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Editorial

Risk of Reduced Availability of Raw Drugs and Clinical Treatment with Reduced Amounts
Masayuki Kashima

Japanese Acupuncture - Current Research

Changes in Vessel Puncturing in Japan
Nobuyuki Seki

Kampo Medicine - Current Research

Effect of *Kakkontokasenkyushin'i* on Sinobronchial Syndrome
Hiomichi Yasui

Clinical Report 1 (Japan)

Acupuncture Treatment for Vertigo
Keizo Ebiko, Makoto Kikkawa, Yoko Kimura and Hiroshi Sato

Clinical Report 2 (Japan)

Severe Pain on the Right Side of the Chest and Hypochondrium – No Abnormalities Found in Tests
Zen'ichiro Watanabe

Clinical Report 3 (Japan)

One Case of Uterine Adenomyosis Responsive to *Daibushito*-Based Decoction
Mitsuyuki Takamura and Hiromichi Yasui

Kampo Dermatology – Clinical Studies

Treatment of Rosacea-like Dermatitis with Kampo (3)
Treatment of Palmoplantar Pustulosis
Fumino Ninomiya

Medical History in Japan

Origin of Japanese Acupuncture: Waichi Sugiyama and his Text – Sugiyama Shindenryu (3)
Jikan Oura

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TABLE OF CONTENTS

1 Editorial

Risk of Reduced Availability of Raw Drugs and Clinical Treatment with Reduced Amounts
Masayuki Kashima

2 Japanese Acupuncture - Current Research

Changes in Vessel Puncturing in Japan
Nobuyuki Seki

7 Kampo Medicine - Current Research

Effect of Kakukontokasenkyushin'i on Sinobronchial Syndrome
Hiromichi Yasui

9 Clinical Report 1 (Japan)

Acupuncture Treatment for Vertigo
Keizo Ebiko, Makoto Kikkawa, Yoko Kimura and Hiroshi Sato

13 Clinical Report 2 (Japan)

Severe Pain the Right Side of the Chest and Hypochondrium – No Abnormalities Found in Tests
Zen'ichiro Watanabe

14 Clinical Report 3 (Japan)

One Case of Uterine Adenomyosis Responsive to Daiobushito-Based Decoction
Mitsuyuki Takamura and Hiromichi Yasui

16 Kampo Dermatology – Clinical Studies

Treatment of Rosacea-like Dermatitis with Kampo (3)
Treatment of Palmoplantar Pustulosis
Fumino Ninomiya

18 Medical History in Japan

Origin of Japanese Acupuncture: Waichi Sugiyama and his Text – Sugiyama Shindenryu (3)
Jikan Oura

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.

Editorial

Risk of Reduced Availability of Raw Drugs and Clinical Treatment with Reduced Amounts

In recent years, the reduced availability of crude drugs for Kampo preparations is becoming a serious problem. The resources of many crude drugs largely depend on the production by China. With China's economic development, Chinese workers engaged in the production have become decreased and the places of production or harvest in China have also lessened as a result of the destruction of environment in the country. It is also a big concern that an increased use of crude drugs in China has been putting a large influence on these problems. Chinese crude drugs supported so far by low rates of Chinese currency yuan had been marketed at relatively moderate prices. Now the exchange rate of Chinese yuan has begun to rise gradually and in the world economic situation of today, the rate will be forced to increase by international pressure from trade frictions. Furthermore, it has been covered by some news media that money inflows in the crude drug market for speculation purposes, making the prices abnormally high.

Securing the permanent availability of crude drug resources and economizing on consumption are imminently required. On the other hand, the amounts of crude drugs used in Kampo prescriptions are saddled with a significant problem. For instance, in the prescription of Ephedra Decoction described in the Song Text of the Shan-han Lun, 4 ryou (old weight unit) of ephedra, equivalent to 50g for a day dosage of today is used. In modern Chinese medicine, individual schools instruct to use the amount roughly equivalent to 9g, which differs depending on individual schools. There are also increasing and decreasing in Japanese schools but they use about 4g. The author has often experienced that some patients had effects from small amounts, while some patients were only responsive to large amounts. It has often been pointed out that there are crude drugs which use ratios to other components are important, whereas there are crude drugs (astragalus root, coix seed, gypsum, ginseng) which use amounts have an important significance. Japan has historically been reliant on imported crude drugs over a long period of time, so that treatment has been made using small amounts of crude drugs for a long time. For this reason, they are shred more finely than in other countries and their selections are carefully made, leading to the establishment of the system to strictly differentiate similar prescriptions. The experiences in the treatment with small amounts as well as the identification system are valuable for future consideration about determining appropriate measures of crude drugs. These will also become a base for future discussions. It has often been pointed out that small amounts of powdered crude drugs often yield effective results. In history, it was the Chinese medicine of North Song that systematically performed treatment with powdered crude drugs. In the North Song times, for making decoctions, crude drugs were mixed and powdered and then a small amount (roughly 3-4 sen for one time) was brewed for administration. This type of medicine is taken as a powder drug variation in other times. Existing various Kampo schools have directly originated from the medicine of the middle Meiji Era and upward and neither sufficient study nor clinical applications of North Song medicine have not been made yet. North Song medicine has neither fully been studied nor clinically applied. Studying the medicine of these days will be of essential importance in the present days when treatment needs to be performed with small amounts of crude drugs.

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Japanese Acupuncture - Current Research

Changes in Vessel Puncturing in Japan

Nobuyuki Seki

Director, Japan Shiraku Gakkai

1. Introduction

It does not need to be particularly mentioned that bloodletting treatment has been performed since ancient times on the East and West of the ocean. In ancient China the meridian theory was integrated into this treatment form to establish the "bloodletting" (micropuncture) concept. This manuscript deals mainly with the currently reported situation in Japan and describes this treatment modality.

Since micropuncture is a treatment form where blood is taken, it may not always have been a part of the therapeutic scene, but records indicate, that it has been introduced into medicine from China. In this context micropuncture survives not as the phlebotomy performed as a folk treatment, but rather as the micropuncture treatment form that has been integrated into the medical care based on the meridian theory. The "I Shitsurei" of the "Taiho Ritsurei", imitating the regulatory system of the Tang dynasty, stipulates this treatment form as one of the techniques called "Hanbaku no Ho" anma massage students are supposed to study and the 10-volume commentary "Ryo no Gige" contains the passage: "Use needles to judge presence of blood stagnation in the region of injuries, and treat based on this judgment". This may be considered to correspond to the "Byoshiho" called collateral puncturing method, that was mentioned in the Ling Shu¹⁾.

Later too references to vessel puncturing are found in various texts. There is not enough space here to discuss all of them, but I would like to expound a little on the form of vessel puncturing of the Edo period, that has influenced the currently practiced form in Japan most profoundly.

2. Vessel puncturing during the Edo period

Briefly stated was the vessel puncturing practiced

during the Edo period eclecticism between the Chinese collateral puncturing method and the Dutch form of phlebotomy. Specifically the method consisted of tightening the cubital or popliteal veins, which are then punctured with a triangular-bladed needle, letting the blood flow for some time before the constriction is loosened and the bleeding stopped during this form of venous puncturing.

