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KAIM

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A good motive creates a selfless devotion.

“I just want my customers to feel better, body and soul. Just to see their faces light up with hope and happiness, I’d do anything,” remarks Masao Tsuji, President of Ominedo Pharmaceutical Industry Company. He visits various sites where raw herbs and substances for use in their Kampo products are picked. And he believes this is the tradition Ominedo had maintained for over a century now since the company was founded in 1900.

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MISSION

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

Foreword

My Dream: A National Research Institute for East Asian Medicine in Japan

When I attend international conferences held in East Asia on the topic of traditional medicine, I frequently have the opportunity to meet researchers from countries such as Korea, China, and Viet Nam, who are affiliated with government-sponsored institutes for the study of traditional medicine. They are employed as national civil servants to research, teach, and practice traditional East Asian medicine, including acupuncture and herbal medicine. In Japan we have professors at our national universities who are conducting research in acupuncture and Kampo, but such research into traditional medicine is not their primary work. And although a small amount of scientific research is supported by national funding, Japan does not have a national research institute specifically dedicated to traditional medicine. A few prefectural hospitals have established institutes for the study of traditional medicine, and for a time those institutes received significant levels of support, but this support has dwindled with the recent economic downturn and with changes in the prefectural administration that issued the original proposals.

More than 100 years ago, the Japanese government introduced Western medicine as the mainstream medical paradigm in Japan. Medical treatment in Japan has certainly made great strides as a result of teaching and research in Western medicine based on modern science. However, today people are searching for an integrated approach to medicine that will go beyond the limitations of conventional Western medicine. Japan is completely ignoring the important role that traditional East Asian medicine has to play in this integrated approach. According to our survey on the use of acupuncture by the Japanese populace, only 7% of Japanese people currently receive acupuncture therapy in a given year. Today there is little national consciousness of Japanese traditional medicine or desire to support the traditional medical paradigm, either among the Japanese people or in the Japanese government.

One important reason for this lack of awareness of traditional medicine is the legal separation in Japan between providers of Western medicine and providers of East Asian medicine (acupuncturists). If more rigorous research can provide strong evidence of the effectiveness of acupuncture for specific conditions, then it should be possible to approach those conditions within the context of an integrated medical system, regardless of whether the treatment provider is utilizing Western or East Asian therapeutic methods. However, without economic and staffing support from the outset, it will be difficult to either obtain or validate such evidence.

When I attend international conferences and listen to the presentations of the researchers from nationally supported institutes of traditional medicine across East Asia, I cannot help but envy them. However, even though there are no such national research institutes in Japan at present, traditional medicine is still continuing in this country, thanks to the dedication of individual clinicians and researchers and the support of enthusiastic fans (patients) and private businesses (Kampo makers and acupuncture equipment manufacturers). We must maintain our dream of one day having a national Institute of East Asian Medicine that will spur traditional medical research and practical applications. We also need to provide even stronger encouragement for the activities of current supporters, and to appeal for more consideration of the needs in this important area.

Hitoshi Yamashita, Ph.D., Lic.Ac.

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Board Member, The Japan Society of Acupuncture and Moxibustion

Japanese Acupuncture - Current Research

Treatment of Tinea Unguium with Heat-sensing Moxibustion

Yuki Menjo

Sukoyaka Acupuncture Clinic

1. Introduction

The removal of warts is a well-known example of the application of moxibustion for the treatment of skin diseases, but in actual clinical practice this modality is widely used for the treatment of atopic dermatitis, postherpetic neuralgia, alopecia, eruptions, incision wounds, pruritus and the like. Currently, internal application of antifungal agents is considered to be an effective treatment for tinea unguium. Tinea unguium is often refractory to treatment and if left untreated almost never heals naturally, but it is also difficult to achieve improvements with therapy of topical antifungal medications alone. Under certain circumstances, pregnant women or people with impaired liver or kidney function may not tolerate the internal application of antifungal agents¹⁾. For patients in whom oral administration of antifungal agents is difficult, we thought about the possibility of using moxibustion for skin diseases and thus tried to use moxibustion for the treatment of trichophytosis unguium.

2. Methods

Duration: from June 2000 to September 2004

Site: Nagoya University, Medical Faculty, ambulance of the Department of Dermatology

Subjects: The study included 36 patients in whom direct microscopic examination revealed trichophytia and who were thus diagnosed with trichophytosis unguium, presenting with opacities extending over more than half of the nail area and in whom oral administration of antifungal agents was difficult either because of complications or by choice of the patients. These patients were divided into the A group: comprising 8 patients treated continuously for more than 24 weeks for trichophytosis with antifungal agents for external use (3 men, 5 women, average age 62.4 ± 12.9 years, average duration of the morbidity with trichophytosis 4.5 ± 4.3 years), and the B group: 28 patients who consented to be treated with a

combination of antifungal agents for external use and moxibustion (12 men, 16 women, average age 61.1 ± 13.1 years, average duration of the morbidity with trichophytosis 6.3 ± 4.1 years) (Table 1).

Moxibustion treatment: Moxa (長沙乙 = Changsha, Chinese product) was rolled by hand into half rice grain-sized cones of approximately 2 mg (base diameter approximately 2 mm, height approximately 3 mm) and placed on both sides of the posterior nail folds of the affected toe (hallux) (at sites corresponding to well points) and directly on the opaque areas to perform heat-sensing moxibustion using one cone on each point once a week. Heat-sensing moxibustion refers to a technique, where the tip of the moxa cone is lighted and removed by the practitioner, when the patient feels the heat.

Study duration: 24 weeks from the first moxa treatment.

Observation: Once a month pictures were taken from the affected nails in both group A and B. In group B in addition to the pictures sketches of the condition of the nails from the first treatment were made after each treatment and the ratio of opacity from the end of the nail (opacity ratio) recorded as figures. Opacity ratio refers here to the degree of opacity defined as "10", when it extends from the free margin to the posterior nail fold, a distance divided into 10 equal sections, or as an opacity ratio of 3, when it extends only over three sections (Figure 1).

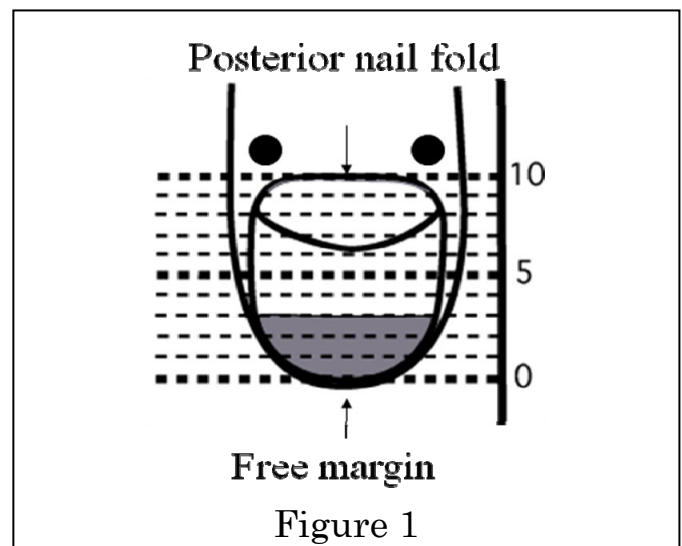


Figure 1:

Opacity ratio: The distance from the free margin to the posterior nail fold divided into 10 equal parts is used to express the opacity ratio. The figure shows an opacity ratio of 3. The presence of fungi was evaluated by direct microscopic examination. The black circles indicate the sites of the moxibustion treatment

Evaluation of results: The 4-step evaluation defines a reduction of the opacity ratio in the 24th week by 5-10, as compared to the time of the first moxibustion treatment, as "markedly effective", a reduction by 3-4 as "improvement", a reduction by 1-2 as "slight improvement" and 0 or a negative value as "no change and aggravation".

3. Results

Result 1:

In group A only "no change or aggravation" and nothing better than slight improvements were observed, but in group B slight improvement or better results were observed in 86% of the cases (markedly effective: 6 patients (21%), effective: 6 patients (21%), slight improvement 12 patients (43%) and no changes or aggravation: 4 patients (14%) (Figure 2)

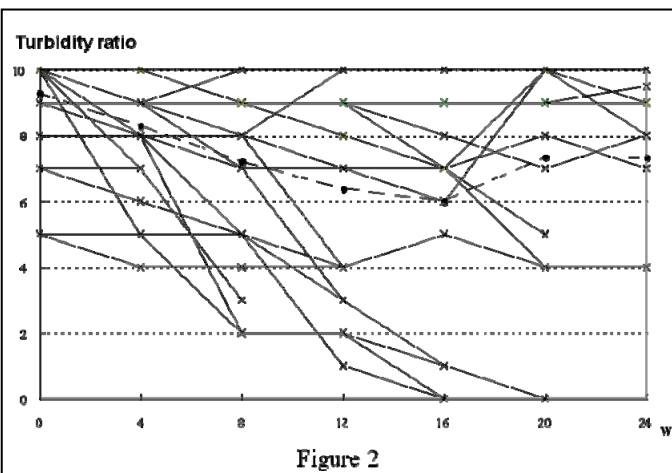


Figure 2:

B group: (combination therapy of antifungal agents for external use and moxibustion therapy: 28 cases) Variations in the opacity ratio in intervals of 4 weeks. Solid lines indicate the variations in intervals of 4 weeks for each patient. The dashed line indicates the average of the opacity ratio.

Below are the results from group B

- 1) Marked effectiveness or improvements classified by hands and feet shows improvements in 66% of the fingernails and 36% of toenails.
- 2) Classification of "no change or aggravation" by diseases showed for the fingernails one case of gastritis and for the toenails one case of dermatitis, one case of diabetes and one case of hypertension.
- 3) Depending on the number of years of morbidity the ratio of improved cases was 67% for patients with morbidity duration of less than one year, 40% for morbidity duration of 1 to 5 years, 33% for less than 5-10 years and 27% for morbidity duration of more than 10 years.

Result 2:

On this occasion I add a report of observed variations in the opacity ratio in all toes of one patient treated over a period of one year and 8 months with moxibustion from the first treatment on April 13 (final treatment on December 6, 2006). The patient was a 75-year old woman, presenting with impaired liver function and leukemia. Due to difficulties associated with oral administration of the antifungal agents, the topical application of butenafine hydrochloride was combined with heat-sensing moxibustion. (Figure 3)

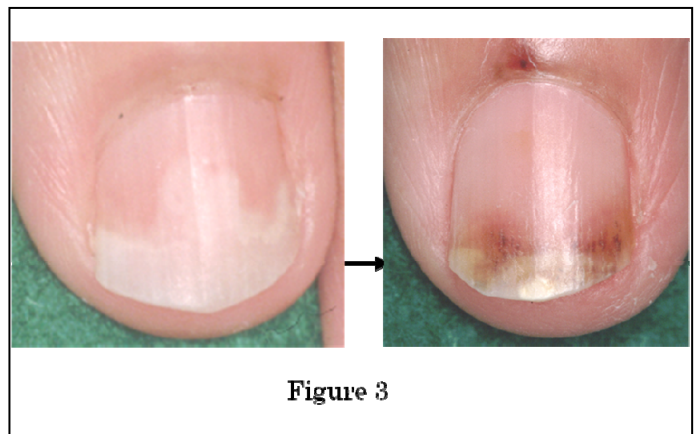


Figure 3

Age 50 years, female, 4th digit of right hand

About 4 months after moxibustion treatment, improvement in opacity ratio from 5 to 1.

If the weekly interval of the moxibustion treatment is spaced wider, the opacity ratio tends to deteriorate. During the wet and hot season from April to August

the opacity ratio tends to deteriorate, while it rarely deteriorates during the dry season from August to March of the following year. Continued moxibustion treatment resulted in a tendency towards facilitated improvement, even if a temporary aggravation occurs. The opacity ratio for the 2nd, 3rd and 4th toes of both feet tends to improve easily.

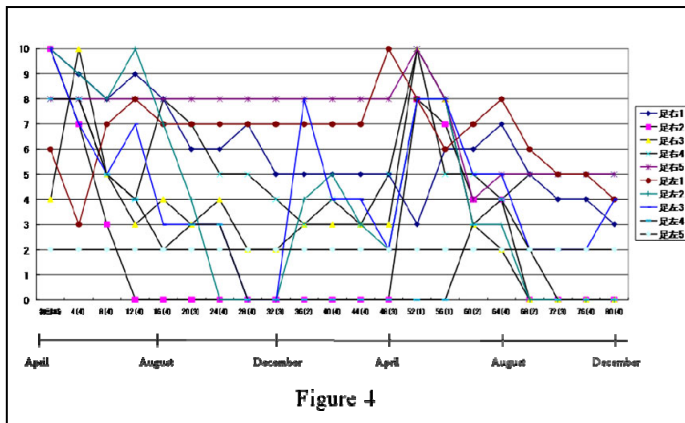


Figure 4:

Variations in the opacity ratio in intervals of 4 weeks for a 75-year old woman (combination therapy of antifungal agents for external use and moxibustion therapy). The numbers in bracket indicate the number of moxibustion treatments during that month. The horizontal line below indicates the actual number of years/months (seasons).

