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

**KAIM**

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Kampo, Acupuncture and Integrative Medicine**

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**Editorial**

Yodo Odai and his Clinical Pearls  
Hiromichi Yasui

**Report from WFAS Tokyo/Tsukuba 2016**

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**Type 1 Case of Yasui Classification**

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**Clinical Report (Acupuncture)**

A Case of Acute Low Back Pain Associated with Walking Difficulties Improved by the Following Day  
Shinji Washida

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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

### *Yodo Odai and his Clinical Pearls*

Yodo Odai (1799-1870) a Japanese Kampo doctor who was active in the middle of the 19th century applied the formulas from Shokanron (Shang han lun) and Kinkiyōryaku (Jin gui yao lue) to his clinical practice at will. In his book "Hogizasshi", he wrote as follows; "Since I have been using only prescriptions of Cho Chukey (Zhang Chong-jing) for 50 years, these have become like everyday meals and tea. Then I can adopt these prescriptions to even any sick people without insufficiency or deadlock". He was familiar with the effects of over 130 prescriptions for those two classics. That is what he learned using only these prescriptions for fifty years since he started his practice. It seems that appropriate prescriptions would come up automatically in his head every time he saw the patient using Kampo four examination methods.

Here, he was using mostly system1. Even if we investigate his case reports, it is unclear what his system2 was like. However, among the books he wrote down we can see that he had been reading a huge number of medical books. In other words, it is certain that his decision-making reasoning was not just "intuition". Discussion on this matter is important, so let's argue at another opportunity, not now.

The good point of Odai was trying to verbalize the contents of his system1. He wrote down carefully and finely his "Clinical Pearls" on how to use each prescription listed in "Ruijuho" compiled by Todo Yoshimasu in actual clinical practice. These "Clinical Pearls" were applied in practice soon after by subsequent physicians, they were also emphasized and used during the revival period of this traditional medicine in the 1930's. The Japanese Kampo doctors who had already studied contemporary medicine added Western medicine findings to Odai's Clinical Pearls and established the foundation of modern Kampo medicine. Though these "Clinical Pearls" were enormous, they turned out to be extremely practical and easy to learn then widely spread among doctors. And now it became a material of many doctor's system1. Kampo Medicine in Japan is different from TCM in China in using the Clinical Pearls mentioned here as System1.

**Hiromichi Yasui**

Japan Institute of TCM Research

## Report from WFAS Tokyo/Tsukuba 2016

*“Ryodoraku Treatment of Dysautonomia”*

Toshiyuki Kuwahara

Japanese Society of Ryodoraku Medicine (JSRM)

The Japan Society of Acupuncture and Moxibustion  
(JSAM)

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### **Abstract**

Ryodoraku measurement is characteristic as a check way of the autonomic nerve gathered by theory based on electric physiology using the sympathetic nerve reflective impedance of skin, and Ryodoraku treatment is treated using this measurement method. A remedy of dysautonomia (Autonomic imbalance) using a flow of Ryodoraku treatment is introduced.

### **1. Introduction**

Discovery is contrived by Mr. Yoshio Nakatani who is a founder in 1950 (1950), and I introduce scientific EBM into the range of the needle moxibustion medicine and have made them develop. After that Japanese Society of Ryodoraku Medicine (JSRM) is established by the family who studies Ryodoraku, and it comes today. Ryodoraku observes reactive point of the sympathetic nerve and the function of skin including a dermatome, finds the form related to each organ, merges with a systematical theory system of Ryodoraku and studies a remedy. It's important to develop reactive point on the dermatome.

A balance is kept by a network of an autonomic nerve for our body. A parasympathetic nerve does a reaction of the sympathetic nerve in the direction where a body is prepared to the behavior, and operates on the way which makes a body rest reversely. When abnormality and a pathological change occur to a living body, activity of autonomic nerve also causes disorder. The homeostasis retention starts with an unidentified complaint, causes a change in physical condition and even causes a change in an emotion and memorization, and becomes fragile. The state that you can't get

back by your power, it is said to be the dysautonomia state, it will be. A measured value chart of Ryodoraku is also the so-called test value of the autonomic nerve. Everything the body of human being unidentified complaint is regarded as an incontinent a-like complaint of an autonomic nerve. An author regards "the conscious position", "spirit (mind)" and "autonomic nerve reflex" as red snapper as well as a vital sign newly. An acupuncture and Ryodoraku treatment are because the stable effect of the spirit makes a medical examination of a skin reflex of internal organs which are a very high thing and an autonomic nerve reflex good at acupuncture with Ryodoraku treatment. And a medical examination of a skin reflex of internal organs which are an autonomic nerve reflex is because I make good at acupuncture with Ryodoraku. I think it's the way of Ryodoraku study to get the sights on the axis which controls the whole vital sign and make them develop. About a dermatome and a Ryodoraku autonomic nerve adjustment method of treatment<sup>1)</sup> Chapter 23

It's excerpted from “Foundation of a dermatome and application.” written by Tatsushi Ito, chairperson of JSRM, MD, PhD.

### **2. Styles of autonomic imbalance**

It's classified into four kinds of style

(1) Essential: An unconfident person tends to lead to irregularity in an autonomic nerve, and the person who tends to feel dizzy on standing up by the weak wake-up and low blood pressure by the predisposition that a regulating function of an autonomic nerve tends to be disordered naturally also tends to complain to physical strength of the pain.

2) Neurosis: A psychological factor is a trigger and it leads to malfunction and complain of autonomic neurological function of many unidentified complaints. The person who is sensitive to irregularity of a body and worries himself has. The ambiguous but body-like symptom is strong, and a boundary with a neurosis shows.



3) Psychosomatic disease: This type is half for autonomic imbalance. The symptom is various because of a stressor of daily life. While standing feeling of feelings and the state of stress of the fatigue, it leads to irregularity in an autonomic nerve.

(4) A depressive: A stress accumulates chronically, and when it starts to indicate a reaction of the depressive state, a vegetative neurosis shows as the body symptom a headache, a stomachache, sleeplessness and in appetite. Depression feeling can be close in these symptoms, so treatment to depression is behind schedule. Preciseness, perfectionism and an attachment force often to become character-like in the depressive state, and I often feel depressed, the impatience attacked by anxiety and fear, in the grief which worries about a trivial thing, it draws in. As a result, it's depressed and there is no concentration it's easy to get angry about which, I don't have a mind to do, it will be in the state. I also complain of a decline of memory and the attentiveness.

