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Editorial

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Naoya Ono

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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.”



Ominedo Pharmaceutical Industry Co., Ltd.

574, Nenarigaki, Yamatotakada-City, Nara 635-0051, Japan

URL: www.ominedo.co.jp
Contact: info@ominedo.co.jp
FAX (81) 745-23-2540

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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

Biodiversity, Culture, Environment and Traditional Medicine

Traditional medicine in many countries uses materials that exist in nature, such as plants, animals, and minerals, as ingredients. In most cases, these ingredients rely on biogenetic resources that are available in the respective country.

The adoption of the Convention on Biological Diversity (known informally as the Biodiversity Treaty) in 1992 led to a major change in awareness of the significance of biogenetic resources as “common resources of mankind.” With COP10 scheduled to be held in Nagoya in October 2010, resource-rich countries, in particular, have begun to lay claim on their resources, limit access to them, seek profit, and demand disclosure of the country of origin of resources in patent applications. As the agenda of COP10 is expected to focus on access to biogenetic resources and benefit-sharing in addition to biodiversity conservation, a working group on access and benefit-sharing (ABS Working Group) is actively holding meetings to discuss the issue among member countries. The next meeting, which is scheduled to be held in November 2009 in Montreal, will aim to create a final proposal for reaching an agreement on a new international regime for access to biogenetic resources and benefit-sharing at COP10.

Access to biogenetic resources and benefit-sharing are mutually complementary. Therefore, it is necessary to formulate a medium to long-term action scenario (biogenetic resources strategy) that promotes coexistence and co-prosperity among all countries based on a multifaceted examination of the basic rules of access and benefit-sharing.

Amid this global trend in biogenetic resources, China is currently striving to register traditional Chinese medicine on the UNESCO List of Intangible Cultural Heritage. Korea is doing the same with its traditional Korean medicine. These actions are important strategies for preserving one’s national culture and communicating it to the world. Since culture also encompasses the seeds of intellectual property such as copyrights and patents, it cannot be brushed aside from the perspectives of economic and industrial policies and strategies, either.

Modern Western medicine, which forms the foundation of today’s medical practices in industrialized nations, is premised on a consumer society characterized by mass production and mass consumption. Moreover, at the frontline of medical treatment, it places top priority on lifesaving. Therefore, while there may be constraints regarding the deployment of human resources, the utilization of Earth’s resources, no matter how large, is essentially a non-issue if it means saving lives. This is one reason why many healthcare workers exhibit hardly any interest in environmental issues.

People’s lives, however, cannot completely depart from the Earth’s ecosystem to which they belong. As long as mankind lives on Earth, people can only live within the bounds allowed by Earth’s environment. Based on this awareness, countries around the world are taking active interest in environmental issues including CO2 reduction, and are examining and exploring new ideas and measures such as slow life, slow food, zero emission, and antidotes to financial and industrial crises, toward an environmentally and economically sustainable recycling society. It is only a matter of time until the sustainability of healthcare per se will also be called into question.

It is natural that the sustainability of healthcare should be questioned based solely on the existing practices of modern Western medicine founded on the premise of a consumer society. However, I wish to introduce a concept I call “eco-medicine”—a word I created by combining “ecological,” “economical,” and “medicine”—and propose a study into whether traditional medicine could in fact be regarded as eco-medicine.

Naoya Ono

**Department of Health Informatics, Division of Health Administration
School of Public Health, Graduate School of Medicine, Kyoto University, Kyoto, Japan**

Kampo Medicine - Current Research

Varieties of Effects of Shakuyakukanzoto

Hiomichi Yasui

Japan Institute of TCM Research

Shakuyakukanzoto is the formula first appeared in “Shan Han Lung”. This has a simple composition comprising peony root and licorice root. Despite the simple makeup, it has powerful and potential medicinal benefits and versatile applications across therapeutic categories. *Shakuyakukanzoto* known in Japan as a magic bullet for so-called “komuragaeri (muscle cramps)” has also useful prophylactic efficacy against it. Thus, sports lovers as well as other people habitually use it. For instance, they often take it before golf competitions, going hiking, and long distance bicycle touring in order to prevent muscle fatigue in the lower extremity muscle fatigue; mothers who learn of their child having a football game give this formula to him on the night before the game. Moreover, this formula has the actions of preventing or resolving striated muscle fatigue or cramps, relieving colicky pain caused by the contraction of smooth muscles, and improving hyperprolactinemia. It is also used for preventing acne.

Varieties of effects of *shakuyakukanzoto* and the results of clinical trials will be introduced as below based on the clinical results:

1. Muscle cramps

Since it is too basic that *shakuyakukanzoto* is effective for muscle cramps, only a few reports have been published. Muscle cramps occur mostly during night. One pack (2.0 – 2.5g) dose before sleep has the preventive effect. Even after the occurrence, cramps will be relieved promptly with one pack dosing. In this chapter, a study will be introduced on the use of the formula for the patients with hepatocirrhosis who had the onset of komurogaeri (muscle cramps) when they were

undergoing artificial dialysis.

Kumakura, et al. administered on demand the Extract of *shakuyakukanzoto* 2.5g to 23 hemodialytic patients (male 10, female 13, aggregated number of patients 61) immediately after they claimed the onset of muscle cramps while undergoing artificial dialysis. Muscle cramps disappeared in 54 patients (88.5%), and an average time taken to achieve the dissipation of pain was 5.4 ± 3.9 minutes. The amount of physiological saline solution per dialysis needed for the cramp treatment was reduced to about one thirds ($p < 0.0001$) from that before the use of *shakuyakukanzoto*¹.

Kumada, et al. divided 101 patients with the diagnosis of hepatocirrhosis who had the experience of muscle cramps twice or more during a week (four times or more during two weeks) in the positive drug group (52 patients: male 21 and female 31) and the control group (49 patients: male 26 and female 23). Extract of *shakuyakukanzoto* (7.5g/day) was administered in the positive drug group for two weeks, whereas placebo (7.5g/day) was used in the control group for two weeks. In the group of Extract of *shakuyakukanzoto*, the frequency of muscle cramp occurrence was markedly improved in 4 patients, improved in 31, remained unchanged in 14, and worsened in 3 with the overall result of improved or above in 67.3% of the patients. In the placebo group, the frequency was markedly improved in 5 patients, improved in 13, remained unchanged in 22, and worsened in 8 with the overall result of improved or above in 37.5%. The effect in the positive drug group was significantly superior ($p < 0.05$) to that in the placebo group. And the overall improvement rate was also higher in the positive drug group².

2. Dysmenorrhea

Dysmenorrhea is a syndrome associated with menstruation characterized mainly by spasm-like acute pain in the lower abdomen and backache. It has two types – functional dysmenorrhea and organic dysmenorrhea. *Shakuyakukanzoto* is used for both of them. Studies that have been reported until now are as follows:

Inoue, et al. measured effects, using a pain scale, of the Extract of *shakuyakukanzoto* in 42 patients who suffered from dysmenorrhea of moderate to severe degrees (age 14-49, average age 30.4: functional dysmenorrhea-18, organic dysmenorrhea-24): the administration of the formula 2.5g/day was commenced from 5 to 7 days before the expected first date of their menstruation period and then 7.5g/day for 2-3 days after the start of menstruation, and pains were assessed by 5 pain intensity scales from extreme pain to pain free. (Pain improved by 3 scales is assessed as prominently effective; improved by 2 scales is effective; improved by not more than 1 is ineffective.) The results were that prominently effective was 31.0%, effective 57.1%, and ineffective 11.9%, and the overall effectiveness was 88.1%. There was no significant difference between the group of functional dysmenorrhea (88.9%) and the group of organic dysmenorrhea (87.5%)³.