4. Discussion

Improvement of the nails here does not refer to improvements of the deformed or discolored portions of the nails, but rather a faster growth of new nail at the nail matrix than the invasion of the nails by the fungus, so that the discolored portions are pushed outwards and thereby end the infection. Nail growth from the posterior nail fold to the free margin in the fingers of healthy adults usually takes about 6 months and in the toes somewhere between 12 and 18 months²⁾. The experimental observation period was with 6 month too short, so that the result "no change" observed in the 24th week for one affected toe had changed by the 48th week to "improved", suggesting that long-term treatment and extended observation periods are required. Classified by sites it was found, not surprisingly, that improvements occurred more easily in the fingernails.

Heat-sensing moxibustion has the advantage, that it can be performed regardless of the presence of impaired liver or kidney function. Yet, with treatment intervals longer than 1 week the results deteriorate, indicating that regular moxibustion treatments of more than once a week are necessary. In our clinic I instruct the patients under certain conditions also to perform the moxibustion treatment at home, using commercially available simplified moxa products. However, in cases of sensory disturbances of the affected finger of toe, poor skin condition or in case of insufficient comprehension of the explanations, this home treatment is not recommended.

On this occasion I did not examine the degree of sensation of coldness of the feet, but after the moxibustion treatment the patients reported "my toes are now feeling comfortably warm", suggesting that the moxibustion stimulation of the nails had promoted peripheral blood circulation, raised the skin temperature, inhibited the growth of the trichophytia, promoted the growth of the nails, improved the local immunocompetence and thereby was considered to influence improvements in the onychomycosis.

In case other family members also suffer from onychomycosis there is a high likelihood of contracting the disease. Prolonged time spent in highly humid environments, wearing shoes or similar environmental factors too have a strong influence. It is therefore necessary to communicate to the patients, that they should try to maintain cleanliness and keep the affected areas dry during the treatment.

In the control group treated only with antifungal agents for external use no improvements in the onychomycosis were observed, but through combination with moxibustion treatment improvements of the onychomycosis were observed also in cases, in whom oral treatment with antifungal agents was difficult. There are also clinical cases in which improvement of the onychomycosis had been achieved by moxibustion therapy alone³⁾, but the question, whether there are any significant differences still remains unanswered. Application of antifungal agents for external use tends to prevent trichophytia infection of hands and feet and this effect is enhanced through combination with moxibustion therapy,

suggesting that the latter may have promoted improvements in the onychomycosis.

Well points lie on both sides of the posterior nail fold. These well points are said to be "the site, where the vessel qi emerges, like from a spring, if likened to a stream of water"⁴⁾, so that stimulation with acupuncture and moxibustion is not limited to the particular area, but is considered to influence the entire area of the affiliated meridian.

5. Conclusion

Moxibustion therapy may be a possible treatment choice for cases in whom the oral administration of antifungal agents proves to be difficult. This indicates the role of acupuncture and moxibustion for cases refractory to pharmacologic therapy.

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Key words: trichophytosis unguium, moxibustion therapy

Table 1 Patient background

A group: topical application of antifungal agents for external use only

No.	Sex	Age	Number of years of	Affected	External preparation	Opacity ratio /	Opacity ratio / 24	Evaluation / 24 weeks	Complicating conditions
1	M	69	0	Left leg 2	Butenafine hydrochloride	10:10	10:10	No change	At will
2	F	51	0.3	Right leg 1	Butenafine hydrochloride	10:10	10:10	No change	Liver cirrhosis
3	M	63	0.1	Left leg 1	Butenafine hydrochloride	10:10	10:10	No change	Rheumatism
4	M	78	3	Left leg 1	Butenafine hydrochloride	10:10	10:10	No change	Chronic nephritis
5	F	42	5	Left hand 1	Butenafine hydrochloride	10:10	10:10	No change	Dermatitis
6	F	51	8	Right leg 1	Butenafine hydrochloride	10:10	10:10	No change	At will
7	F	73	10	Right leg 1	Croconazole Hydrochloride	10:10	10:10	No change	Hypertension
8	F	72	10	Left leg 1	Butenafine hydrochloride	10:10	10:10	No change	Diabetes
Avg.		62.4	4.55			10:10	10:10		

M: male F: female

B group: combination therapy of antifungal agents for external use and moxibustion

1	F	72	0.5	Right hand 1	Butenafine hydrochloride	10:10	0:10	Markedly effective	Gastritis
2	F	59	1	Right hand 4	Butenafine hydrochloride	7:10	0:10	Markedly effective	Gastritis
3	F	36	1	Right hand 1	Butenafine hydrochloride	10:10	5:10	Effective	Atopy
4	F	75	0.25	Left hand 1	Butenafine hydrochloride	10:10	6:10	Effective	Gastritis
5	M	75	5	Right hand 1	Butenafine hydrochloride	10:10	8:10	Some improvement	Diabetes
6	M	65	20	Left hand 2	Butenafine hydrochloride	9:10	10:10	Aggravation	Gastritis
7	M	50	6	Right leg 2	Butenafine hydrochloride	10:10	0:10	Markedly effective	Dermatitis
8	M	70	3	Left leg 2	Butenafine hydrochloride	10:10	1:10	Markedly effective	Prurigo
9	F	25	1	Left leg 1	Butenafine hydrochloride	7:10	3:10	Effective	Gastritis
10	M	39	10	Right leg 1	Butenafine hydrochloride	10:10	3:10	Markedly effective	Impaired liver function
11	F	52	15	Right leg 1	Butenafine hydrochloride	8:10	4:10	Markedly effective	Gastritis
12	F	72	5	Right leg 1	Butenafine hydrochloride	10:10	7:10	Effective	Diabetes
13	F	63	3	Left leg 1	Butenafine hydrochloride	10:10	4:10	Effective	Diabetes
14	M	72	10	Right leg 1	Butenafine hydrochloride	10:10	7:10	Effective	Impaired liver function
15	M	58	5	Left leg 1	Butenafine hydrochloride	10:10	8:10	Some improvement	Drug eruption
16	F	62	10	Right leg 1	Butenafine hydrochloride	10:10	8:10	Some improvement	Gastritis
17	M	70	1	Left leg 1	Butenafine hydrochloride	10:10	10:10	No change	Dermatitis
18	F	57	11	Right leg 1	Butenafine hydrochloride	10:10	8:10	Some improvement	Cerebral hemorrhage
19	F	52	10	Right leg 1	Butenafine hydrochloride	10:10	8:10	Some improvement	Diabetes
20	M	51	10	Right leg 1	Butenafine hydrochloride	10:10	8:10	Some improvement	Gout
21	M	64	0	Right leg 1	Butenafine hydrochloride	10:10	10:10	No change	Hyperpiesia
22	F	50	10	Left leg 1	Butenafine hydrochloride	10:10	9:10	Some improvement	Eruptions
23	F	54	8	Right leg 1	Butenafine hydrochloride	9:10	8:10	Some improvement	Hyperpiesia
24	F	73	10	Left leg 1	Butenafine hydrochloride	5:10	4:10	Some improvement	Diabetes
25	M	75	10	Right leg 1	Butenafine hydrochloride	10:10	10:10	No change	Diabetes
26	F	79	6	Right leg 1	Butenafine hydrochloride	5:10	4:10	Some improvement	Hyperpiesia
27	M	72	1	Right leg 1	Butenafine hydrochloride	10:10	9:10	Some improvement	Diabetes
28	F	69	4	Left leg 1	Butenafine hydrochloride	10:10	9:10	Some improvement	Diabetes
Avg.		61.1	6.31			9.29:10	6.11:10		

Kampo Medicine - Current Research

Efficacy of Goshuyuto for Migraines

Hiromichi Yasui

Japan Institute of TCM Research

1. Introduction

Migraine is a disease that has been around the world dating far back to the ancient times and it occurs periodically. The patients with migraine have to go through a considerably difficult time coping with the severe symptoms it produces: Once a migraine attack takes place, it can almost interfere with patients' day-to-day life. In recent years, migraine treatment has greatly been advanced and with the availability of triptan preparations, migraines have become a far better controllable disease than before. Even then, currently the complete and total effect cannot be expected from modern medications.

On the other hand, migraines are considered to be a disease easy to care for in Kampo medicine. The reason is that though migraines, having many types, are triggered by a variety of factors, Kampo medicine is the medicine capable of doing right things for each of triggers and types with pinpoint precision. To cure the pains, many prescriptions are ready for use. Hereunder, a few experiences in Japan of a typical prescription *goshuyuto* (*goshuyuto*, Wu-Zhu-Yu-Tang, 呉茱萸湯) are introduced.

2. Case Study on *Goshuyuto* for Migraines

A case report on *goshuyuto* for a migraine was first made in Japan about 200 years ago by Nangai Yoshimasu (1750-1813) as follows:

Patient: An adult male, age unknown, had always migraines. A heavy headache attack occurred on a certain day with vomiting, disabling him to speak. He continuously slapped his neck by his hand. It looked like a puppet, giving a weird impression. People around him did not know that his behavior was from a headache and they thought he went out of order. Nangai Yoshimasu saw the behavior and knew that

he did not go made such behavior and it was a furious headache. Yoshimasu hurriedly prepared two doses of *goshuyuto* and administered him. After the use of them, the headache disappeared.

Since this reported, the use of *goshuyuto* has become a kind of common sense and many cases have been reported till now. Some clinicians discussed a variety of conditions in which *goshuyuto* was effective and according to the tips gained from the discussions and handed down orally, the prescription has been applied.

Following are the cases of interest:

Case Report 1:

The patient was a 29-year old female. In her high school days, headache began to develop by the triggers of stresses and the crowd. Headache always started in the muscles of the left shoulder, spreading to the back of the entire head from the left back side of the head, leading to a pain behind the eyes and then making her to feel like vomiting. . An attack occurred especially before the onset of menstruation and persisted for about a day. The patient had cephalic CT scans but nothing abnormal was detected. The analgesic drugs she used to take, although initially effective, gradually became less effective and unworkable, so Kampo treatment was started. With the administration of *goshuyuto*, mild headaches were experienced only 2-3 times before the onset of menstruation and severe agonizing headaches disappeared completely. Thereafter, not only has an attack not occurred before the onset of menstruation, but also menstrual pains and constipation have been improved.¹⁾

This is a representative case report on *goshuyuto*. In case the analgesic drug initially effective becomes ineffective, like this case, the treatment by a medical specialist is required. However, *goshuyuto* is effective in many of such cases.

Case Report 2:

The patient was a 49-year old female with a medium build. Since two years before, the patient sometimes had experienced paroxysmal attacks of severe headache. Before and after the attack, the patient always had a stomach disorder, or distended

stomach or pain in the stomach. She felt like vomiting but did not throw up. The nuchal region and the broad of the back became stiff. Appetite slightly decreased. The epigastric region was often distended with a heavy sensation in the region and hands and feet became cold. There were no significant changes in two-times stools. Pulse was deep and slow. The tongue had a moderate coating of white moist furs. The abdominal strength was slightly flaccid. Mild resistance and tenderness on pressure were felt in the epigastric region and clapotage was demonstrated. These symptoms were diagnosed as the conditions (*sho*) of *goshuyuto*, and thus the one-week doses were given. After a week, discomfort in the epigastric region dissipated. After three weeks of administration, medication was discontinued. Although it has passed one year since then, a headache attack has not recurred.²⁾

Headaches that have indications for *goshuyuto* are generally associated with underlying internal cold caused by a lack of yang Qi, to which external influences are added to develop an attack. This case had several symptoms considered indications for *goshuyuto*, which will be described later in this paper. It may be a marked improvement that since three weeks medication, no headache episode has been experienced for a year.

Case Report 3:

The patient was a 55-year old female. The patient had the problem of high blood pressure on a daily basis and made visits to our hospital. Sometimes, she was plagued by headaches. As seen in many women of about her age, blood pressure numbers were not stable. At a certain night of November 1983, I received a telephone call from her family, saying that the patient had come down with a headache since daytime, at nightfall began to have a severe pain and now was suffering from vomiting. I made a house call, taking cerebral vascular disorder into account. Her sensorium was clear and her response was also clear without motor paralysis and stiff neck. So I breathed a little easier. When I asked her the type of the pain, she replied that at nightfall the pain became a pulsating type of throbbing sting with the appearance of violent

nausea. While answering, she seemed to have nausea attacks and frequently threw up some gastric-fluid-like substance into a washbowl. To my query of whether she felt cold in the hands and feet, she said she felt them considerably cold. On the basis of these findings, I thought *goshuyuto* might be the application targeting cold in the extremities, headache, and vomiting, and gave her on site a dose of the extract dissolved in half a cup of hot water. I always have some doses of *goshuyuto* extract in my bag with me when I make a patient's house call. It may be unbelievable but vomiting stopped before me and in about five minutes, such rampant headache was reduced to only a fraction of the intensity she felt originally. And she was able to rise from the recumbent position and sit on the floor.³⁾

This is the case that showed a rapid relief of headache after the administration of *goshuyuto* on a potion basis. It is very rare that such a marked effect was obtained in day-to-day clinical practice. It may not be extremely rare but it does not mean that any patient shows such an effect. The person who is as responsive as this patient will not have a migraine recurrence by taking this medication for a long period of time, like several months to one year. In other words, migraines can be cured.

