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A good motive creates a selfless devotion.

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

The same philosophy is applied in handling the numerous high-quality formulas created at their labs where highly advanced scientific and pharmacological researches are conducted. The company's state-of-the-art facilities that comply with GMP standards turn out various extracts to be incorporated into their pride products.

"Every merchandise is the by-product of our sincere devotion to delivering a lineup of products that not only work for the customers' body, but also bringing peace of mind as well," Tsuji concludes, "delivering the right product to customers who appreciate our knowledge and devotion is our ultimate goal."



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

Research on Theory, Practice and Integration

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2550 Shattuck Avenue, Berkeley
California 94704-2724, U.S.A.

**The Journal of
Kampo, Acupuncture and Integrative Medicine**

Volume 3, Number 4 · Winter 2008

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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.

Editorial

Why necessary to use kampo when doctors have mastered the Western medicine?

In Japan, doctors go through 6 years of education before obtaining a medical license and majority of 2 years for training to acquire the Western medicine. Although the education of medical students requires taking kampo for the past few years, kampo education has not become standardized and in-depth knowledge of kampo is not necessarily required to obtain a medical license. Additionally, perception about the kampo treatment has not been unified in the medical community of Japan. However, doctors voluntary learning kampo have increased in recent years and over 70% of doctors have prescribed kampo.

In Japan, why doctors spend a lot of time learning kampo and use it for medical treatment although they have already mastered the advanced Western medicine using the modern science?

The greatest benefit of kampo is that doctors can provide treatment based on a symptom given by a patient even when it was difficult to identify the name of sickness defined in the Western medicine. For kampo, disease name is not needed for treatment because it has different medical theory. This is very useful in clinical practice. Unknown symptoms and clinical condition can be linked and it could be a way to settle each individual difference, meaning that it can easily correspond with individual differences of patients.

The second benefit is the distinct medical approach that kampo utilizes patient's condition all together such as physical and psychological symptoms, as well as genetic factor, gender difference, and environment factor. This approach is a basic of the kampo treatment. It makes up for disadvantages of the Western medicine and also helps to promote trust with patients.

The third is that number of dosage can be decreased because one prescription of kampo can correspond with broad symptoms. It would help to increase compliance.

Additionally, it should be highlighted that kampo can provide treatment that can increase physical energy and promote immunity. By increasing the physical energy and stabilizing body's internal environment, standard medical remedy can be reduced. This approach is used especially for treating insomnia and mental instability.

On the other hand, process of kampo treatment requires medical providers and patients to use the five sensory organs. Utilization of the five sensory organs seems to promote vital activities and motivation and helps to stabilize mental conditions of patients. Patients have to actively participate in treatments to promote their five senses. Positive attitude of patients can lead to better treatment selection and increase satisfaction and help to conduct other treatment smoothly.

However, it is difficult to present in numerical terms the effectiveness of medical quality. It can be influenced majorly by subjective findings such as palpation and visual examination, as well as externalized feedback of patients. I agree to perform semi quantitative studies such as highly reliable RCT to determine diagnostic approach and effectiveness of kampo remedy. However, it is difficult to randomize and apply double blind to achieve treatment method and specificity of medicine. Additionally, kampo remedy is a multi-component complex and not medicine designed from a single component. It is difficult to decide primary or secondary based on each outcome. Although kampo remedy has been studied to collect cases for a long period of time, it is considered that reliability level is low for those cumulated cases. It has just started to evaluate kampo based on highly-reliable clinical research and we are still looking for methods of clinical research suitable for kampo. In order to clarify the effectiveness of kampo remedy that contains unknown constituent, a qualitative testing could be useful, which works to create a hypothesis during research or after research.

We must unify the kampo treatment with the Western medicine based on the evaluation of the clinical study and create better medical sector.

Mihoh Koga, M.D.

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Japanese Acupuncture - Current Research

Practice and Awareness of Acupuncture and Moxibustion

Practitioners engaged in Cancer Treatment

– Through Interview Survey and Qualitative Study –

Kazuma Ito
Kyoto University

I. Prolusion

Cancer is a disease that can make a profound impact on us. Cancer pain and multi-symptoms cause an enormous psychological and physical burden.

Cancer has now become something familiar to the Japanese. In 2005, cancer accounted for the largest number of all deaths¹ (30.1%) in Japan. The cancer incidence and cancer deaths are predicted to increase in the future², and this disease will become more common to us.

In the treatment of cancer in recent years, complementary and alternative medicine garners attention for improving QOL of cancer patients and it is, indeed, practiced. The treatment with acupuncture and moxibustion, which is part of complementary and alternative medicine, has a long history in East Asia, and it has spread further to Europe and the United States. Disseminating reliable literatures and articles on cancer and its treatment with acupuncture and moxibustion will contribute to research and study developments as well as promote the people's behavior of receiving acupuncture and moxibustion for the treatment of cancer. And so, I have searched the publication status of literatures on cancer and acupuncture and moxibustion treatment in Japan of recent years, and will report the results of a qualitative study on the awareness of acupuncture and moxibustion practitioners who perform cancer treatment.

II. Search of literatures on cancer and acupuncture and moxibustion treatment

¹ Ministry of Health, Labor and Welfare "Table 5 Leading Causes of Death by Sex (top10) the number of other deaths/rate distributions"
Hand Book of 2005 Population Survey Report (determinate number)
<http://www.mhlw.go.jp/toukei/saikin/hw/jinkou/kakutei05/hyo5.html>,

1. Introduction

In order to find out the connection between cancer treatment and the treatment with acupuncture and moxibustion, the research status in Japan was searched through a bibliographic information database.

2. Method

The 1983-2008 editions of ICHUSHI, a web journal, were used for database search. The used key words for data extraction were "cancer in Japanese hiragana or kanji," "acupuncture in kanji or hiragana," "moxibustion in kanji or hiragana," and "acupuncture and moxibustion in kanji." Conference minutes were excluded.

3. Results and consideration

The extracted number of literatures and articles was 141. All these sorted by the year of publication were as follows: 30 (21.3%) in the years of 1983-1990, 44 (31.2%) in 1991-2000, and 67 (47.5%) in 2001-2008, showing an increasing trend. The contents were classified into one publication (0.7%) of "Incidence Prevention/Recurrence Prevention/Physical Condition Management," 12 (8.5%) of "Reduction of Side Effects," 34 (24.1%) of "Alleviation of Symptoms," 14 (9.9%) of "Palliative Care," and 80 (56.7%) of "Others" relating to recommendations and enlightenment. As a result, two points were clearly indicated.

(1) Interest in cancer treatment with acupuncture and moxibustion was increasing.

(2) Most of these literatures were case reports, case-series and interpretations.

III. Awareness survey of acupuncture and moxibustion practitioners

1. Introduction

There were very few qualitative studies conducted relating to relationships between cancer patients and acupuncture and moxibustion practitioners. Knowing of cancer patients, the practice of acupuncture and

October 25, 2006

² Health, Labor and Welfare Statistics Association. "Kokuminno Fukushono Doukou" extra edition of Koseino Shihyou Vol. 48, 12-go (2001) p.24

moxibustion practitioners, and their awareness will provide an abundance outlook to not only the field of humanities and social sciences but the field of natural sciences.

And so, a survey was conducted by means of a qualitative study about part of the practice and awareness of acupuncture and moxibustion practitioners engaged in cancer treatment.

2. Method

A. Scope and attributes of the individuals being studied

The scope of the individuals being studied was limited to the acupuncture and moxibustion practitioners who met all of the following requirements:

(1) Those who had the experience treating cancer patients for five years or more, and/or those who were judged as having adequate experience to qualify participation in the study although they did not have the required five years experience treating cancer patients.

(2) Those who had the experience treating 10 or more cancer patients.

(3) Those who had the experience of conference presentation, submission of paper, or writing a book. Or those who had a referral from the publisher of an acupuncture and moxibustion related journal.

As a result, 13 practitioners were included in the study. These 13 were classified into hospital acupuncture and moxibustion practitioners and private-practice practitioners. The hospital acupuncture and moxibustion practitioners were further classified by hospital type into “university hospital,” “cancer center,” “palliative care unit,” “holistic medical center.” (Table 1)

B. Methodology

1. Contents of the qualitative study

Analysis was made referring to the qualitative content analysis³. The order of analysis is as follows:

(1) Question items were created and interviews were conducted.

(2) The contents of interviews were documented and then numbers were assigned by context for data digitization.

(3) Characteristic texts concerning the practice and awareness of acupuncture and moxibustion practitioners were extracted from the digitized data.

(4) Subcategories of concrete contents were created from the contents of the extracted texts.

(5) Common concepts were extracted from the subcategories and then categories were created.

2. Survey method

a. Interview method and contents of questions

The technique of the semi-structured interviews was used for interviewing.

The questionnaire was about the contents of the practice of acupuncture and moxibustion treatment and awareness of the practitioners included in the studied toward cancer patients and cancer treatment. Ethical matters and concerns such as personal information protection were explained to the study participants from the ethical perspective.

b. Survey period and interview duration

The survey period was from August 9, 2006 to October 4, 2006. The interview frequency was once per person with the length of an interview from 90 to 120 minutes.

³ An Introduction to Qualitative Research – an methodology for <Human Science> written by Professor Flick Uwe, translated by Hiroshi ODA, Norko YAMAMOTO, Tsune KASUGA, et al. Tokyo:

ShinjuSha, 2002 pp. 237-241

Table 1 Attributes of the study participants⁴

	Sex	Age	Hospital type	Years of acupuncture & moxibustion experience	Years of experience of Cancer Treatment	Contents of medical care ⁴
A	Male	30s	University hospital	6 years	5 years	Chinese medicine
B	Female	30s	Cancer center	9 years	7 years	Meridian treatment
C	Male	30s	University hospital	9 years	8 years	Chinese medicine
D	Male	30s	University hospital	8 years	5 years	Chinese medicine
E	Male	40s	University hospital	18 years	15 years	Chinese medicine and modern medicine
F	Male	40s	University hospital	22 years	14 years	Chinese medicine
G	Female	60s	Cancer center	18 years	15 years	Meridian treatment
H	Male	20s	Palliative care unit	3 years	2 years	Meridian treatment
I	Male	40s	Holistic medical hospital	11 years	10 years	Chinese medicine
J	Male	50s	Private practice	23 years	18 years	Ancient Chinese medicine
K	Mal	50s	Private practice	30 years	27 years	Traditional Chinese medicine
L	Male	50s	Private practice	36 years	36 years	Meridian treatment
M	Male	60s	Private practice	31 years	15 years or more	Chinese medicine

3. Results

The focal point in the analysis was placed on practitioners' subjective viewpoints or perspectives. Interviews were classified into "Category" and "Subcategory."

A. Practice of the acupuncture and moxibustion practitioners

The practice of these practitioners was defined as the

⁴ Explanation of Contents of medical care

Traditional Chinese medicine was systemized in China in around 1956. This medicine is also called Modern Chinese medicine because of the period when the systemization took place and the medical contents.

- Meridian treatment is the treatment system created in Japan in around 1941.

- Modern medicine is acupuncture and moxibustion treatment with the introduction of knowledge of modern medicine in the treatment.

- Ancient Chinese medicine is the treatment system now being built with the focus on the medicine before Chinese basic classics "Plain Conversation" and "Spiritual Pivot" of

Traditional Chinese medicine came in the world.

- Traditional Chinese medicine, which is based on "Plain Conversation" and "Spiritual Pivot," is a treatment system composed of a part of or the whole of traditional medicine of China developed from "Plain Conversation" and "Spiritual Pivot. What makes differences between Chinese medicine and Traditional Chinese medicine is that Chinese medicine systemizes the essence of Traditional Chinese medicine to suit the modern age, whereas Traditional Chinese medicine encompasses the concepts, theories, and treatment methods that Chinese medicine failed to incorporate.

