

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

KAIM

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MISSION

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

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Editorial

Efficacies of each single crude drug used in Traditional Japanese Kampo Medicine

In Japan, the standards of crude drugs and Kampo formula are defined by two official compendiums from Japanese government, “the Japanese Pharmacopoeia (the latest one is 17th edition, 2016)” and “the approval standards for OTC Kampo products.” The former defines the origin and their botanical, botanical and chemical properties of approximately 200 kinds of crude drugs and 35 kinds of Kampo extracts, and the latter defines the components and dosages of crude drugs in Kampo formula, and the efficacies of Kampo formula. By the descriptions in the latter compendium, the physical properties and efficacies of 148 kinds of ethical Kampo extract formulation are approved by Japanese government though the components and efficacies are slightly different among the products produced by each company.

On the other hand, as regards the efficacies of individual crude drugs, although only 30 kinds of crude drugs have the official efficacies defined in the official compendium “the guideline of approval for the products using crude drug defined in the Pharmacopoeia”, the most of crude drug do not have the specific efficacies officially approved. In public health insurance, the official efficacies of individual crude drugs are “for the prescription in Kampo formula”.

In China, the official compendium “Chinese Pharmacopoeia 2015” describes the efficacies of individual crude drugs in traditional Chinese medicine. However, in Japanese traditional Kampo medicine, it has been popular to fix and use the formula without considering the efficacies of individual crude drugs. The efficacies of individual crude drugs are shown in some books described in private textbooks, but consequently, the efficacy descriptions of individual crude drug in textbooks differ much depending on the authors. For the national examinations for pharmacists and physicians, the efficacies should be standardized to prevent unfair advantage among students depending textbooks used. However, the descriptions of the efficacies of crude drugs in traditional medicines are based on not scientific evidences but experiences, and it is very difficult to standardize them among specialists of cognoscenti.

In order to fix this problem, we made database of the efficacies of individual crude drugs described in textbooks published from 1887 to 2014, and uploaded at <http://metabolomics.jp/wiki/Persist:CrudeDrugList>. Furthermore, we showed the private idea for standard of the efficacies of individual crude drugs on the article (The Japanese Journal of Pharmacology 71, 1–37, 2017).

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Report from WFAS Tokyo/Tsukuba 2016

Overview over the "Toyo Hari Medical Association" (1)
Toyo Hari Medical Association

The Toyo Hari Medical Association was founded in 1959 by the five people Kodo Fukushima, Katsuyuki Kosato, Toyoya Satomi, Senryuu Takahashi and Syuukou Takahashi in its previous form under the name "Classical Acupuncture Medical Society". Later, the name was changed to Toyo Hari Medical Association based on the ideology: "pass on the skills of meridian therapy on from hand to hand to the farthest corners of the world!" and the association continues to hold regular monthly meetings based on this concept. Shortly it will reach its 60th anniversary.



Hari-Kyu Technical Sessions 4



Demonstration

Skill teaching using literally a hands-on approach means that because all of the above mentioned five persons are visually impaired, they had to devise and propose significantly modified procedures for running the society. Naturally there has been no precedent for this approach in Japan, but also not globally, where the mentor actually takes the aspiring practitioner by the hand, explaining the actual needling techniques like "you form your pressing and needling hand like this" during the guidance. This facilitated the chances of people with visual impairment to contribute to society. That is why also many people with normal vision applied for admittance to the society and while the number of members with normal vision has now increased, the basic teaching concept has not changed. The training style of the Toyo Hari Medical Association favoring practical training over classroom studies has not much changed over the 60-year period from its establishment until today. In the future too it will persistently continue to pursue a form of meridian therapy suiting the bodies of all people.

Characteristics of the techniques of this association
The practice of the Toyo Hari Medical Association has the following characteristics.

1. Restraining adjustment

When the pulses in both positions within a restraining correlation manifests a deficient state the treatment administered distributed between left and right is called a restraining adjustment. In this context the modality administered first is called root treatment, while the later administered treatment is called auxiliary treatment.

For example, in case of a restraining correlation between lung deficiency and liver deficiency the lung deficiency would be named the root and the liver deficiency the auxiliary pattern. Or simply put together as lung-liver restraining correlation.

Again, the selection of the five phase and the five command points follows the rules set out in the difficult issue No. 69 or 75 in the Nan Jing.

2. Needling one side

Single-sided needling refers to a technique where a certain point located both on the left and right side is needled only on one side, although these points used to be needled on both sides. Clinically needling only side restored the balance of the pulse, while needling both sides on the contrary led to a disordered pulse.

The side on which the root treatment is performed, is called the adjustment side, whereas the auxiliary treatment is performed on the opposite side. In men the left side and in women the right side are the adjustment sides, but if there is disparity of the symptoms and symptoms are predominate on the left side in men, then the right side will become the adjustment side.

Using the above mentioned restraining adjustment in case of a lung-liver deficiency and the absence of any uneven distribution of the symptoms in men, left-sided points are used for the lung deficiency pattern and right-sided points for the liver deficiency pattern.

3. Yin governing yang following principle and preferential reinforcement

Treatment principles stipulate that yin channels are treated before yang channels and reinforcement precedes any reduction. For that reason reinforcement of yin channels is performed first.

Also, based on the treatment principle described in difficult issue No. 69, in case of a lung deficiency, first the lung channel and next the spleen channel is reinforced. The same applies to other patterns too.

Articles by this association

Let's introduce two articles published by this association.

1) Special lecture abroad about "skin diseases"; President Mitsuyoshi Tanaka

As meridian therapist we understand all diseases in terms of deficiency or excess of meridians and use mainly acupuncture and moxibustion as a

traditional medical system to perform reinforcement or reduction as required to bring about healing.

