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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

Japanese Knack and the Cultural Background

Japan's forests cover approximately 70% of the Japanese landmass, an unusually high ratio among the developed nations. Perhaps because forests have been so much a part of the social and historical environment, animism is deeply rooted in the Japanese consciousness. We see this expressed in the traditional Japanese religion of Shintoism. According to Shinto beliefs, there are a myriad of "kami" (deities, spirits, and other supernatural creatures) that inhabit the world. Those kami are said to live within large trees, rocks, and mountains, so that nature itself becomes the focus of religious faith. Because Shinto is polytheistic, the arrival of Buddhism in the sixth century led to the syncretism of Buddhism and Shinto, with both belief structures coexisting, and over time the distinctions between the two gradually became more blurred.

Buddhism originated in India, and arrived in Japan via China and the Korean peninsula, but no differentiation was made in Japan among the deities from these different cultures. Today some people say that the Seven Gods of Fortune (often called the Seven Lucky Gods in English) are Japanese Kami. However, the only one that is truly Japanese is Ebisu, the god of fishers and merchants. Most Japanese do not know that the other six are actually Chinese deities. Perhaps this is yet another example of the Japanese knack for being influenced by other countries and converting the effects of that influence into something unique to Japan.

If we look at the development of Kampo and acupuncture therapy in Japan, we see the same knack at work. Both Kampo and acupuncture came to Japan from China by way of the Korean peninsula at about the same time as Buddhism. However, these therapeutic methodologies did not really begin to develop independently in Japan until the Edo period (from the 17th to the 19th centuries). After World War II, the General Headquarters (GHQ) of the occupying forces tried to prohibit acupuncture. Partly because the current of the times was pushing Japanese society toward westernization, traditional Japanese medicine met with some hard times at that point. However, the Japanese knack showed up again, advocating for harmony between modern Western medicine and traditional medical therapy.

It will still take quite some time before Kampo and acupuncture are thoroughly rooted in modern Japanese society. However, encouraged by the support of organizations like this journal and your readers, we will continue to move forward.

Noboru Mitsuata

**Clinical Education Dept., Tokyo Eisei Gakuen College
GOTO College of Medical Arts & Sciences**

Japanese Acupuncture - Current Research

Effects of Press Tack Needle in the Sports Field

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Graduate School of Comprehensive Human Science,
University of Tsukuba

Introduction

In recent years, treatment with acupuncture for sports injuries is drawing increasing attention. The majority of sports injuries such as tennis elbow or baseball shoulder are caused by repeated movements of a portion of the body during sports activities. In these sports injuries caused by the repetition, acupuncture, moxibustion and massage are applied in Japan. The first systematic literature on acupuncture treatments in the field of sports was published in 1949 by Honma in the journal of "Ido-no Nihon", which carried six articles in series. The literature describes that acupuncture was extensively applied, beyond the general notion of acupuncture practice, to even enhancing athletic performance and recovering from muscle fatigue, in addition to the treatments of sports injuries. Since the publication of the report, only case reports on acupuncture treatments in the field of sports have been reported sporadically. It is only after 1980 that studies in this field have begun to be actively undertaken.

Meanwhile, the press tack needle (PTN), often called the thumbtack-type needle (*empishin*), which was devised in Japan in around 1980, is like a small 0.5 – 1mm long thumbtack. The press tack needle is an acupuncture technique that the needle is stuck in the skin and attached to the site with a piece of adhesive tape. The PTM is employed in the field of sports since it does not cause pain while in use, making it possible for athletes to continue sports activities with the needle in place. Since around 1990 basic studies on PTN involving human subjects have been carried out with the muscle fatigue models to examine its effects on fatigue dissipation. PTN has been used for double blind clinical trials since around 2000 as it gives virtually

no pricking sensation. This paper will present studies on PTN in the field of sports as well as double blind randomized, controlled studies on which the author would make comments.

Studies on PTN in the field of sports

Most studies on PTN in the field of sports focus on the process of acute muscle fatigue recovery. The experimental protocols were with indwelling PTN (1) to investigate muscle output by voluntarily applying isometric exercise stress with the maximum muscle strength mainly to biceps muscle of arm¹⁻⁴⁾, quadriceps muscle⁷⁾, hamstrings^{5,6)}, and triceps muscle of calf^{8,9)}; (2) to investigate the index for the number of movements for the knees and elbows to be able to carry out isotonic exercise until all-out muscular failure^{14,15)}; and (3) to observe an decrease in the total work and the maximum muscle strength by applying isokinetic exercise stress loading^{11,12,13)}.

The results of these studies are summarized as follows:

- 1) The PTN showed the ability of suppressing the reducing process of muscle output compared to non-treated.
- 2) In comparison between non-treated and placebo, some cases showed differences in the maximum muscle output but some cases did not.
- 3) PTN was effective when it was used 1cm lateral to the spinous process of the vertebra where the cutaneous branches of the posterior branches of the spinal nerves that control muscles are distributed, whereas almost no effects were observed when it was used on any other dermatome areas.
- 4) A correlation between the levels of lactic acid and muscle output were suggested. However, the PTN did not affect the level of lactic acid.
- 5) In regard to isokinetic exercise of knee joints, PTN suppressed the declining rate of the total work in extension movements, whereas no suppression was observed in flexion movements in many cases.
- 6) Buffering the blood lactic acid was accelerated under low stress and high rotation.

7) No influences on hemoglobin dynamics were observed.

These results showed that PTN was effective for suppressing transient decreases in muscle strength and muscle fatigue. The mechanisms, however, are not known. Many of these studies have several issues that (1) bias factors of the study subjects might have caused influences on developing the models of muscle fatigue, (2) the relationship between subjective fatigue perceptions and the muscle strength was not examined, (3) the connection with matters of biochemistry was not examined, and (4) comparisons with other interventions than PTN were not made. Now these issues have progressively been improved, leading to the enhanced quality of studies.

There are few studies in which comparisons were made between PTN and other interventions. Izumi et al.¹⁶⁾ reported that for muscle fatigue of boxing players, comparisons were made based on the M-Test (meridian test) between the results of PTN and those of self-stretching performed with a ball for stretching. The results indicate that PTN improved the number of positive movements assessed by the M-Test.

Randomized, clinical trial in the field of sports

Documents of such placebo, sham-controlled studies as pointed out by “Acupuncture-NIH Consensus Statement” in the sports field have been published by Brattgerg et al.¹⁷⁾ for tennis elbow, by Julia Kleinhenz et al.¹⁸⁾ for rotator cuff tendinitis, and by Vrehot et al.¹⁹⁾ for plantar fasciitis. These studies did not satisfy the criteria for double blind and were invalid as double blind tests since both test subjects and practitioners were not “blind.”

Randomized, double blind method is used as a clinical study of the highest level of evidence. Double blind is the technique to conduct a clinical test under the condition in which biases of the subjects and practitioners are eliminated. Applying the double blind method for acupuncture treatments is difficult due to the reasons that (1) unlike medication therapy, it is unfeasible to blind

practitioners who manipulate needles; and (2) the skin and muscles of the subjects are stimulated, which also makes it difficult to blind them.

Thus, double blind studies on acupuncture treatments have focused on the effects of needling different points – meridian points and non-meridian points and on the effects of shallow needling and deep needling. These are comparisons of needling points or needling depths and are not double blind in the strict sense. There are studies in which the subjects were blinded under general anesthesia in operation and also randomized studies in which sham needles were used. However, practitioners in the study system were not blind. In short, no clinical studies were conducted under the condition of which both subjects and practitioners were unaware.

PTN is the acupuncture needle most suitable for double blind trials because (1) its needling does not give pain, which allows blind testing of the subjects; and (2) practitioners are able to needle without checking the presence of the needle tip and after needling, a plaster is affixed so that the needle inserted cannot be viewed.

In order to make double blind trails in the true sense, Miyamaoto²⁰⁾ has developed placebo acupuncture needles that have no needle tip, packed in the package liked ones (Fig. 1). And he has conducted a randomized, double blind, placebo-controlled study to examine whether or not “acupuncture treatments have positive effects on conditioning of long-distance athletes of track and field” and reported investigation results. (The study was subsidized by the scientific research fund of the Ministry of Education, Science, Sports, and Culture.)

Papers of randomized, clinical trials with the subjects of athletes

Introduced hereunder are two representative clinical studies on PTN in the field of sports in which placebo needles were used.

Miyamoto²¹⁾ has conducted a randomized, double blind study using placebo needles to investigate the effects of PTN on muscle soreness and muscle

stiffness that resulted from running a marathon race.

The subjects were 15 university students who were to experience a marathon for the first time. They were randomly divided into two groups: the PTN group of 8 persons (6 male, 2 female) who were not involved in the acupuncture practice, examination, and data analysis; and the placebo group of 7 people (6 male, 1 female) who were assigned to placebo having no needle that was uniquely developed with the same package appearance as the one for the PTN (Fig 1). Before the marathon run either PTN or placebo was affixed according to the assignment list to the 8 acupoints of Zusanli (ST36), Sanyinjiao (SP6), Xuehai (SP10), and Liangqiu (ST34) on both legs. Needles were removed after 5 days. Measuring items were Visual Analogue Scale (VAS) for muscle soreness, serum CK activity, LDH isozyme, forward flexion from a standing position, and muscle hardness, and measurements were evaluated three times before the start of the run after the finish and 5 days after the marathon run. The results showed following.

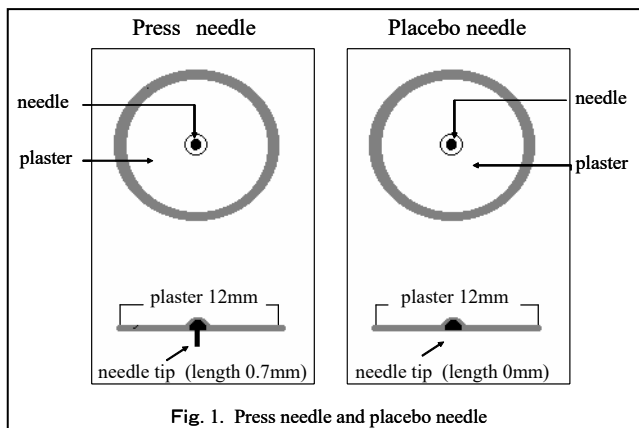


Fig. 1. Press needle and placebo needle

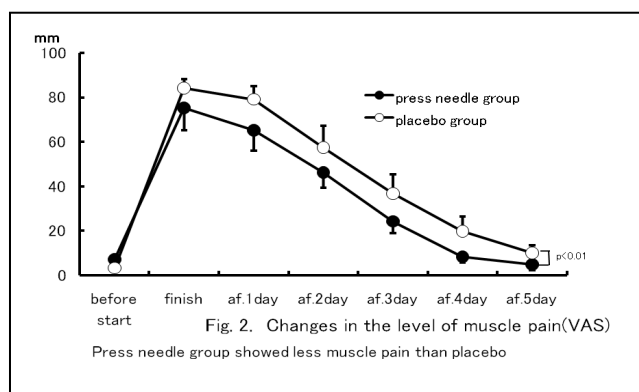


Fig. 2. Changes in the level of muscle pain(VAS)

Press needle group showed less muscle pain than placebo

1. The PTN reduced muscle soreness caused after the marathon run ($p<0.01$) (Fig. 2).
2. Although the levels of CK activity and LDH 4-5 isozyme increased after reaching the goal line ($p<0.01$), no effects of the PTN were observed.
3. No differences in a forward flexion from a standing position were observed in both groups.
4. The level of muscle hardness increased in the vastus lateralis muscle and vastus medialis muscle ($p<0.05$). However, no effects of the PTN were observed.
5. The marathon time of the PTN group was shorter.
6. The subjects were not aware of the difference between the PTN and placebo needle. It was reported from these results that the PTN was effective for relieving muscle soreness after a marathon race.

Miyamoto et al. confirmed that their study was valid as a double blind study by means of directly asking the practitioners and the subjects whether they recognized that needles used for the subjects had a tip or not and found that they did not understand the difference between the PTN and placebo needle. Although there is an issue about the study that the number of the subjects is limited, this is the first research to which the indexes were added about muscles including muscle soreness, muscle stiffness, muscle flexibility and CK activity.

Kaneko²²⁾ has investigated the effects of the PTN on muscle soreness after a triathlon race in a placebo-controlled study.