Ohta, et al. administered the Extract of *shakuyakukanzoto* (7.5g/day divided in 3 doses) to 25 patients with dysmenorrhea of moderate to severe degrees (age 17-37, average 25.2±5.2) for 10 days from the expected commencement date of menstruation. Pains were assessed three times using the VAS scale at the time of registration (previous menstrual pain was registered at the hospital), at the time of menstruation, and at the time of hospital visit. For 14 patients after excluding those whose pains could not appropriately be grasped, pains at the time of each

month's menstruation and at the time of hospital visit were compared based on VAS values. Vas values declined and effects were sustained in 6 patients (42.9%); effects in each menstrual cycle were not consistent in 4 patients (28.6%); although VAS values declined, effects were not identifiable in 2 (14.3%); and ineffective in 2 (14.3%)⁴.

References

Tanaka, et al. report that they administered the Extract of *shakuyakukanzoto* (7.5g/day divided in 3 doses) to 12 patients with functional dysmenorrhea and organic dysmenorrhea of moderate to severe degrees (age: 22-46, average 33.0±8.7, functional-4 and organic-8). The administration was commenced from 7 days before their expected first day of menstruation until the last day of their menstrual period. Subsequently, the preparation 7.5/day was continuously administered until 7 days prior to the start of their next expected menstrual cycle, resulting in prominent effects in 12 patients after three menstrual cycles⁵.

3. Hypertestosteronemia and hyperprolactinemia

Recent studies have elucidated that *shakuyakukanzoto* has effects on Hypertestosteronemia and hyperprolactinemia. As a result, this preparation is believed to have applications for any disorders developed by hormonal abnormalities. Especially, there are several documents reported in the gynecologies that it was useful for the patients who complained of anovulation or infertility due to hormonal abnormalities.

Yaginuma, et al. administered the Extract of *shakuyakukanzoto* (7.5g/day) to 110 patients (anovulation 78, rare occurrence of ovulation 15, normal menstrual cycle 17) out of 128 patients with high blood levels of testosterone of 0.7ng/ml or higher (age 26.7±0.4), after excluding those who were not appropriate to have evaluations. After 16-week administration, blood levels of testosterone, estrone (E₁), estradiol, cortisol, FSH,

LH, and prolactin were compared before and after the administration. For 10 patients who showed the blood prolactin levels were 25ng/ml or above, fluctuations in its level were also reviewed. The results were that from two-week administration onward, the blood levels of testosterone and E₁ were significantly reduced ($p < 0.001$, $p < 0.05$ for each) and 78 patients with anovulation (42.3%) recovered the regular ovulation cycle. Moreover, the blood prolactin levels in 10 patients were significantly reduced ($p < 0.05$)⁷.

Takahashi, et al. administered the Extract of *shakuyakukanzoto* (7.5g/day) for 24 weeks to 34 patients of the group of polycystic ovary syndrome, who had polycystic swellings in both ovaries found on an ultrasonic examination with the blood testosterone levels of 100ng/dl and compared the levels of the testosterone before and after the administration, resulting in reduced levels in 30 patients (91%). Average testosterone levels dropped in the 4th week from the pre-administration levels of 137.1 ± 27.6 ng/dl to 85.3 ± 38.3 ng/dl ($p < 0.001$). Similarly, the levels reduced in 12th week and 24th week⁸).

Itoh, et al. administered the Extract of *shakuyakukanzoto* (7.5g/day) to 51 patients who visited our facility with the complaint of infertility and was diagnosed as having occulted hyperprolactinemia by a TRH test, and compared the TRH prolactin levels at 30-min time points before the administration and after 8 weeks administration. The patients who had the administration for 8 weeks or more and was able to have re-tests of TRH loading was 22, of which 16 (72.7%) showed reduced blood prolactin. Furthermore, the overall blood prolactin levels dropped significantly from 79.1 ± 14.9 ng/ml to 65.3 ± 20.9 ng/ml ($p < 0.001$)⁹.

It may be considered from these reports that *shakuyakukanzoto* has the action of lowering high levels of blood testosterone and blood

prolactin. If *shakuyakukanzoto* is administered for those in the normal ranges, they will not be lowered more than necessary.

4. Abdominal pain

Shakuyakukanzoto is used for pain that suddenly occurs. Especially, this preparation has many applications for abdominal pain induced by spasms of smooth muscles. Case reports on the use of this preparation for biliary stones, urinary stones, and irritable bowel syndrome have been reported and reports of case series, although limited, have been submitted.

Nagata, et al. assessed the intensity of abdominal pain before and after the administration of *shakuyakukanzoto* in 45 patients (irritable bowel syndrome-29 patients, biliary dyskinesia-7, bladder stones-2, kidney stones-3, abdominal pain after taking a medicine-4): Pain intensity before the administration was classified into most serious, serious, moderate, mild and symptom-free. The results showed an effectiveness rate of 79.3% with an ineffectiveness rate of 20.7% in the irritable bowel syndrome group and an effectiveness rate of 71.4% with an ineffectiveness rate of 28.6% in the biliary dyskinesia group. In the group of bladder stones, one patient had effects while one patient did not have effects. In the group of kidney stones, two patients had effects and one patient did not have effects. In the group of abdominal pain after taking medicine, two patients had effects while two patients did not have effects¹⁰.

For the purpose of reference

Katsura, et al. made an observation to compare effects between the two medicines of *Kanzoto* and *shakuyakukanzoto* in 130 patients who visited Pediatric Outpatients because of common cold, acute gastroenteritis or other disorders (male children-69 patients, female children-61, adults-7). Each of the group of *kanzoto* and the group of *shakuyakukanzoto* was divided into the subgroup

of internal use and the subgroup of oral use. In the *shakuyakukanzoto* group, the subgroup of internal use had an effectiveness rate of 97.5% with one patient excluded, and the subgroup of oral use had an effectiveness rate of 97.9% with one patients excluded. In the group of *shakuyakukanzoto*, all patients of the subgroup of internal use had effects and the subgroup of oral use had an effectiveness rate of 92.9 with two patients excluded. In the 4 subgroups, pains disappeared within 1-3 minutes in 50% of the patients and within 5 minutes and 30 seconds in 80%¹¹⁾.

5. Acne vulgaris

Kampo medicines have an appropriate indication for acne. Reports on *seijobofuto* and *keigairengyoto* can be seen quite often. Kampo preparations are effective enough for pustular acne vulgarises. However they are less responsive. One of the causes of acne vulgaris is said to be hyperandrogenemi and there are several studies on applications of the effect of *shakuyakukanzoto* that can improve this clinical condition.

Aaizawa administered *shakuyakukanzoto* to 19 female patients with Kligman classification stage II acne vulgarises (age: 14-30, average 25) and compared improvements in the condition and changes in blood hormone levels before and after the administration. The administration period was about 2 weeks from the 7th day from the date menstruation started (mid follicular phase) to the mid follicular phase after a menstrual cycle. The results showed that the number of papules remained unchanged, the number of comedones significantly reduced, and subjective symptoms of seborrhea were markedly improved in 4 patients, moderately improved in 6, mildly improved in 5, and remained unchanged in 4. The results of clinical effect assessment were that 11 out of 19 (60%) had moderate or more improvements.