A number of Chinese texts like the "Sachu Gyokuhou" written by Kaku Shitsui during the 14th year of the Kangxi period during the Qing dynasty (1675) triggered the flourishing of vessel puncturing during the Edo period. Among the books imported to Japan this one became a very high ranking bestseller and since it was brought to Japan by ship in 1681, I believe it was reprinted at least four times. Sabyou²⁾ refers to seasonal diseases occurring from summer through autumn and is a common designation for acute diseases. The conditions are characterized by abdominal pain, vomiting, diarrhea, irritation and skin eruptions and may include a variety of diseases varying from heat stroke to small pox. This specialized book introduces the reader to the performance of vessel puncturing followed by the administration of Kampo medicine. By the way, the book "Sachu Gyokuhou" was written under the influence of western medicine (traditional medicine influenced by Hippocrates or Junani. About 80 years later Tomon Yamawaki (1736-1782), who worked together with Yoshio Kōgyū (1724-1800) as an interpreter in Nagasaki, studied the Dutch style of bloodletting therapy brought from the Netherlands and Gengai Ogino (1737-1806) wrote the book "Shiraku Hen" (Volume on Puncturing). By arranging a compromise between theory and technical skills of both the vessel puncturing and the Dutch bloodletting therapies, this form of vessel puncturing reached the zenith of its prosperity from the middle to the latter Edo period. Accidentally, the term "vessel puncturing" (Shiraku) is not found in texts preceding the Qing dynasty, but rather called the other way round "Rakushi" = collateral puncturing. The oldest reference to traditional medical bloodletting therapy that had been

called vessel puncturing is found in the "Sugiyama Shinden Ryu", but it remains obscure, since when this developed into an established nominal expression for this treatment form³⁾.

Later Kinkei Nakagami (1744-1833), Tousaku Sanwa (?-1818), Shingen Kakimoto (both birth and death dates are unknown), Shukei Sukanuma (according to one theory: (1706-1764), Sotetsu Ishizaka (1770-1841) and similar excellent physicians appeared and developed such diverse techniques as puncturing the network vessels, three-edged needles with a tip in the shape of Chinese chive leaves, inserting the three-edged needle into tubes for the puncturing etc. and thus laid the foundation for original Japanese vessel puncturing methods⁴⁾.

Among these and compared to other practitioners, who used decoctions + vessel puncturing or else acupuncture & moxibustion + vessel puncturing, Tousaku Sanwa employed vessel puncturing for almost all conceivable diseases and has been regarded as the greatest vessel puncturist of the Edo period. The written records called "Shiraku Bunken Roku" by his disciple Rokuri Itou (Daijo) detail the amount of blood drawn and the clinical course following the treatment and thus are still today an extremely illuminating reference.

3. Vessel puncturing in modern times

In conjunction with the fall of the Edo shogunate the Meiji government promoted a rapid westernization both in order to maintain Japan's independence and out of necessity to establish a system enabling Japan to sustain the national militarization. The medical field was no exception and later not only vessel puncturing but traditional medicine as a whole declined.

According to a proclamation published by the Cabinet in 1883 and implementation of regulations related to the licensing of physicians the western medical system gradually gained in influence and in 1895 the Imperial Government rejected a proposed continuance of Kampo, which led to a stagnation of traditional medicine that continued for a century.

Moreover, a lot of personnel in the prime of their working life was drafted into the army and the consensus is, that by the end of World War II skills and schools of the Edo period had discontinued.

4. Situation of vessel puncturing in modern times

Regarding the revival of vessel puncturing after the war today mainly two groups can be distinguished in Japan, that are involved in the promotion of vessel puncturing, including conduction of activities related to education and the propagation of this treatment form. Each of which was initiated by army physicians. The physician Tetsuo Asami established the group practicing the "well point puncturing method" he had proposed, while the two physicians Kunimasa Kudo and Masaaki Maruyama were the central figures at the base of the academic tradition of the Japan Shiraku Gakkai group.

1) Tetsuo Asami's "well point puncturing method"

The "well point puncturing method" of Dr. Asami was brought to life by the year 1970, at which time he, who already practiced Ryodoraku therapy (electroacupuncture), obtained hints from books about oriental medicine regarding vessel puncturing at the well points for the treatment of shoulder stiffness and thus reportedly later perfected his "well point puncturing method" as a form autonomous nervous regulation⁵⁾. After a period of 25 years, based on the Anpo / Fukuda theory that emerged from 1995 onwards, this technique has become widely and well known. Yet, those two treatment forms did not fuse into one, but rather the establishment of one group implementing the Anpo / Fukuda theory based on the so-called "ANS Immune therapy" and another group around Dr. Asami that called its technique the "well point, scalp vessel puncturing". Many of the members of these groups are physicians, using injection needles as the tool for blood sampling, but recently laser acupuncture, which does not draw blood, is also being used.

The Anpo / Fukuda theory explains the mechanism of action of the vessel puncturing in terms of

autonomous nervous regulatory effects. This treatment form employs stimulation of the nerves corresponding to those that are at that point predominantly active to restore balance in case of various conditions caused by a predominant activity either the sympathetic or parasympathetic nerves. Formerly glycyrrhizin preparations were used to stimulate parasympathetic nerves, but puncturing the well points is as a method far simpler and reportedly has immediate effects.

Concretely, the sympathetic nerves innervate each finger, but the actions of the parasympathetic nerve are determined, so that for the stimulation of the parasympathetic nerves the well points of the thumb, index, middle and small finger as well as Hyakue (GV20, Baihui) are punctured. This induces a reduction in granulocytes coupled with an increase in lymphocytes and thus corrects the leukocyte balance.

The ring finger may stimulate the sympathetic nerves and therefore has in the past not been used except in cases of pediatric asthma and the like, but recently it too has come into use.

Moreover, removal of the factors responsible for the sympathetic hyperactivity is important for the treatment of diseases as well as measures to increase the number of lymphocytes. Vessel puncturing has been considered to be an assistive treatment for that purpose and this line of thought has already been mentioned in the Yellow Emperor's Classic of Internal Medicine. In other words, while the mechanisms of action of the Anpo / Fukuda theory have not yet been completely clarified in terms of modern medicine, the ability to provide explanations for the effects of vessel puncturing makes this new western medical interpretation highly interesting.

2) Vessel puncturing concepts of the physicians Kudo and Maruyama

On the other hand, the physicians Kudo and Maruyama have a strong connection to traditional medicine. The improvement of the poor health of Kudo's father achieved by treatment administered by Mori Dohaku practicing the Ikkando style motivated

the former to choose the path of a doctor. At that time he separated himself from the Ikkando school and independently opened his own Onchido practice, becoming a disciple of the famous Showa period Kampo physician Domei Yakazu. Before he joined the army as an army doctor he used vessel puncturing to treat sprains etc. and thus learned about the extreme effectiveness of this treatment form. Later, on various fronts in Saigon, Hanoi, Laos etc. during his military service too he treated his patients mainly with acupuncture & moxibustion as well as by vessel puncturing and found through experience, that well point puncturing seemed to be the most effective treatment for malaria.

Maruyama himself had a weak constitution by nature, but recovered completely through the moxibustion treatment he received from Ken Sawada. This motivated him to devote himself to the pursuit of acupuncture & moxibustion and after the death of Sawada he studied under his foremost disciple Ikkaku Shiro and thus devoted his life not only to vessel puncturing, but also to the study of the "Yellow Emperor's Classic of Internal Medicine" and the meridians. Consequently, both their patients predominantly with acupuncture & moxibustion as well as vessel puncturing and although both were physicians, many members of these groups are acupuncturists, using the three-edged needle (feng zhen) as a tool for the bloodletting.

