electro-acupuncture group following a pre-determined protocol. Results showed that 6 subjects improved, 5 had no change and 2 became worse following the treatments. Five of the subjects became bi-phasic following the protocol. The author reported that there was no significant change in the cycle duration or basal body temperature (taken at the eardrum).

b. Case Study Reports

Shimizu et al. reported on a 23 year old diagnosed with hypothalamic amenorrhea. She had seen no change following a course of Kaumann Therapy and fertility drugs. These researchers treated her with EA (Electro acupuncture). After 45 days her period

started and after 8 menstrual cycles a high temperature phase was confirmed. E2 values were taken prior to the treatment series (14th day of her cycle, 57.2pg/ml) and again after 19 weeks of treatment (day 17 of her cycle, 278.9pg/ml). Samples were taken while the basal body temperature was in its low temperature phase. The subjects also reported that her facial skin was less dry and the edema she had experienced on her lower legs was much improved.

2) Prospects for Future Research

Clinically, many women with menstrual abnormalities tend to also have or develop infertility. Because treatment periods for these types of patients tend to be protracted and patients may not feel the results of the treatments, it has been difficult to attract new patients to participate in these types of treatments.

Studies using the basal body temperature as an evaluation method are very common. Basal body temperature is a simple and effective objective evaluation method to determine whether or not the woman's cycle is bi-phasic, but cannot be relied on to confirm the presence or absence of ovulation.

In the future, studies should be carried out within a relatively short period of time and it is necessary to carry out verification using objective evaluation methods, such as ultrasound and blood tests in collaboration with medical institutions.

c) Menopause

Research on menopause in Japan, as well as abroad, can be divided into reporting that focuses on one symptom of menopause and reporting that evaluates patients with menopausal symptoms as a whole using an index table. Most research designs include comparative studies of case reports or systematic review of a series of specific cases.

1) Research Studies on Menopause

a. Comparative Research

Yaegashi et al.⁹⁾ divided their treatment subjects into two groups. All subjects were on hormone

replacement therapy for menopausal symptoms and also complained of retractable shoulder pain. The first group (23 women) received acupuncture treatments, the second group (24 women) received a muscle relaxant. Results were obtained by interview and responses were divided into a 4-tier evaluation scheme. The researchers found that the acupuncture group reported significantly improved symptoms compared with the muscle relaxant treatment group.

b. Case Study Reviews

Miki et al. attempted to differentiate between psychogenic and autonomic complaints among 150 menopausal women with indefinite complaints. They used a CMI survey and autonomic function testing to better clarify these difficult complaints. Acupuncture was performed at appropriate neck, shoulder and/ or upper back, with retention method. Moxibustion was performed at the low abdomen, low back and around the sacrum. Five small cones were burned on each of the chosen points. The researchers found that more than 72% of the patients responded positively to the treatments, reporting their autonomic symptoms had improved.

c. Case Report

Sawada et al. performed two case reports. The first case involves the case of a 48 year-old post-menopausal woman who received acupuncture treatments at a pace of twice in a two week interval for 6 months. Her Kupperman index decreased, but her hot flashes and her blood hormone levels remained unchanged. Following these results she started hormone replacement therapy. The second case focused on a 47 year-old woman who complained of urinary incontinence following a left ovariectomy. It was recommended that she perform pelvic floor exercises at home and receive acupuncture two times every two weeks. Quantitative urinary incontinence tests were used to evaluate her progress and suggested that a great degree of improvement had occurred.

2) Prospects for Future Research

Compared to research on menopause from abroad, the number of Japanese reports are relatively few.

It cannot be said that many symptoms of menopause are necessarily specific because they are often the result of other hidden underlying conditions such as conditions arising from poor circulation that might include chilliness, aches and pains etc. And then there are the usual complaints of hot flashes and stiff shoulders. It is difficult to classify Menopause as a gynecological disorder. Since menopause can reduce the QOL of menopausal women over a long period of time, it may be beneficial to maintain on-going follow-up and review of treatments and patient changes.

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Kampo Medicine - Current Research

Kampo Treatment for Allergic Rhinitis and Hay Fever

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Introduction

More than 20% of Japan's entire population are said to be affected by allergic rhinitis, with the numbers further increasing yearly.

Standard treatment includes drug therapy using anti-allergenic drugs (oral medicine, nasal drops, eye drops, etc.), phylactic remedy (antigen avoidance) using goggles and masks, hyposensitization treatment, and surgical remedy. Most of these treatments work well and control the relevant symptoms through the hay fever season with continuous use. However, they are ineffective at times, or produce a strong side effect, and are not exactly without problems. Kampo drugs, on the other hand, have the power to fill in voids that Western medical treatment cannot address, and offer many advantages, such as imposing minimum physical damage even with prolonged use. In the 1970s when allergic rhinitis and hay fever began to garner attention, *kakkonto* and *shoseiryuto* were known to be effective. Thereafter, however, the symptoms have become complex, such that it has become increasingly difficult to treat the diseases with just a few varieties of Kampo prescriptions.

***Shoseiryuto* – Prescription most frequently used for wind-cold type allergic rhinitis**

Shoseiryuto has been used most frequently against allergic rhinitis since emergence of the disease. Many cases have been reported and studies are being actively pursued.

According to a double-blind randomized controlled trial conducted by Baba et al. using *shoseiryuto* for year-round nasal allergy, the group that was prescribed *shoseiryuto* displayed significant improvement compared to the placebo group. They achieved a solid result in terms of

general improvement, with 12.0% showing marked improvement, 32.6% moderate improvement, and 39.1% slight improvement, resulting in a usefulness of 46.2%³⁾.

Furuuchi et al. also conducted a study using *shoseiryuto* against year-round allergic rhinitis. Rate of efficacy was 45.0%, and reached as high as 77.5% when including “somewhat effective” cases. When looking at overall improvement by degree of severity, rate of efficacy was 56% among severe cases and 38.9% among mild cases. It was thus reported that *shoseiryuto* is highly effective particularly among severe cases⁴⁾.

Through these studies, it has been found that *shoseiryuto* is highly effective against roughly 45% of year-round allergic rhinitis cases, and extremely effective against another 12%.

Therefore, it is not an exaggeration to say that *shoseiryuto* is the foremost selected drug against allergic rhinitis and hay fever. A typical case is presented below.

A 47-year-old woman suffered hay fever symptoms every spring since ten years ago. In addition to typical symptoms such as sneezing, runny nose and nasal congestion, she also developed eye irritation. She preferred Kampo, because the drugs she used previously made her sleepy and impeded her daily life. She took a *shoseiryuto* extract and soon experienced a mitigation of her symptoms. As the prescription was effective for three to four hours, she took it three times a day. By early May, her symptoms had disappeared, and she stopped taking the prescription.

On January 22 of the following year, the patient's hay fever symptoms reappeared, so she once again took *shoseiryuto* like she did before, this time for two months. The patient continues to develop hay fever every spring, and comes to the hospital every year to receive a prescription for *shoseiryuto*. She would take *Olopatadine Hydrochloride* on an as-needed basis when her symptoms were severe, but for many

years until today, her short-term use of *shoseiryuto* allows her to live each day comfortably without the discomfort of any symptoms.

In this way, *shoseiryuto* is effective for many patients, but subsequent studies have begun to reveal that each patient's condition of allergic rhinitis is diverse even from the Kampo perspective.

Disease patterns and recent changes in allergic rhinitis

In Chinese medicine, allergic rhinitis is classified into wind-cold type, wind-heat type, and weakness type.