Case Report 4:

The patient was a parous female of 27 years old. Before becoming pregnant, the patient used to have headaches. In the 13th week of pregnancy, she had a headache attack disabling her to do family work. She did not take analgesics thinking of adverse influences of the drug on her fetus. She was given *goshuyuto* on the moment. On her way home, she fell asleep in the train. She also had a good night sleep and when she woke up, she found the headache disappeared. Attention is called to it that during the period of pregnancy, the medication should not be administered without careful consideration.⁴⁾

In many of women with migraine, a sharp decrease in the frequency of the attack due to pregnancy has generally been observed together with relief of migraine symptoms. However, this is

not applicable to any woman. Indeed, the research by Ratinahirana et al. reports that cases of frequency and symptoms became worse in pregnant woman represented 6.8%.⁵⁾ Moreover, the research by Maggioni et al. reports that improvements in women experienced pregnancy twice or more were not as good as in the first time pregnancy.⁶⁾

Although not many headaches get worse with pregnancy, they are not scarce. In any event things are significantly serious to the people who suffer from headaches. Kampo medication offers only a few choices but they can be expected to yield safe and high efficacy. One of these choices is *goshuyuto*, on which other cases were reported.

3. Clinical Study on *Goshuyuto* for headaches

Many clinical experiences similar to the above have been reported and it has become a kind of common knowledge in Japan that *goshuyuto* is effective for migraines. However, details of this medication have not been elucidated as to under what environments migraines occur in what types of persons and efficacy percentages. Thus, some researchers have conducted clinical studies on these points. The studies included tension headaches as well as migraines. So, though the efficacy of migraine has not thoroughly been elucidated in these studies, the data are very useful from a clinical view point. Introduced hereunder are representative studies.

1) Study by Maeda et al.: Efficacy of *Goshuyuto* for Chronic Headache⁷⁾

Goshuyuto Extract was administered to 147 patients with chronic headache (Male 46, Female 101) to assess the overall improvement, general safety, and usefulness. The details of the cases are: vascular headache 47 cases, muscle-contraction headache 46, and combined headache 54. Overall improvement comprises: markedly improved 16 cases (10.9%), improved 61 (41.5%), slightly improved 54 (36.7%),

and remained unchanged 16 (10.9%). Usefulness consists of: extremely useful 18 cases (12.2%), useful 61 (41.5%), slightly useful 53 (36.1%), and not useful 15 (10.2%). The cases that achieved useful and higher effects for each type of headache are: vascular headache 61.7%, muscle-contraction headache 47.8%, and combined headache 48.1% with many cases of improvement in vascular headache. Production of effects was seen in 51.7% of cases within two weeks.

The above is a case series using *goshuyuto*. Despite the low level of evidence, efficacy of the medication is clearly demonstrated. The medication tends to be more effective for vascular headaches (migraines). However, since headaches that were originally migraines must have been included in other types of headache, this medication may be said to be more effective for migraines.

2) Study by Odaguchi et al.: Study on the administration of *goshuyuto* in the same dose to patients with chronic migraine.⁸⁾

The subjects participated in this study were 49 persons who, in principle, took some medicine once a month for headache attacks due to chronic primary headache (male/female=6/43, age 43±14), and scores were given to improvement in the severity of headache, improvement in the frequency of headache episodes, improvement in the cold sensation, improvement in menstrual pains, and improvement in stiff shoulders, which were then divided on the basis of given standards into two groups – Responder Group (R-Group 36 patients) and Non Responder Group (N-Group 13). And then the patients in the two groups were equally administered *goshuyuto* Extract in the same dose of 7.5g x 3/day for a month and the exact test of a contingency table was performed.

The results indicated that R-Group had significantly high points in “do not get motion sickness” (R-Group 34 patients, N-Group 8: P=0.01) among subjective findings and “have tenderness in the paraumbilical region” (R-Group 15 patients and N-Group 1: P=0.04) among objective findings. The study also indicated that R-Group tended to show

higher points in the finding of subjective cold sensation, finding of discomfort with pain when pressed in the epigastric region (“kyokyo-kuman”), facial hot flushing, and non-finding of tenderness in the sigmoid region. The findings that exceeded 0,5 in both sensitivity and peculiarity were subjective cold sensation, menstrual pains, hard epigastrium with a sensation of heaviness (“shinka-hikou”), and tenderness in the region between umbilicus and epigastric fossa, whereas non-findings that exceeded 0,5 in both sensitivity and peculiarity are perspiration, irregular menstruation, weak abdominal power, and flaccid lower abdomen.

This study investigated to find differences in the signs and symptoms between the patients group that obtained efficacy (Responder Group) of *goshuyuto* and the patients group that had poor efficacy (Non-Responder Group) and is a groundbreaking study as a step forward for clarifying the whole picture of *goshuyuto*. The results prominently appear in subjective symptoms and abdominal diagnostic findings, offering clues for future applications of the medication.

3) Study by Hayashi et al.: Clinical Study on *Goshuyuto* for Chronic Headache⁹⁾

Goshuyuto was administered to 32 patients with chronic headache with the result of efficacy at 34.4%. However, factors associated with the efficacy of *goshuyuto* (level of $p < 0.05$) were not recognized and the medication may not be said to be specifically effective for any one of migraine, tension headache and combined headache.

This study investigated more than 100 items of subjective and objective signs and symptoms to elucidate the *sho* of *goshuyuto* and multivariable analysis was conducted. The methodology was quite objective, eliminating views from the angle of Kampo medicine to a maximum extent. The result from this methodology was that there were almost

no signs and symptoms associated with *goshuyuto*. The study by Oda et al. was conducted from somewhat Kampo point of view, whereas as this study excluded unfair views favoring Kampo medicine when possible, it may be natural that the results differ between the two studies. This is an aspect of *goshuyuto*. In addition, although the result showed that efficacy was not related to the type of headache, some of tension headaches and combined headaches may have progressed to migraines.

4. Target in the use of *goshuyuto* for migraine

Goshuyuto first appeared in “Shang han lun”. The section of “kechin” disease (power to stay alive almost extincts) of the prescription text has the description meaning “*goshuyuto* is applied for the conditions of feel like vomiting but nothing is brought up, throw up liquids, person with headache...” The medication is now applied referring to the description. Traditional Chinese medicine uses the medication for vomits caused by excessive fluids in the cold stomach, whereas in Japan, the medication is an important prescription applied for migraines as a first choice medicine. *goshuyuto* is beneficial, in theory, for headaches caused by cold evil invading into the condition lacking yang Qi or heat energy, which reversely flows upward through the liver meridian. It may be extremely difficult to grasp signs and symptoms that can clinically support this theory.

Most recently, the study by Odagukuchi et al. has made substantial progress in elucidating indications for *goshuyuto* and has made a clear distinction between responders and non responders to *goshuyuto* by investigating subjective and objective findings in detail. The content of the investigation shows that the characteristics of *goshuyuto* appear in the subjective symptoms and abdominal *sho*. Especially abdominal *sho* confirms the content of the findings described in

“Fukushokiran” and “Fukushokiran-yoku” written in Edo Era.

Given the studies published so far, indications for *goshuyuto* for headaches are generally shown as in Table 1.

Table 1: Indications for *goshuyuto*

1. Type of headache	Most headaches are migraines. In many of tension headaches and combined headaches, the medication is effective. Meanwhile further queries of detailed medical history reveals that many headaches were originally migraines. Aura occurs some time and some time it does not.
2. Conditions that trigger headache	Attacks are often induced in the cold environments. Not a few of headaches develop during or before or after menstruation.
3. Status in the occurrence of a headache attack	The patient feels like vomiting when an attack occurs and the patient actually vomits. Vomiting is violent and after vomiting, the patient does not feel the pain less severe. The epigastric region becomes distended and a sensation of something stuck in the stomach develops. Some patients usually complain of stiff shoulders. Indeed, many of the patients suddenly feel stiffness in the shoulders when attacks occur. Many of the patients complain of severe cold in hands and feet (They are usually sensitive to cold.) Some patients complain of hot flushes on the face when an attack occurs, although they do not usually feel warmth on the face. Some patients complain of a heat sensation in the nuchal region. Some patients writhe in pain during the headache episode.

4. Constitutional Predisposition	Patients do not have a predisposition to carsick/motion sickness. Often feel cold. The volume of perspiration is not much. In other words, do not “tend to perspire a lot”. Patients have menstrual pains. Menstruation is not irregular.
5. Pulse, Tongue, and Abdomen	Pulse <i>sho</i> is usually deep and slow. When a pain attack occurred, pulse rate decreases from the baseline value and it (pulse) often becomes tense. Abdominal <i>sho</i> shows that abdominal strength is not weak; the epigastric region is hard with a sensation of heaviness; and tenderness is felt in the region between umbilicus and epigastric fossa. Discomfort is often felt with pain when pressed in the epigastric region (“kyokyo-kuman”). In short, in many patients, resisting responses can appear in the upper abdomen. Tenderness is felt in the paraumbilical region but is not felt in the sigmoid region. Lower abdomen is not flaccid. The epigastric region becomes distended.
6. Others	Some patients have dry mouth and reduced urine output on a daily basis. In some patients, as soon as the headache is cured with <i>goshuyuto</i> , urine output becomes increased.

5. *Goshuyuto* and Prescriptions that need differentiation

There are many Kampo prescriptions used for migraines. Typical prescriptions are *goshuyuto*, *goreisan*, and *senkyuchachosan*. As a matter of course, many other prescriptions are used for migraines. However, clinically and frequently used are above three prescriptions. *Goreisan* is used in parallel with *goshuyuto* as one of first-choice medications. Oftentimes, headaches for which *goreisan* may be applied develop with a sudden drop in atmospheric pressure, so efficacy can be expected by inquiring the patients of prior occurrence with the care given to weather and a barometer.

Senkyuchachosan is the prescription fundamentally applied to headaches associated with wind-cold, whereas there are many data showing efficacy of the medication for chronic headaches in Japan. The studies conducted so far have made almost no clear differentiation between headaches responsive to *senkyuchachosan* and headaches responsive to *goshuyuto*. It is the current situation that efficacy cannot be known before use.

Conclusion

Goshuyuto is a very important prescription for migraines. In Japan, the medication has been used as a first choice medicine in parallel with *goreisan* and has produced good results. The targets in its use have been elucidated to some extent but not sufficiently, as mentioned above. Despite of this, it is not rare that many patients with migraines take this medication and go to the world with no pains.

Quite a lot of patients showing indications for *goshuyuto* get relief from the headache before it progresses to an attack by taking the medication when a headache aura appeared. For the pain that has become violent, immediate effects can rarely be obtained. However, in many patients, some of the symptoms have become less severe. And also in many patients, attacks tend not to recur in the course of regular use of the medicine. In the case, the duration of the drug exposure cannot be set categorically, but several months or more than a year will be necessary depending on the patient.

Although not being effective for everything, *goshuyuto* is nothing more or less than a dream-like medication for a fairly good number of the patients with migraines.

Reference 1: Headache Statistics in Japan

The statistics show that tension headaches are the most common type of headaches and next come migraines in Japan. According to 1996 research by Manabu Sakuta of Red Cross Hospital, patients of 15 years old or above with chronic migraines account for 35.7% (37.8 million people) of the population of Japan,

including 28% (29.7 million) of tension headaches, about 2% (2.12 million) of migraines with aura (typical migraine), 5% (5.09 million) of vascular headaches (this type is classified as migraine) and 0.3% (0.32 million) of cluster headaches. In regard to the male-to-female ratio, headaches are totally more common in female, or two to three times more than in male. Migraines are common especially in young women in their 20's to 50's.

Reference 2: ICHD-II and Kampo Medication

Headaches are diagnosed according to the criteria of The International Headache Classification (ICHD-II, 2004). The Classification is comprised of Part 1: The primary headaches; Part 2: The secondary headaches; and Part 3: Other headaches, cranial neuralgia, central or primary facial pain. For the treatment of the primary headaches, Western medicine mainly uses medications such as analgesics, triptans, and Ergotamines. Treatment with one of these drugs is only a symptomatic measure and radical treatment does not exist. On the other hand, great effects cannot be expected from Kampo medication as abortive therapy but it exerts excellent effects as preventive or prophylactic therapy and offers the possibility of achieving radical cure by its long time use. In this sense, Kampo medicine is not the medicine that competes with Western medicine and but the medicine that performs treatments by making coordination and cooperation with Western medicine. In addition, for the treatment of the secondary headaches, Western medicine that treats the underlying disease is prioritized but in a very few cases there are secondary headaches for which Kampo medication can be applied.