The two met each other on the inaugural meeting of the Japan Society for Oriental Medicine, found each other to be like-minded and coauthored and published in 1957 the book "Vessel Puncturing Therapy". This drew close attention to and reintroduced the knowledge about vessel puncturing after a century of oblivion^{6,7)}. Disciples of both physicians with an interest in vessel puncturing gathered and thus the theory adopted by the Japan Society for Oriental Medicine founded in 1990 represents a tradition of the concepts of Kudo and Maruyama and is classified as follows.

Vessel puncturing is classified according to sites and indications into well point puncturing, skin

puncturing and collateral puncturing. Each of these methods promotes the flow of qi and Blood through the meridians by drawing a little amount of blood, thereby alleviating symptoms and attempting to heal diseases.

Well point puncturing is a method where the well points of hands and feet are cut with a three-edged needle to draw blood in order to promote the flow of qi and Blood through the meridians through the respective connections of the individual meridians or else the sites of each meridian, where their qi originates. Rephrased in western medical terms this refers to an improvement of the circulation in the region of arteriovenous anastomoses, in which circulatory disturbances are likely to occur, thus attempting to modify the microcirculation throughout the entire body. [Picture 1]

The respective indications correspond to the indications for the individual well points, like for example "Shoho (LU11, Shaoshang) for the treatment of pharyngitis", but in special cases like paroxysmal hypertension, in case of common cold for the purpose of deferverence or the treatment of shaking chills, asthma, acute cerebral infarction or its sequelae and the like blood may be drawn from the well points of all ten fingers.

Skin puncturing is used for anomalies of the skin or muscles and if no network vessels are found in the vicinity, tenderness, induration, skin changes (darkening, dark red coloration, red macular spots and the like), tension, itching, swelling, reddening, feeling of warmth, blisters etc. may also serve as landmarks, at which the skin (or mucosa) is then punctured with a three-edged needle at several points to draw some blood, or suction cups too are often used to obtain blood. The auriculae, nose and tip of the tongue and the like are special sites. Skin puncturing has the effect of modifying microcirculation dynamics by puncturing specific acupoints or other sites and thus can be used anywhere on the body. This is what distinguishes it mostly from western phlebotomy. [Picture 2] Efficacy too conforms to the effects of the individual acupoints.

The microvessel puncturing I am going to introduce here in last place is an original Japanese technique

that should be promoted throughout the world. This technique employs puncturing superficial microscopic veins in the skin with a three-edged needle to draw blood. Sankei Nakagami dealt in his book "Seiseido Itan" with these microvessels, but the technique has subsequently been refined based on studies by Kudo and Maruyama. The expression microvessel is the only anatomic term used in the "Zhenjiu juying fahui (Shinkyu Shuei)" and does not appear in the Chinese classics. Actually, Chinese practitioners practically do not target these microvessels at all. [Picture 3]

Considering the state of eruption shown in the picture as a form of bypass the body sets up in the most superficial layers of the skin to compensate for a deteriorating blood circulation through the microvessels and thus ensure the circulation is probably easily comprehensible. In the venous plexi on the face or in the vicinity of lesions on the body surface these microvessels tend to be easily found. For that reason using this technique even a minimal puncturing of the site in question can result in a dramatic change in hemodynamics and through the appropriate use of suction cups the risk of infection can be lowered.

5. Conclusions

Above I described the history of vessel puncturing in Japan and outlined the techniques currently taught in the relevant courses. Since the foundation of the Japan Shiraku Gakkai in 1996 the "Vessel Puncturing Manual" has been used as teaching material during these courses, but the contents was soon revised and recently the "New Edition: Vessel Puncturing Manual" has been published. I am convinced, that reading this material too will certainly contribute to a deepened understanding of the matter.

Regarding the current situation of the medical system there are no guarantees, that will be a continuous supply of expensive medications and that blackouts do not render highly sophisticated equipment into oversized trash. In this situation vessel puncturing represents a simple method of immediate effects.

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Kampo Medicine - Current Research

Effect of Kakkontokasenkyushin'i on Sinobronchial Syndrome

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Sinobronchial syndrome (SBS) is pathological changes combined with upper respiratory tract chronic sinusitis, lower respiratory diffuse panbronchiolitis (DPB) and bronchiectasis. There are various views of the etiology, which, however has not clearly verified. It is conceivable that some decreased immune function and the ability to defend against upper respiratory infections may exist. Advanced respiratory inflammation causes progression of bronchiectasis and chronic respiratory impairment. There is Kartagener's syndrome, which is a special type of clinical condition that involves not only sinusitis but also chronic cough, sputum and shortness of breath. It is generally treated with a long-term administration of Erythromycin in small doses (macrolide therapy). The use of macrolide therapy shows excellent prognoses and reduces severe cases to a few. However, some patients do not respond to this type of therapy and quite a number of these patients desire Kampo use. There are case reports for such cases as follows:

Report by Egashira

Egashira, et al. administered a combination treatment to 20 patients with sinobronchial syndrome refractory to conventional treatments using the extract (7.5g/day) of *kakkontokasenkyushin'i* (average age 57.8, upper respiratory tract empema, lower respiratory tract chronic bronchitis -13 patients, bronchiectasis-2, and diffuse panbronchiolitis - 5).

Coughing was reduced in many of the patients. Firstly, nasal discharge and nasal congestion markedly ameliorated and subsequently symptoms of the lower respiratory tract as well as laboratory

findings such as CRP levels and pulmonary functions improved. As a result, improvements were obtained in cough, phlegm, breathing difficulty, nasal congestion, nasal discharge, and postnasal drip. With reduced dosing of the combination drug, the overall effect was "marked improved" in 4 patients, "moderately improved" in 8 and "slightly improved" in 7. In the markedly improved patients with DPB, who used Erythromycin concomitantly, improvements were also clearly manifested in the symptoms of the upper respiratory tract and x-ray CT images of the lung fields. For 7 patients with Erythromycin-refractory sinobronchial syndrome, *kakkontokasenkyushin'i* was additionally used, resulting in improvements in not only the symptoms of sinusitis but also respiratory symptoms, and respiratory functions.

Report by Kato, et al.

Kato, et al. administered the extract, as a combined medicine, of *kakkontokasenkyushin'i* (7.5g/day) for a period of 12 months to the patients with symptoms of sinusitis that had not shown improvements with Erythromycin 400-600mg/day for 6-12 months (diffuse panbronchiolitis in 3 patients and chronic bronchitis in 4: male 5, female 2) and observed changes in subjective findings (nasal congestion, nasal discharge, postnasal drip, and smell disorder) and in objective findings (the amount of postnasal drip, swelling of the nasal mucous membrane, the amount of nasal discharge, and characteristics of nasal secretion). The results indicated improvements in the subjective symptoms of nasal congestion, nasal discharge, postnasal drip, and smell disorder, and in the objective symptoms of swelling of the nasal mucous membrane, the amount of nasal discharge, and characteristics of nasal discharge, and the amount of postnasal drip. In terms of the symptoms of the respiratory tract, the degree of breathing difficulty and the amount of sputum improved on the Hugh-Jones scale with significantly elevated PaO₂ levels and significantly lowered PaCO₂ levels. Pulmonary function tests

indicated a significant increase in FEV 1.0% with a significant decrease in %RV. Blood tests showed significant decreases in cold agglutinin titer and serum levels of soluble ICAM-1 and a significant increase in NK-cell activity.

Report by Nakamura, et al.

