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College Logos

We believe it is necessary to create a new way of thinking for the total understanding of "Life, Survival, and Health".

We decided to coin the world "Lifence" to express this.

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The picture by Leonardo da Vinch represents a balanced body and health.

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MISSION

To disseminate peer-reviewed information on the use of acupuncture and herbs, and integration with western medicine, based on research from an international perspective; thereby stimulating further research, application of documented therapeutic measures; and facilitating dialogue among health care practitioners worldwide.

小太郎漢方製薬株式会社

漢方を
近く
より多くの人に

KOTARO PHARMACEUTICAL introduced in 1957 the world's first Kampo extract preparations on the market. Later, in 1967, six of our preparations could be covered in Japan for the first time by the health insurance and after 1976 more than 100 of our preparations were used in hospitals and clinics. Now it is half a century since we put our Kampo extract preparations on the market and believe, we made a major contribution to this industry.

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Origin of the company's name

The company was named "KOTARO" by its founder Taro Ueda with reference to his birth place. Close to the ancient city of Nara. Kotaro is the name of an enormous sheer cliff, 700 m wide and about 200 m high. Mr. Ueda felt an affection rising to the heavens for this cliff and thus made it the company's name.

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Editorial

The Importance of Case Reports

A certain patient's certain clinical conditions were improved by a certain Kampo prescription. Some say it was a coincidence, others say the patient's condition would have improved even if left alone. Still others say any drug would have improved the patient's conditions by around 30% anyway, so the improvement was not necessarily a result of Kampo. There may also be people who say the case is not credible, as it is not based on evidence. Different people say many different things, because the case that was reported was but a single example.

Nangai Yoshimasu, a practitioner of Kampo medicine who was active during the end of the 18th century, used goshuyuto to treat a patient with severe headache attacks. He included this case in a collection of case reports that he published. Around 150 years later, Dr. Keisetsu Otsuka (Kampo practitioner who was active during the mid-20th century), who read the case report, used the same prescription to treat many patients who suffered from headaches and migraines, and wrote a paper on the types of headaches the prescription is effective against (see *Journal of KAIM* Vol. 10, No. 3, p.4-5). Physicians of later generations considered this paper as secret guidelines for using goshuyuto.

During the days of Dr. Otsuka, the concept of evidence-based medicine (EBM) did not exist, and computers were not at the practical level. Moreover, the International Classification of Headache Disorders had yet to be formulated. Having no such tools, Otsuka collected data on the symptoms of headache patients (including patients with migraines) and performed something similar to multivariate analysis in his brain. Generally speaking, people's brains cannot objectively process data as accurately as a computer. Dr. Otsuka was a genius, but in hindsight, some of the symptoms goshuyuto was indicated were also general symptoms of migraines, so his guidelines were not perfect.

Nevertheless, many physicians have read Dr. Otsuka's cases and used them as secret guidelines for treating patients with headaches and migraines with goshuyuto, and have reported numerous cases as a result. It is owing to these numerous cases that a general consensus has been reached in regard to the indication of goshuyuto against headaches and migraines. The statistical study by Dr. Odaguchi et al. (see *Journal of KAIM* Vol. 10, No. 3, p.5-6) is built on this past history, and clinical studies of an even larger scale are expected to be performed in the future.

What I wish to emphasize here is that the abovementioned story all began with a single case report. Thereafter, the accumulation of more case reports led to the establishment of helpful tips, and clinical studies have begun to be conducted as a result thereof. Well-written case reports embody a predictive view of future clinical studies. In Kampo medicine, treatment is based on oral guidelines and evidenced data in many cases, instead of on traditional medical theories. This was made possible by Japan's unique system of Ho-sho So-tai (Japanese Kampo Diagnostic System) that was established by Todo Yoshimasu, but more important than anything was the existence of outstanding case reports.

Hiromichi Yasui
Japan Institute of TCM Research

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

Kampo Treatment for Patients to Whom Standard Treatment Cannot Be Applied

Hiromichi Yasui
Japan Institute of TCM Research

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 hey 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 hey 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 antiallergenic[1].