Concerning blood hormone levels, testosterone (T) was significantly reduced from 37.8 ± 13.3 ng/dl before the administration to 30.7 ± 16.2 ng/dl after the administration ($p < 0.01$). Free testosterone (FT) was also lowered significantly although no significant differences were observed between before and after the administration in the levels of dehydrotestosterone, dehydroepiandrosterone, dehydroepiandrosterone sulfate, sex hormone binding globulin¹²⁾.

Tanaka, et al. administered *shakuyakukanzoto* to the patients with acne vulgarizes (2 males and 11 females from 16 to 32 years old) and made an assessment after 2 months. There were no patients who had hyperandrogenemia. The results were markedly effective in 1 patient, effective in 4, ineffective in 4, and drop-out 4. Significant changes in the levels of blood androgens were not observed¹³⁾.

It is clear from two studies above that *shakuyakukanzoto* is effective for acne vulgaris. Concerning blood androgens, T and FT showed high levels in some patients. However, *shakuyakukanzoto* works to lower high levels of these although it will hardly change levels that are in the normal range from the beginning. And it can be understood that the preparation works effectively for acne. It seems that the preparation does not reduce the number of papulars but reduces the number of comedones and thereby resolve acne.

6. Others

Shakuyakukanzoto is often used for spasmodic pains of smooth and skeletal muscles. In order to apply this effect, a study was conducted on analgesic potency for hemorrhoid pain.

Endo, et al. made a comparative clinical trial of the effect of ointment alone and in combination of ointment and *shakuyakukanzoto* with the subjects of 100 patients who visited the facility for

the treatment of anal fissure and non-surgical treatment was considered appropriate (male 48, female 52). Of these patients, 50 were assigned to the group of ointment alone treatment and the remaining 50 patients were assigned to the group of combination therapy of ointment and *shakuyakukanzoto*. The group of ointment alone received Tribenoside-lidocaine ointment injections into the anus twice/day and the group of the combination medication received Tribenoside-lidocaine Ointment and the Extract of *shakuyakukanzoto* 6g in 3 doses before or between meals. The administration continued at least for 17 days.

The intensity of pain was assessed by VAS scales, and the nature of pain, time, influence of pain on everyday life, the severity of hemorrhage, and the number of defecations was assessed using questionnaire sheets. The severity of pain was significantly improved after 10 days in the group of ointment alone administration, whereas it was significantly improved after 3 days. Influence on everyday life was also significantly superior in the group of combination use. There were no significant differences in the severity of hemorrhage and the number of defecations. About satisfaction after treatment, satisfied or more was 32% in the group of ointment alone and 78% in the group of combination use. About overall improvement, improved or more was 32% in the group of ointment alone and 78% in the group of combination use¹⁴⁾.

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Clinical Report 1 (Japan)

Cervico-branchial Pain Remote-controlled by PAR

Shouichi Sawatsugawa

Director, Educational Corporation of Handa College
Vice Principal, Nippon Acupuncture & Moxibustion,
and Physical Therapy Vocational College
Director, Incorporated Foundation of Oriental Medicine

Introduction

Remote control based on the application of electrical pulses to acupuncture needles is called PAR in this report. This is an acupuncture treatment system that uses remote control to add stimulation in the treatment of the root of a disease.

In this report, cases will be taken up in which PAR was performed for cervico-branchial pain. For diseases causing cervico-branchial pain, specialized books should be referred to. In the cases of this report, PAR was applied from the viewpoints of disease patterns, meridians, and acupuncture points of Oriental medicine. Before the treatment method was decided, it was ensured where symptoms appeared and where meridian routes were located. As an important reminder of the treatment method, if a heat sensation, hyper pain, spontaneous pain, and jitteriness are present, stimulation is added by PAR, as a method of reflex induction, to acupuncture points in distal locations of related meridians. If the patient's condition is chronic, the patient feels comfortable when the affected area is pressed, and she or he feels good when the affected area is warmed, all these are conditions of deficiency symptoms and needles are inserted directly into the affected area that responds. This case, the insertion has to be made little by little, giving it time, to the depth of 40mm where needles are manipulated manually and then stimulation is added by PAR to acupuncture points of related meridians.

Selection of acupuncture points by PAR system

1. Points involved in the greater yang meridian
Shenmai (P) - Jinggu (N)
Houxi (P) - Wangu (N)
 2. Points involved in the lesser yang meridian
Huizong (P) - Sanyangluo (N)
Yanglingquan (P) - Yangjiao (N)
 3. Points involved in the large intestine meridian
Hegu (P) - Wenliu (N)
Shousanli (P) - Quchi (N)
- Note: (P) electrode = the side where stimulation is felt weak (+)
 - (N) electrode = the side where stimulation is felt intense (-)

The frequency of PAR is 2Hz and duration of treatment is 15 to 20 minutes.

Clinical case 1: Cervico-branchial pain

Patient: 62-year old, male, teacher, BMI 23

Chief complaints: Pain in the superior border extending to the deep part of the lateral border of the left scapula and numbness in the lateral region of the left upper arm.

Present medical history: From seven to eight years ago, pain began to appear once or twice a year in the right interscapular region (in the deep part of Dazhu to Fengmen), but it spontaneously resolved within 2-4 weeks.

This time, however, the patient became aware of sudden pain in the left scapular region and numbness in the lateral part of the left upper arm and these symptoms became worse gradually.

Although he was aware of mostly no symptoms during morning hours, they began to aggravate from the afternoon to the evening. And pain correlated to numbness, so with an increase in the pain intensity, numbness increased. When the symptoms were intense, they relatively became eased by keeping the upper limb region slightly

elevated with the elbows on the desk. Although he was able to control the symptoms for about 10 days from the start of the symptoms, he could no longer tolerate the worsening symptoms and began to take one tablet of antiphlogistic analgetics (Loxonin) kept at home for prehospital use every afternoon. Once the medicine was used, symptoms became alleviated and the relief lasted for 7 to 8 hours. On the following day, similarly symptoms became worse in the afternoon and the tablet was used again. This cycle was being repeated.

One month after the symptoms had appeared, the conditions further aggravated. Thus, he made a visit to our clinic.

Patient profile: Alcohol drinking – Japanese sake 2-3 go's (180mL/go) a day. No smoking. Blood pressure 130/88mm Hg. Unmedicated except Loxonin. The patient mentioned that no abnormalities had been found in the annual medical examinations.

Treatment policy: The symptoms were pain in the scapular region and numbness in the lateral region of the upper arm and there were no other symptoms. The conditions were typical symptoms of cervico-branchial pain. To make sure to get it confirmed, MRI diagnosis was requested. Since the pain appeared in the Triple Energizer Meridian (TE) and the Small Intestine Meridian (SI), and numbness extended along the travelling route of the Large Intestine Meridian(LI), the author decided to perform PAR treatment (guided by remote control) for major acupuncture points of major meridians of the Greater Yang Small Intestine Meridian/Bladder Meridian and Minor Yang Triple Energizer Meridian, and then used auxiliary meridians of the Yangming Large

Intestine Meridian, where needles were left inserted. One month passed after the development of symptoms of this time and there were not much fever and excess type of symptoms. And the symptoms were progressing to the chronic phase. There had been seven to eight year since the initial onset, so organic changes might possibly have some influence on symptoms. Considering all these factors, the author decided to administer local treatment in parallel. For direct local needling, the sparrow pecking technique was slightly applied to the Bladder Meridian and the Small Intestine Meridian as auxiliary points. The affected regions were innervated by C5-6 (7) included in the superior lateral cutaneous nerve of the upper arm which continues from the axillary nerve (C5-7), and in the inferior lateral cutaneous nerve of the upper arm which is a branch of the radial nerve (C5-8). For needling into periphery nerves of the related nerves, the author decided to use the technique of needle manipulation for the outward section of the spinous process.

