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

**KAIM**

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**Editorial**

Kampo Medicine Seen from the Viewpoint of Clinical Reasoning – Part 2  
**Mitsuyuki Takamura**

**Report from WFAS Tokyo/Tsukuba 2016**

Hokushinkai Style Acupuncture and Moxibustion Treatment  
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**Type 2 Case of Yasui Classification**

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Kidney Deficiency Low Back Pain  
**Masanori Takashi and Makoto Arai**

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*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

### *Kampo Medicine Seen from the Viewpoint of Clinical Reasoning – Part 2*

In the Editorial of the previous issue, I mentioned the application of Clinical Reasoning System 1 to Kampo medicine. In this traditional medicine, the decision of making a correct prescription is important, numerous clinical pearls and evidence data such as from randomized control trials are extremely fundamental for intuitive reasoning, and Japanese Kampo doctors are skillful in this point.

Then, what is the application of System 2 to Kampo medicine? It is to understand the logically constructed structure which this traditional medicine originally possesses and to diagnose Kampo pathological conditions by utilizing them to derive the optimal prescription. Several methods have been proposed for this approach.

The most common method is modern Traditional Chinese medicine (modern TCM) that originates in ancient China. This diagnostic and therapeutic method reaches the final decision of prescription by repeating hypothesis formation and hypothesis verification from the patient's symptoms. This is a typical System 2 model.

A different method is advocated by the Japan Society for Oriental Medicine which is the most common approach in Japan. It aims to assist prescription selection by making full use of concepts such as: yin/yang; exterior/interior; cold/heat; excess/deficiency; qi, blood and fluid; Six stage pattern. This is similar to modern TCM, whereas TCM performs "analysis" of disease states, the Japanese approach is "category classification" of disease.

Recently, another theory which deserves attention has emerged in Japan. Yoichiro Ebe invented "Keiho Theory" based on the content of Kampo classics; "*Shang Hang Lun*" and "*Jin Gui Yao Lue*", especially focusing on the movement of qi (ki). It describes physiology / pathology / therapeutics in the time of creation of these classics. He also describes the principles of Kampo medicine. It can be expected that this field will be further researched in future.

In any case, System 2 in Kampo medicine requires a high-load of thought work and takes time to reach the final objective, but it can be verbalized and conveyed to other people hence verifying the thought process.

In this way, it can be said that more accurate prescription decisions are made by using both Systems in Kampo medicine rather than by using only one of the Systems.

**Mitsuyuki Takamura, M.D., PhD.**

Kampo Medicine Outpatient Clinic,  
Mie University Hospital

## Report from WFAS Tokyo/Tsukuba 2016

### *Hokushinkai Style Acupuncture and Moxibustion Treatment*

General Incorporated Association Hokushinkai

#### Introduction:

Hokushinkai style treatment, with a small number of acupoints (one acupoint, in most cases) has been successfully applied to many diseases. The Hokushinkai style, a school of traditional Japanese acupuncture and moxibustion, is based on the principle of *benshoronchi* (pattern identification/syndrome differentiation and treatment) and uses the terminology of traditional Chinese medicine as a common language. This paper, consisting of two parts, describes the theoretical characteristics of the Hokushinkai style.



#### Main body of the text

##### 1. What is Hokushinkai?

Hokushinkai was established as an academic association by Renpu Fujimoto and his associates in 1979. The philosophy of Hokushinkai is as follows: “Oriental medicine is a true medicine that can cure body, mind, and soul. Based on this premise, we aim to help patients from the standpoint of oriental medicine. To achieve this, we pursue both scientific knowledge and artistic skills.” In 2009, Hokushinkai became a general incorporated association. We have held regular meetings and workshops that aim to enhance the knowledge and skills of practitioners. Currently, many practitioners in acupuncture and moxibustion, as well as physicians, participate in our program.

##### 2. Current traditional Chinese medicine in perspective

The basic theory of Hokushinkai has been developed under the influence of traditional Chinese medicine from the very beginning. We have held conferences and education programs based on traditional Chinese medicine. Concurrently, we have emphasized that there are limitations in the direct application of current traditional Chinese medicine to clinical practice. The following are some of the Hokushinkai views on current traditional Chinese medicine.

##### 1) Advantages of traditional Chinese medicine

###### a. Logicity:

Consistency regarding examination, diagnosis, and treatment is essential in medicine. The clinical practice of current traditional Chinese medicine is founded on the principle of *benshoronchi*, correlating of all four examinations. We apply these procedures in the clinical practice of acupuncture and moxibustion for disease identification, by which we can determine the appropriate treatment with respect to the basic disease mechanism and pattern identification in the fields of traditional Chinese medicine. In addition, the traditional Chinese

medicine examination methods can provide more information than *zuisho* therapy which is based only on inquiry or pulse diagnosis. Employment of the examination system is, therefore, useful when holding conferences and providing education.

#### b. History of the medicine

Since publication of “*Huangdj’s Internal Classic*”, there have been considerable advances in oriental medicine (traditional Chinese medicine) in terms of diagnostic and therapeutic methods. Because of these advancements, we can utilize the accumulated knowledge regarding basic disease mechanisms and pattern identification for treatment of each disease, according to traditional Chinese medicine. We can thoroughly learn the historical developments and theoretical issues that are essential in each school of current traditional Chinese medicine. In addition, the findings are suggestive in the context of the heritage and progress of traditional Japanese medicine.

#### c. Globalization

Oriental medicine (traditional Chinese medicine) originates in China. It has progressed independently from the original style, mainly in the Korean Peninsula and Japan, based on treatment in accordance with three causes (seasonal and local conditions, as well as patient individuality). Nonetheless, all oriental medicine is based on the common principles that have developed since the publication of “*Huangdj’s Internal Classic*.” Therefore, we believe that the World Health Organization international standard terminology regarding traditional Chinese medicine is useful for our communication, although additional explanatory notes may be needed in some cases. Through this standardized communication, we can convey the uniqueness and advantages of Japanese traditional acupuncture and moxibustion to practitioners in many countries.

#### 2) Limitation

According to current traditional Chinese medicine, “all substances in nature are composed of qi with various levels of density, and qi is the most fundamental substance.”\* However, if qi is regarded as a substance with quantity (using the term in physics), this notion leads to materialism, which is inconsistent with the view of qi monism since “*Huangdj’s Internal Classic*,” where emphasis is placed on function, rather than substance.

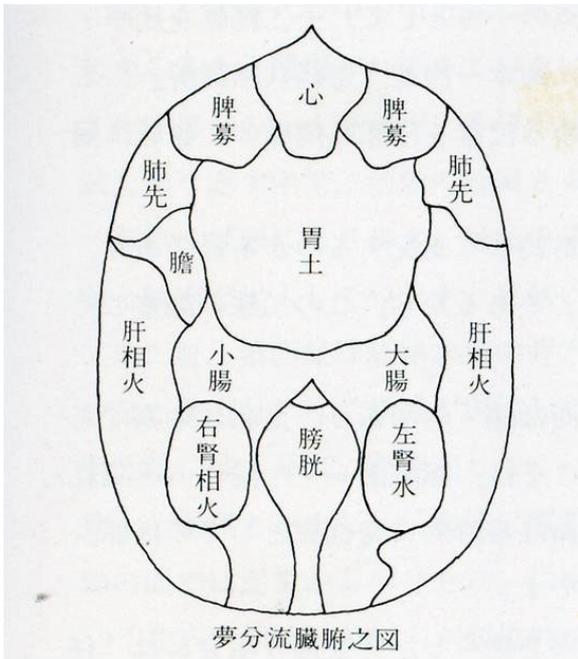
\* As presented in “*Basic Traditional Chinese Medicine*” (Ryogen-shoten, 1995) by Kobe Traditional Chinese Medicine Study Group.

