

Clinical Report 2 (Kampo Medicine)

Case Studies from Ehime Prefectural Central Hospital (4)
– Situations Where Western Medicine Cannot be Used –
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Type 4 Cases

[Case 10 (Dr. Shimizu's case)]

Successful treatment of cold feet and ambulation difficulty in a 90-year-old man

[History of past illnesses]

Herpes zoster at age 40, compound fracture of left leg and fracture of right hand as traffic injuries at age 56, onset of diabetes at age 64, development of high blood pressure at age 65, surgery for bladder tumor at age 89

[Oral medicine]

Linagliptin 5mg, 1 tablet once a day after breakfast
Glimepiride 0.5mg, 0.5 tablet once a day after breakfast
Silodosin table 4mg, 2 tablets twice a day after breakfast and dinner

[External medicine]

Loxoprofen sodium hydrate 100mg, applied once a day
Diclofenac sodium 1% gel, applied to upper arm once a day

[Life history]

Smoking: 20 × 20 years (ages 23 – 42); no drinking;
nursing care service 3 days/week

[Occupational history]

Ex civil-service worker

[Allergy]

None

[Chief complaint]

Cold feet, ambulation difficulty

[History of present illness]

The patient has been visiting the orthopedic department since 2014 due to osteophytic spondylosis, scapulohumeral peri-arthritis in both shoulders, osteoarthritis in both knees, and cervical spondylotic myelopathy (C3/4). From January 2015, his leg movements became difficult. Surgery was recommended, but due to his old age, the patient did not wish to undergo surgery, so the wait-and-see approach was decided to be

taken. With rehabilitation, the patient's leg movements improved somewhat, but he still displayed symptoms of cold knees and feet and stiffness in his lower back, so he was referred to the East Asian Traditional Medicine Department in September 2015.

[Physical health]

The patient has had lower back pain for some time, and his feet are susceptible to swelling. He tends to get leg cramps in the morning when waking up. He cannot sit on the heels of his feet on the tatami mat. He has a lot of urine at night, and goes to the toilet every hour. No symptoms of hot flashes. No sense of fatigue. Good bowel movement. Good sleep. Good appetite.

[Observations]

Uses a wheelchair to visit the hospital. Tongue: Geographic tongue, dark red. Pulse: Smooth. Abdominal symptoms: Abdominal strength 2/5, weakness of the lower abdominal region. Strong coldness in lower legs.

[Diagnosis]

Kidney yang deficiency, fluid retention

[Progress]

The patient was prescribed goshajinkigan extract granule 7.5g three times a day after each meal, for three weeks. By his return visit three weeks later, the coldness and edema in his feet had improved, and his frequency of nighttime urination decreased, such that he goes to the toilet only three times during the night, where he used to go every hour. His feet had come to become warm even while sleeping at night.

[Case 11 (Dr. Kakuto's case)]

Bukuryoshiyakuto for hiccups in a 61-year-old man

[Chief complaint]

Hiccups

[History of past illnesses]

The patient visits the dermatology department in our hospital every three months for MCTD treatment
Oral medicine: Prednisolone 5mg, Nifedipine, Beraprost, Alendronic acid

[Life history]

Smoking: 8 × 40 years

Drinking: 7 times/week; Type: 1 canned beer

Eating: 3 meals/day regularly

Occupation: Assembly of farm equipment

[History of present illness]

On October 8, XXXX, the patient developed a fever and sore throat, and came to our hospital. Diagnosed with acute epiglottitis, he was immediately admitted that day and received treatment by antibiotic and a steroid. He showed good progress, but from around October 13, hiccups began to occur along with nausea. He consulted the Gastroenterological Medicine Department, where he received gastroscopy and other inspections, but no abnormalities were found. Even after being discharged on the 14th, the hiccups continued, such that the patient said he could not sleep at night and could not stand it anymore. He therefore made a return visit to the General Medicine Department after being discharged.

[Progress]

On the patient's first visit (Oct. 20), he was prescribed Chlorpromazine 25mg to be taken as needed + Tsumura Hangeshashinto 7.5g. The patient said the Chlorpromazine had an immediate effect, but made him dizzy and unsteady, and that the effect lasted for only about 30 minutes.

Second visit (Oct. 22): The patient was referred to the East Asian Traditional Medicine Department and was prescribed shiteito (decoction), but it did not work effectively.

Third visit (Oct. 24): The hiccups continued, and the patient said he was so tired that he wants to lie down.

Tongue: Slightly dark purple, small amount of yellow coating toward the back, slight varicosis

Pulse: Sunken and weak

Moderate abdominal strength. Epigastric discomfort and resistance.

When bukuryoshigyakuto (Kanzo (licorice) 4.5g, hobushi (prepared aconite tuber) 2g, ninjin (ginseng) 2g, kankyo (steamed ginger) 1.5g, bukuryo (poria) 4g) was prescribed, the hiccups disappeared in half a day and did not occur thereafter.

[Summary]

I have three teachers. One is the late Dr. Yoshinaru Fujioka, a cultural anthropologist who developed the image theory, another is the late Dr. Judo Ono, who taught me Jungian psychology and psychiatric hospital treatment, and the other is Dr. Hidehiko Mitsufuji, first director of the East Asian Traditional Medicine Institute, who developed the chronological (time-series) analysis method and taught me about moxibustion and Kampo. Owing to these three teachers, I have found the path to take and a place to stand, and now have two apprentices. I have also received supervision from Dr. Hiromichi Yasui in presenting case reports herein. Needless to say, it is meaningful to summarize daily cases, but to have the opportunity to present them within KAIM has been a truly great honor. We hold a conference every morning, and begin by offering a silent prayer so that we may interact with all patients who come to our hospital, their families, and other staff members in a safe, appropriate and caring manner. To this, we have recently added the phrase, "from the rural bedside to the global podium," with hopes of presenting our daily clinical achievements on the global stage. Through the administration of East Asian traditional medicine, we aim accumulate clinical practice with an eye toward even higher global podiums.