The subjects were 149 of males and females who participated in a triathlon event. They were randomly divided into two groups: a group of 79 (67 male, 12 female) who were assigned to PTN and a group of 70 (56 male, 14 female) who were assigned to placebo. The placebo needle used in the study was the same as the one used by Miyamoto. Stimulus sites for both groups were Shenshu (BL23), Qihashu (BL24), Dachangshu (BL25), and Ciliao (BL32) of right and left sides with leaving the needles indwelled only during the race. Measuring item was VAS (visual analog scale) values for muscle soreness

in 6 regions of the lower extremity (anterior thigh, posterior thigh, anterior lower legs, posterior lower legs, lower back, and buttocks), and measurements were made before the race (PRE) and immediately after the race (POST1) and on the following day (POST2). The results showed the following (Table 1).

Each VAS score was increased on POST1 compared to that on PRE ($p < 0.01$) for both groups. With PTM treatment, VAS score were decreased on POST2 compared to those on POST1 on except for Gluteus ($p < 0.01$, $p < 0.05$), and had recovered to the condition before the race. In the P group, VAS score of the hamstrings was decreased on POST2 compared to that on POST1, while VAS score were significantly higher than those on PRE for Quad, Hamstrings, and Calves. It was reported that these results suggested suppression of delayed onset muscle soreness by the use of the PTN during the race.

Table.1 Changes of muscle pain(VAS)			
press needle (N=79)			
	before start	after finish	af.1day
Quads	32.1±24.2	48.4±22.0 **	36.0±24.9 ##
Hamstrings	32.2±23.6	47.0±20.6 **	30.9±22.5 ##
Calves	25.8±18.9	40.4±23.5 **	30.5±22.4 ##
Tibialis	32.7±23.1	49.0±24.2 **	35.1±24.6 ##
Glutes	37.8±24.5	46.8±24.1 **	37.5±24.2 ##
lower back	31.4±22.6	40.3±22.4 **	32.8±22.4 ##
placebo (N=70)			
	before start	after finish	af.1day
Quads	30.2±23.0	41.9±24.2 **	38.1±22.8 **
Hamstrings	25.6±19.7	41.6±25.1 **	33.0±21.3 *#
Calves	25.5±21.7	35.4±23.3 **	28.9±20.6 **
Tibialis	30.0±23.0	43.3±26.4 **	36.7±25.6 **
Glutes	30.3±22.6	37.8±23.0 **	33.2±21.8 **
lower back	28.0±21.1	35.9±23.0 **	34.4±21.0 **
** : vs. before start (p,0.01) * : vs. before start (p,0.05)			
## : vs. after finish (p,0.01) # : vs. after finish (p,0.05)			

The study by Kaneko et al. is an excellent study that was properly designed as a randomized, double blind study with an adequate number of subjects involved. Although variations with time for each group were statistically treated, comparisons between the two groups were not made. Moreover, muscle soreness was reviewed as DOMS (delayed onset muscle soreness). It is, however, not clear if the soreness was the type of DOMS or not since it was more intense immediately after the race than on the following day (next day) and the intensity was not measured continually on the days following the next day after the race.

From the studies by Miyamoto and Kaneko, it is becoming clear that a placebo-controlled study using a needle without a tip packed in the same package as the one for PTN is suitable for a double blind study since both subjects and practitioners are unaware of which needle is assigned to and that the PTN is able to relieve muscle soreness caused by marathon run, triathlon race, or long distance running. Sedative mechanism of the PTN, which has not been investigated, is a subject for future studies.

References

- 1) Takahashi M, et al.: The Influence of Acupuncture and Moxibustion Stimulation on the Experimental Acute Muscle Fatigue Model - The Effects of Press Tack Needle on the Flexor Muscle Group in the Upper Arm. The Journal of Oriental Medicine College Association 14: 60-64, 1990
- 2) Anzai T, et al.: The Influence of Acupuncture and Moxibustion Stimulation on the Experimental Acute Muscle Fatigue Model, Report No. II - The Effects of the Press Tack Needle used on Distant Points. The Journal of Oriental Medicine College Association 15: 40-45, 1991

- 3) Sugiyama T, Tone K, Takahashi M, et al.: The Effects of Acupuncture and Moxibustion Stimulation on the Experimental Acute Muscle Fatigue Model, Report No. III - The Enduring Effects of the Press-Tack Needle on Recovering from Muscle Fatigue. *Journal of Japan College Association of Oriental Medicine* 16: 32-37, 1992
- 4) Tone K, Sugiyama T, Otake S, et al.: The Influence of Acupuncture and Moxibustion Stimulation on the Experimental Acute Muscle Fatigue Model, Report No. IV - The Relationship between Fatigue Recovery and the Amount of Stimulation - *The Journal of Oriental Medicine College Association* 17: 21-26, 1993
- 5) Inoki H, Furuya E, et al.: The Influence of Acupuncture and Moxibustion Stimulation on the Experimental Acute Muscle Fatigue Model, Report No. V - Study on Hamstring Muscles. *The Journal of Oriental Medicine College Association* 18: 48-52, 1994
- 6) Ueno M, Ishibashi Y, Watanabe K, et al.: The Influence of Acupuncture and Moxibustion Stimulation on the Experimental Acute Muscle Fatigue Model, Report VI - The Influence of Muscle Output depending on the Timing of Acupuncture. *The Journal of Oriental Medicine College Association* 19: 102-108, 1995
- 7) Adachi J, Nagao M, Murakami T, et al.: The Influence of Acupuncture and Moxibustion on the Experimental Acute Muscle Fatigue Model, Report No. VII - The Effects of Press Tack Needle on Quadriceps Muscle Fatigue. *The Journal of Oriental Medicine College Association* 20: 27-33, 1996
- 8) Aritake H, Kogure M, Kumade T, et al.: Effect of Acupuncture and Moxibustion on Experimental Muscular Fatigue Models. Effect of Press Tack Needle on Muscular Output of Lower Leg Triceps, Report No. VIII - *The Journal of Oriental Medicine College Association* 22: 64-68, 1998
- 9) Kurita H, Ozono I, Hattori N, et al.: The Effects of the Press Tack Needle on Muscle Training of the Lower Extremities. *The Journal of Oriental Medicine College Association* 23: 53-57, 2000
- 10) Kaneko Y, Ito H, Iida M, et al.: The Effect of Press Tack Needle Treatment on Time-dependent Change in Various Index Values when Maximal Exercise Stress is applied. *The Journal of Oriental Medicine College Association* 25: 85-93, 2002
- 11) Sugiyama N, Miura Y, Sato R, et al.: Effects of Press Tack Needle on Lowering Muscle Output Accompanied with Knee Joint Flexion/Extension – Study on Isokinetic Exercise. *The Journal of Oriental Medicine College Association* 27: 33-39, 2003
- 12) Takahashi N, Komuro S, Aoyama T, et al.: Effects of Press Tack Needle on Lowering Muscle Output Accompanied with Knee Joint Flexion/Extension (Report No. II) – Study on Isokinetic Exercise under Heavy Load and Slow rotation. *The Journal of Oriental Medicine College Association* 28: 103-107, 2004
- 13) Aoyama T, Gowa N, Tsukahara Y, et al.: Effects of Press Tack Needle on Lowering Muscle Output Accompanied with Knee Joint Flexion/Extension (Report No. III) - Study on Isokinetic Exercise under Light Load and Rapid Rotation. *The Journal of Oriental Medicine College Association* 29: 73-76, 2005
- 14) Egashira I, Goto M, Kobashi M, et al.: Effects of Press Tack Needle on Muscle Fatigue Accompanied with Knee Joint Flexion/Extension – Study on Isotonic Exercise. *The Journal of Oriental Medicine College Association* 30: 66-70, 2007
- 15) Imokawa Y, Kitano Y, Nakamura Y, et al.: Effects

- of Press Tack Needle on Muscle Fatigue Accompanied with Knee Joint Flexion/Extension – Pilot Study on Different Acupoints. *The Journal of Oriental Medicine College Association* 31: 82-86, 2008
- 16) Izumi S, Miyamoto T, Hiura M, et al.: The effects of acupuncture and stretching in muscle fatigue of Boxers were compared. – The Meridian Test is used for evaluation-. *Oriental Medicine and The Pain Clinic* 37(3, 4):61-69, 2007
- 17) Brattber G: Acupuncture Therapy for tennis elbow. *Pain*, 16: 285-288, 1983
- 18) Vrchota K D, Belgrade M J, Johnson R J, et al.: True Acupuncture vs. Sham Acupuncture and Conventional Sports Medicine Therapy for Plantar Fasciitis Pain: A Controlled, Double-blind Study, *International Journal of Clinical Acupuncture*. 2, (3): 247-253, 1991.
- 19) Kleinhenz J, Streitberger K, Windeler J, Güssbacher, A, Mavridis, G, Martin, E, et al.: Randomized clinical trial comparing the effects of acupuncture and a newly designed placebo needle in rotator cuff tendinitis. *PAIN*, 83: 235-241, 1999.
- 20) Miyamoto T: Does Acupuncture Treatment have Positive Effects on Conditioning of Long-Distance Track Athletes? Reports of Research Results that
- 21) Miyamoto T, Hamada J, Wada T, et al.: Effect of Acupuncture using Press Needle on Muscle Pain and Stiffness after Marathon Race Double Blind – Randomized Control Trial. *Kampo Medicine* 54(5):939-944, 2003
- 22) Kaneko Y, Furuya E, Sakamoto W: The Effects of Press Tack Needle Treatment on Muscle Soreness after Triathlon Race – Placebo-controlled Study. *Journal of the Japan Society of Acupuncture and Moxibustion* 56(2):158-165, 2006

Kampo Medicine - Current Research

Effects of Saikokeishito on Pediatric Diseases

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Introduction

The source text for the prescription *saikokeishito* (Chai-hu-gui-zhi-tang) is the "Shang Han Lun" and this formula is used extremely frequently in Japan. The reason lies in the fact, that Japanese physicians have traditionally attached great importance to the "Shang Han Lun" and therefore used this prescription very frequently. This resulted in the accumulation of a wealth of experience pertaining to its use and the achievement of good results obtained by pediatric physicians due to therapeutic developments in this field in recent years treating various diseases. Miyazaki and Mori have focused on this aspect and examined pediatric patients in whom treatment with *saikokeishito* had been effective in the past and studied the kind of diseases for which this prescription is effective. The results published in "Journal of Kampo Medicine", Vol. 53 No.2 under the title "Study of pediatric diseases treated effectively with *saikokeishito*". Below I will discuss the application of this prescription while presenting some of the contents of that treatise.

Research by Miyazaki and Mori

Miyazaki and Mori examined 71 cases (37 boys, 34 girls; age distribution from 1 to 12 years, average age being 7.3 ± 3.6 years) among the pediatric patients in their two clinics treated successfully with Tsumura's *saikokeishito* between January and June 2005. These patients were then classified by acute and chronic conditions and the Kampo findings (excess-deficiency, pulse pattern, tongue pattern, abdominal pattern) summarized and subsequently the diseases, treatment periods, combination therapies with Kampo prescriptions or combination therapies with western medications studied.

Among the acute pediatric diseases these authors

observed, *saikokeishito* had been effective in 34 of the cases. The age distribution here too ranged from 1 to 12 years and classified by sex the patients included 17 boys and 17 girls. Regarding diseases these patients included 19 cases of common cold syndrome, 9 cases of common cold induced gastritis, 3 cases of acute otitis media, 2 cases of pollinosis and one case of urticaria. The treatment period varied from one day to six weeks. Combination therapy with other Kampo prescriptions was administered in 3 cases of common cold syndrome, 1 case of acute otitis media and 2 cases of pollinosis. The other patients were treated with *saikokeishito* alone. Among the patients who received a combination therapy with western medications only 2 out of the 34 patients with acute otitis media received a combination therapy with antibiotics. There were 37 cases that *saikokeishito* was effective against chronic pediatric diseases.

The age distribution ranged from 2 to 12 years and the patients included 20 boys and 17 girls. Classified by diseases there were 10 patients with atopic dermatitis (7 moderately severe and 3 mild cases), 7 cases with bronchial asthma (6 cases of moderate severity and 1 mild case), 5 cases of exudative otitis media, 4 patients with a high susceptibility to catching cold and 3 patients with chronic gastroenteritis. The administration period for *saikokeishito* varied from 2 months to 2 years and 2 months. The 20 cases had received combination therapies with other Kampo medicines. Patients receiving western medical combination therapies included 8 cases of atopic dermatitis and 7 cases of bronchial asthma.