### 3. Multifaceted observation of body surface

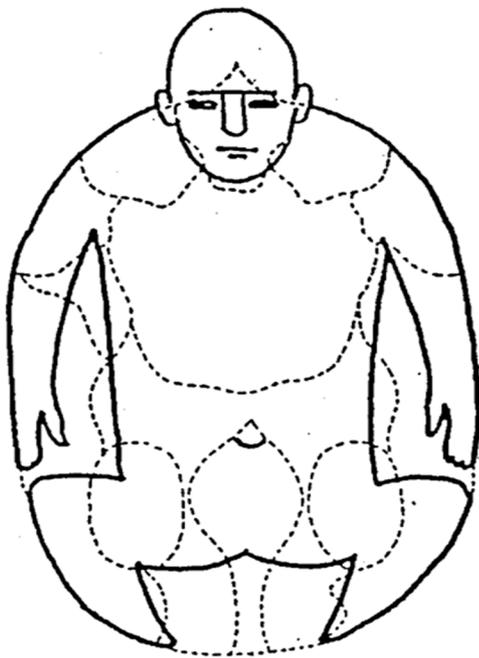
Hokushinkai style employs the body surface observation techniques of old Japanese schools for practicing *benshoronchi*; these body surface observation techniques have contributed to improved diagnostic accuracy. Here, we outline some of the techniques.

#### 1) Mubun school abdominal examination

Based on the monograph regarding Mubun school dashin (needle tapping), titled “*Shindo Hiketsushu*,” we have continued our efforts to apply these techniques in clinical practice. Location of tension in the abdominal wall is evaluated by palpation. By confirming the areas of the viscera and bowels corresponding to the tension, practitioners can discern the disease location in the viscera and bowels, as well as any uneven distributions of qi and blood in the body.



**Figure 3:** Abdominal examination in practice.

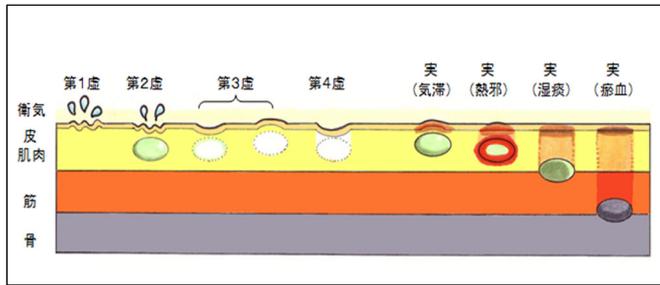


**Figures 1 and 2:** Two figures depicting abdominal examination.

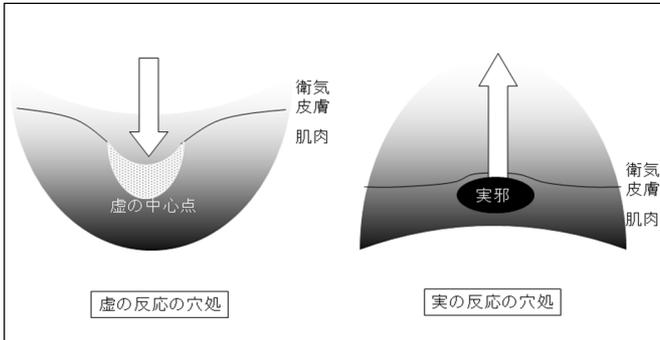
## 2) Back examination

In the Hokushinkai style examination, the two sides of the spinous process on the governor vessel are recognized as the first line points, the lines 1.5-*sun* (approximately 4.5 cm) outside the governor vessel points are recognized as the second line points (traditional first line), and the lines 3-*sun* (approximately 9 cm) outside the first line points are recognized as the third line points (traditional second line). By evaluating the responses of the back-transport points through palpation, using the concepts of deficiency/excess and cold/heat, the conditions of the viscera and bowels, as well as other body regions, can be assessed in terms of deficiency/excess/yin/yang. The back-transport points were originally described in “*Miraculous Pivot*” (in the section regarding back meridian points) and “*Plain Questions*” (in the section regarding heat patterns). In Japan, examination of the back-transport points was introduced as “*Shihai*” (seeing the back) in “*Ippondo koyo igen*,” written by a physician, Shuan Kagawa, in the Edo period. In the early stages following the introduction of “*Shihai*,” tenderness was used as the primary index. Since then, various efforts have been made to improve the technique. Currently, practitioners can accurately assess the deficiency and excess of acupoints, while remaining aware of defense qi, using a very soft touch (feather touch).

For example, the points of the governor vessel and the first, second, and third line points are assessed as a unit, such as the set consisting of GV6, BL20 along the first line (right and left sides of the 11th thoracic vertebra spinous process), BL20, and BL49. In general, the governor vessel and first line are more reactive in the acute stage; when the condition becomes chronic, the second and third lines often become reactive.



**Figure 4-1:** The left half depicts the variety of responses from acupoints for deficiency. The right half depicts the variety of responses from acupoints for excess.



**Figure 4-2:** A schematic diagram showing the defense qi in acupoints for deficiency and excess.



**Figure 5:** Positional relationships of back transport points.



**Figure 6-1:** Back examination of the upper back: feather touch.



**Figure 6-2:** Deep touch on the acupoint BL15 of the upper back



**Figure 7-1:** Back examination of the lower back: feather touch.



**Figure 7-2:** Deep touch on the acupoint BL20 of the lower back.

### 3) Examination of source points

Abnormalities in the viscera and bowels, meridians and collaterals, and meridians sinew can be evaluated through the examination of source points (e.g., deficiency, excess, cold, and heat) based on “*Miraculous Pivot*” and “*Classic of Difficult Issues*.” All of the back-transport points are located in the bladder meridian (the foot-taiyang). By contrast, the source points are located in the 12 meridians and collaterals; therefore, modulation of the 12 meridians, as well as the collaterals and meridians sinew, is easy to detect. The palpation method is in accordance with the method of back examination, although a more delicate procedure is needed, compared with back examination, because the anatomical structures vary across points and the sizes of the source points are smaller than those of the back-transport points.



**Figure 8:** Examination of source point SP3: feather touch.



**Figure 9-1:** Examination of source point LI4: feather touch.



**Figure 9-2:** Examination of source point LI4: deep touch.

#### 4) Examination of well points

Well points are points where tenderness appears as a reaction to acute disease. The imbalances in the viscera, bowels, meridians, and collaterals can be detected by collating information regarding tenderness of the governor vessel points and first line points. In practice, areas of great tenderness are detected by soft palpation of the neighboring areas near PIP or DIP joint, rather than by palpation of the well points themselves.



**Figure 10:** Examination of well point of the hand.



**Figure 11:** Examination of well point of the foot.

#### 5) Pulse diagnosis

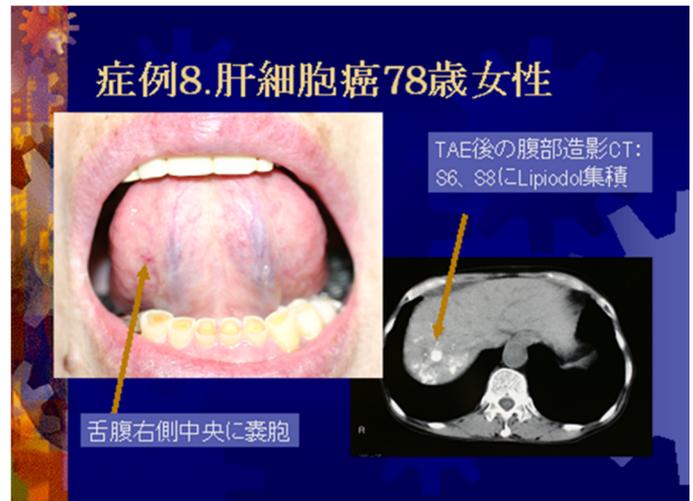
The lung meridians of the hand-taiyin originate from the middle energizer and run to the cun section of the wrist (the place where the pulse can be felt). Therefore, the rise and fall of stomach qi related to the middle energizer (acquired qi) is reflected in the state of pulse at cun. In Hokushinkai style, pulse examination at cun is adopted as a method to evaluate the state of stomach qi. In addition, cun can be also interpreted as a representation of the whole-body condition. Examination of the rise and fall of stomach qi is extremely important; it is essential for the assessment of clinical course of disease, treatment efficacy, and exploration of optimal treatment strategies. Patients are asked to clasp their hands in prayer near the point below the navel. This contributes to the mental relaxation of the patient. In addition, this hand position is suitable for ensuring that patients make the same wrist angles every time, by which practitioners can accurately evaluate the change in pulse before and after therapy.



