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

KAIM
The Journal of
Kampo, Acupuncture and Integrative Medicine

INTERNATIONAL INSTITUTE OF HEALTH AND HUMAN SERVICES, BERKELEY

Volume 3, Number 1 · Spring 2008

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ISSN:1559-033X

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The Journal of
Kampo, Acupuncture and
Integrative Medicine
(KAIM)

Research on Theory, Practice and Integration

PUBLISHER
Shuji Goto
International Institute of Health and
Human Services, Berkeley
2550 Shattuck Avenue, Berkeley
California 94704-2724, U.S.A.

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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

Evolving System

Kampo medicine is a unitary system in which diagnosis and courses of treatment are administered as a single process. The Japanese have built this system based on "Shanghanlun" since nearly 300 years ago. As a matter of course, in the backdrop there is TCM that has several thousand years of history.

However, Shanghanlun has unique principles different from those of today's TCM. Yoshimasu Todo, who was active in the 18th century (1702-1773), did not assimilate the principles of both TCM and "Shanghanlun" into his clinical practice as he could not actually see them practiced before him. Recently efforts are underway to interpret these principles in a fresh light and thereby research of Kampo medicine has entered a new stage.

With the Meiji Restoration in 1868, the new government took the policy to have Kampo medicine step down from the standing as orthodox medicine. However it continued to exist as a private medicine. In recent years, it has started to draw new attention; medical schools have also started to teach Kampo medicine, and the general public shows high levels of interest in Kampo medicine.

What primarily caused such popularity of Kampo medicine is the existence of 148 kinds of extract formulas, instead of decoctions that are trouble-taking in preparation. Such extract formulas were invented by the Japanese as a result of their research efforts over many years since 1940s. As soon as extract formulas - initially viewed as being a little strange products - were approved in 1976 for coverage by the National Health Insurance System, they have spread the most rapidly and now are absolutely necessary in general practices.

Upon introduction of extract formulas into the National Health Insurance System, experts of those days launched a new system construction for Kampo medicine that used extract formulas. They have continuously performed scores of clinical and basic research, and in recent years, a certain measure of completion has been achieved. Even now, varieties of research results are being reported in a stream.

Japanese Kampo medicine is quite different from Chinese TCM in many aspects. It is particularly obvious in the aspect of theories as well as their attitude toward formulas. In a word, TCM of China is enthusiastic about creating new formulas, whereas Japanese Kampo medicine is enthusiastic about how to make good use of a group of formulas for various diseases with the main focus on classical formulas. As a result, enormous amounts of experiences for a single formula have been accumulated and they naturally suggest indications for the formula. For instance, Poria Powder with Five Herbs is markedly effective for migraines under particular conditions and is also specifically effective for acute rotavirus enteritis. It is also used to relieve brain edema in the acute stage of cerebral infraction. Meanwhile it is also used as a hangover medicine.

For each formula, indications are being established one by one, and this step-by-step process configures a system as a whole. Kampo medicine will further substantiate and solidify this system through a great deal of clinical experiences and a lot of basic research.

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Japan Institute of TCM Research

Japanese Acupuncture - Current Research

Shonishin: Japanese Original Acupuncture for Children

Etsuko Inoue
Morinomiya College of Medical Sciences & Arts

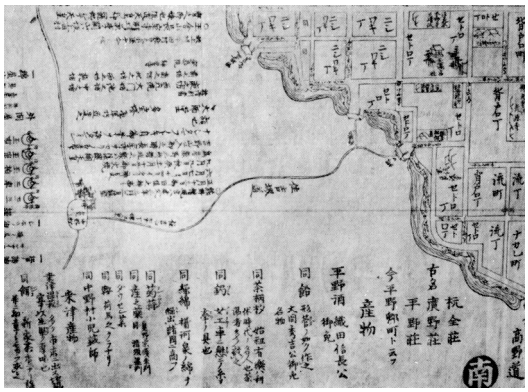
Introduction

In Japan, a specialized form of acupuncture that focuses on stimulation to the skin has been practiced on infants and children for the purpose of their health management. It has been very popular in the Kansai area, particularly in Osaka of Japan. This approach is referred to as acupuncture for children (Shonishin or Shonihari in Japanese.) While acupuncture for adults involves the insertion of needles, acupuncture for children or pediatric Shonishin is a non-insertive form of acupuncture that makes use of a variety of tools to stimulate the skin.

It has been reported that regular monthly pediatric Shonishin treatments help promote health and stable mind-body growth of infants and children. Pediatric Shonishin techniques may be applied to the adults who experience acupuncture treatment for the first time or who are excessively sensitive to stimuli. This report will present a brief overview of pediatric Shonishin practiced in Japan.

The history of acupuncture for children or Shonishin

It is not known when pediatric acupuncture began to be practiced. There are historical materials (1763), recording a pediatric acupuncturist existed in Nakamura-village, northern Osaka in the midterm of Edo period (Photo below).[1)]



Especially in Osaka, pediatric Shonishin rapidly increased in popularity during a period from the end of Taisho Era to early Showa Era (1920s) so that almost all acupuncturists, except for a few, practiced this new form of acupuncture. There were many acupuncturists who put up the sign saying “acupuncture for children.” In these days, Shuji Fujii of Fujii Family in Yotsuhashi distinguished for pediatric Shonishin conducted animal experiments[2)] on the Shonishin and acquired a doctoral degree in medical science. This fact attracted more attention

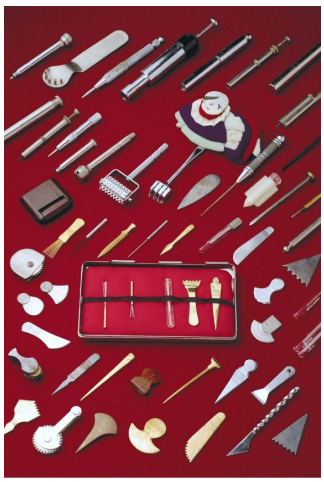
of the general public toward pediatric Shonishin. In Osaka it seems likely that there were families such as Nakano's and Okajima's other than Fujii's that gained public notoriety for pediatric Shonishin[1]; Nakano who drew in many patients so that the word "hari" (needle) was given to a part of his village name Nakano, like Hari-Nakano, and Okajima who was renowned for the trade name of "Usagi Bari" (rabbit needle.) In the prewar era, Sorei Yanagiya wrote a book to introduce Fujii Family's Shonishin to practitioners in Tokyo. However, it was not adequately familiarized in Tokyo[3]. After the war, Hirohisa Yoneyama and Hidetaro Mori co-authored a book titled "Shounishinpou (Shonishin techniques)"[1]. They travelled around Japan to give lectures for promoting pediatric Shonishin. Mori's efforts extended to travelling over to California of the U.S.A., Brazil, and Argentina in 1990. In recent years, Kentoku Tanioka is actively promoting it in the United States and European countries.

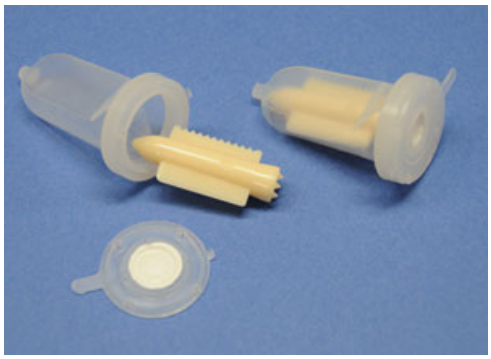
A database of integrated literatures in Japanese on acupuncture and moxibustion since Meiji Era was opened to the public in 2007 (http://acupuncture.jp/).

If the keywords containing Shonishin are input, three literatures (if prewar literatures are needed) by Shuji Fujii will be retrieved.