Miyazaki and Mori made Kampo medical diagnoses of all these patients. They were as follows. Regarding excess and deficiency 35 of the patients presented with a pattern intermediate between excess and deficiency, 29 patients with mild deficiency pattern and 7 patients with clear deficiency patterns. Regarding the pulse patterns intermediate between floating and deep, clearly

floating or deep, slightly floating and wiry as well as wiry and somewhat deficient were found in this order. The tongue showed patterns of moist + minimal white fur, slightly dry + minimal white fur, moist + white fur as well as moist + no fur in this order.

Abdominal strength was in 30 patients intermediate, somewhat soft in 36 patients and clearly soft in 5 patients. The incidence of the individual abdominal patterns was in 59.2% of the cases tension, 52.1% presented with fullness, tenderness or discomfort of the hypochondrium, 28.2% with increased resistance and tenderness of the epigastric region and 25.4% with a hard glomus below the heart epigastrium in that order.

Research results

Below follows a breakdown of acute diseases for which *saikokeishito* had been effective.

This prescription is used in many cases of common cold syndrome when a few days after the onset of the condition in addition to a lack of appetite, bitter taste in the mouth and similar symptoms of a half exterior half interior pattern headache, chills and similar symptoms of an exterior pattern are still remaining. Yet, two cases have also be reported, in which the administration for early symptoms like headache, chills and generalized malaise brought about a cure in just one day. This indicates the efficacy of *saikokeishito* for acute pediatric diseases from an early stage on. The authors have in the past already recommended the early administration of Kampo medicine for common cold and now would like to emphasize, that the prescription *saikokeishito* should be added to the selection of applicable formulas.

Reportedly administration of this prescription to the 9 patients with common cold induced gastroenteritis produced quick improvements. The three patients with acute otitis media were already under treatment by otolaryngologists using mainly antibiotics, but the therapeutic progress was

fluctuating and did not yet bring about a cure. In this situation the administration of *saikokeishito* led to improvements in moderately severe and mild cases of acute otitis media. Regarding the two patients with pollinosis a combination of *saikokeishito* and other Kampo medicine (*shokenchuto*) allowed to achieve a skillful control. In these patients the pollinosis was triggered by "common cold", so that it can be considered to be a form of cold and thus the Kampo medicines were administered according to the relevant manifestations, while the use of the medication during asymptomatic periods was considered unnecessary, so that this treatment plan allowed to obtain sufficient therapeutic results by treating only the acute symptoms.

Below follows a breakdown of chronic diseases for which *saikokeishito* had been effective.

The authors classified many atopic dermatoses according to either treatment of the root or local and symptomatic treatment, where treatment of the root represents a causal therapy and local and symptomatic treatment a conservative therapy. *saikokeishito* has a harmonizing action on the nutrient and defense systems and works conditioning for the constitution, so that it is used as a prescription for the treatment of the root. Ephedra preparations for example *epikajutsuto* etc. can be used for local and symptomatic treatment, Scutellaria and Coptis prescriptions for example *orengedokuto* etc. or *byakkokaninjinto* etc. are used as prescriptions for local and symptomatic treatment. The 7 patients with bronchial asthma were classified as moderately severe or mild cases during the chronic stage. Since 6 out of the 7 patients simultaneously presented with patterns representing indications of other Kampo medicines, *saikokeishito* was used in conjunction with those other prescriptions (mainly Ephedra prescriptions, enriching and moistening prescriptions as well as Qi

Regulating prescriptions. This decision has its foundation in the dragover disease theory of their teacher Fujihira. In particular a combination of the here discussed prescription and the qi normalizing prescription *hangekobokuto* often produces favorable therapeutic results.

Regarding pediatric exudative otitis media most cases represent a transitional condition from a not yet fully healed acute otitis media in a state, where there is an accumulation of exudate in the middle ear. Those authors considered this disease to be located in the lesser yang region, because the lesion is at the side of the head. Moreover, based on the accumulation of the exudate, they considered it to be a form of water stagnation. Again, by becoming chronic the condition is considered to deteriorate into a deficiency pattern, so that mainly *Bupleurum* preparations, diuretic prescriptions or *kenchuto* are used. The reported five cases presented with an indication for *Bupleurum* preparations and a mildly deficient pattern, which was associated with spontaneous sweating and dizziness, so that *saikokeishito* was used. Three out of these patients presented with a spleen and stomach deficiency (qi deficiency), so that they reportedly combined the former prescription with *shokenchuto*. A combination with *shokenchuto* is often used in cases of refractory chronic pediatric diseases, probably based on the experiences of those authors.

A high susceptibility to catching cold and chronic gastroenteritis represent what is generally regarded as a pediatric weak constitution. There are a number of reports describing the effectiveness of *saikokeishito* in treating these children. *Bupleurum* preparations are in general frequently used to treat mainly chronic nose diseases like allergic rhinitis, chronic rhinitis, chronic paranasitis and similar conditions that are associated with heat syndrome or water stagnation. The 4 cases described here presented with mild deficiency pattern, spontaneous

sweating, dizziness, fullness, tenderness or discomfort of the hypochondrium (Kyokyo kuman), stuck feeling in pit of stomach, excessive strain of abdominal muscles, so that with a treatment using mainly *saikokeishito* good results were reportedly achieved.

There was one patient with pseudomyopia. This was a 7-year old boy. Visual acuity upon first examination was 0.4 on the right and 0.5 on the left. Miyazaki and Mori observed a mild deficiency pattern, bitter taste in the mouth, glomus below the heart, mild degree of fullness, tenderness or discomfort of the hypochondrium on the right side and excessive strain of abdominal muscles. Based on these findings they administered *saikokeishito*. Seven months later visual acuity had improved on both sides to 0.8 and after 1 year of treatment visual acuity had improved on the right to 1.0 and on the left to 0.9.

Habitual headache, orthostatic dysregulation, bed wetting etc. are interpreted as a form of pediatric autonomic dystonia and these authors reported, that *saikokeishito* provides an effective treatment. Saburo Aimi published in his work "Application of *saikokeishito* to the treatment of autonomic dysregulation syndromes" numerous cases of effective treatment²⁾. Those authors too had success with the application of this prescription based on this concept.

Conclusion

Miyazaki and Mori investigated cases in which *saikokeishito* had been effective and their report shows that this prescription is indicated for a wide range of pediatric diseases, both acute and chronic, and has been found to be an effective formula. Actually, in the field of pediatrics in Japan this prescription is one of the most frequently used formulas. For example, when used for children suffering from repeated upper respiratory tract infections the frequency of infections gradually decreases and through long-term treatment the

children have reportedly slowly become healthy^{3,4}. Otherwise Saburo Aimi reported the application of this prescription for the treatment of epilepsy⁵, Hirose its application in cases of habitual headache⁶ and Mori et al. for orthostatic dysregulation⁷, which shows, that there is a substantial amount of study regarding the use of this prescription in children. The report by Miyazaki and Mori verify the results of past reports and at the same time newly proposed its use during the early stage of common cold. Reading this report makes it clear, that the skillful use of *saikokeishito* in pediatric care is very important.

saikokeishito for orthostatic dysregulation: Japanese Journal of Pediatrics, 45 (9), 1964, 1992

References

- 1) Miyazaki M, Mori K: Examination of pediatric diseases effectively treated with *saikokeishito*, Journal of Kampo Medicine Vol. 53, No.2, 265-277, 2006
- 2) Aimi S: Application of *saikokeishito* to the treatment of autonomic dysregulation syndromes, Japanese Journal of Oriental Medicine, 160, 41-46, 1965
- 3) Akiba T, Araki Y, Nakajima A, et al.: Improvement of easy susceptibility to infections through long-term treatment with *saikokeishito*, Japanese Journal of Oriental Medicine 41: 149-155, 1991
- 4) Mine M: Experiences with the use of *saikokeishito* in nursery school children with frequently repeated infections, Third General Conference of Japan Ambulant Pediatrics, 1993
- 5) Aimi S: Treatment of epilepsy with *saikokeishito*, Results and discussion as well as the influence on encephalographic findings, Japanese Journal of Oriental Medicine 27, 99-116, 1977
- 6) Hirose S: Pediatric habitual headache and *saikokeishito*, Journal of Traditional Sino-Japanese Medicine (extra edition), Modern Kampo Medical Case Report Collection No. 3, 150-151, 1987
- 7) Mori M, et al.: Clinical application of

Clinical Report 1 (Japan)

Acupuncture and Moxibustion Treatment as Health Management

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1. Introduction

Acupuncture and moxibustion treatment is in Japan not only used to treat diseases, but also as a form of health management and to prevent diseases. In particular in the modern social environment expectations are placed rather on health management than on the treatment of diseases. Health means, plainly spoken, sleeping well, eating well and having regular, comfortable bowel movements. Through acupuncture and moxibustion treatment these three essential elements of health can be maintained, which means the treatment has significance as health management¹⁾.

Here I will report a case observed over a prolonged time, in which developing disorder of the daily life led to insomnia and chronic fatigue.

2. Case

Age: 51 years, male, acupuncturist, first visit on Nov.11, 2007

Height: 173 cm, weight: 68 kg, standard body type according to BMI (22.7)

Chief complaint: chronic low back pain, health management (maintenance)

History: onset of chronic low back pain from his twenties, occasional occurrence of shoulder stiffness.

From the age of 40 gradually increasing work load, lecturing from forenoon until late at night and irregular working hours led to a gradual delay in bedtime to 2 or 3 o'clock in the morning, while the patient still woke up in the morning around 7 o'clock, leaving him with only 4 to 5 hours of sleep. This chronic lack of sleep resulted consequently in a frequent occurrence of drowsiness during meetings in the daytime.

Formerly he used to jog as a means of health management and visited a gym 2-3 times a week, but since he started to hold two positions in 2008 as a lecturer at a vocational school and an acupuncture university, his schedule became highly irregular.

Further, because of explanatory meetings at both the vocational school and the acupuncture university as well as entrance examinations often held on Saturdays or Sundays and his attendance at conferences and research meetings, he had even on holidays almost no time to rest any longer. Since the patient did not find for this reason any free time, he suffered a lack of exercise, working out only once every two weeks. Body weight gradually increased and had reached 68 kg.

There was chronic low back pain (in particular on the left side) with a markedly increased muscle tonus in the low back region (left > right), in the vicinity of left Shishitsu (BL52) a ping-pong ball sized myogelosis was observed, which produced upon pressure a mixture of pain and comfort.

X-ray images of the lumbar vertebra revealed a mild degree of scoliosis. The patient complained of occasionally developing flatulence causing distention and diarrhea. Times of diarrhea were associated with distinct pain tenderness of the left BL52.

General condition: The patient had a good appetite and sometimes developed abdominal distention and vomiting after eating too much. Tended to sleep only a short time, thus suffered from a lack of sleep and had only one bowel movement every one to three days. Annual health check did not show any anomalies.

Past history: 35 years ago surgery for deviation of the nasal septum and left maxillary sinusitis; 3 years ago 20-day hospitalization because of atypical pneumonia.

General findings: blood pressure 118/88 mmHg, pulse 84 bpm, reflexes of biceps brachii, triceps brachii, brachioradial muscle, patellar and Achilles tendon reflexes were normal. ROM of the low back and other examinations for low back pain, like the Lasègue test, were also normal. Percussion of the abdomen showed a generalized tympanicity, a markedly increased muscle tonus in the low back region (left > right), in the vicinity of left Shishitsu (BL52) a ping-pong ball sized myogelosis and tenderness at Chukan (CV12), Tensu (ST25), Daiko (ST27) and left Shishitsu (BL52).

Treatment plan:

Due to the high work load the patient suffered

from a chronic lack of sleep. Irregular meal times contributed to frequent excessive eating and drinking, resulting in distention of the gastric region and nausea; gastrointestinal functions were not good either, resulting in occasional occurrence of diarrhea, so that the disruption of the daily life rhythm was considered to be the basis for his condition.

Symptoms like low back pain etc. were also considered to have developed from stress. The low back pain was considered to be caused by an accumulation of muscle fatigue, therefore generally suggesting the presence of degenerative lumbago. In this context acupuncture and moxibustion treatment targeted both the individual symptoms and attempted to achieve a generalized conditioning.

Needling method:

Disposable No.18, 40 mm Seirin needles were used to needle the entire body, but with special emphasis on tender and indurated spots.

2) Needled points: TENCHU (BL10), FUCHI (GB20), KANKOTSU (GB12), KENSEI (GB21), KENGAIYU (SI14), KOKO (BL43), KAKUYU (BL17), KANYU (BL18), HIYU (BL20), SHISHITSU (BL52), DAICHOYU (BL25), CHUKAN (CV12), TENSU (ST25), TE SANRI (LI10), SOKU SANRI (ST36), TAIYO (EX-HN5). Each point was needled in a manner, so that a mild de qi sensation was obtained through thrusting and lifting manipulation. Treatment duration was about 20 minutes.

