

Clinical Report 3 (Japan)

One Case that showed Effects of Jiinkokato in Dry-Type Bronchiectasis

Mitsuyuki Takamura¹⁾ and Hiromichi Yasui²⁾

1) Mie University Occupational Health Research Project

2) Japan Institute of TCM Research

Case: Female of 66 years old

Initial consultation: February 26, X year

Chief complaint: Hemosputum

Past history: Have glaucoma. Due to hypertension, amlodipine (5mg)/tablet/day is being taken since early February of this year.

History of Present illness: Hemosputum developed on August 21 of last year (X-1 year). Any symptoms had not appeared until then. On the following day, the patient visited a nearby otorhinolaryngologist, and then was referred to the respiratory unit of M university hospital. The chest x-ray and chest CT scan images indicated a diagnosis of “bronchiectasis,” and the patient was treated through medication. At present, shortness of breath develops on exertion with neither cough nor phlegm production. However, the patient experiences occasional hemosputum. She takes clarithromycin (200mg)/2 tablets/day and levofloxacin (100mg)/2 tablets/day.

Appetite: Ordinary

Sleep: Good

Urine: 7 times/day, nocturnal urine (-)

Bowel movement: once a day, normal stools

During every winter, the skin is itchy.

Present symptoms:

Cold limbs (++), hot flashes (+), sweating (+), dry mouth (+)

Pulse: Thin and string-like pulse

Tongue: Slightly red, fissured (+) with slight furs

Abdominal sho: Soft as a whole. For others, no special mention.

Diagnosis of Kampo medicine: Insubstantial Yin and lung heat, and damage to the collateral lung vessels

Prescription: *jiinkokato* 7.5g/day divided into 3

doses

Course: After two weeks administration, the patient claimed feeling light. In some days she did not experience shortness of breath. Due to the patient having seasonal allergic rhinitis, *maobushisaishinto* was started concomitantly on March 3, resulting in the disappearance of most allergic symptoms. So, the Extract was discontinued at the end of May. Soon after the administration of *jiinkokato*, even a single expectoration of hemosputum did not develop. In April, she hardly experienced short breath on exertion.

In June, she did not suffer from short breath any longer. In previous years she had been prone to catching a cold, but this year she did not, even with a slight increase in weight. In October, the dose of clarithromycin was reduced to 1 tablet/day and further several months later, it was discontinued. On January 13 of X-1 year, the Extract of *maobushisaishinto* was resumed due to the recurrence of seasonal allergic rhinitis and used together with the Decoction till the end of June. Subsequently, she was making satisfactory progress with neither hemosputum nor short breath. In June of X-2 year, she gained weight by 3 kg compared to the initial visit and is doing well.

Consideration:

This case is of bronchiectasis of dry type. This type of bronchiectasis produces little or no phlegm, and does not accompany chronic sinusitis. In the case of the patient, bronchiectasis was detected due to the expectoration of hemosputum; nearly six months administration of two kinds of antimicrobial agents did not yield effects, leaving hemosputum and shortness of breath unresolved. From the symptoms of deficiency of Yin observed at the time of her initial visit such as “in winter, the skin becomes itchy,” and the red tongue with fissures and slight furs as well as the symptoms of upper body heat and lower body cold manifested in cold limbs and hot flashes, and dry mouth, the conceivable

pathological conditions are that insubstantial Yin and flourishing Yang resulted in lung heat, which then damaged the collateral lung vessels, leading to the production of hemosputum.

In China, the treatment principles for such conditions should be enriching Yin and moistening Lung and calming collateral vessel and arresting the bleeding, for which the formula of *Lily Bulb Decoction* is used, whereas *jiinkokato* is often used in Japan.

This formula first appeared in the chapter of asthenic disease in Ting-Xian Gong (Wan Bing Hui Chun) with the description of curing deficiency of Yin and moving the fire, fever onset, coughing, expectoration of phlegm, asthma, nocturnal sweating, and dry mouth. The formula is composed of the following:

Angelicae Acutilobae Radix 2.5g
Paeoniae Radix 2.5g
Rehmanniae Radix 2.5g
Asparagi Radix 2.5g
Ophiopogonis Radix 2.5g
Citri Unshiu Pericarpium 2.5g
Atractylodis Lanceae Rhizoma 3.0g
Anemarrhenae Rhizoma 1.5g
Phellodendri Cortex 1.5g
Glycyrrhizae Radix 1.5g

Rehmanniae Radix, *Asparagi* Radix, *Ophiopogonis* Radix, *Paeoniae* Radix, and *Angelicae Acutilobae* Radix supplement Yin and blood, and especially *Rehmanniae* Radix and *Asparagi* Radix supplement the kidney Yin. *Asparagi* Radix and *Ophiopogonis* Radix cure coughing caused by the lung Yin deficiency while *Phellodendri* Cortex and *Anemarrhenae* Rhizoma remove deficiency-heat caused by deficiency of Yin and effulgent fire. These drugs for nourishing the Yin are slightly thick and may lie heavy on the stomach, so that *Citri Unshiu* Pericarpium, *Atractylodis Lanceae* Rhizoma, and *Glycyrrhizae* Radix that invigorate the spleen and harmonize the stomach may be blended to prevent it.

This case had the lung heat caused by insubstantial Yin and flourishing Yang, resulting in damage to the collateral lung vessels. *Jiinkokato* was an appropriate formula for these pathological conditions.