

THE JOURNAL OF
KAMPO, ACUPUNCTURE AND INTEGRATIVE MEDICINE
Research on Theory, Practice and Integration

KAIM

**The Journal of
Kampo, Acupuncture and Integrative Medicine**

INTERNATIONAL INSTITUTE OF HEALTH AND HUMAN SERVICES,
BERKELEY

Volume 11, Number 4 · Winter 2016

Editorial

WFAS Tokyo/Tsukuba 2016

President Message

Shuji Goto

Introduction to WFAS Tokyo/Tsukuba 2016

Conference Information

Integrating Kampo and Evidence-Based Medicine (8)

The Efficacy of *Daibotanpito* against Colon Diverticulitis

Hikomichi Yasui

Clinical Report 1 (Acupuncture)

Dropped Head Syndrome

Masanori Takashi and Katsuhiko Arai

Clinical Report 2 (Kampo Medicine)

Case of Effective Administration of *Saikanto* for Left Chest Pain

Keiko Ogawa-Ochiai

LIFENCE®



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 word "Lifence" to express this.

Lifence means the combination of life science and medicine as well as other disciplines such as health science, psychology, ethics, etc.

Our college logos symbolizes the above.

The ripple effect represents the ocean and the birth of life.

The rainbow colored sphere represents a safe environment and a barrier to protect us from negative influences.

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

Completing our logos is a ring which represents the unity of space fulfilling the total meanings of lifence.

GOTO
College of Medical Arts & Sciences

The Journal of
Kampo, Acupuncture and
Integrative Medicine
(KAIM)

Research on Theory, Practice and Integration

EXECUTIVE EDITOR

Shuji Goto
Chairman, GOTO College of
Medical Arts & Sciences
Tokyo, Japan

EXECUTIVE EDITOR

Shuji Goto
Chairman, GOTO College of
Medical Arts & Sciences
Tokyo, Japan

ASSOCIATE EDITORS

Shuichi Katai
Ibaraki-ken, Japan
Hiromichi Yasui
Tokyo, Japan

EDITORIAL STAFF

Akihiro Souma
Hiromi Sasaki
Hiroshi Tsukayama
Hitoshi Yamashita
Junko Okubo
Kazunari Ozaki
Kengo Nakata
Masayuki Kashima
Naoya Ono
Noboru Mitsuhata
Sayaka Toda
Takao Namiki
Toshiaki Makino
Toshihiro Togo

PUBLISHER

Shuji Goto
International Institute of Health and
Human Services, Berkeley
2550 Shattuck Avenue, Berkeley
California 94704-2724, U.S.A.

The Journal of
Kampo, Acupuncture and Integrative Medicine

Volume 11, Number 4 · Winter 2016

TABLE OF CONTENTS

1 **Editorial**

*WFAS Tokyo/Tsukuba 2016
President Message*

Shuji Goto

3 **Introduction To WFAS Tokyo/Tsukuba 2016**

Conference Information

Editorial Staff

8 **Integrating Kampo and Evidence-Based Medicine (8)**

The Efficacy of Daiobotanpito against Colon Diverticulitis

Hiromichi Yasui

13 **Clinical Report 1 (Acupuncture)**

Dropped Head Syndrome

Masanori Takashi and Katsuhiko Arai

16 **Clinical Report 2 (Kampo Medicine)**

Case of Effective Administration of Saikanto for Left Chest Pain

Keiko Ogawa-Ochiai

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 越 上
の
人
に
よ
る
小
太郎
製
薬

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. In the future we intend to continue working in accordance with our company motto: "Still better Kampo for still more people" and provide pharmaceutical products of still higher quality.



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.

KOTARO PHARMACEUTICAL CO., LTD.

5-23 Nakatsu 2-Chome, Kita-ku, Osaka 531-0071, JAPAN

URL: <http://www.kotaro.co.jp>

Editorial

Announcement of WFAS Tokyo/Tsukuba 2016

President Message

The Art of Acupuncture and Moxibustion

– For sustainable health care and health promotion



Shuji Goto, President of WFAS TOKYO/Tsukuba 2016

The history of acupuncture and moxibustion reveals their development based on tradition and innovation. During the Neolithic era the Henseki was invented in China. The Henseki is said to be one of the first hand-made medical tools used to fight some forms of illness developed through creative imagination. As civilization advanced through the Bronze and Iron ages, the treatment and tools of acupuncture were developed in accordance with timely innovations. Acupuncture was a practical and effective medical treatment at that time. As civilization moved forward it continued to be improved.

Knowledge and information of treatment and care experience accumulated for many centuries has been analyzed and eventually systematized as an oriental medical philosophy. It deals with the quest and search of the substance of life even in science and philosophy in the field of space physics. As we look into the development and innovation of its treatment skills, theories and tools we consider the relationship of nature, the social environment and the balance of illness and health.

Today acupuncture medicine is spreading as an integral part of integrated medicine which requires close collaboration with western medicine. Oriental medicine is now known to be useful in the fields of disaster emergency care, care for the aged, terminal care, preventive medicine and the overall health of individuals.

Acupuncture medicine, as one of the oldest forms of medical treatment, has continued to develop and is widely accepted worldwide. Its focus on the latest notion of a healthful life makes a definite contribution to the wide diversity of different cultures.

The future of acupuncture medicine will continue to develop while calling on us to solidify the connections between life, survival and health care. These actions will continue to sustain the value of acupuncture as a positive medical resource. We should not limit ourselves in the framework of tradition itself. We must stay flexible as we deal with changes in medicine and social development while showing our dynamic contribution to the model of sustainable health care.

The “Art of Acupuncture and Moxibustion” has for many centuries helped sustain the shining power of life. The “Art of Acupuncture and Moxibustion” lives on with a very bright future.

