

Clinical Report 2 (Kampo Medicine)

Case Studies from Ehime Prefectural Central Hospital (2)

– 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

Type 2 Cases

Combined use with standard Western medical treatment

[Case 6 (Dr. Kakuto's case)]

Administration of Unseiin-go-tsudosan-based prescription (溫清飲合通導散加減) [ys1][mi2] for refractory prurigo nodularis in a 77-year-old woman

[Chief complaint]

General rash, itching

[Past medical history]

Type 1 diabetes (use of insulin), lumbar compression fracture

[Regular medication]

Amlodipine, telmisartan, epalrestat, aspirin, sennoside, famotidine, EPA, mecobalamin, olopatadine, levocetirizine, strongest class of steroid ointment

[History of present illness]

The patient became aware of an itching of skin around December of X-1. She consulted the dermatology department in our hospital in March X and was diagnosed with overall prurigo nodularis. She was prescribed an antihistamine drug and steroid ointment, but they failed to have a sufficient effect, so she requested Kampo treatment and was introduced to our department in September.

[Observations]

Dry mouth (-), excessive thirst (-), constipation (+) (use of a laxative)

Appetite (+), hot flashes (-), cold hands and feet (+)

Bitterness in mouth (-), susceptibility to colds (-)

Skin: Numerous nodules accompanied by

rubefaction on the trunk of the body

No discharge liquid. Nodules are hard and raised. (Photos 1, 2)

Tongue: Rose pink, light tongue fur, no fissures, no varicosis

Pulse: Moderate, thin, powerful

Abdomen: Weak abdominal strength, weakness of the lower abdominal region, gas accumulation

[Progress]

First visit: Orengekuto (黃連解毒湯) extract 7.5g + Tsudosan (通導散) extract 5g

Second visit (11 days later): The redness abated somewhat. Feces is soft but is of no problem.

Nodules on the back have slightly flattened. (Remark from the dermatology dept.)

Unseiin (溫清飲) extract 7.5g + Tsudosan (通導散) extract 5g

Third visit (39 days later): The redness has improved, but the nodules are still hard.

Nodules on the back have slightly flattened. The prescription appears to have an effect. (Remarks from the dermatology dept.)

Unseiin-plus-juyaku (溫清飲加十藥), Tsudosan (通導散) extract 5g

Unseijin (溫清飲) consists of oren (Coptis japonica 黃連) 1.5g, obaku (amur corktree 黃柏) 1.5g, ogon (Baikal skullcap 黃芩) 3g, sanshishi (gardenia fruit 山梔子) 2g, toki (Japanese angelica root 當歸) 4g, shakuyaku (peony 芍藥) 4g, senkyu (cnidium rhizome 川芎) 4g, jukujiou (rehmannia root 熟地黃) 4g, juyaku (chameleon plant 十藥) 10g.

Fourth visit (67 days later): An improvement is observed. The nodules have flattened out. (Figure 3)

Successful (Remark from the dermatology dept.)

Continuation of treatment in same manner.

Good progress continued thereafter, and the prescription was stopped three months after the patient's first visit.

(Figure 3)

**(Observation)**

We diagnosed this case as wind as a result of blood deficiency. We also hypothesize that the epidermal acanthosis and hypodermal hyperplasia of collagenous fiber due to chronic inflammation results in blood stagnation. Consequently, the combination of Unseiin (溫清飲) and drugs for overcoming blood stagnation was effective.

We have to research more cases with prurigo nodularis suitable for these crude drugs.

[Case 5 (Dr. Shimizu's case)]

68-year-old man

[Chief complaint]

Difficulty in breathing

[History of present illness]

The patient has been seeking regular medical attention for bronchial asthma. Since Sept. 20, he has experienced repeated asthma attacks, and used an inhalant. Around 7 p.m. on October 1, he suffered another asthma attack that did not improve even after using the inhalant, so he made an emergency visit to the hospital.

[Present symptoms]

Blood pressure 136/68mmHg, temperature 36.7°C, SpO₂ = 90% (ambient air)

Pulmonary sound: Marked wheezing

[Progress]

Steroid infusion and β -agonist inhalation improved oxygenation, but white frothy sputum and diluted saliva began spilling from the patient's mouth, and he could not stop coughing. After he was given 6g of Shoseiryuto (小青竜湯) extract dissolved in warm water, his frothy sputum, saliva and coughing stopped in about 5 minutes.