This is called pattern based treatment. Accordingly, in actual clinical practice patients with skin diseases visiting our clinics we follow the traditional theory of the "four diagnostic procedures" to identify the pathology and then determine the "pattern", which is considered to inevitably bring about the healing. However, in today's clinical practice there is a demand for speed. For this reason an adjunct therapy developed by our association has been added as a local and symptomatic treatment in order to augment the effects of the root treatment. Nobody believes the assertion that acupuncture and moxibustion is effective for skin diseases, but it actually is very effective. Acupuncturists not familiar with meridian therapy probably cannot understand this.

Below I will describe a few cases from actual clinical practice.

* Herpes zoster

The condition manifests on the surface of the skin and therefore often represents a lung deficiency pattern, associated with reactions of the large intestine channel, but in case of acute herpes zoster it is important to use the small intestine channel. In case of a spleen deficiency yang excess a proper reduction of the pathogenic evil in the small intestine and supplementing the center is effective. Occasionally pricking the network vessel at the well point of the small intestine may be performed. Also, application of a single, filiform moxa cone on top of the herpetic lesions has an immediate effect and can promote complete healing of the herpetic lesions without scarring.

* Urticaria

Recently a correlation between liver diseases and allergic disorders has been pointed out. Urtication appears in particular after eating and as a result of the influence of the liver channel. Upon moxibustion applied to the point "ura naitei" (reverse ST44),

located opposite to neiting (ST44) on the sole of the foot, is felt immediately as hot on the left side, whereas on the right side the patient has difficulty of feeling the heat, so that the moxibustion is repeated until the heat is felt. If the heat is not felt on the right side, this can be interpreted as evil having invaded the liver, warranting treatment for a spleen deficiency liver excess pattern. If the heat is not immediately perceived on the left side, a yang channel is treated in case of spleen deficiency, or else the treatment is for spleen excess in case of liver deficiency.

Also, when in doubt about the pattern in cases of hepatitis, application of moxibustion to reverse ST44 and comparison of both sides, the side with less pain can be considered the governing side.

This reverse ST44 is not only useful for the treatment of liver diseases, but also for diagnosis. On the abdomen reactions are often observed at the right-sided ST19, ST21 and ST24.

* Atopic dermatitis

Pathogenic mechanism

In meridian therapy dry atopic dermatitis is considered to be a problem to be approached as "treatment for deficiency heat". Based on the characteristics of deficiency heat it has rising and divergent properties. Accordingly, the arising from "the locations of the yin organs and positions of the various yang organs" the deficiency heat rises towards more superficial organs. And it then stagnates in the most superficial layer of skin and hair. When the interstices of the skin and hair can function sufficiently and open up to allow the stagnant deficiency heat to dissipate, this deficiency heat can be treated normally. However, if the interstices do not function properly, the deficiency heat continues to stagnate below skin and hair and steams it from below. This causes then the development of inflammation of skin and hair, resulting in dermatitis. Based on meridian therapy concepts this is pathogenic mechanism of dry atopic dermatitis.

Treatment is characterized by the following two essential points.

"Prevent the development of deficiency heat"

Normally, deficiency heat develops often from the liver and spleen of the middle energizer. Thus, we focus on the middle energizer as the source of the deficiency heat and attempt to clear that heat. In meridian therapy we use the command points of the yin channels and adjust their anomalies. In case of heat clearing therapy usually we use acupuncture to administer reinforcement of the water points.

"Normalize the function of the interstices"

Next, a treatment to normalize the function of the interstices is performed. The interstices are an organ under the control of the lung. Further, deficiency heat caused by anomalies of the liver lead to some loss of function of the interstices, so that the water point of the lung channel is reinforced using acupuncture. For the symptomatic treatment by bring the side of a spoon needle in contact with the skin to perform a light scraping massage.

Pathogenic mechanism of exudative atopy

In meridian therapy exudative atopic dermatitis is understood as a problem of "skin and hair as well as the interstices". Skin and hair have lost vigor and are deficient in defensive qi, so that the defensive barrier of the interstices is not working sufficiently, allowing skin and hair to be damaged by external stimuli, leading to the development inflammations in the affected areas. For example, sweat contains many stimulatory components strongly irritating the skin. Areas likely to sweat easily include the armpits, the pit of the elbows, the neck etc. That is also why the condition worsens in the summer.

To improve the qi deficiency of the lung and reinvigorate strength the earth point of the lung channel is reinforced. This represents a root treatment. For the symptomatic treatment the side of spoon needles are brought into contact with the skin to perform a light scraping massage in such a

way, that the normal skin surrounding the affected areas is stroked towards to affected area in order to gather defensive qi there.

Treatment is characterized by the following two essential points.

"Improve strength of the lung" "reinforce skin, hair and the interstices"

Pulse patterns are often lung-liver restraining, spleen-liver restraining, lung deficiency liver excess, spleen deficiency liver excess.

* Alopecia

Root treatment aims at harmonizing the body as a whole, while the symptomatic treatment uses light tapping with filiform needles of the affected areas. That is then followed by heat-sensing moxibustion using filiform moxa cones.

Often the pulse condition shows a kidney deficiency root pattern.

At the end I would like to add, that from a meridian therapy point of view the description of cases like those above is important in showing that the therapeutic effects of the root treatment, representing the true nature of meridian therapy, lead to an obvious improvement of the symptoms.

Integrating Kampo and Evidence-Based Medicine (10)

Living along with the Patient until the End of the Life

Hiromichi Yasui
Japan Institute of TCM Research

Although this is a narrative essay which may not convey an objective scientific point of view, I would really like to tell this story to you. This is a story based on a memo written by my close friend, Dr. Hideaki Yamaguchi (working at Tosei General Hospital, Seto, Japan, at that time). I believe that the content of the story is so profound that it will be helpful to all those who are involved in Kampo treatment.

