

Integrating Kampo and Evidence-Based Medicine (5) – Type 4 Cases

Kampo Treatment for Patients to Whom Standard Treatment Cannot Be Applied

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Introduction

In this series, I define four types of use of Kampo medicine in daily clinical practices within Japan's unified medical system, and discuss the diseases that fall under each of these types, by giving relevant case examples. In the previous issue of this journal, I introduced four episodes, and explained that they fall under the four types of use of Kampo medicine in daily clinical practices. Let me recount them below.

- Type 1: Kampo treatment is better than standard modern medical treatment
- Type 2: The effects of standard modern medical treatment and Kampo treatment are both strengthened when the two are used in combination
- Type 3: The side effects of standard modern medical treatment can be mitigated in combination with Kampo treatment
- Type 4: Circumstances prevent the application of standard modern medical treatment, but treatment is needed

Here, we shall take a close look at Type 4 cases, in which patients require treatment, but standard modern medicine cannot be applied. As it is difficult to present evidence and data for this type, however, I shall introduce a number of case reports.

Episode 1

Dr. Keigo Nakata, a friend of mine, is a skilled Kampo doctor in modern Japan. He inherited the academic lineage of Sohaku Asada, who was a representative physician in Japan more than 210 years ago, and wields full command of prescriptions based on this school. At the 17th International

Congress of Oriental Medicine (ICOM) held in 2014, he gave a keynote speech as president of the organization, in which he introduced an interesting case example of using Kampo medicine on a patient to whom standard treatment cannot be applied.

Patient: 32-year-old man, 173 cm, 58 kg

Chief complaint: The patient has hay fever, but cannot take antiallergenics because of hypersomnia.

First visit: Mid-April 20XX

History of present illness: The patient began to experience sneezing, a runny nose, and nasal congestion since four years ago. He was diagnosed with hay fever and received treatment through an antiallergenic. However, he became so sleepy so that he could not work. Therefore, he took the drug only before going to bed, but this undermined the effectiveness of the treatment.

The patient is skinny and pale. An abdomen examination revealed a weak abdominal wall and splashing sound in epigastric region.

After an intermittent administration of 6.75 g/day of shoseiryuto with processed aconite extract, the patient's rhinitis symptoms improved without an antiallergenic¹⁾.

The patient has hay fever. Because he would become sleepy after taking an antiallergenic, he visited Hosono Clinic, where Dr. Nakata is the director, seeking a different type of treatment. Judging by the fact that "The patient is skinny and pale. An abdomen examination revealed a weak abdominal wall and splashing sound in epigastric region," he was prescribed a shoseiryuto with processed aconite extract. Hosono Clinic has its own drug formulation factory, and produces all extract formulations used by the clinic since 1950. It produces extract for approximately 400 types of prescriptions and approximately 170 types of monovalent crude drugs. The shoseiryuto with processed aconite that was prescribed to the above

patient is also among the formulations made by Hosono Clinic itself.

Shoseiryuto is effective against allergic rhinitis, as has been found in a number of clinical studies. Among these studies, Prof. Baba's paper on a double blind comparative study, which proved the effect of shoseiryuto against perennial allergic rhinitis, stands out²⁾. Processed aconite was added to the above patient's formulation, probably because the cold pattern was particularly notable.

Shoseiryuto contains ephedra, and has a slight stimulant effect. For this reason, no sleepiness is felt. It is considered a perfect prescription for allergic rhinitis.

Episode 2

Dr. Makoto Arai, an associate professor at Tokai University Hospital, is similarly a good friend of mine. He is a young researcher who provides Kampo medical care at the hospital and always gives me reports of wonderful case examples. He writes a series of articles on case examples in the long-standing *Journal of Kampo Medicine (in Japanese)*, and introduced the following case³⁾.

Patient: 79-year-old female physician

Chief complaint: Headache

History of past illnesses: Nothing in particular

History of present illness: Since around three years ago, the patient began to experience intermittent headaches, although they did not trouble her much at the time.

Around springtime of last year, however, the headaches and dull head pain intensified. The headaches were characterized by a throbbing pain at the back of the eyeballs, but did not accompany nausea. They occurred when atmospheric pressure dropped before a typhoon or an approaching low-pressure system. On close hearing, it was found that the headaches intensified most on the day before a rainy day, but mysteriously abated when it began to rain steadily. Furthermore, the

headaches occurred in the same way when climbing a high mountain. In terms of time of day, they seemed to commonly occur in the early mornings.