As above, there are a variety of treatment forms available in Japan.

disease period that involved the time used for the treatment (treatment time) with acupuncture and moxibustion and the term during which the treatment with acupuncture and moxibustion was performed. They are referred to, according to their attributes, as “hospitals” in abbreviated form for those working for hospitals and “private practices” for those on private practice.

1. Treatment time

The treatment time meant the amount of time used for examination, treatment and conversation with a patient. The treatment time in the hospital was on an average 30-40 minutes, ranging from 5 to 60 minutes, whereas in the private practices, it was 40-60 minutes on an average, ranging from 10 to 90 minutes.

2. Disease period in which acupuncture and moxibustion treatment was performed.

Cancer disease period was classified into initial term, middle term, and late term. The initial term was defined as the period from surgical treatment to the start of chemotherapy or radiation. The middle term was defined as the period in which chemotherapy or radiation therapy was being performed aiming at a longer survival. The late term was defined as the period when it became difficult to have effectiveness from the treatment aimed at a longer survival. The late term was further classified into early stage of the late term for a limited life expectancy of six months to several months, the middle stage of the late term for a limited life expectancy of several months to several weeks, the late stage of the late term for a limited life expectancy of a few days, and the stage shortly before death for a limited life expectancy of several hours. (Figure 1)

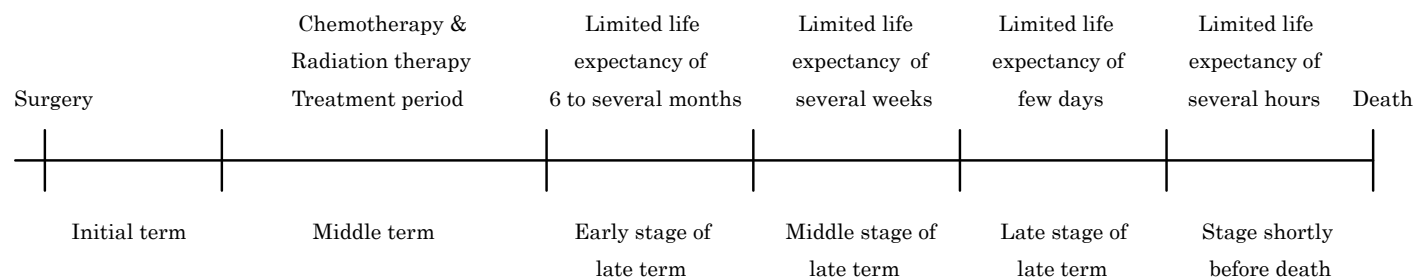


Figure 1 Cancer Disease Period (above)

In terms of the disease period in which acupuncture and moxibustion treatment was performed, the hospitals performed the most number of treatments during the middle term to the late term whereas private practice had the most number in the middle term.

B. Awareness of acupuncture and moxibustion practitioners

Awareness of these practitioners is defined as the way how they have relationships with patients and their understanding of patients. So, how they communicate with patients and their understanding of patients will be described below:

1. Ways of communication

Understanding patients, which is the basic to medical practice, needs to have communication with them. And what patients told in conversations (patients' conversations) will be described hereunder. Then, the types and the contents of what the practitioners told in conversations (practitioners' conversations) will be shown below.

All the study practitioners considered “having good communication was essential.” It was also found that they had both verbal and nonverbal communication.

The contents of patients' conversations were “about patients” and “about the contents of treatment.” (Table 2) The contents of each conversation covered a wide range of topics. The contents of about patients included “how they should live with or how to spend what the time they had left” and “something that the deep inner surface expressed like spiritual pain.”

Category	Subcategory	Contents
Contents relating to patients	Contents of patients themselves	Patients own disease and health
		Psychological distress
		Social distress
		Spiritual pain
		Everyday life
		Past experiences
		How to live with or how to spend the time left
		Personal life
	Contents of patients families	Everyday life
		Family relationships
		Psychological distress
Contents relating to medical care	Contents of modern medicine	Modern medical treatment
		People engaged in medical care
	Contents of acupuncture and moxibustion	Acupuncture and moxibustion treatment
		Acupuncture and moxibustion practitioners

Table 2 Contents of Patients' Conversations

The verbal communication brought out by acupuncture and moxibustion practitioners was made through giving verbal/vocal messages. The types of their conversations were "general conversations," "sympathetic conversations," "modern medical conversations," "conversations about indications and limits of acupuncture and moxibustion, and the potentiality," "body reaction conversations," "guidance conversations," and "awareness-raising conversations." (Table 3) These conversations were made in response to the contents of the patients' conversations or for conveying to the patient what the practitioners felt. "Body reaction conversations" were made on the basis of body conditions such as patient's pains and skin conditions of the patients felt by the study practitioners.

Category	Subcategories	Contents
Verbal/vocal messages	General conversations	Some are the contents responding to the contents of conversations that the patients bring out, or the contents being conveyed of what the practitioners felt.
	Empathetic conversations	
	Modern medical conversations	
	Conversations about indications and limits of acupuncture and moxibustion, and the potentiality	
	Body reaction conversations	
	Guidance Conversations	
	Awareness-raising conversations	

Table 3 Verbal communication/Types of conversations of acupuncture and moxibustion practitioners

Nurses contact with the bodies of patients for drying off with a towel or massages. However, acupuncture and moxibustion practitioners contact with them more delicately for treatment and palpation. Body reaction conversations are closely associated with "body contact" of "non-verbal communication." A simultaneous occurrence of both verbal and non-verbal communication may be one of the characteristics of acupuncture and moxibustion treatment.

"Awareness-raising conversations" are usually initiated in an attempt to change the patients' awareness and are close to "guidance conversations." "Guidance conversations" in this report, however, are defined as the contents of knowledge relating to diseases and health that are taught to the patients. "Awareness-raising conversations" also in this report are defined as the conversations about patients' fear of death and spiritual pain. Characteristic remarks made relating to these are as follows:

“Death, you have to accept it as it is one of four unavoidable human sufferings.” You have to accept whatever may happen. (J103) (Moderator: Um)

Say if “there is the next world, true?” “The mundanity is the place for ascetic training.” (J104)

Non-verbal communication by acupuncture and moxibustion practitioners was made through conveying “non-verbal/vocal messages” and “non-verbal/non-vocal messages.” (Table 4) The characteristics were that these practitioners attentively listened to “body actions” and lay their hand on patients of “body contact.” All the practitioners in this study replied that they were “aware” of “body actions” and “body contact.”

Categories	Subcategories	Contents
Non-verbal/vocal messages	Basic metric factors and paralanguage	Loudness of voice, pitch of voice
Non-verbal/non-vocal messages	Body actions	Attentive listening
	Body contact	Palpation
		Acupuncture and moxibustion treatment
		Palpation, contacts except for treatment
	Space	Distance from patients
		Direction and Position from patients
	Time	Treatment time for one treatment
		Number of treatment

Table 4 Types of Non-verbal Communication of Acupuncture and Moxibustion Practitioners

2. Acupuncture and moxibustion practitioners' understanding of patients

This chapter deals with the understanding of patients that the practitioners obtained from the following two subjective perspectives; from one perspective, the practitioners grasped what patients want to get when they received acupuncture moxibustion treatment for the first time; from the other perspective, the practitioners discerned that changes occurred in the state of the patients' mind after they

received acupuncture and moxibustion treatment.

a. What patients want to get from acupuncture and moxibustion treatment

This timing was defined as the time when the patients had the acupuncture and moxibustion treatment for the first time. At the first time treatment, a relationship of mutual trust was yet to be established.

What the patients want were desires. The subcategories were “become cured,” “alleviation of symptoms,” and “physical condition management.”

b. Changes in the state of mind by acupuncture and moxibustion treatment

Changes will be described hereunder in the state of mind of patients who received acupuncture and moxibustion treatment. The practitioners in the study perceived the changes as “desires,” “peace of mind,” and “hope.” “Desires” of the patients are that they desire to have “conversational partners,” “psychological support,” “have the practitioner's hand on the patient,” “comfort,” and “healing,” in addition to “become cured,” and “alleviation of symptoms.”

“Comfort” is a pleasant feeling that patients feel caused by acupuncture and moxibustion treatment.

Acupuncture treatment is interesting, isn't it? People come for comfort. Their purpose is.. The patient's purpose... (L56)

Acupuncture and moxibustion treatment brings relaxation to patients and has the effect of bringing a sense of comfort to the patients. These reactions occur whether symptoms improved or not. Since treatment on cancer patients in the middle term causes a physical burden, and terminal cancer patients who feel pain, lassitude, and other physical suffering very seldom feel comfort, so that they want to have a feeling of comfort from acupuncture and moxibustion treatment.

The subcategories of “peace of mind” were “peace of mind by conversations” and “peace of mind by moxibustion and acupuncture treatment.”

The subcategories of “hope” were “hope for recovery, life prolongation, and alleviation,” “hope for having

companionship with people,” and “hope for the way of living.” According to Kübler-Ross’ Five Stages of Dying, patients held onto some level of hope until the last moment⁵. This survey also showed similar results.

4. Consideration

A. Practice of acupuncture and moxibustion practitioners

Acupuncture and moxibustion practitioners spend more time with patients than with doctors and nurses. Concerning the disease period in which acupuncture and moxibustion treatment was performed, the treatment was given during a broad period from the middle term to the late term, sometimes to the just before death. Thus, these practitioners spent a long time for the treatment of patients as well as the treatment period, which essentially allows the talks of the patients to become rich in terms of quality and volume.

B. Awareness of acupuncture and moxibustion practitioners

Acupuncture and moxibustion practitioners value verbal and non-verbal communication. For this reason, these practitioners are compelled to have communication on the matters that lie deep inside the patients, such as patients’ way of living and spiritual pain. The practitioners participated in this study had quite a bit of clinical experience and they can conceivably carry a type of conversations to raise awareness. And, the physical contact in non-verbal communication is considered to make it easy for the patients to open their heart. However, it can easily be imagined that unless the practitioners can cause the patients to have a sense of relaxation or treatment effects, they would not become open-minded.

As a result of acupuncture and moxibustion treatment, changes occurred in the state of the patients mind; the items of “desires” increased and they began to have “piece of mind” and “hope.” These changes will

not essentially occur in all patients who received acupuncture and moxibustion treatment. It is considered that such changes occur in the mental state only when the patients felt treatment effects or relaxed mentally and physically.

C. Characteristics of acupuncture and moxibustion practitioners and problematic areas (Fig. 2)

Firstly characteristics of acupuncture and moxibustion treatment will be described. In the therapy sessions, the practitioners carefully listen to what the patients tell them and have conversations. Then, the practitioners have physical contacts with the patients including palpation. This process proceeds taking relatively a long time in a unique space where the distance between the practitioner and the patient gradually decreases. In there, both rich verbal and non-verbal communication takes place. During the communication, the patient self-disclosure occurs together with the practitioner’s questioning. In response to the self-disclosure, the practitioner may take an action of self-disclosure reciprocity. This is the mutual understanding of the practitioner and the patient.