**Figure 12:** Pulse diagnosis of stomach qi.

#### 6) Tongue diagnosis

This is a very important examination for understanding of the eight principles (especially for heat/cold/yin/yang). In Japanese acupuncture and moxibustion, tongue diagnosis was not incorporated into clinical practice until its adoption by Hokushinkai. In Hokushinkai style, tongue diagnosis has been applied from the very beginning for the treatment of acute feverish diseases, miscellaneous diseases, and intractable diseases. Renpu Fujimoto has extensive experience regarding tongue diagnosis. Importantly, he reported that there was a tendency for coincidence between the locations of cysts in the ventral surface of tongue and the topography of trunk lesions.



**Figure 13:** Pictures of tongue and magnetic resonance image, cited from “*Tongue inspection and imaging diagnosis*,” *Oriental Medicine Journal of Acupuncture & Moxibustion vol. 1*.

#### 7) Other body surface observations

Other examination methods, such as cubit examination (elbow-to-wrist skin examination) and spatial examination, are described in the text, “*Body surface observation*” (Renpu Fujimoto, Midori-shobo).

In the next portion of the paper, theory, diagnostic methods, and needling methods, all of which are important in Hokushinkai style clinical practice, are described.

### 4. Important theory and diagnostic methods in Hokushinkai style

#### 1) Taiji Yin Yang theory

Qi is the source of the universe. Our examination and treatment are primarily based on the theory of qi monism. Practitioners can be inspired by the Taiji Yin Yang theory and various principles, based on the dualistic monism of yin and yang. The details are described in “*Universe of oriental medicine*” (Renpu Fujimoto, Midori-shobo).

#### 2) Theory of the viscera and bowels and meridians and collaterals

In current traditional Chinese medicine, there has been a tendency that the viscera and bowels are described separately from meridians and collaterals, as seen in the titles of textbooks such as “*Visceral and bowel theory*,” “*Visceral and bowel pattern identification*,” “*Meridian and collateral theory*,” and “*Meridian and collateral pattern identification*.” However, “viscera and bowels” and “meridians and collaterals (meridian, meridian divergence, meridian sinew, and fifteen collaterals)” are inseparably linked with each other in clinical practice. Therefore, we address them together, using the framework “theory of viscera and bowels and meridians and collaterals” for treatment. If the framework is compared to a tree, “roots” represent the viscera and bowels, whereas “branches and leaves” represent the meridians and collaterals; thus, the condition of the roots (viscera and bowels) can be assessed by observation of the branches and leaves (meridians and collaterals).

### 3) Pathogenesis and pathology

In the practice of *benshoronchi*, treatment principles are determined based on the identification of a “pattern.” However, the “pattern” itself only reflects the pathologic condition of the patient at the time of examination. Having an accurate understanding of the pathogenesis and pathology underlying the pattern is important for prognostic prediction and treatment of disease, including disease in the presymptomatic state. This notion leads to the perspective of narrative-based medicine that has recently received attention.

### 4) Qi stagnation theory

As described in “*Miraculous Pivot*,” acupuncture and moxibustion therapy aims to restore the health of patients by removing the blockage of meridian flow. In Japan, Mubunsai and Gonzan Goto proposed the “qi stagnation pathology theory,” which stipulated that “all diseases are caused and exacerbated by stagnation of qi.” This theory has an important role in Hokushinkai style clinical practice.

### 5) Spatial theory, spatial examination, and spatial pattern identification

When multiple symptoms are unevenly distributed on one side (left, right, upper, or lower), treatment based on spatial examination and spatial pattern identification is often significantly effective. This spatial theory and the diagnosis and treatment methods to correct the uneven distribution of qi were developed by Renpu Fujimoto, based on his clinical experience of acupuncture and moxibustion. The concept of spatial theory originates from pulse examination in the three positions and nine indicators in “*Plain Questions*.” The details are described in “*Vertical, Horizontal and Anteroposterior Rules*” (Renpu Fujimoto, Medical Yukon).

6) Pattern identification of healthy and pathogenic qi  
Deficiency indicates weakened qi, whereas excess indicates an excess of pathogenic qi. Discrimination between deficiency and excess is made by pattern identification for deficiency and excess in the eight principles. In clinical practice, there are cases where the signs of deficiency and excess are mixed. In such cases, knowing which is dominant, or whether both are equivalent or not, is important for the determination of treatment strategies. Based on the assessment of dominance of deficiency and excess (healthy and pathogenic), optimal treatment is selected. Appropriate supplementation and draining can be performed according to the pattern identification of healthy and pathogenic qi.

### 7) *Shinshu* theory (mind and pain theory)

Awareness of pain is governed by the mind. Based on the premise that a peaceful mind leads to the reduction of pain, therapy is targeted at acupoints that are related to relaxation of the mind.

### 5. Utilization of a specially designed chart

The specially designed chart for Hokushinkai style includes approximately 300 inquiry items. There are charts specialized for women (including items regarding menstruation and delivery) and men

(including items related to pathologies in men). A chart for adults has seven pages. Sample charts are shown in the appendix of *“Acupuncture clinical competency–Hokushinkai style: Theory edition.”*

**6. Unique techniques of acupuncture and moxibustion**

In Hokushinkai style, one acupoint (or up to three acupoints) is selected as the therapeutic target, in order to dramatically improve the flow of qi and blood and to restore the imbalances of yin and yang. This allows practitioners to evaluate the treatment effect more clearly and to correct the treatment strategies, if needed. We developed a needling method that is suitable for people in Japan today. This method exerts an optimal effect, without disturbing defense qi and putting stress on the body. It is called the “Renpu needling method.”

1) Filiform needle therapy (flexural needle insertion)

a. Regarding the small number of needles

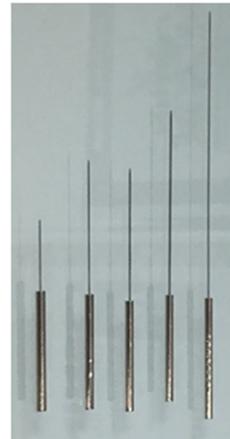
After proper pattern identification and decision regarding treatment strategies, one (or up to three) acupoint is selected. Healing of the body by acupuncture (moxibustion) treatment is considered to occur through the accumulation of healthy qi and reduction of pathogenic qi at the treatment point. When the number of treatment points increases, the gathering of healthy qi becomes difficult, leading to a lessened treatment effect. For this reason, the most effective acupoint is selected after assessment of dominance of deficiency and excess. Small number needling allows us to evaluate treatment effects accurately, as well as to correct treatment strategy if the treatment proves ineffective.

b. Flexural needle insertion

Traditionally, a needling method involving a guide tube has been widely used in Japan. We propose a flexural needle insertion because it is more quickly adaptable to the conditions of the acupoints and body, based on body surface observations. Practitioners should be aware that defense qi is also present in the parts distant from the examined body surface, and that the defense qi will start to react when the needle approaches the body. The needle should be inserted

