

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 12, Number 1 · Spring 2017

Editorial

The Power of Life
Shuichi Katai

Conference Report

International Conference of World Federation of Acupuncture-Moxibustion Societies (WFAS) Tokyo/Tsukuba 2016
Hiromichi Yasui

Integrating Kampo and Evidence-Based Medicine (9)

Headaches that Emerge Accompanying a Decline in Atmospheric Pressure
Hiromichi Yasui

Clinical Report 1 (Acupuncture)

A Case of Acupuncture Treatment for Pain in the Extremities of Unknown Origin
Tomoko Sasaoka

Clinical Report 2 (Kampo Medicine)

A Case of Recurrent Intestinal Bleeding due to Radiation-induced Enterocolitis Successfully Treated with *Kyukikyogaito*
Takahito Saito

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

EDITOR-IN-CHIEF

Donald Lauda, Ph.D.
Dean Emeritus, College of Health &
Human Services
California State University-Long Beach
CA, U.S.A.

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 Mitsuhashi
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 12, Number 1 · Spring 2017

TABLE OF CONTENTS

1 Editorial

The Power of Life

Shuichi Katai

2 Conference Report

*International Conference of World Federation of Acupuncture-Moxibustion Societies
(WFAS) Tokyo/Tsukuba 2016*

Hiromichi Yasui

9 Integrating Kampo and Evidence-Based Medicine (9)

Headaches that Emerge Accompanying a Decline in Atmospheric Pressure

Hiromichi Yasui

13 Clinical Report 1 (Acupuncture)

A Case of Acupuncture Treatment for Pain in the Extremities of Unknown Origin

Tomoko Sasaoka

19 Clinical Report 2 (Kampo Medicine)

*A Case of Recurrent Intestinal Bleeding due to Radiation-induced Enterocolitis
Successfully Treated with Kyukikyogaito*

Takahito Saito

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



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

The Power of Life

Medicine is made up of theories, techniques, and patients who are the subjects of medicine. However, medical theories and techniques vary according to the times and region.

Modern Western medicine is founded on science. Eastern medicine, on the other hand, is said to be founded not on science. This is because Eastern medicine is based on theories that are unrelated to science, such as the Theory of Yin-Yang and the Five Elements and the Three Yin and Three Yang Theory.

Nevertheless, among the fields of Eastern medicine, the biological effects of acupuncture and moxibustion have also been regarded in terms of physical stimulus and biological reaction, and have been scientifically studied and supported as well. For example, it was proven in the 1980s that acupuncture stimulation has an effect on promoting the secretion of β -endorphin, and ongoing studies that have continued from the mid-19th century to today have shown that acupuncture and moxibustion has an impact on autonomic nerves (such as the somato-visceral reflex increasing the functions of internal organs). In other words, while acupuncture and moxibustion are said to be therapies founded on unscientific theories, they also have physiological effects that can be scientifically proven.

From an academic perspective, it might be meaningful to question the meaning of the efficacy of acupuncture and moxibustion therapy by asserting it as a science on the grounds of the biological effects of their physical stimulation. In fact, it is well known that the world of acupuncture and moxibustion in Japan after World War II was particularly focused on establishing scientific acupuncture and moxibustion therapies. In post-war Japan, being scientific was a requirement for academic excellence, so proving the efficacy and value of acupuncture and moxibustion in scientific terms had no doubt been necessary for asserting their existence, in light of their historical, legal and social status in Japan.

However, the significance of acupuncture and moxibustion today is not necessarily conditioned on clarifying whether they can be scientifically proven or not. Acupuncture and moxibustion emerged 2000 years ago as medicine of the ancient Chinese people. They were not only meant to treat illnesses, but also noted that the way in which people spend their daily lives is directly related to preventing illnesses. Historically, this precise thinking (“the concept of health”) underlay the spreading of acupuncture and moxibustion in Japan. *Kissa-yojoki* (Treatise on Drinking Tea for Health), written by Eisai in the early 13th century, and *Yojokun* (The Book of Life-nurturing Principles), written in the early 18th century by Kaibara Ekiken, were instrumental to spreading the concept. Eisai writes from his capacity as a Buddhist monk who acquired a mastery in Zen, and Ekiken writes from the perspective of health as regarded in Eastern medicine. It is significant that Ekiken wrote from the standpoint of Eastern medicine. *Yojokun* consists of eight volumes, and in the 8th volume with the first half written on the basics of the body and health theories, and the latter half on treatment using Kampo, acupuncture and moxibustion. Indeed, the weight placed on the meaning of health and specific methods of staying healthy differ according to treatment. What Ekiken emphasized the most was that, in life it is important to know one's own body, and to know how to live and how not to become ill.

Herein lies the reason why giving scientific grounds to Eastern medicine is not an overriding concern. Without depending on sciences, Eastern medicine more importantly teaches how to maximize one's power to live and power to stay healthy, how to eliminate elements that act negatively on one's efforts to maximize those powers, and how to reconcile the natural and social environments and one's power of life.

Shuichi Katai

Associate Editor of the Journal of KAIM

National University Corporation

Tsukuba University of Technology

Conference Report

International Conference of World Federation of Acupuncture-Moxibustion Societies (WFAS) Tokyo/Tsukuba 2016

Hiromichi Yasui
Japan Institute of TCM Research

The International Conference of WFAS Tokyo/Tsukuba 2016 was held at Tsukuba International Congress Center on November 5 and 6, 2016. Headed by Shuji Goto as Conference President and Shuichi Katai as Head of Vice President, and co-hosted by the Japan Society of Acupuncture and Moxibustion and the Japan Traditional Acupuncture and Moxibustion Society, some 1,800 guests attended from throughout the world. Under the theme of “The Art of Acupuncture and Moxibustion,” it spotlighted the advancements that have been made in the field of acupuncture and moxibustion over a period of 23 years since the conference was last held in Japan.

The venue was filled with an air of excitement, and all the sessions were packed full of avid guests.

Keynote Lectures

In this session, Dr. Baoyan Liu, President of WFAS, first gave a comprehensive lecture, followed by a lecture by Dr. Tadashi Yano, titled “Formation of Japanese Acupuncture and Role in Future Society.” Dr. Yano presented a wealth of information that ought to be disseminated more and more widely, such as that acupuncture has a significant effect in preventing the impairment of motor activity among elderly people, and that applying acupuncture strengthens the immune system and helps maintain a healthy mind and body in today’s stressful society.



Dr. Tadashi Yano



Dr. Kenji Kawakita gave a lecture that focused on how Japanese acupuncture exerts an effect with shallow insertion. His scientific approach to evaluating such Japanese acupuncture deeply impressed the audience.



Dr. Kenji Kawakita

Hari-Kyu Technical Sessions

These sessions were divided into seven categories, each featuring lectures that centered on three to four themes.

1. Diverse Hari-Kyu Therapeutics from Newborn to Young Adults
2. Dealing with Young Adults to Patients in the Mature Stage of Life
3. Coping with Mid-Life Symptoms with Hari-Kyu
4. Coping with Mid-Life Symptoms with Hari-Kyu
5. Acupuncture Solutions for the Elderly Patients
6. Hari-Kyu Exhibition: When History and Art Meet
7. Acupuncture for Common Diseases

The speakers used their allotted 25 minutes to the fullest to demonstrate their own practice or the practice of the school of acupuncture to which they belong. They demonstrated acupuncture on model patients while explaining each procedure, and showed the changes that such treatment can bring about.

This was a groundbreaking idea. What everyone had been seeking for long, but what no one had so far attempted, was realized at WFAS Tokyo/Tsukuba 2016. The audience turned its undivided attention to the joint performance by each school of practice, and gave a round of applause to each technique.

These technical sessions also included a 60-minute luncheon technical seminar on both days of the conference.

Luncheon Technical Seminar 1: Meridian Therapy

Luncheon Technical Seminar 2: Wisdom of Japanese Acupuncture and Moxibustion

Theory is important to acupuncture and moxibustion, but the technical aspect is just as important. Japanese acupuncture and moxibustion blossomed in diverse ways from the late 16th century to the mid-17th century, and thereafter developed by adopting Chinese acupuncture and moxibustion practices that were standard at the time.

However, ongoing developments have produced diverse acupuncture and moxibustion techniques today, such that we are poised to once again welcome

an era of technical profusion. The joint performance was a showcase of remarkable demonstrations by each school of practice, and provided a glimpse of the diverse nature of Japanese acupuncture and moxibustion.

Just as diseases differ depending on age, so do the practices of acupuncture and moxibustion. The series of presentations that demonstrated this also spotlighted the detailed and meticulous skills of Japanese acupuncturists. For example, Dr. Satoru Yamaguchi's approach to treating headaches by drawing fully upon all available information, is probably unique to Japan.