The tools of Shonishin

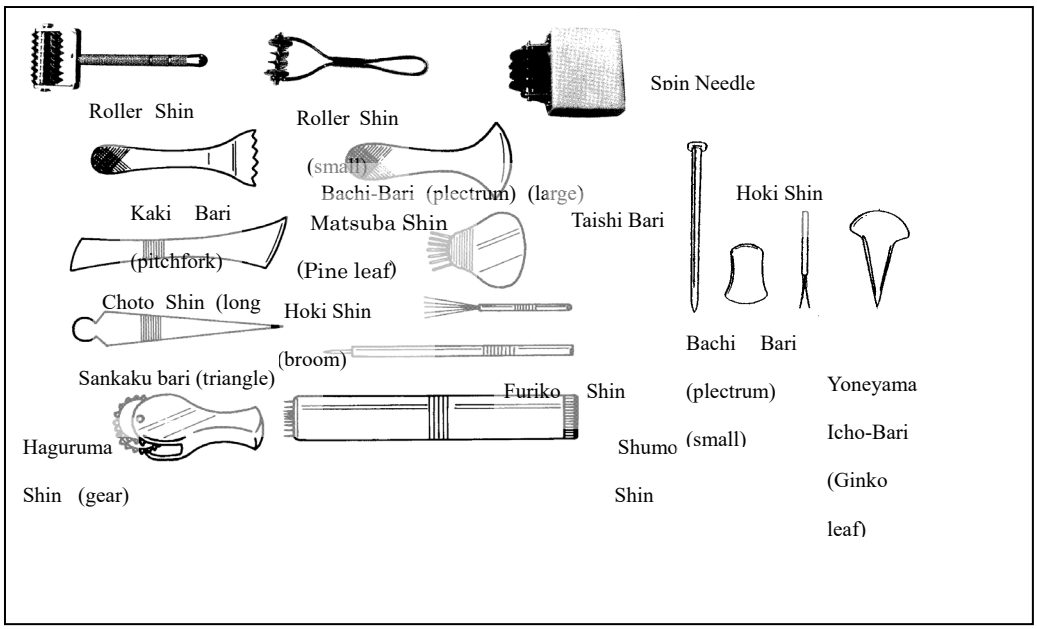
In Shonishin, various tools of different shapes have been devised to meet the needs of individual techniques and not to scare infants and children (Photos). Materials are stainless steel, god, and wood. Hands of small animals (mole hands) may be used to make tools. The Harikyu Museum (http://www.harikyumuseum.com/) has the Hidetaro Mori collection of Shonishin needles on display (literatures)[4]. Today, plastic disposable needles for Shonishin are sold in the market (Photos below).



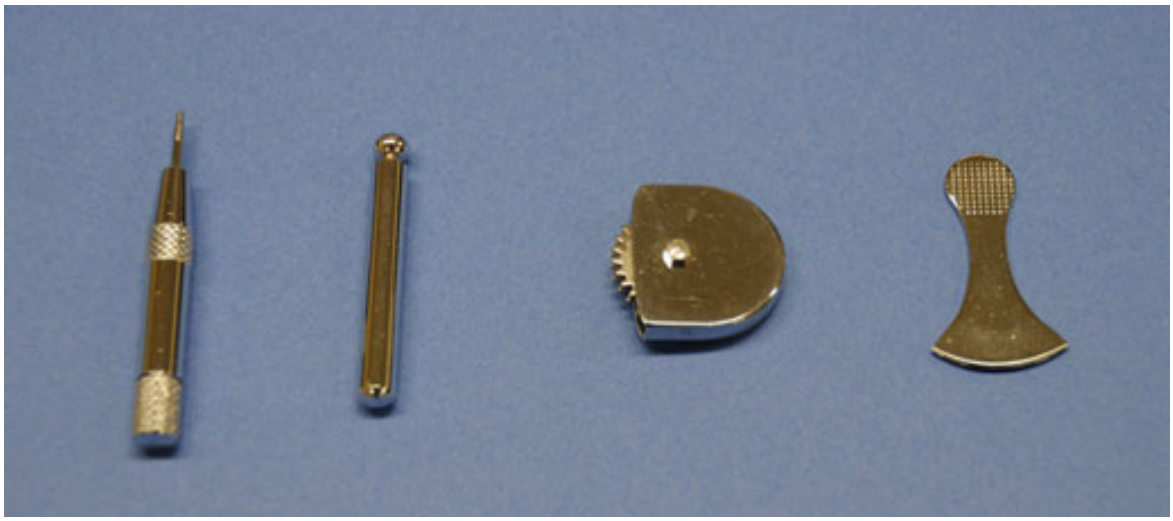


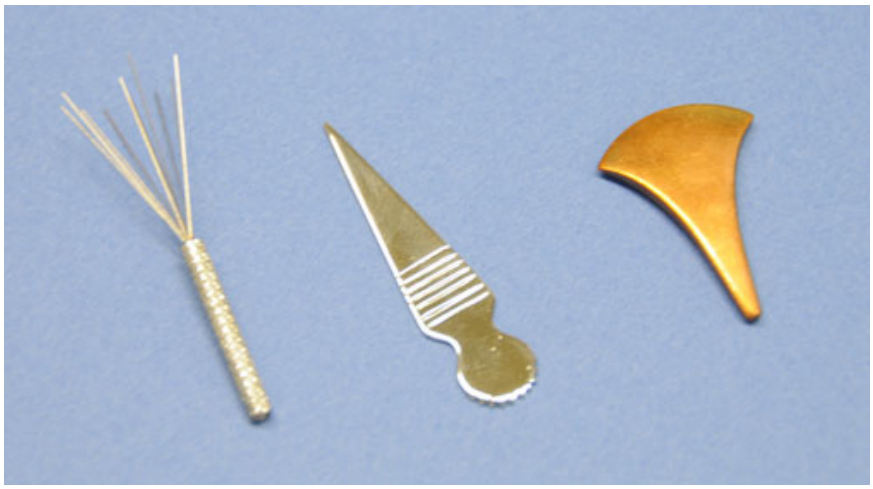
They are divided into four categories[4].

Tools to rub the skin surface, 2) Tools to tap the skin, 3) Tools to cut the skin, and 4) Tools to contact the point.



Tools of category 1) are Haguruma Shin, Roller Needle, Yoneyama Icho Bari. They are used to gently rub the skin making up and down motions on the shoulder and back, abdomen and arms and legs. The Tanioka's Taishi pediatric needle is a blunt triple edged Sanryoshin (Fig.) used for this technique.





Tools of category 2) include those of Bane (spring) type, Furiko (pendulum) type, Shumo Shin (brush), and Go Shin (filiform needle). They are used to rhythmically tap the skin surface on the head, arms and legs, shoulder and back and chest-abdomen.

Tools of category 3) include Choto (long sword) Shin, Sanryo Shin, Usagi (rabbit) Bari, and Kaki (pitchfork) Bari. Sanryo Shin is used to prick meridian points and others are used to scratch the skin. The application areas of these tools are distal arms and legs.

Tools of category 4) include Tei Shin (Photo). The round tip of Tei Shin is used to contact acupuncture points for several seconds to several minutes. When treatment requires an invasive technique, Go Shin, which is a thin needle with a diameter of 0.16mm or below, may be inserted only to the depth within 1mm from the surface of the skin to supplement above three procedures.

Target Children

Shonishin treats infants from about 20 days of age or above. Many of the children who receive Shonishin are from 5-6 months to 5 years of age. It is effective particularly for mental symptoms appearing in infants of 5 months to 2 years of age. Of course it is also effective for children of school-age or above..