In accordance with the above themes we are striving and expecting to make this coming academic conference in Japan after 23 years absence so fruitful and meaningful to every participant.

The renowned beauty of autumn leaves of November will also await your visit with cordial welcome.

Hoping to meet everyone of you there.

Introduction To WFAS Tokyo/Tsukuba 2016



Conference Information

Date: November 5 - 6, 2016

Venue: Tsukuba International Congress Center

Address: 2-20-3, Takezono, Tsukuba, Ibaraki, 305-0032, Japan

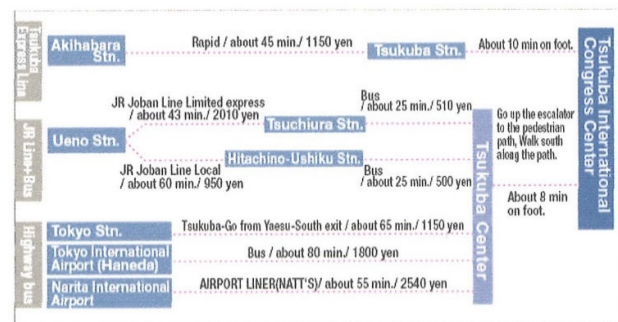
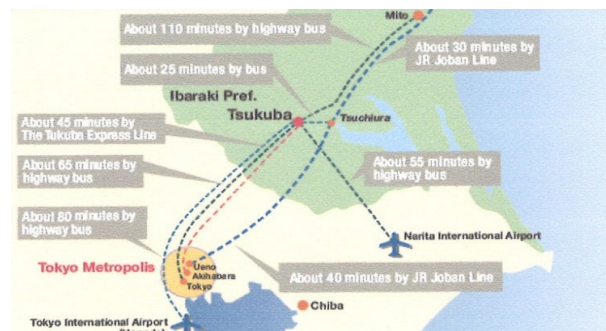
Tel: +81-29-861-0001 / Fax: +81-29-861-1209

Organized by:

The Japan Society of Acupuncture and Moxibustion (JSAM)

The Japan Traditional Acupuncture and Moxibustion Society (JTAMS)

Official Language: English, Chinese, Japanese



Keynote Speakers



Prof. Baoyan Liu
(President, World Federation of
Acupuncture and Moxibustion
Societies, China)
“The Past, Present and Future of
Acupuncture and Moxibustion of
TCM”



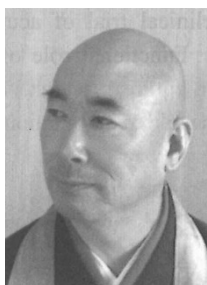
Prof. Yoshinori Hiroi
(Professor, Kokoro Research
Center, Kyoto University, Japan)
“Sustainable Health Care and the
Expectations to Integrative
Medicine, Acupuncture and
Moxibustion”



Prof. Tadashi Yano
(Professor, Meiji University of
Integrative Medicine, Japan)
“Formation of Japanese
Acupuncture and Role of
Acupuncture in Future Society -
From the Viewpoints of History,
Education and Research-”



Prof. Caroline Smith
(Professor, National Institute of
Complementary Medicine,
University of Western Sydney,
Australia)
“Acupuncture as an Adjunct to
IVF Findings from a
Randomised Controlled Trial”



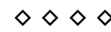
Zen Master Daito Noda
(Zen Buddhism priest, Japan)
“Mind of Zen Philosophy and
Acupuncture”



Prof. Toku Takahashi
(Professor, Department of
Surgery Medical College of
Wisconsin, USA, Takahashi
Clinic of Integrative Medicine,
Japan)
“The Role of Acupuncture for
Disaster Refugees”



Prof. Kenji Kawakita
(Professor, Meiji University of
Integrative Medicine, Japan)
“Characteristics of Japanese
Acupuncture and its Effect on
Bioregulatory Systems”



Hari-Kyu (acupuncture-moxibustion) Technical Sessions

From Head to Toe: Understanding the true spirit of Meridian Therapy

Akizo Okada (Traditional Japanese Medicine)
Denmei Shuto (Traditional Japanese Medicine)

Shonishin (Japanese Pediatric Acupuncture)
Masanori Tanioka (Daishi-Style Shonishin Association)

Parent-child skin touch therapy –The project for the spread of pediatric acupuncture–
Shinsaku Shinohara (Japanese Skin Touch Therapy Conference)

Acupuncture treatments for sports injury of youth athletes –the effectiveness of Acu-Zone therapy–
Takeshi Komatsu (California Sports Medicine Center)

A moxibustion technique, "Shiunko-Kyu" for lower back pain
Matsue Kosiishi (Koshiishi Shinkyuin)

Maternity Acupuncture; Our new combined methods for Mother-Baby Bond
Aki Fujiwara (Tenshi no Tamago group)

The treatment to the infertility female by acupuncture and moxibustion and a self moxibustion
Keiko Tsujiuchi (Serie Acupuncture and Moxibustion Clinic)

Acupuncture for mood disorder based on the Kstyle acupuncture score (KSAS)
Arata Ito (Kanagawa Psychiatric Center)

Skills of nine classical needles -shear needle • spoon needle • round-pointed needle The theory and techniques
Katsumi Ishihara (Tokyo Kyuushin Kenkyuukai)

Meridian-based Cosmetic Acupuncture
Yoko Ooasa (Shikoku Medical College)

Ryodoraku treatment to the complaint diagnosed of middle-aged patient
Kimiya Goto (The Japanese Society of Ryodouraku Medicine)

Multiplication of skills: Introducing Sugiyama style Fukushin, Sugiyama Shinden style Kanshin methods

Syungo Matsumoto (Koshinkai, a society for the studies of acupuncture, moxibustion and meridian)