Dr. Satoru Yamaguchi

This WFAS conference will no doubt go down in history as one where differing schools of practice came together and put on a joint performance. These schools included Daishi-Style Shonishin Association, The Japanese Society of Ryodouraku Medicine, Toyo Hari Medical Association, Shakuju Association, Tohokai, Tokyo Kyuushin Kenkyukai, Koshinkai—A Society for the Studies of Acupuncture, Moxibustion and Meridian, General Incorporated Association Hokushinkai, Nagano Method Clinical Study Society, The Japan Society of Pediatric Acupuncture and The Society for the Meridian Therapy. The conference will furthermore mark a new starting point for Japanese acupuncture and moxibustion hereafter.



A scene from a Hari-Kyu Technical Session

A future issue lies in making sure each technique leads to studies based on clinical evidence. Toward this end, it is important to present case reports to media that is recognized by large numbers of people.

Well-written case reports outweigh poorly conducted RCTs. Moreover, sharing each school's standard treatment methods for various diseases provide a good reference to many people. Each school of practice should aim to achieve universality, instead of remaining in its own shell. In this sense as well, the technical sessions provided a good opportunity for all acupuncturists to think about the future of Japanese acupuncture and moxibustion.

Dr. Yong-Suk Kim from South Korea and Prof. Jing-xian Han from China also participated in the technical sessions. In particular, the presentation on "San Jiao Acupuncture Method and Cognitive Impairment," which introduced the joint study carried out by Prof. Jing-xian Han and Prof. Akira Hyodo in Japan and the results thereof, captured the attention of the media. Warm support and encouragement are extended to the two gentlemen for their study and practice that address head-on the issue of dementia, which is claiming an increasing number of patients both in China and Japan.



Prof. Jing-xian Han

Videos of the Hari-Kyu Technical Sessions, along with videos of other sessions, will soon be released for sale as a DVD set by the WFAS 2016 executive committee. It is expected to benefit front-line acupuncturists.



WFAS Tokyo/Tsukuba 2016 • Set of 15 DVDs

Japanese Acupuncture Overseas

This session introduced Japanese acupuncture and moxibustion that are practiced around the world. Mr. Junji Mizutani, a Canada-based acupuncturist involved in the publication of *North American Journal of Oriental Medicine* (NAJOM), introduced the significance of the bilingual journal. Mr. Yoshihiro Odo from Brazil outlined the history of acupuncture and moxibustion in Brazil, and described their somewhat tangled status in today's medical industry. Mr. Haruo Yamaki from Nicaragua discussed the history of Japanese acupuncture in Nicaragua since 1987, with a sense of pride and confidence as one who has played a central role in its dissemination. The establishment of the University of Oriental Medicine's five-year program is particularly worthy of mention, and high expectations are pinned on the university's graduates. Dr. Mitsuharu Tsuchiya, who boasts 40 years of clinical experience in Portugal, spoke about the potentials and practice of Japanese acupuncture and moxibustion. Mr. Tadanori Takada, who works at the National Center of Traditional Medicine, Ministry of Health in Cambodia, discussed the possibilities of utilizing traditional medicine in ASEAN developing countries, and introduced cases of acupuncture and moxibustion treatment in the country.

Japanese acupuncture is also widely practiced in countries in addition to those introduced in the conference. For the future of traditional medicine, it shall become important to view Japanese acupuncture from a comprehensive, global perspective, and consider new styles that befit its global status.

Public Seminar

Academic conferences generally offer a public session, and this conference was no exception. Two highly interesting lectures were offered to general visitors under the theme of "Moxibustion can change the World," and introduced the practice of Japanese-style moxibustion in Africa and Nepal.

Ms. Yuki Itaya is a California licensed acupuncturist, lives in the U.K. She lectured on the

activities of Moxafrica, where she works as a trustee. Surprisingly, the activities attempt to provide relief to tuberculosis and AIDS patients in Africa, through Japanese-style moxibustion. That is, the organization teaches the patients the simple method of applying moxa to just two points—the Zu San Li on both legs—through a doctor or nurse, so that the patients can apply the moxa by themselves. In her lecture, she spoke fervently about how many tuberculosis and AIDs patients can be saved using this simple method.

Ms. Minae Hata, representative of Yomogi No Kai, is working to establish an acupuncture and anma massage school and a moxa production factory in Nepal, to export moxa from Nepal to Japan, and to spread Japanese-style acupuncture and anma massage in Nepal. She is also aiming to spread Nepal moxa sticks in Japan.

These two women deserve our utmost respect for their strong will to contribute to people's health around the world through moxibustion, and their energy and capacity to realize that goal.

Moxibustion is a treatment that was developed in China, but Japan is today the only country that practices the original moxibustion method of burning moxa directly on the skin. Based on Dr. Shimetaro Hara's study, Moxafrica has developed a treatment against tuberculosis and AIDs, and has applied it to clinical practice, with remarkable results. Numerous people have regained their health and prolonged their life.



A photo showing a Moxafrica team applying moxa to the Zu San Li



Ms. Yuki Itaya lecturing about Moxafrica

Hari-Kyu Scientific Session

This session was composed of two parts.

1. Pleasantness in Acupuncture Therapy
2. Treatment of Tuberculosis Using Direct Moxibustion

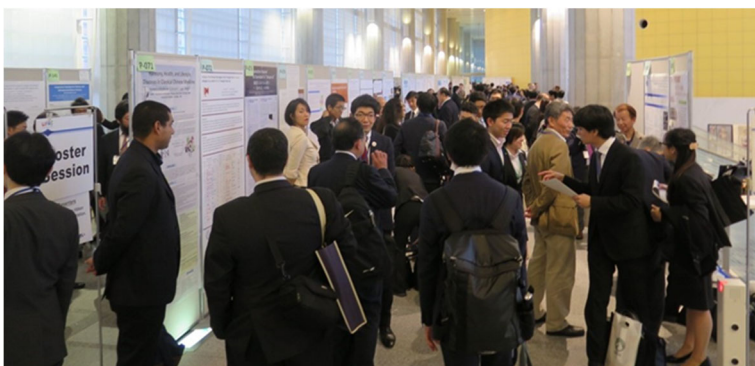
The first part on acupuncture focused on the roles of tactile afferents and reward system. Among the lectures, Professor Kenji Kawakita's lecture proved to be a highly significant one that emphasized the strong importance of shallow insertion with soft stimulations that are characteristic of Japanese acupuncture. The second part on moxibustion discussed the future potentials for implementing deeper studies and more widescale treatment activities, in reference to the fact that studies that form the foundation of Moxafrica's activities, which had already been implemented in the 1930s, have been revived today. In Japan, there is the expression, "onko-chishin." In English, it means "developing new ideas based on a study of the past, and learning from the past." Dr. Shimetaro Hara's study of moxibustion for tuberculosis had long been forgotten, but its revival by Mr. Merlin Young illustrated to us that the spirit of the saying is still alive today. Mr. Young is the founder of Moxafrica.

Oral Presentation

Tsukuba International Congress Center has many rooms with a capacity of approximately 50 people. The oral presentations were held in these rooms, each of which were filled with a lively air of excitement. The lectures were diverse, ranging from acupuncture and moxibustion case reports, to an introduction of new technologies and a rediscovery of old technologies, as well as reports of basic research and studies of history of medicine. There is not enough space to introduce them all, so let us introduce an exemplary moxibustion study by Mr. Sumikazu Nakayama, on "Direct Moxibustion for Japanese and Non-Japanese Pilgrims; Researching Differences in Research in Reaction to the Protocol." In his study, Mr. Nakayama applied ancient direct moxibustion, which is practiced only in Japan today, on Japanese pilgrims and foreign visitors to Japan, and asked them to answer a questionnaire. As a result, the negative image of moxibustion decreased, and a positive image increased in both groups of people. The study provided useful reference for predicting whether the direct moxibustion method, also practiced by Moxafrica today, will spread on a global scale hereafter.

Poster Presentation

Poster presentations, which were divided into two days, as they were so many of them, attracted large crowds of people on both days. Particularly conspicuous were scenes throughout the venue, where visitors and presenters were seen engaged in heated discussion, asking and answering questions, in front of each poster presentation.

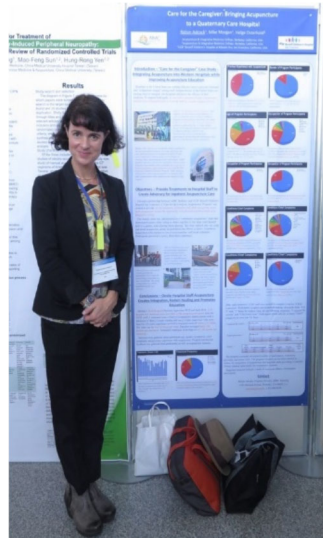


Crowds of people at the poster session

There were also many presentations by overseas presenters. The WFAS Tokyo/Tsukuba 2016, being an international conference where the official language is English, attracted many presentations from English-speaking countries.