They orally administered Clarithromycin, Mequitazine, and *kakkontokasenkyushin'i* to the 9 patients with a diagnosis of sinobronchial syndrome, which had not had attained complete remission with the medication for more than six months of Erythromycin and ontological procedures including nasal douching. And changes in symptoms were observed once every two weeks for three months using questionnaire sheets and the answers were assessed by scoring. As a result, improvements were shown in all patients, and a significant improvement was also shown in the scoring assessment (p,0.01). As a whole, symptoms ameliorated, although the degree of amelioration differs depending on patients.

Discussion

Kakkontokasenkyushin'i, a formula developed in Japan in relatively recent years, has often been used for symptoms of acute and chronic sinusitis. The frequent use for sinusitis is based on the presumption that this formula, if used, for the condition that purulent nasal discharge caused by sinus inflammation flows down to the lower respiratory tract, which thereby becomes inflamed, could suppress the inflammation of the paranasal sinuses, leading to relief of the lower respiratory symptoms. The studies above successfully substantiated this presumption.

Moreover, on the basis of a similar concept, studies on *keigairengyoto* and *shin'iseihaito* have been conducted, and these formulae are known as being effective.

Diffuse panbronchiolitis mostly accompanied by sinobronchial syndrome is a disease that has often been reported in Japan whereas a fewer cases in the

U.S. and Europe. As the disease is most likely to be complicated by sinusitis, Kampo is a promising therapy.

There are several formulae that are used for this disease and one of the most effective formulae is *kakkontokasenkyushin'i*.

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Clinical Report 1 (Japan)

Acupuncture Treatment for Vertigo

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Vertigo case reports¹⁾

1. Introduction

The "Tokyo Women's Medical University Oriental Medicine Research Active Support System" (below called TOMRASS), developed by Dr. Fumihiko Shirota and his group, has been a focus of attention because the exhaustive and accurate accumulation of clinical facts and analysis of numerous cases contributes to investigations regarding the efficacy of both Kampo and acupuncture & moxibustion treatment modalities as well as the scope their respective indications. This system uses a database built from chief complaints, disease names (names of prescriptions, sites stimulated using acupuncture & moxibustion and stimulation method), anamnesis, findings of tongue, abdominal, pulse and similar diagnostic procedures, oriental medical findings like body type, blood pressure, body temperature and similar general findings as well as hematologic and uranalytic data, that is searchable by setting specific conditions. The above mentioned chief complaints are classified according to the various symptoms, incidence and severity into 5 levels, which the patients are requested to identify themselves during consultations. That is, an "evaluation of subjective symptoms by the patients themselves" allows to identify sequential fluctuations. The SD method (Semantic Differential technique) frequently employed in the field of psychology served as reference for the preparation of this scale.

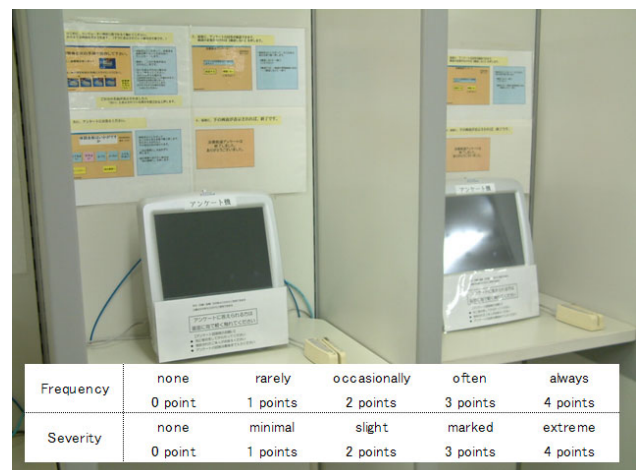
Thus, the TOMRASS is characterized in that it allows to perform cohort research into both the Kampo as well as acupuncture & moxibustion modalities. In the present study we used TOMRASS to conduct a study on outpatients at our oriental medical department presenting with vertigo as their chief complaint in order to investigate the effects of

acupuncture & moxibustion treatment.

2. Methods

The study included 70 patients out of a total of 77 patients, who visited the acupuncture & moxibustion outpatient department of this facility, presenting with either "vertigo" or "dizziness" (including patients who were in continuous treatment) and in whom the vertigo symptoms were evaluated using the TOMRASS more than twice from the start of operation of TOMRASS in May 2001 until June 2006. "Vertigo" was found in 14 patients with an age of 65 ± 8 years (mean \pm SD) and "dizziness" in 56 patients with an age of 54 ± 15 years. The number of treatments for patients with vertigo was 8 : 3-74 (median : range) and for patients with dizziness 8 : 2-126 sessions. The symptoms of vertigo were classified into frequency (none: 0 points, rarely: 1 point, occasionally: 2 points, often: 3 points, always: 4 points) and severity (none: 0 points, minimal: 1 point, slight: 2 points, marked: 3 points, extreme: 4 points) and the patients requested to evaluate their symptoms themselves using these five levels respectively.

During the first consultation a questionnaire is used for this purpose, but from the second visit onwards it is performed in the form of answering questions provided on a touch panel before each treatment (picture 1).



Picture 1 Evaluation of subjective symptoms by the patients themselves

Acupuncture & moxibustion treatment intervals varied widely among individual cases, but administered basically in 1-week intervals. Mainly and most frequently 40 mm long No. 18 and 50 mm No. 18 needles were used for inserting and retaining the needles. For the direct moxibustion a set of 3 half-rice grain sized cones were used most frequently. Acupoints in the order of frequency with which they were used included in the head and neck region Hyakue (GV20; Baihui), Fuchi (GB20; Fengchi), Tenchu (BL10; Tianzhu), Shimo Fuchi (*GB20; lower Fengchi), Kami Tenchu (*BL10; upper Tianzhu), in the abdominal region Chukan (CV12; Zhongwan), Kangen (CV4; Guanyuan), on the back Kensei (GB21; Jianjing), Kanyu (BL18; Ganshu), Hiyu (BL20; Pishu), Jinyu (BL23; Shenshu), on the upper and lower extremities Gokoku (LI4; Hegu), Kyokuchi (LI11; Quchi), Soku Sanri (ST36; Zusanli) and Shokai (KI6; Zhaohai).

3. Results

Examination of the for the 14 patients presenting with "vertigo" classified according to the scores for frequency, severity and frequency + severity shows for the frequency a score from 3 : 0-4 points (median : range) to 1 : 0-3 points, for severity a range from 2 : 0-4 points to 1 : 0-2 points and for the combination frequency + severity a range from 5 : 0-7 points to 2 : 0-4 points. Thus, for each score a significant improvement was observed (Figure 1). For one patient a score of 0 was observed during the first examination. This patient visited for the purpose of vertigo prevention and so the final score too was 0 points.

Examination of the 56 patients presenting with "dizziness" classified according to the scores for frequency, severity and frequency + severity shows for the frequency a score from 2 : 1-4 points (median : range) to 2 : 0-4 points, for severity a range from 2 : 1-4 points to 1 : 0-4 points and for the combination frequency + severity a range from 4 : 2-8 points to 3 : 0-8 points. Thus, for each score a significant improvement was observed (Figure 2).

Examination of the frequency + severity score based on the evaluation criteria listed in Table 1 reveals, like shown in Figure 3, that there were 5 patients (35.7%) reporting improvement, 5 patients (35.7%) slight improvement and 4 patients (28.6%) in whom symptoms remained unchanged, while aggravation was observed in none of the patients (this includes among the 4 patients the above mentioned one patient with an initial and final score of 0 points). On the other hand, among the patients with "dizziness" 25 patients (44.6%) reported improvement, 13 patients (23.2%) slight improvement, 12 patients (21.4%) no change, 6 patients (10.7%) a slight deterioration, while none (0.0%) reported an aggravation. Three of the 5 patients with "vertigo" reporting improvement and 14 among the 25 patients with "dizziness" who reported improvement achieved a final score of 0 points. Therefore the improvement ratio composed of the combined ratio of improvement and slight improvement was thus in any case approximately 70%.