The World of Dashin (Needle Tapping)
Renpu Fujimoto (General Incorporated Association Hokushinkai)

Using Shōni-hari for Atopic dermatitis and other diseases for children
Etsuko Inoue (Nihon Shounihari Gakkai ; The Japan Society of Pediatric Acupuncture)

Nagano Method: Treating shoulder stiffness
Koji Nagano (Nagano method clinical study society)

Approaches to patients with gastrointestinal weakness by Jingei-Kikou method
Souji Toyabe (Tokyo Kyuushin Kenkyuukai)

Acupuncture & Moxibustion Treatment for "Wind" Illnesses caused by External Pathogens –The different approaches for Yang Excess and Yang Deficiency–
Keiko Murata (THE NEW JAPANESE MEDICAL ASSOCIATION (Shin-I-Kyo))

Wisdom of Japanese Acupuncture and Moxibustion - Elaboration and Development
Renpu Fujimoto (General Incorporated Association Hokusinkai)
Shinpu Fujimoto (General Incorporated Association Hokusinkai)

Trigger Point Acupuncture Treatment for Myofascial pain syndrome (MPS) and fibromyalgia (FM)
Kazunori Itoh (Meiji University of Integrative Medicine)

Effects of acupuncture on primary headache: Targeting muscles, peripheral nerves, and intervertebral joints
Satoru Yamaguchi (Saitama Medical University)

Acupuncture moxibustion treatment for life style disease
Koryo Nakada (Toyo Hari Medical Association)

Acupuncture or electroacupuncture treatment for low back pain and lower limb symptoms; Introduction to treatment methods and explanations of clinical and basic data
Motohiro Inoue (Meiji University of Integrative Medicine)
Acupuncture for knee pain in middle age, an anatomical point of view
Tomofumi Ozaki (The Japan Conference of Clinical Acupuncture and Moxibustion)
Acupuncture treatment for stroke patients in Korea

Yong-Suk Kim (Kyung Hee University)
A Pain in Various Places of a Senior's Body
Shoji Kobayashi (Shakuju Association)
Palliative Care and Acupuncture
Hiroko Ono (Tohokai)
“San Jiao” acupuncture method and cognitive impairment
Jing-xian Han (First Teaching Hospital of Tianjin University of Traditional Chinese Medicine)

◇ ◇ ◇ ◇

◇ ◇ ◇ ◇

◇ ◇ ◇ ◇

◇ ◇ ◇ ◇

◇ ◇ ◇ ◇

Hari-Kyu Scientific Sessions

1. Pleasantness in acupuncture therapy -Role of C tactile afferents and rewarding systems

Pleasantness and touch - a microdialysis study of neurotransmitter release in the brain

Mieko Kurosawa (International University of Health and Welfare)

Pleasantness and touch-a f-MRI study (tentative title)

Masahiro Umeda (Meiji University of Integrative Medicine)

The role of touch in acupuncture treatment

◇ ◇ ◇ ◇

◇ ◇ ◇ ◇

◇ ◇ ◇ ◇

◇ ◇ ◇ ◇

◇ ◇ ◇ ◇

Special Sessions

Japanese acupuncturist in overseas: How they have become successful

Goals and Ambitions of Publishing the North American Journal of Oriental Medicine (NAJOM) –A Japanese/English Journal on Japanese Acupuncture and Moxa–
Junji Mizutani (NAJOM Director/Publisher)

Japanese Acupuncture on Brazil
Yoshihiro Odo (Shinkyu Dojoh)

30 years of the History of Oriental medicine in Nicaragua
Haruo Yamaki (Rector of the Japan - Nicaragua Oriental Medical University)

Younbyoung Chae (Kyung Hee University)

2. Treatment of tuberculosis using direct moxibustion: Prof. Shimetaro Hara and MoxAfrica

Medical Research on Moxibustion
Hiroshi Hara (Haradoi Hospital)

Does Japanese research from the pre-antibiotic era give us real clues how a deadly drug-resistant plague might be more usefully fought in a postantibiotic one?
Merlin Young (MoxAfrica)

Japan acupuncture practiced in Portugal – Acupuncture treatment for intractable diseases–
Mitsuharu Tsuchiya (CLINICA TSUCHIYA)

Traditional Medicine and Acupuncture in South-East Asia
Tadanori Takada

◇ ◇ ◇ ◇

◇ ◇ ◇ ◇

◇ ◇ ◇ ◇

◇ ◇ ◇ ◇

◇ ◇ ◇ ◇

Oral / Poster Sessions

Oral: 90 sessions

Poster: about 240 sessions (tentative)

◇ ◇ ◇ ◇

◇ ◇ ◇ ◇

◇ ◇ ◇ ◇

◇ ◇ ◇ ◇

◇ ◇ ◇ ◇

Morning “Zazen” (meditation) Session

Zen Master Daito Noda, one of the Keynote speakers, will coach this session.

Post-conference Event in Tokyo (technical demonstration and training of Japanese acupuncture and moxibustion)

The session will be carried out for a small group of participants. If there are many applications, overseas participants will be given priority. Please note that participation only in this Post-conference event is not possible: conference registration is required. Please see

http://www.wfasjapan2016.org/program/post_conference.html

for more details.

For those who are interested in WFAS Tokyo/Tsukuba 2016, please visit:

<http://www.wfasjapan2016.org/program.html>

Here is another facebook site you may be interested for more information:

<https://www.facebook.com/wfas.tokyo.tsukuba2016.en/>

Integrating Kampo and Evidence-Based Medicine (8)

The Efficacy of Daiobotanpito against Colon Diverticulitis

Hiromichi Yasui

Japan Institute of TCM Research

Professor Keiko Ogawa of Kanagawa University Hospital is a pediatric surgeon, but she treats a wide range of diseases as a specialist of Kampo medicine today, and is now an indispensable presence to the hospital. She is a precious friend of mine, and we often mutually share our experiences.