Reference 3: Treatment of Headaches by Traditional Chinese Medicine

Traditional Chinese Medicine classifies headaches into two groups: headache due to internal injury (internal headaches) and headaches due to external factors (external headaches). Table 2

Table 2 Classification of Headaches by Traditional Chinese Medicine

【Internal Medicine of Traditional Chinese Medicine (7 th Edition Text Book): 2003】		
External headache		
Wind-cold headache	Eliminating wind and cold	Adjusted <i>senkyuchachosan</i> 川芎茶調散
Wind-heat headache	Eliminating wind and heat	Adjusted <i>kyushisekkoto</i> 芎芷石膏湯
Wind-damp headache	Eliminating wind-dampness	Adjusted <i>kyokatushoshitoto</i> 羌活勝濕湯
Internal headache		
Liver-Yang headache	Checking the Liver, Restraining the Yang, and Calming the Wind	Adjusted <i>tenmakotoin</i> 天麻鉤藤飲
Blood-Deficiency headache	Enriching the blood and nourishing the yin	Adjusted <i>kamishimotto</i> 加味四物湯
Phlegm-Damp headache	Invigorating the spleen, resolving phlegm to make the advertise-rising qi and relieving headache	Adjusted <i>hangebyakujututenmato</i> 半夏白朮天麻湯
Kidney Deficiency headache	Replenishing yin and nourishing the kidney	Adjusted <i>daihogensen</i> 大補元煎
Blood Stasis headache	Dredging the orifices, activating the meridians and resolving blood stasis	Adjusted <i>tsukyokakketsuto</i> 通竅活血湯

External headaches develop by the invasion of wind-cold, wind-heat, or wind-damp and this type of headaches are common in infectious diseases by common cold. The treatment method for external headaches is fundamentally applied to acute symptoms but may be applied to chronic headaches. Internal headaches are under the category of chronic migraines and are classified into five types: kanyo headache (headaches caused by insufficient liver Qi), kekkyo headache (headaches caused by insufficient blood circulation), tandaku headaches (headache caused by internal fluids stagnation), jinkyu headache (headaches caused by poor functioning of kidney, and other organs), and oketsu headache (headaches caused by blood stasis).

The classification presented here is understandable in Japan of today. However, their formulations greatly differ from those now commonly used in Japan and clinically corresponding disease states can be envisaged but how they are related to the classification of disease states by Western medicine, such as migraine and tension headache, from a Western medicine perspective is not clear.

Reference 4: Headaches in children

ICHD-II Classification includes childhood periodic syndromes as headache in children (periodic vomiting, abdominal migraine, and childhood paroxymal vertigo – these three are included). Children seldom complain of headaches. There is the data indicating that one fourth of migraines began in childhood (during 4-5 years old). Migraines are common in females, whereas they are common in male children of below 10 years. A migraine often occurs suddenly in the morning and in 5-10 minutes it is relieved. Care must be taken as some children say “pain in the abdomen”. For migraines in children, treatments should be given, referring to the treatment of migraines in adults with taking the treatment of constitutional predisposition peculiar to children into consideration. Children show many *sho's* for *yokukansan* as well as *goshuyuto* and *goreisan*.

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Clinical Report 1 (Japan)

Acupuncture for Puerperal Mastitis

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I. Introduction

Mastitis is an inflammatory disease of the breast. Acute mastitis occurs almost exclusively during the lactation period, in particular during the puerperal period¹⁾, so that inflammations of the breast observed during the puerperal period are also called postpartum mastitis. (below the term postpartum mastitis will be abbreviated as mastitis)

Mastitis is classified into congestive and suppurative mastitis. This then causes obstruction of the milk ducts. Moreover, fatigue, stress, the presence of infections within the family, reduction of the frequency of the breast-feeding, galactostasis, trauma to the breast, nutritional deficiencies and similar factors have been indicated as having a significant correlation to the development of mastitis²⁾.

Congestive mastitis is a cause for milk ejection disorders but not necessarily caused by an infectious agent. Local pain, swelling may be present, but conservative therapy is considered to be appropriate¹⁾. To improve mild congestion active promotion of breast-feeding, milking or massage of the breast should be performed. In case of swelling of the breast associated with a local heat sensation, mild fomentation is generally employed. Suppurative mastitis on the other hand, can develop on the basis of congestive mastitis, or else result from bacterial infection of lesions of the nipples³⁾. Mastitis is included among the indications for acupuncture and moxibustion treatment specified by the WHO, but in Japan there are only very few reports about this treatment form, which seems currently to be very little known in general.

In this facility we have used acupuncture and moxibustion therapy since 2003 for the treatment of

mastitis for patients referred to us from local midwifery centers. In this paper we have analyzed 24 patients with chief complaints of indurations in the breasts and pain after developing mastitis, then have performed acupuncture and moxibustion treatment based on traditional Chinese medical pattern identification and report here some typical cases in which an alleviation of the symptoms has been achieved.

II. Analysis of 24 Patients with Mastitis

[Patient profiles]

Acupuncture and moxibustion treatment was given to 24 patients with chief complaints of indurations or pain of the breast during the breast-feeding period. The patients were first seen between September 2003 and December 2007. All patients had received Oketani style breast massage in maternity hospital, after which the maternity nurses recommended the combination therapy with acupuncture and moxibustion. (Table 1)

1. Age distribution
2. Ranging from 29 to 45 years, average age: 35 years
3. Birth conditions
4. Primiparas: 14 women, multiparas (second child): 9 women, multiparas (third child): 1 woman

[Symptoms]

1. Symptoms of the breast
 - 1) Indurations: yes = 24 women / no = 0 women
 - 2) Pain: yes = 21 women / no = 3 women
 - 3) Local heat sensation: yes = 16 women / no = 8 women
2. Symptoms unrelated to the breasts
 - 1) Fever: (higher than 38°C) yes = 14 women / no = 10 women
 - 2) Shoulder/neck stiffness: yes = 24 women / no = 0 women
 - 3) Chilliness: yes = 13 women / no = 11 women

4) Stress: yes = 15 women / no = 5 women / unclear = 4 women

3. Tongue and pulse findings

- 1) Red tongue: yes = 12 women / no = 12 women
- 2) Dark red tongue: yes = 4 women / no = 20 women
- 3) Slimy yellow coat: yes = 8 women / no = 16 women
- 4) Wiry pulse: yes = 17 women / no = 7 women
- 5) Thin pulse: yes = 15 women / no = 9 women

[Treatment course]

1. Number of treatments: range 1-20, average 7 times
2. Changes in the symptoms of the breast
 - 1) Indurations: In the 21 patients with indurations these disappeared and decreased in size in 3 other patients.
 - 2) Pain: The pain was alleviated in all 21 patients, who had complained of pain.
 - 3) Local heat sensation: The heat sensation disappeared in all 16 patients, who had complained of it.
3. Performance of incisions

Incisions were performed in 10, not performed in 14 women.

III. Typical Cases

Patient: 39 years old, female

[Initial visit]: June 25, 2005

[Chief complaint]: Induration and pain in the left breast

[Diagnosis]: Mastitis

[Present illness]:

Delivery in December 2004 by Caesarean section. Currently lives in a family of three with her husband and child. Since Mai 2005 she returned to work 8 hours per day in an office. She reported the work related stress not to be overly intense, but stated, she could not yet find a comfortable rhythm between work and mothering, but since she could manage to get only 5 hours of sleep per day, a significant degree of exhaustion has developed.

Since there was a tendency towards milk obstruction from the beginning, she milked the breasts once in the morning and afternoon even during work and on holidays received breast massage. On June 6 a 39°C fever developed, leading to the onset of mastitis. Even after the fever had subsided, the left breast remained reddened, felt warm and the pain did not recede. Since the pain grew more intense after June 15, she was referred to us by the maternity hospital and visited our clinic on June 25.

[Associated symptoms]

Shoulder and neck stiffness, back pain, eyestrain, intense perception of stress

[Anamnesis]: N.A.D.

[Family history]: N.A.D.

[Current condition]: height: 156 cm, weight: 41 kg, temperature: 36.6°C

Findings during the first examination

The left breast was generally swollen and had indurations medially and inferior to the nipples. There was reddening, local heat sensation and pain. The patient had resting pain that was aggravated by lifting or lowering the left arm or vibrations.

Tongue diagnosis: red tongue body, no fur

Pulse diagnosis: wiry and rapid

Traditional Chinese medical pattern identification:

Basically yin deficiency, liver Qi congestion resulting the development of heat, obstruction of milk

[Treatment]

1. Therapeutic principle: clear heat and drain toxin, soothe the liver and rectify qi, resolve congestion and promote milk flow.

2. Point selection: Gokoku (LI4 = Hegu), Kyokuchi (LI11=Quichi), left Shotaku (SI1=Shaoze), Sokusanri (ST36=Zusanli), Taisho (LV3=Taichong), Ashi no rinkyu (GB41=Zulinqi), left Kensei (GB21=Jiangjing), left Tensu (SI11=Tiangezong), left Ketsuinyu (BL14=Jueyinshu).

3. Method

I. Acupuncture treatment: Seirin disposable needles, 0.18×40mm, were inserted perpendicularly into the above mentioned points (except left Shotaku) for about 15~20mm, and at left Shotaku perpendicularly for about 1.5~2.0mm.

II. Blood letting and cupping: sitting position, network vessels appearing in the interscapular area, search for tender points or eruptions on the back corresponding to pain of the breast, performance of pricking and cupping in these areas.

4. Treatment period: from June 25, 2005 to July 16 (total of 5 treatments)

[Course]

Second treatment on June 30, 2005; pain and reddening had markedly subsided, indurations were still present, but reduced in size and the local heat sensation had disappeared.

Third treatment on July 2, 2005; no pain, reddening, or feverish feeling, indurations remained hard.

Fourth treatment on July 9, 2005; no pain, reddening, or local heat sensation, indurations were reduced in size. Additional needling of the vicinity of the indurations.

Fifth treatment on July 16, 2005; no pain, reddening, or local heat sensation, indurations were reduced in size, with only a mild degree remaining at the base of the breast. After additional needling of the vicinity of the indurations completion of the acupuncture treatment.

IV. Discussion

The clinical symptoms of postpartum mastitis are in case of congestive mastitis: tension of the breasts, swelling, reddening, indurations, pain, local heat sensation. In case of suppurative mastitis: local findings characterized by a marked degree of congestion, chills, fever (more than 38 degrees) and general malaise⁴⁾ are cited.

On this occasion we investigated in the 24 patients with mastitis the changes in indurations of the breasts,

pain and local heat sensation before and after the treatment. All of the 24 patients (100%) had indurations prior to the treatment, 21 patients (88%) complained of pain and 16 (67%) of local heat sensations. The three patients without pain also did not report local heat sensations. Based on the above described findings the symptoms of mastitis were considered to progress in the order induration -> pain -> local heat sensation -> fever.

Regarding general symptoms all of the 24 patients (100%) complained about shoulder and back stiffness. In particular indurations or tenderness corresponding to the indurations and tender spots of the breasts appeared on the back. According to some reports cupping performed in these areas seems to be effective⁵⁾.

Stress has been cited as one of the causes for mastitis²⁾, but only 15 of the patients (63%) complained of a marked degree of stress. The causes of this stress included child care, husbands and work. From a traditional Chinese medical point of view the depression of emotions due to mental stress causing stagnation of liver qi, which then results in congestion of the milk vessels⁶⁾, can be cited as one of the etiologic factors leading to the development of mastitis.

Also, 13 of the patients (54%) complained of an excessive sensitivity to cold, indicating the necessity to investigate the correlation between this factor and mastitis.

In a typical case the patient presented with a 39-degree fever, indurations, reddening, heat sensation and pain, which were not alleviated by breast massage. Judging from the condition of the fever, the patient was considered to suffer from suppurative mastitis, but after 5 acupuncture treatments, except for some minimal residual indurations, all other symptoms could be alleviated. In this patient we strongly and clearly perceived the fatigue from child care and work as well as the influence of stress, so that treatment intended to

soothe the liver and rectify the qi, combined with resolving congestion and promoting milk flow resulted in marked improvements.

Among the 24 patients incisions were made in 10 patients. Again, among the 24 patients generalized fever developed in 14 patients, indicating the presence of suppurative mastitis in these cases. Among those patients in whom an incision appeared to be the only choice, a number of patients visited our clinic, wishing to cure the conditions without performing an incision. And in four of these patients healing could be achieved without incisions. Prognosis was favorable in the 10 patients without fever.