A 24-year-old male developed idiopathic interstitial pneumonia at the age of 20 when he was a second-year student at a university. He had been treated at a large outside general hospital; however, no improvement was noted, and at the age of 21, he was referred to and admitted to Department of Respiratory Medicine and Allergy, Tosei General Hospital, one of the leading hospitals to treat respiratory diseases in Japan. Experimental treatment along with standard therapy, however, did not improve his symptoms and his condition gradually worsened. Because he could not find a new treatment in the respiratory department, he was introduced to my department of Kampo medicine when he was 23 years old.

I treated him with various decoctions combining herbal medicine from the viewpoint of Kampo medicine. His symptoms differed frequently, and each time, he complained to me of his various symptoms, and sometimes, he told me of his life. I answered one by one, and devised Kampo prescriptions. Such a clinical praxis continued for a long time and scarce improvement was noted. About a year later, he died of respiratory failure due to bacterial pneumonia. I thought that I was doing my best over the past year; however, the treatment resulted in failure, and I suffered from helplessness.

One month after his death, suddenly his mother visited me at my hospital. She found a blog entry that was left in his computer, which was written three days before his death, and she brought it to me. There was a written message as follows: "Dr. Yamaguchi come to me with his sincere eagerness to cure the disease until this very end. I am grateful to meet you, Dr. Yamaguchi. Thank you." This statement saved me from helplessness and taught me another meaning of Kampo Medicine.

As a result, Kampo medicine was hardly effective for him. All I did was to listen to what he said every time, and make a subtle change to the prescription in response to his complaint. When he saw my response, he might feel that this doctor was trying to tackle his illness seriously. In every situation, Kampo medicine can propose treatment according to the condition of the patient. Apart from its effectiveness, Kampo medicine can support the hope to live until the very end. This may be more important than what we imagine.

Looking at this memo, I would like add this article to the serial essays. So far, in this series I have described four medical classifications, and a social classification which is handled differently from them.

However, the case mentioned here cannot be classified. Nonetheless, I absolutely wanted to introduce this story because the characteristics of Kampo medicine are well described in this case. As written in Dr. Yamaguchi's memo, Kampo medicine can suggest formulae and prescriptions according to the patients' symptoms. It is all the same regardless of what kind of disease; whichever stage it is in.

Perhaps this is not limited to Kampo medicine. Probably the same thing can be done if you can talk with a patient, and you can propose treatment accordingly. However, Kampo medicine is outstandingly superior to other treatments in this respect. I am delighted to dare to understand the reasons posted here as out of Classifications. I thank Dr. Yamaguchi for this memo.

Postscript: When I sent this essay to Dr. Yamaguchi, the following reply came.

“Sometimes he got questions about life (such as “what is the meaning of life?”). I answered as much as I could, but if I did not come up with treatment plan, it might have been difficult to face this patient. I think that both of us may have shared a little hope”.

Clinical Report 1 (Acupuncture)

A Case in which an Improvement Was Seen in Facial Nerve Paralysis Owing to Acupuncture and Moxibustion

Treatment of the Upper and Lower Legs

Mariko Oikawa¹⁾ and Shuichi Katai²⁾

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[Introduction]

Facial nerve paralysis is a disease where the nerves that control the facial muscles are damaged for some reason, and causes the face to be paralyzed¹⁾. It is roughly classified into central paralysis and peripheral paralysis, depending on the where the damage occurs, but most cases of facial nerve paralysis seen in the otorhinolaryngology field are peripheral facial nerve paralysis. Peripheral facial nerve paralysis can be divided into intracranial, intercranial, and extracranial facial nerve paralysis, depending on the location of the damage. Intercranial facial nerve paralysis accounts for approximately 80% of all cases of facial nerve paralysis. It is most frequently caused as a result of Bell's palsy, Ramsay Hunt syndrome, temporal bone fracture caused by head trauma, tympanitis, middle ear surgery, and congenital disorder⁶⁾.

The cardinal signs of peripheral facial nerve paralysis mostly appear in the form of facial movement disorders caused by paralysis of facial muscles, but also frequently accompany such associated symptoms as abnormal watering of the eyes, hyperacusis, dysgeusia, hearing loss, vertigo, post-auricular pain, and oppressive facial pain²⁾. Generally, the cure rate of peripheral facial nerve paralysis treatment is 70% to 80% or more, and relatively high. However, the remaining 30% at the most are said to be left with some form of aftereffects due to poor prognosis³⁾. In Western medicine, peripheral facial nerve paralysis is mainly treated by drug therapy and stellate ganglion block therapy today. When sufficient improvement cannot be seen

by conservative treatment, facial nerve decompression is chosen.

In Eastern medicine, peripheral facial nerve paralysis is mainly treated by acupuncture and moxibustion treatment. The WHO identifies neuroparalysis as a disease that is susceptible to treatment by acupuncture and moxibustion, and peripheral facial nerve paralysis also falls under this scope. Clinical reports to date mainly discuss the application of needle retention therapy and electro-acupuncture therapy to the face.

This paper reports on a case where an improvement was seen in the symptoms of facial nerve paralysis as result of performing acupuncture and moxibustion treatment by mainly applying stimulations to distant regions of the body, namely the upper and lower legs, instead of to the affected region.

[Case]

67-year-old male. Height 175cm, weight 58kg. Unemployed. Family history: Dementia in mother. Medical history: Amnesic attack after a traffic accident (at age 40), asthma (at age 45), lung cancer (at age 67).

The patient's first visit was on Oct. 23, 20XX. His chief complaint was paralysis of the right side of his face (Bell's palsy).