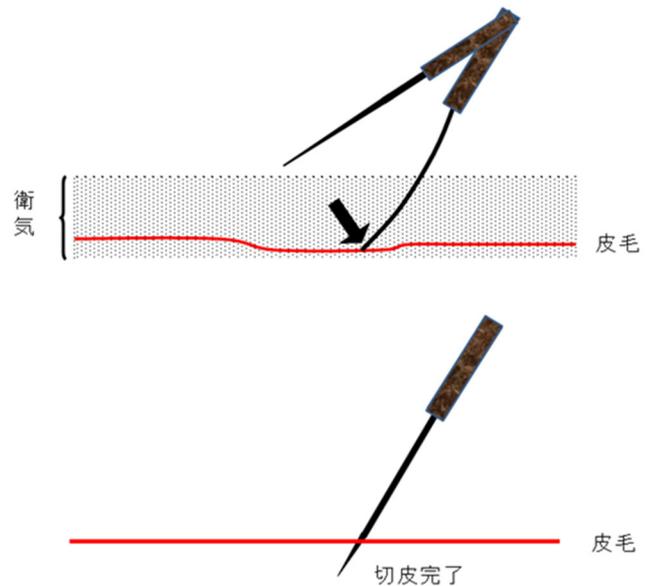
naturally, utilizing the balance between the elasticity of the skin at the acupoint and that of the tip and saddle of the needle. (Figure 14)(Figure 15)

**【撓入鍼】 柳葉型鍼尖**



- 短鍼2番  
0.18 × 10mm
- 奇経鍼
- 3番 0.2 × 20mm
- 5番 0.25 × 20mm
- 8番 0.3 × 30mm
  
- 寸6 5番  
0.25 × 48mm

**Figure 14:** Types of filiform needles.

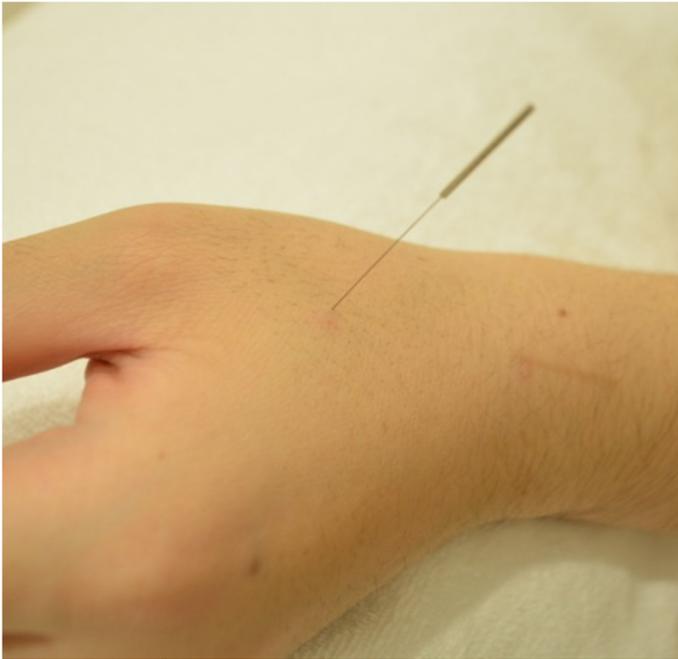


**Figure 15:** Procedure of needle insertion.

c. Needle placement after selection of acupoints, based on the left-right difference.

In examination of source points and the back, different responses between left and right points are considered to indicate problems. It is assumed that malfunction of the weakened viscera and bowels causes left and right imbalances in acupoints along the meridians and collaterals. A draining method is

used during needle placement on the excess side, while a supplementation method is used on the deficiency side; thus, the imbalances are considered to be restored, based on the balancing principle in the Taiji Yin Yang theory. We use needle placement as the basic technique because complicated procedures hinder quantification of healthcare resource use. (Figure 16)



**Figure 16:** A picture of needle placement.

2) Dashin (tapping round-tip needle with a mallet)  
Dashin, in Hokushinkai style, derives from the Mubun school dashin described in “*Shindo hiketsushu*.” This method was further developed by Renpu Fujimoto in his attempt to develop an acupuncture method suitable to the Japanese people of today. In the early phase of development, Mubun school dashin (needle insertion by tapping with a mallet) was adopted without modification; however, it was then abandoned because it caused pain and stress on the body. Then, a round-tip needle, similar to spoon needle and round-pointed needle, was developed using metals such as gold, silver, and stainless steel. The use of this new needle was effective and did not cause stress on the body. This new technique involves a comfortable beating sound with a mallet, along with vibration of the abdominal

wall, both of which contribute to the restoration of imbalances of yin and yang. In accordance with the principles of the Mubun school, acupuncture therapy is performed only on the abdominal region, and diseases can be cured by adjusting all the meridians, collaterals, viscera, and bowels, as well as maldistribution (left/right/upper/lower) of the qi and blood. This method is especially effective for patients with seriously weakened qi in whom filiform needle is not applicable, those with hypersensitivity, and children. (Figure 17)



**Figure 17:** Tools of dashin in “*Shinkyu Chohoki*.”



**Figure 18:** Tools of dashin currently in use.



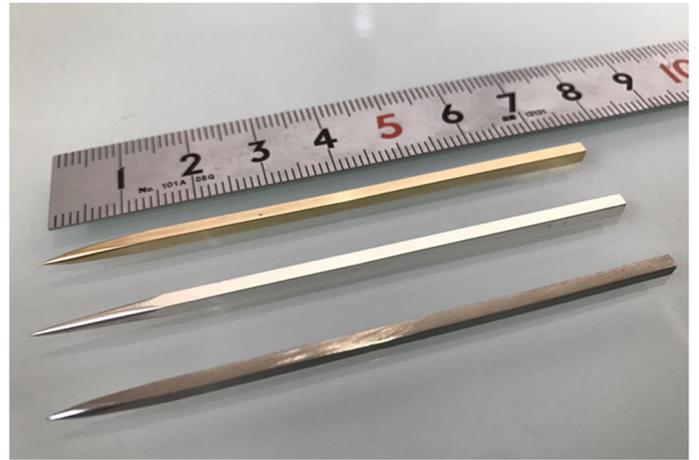
**Figure 19:** Dashin in practice.

### 3) Kodaishin

In 1968, ancient needles from 2100 years ago were discovered in a tomb in the Western Han Dynasty of China (the tomb of Liu Sheng). Subsequently, we produced replicas of the ancient needles and began to use them in clinical practice. As a result, we found that the procedure of needling without insertion (just touching) was sufficiently effective. Since then, the practitioners of Hokushinkai style have used the ancient needles in clinical practice, under the name of Kodaishin. (Figure 20 / Figure 21)



**Figure 20:** Replicas of Kodaishin.



**Figure 21:** Kodaishin currently in use.

In the early phase of development, needles made of gold or silver, similar to those discovered in China, were used; different needles were used for cold/heat/supplementation/draining. However, we recently found that stainless Kodaishin is useful for any symptoms related to cold/heat/supplementation/draining; moreover, it produces significant effects simply by holding aloft the acupoint, without touching. The indications of Kodaishin are almost the same as those of dashin. Since therapy with Kodaishin does not require extended time, it is often used for patients who cannot lie on the back or for children who are restless. (Figure22)



**Figure 22:** Kodaishin therapy in practice.

## 4) Others

Renpu Fujimoto has studied with the nine needles and their needling written in “*Miraculous Pivof*” since the beginning of his practice. Currently, he occasionally uses round-sharp needle and shear needle, but most frequently uses the needles described above. In addition, he may use moxibustion for patients with a significant deficiency cold pattern, as well as for those requiring treatment with *Sinshu* theory.

**Conclusion**

The medical philosophy of Hokushinkai style is based on qi monism and the Taiji Yin Yang theory, following the philosophy of oriental medicine since the publication of “*Huangdj’s Internal Classic*.” Thus, it originates from a standpoint that is different from the materialisms seen in current traditional Chinese medicine. Hokushinkai style emphasizes the importance of clinical practice in accordance with control of the three causes (seasonal and local conditions as well as patient individuality), while using the terminology of traditional Chinese medicine and adopting the science of traditional Japanese acupuncture and moxibustion. We have been making continuous efforts to develop acupuncture and moxibustion medicine in the spirit of “from practice to theory.” We have established a series of treatment systems in acupuncture and moxibustion, including in-depth *benshoronchi*, with detailed inquiries and with multifaceted body surface observation, small number needling therapy, dashin, and Kodaishin. We continue our efforts to develop traditional acupuncture and moxibustion. Hokushinkai style is an active school attempting to cure a wide range of diseases, including intractable diseases. We hope that Hokushinkai style will be spread far and wide. Lastly, a list of textbooks of Hokushinkai style and related literature are presented below.