For example, the photo at right shows a presentation by Ms. Robyn Adcock from Acupuncture & Integrative Medicine College, Berkley (AIMC) in California.

An interesting point about her study is that she examined the effects of acupuncture applying acupuncture to medical staff members of a hospital in San Francisco. Because the subjects were medical staff members, they understood their own conditions well, and applying acupuncture treatment to such people meant that it was possible to acquire direct feedback from medical specialists.



Ms. Robyn Adcock from
AIMC Berkeley in California

The hospital has recognized Ms. Adcock's study, and will offer a grant to her group next year.

Summary of the Conference

WFAS Tokyo/Tsukuba 2016 was well planned overall, and was implemented in great detail. It was a remarkable event that illustrated how an international conference should be implemented.

The seven Keynote Lectures, the Hari-Kyu Technical Sessions that included a Luncheon Seminar, lectures on Japanese Acupuncture Overseas, Hari-Kyu Scientific Sessions, 24 Oral Presentations, 212 Poster Presentations, and 32 Student Poster Presentations, filled the entire venue.

The conference was an *international* conference, but taking advantage of its being held in Japan, the acupuncture and moxibustion community in Japan launched full-scale efforts to provide the best they

could offer. This was perhaps the first time that the acupuncture and moxibustion community in Japan came together as one and demonstrated its capabilities to foreign organizations and societies. In this sense as well, WFAS Tokyo/Tsukuba 2016 was a truly groundbreaking event.

Other photos



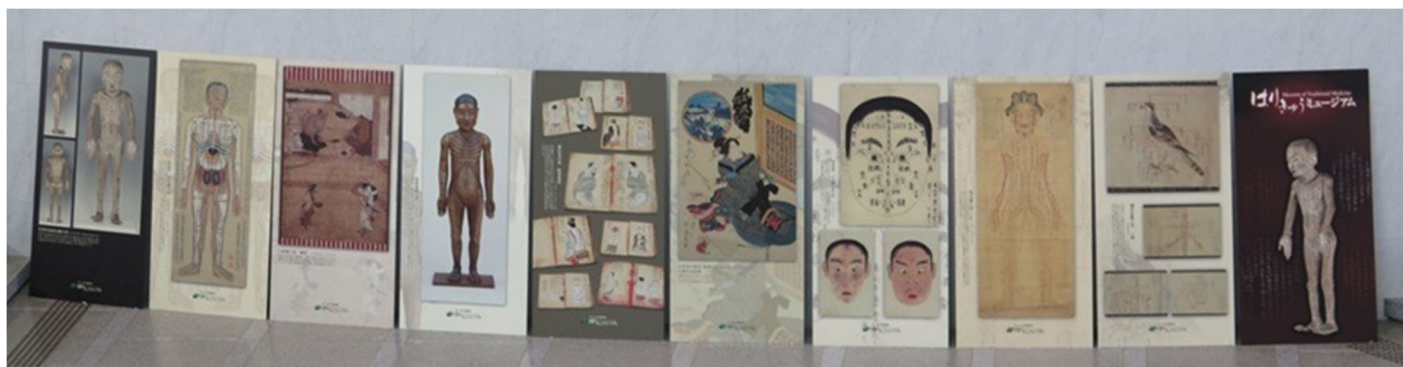
Registration for the conference



Exhibition hall filled with visitors



Scene from the gala banquet



Impressive displays of the Hari-Kyu Museum

Integrating Kampo and Evidence-Based Medicine (9)

Headaches that Emerge Accompanying a Decline in Atmospheric Pressure

Hiromichi Yasui
Japan Institute of TCM Research

A rain-praying shrine maiden

Machio Kazeno, a Japanese novelist, writes highly popular historical novels that are also mysteries. Among his short stories, there is a story called “The Disappearance of a Beautiful Rain-praying Woman”¹⁾. It is a story about a woman who becomes the talk of the town, because it rains without fail whenever she prays for rain. The story thus begins, without anyone knowing why it always rains when she prays for rain.

However, the main character of the story eventually uncovers the truth. The woman has three younger sisters and two younger brothers who live off her earnings. The woman’s youngest sister closely resembles her rain-praying eldest sister in physical build.

The main character sees the resemblance, and says to the youngest sister, “I bet you can tell when is going to rain. Am I right?” The young girl answers, “Rain? Well, yes, it often rains a few days after I get a headache, feel lightheaded, or experience a burning sensation on my skin.”

The young girl’s eldest sister also experienced a change in her physical condition a few days before whenever it rained and could thus predict rain, so as a shrine maiden, she prayed for rain whenever she predicted that it was going to rain. Therefore, the truth was that the woman did not have the power to make it rain, but had responded to her clients’ expectations only when she knew it was going to rain.

Reading the above, there are apt to be people who claim the story is unbelievable, and those who claim that they have the same experience. Actually, in Japan today, there are said to be some seven million such people.

Barometer apps

Soon after the principle of the barometer was discovered in the 17th century, it was found that weather deteriorations caused by the approach of a low-pressure system are preceded by a change in atmospheric pressure. The barometer thus came to be used for weather forecasts, and became a particularly important and indispensable tool for ship navigation. In the beginning, mercury barometers were the most common, but thereafter, the Aneroid barometer was invented, and the Bourdon tube barometer also emerged. Today, barometer systems that incorporate a semiconductor sensor and output atmospheric pressure readings as digital signals are widely used.

In fact, iPhone 6 is equipped with a built-in barometer, which not only measures atmospheric pressure, but also warns users of headaches and other illnesses that might be caused by a drop in atmospheric pressure, via a free dedicated app (English/Japanese).

Some types of headaches and migraines are caused accompanying a drop in atmospheric pressure. According to the above-mentioned app, seven million people suffer this symptom.

A considerably large number of people benefit from this app, because when they receive a warning, they can promptly take a prophylactic or hold back on working too much, in anticipation of a headache. It is said that 250,000 people use the app every month.

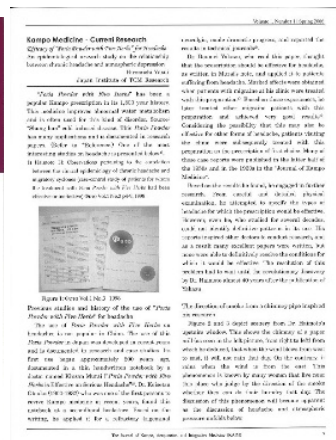


Website for the “Zutool” barometer app

Goreisan

In modern medicine, there is hardly any difference between drugs that are administered for headaches and migraines occurring from a drop in atmospheric pressure and drugs that are administered for headaches occurring irrelevant to atmospheric pressure. That is, they are both taken to control the onset of pain, and do not necessarily prevent pain.

In Kampo medicine, however, there is a drug for preventing headache pains from occurring. In 2005, I introduced a study conducted by Dr. Haimoto in the first issue of this journal (Vol. 1 No. 1). The study found that administering *goreisan* to patients who develop a headache prior to rain is 16.3 times more likely to be effective than in patients who do not experience a headache prior to rain. The odds ratio was 16.3²⁾.



Introduction of Dr. Haimoto's paper in Vol. 1 No. 1 of this journal

The remedy of using *goreisan* against headaches was born from a Japanese physician more than 200 years ago. This clinical pearl had long been forgotten, but was rediscovered approximately 60 years ago, and has since come to be used popularly. Nevertheless, there was no knowing on what occasions it ought to be used. Articles written in the *Shokanron* (Treatise on Cold Damage) and *Kinkyoryaku* (Prescriptions from the Golden Cabinet) were of no use in this regard.

Dr. Haimoto discovered that when smoke from the chimney of a paper mill in front of his clinic flowed in a certain direction, the weather deteriorated on the following day, and on such days in particular, the number of headache patients increased significantly. He also found that administering *goreisan* to these patients prevented the headache from occurring, or prevented it from intensifying even if it did occur. He thus launched a study with his fellow physicians to learn what types of headaches *goreisan* is effective against, and achieved the above-mentioned result.

Barometer apps and *goreisan*

You probably understand now why I introduced the story about the rain-praying shrine maiden at the beginning of this paper. An extremely large number of people develop a headache when there is a drop in atmospheric pressure. Some people may be able to sense a drop in atmospheric pressure like the shrine maiden, but since the majority of people are not as susceptible to changes in atmospheric pressure, barometer apps like the one in iPhone would probably be useful.

Proper diagnosis is the first step to treatment. Kampo medicine provides treatment methods that are not offered by modern medicine. In Vol. 1 No. 1 of this journal, I introduced cases of this type³⁾, but since then, I have successfully treated many similar patients with *goreisan*. Below is an example of one such case.

Case: 31-year-old female

First visit: May 22, XXXX

Chief complaint: Headache

History of present illness: The patient developed a headache at around the age of 18. Since then, the headache has continued till today. It mostly occurred before the weather deteriorated, and occurred more frequently in summer than winter. It was not related to menstruation. There was no pulsating, but vomiting occurred when it intensifies. It constituted an atypical migraine.