[History of present illness]

On Oct. 12, 20XX, the patient felt a strangeness on the right side of his face while jogging to the park. He stopped jogging and went home. The strangeness persisted thereafter, so he made an emergency visit to T Hospital in the late afternoon of the same day. An MRI of the head and X-P were performed, but no problem was found. The patient was given an IV infusion and sent home. On the following day, the patient received another IV infusion at the same hospital, and on the day after that, he was diagnosed with nerve paralysis on the right side of this face (Bell's palsy) by an anesthesiologist at the hospital. According to the Yanagihara facial nerve grading

system (a score of 36 and above indicates normal movement), the patient's facial movement scored 8 out of 40. He was told his facial paralysis is severe, and that it would take from one to three months to cure. The patient went to T Hospital every day the following week, and received an IV infusion and stellate ganglion block therapy. On the eleventh day of developing the disease, the patient visited our hospital on recommendation of the anesthesiologist at T Hospital.

State of illness at first visit: Blood pressure 131/72mmHg, pulse 83/min (regular). Yanagihara facial nerve grading system: 8. No facial pain, tenderness. Sagging of the eye and mouth on the side of the paralysis. Tension in the longissimus muscle, splenius muscle, semispinal muscle of neck, rhomboideus muscle, erector muscle of spine, and brachioradial muscle, on the right side. In a NET test, nasolabial fold was 4.7mA, and ENoG value was 71.8% on the affected side. In our hospital, doctors determined that there was a difference in the NET test and ENoG value between the right and left sides, and surface EMG indicated minor synkinesis. In terms of ADL, the paralyzed side of the face was difficult to move, foods spilled from the mouth when eating or drinking, the eye frequently watered on the paralyzed side (especially in the wind), the nose watered on the paralyzed side, but no loss of hearing, tinnitus, vertigo or dysgeusia were observed.

[Name of disease]

Nerve paralysis on the right side of face (Bell's palsy) (M Hospital)

[Treatment plan]

Improvement of blood flow around the face, promoting the improvement of neurological functions, mitigation of tension in neck and shoulder

[Treatment method]

In supine position, stainless steel needles (Seirin Corporation) 40mm long and 0.16 thick were inserted to a depth of 3 to 4 mm in the TE8, TE5,

LI10, LI10, LI4, LI11, KI2, SP4, HT3, SP3 and KI4 on both sides. The needles were left inserted for 12 minutes. Moxa sticks were placed between the KI7 and KI3 on both sides for 5 to 6 minutes. In prone position, a stainless steel needle (Seirin Corporation) 40m long and 0.16mm thick was inserted to a depth of 3 to 4mm in the LI10 point on the right hand. Stainless steel needles (Seirin Corporation) 50mm long and 0.18mm thick were inserted to a depth of 3 to 4mm in the BL10, the BL9, the longissimus muscle, splenius muscle, and semispinal muscle on both sides. The needles were left inserted for 7 minutes. Immediately after the treatment, the patient himself noticed that he could slightly move his nostril on the paralyzed side. The same acupuncture treatment was applied on the patient's second visit and thereafter.

[Evaluation method]

The acupuncture treatment for peripheral facial nerve paralysis was evaluated by the Yanagihara facial nerve grading system, a paralysis criteria recommended by the Japan Society of Facial Nerve Research, and also by palpation for responses of the surface of the face, neck, shoulder, back and upper and lower legs.

The Yanagihara facial nerve grading system is a regional evaluation system that evaluates major facial functions by dividing the face into a number of units and evaluating each unit individually. It assesses the degree of paralysis by total score.

This case is presented here with the patient's consent.

[Progress of treatment]

Second visit (Oct. 29)

For a whole day after the first treatment, the patient's watery eye and runny nose on the paralyzed side stopped. This allowed the patient to spend the day with a measure of comfort. However, the watery eye and runny nose gradually returned from the following day (although to a lesser degree than the first visit). Additionally, he had found it

difficult to see with his right eye, on the paralyzed side, but became able to see with his right eye again. The skin of his cheek had felt a layer thicker, but it felt as though it became slightly thinner. He became able to move his mouth on the paralyzed side. He found it easier to eat and drink, compared to before receiving treatment. On October 28, he visited T Hospital, and was told that his symptoms have improved. From this day, he was instructed to lightly massage his face, and he commenced doing as he was instructed. He also began self-care at home.

Yanagihara facial nerve grading system: 16 points. The tension in his brachioradial muscle, longissimus muscle, semispinal muscle, and splenius muscle decreased compared to before.

The same treatment was performed as in the first visit. The patient noticed that he had a clear double eyelid on the paralyzed side after treatment.

Third visit (Oct. 30)

From after the treatment on his second visit, the patient's watery eye and runny nose stopped on the paralyzed side. However, the watery eye and runny nose gradually returned from the following day, although to a much lesser degree compared to before. When eating, food tended to collect in his mouth, but it had gradually become easier to eat and drink. There was still some strangeness and difficulty in moving his mouth, eye, and nose, in this order. He felt as though his mouth was shifted toward the unaffected side.

40-point grading system: 20 points. The tension in the brachioradial muscle, longissimus muscle, semispinal muscle, and splenius muscle decreased compared to before.

There was a complaint from the patient that he felt a slight pain from his lower back to the outer side of his buttock when walking or lying on the sofa, from before. Thus, treatment for lumbago was added to his treatment regimen from this day.

The KI9 and GB34 were added to the patient's initial treatment regimen, for lumbago treatment. Immediately after treatment, the patient noticed

that he became able to put some strength into his eyelid on his paralyzed side when intentionally closing his eye.

Fourth visit (Nov. 2)

The watery eye and runny nose on the patient's paralyzed side stopped. However, he still felt like his eyes would water up. When looking in the mirror, a nasolabial fold gradually appeared on the paralyzed side. When eating, food would sometimes still collect in his mouth, but he was becoming able to eat without spilling, as he did before he developed the disease. He would sometimes spill water from his mouth when gargling, but he was getting better at it, little by little. He still felt as though his mouth was shifted toward the unaffected side.