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## Type 2 Case of Yasui Classification

*Two Cases of Acute or Subacute Polyarthralgia  
Successfully Treated with Boiogito Extract*

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### Background

Many patients with polyarthralgias see doctors every day all over the world. We must exclude many differential diagnoses such as collagen diseases, especially rheumatoid arthritis; however, it is sometimes difficult to identify the causes. In the cases of acute or subacute stage in particular, it is assumed that some sort of viruses cause these symptoms. Nevertheless, we sometimes prescribe Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) only because it is difficult to identify the causes, moreover, most of antiviral drugs are ineffective for these viruses. We experienced two cases of acute or subacute polyarthralgia successfully treated with *boiogito* extract. It is suggested that *boiogito* extract is useful for nonspecific polyarthralgia.

### Case report

Case1: 39 year-old male

[Main complaint]

Polyarthralgia, fever

[Past history]

Operated on testicular torsion when in junior high school

[Medicine(/day)]

Celecoxib (100mg) 2T, Famotidine (20mg) 1T

[Life history]

Non-smoker, social drinker, doesn't have any pets, no overseas travelling.

Job: a nurse of mental hospital

[Present illness]

He felt arthralgias on his wrists and knees from a few weeks ago. He supposed they were due to the training at fitness club at first; however, his legs got swollen from knees to feet. A local orthopedist said to him that his X-ray examination had no problems.

Because of elevation of WBC (15,490/ $\mu$ L) and CRP (7.94mg/dL), moreover, limited effect of Celecoxib for his arthralgias made another local doctor introduced us on May 26, 20XX.

[Physical findings]

His body temperature hovered around 37 degrees (Celsius).

He had limitations on range of motion of bilateral shoulders, elbows, and knees.

His legs were slightly edematous.

He had no tenderness of upper extremities, no nail changes, no rashes.

[Urinalysis] protein (-), sugar (-)

[CBC] WBC 13,840/ $\mu$ L, RBC 512 $\times$ 10<sup>4</sup>/ $\mu$ L, HGB 15.1g/dL, PLT 45.0 $\times$ 10<sup>4</sup>/ $\mu$ L

[Biochemistry] ESR 46mm/h, AST 15U/L, ALT10U/L, LDH 157U/L,  $\gamma$ GTP 31U/L, ALB 3.6g/dL, CK <24U/L, BUN 18.3mg/dL, CREA 0.85mg/dL, Na 139mEq/L, K 4.1mEq/L, Fe 28 $\mu$ g/dL, CRP 5.64mg/dL, HbA1c 5.8%, TSH 1.249 $\mu$ IU/mL, Ferritin 209ng/mL

[Antibody] Parvovirus B19 IgM (-), RF (-), CCP (-)

[Treatment]

We diagnosed non-specific polyarthralgia by viral infection. There was a possibility of reactive arthritis as a differential diagnosis, however, symptomatic treatments were recommended anyway. We added 7.5g/day of *boiogito* (*Fang-Yi-Huang-Qi-Tang*) extract to 200mg/day of Celecoxib on his first visit. His symptoms gradually improved within two weeks. He continued that medications for a months.

Case 2: 55 year-old female

[Main complaint]

Polyarthralgia

[Past history]

Type 2 diabetes mellitus, hyperthyroidism, hyperlipidemia, hypertension  
(these were well-controlled)

[Medicine(/day)]

Thiamazole(5mg) 3T, Alogliptin(25mg) 1T,  
Pioglitazone(15mg) 0.5T, Glimepiride(1mg) 1T,  
Pitavastatin(1mg) 1T, Amlodipine(5mg) 1T,

Irbesartan(100mg) 1T, Azosemide(30mg) 0.5T,  
Metformin(500mg) 2T, Loxoprofen(60mg) 3T,  
Troloxipide(100mg) 3T

[Life history]

Non-smoker, non-drinker, doesn't have any pets.

Job: a staff of a welfare office

[Present illness]

She felt both coxalgia a few years ago but didn't have any medication because a rheumatologist she consulted excluded rheumatoid arthritis.

Thereafter she had pain of both knees and ankles from one year ago, which sometimes disabled her to walk only 50 meters. Furthermore, both coxalgia and shoulder pains occurred but other rheumatologist in the city hospital she consulted diagnosed as no problems. Non-steroidal anti-inflammatory drugs (NSAIDs) that her home doctor prescribed was not effective, moreover, she presented finger pains. Her home doctor referred her to us.

[Physical findings]

Her blood pressure was 130/80 mmHg, pulse 87/min, body temperature 36.5 degrees (Celsius). She had no morning stiffness, perspired a lot, and was not constipated.

She had spontaneous pains of her shoulders, hips, knees, and ankles without tenderness, swelling nor heat.

Tongue signs: Pale red, scalloped, thin white coating, overswelling of veins.

Pulse signs: Strong, slippery

Abdominal pattern: Soft, fat

Skin: Edematous

[Urinalysis] protein (-) , sugar (-)

[CBC] WBC 7380/ $\mu$ L, RBC 466 $\times$ 10<sup>4</sup>/ $\mu$ L, HGB 14.3g/dL, PLT 27.6 $\times$ 10<sup>4</sup>/ $\mu$ L

[Biochemistry] ESR 16mm/h, AST 20U/L, ALT 31U/L, LDH 183U/L,  $\gamma$ GTP 33U/L, CREA 0.67mg/dL, Na 141mEq/L, K 4.1mEq/L, Fe 93 $\mu$ g/dL, CRP 0.07mg/dL, HbA1c 7.9%, TSH 7.480 $\mu$ IU/mL, Ferritin 86ng/mL

[Antibody] U1RNP (-) , Sm (-) , SS-A (-) , SS-B(-) , Scl-70 (-) , MPO-ANCA (-) , PR3-ANCA (-) , CCP (-) , RF (-) , ANA 40times (SPECKLED)

[Treatment]

We diagnosed non-specific polyarthralgia by viral infection, not collagen diseases such as rheumatoid arthritis. We prescribed 7.5g/day of *boiogito* (*Fang-Yi-Huang-Qi-Tang*) extract on her first visit. Her polyarthralgia disappeared immediately in a few days. We completed this medication within two months.

**Discussion**

When examining the patients with arthralgias, it is necessary to distinguish severe or emergency diseases such as pyogenic arthritis, gouty arthritis, or pseudogout. And then we survey autoimmune diseases; in particular rheumatoid arthritis, systemic lupus erythematosus, psoriatic arthritis and Reiter syndrome among other things. Moreover, viral infections also cause polyarthralgias. The following kinds of viruses are common as the causes; hepatitis B/C virus, rubella virus, parvo virus B19, dengue virus, mumps virus, coxsackie virus, herpes simplex virus, varicella zoster virus and chikungunya virus.

Viral arthritis commonly has symmetrical arthritis like rheumatoid arthritis but no destroying the joints. It usually doesn't have neither lengthening of the symptoms nor recurrences except for rubella virus, parvo virus B19, chikungunya virus and alpha virus. It is difficult to identify the virus causing polyarthralgia unless patients have rashes or other distinctive symptoms. Medical treatments for viral polyarthralgias are usually only symptomatic therapies, for which NSAIDs are used as standard medicines. We have to pay attention to adverse effect of NSAIDs, for example gastric ulcer and renal injury if patients take for a long time period. Furthermore, effect of NSAIDs alone is sometimes insufficient. Combination therapy of

NSAIDs and kampo medicine is expected to be safe and effective.