Good appetite. Ordinary sleeping pattern.

Dry mouth.

Urination 5 times/day; Bowel movement once/day

Menstruation: Regular pattern

Present conditions: 158 cm, 58 kg

Pulse: Sunken

Tongue: Pale, teeth marks (+), thin white coating (+)

Abdomen: Intermediate abdominal strength, fluid retention in stomach (-). Nothing else in particular.

Prescription: 6.0g Kracie *goreisan*, 3 times a day before meals

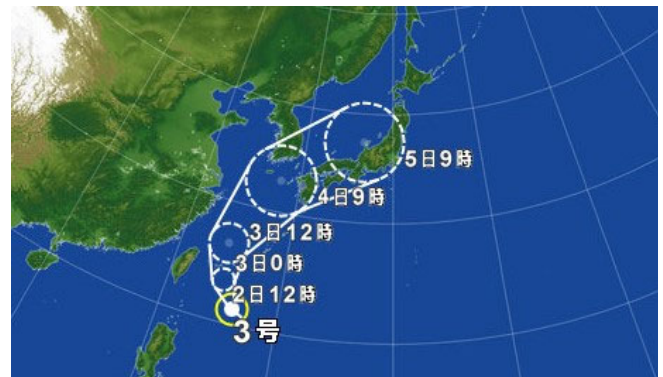
Progress: *goreisan* was first administered for two weeks. The headache stopped, so the medication was terminated. However, the patient's headache sometimes occurred thereafter before the weather deteriorated, so she visited the clinic occasionally for a prescription and took the drug when she felt a headache might occur, because she knew that taking the prescription would cure her of her headache. After November, the headache was gone, and she no longer needed to take *goreisan*. In May of the following year (XXXX+1), the patient came to the clinic, saying a headache occurred for the first time in months, so two weeks' worth of *goreisan* was administered. It was typhoon season in Japan then. For about a year thereafter, the patient did not make a visit to the clinic, until June of XXXX+2, when she came regarding a different illness. She said she did not experience a headache during the long interval, so I did not administer *goreisan*.

This patient's case was a typical case in which *goreisan* applied. The only abnormality in the metabolism of water was dry mouth, and nothing else was observed in particular. This meant that no diagnosis could be provided by traditional examination methods. In this patient's case, the observations that a headache frequently occurs before the weather deteriorates, and that it occurs more frequently in summer than winter, bore more importance.

The patient visited my clinic for the first time in May XXXX. The fact that her headaches occurred more frequently in summer than winter was related to Japan's unique weather conditions around this time of year.

The Japanese archipelago lies in the path of typhoons from May to September. In fact, more than thirty typhoons travel through the Japanese islands at the most during this time. All the while, the islands are subject to unstable weather, with atmospheric pressure dropping and rising.

The patient had typical symptoms that were susceptible to *goreisan*, so I administered the drug. As a result, her prognosis was good, and *goreisan* was not no longer needed after a while. However, not many patients necessarily exhibit this progress, and more than a few patients continue to take the drug over several years.



Typhoon information for the area around Japan on July 2, 2017

Conclusion

Most headaches and migraines that occur accompanying a drop in atmospheric pressure are susceptible to *goreisan*. However, there are some patients whose symptoms do not abate even after taking *goreisan*. In this case, *ryokeijutsukanto* and *hangebyakujutsutenmato* are sometimes effective. Dr. Yan, a friend of mine who runs a clinic in Okinawa, says such headaches are rather more susceptible to *hangebyakujutsutenmato*⁴⁾. There may be a difference in what prescription is effective depending on the region.

There are regions throughout the world that are subject to large climate fluctuations. To headache patients who live in these regions, *goreisan* might be a dream come true. Meteoropathy is also susceptible to Kampo drugs.

References

- 1) Kazeno, Machio. *Enma Sabaki (2) Amagoi no bijo ga kieta* (Enma's Judgment (2) A rain-praying beautiful woman disappears), Kadokawa Haruki Corporation, 2016.
- 2) Hiromichi Yasui: Efficacy of “*goreisan* (*Poria Powder with five Herbs*)” to the Headache, An epidemiological research on relationship between chronic headache and an atmospheric depression, The journal of KAIM Vol.1 No.1, pp7-11, 2006
- 3) Yoshihide Yakazu, Hiromichi Yasui: Two interesting Cases of Headache using “*goreisan* (*Poria Powder with five Herbs*)”, The journal of KAIM Vol.1 No.1, p23, 2006
- 4) Chorson Yan: Clinical Report Haedache, The journal of KAIM Vol.4 No.1, p16, 2009

Clinical Report 1 (Acupuncture)

A Case of Acupuncture Treatment for Pain in the Extremities of Unknown Origin

Tomoko Sasaoka

Acupuncture Specialty, Department of Health Sciences,
Tsukuba University of Technology

1. Introduction

In this case report, the patient presented with an unknown illness with symptoms similar to those of neuropathy and signs of anhidrosis. The patient was suspected of having Acquired Idiopathic Generalized Anhidrosis (AIGA), which is an incurable disease. The onset, mechanism, cause of symptoms, and effective treatments of AIGA have yet to be elucidated. I report a rare case of treating a symptom of unknown origin and with similar characteristics to those of AIGA using acupuncture.

2. Case study

Chief complaint: pain of the extremities

A 78-year-old Japanese male patient presented with pricking and burning pain sensation in both extremities that had started approximately 2 years earlier. The pain was described as being similar to a burning sensation, with numbness and anhidrosis. Immediately after the patient became aware of his symptoms, he consulted a neighborhood internal medicine clinic. The cause of the pain remained unclear. However, because mildly elevated blood pressure and cholesterol levels were detected, he was administered a hypotensive agent, lipid-lowering drug, and Kampo medicine. After 1.5 years from the onset of the disease, the patient visited another hospital for a detailed examination by specialists in neurology and orthopedic surgery. The examinations included blood tests, angiography of the lower-extremity vessels, cervical spine X-rays and magnetic resonance imaging (MRI), and measurement of the nerve conduction velocity in all extremities. However, the etiology of the condition remained undetermined following these examinations. Therefore, the neurologist referred

the patient to a doctor at the department of Traditional Herbal Medicine of the Center for Integrated Medicine affiliated with the Tsukuba University of Technology. In this hospital, the patient was subjected to thermography examination and MRI (lumbar spine). His clinical examination did not reveal any abnormalities.

Suspicious of spondylopathy, myelopathy, entrapment neuropathy, diabetic neuropathy, pesticide-induced toxic neuropathy, obstructive arteriosclerosis, Sjögren's syndrome, and restless leg syndrome were cleared through various examinations; the underlying cause of the symptoms in this case remained undetermined. The examination dates have been summarized in Table 1. The patient was subsequently referred to our department, and we started acupuncture treatment.

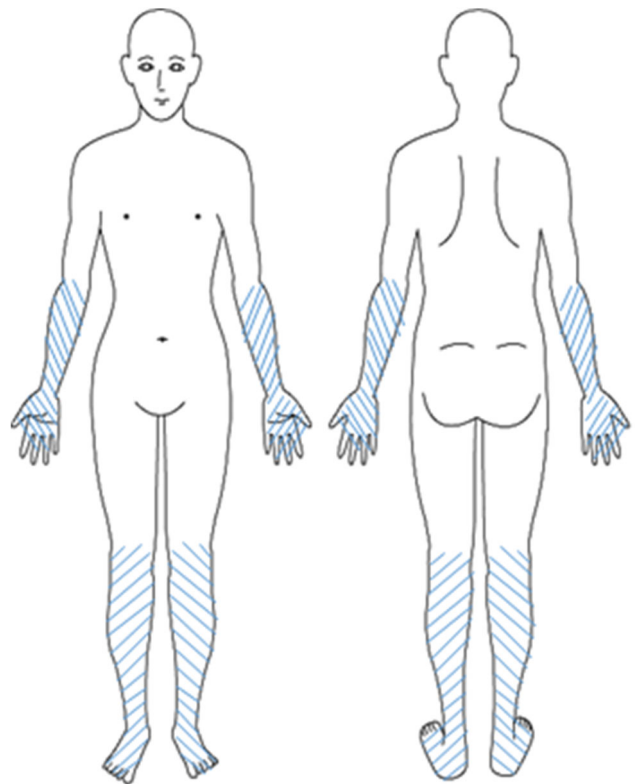


Figure 1 Affected regions

Details of the chief complaint

The symptoms affected the entire forearms and the lower legs, and included sharp pain and numbness associated with heat sensation. The symptoms were continuously present, and the attacks intensified by several aggravating factors (see below). Edema was observed in the same locations. During the attacks, the affected regions additionally developed generalized rubor (Fig. 1).

Aggravating factors

The symptoms were paroxysmally intensified by several aggravating factors, including bathing, putting on shoes and walking, going to sleep, and eating irritants like red pepper.