Results:

The patient received acupuncture treatments twice a week and during the treatment shifted into a comfortable breathing pattern of a sleeping person, feeling refreshed after the treatment. In general, although he sometimes developed some degree of low back pain or shoulder stiffness, early acupuncture treatment usually brought a quick relief about. He is still working on a very tight schedule and gets only 5 hours of sleep, but after one year of acupuncture treatment his condition has much improved and the treatment interval accordingly reduced to once a week. From April 2008, although the amount of sleep did not vary, he

reported a better sleep as well as good appetite and bowel movements. This gives the impression, that an adequate health management has been achieved.

3. Discussion

The patient described in this case report suffered from a lack of sleep due to an irregular life style and three years ago from pneumonia. Based on these experiences he was worried about his health and felt that excessive confidence in his own health has led to this misfortune. Yet, he continued his hard work and the resulting lack of rest consequently led to a state of chronic fatigue. However, on this occasion the prolonged acupuncture treatment improved his sleep condition, normalized his bowel movements and thus could be considered to have succeeded as a form of health management (maintenance).

Hirohisa and Sakae Yoneyama³⁾ postulated that one clinical characteristic of acupuncture treatment is, that it not only treats diseases, but also contributes to health management, in other words health maintenance (reconditioning treatment). The author believes, that this is precisely the essence of acupuncture treatment. Yet, the therapist should convince and motivate the patient prior to the acupuncture and moxibustion therapy to adopt a regular life style. That is, an appropriate patient education is considered to be essential.

4. Conclusion

A clinical characteristic of acupuncture treatment is that it not only treats diseases but also contributes to a health management, in other words, health maintenance (reconditioning treatment). A sufficient patient education is essential to achieve this goal.

5. References

- 1) Yoneyama H: My acupuncture treatment concept; Ido no Nippon, Tokyo, 1985
- 2) Ozaki T: Watching my honored teacher's back; Ido no Nippon, 2005; 738. 188-193
- 3) Yoneyama S: Essentials of the treatment of stiff shoulders, —acupuncture treatment of shoulder stiffness— CLINICIAN, 44-461, 36-44, 1997

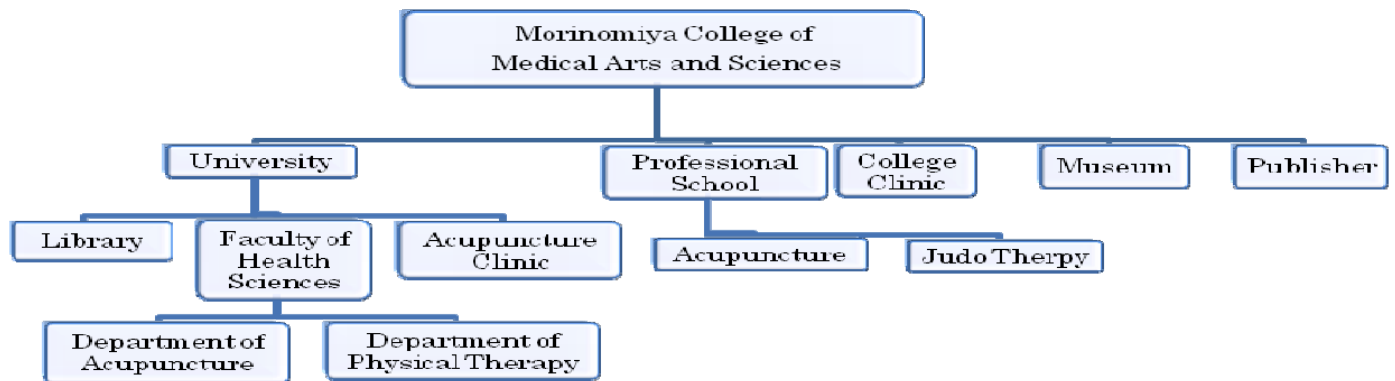
Introduction to the Morinomiya University of Medical Sciences

The Morinomiya University of Medical Sciences is located in the Cosmosquare District close to the ocean in Osaka and has opened in April 2009. The old school, Morinomiya College of Medical Arts and Sciences, originated from the vocational Osaka Professional School of Acupuncture that opened in 1973 and is therefore even in Japan considered an acupuncture school with a long history. This school maintains not only its pedagogic department, but is also known to be a publisher and for its Museum of Traditional Medicine.

The Morinomiya University of Medical Sciences is a small university with a Department of Acupuncture and a Department of Physical Therapy. The instructions take into account on the one hand considerations pertaining to holistic care within the framework of traditional medicine, inheritance of traditional techniques and lifestyles as well as

western medical analytic explanation of pathologic conditions, search for scientific evidence and the introduction of advanced technologies. In this way the institution turns out practitioners offering medical services that integrate both forms of medicine and is therefore also called "integrative medicine".

Considering that the school has been established through funding by practicing acupuncturists, it emphasizes in its educational efforts the development of clinical skills. For that reason numerous practicing acupuncturists of good reputation are working as part-time instructors alongside with the academic staff and hold classes dealing with clinical practice. Regarding research the school has an abundant collection of material pertaining to medical history in its museum, library and publishing department, so that the school is expected to facilitate in the future not only developments in the medical field, but also promote research in the humanities.



Clinical Report 2

Headache

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Introduction

Headache is a symptom frequently encountered in an outpatient office specialized on Kampo.

Generally, this condition is classified into primary headache, which in turn is classified into 1) migraine, 2) tension headache, 3) cluster headache, 4) headache associated with prolonged drug abuse, and secondary headache occurring in the presence of an underlying disease. Even though remarkable progress has been achieved regarding the pharmacotherapy of headache, the number of patients suffering from headache still remains high. The migraine guidelines of the American Headache Society® (AHS) recommend that "treatment of acute conditions should be individualized". Moreover, regarding the ideal pharmacotherapy for the prevention of attacks: there are currently no suitable drugs.

The relationship between diagnoses according to the above described classification and specific "patterns" has not yet been clarified. Yet, through integration of TCM diagnostic methods a useful concept pertaining to the "individualized therapy" can possibly be provided.

Practicing Kampo therapy and looking back at cases with chronic headache, it appears that often several patterns are involved. So far there has been a tendency of patterns like cold, blood deficiency, blood stasis and phlegm being rather frequent, but I believe the heat excess patterns are also on the rise. Moreover, in cases of headache associated with refractory diseases or prolonged drug abuse, I have often experienced that the use of blood stasis expelling drugs led to an early alleviation of the symptoms.

In the present paper I would like to briefly discuss a few cases of tension head and migraine I have seen in our outpatient department. Each case

will be discussed focusing on the qi-blood-water aspects, trying to keep the terminology as simple as possible.

Cases

<Tension headache; prolonged cold, phlegm-rheum>
Case (1): 46 years, female, housewife, clinic visit in January YYYY

Chief complaint: right shoulder pain, headache, dizziness (floating feeling), pollinosis

Anamnesis:

At age 35: enucleatic myomectomy

At age 45: total hysterectomy because of myoma induced anemia

At this time there were adhesions of the small intestines, requiring reoperation, during which a portion of the small intestines was removed.

At age 45: pollinosis

Present illness:

Development of a chronic sense of fatigue following the total hysterectomy, at rest discomfort that felt like the right were about to solidify and pain of the right shoulder joint was so severe, that it prevented sleep; chilling around the waist and the thighs and a generalized feeling of edema over the entire body. Considering the presence of pain as if from pinching the right upper arm and stagnation of liver qi as well as blood deficiency into account, the formula *nijutsuto, kamishoyosan plus Coicis Seemen* was prescribed. After 4 months of treatment the shoulder pain had been alleviated almost completely and the pollinosis considerably. By the sixth months of the treatment the headache and sense of floating grew worse and symptoms were highly sensitive to low atmospheric pressure. The headache was reportedly associated with a slightly depressive heaviness. Recurrence of the temporarily relieved edema of the legs. The patient originally has a tendency towards indigestion. The husband is currently living alone abroad because of his work.

Findings:

Moderate build, skin slightly brown. Good appetite, bowel movements and micturition normal, but has a tendency towards constipation when

nervous. During bathing the patient felt on the contrary cold. She was the type of person that does not sweat. Her physical condition used to deteriorate in spring. Pulse was deep, slippery and wiry / weak right cun pulse, the tongue was pale red but had a thick white fur coating its entire surface and dental impressions, sublingual veins were somewhat engorged. Mild degree of fullness, tenderness or discomfort of the hypochondrium.

Pattern: Spleen – stomach deficiency -> phlegm-rheum, upward harassment of wind phlegm
Prescription: *hangebyakujutsutemmato*

Following the third day of taking the prescription the perceived fog in the head cleared and left the patient feeling reportedly invigorated. The heavyheadedness too improved. She experienced regular bowel movements, became able to sweat when bathing and thus felt fine. Temporarily switching the prescription to *ryokeijutsukanto* resulted in recurrences of the headache, regular administration of *hangebyakujutsutemmato* twice daily and an additional dose when symptomatic allowed controlling the symptoms and the patient is currently continuing this schedule. The patient reported that taking the medication helps to brace her physically and makes her feel lighter both physically and mentally.

<Tension headache; spleen deficiency, countercurrent of phlegm-rheum>

Case (2): age 47, female, dental assistant

Chief complaint: headache, stomach disharmony, amyloidosis of the skin

Anamnesis:

After the death of her husband she became nervous and anxious. At that time she was diagnosed with amyloidosis of the skin and Sjögren syndrome. Headache often developed in case of fatigue or when she had been under stress; endurance of the symptom generally led to a gradual increase in the pain, so that she had to take analgesics and lie down. The stomach responded sensitively to the mental status and she complained about heartburn, stomach disorder and a sense of distention.

Findings upon first visit:

Fair-skinned and leptosomatic habit, sloping shoulders. Visible amyloid depositions on the abdomen and lumbar regions. Easily sweats on the palms. Poor sleep. Occasionally soft stools. Thin and weak pulse, the tongue being pale red with a thick, greasy white fur, stickiness within the mouth. Engorgement of sublingual veins. Abdominal palpation reveals clapping and tension of the abdominal wall.

Pattern: spleen deficiency, qi depression, countercurrent of phlegm-rheum

Prescription: *bukuryoingohangekobokuto*

Course:

She started to enjoy her meals, the severity of the headaches decreased and often she even forgot about them. No use of analgesics. Use of single doses of *goreisan* produced marked relief in case she had a headache. Later, targeting the easy fatigability, xerophthalmia, poor sleep and the skin symptoms her condition improved using a combined prescription with *ninjin'yoeito*, she could sleep soundly and the headaches disappeared.

Four years later, after she finally came to terms regarding the death of her husband and her stomach maintained a good functional condition, treatment with *bukuryoingohangekobokuto* was discontinued. The nature of her work facilitated the development of high tension and easily led to the development of posture induced shoulder stiffness, which resulted in headaches (dull pain), but since the condition of her stomach had improved, the effects of *goreisan* had weakened, while *shakuyakukanzoto* now had become markedly effective. It turned out to be a medication, which in single doses provided refreshing relief and bestowed upon her a feeling, as if the neck were straightening and sometimes even extended to the head.

<Tension headache; spleen deficiency, cold phlegm, blood deficiency>

Case (3): age 40 years, female. Assistant in former family business (restaurant)

Chief complaint: headache, anxiety

Anamnesis:

At the age of 20 iron deficiency anemia (she

sometimes takes iron drugs)

At the age of 37 hypertension (initiation of antihypertensive pharmacotherapy)

Present illness:

From the age of 38 her nervousness increased, a sense of her body floating and palpitations appeared; she used benzodiazepine type tranquilizers 2 to 3 times a day; from the age of 39 she took *ryokeijutsukanto* for about one year after which the symptoms had almost be alleviated. The use of western medications was reduced to about once per month for preventive purposes and she started to work as a kindergarten assistant. Yet, she used to complain about headaches lasting 2-3 weeks. The headaches were located on the forehead like a headband, producing a pain as if this headband were tightened, so that she used to press down on the painful areas while taking deep breaths and reported that warmth provided some relief of the symptoms. Severity of the symptoms increased in the evening with increasing fatigue. On this occasion the symptoms had appeared 5 days ago on the last day of her menstruation.