In a seminar held in 2016, she presented an extremely interesting case¹⁾. It was a case in which colon diverticulitis was treated with a decoction of the Kampo drug daiobotanpito, in addition to an antimicrobial. The case is introduced below.

Case report

Case: 35-year-old woman

Past medical history, family history: None in particular

History of present illness: After giving birth, the woman experienced no abnormal progress in particular, but a condition of poor bowel movement continued. Around three weeks after giving birth, her poor bowel movement worsened, and her entire stomach felt heavy. It did not improve even when she took a Tokakujokito extract. From a little past noon, she began to feel sudden pain in the right lower quadrant. The pain intensified, and became exacerbated when she walked.

Present condition: Height 166cm, weight 54kg, blood pressure 110/60mmHg, body temperature 38.7°C

Pulse pattern: Moderately floating and sinking but excessive, somewhat rapid, string-like, somewhat smooth

Tongue pattern: Red, covered with a slight white coating

Abdominal pattern: Intermediate abdominal strength, strong tenderness from the right side of the ileocecal area to the right lower quadrant,

tenderness also in the paraumbilical area. No suspicion of peritonitis, such as rebound tenderness or muscular defense.

Non-contrast abdominal CT: There is marked thickening and fecal calculus in the ascending colon wall and an inflammatory change in the surrounding tissue. The appendix can be seen away from the center of the inflammation.



Photo 1

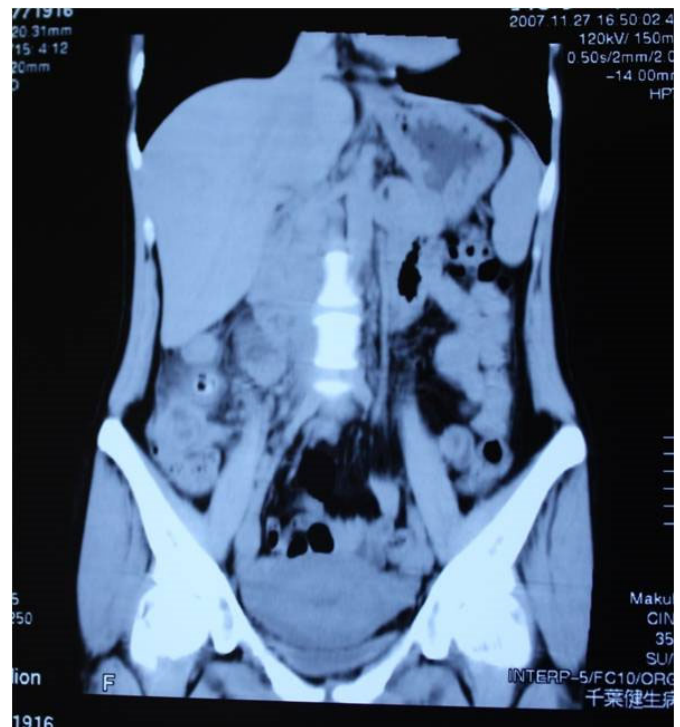


Photo 2

Diagnosis: Colon diverticulitis

Treatment:

1st day: Immediately after diagnosis, a decoction of daiobotanpito was prepared (Botanpi (Cortex Moutan) 4.0g, Tonin (Semen Persicae) 4.0g, Togashi (Semen Benincasae) 4.0g, Boshu (Natrii Sulfas) 4.0g, Daio (Radix et Rhizoma Rhei) 2.0g).

At 8 p.m., the patient took a dose of the daiobotanpito decoction.

Around 11 p.m., she passed a large amount of stool that she had not passed during the past several days. Body temperature of 37.3°C.

The pain in the right lower quadrant decreased in frequency and intensity, such that she rated it a 4/10 on the Numeric Rating Scale (NRS).

2nd day: The patient underwent abdominal echo and CT inspections. Her appendix was 6.5mm and was slightly swollen, but the layer structure was maintained. Body temperature of 37.3°C. WBC 9700, neutrophil 76%. CRP 5.6.

A 1g intravenous drip of the antimicrobial CEZ was begun. Daio was increased to 3g/day.

3rd day: Daio was increased to 4g/day. Two bowel movements. Regular stool.

4th day: Daio was increased to 6g/day. Three bowel movements. Slightly loose stool.

The jarring pain that accompanied movement disappeared, but there was a slight tenderness in the right lower quadrant.

The antimicrobial was terminated.

6th day: Body temperature of 36.0°C, three bowel movements, loose stool.

Only an extremely slight tenderness remained in the right lower quadrant. The patient resumed breastfeeding.

7th day: Three bowel movements, diarrheal stool. Daio was decreased to 5g/day, and the abdominal tenderness disappeared.

8th day: The drug was terminated, and treatment was completed.

The bold treatment surprised the audience who listened to this report. The standard treatment for colon diverticulitis, which presents acute symptoms such as abdominal pain and fever, is through fasting or intravenous antimicrobial therapy, and requires hospitalization in most cases. It therefore drifted through the minds of the audience that treatment that relies on Kampo may be dangerous.

Seeing everyone's reactions, Dr. Ogawa smiled and said as follows: "Actually, the subject of this case is me." She had used her own body to monitor the efficacy of Kampo medicine. As an outstanding surgeon, Dr. Ogawa had monitored her own clinical condition with conviction, but to those of us in the audience, it was a surprising case presentation.

The case is highly instructive.

First, Dr. Ogawa received an intravenous drip infusion of an antimicrobial, the standard treatment, but without being hospitalized. There was no need for her to be hospitalized. As a result, her treatment period was able to be shortened compared to the average length of treatment, and she was able to resume breastfeeding quickly. This was possible because Dr. Ogawa was thoroughly familiar with the disease, and she knew fully the efficacy of standard treatment and the potentials of Kampo medicine.