Alleviating factors

The symptoms were alleviated by cooling and stroking the extremities.

Other factors associated with the condition of the patient included dry skin and dry mouth. As sleep was also affected by attacks occurring before going to sleep, the patient's quality of life (QOL) was markedly impaired.

Table 2 Laboratory findings

	Right	Left
Nerve conduction velocity (m/sec) * latency in either case within normal range		
Median nerve MCV (m/sec)	55.1	52.4
SCV (m/sec)	57.9	59.1
F-wave (%)	81	63
Ulnar nerve MCV (m/sec)	51.7	52.4
SCV (m/sec)	58.3	58.1
F-wave (%)	94	94
Deep fibular nerve MCV (m/sec)	44.8	44.1
SCV (m/sec)	-	-
F-wave (%)	-	-
Posterior tibial nerve MCV (m/sec)	39.2	44.4
SCV (m/sec)	-	-
F-wave (%)	100	100
Sural nerve MCV (m/sec)	-	-
SCV (m/sec)	7.0	12.3
F-wave (%)	-	-
Pallesthesia (medial malleolus)	mildly decreased 4/5	mildly decreased 4/5
MRI, X-ray (neck)	mild deformation of cervical spine	
MRI (lumbar region)	mild deformation of lumbar spine	
Thermography (no endurance test)	N.P.	
Angiography (lower extremities)	N.P.	N.P.
Blood examination (general blood tests (biochemistry, blood cells), including renal function, liver function, blood glucose, inflammatory reaction)	N.P.	

Table 1 Overview of medications taken over time

Date	April of year X-1	September of year X-1	February of year X	May of year X
Used medications	Olmotec	Olmotec	Olmotec)	Olmotec
	Atelec	Atelec	Atelec	Adalat
	Adalat	Adalat	Nifelantern CR	BI · Sifrol
	Bezatosl SR	Bezatosl SR	Bezafibrate	
	Keishibukuryogan (Tsumura #25)	Sanmotsuogonto extract granules (Tsumura #121)	Keihikajutsubuto extract granules (Tsumura #18)	

Patient's circumstances before the onset of the attacks

The patient was pruning the garden trees using a chain saw under the care of the municipality in the residential area when the attacks were first experienced. The pruning time by far exceeded the vibration exposure time (2 hours/day) specified in a notification by the Labor Standards Bureau of the Health, Labor and Welfare Ministry. Immediately before the attacks, the patient had sprayed pesticides onto the trees.

Patient's social/mental environment

The patient lives with his wife, who is suffering from cognitive impairment. As she requires constant supervision, he has no time for physical and mental rest. His role as head of the residents' association is another source of stress. However, as his position is a source of income, he cannot quit.

Oriental medical findings

Pulse patterns: Deep, moderate deficiency.

Abdominal patterns: Weakness of the lower abdominal region, para-umbilical tenderness, and resistance.

Tongue patterns: Dark red color, dry, and yellow coating.

Other findings: (1) heat with agitation in the palms, soles, and chest; (2) no sweating; (3) dry mouth; (4) large amounts of sputum; (5) loss of appetite; (6) tension of skin and muscles; (7) muddy stools; (8) low back pain (aching pain); (9) increased muscle tension of the entire legs; and (10) ingestion of 2 liters of water per day.

Physical characteristics

The patient was 162 cm tall, weighed 66 kg, and had a body mass index (BMI) of 25.1 kg/m².

Medications

The administered medications included Olmesartan medoxomil, Cilnidipine, Nifedipine, Bezafibrate, Cinnamon Twig, and Poria Pill (桂枝茯苓丸エキス顆粒: Tsumura #25, Tsumura & Co, Tokyo, Japan).

Past medical history

The patient had previously experienced severe alveolar pyorrhea and had many missing teeth.

Family history

There were no appreciable diseases noted in the patient's family history.

Figure 2 Symptom diary

Date	Bedtime	Time of rising	Frequency of attacks during the night	Frequency of cooling arms and legs with water during the night	Frequency of attacks during the day	Frequency of cooling arms and legs with water during the day	NRS * Please refer to the notes below.	Comments Changes in physical condition or events during daily life etc.
NRS notation. The most uncomfortable condition before acupuncture treatment is given a score of 10 points, while total absence of symptoms receives 0 points. Please evaluate in general how irritating your symptoms were today and assign a score between 0 and 10 points to the condition.								

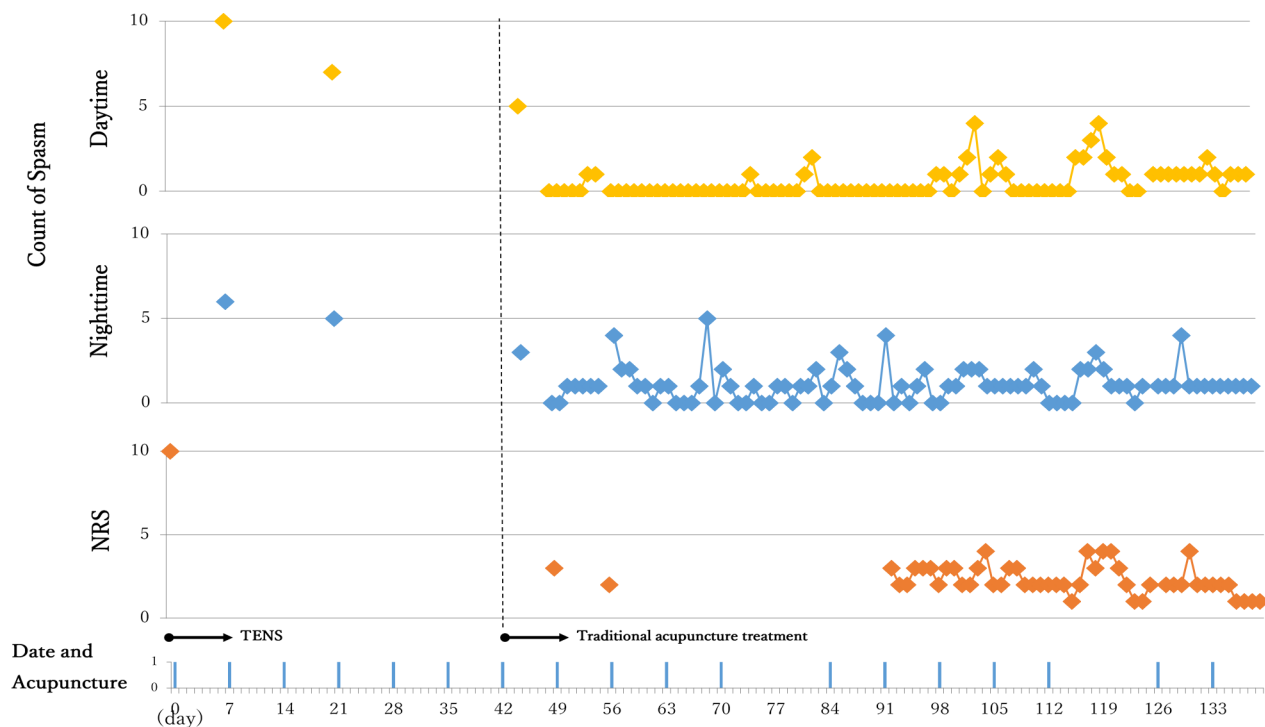


Figure 3 Clinical course

Personal history

The patient was a smoker, with a Brinkman index (the number of cigarettes smoked per day multiplied by the number of years of smoking) of 3,300; no alcohol drinking was reported.

Social history

The patient is unemployed (no occupation) but is active as the head of the residents' association.

Western medicine diagnosis

Unknown.

Oriental medicine diagnosis

A diagnosis of Bi-syndrome (fixed impediment and heat impediment) and kidney deficiency was made.

Treatment

Starting from the 1st to the 6th session, a 50-Hz low frequency Transcutaneous Electrical Nerve Stimulation (TENS) was administered for 20 min to

the regions of pain to alleviate the pain and reduce muscle tension. This treatment was combined with needle retention on the lower back and legs. After the 7th session, the goal of the traditional acupuncture treatment was changed to draining dampness, clearing heat, and nourishing yin; thus, acupuncture was administered to Dazhong (KI6), Sanyinjiao (SP6), and Qu Chi (LI11).

Evaluation method

The Numerical Rating Scale (NRS) was used to score the originally prepared symptom diary (Fig. 2).

3. Results

The results are shown in Fig. 3. Since we started documenting the patient's symptoms in the diary from the 7th session, I wrote down the clinical process from the 1st to the 6th session based on the medical interview. From the 1st to the 6th session, a decrease in the frequency of the attacks and increase in the mobility of the legs were observed, with no marked improvement. After changing the traditional

acupuncture treatment plan starting from the 7th session, both severity of the symptoms and frequency of the attacks significantly decreased, with day-to-day variations. The NRS score also dropped to 3 by the 8th session. In conjunction with these changes, the large amounts of sputum also decreased by this time; by the 10th session, the patient had almost completely stopped expectorating. Furthermore, the mouth dryness had markedly improved, and sweating could be observed by the 16th session.