Indicated Symptoms

Symptoms indicated for Shonishin are as follows:

1. Typical neurotic-like symptoms in infants and children such as insomnia, night crying, temper tantrums, squeaky voice, night terrors, and biting
2. Respiratory symptoms such as colds, tonsillitis, asthma, rhinitis
3. Digestive symptoms such as lack of appetite, indigestion, diarrhea, constipation
4. Allergic symptoms such as atopic dermatitis, hives, asthma
5. Other symptoms such as nocturnal enuresis, Chic, and torticollis

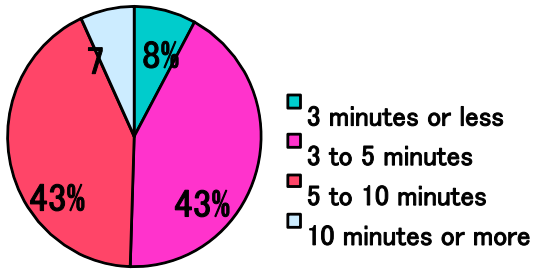
Body Locations for Shonishin Treatment and Techniques

Shonishin is usually performed through rubbing or tapping depending on what is require on almost all parts of the body of arms-legs-chest, abdomen, neck region, shoulders, lower back, and head (Fig. 1). In performing treatment on infants and children, the acupuncturist who takes account of their age in month, constitution, and skin properties (softness) adjusts the amount of stimulation based on their facial expression or the levels of reddening on the skin. In performing Shonishin, it is said better to move or manipulate the pediatric tools along the meridian flow.

It is also better to gently contact the chirike, hyakue, and jikan points with Tei Shin. Some acupuncturists administer needle insertion into the kokou sankan meridian point even if patients are small children[7]. Pediatric Shonishin acupuncturist may focus on stimulating the areas surrounding meridians depending on symptoms. Pediatric acupuncture is a form of technique to stimulate the skin whatever techniques practitioners use.

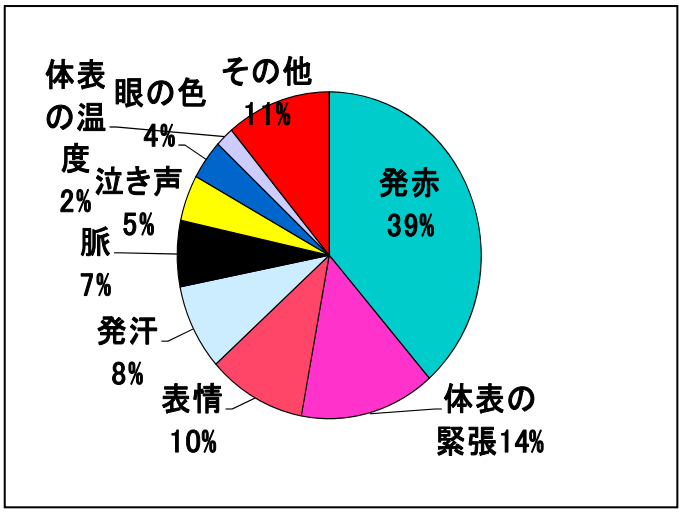
Treatment Time, Period, and Frequency

Shimizu, et al. conducted a questionnaire survey of Shonishin targeting members of Osaka Acupuncture & Moxibustion Association. The results from 203 respondents show that the treatment time was 3 to 10 minutes and the treatment frequency was three consecutive days per month (Fig.)[7].



Adjustment of the Amount of Stimulation

According to the results of the questionnaire survey by Shimizu, et al. (153 respondents), many of the respondents use, as a measure of the amount of stimulation, various factors such as the levels of reddening of the skin, sweating, and relaxation of the body surface tension (Fig. 3)[6].



Mechanism of Shonishin

Yuko Sato mentions about the effects of skin stimulation on the body as follows[8]. The effects of stimulation on development of immature babies are of significance as the study by Schanberg, et al. (1997) reported that repeated daily skin stimulation to immature babies promoted weight increase compared to non-stimulated ones. Although it is known that acupuncture stimulation induces or modifies various reflex responses through the motor neurons, autonomic nerves, and endocrine system, Sato, et al. conducted a systematic experiment using anesthetized animals on reflexes that skin stimulation induce through the mediation of the autonomic nervous system (1997), and elucidated that these reflexes have two types of spinal reflexes specific to body parts and supraspinal reflexes occurring by stimulation to any part of the body[9]. They also showed that skin stimulation was not only transmitted to the brain via the afferent nerves but also conducted antidromically via afferent fibers to cause reactions such as vascular dilation.

Mitsuhiro Denda recently delivered a lecture, saying that in the skin cells there are receptors similar to the ones in the hippocampus and that when the skin is stimulated, it secretes neurotransmitters – this means that similar to the brain, the skin is doing positive activities[10].

It is natural to think that even light skin stimulation by such as Shonishin can be transmitted to the brain and recorded there to influence affectivities.

Although the effective mechanism of Shonishin techniques has not been elucidated sufficiently, the effects of skin stimulation can be expected as indicated in the results of above studies.

Dissemination of Shonishin

In today's Japan where the trend of nuclear families is increasing with fewer children continuing to develop, parents who desire Shonishin for their children and bring them to acupuncture-moxibustion clinics have sharply decreased. Practitioners of acupuncture and moxibustion in Tokushima-prefecture have established "Oyako Skin Touch Association" in 2002 as a part of the "Shonishin Dissemination Project" for the purpose of re-disseminating Shonishin. The practitioners instructed parents on skin stimulation in homes using a spoon. This activity was well received by parents in communities as a support to nurture children and has spread nationwide. The Association continues to do the activity as the Japan Skin Touch Kyogikai (http://s-touch.net/).

Nippon Shonihari Gakkai (Japan Shonishin Academic Society) was established in April 2007 (http://shounihari.com/), and it holds a yearly conference. Thomas Wernicke from Germany delivered a lecture at the Third Academic Conference in 2009 on Shonishin practiced in Germany (application of Taishi Shonishin by Tanioka, L.Ac.) [10]. His speech indicated Shonishin has begun to be familiarized in Europe.

Conclusion

Shonishin has actively been practiced in Japan, particularly in the Osaka region for the healthy development of infants and children since 1700s. In Shonishin, a variety of tools with different shapes have been designed and developed to meet the needs of the specific methods of manipulation or techniques. Shonishin is effective in quickly alleviating or dispersing and eliminating various symptoms commonly observed in the development process of infants and children. Shonishin is also effective in promoting their mentally stable development. I expect that Shonishin will become widespread globally and further improve as an effective means of helping the healthy development of children.

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Captions for Figures

1. Horeki Year 13 (1763), Map of Sesshu Hirano, Description of “a Shonihari acupuncturist in Nakano-village”
2. Collection of pediatric Shonishin needles (reprinted from the Harikyu Musecum Vol.2)
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6 – 8 Pediatric Shonishin needles for frequent use

9. Shonishin treatment time (Shimizu, et al., 2001)
10. Judging measure of the amount of stimulation (Shimizu et al., 2001)

Kampo Medicine - Current Research

Best Use of Hochuekkito against MRSA-infectious Diseases

Akihiro Soma
KAIM Editorial Member

MRSA (methicillin-resistant Staphylococcus-aureus) is *Staphylococcus aureus* that is highly resistant to penicillin type β-Lactam antibiotics, typically methicillin. In Japan, a series of cases of MRSA infected inpatients (hospital-acquired infection) began to be reported in 1980's and medical institutions were working to find means to prevent and control MRSA. In the meantime Vancomycin and other antibiotics effective for MRSA were used; the number of newly infected people peaked in 1990s, and MRSA infections became a social problem.

At such times, a clinical report was published describing "MRSA turned out negative by the administration of Kampo medicine." This report created an event that not only gave a tremendous shock to medical personnel but also helped to provide people wide recognition of clinical efficacy of Kampo medicines.