The acupuncture and moxibustion practitioner provide treatment to the patients. And, once the patients recognize symptomatic improvements and a sense of relaxation, or once the patients have developed trust in the techniques, knowledge, and human qualities that the practitioners possess, the patients will have a sense of trust in the practitioners. Then, the patients re-experience treatment effects and the trust deepens – then the patients begin to have desires and seek peace of mind, and hope. At this stage, the patients may ask the practitioners about existential matters including what caused the cancer, or may engage in deep self-disclosure. The practitioners may take two types of responses. The first is that the practitioners do not tell anything to the patients; and the second is that the practitioners engage in self-disclosure reciprocity with such as the knowledge,

⁵ “On Death and Dying” written by Elisabeth Kübler-Ross, M.D. and translated by Masayoshi KAWAGUCHI.Tokyo:

Yomiuri Shinbunsha, 1971, pp. 171-189.

thinking, belief, and religion of the practitioners.

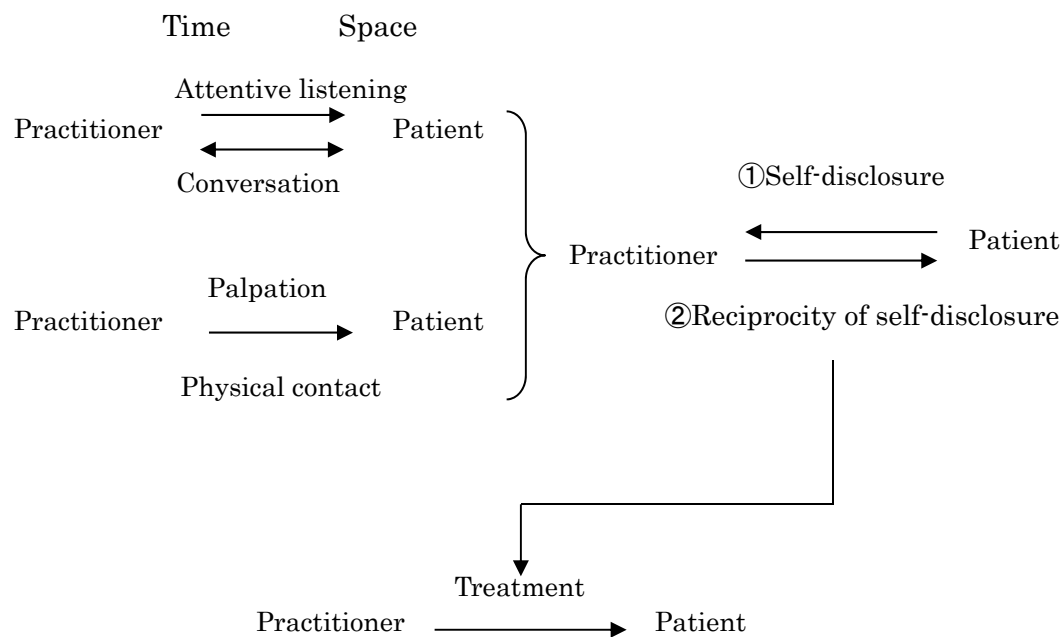
Here some problems arise. One of the reasons why the practitioners do not tell anything is related to the relationship between the practitioners and the hospital healthcare providers. For instance, even if a patient receiving chemotherapy tells the practitioner that he or she wants to refuse the therapeutic method, the practitioner as a member of the team medicine will not be able to openly deny the chemotherapy as it will cause a problem. However, not talking to the patient may possibly leave the patient alone psychologically. The other reason for not talking to the patient is that the practitioner does not know what and how to tell the patient in response to the patient's deep self-disclosure. In short, "the practitioner do not know what to tell" in the circumstance. Especially the practitioners who do not have a sufficient amount of experience presumably tend to fall into such a situation. If a similar situation continues, the practitioners will become increasingly stressed, reaching the stage of burnout.

When the practitioners engage in self-disclosure reciprocity, problems also arise. I consider that there are two types of reciprocity. The first is the case in which the practitioner speaks unilaterally. The second is the case in which the practitioner and the patient talk together. In the case of unilateral talk, the appropriateness of the patient's ways of speaking does matter. The patient may feel a burden depending on how the practitioner speaks. What the practitioner tells, such as the practitioner's knowledge, thinking, belief, and religion also matter. Before the way of speaking is discussed, the contents that the practitioner tells to the patients should be called into question whether they are good enough to tell to the patient. There is the other ethical issue of confidentiality obligations in a team medicine. As a thanatological matter (death & life studies), how should the practitioners face spiritual pains including existential matters. This will emerge as a significant issue, given the state of patient mind.

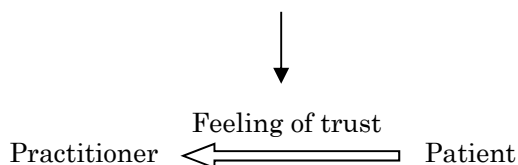
As such, there are many issues and problems. The largest problem is that many of the acupuncture and moxibustion practitioners are unaware of the problems. The unawareness insidiously increases burdens on the

mind of practitioners and the patients.

In order to solve this problem, it is required that the industry of acupuncture and moxibustion therapy provide certain levels of education together with school training, and that a safety network be built to cope with the symptoms of burnout.



In the case that the patient recognized symptomatic improvement or a sense of relaxation, or in the case the patient developed trust in the practitioner (technique, knowledge, and humanly aspects),



Re-experience the treatment effects and increase the feeling of (humanly) trust in the practitioner

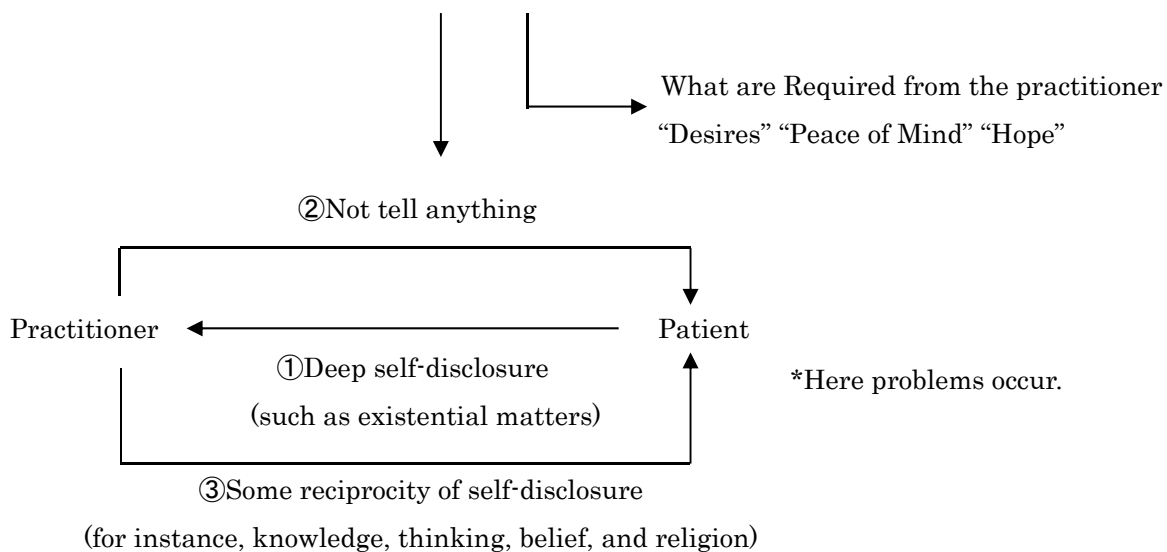


Figure 2 Characteristics and Issues/Problems of Acupuncture and Moxibustion Treatment

Problem with the practitioner-patient relationships:
Mostly, being unaware of it.
(Practitioner → Patient)

②Not tell anything

A. The relationship between other hospital healthcare providers and treatment

→ the patient was left psychologically unattended.

B. The acupuncture and moxibustion practitioner do not know how and what to speak to the patients.

→ Mental stress and burnout of acupuncture and moxibustion practitioner

③Some reciprocity of self-disclosure

A. The acupuncture and moxibustion practitioner speaks unilaterally.

B. Talk to each other/think together

→Is the way of speaking appropriate?

→What are the contents of knowledge, thinking, belief, and religion of the acupuncture and moxibustion practitioner?

→Are they really good to tell to the patient?

Other issues:

•Ethical matter → Confidentiality obligations

• Thanatological matter → Relationship with spiritual pain?

Kampo Medicine - Current Research

Can Hypertension be Controlled with Kampo Medicine?

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Introduction

“Whether or not hypertension or high blood pressure can be controlled with Kampo medicines” is an important and interesting question. To this question, studies conducted in the past have provided almost no answers. On the other hand, there are not a few case reports describing the results of its successful control using Kampo medicines. Further there are the results of case-series studies available, although very limited in number. Thus it cannot definitively be said that Kampo medicines have necessarily no effect at all.

Current situation in hypertension treatment with Kampo medicines

Namiki of Chiba University says about the indication of Kampo therapy for hypertension as follows:

[Hypertension for which Western-style medicines are the first-line agents]

- a. Essential hypertension without subjective symptoms
- b. Hypertension with severe complications
- c. Secondary hypertension

[Hypertension for which Kampo medicines has the indication]

- a. Grade I (mild) Hypertension (140-159/90-99mmHg)
- b. Hypertension with an intense psychosomatic tendency (for instance, some cases of white coat hypertension)
- c. Hypertension in the elderly with its accessory symptoms
- d. As a particular case, hypertension complicated by visceral fat obesity

In Kampo therapy that uses conventional extract formulations, the Namiki's standards are regarded as being very common for Japanese practitioners. However, if Kampo practitioners are very able specialists, they could produce much better

performance with decoction formulations.

Hypertension treatment started only when an environment was built to enable the measurement of blood pressure. Thus, it makes sense that hypertension treatment did not exist in ancient China. Fine-tuned delicate treatment of hypertension has eventually become practicable in the present time when blood pressure can be measured with a sphygmomanometer. Furthermore, today disorders caused secondarily by hypertension have become known and various antihypertensive drugs of fine quality have emerged.

As it stands now, Kampo medicines are rarely used “as antihypertensive drugs” in the typical healthcare setting. It is often the case, however, that Kampo medicines have effects on mild hypertension accompanying a variety of symptoms. For the condition under which antihypertensive drugs cannot be used in anticipation of side effects, the use of Kampo medicine needs to be taken into account.

Introduced hereunder is Yoshinori OTSUKA's own case. Otsuka showed, for the first time in Japan, effectiveness and potentiality of hypertension treatment with Kampo medicines.

Experience by Yoshinori OTSUKA (1900-1981)

Yoshinori Otsuka, one of the most distinguished physicians who played a leading role in the Japanese Kampo medicine during a period from the middle to the latter half of the 20th century, realized for the first time that his blood pressure was high when he had fundal hemorrhage. In his days, many things about hypertension were not elucidated as in the present days, and good antihypertensive drugs were seldom available. In such condition, having a visual threat, he devised a formulation and got over the difficulty. There is a well known episode about him as below:

I (Otsuka) began to feel dizzy, sigh in the afternoon, and have hot flashes leading to headache between times from about summer of 1951 when I was 51 years old. In autumn, lowback pain occurred and it became difficult to roll over. Even putting on my socks in the mornings also became painful. At the time, my blood

pressure might have been very high, but I thought that these would go away before long as they were from fatigue, and I continued to see patients as usual.

On March 20 of the following year, it was raining. I was not able to see things clearly and thought it unusual. But I persuaded myself to think that it was so because the weather was not clear and I was still uncaredful. It was in the morning of May 31; when I looked at words on a framed picture from the bed's position, something was apparently strange. With the right eye closed, I was able to see almost nothing. Although it was very odd, I still did not realize it was ocular fundal hemorrhage.

However, I felt uneasy about it and visited a nearby ophthalmologist. The physician told me that it was severe fundal hemorrhage, bleeding was seemingly taking place for quite a long time, and a part of the blood formed connective tissues. Everything was too late. The eyesight did not get recovered but rather deteriorated at an accelerating pace. Two months later, I was unable to distinguish whether it was light or dark.