The cooperation with the maternity clinics and corresponding exchange of opinions led to earlier considerations of a combination therapy of breast massage and acupuncture and moxibustion treatment. Recently 6 patients have been referred to us by maternity clinics, even though there was no pain or heat sensation yet and the development of indurations had been in the initial stage of formation. Combination therapy with acupuncture and moxibustion treatment from an early stage on is considered to be effective.

V. Conclusion

Twenty four patients with postpartum mastitis received a combination therapy of Oketani style breast massage and acupuncture and moxibustion treatment. Among the 14 patients with generalized fever the condition healed in 4 without incision. Prognosis was favorable in the 10 patients without fever. The adoption of a combination therapy with acupuncture and moxibustion treatment employed from an early stage of postpartum mastitis is considered to be useful.

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Table 1 Symptoms of 24 patients with mastitis

No	Age	Day of first visit	Birth history	Indurations	Pain	Local heat sensation	Fever	Incision	Shoulder/back stiffness	Excessive sensitivity to cold	Stress
1	36	2003/9/10	2	yes	yes	yes	no	no	yes	yes	no
2	34	2004/9/16	1	yes	yes	yes	yes	yes	yes	no	yes
3	33	2004/9/29	2	yes	yes	yes	yes	no	yes	yes	no
4	29	2004/10/23	1	yes	yes	yes	yes	yes	yes	yes	yes
5	37	2004/12/3	3	yes	yes	yes	yes	yes	yes	yes	no
6	32	2005/1/15	1	yes	yes	yes	yes	no	yes	no	no
7	35	2005/2/2	2	yes	yes	yes	yes	yes	yes	yes	no
8	33	2005/3/9	1	yes	yes	yes	yes	no	yes	yes	yes
9	37	2005/6/14	1	yes	yes	yes	yes	yes	yes	yes	yes
10	39	2005/6/25	1	yes	yes	yes	yes	no	yes	no	yes
11	33	2005/6/30	2	yes	yes	yes	yes	yes	yes	no	yes
12	33	2005/7/14	2	yes	yes	yes	yes	yes	yes	no	yes
13	39	2005/7/15	2	yes	yes	no	no	no	yes	no	no
14	35	2005/8/1	2	yes	yes	yes	no	no	yes	no	yes
15	36	2005/9/22	1	yes	yes	yes	yes	yes	yes	yes	yes
16	37	2005/12/6	1	yes	yes	yes	yes	yes	yes	yes	yes
17	43	2006/6/17	2	yes	yes	no	no	no	yes	no	yes
18	39	2006/7/22	1	yes	yes	yes	yes	yes	yes	yes	yes
19	33	2006/10/31	1	yes	yes	no	no	no	yes	no	no
20	37	2007/5/29	2	yes	no	no	no	no	yes	no	yes
21	45	2007/10/20	1	yes	no	no	no	no	yes	yes	no
22	30	2007/10/26	1	yes	no	no	no	no	yes	no	yes
23	35	2007/11/9	1	yes	yes	no	no	no	yes	yes	yes
24	32	2007/12/13	1	yes	yes	no	no	no	yes	yes	no

Introduction of Academic Institutions

GOTO COLLEGE OF MEDICAL ARTS AND SCIENCES
TOKYO EISEI GAKUEN COLLEGE

The history of Tokyo Eisei Gakuen College started in 1953 in Omori of Tokyo with the opening of the course for Massage Practitioners and the course for Assistant Nurses (licensed practical nurse: LPN). Now the College has expanded to have four medical departments: Department of General Oriental Medical Care to train practitioners of Japanese traditional massage, massage, acupuncture and moxibustion, Department of Clinical Education to train teachers for Oriental medical care, Department of Rehabilitation to train “physical therapists”, and Department of Nursing (attending school・via communication) to train nurses. (Photo 1)



Photo 1
Tokyo Eisei Gakuen College

The medical facilities adjunct to the College are two clinics of “Iri Arai Clinic” providing services to Kampo outpatients and “Treatment Room for Acupuncture and Massage” where medical manual lymph drainage and acupuncture are practiced for the local residents and patients with lymphedema.

The medical facilities of the College have visits of more than 1,000 patients per month, of which one thirds receive acupuncture and moxibustion treatments. The patients who receive these treatments generally have the chief complaint of mastitis, Parkinson’s disease, or panic disorder in addition to stiff shoulders or low back pain. In order to respond to these patients, treatments for a wide range of conditions are being given at the clinics. (Photo 2)



Photo 2
Room for Acupuncture and Moxibustion

Clinical Report 2

Functional Dyspepsia Gets Worse in Summer

Hikomichi Yasui

Japan Institute of TCM Research

Patient: 55 years old Female

Initial consultation: July 7, 1999

Chief complaint: Discomfort in the stomach and fatigue

Present illness: With the coming of summer the patient always had stomach problems, feeling an extreme heaviness in the region of the stomach and queasiness like going to vomiting. Year before, symptoms were intolerably bad, so the patient had gastroscopic examination in a nearby hospital with findings of no abnormalities. The patient was administered stomach medicine but the symptoms became aggravated on the contrary. This year symptoms developed in about May. Stomach conditions were as bad as those experienced previously. A heavy sensation was felt in the epigastrium. By 10 o'clock in the morning, the patient became exhausted to the extent that she was hardly able to keep herself in a standing position. After lying down and resting for 10 minutes, the patient recovered. When she became tired, for instance, during shopping, similar symptoms appeared.

Present status:

Appetite: The patient had some appetite but felt easily full soon after she ate. After meal, the patient felt sleepy.

Sleep: Insomnia. Difficult to fall into sleep.

Urination: 4 times/day, Nocturia - once

Bowel movement: once/day

Menstruation: Menopause at the age of 50

Other symptoms:

Heaviness of the head, decreased vision, sneezing, a running nose, blocked nose, unable to sense smell, dry mouth, a bitter taste in the mouth, rough lips, neck

stiffness, low back pain, excessive gas, pain in hands and feet.

Anamnesic history: Low back pain since March of last year.

Family history: Negative

Present conditions: Height 158.5cm, Weight 50kg

Pulse findings: Tense and smooth

Tongue findings: Pale but slightly dark, thin white furs, slightly dry

Abdominal findings: Tenderness in the region between the epigastrium and umbilicus, gas in the upper abdomen, and lower abdomen filled as a whole.

Diagnosis: Dampness blocking spleen

Treatment method: Dissolving dampness and strengthening the spleen

Prescription: *Koshaheisan*

Atractylodis Lanceae Rhizoma 4g

Magnoliae Cortex 3g

Citri Unshiu Pericarpium 3g

Pogostemi Herba 3g

Amomi Semen 2g

Cyperi Rhizoma 4g

Ziziphi Fructus 2g

Zingiberis Rhizoma 1g

Clinical Course:

2nd Visit on July 14

Queasiness in the stomach mostly disappeared. Heaviness in the stomach reduced significantly. The patient was hardly bothered by fatigue. The patient began to feel fine overall. However, low back pain remained unchanged.

【Formula】 The same formula plus forbes notopterygium root 4g

3rd Visit on July 21

The stomach felt good almost completely. Powerlessness in the morning almost disappeared. Low back pain began to be relieved.

【Formula】 Same as previously.

After this, mostly-relieved conditions persisted into September when medication was discontinued.

At the time of the visit to the hospital due to a cold

in November 24, the patient stated that the conditions of stomach symptoms and fatigue felt good.

Discussion:

This patient has extremely characteristic symptoms that in summer she has decreased appetite and heavy stomach and becomes very tired to the extent that she can't help but lie down.

It should be noted that symptoms develop during the period of end June to early July – the rainy season peculiar to Japan. During the season, temperature rises with rapidly increasing humidity. This means that the body is affected or damaged by atmospheric moisture. Subjective symptoms of sleepiness after meal and fatigue are generally observed in many cases of weakened gastrointestinal. However, for the subject patient, given the white furs on the tongue and tense and smooth pulsation, the author may consider that her stomach is not in a simple state of “deficiency of spleen” but its function was disordered by dampness.

The first principle for such pathological condition is to remove dampness, not to heal “deficiency of spleen”.

The treatment is “strengthening the spleen and dissolving damp” and a conceivable formula for this is *heisan*. Considering intense severity of the moist state of the stomach, I added to this formula *Pogostemi* Herba, *Amomi* Semen, *Cyperi* Rhizoma and administered as *koshaheisan*. Efficacy appeared in less than a week and in the third week, symptoms disappeared mostly.

There are many patients with symptoms similar to those of the subject patient in Japan. For the persons with underlying “deficiency of spleen” who develop those symptoms in the rainy season, *kosharikkunshito* is generally prescribed. For those who always has the disordered stomach at some level due to dampness, *koshaheisan* is generally prescribed.

Clinical Report 3

Immediate Effects of Maoto in Pediatric Patients with Nasal Obstruction

Mikikazu Yamagiwa

Home of the Mizuho, Long-Term Care Health Facility

Introduction

Maoto (Ma huang tang) is a prescription listed in the Chinese medical classic Shang Han Lun¹⁾, written in AD 219 by (Zhang) Zhong jing and contains the following galenicals: *Ephedrae* Herba, *Armeniacae* Semen, *Cinnamomi* Cortex, *Glycyrrhizae* Radix. The main ingredient *Ephedrae* Herba is known as the ideal plant type for ephedrine. *maoto* has been used since ancient times for the treatment of patients complaining of nasal obstruction, sneezing, running nose, cough, chills, fever, headache, arthralgia etc. as early symptoms of colds. It has been handed down by word of mouth, that it provides in particular in infants with nasal obstruction quick relief, but so far no objective results supporting this assertion have been provided.

In the present study the author used acoustic rhinometry²⁾, allowing non-invasive, highly accurate, geometric measurements of the nasal cavity almost without the necessity for cooperation by the examinee and a visual analogue scale^{3,4)} that can be applied to a variety of subjective, sensory measurements to evaluate the immediate effects of *maoto* on the form of the nasal cavity and feeling of nasal obstruction in pediatric patients with allergic rhinitis.

Here I am going to report the results of the study, showing as handed down, that *maoto* has immediate effects, relieving nasal obstruction both subjectively as well as objectively.

Subjects and methods

I. Subjects included in the study

The study included patients, who had been visiting the department of otolaryngology of the Daitai Welfare Hospital or the Matsuzaka Central Hospital between March 8, 2006 and March 7, 2007 and in whom interviews, rhinoscopies, examinations of the rhinal

discharge for eosinophils, tests for total serum IgE value and specific IgE antibodies were performed according to the "Practical guidelines for the management of allergic rhinitis in Japan <PG-MARJ>" and in this way diagnosed either with perennial or seasonal allergic rhinitis. The purpose of the clinical study was sufficiently explained to both the pediatric patients and their guardians and based on their consent, 25 patients (14 boys, 11 girls, age distribution 5.6 to 14.9 years, average \pm standard deviation 9.6 \pm 2.8 years, duration since onset: 0.7–108 months, average \pm standard deviation 45.3 \pm 31.6 months) served as subjects.

Nineteen cases were considered to be perennial allergic rhinitis due to house dust and included 4 cases complicated by cryptomeria pollinosis. Two patients suffered from cryptomeria pollinosis and in the remaining 4 patients had antigens that could not be identified.

Fourteen of the patients had a history of complications of bacterial infection induced nasal and paranasal sinusitis, 6 patients had exudative otitis media, 6 patients had bronchial asthma and 4 patients had a history of atopic dermatitis.

The subjects did not receive any treatments that might have influenced the evaluation of the effects, at least not within one week prior to trial begin.

Oriental medical findings:

The diagnosis was made based on the diagnostic criteria of Terazawa⁶⁾, taking yin-yang, the physical constitution, deficiency-excess, heat-cold and qi/blood/water anomalies into account. Regarding yin-yang balance there were no patients with a clearly yin or clearly yang dominated condition. As viewed from the physical constitution too there were no obvious cases of excess, but 4 patients were considered to have a deficiency condition. Regarding the heat-cold duality 13 patients were considered to have heat conditions, 4 had cold conditions and 8 had neither. Regarding qi-blood-water, conditions were somewhat overlapping, but 6 patients had apparently qi

deficiencies, 3 qi reversal, 6 qi depression, 8 blood deficiency and 6 patients had water retention syndromes.

II. Test drugs and dosages

The test drug Tsumura *maoto* extract (TJ-27, 2.5 g per package, containing in 7.5 g the amount of 1.75 g dry crude drug extract, composed at a ratio of Mao=5.0, Kyonin=4.0, Keihi=3.0, Kanzo=1.5) was used. The size of individual doses (5-7 years = 1/2 package, over 12 years or a body weight of more than 45 kg = 1 package each) were calculated depending on age and body weight and each single dose was administered dissolved in 100 ml of warm water.