After the above experience, Dr. Ogawa thought that using daiobotanpito for colon diverticulitis would be useful to many patients, and thus carried out a clinical study with her surgeon colleagues at the Japanese Red Cross Kanazawa Hospital. The study was published in e-CAM under the title, "Effectiveness of Traditional Japanese Herbal (Kampo) Medicine, daiobotanpito, in Combination with Antibiotic Therapy in the Treatment of Acute Diverticulitis: A Preliminary Study"²⁾.

Let me introduce the paper below.

The study by Dr. Ogawa et al.

Dr. Ogawa et al. visited the Japanese Red Cross Kanazawa Hospital from January 2010 to March 2012, and studied 34 patients who were diagnosed with acute colon diverticulitis. The patients were an average age of 45.1 years (ages 22 to 79), and consisted of 28 men and 6 women. 28 patients suffered colon diverticulitis in their right quadrant, and 6 in their left quadrant.

Diagnosis was based on physical findings and computed tomography (CT) images. CT findings of colon diverticulitis would show a diverticulum-like structure in the region affected by abdominal pain and tenderness, as well as a thickening of the intestinal wall, an increase in the concentration of panniculitis, an exteriorization of fascia, and accumulation of exudate. The standard treatment for acute simple diverticulitis consists of bowel rest (fasting), rehydration, and intravenous administration of an antibiotic.

The patients who were selected as subjects of the study were administered an antibiotic until their CRP level reached a normal level. Of the 34 patients, 10 were administered three days' worth of daiobotanpito 7.5g/day^{Note 2}. The other 24 composed a non-administration group.

Of these patients, one patient who was administered daiobotanpito had to undergo surgery (11 days of conservative treatment failed to improve the patient's symptoms, and the patient had intestinal stenosis), and three patients in the non-administration group also had to undergo surgery (one patient's symptoms worsened after five days of conservation treatment, another patient's symptoms failed to improve after 18 days of conservation treatment and the patient had stenosis and abscess, and the other patient's symptoms failed to improve after 7 days of conservation treatment and the patient had abscess).

An examination of the progress of treatment among cases in which conservative treatment was successful showed that the number of days until the patient's fever subsided was 2.3 days in the daiobotanpito administration group and significantly shorter than the 3.4 days in the non-administration group. The number of days until the patient's abdominal pain and tenderness disappeared was 4.8 days in the administration group and significantly shorter than the 5.8 days in the non-administration group. The number of days until the patient was able to commence meals was 5.1 days in the administration group and tended to be shorter compared to the 6.1 days in the non-administration group. The number of days until the patient was discharged from the hospital was 7.6 days in the administration group and tended to be shorter compared to the 9.0 days in the non-administration group.

The result of the preliminary study was as presented above. As the number of subjects was small, it is difficult to say with certainty, but it appears that combining daiobotanpito with standard treatment has a favorable effect on mitigating symptoms and shortening treatment periods.

Daiobotanpito and its indications

daiobotanpito is a prescription that is mentioned in Chapter 18 of *Kinkyoryaku* (Essential Prescriptions from the Golden Cabinet), a Chinese classic written some 1800 years ago, and intestinal welling abscess is purulent inflammation in the abdominal cavity. As this is an ancient concept of the disease, it is difficult to identify the modern disease it corresponds to. However, appendicitis was likely the main lesion.

The prescription has been used in Japan frequently since 300 years ago, when the studies of *Shokanron* (Treatise on Cold Damage Disorders) and the above-mentioned *Kinkyoryaku* became popular.

These medical texts contain diverse case reports, including not only intra-abdominal inflammation, but also rectovaginal fistula, perianal abscess, hemorrhoid, anal prolapse, and renal calculus.

Dr. Keisetsu Otsuka, a pioneer in the renaissance of Kampo medicine, states that daiobotanpito needed to be administered to many appendicitis patients in the 1930s, but thereafter, the number of appendicitis cases to which the prescription applied decreased. Eventually, the incidence itself of appendicitis declined. As a result, the prescription applies more to colon diverticulitis today.

It must be noted, however, that the prescription contains Rhubarb and Magnesium sulfate, which are purgative, so patients may experience diarrhea. Nevertheless, as seen in Dr. Ogawa's personal case, mostly regular stool is passed initially after taking the prescription, and frequently turns to diarrhea after the inflammation subsides^{Note3}). In the above preliminary study as well, hardly any patients experienced diarrhea.

Conclusion

Dr. Ogawa's personal case report, as presented earlier, and the above study revealed that standard treatment for colon diverticulitis progresses favorably in many cases in combination with the administration of daiobotanpito, and there have been many replication studies of this result. New clinical studies are also being planned³), so in a few years' time, the applicability of this prescription for colon diverticulitis is expected to become even clearer.

With respect to my classification, this case falls under Type 2.

Note 1) daiobotanpito (Da Huang Mu Dan Pi Tang)

The nominate is daiobotanto (Da Huang Mu Dan Tang). It is a prescription mentioned in *Kinkyoryaku*, a medical classic written some 1800 years ago.

Intestinal welling-abscess manifests with swelling and glomus in the lesser abdomen that is Painful when pressed as with strangury, regular urination, frequent heat effusion, spontaneous sweating, and aversion to cold. With slow and tight pulses, pus has not yet formed and purgation can be applied. There should be blood in the stool. With surging and rapid pulses, pus has been formed and purgation is prohibited. Daiobotanpito (Da Huang Mu Dan Tang, Rhubarb and Moutan Decoction) is indicated.