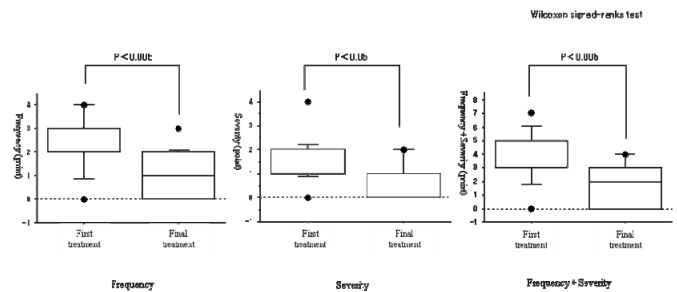


Figure 1 Variations in frequency, severity and frequency + severity of vertigo (n=14)

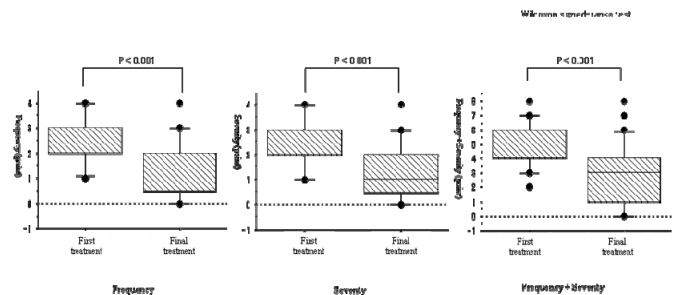


Figure 1 Variations in frequency, severity and frequency + severity of dizziness (n=56)

Improvement	Sample with 0 point score or sample with 3 points improved score for frequency + severity
Slight improvement	Sample with 1 point improved score for frequency + severity
No change	Sample without changed score for frequency + severity
Slight deterioration	Sample with 1 point aggravated score for frequency + severity
Aggravation	Sample with 3 points aggravated score for frequency + severity

Table 1 Evaluation criteria

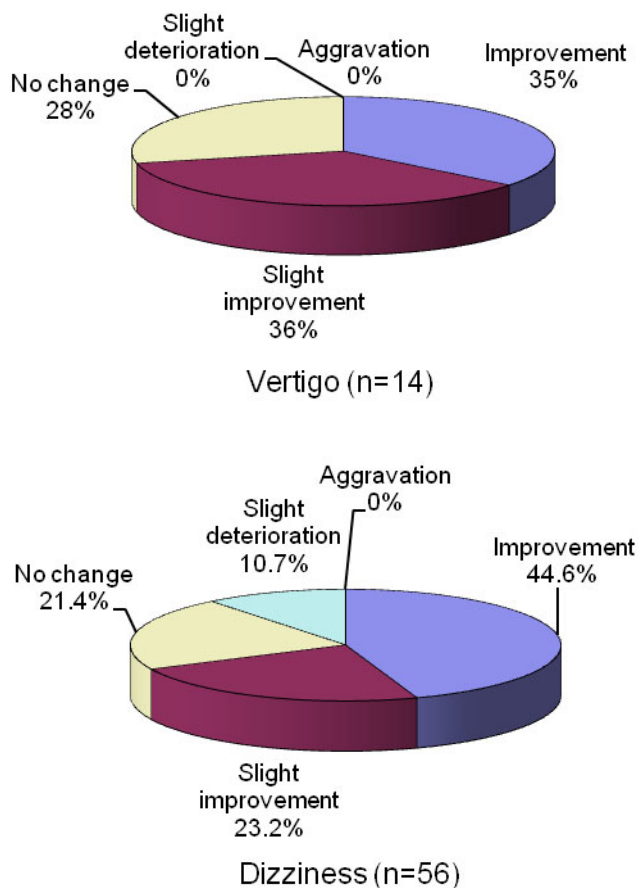


Figure 3 Improvement ratio for vertigo

4. Discussion and conclusion

We examined the effects of acupuncture & moxibustion treatment on vertigo using an evaluation of the subjective symptoms by the patient themselves as indices and found an improvement ratio of approximately 70%, indicating the effectiveness of this treatment modality. Considering that in particular among acupuncture & moxibustion outpatients in whom the

pharmacologic treatment alone may not be very effective, this was thought to be a fairly high improvement ratio. The endpoint in this investigation was defined as the resulting score at the time of the final treatment, but naturally the pathophysiology, number of treatments and treatment duration also need to be taken into consideration and examined separately.

“Introduction of our research facility”

The Tokyo Women's Medical University has developed out of the Tokyo Women's Medical School established in 1900 as the only medical university for women in Japan at that time. In 1984 a study group for Kampo medicine was established within the university and the 'Institute for Oriental Medical Research' affiliated with Tokyo Women's Medical University established in March 1992 around the founding members of this study group. Associated with an expansion of the facility it was moved in December 2007 to its current location in front of Tabata station and its name changed to Tokyo Women's Medical University, Institute of Oriental Medicine (below called 'this institute'). In this institute physicians and acupuncturists perform clinical, research and educational activities.

This institute includes the three sections of a clinic, an acupuncture & moxibustion clinical facility and a facility for health promotion. In the acupuncture & moxibustion clinical facility mainly 4 acupuncturists are engaged in clinics, research and education. The section has 12 beds for acupuncture & moxibustion treatment that are individually separated from each other through partitions (Pictures 2, 3). The number of patients visiting the facility per day varies around 40 persons. Moreover, the facility for health promotion provides the "Kampo health care" programme, integrating Kampo medical and modern medical examination. Within this framework acupuncturists perform Ryodo Raku examinations and offer acupoint guidance. Regarding research, each individual acupuncturist pursues his/her own clinical research and obtained results are then published via the The Japan Society for Oriental Medicine.



Picture 2



Picture 3

Regarding education this university introduced courses about oriental medicine and practical exercises as obligatory subjects in 1992 and among these 2 credits are assigned to acupuncture & moxibustion practice. This was the first time, that a medical university had introduced acupuncture & moxibustion into its curriculum. This attempt has been realized, because the first professor of the department, Dr. Fumihiko Shirota, had placed great emphasis on acupuncture & moxibustion related education similar to the education in Kampo medicine. A questionnaire performed among the students of this medical university following completion of the course showed, that 97.3% reportedly recognized the necessity for acupuncture & moxibustion courses and 96.1% of the students reported, they would recommend acupuncture & moxibustion treatments, thus verifying the high level of interest in the subject²⁾. Since 2005 a system of clinical acupuncture & moxibustion practice has been established and efforts pertaining to postgraduate studies for acupuncturists are made.

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- 2) Ebiko K, Kikkawa M, Fujii A, Kimura Y, Arai M, Sato H: Attitude survey among medical students pertaining to acupuncture & moxibustion – comprehension and awareness after completion of acupuncture & moxibustion classes; *Journal of The Japan Society for Oriental Medicine* 56 (4), 591-597, 2005

Clinical Report 2

Severe Pain on the Right Side of the Chest and Hypochondrium—No Abnormalities Found in Tests

Zen'ichiro Watanabe
Fuji Nikoniko Clinic

Case: 17 year-old female (2nd year student of junior high school)

Chief complaint: Right side of the chest and hypochondrium regions

Present history: The patient began to have strong pain on the right side of the chest and hypochondrium regions half a year ago and had to take a leave of absence from school 3 to 4 days a week. She underwent blood tests and even CT scan at the internal medicine, surgery, and gynecology of Y municipal hospital. However, no abnormalities were found. She was told “no appendicitis” and “the cause of the pain was unknown.” For treatment, Loxoprofen, Timentidum bromide, and Lac-B were prescribed in case of the onset. She had stomach medicines prescribed by other clinic. With these medicines, relief was not attained and she visited our clinic.