### **3. Ryodoraku treatment**

#### **(1) Symptom grasp**

At first, symptom grasp is performed by Ryodoraku method of treatment about autonomic imbalance.

1. Interview sheet: A present complaint is entered in an interview sheet and the time of the first medical examination. They are often a patient's case record and sharing.

2. Autonomic nerve Chart (Table 1).

I check how many are relevant out of the autonomic nerve patient's case record: 100 items (\*100).

First 5 vital signs: The blood pressure, the pulse, the breathing rate, the body temperature and the pain are confirmed and it's entered in Autonomic nerve Chart.

The state of the patient's autonomic nerve is grasped as of it by entering an autonomic nerve patient's case record.

(The symptom of the autonomic nerve malfunction is so strong that there are a lot of checked items.)

3. Autonomic imbalance judgment: Clinical judging: When judging a strong vegetative neurosis document clinically simply, an autonomic imbalance check part (Figure 1) is used. How many items are relevant out of the following 13 items, (\*13)

1. Ryodoraku chart ((1) normal (2) Ryodoraku is dispersive (3) HF reverse pattern)
2. Calvarial edema and feeling hot
3. Nystagmus.
4. A tongue trembles
5. Acupoint LI10 Pressure pain
6. Pain rise aside of the chest
7. Heartbeat and tachycardia.
8. The cold of a foot.
9. Perspiration
10. Sleeplessness
11. The willpower (I feel languid.)
12. The thoracic vertebra curved posture
13. The digestive organ symptom (Anorexia)

#### **(2) Ryodoraku measurement**

Next an electric current in a representative measuring point of 24 hands and feet (Figure 3) are measured using Neurometer (Figure 2) and it's entered in an exclusive Ryodoraku chart. Figure 4 is an example of the chart which made by PC measurement system using PC.

#### **(3) Decipherment of Ryodoraku chart**

A measurement electric current of each Ryodoraku makes the plot Ryodoraku chart, and the current value makes the sense as excitement and the restraint situation in each Ryodoraku left and right hand or foot.

<How to purchase a mean and a physiological range>

A line situate center in fig. 4 is a mean (Mean of 24 measurement current value), and this price shows the sensitivity of the autonomic nerve and the degree of vigor, and a normal value is 40-60  $\mu$ A. The inside area of these two lines (Green line in Fig.4) which located 7 mm away from the mean in the top and the bottom is defined as a Physiological Range. Measurement current values of each Ryodoraku plotted inside the mean side of physiological range is judged as normal. Something from which I deviate is different. It's judged as abnormal Ryodoraku. The current value excess over upper the Physiological Range line is called excitement; the current value which has not reached a line under the physiological Range **ea** is called restraint.

**Table 1: Autonomic nerves clinical record**

1. The body which feels tired (foot, hand, the waist summer)	36. Eyes are tired	71. Gaseous regurgitation sells well
2. Body is fatigable is changeable	37. Decreased visual acuity	72. Astomach swells
3. A body is changeable	38. Eyes are itchy	73. A lot of gas appears
4. Physical condition depends on weather, weather, the noise	39. Eyes dry	74. Lumbago
5. We feel stress	40. We have a buzzing in our ears	75. We have a pain in knee
6. It is easy to fall into a panic	41. An ear is hard to be heard	76. We have leg cramped
7. Is irritated	42. We have a pain in throat	77. We have a leg numb
8. It is easy to be angry	43. We have a bur in throat	78. A leg is swelled
9. Depressed	44. Thirsty	79. Corns grow well
10. We have lost mind	45. There is easy to be stomatitis	80. Skin is itchy
11. We rake night sweats	46. We repeat tonsillitis	81. A pain of the skin continues
12. Falling asleep is poor	47. We have a pain in tongue	82. Skin is vulnerable
13. Asleep is light	48. Taste is not understood	83. There is much alopecia
14. Morning lying down and getting up is poor	49. There is much sneezing	84. Urticaria grows well
15. We feel sleepiness in the daytime	50. Mucus sells well	85. There is easy to be eczema
16. It is easy to catch cold	51. Stuffy noses occur well	86. A nail is broken, come off
17. It is hard to recover from a cold	52. There is not a smell	87. There is athlete's foot
18. It is easy to get sick from a vehicle	53. We lack in snoring	88. Chronic coprostasis
19. We have poor circulation (hand, foot)	54. We grind our teeth	89. It is easy to have loose bowels
20. Hands and feet may become purple	55. A neck, a shoulder are stiff	90. Diarrhea and constipation come in turn, Irritable bowel syndrome
21. A body becomes hot and becomes cold	56. A back is stiff	91. Urinary frequency
22. It is easy to suffer from a chap	57. There is body odor, There is body odor under the side	92. There is sometimes urinary incontinence
23. It is easy to have chilblains	58. We have a hand numb	93. There is much nocturia
24. It is a heavy sweater (whole body, hand, the winter season)	59. A hand shakes	94. There is feeling of residual urine
25. Asweat does not flow	60. Blood pressure is high	95. Debility sexualis
26. Headache	61. Blood pressure is low	96. Impotence
27. Headache dull	62. We feel a pain in our chest	97. Menstrual irregularity
28. We may get puffed up	63. Have a palpitation	98. Menstrual pain is hard
29. Feel hot (face, hand, foot)	64. Is out of breath, is choking	99. We are troubled with infertility
30. A thought is not unified	65. Have no appetite	100. We are troubled with hemorrhoids
31. Feel dizzy	66. We have poor digestion	
32. When we stand up, we feel dizzy	67. Epigastric distress	
33. We have a pain in face	68. A digestion is poor	
34. A face may become awfully red	69. Heartburn	
35. Eyes become dim	70. Nausea	

After the first Ryodoraku measurement, the state of the patient is explained by using the reading method of Ryodoraku chart. And also treatment policy is made by the Ryodoraku chart. State of the patient changed by treatment at the after 2nd time, that could be explained.