Da huang (Radix et Rhizoma Rhei) 4 liang

Mu dan pi (Cortex Moutan) 1 liang

Tao ren (Semen Persicae) 50 Pcs

Dong gua zi (Semen Benincasae) 1/2 sheng

Mang xiao (Magnesii Sulfas) 3 ge

Decoct all ingredients except mang xiao (Natrii Sulfas) in 6 sheng water until 1 sheng remains.

Discard the dregs, add mang xiao (Natrii Sulfas) and bring to a boil.

Take warm as one dose.

If pus is present, it will be purged; if there is no pus, blood will be purged.

Note 2) The quantities of each drug contained in Tsumura daiobotanpito were as follows in the preliminary study:

Radix et Rhizoma Rhei 2.0g

Cortex Moutan 4.0g

Semen Persicae 4.0g

Semen Benincasae 6.0g

Magnesii Sulfas 1.8g

Note 3) Diarrhea experienced after taking daiobotanpito

Dr. Kunio Matsuda, who studied under Dr. Otsuka, wrote about his experience in using daiobotanpito to treat his wife's appendicitis, and noted that his wife experienced no diarrhea in the beginning despite the prescription containing Magnesium sulfate 10g and Rhubarb 10g. However, she began passing severe diarrhea after her pain and fever subsided⁴). This should be taken into consideration from a clinical perspective.

Cited References

1. Keiko Ogawa: “The Effectiveness of daiobotanpito in the Treatment of Colon Diverticulitis,” *Kampo Medicine Seminar for Medical Students*, 2016 (in Japanese).
2. Keiko Ogawa, Koji Nishijima, Fumino Futagami, Takashi Nakamura and Genichi Nishimura: Effectiveness of Traditional Japanese Herbal (Kampo) Medicine, Daiobotanpito, in Combination with Antibiotic Therapy in the Treatment of Acute Diverticulitis: A Preliminary Study, *Evidence-Based Complementary and Alternative Medicine* Volume 2013
3. Hiroshi Koike et al.: “Examination of the Effectiveness of daiobotanpito against Colon Diverticulitis: Research Plan for an Open-Label Randomized Controlled Trial,” *Kampo Medicine* Vol. 67, Collection of Summaries of Presentations Given at the 67th General Academic Meeting of the Japan Society for Oriental Medicine, p. 308, 2016 (in Japanese).
4. Kunio Matsuda: *Case Studies of the Reality of Kampo Treatment*, p. 261, Sogensha, 1992 (in Japanese).

Clinical Report 1 (Acupuncture)

Dropped Head Syndrome

Masanori Takashi¹⁾ and Katsuhiko Arai²⁾

1) Tokai University Oiso Hospital,

2) Tokai University School of Medicine

Introduction

Dropped Head Syndrome is the clinical condition where the neck drops in the sitting or standing at rest position, and was reported by Gerlier in 1887 for the first time¹⁾. This condition has been observed in Parkinson's disease, multiple system atrophy (MSA), spinocerebellar degeneration, amyotrophic lateral sclerosis, cervical spondylosis, myopathy, myasthenia gravis, and hypothyroidism. Moreover, dopamine-agonist and DPP-4 inhibitor have gained attention as causal agents.

In this case, clear cause could not be ascertained and rehabilitation was carried out under the diagnosis of "dystonic dropped head." However, recovery of symptoms was up and down, so acupuncture and moxibustion therapy were suggested by a physical therapist, and we provided such treatment.

[Case] 73 year-old woman

[Chief complaint] Dropped head

[Present illness] Neck flexion and discomfort appeared in October X-1. From December, she began experiencing dropped head especially when walking and visited a local orthopedics clinic. However, since cause could not be ascertained, follow-up observation was carried out. Shoulder stiffness increased, and the patient visited the neurology department at a general hospital. However, cause could not be ascertained, so in January X, she was referred to the neurology department of this hospital for examination. The cause could still not be ascertained even at this

hospital, and diagnosis of "dystonic dropped head" was determined. With joint diagnosis with the department of rehabilitation, palliative treatment to increase cervical muscle force was sought. However, symptoms fluctuated between better and worse depending on the season, and the patient noticed that dropping head increased to more than ten times a day by June of the same year. Dropping neck occurred more frequently in the afternoon, but decreased when a hot pack was applied before the rehabilitation training. However, sinuous sensation and sharp pain occurred around the GB-21 肩井 during training, and disrupted exercise therapy. Subsequently, the physical therapist suggested combining the use of eastern medicine treatment, and the patient then visited an acupuncture clinic. Overall body symptoms: Heartburn when sweets are eaten. It is possible to eat but no appetite. Heavy sweating (occurring when neck discomfort appears), frequent urination, and urination once at night.

[Past history] Follow-up at the local medical clinic for hypertension over the past 10 years.

[Present status] 139cm height, 37kg weight, blood pressure 132/71mmHg. Sinuous induration in abdominal trapezius muscle, especially near the "kensei" was observed. Neck dropped forward 45°, neck rotation are R45°, and L50°.

Sunken pulse, Tongue dark red and slightly coated.

