

Type 1 Case of Yasui Classification

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

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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of *shokenchuto* treatment, his infirmity and digestive function improved, and his asthma cured and *shokenchuto* was withdrawn.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.