Coincidental occurrence of MRSA dissipation and cure of pressure ulcer

This was reported by the neurosurgeon Dr. Masakazu Kitahara. Dr. Kitahara, having difficulty to treat pressure ulcer in his patient with MRSA, commenced the administration of *hochuekkito* which had reportedly been effective for the treatment of pressure ulcer. The ulcer improved day by day and was completely cured within about 45 days. Moreover, sputum examination showed non presence of MRSA. This result caused a twofold greater shock.

In the area of neurosurgery, a large percentage of patients are in conscious state with a weakened ability to defend against infection regardless of whether surgically treated or not. Thus, MRSA can often be detected in such patients. Prompted by the fact that MRSA disappeared in patients who received *hochuekkito,* he administered this formula to all consciousness-disturbed inpatients with MRSA. The result showed that MRSA dissipated in all patients in the dosing period of one to three months.

Thereafter, having realized the treatment effects of *hochuekkito*, Dr. Kitahara uses this formula for all inpatients from an early disease stage in anticipation of the formula's effects on infection prevention.

Effects of *hochuekkito* against MRSA

The survey during 1991 to 2005 by Dr. Kitahara showed that 56 out of 61 patients having MRSA detected in their sputa turned negative (91.8%) and the median time to turn to MRSA negative was 8.4 weeks.

Hochuekkito was administered to 196 consciousness-disturbed patients within a week from the onset, in anticipation of infection prevention. And then MRSA was detected in the sputa of 16 out of 196 patients, representing a detection rate of 8.2%. During the time that *hochuekkito* and other Kampo formulas were not being used, infections were confirmed in 98 out of 234 patients, representing an infection rate of 34.5%. The data indicates that the use of *hochuekkito* greatly inhibited infections.

Dr. Kitahara says that he realizes the use of *hochuekkito* from the early stage of admission to hospital is beneficial to managing the whole body of patients as well as controlling hospital-acquired infections.

About *hochuekkito*

It has been reported that *hochuekkito* has the activation of cell-mediated immunity[1)] and the ability to modulate the activity of NK cells by

changing the level of the activity – when the activity value is low, the activity is raised; and when the activity value is high, the activity is reduced. [2]And, it has also been reported that the findings from the use of this formula in the experiment with mice made leucopenic indicated prevention of pseudomonal infection, improvement of the ability to proliferate bone-barrow hematopoietic precursor cells, and improvement of hematopoietic cytokine production.[3]

It is known that exposures to physical and mental stresses reduce body resistance. On the other hand, it is suggested that *hochuekkito* improves the body resistance ability weakened by stresses. The administration of this formula to mice experimentally infected with Listeria reduced bacterial counts and significantly restored IFN-γ production compared to that of the non-administration group. In Listeria infected mice, depressed accumulation of macrophages in infected sites made a significant recovery by the administration of the formula. [4]

Hochuekkito is composed of 10 kinds of crude drugs, which, it has been confirmed, contain arginine. [5]Arginine is an amino acid, which supplementation is needed for pressure ulcer, wounds, or transmitted diseases.

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Clinical Report 1 (Japan)

Development of Acupuncture Therapy for Aspiration Pneumonia and Traditional Medicine Outpatient Clinic of Tohoku Univeristy Hospital

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Center for Asian Traditional Medicine
Tohoku University Graduate School of Medicine

The Super-aging Society Japan and Aspiration Pneumonitis

Based on an announcement made bey the cabinet the ratio of elderly in Japan (the portion of the population older than 65 years) has increased steadily every year since investigations have been started (in 1968) and in 2007 the ratio exceeded 21%, resulting in a super-aging society, and by October 2008 this ratio has reached 22.1%. By the year 2055 the ratio will reach 40.5%, so that is has been estimated, that one in every 2.5 people will be an elderly. (2008, Current situation of the elderly population and the state of implementation of countermeasures for the aging society.)

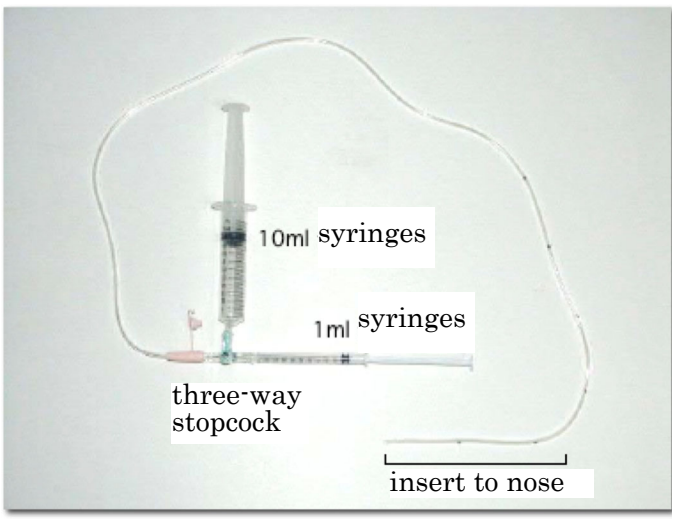
Pneumonitis is the fourth frequent cause of death in Japan. More than 90% of the deceased are elderly over the age of 65. A characteristic form of pneumonitis in elderly people is aspiration pneumonitis. The deglutition and cough reflex are defense mechanisms protecting the lungs from aspiration. A major cause of pneumonitis in the elderly are diminished deglutition and cough reflexes due to cerebrovascular disorders of the cerebral basal ganglia (Nakagawa T, et al. Arch Intern Med 1997; 157:321-324). Vascular disorders in the basal ganglia lower the amount of dopamine produced in the nigrostriatal body. In this way the amount of substance P (SP) released from the sensory branch of the vagal nerve to the pharyngeal and tracheal mucosa decreases. Since the SP represents an important trigger stimulus for the deglutition or cough reflex, a reduction in the amount of SP also decreases those reflexes (Yamaya M, et al. JAGS. 2001; 49:85-90). In cases with a diminished deglutition reflex the aspiration may not be noticed (inapparent aspiration), allowing saliva or intraoral bacteria to enter the lungs.

Evaluation of the deglutitional function: measurement of the deglutition reflex latency

For the assessment of the deglutitional function videofluorographic studies are employed, but their performance is restricted to facilities capable of performing them and definitely are not easy. For this study we used the latency time of the swallowing reflex: LTSR developed at the Department of Geriatrics of the Tohoku University as a measuring method for the deglutitional function and as an assessment technique. This method has the advantage that it allows measurement everywhere and available evidence suggests a correlation with aspiration pneumonitis.

Multipurpose 8f tubes and syringes (1 ml, 10 ml) are attached to a three-way stopcock, the tip of the tube inserted to a depth of about 12 cm and left dwelling the pharynx of the examinee, then 1 ml of distilled water in injected (Figure 1) and the LTSR defined as the period from the begin of the injection of the distilled water to the begin of the pharyngeal elevation. It is common knowledge that there is a risk of aspiration, when this LTSR exceeds 5 seconds.

Figure 1: Kit for the measurement of the deglutition reflex latency



Necessity of acupuncture treatment

During the treatment of patients with dysphagia oral application of the required drugs may not possible precisely because there are difficulties in swallowing. For this reason new treatment forms are required that improve the deglutition reflex without relying on oral drug application.

Development of an acupuncture treatment for improving the deglutition reflex

Aspiration is considered to be due to a lack of proper control of deglutition and inhalation and in traditional Chinese medicine one of the causes is attributed, based on the visceral manifestation theory, to the weakened functions "harmonizing array" of the stomach and "qi absorption" of the kidneys.

Further, since patients with cerebrovascular disorders may not be able to use their extremities at will, an approach using acupuncture therapy can easily be conceived. Moreover, as a treatment form using stimulation of safe sites it is effective in the clinical setting. Under these circumstances we chose to use the sea point of the brighter yang stomach meridian and the source point of the lesser yin kidney meridian as stimulation sites.

Below the results of two trials are described.