In the wind-cold type, a wind-cold pathogen (pathogen with cold properties) invades the body from outside. In the wind-heat type, a wind-heat pathogen (pathogen with properties of heat) invades the body from outside. In the weakness type, there is not enough healthy qi to protect the body against pathogens from outside.

In Japan, *shoseiryuto*, *kakkontokasenkyushin'i* and *senkyuchachosan* are used for the wind-cold type of rhinitis. *eppikajutsuto* and *shin'iseihaito* are used for the wind-heat type of rhinitis, and *hochuekkito* and *maobushisaishinto* are used for the weakness type of rhinitis.

In recent years, however, the symptoms of allergic rhinitis have changed somewhat from the Kampo perspective. This has to do with changes in the lifestyle environment (including foods and drinks) of modern people.

Even when clear snivel flows, as in the wind-cold type of rhinitis, if the patient wants something cold to drink, has a red tongue, or inner heat, the heat must also be cooled down at the same time.

This is related to the season, to a certain degree. In February, the outside environment is cold, so *r* is effective, but when the outside environment becomes warmer in March and April, some people experience stronger inner heat, along with the rise in ambient temperature.

Symptoms may also vary according to type of pollen. Cedar pollen is dispersed into the air in February and March, hinoki cypress pollen in April, pollen from orchard grass and other gramineous plants from May to early summer, and pollen from hogweed and other asteracea plants in autumn. Furthermore, the same patient may display different symptoms for cedar and cypress pollen.

Dr. Imanaka came across patients who showed symptoms of the wind-cold type of rhinitis but whose nasal mucosa was red and swollen or whose ocular mucous membrane became red. He judged that a wind-cold pathogen invaded the body from outside even though the patient had inner heat, and the patient experienced a mixture of cold and heat. Thus, he added *gokoto* to *shoseiryuto*, and observed a dramatic efficacy. He named the prescription *koryuto* by taking the “ko” (meaning tiger) from *gokoto* and the “ryu” (meaning dragon) from *shoseiryuto*.

Dr. Imanaka introduced the following patient to which *koryuto* was effective.

A 58-year-old man suffered hay fever every spring for 25 years. He experienced severe symptoms of runny nose, nasal congestion and eye irritation, but as he was a golf coach, he spent a lot of his time outdoors. He somehow dealt with his symptoms by taking *Fexofenadine Hydrochloride* that causes less drowsiness than other antihistamines, and also by using antihistamine eyedrops and steroid nasal drops, but he would still develop hay fever every year from February to early May. 2009 was a year of mass pollen dispersal, but thanks to the combined use of *shoseiryuto* and *gokoto* from March 11, he was able to spend the hay fever season comfortably without taking *Fexofenadine Hydrochloride*⁵⁾.

Dr. Imanaka says that in most cases, he prescribes *shoseiryuto* for hay fever around February, and adds *gokoto* around March when inner heat occurs. Contrarily, if there is a patient who has the

wind-cold type of rhinitis but cannot be treated adequately with *shoseiryuto*, he adds *maobushisaishinto*.

Actually, there is a certain characteristic to the abovementioned prescriptions.

shoseiryuto, *gokoto*, *kakkontokasenkyushin'i*, *eppikajutsuto*, and *maobushisaishinto* all contain *Ephedrae* Rhizoma. Ephedrine, the major ingredient of *Ephedrae* Rhizoma, was found to be contained in *Ephedrae* Rhizoma by a Japanese pharmacologist named Nagayoshi Nagai.

In subsequent studies by various other people, it was found that ephedrine has a sympathomimetic effect similar to adrenaline.

For this reason, it can be said that Kampo drugs such as *shoseiryuto* that contain *Ephedrae* Rhizoma is effective against allergic rhinitis by the action of ephedrine. Needless to say, these drugs are not made of a single ingredient, but exerts an effect by the synergy of many other drugs.

Nevertheless, when looking at short-term efficacy, Kampo drugs that contain *Ephedrae* Rhizoma begin to work after about twenty minutes of taking it, continues to be effective for about three hours, and thereafter gradually declines in efficacy, in most cases. For this reason, it is frequently necessary to consider the timing of taking the drug. In some cases, another dose needs to be taken at night. From the long-term perspective, there have been cases where general symptoms had improved unawares.

* Note: Most antihistamine drugs do not contain ephedrine, but in recent years, a new product (product name: Dillegra) has appeared, which adds ephedrine to fexofenadine hydrochloride (product name: Allegra). When taking this product in combination with a Kampo drug, it is necessary to pay attention to the concentration of ephedrine.

A new type, discovered just recently

The use of *ephedra* agents such as *shoseiryuto* is effective for only up to approximately 45% of patients and no more. The fact that there are around 30% of

patients who do not benefit from such drugs means different conditions must be assumed.

Allergic rhinitis mostly occurs in spring and autumn, as a result of a wind-cold pathogen or wind-heat pathogen invading the body. These are called “outer winds.”

On the other hand, “inner winds” are pathogens that occur inside the body. The mechanism by which allergic rhinitis is caused by “inner winds” has been simultaneously discovered and clinically applied by Drs. Ebe and Haimoto.

They thought that inner heat is originally generated by yin deficiency, and when it rises and becomes an inner wind, excess water around the chest rises and suddenly produces snivel. Their prescriptions differ, but they share the same concept.

Dr. Ebe's prescription⁶⁾

Menthae Herba 6 / *Chrysanthemi* Flos 15 / *Rehmanniae* Radix 15 / *Paeoniae* Radix 15 / Haematitum 15 / *Fossilia* Osis Mastodi & *Ostreae* Testa 15 each / *Gypsum* Fibrosum 30 / *Fritillariae* Bulbus 10 / Kasseki 15 / *Glycyrrhizae* Radix 6

Dr. Haitani's prescription⁷⁾

Rehmanniae Radix 7 / *Anemarrhenae* Rhizoma 15 / *Paeoniae* Radix Rubra 15 / *Glehniae* Radix cum Rhizoma 10 / *Ophiopogonis* Radix 10 / *Cnidii* Rhizoma 10 / *Menthae* Herba 3 / *Glycyrrhizae* Radix 5 / *Gypsum* Fibrosum 20

These prescriptions cannot be substituted with extracts, but *jiinkokato+senkyuchachosan* comes close. What must be noted here, however, is that there are cases where yin deficiency may have occurred from taking an antihistamine continuously. In this case, the above prescription should be used by reducing the amount of antihistamine as much as possible.

Within this type of rhinitis, there have been reports of cases where the patient was dramatically cured by taking a *bakumondoto*⁸⁾.

Prevention

In the case of year-round allergic rhinitis, it is necessary to make up for the lack of qi, also for prevention. *hochuekkito* and *rikkunshito* are commonly used with the addition of *maobushisaishinto*.

Even if it is seasonal, the above prescription should be prophylactically administered so the symptoms do not appear.

Spring hay fever should be treated from autumn or winter. *hochuekkito* should be mainly considered. Dr. Iwao Yamamoto administered *hochuekkito* along with *tokishakuyakusan* as a prophylactic⁹⁾.

Other prescriptions for health improvement include *saikokeishito* and *keigairengyoto*. Some signs for using *keigairengyoto* are whether the patient has a sinus problem or heat symptoms that accompany tonsil inflammation. People who develop hay fever symptoms from around January should be administered *tokishigyakukagoshuyushokyoto* from before they develop the symptoms. In some cases, the hay fever season ends without their experiencing any symptoms.