Findings:

Fair-skinned obese, normal appetite, sleep and excretion. Becomes easily nauseated. Her condition used to vary with the menstrual cycle. The tongue was enlarged, pale white, had dental impressions, sublingual veins had disappeared, the pulse was deep and thin, the abdomen showed a generalized hardness and was mildly tender, there was fullness, tenderness or discomfort of the hypochondrium and chilliness of the lower abdomen.

Pattern: blood deficiency, phlegm rheum

Prescription: *ryokeijutsukanto plus tokishakuyakusan*

Headaches tended to become worse during the latter half of the menstrual cycle and the lingual findings too suggested the necessity to take blood deficiency into account, but since the so far prescribed *ryokeijutsukanto* could not be expected to have any blood supplementing effects, *tokishakuyakusan* was added. After the ingestion marked improvements were observed and four days later the symptoms had disappeared. Later, while

the dose was adjusted according to the findings, after continued treatment using the combined formulation with *tokishakuyakusan* the headaches did not occur any longer.

And yet, severe headaches occurred on days typhoons hit the country and on these occasions the patient complained, that she would on the contrary like to cool her head. The body felt hot and she became restless and nervous. Originally she did not like the summer. *senkyuchachosan* was prescribed and had marked effects, leaving her feeling refreshed and comfortable.

After that the administration of *tokishakuyakusan* from autumn through spring and a combined formulation with *senkyuchachosan* from the rainy season through summer prevented aggravation of the headaches and stabilized the patient both physically and mentally.

<Tension headache; spleen and stomach cold deficiency, deficiency of heart and spleen>

Case (4): age 49, female, visited our clinic in February YYYY.

Chief complaint: headache, anxiety, discomfort in the gastric region, arthralgia of multiple joints

Present illness:

At the age of 27, triggered by a pregnancy, the patient started to suffer from frequent headaches. She is regularly using commercial analgesics, but since half a year ago their effects were declining. The headaches were a sort of pinching pain from the back of the head down the back of the neck and at the same time associated with ocular pain, repeating cycles of alleviation and aggravation almost daily. The anxiety influenced the gastric discomfort, so that she could eat, but felt nauseated on an empty stomach and therefore constantly ate little portions. She had no sense of satiety. Another doctor diagnosed reflux esophagitis and prescribed a protective agent for the gastric mucosa, but its effect was obscure. Moreover, about 1 year earlier the patient had been diagnosed with chronic rheumatoid arthritis and is currently under treatment. Three months ago development of frozen shoulder. Three years ago she had to worry about

family matters and this problem now got worse about half a year ago, so that *saikokaryukotsuboreito* was recommended in a pharmacy, which she is currently using.

Findings upon first visit:

The facial complexion was yellowish-white and the patient had a leptosomatic habit, she was occupied by worries about her symptoms and described the circumstances of their development with dissatisfaction. She repeatedly asked: "What should I do?" This gave the impression that she had started to panic because of what was going on with her both mentally and physically. There was a mild degree of chilliness of both hands and feet, recently her visual acuity deteriorated and she noticed nocturnal urine and dryness of the mouth during the night. One bowl movement every three days. No feeling of exhaustion. The pulse was thin and slippery, the tongue had a thick white fur and she had a bitter taste in the mouth. The abdomen showed chilliness and increased resistance of the epigastric region and a mild degree of fullness, tenderness or discomfort of the hypochondrium, softness of the lower abdomen, tenderness of both inguinal regions, marked palpitation above the umbilicus were observed.

Pattern: deficiency of both heart and spleen, deficiency cold (stagnation of liver qi)

Prescription: *kamikihiro*, *keishininjinto*

Course: The patient expressed strong anxiety regarding discontinuation of the *saikokaryukotsuboreito* she was using so far, so that the prescription was first changed to *keishikaryukotsuboreito*, taking her feelings into account. This helped to overcome her anxiety and settle down, but still left the symptoms incompletely controlled, with no changes in the incidence of headaches and gastric discomfort. After persuading the patient to use a prescription with added *keishininjinto* the incidence of the headaches decreased to once per week. Later, using *kamikihiro* as the main formula and reducing the dose of *keishikaryukotsuboreito* to 1/3 both headaches and gastric discomfort improved and after three weeks were almost completely alleviated. The arthralgia

and anxiety also improved and the patient now presents with a calm expression.

<Tension headache; liver qi stagnation, transverse invasion of the stomach>

Case (5): age 41, female, employee

Chief complaint: headache, gastrointestinal weakness

Present illness:

From the time she became employed the patient repeatedly experienced stomach disorders, belching, abdominal distention, a bitter taste in the mouth and reduced appetite, occasionally gastric pain. After examination she was diagnosed with neurotic gastritis and was prescribed western medicine, but later visited our clinic, because the symptoms did not improve. The headaches developed at the same time and were characterized by a slowly progressive and continuous dull pain.

Findings upon first visit:

Intermediate build, the skin appeared slightly yellowish brown and there was some edema. She had difficulties waking up in the morning and felt exhausted and headheavy from morning; usually did not have any appetite in the morning. Although she had one bowl movement a day, there was always a sense of incomplete evacuation. The menstruation was regular, but prior to the onset of the menstruation the headaches grew worse. She complained about shoulder stiffness. The pulse was thin and wiry, the tongue was faintly dark red and had a thick white fur and dental impressions, the abdomen showed a marked degree of fullness, tenderness or discomfort of the hypochondrium.

Pattern: liver qi stagnation, transverse invasion of the stomach

Prescription: *saikokeishito*

Course:

After about 2 months of treatment, the ease with which she could wake up in the morning improved and both the sense of exhaustion and headheaviness decreased. Her stomach felt comfortable too, but she was easily susceptible to influence from stress at work. Improvement of the shoulder stiffness. Since after about one year of treatment almost all

symptoms had healed, the dose was tapered, but since complete interruption of the treatment resulted in a deterioration of her physical condition, she currently continues on a low dose schedule.

<Migraine; tension headache; blood stasis>

Case (6): age 24 years, female, employee

Chief complaint: headache

Anamnesis: At the age of 21 onset of a collagen disease, that was treated over a period of one year with steroids and the therapy then terminated.

Present illness:

Onset of repeatedly occurring headaches after the patient started to work in an office at the age of 23. Her work requires that she uses a computer. The headaches were characterized by throbbing, pulsating pain (1) in the occipital region and (2) the temporal regions and occasionally she also felt like she had be hit or (3) a pain as if a heavy stone were placed in the center of her head. The incidence fluctuated but was higher on hot days with fair weather so that summers were difficult for her. A neurosurgeon diagnosed migraine and tension headache. The use of acetaminophen during periods of pain became increasingly frequent. Currently, she uses analgesics on average 5 times per week.

Findings upon first visit:

Obese physique, muscular, face was flushed red, there was acne on the mandible, she disliked heat and there was no sense of coldness. She had a good appetite, but since about one and a half years ago she experienced almost daily heartburn and gastric discomfort. She had a dry mouth and preferred cool drinking water. There was a tendency toward easy development of edema of the face and extremities. She had difficulties falling asleep and experienced night sweats all over her body. She had 1 to 2 bowl movements per day (in the morning). Her eyes tended to tire easily and she was also easily irritated. Her menstrual cycle ranged between 30 to 35 days, lasted for 3 days, she had little menstrual flow and the menstrual blood was dark red. Late stage. The pulse was slippery and wiry, the tongue pale and the sublingual veins thin, there was distention of the lower abdomen and tenderness on

the right side next to the naval.

Pattern: exterior-interior evil repletion

Prescription: *bofutsushosan*

Course:

Two weeks later she experienced comfortable bowl movements and lost about 1 kg in body weight. Both frequency and intensity of the headaches decreased. Pulse was wiry and thin, tongue slightly red. Six weeks later improvement of the sense of body heat. Headaches and dizziness occurring during the forenoon sometimes were alleviated when she had diarrhea. There was a strong sense of fullness, tenderness or discomfort of the hypochondrium, the entire lower abdomen was tender and even stroking it hurt. Drugs for expelling blood stasis and rectifying qi were considered necessary and thus a modified formula of *bofutsushosan* used. Ten weeks later the usage of analgesics had decreased to 1-2 times per week and without her really realizing since when, she noticed that the gastric symptoms did not longer bother her. She continues to take the medicine.

<Migraine / tension headache; blood stasis>

Case (7): age 62 years, female, housewife

Chief complaint: headache, dyshidrosis, constipation

Present illness:

Since 10 years, following her climacteric age, the patient experienced hot flashes and abnormal sweating, constipation and was prescribed at another clinic *unseiin* plus *tokakujokito* and similar formulas, which improved these symptoms. Recently, the same symptoms recurred and the patient visited our clinic, also because of the headaches she had since her youth.

The headaches started at the age of 20, her eyesight deteriorated and she experienced throbbing pain 2-3 times a month. On these occasions she used commercial analgesics and rested for 2-3 days, but sometimes these symptoms were also accompanied by nausea and vomiting. Also, from her climacteric age onward she experienced in the morning upon getting up a sense of headheaviness and felt as if she wore a hat.

Formerly, she reported that the use of *kamishoyousan* reduced the frequency of analgesic use. She also had been constipated since her teens and could not have bowel movements without the use of cathartics. She used a cathartic from a Kampo pharmacy (content unknown) and had one bowel movement every 3 to 5 days. There was also cervical spondylosis (C7).

Findings upon first visit:

Fair-skinned large-built person, obese, light brown complexion of the face with many freckles. In her daily life she is working industriously. She has a big appetite, gets up twice for nocturnal urine, dreams a lot, is under stress relating to family matters, her legs are prone to easy development of edema, her face flushes and she sweats abnormally on her head and back, dislikes summers, does not complain of chilliness. The pulse was deep and wiry, the tongue deep red with a white fur and dental impressions, engorged sublingual veins, the abdomen showed a mild degree of fullness, tenderness or discomfort of the hypochondrium and there was a marked degree of tenderness on both sides of the naval.

Pattern: blood stasis, qi stagnation

Prescription: *tsudosan*

Course:

The administration of *tsudosan* led to a quick alleviation of the headache and 2 months later the use of analgesics had decreased to half its former frequency. The frequency of the use of commercially available cathartic did not change, but upon combination with *daiobotampitpo*, she experienced from the following month onwards comfortable bowel movements and in association with this the use of analgesics decreased to the range between one and two tenths. Since the alleviation of the symptoms was also associated with improvements in the blood stasis findings of the tongue and abdomen, she continued to take this formula and gradually improved. She stabilized mentally too.

<Migraine, chronic continuous dysentery, yang deficiency, blood deficiency, blood stasis, liver depression and qi stagnation>

Case (8): age 35 years, female, pharmacist, visited in March YYYY

Chief complaint: headache, sense of coldness of the lower half of the body, constipation, insomnia, easy susceptibility common cold, menorrhagia

Present illness:

Since her high-school days she developed every afternoon a headache that radiated to the left temporal region and required in severe cases the use of commercial analgesics. Recently she has been under the impression that the effectiveness of the analgesics has decreased. Severe headaches occurring once or twice a month require that she takes to bed, but they seem not to be related to her menstrual cycle. Although she has sufficient energy, she lacks physical strength. When tired, the muscles of the right upper arm produce a dragging pain, after which she reports the development of pharyngeal pain and fever. She has been constipated since her youth with one bowel movement every 10 days, or 1-2 bowel movements per week, if she took 1.5 times the normal amount of senna. Serious of character. Previously the use of *tokakujokito* for constipation caused the onset of severe dizziness and headaches.

Findings upon first visit:

Average height and weight with a normal body temperature of 36.3°C, little facial expression and speech as if suppressing her voice. Menstrual cycle of approximately 30 days, containing blood clots, menorrhagia. The pulse was thin and wiry, the tongue dark red and moist with a white fur, engorged sublingual veins, presence of fullness, tenderness or discomfort of the hypochondrium, chilling of the epigastric region and tenderness on the left side of the naval.

Pattern: yang deficiency, blood deficiency, blood stasis, liver depression and qi stagnation

First prescription: *tokishigyakukagoshuyushokkyoto*

Course:

The prolonged use of senna had led to chronic continuous dysentery and thereby induced blood

stasis, while the liver depression and qi stagnation was considered to prevent recovery. First, in order to relieve the chronic continuous dysentery *tokishigyakukagoshuyushokyoto* was chosen, the use of senna for the constipation discontinued and instead *Mashiningan* once daily prescribed. This also improved the effects of analgesics used for the treatment of the headache, the severity of which gradually decreased, but since their frequency did not change, they still caused anxiety. Bowl movements improved to once every three days.