4. Discussion

The etiology in this case remained unknown as per Western medicine. However, as the chief complaint was pain, I first attempted to relieve the pain by applying TENS based on the gate control theory. However, as the TENS did not induce sufficient improvement and the patient had several other symptoms like anhidrosis, I switched to an oriental medicine-based treatment plan starting from the 7th session. The patient complained of severe pain associated with a burning sensation and heat stagnation. In terms of Oriental medicine, insufficient chewing during meals because of missing teeth (kidney deficiency) and chronic inappetence (spleen deficiency), frequent diarrhea (spleen deficiency), edema (water-dampness), and ingestion of large amounts of fluids (2 liters of water per day) (spleen deficiency and water-dampness) were also noted. All of these factors, due to aging and kidney deficiency, led to the deterioration of spleen deficiency and stagnation of damp phlegm. Caring for his wife and getting along with neighbors caused mental stress in the patient (liver-spleen disharmony), which also contributed to deterioration of the patient's condition, causing heating up of the stagnant water, leading subsequently to stagnation in the vessels in the four extremities and probably to Bi-syndrome (heat impediment). Local, symptomatic treatment was directed at clearing the heat and expelling phlegm, while root treatment served to improve the kidney

deficiency, invigorating spleen, and nourishing yin for tranquilization. The result was an alleviation of both the chief complaint and the associated symptoms, leading to an improvement in the QOL. In oriental medicine, the practitioner uses all five senses to perform the four forms of examination and arrive at a characteristic diagnosis of the condition. These characteristics resulted in a treatment plan in the present patient, who had not been diagnosed based on Western medicine, which has thus worked to his advantage.

On the other hand, the anhidrosis, burning sensation, and heat stagnation of unknown origin were identified as symptoms of AIGA. Until the 1990s, there had been almost no reports on AIGA, which was recognized as a new disease only over the past 20–30 years. The disease is observed mainly in East Asia, while only a few hundred cases have been reported in Japan. Thus, only few facilities are capable of diagnosing AIGA in Japan, where it has been designated in 2015 as an intractable disease. While the mechanism of AIGA onset and etiology are still unknown, a characteristic type of inflammation of the sweat glands is observed and treatment with steroids is markedly effective, increasingly suggesting that it is an autoimmune disease. Moreover, based on characteristic findings obtained through sweating, thermography endurance, and drug tolerance tests, the effective diagnosis of AIGA has been established. In addition, after the first treatment guidelines¹⁾ were published in 2013, a revised edition was published in 2015²⁻³⁾. Patients with AIGA present characteristic clinical symptoms, including a decreased function of the sweat glands. Systemic destruction of the sweat glands may subsequently lead to anhidrosis, burning sensation, and flaring. Since the suppression of sweating impedes heat dissipation, even mild exercise or bathing may cause a heat stroke in patients with a severe condition. Thus, the current guidelines provide patients with AIGA with clear instructions regarding body temperature control and cooling methods.

The present patient also presented with anhidrosis, burning sensation, and flaring. His symptoms became aggravated following exercise, putting on shoes, bathing, going to bed, and similar activities associated with a rise in body temperature or impeded heat dissipation. Since walking barefoot on a cold floor or pouring water on the body relieved the symptoms, this case closely resembled AIGA.

As stated above, AIGA is a rare disease and can currently be treated only at a few medical facilities. Unfortunately, this patient was never checked and treated based on a suspicion of AIGA.

In this case, diagnosis remained uncertain as per Western medicine, but the symptoms closely resembled those of AIGA. The results suggested that acupuncture treatment is effective for alleviating the symptoms of AIGA or other diseases with similar symptoms.

5. Conclusions

Traditional acupuncture treatment was effective in relieving pain of an unknown origin in both limbs and significantly relieved both the chief complaint and its associated symptoms. Detailed examinations at the hospital did not reveal any anomalies, and the diagnosis remained uncertain as per Western medicine. Alleviation of the symptoms following application of an oriental medicine-based approach suggested that this approach can be expected to improve the QOL.

6. Acknowledgement

I would like to thank Editage (www.editage.jp) for English language editing.

7. References

- 1) Takahiro SATO et al.: Treatment Guideline for Acquired Idiopathic Generalized Anhidrosis, The Autonomic Nervous System, 50(1):67-74, 2013. (Publish in Japanese)
- 2) Health and Labour Sciences Research Grant (research project into the control of intractable diseases), investigative research team for rare intractable skin diseases, committee for the preparation of the "Treatment Guideline for Acquired Idiopathic Generalized Anhidrosis" etc., Treatment Guideline for Acquired Idiopathic Generalized Anhidrosis, The Autonomic Nervous System, 52(4):352-9, 2015. (Publish in Japanese)
- 3) Takichi MUNETSUGU, Hiroo YOKOZEKI et al., Revised guideline for the diagnosis and treatment of acquired idiopathic generalized anhidrosis in Japan, The Journal of Dermatology 44(4), Version of Record online, 2017.

Clinical Report 2 (Kampo Medicine)

A Case of Recurrent Intestinal Bleeding due to Radiation-induced Enterocolitis Successfully Treated with Kyukikyogaito

Takahito Saito¹⁾²⁾

1) Medical Corporation Tomidahama Hospital

2) Yokkaichi Medical Association,
Kampo Medicine Study Group

Abstract

An 88-year-old woman suffered from recurrent intestinal bleeding because of radiation-induced enterocolitis after radiation therapy for cervical cancer of uterus about ten years ago. Recently, she was diagnosed renal anemia and chronic heart failure, and accepted iron, vitamin B and erythropoietin therapy simultaneously.

On March 13th in 2015, she was admitted to the hospital due to exacerbation of anemia. On her admission course, dark bloody stool was sometimes detected. Blood transfusion was done three times within about a month, but anemia was not recovered. Judged that venous bleeding, “oozing”, repeatedly continued and there are no indication to endoscopic and surgical procedures, *kyukikyogaito*, Kampo medicine, was started under this poor condition (“yin deficiency”) just after fourth blood transfusion. After then, anemia was recovered sooner and bloody stool was not detected. She was successfully treated with *kyukikyogaito* and discharged on April 22th. One month after her discharge, anemia was recovery, so *kyukikyogaito* was stopped.

Radiation-induced enterocolitis is well-known to hematochezia. There are several strategies for this disease such as hemostatics, blood transfusion, drug's enema, endoscopic and surgical procedures. According to experience of this case, *kyukikyogaito* is effective to radiation-induced enterocolitis repeating intestinal hemorrhage.

Keyword: radiation-induced enterocolitis, venous bleeding, Kyukikyogaito

Introduction

Lower gastrointestinal bleeding is commonly known to be caused by radiation-induced enterocolitis after radiation therapy for prostatic cancer or cervical cancer. Generally if the bleeding is not remarkable, and can be expected to stop naturally by itself in most cases. However, in cases with continuing bleeding, a hemostatic may be administered, or blood transfusion may be given. Endoscopic treatment and surgical resection are also attempted, but resection may be difficult in some cases¹⁾.

Kyukikyogaito is made from seven types of crude drugs: *Rehmanniae* Radix, *Paeoniae* Radix, *Angelicae Acutilobae* Radix, *Glycyrrhizae* Radix, *Cnidii* Rhizoma, *Asini* Corii Collas and *Artemisiae* Folium. It is known as a type of hemostatic that is effective for gynecological bleeding, urologic bleeding, hemorrhoidal bleeding, and other venous bleeding in the lower body. It is a prescription that acts against yin deficiency (poor complexion, pallid complexion, ectomorphism, sensitivity to cold), and has been used for female genital bleeding, as written in the section on gynecological and pregnancy illnesses in the *Kinkiyoryaku* (Essential Prescriptions from the Golden Cabinet)²⁾. It is said to be effective to symptoms of anemia in patients who are sensitive to the coldness and experienced longer bleeding, such as hemorrhoidal bleeding, post-traumatic internal bleeding, postpartum bleeding or anemia.

In this particular case, the patient's anemia advanced despite of receiving blood transfusions three times. Though chronic, persisting venous bleeding was suspected, and natural hemostasis was judged to be difficult. Thus, *kyukikyogaito* was chosen as a hemostatic, and good progress was achieved, as reported below, in reference to relevant literatures.