The affected regions were mostly corresponding to the regions innervated by C5-7. The axillary nerve (C5-7) travels through the outward axillary fissure to the dorsal side to innervate the scapular region – the superior region of the upper arm (C5-8), while the radial nerve (C5-8) goes out to the dorsal side and innervates the inferior and posterior parts of the upper arm.

The frequency of treatment was twice a week in consideration of the sustainability of treatment effects, and the interval between treatments was four days or less.

[Treatment]
(Face-down position)

PAR 10 minutes: Kunlun (P) / Jinggu (N)

Needling depth 5mm

Needles were left in place for 10 minutes:

6 points needling into 2cm sections lateral to spinous processes of C5, C6, and C7.

Needle manipulation technique:

The Sen-Nen technique was used for the section of the 4cm depth lateral to spinous processes of C5, C6, and C7 and then the needles were removed after a feeling of stimulation was delivered by slow needling to the 4cm sections.

(Strong response) Light sparrow pecking was performed to the left Gaohuans, Tianzong, and Jianzhen.

(Face-up position)

PAR for 15 minutes: Wangu (P), Waiguan (N)

Needling depth 5 mm

Needles were left in place for 15 minutes:

Needling depth was 5mm into Quchi and Hegu.

Needles used were all made of stainless steel 50mm and the gauge 18.

The frequency of PAR for all courses of treatment was constantly 2Hz.

[Course]

The author considered that pain intensity (measured using the visual analog scale with a 0-10 numerical scale [hereinafter PS]) should correlate with dosing frequency and the number of tablets used and made observations with these factors as a barometer. The patient received PS when he visited us to make its records.

1st treatment (January 10)

PS's for about 10 days were 8-6. The tablet was taken every day and there were almost no changes in symptoms and the number of drugs taken.

3rd treatment (January 16)

MRI diagnosis was "cervical spondylosis."

Osteophyte formation from C4 to C6 vertebral body and cavity preparation at the levels of C4, 5 and C6 were found.

6th treatment (January 26)

PS was 2. The number of the drug taken were 2

tablets during 4 days or 2 tablets during 3 days with decreases in pain and the number of the tablets taken, indicating the correlation between pain intensity and the number of the medicine taken.

9th treatment (February 5)

When the patient visited us, PS increased. He claimed that pain and the number of tablets increased after the work of cutting up a whole frozen salmon taking an hour in the morning of February 3. With no hospital visit for two days, there were no records of PS. But the patient mentioned the PSs for the days were about 7-6.

12th treatment (February 16) and 13th treatment (February 20)

The number of the tablets increased. The patient said: "It may probably because yesterday and the day before yesterday, I drank to excess, so I almost had a hangover. When I feel good, I take it too far. After this, the condition becomes worse as I worked on the frozen salmon. So I will see myself not to, from now on."

14th treatment (February 23)

The patient quickly recovered and did not need the medicine any longer. As he claimed that numbness remained slightly, the treatment frequency was changed to once a week from the 15th treatment for preventing a recurrence as well as numbness. As he desired, a MRI photo shooting was requested again.

"No changes were found from previous MRI images of 1/13."

[Consideration]

Cervical vertebral syndrome was suspected from pain in the periphery of the left scapula and numbness in the lateral part of the left upper arm. The diagnosis was made as "cervical spondylosis" based on the MRI findings. The MRI images showed cervical deformities (such as osteophyte formation, vertebral disc displacement). Generally, the symptoms develop in association with the nerve root being compressed. However, in the

patient, the symptoms were resolved every morning and became worse every afternoon, which may have been attributed to related-nerve tension caused, with time, by the upper extremity load. Aggravated conditions during the course may have been triggered by the motion/labor/action which became a burden on the neck because secondary muscle tension and circulatory disturbance having occurred from the underlying deformities still remained. Pain persisting for several years meant the deformities had been chronic. The pain of this time may have resulted from nerves being compressed by tensions, inflammation, and circulatory disorder occurred secondarily in the surrounding tissues and muscles, in addition to the direct compression by the deformities. No changes were shown in the findings of MRI photos taken after relief of symptoms. Since there were no correlation between the relief of symptoms and the MRI findings, it is hard to believe that organic changes (which could be confirmed from the images) were linked to the relief of symptoms.

It was suggested in this case that acupuncture treatment had the possibility of being applied to the clinical condition having cervical deformities on MRI images.

Case 2

PAR for cervical sprain “whiplash syndrome

27 years old, female, company employee

Chief complaints: Due to a head-on collision, dull pain in the cervical region, headache, and upper limb pain.

No symptoms were felt in the initial period after the accident. After a week from the accident, pain and a sense of stiffness began to develop in the cervical region. Since the examination at an orthopedics, he had been receiving physiotherapy and medication with antiphlogistic analgesics and external preparations. However, headaches began to appear and gradually became worse with

increasing dull pain and stiffness in the cervical region. Furthermore, numbness and dull pain in the area from the shoulders to the upper arms developed. She had painful days but never took even a day off work. She had continued to receive orthopedics treatment for a month without improvements, so she was referred to our hospital and visited us.

In the initial visit, her clinical condition, prognosis, and the content of treatment were explained to her before the start of treatment. As a heat ‘sho’ and an excess ‘sho’ were slightly localized in the cervical region, remote-controlled PAR for legs and arms was performed. The patient was in the face-up position with a low height pillow. Selected acupuncture points were Houxi (P) - Wangu (N), Shenmai (P) – Jinggu (N) on the right and left sides. The author decided to needle to the depth of about 7mm using 40mm 0.18 disposable stainless steel needles with 2Hz to add moderate stimulation for 20 minutes. After the first PAR treatment, headache and cervical dull pain were considerably reduced. The patient claimed she was feeling very well. The second treatment was performed after a week due to her work schedule. She said that after the treatment on the day of initial visit, she could stop using headache medicines and the cervical condition improved markedly. The second PAR treatment was performed similarly as in the first one. In the third treatment of further a week later, symptoms mostly disappeared and she expressed her thanks for the enigmatic effects. As a precautionary measure, PAR in the same procedure as in the first treatment was performed. The author told her to have treatment again if symptoms recurred. However, she has not made a visit to us since then.

Guide to treatment rooms of acupuncture and moxibustion

The Acupuncture and Moxibustion Clinic affiliated with Nippon Acupuncture, Moxibustion and Physical Therapy Vocational College located at 28-9 Sakuragaoka-cho, Shibuya-ku, Tokyo has been established on the 3rd floor of Hanada College Medical Building. The treatment room of this college is situated right behind Cerulean Tower Tokyu in Shibuya, and the access is three minutes walk from Shibuya Station on JR Yamanote-Line.