## **(2) The shape of the whole of Ryodoraku chart (The state of the whole body and the state of the mental and the heart.)**

When it's normal that an average of H system of the hand is higher than F system of the foot, but the case of an average of F course is higher than H course system, spirit unstableness is indicated. Some of Ryodoraku patterns and the mental condition (Figure 5) are made a reference.



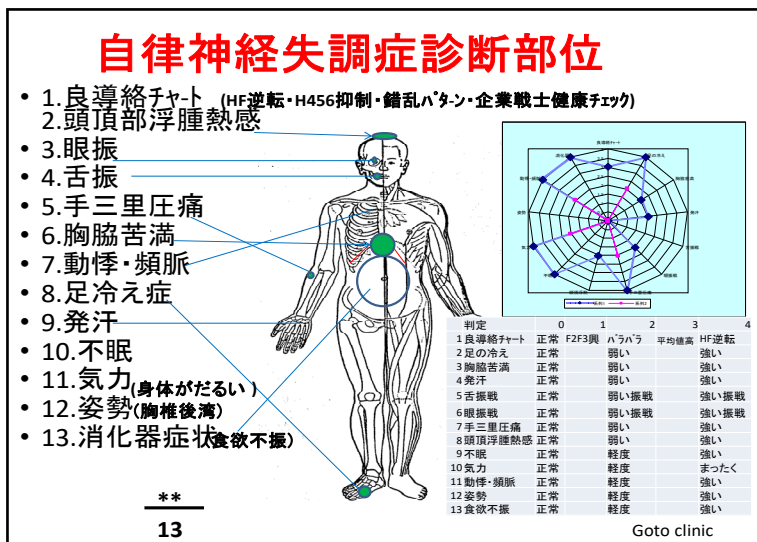
(Figure 1) An autonomic imbalance check part<sup>4)</sup>

Fig. 2 Neurometer

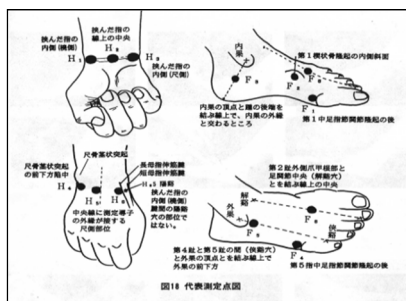


Fig. 3 Ryodoraku Representative Points

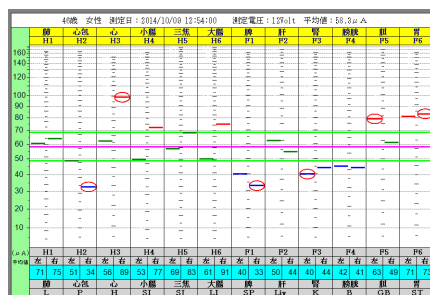
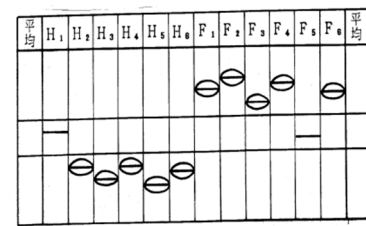
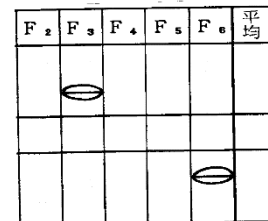


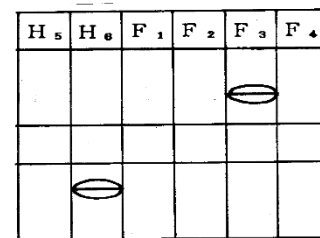
Fig. 4 PC-system Ryodoraku Chart



(1) Spirit unstableness type I



(2) Spirit unstableness type II



(3) Spirit unstableness type III

(3) The state of the patient is confirmed from the state of different abnormal Ryodoraku (the No questioning-diagnosis).

Patient's cause of the state: disease and complain, disease part and psychological condition are presumed and explained from a space of excitement (When there are a lot of electric currents.) and restraint (When there are few electric currents.) related to each Ryodoraku using Ryodo raku symptom syndrome chart table. A syndrome table totaled the symptom of 1000 examples of patient who went to a founder Nakatani's clinic statistically.

#### 4) Ryodoraku adjustment

1) Ryodoraku adjustment: A needle stimulus of direct current electricity treat for 7 seconds or a gold grain and a silver grain are used for moxibustion is added to a restraint point in excited Ryodoraku and a excite point in suppressing Ryodoraku (Cf.Fig.2 excited point and restraint point) a treatment point gets thing 3 or 4 away from the mean respectively. Using the exclusive acupuncture pipe called an ER acupuncture pipe (Fig. 6) in Ryodoraku,

the direct current electric acupuncture which pours a feeble direct-current electricity into a needle is often performed. This way is the stimulation method which Dr. Yoshio Nakatani chose from many experiments and is a safe stimulation method with a good record of performance in more than 70 years. Dispersal ER needle (Figure 7) is also used present. Because of Ryodoraku acupuncture does not feel ER needle-pipe body with a finger when we insert ER Ryodoraku needle, it is hygienic. Direct current electrical acupuncture needle is the characteristic of Ryodoraku treatment. We make the metal part neurometer' gasping electrical terminal to patient and makes searching electrical terminal on patient's dermatitis. And by which its ER needle in search electrical terminal have an electrical contact with a patient, and a feeble electric current is poured into acupuncture to patient's body. (7 seconds DC electrical stimulation on 100-150  $\mu$ A at acupuncture point is stuck.)

We treat skin of reactive site (An acupuncture point also reacts.) and even muscle layer with biting acupuncture mainly.

2) Basic adjustment: I-V type is chosen from a present complaint and a symptom (cf. Chart 1. Fundamental point adjustment point) (Fundamental treatment).