Combined use with Western drugs

Kampo medicines are completely a different type of drug from antihistamines. There is no problem in combining their uses, in most cases. If the patient's symptoms are severe and cannot be effectively mitigated using Kampo alone, using a drug that goes well with Kampo is recommended. The same applies for eyedrops and nasal drops.

There is a study on the combined use of Kampo and Western drugs, by Dr. Imanaka, who developed *shoseiryuto+gokoto* as mentioned above, along with Drs. Mine and Yamazaki¹⁰⁾.

According to the study, the efficacy rate of *shoseiryuto* administered as the foremost selected drug against allergic rhinitis (20 patients) was 45%. The efficacy rate of *eppikajutsuto* (24 patients) was 64% and even better.

The efficacy rate of *maoto+eppikajutsuto* prescribed to severe cases (7 patients) was 72%. In the case where *shoseiryuto+gokoto* were used in combination to strengthen the anti-inflammatory action of *Ephedrae Rhizoma* and *Gypsum Fibrosum* (16 patients), efficacy rate was 87% and exhibited an even better result. Of these patients, there were none who needed to use an oral steroid, and only one patient who complained of a heavy stomach feeling as a side effect.

Based on the above result, Dr. Imanaka et al. said that Western and Kampo drugs could be used in combination as an attempt to increase efficacy.

It should be noted that even if nasal symptoms are alleviated by Kampo treatment, allergy test values hardly change, and IgE RAST and IgE RIST values also show hardly any changes. However, there is no data on the results of long-term administration.

With regard to the combined use of Kampo drugs with other standard treatment, there have been no reports so far that any inconveniences have occurred.

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Clinical Report 1 (Acupuncture)

A Clinical Report of Anterior Cruciate Ligament Injury Treating with Acupuncture and Physical Training for Collegiate Women's Lacrosse Player

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[Introduction]

Women's lacrosse in Japan is a sport where two teams of 12 members each compete for points by shooting a ball into the opponent's goal on a field 110m long and 60m wide, in two 25-minute halves. A total of 8,698 female lacrosse athletes were registered with the Japan Lacrosse Association in fiscal 2013. The sport requires a variety of movements, such as running, dashing, cutting, and jumping. Injuries to the leg, and particularly to the ankles and knees, have been reported as the most common injuries sustained while playing lacrosse (1, 2).

Below is a report of a case where a lacrosse athlete who sustained an injury to her knee anterior cruciate ligament (ACL) while playing lacrosse received training (TR) and acupuncture treatment (AT) at Kuretake College Oriental Medicine Clinical Laboratory (KOMCL) with the cooperation of an orthopedic surgeon in private practice and a surgeon at a general hospital, and made a successful return to the sport.

[Patient's information]

1. Patient: 19-year-old female university student, height 154cm, weight 47kg
2. Treatment status: In May 2011 while playing in a lacrosse match, the patient heard a rupture sound and felt intense pain in her left knee when she tried to cut in front of the opposing team's defense player from the left to right, and fell. Immediately after the injury, she could not walk, due to the pain and a feeling of weakness.
3. Diagnosis and treatment: The patient first saw an orthopedic surgeon in private practice, and was referred to a general hospital, where she had

an MRI scan and was diagnosed with ACL damage. In July, she underwent reconstructive surgery by semitendinosus tendon graft (STG), and thereafter received training at the same hospital to recover her motor function. In November, her attending doctor gave her permission to engage in light exercise. A test of knee extension force in December showed a strength of 73.2kg in the right leg and 45.8kg in her left leg. The weight bearing index (WBI) was 1.52 for the right leg and 0.95 for her left leg.

4. Training and acupuncture treatment: The patient's first treatment session at KOMCL was on December 16.
 - (1) Chief complaint at the time of the first treatment session: Feeling of apprehension about returning to the sport
 - (2) Subjective information: The patient experienced no pain from activities of daily living, but there was irregular pain when she engaged in weight training, jogging, and other such light exercises in which she applied her own weight. She also felt pain on the front and inner sides of her knee during light knee extension resistance training. She was told by her doctor that she should aim to return to the sport in February 2012. However, she felt strong apprehension at returning to the sport after only the functional recovery training she was presently undergoing.
 - (3) Objective information: Acute inflammation (–). Limitation in range of motion of the knee joint (–). Manual muscle testing (MMT) for left knee joint extension showed a strength of 4 on the right and 5 on the left. Stress test of the ligament around the knee (–). McMurray Test (–). Claudication (–). Left knee flexural failure and minor pain when walking down the stairs (+).
 - (4) Assessment: The patient made good progress after the surgery, and her obstacles in daily living were almost completely eliminated.

However, when she did a side step, a deviation in the center of gravity of her upper body to the sides of her base of support and knee-in were observed, and knee-in was also observed when she did a cross-over step. These were attributed to the low WBI of her left leg, which suggested a lack of absolute muscle strength that is demanded by the sport, and a low ability in performing the movements of the sport due to a long absence from practice. Thus, these two items were considered to be behind the patient's feeling of apprehension of returning to the sport.

- (5) Treatment policy: The short-term goal was "to improve the lack of muscle strength and motor function" that was behind the patient's feeling of apprehension, and the long-term goal was "to increase performance after returning to the sport and prevent re-injury." Fig. 1 shows an image of the treatment policy. It was decided that KOMCL would provide training (TR) for strengthening muscle strength and posture control, which forms the basis of athletic rehabilitation (AR), in addition to acupuncture treatment (AT) for relieving muscle fatigue generated by the TR. The learning of sport motions was approached through AR performed in the training field.

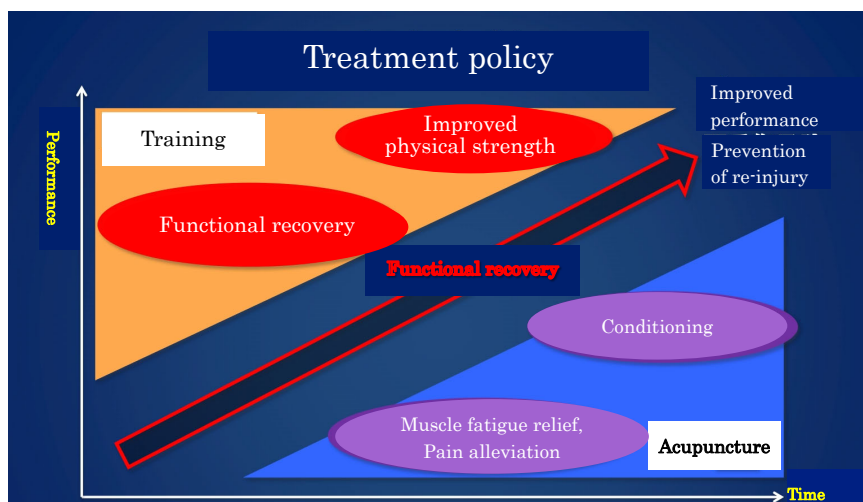


Fig. 1: Treatment policy

[Method]

- (1) TR: Leg motions that were necessary for the sport were categorized into running motions, side steps, and cross-over steps and quick turns, and resistance TR was implemented with the goal of acquiring stability in the frontal, lateral, and horizontal directions of each movement and increasing muscle strength. With the side steps and cross-over steps, the patient performed the movements in front of a mirror and also recorded them on video, so she could correct her movements by herself. She was instructed to engage in repeated TR at home. Table 1 shows the objectives, activities, and assessment of her TR.
- (2) AT: Acupuncture was applied mainly to the lower back and leg using acupuncture needles 50mm long and 0.18mm in diameter. The major acupoints that were used were the Shenshu (BL23), Dachangshu (BL25), Huantiao (GB30), Yinmen (BL37), Chengji (BL56), Futu (ST32), Liangqiu (ST34), and Xuehai (SP10). The effect of acupuncture was examined by quantifying the degree of the symptoms using a visual analog scale (VAS) and comparing them before and after the treatment. For significance testing, significance level was set to 5% or less in a t-test. Fig. 2 shows the flow of training and acupuncture treatment.