In the Hanada College Medical Building, there is a clinic (internal medicine and orthopedics) affiliated with the Institute of Oriental Medicine. There are MRI and X-ray Rooms in the basement. On the first floor, there are the reception desk, pharmacy, treatment rooms for internal medicine and orthopedics; the second floor is used as rehabilitation facilities; the third floor is used as the room for acupuncture and moxibustion treatment; the fourth floor is an orthopedic clinic; and the fifth floor is the space for meeting rooms.

The acupuncture and moxibustion treatment room on the third floor is equipped with eight adjustable beds, low frequency electrical generators used in combination with acupuncture and moxibustion treatment, electronic warm-moxibustion equipment, far-infrared radiation equipment and these are applied to treatment. Acupuncture treatment is mainly performed with the method of remote-control in the combined use of pulses.

The Acupuncture and Moxibustion Clinic affiliated with Nippon Acupuncture, Moxibustion and Physical Therapy Vocational College is the place to provide treatment to patients in general and also the place for students to have clinical trainings. This clinic also provides clinical education of pre-graduation and that of post-

graduation. Student patients are allowed to receive treatment at lower rates, so that they can have treatment experiences. During the student patient is being treated, other students observe the treatment while getting instructions at the same time.

In the acupuncture and moxibustion treatment room, there are three practitioners of acupuncture and moxibustion on a steady basis and full-time teachers take turns to provide clinical care or guidance.

For post-graduation clinical training, the Clinic accommodates interns for one year after graduation.

Clinical Report 2

Chronic Headache

Yang Cholsong
Yang Herb Clinic

Case: Female of 37 years old

Chief complaints: Headache and stiff shoulders

History of present illness: The patient had suffered from stiff shoulders which were always accompanied by a feeling of heaviness of the head since several years before. She also had temporal pain and pains in from back of head to back muscles. Fatigue, bad weather, and cold/frigidity worsened these symptoms. If headache became severe, it became throbbing or pulsating with the frequency of two to three times a month.

Present condition: Medium height, on the slim side, and a light eater.

Pulse: Slightly thin. Tongue: Enlarged with white furs

Sho: Qi deficiency-phlegm and rheum (fluid), sensitive to wind-cold, and inhibited/disturbed transport points

Method of treatment: Tonify qi, resolve phlegm-rheum, dispel wind and disperse cold, relax muscles and resolve pain

Prescriptions 1: *hangebyakujutsutemmato* 9g/3+
Extract of *kakkonto* 7.5g/3

Course: With a one-week administration, headache, stiff shoulders, and pain in back muscles disappeared. After this,

Prescriptions 2: Extract of *hangebyakujutsutemmato* 7.5g/2. Extract of *kakkonto* 6g/2 was used in combination for the occurrence of stiff shoulders and back muscle pain. However, headache did not relapse and stiff shoulders and back muscle pain were markedly relieved.

Commentary

The patient was a light eater and slim, symptoms were aggravated by fatigue, and her pulsation was slightly thin. These conditions

indicate qi deficiency. As well as enlarged tongue with white furs, headaches worsened by bad weather and accompanied by a top-heavy feeling may be caused by phlegm and rheum produced due to qi deficiency. For the condition, *hangebyakujutsutemmato* was used. Aggravation of occipital-back muscle pains and stiff shoulders by bad weather and cold/frigidity was caused by being susceptible to wind-cold due to qi deficiency and thereby deteriorating circulation of blood and qi through meridian points (disturbed transport points). For the condition, *kakkonto* was administered in combination. *Hangebyakujutsutemmato* and *kakkonto* are a good match. There are many cases that had effects of the combined use of these two formulas.

And now, for headaches occurring due to bad weather, *goreisan* is frequently used. However, *hangebyakujutsutemmato* can also be used. The author has the impression that both formulas have similar effects, although it is not clear that the effectiveness is attributable to the climate (of Okinawa where the author lives) or to techniques of physicians who perform treatment based on Benshoronchi.

The author applies either “*goreisan*” or “*hangebyakujutsutemmato*” depending on whether or not the sho is simple water dampness-phlegm and rheum or spleen deficiency-phlegm and rheum. Even if one of these two formulas is ineffective, the other produces effects. Selecting an appropriate formula from these two is difficult.

Clinical Report 3

Goshuyuto was Effective in One Case of Headache

Mitsuyuki Takamura

Mie University Occupational Health Research Project

Hiromichi Yasui

Japan Institute of TCM Research

Case: Female of 54 years old

Initial visit: May 7 of year X

Chief complaint: Spasmodic headache

History of present illness: Had suffered migraine onset since 12 years old. The frequency had been about once a month for nearly 20 years. The onset was accompanied by dazzled eyes and a corner of an object shape becoming invisible, and then a throbbing pain developed on a part of the head with nausea and vomiting.

At the same time, the shoulders became stiff and a heat sensation appeared in the neck and forehead. Hands became cold. Although the body in general felt very cold, the face became red and felt hot. There was a stuffy sensation in the stomach. If the pain was left unattended, it became intolerably severe and lasted one to two days. At every moment, commercially available bufferin was used. However, once a pain developed, the medicine did not work. Sumatriptan, which was prescribed about a year ago, was discontinued soon after it was found ineffective. A headache tended to occur at a relaxed state after stress or with constipation. Headaches are not linked to weather conditions. In the middle of April, such onset as described above occurred. Lying down did not help relieving the headache. The patient was in a crisis.

The patient had mouth dryness, a sensation of cold hands and feet, stiffness in the neck and shoulders and swollen lower extremities.

Present condition: 162cm, 57kg, 132/80mmHg

Pulse condition: Sunken, thin and slightly slippery

Tongue condition: Pale red with thin white furs.

Sublingual veins.

Abdominal condition: Resilience (+), stuffiness and rigidity below the heart, and the accumulation of gas in the left abdomen.

Splashing sound (—)

Diagnosis: Headache due to phlegm-dampness or headache due to cold of liver and stomach

Formulation and course: Initially the Extract of *goreisan* 6.0g/day was administered. After the administration, a headache did not occur. On some days, the occurrence was feared, but actually it did not occur. In the morning after three weeks, a headache aura was seen: stiff shoulders, nausea and vomiting, and an invisible corner of an object. Lying down once brought a relief but the conditions recurred. The patient thought it would progress to an attack and visited us. The patient still experienced squeezing headaches, although not very serious, stiff shoulders, and a heat sensation from the shoulders to the sides of the neck. The forehead also felt a heat sensation. She still had nausea and cold hands and legs.

The Extract of *goshuyuto* 2.5g was used as needed.

Thirty minutes after the use, stiff shoulders became lightened and nausea disappeared. So instructions were given to the patient to take three doses of the formulation 2.5g during the day. Then she returned home. On the following day, she told on the telephone that the headache did not disappear completely, but did not develop into the attack. The patient also told that stiff shoulders were resolved and was able to have an easy time. On the following morning, the headache still lingered slightly and same formulation 2.5g was used, which completely dispelled the pain. And the volume of urine increased. Then *goshuyuto* was continued. And a migraine headache did not recur at all and the formulation was discontinued on October 1 of year X. In march of the following year when she visited us for other illness, migraine headaches remained subsided.

Discussion

This patient had mouth dryness and a decrease in the urine volume and the possibility of water-dampness being eccentrically located. Generally this type of patient often develops a headache with a decrease in atmospheric pressure. However, in this patient, there is no relationship between headaches and weather changes.

