

Clinical Report 2 (Kampo Medicine)

A Case Where Ryokyojutsukanto was Effective for Hyperactive Bladder

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The number of patients with hyperactive bladder, a pathological condition marked by pollakiuria and urinary urgency, is steadily rising in conjunction with the increasingly aging population in Japan. Therapy is based mainly on anticholinergic drugs or beta-3 adrenergic receptor stimulants, but the effect cannot always be described as sufficient, rendering treatment in many cases difficult. Further, while prescription of these western medications may cause an increase in residual urine volume after voiding and urinary retention, the use of Kampo medicines has the advantage of carrying a low risk of these effects, allowing the physician to use them unworriedly.

On this occasion I would like to present one case difficult to treat with western medication in which ryokyojutsukanto was effective.

The patient was a 68-year old man. He has a history of diabetes, lipid anomalies and hypertension. In August of XXXX nocturia and urinary urgency developed for which he consulted the department of urology of another hospital. The patient was diagnosed with hyperactive bladder, but the prescribed anticholinergics (solifenacin, propiverine) were not effective. Even just hearing the sound of running water induced the desire to urinate. Low temperatures on November 11 of the same year causing an aggravation of the nocturia and urinary urgency/incontinence motivated the patient visited our department. At the time he visited our department he experienced urinary urgency/incontinence 2 to 4 times a day and the voiding frequency at night was 5 times. The overactive bladder symptom score (OABSS) was a total of 12 points and the residual urine volume following voiding 59 ml. He was of slender physique

and had a violet-red tongue with dental impressions. Sublingual veins were only slightly engorged. The pulse was deep and choppy. On his abdomen only a mild degree of palpitations above the umbilicus were observed. He complained about chilling and weariness of low back and legs and his lower legs tended to become edematous in the evening. Based on these signs ryokyojutsukanto was prescribed. Without any increase in the residual urine volume following voiding the urinary incontinence disappeared after about one month and the OABSS improved by 4 points. The prescription was chosen to target not only the voiding related symptoms, but also accessory symptoms and proved to be effective in this one case.

Kampo medical interpretation of hyperactive bladder allows classification by several causes.

Weakness of the pelvic floor, stagnation of pelvic blood flow or insufficient blood flow, liver qi depression and stagnation, heart fire, water stagnation (water intoxication), chilling and stress are the main etiologic causes for hyperactive bladder and allow to understand the rationale for using the relevant formulas. In cases of weakness of the pelvic floor qi supplementing formulas like hochuekkito or shikunshito are used. For stagnation of pelvic blood flow or insufficient blood flow mainly formulas for overcoming blood stagnation like keishibukuryogan, hachimijiogan or tokishakuyakusan are used, or else kidney-supplementing or blood supplementing formulas. When the condition is caused by liver qi depression and stagnation Saiko preparations like shigyakusan are used, for water stagnation (water intoxication) goreisan or tokishakuyakusan and similar diuretics are used. For chilling or stress induced conditions interior-warming formulas like shimbuto or ryokyojutsukanto are used. It is important not only to identify the nature of pollakiuria and urinary urgency in cases of hyperactive bladder during interviews with the patient, but also focus on accessory symptoms.

Both the number of patients with urological diseases and the number of cases refractory to western pharmacological therapy are expected to increase. Skillful integration of Kampo medicines may possibly broaden the therapeutic spectrum. The author considers focusing not only on dysuria and urinary incontinence, but also accessory symptoms to be a shortcut to the selection of appropriate formulas.

ryokyojutsukanto: 苓姜朮甘湯
 hochuekkito: 補中益氣湯
 shikunshito: 四君子湯
 keishibukuryogan: 桂枝茯苓丸
 hachimijiogan: 八味地黄丸
 tokishakuyakusan: 當歸芍藥散
 shigyakusan: 四逆散
 goreisan: 五苓散
 shimbuto: 真武湯

Possibilities of Kampo medical treatment of hyperactive bladder