Research 1:
Deglutition reflex and acupuncture treatment for patients with cerebrovascular disorders

Seki T, Kurusu M, Tanji H, Arai H, Sasaki H,
Acupuncture and swallowing reflex in poststroke patients. J Am Geriatr Soc. 51(5) 726-727, 2003.

Background and purpose

Therapies requiring the oral application of drugs are limited in patients who have problems eating. Thus, nonpharmacologic methods promoting recovery of the swallowing function have to be developed. In this study we examined the effects of needle stimulation at Ashi Sanri (ST36) and Taikei (KI3) on decreased swallowing reflexes.

Materials and methods

The study included 41 patients with sequelae of cerebrovascular disorders (average age ± standard deviation 76±2 years), all of whom presented with a history of deglutition disorders. The primary lesion of the cerebrovascular disorder was located in most patients in the basal ganglia and the adjoining deep white matter. Patients with infarct sites in the brain stem were excluded.

The LTSR was defined as the time from the begin of injecting 1 ml of distilled water through a transnasal catheter into the pharynx until the begin of the swallowing movement. The measurement was performed 5 times and the measurement value defined as the mean value excluding maximal and minimal values.

The Ashi Sanri and Taikei were needled. Seirin disposable stainless steel needles (diameter, 0.16 mm; length 40 mm) were inserted at the acupoints on the left and right to a depth of 1 cm. The needles were neither manipulated manually nor used for electrical stimulation. After retaining the needles for 15 minutes the needles were removed. Breathing based tonification or sedation was not used either.

The LTSR was performed immediately before the needling and 30 minutes after removing the needles.

Saliva and blood samples were also obtained immediately before the needling and 30 minutes after removing the needles. The sampled saliva and blood was stored as -80ºC and subsequently their substance P content measured. For this purpose we used a radioimmune assay and followed the instructions of the manufacturer for quantitative measurements. The amount of substance P immediately before the needling and after the needle stimulation were compared.

In seven of the examinees the LTSR was measured daily from the day after the needle stimulation for one week.

Results

Figure 2 shows that the LTSR significantly improved after a single needle stimulation (average value before needle stimulation: 10.2 ± 1.4 seconds, average value after needle stimulation: 4.5 ± 0.6 seconds). After adjusting for age, sex and activities of daily living and primary disease (cerebral infarct, cerebral hemorrhage) a logistic regression analysis was performed and showed that the longer the LTSR was before the needle stimulation, the better were the therapeutic effects (P=.002).

Moreover, the effects of needle stimulation on the LTSR continued for 7 days. The average LTSR before and after needling as well as 1, 2, 3, 4 and 7 days later were 12.8±4.5, 3.2±0.7, 6.2±2.5, 6.7±2.8, 5.6±2.1, 3.6±1.4 and 2.2±0.2 seconds respectively.

The concentration of substance P in plasma (average of 25.9±3.0 vs 26.6±3.0 pg/mL) and saliva (average of 15.2±2.9 vs 17.7±3.4 pg/mL) showed no significant variation before and after the needle stimulation.

Health disturbances like local infections etc. were not observed.

Figure 2 (below)

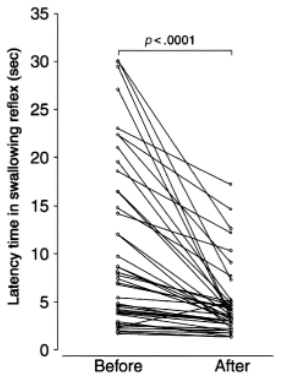


Figure 2. Latency time in swallowing reflex in poststroke patients at baseline and 30 minutes after acupuncture.

Discussion

A network of cholinergic, histaminergic and dopaminergic nerves is involved in the control of the swallowing reflex (Jia YX, et al. Geriatr Gerontol Int 2001). The activities of several sites in the brain are related to spontaneous swallowing (Zald DH, et al. Ann Neurol 1999) and since acupuncture is known to regulate the subcortical grey matter, it may be inferred that acupuncture treatment causes local activation of the brain.

Research 2:
Deglutition reflex and acupuncture treatment for patients with cerebrovascular disorders: videofluorographic studies

Seki T, Iwasaki K, Arai H, Sasaki H, Hayashi H, Yamada S, Toba K.
Acupuncture for Dysphagia in poststroke patients: a videofluoroscopic study. J Am Geriatr Soc. 53(6):1083-4. 2005.

Background and purpose

We reported that needle stimulation of Ashi Sanri and Taikei improved the swallowing reflex. Here we used videofluorography to investigate whether needle stimulation improved swallowing disorders or the swallowing in patients with cerebrovascular disorders.

Materials and methods

The study included 32 patients living a health care center for the elderly in Sendai city (average age ± standard deviation; 84±4 years; 20 women, 12 men) in whom cerebrovascular disorders had been diagnosed using MRI. A written informed consent was obtained from these patients. The examinees were randomly divided into two groups. The patients in the needle stimulation group (average age ± standard deviation; 77±9 years; 10 women, 8 men) received acupuncture treatments 3 times a week over a period of 4 weeks. The needle stimulation was the same as the one used in research 1. The control group included 14 persons (average age ± standard deviation; 79±5 years; 10 women, 4 men) and received only the ordinary care without needle stimulation.

The videofluorography was performed in the needle stimulation group before and after the first needle stimulation and in the fourth week before and after the last treatment. In the control group it

was performed before observation begin and following completion of the observation after four weeks. For a single videofluorographic examination the patients were asked to swallow 5 ml of water over a period of 5 minutes, 5 ml of liquid diet and solid food (cookies corresponding to 5 ml) in arbitrary order. The water and food was mixed with barium (Enemastar Enema Powder, FUSHIMI Pharmaceutical, Marugame, Japan). For the imaging during the videofluorography the patients were asked to assume either a sitting position or lie on their side. For the imaging a DVD/HDD recorder (RD-XS30, Toshiba, Tokyo, Japan) was used, connecting it to an imaging device (Prestige, GE Medical Systems, Tokyo, Japan). Thirty frames per second were taken and the measurements performed using an image processing software (Premier 6.0, Adobe Systems, Tokyo, Japan) by a radiological technician, who was not informed about the group to which the examinee belonged. If after swallowing water or food boli were still observed in the epiglottal groove or the piriform recess, this was defined as pharyngeal retention. If water or food boli reached the trachea below the height of the vocal cord folds, this was defined as aspiration. The patients were observed from the moment the swallowing instruction was issued to the examinees until the water and food boli had reached the esophagus.

Body temperature of the examinees was measured daily at 2 o'clock in the afternoon. The number of days when the body temperature exceeded 37.8°C during the 4-week period were recorded.

Results

In the needle stimulation group the time required the swallowing before test begin until the swallowed material reaches the esophagus was for water on the average (±SD) 1.7±1.0, for liquid diet 8.7±13.2 and for solid food 10.4±7.0 seconds. In the control group the respective times were for water 1.9±0.6, liquid diet 4.5±3.7 and for solid food 9.7±7.6 seconds.

Four weeks later these values were in the needle stimulation group 1.1±0.3 sec ($p< .05$), liquid diet 5.0±4.8 sec ($p< .05$) and for solid food 11.8±9.3 seconds. In the control group the times were for water 2.1±0.9, liquid diet 5.4±5.4 and for solid food 10.1±6.9 seconds. In the needle stimulation group the swallowing time for water and liquid diet was compared to the pretest value after four weeks significantly shortened.

Figure 3 shows the percentage of pharyngeal retention and aspiration in the two groups of examinees. The degree of pharyngeal retention had significantly decreased in the needle stimulation group, but in the control group no significant change was observed. Aspiration before test begin was in the needle stimulation group 40% for water, 8% for liquid diet and 25% for solid food, but after four weeks aspiration was no longer observed for any of the food forms.