I had a point about headache triggers as mentioned above that I wanted to confirm and upon a consultation with the patient, the Extract of *goreisan* was administered. Although headaches seemed to be contained by the use of *goreisan*, an aura preceding a headache attack occurred. This attack was of a typical migraine classified as “migraine with aura” under the International Classification of Headache Disorders (ICHD-II). Distinctive symptoms of cold of liver and stomach + upward gush of the stomach Qi, such as cold hands and legs, sudden stiffness of the shoulders accompanied by nausea and vomiting. For this type of headache, *goshuyuto* that has the action of warming the liver and stomach + lowering adverse flow and arresting vomiting is used.

In fact, 30 minutes after the administration, the headache became resolved and the aura did not progress to an attack.

Goshuyuto often has effects on migraine attacks. Although dependent on the timing of administration, efficacy appears within 30 minutes to 2 hours to relieve the headache. It is a matter of course that it is not the case for every headache sufferer.

Generally migraines often began to develop during a period of 20s to 30s and last for decades and types of migraine often gradually change with time. The patient relatively kept the condition of the first migraine attack.

The form of attack in the patient is typical conditions or sho of *goshuyuto*. However, as mouth dryness and urination disorder were presented, *goreisan* was administered with an agreement

with the patient to verify whether the patient’s headaches were caused by phlegm-dampness. At the beginning, it seemed the formulation was effective but mouth dryness and urination disorder remained unchanged. In the third week, an aura occurred and *goshuyuto* was administered with the result of quick effects. Urination disorder remaining unchanged with the administration of *goreisan* improved with *goshuyuto* and the urination volume rapidly increased. These might have resulted from the recovery of yang qi of liver and its free coursing.

Kampo Dermatology – Clinical Studies

Treatment of Atopic Dermatitis with Kampo – Infancy (5)

Fumino Ninomiya
Aoki Clinic

One of the characteristics of infants and young children is that they are in the immature state of development. Their functions swing widely like a pendulum for a rapid development so that the functional balance of yin and yang cannot be maintained. As such, they have a lot of ups and downs. Symptoms vary at short intervals and treatments to respond to quick changes are required.

Infants and young children have a lot of body water constituting more than 70% of their weight (elderly people contain about 55% water.) The body water causes a big problem in atopic dermatitis of infants and young children and this atopic dermatitis easily and often becomes weeping eczema over a small matter. Thus, the treatment focus needs to be on the removal of water moist.

Although dermatitis in infants and young children starts affecting mostly from the head and face, infantile seborrheic dermatitis often develops because the head and face contains a lot of fat as well as water (especially until six months after birth, the volume of fat is as much as that in puberty) and the fat solidifies to form scales. To prevent the scale formation, fat must be carefully washed.

The predominant symptom of seborrheic dermatitis is water-dampness and needs the treatment for removing it. Removing water-dampness also removes fat. The Kampo prescriptions often used for seborrheic dermatitis are “*goreisan*,” “*ireito*,” and “*boiogito*”.

Infants often present erythema and moistening around the mouth, and on the neck and body trunk. For these symptoms, “*jizusoippo*” or “*shofusan*” is chiefly used. Moreover, erythema and moistening due to salivation are often presented. Saliva is irritative once it comes out of the mouth, often causing skin irritation. This condition can often be observed in infants who

show deficiency symptoms, especially spleen deficiency – for this, usually “*ninjinto*” is used. Compared to infants, skin inflammation in young children tends to more easily spread to the whole body. Dry skin inflammation spreads with erythema, rashes, partial moistening, lichen, and desquamation. Similar conditions occur during childhood, older than young children. Behind this, there lies spleen-stomach weakness, which is more noticeable than in infancy. If there is spleen deficiency, spleen’s essential qi does not go up, rather goes down causing to develop symptoms such as diarrhea and a feeling of heaviness and sluggishness. Furthermore, since essential qi cannot be delivered to the lung, defense qi also cannot be produced sufficiently. As a result, the defensive ability from external pathogen is reduced and dermatitis spreads. Sometimes fever may develop and the symptom of spontaneous excessive sweating may appear. For the conditions, “*hochuekkito*” and “*ogikenchuto*” are used.

Various stress-related neurotic symptoms (for example, night-time crying) appear and dermatitis is often aggravated due to reduced defensive ability, for which “*yokukansan*,” “*yokukansankachimpihange*,” “*kambakutaisoto*,” and “*saikoseikanto*” are used.

Case 1: Infantile eczema, a warning of atopic dermatitis

Male infant: The patient made the first visit four months after birth.

Present symptoms: Generalized erythema with edema and partial moistening. The patient’s parents have allergies.

Treatment and course:

“*Goreisan*” 2.5g/day was administered for 14 days.

Chlorpheniramine-syrup 2cc/day and glytar-pasta were used in combination. At the time of visit of two weeks later, a 21 day dose of “*goreisan*” 2.5g/day was prescribed as previously.

The condition was significantly good. It was found that the patient cried at night.

“*Kambakutaisoto*” 2.5g was administered for 14 days.

Dermatitis became aggravated by the introduction of solid foods.

“*Shokenchuto*” 2.5g/day was administered for 16 weeks. Stool conditions, which were bad, were gradually becoming better. Instructions were given to take time for the patient to get used to solid foods. A skin cure was achieved.

The cream with a mixture of vaseline, pastaron, and hirudoid was externally used.



Before treatment - Face



Before treatment - Abdomen



Two weeks later - Face



Two weeks later - Abdomen

Case 2: Atopic dermatitis, asthma, and allergic rhinitis

Female child: The patient made an initial visit when she was 9 years old.

Current medical history: The initial onset of atopic dermatitis was three months after birth. The patient had treatments in pediatrics and dermatology. Now she was taking amitriptyline, hydroxyzine, epinastine, and “*orengedokuto*”.

She had also rhinitis.

Present conditions: Generalized erythroderma. The patient's face, neck, upper body, and upper limbs were intensely affected with moistening by infections, forming erosions. Itching sensation (+). Marked sleeplessness and irritability.

Treatment and course:

“*Shofusan*” 5.0g/day was administered for 14 days.

The skin redness disappeared and moistening became dry. Although the overall face skin became smooth, the patient could not sleep due to pain, so that she was intensely irritable.

“*Kambakutaisoto*” 5.0g/day, “*inchingoreisan*” 5.0g/day, and hydroxyzine (one capsule/day) were administered for 21 days. Itching sensation was considerably alleviated. The patient became able to sleep. However, in summer the patient had dampness-heat with erosions, so that prescriptions were changed to the following:

“*Hainosankyuto*” 5.0g/day and “*inchingoreisan*” 5.0g/day were administered for 21 days.

Erosions caused by infections were resolved and eczema became the predominant symptom. The patient's sleep was light.

“*Kambakutaisoto*” 5.0g/day and “*eppikajutsuto*” 5.0g/day were administered for 14 days.



Before treatment - Left side face



Before treatment - Front face



Before treatment - Right side face



After 3 weeks - Left side face



After 3 weeks - Front face



After 3 weeks - Right side face

In summer, due to asthma, prescriptions were changed to “*bakumondoto*” 5.0g/day and “*saibokuto*” 5.0g/day for a 14 day administration.

Asthma nearly recovered. The patient visited us once in three months and it took three years to attain a cure.