Yanagihara facial nerve grading system: 30 points. The tension in the brachioradial muscle, longissimus muscle, semispinal muscle, and splenius muscle decreased compared to before.

The pain from lumbago on the right side of the patient's body was improving compared to before the previous treatment. However, he felt a stretching sensation and strangeness when he bent forward or flexed the right side of his body.

The same treatment was performed as on October 30. Immediately thereafter, the patient became able to open his mouth slightly on the paralyzed side, and the difference with the left side decreased. His facial muscles improved compared to before treatment, but he still felt some strangeness when moving the muscles in his face.

Fifth visit (Nov. 6)

Food no longer collected in the patient's mouth when eating. He also spilled food less often. When talking for a long time, he felt his voice became muffled, but he was gradually improving since beginning treatment. There was still a slight feeling that his mouth was shifted to the unaffected side.

Yanagihara facial nerve grading system: 32 points. The tension in the brachioradial muscle, longissimus muscle, semispinal muscle, and splenius muscle decreased compared to before. There

was tension in the sternocleidomastoid and posterior scalene muscle. There was a deficiency response (less suppleness compared to the unaffected side, and depression when palpated) in the lower part of the ST4 and ST3 on the face, and an excess response (tension when palpated) in the SI18. There was also a deficiency response (depressed when palpated) in the SP3.

The lumbago on the right side of the body disappeared.

The application of moxa sticks to the LR4 point, SP5 point, the lower part of the ST4 point, ST3, SI18, and SP3 on the right side was added to the treatment given on October 30. Immediately after the treatment, the patient became able to move his mouth on the paralyzed side. (Compared to before treatment, the tension in the muscles of the neck, shoulder and forearm had lightened, the deficiency/excess reaction in the face improved, and palpation found the patient's condition to be moving toward the unaffected state.)

Sixth visit (Nov. 9)

Foods hardly collected in the patient's mouth any more when eating. He no longer spilled foods when eating or drinking. The feeling that his mouth was shifted to the unaffected side began to wane. Gradual improvements were observed, but the patient still slightly felt that his voice became muffled when talking for a long time.

40-point grading system: 36 points. Tension in the brachioradial muscle, longissimus muscle, semispinal muscle, and splenius muscle. There was a deficiency response (less strength compared to the unaffected side, and depression) in the lower part of the ST4 and ST3 on the face, and an excess response (tension) in the SI18. There was also a deficiency response (depressed when palpated) in the SP3, but the tension in the muscles of the neck, shoulder and forearm had lightened compared to before, the deficiency/excess reaction in the face improved, and palpation found the patient's condition to be moving toward the unaffected state.

The same treatment was performed as on November 6. Immediately after the treatment, the patient found it easier to close his eye and mouth on the paralyzed side, and became able to put some strength into these parts.

Seventh visit (Nov. 13)

The patient went to T Hospital on November 11 and was told that his condition was favorable, and that treatment at T Hospital has been completed. Subjectively, the patient hardly felt any difference between the left and right sides of this face, and no strangeness in his paralyzed side. Foods no longer collected in his mouth when eating. He still felt a slight sense of his voice muffling when talking for a long time, but that feeling was mostly negligible.

Yanagihara facial nerve grading system: 40 points. Tension in the brachioradial muscle, longissimus muscle, semispinal muscle, and splenius muscle. There was a deficiency response (less strength compared to the unaffected side, and depression) in the lower part of the ST4 and ST3 on the face, and an excess response (tension) in the SI18. There was also a deficiency response (depressed) in the SP3, but the tension in the muscles of the neck, shoulder and forearm had lightened compared to before, the deficiency/excess reaction in the face improved, and palpation found the patient's condition to be moving toward the unaffected state.

The same treatment was performed as on November 6. Immediately after the treatment, the patient said he felt better compare to before the treatment, and more comfortable.

Eighth visit (Nov. 13) – Eleventh visit (Dec. 25)

Since the seventh visit, there seemed to be nothing wrong with the patient's facial symptoms. However, the patient worried about a possible recurrence, and a palpation found a difference between the left and right corners of the mouth (the affected side did not display appropriate elasticity), so treatment was continued until there was no difference between the left and right sides. On the eleventh visit (Dec. 25), moderate elasticity

was confirmed in the right corner of the mouth through palpation, and there was no longer any difference between the affected and unaffected sides of the face, so treatment was agreed to be terminated.

[Observations]

A patient who developed peripheral facial nerve paralysis (Bell's palsy) was treated 11 days later by acupuncture and moxibustion mainly to distant regions in the upper and lower legs, a total of eleven times over a period of two months, with the result that his symptoms improved and eventually disappeared.

Bell's palsy accounts for 60% of all cases of facial nerve paralysis, and has the highest frequency of occurrence. The annual incidence rate is 20 to 30 people per 100,000 people in Western countries. In Japan, a survey conducted in 1985 found as many as 30 to 40 cases nationwide. There is no gender difference in its frequency of occurrence. There is no difference in which side of the face is affected, but simultaneous bilateral paralysis occurs in approximately 1% of cases, and recurs on one side at a rate of 4.9%. The age of onset ranges from infants to the elderly, but most frequently occurs to people in the thirties to sixties age range, at an average age of 44. There is no distinct period or seasonality of occurrence. Patients have diabetes at a rate of 9% and high blood pressure at a rate of 16%, and develop the disease mostly from having a stiff shoulder, physical fatigue, and emotional fatigue. Complete recovery is seen in most cases, and particularly where the conductivity of facial nerves is maintained by electroneuronography (ENoG), complete recovery is achieved at a rate of 90%⁶⁾.