- (3) AR: AR was implemented once to two times a week by accompanying the patient's practice. The movements of her knee joint when cutting in and changing directions were recorded on video, and the patient was immediately shown the video. Problems in movement were broken down into frontal, lateral, and horizontal elements, and TR guidance was given to correct the movement. The patient's condition was reported to her attending

surgeon by uploading the video to YouTube and making it accessible only by the surgeon. At the hospital, the surgeon assessed the patient's condition and provided guidance at a frequency of about one to two times a month (once in three months after she returned to the sport).

Fig. 3 shows a timeline of the patient's medical treatment. TR, AT and AR were each implemented by respective personnel, with the AR instructor assigned as the head of the team and placed in charge of sharing information with the doctor.

Table 1: Training objectives, activities and assessment

	Objective	Main activity	Assessment
1	a. Practice of basic running motions and improvement of muscle strength	Squat 3 sets of 5	The lower back flexes noticeably when squatting.
2	a. Same as above	Squat 3 sets of 10	The lower back flexes somewhat when squatting.
	b. Practice of basic lateral travel (side step) motions and improvement of muscle strength	Side step 3 sets of 5	The upper body center of mass deviates to the sides of the base of support.
3	a. Same as above	Squat 3 sets of 10	There is hardly any flexing of the lower back when squatting.
	b. Same as above	Side step 3 sets of 10	The upper body center of mass is contained within the base of support.
	c. Practice of basic turnaround (cross-over step) motions	Cross-over step 3 sets of 5	No clear instability is seen.
4	a – c. The load of each motion is increased, to simulate motions of the sport that accompany quick turns	Jumping motions that have been performed above in each activity 3 sets of 5	The emergence of instability is remarkably small despite the increase in load.

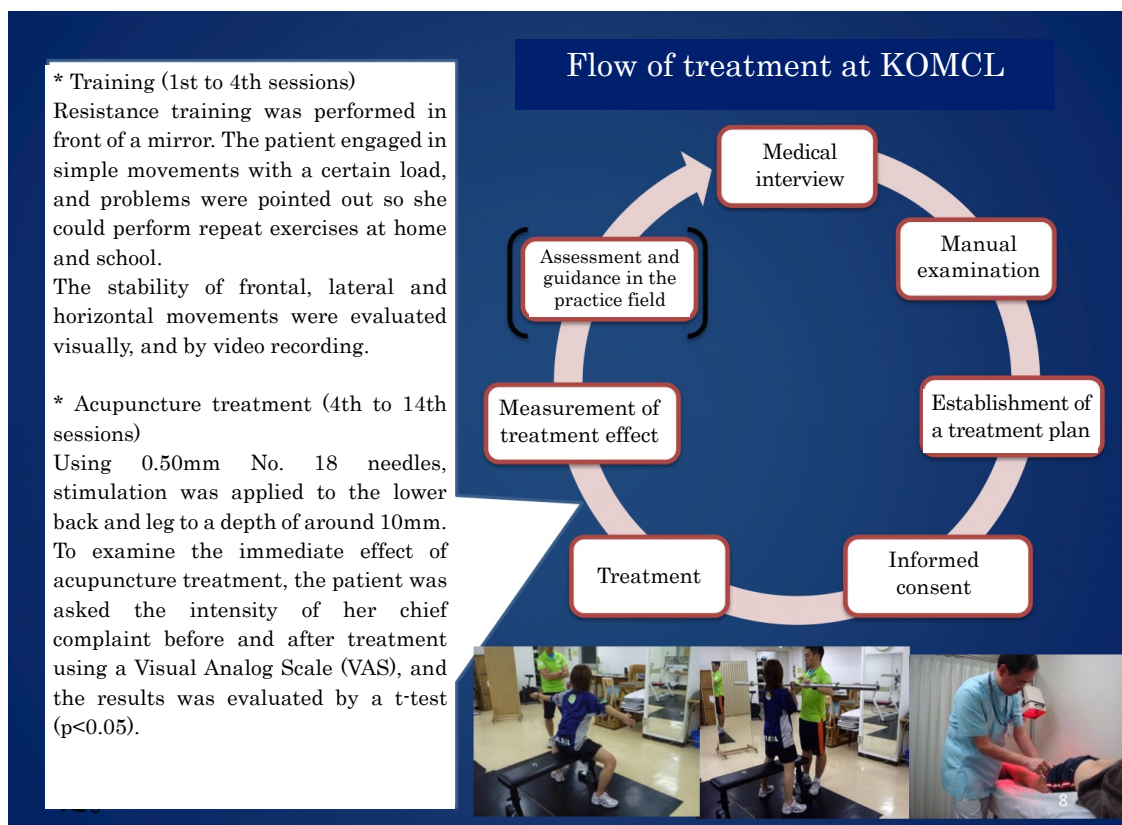


Fig. 2: Flow and content of treatment

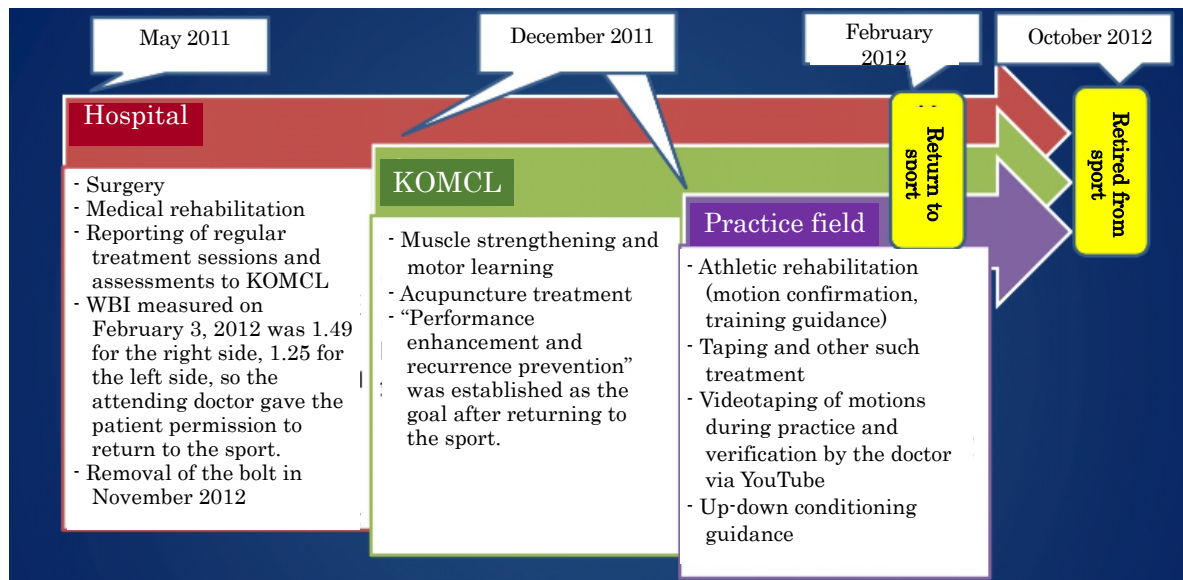


Fig. 3: Timeline from surgery to retirement from the sport

[Result]