Taking the medication over a period of half a year improved the sense of coldness of hands and feet, but the sense of exhaustion did not even improve with sleep and increasingly strong stress at work influenced also the pulse and abdominal findings, so that the prescription was switched to *yokukansankachimpihange*. Although the coagula in the menstrual blood disappeared and the menorrhagia improved, the patient suffered from severe headaches during the latter half of the menstrual cycle. Prescription after half a year: *yokukansankachimpihange* and *tokishakuyakusan* (each 2/3 of the dose).

After one month of treatment improvements of both the frequency and severity of the headaches were observed and after half a year the use of analgesics had become unnecessary and headaches were alleviated with single doses of *tokishakuyakusan*. By then the patient had comfortable bowl movements even without the use of *mashiningan* once every 1-2 days.

Discussion

1. "Pain"

In Kampo medicine pain is considered to have the following causes. "For the activities of mind and body qi, blood, and water (bodily fluids) must circulate without excess or deficiency. However, when there are deficiencies in the functions of qi, blood, and water (bodily fluids) or a stagnation of

their flow preventing their even distribution pain will result." This may be caused by influence of the external world (six excesses) or emotions (seven emotions), exhaustion, unwholesome dietary habits and similar factors, variations in the body's internal environment or disorders caused by exogenous pathogenic factors.

The clinical aspects of headache too have to be considered depending on the pathologic condition. In other words, there are three different views of the condition, including the questions A) Is there a stagnation of qi, blood or water?; B) Is there be a deficiency of qi and blood or yin essence or else nutrients (nourishment)?; and C) Are there any mental factors leading to aggravation of the pain? These different aspects A, B and C do influence each other mutually and are often observed simultaneously. It is important to ascertain the real nature of the pathologic condition, but depending on the symptoms this may often prove to be difficult.

Yet, among these aspects the one mentioned under b) "presence of deficiency" (insufficiency) causes pain and is therefore called "deficiency pain". Qi and blood mutually generate each other and supplement shortages, so that states of deficiency continuing over extended periods of time will eventually result in deficiencies of both qi and blood. For this reason pain that has become chronic, will also become refractory to treatment and the deterioration of the bodily environment and the ensuing insufficiency in pharmacokinetics may then possibly result in a decrease of the efficacy of analgesics.

Also, "chronic diseases inevitably are accompanied by blood stasis" and it is said, that "in the presence of blood stasis, treat this first". Therefore, in cases of chronic headache it is important to take blood stagnation = blood stasis also into consideration.

2. Types of headache and pathologic condition

Here I would like to discuss, adding a few

comments about the individual cases, the types of headache and their correlation to the patterns.

1) Tension headache

Tension headache is characterized by a sense of tightening of the head with a heavy, dull kind of pain that continues typically on a daily basis and which is usually triggered by increased muscle tension or stress.

The heavy, dull pain is characteristic for a stagnation of water. It also resembles this condition in that it is alleviated by massage etc. The generation of moisture due to spleen deficiency is considered to be one of the distal factors and illustrated in the cases (1), (2) and (3). Improvement of all symptoms after administering Bukuryouin to patients visiting our clinic with headache and chronic gastritis is something we experience on a rather regular basis in our outpatient department. Again, a state of muscle tension can be considered to represent a state of malnutrition for the muscles themselves and considering that the spleen is supposed to nourish the skin and underlying flesh, relaxation of the muscles is an essential aspect of the treatment and suggests that there is some correlation between the state of the health of spleen and stomach on the one hand and tension headache on the other hand. Among these patients in particular case (2) was interesting, considering the fact that the effective prescription for single use varied depending on with the presence of gastrointestinal symptoms.

Moreover, in cases of blood deficiency the reactivity towards the pain decreased and these patients characteristically presented often with a mild, but nagging and continuous pain.

This resembles the pain of tension headache. When like in case No. 3 the condition was based on anemia, or in case No. 4 where the condition was triggered by a pregnancy, a post partum or post-menstrual headache should be considered.

Case No. 5 is an example of qi stagnation caused by the stress after employment.

2) Migraine

Migraine is characterized by a throbbing pain occurring several times a month in form of attacks, associated with nausea, hypersensitivity towards light and sound and similar symptoms. Generally, compared to tension headache, the pain is severe.

Regarding severe pain there is a marked correlation with excess patterns. In cases of excess of the blood this manifests as blood stasis, while qi excess gives rise to qi stagnation or qi reversal. On the other hand, water in these cases often occupies the third space and causes quietly concealed infiltration. Therefore, it is considered that even in cases of excess there is no sudden rise in local internal pressure and thus severe pain. Naturally, if water were to be enclosed within cerebral ventricles or the capsule of surrounding tumors, it may come to excess condition in these restricted spaces producing severe pain. Also, the hyperesthesia's that often occur in conjunction with the migraine are a pathological condition in which the evil of an excess pattern is present and may easily imaginable trigger either locally or systemically an state of high tension, suggesting a correlation with the excess pattern.

Blood stasis is often responsible for locally fixed, stabbing or else lancinating pain, while qi stagnation often produces wandering pain that feels like stretching or swelling. In case No. 6 the "pain like being hit" is a form of lancinating pain often observed with blood stasis. The "pain as if a heavy stone lies inside" improved with treatment to regulate qi and thus is possibly related to qi stagnation. In this patient the treatment should probably have aimed from the beginning at expelling stasis and regulating qi.

In case No. 7 too blood stasis and qi stagnation induced symptoms were prominent and *tsudosan* proved to be markedly effective. The persistent

constipation required combination therapy with *daibotampitpo*, indicating that the nature of the headaches and constipation as well as the mental condition are important criteria for the treatment. Otherwise, I often experienced that during the therapeutic course following treatment of malignant tumors or treatment of collagen diseases and the like conditions migraine may develop and treatment were found to be markedly effective in cases complicated by agitation and constipation.

The cold deficiency of spleen and stomach induced by prolonged use of senna in case No. 8 led to the development of a yang deficiency. Since "Blood circulates by being warmed" coldness obstructs the circulation of blood. For chilling of the hands and feet in the presence of chronic continuous dysentery and blood stasis in the pelvis *tokishigyakukagoshuyushokyoto* is very effective. Moreover, circulation of the blood also requires the flow of qi. The stress at work impeded recovery from the blood stasis further and thus I focused on regulating qi once the coldness had been alleviated, but the treatment still required the use of *tokishakuyakusan* with its blood stasis expelling action to supplement the blood.

Conclusion

Among the forms of chronic headache tension headache and migraine are frequently observed in the Kampo outpatient practice. I presented a few cases and discussed them briefly. I also offered one opinion pertaining to the characteristics of both conditions and their pathological conditions in the Kampo medical sense.

Combination of western medical diagnosis with TCM theory appears to be useful for providing the "individualized therapy" mentioned at the beginning recommended by the AHA. Integration of TCM theory into the therapy is considered to contribute also to the development of western medical care.

Clinical Report 3

Treatment of Insomnia based on Benshou-ronchi (Holistic Diagnosis for Disease Pattern Identification)

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The medicine of China in the Age of the Ming Dynasty, the medicine of Japan in the early Edo Era (which is later called the “Goseiha School” – School of Later Development in Medicine), and the medicine of Dongui bogam (The Precious Mirror of Oriental Medicine) of Korea in the Age of the Lee Dynasty evolved in the same period and are nearly of the same nature. Mutually understanding the developments made in the later days of each country based on these ancient medicines as a standard will facilitate the cultural exchanges between three countries with the least discomfort. Dosan Manase, the author of “Keitekishu”, which is a clinical reference book for the medicine of the Goseiha School, called this book “Sasshou-benchi”, which is the same diagnostic treatment system as the one for “Benshou-ronchi (to give treatment [ronchi] based on holistic diagnosis to identify pathogenic pattern)” in the Modern Chinese Medicine. Learning the medicine of the Goseiha School will help practitioners acquire tips how to direct treatments.

This paper presents two cases of insomnia for which treatment was conducted on the basis of the Benshou-ronchi with the use of prescriptions that are popular in Japan.

Case 1: 46 years old, female, company employee

Chief complaint: Difficulty sleeping and fatigability

History of Present illness: Two months ago in the middle of December, the patient caught a cold, feeling lassitude with cough and phlegm production. Having a low-graded body temperature, the patient forced herself to go to work (accounting). Although a low-graded fever dissipated after a week and the cough and phlegm subsided after a while, the tiredness lingered. When

returning home from work, she felt exhausted and was barely able to manage the domestic cares with help of her first daughter. With persistent tiredness, she does not feel her spirit emerge. The patient had difficulty falling asleep even when going to bed, feeling tired. The patient also complained of being unable to feel slept well, hard to get up in the morning and not being confident in her physical strength so that the patient covered insufficient physical strength by mental toughness, a weak stomach and of loss of appetite in recent days.

Worries in daily life: The patient felt helpless as her husband was transferred not accompanied by family and had a worry about her first son’s finding employment.

She had handled various types of office work but recently she got to become anxious by small things and felt palpitations. She lied awake and had difficulty sleeping in peace due to brooding over her physical condition, office work, and family affairs.

Findings of tongue and pulse: Pulse was deep, thready, and weak, and the tongue body was pale with a white and white coating.

Case analysis

Insomnia, one of the chief complaints, is considered to be caused by disordered functions of the liver and the heart, which house the spirit that is substances to control the activities of spiritual (inner) consciousness. Therefore, consideration was given to look for the cause of disease and pathogenic mechanisms of how the heart functions became disturbed. In the process, consideration was also given to find out any association with disturbed functions, if any, of other visceral and bowel organs.

First the nature of the disease was determined by the Eight Principle Pattern Identification whether it fits into interior or exterior, deficiency or excess, and cold or heat. Although the disease originally developed from an external contraction, exterior symptoms were not already apparent and had progressed to interior syndrome. Pulse was deep, thready and weak which indicated evil had gone away. The symptoms and signs did not show the characteristics of excessive yin-qi but showed deficiency syndrome. Although the pathological pattern was not

clear whether it was cold or heat, heat-syndrome symptoms and signs were at least not observed. Hence, it could be said that the nature of the disease was interior deficiency without heat-syndrome.

Next, in observing the dynamics of healthy-qi and evil-qi, it could be determined from the foregoing findings that the condition was deficiency of healthy-qi, having evil-qi receded. So, the treatment was to be made mainly by supplementing tonics.

Then, what deficiencies were occurring in what organs or parts of the body – i.e., identification of the diseased location? Many mental symptoms were manifested, such as difficulty falling asleep, feelings of anxiety, strain of worries, and palpitations. Moreover, spleen symptoms were observed, such as the physical constitution of weak stomach and intestines and shortage of physical strength, and loss of appetite. From these, the disease locations were the heart and the spleen. Then what were deficient? It could be judged from the history of disease that exhaustion after having a cold and mental stresses including anxieties over her family and personal matter, and her physical condition induced deficiencies. When qi-deficient syndrome such as lassitude, do not feel like doing anything, and weak pulsation; and the findings of the unstable spirit such as having trouble getting to sleep and do not feel slept soundly were all taken into account, together with the state of thready pulse, it was hypothesized that the spirit was unable to be nourished and sustained with insufficient heart blood.

Weak pulse appears when yang-qi is deficient. However, a cold sensation in the patient was not marked. The patient was constitutionally short of the spleen qi, which was presumably further exhausted. Although the pulse usually becomes thready when either blood or yin-qi is deficient, an imbalance between yin and yang, like deficiency syndrome with heat, was not observed in the patient. Thus, it was concluded that deficient was blood-qi.

When the locations of disease were taken into account together with the above consideration, it was judged that both spleen qi and heart blood were deficient. The Benshou diagnosis concluded from the analysis of the

nature of disease, the dynamics (momentum) of deficiency and excess, and the locations of disease in the patient that the patient had the deficiency in the heart blood plus deficiency in spleen qi, i.e., deficiency syndromes in both the heart and the spleen.

Treatment

Treatment was to be carried according to the conclusion of the Benshou to increase the heart blood and spleen qi, i.e., supplementation of blood to nourish the heart and increase spleen qi making the spleen healthy. *kihito* might be the prescription best suited for the treatment of the above conditions. Since the symptoms surfaced were insomnia and anxieties that were associated with the heart (mind), *kihito* was formulated with adjustments according to each symptom with the focus on nourishing the heart (mind) of the patient.