The patient has hey 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 out[2]. 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 case[3].

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 journal[4]. 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., Ossaka, Japan) + 1.0g of makyokansekito 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 makyokansekito 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 makyokansekito 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 makyokansekito extract (Osugi, Pharma, Ltd., Osaka Japan) three times a day.

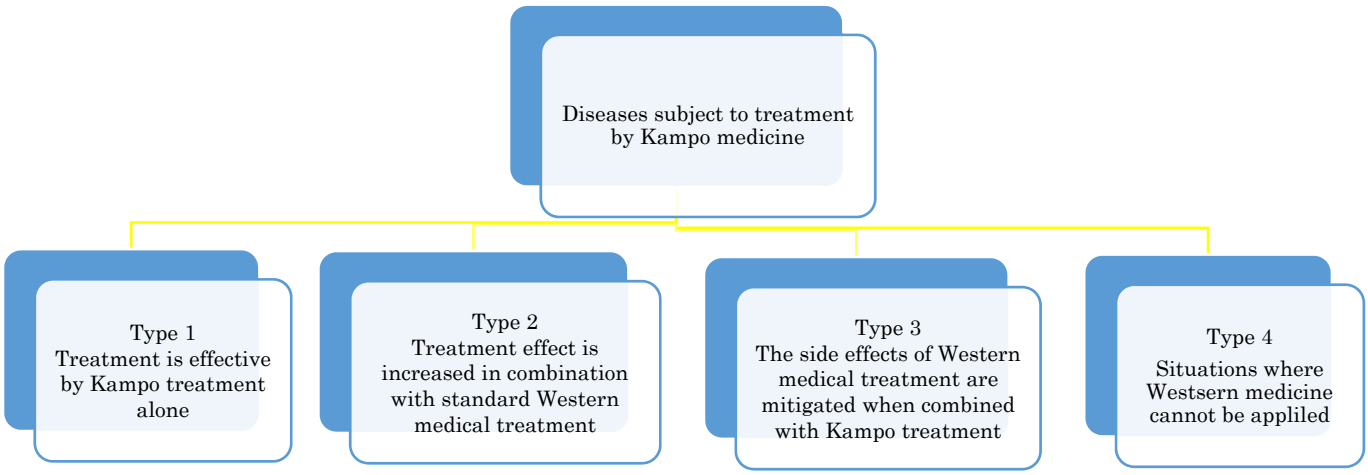
In most cases, I prescribe a single administration of Kampo medicine to influenza patients and patients exhibiting symptoms that suggest influenza, in consultation with the patient. In my office, I prescribe a Kampo extract formulation that I think is best on a test basis. Then I give the patient a day's 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 example[5].

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.

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[List of prescriptions]

shoseiryuto 小青竜湯
goreisan 五苓散
keishito 桂枝湯
makyokansekito 麻杏甘石湯
maoto 麻黄湯
daiseiryuto 大青竜湯
keishinieppiichito 桂枝二越婢一湯
keishimaokakuhanto 桂枝麻黄各半夏湯
maobushisaishinto 麻黄附子細辛湯
chikujountanto 竹茹温胆湯
bakumondoto, 麦門冬湯

Japanese Acupuncture - Current Research

Japanese Traditional Medicine Text (19) – Geriatric Department

Takashi Seki

A. The Geriatric Situation and Elderly Medical Care in Japan

The population aging rate (percentage of the population over the age of 65) in Japan has been increasing, such that in 2007, the aging rate exceeded 21% and Japan became a super-aging society. By 2055, the aging rate is estimated to reach 40.5%, with one in every 2.5 people a senior citizen[1].