Case study

Subject: 88-year-old woman

Chief complaint: General malaise and fatigue

Past medical history:

Age 40: Appendectomy

Age 75: Cervical cancer (radiation therapy),
adhesive intestinal obstruction

Age 81: Cataract

Age 85: Lumbar compression fracture

Age 87: Gouty arthritis, adhesive intestinal
obstruction, lower-leg cellulitis

Family medical history: NA

Clinical course 1 (history of present illness):

The patient had been receiving medical care at a hospital nearby for high blood pressure and hyperuricemia. In 2002, she received radiation therapy for cervical cancer. Thereafter, she occasionally developed adhesive intestinal obstruction and venous intestinal bleeding caused by chronic ischemic enterocolitis (radiation enteritis) after irradiation. Each time she developed these illnesses, she received therapy in hospital under a gastroenterologist. In June 2011, she was diagnosed with atrial fibrillation and chronic heart failure, and was given anticoagulant therapy, but the therapy was discontinued due to exacerbation of gastrointestinal bleeding. Thereafter, she was diagnosed with chronic heart failure, chronic renal failure and renal anemia, and was treated with an erythropoietin preparation in addition to an iron preparation, on a continuous basis. From around March 10th, 2015, she began to experience a sense of malaise and fatigue when walking. On March 13th, she visited our clinic. She was found to be anemic (Hb 5.6g/dl), and was admitted for blood transfusion. Because she was taking iron, she continued to pass black stool intermittently.

Physical findings from the perspective of Western medicine:

Normal body temperature; SpO₂: 95%; pulse 45/minute, irregular, blood pressure 96/60mmHg; body weight 42kg; anemia in palpebral conjunctiva; cardiopulmonary functions: nothing abnormal detected; abdomen: flat, soft

Examination findings from the Eastern medicine perspective:

Subjective symptoms: Sense of malaise and fatigue when walking

Objective findings: Poor, sallow complexion upon inspection. Ectomorphic. Sunken, thin and weak pulse. Thin white coating on tongue. Sublingual venous dilatation. Weak abdominal strength and weakness of the lower abdominal region.

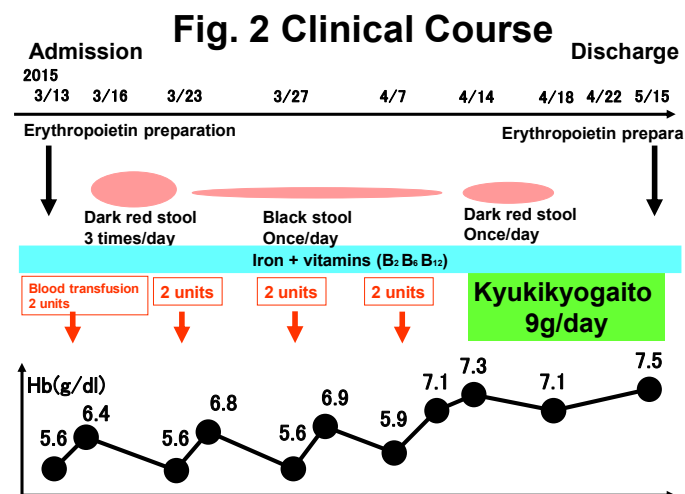
Examination results:

Blood exam: White blood cell count 2800/dl, red blood cell count 1.67million, hemoglobin 5.6g/dl, hematocrit 17.9%, urea nitrogen 51mg/dl, creatinine 3.14mg/dl, uric acid 12.1mg/dl

Abdominal CT: Change in pelvic (ileum and adnexa) adhesions (Fig. 1)



Fig. 1 Abdominal CT findings
An adhesion is seen in the pelvic organs.



Clinical course 2 (course after hospital admission): Fig. 2

After being admitted to the hospital, the patient received blood transfusion three times while receiving an iron and vitamin B preparation, but dark red stool occasionally appeared in addition to black stool (due to the iron preparation), and her anemia did not improve. Due to persistent venous intestinal bleeding caused by chronic ischemic enterocolitis, natural hemostasis was considered difficult. Judging from signs of renal deficiency, blood deficiency and blood stasis, a prescription of *kyukikyogaito* (9g/day) was begun after her fourth blood transfusion. Thereafter, no advancement of anemia was seen, so the patient was discharged on April 22th. On May 15th, a month after administering *kyukikyogaito*, the prescription was stopped, because the anemia was found to have improved.

The iron, vitamin B and erythropoietin preparations were continued after the termination of *kyukikyogaito*, but no longer intestinal bleeding or advancement of anemia were detected.

Observations

Radiation enterocolitis is well known as a disorder of the pelvic tissue and particularly the gastrointestinal tract, caused by radiation therapy for prostate cancer or cervical cancer. There are early effects and late effects, and may take more than ten years for the effects to occur. It causes hemorrhagic transformations such as inflammation and ulcers in the rectum, sigmoid colon, or small intestine. Radiation enteritis can be classified by progress, severity and pathology, and requires an efficient treatment strategy, but treatment guidelines have yet to be established. Normally, the bleeding is expected to stop on its own, and either a hemostatic drug is administered or conservative treatment through blood transfusion is chosen in most cases. At the same time, in cases of frequency bleeding, endoscopic hemostasis or drug infusion therapy is chosen, and in cases of stenosis or

perforation, hyperbaric oxygen therapy or surgical therapy are chosen¹⁾. In this particular case, the patient experienced both early and late effects, and received inpatient treatment each time, such that the pattern of her daily life was sometimes disrupted.

Kyukikyogaito is regarded as an effective hemostatic for venous bleeding that does not accompany febrile symptoms in the lower body. This is understandable when considering that licorice is added to Shimotsuto, a representative prescription for blood deficiency, in addition to the *Artemisia princeps* leaf and donkey hide gelatin, which also have a hemostatic effect²⁾. Today, it is considered effective against hemorrhagic anemia in people with a weak constitution, like the patient in this case study. With regard to literature, there are reports mainly in reference to bleeding in the lower body, such as radiation enteritis³⁾, hemorrhoidal bleeding⁴⁾, diverticular bleeding⁵⁾, Crohn's disease⁶⁾, ulcerative colitis^{7), 8)}, uterine bleeding^{9), 10)}, and hematuria and urinary tract bleeding^{11), 12)}. Among them, Kobayashi's report⁵⁾ indicates a hemostatic effect against diverticular bleeding, but the subject had been taking an anticoagulant and an antiplatelet drug, so it is difficult to clearly determine whether the effect was a result of a cessation of medication or the administration of *kyukikyogaito*. Other case reports also include the administration of Western hemostatics in addition to *kyukikyogaito*, and do not distinctly present the sole effect of *kyukikyogaito*. However, it is worth noting that Iwabuchi's report⁹⁾ compares *kyukikyogaito* with Western hemostatics, and discusses the efficacy of *kyukikyogaito*. Also, in Matsumoto's report¹²⁾, which focuses on bleeding caused by bladder cancer, *kyukikyogaito* is used with the expectation of temporarily stopping the bleeding, and certainly not as a fundamental treatment, but it is considered important for avoiding psychological stress and blood transfusion.

Meanwhile, there have also been experiential cases where *kyukikyogaito* was effectively used to stop venous bleeding in the upper body, such as

upper gastrointestinal bleeding (lower esophageal bleeding, so-called the Mallory-Weiss syndrome) that does not accompany decrease in blood pressure hypotension, respiratory tract bleeding, or hematobilia (hemorrhagic cholecystitis). There is also a report¹³⁾ that discusses the efficacy of *kyukikyogaito* against chronic subdural hematoma including an upper body illness.

Furthermore, cases have been experienced where *kyukikyogaito* stopped the bleeding after a colon polyp biopsy, post-resection bleeding, melena caused by ischemic colitis, and tumor bleeding caused by advanced colon cancer. In all cases, the bleeding clinically disappeared within two days, and no anemia or blood pressure drop was observed, but because other Western hemostatics were also used at the same time, it is difficult to determine the sole effect of *kyukikyogaito*.

Thus, this particular case is very significant in that it proved the efficacy of using only *kyukikyogaito*. *Kyukikyogaito* was applied, because the patient also displayed a yin deficiency pattern, such as blood deficiency and blood stasis in addition to renal ischemia. It had a more immediate effect than expected, and was found to be effective against repeating radiation enterocolitis like this case, at the least.

Based on this case study, literature reports and experimental cases, there was a renewed awareness that the selection target for *kyukikyogaito* is not active bleeding (bleeding that has surgical indications, such as arterial bleeding and varicose vein ruptures), but rather a bleeding pattern like this case study with oozing (venous bleeding), or chronic bleeding (continuously runny bleeding) that is not so fresh blood.

It should be noted that no reports on *kyukikyogaito* exist in the PubMed database, so international evaluations have yet to be made.