Fig. 6 ER acupuncture needle pipe

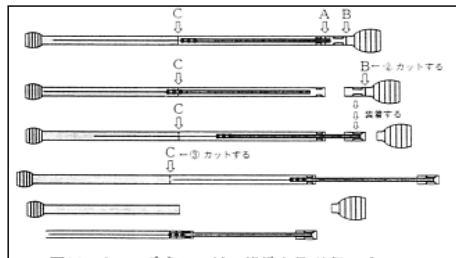


Fig. 7 Disposal ER acupuncture needle

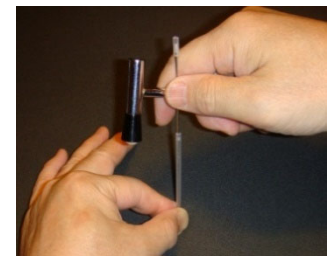


Fig. 8 DC electric acupuncture

<sup>2)</sup> Ryodoraku autonomic nerve adjustment method of treatment (basic course)

The quantity of stimulus->, locating the point (It's chosen from the inside of a basic adjustment point.) and biting acupuncture stimulus (the turning on electric current amount, welding time and hand skill (sparrow pecking method etc.))

The patient whose mean value of current is high and the quantity of stimulus are weak. The patient whose mean value of current is low and the quantity of stimulus are strong in whole way.

3) Partial treatment and reaction Ryodoraku point treatment (Branch treatment): The current value must be searched an expensive peak point extremely more than the neighborhood in Neurometer as treatment point retrieval method of a chief complaint part. This point is just the Reactive Electro Conductive Point and an absorbed, and it reacts to an acupuncture point and reactive site, etc. and is effective as a treatment point. More retaining needle, operation by low frequency electric needle stimulation, intradermal needle, a gold grain, moxibustion and a hand skill, far infrared radiator and Negative-ion electronic therapeutic equipment, etc. are used.

4) Scalp acupuncture A treatment point of a scalp acupuncture way is used for the neurologic symptoms including the dysautonomia and the treatment. We search for a treatment point in metal searching electrode (Figure 9) of Neurometer (Figure 10), and intermittent continuation low frequency electric needle stimulation 10-20 minutes including 30Hz such as MIX waves are effective for scalp acupuncture. (Figure 11).



Fig. 9 Searching electrode

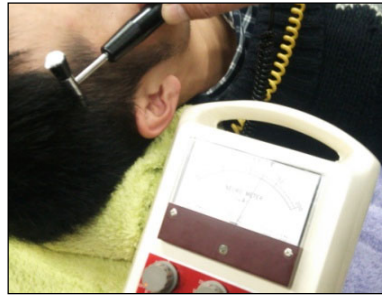


Fig. 10 Searching effective point

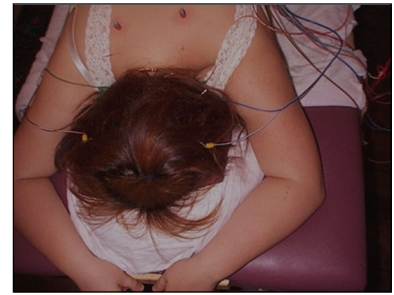


Fig. 11 Scalp acupuncture

**Table 2 Tonification and Sedation Points**

	H1LU	H2PC	H3HT	H4SI	H5TE	H6LI
Tonification	LU9	PC9	HT9	SI3	TE3	LI11
Sedation	LU5	PC7	HT7	SI8	TE10	LI2
	FIGB	F2LR	F3KI	F4BL	F5GB	F6ST
Tonification	GB2	LR9	KI7	BL67	GB43	ST41
Sedation	GB5	LR2	KI12	BL65	GB38	ST45

**Table 3 Basic regulating points**

- Group I: BL18, BL20, BL23: Liver, Stomach, Pancreas, Kidney and Adrenal are strengthened and it's used by the detoxication function and the purpose of improving the defense function. These acupoints have strong action to abnormal Ryodoraku which is adjusted, so it's used for the General Regulation Therapy (GRT) certainly.
- Group II: In the basic I type are added BL10, GB21, CV13, CV12, CV10 and ST21 (It's used for a weak person of the stomach and intestines, something to complain of stiffness of a cervical posterior and a shoulder.)
- Group III: In the basic II type are added GV20, CV16, BL32, ST36 and CV6.  
The blood circulation which makes the head refreshed and makes feeling calm down, and is in the pelvic cavity is improved. And makes the function of stomach is improved.
- Group IV: In the basic III type are added CV14, BL15, SP14 and KI7.  
I get stiffness in the back, adjust the function of the heart and improve the function of the gut.
- Group V: In the basic III type are added GB6, LU1, ST25, CV3 and ST11.  
Combination of points would be effective to the whole body In case of the name of disease isn't certain; a treatment policy is a making trouble. It's effective.

#### **IV. Case of autonomic nerve symptom**

##### **Autonomic imbalance**

**View and a symptom]** 28 year old male

A medical history: He had developed shingles in the back before about 2 years of the first medical examination and cured it completely by about 2 months. He worked IT company and worked so busy, and a feeling obstacle would be hard. He went up to his office becomes hard, so he consulted by a health care room in a company and visited the department of psychosomatic medicine, and you prescribed medicine, but the symptom isn't improved after half year, and the like vegetative neurosis which is the pain of the skin in the time when medicine was stopped begins to go out. Work can't commute and do business, and is absent from work. After then he examined Chinese medicine bureau to prescribe Chinese medicine, but it wasn't efficient. And soon after then he check-up, the effect also judges Ryodoraku which found from a web came to our acupuncture clinic.

##### **Symptom grasp and treatment policy**

1. Interview sheet (symptom written by the patient): When being not working well about the depressive state, pulse feeling strong in (spiritlessness), the belch and the occiput temple medial malleolus .He didn't have a mind to do, the feeling by which a stuffy tooth is on edge and the belch which feels the pain in skin (When skin touches towel, he felt pain.), the result belch catches its breath unconsciously, and goes out.

2. Autonomic nerve Chart count (Table 1 referring) ..... 23/100

3. Autonomic imbalance check part count (Figure 1 referring) ..... 6/13.

The effect for "the (3) psychosomatic disease type" to be also considered by "the (2) neurosis type", which is autonomic imbalance; I chose Ryodoraku General Regulation Therapy (GRT) was performed.

**Ryodoraku chart (Figure 12(1) and (2))** the numerical value disperses in the top and the bottom on the Ryodoraku chart at the time of the first

medical examination, and I read with the state of the mental condition unstableness. The numerical value of the second medical examination, F system is expensive and is the reverse of hand and foot, shows the spirit unstable pattern. It's expected that treatment time is needed.