The patient tried a number of analgesics up to now, but because she has a weak stomach to begin with, any analgesic would upset her stomach, and she could not continue to take it.

She had high blood pressure and experienced multiple cerebral infarctions, and was still receiving treatment for them at a different hospital. She also complained of seeing things in double, low motivation, listlessness, loss of appetite, and lower back pain. She came to Tokai University Hospital as an outpatient after being referred to by a friend.

Present symptoms: Height 156 cm, weight 53 kg, blood pressure 156/88 mmHg. She had gray hair, but she had a clear complexion for her age. Her pulse is floating and weak. She has white coating on her tongue, and decreased gums. Her abdominal strength was neither strong nor weak, and was tense within measure. In terms of abdominal pattern, there was slight hypochondriac tenderness on the right side, but there was nothing else of particular mention. No bloating or coldness was observed in her legs.

Progress: I had just read a research paper that "goreisan is good for headaches that occur before a rainy day," and had been waiting for an outpatient so I could immediately replicate the study at the first opportunity. It so happened that the patient came to our hospital at just this time.

In reference to the paper, the patient's headache was of a type that could be treated with goreisan, judging by how the headache tended to occur. I therefore prescribed 7.5 g/day of goreisan extract (Tsumura Pharma, Ltd., Tokyo, Japan) with high expectations. A week later, the headaches had lightened to almost six-tenths of their original intensity. A month later, intense headaches that kept the patient in bed stopped occurring. Unlike

how it was with analgesics, the patient's stomach remained in good condition, and her sense of fatigue began to improve.

Two months have passed since the patient began taking goreisan. Her headaches steadily alleviated to two-tenths of their original intensity. However, no changes have occurred in her complaints of stiff shoulders and seeing things in double.

Dr. Arai prescribed goreisan to this patient because he had read Dr. Haimoto's paper. For information on this paper, please see the paper I introduced in Vol. 1 No. 1 of this journal⁴. It essentially discusses how goreisan is particularly effective against headaches and migraines that occur when atmospheric pressure drops.

This case report is valuable in terms of the fact that it substantiates the abovementioned research paper, but it is not for this reason that I introduced it here. Take note of the passage, "The patient tried a number of analgesics up to now, but because she has a weak stomach to begin with, any analgesic would upset her stomach, and she could not continue to take it." If the patient were able to alleviate her headaches by taking an analgesic, she may have been able to live each day comfortably. However, her "constitution" made her stomach feel poorly after taking this type of drug, so could not take it.

Fortunately, not only did the patient's headaches improve after taking goreisan as prescribed by Dr. Arai, but her stomach also regained its health as an added benefit.

Episode 3

An outbreak of influenza always occurs during wintertime in Japan. Although vaccination is encouraged, many people nevertheless contract influenza every year. Normally, influenza is not an illness of poor prognosis, but as it accompanies high fever, headaches, joint pains, and general pains. Many patients consult a hospital. The development of Tamiflu[®] (oseltamivir phosphate) and other

antiviral drugs have facilitated influenza treatment, but this is not to say that the use of such drugs is not without its problems.

Instructions for using Tamiflu include the following type of warning.

There have been reports of teenager cases have displayed abnormal behavior after taking this drug, although the causal connection with Tamiflu remains unclear, and have resulted in falls and other such accidents. For this reason, teenager patients should, in principle, refrain from using this drug, except in cases where they are judged to be high-risk patients with a complication or a history of past illnesses.

As a preventive measure against any possibility of an accident occurring among pediatric and minor patients once treatment by Tamiflu begins, explain to the patient and the patient's family that (1) there is the possibility that the patient may display abnormal behavior, and (2) guardians of the pediatric or younger patients should take care not to leave the patient alone for at least two days when recuperating at home.

Similar symptoms have been reported with regard to influenza-associated encephalopathy, so the same explanations should also be given as above in the case of such illnesses.

On a certain day in 2007, a young girl came to my clinic with a high fever. An examination using a rapid antigen test revealed that she had influenza type B. The progress of her illness was as follows.