- (1) TR: Training was conducted a total of four times until February 2012. In the fourth TR, an improvement was confirmed in the patient's side-step motion. Similarly, an improvement was also seen in quick turns in lateral jumping movements.
- (2) AT: The first treatment was applied immediately after the fourth training session. Thereafter, it was applied at a frequency of one to two times a month, to alleviate pain and other complaints, and to relieve fatigue. The treatment was applied 14 times in all, from the first treatment to October 2012 when the patient retired from collegiate sports. According to the VAS, the average level of the patient's chief complaint was 40.6 ± 21.6 mm before treatment and 26.2 ± 15.8 mm after treatment, and showed a significant drop after treatment ($p < 0.01$). Table 2 shows the VAS values before and after each treatment in regard to the chief complaint.
- (3) AR: AR was conducted seven times until February 2012. An improvement was confirmed in the knee-in condition when changing directions. The WBI measured at the hospital in the same month was 1.49 for the right leg and 1.25 for the left, so the attending doctor gave the

patient permission to return to the sport. The patient experienced no re-injury until she retired from collegiate sports in October, and was able to play in all student league matches.

Table 2: Complaints at the time of acupuncture treatment and VAS values before and after treatment

(Unit: mm)			
Number of treatment sessions	Complaint	VAS value (before treatment)	VAS value (after treatment)
1	Lower back pain	15	21
2	Heaviness in lower back	49	25
3	Lower back pain	38	35
	Fatigue in the leg	28	23
	Pain on inner side of right knee	63	45
4	Whole body fatigue	13	5
5	Conditioning	0	0
6	Conditioning	0	0
7	Pain on the outer side of the right foot	30	20
	Pain on the front of the right hip joint	20	11
	Lower back pain	25	14
8	Pain on the outer side of the right foot	21	11
9	Whole body fatigue	64	34
10	Leg fatigue	47	15
11	Leg fatigue	57	19
12	Pain on the bottom of the right foot	61	45
	Pain on the outer side of the right knee	50	40
13	Pain on the bottom of the right foot	62	55
	Leg fatigue	60	37
	Pain on the outer side of the right knee	55	41
14	Pain on the front of the right hip joint	70	49
	Pain on the outer side of the right thigh	59	35
	Pain on the bottom of the right foot	47	23
	Average	40.6	26.2
	SD	21.6	15.8

Note: "Conditioning" is used when there is no pain or other such physical findings, and treatment is applied for the purpose of maintaining and enhancing health

[Observations]

KOMCL was established within Kuretake College in November 2007, with the mandate to engage in the clinical practice, research, and education of acupuncture. It has provided acupuncture treatment to members of women's collegiate lacrosse teams since its establishment, and has treated a total of 1,547 lacrosse players from April 2008 to March 2014.

Acupuncture is widely used for conditioning by sports athletes, but at KOMCL, importance is placed not only on treatment by acupuncture, but also on engaging athletes to perform active TR. This is because it is believed that strengthening physical strength through TR relatively lowers the exercise intensity of the sport, and helps prevent injury. On the other hand, the accumulation of fatigue from continued TR and sport activities is believed to heighten the risk of injury, so relieving fatigue is also an important issue. With regard to this point, previous studies suggest that AT is effective in relieving muscle fatigue and controlling the delayed onset of muscle soreness (3, 4, 5).

This was a successful case in which various treatment methods were effectively combined toward achieving the patient's goal after undergoing ACL reconstructive surgery, with the result that the patient's lack of muscle strength and motor functions were improved, performance was enhanced, and re-injury was prevented. The reason why the goal was ultimately able to be achieved was because the patient's information was shared between the medical institution and practice field from immediately after the injury, and the medical institution, KOMCL, and practice field were each able to make an input in their respective capacities based on an accurate understanding of the patient's condition. In Japan, many amateur sports lack an adequate medical support system, so most athletes who undergo surgery for ACL damage have few opportunities to receive specialized treatment other than functional recovery training at a medical

institution, and generally must strive to return to their sport after engaging only in self conditioning. Today, the development of social networks and cloud storage systems allows information about the movements of an athlete in the field to be shared with concerned parties who are not present on-site. Thus, it can be said that taking advantage of technology to achieve smooth sharing of information with medical institutions was a large factor in mitigating the patient's feeling of apprehension and allowing her to return to the sport.

The patient had received acupuncture treatment only once in the past, and had a strong resistance against AT from the beginning of TR. Therefore, only TR was conducted on the first to third treatment sessions, and AT was implemented only after she actually felt the effects of the TR and fostered a feeling of trust in the personnel in charge of AT. It appears that the patient's realization that receiving AT to actively relieve the fatigue from the TR would contribute to realizing her goal, prompted her to receive AT and undergo regular treatment even after completion of her TR program. Many young people tend to have a feeling of resistance to AT, but to strengthen their willingness to receive AT, it is important to share patients' goals and deepen their understanding that AT is effective in achieving those goals.

[Conclusion]

1. In order for us acupuncturists to help athletes who have sustained injury to return to their sport in the amateur sports world, which lacks an adequate medical support system, it is important to share information among medical institutions, acupuncture clinics, and the sport field, and take measures to ensure that medical cooperation can be continued.
2. In order for injured athletes to return to their sport, acupuncture treatment and other such passive treatment could be more effective when combined with exercise therapy and other active therapy.

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Clinical Report 2 (Kampo Medicine)

Autistic Spectrum Disorder, 5-year-old Boy

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[Chief complaint]

Self-injury behavior, insomnia

[History of present illness]

The patient was diagnosed with childhood disintegrative disorder (CDD) at two and a half years of age, and went to a preschool in a specialized facility. He visited a medical institution around once every six months. He knew only a few words and one two-word phrase, and exhibited a marked delay in language development. He appeared nervous and restless, and panicked at subtle changes on a daily basis. In a state of panic, he would hit his mother, and display self-injury behavior by hitting his own face and banging his head against the wall, while crying. He had trouble falling asleep, and suffered a sleep disorder, such as being able to sleep only lightly. On his first outpatient visit, he tended to avert his eyes, and restlessly wandered about crying and looking troubled.

[Diagnosis/Treatment]

Heart fire and liver fire, emotional weakness

Tsumura *yokukansankachinpihange* extract granules 5g twice a day

Tsumura *kanbakutaisoto* extract granules 2.5g before sleep

(The patient proactively took the above prescription mixed in cocoa.)

[Progress]

The prescription had an effect from the day it was taken, such that two weeks later, the patient's sleep stabilized, and his panic and self-injury behavior subsided dramatically.

Two months later, practice and preparation for a school sports day caused the patient's panic to

increase, so 5g of *kanbakutaisoto* was administered twice a day to alleviate the symptoms. According to the patient's mother, the prescription seemed to have an overall effect of alleviating the symptoms from a level of 10 to 3, and QOL in the home improved significantly.

Ten months later, the patient entered primary school (special needs class), and has adapted to his school schedule.

In recent years, emotional and psychological conditions are increasing among children. Development disorders, in particular, are transcending the bounds of medicine and are becoming a social issue. Pharmacotherapy is one means of treatment, but there are extremely few psychotropic drugs that could be used on children. Some Kampo drugs have a psychotropic effect, and have been used mainly on adults. They may not be strongly effective, but they are considered more suitable to children than psychotropic drugs, as they have little side effects. However, emotional and psychological conditions among children are modern phenomena, so the application of such drugs to children has yet to be established. I have thus referred to Chinese traditional medicine and categorized Kampo drugs that could be used to treat the mind-state of children as follows.