##### **Treatment passage**

1. Once a week is treated. He received the Ryodoraku measurement each time and the whole body stimulation of Tonification and Sedation Points. And the Basic regulating points type V is performed by direct current electric acupuncture (stainless needle 0.2mm  $\phi$ -40mm length which is loaded on a ER acupuncture pipe Figure 6).

2. Ryodoraku Reactive Electro Conductive Point (RECP) therapy treated in the part to which patients' complain of the second medical examination

3. Low frequency needle turning on treatment scalp acupuncture 3/20Hz was added, but he felt strong pain of the needle stimulation. It's canceled after a fact he claimed the effect isn't felt.

4. He claimed back pain at a supine position of more than several minutes, it changes a prone position the basic adjustment to I type .

5. After the fourth medical examination, treatment are performed Tonification and Sedation Points adjustment and the basic adjustment of I types. Reactive conducting point is treated at the pulse part on back of the head. And treated acupressure in the back and the sole are added.

6. After the tenth medical examination the patient himself insists that there is no improvement of the symptom (Ryodoraku chart (Figure 12(3)) referring), but when questioning before treatment, a relaxation sense (laugh) goes out.

7 .At the twenty fourth medical examinations, he was restored to work by (Ryodoraku chart (Figure 12(4)) referring). It's left, but the work is continued.

Autonomic nerve chart.....15/100

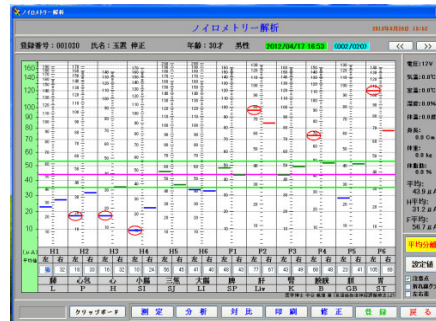
Autonomic imbalance check part: .....

It's improved in 4/13.

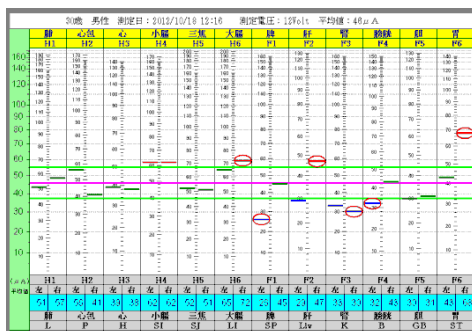
## Ryodoraku Chart



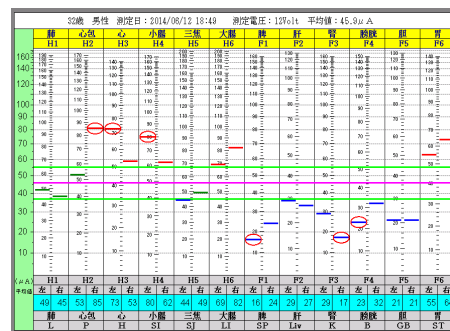
① 1st medical examination



② 2nd medical examination



③ 10th medical examination



④ 24th medical examination

Figure 12 Ryodoraku chart of a case 3) Ryodoraku treatment to autonomic imbalance

The acupuncture including General Ryodoraku treatment does not have a side effect, and there is resistance while we continue it. Furthermore, diathesis is improved, and a symptom and disease go to the healing, and there are many cases that become hard to have a disease. In this sense, the effect to a dysautonomia symptom is expected. The effect to the like dysautonomia (autonomic imbalance) is expected by this meaning.

## Consideration

The therapeutic effect isn't felt by words of the patient by this treatment, but it's treatment. That a laugh can go out and do a long-distance cycling by bicycle as advanced. The self-controlled autonomic symptoms were improved and it could be restored to company duties. Ryodoraku treatment had the effect of this case.

## Conclusion.

It is useful for symptom improvement to make the patients recognize autonomic nerves symptom by using the evaluation judgments such as Ryodoraku measurement using Neurometer, autonomic nerves check list, the dysautonomia judgment site check list. From Ryodoraku measurement, we read associated bowels, the lesion of the site or a feeling half-healthy state, function disorder including a more autonomic imbalance, and there is a thing. We perform General Ryodoraku treatment based on this. Furthermore, we add treatment such as low frequency acupuncture electricity therapy, the thermotherapy.

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## Type 1 Case of Yasui Classification

*Two Cases of Childhood Bronchial Asthma Successfully  
Treated with Shokenchuto and Ogikenchuto*

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Hirose Clinic

### Introduction

In recent years, inhaled steroids or leukotriene receptor antagonists have been used as a basis first line therapy for the treatment of mild bronchial asthma in children. On the other hand, most cases of bronchial asthma attack or asthmatic bronchitis in children occur on the occasion of respiratory tract infection, including common colds. Thus, in our experience, the asthma attacks of children improved even without inhaled steroids or leukotriene antagonist therapy, when the frequency of common colds or respiratory tract infection is reduced.

On this occasion I would like to present a case of asthmatic child who was effectively treated with Kampo medicines (*shokenchuto* and *ogikenchuto*) alone.

[Case 1: A 6 year old boy]

**Past history:** Nothing particular

**Current clinical history:** The patient was diagnosed with bronchial asthma at 3 years of age. He often caught colds and presented mild wheezing several times per month. Sometimes exercise triggered an asthma attack. The patient had a poor appetite and became tired easily. He had a so-called weak constitution. This did not improve even when taking *saibokuto* or *shoseiryuto* extract.

**Present condition:** Height, 115 cm; Body weight, 18 kg. Pulse: Both slightly floating and thin, rapid. Tongue: Slightly red, and white coated. Abdomen: Tightened rectus abdominis, and ticklish.

**Clinical course:**

The severity of his asthma was classified as the mild persistent type according to the Japanese pediatric guidelines for the treatment and management of asthma. *Shokenchuto* extract (Tsumura & Co., Tokyo,

Japan) was administered at a dose of 7.5g/day to improve the condition of his asthma and constitutional infirmity before the initiation of first-line therapy according the guidelines. At two months after the initiation of *shokenchuto* treatment, his appetite increased and he stopped catching colds, while his asthma attacks or mild wheezing that were previously triggered by respiratory tract infection or fatigue decreased. Six months later, his asthma attacks apparently disappeared. At one year after the initiation of *shokenchuto* treatment, his infirmity and digestive function improved, and his asthma cured and *shokenchuto* was withdrawn. The patient did not experience a recurrence of asthma attacks.