Medical History in Japan

Sotetsu Ishizaka's "Shinkyu Chiyo Ichigen (1)

Kenji Kobayashi

Guest researcher of Medical History Research Dept.
Kitazato University Oriental Medicine Research Center

Introduction

Sotetsu Ishizaka (1770-1841) was a representative acupuncture physician of the late Edo period. Born in the City of Kofu in Yamanashi prefecture, his original surname was Fujiwara and his given name Naganori, his pseudonym either Engyoku or Sotetsu, and his artist's name [Usai], or else Bunna. As court physician with the title of "Hogen" (title bestowed upon doctors, etc.) he served the tenth shogun Ieharu and the eleventh shogun Ienari.

While he was emphasizing the Chinese classics, he also showed a keen interest in Western sciences and studied Western anatomy. Moreover, through Tullingh and Siebold he introduced Japanese acupuncture and moxibustion introduced to Europe.

He also wrote "(Shinkyu Setsuyaku) Explanations of Acupuncture and Moxibustion", "(Igen) Origin of Medicine", "(Shinkyu Chiyo Ichigen) Essential Knowledge about Acupuncture and Moxibustion in a Word", "(Shinkyu Meiwa) A discussion of Acupuncture and Moxibustion", "(Kokkei) The Bone Classic", "(Usai Sensei Mondo) Questions and Answers of Master Usai" and others.

Here I would like to introduce the work "Essential Knowledge of Acupuncture and Moxibustion in a Word" which Sotetsu (then 56 years old) wrote in response to a request he received during his time in Edo from the German physician Siebold (1796-1866; then 30 years old), who was in Nagasaki's Dejima during his stay from 1823 to 1828 in Japan and asked for 'detailed instructions in the practical application of acupuncture and moxibustion techniques'. The book is about the academic exchange achieved

when the author summarized the technical essentials of Japanese acupuncture and moxibustion and introduced them to Siebold, who later visited the shogunate in Edo and demonstrated acupuncture and moxibustion techniques himself.

Since this book is written in Chinese characters mixed with the Japanese Kana syllables, comprehension of the document is very difficult for modern man and thus the author of this text attempted to provide an explanatory translation of this reference material into modern language. Here I would also like to briefly introduce some technicalities about Japanese acupuncture and moxibustion employed about 180 years ago. Further, I took the liberty of omitting an introduction and epilogue.



[Figure 1] The young Siebold



[Figure 2] Siebold

* Essential Knowledge in a Word (Chiyo Ichigen)
 In February of spring 1822 (Bunsei year 5), Europeans brought this as a tribute to Edo [Edo shogunate visit]¹⁾

At that time I had the opportunity to meet a European physician. The name of the doctor was Tullingh. Through a certain medical officer he said: “There is no treatment using thin needles in the Netherlands. I would be much obliged, if you could teach me the outlines of this technique.

I answered as follows.

“Both in the East and the West there are some things that can only be understood through teaching the actual practice. Even if language is not understood, the direct teaching of the actual application of the techniques cannot give you more than a rough understanding. I will appeal to the officer to obtain permission to take you later by hand and instruct you in the actual practice of acupuncture and moxibustion.”

In response Tullingh said:

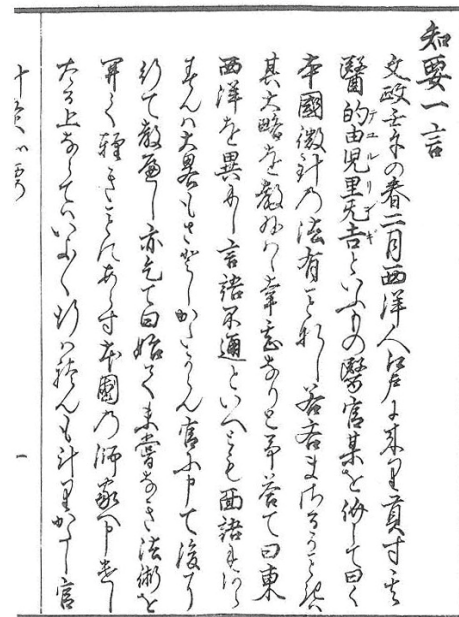
“I believe a simple procedure will not be enough for your kind disclosure of an as yet unheard of technique. I think it will be difficult to obtain permission to communicate this to the Dutch physicians. And in case the officials should grant me this permission, it will be even more difficult. If I miss this occasion I may possibly miss the opportunity to ask for instructions forever. Please, by all means, instruct me in the essentials.”

For this reason I entrusted the book (“Chiyo Ichigen”), summarizing the essentials of acupuncture and moxibustion techniques, into the care of the Dutch interpreter (at the Nagasaki magistrate’s office). Moreover, I had my disciples perform some acupuncture and moxibustion techniques directly in front of the Europeans.

 1) At that time the head of the Dejima Dutch trading

post in Nagasaki went every four years to Edo for an audience with the shogun and on this occasion presented him numerous goods. This was a duty the shogunate imposed on the Dutch trading post, starting in 1609 and continued until the end of the shogunate. The Dutch people were mainly joined by the head of the Dutch trading post, his secretary and three physicians, as well as security officials and interpreters plus some additional laborers.

At the time of the shogunate visit in 1822 the head of the Dutch trading post was Jan Cock Blomhoff and Tullingh was an accompanying physician



[Figure 3] “Chiyo Ichigen”, 1826

Further, since it would be very compromising when the interpreter during his translation of the book into Dutch made mistakes in the process of the transcription, I wrote down the essentials in an easily comprehensible language.

So, I said to him the following.

“I heard that it is the specialty of the Netherlands to perform dissections in order to obtain a detailed knowledge of the interior and exterior of the human body. For the performance

of needling technique a detailed knowledge of the interior and exterior of the human body as well as its functions is indispensable, or else you cannot cure the diseases. Just vainly protecting tradition is not helpful at all.

In 1823 Siebold came together with the head of the Dutch trading post Sturler to Japan, and in 1826 accompanied him on his Edo shogunate visit as attending physician.

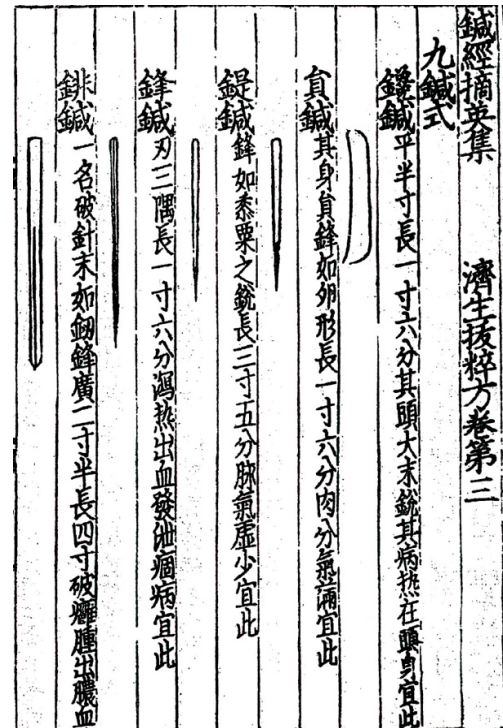
- The way of the filiform needle started in ancient China, living persons were measured with scales, the site of the diseases uncovered and the deceased dissected to examine the cause of the disease.

1,500 years have passed since this medicine was transmitted to Japan. The most ancient methods were at some point lost both in China and in Japan and today only the methods of the medieval times remain.

I have intensively studied the Chinese classics that were brought to Japan and therein found the ancient needling method. Going back to an ancient time in China at about 2,000 years ago, today's revival of the filiform needling technique is due to solutions of doubts through European anatomical books.