Categorization of state of mind based on traditional medicine, and applicable prescriptions

Category 1 (mainly emotional weakness, heart blood deficiency, lack of courage)

Characterized by a worrying temperament, fear, lack of confidence, insecurity, sense of pathos, etc.

Negative emotions such as depression, insecurity and fear mainly persist.

Prescription: *kanbakutaisoto*, *kamikihito*, *keishikaryukotsuboreito*, etc.

Category 2 (mainly liver depression qi stagnation)

Characterized by a sense of melancholy, insecurity, anxiety, hysteria, etc.

Physical stress is strong, and mood swings tend to occur readily.

Prescription: *shigyakusan*, *saikokaryukotsuboreito*, *saibokuto*, etc.

Category 3 (mainly excessive heart fire, flaring of liver fire, gallbladder stagnation with disturbance from phlegm)

Characterized by anxiety, short temper, restlessness, irritation, etc.

Excitatory symptoms mainly persist.

Prescription: *yokukansan*, *yokukansankachinpihange*, *daisaikotokyodaio*, *orengedokuto*, etc.

In this case, panic symptoms of autism stand out, but strong anxiety related to low feelings of self-esteem was thought to be behind those symptoms, so *kanbakutaisoto* for Category 1 and *yokukansankachinpihange* for Category 3 were prescribed simultaneously. As a result, the patient's symptoms were alleviated, and QOL of his family also improved significantly.

Report from Association

A cynical hermit's record of "The Six Prefectural Joint Congress (Rokken-goudou-kyouiku-kouenkai) of the Japan Society for Oriental Medicine (On February 24, 2013), Kansai branch, in Japan"

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The Six Prefectural Joint Congress (*Rokken-goudou-kyouiku-kouenkai*) of the Japan Society for Oriental Medicine, Kansai branch was held in Osaka University Nakanoshima Center on February 24, 2013. In the following, I will make the summary of this congress in public.

First, I will show the summary of the Six Prefectural Joint Congress. The Six Prefectural Joint Congress is one of the Science Council of the *Kampo* medicine (the medicine traditionally practiced in Japan, based on ancient Chinese medicine) and is hosted by each prefectural sectional meeting of six prefectures, namely, *Osaka, Kyoto, Hyogo, Nara, Wakayama, Shiga* prefectures in *Kinki (Kansai)* prefectures which belong to the Japan Society for Oriental Medicine *Kansai* branch office. In addition, the Japan Society for Oriental Medicine is an academic society with the purpose for contributing to advancement and popularization of oriental medicine, scholarly activities, and culture through the presentation of the study on oriental medicine (including *Kampo* medicine, acupuncture and moxibustion, and so on). It is also the one of the subcommittee members of the academic society in the Japanese Association of Medical Sciences. It has eight branches offices, namely, *Hokkaido, Tohoku,*

Kanto Ko-Shin-Etsu, Tokai, Hokuriku, Kansai, Chugoku-Shikoku, and Kyushu offices.

The Congress this time started by the opening remarks of Dr. Shogo Yamamoto, "Chairperson of *Wakayama* sectional meeting, *Kansai* branch office, Japan Society for Oriental Medicine" and then the following presentations had been given according to "Formula comments and differentiation of formula - My administration classification with introductions of a rare case, a complete response case, and so on". As the themes: Presentation of "On *kuoketsuzai* medicine (驅瘀血劑, combinations of agents for dispelling blood stasis), especially on *keishibukuryogan* (桂枝茯苓丸, Cassia Twig and Tuckahoe Pill) " by Prof. Takahisa Ushiroyama, Health Science Clinic, Osaka Medical College; presentation of "On *goreisan* (五苓散, Poria Powder with Five Herbs) as agents for removing dampness" by Dr. Takashi Mine, Mine clinic; "On *saikozai* medicine (柴胡劑, combinations of the agents containing mainly *saiko* (柴胡, Bupleurum root, or Bupleuri, Radix ⁽¹⁾) and *ogon* (黃芩, Scutellaria root, or Scutellariae Baicalensis Radix ⁽²⁾), which were used in interior-fever conformations (such as half-surface/half-interior conformations)), especially on *saikokeishito* (柴胡桂枝湯, Bupleurum and Cassia Twig Decoction) by Prof. Kazuo Mitani, Mitani family clinic; and "Explanation of crude drugs: On *sojutsu* (蒼朮, Atractylodes Rhizoma ⁽³⁾) and *byakujutsu* (白朮, Atractylodes Macrocephalae Rhizoma ⁽⁴⁾)" by Prof. Toshiaki Makino, Laboratory of Pharmacognosy, Graduate School of Pharmaceutical Sciences, Nagoya City University. There were many newsy lectures and also many questions and answers. In the following, I will show the main points as to the contents of these presentations.

As for "On *kuoketsuzai* medicine (驅瘀血劑, combinations of agents for dispelling blood-stasis), especially on *keishibukuryogan* (桂枝茯苓丸, Cassia

Twig and Tuckahoe Pill)" by Prof. Ushiroyama, quoted "*Jin Kui Yao Lue*, or Essentials from the Golden Cabinet, an original text of *keishibukuryogan*" which was an indispensable *Kampo* item among the medical treatments for women and then he emphasized that *keishibukuryogan* was a therapeutic agent for an intra-abdominal mass (*choko*) that associates with pregnancy, threatened abortion or threatened premature labor. In other words, it was shown that the main therapeutic object of this prescription was the treatment for the blood stasis. On the other hand, Prof. Ushiroyama quoted the "Formulary and Mnemonics from 'No Mistake' Pharmacy" ⁽⁵⁾ (*Futsugo-yakushitsu-hokan-kuketsu*)" by Sohaku Asada; and Prof. Ushiroyama showed that the keyword, pregnancy, did not appear in the article of *keishibukuryogan*, showed the explanation of the secret oral teachings of Sohaku Asada, and showed that the actual dosing of *keishibukuryogan* was not only given to women, but also to men. Prof. Ushiroyama understands that the reason why *keishibukuryogan* is classified in the combinations of agents for dispelling blood-stasis lies in the "Formulary and Mnemonics from 'No Mistake' Pharmacy". Prof. Ushiroyama presented that we could not only expect the role of *keishibukuryogan* as the blood stasis-dispelling formulas, but also the improvement of many kinds of climacteric complaints including depressive tendency, mild edema, and so on because it could circulate "*qi*" or vital energy and remove dampness due to the containing of *keishi* (桂枝, Cassia Twig or Cinnamomi, Ramulus ⁽⁶⁾) and *bukuryo* (茯苓, Tuckahoe, or Poriae ⁽⁷⁾).