III. Evaluation of the nasal obstruction

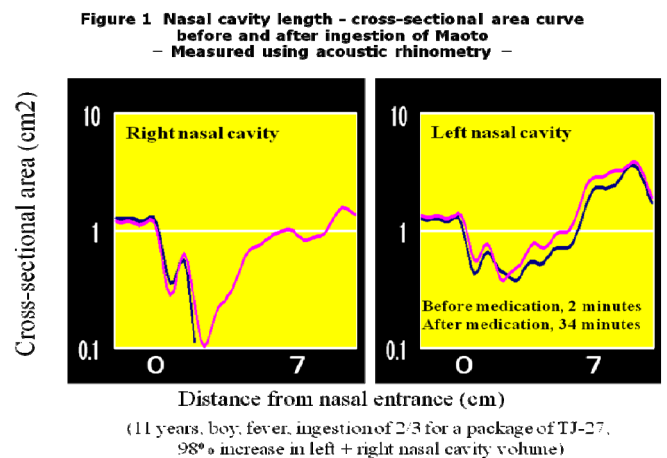
1) A face visual analogue scale (F-VAS) was used for the subjective evaluation of the feeling of nasal obstruction

To express the degree of distress in steps, a 100 mm long horizontal bar with 5 different faces along its length was used to evaluate the feeling of nasal obstruction before and after ingestion of TJ-27. The F-VAS had short vertical lines at both of its ends, where the left end represented a degree of 0 (no feeling of nasal obstruction at all, capability of breathing through both nostrils with closed mouth), while its right end represented a degree of 100 (had to use mouth breathing, since with closed mouth breathing through both nostrils was impossible).

The meaning of the F-VAS was explained to the affected children, so that they could mark the intensity of the feeling of nasal obstruction before and after ingestion of TJ-27 at that point of time. Moreover, the distance from the left end to the marked position was measured. The VAS score was obtained by assigning a value of 1 to each 1 mm. Accordingly, the VAS-score of the feeling of nasal obstruction had a distribution range of 0-100, where higher values indicated a stronger degree of the feeling of nasal obstruction.

2) Application of acoustic rhinometry (AR) to the objective evaluation of the form of the nasal cavity

AR employs sound reflections to measure the geometrical form of the nasal cavity. An incident beam of sounds generated by a sound generator are directed through a wave tube of suitable size selected according to the size of the examinees anterior nares and fitted to these via a nose piece and thus into the nostrils. A portion of these sound waves alter the acoustic impedance of the various structures in the nasal cavity and are then reflected back into the wave tubes. The temporal and spatial correlation between the incident and reflected waves are recorded with a microphone installed inside the wave tubes. Subsequent computer analysis then reveals the distances from the anterior nares to the various structures in the nasal cavity, which are then used to plot the cross-sectional area in form of a cross-sectional area – distance curve (Figure 1). Moreover, integration allows to calculate the volume of any arbitrary range of the nasal cavity²⁾.



For the present study I used a device manufactured at the Aarhus University, Research Laboratory for Environmental and Occupational Medicine (most of the parts have been gathered and stored by GJ Elektronik, Skanderborg, Denmark, so that I used the computer program NADAP) and with this objectively evaluated the nasal obstruction before and after administration of TJ-27. In the present research I used pediatric nose pieces with an internal diameter of 7 mm for the anterior nares.

The examination was carried out in the order right nose -> left nose and the base line of the cross-sectional

area – distance curve formed by the nose piece section was horizontal, so that abnormal increases were considered to be indicative of sound leakage at the nose entrance, or inappropriate angle of insertion of the nose piece, resulting in abnormal decreases. After confirmation that no such anomalies were present and of the reproducibility, data were gathered, stored and used as material for the analysis.

A calculation program (RHINO) was used to calculate the minimum cross-sectional area (MCA) for the left and right nasal cavities as well as their respective nasal cavity volumes (NCV) as parameters for the nasal obstruction. During the calculation of the nasal cavity volume the distance from the front end of the nasal cavity to its back end (nasal cavity length) was sought, but for the present study I referred to the results of previous investigations and calculated this parameter according to the equation "nasal cavity length" (mm) = 40.6 + 1.07 x age (years), entering here the age of the pediatric patient.

IV. Objective evaluation of the taste of *maoto*

The same 100 mm horizontal F-VAS used for the evaluation of the feeling of nasal obstruction was also used to evaluate the taste of TJ-27 immediately after the children had taken the drug. Here too the left end was defined as representing a degree of 0 (best possible taste), while its right end represented a degree of 100 (worst possible taste). Accordingly, the VAS-taste score too had a distribution range between 0 and 100, where increasing values indicated increasingly worse taste.

V. Progression of the clinical research

The VAS for the feeling of nasal obstruction, MCA and NCV were measured between 1 and 13 minutes prior to the ingestion of TJ-27. The taste-VAS was measured immediately after the ingestion of TJ-27 and between 28 and 60 minutes later the VAS score for the feeling of nasal obstruction, MCA and NCV values were remeasured.

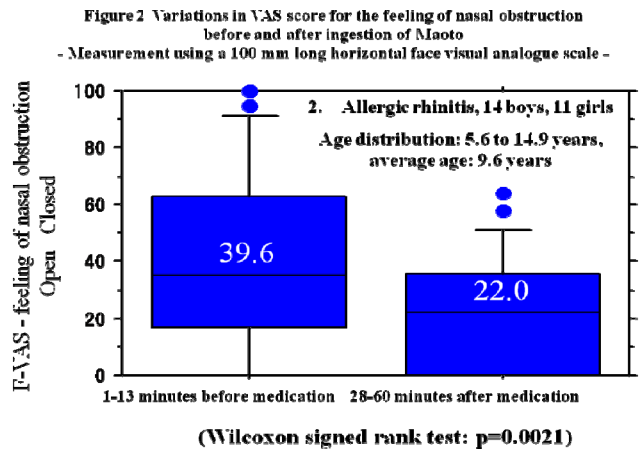
VI. Statistical examination

The computer program StatView 4.0 (product "Abacus Concepts") was used and the two groups compared using a method suited for the examination of ordinal variables, for which a sufficient normality cannot be obtained (Wilcoxon signed rank test, Spearman rank correlation) and subsequently the relevant correlations examined. The results showed a statistically significant difference of $p < 0.05$.

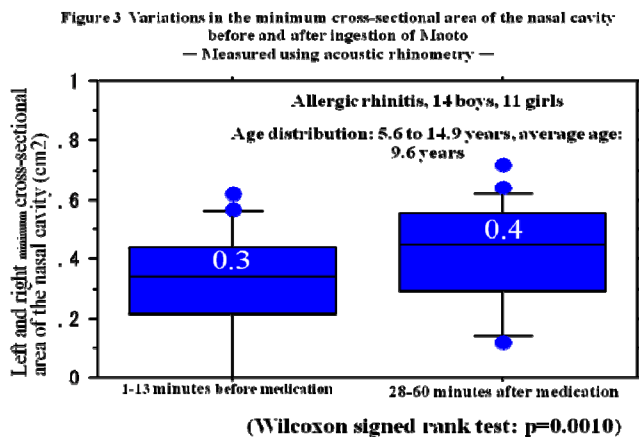
Results

1) Variations in VAS score for the feeling of nasal obstruction (Figure 2)

The "Before" value of the VAS score of the feeling of nasal obstruction had a 0-100 distribution and an average \pm standard deviation range of 39.6 ± 6.0 . The "After" value decreased to a 0-64 distribution and 22.0 ± 4.1 , showing a significant difference between the two values ($p = 0.0021$).



2) Variations in the MCA before and after ingestion of *maoto* (Figure 3)

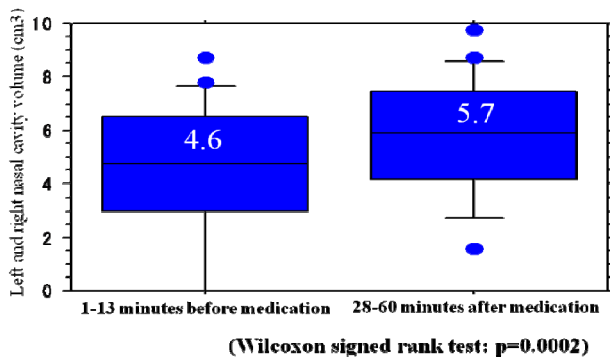


The "Before" value of the MCA had a 0-0.62 cm² distribution and an average \pm standard deviation range of 0.32 \pm 0.04 cm². The "After" value of the MCA increased to a 0-0.72 cm² distribution and an average \pm standard deviation range of 0.41 \pm 0.04 cm². There was a significant difference between the two groups (p=0.0010).

3) Variations in the NCV before and after ingestion of *Maoto* (Figure 4)

The "Before" value of the NCV had a 0-8.77 cm³ distribution and an average \pm standard deviation range of 4.56 \pm 0.51 cm³. The "After" value of the NCV had a 0-9.79 cm³ distribution and the average \pm standard deviation range increased to 5.68 \pm 0.48 cm³. There was a significant difference between the two groups (p=0.0002). The increase in NCV being greater than 15% was considered to show for 40% of the patients (10/25) objectively, that *maoto* had an effect countering the nasal obstruction.

Figure-4 Variations in the nasal cavity volume before and after ingestion of *Maoto*
— Measured using acoustic rhinometry —
(Allergic rhinitis, 14 boys, 11 girls; age distribution: 5.6 to 14.9 years; average age: 9.6 years)



4) Taste-VAS score

The taste-VAS score had a 0-100 distribution and an average \pm standard deviation range of 52.2 \pm 6.5. The taste of *maoto* was found to be rather acceptable, since the ratio of taste-VAS scores below 50 was 52%.

5) Correlation between the taste-VAS score and the increase in NCV

There was a significant correlation ($\rho = -0.173$, $p = 0.3962$) between the taste-VAS score and the increase in NCV.

6) Correlation between subjective feeling of nasal

obstruction and objective verification via the form of the nasal cavity

Between the decrease in the subjective VAS score for the feeling of nasal obstruction and the increase in the objectively measured NCV there was a statistically significant correlation ($\rho = -0.266$, $p = 0.1918$). Yet, subtraction of the VAS score for the feeling of nasal obstruction after the drug administration from the VAS score for the feeling of nasal obstruction obtained prior to the medication, in other words, the subjectively felt reduction of the nasal obstruction, suggested that there was a correlation to the value of the NCV prior to the drug administration subtracted from the NCV value after the medication, in other words, the objectively measured increase in the NCV ($\rho = 0.327$, $p = 0.1107$).

7) Adverse reaction did not occur during this clinical research.

Discussion

Maoto is one of the prescriptions listed in "Shang Han Lun" and contains the following galenicals: *Ephedrae Herba*, *Armeniaca Semen*, *Cinnamomi Cortex*, *Glycyrrhizae Radix*.

Among the ingredients extracted from *Ephedrae Herba* ephedrine has been most thoroughly researched. It has an adrenaline like, sympathomimetic action, causes in small doses dilation of the pupils, in large doses generalized paralysis, increases blood pressure, promotes sweating and relaxation of the bronchi. Also, in a similar way the pseudoephedrine extracted from *Ephedrae Herba* dilates the renal blood vessels and has diuretic actions.

Cinnamomi Cortex has, according to Kampo medical pharmaceutical principles, body warming, sudatory and dispersing actions, at the same time it is fortifying the stomach and thus a compound of many Kampo prescriptions.

Glycyrrhizae Radix has in Kampo medicine a relaxing, mitigating action and is said to be thirst quenching and is compounded in many Kampo prescriptions to soften and adjust the actions of the various component crude drugs. For this reason it is considered to be one of the most basic galenicals in

Kampo medicine and is also been called "key retainer". From a western medical point of view it has detoxifying, antispasmodic, expectorant, anti-anaphylactic, anti-inflammatory and similar actions and glycyrrhizin is a well known constituent widely used in western medical settings as a drug both for internal use as well as in preparations for infusion. Hypokalemia and edema have been indicated as possible side effects of glycyrrhizin, so that both single large doses and prolonged use of small doses too should be avoided. *Armeniacae* Semen is in Kampo prescriptions often combined with *Ephedrae* Herba and has antitussive and expectorant effects.

Maoto is used, based on experience, during the early stages of the common cold for symptoms like headache, chills, fever, low back pain, cough, asthma and the like, and regarding pediatric patients it has been widely spread by word of mouth, that it is extremely effective in relieving nasal obstruction.

Keiichi Ichimura⁸⁾ noted in his introduction to the treatment of nasal obstruction, that *maoto* would be the drug of first choice during the treatment of nasal obstruction in infants. The reasons are (1) *maoto* definitely improves the nasal obstruction, (2) the vasoconstrictive actions of ephedrine hydrochloride of drugs for internal use require care and thus should be used cautiously, (3) the vasoconstrictive actions of nasal drops are stimulants for α -adrenergic receptors and thus have powerful actions taking effect immediately, but the infection induced tissue edema resulting in the nasal obstruction cannot be completely relieved through the vasoconstrictive actions. He also stated, that in infants stimulation of central α_2 -receptors is contraindicated because of the respiratory and circulatory depression as well as the development of lethargy, this could easily induce.