The records of my blood pressure in those days showed no records till April 4th, 147/90mmHg on April 5, April 10 175/105mmHg, April 15 158/90mmHg, and May 25 170/104mmHg. The highest levels were marked on April 10 and May 25. What concerned me was the high diastolic pressure.

During that time, I used the formulations such as *hachimijiogan*, *orengedokuto*, *yokukansan*, *shakanzoto*, *saikokaryukotsuboreito*, and *kairosan*. However, they were unable to stop the progress of the condition. So, after thinking a lot, I created my own new formulation with the composition of *shimotsuto* plus *Uncaria Uncis* Cum Ramulus, *Astragali* Radix, and *Phellodendri* Cortex.

I started using my formulation on May 30. The blood pressure on the day was 140/90mmHg. Then 126/86mmHg on June 3, 136/86mmHg on June 4, 114/80mmHg on June 5, and 120/80mmHg on June 6 – the systolic pressure became below or above 120mmHg, and the diastolic pressure also became below or above

80mmHg.

When I told Dr. Baba, then Prime Minister's doctor, about this, he named the formulation as *shichimotsukokato*.

This Otsuka's experience has assured Japanese Kampo physicians that hypertension can be controlled with Kampo medicines. After this, many cases were reported and many studies were conducted, including the one by Mori and Miyazaki. Their study reports only successful cases. I will present their study, although not RCT, as it will serve as a useful reference for future studies.

Study by Mori and Miyazaki

Mori and Miyazaki selected the patients with hypertension based on the following criteria for conducting a study. They added their consideration to their study.

The subjects were 57 patients with hypertension (male 17 cases, female 40 cases, average age 66.6) who visited their clinics during a month from July 1, 2003 to July 31, 2003, had treatment with Kampo medicines alone and achieved the target blood pressure levels.

Mori and Miyazaki studied on classification of hypertension, risk classification Table1, improvement of associated symptoms, dosing pattern, dosing method, and side effects based on the "Hypertension Treatment Guidelines 2000" prepared by the Japanese Society of Hypertension. Target blood pressure levels were set at below 130/85mmHg for young adults, the middle aged, and individuals with accompanying diabetic disease; in the elderly, below 140/90mmHg for 60s, below 150/90mmHg for 70s, and 160/90mmHg for 80 or more.

The age distribution of the subjects was 45 to 87, and the elderly of 60 or more accounted for 71.9%. (Table2)

Table 1 Classification of Hypertension & Risk Classification

Risk factors other than blood pressure of classification of hypertension	Mild hypertension (140-159/90-99mm Hg)	Moderate hypertension (160-179/100-109mmHg)	Severe hypertension ($\geq 180/\geq 110$ mmHg)
No risk factors exist.	Low risk	Intermediate risk	High risk
Risk factors other than diabetes exist.	Intermediate risk	Intermediate risk	High risk
Diabetes or organ disorder or cardiovascular disease exists.	High risk	High risk	High risk

Classification of hypertension, risk classification, and details of complications of the subjects are shown in Table 3. Under the classification of hypertension, there were 50 subjects in the mild group (87.7%), 7 in the moderate group, and nil in the

severe group. In terms of the risk classification, 38 subjects were classified under the low risk group (66.7%), 14 under the moderate risk group, and 5 under the high risk group. There were complications in 18 subjects or 30% of all subjects, including neuropsychiatric disease in 4 subjects and hyperlipidemia in 3.

Table 2 Age Distribution of Subjects

45 to 59 years old:	16 subjects (male 5/female 11)
60 to 69 years old:	20 subjects (male 6/female 14)
70 to 79 years old:	15 subjects (male 4/female 11)
80 to 87 years old:	6 subjects (male 2/female 4)

Table 3 Details of Subjects

Classification of Hypertension:
Mild- 50 subjects / Moderate-7 subjects/ Severe-not applicable.
Risk Classification:
Low risk-38 subjects / Moderate risk-14 subjects / High risk-5 subjects
Complication of Other Diseases:
Neuropsychiatric disorder-4 subjects / Hyperlipidemia-3 subjects / Diabetes-2 subjects / Cardiac disease-2 subjects / Bronchial asthma-2 subjects / Others – 5 subjects

Table 4 Improvement Factors of Collateral Symptoms Associated with Treatment with Kampo Medicines alone

Symptoms improved by nearly half (The condition became 5 from 10):	
Male-2 subjects / Female-4 subjects	Total 6 subjects
Symptoms substantially improved (The condition became 2-4 from 10):	
Male-9 subjects / Female-16 subjects	Total 25 subjects
Symptoms mostly resolved – Resolved (The condition became 0-1from 10):	
Male-5 subjects / Female 20 subjects	Total 25 subjects

* Assuming the condition before the use of Kampo medicines is 10, degrees of improvements with Kampo treatment are shown in figures.

Improvement factors of collateral symptoms associated with the treatment with only Kampo medicine are shown in Table 4. The number of subjects who had associated symptoms was 56, except for one. Associated symptoms were mostly headaches, stiffness in the nape, stiff shoulders, and insomnia, and the severity of these symptoms improved by more than half in all subjects, and the rate of improvement from “substantially improved” to “resolved” was 82.9%. Longer the administration, greater the improvement.

Dosing pattern is shown in Table 5. Group A, or the group of Kampo medicines alone from the outset, had 32 subjects (56%). Group B, or the group that

initially used Kampo medicines and Western-style medicines in combination but later changed to Kampo medicines alone, had 13 (23%). The severity of disorders in many of the subjects in Groups A and B was mild with a high or intermediate risk. And Group C, the group that discontinued the previously prescribed Western-style medicine and switched to Kampo medicines, had 12 (21%).

Table 5 Dosing Pattern

Group A (The group that used Kampo medicines alone):
32 subjects /56% (Male 9 : Female 23)
Group B (The group that initially used Kampo medicines and Western-style medicines in combination and later changed to Kampo medicines alone):
13 subjects / 23% (Male 5 : Female 8)
Group C (The group that discontinued the previously prescribed Western-style medicines and switched to Kampo medicines):
12 subjects / 21% (Male 3 : Female 9)

Details of used formulations are shown in Table 6. Varieties of formulations as many as 21 were used from *shichimotsukokato* for 16 subjects to *shimbuto* for 11, *chotosan* for 10 and *orengedokuto* for 10.

Table 6 Used Formulations

1: <i>shichimotsukokato</i> for 16 subjects (Male 1 vs. Female 15)
2: <i>shimbuto</i> for 11 subjects (Male 2 vs. Female 9)
3: <i>chotosan</i> for 10 subjects (Male 4 vs. Female 6)
4: <i>orengedokuto</i> for 10 subjects (Male 5 vs. Female 5)
5: <i>hachimijiogan</i> for 9 subjects (Male 4 vs. Female 5)
Other 16 formulations including <i>keishibukuryogan</i> for 4 subjects, and <i>bofutsushosan</i> for 2 subjects.

These patients began to take Kampo medicines at some point due to hypertension and their blood pressure thereby gradually lowered and reached the normal pressure range when the investigation was conducted. So, the administration period was inconsistent and the patients did not clearly

say how soon the effect appeared.

However, the result of this study suggests that the application of Kampo medicine alone is useful in the elderly/mild hypertension/low risk. These are mostly matches with Namiki's criteria.

Study by Nagata, et al.

Nagata administered Extract of *chotosan* 7.5g/day to 24 patients with essential hypertension (age 49.2±5.6) for two weeks and observed changes before and after the administration in subjective symptoms and changes in the results of Shellong's tilting test.

Changes of statistical significance ($p < 0.05$) were observed in systolic blood pressure after the standing position for 10 minutes (before→after; 192±25→178±14), diastolic blood pressure in the recumbent position (98±3→86±7), diastolic blood pressure after the standing position for 10 minutes (104±10→99±11), cardiac index in the recumbent position (3.8±1.0→4.1±0.8), total peripheral resistance in the recumbent position (1960±410→1450±440), and total peripheral resistance after the standing position for 10 minutes (2160±620→1720±510).

Items of significance in subjective symptoms were concern about patient's own health, appetite, sleep, pain, sex life, fulfillment of daily life, and fulfillment of family life.

Nagata conducted one more similar study with his collaborator, in which Extract of *chotosan* 7.5g/day was

administered to 72 patients with essential hypertension (age 52.6 ± 7.5) to observe changes in subjective symptoms and in Shellong's tilting test. They obtained similar results as those shown above.

Summary

Some of the studies conducted in Japan on hypertension treatment with Kampo medicines were introduced as above. These studies show that blood pressure often lowers secondarily when Kampo medicines are administered to target symptoms. This does not make a denial of the hypertension treatment with antihypertensive drugs, but rather suggests that a combination use of Kampo medicines and antihypertensive drugs will provide better results. This also indicates that mild hypertension can possibly be controlled by making better use of Kampo medicines. However, extract preparations have their limits. If better results are required, decoction preparations need to be used. *Shichimotsukokato* that Otsuka used for his own treatment was also in the form of decoction.

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Clinical Report 1 (Japan)

Two Cases of Unidentified Complaints Treated with

Acupuncture in the Field of Gynecology

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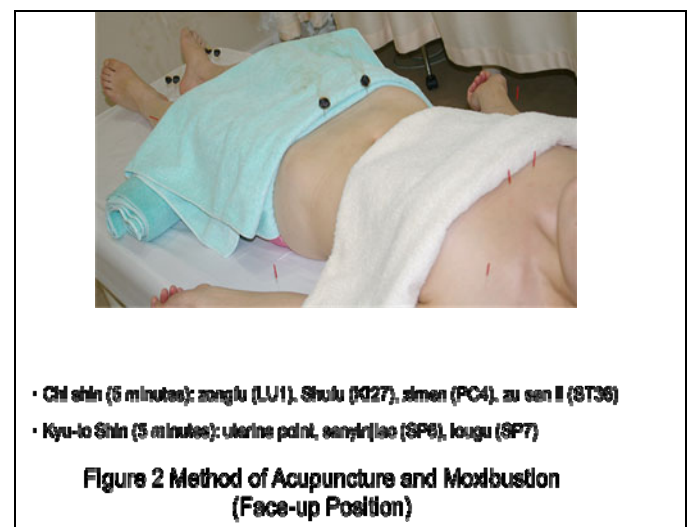
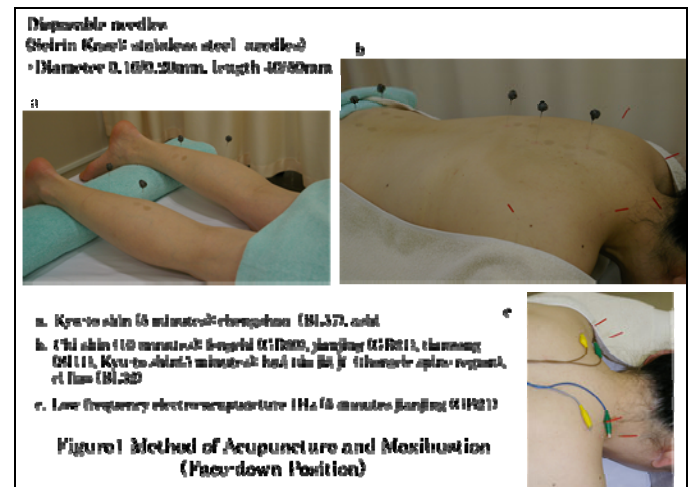
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1. Introduction

Unidentified complaints specific to women are affected by underlying factors of external changes in their social or living environment and internal changes in the endocrine secretion and psychological state. Women all live different lifestyles in their individual life stages from childhood through puberty, maturation, menopause to old age. As the phase of their lifestyle changes, the hormone environment in a woman's body also varies, often causing the development of so-called unidentified complaints of varieties of syndromes or specific psychological symptoms¹⁾. The etiology of unidentified gynecological complaints or disorders is not always clear and as it stands now, the conditions do not necessarily improve by the treatment of modern medical science.