[Case 2: A 1 year old boy]

**Past history:** Nothing particular, normal vaginal delivery, birth weight, 3076 g.

**Current clinical history:** From age 0, the patient had frequent wheezing when he developed a cold and was diagnosed with infantile asthma at age 1 year and 7 months of age. When he caught a cold, he wheezed, took asthma medication, and frequently went to the hospital for inhalation. He did not go to a nursery school. He easily caught colds and developed fever.

**Present condition:** Height, 89 cm; Body weight, 12.3 kg. Pulse: Both slightly floating and rapid Tongue: Slightly red, and white coated.

Abdomen: Weak abdominal strength.

**Clinical course:**

The severity of his asthma was classified as the mild persistent type according to the Japanese pediatric guidelines for the treatment and management of infantile asthma. *Ogikenchuto* extract (Tsumura & Co., Tokyo, Japan) was administered at a dose of 3.0 g/day, and when he caught a cold, *shinpito* extract (Tsumura & Co., Tokyo, Japan) was added at a dose of 2.5 g/day. One month later, he developed a cold and mild wheezing. Two months later, he also had a cold, but wheezing did not develop. Since then, the patient's bronchial asthma attacks disappeared. The



administration of *ogikenchuto* was continued until its withdrawal at 3 years of age.

## Discussion

*Shokenchuto* and *ogikenchuto* improved the constitutional infirmity and digestive function of the patients and reduced the onset of common colds and respiratory tract infections. As a result, these Kampo medicines cured bronchial asthma in the two children. It is important for us to treat patients in accordance with the Japanese pediatric asthma guidelines with inhaled steroids or leukotriene receptor antagonists, as well as focus on infirmity of the respiratory and digestive function, known as “Hai”, and “Hi” in Kampo medicine, which cause bronchial asthma attacks and transient wheezing in children.

In recent years, there have been developments for bronchial asthma therapy in both children and adults; thus, the indication of a bronchodilator consists of ephedra herb which was traditionally used in Kampo medicine (e.g., *maoto* or *makyokansekito* extract), has clearly decreased. We usually treat moderate or severe asthma attacks in children with a bronchodilator or steroids, even if we use Kampo medicine for preventing asthma attacks. In case 2, the patient took inhaled both inhaled bronchodilator and *shinpito* extract (containing ephedra herb) only when he caught a cold or wheezed. On the other hand, *shokenchuto* or *ogikenchuto* has the potential to be adapted for the treatment of childhood diseases, including bronchial asthma and allergic disease, by improving the digestive function and constitutional infirmity of the respiratory tract, and by preventing children from catching the common cold. In addition, *shokenchuto* can be applied in the treatment of children with emotionally instability due to illness or developmental disability. *Ogikenchuto* is a Kampo prescription in which Ogi (*Astragali Radix*) is added to *shokenchuto*. It is generally suitable for children who are more fragile and tend to sweat.

When reviewing this case from the viewpoint of the “Yasui Classification of the Indications for Kampo Treatment,” the successful administration of *shokenchuto* and *ogikenchuto* satisfies the definition of “Type 1”; Treatment is effective by Kampo treatment alone and better than standard western medical treatment.

The administration of *shokenchuto* or *ogikenchuto* to children with bronchial asthma in children is not effective in all cases. However, for children who are prone to catching colds and whose respiratory and gastrointestinal function are immature and fragile, it is well worth considering this medication, which may cure or ameliorate asthma in children.

## Clinical Report (Acupuncture)

### *A Case of Acute Low Back Pain Associated with Walking Difficulties Improved by the Following Day*

Shunji Washida

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#### I. Introduction

The number of patients with low back pain is extremely high and among the complaining ratio, low back pain occupies first place in men and second in women in Japan. (2010: Comprehensive Survey of Living Conditions). Low back pain is classified into acute, subacute and chronic based on the period of time since onset. Low back pain of duration less than four weeks is defined as acute phase<sup>1)</sup>. As treatment of acute low back pain, pharmacotherapy is highly recommended (Grade A) and NSAIDs are frequently used. Thermotherapy is considered to be of short-term benefit (Grade B)<sup>1)</sup>. However, currently there is little reliable evidence regarding to pharmacotherapy in general<sup>2)</sup>. As for acupuncture and moxibustion treatment, According to a Cochrane review of 35 RCTs studies published in 2005, among them only three studies dealt with for acute low back pain, it was concluded that the effectiveness of the treatment remain uncertain,<sup>1)</sup>. Here I report a case of acute low back pain successfully treated with acupuncture and moxibustion treatment..

#### II. Case report

[Case] 66 years, male

[First visit] July 15, year X

[Chief complaint] Low back pain

[Past Medical history] At the age of 55 partial gastrectomy because of gastric cancer

[History of Present illness]

He has repeated acute low back pain about once a year over the last few years. On the morning of his first visit to my clinic, he had acute low back pain, which unable him to walk to my clinic.

[Life history] Single, lives alone

[Current condition] Height 165 cm, weight 50 kg

[Subjective symptoms] When the patient visited my clinic, he supported his body on the wall. He was barely able to move one step at the time forward because of the pain, but did not complain any numbness of the legs.

[X-Ray] It did not show abnormalities a month before his visit.

[Oriental Physical Examination]

Inspection: appeared to be very uncomfortable, but had a healthy look; facial complexion was somewhat dark and lacked luster.

Audio-olfactory examination: weak voice.

Inquiry: The patient was currently without occupation and did not do anything possibly causing particular strain on the low back. The only occasion to leave home is visiting the horse race track on weekends. Otherwise he contrived to join a Mahjong club in order to have a reason to leave home even during the week, but because of his poor skills at Mahjong this on the contrary tended to irritating and stopped him from continued attendance. He had the habit of drinking about 5-6 cans of beer every evening. He drank a lot of alcohol over a period of several weeks prior to the onset and often also started drinking during the day. When drinking during the day he rarely went out, became drowsy and slept, so that he recently spent much time lying down. He did realize that excessive drinking and lack of exercise is not good. The pain manifested in a way, that he could not put any weight on his spine.