Makoto Arai et al.⁹⁾ reported one case of a 4-year old boy, in whom *maoto* was effective for nasal obstruction and snoring. The results of a search of the available literature are described below. The number of reports describing the treatment of nasal obstruction with *maoto* is surprisingly low, but already a long time ago Yodo Odai wrote in the headnotes for *maoto* in his Ruiju-ho-kougi "This prescription gives immediate relief in cases, when newborn babies develop a fever,

development of nasal obstructed blocking the passage of the nose, so that the infant cannot suckle."

In this way *maoto*, from a modern medical point of view too, has been recognized as being useful for the treatment of nasal obstruction, but so far objective evidence for the effectivity of *maoto* using western medical methods has not yet been presented.

The author investigated in the present study with western medical methods whether *maoto*, randomly administered to infants with nasal obstruction, has any immediate effects and if it does, the degree of these effects. The results definitely showed a significant relief of the subjective feeling of nasal obstruction following the administration of *maoto* ($p=0.0021$) and a significant increase in the MCA, which served as a parameter for the intensity of the feeling of nasal obstruction ($p=0.0010$). Without contradicting these results the NCV also increased significantly following the administration of *maoto* ($p=0.0002$) and the observed magnitude of this increase of more than 15% revealed, that *maoto* had in 40% of the cases (10/25) a clear effect opposing the nasal obstruction. These results objectively verify the Kampo medical tradition handed down by word of mouth, that "*maoto* has immediate effects relieving nasal obstruction in infants".

In general, Kampo medicine tastes bad, but *maoto* has been rated as tasting rather good by 52% of the patients. This gives the Kampo administered to infants a generally satisfactory taste. Yet, compared to western medicine Kampo medicine still has the disadvantage of tasting bad and being difficult to swallow. In Kampo medicine the tradition holds, that if a patients finds the medicine tasting good, there is a high likelihood of that medicine having a good effect in the particular patient. The affected infants serving as subjects for this study indicated, that there was no significant correlation between the taste, as evaluated using a VAS and the increase in NCV ($\rho = -0.173$, $p=0.3962$), but when the score of VAS for nasal obstruction obtained after the administration was subtracted from the same score obtained prior to the medication, in other words, the degree of the decrease in the feeling of nasal obstruction tended to correlate with the NCV value prior to medication subtracted

from the NCV value obtained after the drug administration, i.e., the degree of increase in NCV. Yet, this could not yet be called a statistically significant correlation ($p=0.327$, $p=0.1107$). A VAS is clearly a scale used for subjective evaluation and thus characterized by large individual variations. For example, a score of 40 for the feeling of nasal obstruction in one affected infant may have a vastly different meaning from the same score of 40 in a different pediatric patient. Thus, when the VAS score for the feeling of nasal obstruction was frequently measured in a particular affected child, this correlated well with the simultaneously and with the same frequency performed measurements of the NCV. Yet, as in the present study, when these measurements were made only once or twice in a group of several pediatric patients, there was almost no correlation between the two measurements¹⁰. Consequently, the results of the present study had been anticipated, but it should be noted, that there is tendency towards a correlation.

Conclusion

A total of 25 pediatric patients (14 boys, 11 girls, age distribution 5.6 to 14.9 years, average \pm standard deviation range 9.6 \pm 2.8 years, duration since onset: 0.7–108 months, average \pm standard deviation range 45.3 \pm 31.6 months) diagnosed either with perennial or seasonal allergic rhinitis was treated with the usual dose of *maoto* extract granules as single doses, using a face visual analogue scale and acoustic rhinometry (AR) between 28 and 60 minutes after the medication to evaluate its immediate effects. The results showed a significant, subjective reduction of the feeling of nasal obstruction ($p=0.0021$) and a significant increase in the MCA and NCV, serving as objective parameters of the nasal obstruction ($p=0.0010$ and $p=0.0002$). The increase in NCV being greater than 15% was considered to objectively verify, that *maoto* had an effect countering nasal obstruction in 40% of the patients (10/25). Adverse reactions did not occur during this clinical research.

In Kampo medicine *maoto* is used during the early stages of the common cold for symptoms like headache, chills, fever, low back pain, arthralgia, cough, asthma and the like and is said to be extremely effective in particularly for relieving nasal obstruction in pediatric

patients. The present study objectively verified, that this is true and *maoto* can be ranked even in a modern medical setting as an extremely useful medication for the treatment of nasal obstruction in pediatric patients.

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Introduction of Japanese Acupuncture

Considering the Therapist's Hand (6)

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V. Basic training of the hands

1. Object of the palpation

Below I will describe the basic training of the hands. (Table 6)

1) Palpation is performed using the “pressing hand”

The palpating hand, in other words, the “pressing hand,” is for right-handed persons the left hand. The necessity of using the “pressing hand,” for the palpation arises because it must determine the location of the acupoints that are subsequently needed. In current clinical training (practice) this use of the hands is not taught, so invariably the dominant hand tends to be used for the palpation, which in turn results in a certain degree of failure to acquire the relevant palpation skills for the pressing hand, i.e., the non-dominant hand. Most people do have a dominant hand, so that this hand is used to perform the needling, while the other hand becomes as the “pressing” hand. Thus, since the dominant hand in many cases is used to perform various detailed tasks throughout daily life, it usually has developed a very subtle sensitivity and the relevant detection skills. For this reason sensitivity of the pressing hand, mostly serving as support, is relatively dull and many people find it difficult to concentrate on it.

Accordingly, most people who start studying the skills following their initial encounter with acupuncture will have to acquire for the first time in their life, the sensitivity required for palpation. Naturally, since the skills of palpating the human body have not been practiced for the needling hand, either, the conditions pertaining to the acquisition of palpation skills are essentially for both hands.

Normally, people believe, they could acquire a

certain degree of proficiency regarding the sensitivity of the pressing hand after about 2 years of practice, but to gain confidence usually requires more than 3 years. Of course, this is generally based on the assumption, that this achievement is the result of highly concentrated efforts made during that period. With less serious efforts and practice the acquisition of these skills will probably require more than 3 years.

2) Examination of skin, connective tissue, muscles, bones (internal organs) through palpation

Palpation has to be performed while being conscious of the four layers skin, connective tissue, muscles or bones (internal organs) being examined. As already stated, instructions in current school education often emphasize the muscles as the object of the examination, so that students tend to think only about muscles. Yet, performing detailed palpation in actual practice requires also the checking for tension and elasticity of the skin, various reactions of the connective tissues as well as recognition of the physical signs originating from sources other than the information obtained from muscles. Those are essential for both examination and treatment and represent the basic body of information obtained through palpation.

On this occasion it should not be forgotten, that except for the skin, none of the mentioned tissues can be palpated directly. In other words, even though a palpation of the anterior tibial muscle is performed, the anterior tibial muscle itself is not directly palpated, but rather through the intervening layers of skin and connective tissue. Thus, palpation of only the anterior tibial muscle, regardless of the condition of skin and connective tissues, is not possible. Keeping this in mind, it should be realized, that the condition of the skin is palpated using the connective tissues as foundation, connective tissues are palpated through the skin using muscles as foundation and the condition of the muscles is palpated through both skin and

connective tissues using the bones (or internal organs) as foundation. Realizing these correlations the condition of the individual layers can be comprehended more precisely.

As a matter of course, however, man has the wonderful capability of depicting only the muscles in his mind, eliminating the information pertaining to skin and connective tissues. And by mustering anatomical knowledge here, the combination of palpation and knowledge will coalesce from a precise map.

3) Finding reactions

Differences in tissues produce different reactions and, based on the differences in these reactions, the treatment will also differ, so that it is necessary to clearly distinguish during palpation between the depth and kind of reactions. Moreover, reactions should be ascertained for each tissue (in other words location and depth) and treated correspondingly.

Again, as a matter of course, skin, connective tissues, muscles, bones all do feel different during the palpation. The different structure of the various tissues gives rise to the difference in feeling upon palpation and a basic sensitivity for these sensations should be acquired.

And above that, it is also possible to detect the presence of pathological reactions.

Table 6 Basic training of the hands
- Object -

<p>1. Palpation with the pressing hand -> Ultimately improve the ability to determine the location of acupoints (pressing hand)</p> <p>2. Requirement of skills to differentiate between skins, connective tissue, muscles, bones (internal organs) during palpation</p> <p>3. Ascertain reactions -> imagine 3-dimensional structure and be aware of depth and the kind of the reactions</p>

4) Excess and deficiency at the body surface

Judgment of overall excess or deficiency combines the results obtained by all four examination methods: inspection, listening/smelling, questioning and palpation. It should be noted that there are distinctions pertaining to excess and deficiency among the findings gathered through each of the examination methods.

And in case of palpating the condition of the above mentioned four different tissue layers, it is also necessary to assess the state of excess or deficiency through palpation.

(1) Dermal layer

First, the surface of the skin is examined for swellings, indurations, fever, bulging, dryness and other signs of excess. And conversely, also for signs of deficiency like depressions, lack of strength, coldness, lack of elasticity, lack of moisture etc.

(2) Connective tissue layer

Next, is case of excess of the connective tissue layer tension, swelling, warmth, hardness and similar characteristics can be felt and should be comprehended. In case of deficiency a lack of strength, noticeable thinness, coldness and dryness etc. can be felt.

(3) Muscle layer

Muscle excess is associated with tension, sinewy properties, indurations, swellings and tenderness. Cases of deficiency present with lack of strength, muscular grooves, depressions and lack of elasticity can be observed.

(4) Bone layer

Excess of the bones is associated with swelling, deformation, tenderness etc., while deficiency gives a feeling of coarseness as in osteoporosis or hardness lacking moisture and movement.

Medical History in Japan

Dosan Manase and his Medicine (2)

Hiomichi Yasui

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In the last issue I talked about the writings and medical theories of Dosan Manase (1507-1594), who introduced state-of-the-art Chinese medicine to Japan in the 16th Century. In this issue I will discuss the actual therapeutic methods used, based on specific cases described by Dosan in his writings.

Dosan Manase wrote few case studies. He left only a few examples of his clinical work in a book entitled *Shussho Haizai*. Among them, however, a considerable number can be regarded as suitable data from which to analyze his ideas and actual treatment methods. Several cases are presented below.

Case 1 : Shang han (Cold Injury)

A male, aged 40, suffering from Shang han (Cold Injury) for four days. A problem of the “yang minor channel”⁸⁾ was diagnosed by the pulse and accompanying symptoms: pain in the chest and side, deafness, bitterness in the mouth, a dry tongue, hot and cold sensations, vomiting, a taut and rapid pulse taken both at the “inch” and “cubit.”

Prescription (Seven herbs):

Bupleuri Radix

Scutellariae Radix

Pinelliae Tuber

Citri Unshiu Pericarpium

Paeoniae Radix

Peucedani Radix

Glycyrrhizae Radix¹⁵⁾

This case was not cured until four days after the onset of the disease. In cases of Shang han (Cold Injury), the fourth day is usually considered to be when the syndrome changes from a “yang major channel” to either a “splendid yang channel” or a “yang minor channel.” In fact Manase mentions that both the pulse and symptoms he describes are in accord with a

definition of a yang minor channel in the *Shokan-ron*¹⁶⁾.

What is of great interest is that Manase not only details every symptom and pulse pattern, but also the appropriate medicine. That is, he used a method in which he analyzed each symptom, and prescribed an appropriate medicine, instead of first taking a known prescription and more or less fitting it to the disease. This method can only be carried out by someone who is confident of his ability to understand the condition of the disease. In this particular case, the following process of relating symptoms to medication was established:

Pain in chest and side: *Scutellariae* Radix, *Bupleuri* Radix

Deafness: *Bupleuri* Radix, *Peucedani* Radix, *Glycyrrhizae* Radix

Bitterness in mouth: *Bupleuri* Radix

Dry tongue: *Paeoniae* Radix, *Scutellariae* Radix, *Glycyrrhizae* Radix

Alternating sensations of hot and cold: *Bupleuri* Radix, *Peucedani* Radix

Vomiting: *Citri Unshiu* Pericarpium, *Pinellia* Tuber

Taut and rapid pulse at both the inch and cubit: *Scutellariae* Radix, *Paeoniae* Radix, *Peucedani* Radix, *Bupleuri* Radix.

There is no indication from his writings that Manase had read the *Shang han lun*⁴⁾, but it is likely that he knew its outline through reading other books, and was aware of its applications. Therefore, he is likely to have thought of a prescription which includes saiko (bupleurum root) as main herb when symptoms of Shang han were apparent for a number of days. What is remarkable about Manase is that he could think of complex prescriptions such as those listed in the *Shang han lun*, while he analyzed each symptom and composed individual prescriptions, taking into consideration each separate ingredient. This resulted in selecting a prescription which was similar to *daisaikoto*⁶⁾. And this particular case reveals Manase's knowledge of *Shang han* very well.