There is a certain basic medical study, reporting that somatosensory stimulation promoted the operations of reproductive organs (such as uterine blood flow and its motions)²⁾, while there is a clinical study reporting that somatosensory stimulation improved the internal environment (vascular reactivity) of reproductive organs. With that, we conducted acupuncture and moxibustion treatment for women's unidentified complaints and obtained improvements in two cases, which we will present as below:

We perform the treatment with acupuncture and moxibustion as shown in Figures 1 and 2:



The frequency of treatment is once a week for about 60 minutes. Stainless steel disposable needles (Seirin Corporation: diameter 0.16/needle length 40mm and diameter 0.20/length 50mm) are used. The treatment techniques are needles left inserted (chi-shin) and needles with moxa on top (kyu-to shin) as well as low frequency electroacupuncture are used. Treatment starts from the face-down position to needle into Feng Chi (GB20), Jian Jing (GB21), and Tian Zong (SI11) with needles left inserted for 10 minutes. For intense stiff shoulders, 1Hz of

electroacupuncture is applied to Jian Jing (BG21) for five minutes. Needling with kyu-to shin is applied to Huatuojiagi (thoracic spine), Ci Liao (BL32), Cheng Shan (BL57), and Ah-shi points for five minutes. Then, with the face-up position, chi-shin is administered to the acupuncture points of Zongfu (LU1), Shufu (KI27), Ximen (PC4), and Zu San Li (ST36) for five minutes. And kyu-to shin is administered to Uterus points, Sanyinjiao (SP6), and Lougu (SP7) for five minutes.

2. Case

[Case 1] Female of 53 years old

Chief complaints: 1) Sensation of warmth, hot flashes, and 2) Cold toes

A) Present medical history

- (1) Menopause occurred at the age of 51. At 53, a sensation of warmth and facial hot flushes, feeling of fatigue, and palpitation became intense, with the frequency of about twice a week. The patient had a hormone test at a nearby gynecological clinic and had the diagnosis of menopausal syndrome.
- (2) The patient began to feel cold in the toes from about the age 42. She began to feel intensely cold from about the age 50.

B) Past medical history, family history, and social history

Past medical history: She had appendicitis at the age 6. At the age 52, the result of the company's physical examination showed arrhythmia.

Family history: His father had cerebral infarction 6-7 years ago.

Work experience: Interviewer (to write health conditions on papers of the individuals taking out an insurance policy.)

Tastes: No history of smoking and drinking alcohol.

Oral medicine: Prescriptions of Modified Merry

Life Powder and Mucosta from the nearby gynecological clinic

C) Physical findings

Body build: Height 159cm, weight 51.5kg

Blood pressure: 102/67mmHg, pulse count: 64/min, regular. Body temperature : 36.7 degrees C and SpO2 : 98%

D) Patient's background

Menstrual history: The first menstrual onset was at the age of 13 with 28 days of the menstrual cycle (regular), 5 days of menstrual duration period, normal amounts of menstrual bleeding with clots. No menstrual cramps (cramps experienced during junior high school days)

Pregnancy/delivery: At the age of 25 (the first child, normal delivery) and at the age of 27 (the second child, normal delivery)

Gynecological examination: Had received annual uterine cancer screening since the age of 43 and annual breast cancer screening since the age of 43 with the findings of no abnormalities in both screenings.

Physical condition: No constipation (soft stools since the intake of Kampo medicine), no headaches, urination 7 times/day, sleep (6.5 hours, easily get to sleep and easily getting up).

E) Findings on examination (before the start of treatment)

(1) Blood testing: Leucocytes 5.5×10^3 / μ l, erythrocytes 443×10^4 / μ l, hemoglobin 13.1 g/dl, hematocrit 42.5%, MCV 96 fl, MCH 29.6 pg, MCHC 30.8%, platlets 20.8×10^4 / μ l (no abnormalities in any one of these)

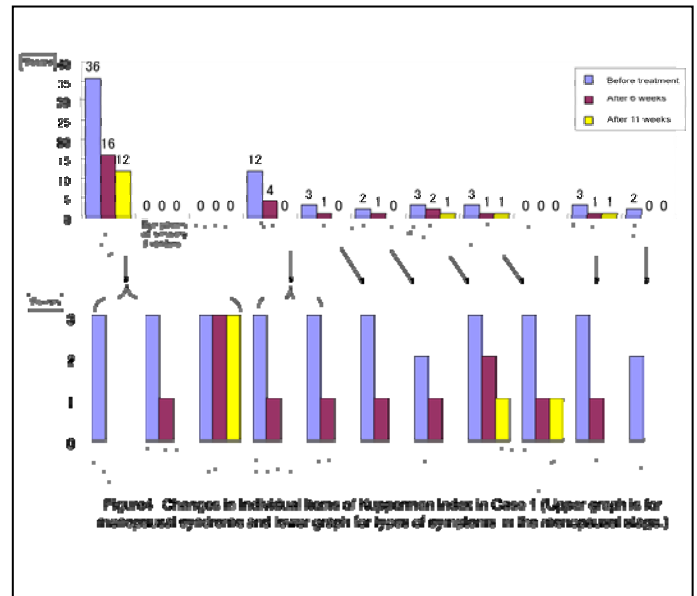
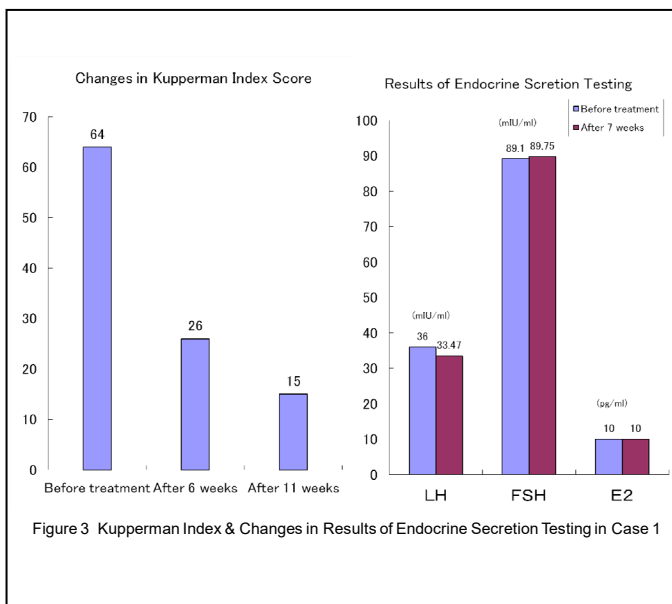
(2) Endocrine testing: LH 36mIU/ml, FSH 89.1mIU/ml, E2 10pg/m, TSH 0.61 μ IU/ml, FT3 2.8ng/dl, FT4 1.1ng/dl (no abnormalities in any one of these)

F) Assessment method

- (1) Changes in scores of the menopausal index (Kupperman index) and changes in scores for each symptom.
- (2) Changes in endocrine secretion (hormone levels)
- (3) Changes in blood pictures
- (4) Changes in body surface findings

G) Course (Figures 3 and 4)

The patient's menopausal index of 64 before the acupuncture and moxibustion treatment became 26 after 6 weeks from the start of the treatment, and then dropped to 15 after 11 weeks. In regard to individual symptoms, "facial hot flushes" and "itching sensation on the skin" disappeared after 6 weeks. "Perspiration," "easily get angered," "irritating," "feeling depressed," and "dizziness and nausea" resolved after 11 weeks of the treatment. "Fatigability" and "stiff shoulders and low back pain" became significantly eased up after 11 weeks. However, "cold toes" did not improve. The levels of endocrine hormones (LH, FSH, E2) of before the treatment showed no differences from those of after the treatment (for 7 weeks).



[Case 2] Female of 33 years old

Chief complaints: Unidentified complaints associated with the menstrual cycle

A) Present medical history

From 2 to 3 months ago, psychological symptoms such as being irritated, not feeling like doing anything, getting into high spirits, and feeling depressed (tendency of depression) began to appear about 10 days prior to the first day of menstruation. Physical symptoms also appeared such as pain in the lower abdomen, bloated lower abdomen, low back pain, dizziness, increased appetite, diarrhea, feeling of fatigue, and becoming sleepy. When drinking alcohol during the time when these symptoms were present, she became mentally unstable, shouting abusive language and crying.

B) Past medical history, family history, and social history: No particular mention

Work experience: During the daytime, computer data entry work, and during the nighttime, part time work at quickie bar three nights/week.

Tastes: Smoking 20 pcs/day and drinking beer 2-3 bottles/day.

Regular medication: None (When menstrual cramps were very severe, Bufferin was used once in 3 to 4 months.)

Medical examination history: Received no gynecological examinations.

C) Physical findings

Body build: Height 153.5cm, weight 52.5kg, body temperature 36.4 degrees C, BMI 22

Blood pressure: Standing position 119/80mmHg, P92/min (regular)

Dorsal position 117/84mmHg, P86/min (regular)

Menstruation history: The onset of the first menstruation was at the age of 14 with 30 days of the menstruation cycle (regular) and 3-4 days of menstrual duration period, and ordinary amounts of menstrual bleeding without clots.

Pregnancy/delivery - None

Physical conditions: Diarrhea (frequently), no headache, urination 6 times/day, sleep 6 hours/day, eyesight (naked eyes) both right and left 0.3.

D) Assessment method

(1) PMS memory (physical, psychological, and social symptoms accompanied by the menstrual period)

(2) Supplementary examination: Autonomic nerve function test – variables of blood pressure between the measurement in the spine position and that in the standing position (Schellong test)

(3) Changes in the body surface findings

E) Course (Tables 1 and 2)

(1) PMS memory

Prior to menstruation (2 days) before the treatment was started, items of physical symptoms were 22/24, items of psychological symptoms 11/12, and items of social symptoms 2/3. Prior to menstruation (7 days) with a month of the treatment, the items of physical symptoms were 1/24, items of psychological symptoms 0/12, and items of social symptoms 0/3. Furthermore, prior to menstruation (2 days) with two month of treatment, items of physical symptoms were 4/24, items of psychological symptoms 0/12, items of social symptoms 0/3. In the physical surface findings, before the acupuncture and moxibustion treatment the patient felt stiff and pain in the neck to shoulders (tension), stiff in the dorsal region to lumbar region (tension), and chill and swelling in the limbs before menstruation, whereas with one or two months treatment she did not hardly become aware of any symptom prior to menstruation.