Oriental medical findings

Objective-signs:

Inspection: Dark circles around her eyes. Auscultation

and Olfaction: No special mention. Tongue

diagnosis: Dark red tongue with dark spots and only a few sublingual veins. Pulse diagnosis: Strong-like,

slippery, and rapid. Also, when chi-pulse (尺脈) is deep pressed in, will slightly wiry. Abdominal diagnosis:

Oppressive pain along the epigastric region to the right under-arm (the place of the pain complained).

Oppressive pain also in the right lower abdomen (the point of blood stasis).

Subjective-symptoms: Stressful (had to juggle both studies and activities of the brass band club). Late menstruation sometimes. Sleep 3:00 to 6:00 without dreaming. Normal defecation. Normal diet- 3 times/day. No sensations of cold and heat.

Diagnosis: Liver qi stagnation and bad blood circulation

Therapy: *shigyakusan + keishibukuryogan* (Tamura Pharmaceutical Co., Ltd., 7.5 g each 3 times a day)

Course: Relief of pain was observed on the second

visit, 14th day from the commencement of the administration, during which term the patient commuted to school without a leave of absence. Mild pain appeared only when she was tired. Pulse became stable. The tongue still had spots but the color became light. The abdominal diagnosis indicated relief to the extent that the patient felt only slight oppressive pain in the same regions when oppressed strongly. The 14 days doses of the same formula were prescribed and instructions were given to the patient not to push herself beyond the point of fatigue. Then the treatment completed and thereafter no abdominal pain has occurred.

Discussion: The patient is a typical case of the stagnation of liver qi in terms of Kampo medicine. Usually patients with liver qi stagnation do not present such strong pains that prevent them from commuting to school. The patient was presumed to have severe pains due to the presence of not only the stagnation of qi but also blood stasis. In sum, the patient suffered severe stress because she tried to take balance between studies and club activities, which induced the obstruction of the movement of diaphragm qi, causing “stagnation-caused pain” – which was then followed by the non-circulation of the blood, and symptoms such as late menstruation periods, dark circles around the eyes, and dark tongue spots appeared.

These conditions that Western medicine is unable to diagnose are often seen in functional diseases rather than in organic diseases, and often need a mental approach. For the case of the patient, it was considered necessary to prioritize pain procedures before providing counseling. The prescribed *shigyakusan* removed the pain with bupleurum root that worked on soothing and regulating liver qi in combination with the added younger immature bitter orange that worked on breaking the stagnation of qi to promote the flow of qi. And peony root and licorice root worked on removing acute pain. *Keishibukuryogan* worked on the circulation of qi and the blood with cassia bark and peony root; and on activating blood and resolving stasis with peach seed and tree peony bark; and on invigorating the spleen and calming the mind with tuckahoe. The author considers that

the combination drugs may have enabled the circulation of qi and blood resulting in the prompt relief of pain. “As long as circulation is being done, there is no pain.”

Clinical Report 3

One Case of Uterine Adenomyosis Responsive to Daiobushito-Based Decoction

Mitsuyuki Takamuara

Mie University Occupational Health Research Project

Hikomichi Yasui

Japan Institute of TCM Research

Case: Female, 28 years old

First visit: September 3 of the year X

Chief complaint: Menstrual cramps and constipation

History of present illness: Menstrual cramps began to become severe about three years ago. Abdominal pain developed from the first day of her periods and she could hardly stand it. Although the patient used analgesics (loxoprofen) when the onset developed, she gained no relief of the pain and had to receive a pentazocine injection. During the first half of the day, the cramps were so severe that she lost consciousness sometimes. Bleeding on the first days was heavy with clots. She had a diagnosis of “uterine adenomyosis” by an OB/GYN doctor and received *tokishakuyakusan* without any effects.

Appetite: Ordinary

Sleep: Good

Urination: 5 times/day, night urination - once

Bowel movement: 3 times/day with the use of laxatives (sodium picosulfate, sennocide) for constipation. Hard stools. *bofutsushosan* was effective only when used for the first time.

The body felt cold, especially extremities. No hot flashes.

Present symptoms: 154cm, 54kg

Pulse: Deep, thready, and wiry

Tongue: Pale colored with white furs and moist.

Abdomen: Strong resistance and oppressive pain in both paraumbilical areas. Epigastric distress and hardness (+).

Diagnosis: Stagnation of Qi and blood stasis due to accumulation of cold

Therapeutic strategy:

The underlying clinical condition was considered

to be an accumulation of cold caused by the invasion of cold from outside and yang deficiency. The present condition was also considered such that this cold accumulation caused the stagnation of Qi and blood stasis, inducing the blockage of the flow of large intestine Qi leading to the accumulation. Therefore, the treatment is required to basically release and eliminate the accumulation of cold to allow the circulation of stagnant Qi and the removal of blood stasis.

Course:

Firstly, *daiobushito* (*Rhei* Rhizoma-2g, *Aconiti* Radix Processa-2g, *Asiasari* Radix-4g) was experimentally administered to get rid of the accumulation of cold. A ten-day administration of the formula improved bowel movements and the body became warm. Two weeks after the start of the administration, menstruation resumed. However, pain was still severe so that the patient could not endure it without having an injection of pentazocine. Bleeding still had clots mixed. The blood clots meant the existence of stagnant blood. As this formula works to improve the accumulation of cold but does not work on Qi stagnation and blood stasis, the result is logical. So, on September 20, drugs for activating the blood and eliminating the stagnation were added and the formula was modified as follows.

Rhei Rhizoma 2g

Aconiti Radix Processa 2g

Asiasari Radix 4g

Persicae Semen 4g

Cinnamomi Cortex 4g

Corydalis Tuber 4g

Angelicae Acutilobae Radix 4g

Cnidii Rhizoma 4g

Paeoniae Radix Rubra 4g

Glycyrrhizae Radix 2g

Poria 4g

Right after the administration of this modified drug, the pain improved slightly, so the patient was maintained on the same drug. On November 2, in order to strengthen the action on Qi stagnation,

Ciperi Rhizoma 4g was added. Subsequently, menstrual cramps gradually became less severe. On March 30 of year X+1, to further increase the effect on cramps, the amounts of *Aconiti* Radix Processa, *Ciperi* Rhizoma, *Corydalis* Tuber, and *Paeoniae* Radix Rubra were increased. On the April 17th visit, the patient claimed that cramps abated greatly and felt well every day. During her May period, an injection of pentazocine was unnecessary. And then the severity of cramps gradually reduced to the extent that she could lead a normal life. Currently (June of year X + three years) cramps further abated and the patient lives a life of comfort. She has become vigorous without cold extremities.