*Boiogito* (*Fang-Yi-Huang-Qi-Tang*) extract is from “*Jin Gui Yao Lue*”, which says that *boiogito* treats the patient with wind-dampness, floating pulse, heavy sensation of body, sweating, aversion to wind. In general, Japanese criteria of choosing *boiogito* are soft and wet skin, edematous skin, excessive sweating, heavy sensation of body, and getting worse when bad weather. It improve Bi syndrome that means arthralgia, numbness and dyskinesia in traditional Chinese medicine’s theory to tonify qi, promote diuresis, dispel wind.

There are some randomized controlled trials (RCTs) of *boiogito* about the effects for polyarthralgia.<sup>1)-3)</sup> Moreover, other RCTs suggest that *boiogito* suppresses production of interleukin 6 or 8 dramatically in synovial membrane cells.<sup>4)-5)</sup> On the one hand there are no studies of *boiogito* about the effects for acute arthralgias or viral arthritis.

In this case report, we diagnosed both cases as polyarthralgias caused by viral infection because we couldn’t find any evidence of other differential diagnosis. Both were treated insufficiently with NSAIDs alone, and then improved by combining with *boiogito*. These cases suit Type 2 “The effects of standard Western medical treatment and Kampo treatment are both strengthened when the two are used in combination” that Dr. Yasui propounds.<sup>6)</sup>

Kampo is very safe and useful therapy if it can suit criteria to symptoms.

## Conclusion

*Boiogito* can be the first line drug for acute or subacute polyarthralgias caused by viral infection or unknown pathophysiology.

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## Clinical Report (Acupuncture)

### *Kidney Deficiency Low Back Pain*

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Tokai University School of Medicine

Introduction: Low back pain is the most frequent complaint among Japanese people according to the Basic survey of national life<sup>1)</sup>. The prevalence of low back pain was 38% in 2016, which means one in three Japanese had low back pain<sup>2)</sup>. Among them, nonspecific low back pain accounted for 80% to 90%<sup>3)</sup>. Sixty% of patients who visited clinic of acupuncture and moxibustion complain low back pain the most frequently.<sup>4)</sup>

This paper describes a patient with “non-specific low back pain” treated from the TCM.

Case: 29-year-old male, blasting technician

Chief complaint: Low back pain

Present illness: He had discomfort in his waist three years ago, and coped with it by acupuncture and massage. He felt strong low back pain when he changed his position. and He felt tinnitus one year ago. He visited an orthopedic surgery of the General Hospital. However, he remained undiagnosed even after he had a detailed examination. (Figure 1)

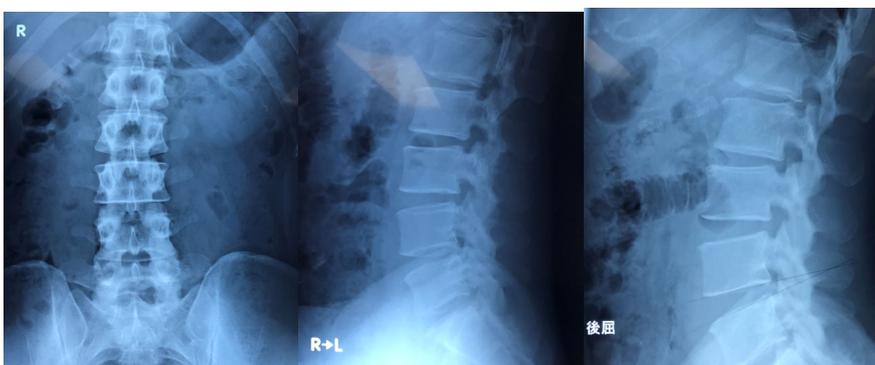


Figure 1

His pain was deteriorated in sitting position two months ago. That pain didn't let him work. He finally came to my office.

Systemic symptoms: Tinnitus. The urinary frequency was 10 times a day and once a night.

Past history: He was diagnosed with tinnitus in Otolaryngology.

Present status: Height: 175cm; Weight 77kg BMI 25.1; Low back pain Vas 67mm, SLR negative, ATR normal. There is a reaction to KI3 太溪 and BL26 闕元 Pulse: string-like, Tongue: dark pale tongue, tongue fur: Few.

TCM diagnosis: Kidney deficiency

Therapeutic principle: Tonifying the Kidney

Adjust Acupuncture Point: BL23 腎俞 · BL18 肝俞 · KI3 太溪 · RN4 闕元 · ST36 足三里 · SP6 三陰交 (Figure 2)

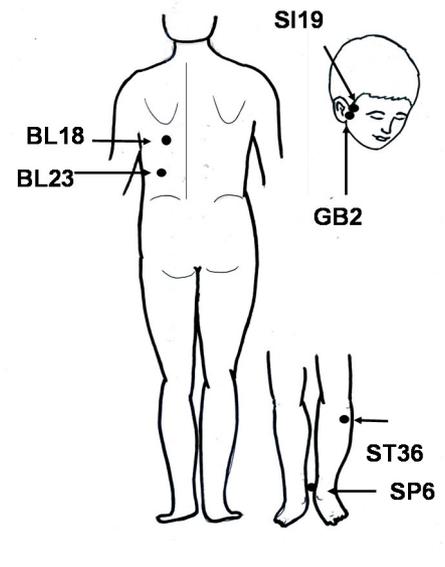


Figure 2

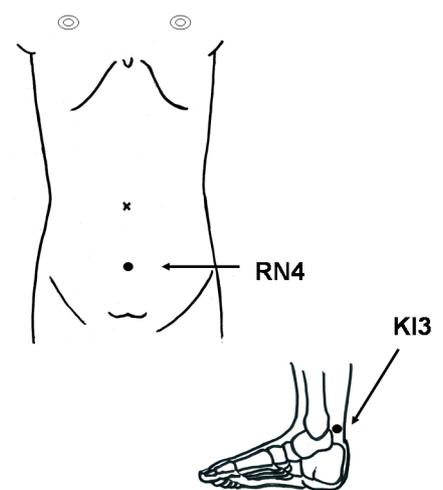


Figure 2

Explanation: BL23 腎俞・BL18 肝俞・KI3 太溪・ST36 足三里・SP6 三陰交 were subjected to the Tonification with twirling. RN4 關元 were subjected to the purgation with lifting and thrusting. BL23 腎俞 and KI3 太溪 were contemplated to the tonifying the Kidney. I also added RN 4 關元 and performed both the yin and yang of the kidney. Also added BL18 肝俞 for Homogeny of Liver and kidney. And tried to strengthen yin of the kidney. St36 足三里 and SP6 三陰交 combined to boost qi and blood production.

The needle used: Seirin-made sterilized acupuncture needle, length 1cun 6fen, No. 1

Treatment progress: Treatments were administered once a week.

Course: (Figure 4)

First session: KI3 太溪 made a slow stimulus in Tonification with twirling. Rn4 關元 also warmed up Electronic moxibustion device. Immediately after the treatment, expression of the low back pain on the VAS was 55mm.

Treated with the same acupuncture Points, expression of the low back pain on the VAS was 53mm immediately after the second session.

Third session:

Expression of the low back pain on the VAS was 65mm. After the treatment, he told that the treatment eased dull pain of his low back. Actually, expression of the low back pain on the VAS was 50mm. However, the symptom relapsed on the next day of the third session. The same treatment with acupuncture Points was given.

Forth session:

Expression of the low back pain on the VAS before the forth session was 63mm. After the treatment, expression of the low back pain on the VAS was 50mm. The effect had lasted for three days. The effect had lasted for three days. The patient complained of a dull pain in his low back three days after the forth session. Expression of the low back pain on the VAS was 54mm at that time.