Table1 PMS Memory Physical Symptoms/Psychological Symptoms/Social Symptoms in Case 2

Month		September				October				November			
Day		15th	16th	17th	18th	19th	20th	21st	22nd	23rd	24th	25th	26th
Menstruation period		2 days before	The first day	3 days after	2 days after	18 days after	7 days before	The first day	4 days after	13 days after	9 days before	2 days before	The first day
Acupuncture treatment		●		●	●	●	●		●	●	●	●	
Physical symptoms	Headache and dizziness	1		1	1	1	1		1	1	1	1	
	Lower back pain	1		1	1	1	1		1	1	1	1	
	Joint pain	1		1	1	1	1		1	1	1	1	
	Stomach pain	1		1	1	1	1		1	1	1	1	
	Constipation	1		1	1	1	1		1	1	1	1	
	Diarrhea	1		1	1	1	1		1	1	1	1	
	Excessive fatigue	1		1	1	1	1		1	1	1	1	
	Excessive sleep	1		1	1	1	1		1	1	1	1	
Psychological symptoms	Depression	1		1	1	1	1		1	1	1	1	
	Anxiety	1		1	1	1	1		1	1	1	1	
	Excessive crying	1		1	1	1	1		1	1	1	1	
Social symptom		1		1	1	1	1		1	1	1	1	

Assessment of severity in three levels

- 1: There are some, but to the extent that does not affect the daily life.
- 2: To the extent that does not affect the daily life.
- 3: Severe

Table2 Changes in Body Surface Findings in Case 2

Month		September				October				November			
Day		15th	16th	17th	18th	19th	20th	21st	22nd	23rd	24th	25th	26th
Menstruation period		2 days before	The first day	3 days after	2 days after	18 days after	7 days before	The first day	4 days after	13 days after	9 days before	2 days before	The first day
Acupuncture treatment		●		●	●	●	●		●	●	●	●	
Body surface findings	Right side neck tension	2	1	1	1	1	1		1	1	1	1	
	Left side neck tension	1	1	1	1	1	1		1	1	1	1	
	Right side neck pain	2					1						
	Left side neck pain	1											
	Right shoulder tension	3	2	1	1	1	1		1	1	1	1	
	Left shoulder tension	2	1	1	1	1	1		1	1	1	1	
	Right shoulder pain	3					1						
	Left shoulder pain	1											
	Upper arm tension	2	1	1	1	1	1		1	1	1	1	
	Forearm tension	2	1	1	1	1	1		1	1	1	1	
	Wrist tension	2	1	1	1	1	1		1	1	1	1	
	Hand tension	2	1	1	1	1	1		1	1	1	1	
	Right side hand	1	1	1	1	1	1		1	1	1	1	
	Left side hand	1	1	1	1	1	1		1	1	1	1	
	Right side foot	1	1	1	1	1	1		1	1	1	1	
	Left side foot	1	1	1	1	1	1		1	1	1	1	

3. Discussion

Symptoms of “easily getting angry” and “becoming irritated” in Case 1 and “feeling exalted,” “becoming irritated,” and “feeling down” in Case 2 are closely connected with emotional changes and these symptoms can be taken as women’s unidentified complaints. In Case 1, the Kupperman index declined to 26 after six weeks of the treatment and then to 15 after 11 weeks from 64 of before-the-acupuncture and moxibustion treatment. However, the hormone levels (LH, FSH, E2) in the endocrine secretion test showed no difference between those of before-the-treatment and those of after 7 weeks treatment. From this, it is difficult to think that variations of hormone levels are directly involved in the improvement in unidentified complaints. In Case 2, one to two months after the treatment, some symptoms of the premenstrual physical syndrome remained to a mild extent, but psychological and social symptoms disappeared and did not recur. The physical findings of “neck tension and pain” also disappeared after the treatment (before menstruation) and did not recur.

The benefits of acupuncture needling in two cases were obtained by the approach in which the neck (Fengchi point) to the shoulders (Jianjing point) regions were needled for easing of muscle tensions to get a relaxation effect; the kyuto-shin was performed to the thoracic spine (Huatuojiaji) for mental stability; and needling lower limbs (Zu San Li, Sanyinjiao, Lougu) was intended to improve the cold sensation. The kyuto-shin was also applied to the lower abdomen (the uterus point)³⁾ and the sacral region (Ci Liao), which is considered to have influence on the amount of uterine blood flow mediated by the pelvic nerves.

After the acupuncture and moxibustion treatment, resting spine position was kept for 10 minutes in order to get the body’s responsiveness to the acupuncture and moxibustion stimulation back to the state of stability. With the start of the acupuncture and moxibustion treatment, the unidentified conditions disappeared without recurrence and the effect continuously remained. Especially the effect on the emotional changes, in the author’s views, may be closely linked to body relaxation brought by the acupuncture and moxibustion treatment⁴⁾. The results of these Cases suggest that acupuncture and moxibustion could be one of the options for the treatment of unidentified complaints, although more case series as well as clinical trials need to be conducted for the future.

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Institution introduction

Shinjuku Vocational College of Acupuncture and Judo Therapy (Shinjuku Shinkyu Jusei Senmon Gakko)

Since the opening in 2004, Shinjuku Vocational College has been providing the education based on the modern medical system to bring up practitioners of acupuncture and moxibustion who can actively participate in medical settings. The number of the students are 120 (enrollment limit) in the Department of Acupuncture & Moxibustion and 120 (enrollment limit) in the Department of Judo-Orthopaedics. The period required for graduation is three years. As the principles of our education, we will provide thorough instruction and guidance to ensure students fully understand and acquire the basic disciplines (including anatomy, physiology, kinesiology, and pathology) because clinical abilities are built up on these disciplines and form the solid foundation for reliable treatment. We will also provide thorough education to ensure students develop their abilities as treatment providers while being engaged in the trainings of clinical practice, which are the core of clinical education, where they can apply the knowledge gained from the basic medical education to the trainings.

Shinjuku Vocational College has adjunct facilities of Acupuncture & Moxibustion Clinic, Judo Therapy Clinic, and Orthopedics & Rehabilitation Clinic. Acupuncture & Moxibustion Clinic mainly provides specialized care for women (treatment for infertility and breech baby, and aesthetic acupuncture & moxibustion) and other types of treatment focused on individual life stages of women. Furthermore, Shinjuku Vocational College offers the program of postgraduate education as part of the trainee system. As a research institution, a laboratory of functional systems has been established, where benefits of acupuncture and moxibustion as a science are being verified by experimental methods of modern Western medical research and studies. The results of verifications are shared with students to help them perform acupuncture and moxibustion treatment based on scientific evidence. We are putting lots of efforts to produce such practitioners of acupuncture and moxibustion.



Shinjuku Vocational College of Acupuncture and
Judo Therapy
Exterior appearance



Education Institution Ogura Gakuen affiliated Yotsuya
Orthopedics Rehabilitation Clinic
(Rehabilitation room)



**Shinjuku Acupuncture, Moxibustion & Judo Orthopaedics
Vocational College affiliated Yotsuya Saemon-cho Jyudo
Acupuncture & Moxibustion Clinic (Compartments for Treatment)**

Clinical Report 2

Four Cases of Irritable Bowel Syndrome (IBS)

Yang Cholsong
Yang Herb Clinic

Irritable bowel syndrome (IBS) occurs when the Liver, Spleen, and Kidney causes pathological conditions. Typical conditions or symptoms of IBS as well as extract preparations for IBS are shown below:

Irritable Bowel Syndrome			
Sho (disease pattern)		Symptoms/Findings	Formulations
Transverse invasion of liver Qi	Liver Qi invading the spleen	Depression, diarrhea due to stress. Pulse: string-like	“ <i>shigyakusan</i> ”+ “ <i>keishikashakuyakuto</i> ”
	Liver Qi invading the stomach	Depression, exacerbated by stress, stomach pain, the stomach feeling heavy, gastric stuffiness, diarrhea	“ <i>shigyakusan</i> ”+ “ <i>hangekobokuto</i> ”
	Transverse invasion of liver Qi/Spleen deficiency with phlegm-retained fluid	Depression, exacerbated by stress, poor appetite, the stomach feeling heavy, gastric stuffiness, diarrhea	“ <i>shigyakusan</i> ”+ “ <i>rikkunshito</i> ”
Spleen deficiency	Spleen yang deficiency	Sensitive to cold, diarrhea, exacerbated by cold, become less severe by warming the abdomen	“ <i>ninjinto</i> ” “ <i>bushininjinto</i> ”
		Sensitive to cold, abdominal pain, exacerbated by cold, become less severe by warming the abdomen.	“ <i>daikenchuto</i> ” “ <i>daikenchuto</i> ”+ “ <i>keishikashakuyakuto</i> ”
	Spleen-kidney yang deficiency	Sensitive to cold, diarrhea, abdominal pain, weak knees, lowback pain, fifth-watch diarrhea	“ <i>shimbuto</i> ”
	Spleen deficiency- liver blood deficiency	Diarrhea, abdominal pain, exacerbated by stress, no depression	“ <i>keishikashakuyakuto</i> ” “ <i>shokenchuto</i> ”
Spleen-Stomach disharmony		Gastric stuffiness, belch, nausea, vomiting, rumbling noise, diarrhea	“ <i>hangeshashinto</i> ”
Large intestinal dampness-heat		Sticky slimy foul-smelling stools, ineffectual and painful straining at stool, scorching heat sensation of the anus	“ <i>ogonto</i> ”

Case 1: Female of 23 years old

Chief complaints: Cold sensitivity and diarrhea

Current medical history: The patient began to feel cold in the abdomen and extremities several years ago and was using a belly-warmer even in summer while sleeping. She had seldom used an air-conditioner even in mid summer, but the sensitivity became exacerbated by air-cooling in the office when she started to work.

Since childhood, she had been a light eater and tended to get diarrhea easily. Especially when the belly became cold, or when she ate something cold, she had the onset of diarrhea. Diarrhea became less severe by warming the abdomen.

Present condition: Medium height, on the slim side, and pale complexion.

Pulse condition: Slightly weak. Tongue: Pale white

Sho: Spleen yang deficiency

Method of treatment: Tonifying the spleen yang

Formulation: Extract of *bushirichuto* 9g/3 (before eating)

Course: The col sensitivity to cold became less severe soon after the start of the administration and diarrhea did not occur.

Commentary

A feeling of cold in the extremities and abdomen, eat so little and easily have diarrhea, get diarrhea when the abdomen becomes cold by eating something cold, diarrhea becomes relieved by warming the abdomen – these are all the typical symptoms of spleen yang deficiency. Due to a feeling of intense cold, just not *ninjinto* but *bushirichuto*(*bushininjinto*) was used. For treating gastrointestinal symptoms, this formulation must be taken before each meal.

Case2: Male of 17 years old

Chief complaints: Abdominal pain and diarrhea

Current medical history: From about junior high school days, the patient began to become irritable. Since then, squeezing abdominal pain and diarrhea had repeatedly occurred. They tended to occur before the patient was leaving for school. During school holidays, these symptoms did not appear.

Present condition: Medium height, well-muscled, and normal appetite

Pulse condition: String-like. Tongue: Pale red

Sho: Liver Qi depression and transverse invasion of liver Qi

Method of treatment: Soothe liver Qi to remove depression/harmonize the liver and spleen

Formulation: Extract of *shigyakusan* 7.5g/2 (before eating)

Course: With the administration, diarrhea and abdominal pain has not occurred.

Commentary

Irritation, easily getting angry, and string-like pulsation are the symptoms of liver Qi depression. An exacerbation of abdominal pain by stress and its non-occurrence on the days of school breaks are considered to have occurred due to transverse invasion of liver Qi. *Shigyakusan* was used. As it was difficult for a high school student to take medicines before lunch, the daily dose was divided into two servings to be taken before breakfast and dinner.

Case3: Female of 36 years old

Chief complaint: Diarrhea

Current medical history: The patient was having watery-muddy stools five times a day for five to six years. And abdominal pain occurred twice to three times a month. Diarrhea got worse by cold, cold

meals, and stress. The patient went into a hospital to receive a detailed physical examination, including colonofiberscopy. However, no abnormalities were found and a diagnosis of irritable bowel syndrome was made.