Ginseng 6, Astragalus root 9, Atractylodes Vvatae Rhizoma 6, Rhizoma 9, Japanese Angelica Root 6, White Peony Root 6, Longan Aril (fruit) 6, Roasted Zizyphus Seed 12, Thinleaf Milkwort Root 6, Salvia Miltiorrhiza Bge 9, Jujube (Chinese Date) 6, Dried Ginger 3, Honey-roasted Licorice Root 3. (unit: gram)

As the patient was in the exhausted state of the heart spirit and blood qi, the author comforted her by saying not to worry too much about her physical condition and try to think positively about family matters. The author also gave psychological guidance to ease the sense of anxiety.

Course

After a week of the administration, the patient began to have the stomach and intestines in good conditions and also to have an appetite. Difficulty falling asleep was improved slightly. However, as she still dreamed a lot, she could not feel that she slept soundly. After two weeks, she was able to sleep soundly on some days and easily get out of bed. She became able to handle her work at the office as previously. Her expression became lively. After four weeks, her sleep became stable and an appetite and stamina were back. She had a healthy color. Her pulse

became vibrant. *Back to the Spleen Decoction* was replaced with the Extract of *kihito* and after the continuous administration for a while, she felt completely well and the treatment was discontinued.

Case 2: 28 years old, female, company employee

History of Present illness: With some kind of trouble that started about six months ago, the patient was unable to sleep soundly, having a hard time falling asleep. During the month, the patient woke up in two hours after falling asleep and was unable to sleep again. The chest felt tight with palpitations. With stiff shoulders, a swollen discomfort was felt in the regions of the temples toward the internal regions of the ears. A headache occurred sometimes. The patient easily got irritated and angry. Although having no appetite, she was able to eat when she tried to eat. Further complaints were slight constipation, dry mouth, and frequent urination.

Findings of tongue and pulse: Pulse was wiry, and the tongue was red with a greasy whitish yellow coating.

Case analysis

The analysis based on the Eight Principles indicated there were no findings of deficiencies unlike Case 1. From the wiry pulse and the greasy tongue coating, excess was dominant. In terms of cold or heat, the red tongue body and a yellow tongue coating were the indication of heat predilection. In short, the state could be judged as excess interior heat. In regard to the dynamics of yin-qi and yang-qi, healthy-qi was exuberant and evil-qi was excess.

Then consideration was given to the locations of disease: Although the chief complaint was insomnia, which is a symptom of the heart, the liver functions responsible for regulating and maintaining the smooth flow of qi were markedly disturbed from such symptoms as being irritable, easily get angered and sighing a lot. The excess evil-qi in the liver channel was observed from the symptoms of stiff shoulders and feeling of swollen in the temporal regions. Thus, it was judged that the liver was the main location of the disease, rather than the heart.

Then, what evil did disturb the liver functions for the

smooth flow of qi? From fire • heat of the tongue findings, wiry pulse, irritation, anger, sighing, and feeling of swollen in the temporal regions, it might be reasonable to think qi was stuck.

Putting the results of the above analysis together led to the Benshou diagnostic conclusion that the disease pattern was identified as liver qi stagnation and up-flaming of liver fire. Hyperactivity of liver fire provoked heart fire, inducing insomnia, tightness in the chest and palpitations. In the inquiry during the clinical examination at a later time it was revealed that she was worrying about a lost love. Anger and lingering affection seemed to have caused liver qi stagnation and liver fire.

Treatment

The treatment for the identified disease pattern was to be performed by means of soothing the liver to relieve constraint for resolving depression and clearing the liver by draining fire. As the heart (mind) syndrome had been manifested, medications for dispelling heat evil to calm the heart were supplemented. The prescription was based on *ryutanshakanto*.

Gentian Root 3 Scutellaria Root 6, Cape Jasmine Fruit 6, Dried Rehmannia Root 9, White Peony Root 9, Bupleurum Root 6, Arisma Rhizoma 9, Roasted Zizyphus Seed 9, Uncaria Hook 6, Pearl Layer 12, Fresh Licorice Root 3. (unit: gram)

Course

After a week of the administration, headaches and feeling of swollen in the head were alleviated. Frequent urination was improved and the tongue coating also improved to yellow and thin.

After three weeks, continuous five hours sleep could be achieved and irritability disappeared. Appetite was back. The tongue body was slightly red with a white and thin coating. The pulse was moderate. The medication to sooth the liver was reduced and heart-nourishing tranquillizer was added. That is, Scutellaria Root was excluded and Japanese Angelica Root 6g and Ginseng 6g were added.

After five weeks, sleep was greatly improved and her

mood became stable. She spoke about the lost love and other matters with a touch of self-mocking. The tongue coating was white and thin. The treatment was directed to sooth the liver for resolving depression and to clear the liver by draining fire. So, the prescription was changed to *kamishoyosan plus Wild Jujube seed Decoction*. The treatment was discontinued after the continuous administration for a while.

Comparison between Case 1 and Case 2

The chief complaint of the two cases was insomnia. The causes of disease and disease mechanisms differed in the two cases: Case 1 had deficiency syndrome caused by exhaustion of blood qi induced by after-illness, worries, and anxieties, whereas Case 2 had excess syndrome caused by qi depression and liver fire provoked by the feeling of anger about a lost love.

In regard to the location of disease, two cases differed: The heart and the spleen were involved in Case 1, whilst the liver was mainly involved with the heart in Case 2. It is important to find out accompanying signs and symptoms of the chief complaint.

Pulse findings and tongue findings were consistent with the nature of disease and the dynamics of excess and deficiency in both Case 1 and Case 2. In such case, a conclusion can be drawn with confidence.

Once analyses have been made in the above procedures and disease patterns have been identified, treatment appropriate for the identified pattern may be carried out. In case the original Benshou (disease pattern identification) has hit the target with effects, the disease developments should be followed to judge the nature and momentum (dynamics) of disease and to establish an appropriate treatment over time. This is the shortest way to healing. The author recognizes that the treatment based on Benshou is the method to practice the orthodox treatment with Traditional Ancient Chinese Medicine.

Introduction of Japanese Acupuncture

Considering the Therapist's Hand (7)

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V. Basic training of the hands

2. Palpation posture

Next I will describe the way the hands should be placed and the posture (Table 7).

Detailed findings of the body surface are felt with the fingertips, but trying to perform the palpation solely with the fingertips renders the patient most uncomfortable. It would be advisable to place the entire palm in close contact with the region to be palpated, or else form the hands into a shape similar to that of the examined body region from a little distance and then bring the fingertips into contact with the body. Also, conscious efforts should be made not to use the fingertips per se for this task, but rather perform the palpation from the wrist, using the entire palm.

Shoulders and elbows should not be spread out and both wrists and fingertips kept parallel to the target area during the palpation. When sitting on a chair, the upper half of the body should rest on the hips, the back positioned directly above the pelvis, arms extending effortless from their base at the shoulder and palms positioned at the end of them. In other words, hips, back, shoulders, elbows, wrists, fingertips are linked systematically together. It is important to realize this. Naturally, once this posture becomes comfortable, it will no longer be necessary to concentrate this flow of movements and the practitioner can concentrate completely on the area being palpated. Also, when standing, both legs form the foundation of the posture, the hips are placed on top of the legs and the remaining upper half of the body again assumes the same posture above the hips as when sitting. In short, although palpation is performed

with the hands, it is definitely not done solely with the fingers or the wrists alone. The entire body should concentrate on the palpation and that its complete involvement is crucial to effective palpation.

Table 7 Basic training of the hands II - Placement of the hand -
1) Place first the wrists and then the fingertips
2) Form an arch with the palms and fit them to the body form
2) Don't spread shoulders or elbows
3) Keep wrists and fingertips parallel to the bed surface (or the surface to be palpated)

3. Acquaintanceship / Familiarity / Putting the patient at ease

During palpation the things listed in Table 8 should be taken to heart. It is important to avoid making the patient uncomfortable by trying to obtain the necessary information quickly and abruptly. These two items may appear to be contradictory, but both are necessary to obtain palpatory information. Therefore, although under particular circumstances there may be a certain degree of inconsiderations pertaining to pain, discomfort or shame of the patient (occasionally even disregard), if at all possible, attempts should be made to perform the palpation from the point of view of patient. Moreover, attempt to acquire the skills to aptly obtain the necessary information.

Also, it is important to take care not to expose the patient's skin more than necessary. The skillful use of bath towels to cover the patient and arrange things for this purpose assures that only the area to be palpated is exposed. Prepare two bath towels to cover the patient, covering the upper and lower halves of the body separately. Skillful use of these two towels allows elegant exposure of only the necessary areas.

4. Evaluation of the palpation and therapeutic effects

This is related to the following section on practice methods, but the question as to whether the information obtained through palpation is really appropriate or not, requires that the practitioner constantly and repeatedly question him/herself. Until intuition upon touch produces the correct results, repeated self-questioning is very important.

During palpation confirmation of the sensation obtained from the fingertips through touch is a recollection of the past. It is a comparison with memories of what one has felt through touch in the past to verify the current sensation. However, many people have little experience of touching other people and the available memories from the past are not very clear either. It is therefore necessary to establish one's own set of sensory memories. This process requires some time and will be associated with a strong feeling of fatigue. Yet, once this stage has been passed, it becomes possible to comprehend reactions without much conscious effort based on the thus established memories.

Table 8 Basic training of the hands III
- Help the patient relax -

1) Warm your hands
2) Don't use unnecessary pressure
3) Don't let the patient feel any pain
4) Always scrutinize your own sensation

5. Practice methods

Now I would like to describe some practical methods for improving palpation skills (Table 9).

During practice it would be good to blindfold yourself or use other means to block vision, so that you can concentrate on touch without being distracted by visual information. As I have described in this paper on the training of the hands under (- Object -), it is important to clearly distinguish during practice between the tissues to

be examined. First, muscle tension and stiffness should be understood distinct from tension, swelling and tone of the skin and connective tissues. This is a skill that is comparatively easy to acquire, because the practical training during regular schooling usually focuses on the acquisition of information pertaining to tension, stiffness and similar 'excess' information. By graduation, the skills of palpation for excess conditions and reactions are often fairly well developed. Actually tension and similar signs of excess are rather easy to comprehend.

Once you have learned to assess excess, you should try and practice to obtain information about "deficiency". One example of a practice method would be to practice and palpate the round shape of subcutaneous veins or foveations in the skin without applying too much pressure. This form of palpation should be done by gently sliding your hands over the skin without applying too much pressure.

Always confirm with your teacher (master), whether your sensation is correct or not. Also, it is advisable to practice in a way that inspires the patients to ultimately tell you, that your "hands are warm, soft, pleasant and comforting".

Table 9 Palpation targets

* Skin (surface) -> The feel of the skin, degree of tension, irregularities, temperature, degree of moisture, alterations etc.
* Skin (deep) -> Tone of connective tissues, hardness, arteries and veins, indurations, edema etc.
* Muscles -> Tone of muscles and tendons, tension, swelling, lack of power, indurations etc.
* Organs -> In acupuncture and moxibustion therapy organs are not the subject of palpation, but you must be aware of their respective positions
* Bones -> Bones are important as anatomical landmarks and for acupoint location.

Medical History in Japan

Todo Yoshimasu and His Medicine (1)

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In KAIM Vol. 2 No. 2, we looked at the medicine of Dosan Manase (1507-1594), and I described some clinical cases. Dosan took the latest available medical technology from Ming China and arranged it in ways suited to Japanese life and society, in the process creating a structure that closely resembles modern-day Traditional Chinese Medicine (TCM). In the mid-18th century Todo Yoshimasu advocated a very different and unique medical system, and Dosan's system fell from favor. The differences between Japanese Kampo medicine and the traditional forms of medicine in China and Korea are primarily due to the changes that were implemented at that time by Todo Yoshimasu, who effectively constructed the basis for modern Kampo medicine in Japan. I would like to introduce his medical perspective in two parts.

1. Biography

Todo Yoshimasu was born the son of a physician in the city of Hiroshima, which in later years would become famous as Ground Zero for an atomic bomb at the end of World War II. He descended from a prestigious samurai family. However, in the 17th Century after a long and devastating civil war, the Japanese nation entered into the generally peaceful Tokugawa period. Since there was less demand for warriors at that point, his family followed the advice of the old Japanese proverb, "If you cannot be a good ruler, then be a good doctor." Todo himself began the study of medicine at the age of 19. The Yoshimasu family traditionally practiced surgery, but Todo Yoshimasu involved himself in the study of internal medicine.

