

## Clinical Report 2 (Kampo Medicine)

### *Case Studies from Ehime Prefectural Central Hospital (1)*

– From the Rural Bedside to the Global Podium –

Genki Shimizu, Hiroshi Kakuto, Den-ichiro Yamaoka  
The Internal Department of East Asian Traditional  
Medicine of Ehime Prefectural Central Hospital

### 【Introduction】

At Ehime Prefectural Central Hospital, we have two young, developing Kampo clinicians. They are Drs. Genki Shimizu and Hiroshi Kakuto. Dr. Shimizu is in his eighth year of clinical practice. After graduating from Tokushima University, he completed a two-year post-graduate clinical training program, and thereafter commenced Kampo, acupuncture and moxibustion treatment while receiving specialized training in our hospital's general department. Dr. Kakuto is in his twelfth year as a practicing physician after graduating from Jichi Medical University and completing a post-graduate training program for new physicians at our hospital. He spent roughly nine years engaging in community healthcare while also receiving guidance on Kampo medicine once a week at our hospital, and now practices both Kampo medicine and integrative internal medicine. Both doctors are Kampo specialists in addition to being a certified physician and general medicine specialist. Today, they provide treatment in the Internal Department of East Asian Traditional Medicine while also serving as emergency physicians and ward physicians of the department of general medicine in our hospital.

Below, the two doctors' clinical experience is summarized according to the four types of Kampo medicine application as proposed by Dr. Hiromichi Yasui.

Type 1: Case examples in which Kampo treatment is effective by itself

Type 2: Case examples in which the effectiveness of Kampo treatment is increased when combined with standard Western medical treatment

Type 3: Case examples in which the side effects of

Western medical treatment is alleviated when combined with Kampo treatment

Type 4: Case examples in situations where Western medicine cannot be applied



Photos: Ehime Prefectural Central Hospital and personnel at the Internal Department of East Asian Traditional Medicine

### **Type 1 Case Example: Kampo treatment is effective by itself**

[Case example 1 (Dr. Shimizu's case)]

27-year-old man

[Chief complaint] Fever

[History of present illness]

In the late afternoon on July 9 of a certain year, the man came down with a high fever of 40 degrees. He also developed a sore throat and aching joints, and was thus referred to our hospital on July 11. A blood test indicated minor leukopenia, thrombopenia and increased CRP, and the man proved positive for jolt accentuation, so he was subject to various examinations. However, the cause of his fever could

not be identified, and the man was immediately admitted for intensive examination and treatment.

[Development after admission]

Once admitted, the man's condition was closely followed while replacing his fluids and administering an antipyretic analgesic. By the next day, the man's fever tentatively declined, but on the third day of hospitalization, his headache, chills, neck and back pain, and joint pain worsened, and he experienced vomiting. He had no appetite, and had diarrhea whenever he did eat. His pulse was floating, fast, and tense. The man was prescribed 7.5g/day of Kakkonto extract, and by the next day, his headache, chills, and joint pain disappeared and he also regained his appetite. The post-meal diarrhea he had been experiencing for close to a month also stopped, and he was thus discharged on the fifth day. From the above, the man was diagnosed with severe virus infection.

[Observation] The *Shokanron* contains a passage that says, "those who display a combination of early yang and middle yang symptoms necessarily develop spontaneous diarrhea, but this can be cured with Kakkonto." The above case example may have been a combination of the early yang and middle yang stage types.

[Case example 2 (Dr. Shimizu's case)]

32-year-old lactating woman

[Chief complaint]

Breast pain

[History of present illness]

In the middle of the night on October 12 of a certain year, the woman began to feel pain in her right breast. She also had a shaking chill, so she called an ambulance and was brought to our hospital.

[Development after arriving at hospital]

The woman had a fever of 39.9 degrees and an induration in her right breast, and was thus

diagnosed with acute mastitis. She displayed delirious speech, rigidity of her neck and back, and strong chills when she arrived at the hospital, but her blood test did not indicate any increase in inflammatory response. She was given fluid replacement and 5g of Kakkonto in the emergency outpatient unit, and color returned to her face, also her shaking chills stopped. After returning home, the woman took Kakkonto only and brought her fever down. The next morning, she visited the gynecology department in our hospital, where she was instructed to continue taking Kakkonto and make a return visit if the condition worsens, but she has not made a visit since.

[Observation]

The experience of this case example, in which Kakkonto responded effectively to acute mastitis, indicated the possibility of applying Kampo medicine to emergency medical care.

[Case example 3 (Dr. Shimizu's case)]

86-year-old man

[Chief complaint] Abdominal pain

[History of present illness] On October 1 of a certain year, the man began to experience pain in his stomach after supper. He developed a sense of abdominal fullness and came to the emergency unit in our hospital. He has surgery in the past for stomach cancer, and has experienced a repeated occurrence of ileus.

[Present condition]

The man had a blood pressure of 121/64 mmHg and a pulse of 61/min. His stomach was slightly swollen but soft, and had pressure pain on the left side of his navel. There was no rebound tenderness. His bowel sounds were accelerated.

[Examination findings] No blood count or biochemical abnormalities.