The difficulty to fall asleep caused the drinking habit for many years. His insomnia started when his younger brother died of cancer approximately 30 years ago. He felt responsible for the death of his younger brother and this guilt has caused him much suffering.

Palpation: rough, floating pulse, rapid, empty and slightly choppy. Comparative pulse diagnosis showed liver and kidney deficiency. Abdominal diagnosis showed weakness of the lower abdomen. Meridian palpation revealed tenderness from GV3 ~

GV4. The tenderness was also experienced as discomfort.

[Medical diagnosis]

One month ago an x-ray had been taken, but did not show any anomalies.

[Oriental medical diagnosis]

The cause of the condition was considered to be excessive eating and drinking (excessive alcohol consume), leading accumulation of damp heat and qi stagnation. The pattern was identified as a liver-kidney deficiency. Due to the excessive drinking and resulting decreasing frequency of leaving the house in conjunction with a lack of exercise led to qi stagnation in the lumbar area. In addition to that damp heat accumulated in the lumbar region, conceivably causing the pain.

[Treatment policy] Disperse damp heat and improve the qi stagnation directly responsible for the pain; reinforce the deficient liver and kidney qi, thus aiming at a recovery of low back function.

[Treatment] Root and branch treatment (sitting position): 1 cone of heat-sensing moxibustion each at the 3 locations of the tender GV3, in the intervertebral 3<sup>rd</sup> and 4<sup>th</sup> spaces and at GV4.

Root treatment (supine position): Transmeridian Qi Tonifying Technique at LR8 and KI7.

FRANC treatment (supine position): Zheng Qi Tonifying Technique at CV4. Branch treatment (prone position): Qi retention Technique at GV3, in the intervertebral 3<sup>rd</sup> and 4<sup>th</sup> spaces, GV4, BL23 and BL28. Zheng Qi Tonifying Technique at BL18. Qi Splashing Technique at BL60. That is the Toho-kai style treatment (Meridian therapy) I performed. The floating pulse was alleviated, liver-kidney deficiency improved and I finished treatment after the pulse had calmed down. Immediately after the treatment the patient did not report any subjective changes in the pain. Objectively the walking speed appeared to have slightly increased.

[Clinical course]

Second session (July 16): On the day after the first visit the patient came by train (walked to the station;

he did experience discomfort, but the activities of daily life had significantly improved so much as to cause no major problems). The pain along the governing vessel (GV3~GV4) had slightly decreased. Inspection: Calm expression; facial complexion had become lighter.

Audio-olfactory examination: Voice had gained in strength and he was rather talkative.

Palpation: rough pulse, slightly floating, slightly rapid, empty, slightly choppy. Comparative pulse diagnosis showed liver-kidney deficiency. Abdominal diagnosis still showed lower abdominal deficiency.

Root treatment: Transmeridian Qi Tonifying Technique at LR8 and KI7.

FRANC treatment: Zheng Qi Tonifying Technique at CV4. Qi Splashing Technique on the governing vessel (from the vicinity of GV3~to the vicinity of GV4) near the tender regions. Zheng Qi Tonifying Technique at BL23 and BL18. Yin Qi Tonifying Technique and Qi Splashing Technique near BL23 and BL25 as lumbar regions of increased muscle tension. Qi Transfer Technique at BL60. Yin Qi Tonifying Technique, Qi Splashing Technique and Qi Smoothing Technique in a sitting position for regions of strong muscle tension at the sides of the neck, along the top of the shoulders and the upper back.

Third session (July 19): "Activities of daily life do not cause problems and I take walks depending on my condition." The tenderness at GV3 still remains.

Palpation: rough pulse, slightly floating, slightly rapid, empty, slightly choppy. Comparative pulse diagnosis showed liver-kidney deficiency pattern.

Treatment: same as during the last session.

Fourth session (July 23): "I spent the whole day sitting at the horse race track, but was fine. The other day I drank alcohol. Four cans of beer. I had intended to stop at two, but the excitement after the horse race kept me going to drink 4 cans." Tenderness at GV3 remains.

Palpation: rough, slightly floating pulse, slightly rapid, empty, slightly choppy. Comparative pulse diagnosis showed liver-kidney deficiency pattern.

Treatment: same as during the last session.

Fifth session (July 30): "Three days ago I felt some discomfort, but that went away in 1 day. Because my sleeping rhythm has fallen into disorder I do sleep during the day, but then cannot fall asleep at night. That is why my alcohol consume is increasing and seems also to lead to the development of my low back pain. But unless I drink some alcohol, I cannot fall asleep. That is a habit of mine continuing already for many years. The trouble with falling asleep started about 30 years ago, when my younger brother died." There is some tenderness at GV3.

Palpation: rough, slightly floating pulse, slightly rapid, empty, slightly choppy. Comparative pulse diagnosis showed lung deficiency pattern.

Treatment: The pattern was identified as lung deficiency and treated by Transmeridian Qi Tonifying Technique at LU9. Local and symptomatic treatment same as during the last session.

Sixth session (August 6): "Because my life rhythms is disorderly, alcohol consume has increased. There has been some low back pain, but it is not as severe as the other day." There is some tenderness at GV3.

Palpation: rough, slightly floating pulse, slightly rapid, empty, slightly choppy. Comparative pulse diagnosis showed liver-kidney deficiency pattern.

Treatment: The pattern was identified as liver-kidney deficiency pattern and treated by Transmeridian Qi Tonifying Technique at LR8 and KI7. Local and symptomatic treatment same as during the last session.

Seventh session (August 9): "Recently I am fine. I adjusted my life rhythm and started taking walks." There is almost no tenderness at GV3.

Palpation: rough, slightly floating pulse, slightly rapid, empty, slightly choppy. Comparative pulse diagnosis showed lung deficiency pattern.

Treatment: The pattern was identified as lung deficiency pattern and treated by Transmeridian Qi Tonifying Technique at LU9. Local and symptomatic treatment same as during the last session.

Due to the improvements in his daily life I ended the treatment according to the patient's wish.

### III. Discussion

The increasing number of people suffering from low back pain, especially those with acute low back pain, are looking for immediate effect and prevention of chronic pain. While pharmacotherapy is highly recommended for acute low back pain, its effects are often limited. Acupuncture and moxibustion treatment for chronic low back pain is recommended next to exercise therapy, but many acupuncturists have also experienced quick efficacy when treating patients with acute low back pain.