Consideration:

Traditional Chinese medicine classifies menstrual cramps into five types and has different approaches and prescriptions prepared that fit to individual types. The case of the patient falls under the type of accumulation of cold in the uterus. The patient's constitutional predisposition is yang-deficiency, upon which cold from outside was piled up inside the body. This caused the obstruction of the flow of large intestine Qi and thereby the accumulation occurred, leading to severe constipation. An ideal treatment was to disperse and resolve the accumulation of cold by warming. The use of a cold type of rhubarb, despite the presence of the strong internal cold, was aimed at resolving the accumulation while the use of warm types of aconite and Asiasarum root was aimed at counteracting the act of the cold of rhubarb. The drugs for activating the blood and eliminating the stagnation were used in combination with the drugs for regulating Qi to respond to the Qi stagnation and blood stasis which were caused by the accumulation of cold. These drugs worked in cooperation to improve the pathological condition. The core element of this formula is no less *daibushito*.

Kampo Dermatology – Clinical Studies

Treatment of Rosacea-like Dermatitis with Kampo (3)

Fumino Ninomiya
Aoki Clinic

Palmoplantar pustulosis develops pompholyx on the palms and soles. They turn to pustules in time, become red when dried, and fissured with itch. Although any particular cause is not known, catching a cold or tonsillitis exacerbates the symptoms. There is a way of viewing that dental focal infection and allergy to metal ions may be involved in this disease. This disease indicates the link between the interior of the body and the skin as an internal inflammation causes inflammations at the ends of hands and feet.

Blisters eczematize and become itchy. This condition is called dyshidrotic eczema, which becomes purulent, forming pustules or puss-filled blisters (pus formation), where no pus-producing bacteria are present. The pustules have no bacteria and differ from true pustules in characteristics.

The blisters developed in palmoplantar pustulosis indicate that the five viscerals are disturbed. From the Kampo perspective, there is a big problem in “water-sweat” and the blisters are deeply related to hyperhidrosis. The treatment needs to be made by finding where the water-related causes lie and then removing the pathological water.

Figure 1 describes the developing flow of palmoplantar pustulosis from the Kampo perspective. Water becomes stagnant mostly by the stagnation of defense qi due to lung qi deficiency. The retained defense qi causes moist heat (thermal fever), which is combined with pompholyx (the stagnation of water) to form pustules or puss-filled blisters. In a broad sense, these are associated with kidney qi in the basal layer and spleen qi in the stratum spinosum, suggesting that water is stagnant, which is caused by the qi deficiencies of

the lung, spleen and kidney together with the involvement of lung qi in the stratum corneum.

”*Jumihaidokuto*” will suffice for treating only pustules. However, if water metabolism is involved in the problem, its “sho” or symptoms are multiple and drugs for inducing diuresis must be used. For instance, “*epikajutsuto*” is used for redness caused by inflammation just before the development of blisters, and “*goreisan*” and “*choreito*” for blisters.

In fact, if pustules are treated and recovered, what remained to be treated are pompholyx. And if pompholyx is treated and disappears, what to be treated is hyperhidrosis. This is an important point. This dermatitis should be treated based on the notion that it is triggered by hyperhidrosis.

Case: Palmoplantar pustulosis

60-year old female

Present illness: In June of a year ago when menopause occurred, palmoplantar pustulosis developed. Pustules appeared on both feet and then on palms.

Present symptoms: In addition to palmoplantar pustulosis, joint pains including back pain, sternoclavicular pain, cervical pain, shoulder pain. Opacified nail plates and thickened nails on hands and toes

Abdominal sho: Fullness in the right chest and hypochondrium

Examination: Total cholesterol 268mg/dl Neutral fat 274mg/dl

Treatment and course:

Used drugs were *hainosankyuto* 5.0g, *bofutsushosan* 5.0g, and subsequently *jumihaidokuto* 5.0g, *bofutsushosan* 5.0g and biotin for 14 days. With thee drugs, nearly recovered condition.

In March of this year, the tendency of hyperhidrosis was observed. Palmoplantar pustulosis recurred. For the pains in various joints, Voltaren suppository was used sometimes.

For the relapse, used drugs were *shigyakusan* 5.0g, *bofutsushosan* 5.0g, and biotin for 14 days.

Diagnosis of skin (–), opacified nail plates and other disorder were cured with almost no remaining opacity.



Before treatment



Before treatment



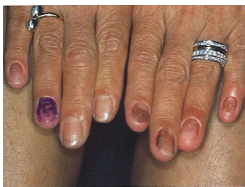
Two weeks later



Four weeks later



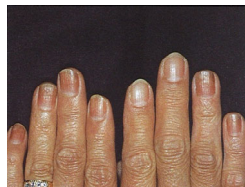
Cured after relapse



Before treatment



Two weeks later



Four weeks later



Cured after relapse

Medical History in Japan

Origin of Japanese Acupuncture: Waichi Sugiyama and his Text – Sugiyama Shindenryu (3)

Jikan Oura

Medical Historical Research Department

Kitasato University Oriental Medicine Research Center

3. The techniques of Sugiyama Shindenryu

“There are over 100 guide tube acupuncture techniques described in “Sugiyama Shindenryu”. 18 of those are considered the foundation. The description of these techniques should make people understand how Waichi and his students performed their acupuncture. From these I will present some representational techniques below and describe some important reminder and purpose of each technique.

A. *Jakutaku Jutsu* “Sparrow Pecking Technique”

[Method]

The needle is inserted perpendicularly to the “appropriate” depth. This is variable depending on the practitioner’s sense, the sensitivity of the patient and the condition. At that depth, the needle is moved up and down in a small range with the image of “a sparrow pecking for food.” This is continued for 4-5 breaths of the patient. While pausing for 1-2 breaths the needle is floated up to a superficial level. It is then returned to the suitable depth and a gentle twisting is applied. This is continued until a mild, comfortable sensation is achieved. The needle is then removed and the point closed immediately.

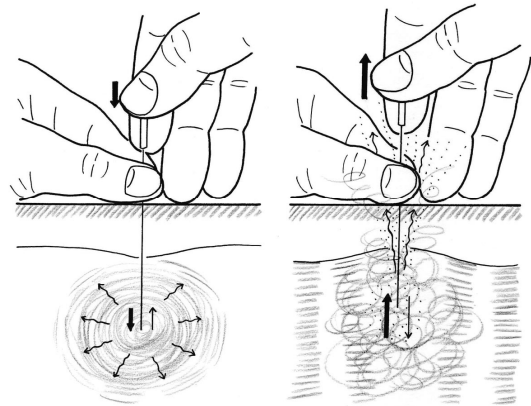
[Notes]

Jakutaku Jutsu is the basic technique for relaxing muscle tension and relieving pain. It can be either tonifying or sedating.

Depth of insertion varies depending on whether patient is heavy or thin and the underlying anatomy at the insertion site. Basically, in hot areas insertion is shallow, cold areas it is deep. And the greater the skill of the practitioner, the shallower the insertion needs to be. Thus, it is often referred

to as “appropriate depth of insertion”.

As for range of motion and rhythm of “pecking”, it is advisable that the movement is small and slow at first, and then gradually becoming larger and faster. Keeping the same rhythm is not effective so there should be random variations, pausing and resuming until there is a comfortable sensation that spreads out from the area.



