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 (*Rokkengoudou-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 (駆瘀血剤, combinations of agents for dispelling blood stasis), especially keishibukuryogan (桂枝茯苓丸, Cassia Twig and Tuckahoe Pill) " by Prof. Takahisa Ushiroyama, Health Science Clinic, Osaka Medical Collage; 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 (柴胡剤, combinations of the agents containing mainly saiko (柴胡, Bupleurum root, or Bupleuri, Radix (1) and ogon (黄芩, Scutellaria root, or Scutellariae Baicalensis Radix (2)), which were used in interior-fever conformations (such as halfsurface/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, Atractyloides Rhizoma (3)) and byakujutsu (白朮, Atractyloides Macrocephalae Rhizoma (4)" by Prof. Toshiaki Makino, Laboratory ofPharmacognosy, Graduate School 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 (駆瘀血剤, 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-vakushitsu-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 phlegmrheum (痰飲, Tan-Yin) in the traditional Chinese medicine. This is the disease in which a pathological substance so-called phlegm-rheum as 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 (柴胡剤, combinations of the agents containing mainly saiko (柴胡, Bupleurum root) and ogon (黄芩, 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". Mitani quoted the "Formulary and Mnemonics from 'No Mistake' Pharmacy (Futsugo-yakushitsu-hokankuketsu)" 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 加大黄, 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

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drug plants of the sojutsu original crude (Atractyloides Rhizoma) and the byakujutsu (Atractyloides Macrocephalae Rhizoma). He said that this brought much troubled condition. In other the Japanese pharmacopeia, words. in 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 (中国薬典), the Atractyloides Macrocephalae Rhizoma (Bai Zhu, 🗎 术(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 术))" 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 antiabortion", 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, 中薬大辞典)" 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 术(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 been understood as to whether it was fact or not. In this regards, however, Todo Yoshimasu's "Yakucho (On the efficacy of medicines, Yao Zheng, 薬徵)" written in the 18th century in Japan described Atractylodes (术, 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.

According to the Preparation Guide, California Acupuncture Licensing Examination, February 2011: p.25. http://www.acupuncture.ca.gov/students/exam_preparation.pdf (California Acupuncture Board 444 N 3rd Street, Suite 260 Sacramento, CA 95811) [the last date of access Nov30, 2013]

- ² According to the Preparation Guide, California Acupuncture Licensing Examination, February 2011: p.27. http://www.acupuncture.ca.gov/students/exam_preparation.pdf (California Acupuncture Board 444 N 3rd Street, Suite 260 Sacramento, CA 95811) [the last date of access Nov30, 2013]
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- ⁴ According to the Preparation Guide, California Acupuncture Licensing Examination, February 2011: p.24. http://www.acupuncture.ca.gov/students/exam_prepa

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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