[Observation]

In this case example, white frothy sputum was interpreted as edema from the epigastric region, and the patient was thus successfully prescribed Shoseiryuto (小青竜湯). Shoseiryuto (小青竜湯) contains crude drugs that have a warming effect, and lacks any alternative in Western medicine. (The figure below shows that six out of eight crude drugs that constitute Shoseiryuto (小青竜湯) have a warming effect.)

Ingredients of Shoseiryuto

Maou (ephedra 麻黄)	}	Eliminates water and cures wheezing. Stops coughs.	Shakuyaku (peony 芍薬)	Relaxes tension in smooth muscles.
Keishi (cinnamon 桂枝)				
Saishin (wild ginger 細辛)			Kanzo (licorice)甘草	Harmonic action
Kankyo (zingiber siccaturum 乾姜)	}	Warms the body and eliminates water. Antitussive expectorant action		
Hange (pinellia tuber 半夏)				
Gomishi (schisandra fruit 五味子)		Prevent water from leaking.		

[Case 8 (Dr. Kakuto's case)]

Administration of Inchinkoto-go-goreisan (茵陳蒿湯合五苓散) for refractory ascites caused by decompensated cirrhosis in a 58-year-old woman

[Chief complaint]

Neck pain, sense of abdomen distension

[Past medical history]

Diabetes, hepatitis B

[History of present illness]

The patient was diagnosed with diabetes and chronic hepatitis B at a different hospital and has received treatment from around X-5, but terminated the treatment at her own discretion and neglected her condition. In late November X, she had a fall at home and hit her temporal region, so she made a visit to our hospital. The patient was suspected of a cervical sprain and was set to receive symptomatic treatment, but because she also clearly displayed jaundice and ascites, as well as a complication of hyperglycemia with an HbA1C (NGSP) of 8.6%, she was immediately admitted.

[Western medical observations]

Lucid, no disorientation. Blood pressure 155/75mmHg.

Overall jaundice, marked ascites. Normal heart sound, breathing sound.

Capillary dilatation observed on the face and trunk of body, and red palms.

No edema of the extremities. Weight 50.4kg, abdominal girth 86.2cm.

After hospitalization, the patient's blood glucose was

controlled by insulin and entecavir was introduced. She was also given antibiotic treatment, as she was found to have a complication of purulent spondylitis caused by methicillin sensitive *Staphylococcus aureus* (MSSA). For her complication of cirrhosis, liquids and salts were restricted immediately upon hospitalization, and she was given 60mg/day of furosemide and 75mg/day of spironolactone in an attempt to gain a diuretic effect, but hypoalbuminemia and hyponatremia progressed, and no improvement was gained. Ascites puncture drainage was attempted as necessary, and an intravenous drip of two 50ml of albumin 25% and furosemide 20mg/1A was administered over three days, but since no improvement was observed, Kampo was considered.

[Kampo observations]

The patient is of medium height and build, but her abdominal region is swollen like a frog belly. She has overall jaundice, and the capillary veins in her face stand out. Her tongue has no teeth marks, and is dark red and lightly coated. No varicosis is seen on her tongue. Her pulse is sunken and powerful. She has constipation.

Judging by her jaundice and ascites, Inchinkoto-go-goreisan (茵陳蒿湯合五苓散) [infusion] was administered from January 21, X+1. The patient thereafter requested an extract preparation, so she was prescribed Goreisan (五苓散) extract (Tsumura, 7.5g/day) from January 28, but no particular change was observed.

Because the patient had a complication of constipation, a prescription containing a laxative was considered, and her prescription was changed to Inchinkoto-go-goreisan(茵陳蒿湯合五苓散)[infusion] from February 4. Thereafter, she was given albumin IV and ascites puncture drainage was performed once each. Whereas ascites previously recurred soon after administering albumin or draining ascitic fluid, the patient's abdominal girth gradually decreased after commencing Inchinkoto-go-goreisan (茵陳蒿湯合五苓散).

Her weight also decreased, such that she weighed 43.4kg and had an abdominal girth of 69cm by April 18. From there, she reached a plateau and her condition stabilized. (Figure 1)

Thereafter, her prescription was changed to Inchinkoto (茵陳蒿湯) extract (Tsumura, 7.5g/day) + Goreisan (五苓散) extract (Tsumura, 7.5g/day) when she was discharged from the hospital on May 15. She still takes the prescription today, but has experienced no recurrence of ascites.