One of the characteristics of diseases developed among the elderly is the simultaneous disorder of multiple organs, or multiple organ failure. Elderly people have diminished internal organ functions, such as the liver and kidney, so even drug doses that are normally administered to adults take time to metabolize and discharged, and frequently produce overly strong effects and side effects. It is not uncommon for elderly people to be prescribed many different types of internal medicine from a multiple number of clinical departments. Conditions such as falls, stupor, memory loss, incontinence, bedriddenness, malnutrition, and iatrogenic disorder are often observed among the elderly. Called geriatric syndrome, these conditions simultaneously affect multiple organs, but differs from organ diseases that are seen in people who are not yet in old age, in that prolonged bed rest in the hospital becomes a cause of disuse syndrome. To provide medical care for elderly people with such characteristics, the Comprehensive Geriatric Assessment (CGA) was developed in England as a multidimensional method of assessing various functions in elderly people. CGA includes an assessment of the activities of daily living (ADL), the Mini Mental State Examination (MMSE) and the Geriatric Depression Scale (GDS) as measures of mental functions, and assessments of patients' family, residence, and economic status. It has been reported that people who have undergone CGA display lower mortality rates, higher survival rates in the home, improved ADL, and greater cognitive function compared to people who have not undergone CGA[2]. Before today's aging society, emphasis was placed on providing life-prolonging treatment to keep patients alive, but in an aging society, it is important to provide medical care that not simply allows patients to live longer, but that allows patients to live in good health by placing importance on healthy life expectancy and QOL. Medical care that is vertically divided by type of organ is not suited to treating elderly people. Medical care for the elderly is an area that could benefit from traditional medicine, which treats patients by examining their entire being. The concept of CGA is also in a way similar to that of traditional medicine. Patient-driven team medicine based on such comprehensive assessment is indispensable to medical care for the elderly. However, in Japan, the medical world still offers only a limited field of activities to acupuncturists. It is thus necessary to create more opportunities where acupuncturists can be active in the same way as physicians, nurses, physical therapists, occupational therapists, nutritionists, pharmacists, and social workers.

B. Acupuncture and Moxibustion Therapy for Elderly Medical Care

Symptoms that are commonly seen among the elderly could be easily explained as stemming from decreased kidney function, in many cases. Kidney yang warms the organs and tissues, and deficiency of kidney yang produces symptoms of coldness. Decreased kidney function leads to a decrease in bone marrow, heaviness and unsteadiness of the lower back and knees, and eventually gait disorder. Urination and defecation cannot be controlled, and hearing is impaired.

There was a case in which an 80-year-old woman

was wheelchaired to the hospital. Her family requested to purchase a wheelchair, as she has difficulty walking. The patient was sensitive to the cold, and developed coldness particularly in her lower body. She was bent, had weak legs and a weak back, and was hard of hearing. She had nocturia and tended to produce loose stool. Mentally, she had a feeling of fatigue. Her pulse was sunken and slow, and her tongue was pink. These symptoms all disappeared with a moxa needle to the bladder meridian and kidney meridian and a salt moxa to the navel, and the patient recovered to the point where she could go into the mountains alone to pick wild edible plants and answer the phone for the first time in twenty years. The patient had a typical case of kidney yang deficiency, and the various symptoms that extended into diverse areas, including the locomotive organs, urinary organs, ear and throat, and mental condition, all improved by simple acupuncture and moxibustion therapy. By examining clinical patterns called *Sho*, and applying treatment suited to the *Sho* in question, this case showed that the symptoms of even multiple organ failure as defined by Western medicine could be improved all at once. The case can also be said to show the usefulness of recognizing patterns from a perspective that differs from Western medicine.

It is also worthy of mention that while medical care by orthodox medicine is invasive in many cases, acupuncture and moxibustion therapy causes little health damage. It applies physical stimulation to the body surface, and provides treatment without the addition of internal medicine. This is a large advantage that even Kampo therapy does not offer, although they both fall under the same traditional medicine category.

Acupuncture and moxibustion therapy could benefit elderly medical care in many areas. For example, it can be used against cancer, cerebrovascular diseases, and pneumonia, which are the top causes of death. It can also be used to relieve the pain caused by cancer, or to supplement rehabilitation for patients coping with the after-effects of a cerebrovascular disease. The list can go on and on. Some case data are presented below.