Case 2: Palsy

A male, aged 50, viscera affected by “wind,” slack lips, no voice, nasal congestion, blindness, deafness, constipation, has normal urination, and a “forceful” and “slippery” pulse.

The first four kinds of medicines work to make trapped wind circulate:

Notopterygii Rhizoma

Magnoliae Cortex

Rhei Rhizoma

Aurantii Fructus Immaturus

The next eleven normalize qi and blood and smooth the “meridians”:

Angelicae Radix

Paeoniae Radix

Cinnamomi Cortex

Rehmanniae Radix

Ginseng Radix

Citri Unshiu Pericarpium

Armeniaca Semen

Notopterygii Rhizoma

Arecae Semen

Astragali Radix

Four moxibustion points

Bai-hui(Du20)

Qu-chi(LI11),

Jian-Jing(GB21),

Zu-San-li(ST36)

This case is one of Chung-feng, in other words, stroke. Chung-feng means “to be affected by wind”, and is thought to be caused by a harmful wind invading the body. In such cases, the patient shows signs of being upset by a harmful wind influence. Clearly, Manase was well aware of pathogenic factors and internal injury. He determined how to drive away the pernicious influence, and regulate the internal condition in his treatment.

Manase states in the chapter on apoplexy in the Keiteki-shu: “Symptoms change depending on whether the wind affects the bowels, meridians, or viscera. In

cases where it affects the bowels, it is necessary to expel the ‘pernicious wind influence’ using diaphoretic recipes such as *shozokumeito*. This will cure it quite easily. In cases where it hits the meridians, it is necessary to supply the blood and nourish the muscles with tonifying recipes such as *daijingyoto*, which can also dispel pathogenic wind from the exterior of the body. And in cases where it affects the viscera, we must first get rid of any stagnation with *sankato*, and then adopt additional prescriptions with *juzentaihoto* and *shimotsuto*. However, cases such as this last one are very difficult to cure.”

Palsy caused by wind affecting the viscera indicates serious apoplexy, including, at times, bouts of fainting, hence it is extremely difficult to cure. Although the name of the prescribed medicine is not described in this case study, *sankato* was adopted as a prescription. It consists of four kinds of medicines which function to expel trapped wind. Using *shojyokito* plus *Notopterygii* Rhizoma¹⁾, pathogenic wind was dispelled from the exterior of the body, after having a bowel movement with the help of *sankato*. (At the same time, the fainting would probably have subsided.) Manase continued treating the patient this way. The medicines he used served to invigorate blood circulation, replenish “vital essence,” dispel pathogenic wind from the exterior of the body, and stimulate circulation in the meridians.

Manase also gave detailed advice on his treatment methods, including descriptions of palsy such as “one should not use *Aconiti* Radix²⁾ and *Aconiti* Radix Processa²⁾ without first smoothing the flow of vital energy and curing phlegm, and one should not depend only on medicine for dispelling pathogenic wind from the exterior of the body, and neglect the need to invigorate blood circulation.”(Keiteki-shu)

Manase also used moxibustion treatment for apoplexy. The moxibustion points used are exactly the same as those used in modern acupuncture and moxibustion.

This suggests Manase's self-confidence in treating apoplexy which, in those days when there were no mannitol, steroids, activation drugs for cerebral metabolism, and no hypotensive drugs, is impressive.

Case 3: Cough

When the patient's cough remains uncured and usually gets heavier in the afternoon, he has a deficiency of yin, a slight fever, rushes of blood to the head, a hoarse voice, is thirsty, has bloody phlegm, copious night sweats, weight loss, loss of taste, slight difficulty with bowel movements and urination, pain in the sides accompanied by a cough, a “taut, fine, sinking, hesitant pulse,” and “five beats in a breath.

Sixteen tastes :

Asteris Radix
Moutan Cortex
Bupleuri Radix
Angelicae Radix
Paeoniae Radix
Phellodendri Cortex
Fritillariae Bulbus
Asini Corii Collas
Trichosanthis Radix
Ophiopogonis Radix
Cinnamomi Cortex
Scrophulariae Radix
Gentianae Scabrae Radix
Polygoni Tinctorii Folium
Pogostemi Herba
Rehmanniae Radix

This case can be regarded as a disease which is similar to chronic bronchitis or bronchiectasia. It can be considered fundamentally to be a deficiency of lung yin, where the cough has stimulated the lung over a long period of time, causing an excess of yang, or heat, in the lung. At the same time, the symptoms of a deficiency of kidney and lung yin, such as a slight fever, a rush of blood to the head, night sweats, and thirst were present, and “the method of tonifying yin and

moisturizing the lung” would be expected to be adopted as the treatment.

In this case, Manase's thought processes and the linking of symptoms to medication were as follows:

Cough habitually gets heavier in the afternoon:

Bupleuri Radix, Moutan Cortex

Deficiency of yin, slight fever : Chinese angelica root, *Rehmanniae Radix, Paeoniae Radix* ¹⁸⁾, *Moutan Cortex*

Rush of blood to the head: *Phellodendri Cortex, Pogostemi Herba*

Hoarse voice: *Fritillariae Bulbus, Asini Corii Collas*

Thirst: *Trichosanthis Radix, Ophiopogonis Radix*

Bloody phlegm: *Asteris Radix, Fritillariae Bulbus*

Night sweats: *Trichosanthis Radix, Ophiopogonis Radix, Paeoniae Radix, Cinnamomi Cortex*

Loss of taste: *Scrophulariae Radix, Cinnamomi Cortex, Angelicae Radix*

Slight difficulty with bowel movements and urination: *Angelicae Radix, Moutan Cortex, Paeoniae Radix, Ophiopogonis Radix, Pogostemi Herba*

Chest pain: *Bupleuri Radix*

As shown above, Manase logically chose and prescribed medicines which facilitated a supply of yin and cooled the extra heat stored in the lung. It is easy to understand Manase's basic method if we consider this prescription to be removing something from, and then adding something to, the prescription of *hyakugokokinto*.

Case 4: Sterility

A female in her early thirties. Qi in the liver and gallbladder is excessive, she is irritable, and therefore her blood “stagnates,” and is unable to nourish the meridians and their collaterals. Because of a uterine hypoplasia and a lack of “sex-stimulating essence” in the kidney, she is unable to conceive. She has an oppressed feeling in the chest, an angry look, dysmenorrhea, tennesmus, and her pulse is slightly

“taut and hesitant.”

After administering ten kinds of compound medicines, with some additions and subtractions depending upon the symptom variation over time, the patient was able to become pregnant.

Bupleuri Radix

Cyperi Rhizoma

Rehmanniae Radix

Cnidii Rhizoma

Citri Unshiu Pericarpium

Moutan Cortex

Arecae Semen

Glycyrrhizae Radix

Angelicae Dahuricae Radix

For this case of sterility, Manase analyzed the symptoms and prepared a prescription to counteract the deficiency of liver blood and the stagnant liver qi, which was the original condition of the patient. The name of the prescription is not clear, however, it was probably a combination of *kyukichoketuin* and *shoyosan*, with some variations. Even today similar prescriptions are sometimes used.

I have investigated Manase's treatment methods by examining a few cases recorded by him. This has brought to light his own characteristic methods, which formed the roots of the Gosei school¹³⁾. However, Manase's method disappeared due to the sudden rise of the Koho school¹⁴⁾ in the middle of the Edo period. Nevertheless, it remains important because it is remarkably similar to modern traditional Chinese medicine, and so it is essential that we understand it if we aspire to a synthesis of Japanese Kampo Medicine and TCM.

Prescriptions: Pinyin · Chinese Character · Japanese
daisaikoto · Da-Chai-Hu-Tang · 大柴胡湯
shozokumeito · Xiao-Xu-Ming-Tang · 小續命湯
daijingyoto · Da-Qin-Qiu-Tang · 大秦芩湯
shojokito · Xiao-Cheng-Qi-Tang · 小承氣湯
sankato · San-Hua-Tang · 三化湯
juzentaihoto · Shi-Quan-Da-Bu-Tang · 十全大補湯
shimotsuto · Si-Wu-Tang · 四物湯
hyakugokokinto · Bai-He-Gu-Jing-Tang · 百合固金湯
kyukichoketuin · Xiong-Gui-Tao-Xue-yin · 芎歸調血飲
shoyosan · Xiao-Yao-San · 逍遙散

Book Review

“Finding Effective Acupuncture Points” written by Shudo Denmai, translated by Stephen Brown

Jason Beito
MSTCM Lac DNBAO
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What a treasure! This book provides both the beginner and the advanced acupuncturist, with valuable insights on how to correctly identify, locate, and treat acupuncture points with great results.

One of the most neglected areas of TCM Education in the United States is the limited use of palpation techniques for diagnostic assessment. Most students in the US are taught early on that the superior physician diagnoses by observation and listening, while the inferior assesses primarily through palpation. This bias has been truly unfortunate, when so much information can be received and understood, by developing a sensitive touch. Numerous medical studies support the fact that developing “listening hands” will not only benefit a practitioners ability to properly interpret what is happening within the patient, but is incredibly therapeutic for the patient’s mental & emotional well being. A well-developed touch provides numerous benefits, not always measured, in patients who live alone, have limited social support, or lack frequent day-to-day contacts. Being “in touch” enhances both patients and practitioners understanding of one-another, while giving greater

Insights in to the metaphorical language of TCM. Shudo Sensei challenges US educated practitioners to re-evaluate the conventional ways we have been taught to locate acupuncture points, and provides us with practical advice on how to enhance our sense of touch in both diagnosis and treatment

The beginning student always wrestles with how to locate acupuncture points correctly. Most students spend their first year in acupuncture school locating the points according to standardized locations based

on anatomical landmarks. While this method is great for developing an awareness of surface anatomy, it can become a limiting crutch, when a student fails to pay attention to the deeper messages the patients skin is telling them through their fingers. All too often, upon the basic mastery of anatomical landmarks, students shift their attention away from what is being experienced to what point prescriptions would best fix a patients problem, instead of further listening to what the patient’s skin is telling them based on changes in temperature, texture, & tension. Shudo Sensei’s approach encourages the western student to view both locating the acupuncture points and the use of palpation as an assessment tool in a new way. By looking at the acupuncture points as organic, living phenomenon arising in response to a decline in vitality, students begin to practice their palpation skills with a renewed curiosity. As an organic process, an acupuncture points’ size, shape, and location will change according to the patient’s circumstance. With this in mind, we are reminded that the anatomical landmarks serve merely as guides to finding the precise location, but are not the end and be all. This attitude of curiosity brings new meaning as every palpation experience becomes like searching for buried treasure. Students are thus better able to “tune in” to discovering the bodies subtle messages, and interpret what is present at that given moment. With “listening hands”, point location takes on a new dimension, as we begin to discover what is being experienced with a heightened awareness.

Incorporating Shudo Sensei’s attitudes of curiosity and exploration, in addition to his various methods of palpation assessment, further enforces our direct experience of the healing power of touch, as we reconnect with our hands as an essential diagnostic tool as well as an instrument of healing. In an age of medical practice where the cultivation of palpation skills are being less emphasized, the methods and ideas presented in this book add tremendous value into interpreting the geographical landscape of the

human body. An overview of the additional topics discussed in this book includes:

I. Background on Points

- What Are Acupuncture Points
- How to find points- Active Points, Depths, Characteristics
- Methods of palpation, parts of the fingers to use & amount of pressure

II. Specific points for Hyoji Treatment

- Location of specific points
- How to find the points
- Needle Insertion
- Point Indications
- Discussion/Commentary

III. Providing Effective Treatment

- Needle Gauges, Insertion Methods, Depths
- Sensing the Arrival of Qi
- Inducing Arrival of Qi
- Needling 5 phase & Regular Points

In addition to the information on palpation, the sections on point utilization and providing effective treatment are also worth their weight in gold. On behalf of all practitioners whom struggle to provide effective relief for those who are suffering, I am truly grateful for the information presented in these sections, as they have tremendous potential for dramatically shortening our learning curves for treatment effectiveness. Shudo Sensei has not only provided us with his personal insights and stories into which points have yielded him the greatest results for symptomatic relief, but has also given us the methods and historical commentary for understanding why these points work, and how to reproduce these results for our patients. Additionally, he introduces us to his personal application of various treatment techniques, and gives us keen insight into how to assess our accurate utilization of these methods. With humor and clarity, “Finding Effective Acupuncture Points” provides us with the inspiration and encouragement to test the wisdom gained from Shudo Sensei’s 50 years of practice, and is a true gift to acupuncturists the world over. Thank you, Thank you, Thank you.

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Excerpted from National Park Service