[TCM diagnosis]

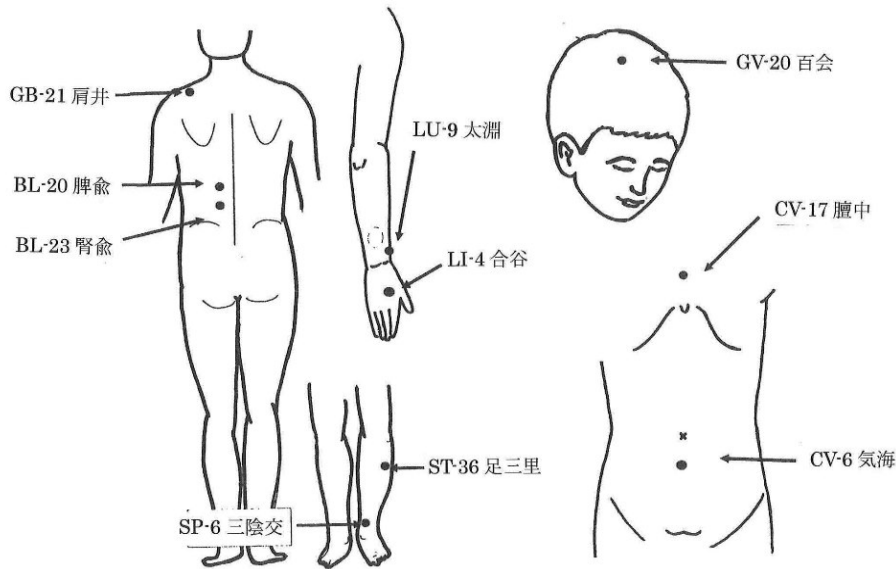
Deficiency of Qi and blood stasis, and descent of Qi in the Middle Heater

[Therapeutic principle]

Tonify Qi and activate blood, Tonify Qi in the middle heater

[Acupoint selection] LI-4, CV-6, ST-36, SP-6, BL-20, BL-23 (all reinforcing treatment), GB-21 (reducing treatment)

Used needles: Seirin-made sterilized acupuncture needle, length 1cun6fen, No.1 and No.3



[Explanation]

Tonifying Qi was attempted by combining ST-36 and g LI-4²⁾ and CV-6³⁾ which functions to regulate the mechanism of Qi (strengthening the spleen, tonifying the kidney, regulating Qi) of the lower burner and tonifies source Qi, was added to tonify while activating Qi. Since CV-6 has kidney tonifying function, this combination tonifies source Qi.³⁾ Elevating was attempted after sufficient tonification. Moreover, tonification with twirling was added on SP-6, to tonify the blood which is mother of Qi.⁴⁾ In addition, purgation with lifting and thrusting was applied to GB-21, and to improve blood circulation for a smoother Qi route.⁵⁾

[Course]

Second session: No feelings of fatigue was experienced after the previous treatment. During treatment, when GB-21 was warmed by electric moxibustion after acupuncture, the patient said she felt a tingling on the surface. Hence warming GB-21 was discontinued, and only acupuncture was performed.

Third session: At this time, the patient felt that “kikai” was hot. This was considered to indicate decreased defense function of Qi, LU-9 and CV-17 were added in order to tonify defense Qi, and in attempt to tonify lung Qi and defense Qi.

Fourth session: Frequency of dropping head changed slightly. However, shoulder stiffness remained, so heating was attempted again. The patient said it felt good and that induration loosened up.

Fifth session: The sinuous feeling of GB-21 began to decrease. Stimulation of the shoulder finally began to show results. Acupuncture of the GV-20 was carried out in order for Qi to accumulate in the upper region. The reinforcing method was carried out in order to elevate the Qi, by points arrangement of LI-4, ST-36, and GV-20⁶⁾ From here, elevating the Qi in the middle heater was added to the medical principle.

Sixth session: No change.

Seventh session: Sweating of the neck decreased. Before treatment, sweating and wetness occurred from the neck to the back shoulder, but was no longer present. Frequency of dropped neck

decreased, and the patient said she could exercise until the afternoon.

Eighth session: Recently the patient has an appetite (has a sense of hunger), and does not experience heartburn even after eating sweets.

Tenth session: Frequency of dropped neck has become several times a day. Frequency of urination was also reduced.

Twelfth session: Experiences dropped neck only before bedtime.

Fourteenth session: The patient no longer has to consciously hold up her head, and the sinuous feeling of the shoulder disappeared.

Discussion:

This case was diagnosed as dystonic dropped head due to neck muscle contraction. As a result of determining this condition as dropped neck due to decreased Qi in the middle heater and induration due to Qi deficiency and blood stasis, the symptoms could be significantly improved. Two causes for the appearance of pain (tingling) on GB-21 肩井 on the second visit, could be determined. One reason was stagnant heat caused by shoulder induration worsened due to Qi deficiency and blood stasis, and the other was considered to be caused by a decrease in defense function of Qi due to Qi deficiency. However, according to conditions on the fourth visit, discomfort experienced on the second visit was considered to be a reaction to the defense function, not due to stagnant heat, but Qi deficiency of exterior. In other words, heating stimulation was too strong.

The author considers that “descent of Qi in the middle heater” means a decrease in all supporting power in many clinical conditions. For example, in this case, a reduction in the supporting power of the skeletal muscle is thought to be within this range.

Reference

- 1) Gerlier: Une epidemie de vertigge paralyssant Rev. Med, Suisse Rom., 7: 5-29, 1887
- 2) LI Shi-zhe: Clinical Elaboration of the Common Shu Points, P178-179, People’s Medical Publishing House Co., LTD, 1991 (in Chinese)
- 3) LI Shi-zhen: Clinical Elaboration of the Common Shu Points, P797-798, People’s Medical Publishing House Co., LTD, 1991 (in Chinese)
- 4) Acupuncture Treatment, p24-25, China Press of Traditional Chinese Medicine, 2005 (in Chinese)
- 5) Dictionary of acupuncture points, p285–286, Toyo Gakujutsu Shuppansha, 1986
- 6) LI Shi-zhen: Clinical Elaboration of the Common Shu Points, P192, People’s Medical Publishing House Co., LTD, 1991 (in Chinese)

*This case report was inserted in “The Journal of Kampo Medicine” (Japanese Edition) Vol.61 No.4. and translated into English with some additional changes.