1. Chronic pain

A common complaint among the elderly is chronic pain, mainly in the lower back and knees. Large-scale studies have been conducted in Germany regarding this.

Brinkhaus et al. examined the effects of acupuncture therapy in 298 patients with chronic lower back pain with an average age of 59±9. The patients were divided into three groups. One group was treated by Chinese acupuncture therapy. Another group was administered minimal acupuncture, which involves the shallow insertion of acupuncture needles in non-acupuncture points. The third group composed a waiting list, and was not given acupuncture therapy. Acupuncture therapy and minimal acupuncture were administered twelve times over a period of eight weeks. The degree of lower back pain was evaluated according to the Visual Analog Scale (VAS; 0 – 100mm). The VAS showed an improvement of 28.7±30.3mm for the acupuncture therapy group, 23.6±31.0mm for the minimal acupuncture group, and 6.9±22.0mm in the waiting list group. The difference in improvement between the acupuncture therapy group and minimal acupuncture group was 5.1mm and not a significant difference, but the difference between the acupuncture therapy group and waiting list group was a significant difference of 21.7mm. In the 26th and 52nd weeks, no significant difference in pain was observed between the acupuncture therapy group and minimal acupuncture group[3].

Witt et al. examined the effects of acupuncture therapy in 300 patients of chronic osteoarthritis of the knee of Kellgren grade 2 and lower. 150 patients were treated by Chinese acupuncture therapy, 76 were administered the abovementioned minimal acupuncture to non-acupuncture points, and the remaining 74 composed a waiting list. Acupuncture

therapy and minimal acupuncture were administered 12 times over a period of eight weeks. The WOMAC index adjusted for baseline score was used to judge the effects. In the eighth week, the acupuncture therapy group scored 26.9, the minimal acupuncture group 35.8, and the waiting list group 49.6, and a significant improvement was observed in the acupuncture therapy group compared to the other two groups. In the 52nd week, no significant difference was observed between the acupuncture therapy group and minimal acupuncture group[4].

2. Dysphagia and aspiration pneumonia

Pneumonia is the fourth highest cause of death in Japan, and more than 90% of pneumonia victims are elderly people ages 65 and above. A salient characteristic of pneumonia among the elderly is aspiration pneumonia. Swallowing and coughing reflexes are defense mechanisms we all have, and protect our lungs from aspiration. A major cause of pneumonia among the elderly is diminished swallowing and coughing reflexes caused by a cerebrovascular disease of the basal ganglia[5]. Basal ganglia cerebrovascular diseases reduce the amount of dopamine that is produced in the nigrostriatal pathway, and this reduces the amount of substance P (SP) that is released from the sensory branch of the vagus nerve to the membranes in the pharynx and trachea. As SP is an important trigger for the swallowing and coughing reflexes, a decrease in SP causes those reflexes to decline[6]. In cases of diminished swallowing reflex, aspiration occurs unawares (silent aspiration), and saliva and intraoral bacteria get into the lungs.

In China, acupuncture and moxibustion therapy has long been used for treatment of the after-effects of cerebrovascular diseases and dysphagia.

In some cases, patients with dysphagia cannot be given drug treatment that requires oral administration because of their swallowing disorder. Such patients require a new type of treatment to improve their swallowing reflex without depending on oral drug administration.

Seki et al. administered acupuncture treatment to the stomach meridian and kidney meridian in patients of cerebrovascular diseases who have a past history of aspiration, and reported an improvement in the swallowing reflex and a significant decrease in aspiration and pharyngeal residue according to videofluorography[7, 8]. An improvement in swallowing reflex was also observed when applying electrical stimulus to the same acupuncture points with a skin surface electrode[9].

3. Visual impairment

Glaucoma is the number one cause of adventitious blindness in Japan. There are an estimated 4 million patients, but the number is expected to increase with age. As visual impairment is a cause of falls, it can be said to be a disorder that cannot be overlooked from the perspective of preventing falls. Kurusu et al. administered acupuncture therapy to glaucoma patients, and reported a lowering of intraocular pressure and improved vision[10].