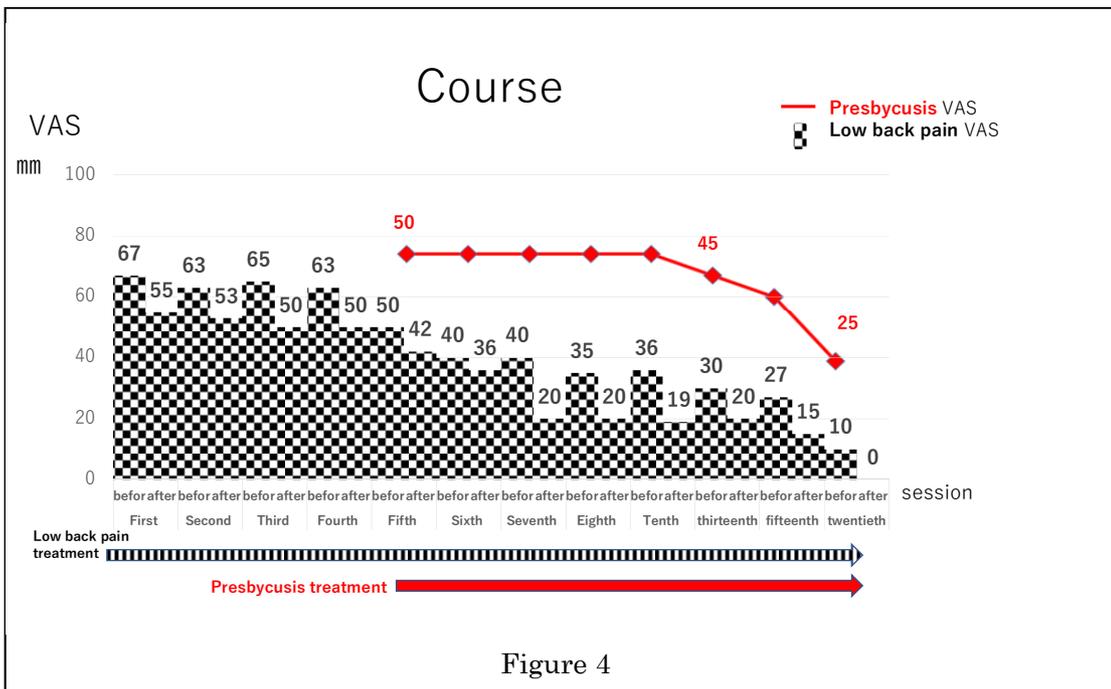


Figure 4

Fifth session:

Expression of the low back pain on the VAS before the fifth session was 50mm. After the treatment, expression of the low back pain on the VAS was 42mm. He told me that he had symptoms of tinnitus and presbycusis for one month. I asked him detailed questions about his symptoms again. He had

Second session:

Expression of the low back pain on the VAS was 63mm on the following day of the first session.

suffered from tinnitus and presbycusis for three years. However, he did not visit a clinic because he thought it would be due to his work environment where great noises always pealed out. It was two

years ago that he finally visited a hospital. He had a detailed examination, however, the cause of these symptoms were still unknown. He had visited the hospital for six months, however, his symptoms were not improved. His symptoms of tinnitus had deteriorated for one month. The patient was referred to Otolaryngology. He had a detailed examination again, however, the cause of these symptoms were still unknown. (Figure3)

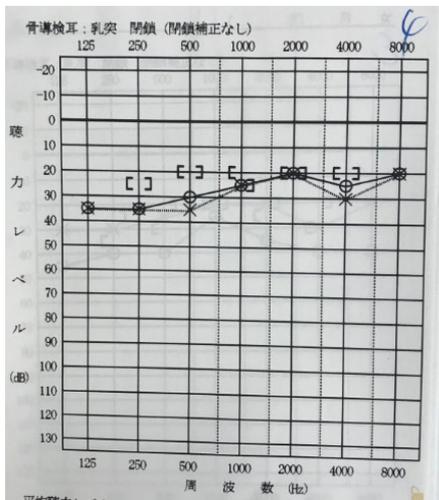


Figure 3

He aspired to be given acupuncture and moxibustion. Expression of the tinnitus and presbycusis on the VAS was 50mm. Tinnitus and presbycusis were considered kidney essence insufficiency pattern/syndrome. The treatment was added to the SI19 聴宮 and GB2 聴会. Adjust Acupuncture Point was BL23 腎俞・BL18 肝俞・KI3 太溪・RN4 関元・ST36 足三里・SP6 三陰交・SI19 聴宮・GB2 聴会.

Sixth session:

There was no abnormality in the examination of the hearing loss. Expression of the tinnitus and presbycusis on the VAS was 50mm. Expression of the low back pain on the VAS before the fifth session was 40mm. After the treatment, expression of the low back pain on the VAS was 36mm.

Seventh session:

Expression of the low back pain on the VAS before the fifth session was 40mm. After the treatment,

expression of the low back pain on the VAS was 20mm. His symptoms were improved tendency.

Eighth session:

The dull pain in the low back became strong last week. Expression of the low back pain on the VAS before the fifth session was 35mm. After the treatment, expression of the low back pain on the VAS was 20mm. Expression of the tinnitus and presbycusis on the VAS was 50mm. The induration of KI3 decreased by 40%. The same treatment with Acupuncture Points was given.

Tenth session:

Expression of the low back pain on the VAS before the fifth session was 36mm. After the treatment, expression of the low back pain on the VAS was 19mm. Expression of the tinnitus and presbycusis on the VAS was 50mm. The same treatment with Acupuncture Points was given.

Thirteenth session:

Expression of the low back pain on the VAS before the fifth session was 35mm. After the treatment, expression of the low back pain on the VAS was 20mm. Expression of the tinnitus and presbycusis on the VAS was 45mm. The same treatment with Acupuncture Points was given.

Fifteenth session:

Expression of the low back pain on the VAS before the fifth session was 27mm. After the treatment, expression of the low back pain on the VAS was 15mm. Expression of the tinnitus and presbycusis on the VAS was 40mm. The same treatment with Acupuncture Points was given.

Twentieth session:

Expression of the low back pain on the VAS before the fifth session was 10mm. After the treatment, expression of the low back pain on the VAS was 0mm. Expression of the tinnitus and presbycusis on the VAS was 25mm.

Because of the work transfer therefore treatment was ended.

## Discussion:

It is said that nonspecific low back pain repeats the deterioration and improvement over a long period of time once it emerges. Nonspecific low back pain is strongly involved in psychosocial elements. It has been reported that those patients may have symptom of depression.<sup>5)</sup> In this case, we planned an Oriental Medicine(TCM) treatment because the patient has few psychological and organic observations.

According to 『Suwen』 Chapter 17, there is the relationship between the waist and the kidney. lumbar area is the residence of the kidney. If it can not be turning, the kidney energy has been exhausted.<sup>6)</sup>