In the control group no significant change in the ratio of aspiration was observed between the pretest condition and the condition after 4 weeks. The number of days body temperature exceeded 37.8°C was in the needle stimulation group 4 out of 356 days, whereas it was in the control group 28 out of 394, showing that it was significantly higher in the control group than in the needle stimulation group ($P <.01$).

Figure 3 (below)

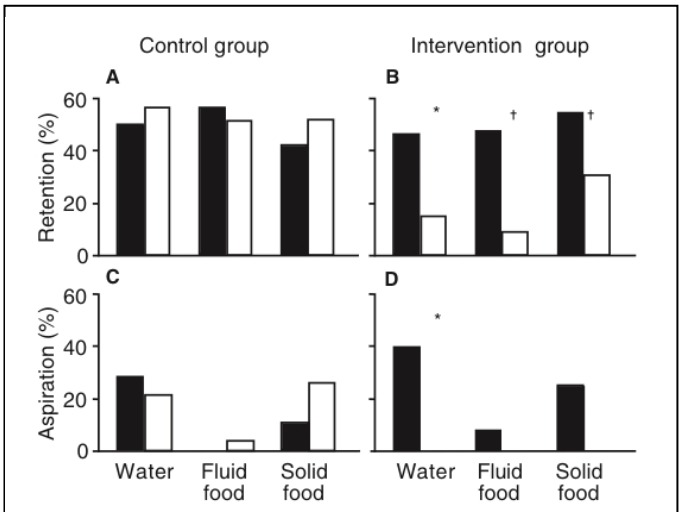


Figure 3. The rate of pharyngeal retention (A, B) and aspiration (C, D) in the control and intervention groups at baseline (closed column) and after 4 weeks (open column). Significant decreases after 4 weeks compared with baseline according to Wilcoxon signed rank test; $P < {}^{*}.05$ and $^{\dagger}.01$.

Discussion

Needle stimulation of Ashi Sanri and Taikei improves the incidence of pharyngeal retention and aspiration in patients with cerebrovascular disorders repeatedly suffering from aspiration.

Conclusions

These results indicated the possibility that needle stimulation of Ashi Sanri and Taikei can improve the swallowing reflex, reduces the amount of pharyngeal retention and aspiration and thus may prevent aspiration pneumonitis.

These studies are characterized by

1) the needle stimulation consisted only of direct insertion, retention for 15 minutes and removal of the needles, not using any manual manipulation or electrical stimulation of the inserted needles at all;

2) this can conceivably be designated a clinical trial of acupuncture therapy of the examinees not based on pattern identification, but from the perspective of the western medical diagnosis; here (1) indicates, that even acupuncture therapy using only simple retention of the needles alone can have marked clinical effects, while (2) indicates that clinical trials including examinees selected based on western medical diagnosis may show the effectiveness of the acupuncture therapy.

This study showed great potential for acupuncture treatment, but the medical education in Japan almost does not include teaching about acupuncture at all, so that even simple acupuncture treatments present for the physicians in the clinical setting a great hurdle and obstruct the spread of this treatment modality. For this reason we performed trials using stimulation with low frequency currents with surface electrodes attached to Ashi Sanri and Taikei after completion of the above described two trials. The results showed, that a similar degree of improvement of the LTSR was observed. This indicates that both needle insertion and low frequency currents induce identical changes in the human body. If improvements of the swallowing function can be obtained without inserting needles, this treatment modality is considered to become popular in the clinical setting. On the other hand, comparing the degree of improvement of the swallowing reflex between the studies 1 and 2 and this latter study showed that the insertion of filiform needles produces a greater degree of improvement as compared to low frequency currents. The results of these studies are scheduled to be published in the Journal of The American Geriatrics Society. (Akamatsu C, Seki T. et al. Improvement of swallowing reflex after electrical stimulation to lower leg acupoints in patients after stroke. JAGS. in press.)

Department of Kampo Medicine of Tohoku University

The Department of Kampo Medicine of Tohoku University does not use only Kampo medicine, but embraces an integrated approach to traditional medicine originating from China also using acupuncture treatment, Suina and traditional dietary guidance. In the past the departments of geriatrics and respiratory diseases used Kampo medicine and acupuncture in their outpatient service, but in 2003 the Tohoku University established a lecture for advanced Kampo medical practice within its faculty of medicine and also a department of Kampo (internal) medicine within its university hospital. Here a department using mainly Kampo preparations in its Kampo outpatient service and an acupuncture and Kampo outpatient section using a combination of Kampo preparations and acupuncture treatment were established. Since April 2008 a Kampo outpatient section was also set up within the obstetrics and gynecologic department.

Demand for Kampo outpatient services and outpatient background

The number of patients is steadily growing. The broad age range of the patients ranges from 0 to 90 years. The acupuncture and Kampo outpatient service is booked for one year ahead and cares mainly for patients with intractable diseases. For this reason the most frequent target illnesses are mysasthenia gravis, Parkinsonism, ALS and similar neuromuscular diseases, glaucoma, cancer, GVHD etc.

Research into Kampo medicine and acupuncture treatment

This department has published about the effects of Yokkansan for the treatment of mental disorders associated with dementia, acupuncture treatment (needling of Taikei and Ashi Sanri) for cerebral stroke associated with dysphagia, the effects of acupuncture treatment on lowering ocular tension in patients with glaucoma and similar results.

In the acupuncture and Kampo outpatient service the therapeutic effects are evaluated before and after each acupuncture treatment session, using the results as therapy feedback, whereby a system that might be called 'Evidence Based Clinical Acupuncture' is being built. Building a system that will allow to put acupuncture treatment and Kampo medicine to use in clinic represents one of our goals.

Medical education

The education is not directed only towards physicians, but also acupuncturists and medical students and thus the department represents one of the few medical faculties that performs clinical practice in acupuncture and has therefore earned a very high reputation amoung the students. Fifth year students of the medical faculty are divided into small groups of 5-6 students and are taught once every two weeks, including instructions in practical examination, brewing Kampo medical decoctions and practicing insertion of acupuncture needles. From among the sixth grades 6-7 applicants can partake in practical training courses of 1-2 months. Here they will receive lectures about the theoretical foundations, participate in outpatient practice and participate in practical training in the pharmacy or pharmaceutical botany.

Using the advantages of a general hospital, a system of cooperative care and research with each department is being established.

Clinical Report 2 (Japan)

Infant Crying at Night

Zen'ichiro Watanabe
Fuji Niko-Niko Clinic

Case: One year and two months old, male infant, weight 9.8 kg
Main complaint: Night crying
Past history & Birth history: Unremarkable
Present history: Two months ago, the patient began to cry weakly and quietly three to four times during the night. When picked up in mother's arms and fed with breast milk, he falls back to sleep. However, as soon as he is left on the bed, he starts crying. So the mother stays up to hold him up. Although baby food has been introduced since he was 5 months old, he eats so little with a little weight gain.

Oriental medical finding
[Inspection] Physical constitution: On the slim side, lack of energy with an anxious impression. Tongue: Pale white.
[Listening] No special mention
[Interview] Stools: Slightly loose. Mother: Looked a little tired and frustrated.
[Palpation] Abdominal region: Distended with slightly strained rectus muscles and a slight sense of coldness. Pulse: Weak.
Diagnosis: Night crying due to heart-spleen (mental status-digestive function) vacuity.
Therapy: *shokenchuto* (morning and evening) and *kambakutaisoto* (instructed same dosage for mother and the child before bedtime.)
Course: The night crying reduced to once on the third day of the administration, and he could eat up. Since the 7th days he has stopped crying. In the interview of a later date, it was found that the mother had felt mother-in-law stress. After the treatment, the mother could have room to breathe and did not feel uneasy with every word her mother-in-law spoke. Her complexion has become bright.
Discussion: The author considered that the infant patient with weak spleen and stomach (digestive function) was involved in his mother's mental stress, inducing him to feel anxious and start crying at night. The treatment was made to recover the spleen and stomach with *shokenchuto* and to alleviate anxiety with *kambakutaisoto*. The author also considered that ingredients with high sweetness in these formulas of malt sugar, Chinese date, and licorice root acted to ease tension.