C. Prospects

Meta-analyses and systematic reviews have been made, but the following issues exist.

1) There are few clinical trials of acupuncture therapy
2) There are few trial subjects
3) Protocols are insufficient

The greatest reason why protocols are insufficient is the difficult in establishing a control group. Placebo acupuncture therapy is extremely difficult, and so are double blind trials. For this reason, many clinical studies cannot be said to accurately assess acupuncture and moxibustion therapy.

In addition to these issues, there are the following issues in the medical field and education in Japan. One is the small numbers of clinical trials and trial subjects. Because there are hardly any

acupuncturists in medical institutions, it is difficult to find subjects for clinical trials when they are needed. Another is that since acupuncture and moxibustion therapy requires manpower, it is not easy to increase the number of subjects or to extend the follow-up period even when a large-scale clinical study is attempted.

As mentioned earlier, elderly people are weaker than young people. Therefore, elderly medical care requires due care and attention especially when moving patients. However, as it is believed that acupuncture and moxibustion therapy offers vast possibilities in elderly medical care, high expectations shall be placed on future studies.

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Clinical Report 1 (Acupuncture)

Traditional Chinese Acupuncture and Moxibustion in Japan (1) – Pain and Numbness of the Low Back and Lower Extremities

Masanori Takashi[1] and Katsuhiko Arai[2]
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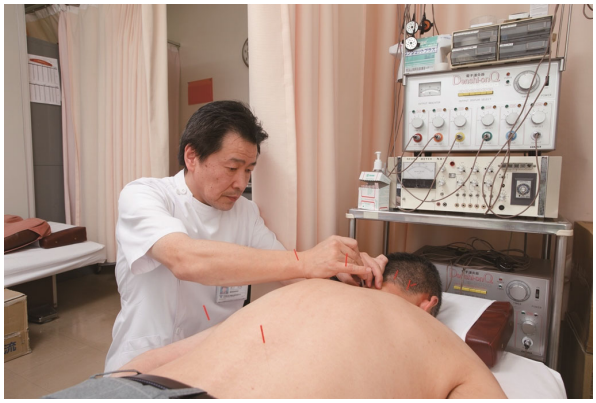
2) Tokai University School of Medicine

Preface

Japanese acupuncture and moxibustion has its own characteristic history and while Chinese thoughts were introduced to Japan during the various periods, Japan has developed its own original techniques and concepts. The needle tube widely used worldwide today is an invention made by a Japanese, the delicate treatment form called meridian therapy too was developed by a Japanese. Yet, today there are still many acupuncturists in Japan practicing Traditional Chinese acupuncture and moxibustion. In this series acupuncturist Masanori Taskashi of the Oiso Tokai University affiliated hospital will introduce these TCM methodologies and current clinical practice in four reports to be published from No. 1 through No. 4 of Volume 11.

Tokai University Oiso Hospital



Dr. Takashi in treatment.

Introduction

Our office in the Department of Oriental Medicine in the Oiso Hospital affiliated with the Tokai University School of Medicine has been established in 1984 by late Dr. Kumio Yamashita. The author (Takashi) has been employed at this office since April 2001 and performs here daily acupuncture and moxibustion treatment. In March 2008 Dr. Arai joined the treatment and research.

We are treating many diseases with acupuncture and moxibustion. A part of this series introduces some case reports. We report cases with certain diseases. In this first part we report a case with pain and numbness of the low back and lower extremities as it is commonly encountered in clinical practice.

[Case] 34 years old, male, employee
[Chief complaint] Pain and numbness of the low back, numbness of lower extremities
[Present illness]
The low back pain started during his senior high school days when he was a field and track athlete and for which he consulted a local physician. He was told his symptoms were due to fatigue. Five years ago he visited this acupuncture and moxibustion clinic because of his low back pain. The treatment assuming the presence of kidney yang deficiency slightly alleviated the low back, but it continued to

recur thereafter in intervals of 1-2 months. Whenever this happened he underwent acupuncture and moxibustion treatment.