[Figure: Tonification or sedation technique (Jakutaku Jutsu)]

B. *Zuishin Jutsu* “Following Needle Technique”

[Method]

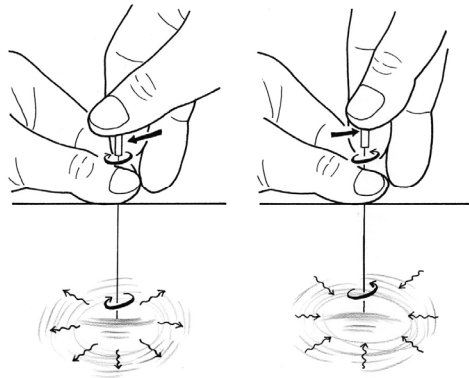
The practitioner pays attention to the patient’s breathing when inserting a needle. The needle is inserted on the patient’s exhalation and stopped on inhalation until it reaches an appropriate depth. After reaching appropriate depth there is a pause. Then gentle twisting is applied and continued for 70-80 breaths of the patient. This technique will gather Qi at the needle tip. This is continued until both patient and practitioner feel a harmonizing sensation to gather Qi inside of the patient’s body at the needle tip just as floating a big stone on water. Then the needle is brought to the surface on inhalation and stopping on exhalation. The needle is removed in the pause between inhale and exhale. Point is closed immediately after removal.

[Notes]

Zuishin Jutsu is a basic technique for tonification and generally used for deficiency of the abdominal region to activate the function of the internal organs.

Inserting the needle in conjunction with the

breathing, twirling the needle in conjunction with the breathing to gather Qi and then retracting the needle in conjunction with the breathing is the meaning of the name for this technique. The breathing of the practitioner is important to gather Qi beneath the needle. Imagine that the Qi spreads throughout the abdomen from the needle tip while the practitioner slowly exhales and with a gentle push onto the needle tip, slowly twirling the needle, will cause the Qi to gradually spread throughout the abdomen of the patient.



[Figure: Gathering Qi with the tip of the needle using the Following Needle technique (Zuishin Jutsu)]

C. *Okurou Jutsu* “Three-step dispersion of indurations with the Leaking Roof technique”

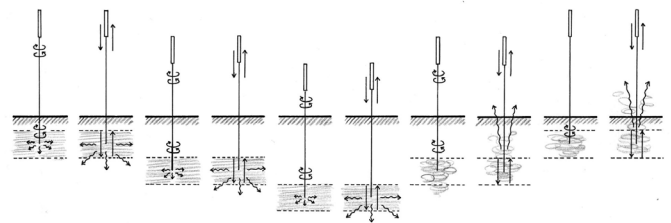
[Method]

First insert the needle in a straight line from a depth of 10 mm to 20 mm. Twirl the needle there over a period of 5-6 breathing cycles and once you have explored the Qi of the surface layer proceed and roughly retract and reinsert the needle over a duration of 5-6 breathing cycles like dripping rain. Next, advance the needle straight down deeper for a period of about 5 minutes from a depth of 10 mm to 20 mm. Apply here the same twirling of the needle and once you have obtained the Qi of the intermediate layer apply the same rough retraction and reinsertion of the needle. Again, insert the needle still further straight down by 10 mm to 20 mm, twirl the needle similarly and once you have obtained the Qi of the deep layer apply here too the same rough retraction and reinsertion of the needle.

Upon final retraction of the needle pull it out in a straight line by about 10 to 20 mm and again after applying the same needle twirling roughly retract and reinsert it, retract the needle for the next 10 to 20 mm and again after applying the same needle twirling roughly retract and reinsert it, then finally remove the needle completely and slowly close the needling mark.

[Notes]

The leaking roof technique is a representative reducing technique. It is used to achieve relaxation of muscle indurations in a stratified way from superficial to deep layers. It is applied in cases of excessive accumulation of the evil Qi in the epigastric region or for severely hardened muscles of the lumbar and gluteal regions. For a state of deficiency in the abdomen a tonification technique like the "three tone technique" is used, where the pressing hand applies pressure onto the needle tip and the needle is twirled for prolonged periods of time in the different depths of the upper, middle and lower level.



[Figure: Three-step dispersion of indurations with the Leaking Roof technique (Okurou Jutsu)]

D. *Saishi Jutsu* “Finely tapping the needle handle Fine Finger technique”

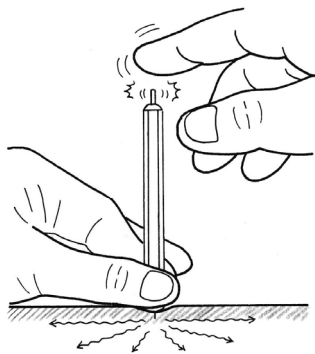
[Method]

Insert the needle into the tube, place it against the painful area and tap the needle handle protruding from the needle tube with the tip of your finger finely for 100-200 times. The higher the number of taps applied the better. After the tapping suddenly remove the needle, the tube and the pressing hand all together in one movement and put them on another painful spot and tap the needle

handle there in a similar fashion. Apply this movement to several spots and then complete the treatment.

[Note]

The fine finger technique serves to relief superficial muscle tension spreading over extensive areas and thus has the purpose of alleviating pain originating from superficial layers. For example, application of this fine finger technique at several sites when a persons is in the initial stages of catching cold, where there is marked stiffness and pain in an extensive area from the neck to the shoulder, relieves the skin tension and induces sweating, thus reducing pain and providing some relief. The essential point here is the use of the fingers for the fine tapping the needle handle.



[Figure: Finely tapping the needle handle Fine Finger technique (Saishi Jutsu)]

E. Sanpou Jutsu “Three Method technique using the needle insertion conversion”

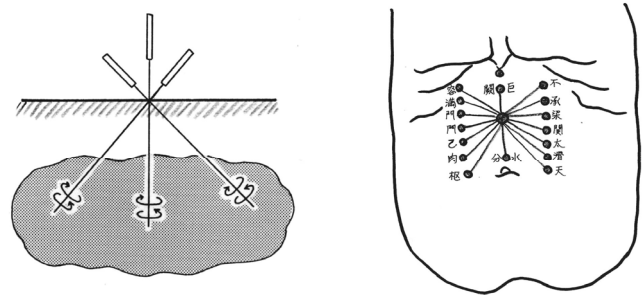
[Method]

Initially the needle is inserted perpendicularly to the appropriate depth. Then twisting technique is applied with the intention of dissolving stagnation due to cold. After sensing the stagnation is relieved, the needle is brought back to the surface. The needle direction is then changed to the left, reinserted to the appropriate depth and the technique is repeated. Then back to the surface and repeated to the right. After all stagnation is cleared from that point the needle can be removed.

[Notes]

The three method technique is used when cold evil has led to stagnation of Qi and Blood within a somewhat limited region on a slightly deeper level and has been causing pain. For example when chilling caused abdominal pain this technique is applied to Chukan (CV12, Zhongwan) or Tensei (ST25, Tianshu) or else on the deltoid muscle of the shoulder. According to the "Official Needling" compilation of the "Ling Shu", this method is an application of the "Equal needling".

There are many other techniques applying the needle insertion conversion like the "Four sides of heaven", the "Four sides of man" and the "Four sides of earth" techniques. Depending on the condition of the site at which these techniques are applied the direction of the insertion and the techniques employed after the insertion may differ.



[Figure: Three method technique, Four sides of heaven, man and earth technique]

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Kanebo Pharmaceutical, Ltd.

Like the cherry trees along Potomac River, Kanebo wishes to play a role of the bridge for friendship and health between Japan and U.S.A.



History of the Cherry Trees in Washington, D.C.

The plantings of cherry trees originated in 1912 as gift of friendship to the United States from the people of Japan. In Japan, the flowering cherry tree or "Sakura", as it is called by the Japanese people, is one of the most exalted flowering plants. The beauty of the cherry blossom is a potent symbol equated with evanescence of human life and epitomizes the transformations Japanese Culture has undergone through the ages.

Excerpted from National Park Service