In the case presented here, the patient was diagnosed with peripheral facial nerve paralysis of the right side of the face, and rated a score of 8 out of 40 in a facial movement grading system. He had severe symptoms of incomplete paralysis, and improvement was expected to take time. In the Yanagihara facial nerve grading system, scores

below 10 out of 40 indicate incomplete paralysis, and scores below 8 indicate complete paralysis. It also deems scores above 20 as mild cases, scores from 18 to 10 as intermediate cases, and scores below 8 as severe cases. Recovery is mostly achieved with a score of 36 or above and an absence of any medium-degree pathological associated movements⁵⁾.

In Eastern medicine, facial nerve paralysis is called "deviation of the eye and mouth." Facial nerve paralysis is classified into a number of patterns, but the case presented in this report was thought to be related to the Interior Wind meridian. The concept of the Interior Wind meridian (salivation due to cold) is that when the meridian becomes empty, exterior wind enters the empty meridian, attacks the middle yang of the hands and feet and causes causing poor meridian flow, making it difficult to close the mouth, and thus causing salivation⁴⁾. In the said case, the patient had just begun to exercise after undergoing an operation for lung cancer in March and recognizing a decline in physical strength. He developed facial nerve paralysis around the time when temperatures were gradually falling during the turn of the season. A cold wind had been blowing on that day.

The patient had also been caring for his mother around this time, and was probably exhausted in both mind and body. Thus, irregular emotion could also have been a cause of his paralysis. Paralysis caused by irregular emotion means that a feeling of anger has been aggravated by "five emotions in excess"⁴⁾. Furthermore, yin deficiency could cause "water failing to nourish wood," and when irregular emotion is added to this and liver yang is aggravated, an aggravation of anger may also be induced. This condition activates wind and fire so that qi and blood rise and cause "deviation of the eye and mouth." In the said case, treatment was applied based on this thinking.

Treatment focused mainly on acupuncture points in the upper and lower legs, and not the affected region. Treatment of the upper and lower legs was

also performed to relieve the tension that was observed in the neck and shoulder of the affected side. At the beginning of treatment, the patient experienced a runny nose and excessive watering of the eye on the affected side of his face, but these symptoms disappeared immediately after treatment, albeit for a short period time, and disappeared for longer periods of time with each treatment. The Large Intestine meridian and Triple Energizer meridian were used to treat the runny nose and watery eye symptoms. These are meridians that flow around the eyes and mouth. It is thought that treatment of these points stimulated the sensory organs on the side of the face that developed nerve paralysis due to some type of damage. From the perspective of Western medicine, it is thought that facial nerve paralysis (Bell's palsy) is an exacerbation mechanism of paralysis that occurs when latent HSV-1 infection in the geniculate ganglion is reactivated by such stress and stimulation as fatigue, coldness, tooth extraction, and pregnancy, causing paralysis through viral neuritis, and the neuritis causing edema, which then brings about a vicious circle of osseous compression in the neural canal, constriction and ischemia⁶).

In acupuncture and moxibustion treatment, it is thought that a somatic-visceral reflex occurred as a result of acupuncture stimulation and acted on the autonomic nerves in some way to stop the patient's runny nose and watery eye. Additionally, it is thought that an improvement was observed in the patient's symptoms by improving the blood flow around the face, promoting the improvement of neurological functions, and mitigating the tension in neck and shoulder that occurred accompanying the other symptoms. In the latter half of the treatment, inconveniences in the patient's ADL gradually improved, and he became able to live more comfortably. However, some paralysis remained in the corner of the mouth. He scored low in the Yanagihara facial nerve grading system for the corner of the mouth, and palpation also confirmed

poor movement there. Therefore, moxibustion treatment was applied to the affected region in the fifth treatment. As a result, movement at the corner of the mouth improved, and the patient subjectively felt a change in his symptoms immediately after treatment. By applying moxibustion to the affected region in addition to the treatment applied to distant regions, the difference between the left and right corners of the mouth improved. This is thought to have promoted better circulation around the face and accelerated the improvement of the symptoms. There have hardly been any reports on moxibustion treatment for facial nerve paralysis²⁾ in the past, but since the corner of the mouth moved better immediately after moxibustion treatment in this case, moxibustion treatment could be expected to be effective for facial nerve paralysis.

In this case of facial nerve paralysis, treatment was applied not only to the affected region, but also to acupuncture points at the periphery of meridians that mainly flow through the face. As the patient recovered in two months, the result suggests that acupuncture and moxibustion treatment to distant regions is effective. However, in this case, ENoG value was 71.8% in an electrophysiologic study. This high ENoG value and minimum neurological disorder may have contributed to the patient's early recovery after treatment. Stellate ganglion block shots were applied every day for a week after the onset of the disease, and acupuncture and moxibustion treatment was applied thereafter. The combination of these treatments may have also led to the patient's early recovery.

Acupuncture and moxibustion treatment was performed 11 times in this case. The patient had never experienced acupuncture treatment before, so he had some feelings of worry and fear about receiving the treatment. It is thought that acupuncture and moxibustion treatment to distant regions in the upper and lower legs mitigated the patient's burden (worry and fear) compared to applying treatment directly to the affected region,

and led to his positive attitude to receiving treatment. In the criteria for facial nerve paralysis, a score of 36 or higher in a 40-point system and the absence of pathological associated movements constitute recovery⁵⁾. Since the patient scored 40 out of 40 in the seventh treatment, the doctor could have judged the patient as having recovered and completed the treatment. However, because the patient was worried about a possible recurrence of the symptoms, and also because a palpation of the face found a weakness (deficiency) around the corner of the mouth on the affected side compared to the unaffected side, treatment was continued with the patient's consent until there was no difference between the left and right sides. This case showed that rather than making a judgment based only on an objective evaluation method, it is important to listen to the patient's feelings of concern and reach a mutual agreement regarding treatment, including the prevention of recurrence, between the patient and physician.