The history of this patient suggests that local heat sensing moxibustion and Qi Retention Technique seemed to have been particularly effective for low back pain caused by damp heat and qi stagnation. Yet, in conjunction with the adjustment of changes in the Meridians using remote sites the treatment overall succeeded without being overly occupied by local treatment and thus is considered to have led to a favorable outcome. Conceivably the reason for the improvement on the day following the session was that because of the marked deficiency sleep was needed for the recovery.

On the other hand, this type of acute low back pain recurred because of lifestyle habits including a drinking habit, indicative of the suffering of the patient up to the present. It is difficult for an acupuncturist to directly help solve the problems related to the patient's suffering forming the background for his complaint. Yet, it is possible to ask the patient about the details, show understanding and at least one can endeavor building a relationship allowing communication. Based on this relationship I was able to encourage the patient during casual conversation to express his sufferings. And through improvements of the flow of qi and blood via adjustments of the changes in the channels acupuncture and moxibustion directly contributed to improvements related to the chief

complaint and conceivably motivated the patient to improve his lifestyle.

#### **IV. Conclusions**

This patient with acute low back pain received only acupuncture and moxibustion treatment. Although this is only a case report, it suggest some way to validate the effects. In the future I would like to use a pain evaluation scale, investigate more cases and verify the usefulness of acupuncture and moxibustion treatment for acute low back pain.

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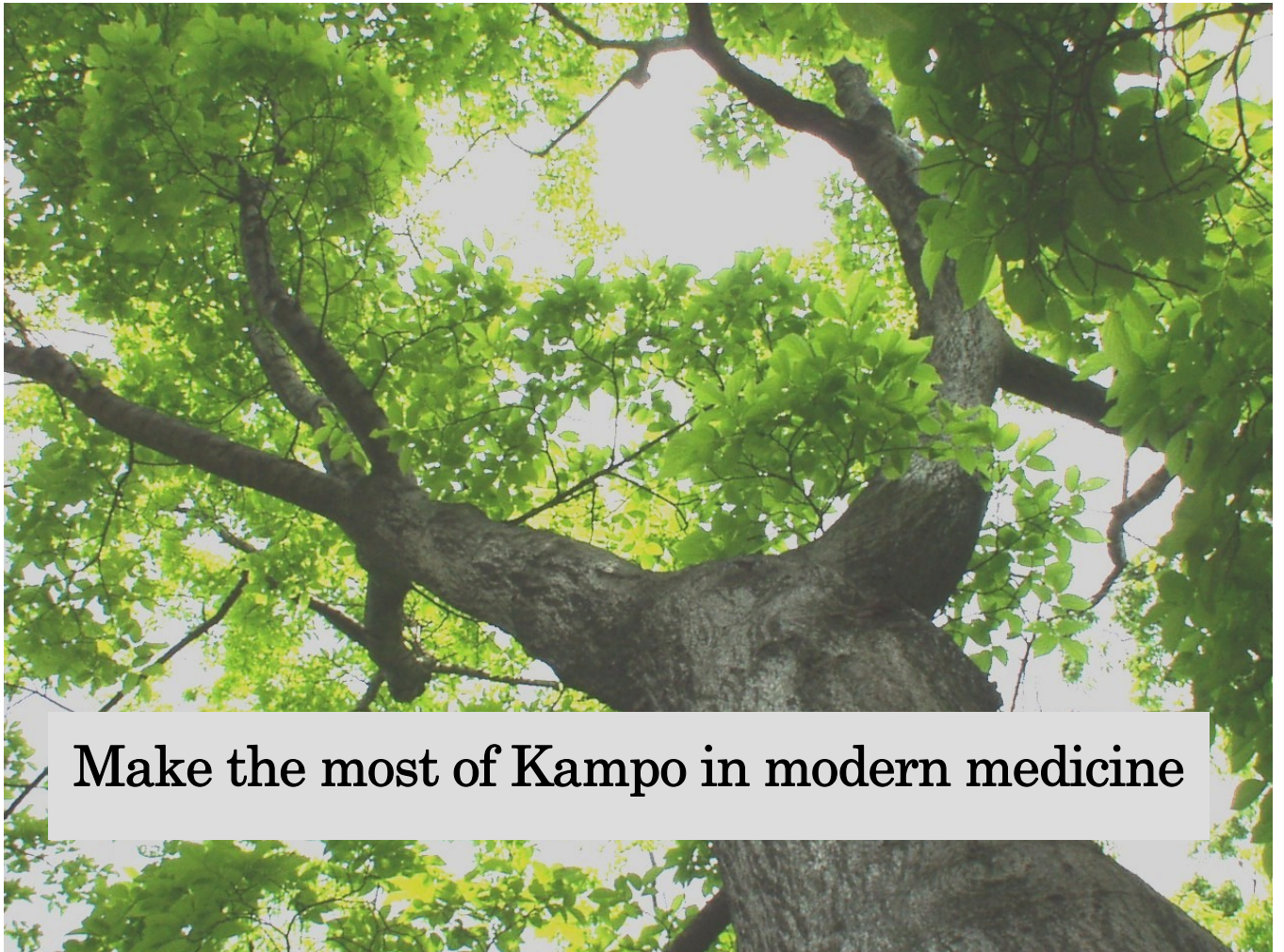
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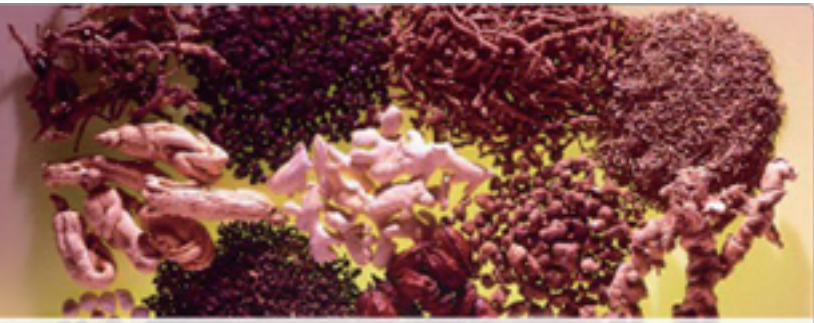


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