Patient: 11-year-old girl

First visit: March 5, 2007, 10 a.m.

Chief complaint: Fever

History of present illness: The patient got a fever of 38°C at night on March 3. On March 4, she made an emergency room visit. The rapid antigen test was negative for influenza. She was prescribed an antipyretic, which she took right away. At night, her temperature was still 38°C.

In the next day morning (March 5), she came to my clinic and her temperature was 37.5°C. Chills (-), heat sensation (+), headache (+), sore

throat (+), nasal congestion (+), nasal discharge (+), coughing (+), sputum (-), dry mouth (-), sweating (-).

Present condition: Temperature of 37.5°C

Pulse: Sunken, thin and rapid; slight tension. 96/min.

Tongue: Light red, red at the tip, slight coating (white)

Diagnosis: Diagnosed with influenza (B) based on an examination using a rapid antigen test

Prescription: 1.3g of keishito extract (Kotaro Pharma, Ltd., Osaka, Japan) + 1.0g of makyokansekitto extract (Osugi Pharma, Ltd., Osaka, Japan) for 1 dose

Progress: On the morning, the patient took the prescription every two hours at her home. In the late afternoon, her temperature was in the lower 37°C. She did not develop much sweating, but the frequency of urination increased. She went to bed in this condition. She had bowel movement, soft stool.

In the next morning, the patient had a temperature of 36.5°C. Chills (-), heat sensation (-), headache (-), appetite (+), nasal congestion (+), sputum (+). Her temperature was 37.2°C in the later afternoon. I prescribed the abovementioned prescription for three days.

March 7: Her temperature was 36.7°C. Slight coughing (-), Cogged sputum (-), Nasal congestion (+). Pulse: fine and rapid. Tongue: Slight white coating (in the middle). Slight decreased appetite (-), Dry mouth (-), chills (-), heat sensation (-), headache (-).

Prescription: 6.0g of shosaikoto extract (Kracie Pharma, Ltd., Tokyo, Japan) + 4.5g of makyokansekitto extract (Osugi, Pharma, Ltd., Osaka, Japan) 3 times/day

The patient's condition improved the following day, and her symptoms disappeared thereafter.

The patient had contracted influenza B, but at the time she made an emergency outpatient visit to the municipal hospital on March 4, it was yet too early to make a diagnosis, and she was sent home after prescribing an antipyretic. Her fever had not abated by the next day, so she visited my clinic. At this time, she was able to be diagnosed with influenza B, but because she was only 11 years old, she was accompanied by her mother, who said she did not wish to use Tamiflu. Thus, the patient was instructed to take a dose of 1.3g of keishito extract (Kotaro Pharma, Ltd., Osaka, Japan) + 1.0g of makyokansekitto extract (Osugi Pharma, Ltd., Osaka, Japan) every two hours. These two prescriptions together can mimic *daiseiryuto*, which is out of list from commercially available *Kampo* extracts. The patient was instructed to take the prescription every two hours, based on instructions written in *Shang han lun*. By taking the prescription every two hours, she developed some sweating and a large amount of urination, and her condition improved. (It is not rare to see a large amount of urination during the decline of a fever. In such cases, there is only a small amount of sweating.) The coughing that remained disappeared by taking 6.0g of shosaikoto extract (Kracie Pharma, Ltd., Tokyo, Japan) + 4.5g of makyokansekitto extract (Osugi, Pharma, Ltd., Osaka Japan) three times a day.