From the standpoint of Chinese medicine, the patient type is deficiency-cold in the spleen and stomach and susceptible to negative emotions. Cold in the abdomen of such type of infants congeals, leading to qi stagnation, thus causing abdominal pain based on the principle of "qi blockage causes pain. Furthermore, as cold belongs to yin, it tends to become worse during the night. Reduced movement or transportation and transformation of spleen qi often cause throwing up milk, diarrhea, eating so little. The sound of crying is weak due to yang deficiency, which is treated by warming the spleen and dissipating cold with formulas such as *shokenchuto* and *ninjinto.*

Patients having anxiety are sensitive to even a small change in their environment and readily recognize that they are separated from their mother, a safety zone for them. And this kind of separation becomes quite a burden to such infants, who then suddenly start crying. Therefore, for the reasons above, such infants as the subject patient, who look asleep in the arms of their mothers, start crying as soon as mothers put them into bed. Complexion has little color due to anxiety. For these patients, treatment is performed aiming to induce sedation and tranquillization (settle fright and quiet the spirit) using *sansoninto, kambakutaisoto*, and *keishikaryukotsuboreito*.

We have studied other 11 cases of infants crying at night. For night crying caused by physical disorders such as pharyngitis, tympanititis, nasal stuffiness, asthma, itchy skin, or constipation,

treatments for symptoms were performed with formulas such as *kakkontokasenkyushin'i*, *makyokansekito*, *hangekobokuto*, *shofusan*, and *ogikenchuto*. For termination of breastfeeding, food stagnation, and infants who always wanted to be in the mother's arms (high need baby), lifestyle guidance was given to the mothers.

For the infants of the spleen-heart deficiency type that had influences on the heart qi causing shallow sleep, difficulty falling sleep, lack of energy, and poor appetite with nervous temperament, and soft stools, formulas such as *kihito* and *kamikihito* were administered to invigorate the spleen (digestive-function) and calm the mind. For the infants of the exuberance type of heart-liver fire, who got excited after a parenting school or a festival, and had the heat qi overly agitated by the accumulation of sweet, hot, and rich taste food, causing them to keep awake, moving around even in the midnight and to cry in a loud voice, and in a louder voice in the light, and for infants who were red-faced and had constipation, treatment was made to clear the heated heart (exited emotion) and clam the mind with formulas such as *ryutanshakanto*, *saikokaryukotsuboreito*, *orengedokuto*, and *yokukansan*. For those with yin deficiency in the liver and kidney who got easily angered and could not sleep due to a sense of exaltation, yin was nourished with *rokumigan* and *seishinrenshiin*.

In diagnosing infants, physicians should know not only the patients conditions, but also the mothers (family) conditions and the relationship between the infants and mothers (family). In most cases infants night crying is often triggered by their sensing abnormal conditions of the mother, and thus treatments are necessary for both infant patients and the mothers and how to take the same herbal medicine at the same time is effective.

Clinical Report 3 (Japan)

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

Mitsuyuki Takamura[1)] and Hiromichi Yasui[2)]
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 clarithromycine (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 clarithromycine 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 winder, 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.

Kampo Dermatology – Clinical Studies

Treatment of Alopecia (hair loss) with Kampo (1)

Fumino Ninomiya
Aoki Clinic

Alopecia or excessive loss of hair is a dermatological disease mostly caused by a damaged flow of qi. With involvement of qi, stress is strongly related to alopecia. It may develop due to depression or feeling down. Or it may be involved with sweating caused by a response of the autonomic nervous system.

The state of hair loss varies from partial to complete loss of scalp hair (alopecia totalis) involving loss in the frontal region or loss in the temple regions, or loss in the occipital head region. Alopecia totalis is largely related to kidney failure. Frontal hair loss is observed in many cases with weak spleen and stomach. Temple hair loss, which is often the indications for prescription including *Bupleuri* Radix, is mostly related to liver and gallbladder problems while ocipital hair loss is mostly related to lung problems.

Alopecia or hair loss is broadly divided into three subgroups of senile alopecia (hair falls out spontaneously as people age), premature alopecia (the hair line recedes progressively) and alopecia areata.

In case of water toxin or blood stasis, the scalp becomes weak to tighten the hair roots, which easily induce alopecia. It is easy to know whether water toxin exists or not by taking and holding the hairless area between fingers. If it exists, the area wrinkles.

In terms of the general condition, qi deficiency, cold and blood deficiency in hair roots exist in many cases with hair loss. In case of kidney problems, *hachimijiougan* is used. In case of liver and gallbladder problems, formulas containing *Bupuleri* Radix are used. If qi is involved with these problems and there are palpitations, formulas such as *shigyakusan* are used. In order to reduce qi, decoctions containing *Cinnamomi* Cortex such as *keishikaryukotsuboreito* is used with *kamishoyosan* or *yokukansankachimpihange*. In case of blood deficiency, *shimotsuto* is used. In case of blood stasis, formulas to expel blood stasis such as *keishibukuryogan* are used. And if water toxin co-exists with these problems, *goreisan* is added.

It is important to look to the circulatory relation between qi circulation - blood and qi circulation - water, while giving consideration to the areas of alopecia occurrence.

Case: Multiple alopecia
Female of 13 years old
Present illness: Multiple alopecia exacerbated since a year ago
Present condition: Multiple alopecia started from the top of the head, progressing to the temple regions, frontal region, and to almost total head.

The first menstrual onset was one year ago and since then regular. Lots of dreams. Cold feet (++), constipation (–), frequent urination, blood pressure 98/60. Height 152cm, weight 46kg.
Abdominal sho: Tense rectus muscles on both sides (easily become ticklish)
Tongue sho: White fur, sublingual veins (+).
Family background: Father divorced three times. Her biological mother was his third wife but soon got divorced and then married to other man. The patient has a half blood brother.

Patient's psychological course: In depressed state and reticent. As cold was dissipating and the hair began to grow, the patient began to talk and paint pictures. Paintings in the initial period and recent days are shown below for comparison. The patient and her separated mother seem to keep in touch with one another in a sort of way.

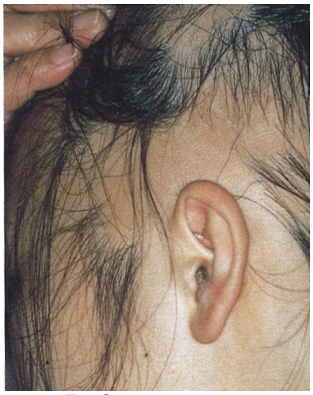
Treatment and course:
hachimijiougan and kamishoyosan

Hair loss stopped within five weeks of the administration. Tension type. With relief of tension, the strained skin became soft.
keishibukuryogan 5.0g, *kamishoyosan* 5.0 g

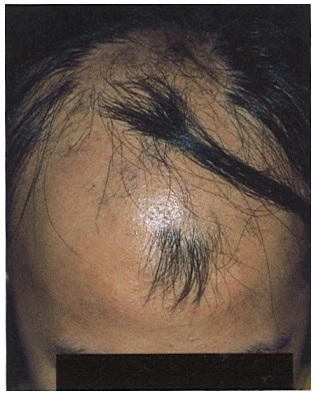
In 8 months, sweating was improved; the amount of growing hair increased and hair growth became faster. In her dreams the patient played with a cartoon character, claiming that she felt better.

Due to excessively cold feet, sufficient local treatment of the head skin was administered.