He questioned the medical theories based on

yin-yang five phase metaphysics, and in his 30s he put together a unique system of medicine based on the *Shang Han Lun (On Cold Damage)* and the *Jin Gui Yao Lue (Synopsis of Prescriptions of the Golden Chamber)*. In 1738 at the relatively young age of 38, he expressed the aspiration of "curing the physicians of the world" (in other words, to bring his own system to other physicians so that they could cure their patients more effectively). To do this, he set off for Kyoto, which was then the cultural capital of Japan. At first, things did not go according to his expectations, and he was hard-pressed to survive. He made dolls, fired clay pots, and in general led a hand-to-mouth existence. Presently, however, he began to be recommended by the Emperor's head physician, Toyo Yamawaki, and the name of Todo Yoshimasu began to be widely known. His medical work flourished, and he attracted a large number of students.

In 1759, one of his students published a collection of Todo Yoshimasu's medical treatises under the title "Idan" (roughly translated as "medical diagnostics"), and this publication became quite influential. Todo also collected each of the formulations described in the chapters on the 220 formulations in the *Shang Han Lun* and *Jin Gui Yao Lue*, added his own opinions, and published the resulting manuscript under the title *Ruijuho* to present the standards for "Koho" or traditional methods of treating patients. In addition, he collected information on the indications for various herbal drug formulations and published a manuscript called *Yakucho*, in which he described analogous pharmacologic effects for the individual drug substances contained in those prescriptions.

At the end of his life, Todo was happily surrounded by his children and grandchildren. He died of a stroke on September 25, 1773, at 72 years of age. His medical writings, in addition to the three-volume set of *Ruijuho*, *Hokyoku*, and *Yakucho*,

also included titles such as *Hoki, Ijiwakumon* (medical questions and answers), *Kenjuoku*, and *Koshoigen* (a collection of medical expressions from the ancient texts).

2. Medical Views

Todo Yoshimasu's biography, his medical views, and the process by which he formulated those views have been widely discussed [1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12]. We can see the main points of his medical theory in "Idan 医断", compiled by his disciple, Tsuruta and in his "Iji Wakumon 医事或問", written in question and answer style. Here I am going to summarize some important points, which can be found in these books.

(1) The theory that all diseases are caused by one poison, and Kampo sho relativity

Todo's medical theory was based on two points: "All disease comes from a single poison," and "Never speak of what you cannot see with your eyes." [13] Because he was unable to see with his own eyes what occurred within the body, he refused to say anything about that. Since he could not analyze the mechanisms of etiologic pathogenesis, he refused to accept the theories of traditional medicine.

He also held that disease was caused by toxins developing within the body, and that those toxins came from food, drink, and other external sources. He considered the important question to be not how the toxins were formed, but rather how to heal the person by removing the toxins from the body.

The location of the toxin is confirmed by "fukushin" (abdominal diagnosis), and the patient is treated with a prescription that accurately targets the patient's symptoms. This method is called "Kampo shou relativity."

(2) Criticism of yin-yang five phase metaphysics and "zofu riron" (literally "entrails theory")

Yoshimasu refused to include the traditionally accepted concept of original vital energy¹⁵⁾ into his concept of diseases. He believed that the original vital energy was given by the heaven, and although it waxed and waned according to time's flow, Qi¹⁶⁾ itself did not suffer disease.

Yoshimasu also criticized the theories of Yin and Yang and the five phases, the basic principles of the Manase School. His point was that, as Yin and Yang was the Qi of heaven and earth, it was wrong to apply the concept of yin and yang to a human body. As a clinical physician, he did not accept the theories of Zhu Danxi 朱丹溪, and Zhang Jing-yue 張景岳, And he ignored the theory of five phases, as well as the concept of the Rotating Qi. He also did not accept the concept of viscera and channels.

(3) Etiology and pathogenesis

As we have seen above, his medical principle was "relating symptoms to medication," based on a complete understanding of the indication of prescription. For that reason, he did not question the causes of diseases. The important thing for him was to know in which part of the body there was poison, and not to research the cause of disease. He thought that this type of research could not help in clinical treatment.

Todo Yoshimasu did not rule out the existence of pathogenic mechanisms, but instead held that theories about these mechanisms were only hypotheses, and that they were unnecessary for treatment. According to his position, the most central tenets of Chinese traditional medicine were actually unnecessary.

(4) Diagnostics

For Todo, the purpose of diagnosis was to determine the location where the poison was present, and the method upon which he placed his greatest emphasis for such diagnosis was fukushin.

He attached importance to the abdominal diagnosis, based on his idea that the “Abdomen is the origin of life and also of all diseases.”

Fukushin was not at all theoretical, but had a specific rationale for clinically based confident diagnosis. Looking through his numerous case reports, the reader realizes the extreme importance he attached to abdominal shou.

He did not think much of the pulse diagnosis. He thought that pulses differed from one person to another. If he could know the usual pulse condition of a patient, he could then know how it differed when a patient was ill. But it was very rare, 10-20% possibility in general, that certain qualities of the pulse, such as floating or deep³⁾, slow or rapid⁴⁾, slippery or uneven⁵⁾, could be diagnosed. Yoshimasu also thought little of Qi of the five parenchymatous viscera.

(5) Drugs (herbal medications)

As for medications, he had ideas far different from the contemporary theories. Concerning descriptions in “Shen-Nung Ben-Zao-Jing”¹⁹⁾ and chose ideas which agreed with the principle of Zhang Zhong-jing 張仲景²⁰⁾ With his concept of medicine as poison, and with his principle of treatment, in which poison could be eliminated only by poison, he did not accept the idea of moderating the efficacy of medicine.

He wrote the book, “Yakucho 藥徵” about the efficacy of medicines. A prototype of the book seemed to exist in 1740. In 1771 it was completed.

Throughout his writings, Todo criticized conventional pharmacology based on the *Shen Nong Ben Cao Jing*, a Chinese book on agriculture and medicinal plants, and insisted that the *Shang Han Lun (On Cold Damage)* should be used instead.

In the book, he said that ginseng cured stuffiness and rigidity of the epigastric region²²⁾, and did not replenish the original vital energy. For that purpose, ginseng produced in China was not effective, only the Japanese one should be used.

(6) Dosimetry

Todo made extensive use of formulations from the *Shang Han Lun (On Cold Damage)*. In the *Ruijuho*, he compiled lists of the individual prescriptions in the *Shang Han Lun* and the *Jin Gui Yao Lue (Synopsis of Prescriptions of the Golden Chamber)*, and he used those prescriptions in ways that were unrelated to their context within the *Shang Han Lun*.

Yoashimasu's frequent use of Zhang Zhong-jing 張仲景 prescriptions was based on his belief that they were used and effective in the old times. He used not only the prescriptions of Zhang Zhong-jing, but also other prescriptions, if they were effective.

His attitude toward “Shang Han Lun” was very different from others of the Koho School. Yoshimasu put his emphasis on grasping the indication of prescription, and tried to ignore the contexts which were related to “Shang Han Lun”. Concerning the theory of six pairs of channels²⁷⁾, he said he used it only as a way of classification, that the more important thing was Sho (a symptom-complex).

His attitudes were also expressed in his compilation, “Ruiju Ho 類聚方”. In the book, for each prescription he described extracts from the texts of “Shang Han Lun”, “Jin Gui Yao Lue”, and the indication of each prescription in a style that closely related symptoms to medications. Some phrases, put in square brackets, meant that he had not investigated them himself, and perhaps, he thought of those as being in the category of “should not”. For Yoshimasu, concepts such as Yin and Yang, Tai-Yang-Bing³⁰⁾, Yang-Ming-Bing were not necessary.

(7) Treatment

His treatments were made of various combinations of prescriptions from “Shang Han Lun”, and strong laxatives such as croton seed²³⁾, kansui root²⁴⁾, rhubarb²⁵⁾ etc pills which contained mercury, as well as. The basic idea behind his

treatment was the elimination of poison.

Yoshimasu had 4 therapeutic methods of treatment: diaphoresis, emesis, purgation and mediation¹⁾ which he used according to the region which was poisoned. And he thought that in the medical arts, only a method of attack existed, a method of replenishment did not exist. He emphasized that attacking poison meant everything. It was Ming-Xuan 瞑眩, a medical reaction which one felt when attacked by medicine.

Concerning the concept of deficiency and excess he also had a unique idea. Citing “the excess (symptom-complex) results when the invading pathogens is exuberant, exhaustion of vital essence brings on insufficiency (symptom-complex from “Huan-Di Nei-Jing” he said that what attacked excess was poisonous medicine, and what nourished deficiency were foods such as rice or meat. He maintained his theory that diseases were caused by poison, so treatment should be geared toward driving poison away from in the body by medicine which was itself poison.

(8) Views on life and death

Yoshimasu had a unique concept of life and death. He said that as a physician he always tried his best to cure diseases, but that had nothing to do with the patient's life and death. Only destiny could decide that. What he meant was that when he administered his treatments based on his methods, he could nothing but await the judgment of destiny.

This issue elicited strong reactions within the Japanese medical establishment in the 18th Century, and became a major area of controversy at the time. In his *Ijiwakumon*, Todo spent many pages explaining his position, which was that his treatment was based on a kind of protocol. Today we might consider it "textbook-standard treatment." He believed that if people were treated according to the appropriate protocol, and they were not healed, that

was their fate. However, others said that they did not understand Todo's protocols.

3. Medical Theories and TCM

According to traditional Chinese medicine, diagnosis clarifies the condition's etiology and pathogenesis, and this is an inseparable part of treatment. In contrast, Kampo medicine in Japan provided treatment in direct response to symptoms, and doctors put etiology and pathogenesis into a "black box" that they did not try to explain. Todo Yoshimasu started the tradition that the most important tenets of traditional Chinese medicine were the very points that should be deemphasized.

The new Meiji government, which took control of Japan in 1868, adopted a German medical model, and Kampo medicine ceased to be in the mainstream of Japanese medical practice. However, Kampo continued to be popular among the common people, and even experienced a certain level of revival. Since that process of revival was based on Yoshimasu's theories, modern Kampo medicine in Japan closely resembles his teachings. However, there are some differences. For example, although the "black-boxing" of etiology and pathogenesis remains unchanged, modern methods differ from Yoshimasu's in that they utilize a number of etiological categories. However, modern practitioners continue to avoid analyzing etiology and pathogenesis during the diagnostic process, just as Yoshimasu taught.

By any measure, Todo Yoshimasu exercised tremendous influence on Japanese Kampo medicine. Yoshimasu's denial of the central tenet of Chinese TCM, a position that has been continued in Japanese Kampo medicine, makes it difficult for the two traditions to have a conversation about theoretical points that they hold in common. Clearly Yoshimasu's tradition continues to live on in Japan today.

References

- 1) Yoshimasu N. Todo Sensei Gyojoki (Conduct Report on Dr. Todo), *Collected works of Todo*, 551-558 Shibunkaku Co., Ltd., 1918
- 2) Kure S. Dr. Todo Yoshimasu, *Collected Works of Todo*, 1-138, Shibunkaku Co., Ltd., 1918
- 3) Oka S. *Biography of Todo Yoshimasu*, Joranshawa, Vol. 35
- 4) Otsuka K. Todo Yoshimasu, *Kinsei Kampo Igakusho Shusei (Collection of Modern Kampo Medical Texts)* 10, 7-38, Meicho Shuppan, 1979
- 5) Yasui H. Todo Yoshimasu and his medical art, *Kinsei Kampo Chiken Senshu* 6, Meicho Shuppan, 1985
- 6) Tateno M, Oyama M. Todo Yoshimasu and Taoist Philosophy, *Journal of the Japan Society of Medical History*, No. 4, Vol. 47 P 855-857, 2001
- 7) Tateno M. *A study of "Kosho Igen" by Todo Yoshimasu*, Kyuko Shoin, 2004
- 8) Huang Huang, 徐靈胎 (Joreitai) and Todo Yoshimasu, *Journal of the Japan Society of Medical History* No. 2, Vol. 47, 229-260, 2001
- 9) Wada M. Todo Yoshimasu, a revolutionary, extraordinary physician, *Journal of Kampo Medicine*, special issue commemorating 100th edition, **.** 1963
- 10) Yamamoto I. Todo Yoshimasu and his medical methods, *Toui Zatsuroku (1)*, 19-33 Ryogen, 1983
- 11) Yamamoto I. Speaking of Todo Yoshimasu, *Toui Zatsuroku (3)*, 1-57, Ryogen, 1983
- 12) Yamamoto I. On Japanese Kampo and the Koho School, *Toui Zatsuroku (2)*, 1-104, Ryogen, 1981
- 13) Otsuka K. Medicine in the First Half of Modern Times, *Modern Scientific Thought (2nd volume), Nihon Shiso Taikei (A Compendium of Japanese Thought)* 535, Iwanami Shoten, 1979

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