Clinical Report 2 (Kampo Medicine)

Case of Effective Administration of Saikanto for Left Chest Pain

Keiko Ogawa-Ochiai
Kanazawa University Hospital

Case: 43 year old woman

Main complaint: Left chest hurts every time the patient coughed

Past history: 38 year old HELLP syndrome after giving birth to child

Family history: Nothing in particular

Current clinical history: The patient contracted acute bronchitis in September, XXXX year. Antibiotics were prescribed for fever, coughing, and yellow sputum. Fever subsided, but coughing continued. Two weeks after becoming ill, sharp pain in the left chest after coughing and Pressure pain on the axillary line of the 10th thoracic vertebra were experienced. Symptoms intensified with breathing, body movement, and coughing, NSAID was administered, but the analgesic effect was insufficient. A chest fixing band was put on but breathing became difficult, so the band was not worn continuously. A tramadol-acetaminophen combination was administered and the patient could finally sleep. However, when this drug was administered during the day, dizziness, nausea, and fatigue made it difficult to work.

Findings at the initial visit: 166cm, 52kg

Blood pressure: 110/74mmHg Pulse: 72/min.
satO₂ 98%

Pulse: Right: Slightly floating and string-like, slightly soft pressed, thin and rough pulse
String-like, pressed, rough pulse Slightly floating and string-like, slightly soft, pressed, thin and rough pulse

Left: Slightly floating, slightly string-like, pressed, thin and rough String-like, pressed, rough pulse Slightly floating and string-like, soft, pressed, thin and rough pulse

Tongue: Swollen, teeth marks, and white coated

Abdomen: Slightly hard under the heart
Discomfort when pressed in exhalation Tightened rectus abdominis, right-dominant side chest pain.

Clinical course:

Saikanto was administered for chest pain and coughed-up sputum, pain experienced by the patient became 5/10 in numerical rating scale (NRS) immediately after administration, and frequency of coughed-up sputum and coughing also decreased. Sensation of dyspnea disappeared the next day. Two days after administration, tramadol-acetaminophen combination was not needed, and sufficient analgesic effect could be achieved by NSAID alone. Three days later, NSAID was also no longer required.

Discussion

Saikanto used here is a combination of shosaikoto and shokankyoto. It is a traditional prescription first mentioned in 12th Century Chinese literature. Although not well known in China today, it is featured as a Kampo medicine in Japan, inheriting the experience of skilled doctors from 100 years past. Indications include bronchitis and pleurisy, and it is sometimes used for chest pain with unclear cause.

In this case, rib injury occurred due to coughing caused by bronchitis. The impression was that administration of saikanto was effective not only in reducing pain as it decreased coughing, but also was effective on the pain itself.

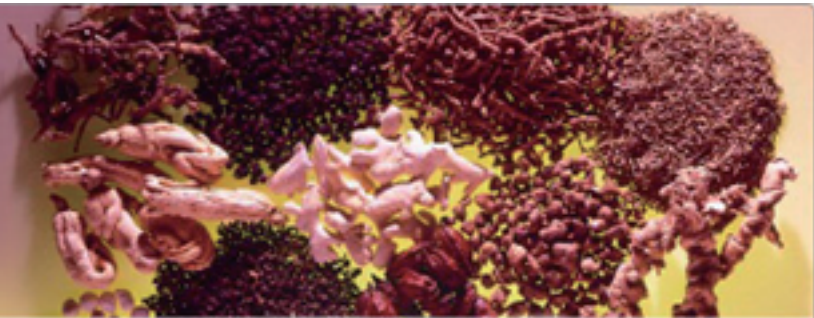
Pain experienced by this patient was strong and the usual NSAID did not have effect, but could finally be controlled by tramadol-acetaminophen combination. However, by administration of this latest and superior medicine, pain experienced by the patient could be reduced, but side effects such as dizziness, nausea, and fatigue appeared, making her work difficult.

Saikanto was prescribed to reduce coughing and coughed-up sputum in hopes that the patient could return to a normal life. The trial was successful, and the patient could return to the work site within

several days. This prescription was effective to not only reducing coughing and coughed-up sputum, but also to pain itself.

When reviewing this case from the viewpoint of “Yasui Classification of the Indications for Kampo treatment,” the successful combination of NSAID and saikanto satisfies Type 4, by improving the condition of “difficulty in daily life due to the adverse effects of tramadol-acetaminophen combination,” as well as Type 2.

Dedication to Crude Drugs
SINCE 1928



Tochimoto wishes • • • to be a partner of a wide range of industries from the pharmaceutical to the food and the beauty by providing natural and herbal medicines of good quality.

The crude drugs like many other creatures on earth are raised by bountiful NATURE.

Humankind earns as well grace from Mother Nature and is blessed as a member of natural world.



PROFILE *of* **TOCHIMOTO**

Since Tochimoto was appointed as a Japan-China friendship trading firm in 1963, we have expanded our business overseas, mainly with China.

We import a variety of quality-controlled natural resources from all over the world for maintaining wellness.

TOCHIMOTO TENKAIDO CO., LTD.

3-21 Suehiro-cho, Kita-ku, Osaka 530-0053, JAPAN

www.tochimoto.co.jp

Kracie

KEEPING PACE WITH THE TIMES,
MILD MEDICAL TREATMENT FOR HUMAN



twice or three times a day, possible to select



We wish you a healthy living

For more information, please contact

Kracie Pharmaceutical, Ltd.

20-20, Kaigan 3-chome, Minato-ku, Tokyo 108-8080

<http://www.kampoyubi.jp>

Printed in Oct.2007



My choice is SEIRIN

What's yours?

For painless acupuncture treatments
I always trust Seirin.

New patients are surprised by its comfort, and my
regular clients ask for it by name.

Exceptional Products.

Join the thousands of distinguished professionals who have counted on SEIRIN for over 30 years to provide the highest quality needles for you, and a painless experience for your clients.