References

1. Masako Chino, Takanori Suganuma, Naoyuki Urakami et al.: "Radiation Enteritis," *Gastroenterological Endoscopy*, 2010, 52: 1381-1392.
2. Kazumoto Inaki: "Basics and guide to practice – Manual of important Kampo medicine prescriptions: *Kyukikyogaito*," *Kampo Shinryo*, 1996, 15: 10-13.
3. Ryusuke Obi, Kentaro Tezuka, Yoko Tamagawa: "A case in which *kyukikyogaito* was effective against bleeding caused by radiation enteritis," *Kampo Medicine*, 2014, 65: 248.
4. Kiyoshi Ishida: "Kampo therapy for hemorrhoidal bleeding – *kyukikyogaito* usage experience," *Prog. Med.*, 1989, 9: 590-596.
5. Ataru Kobayashi: "Five cases in which *kyukikyogaito* was effective against internal hemorrhoidal bleeding and diverticular bleeding of colon under treatment by an anticoagulant and antiplatelet drug," *Science of Kampo Medicine*, 2015, 39: 128-131.
6. Satoshi Utsumi, Noboru Arai, Hiroshi Sato et al.: "A case in which *kyukikyogaito* with *senkinnaitakusan* was effective against Crohn's disease associated with colon cancer," *Kampo Medicine*, 2004, 55 (separate issue): 242.
7. Tsuneo Ozeki, Shuichi Mizuno: "About ulcerative colitis – Centered on differential diagnosis and treatment," *Jpn. J. Med. Pharm. Sci.*, 1987, 18: 1723-1726.
8. Takatoshi Noguchi: "Kampo therapy for ulcerative colitis – Polypharmacy and combined usage with Western drugs," *Kampo Shinryo*, 1996, 15: 23-25.
9. Shinsuke Iwabuchi: "Hemostatic effect of *kyukikyogaito* on functional uterine bleeding – Comparison with Western hemostatics," *Kampo Medicine*, 2000, 50: 883-890.
10. Naohisa Ushiroyama, Wataru Sakuma, Sakura Nosaka et al.: "Clinical effect of *kyukikyogaito* against threatened miscarriage," *Recent*

progress of kampo medicine in obstetrics and gynecology, 2006, 23: 100-103.

11. Hiroyasu Yoshikawa, Takao Ikeuchi, Shoki Kai: "Clinical effect of *kyukikyogaito* and *saireito* against idiopathic microhematuria," *Kampo & the Newest Therapy*, 1997, 6: 55-58.
12. Kazuo Matsumoto: "*Kyukikyogaito* for hematuria from bladder cancer," *Journal of Kampo Medicine*, 2013, 60: 1855-1857.
13. Shinichiro Yoshihara, Katsuyuki Hirakawa, Toru Inoue: "Experience in using *kyukikyogaito* against chronic subdural hematoma," *Proceedings of the 20th Scientific Meeting of the Japanese Society for Kampo Medicine and Neurological Surgery*, 2011, 33-35.



Global Tech Communications
streamlines communication among
our client companies by linking with the
projects and generating returned profits.

Translation and Localization Services

Our mission is simply to help our clients grow their globalizing business and gain profits by providing high quality translation deliverables and added values with our unconventional and creative ideas. Our highly competent and experienced staff and our qualified freelance translators together provide the best solution to satisfy our clients' expectation in area of Information Technology, Financial market, Medical & Pharmaceutical market, Automobile, Legal, Patents, etc.

Our language pairs cover more than 50 languages for our clients.

Consultation Services

We offer the focused consulting services that meet the need of each client company for their business development in the borderless markets.

Our clients vary in size and field, and are offered with various consultation proposals. We search the issues and the opportunities that confront our clients, and provide the best support in developing business systems that generate the profit to our clients. We further extend our consulting services in various markets as we started in Asian countries.

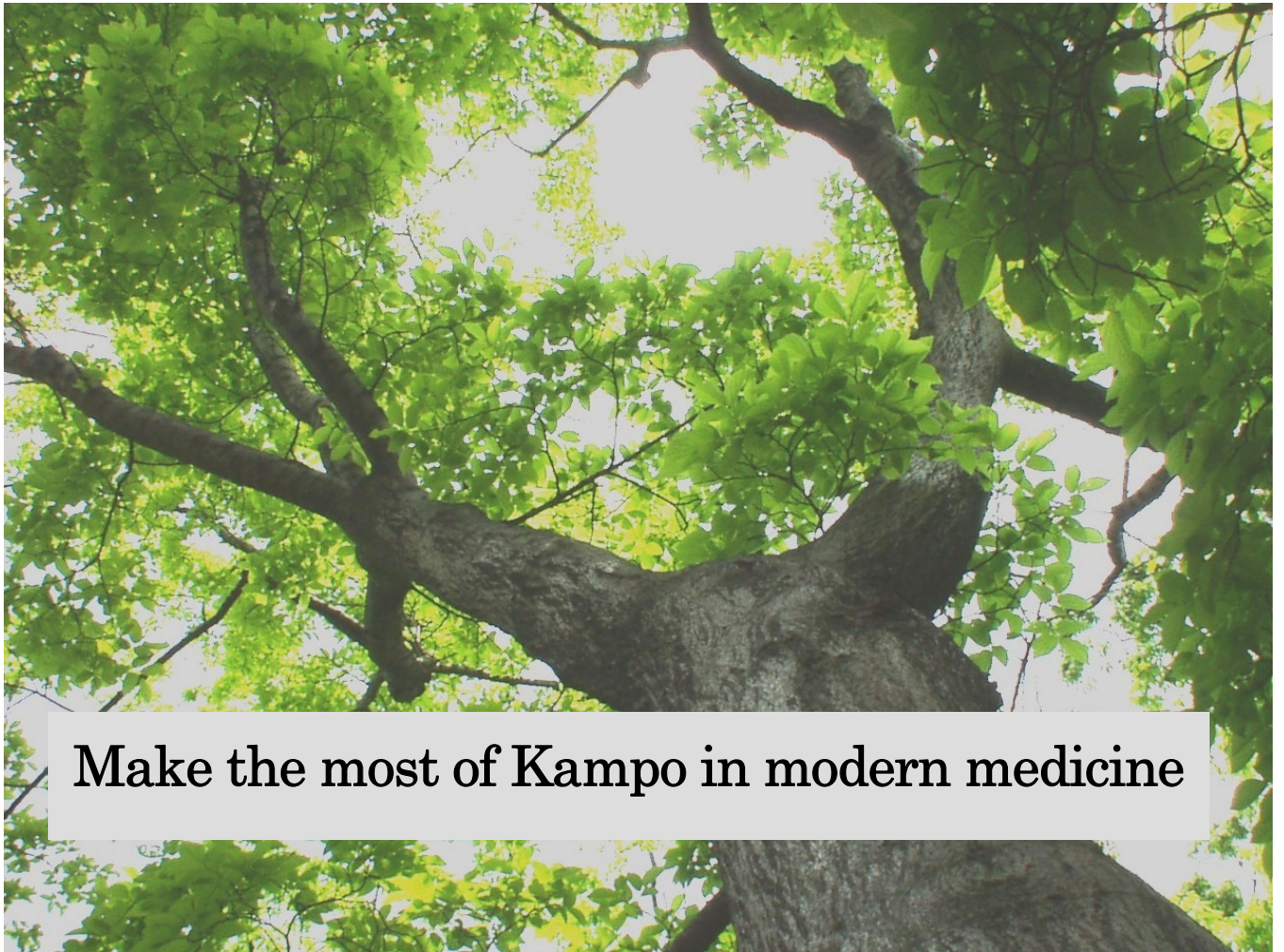
Global Tech Communications, Inc.

Nakano SUNPLAZA 9F

4-1-1 Nakano, Nakano-ku, Tokyo 164-8512, JAPAN

TEL: +813-5942-3038 FAX: +813-5942-3601

URL: www.globaltech.jp



Make the most of Kampo in modern medicine

Foundation: 1905

A century of tradition —————

We are a manufacturer consistently controlling the entire process from the import of crude herbs to the manufacture of Kampo extracts and as such have contributed to the development of Japanese Kampo.

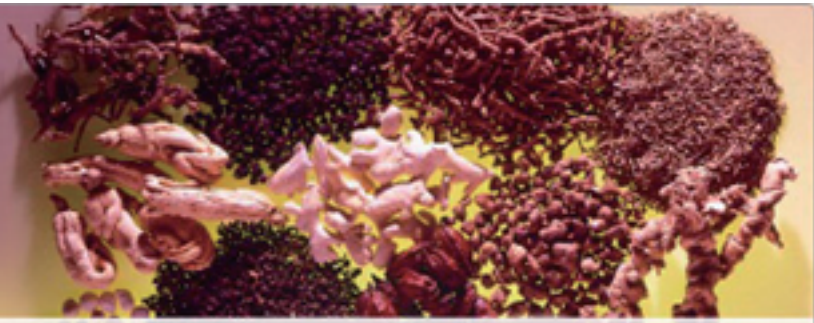
We sincerely hope to continue in the future with our contribution to modern medicine through "Kampo".



オスギ

OHSUGI Pharmaceutical Co., Ltd.
1-1-2 Tennojicho, Minami, Abeno-Ku, Osaka, Japan
Phone: +81-6-6693-3301

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.



www.seirin.jp

Like us on
Facebook