Present condition: Small build on the slim side

Pulse condition: Slippery. Tongue: Pale red

Sho: Spleen yang deficiency and Spleen deficiency-liver blood deficiency

Method of treatment: Tonifying spleen yang/soften (emolliate) liver

Formulation: Extract of *ninjinto* 7.5g/3 + Extract of *keishikashakuyakuto* 9g/3

Course: With the several-days administration, diarrhea disappeared. Subsequently, when the formulations were discontinued, diarrhea relapsed, so that the medication was resumed. Then diarrhea completely resolved.

Commentary

Diarrhea that worsens by cold, fatigue, and cold meals are regarded as the pattern of spleen yang deficiency. Squeezing abdominal pain and exacerbations by stress without irritation indicate that Spleen deficiency-liver blood deficiency is present. *ninjinto* was used for spleen yang deficiency and *keishikashakuyakuto* was used for Spleen deficiency-liver blood deficiency.

Case4: Female of 34 years old

Chief Complaints: Rumbling of the intestine and abdominal pain

Current medical history: The patient had often had flatulence and rumbling of the intestine since elementary schoolchild. However, daily rumbling of the intestine began to occur a year ago. Once it occurred, it continued all day, often inducing pain accompanied by discomfort. Her appetite was

normal, but she felt a stuffiness sensation in the epigastric region. Three months ago, she visited a Department of Internal Medicine and had treatment. However, the symptoms did not improve at all.

Present condition: Medium build

Pulse condition: Thin and string-like. Tongue: Pale red with white furs and teeth scars.

Abdomen: Stuffiness and rigidity in the epigastric region

Sho: Spleen-stomach disharmony

Method of treatment: Harmonize the spleen and stomach/dissipate sore and relax tension

Formulation: Extract of *hangeshashinto* 6g/3 + Extract of *kanzoto* 3g/3

Course: After three days of the administration, abdominal pain, rambling of the intestine, and epigastric pain disappeared.

Commentary

Generally, *hangeshashinto* is used for spleen-stomach disharmony. For abdominal pain accompanied by discomfort, *kanzoshashinto* is used. Since preparations of *kanzoshashinto* are unavailable in the extract form, *hangeshashinto* and a small amount of *kanzoto* were used in combination. The combination dosing yielded marked effects.

Clinical Report 3

One Case of Dizziness that was Benefited by Hochuekkito

Mitsuyuki Takamura

Mie University Occupational Health Research Project

Hiromichi Yasui

Japan Institute of TCM Research

Case: Male of 61 years old

Initial visit: December 9 of year X

Chief complaint: Light headedness

Current medical history: In early May of year X, the patient had a sudden attack of dizziness when he was continuously being engaged in a delicate job and was admitted to a city-run hospital. The diagnosis was viral “vestibular neuronitis.” The acute dizziness was resolved by medical treatment, but lightheadedness remained unchanged. Although Kampo medicines (*ryokeijutukanto* and *saikokaryukotsuboreito*) were prescribed by a clinic two months before his initial visit to us or in October, the symptom did not improve. When he made the first visit, there was no cure for the lightheadedness. When he was walking with a heavy object held in one hand, the body did not move straight forward but involuntarily advanced rightward or leftward depending on the hand that held the heavy object. When riding a bicycle, he could not keep the body position and almost fell off to either right or left hand side. He felt dizzy when turning around suddenly.

Appetite: Ordinary, became sleepy after eating.

Dry mouth (+)

Sleep: Dreamed a lot.

Defecation: Twice/day, ordinary stools, and hemorrhoid.

Predisposition: Fatigable and caught a cold easily. The patient had painful shoulders, stiff shoulders with stiffness of the back, lowback pain, and a feeling of listless lower part of the body.

Present condition: 180cm 85kg, blood pressure: 164/96mmHg

Pulse condition: Deep/sunken, weak and slightly slippery

Tongue: Pale, small amount of white furs

Abdomen: Fullness in the chest and hypochondrium (+). Abdominal palpitation (-).

Diagnosis: Failure to rise of the clear Yang due to descent of spleen Qi

Treatment strategy: Tonifying the Qi and elevating the Yang

Formula:

Astragali Radix 8g

Ginseng Radix 4g

Atractylodis Rhizoma 4g

Angelicae Acutilobae Radix 3g

Citri Unshiu Pericarpium 2g

Ziziphi Fructus 2g

Poria 4g

Glycyrrhizae Radix 2g

Bupleuri Radix 2g

Zingiberis Rhizoma 1g

Cimicifugae Rhizoma 1g

Puerariae Radix 8g

Course: With the administration for two weeks, almost no obvious changes appeared in effect. Rather, the patient felt the back of the head heavy, so with an addition of *Uncaria rhynchophylla* 10g, the medication was maintained. In the 4th week of administration, the condition improved substantially. However, walking a long distance made the patient still feel his head light. He strongly claimed of stiff shoulders, for which the Extract of *kakkonto* was started in parallel (on January 5 of year X). As this Extract had effects on stiff shoulders from a three-day administration, it was continuously administered. In the middle of February, lightheadedness mostly disappeared and the medication was discontinued. However, as he still slightly felt the head light, a two weeks supply of the medication was resumed, and then the patient's

condition recovered to normal completely. The treatment was completed.

Consideration: Traditional Chinese medicine classifies the clinical conditions of dizziness into four types. This patient complained of always feeling languid and became sleepy after eating – these are typical conditions of deficiency of the spleen. He also exhibited other conditions caused by deficiency of Qi: When he walked with holding a heavy object in one hand, his forward movement was involuntarily lopsided either rightward or leftward depending on the hand that carried the object; when riding a bicycle, he could not maintain the body balance and almost failed off to either right or left hand side; and a long distance walk made the symptom worse. This means that dizziness occurred by “deficiency of the spleen Qi” caused by “failure to rise of the clear Yang.”

Hochuekkito used in the case is the formula that appears in “Nei-wai-shang Bian-huo-lun (Clarifying Doubts about Injury from Internal and External Causes)” written by Dong-Yuen Li, an excellent physician in the 13th century. He devised this formula originally for serious epidemic treatment. In present days, however, this *hochuekkito* is used as one of representative formulae for deficiency of the spleen Qi and descent of spleen Qi. Japanese physicians use this formula for many chronic disorders with successful results.

Kampo Dermatology – Clinical Studies

Treatment of Plaque Psoriasis

with Kampo (4)

Fumino Ninomiya

Aoki Clinic

Epidermal cells are originally born in the basal cell layer. And while dividing, the new epidermal cells form the prickle cell layer and undergo differentiation, and then move up to the stratum corneum (keratinous layer) of the outermost layer. Then dead cells are shed from the skin as dirt. This normal process takes about four weeks. If there is something abnormal in the basal cell layer, new cells still possessing cell nuclei may move up to the keratinous layer at a faster rate, taking only two weeks. (The author considers the basal layer belong to “kidney.”)

If cells undergo a faster renewal process, the keratinous layer cannot be formed adequately and various disorders occur in the epidermis; old cells are pushed by new cells that are moving up from underneath and the pushed old cells become crusted and desquamated, or cause rashes or eruptions before they become dirt to be shed. This condition is plaque psoriasis, an intractable skin disorder. Its cause is not known.

In plaque psoriasis, “corkscrew-like vessels” as seen in Fig. 1 bulge into the skin tissues where there should essentially be no vessels, and they extend to just before the skin surface. And only small amounts of stimulation or irritation causes bleeding very easily. This is a major characteristic of plaque psoriasis. So it is essential to keep smooth blood flow.

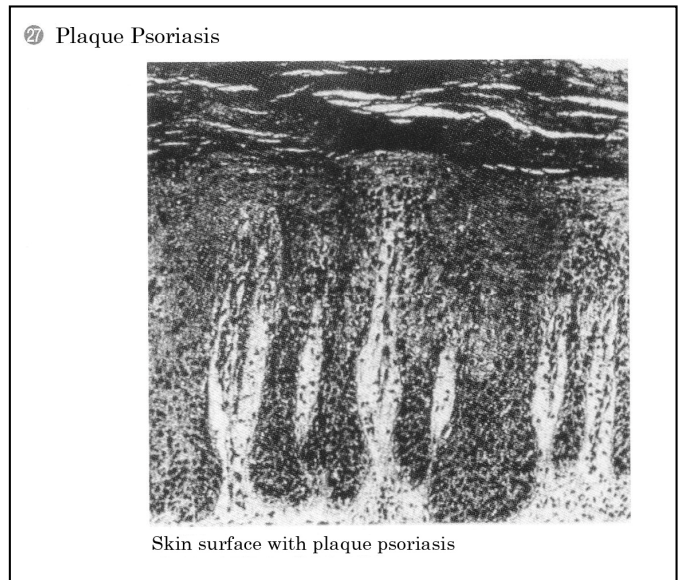


Figure 1-1

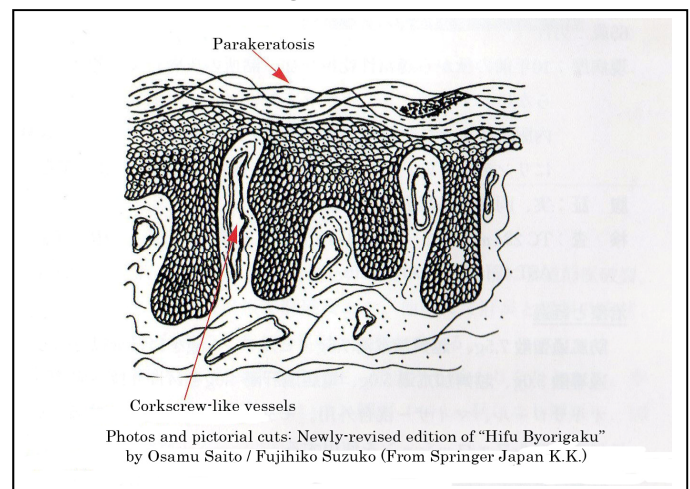


Figure 1-2

For the skin surface of scaly conditions, heat clearing Kampo medicines such as Angerica Decoction-Antipruritus, Wind Dispersing Powder, *unseiin*, and Gentian Liver-Purging Decoction are used. The skin surface especially intensely reddish is the condition that damp and heat bind together, or that of blood and heat bind together. For this condition, Kampo medicines such as Capillary Wormwood Decoction are used.

As above, the scaly skin surface is often accompanied by blood stasis. For the condition, Kampo medicines for expelling stasis (blood activating and stasis resolving medicines) are used according to individuals' demands, such as *keishibukuryogan*, *tokakujokito*, *tsudosan*, *daiobotampito*, *choyoto*.

Plaque psoriasis often becomes worse in autumn. It is partly because autumn is a dry season, but mainly because it may be related with the fact that the basal layer becomes active (kidney's activity) in autumn and thereby the layer becomes strong enough to create cells from underneath.

If the kidney becomes active and the skin condition is exacerbated, internal evil (pathogen) needs to be dispelled by activating blood, clearing heat, and draining damp to recover the normal metabolism.

Case: Male of 69 years old Plaque psoriasis

Past medical history: Underwent surgery for colon polyps eight years ago. Veins in the esophagus ruptured three years ago.

The patient had hepatic cirrhosis due to alcoholic hepatitis. He was taking various drugs prescribed by other hospital for hepatitis, gastrointestinal symptoms, and diuresis.

Present medical history: Plaque psoriasis occurred two years ago. It started affecting the scalp and spread all over the body. The patient had also been treated by other hospital. Scales (++). In autumn it became worse and the patient made the initial visit to our clinic in October.