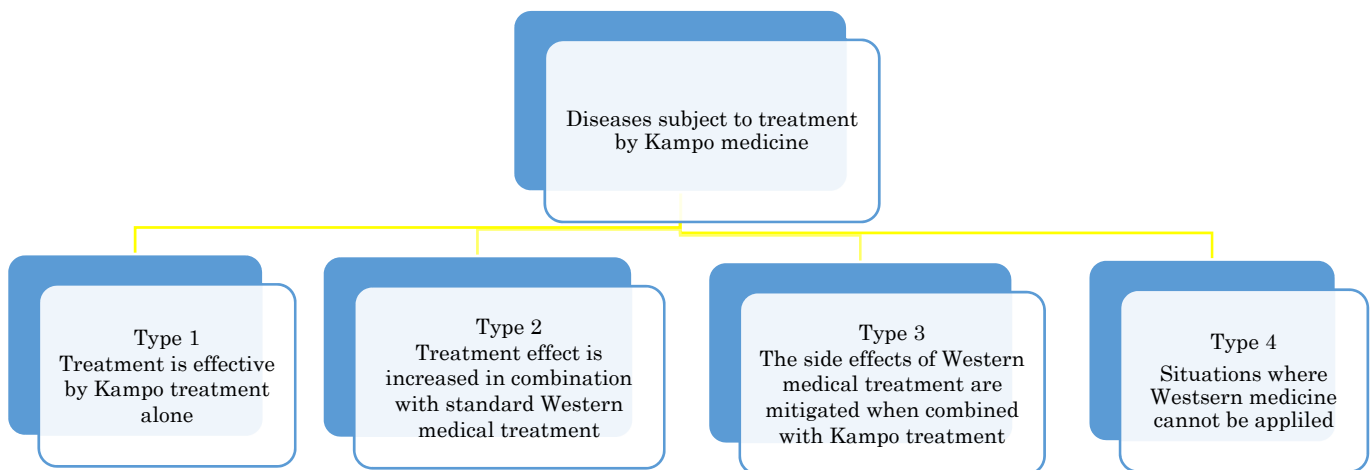
In most cases, I prescribe a single administration of *Kampo* medicine to influenza patients and patients exhibiting symptoms that suggest influenza, in consultation with the patient. In my office, I prescribe a *Kampo* extract formulation that I think is best on a test basis. Then I give the patient a day's dose after confirming it is alright, and have the patient come in again the following day to see the result. It is normal for patients to display the type of progress as seen in this case.

Pediatric patients frequently have indications for *maoto*, while adults have indications for *daiseiryuto*, *keishinieppiichito*, *keishimaokakuhanto* and

maobushisaishinto. Persistent coughing that continues after the decline of a fever is frequently treated with chikujountanto, bakumondoto, and shosaikoto + makyokansekito as in the above case example⁵⁾.

The above three patients could not be treated by standard Western medical treatment for respective reasons. I sometimes encounter people like them in daily practice, although they are not large in number, and tend to be glad that I have knowledge of Kampo medicine.

The four types and their characteristics



In this issue, we took a look at a number of Type 4 case examples. This type includes all sorts of cases, as shown by reports of diverse cases. Here, we introduced three cases: a case where antiallergenic agents were not able to be used due to their potential to induce sleep, a case where antipyretic analgesics such as NSAIDs were not able to be used due to a gastrointestinal disorder, and a case where antiviral drugs were not able to be used due to the danger of inducing abnormal behavior.

In the future, if the number of reported case examples increase, the role of Kampo medicine for patients for whom standard treatment cannot be applied shall become much clearer.

References

- 1) Keigo Nakata: The Role of Kampo Medicine, 17th ICOM Keynote Speech 2014.
- 2) Shunkichi Baba, Takasaka Tomomi, Inamura Naoki, et al. Double-blind clinical trial of Sho-seiryu-to (TJ-19) for perennial nasal allergy. *Jibiinkoka Rinsho (Practica otologica)*; 88: 389–405 (in Japanese with English abstract) 1995.
- 3) Arai, Makoto: “Goreisan for Headaches that Occur on the Day before Rain.” *Journal of Kampo Medicine* Vol. 47-12, 59-66, (in Japanese) 2000.
- 4) Hiromichi Yasui: Efficacy of “Poria Powder with Five Herbs” for Headache – An epidemiological research study on the relationship between chronic headache and atmospheric depression – *The Journal of KAIM* Vol.1 No.1, 7-11 2006.
- 5) Japan Institute of TCM Research, ed.: “Kampo Treatment for Influenza.” *Japanese Journal of Traditional Chinese Medicine*, (in Japanese) 2007.

[List of prescriptions]

shoseiryuto 小青竜湯
goreisan 五苓散
keishito 桂枝湯
makyokansekito 麻杏甘石湯
maoto 麻黃湯
daiseiryuto 大青竜湯
keishinieppiichito 桂枝二越婢一湯
keishimaokakuhanto 桂枝麻黃各半夏湯
maobushisaishinto 麻黃附子細辛湯
chikujountanto 竹茹溫胆湯
bakumondoto, 麥門冬湯