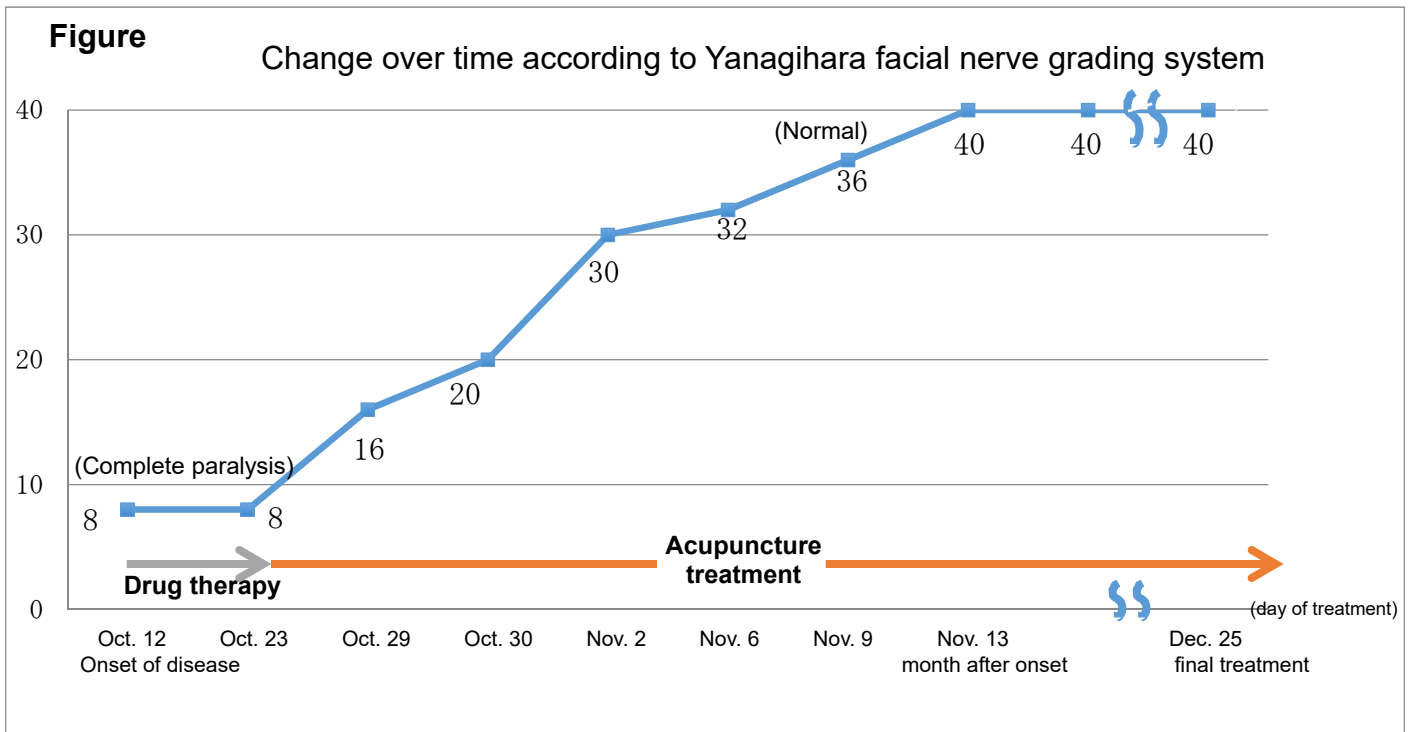
[Summary]

Acupuncture and moxibustion treatment was applied to distant regions in the upper and lower legs eleven days after a patient developed peripheral facial nerve paralysis (Bell's palsy), with the result that the patient's symptoms improved and eventually disappeared. The treatment had a particular effect in improving the excessive watering of the eyes and runny nose. In clinical reports to date, treatment had been mostly applied directly to the affected region. However, this case suggested the effectiveness of treatment to distant regions in the upper and lower legs. Acupuncture and moxibustion treatment to the distance regions in the upper and lower legs allowed treatment to be performed while mitigating the patient's burden (worry and fear) compared to direct treatment of the affected region. The combined use of Western medicine and Eastern

medicine to treat peripheral facial nerve paralysis also contributed to the patient's early recovery.

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The above figure shows the evaluation of the patient's condition according to the Yanagihara facial nerve grading system in the said case, by day of treatment.

Total score: 40 points

8 points or lower: Complete paralysis

36 points or higher: Normal

Clinical Report 2 (Kampo Medicine)

*A Case of Bad Health Condition from her First Delivery
Comprehensively Treated with Kampo Medicine, which Led
to the Next Pregnancy*

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Abstract

I report I treated a case who got bad condition after her first delivery comprehensively with Kampo medicines. Subsequently she got pregnant with Kampo medicine contains *Rhubarb* (*Rhei* Rhizoma) which is generally avoided for woman who intend to be pregnant because of its purgative effect. Restoring her condition was most important for the pregnancy even with *Rhubarb*. Interestingly, once she got pregnant, she couldn't take the medicines because of diarrhea, which means the pregnancy made a dynamic change in her body and her body demonstrated she didn't need them any more.

Introduction

Pregnancy, delivery and taking care of baby bring about not a few damages of woman's body. Especially in the late childbearing women often get extremely tired not only physically but mentally, which may induce various bad conditions later. But it is often settled just a fatigue or not serious matter or not "disease". In the Kampo therapy "disease" is not the only target to treat. The coordination of the body as a whole by Kampo medicines cure bad conditions and "disease" as well. Therefore Kampo therapy is the optimum treatment for women's problems connected with menstruation and pregnancy.

Case History

38-year-old woman visited to my clinic suffering from the premenstrual syndrome and the allergic rhinitis that both became much worse after the delivery of her first child one and half years ago. She often has headache and dizziness for one week before the menstruation which has restarted recently.