### Blood test

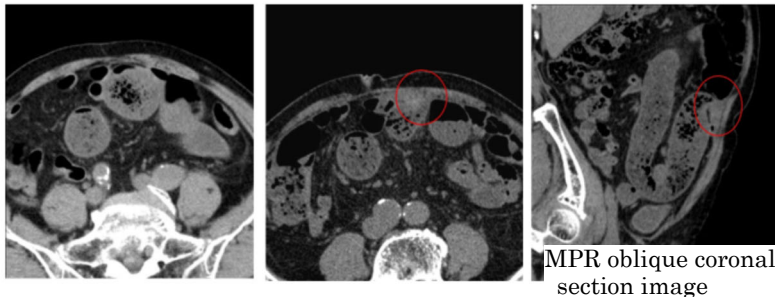
WBC	6780	/μl
RBC	346	10 <sup>4</sup> /μl
HGB	11.3	g/dl
HCT	32.7	%
PLT	21.5	10 <sup>4</sup> /μl
AST	21	U/l
ALT	16	U/l
T-Bil	0.4	mg/dl
LDH	194	U/l
γ-GTP	13	U/l
CK	76	U/l

BUN	12.5	mg/dl
CREA	0.85	mg/dl
AMY	70	U/l
CRP	0.06	mg/dl

### Simple photo of the abdomen



### Simple CT of the abdomen



There is a localized expansion to the small intestine along the midline of the abdomen. It is thought to be caused by an adhesion at the junction below the abdominal wall. A large amount of residue is pooled near the constricted part.

[Findings from the images] No niveau is seen in the simple photo of the abdomen.

[Progress] In the emergency outpatient unit, the man was administered 5g of Daikenchuto extract dissolved in plain hot water to replace his fluid, and was closely monitored. Waste gas increased, but his abdominal pain would not go away, so he was administered 5g of Daikenchuto dissolved in plain hot water again after 15 minutes. 10 minutes thereafter, waste gas was released from his body with a large sound and the man’s abdominal pain subsided somewhat, so he was sent home. After returning home, the man’s abdominal pain disappeared as more stomach gas was released, and he was cured of the pain.

[Observation] In this case example, an abdominal examination detected gas in the intestinal tract. Determining this to be a sub-ileus condition, Daikenchuto was effectively prescribed.

## [Case example 4 (Dr. Kakuto's case)]

77-year-old woman with frequently recurring postoperative adhesive ileus

## [Chief complaint]

Postoperative adhesive ileus

## [Past medical history]

Gastric resection due to stomach cancer (approx. 10 years ago), Parkinson's disease

## [Medicine]

Daikenchuto extract 15g, oxidized Mg, levodopa, cilostazol, ferrous citrate

## [History of present illness]

After receiving surgery for stomach cancer, the woman's condition had been stable, so she was put in a care facility. However, in XXXX, she was hospitalized after experiencing a frequent occurrence of ileus, in February, May, and September. She suffered an ileus again in October of that year, and was treated in our hospital. She was discharged the following month, but three days later, she suffered another recurrence and was admitted to a local hospital. A week after she was discharged from the local hospital, she developed ileus once again and was referred to our hospital for emergency hospitalization.

## [Progress]

The woman was kept fasting and put on an IV drip after admission while closely monitoring her condition. Eventually, her general condition improved.

Given the woman's frequent occurrence of ileus, a surgeon was consulted concerning surgical indications. However, the surgeon noted that there were no indications, so a policy of conservative treatment was taken. The woman had been continuously taking Daikenchuto prescribed at her previous clinic, but it did not seem to go down well. In fact, she would develop vomiting, and could not continue to take the prescription.

## [Observation]

Bed-ridden, thin and frail elderly woman. Able to communicate. Lack of interest or enthusiasm.

Anemic.

Tongue: Rather dry

Stomach: Soft, no pressure pain. Accumulation of stomach gas.

Bowel movement has been observed after hospitalization.

## [Progress]

Daikenchuto was discontinued and replaced with 5g each of Hangekobokuto and Hochuekkito. Rehabilitation was also begun. As a result, there was no recurrence of ileus even after resuming meals, so the woman was transferred to a referred hospital.

## [Assessment]

Japanese surgeons routinely use Daikenchuto to prevent occurrence of postoperative ileus. However, we sometimes experience ileus cases with qi stagnation or qi deficiency.

Hangekobokuto regulates qi, on the other hand, Hochuekkito tonifies qi. We diagnosed this case as the trouble of qi.

## Case 5 (Dr. Kakuto's case)]

86-year-old woman with stasis dermatitis in her lower leg

## [Chief complaint]

Suspected stasis dermatitis in right lower leg

## [Past medical history]

Currently receiving outpatient care at our department for pain from left hip to leg.

High blood pressure, osteoporosis, recent surgery for breast cancer

Internal medicine: Hochuekkito, amlodipine

## [History of present illness]

The woman had been receiving continuous acupuncture and moxibustion treatment for her low back pain and other pain, but since bruising her right front tibia in mid-May, swelling and

redness came to be observed on the front of both her lower legs in the late afternoons. Cellulitis appeared negative, so 10mg of prednisolone was administered, but with no improvement. An antibiotic was also used, but no marked improvement was observed.

Around three days after prescribing 7,5g of Eppikajutsubuto extract + 7.5g of Jidaboku-ippo extract, a gradual improvement was observed, and the woman's edema had disappeared by her return visit ten days later.

[Assessment]

Dr. Shu-an KAGAWA (1683-1755) in Edo era created a Kampo formula which is effective for blood stagnation because of a bruise or a sprain and named Jidaboku-ippo. "Ji" means treatable, "daboku" means bruise and sprain, and "ippo" means Kampo formula. If the affected area was swelling with heat, the combination of ephedra and gypsum is suitable. Eppikajutsuto is appropriate to this condition if we use extract drug. Even if the patient showed the skin problem, the therapist has to think about other problems such as his or her medical history in order to find out a suitable treatment for the patient.