Late in June of this year he experienced a sudden onset of low back pain immediately after jumping into the water during swimming and consulted our office for that reason. Immediately after the acupuncture and moxibustion treatment the pain had been reduced to half of its intensity, but the symptoms improved slower than usual. By the middle of July some discomfort developed while driving a car and during the night of that day severe pain (as if being squeezed) developed in the low back and region around the sacrum. Since numbness of the lower extremities had also newly developed, he visited our office again walking with a cane. Due to the pain his posture was bend laterally. Because I found signs of radiculopathy when I performed a physical examination, I referred the patient to the orthopedic outpatient department. The physician diagnosed based on x-ray and MRI images of the pelvis a prolapsed disk at L5-S1 and prescribed an antiphlogistic analgetic.

[Past history]

Four years earlier admission due to antibiotic induced anaphylactic shock

[Present status]

A squeezing type of pain of the low back and sacral regions as well as a heavy, dull pain of the right buttock. Numbness of the right leg appeared on the posterior aspect of the thigh and the lateral side of the lower leg. The pain caused a tendency toward insomnia. Micturition frequency was high with 10 times/day.

Pulse: deep, wiry

Tongue: tongue body dark red, white coat

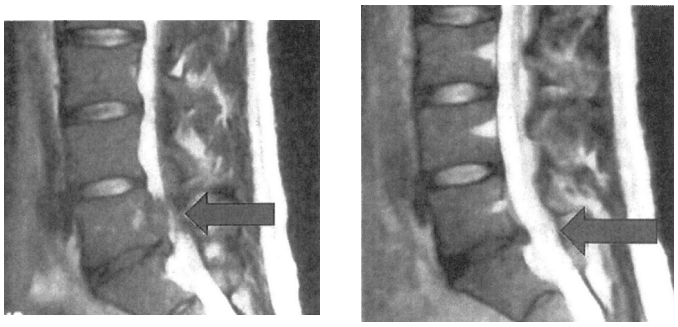
Western medical findings: MRI findings (Figure 1)

SLR: R 20 degrees, L 60 degrees (pain in the right low back region), no dysfunction of bladder and bowels

Deep tendon reflexes: both Achilles tendon reflex and patellar reflex were normal

Manual Muscle Testing (MMT)	R	L
Tibialis anterior muscle	5−	5
Extensor hallucis longus muscle	5−	5
Flexor hallucis longus muscle	5	5

Pain was 85 mm on a Visual Analog Scale (VAS) and numbness on a similar (VAS) 60 mm.



Before treatment After treatment

Figure 1

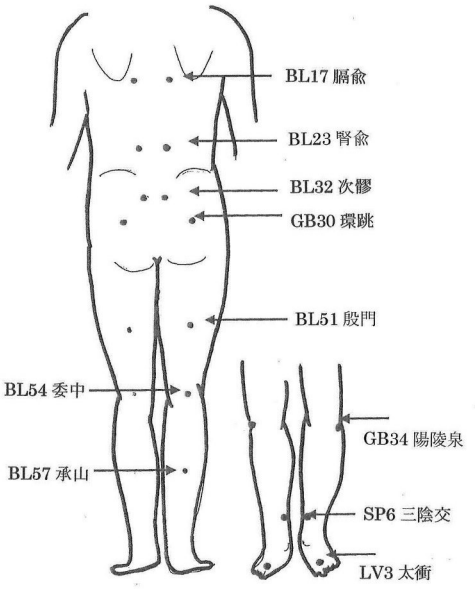


Figure 2

[TCM diagnosis]