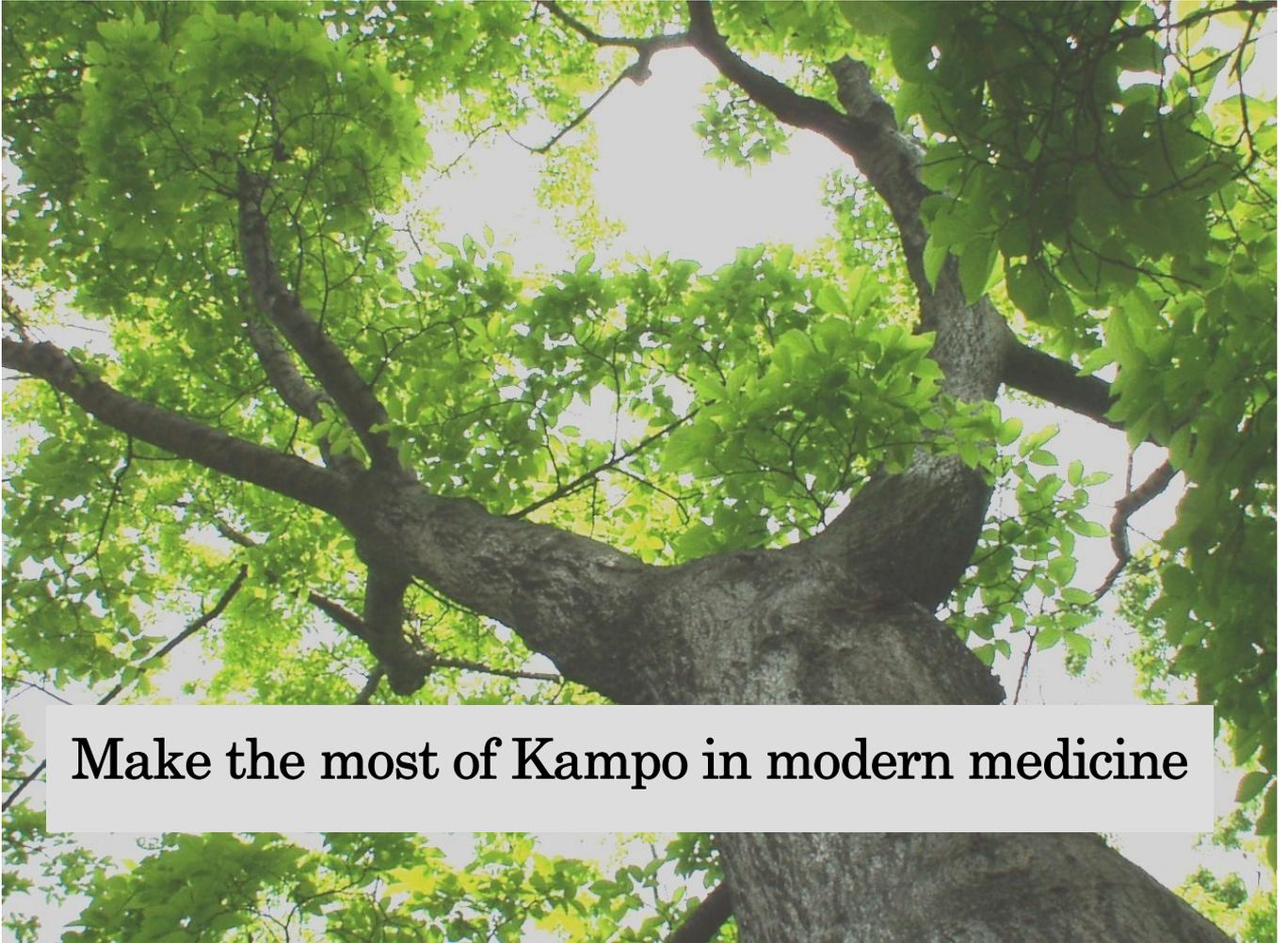
Hearing loss and tinnitus are described in 『Lingshu』 Chapter 37 in which the relationship between the kidney and the ear.<sup>7)</sup> As for the function of the ear, it is described that the enhancement of renal care is involved in the auditory function of the ear in 『Lingshu』 Chapter 17.<sup>8)</sup> These symptoms may be attributed to his work environment in which he had been continuing to hear the large sound. Frequent urination and nocturia are lack of harmony of "opening and closing" of bladder due to a decrease of activities of kidney-Qi. "opening" is to excrete extra water and waste products. "closing" means keeping the water in the body constant and recycling. Due to abnormality of activities of kidney-Qi, the symptoms such as edema, urinary incontinence, frequent urination appear.

As we did the treatment to him, the difference between the VAS before the treatment and after became bigger. This result may suggest that it is important for patients with low back pain the treatment like this case to get treatments several times.

\*This case report is a result of slight modification to what was published in "The Journal of Kampo Medicine" (Japanese edition)" Vol.59 No 10

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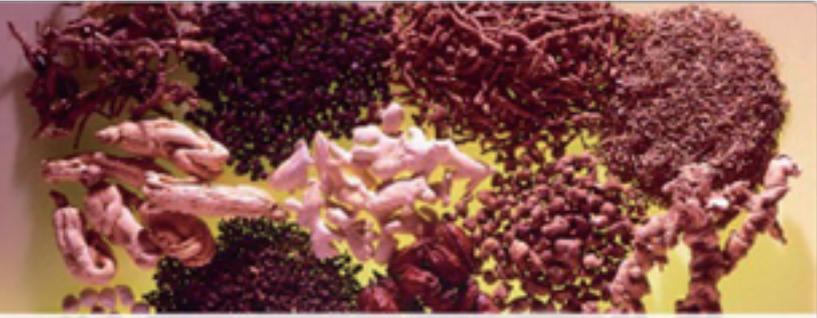


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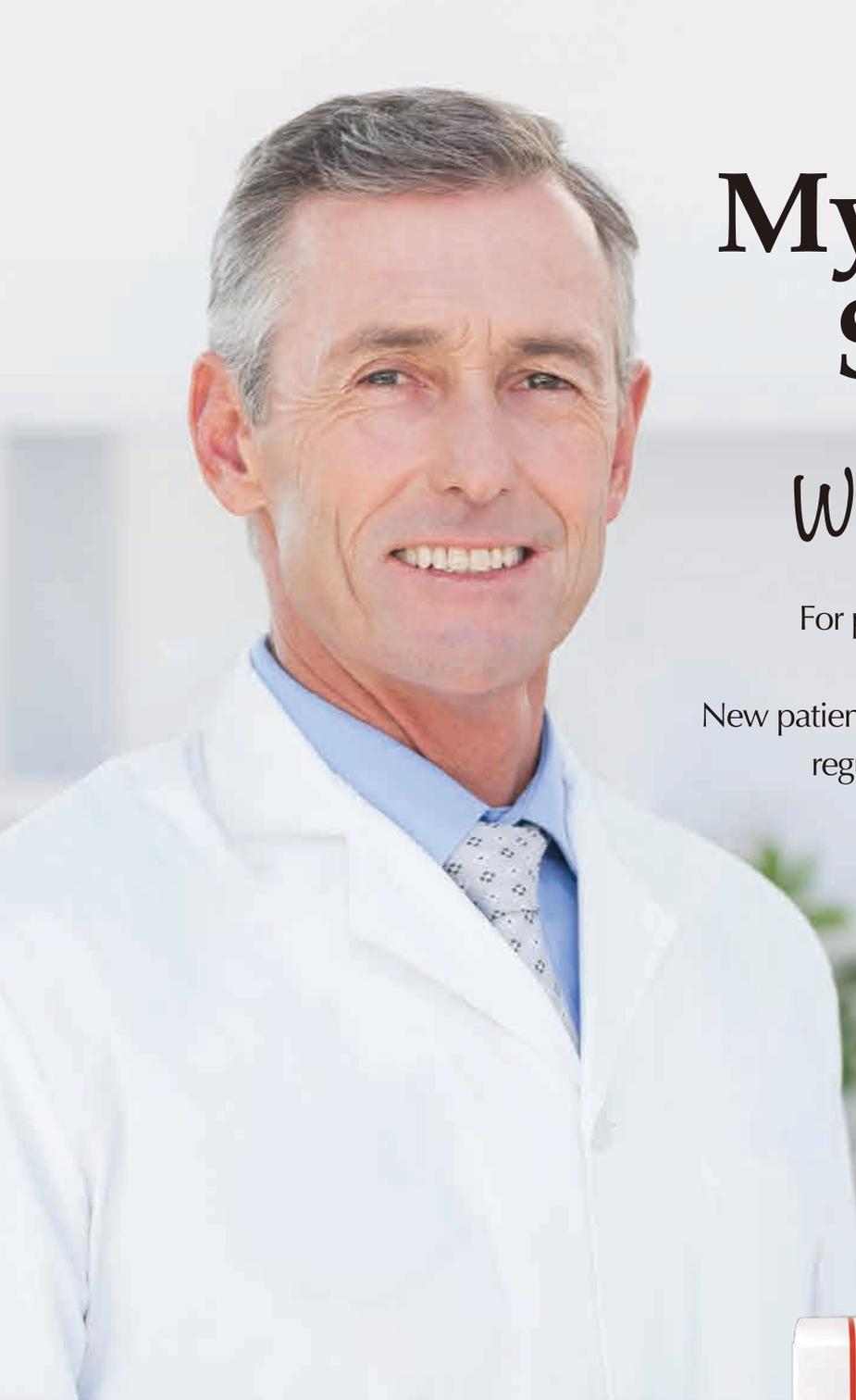
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