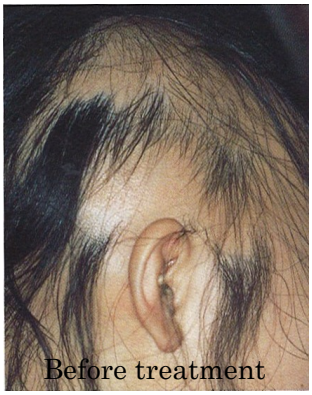
The above treatment continued for about 12 months and cure was attained.



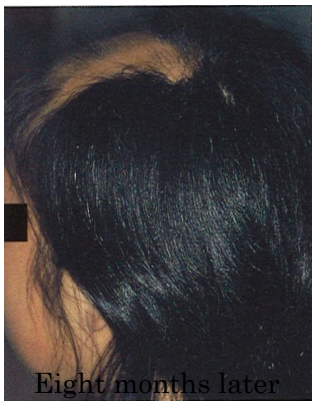
Before treatment – right ear



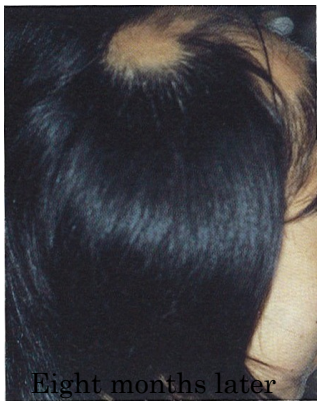
Before treatment – top of head



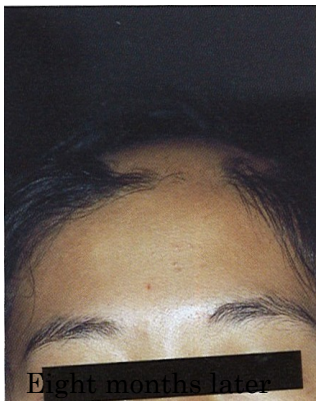
Before treatment – left ear



Eight months later – left side

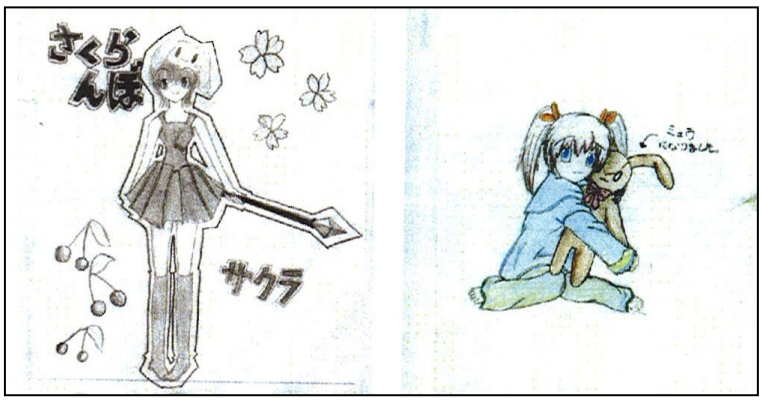


Eight months later – top of head



Eight months later – front side and forehead

Paintings by the patient before treatment (left) and after treatment (right). The painting before treatment is monotone whereas the painting after the treatment is colored and rounded out, giving a soft impression.



Medical History in Japan

Origin of Japanese Acupuncture: Waichi Sugiyama and his Text - Sugiyama Shindenryu (1)

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Waichi Sugiyama built a unique monument to the development of Japanese acupuncture. The extensive acupuncture techniques performed by Sugiyama and his students were subsequently documented in his text, Sugiyama Shindenryu. I see today that there seems to be strong interest in alternative medicine in Europe and America, and in this article, I would like to contribute something by introducing the story of Waichi Sugiyama, his historical significance and his techniques.

1. Short biography of Waichi Sugiyama

Waichi Sugiyama was born the eldest son of a samurai family in Mie prefecture in 1610. His father, Shigemasa Sugiyama, was the vassal of Takatora Todou, a famous military commander of the Tokugawa shogunate. Although expected to inherit his father's position, it was unfortunate that Waichi was infected with smallpox as a child and was left blind. So when he was 18 he decided to make his career as an acupuncturist. He traveled to Edo (Tokyo) and became a student of a blind acupuncturist by the name of Takuichi Yamase. However, he was expelled from the Yamase school after a few years because of his poor memory and his slow development of the skills. Feeling dejected, he left Edo and was on his way home when he decided that he would do a ritual fast on the island Enoshima. Continuing his ascetic practices for some time he came to be quite faint. Then, on the last day of his fast, he stumbled over a stone in the road and fell. Lying there he noticed something in his hand. Examining it, he realized it was a pine needle inside the interior hollow of a small section of bamboo. Following this experience he went on to invent the guide tube and a thin needle with a tip shaped like a pine needle (matsuba). This is said to be the origin of Japanese acupuncture with the feature of thinner needles and the use of a guide tube for painless insertion.

Later, Sugiyama went to Kyoto to study under Toyoaki Irie and learned the Irie style acupuncture as an inner chamber disciple, and was also exposed to the "Dashin*" acupuncture technique. This style was also popular at that time in Kyoto. Sugiyama had gained confidence in his ability and so he returned to Edo. His fame spread as the "master of guide tube acupuncture." So much so that he came to be known by the Shogun himself.

In 1685, Sugiyama treated and cured a chronic disease of Tsunayoshi Tokugawa Shogun. He received 20 shares of monthly payment and a mansion as a reward. Thereafter he gained the favor of Tsunayoshi and became the doctor of the Shogun and was also designated as "Sokengyo", the highest official of the national organization, "Todoza," for the benefit of the blind. There is a famous story about this. One day the Shogun asked Sugiyama if there is anything that he desired. Sugiyama responded, "I would like some good eyes. He was then granted land called Honjo Hitotsume (One Eye Palace) and he built the place to honor "Benzaiten." Later, "Edo Soroku residence" (the Edo headquarters of Toudoza) and also his acupuncture school "Shinchi Gakumonjo" were built in this place. Today "Ejima Sugiyama Shrine" is in this location. Sugiyama died in his sleep May 20, 1694 at the age of 85. At his request, his body was buried in Enoshima.

Under the reign of the 5th Shogun Tsunayoshi Tokugawa in the Edo Genroku period, there was a flourishing of the Japanese cultural arts in many fields. It was during this time that Sugiyama's school began and prospered. Sugiyama established the school "Shinchi Gakumonjo" of acupuncture for the blind so as to provide a means for them to

achieve self-sufficiency. This school became his highest priority in later life. Sugiyama Sanbusho "Three-part Text of Sugiyama Style" was the general introductory text for students at Shinchi Gakumonjo. As the name suggests, it consisted of three parts; Ryouchi No Daigaisho (Important Points of Treatments), Senshin Sanyoshu (Principles of Acupuncture) and Igaku Setsuyoshu (Foundations of Clinical Medicine). The text provided a general introduction to the practice of clinical acupuncture but there were no descriptions of needle techniques, nor was there any mention of the use of the guide tube. These practices were transmitted directly from teacher to student.

The school "Shinchi Gakumonjo" was very successful and spread to 45 locations throughout Japan under the guidance of his top student and successor, Yasuichi Mishima. The school became the standard for acupuncture education in Japan and continued its legacy through the Edo era.

Even today, in modern Japan, acupuncture and massage training is provided for the blind, and "Kanshin acupuncture technique" that is to insert a needle through guide tube is now widely used. This fact is a direct result of the original efforts by Sugiyama.

*Dashin technique: A Japanese unique acupuncture introduced by Zen monk Mubun and Isai Misono. The technique involves tapping the head of a thick pestle-shaped needle like Inri acupuncture needle with a small wooden mallet only for treatment of bad vibes on stomach. It is the beginning of the development of stomach diagnosis in Japan.

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Excerpted from National Park Service