Dr. Hisashi Mine emphasized in his lecture, "On *goreisan* (五苓散, Poria Powder with Five Herbs) as agents for removing dampness" that among many *Kampo* extract products, "*goreisan*" can show the highest effectivity immediately after its dosing although it is the formula described in the

"*Shokanron* (傷寒論, Discussion of Cold Damage, or *Shang Han Lun*)" published in the Later Han (Eastern Han) Dynasty (25AD–220AD). Originally, *goreisan* is the medicine for a cold damage, namely, acute febrile illnesses, and it is frequently used to acute infective gastroenteritis in particular at the present day. The characteristics of the treatment targets of *goreisan* are thirst, difficulty in excretion of urine, such vomiting so-called as "*suigyaku* (水逆, watery vomiting)" or vomiting immediately after eating or drinking. *Goreisan* cures uneven distribution of the water and improves water metabolism when disturbance in water metabolism exists in the body. The diuretics of the contemporary medicine forcibly excrete urine even if there is dehydration; however, *goreisan* makes it difficult to excrete urine when there is dehydration. This action has been proved by the experiment of Prof. Shinichi Tashiro et al. As for the other indications of the *goreisan*, it is effective for many symptoms caused by the atmospheric pressure change. For example, uneven distribution of moisture occurs before it rains and then headache and dizziness occur. *Goreisan* will produce improvement of them at that time. Also, it is effective when we have dizziness and ringing in our ears by the atmospheric pressure change in the airplane. It is also effective in prevention of the mountain sickness. In addition, it is effective when body fluid volume is excessive. For example, the *goreisan* can achieve a complete response when a patient feels dull in the body due to having swelling by nausea and vomiting in mother during the pregnancy or by a hangover. The action mechanism of *goreisan* had been unknown for a long time, but in late years a water channel called as aquaporin has been discovered, and there is a report that *goreisan* shows drug efficacy by acting on the aquaporin. Therefore, the application of it spreads more. *Goreisan* is applied to cerebral edema and to the absorption of chronic subdural haematoma and has

produced good results. There is an idea of phlegm-rheum (痰飲, Tan-Yin) in the traditional Chinese medicine. This is the disease in which a pathological substance so-called as phlegm-rheum is accumulated in the body and then causes a pathological reaction. Both of the phlegm and rheum are pathological water; however, phlegm means a sticky liquid with high viscosity while rheum means no-sticky liquid like water. It is the latter liquid that *goreisan* is chiefly effective on. *Goreisan* cannot remove the sticky sputum. Anyway, *goreisan* is the prescription that we can use for whatever kinds of case, if there is uneven distribution called as rheum caused by abnormality in water metabolism in the body. Therefore, it is necessary for us to improve the dysfunction of these viscera and bowels together when we think about radical treatment. Dr. Mine lectured that we could perform more effective treatment when treating the symptoms of the disease by *goreisan* and treating the cause of the disease by adjusting the functional balances among five viscera and six organs.

As for "On *saikozai* medicine (柴胡劑, combinations of the agents containing mainly *saiko* (柴胡, Bupleurum root) and *ogon* (黃芩, Scutellaria root)), especially on *saikokeishito* (柴胡桂枝湯, Bupleurum and Cassia Twig Decoction)", Prof. Kazuo Mitani showed the sentence in the "*Shokanron* (Discussion of Cold Damage, or *Shang Han Lun*)" that "When in cold damage [that has lasted for] six or seven days, [there is] heat effusion, mild aversion to cold, vexing pain of the limb joints, mild retching, propping bind below the heart, and exterior pattern is still present, Bupleurum and Cinnamon Twig Decoction governs" (8). Prof. Mitani also showed that the "*saikokeishito*" is indicated for the patients who have the combination diseases of greater yang (太陽, Tai-Yang (referring to cold qi in the theory of five circuits and six qi) (9) and lesser yang (少陽, Shan-Yang (referring to fire qi in the

theory of five circuits and six qi) (ibid. p.77) diseases and also the accumulation of pathogen in chest (結胸証). This accumulation of pathogen in chest corresponds to pleurisy and asthma bronchial by the name of diseases of the contemporary medicine. The "Discussion of Cold Damage" says that the exhale of the pathogenic qi of the exterior syndrome is considered as the first choice in the greater yang disease and that after having sweat, a purgative formula will be given. It is described that the accumulation of pathogen in chest will develop, if a purgative formula is given before having sweat. As for the symptoms of the accumulation of pathogen in chest, "resistance and distention at epigastric region will develop and then pain will develop". Prof. Mitani quoted the "Formulary and Mnemonics from 'No Mistake' Pharmacy (*Futsugo-yakushitsu-hokan-kuketsu*)" by Sohaku Asada and then emphasized that *saikokeishito* was not a simple "medicine for cold". Also, he presented that the "*saikokeishitokadaio* (柴胡桂枝湯加大黃, Bupleurum and Cinnamon Twig Decoction plus Rhizoma Rhei)" was more efficient for menstrual disorders (Traditionally called as *chinomichi-sho* (literally meaning blood-way symptom)). He also emphasized that it was upper abdominal muscle strain (心下支結) that a type of patients whom "*saikokeishito*" tended to exert better effect on had such abdominal pattern as. Therefore, we should have understood the clinical condition of the upper abdominal muscle strain as to the type of patients whom "*saikokeishito*" tend to work better on.

As for the "Explanation of crude drugs: On *sojutsu* (蒼朮, Atractyloides Rhizoma) and *byakujutsu* (白朮, Atractyloides Macrocephalae Rhizoma)", Prof. Toshiaki Makino explained the difference between them in the scientific standpoints during his lecture. At first, he showed that some of the plant species which belong to the same Atractylodes genus in Asteraceae family in Japan and the China were called in the similar crude drug names for the

original crude drug plants of the *sojutsu* (Atractyloides Rhizoma) and the *byakujutsu* (Atractyloides Macrocephalae Rhizoma). He said that this brought much troubled condition. In other words, in the Japanese pharmacopeia, the *byakujutsu* (Atractyloides Macrocephalae Rhizoma) is defined as a rhizome of "*okera* (Atractylodes japonica Koidzumi ex Kitamura (和白朮)) or *oobanaokera* (A. macrocephala Koidzumi (or A. ovata De Candolle)) in Compositae", while the *sojutsu* (Atractyloides Rhizoma) is defined as a rhizome of "*hosobaokera* (A. lancea De Candolle (古立蒼朮), or A. chinensis Koidzumi (津蒼朮), or crossbred of them" ⁽¹⁰⁾. On the other hand, in the Chinese Pharmacopoeia (中国药典), the Atractyloides Macrocephalae Rhizoma (Bai Zhu, 白朮(白术)) is defined as a rhizome of "A. macrocephala Koidzumi", while the Atractyloides Rhizoma (Cang Zhu, 蒼朮(苍术)) is defined as a rhizome of "A. lancea or A. chinensis". Therefore, A. japonica has not been used in China. Also, Prof. Makino showed that the rhizome of A. japonica which is called as Chinese white atractylodes rhizome (唐白朮) in Japan has the distribution name of "*Guan Cang Zhu* (关苍术(関蒼朮))" in China and thus it was regarded as one type of the *sojutsu* (Atractyloides Rhizoma). As for the effectiveness of drugs in the traditional medicine, Prof. Makino then cited that the *byakujutsu* (Atractyloides Macrocephalae Rhizoma) was classified into the herbs that tonify the spleen-qi, while the *sojutsu* (Atractyloides Rhizoma) was classified into the (aromatic) herbs that transform dampness in the traditional Chinese medicine. And he also showed that the *byakujutsu* (Atractyloides Macrocephalae Rhizoma) had "bitter, sweet, warm; having those effects of strengthening digestive function and replenishing qi, drying damp and inducing diuresis, stopping sweating, and anti-abortion", while the *sojutsu* (Atractyloides Rhizoma)

had "hot, bitter, warm; having those effects of drying damp and strengthening digestive function, removing pathogenic wind-dampness, improving eyesight" in the second version of the Dictionary of Traditional Chinese Medicine (Zhong Yao Da Zi Dian, 中藥大辭典)" compiled by the Nanjing University of Traditional Chinese Medicine. He described the above-mentioned drug effectiveness had been obtained for clinicians in each Chinese Dynasty to actually use the *sojutsu* (Atractyloides Rhizoma) and the *byakujutsu* (Atractyloides Macrocephalae Rhizoma), and he then presented the following problem.