Physical examination) 161cm 52kg

Bp106/68 p74

There is no abnormalities.

Oriental medical Observation

Pulses; profoundly palpable,

Tongue; faint red covered with mild white furring

Abdomen; moderate abdominal tension (3/5) There are mild tenderness in both subcostal region (KYOKYOKUMAN) and mild tenderness in bilateral lower para-umbilical region (the tender point of OKETSU)

Clinical course

I prescribed shoseiryuto (Tsumura & Co., Ltd., Tokyo, Japan) 5g with kikyosekko (Kotaro pharmaceutical Co., Ltd.) 6g and kamishoyosan (Tsumura & Co., Ltd., Tokyo, Japan) 5g twice a day separately for four weeks. Her rhinitis has improved but premenstrual syndrome remained. I changed the prescription to *shosaikoto* (Tsumura & Co., Ltd., Tokyo, Japan) 5g and *keishibukuryogan* (Tsumura & Co., Ltd., Tokyo, Japan) 5g twice a day. These relieved headache and dizziness before the menstruation. She caught a cold regularly once a month and I noticed it happened during her ovulatory phase. Her susceptibility to infection has disappeared with *shosaikoto* (Tsumura & Co., Ltd., Tokyo, Japan) 5g and *unkeito* (Tsumura & Co., Ltd., Tokyo, Japan) 5g, which gave her regular menstruations without any trouble. Accordingly she had expectation of her second pregnancy a few times in a year. After one year and three months she started feeling irritable or depressed before the menstruation because of not getting pregnant contrary to her expectation. There were the resistance with tenderness in her lower bilateral umbilical regions. And she had strain in defecation. I prescribed *saikokaryukotsuboreito* (Tsumura & Co., Ltd., Tokyo, Japan) 5g and *tokakujokito* (Tsumura & Co., Ltd., Tokyo, Japan) 5g twice a day. Her irritable or depressed mood before the menstruation was relieved. After two months with these medicines, finally she got pregnant. She said she stopped taking these because of a sudden diarrhea as soon as she got pregnant.

Discussion

There are great differences between Kampo medicine and Western one. In the Kampo therapy, the assessment of the patient's physical and mental condition as a whole human body is essential for the diagnosis and the determination of the medicine. Symptoms which patients complain are considered as just the expressive form of their condition as a result of losing the balance of the constituent elements of the body, such as Yin and Yang or Ki (kind of the spiritual energy), blood and bodily fluids. Therefore one or a few Kampo medicine can cure many symptoms of the patient by correcting the unbalanced condition.

During the pregnancy, delivery and feeding babies on mother's milk, there are drastic changes of the women's body of not only bodyweight but circulation or hormones. Indeed these changes are not pathological, but can easily disturb the balance of the constituent elements of the body and consequently bring some bad conditions especially for the women who gave birth of the first child later.

Kamishoyosan is often used for the premenstrual syndrome which is considered to be mainly caused by the stagnation of Ki and blood. But this case didn't respond it. To strengthen the force to drive the circulation of Ki and blood I changed the medicine to *shosaikoto* and *keishibukuryogan*. With these she was relieved of the headache and dizziness before the menstruation. According to the text of "Shanghan-lun", *shosaikoto* applies to infection just before or during the menstruation, but she was still vulnerable to infection before the menstruation. I considered this was because her body struggled to prepare the menstruation and couldn't spare from infection.

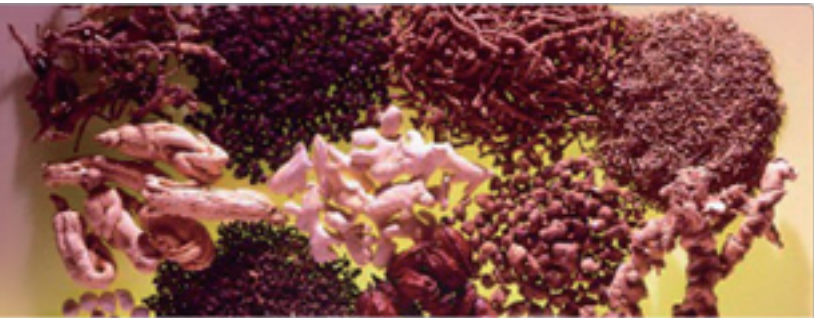
Then I changed *keishibukuryogan* to *unkeito* which is originally applied for the women on the brink of menopause to support their body, chiefly reproductive parts. *Shosaikoto* and *unkeito* has brought her regular menstruations without any trouble for a year, since when she expected her

second pregnancy. This indicates her unbalanced condition was corrected by these two medicines. But after a while she started feeling irritable or depressed before the menstruation because of disappointed hopes of second pregnancy. This time the stagnation and confusion or disorder of Ki made another unbalanced condition with bad circulation of blood, which I speculated from the tenderness in her lower bilateral umbilical regions and her light constipation.

Therefore I changed the medicines to *saikokaryukotsuboreito* and *tokakujokito* to drive and assist the circulation of Ki and blood. Finally she got pregnant after two months taking with these medicines. *tokakujokito* contains *rhubarb* which is generally avoided for woman who intend to be pregnant because of its purgative effect. Moreover *tokakujokito* itself is often denied to woman who intend to be pregnant, because its strong efficacy of driving of blood circulation could prevent the implantation.

As a result restoring her condition was most important for the pregnancy even with *tokakujokito*. Interestingly, once she got pregnant, she couldn't take the Kampo medicines because of sudden diarrhea, which means the pregnancy made a dynamic change in her body and her body demonstrated she didn't need them anymore. In the Kampo therapy, it is indispensable to assess the patient's physical and mental state as a whole human body, and more important, the physical and mental state changes in a short period even by the therapy.

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