Labo Data:

T-Chol 98mg/dl ↓

HDL-Chol 35 mg/dl ↓

TG 234mg/dl ↑

AST 102Iu/l ↑

ALT 49Iu/l ↑

γ - GPT 483Iu/l ↑

LDH 367Iu/dl ↑

Serum protein :

Total protein 7.5

A/G 1.11

ALB 52.6

α 2 Globulin 4.4 ↓

β Globulin 6.1 ↓

γ Globulin 35.0 ↑

Leucocytes 2.9 ↓

Erythrocytes 36.2 ↓

Hb 13.6g/dl

Ht 40.1% Platelet 5.0 ↓

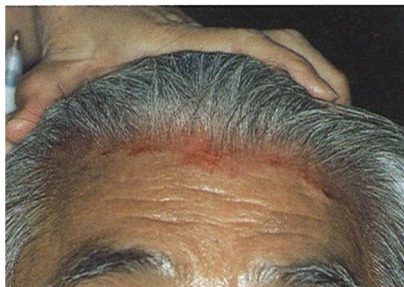
Therapy and course

tsudosan 5.0g, *eppikajutsuto* 5.0g, Epinastine Hydrochloride 20mg one tablet/day for 6 weeks.

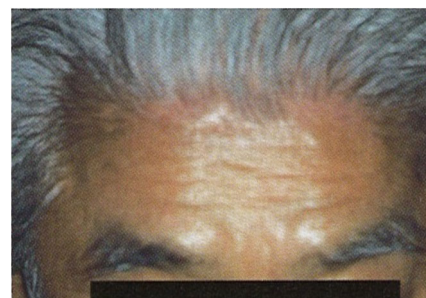
Changed to *tsudosan* 5.0g, *unseiin* 5.0g, and *keishibukuryogan* 2.5. Biotin 4.5g was added.

tsudosan 5.0g, *unseiin* 5.0g, Biotin 4.5g were continued.

In June of the following year, the healed state was being maintained.



Before treatment



After treatment



Before treatment



After treatment

Figure 2

Medical History in Japan

Origin of Japanese Acupuncture: Waichi Sugiyama and his Text – Sugiyama Shindenryu (4)

Jikan Oura

Medical Historical Research Department

Kitasato University Oriental Medicine Research Center

3. The techniques of Sugiyama Shindenryu

F. *Kikou Jutsu* “Tapping on Needle Hilt for Vibration Technique”

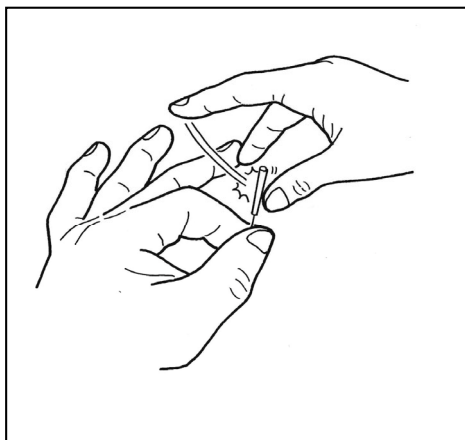
[Method]

The needle is inserted at a point in the painful area to the appropriate depth. Some twisting is first applied. It then involves the motion of attaching the middle finger of the inserting hand to side of the middle finger of the non-inserting hand, placing ventral of the thumb lightly at needle hilt, and tapping needle hilt with ventral of the forefinger to create a vibration. The technique is done with intention to circulate Qi.

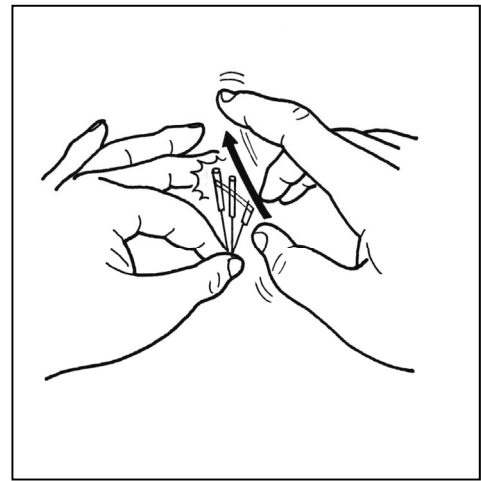
[Notes]

Kikou Jutsu is the basic technique for circulating Qi to relieve stagnation in the meridians due to deficiency of the internal organs. Also it can be used for pain due to cold and stagnation of fluids. In this case it should be followed by *Jakutaku Jutsu*.

There is another technique of circulating Qi, *Ryuzu Jutsu*, which is more difficult than *Kikou Jutsu*.



[Figure 10: Tapping on needle hilt for vibration technique (Kikou Jutsu)]



[Figure 11: (Ryuzu Jutsu)]

G. *Enshin Jutsu* “Scribing a Circle Needle with Non-inserting Hand Technique”

[Method]

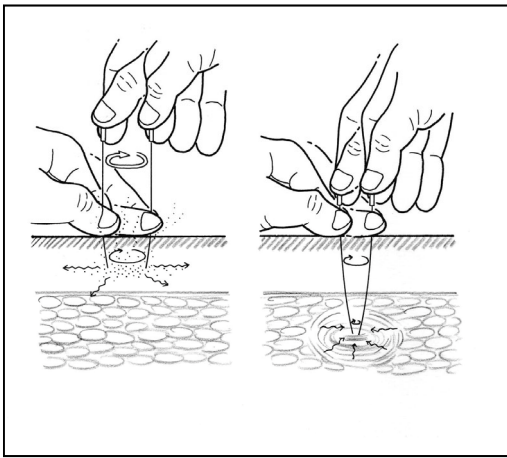
The name of this technique implies “scribing a circle needle technique”.

While inserting, the needle is rotated clockwise using both non-inserting hand that touches the patient's skin and inserting hand that pinches the needle hilt. After reaching the appropriate depth, enough circle is applied and then twisting is applied. When withdrawing the needle, the same rotation is used but performed counterclockwise.

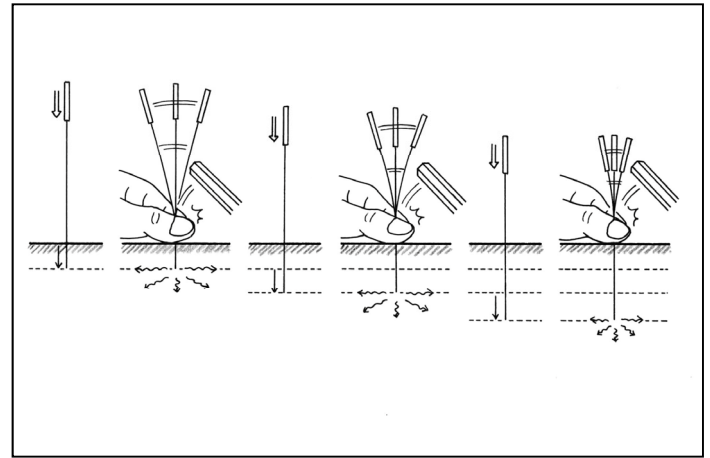
[Notes]

Enshin Jutsu is used for treatment of abdomen and gives effect of relieving superficial abdominal tension and invigorating the function of the organs. So it is said, “Sedating the exterior, tonifying the interior.”

It is difficult to insert the needle deeper while doing the rotating technique so this should be done in stages. After superficial insertion, rotate the needle, bring it back to perpendicular, insert it a bit more, then repeat until reaching the appropriate depth. At this point twisting is applied so as to gather Qi at the needle tip.



[Figure 12: Rotating needle technique (Enshin Jutsu)]



[Figure13: Daichou technique (Daichou Jutsu)]

H. *Daichou Jutsu* “Tapping and Shaking with Guide Tube Technique”

[Method]

After inserting a needle straight down to 10mm depth, the guide tube is tapped with forefinger of the non-inserting hand holding the tube and the tip of the thumb. The needle is then inserted 10mm deeper and the technique is applied again. This is repeated until reaching the appropriate depth. The same technique is also used every 10mm while withdrawing the needle.

[Notes]

Daichou Jutsu is used for harmonizing the Qi in the superficial, middle and deep layers in the abdominal region.

This technique was developed from the Dashin acupuncture technique. For better results, use a heavier guide tube (more than 16g) to create a strong vibration in abdomen.

A similar technique, “*Akatsuki No Hari No Jutsu*”, involves using fingertip to tap the top of the guide tube which has been placed back over an inserted needle. This technique is used for area of pain and inflammation.

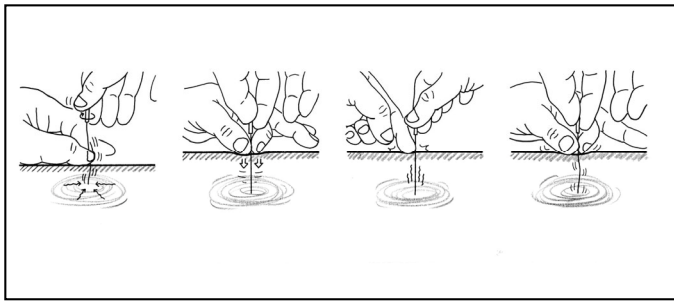
I. *Netsukou Jutsu* “Picking and Twisting Needle with Non-inserting and Inserting Hands for Vibration Technique”

[Method]

This technique is to massage the area, prior to insertion, by pushing the acupoint with finger nail of non-inserting hand, and massaging, rubbing, tapping with fingers, prior to insertion. After which the needle is inserted to appropriate depth then stopping, moving and twisting motions are used to build up Qi and warmth around the needle. The technique should be applied gently and never in a harsh manner. Once the purpose is achieved the needle is removed quickly and the point closed.

[Notes]

Netsukou Jutsu is used for muscle tension in the deeper layers and warming cold. The paralyzed sensation is due to cold and deficiency causing stagnation of Qi and blood. Therefore, it is important to push and tap the acupoint prior to insertion. After insertion, the movement of both hands (non-inserting and inserting hands) needs to be synchronized in massaging, twisting to build up Qi around the needle.



[Figure 14: Circulate warmth technique
(Netsukou Jutsu)]

J. Other manipulations using the guide tube

Otherwise, there is a method where the guide tube is put over the inserted needle and thrusting and lifting then performed with the tube. This is effective to relief muscle spasms and pain in very sensitive patients. The needle tip is kept at a shallower level than the painful muscle layer and the thrusting and lifting is performed with the needle tube, meaning that the tube is pressed down and pulled back alternately, shaking the painful muscle layer and thus relieving the muscle spasm. There is also a technique of tapping the area around the inserted needle. This is used, when the pain is felt over an extensive area. The area around the shallowly inserted needle is minutely tapped many times with the guide tube in order to scatter the pathogenic Qi and thus relief pain.

4. The Sugiyama Shinden style technique and modern Japanese acupuncture and moxibustion

Japanese acupuncture and moxibustion characteristically uses thin needles and guiding tubes as well as thread-like or half-rice grain sized moxa cones to achieve maximum effects. Before the background of these tools various pathologic conditions can be dealt with in great detail without placing excessive stress on the patients, while at the same time the skillful application of the relevant techniques helps to obtain maximum effects.

A common denominator in the world of these techniques is the concept of perceiving Qi, detecting disturbances of Qi, application of daring but still thoughtful sedation and tonification - thereby the regulation of Qi. Japanese acupuncture and moxibustion techniques are based on Chinese classics and techniques imported during the Ming dynasty, but have uniquely developed during the Edo period. Waichi Sugiyama is a representative figure and the techniques described in the “Sugiyama Shinden Style” have now become the foundation of modern Japanese acupuncture and moxibustion.

Poria Powder with Five Herbs

Wu-Ling-San

goreisan

Composition

Arisma rhizoma

Tuckahoe

Atractylodes ovatae rhizoma

Umbellate pore fungus

Cinnamon bark



Ominedo Pharmaceutical Industry Co., Ltd.

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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