Blood stagnation and channel blocking

Kidney deficiency

[Therapeutic principle]
Activating Blood and eliminating stagnation
Tonifying the Kidney
[Acupoint selection]
BL23 - tonification using twirling
BL17 / BL32 /right BL51 / BL54 / BL57 / GB34 / SP6 / LV3: all neutral supplementation and drainage
right GB30 - lifting-thrusting reduction
BL17 / BL32 / BL54 – cupping. (Figure 2)
Used needles: sterile Seirin acupuncture needles, length: 1 cun 6 fen, No.3 and 2 cun No.3
[Explanation]
Based on the concept that the 'low back is the mansion of the kidney'[1] the back transport point of the kidney BL23 was used to tonify the kidney. To free the flow of Qi of the bladder channel a combination of BL32[2], BL54[3] and BL57[4] was used. At BL17[5] as the meeting point of the blood and BL32[3] as a point on the greater yang bladder channel in the sacral region as well as BL54[4] for Blood stagnation as its main indication cupping was performed to activate Blood and eliminate stagnation. And the combination of BL17, SP6 and LV3 was needled to strengthen the activation of Blood and resolving stasis function[6]. At GB30 as the meeting point of the bladder and gallbladder channels we used a 2 cun No.3 needle, inducing a needling sensation extending down to the lower leg to free the flow of Qi between the two channels.

[Course]
First session: Immediately after the treatment the pain score on the VAS changed to 60 mm. Numbness did not change. Yet, pain increased again during the night, bringing the VAS score back to 80 mm.
Second session (next day): Upon arrival in our clinic the score for both pain and numbness was 40 mm. At the time he came into the office he used a cane, but forgot it when he returned home after the treatment.
Third session (1 week later): After the treatment the score for both pain and numbness was 30 mm. There were almost no impediments to ordinary life. During work he put on a corset.
Fourth session (1 month later): The score for both pain and numbness was 0 mm. Two weeks earlier he had stopped taking the antiphlogistic analgetic.
Fifth session (2 month later): No symptoms. Only development of a feeling of heaviness in the low back region when tired. The acupoint selection focused on supplementing the kidneys (BL23, BL26, KI3, CV4, ST36, SP6). The herniated L5-S1 disk found on the MRI images taken 2 weeks before the patient visited our office had disappeared. By this time we considered the condition almost cured and terminated the treatment.

[Discussion]
Acupuncture and moxibustion treatment led in this patient to pain relief in the same way Yamashita et al. have described in “The journal of Japanese Society of Lumbar Spine Disorders” and could improve activities of daily living[7]. Conservative treatment of lumbar disk herniation is known to lead to spontaneous remission. According to a report by Dr. Hijiguro et al. the shrinkage or disappearance of lumbar disk herniation (except in cases with a history of surgery or spinal canal stenosis) requires an average time between 4.0 and 6.6 months[8]. Considering that in this case a shrinkage was observed in less than 2 months the possibility is conceivable, that acupuncture and moxibustion treatment has some influence on the shrinkage of herniations.
This patients was diagnosed during his first visit with kidney deficiency. Later, since symptoms improved and exacerbated several times, the condition led to impaired blood circulation and the development of Blood stagnation. This matches the description in "Jing Yue's Complete Works" saying 'Kidney deficiency is often associated with low back pain. However, this state of deficiency can also be superimposed by excess pattern pathological conditions'[9].

Trauma, contusions, Blood-cold, Blood-heat, Qi stagnation, Qi deficiency may cause Blood stagnation which then may impair the functionality of the organ and viscera channels. For that reason the condition impedes a smooth movement of Blood throughout the body and leads to stagnation.

This case presented with the clinical characteristics of Blood stagnation. The pain was of stabbing or else squeezing nature and its site fixed. Moreover, refusal of pressure (a condition in which application of pressure at the site of the pain exacerbates the pain) and nocturnal exacerbation were also observed. In this case the laterally bend posture was one of the indications suggesting the refusal of pressure. Also, the disengagement and prolapse of the nucleus pulposus too was considered to be the Blood stagnation. Based on these characteristics we presumed the patient condition to be the result of kidney deficiency and Blood stagnation obstructing the channels, administered a suitable treatment and therefore obtained good results.

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Clinical Report 2 (Kampo Medicine)

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

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

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 periarthritis 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 survey, 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)]

Bukuryoshigyakuto 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.

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