The problem is: The clinicians of those days had differentiated the effectiveness of drugs between the *sojutsu* (Atractyloides Rhizoma) and the *byakujutsu* (Atractyloides Macrocephalae Rhizoma), and what kinds of the rhizome of any Atractylodes genus plant species were used? The effectiveness of drugs in the above-mentioned second version of the Dictionary of Traditional Chinese Medicine has been being determined from the past China to current China. Therefore, he pointed out that there was possibility that the effectiveness of "Japanese *byakujutsu* (Atractyloides Macrocephalae Rhizoma) may have been unknown", because the Atractylodes genus plant species which was equivalent to Japanese *byakujutsu* (Atractyloides Macrocephalae Rhizoma) seemed to have no evidence to be used as the Atractyloides Macrocephalae Rhizoma (Bai Zhu, 白朮(白术)) in China". In the meanwhile, he also pointed out that there was no guarantee for the clinicians of those days to use the crude drug which was identified correctly and that the different effectiveness between them could not be understood as to whether it was fact or not. In this regards, however, Todo Yoshimasu's "*Yakucho* (On the efficacy of medicines, Yao Zheng, 藥徵)" written in the 18th century in Japan described Atractylodes

(朮, *Jutsu, Zhu*) as having "removing action of dampness first and then pain relief action secondly" and as "removing action of the *sojutsu* (Atractyloides Rhizoma) exceeded that of the *byakujutsu* (Atractyloides Macrocephalae Rhizoma)", if the name of Atractylodes (*Jutsu*) was used when the difference between the *sojutsu* (Atractyloides Rhizoma) and the *byakujutsu* (Atractyloides Macrocephalae Rhizoma) were not classified. This accords with the written order of the effectiveness of the drug, drying damp, in "the second version of the Dictionary of Traditional Chinese Medicine" and with the fact that *sojutsu* (Atractyloides Rhizoma) is classified into the (aromatic) herbs that transform dampness group in the major category of the Chinese medicine. Therefore, he suggested that the identification methods of an original crude drug plant might be not too much different between Japan and China.

As stated above, there were many active questions and answers from researchers, clinicians, physicians, pharmacists, and so on who participated in the congress for the four lecturers. It was only held for one day, but it was considered that there were many projects and also it seemed that both the beginners and learners and experts could be satisfied with the congress. Please refer to the homepage⁽¹¹⁾ of the Six Prefectural Joint Congress of the Japan Society for Oriental Medicine for the details.

In the next year, this congress is going to be held in the Medical Science Information Center, Osaka City University School of Medicine on Sunday, February 16, 2014 ⁽¹²⁾. It is expected that those presentations having richer contents and more active questions and answers are expected than those in the congress this time.

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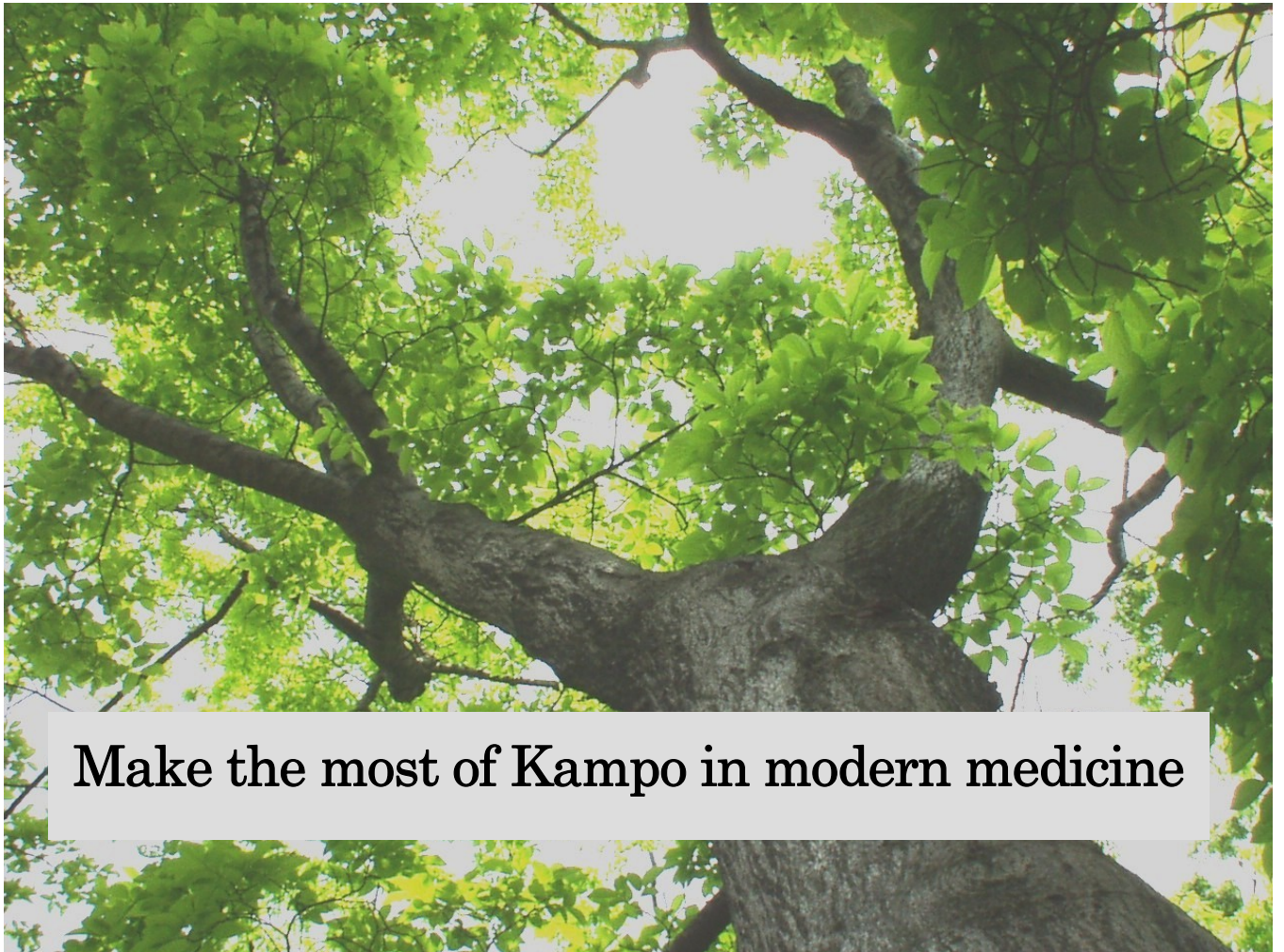
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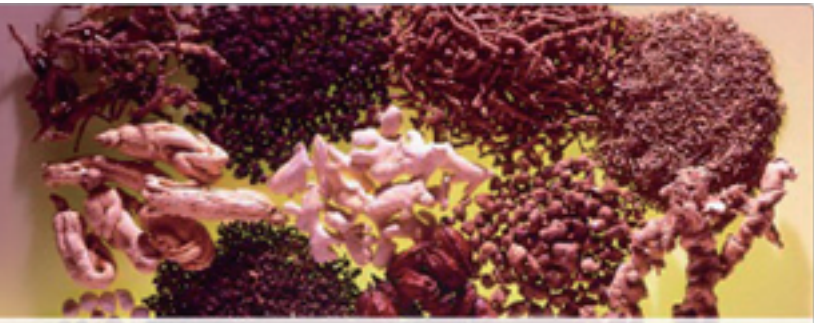
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