- There are many sites to insert needles into the human body, but generally speaking when the human body is affected by disease, you should think about all the sites to be needled from head to toe. If there is no disease, all needling should be prohibited.

For example, there is no place more important than the pupil, but in case of pyophthalmia it too may be needled. Thus, for this reason needling does not need to be prohibited in any region where there is disease.



[Figure 4] Nine needle chart, source: "Zhēn Jiǔ Jí Chéng" (1315) by Dù Sī Jìng of the Yuan dynasty



[Figure 5] Nine needle chart, source: "Zhēn Jiǔ Jí Chéng" (1315) by Dù Sī Jìng of the Yuan dynasty

Book Review

“Sports Acupuncture” The Meridian Test and its Applications
written by Yoshio Mukaino, M.D. and translated by
Stephen Brown, L.Ac.

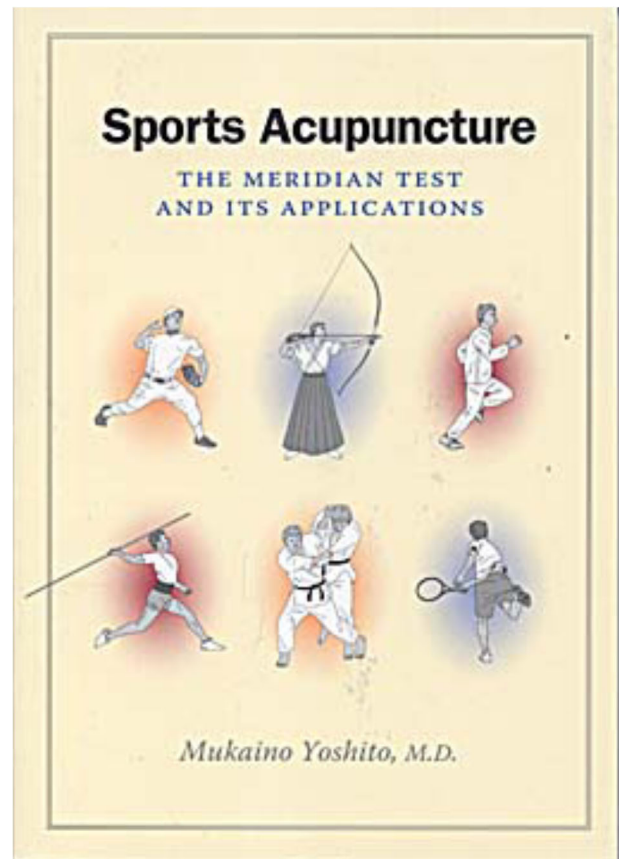
Reviewed by Atsuki Maeda
L.Ac., M.T.O.M.

“Sports Acupuncture” The Meridian Test and its Applications is the first book of Meridian Test (M-Test) translated in English language. This is the book acupuncturists who are in sports field must have and recommended to all who treat muscle-skeletal injuries and symptoms. Step-by-step, easy assessment method, points selection, and treatment protocols are well explained, very simple to understand, and can be used from tomorrow’s practice.

Dr. Yoshio Mukaino of Fukuoka University School of Medicine has found the method to quickly and easily determine the area of the body that needs to be treated based on each individual difference by observing and combining the meridian distribution and body movement.

In regular acupuncture treatment, affected meridians, at most cases the injured ones are considered as target of treatment. For example, if patient suffers with low back pain that is aggravated by extension of lumber, Foot Tai Yang Urinary Bladder Meridian is mainly focused. Local points such as UB-23, UB-24, UB-25, UB-52, and some distal points such as UB-40 and UB-60 are commonly used. In Meridian Test and its treatment, it is considered that stretching of meridians on the anterior aspect of the trunk is the cause of pain. This is the uniqueness of the Meridian Test and often treatment does not include stimulating injured local area. That is why it is so effective and gentle to the patient. Series of acupuncture points (example: ST-36, ST-41, SP-5, and SP-2) are set to test with very light touching pressure and ask patient to repeat same

movement to see if the pain has decreased. By finding the most effective points and apply either/or needling and moxibustion. This method does not use the local points; therefore you can test the body movements before the actual needling with light finger pressure to distal points and confirm its effectiveness, then treat. You usually see instant relief of symptoms.



The beauty of this method is that it is incorporated with traditional theories of Oriental medicine such as Five Elements and Yin & Yang relationship. Each elements and Yin & Yang control and restrict each other to create perfect harmony such as “health” in our body. Whenever this ultimate balance is destroyed, pain, discomfort, and functional disorders occur. Once again, there is a patient with low back pain. Foot Tai Yang Urinary Bladder Meridian is affected. Urinary Bladder belongs to the element of “Water” which is restricted (controlled) by the “Earth” where Stomach and Spleen belong. Meridians of

Stomach and Spleen run on the anterior side of the body and when extension of the Thoracic/Lumber is performed, these two meridians are both stretched simultaneously. If pain occurs with this movement, it is considered as the “Earth” overacting on the “Water” and symptoms appears in the theory of the Meridian Test.

There are four sections in this book and the first section talks about “Theoretical Background of Sports Acupuncture” and explains about analysis of physical movement, meridian and its category & distribution, relationship between human movements and meridians, acupuncture points & their characters, and five elements (phases) theory.

The second section explains The Meridian Test: Analysis of Movement by Meridians by how to incorporate meridian distribution and body’s mechanism of movement. It also covers and explains about muscles that are included in the Meridian Test.

The third section, “ The Practice of Sports Acupuncture” talks about actual assessment and protocol of the Meridian Test where step-by-step sequences of testing movements to the patient are explained in detail. Graphic inserts can be copied and use over again for each assessment of patient. This section leads you to how to apply set group of acupuncture points for treatment. In the actual treatment, Empi-Shin (Press Tack Needle) is commonly used. They are very thin and small needles and patient barely feels. It is also very effective and safe to use for children.

The forth section, “Case Studies” introduces various cases of clinical Meridian Test where you can peek hints of how it is used in actual clinical scenes. Also explains the various sports and its relationship with the Meridian Test.

In each sections, there are insert called “Coffee Break” where interesting stories and cases of acupuncture treatment including Meridian Test can be found. If you read them very carefully, you will find lots of hints and clues on how to apply this Meridian Test to your practice. It is like a treasure box and very fun to read.

In the Appendix “Points Frequently Used in Sports Acupuncture”, 60 most frequently used points in Meridian Test are given in the chart by section of body and the picture inserts show location of points. It also has a Meridian Test testing chart for you to use for the assessment of your patients.

As a conclusion, this book is one of the most useful and easy to understand textbook of acupuncture treatment theory and protocol and can be used by newly licensed to the expert with over 20 years of clinical experience. This book only covers very basic material and its application of the Meridian Test but there are more continuous theories and protocols as using “Yin & Yang Crossover method” and to be waited for the second series of the Meridian Test published soon. I personally appreciate Dr. Mukaino for the invention of this method and would encourage every acupuncturist to attend his seminars whenever and wherever available in your area and study further more for the benefit of your patients and success of treatment.

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Ominedo Pharmaceutical Industry Co., Ltd.

574, Nenarigaki, Yamatotakada-City, Nara 635-0051, Japan

URL : WWW.ominedo.co.jp

Contact : info@ominedo.co.jp

Phone: (81) 745-22-3601 Fax: (81) 745-23-2540

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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