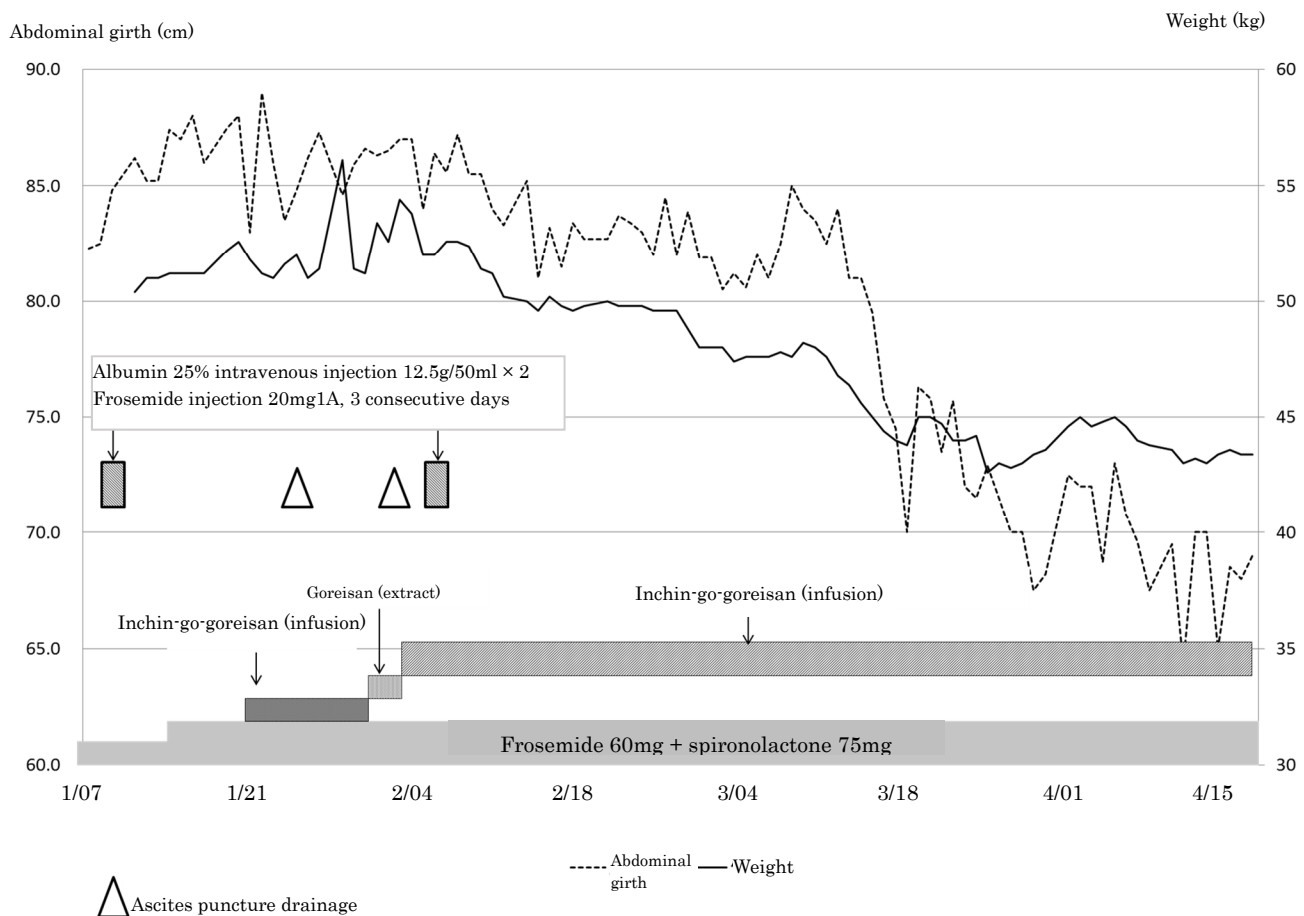


Figure 1 Change in abdominal birth and weight

(Discussion)

We usually use Inchinkoto to treat the liver diseases, or Goreisan for ascitoses in Japanese Kampo style. In this case, we found that an inchinkoto-go-goreisan decoction was more effective than an Inchingoreisan decoction or a goreisan extract. This suggests that the effects of Gardenia and Rheum they are made from can be significant.