

## Kampo Medicine - Current Research

### *The Efficacy of Juzentaihoto for Treatment of Perianal Abscess and Anal*

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#### Introduction

Perianal abscess and anal fistula that occur most often in infancy are relatively common conditions in daily practices of the Department of Pediatric Surgery. Surgical incision and drainage is the usual treatment. The conditions, however, recur in quite a number of cases. In recent years, several documents have appeared reporting that the use of *juzentaihoto* for the treatment of perianal abscess and anal fistula reduced the necessity of incision and enabled to get the disease cured in a short time. I will mainly introduce the study by Muramatsu, et al. who invented this method.

#### Research by Matsumura, et al.

Matsumura, et al. administered *juzentaihoto* to 65 patients with perianal abscess and fistula (22 days old – 5 years old) who visited his hospital during the period from 1996 to October 2004 and nearly at the same time, treated 28 patients (15 days old – 5 years old) of the control group by incision and drainage alone to conduct a retrospective study<sup>1)</sup>.

After a definitive diagnosis was made upon the initial visit, *juzentaihoto* 0.2-0.65g/kg/day (approximately 0.4g/kg /day) was dissolved in a small volume of lukewarm water and administered. The incision and drainage was performed by the practitioner's decision. Since 3 (4.6%) of 65 patients were unable to orally take the prescription, the subjects of this research were 62 patients.

The patients who received medication without incision and drainage were 49, of which 13 (26.5%) achieved cure within two weeks. On the other hand, 13 patients (26.5%) had prolonged

drainage for the duration of 3 months. One of them was shifted to the surgery group. Thus 48 (77.4%) of 62 patients were able to avoid the incision and drainage and treated only with *juzentaihoto*.

There were 13 patients who received the combination treatment of *juzentaihoto* with incision and drainage. In this group, no patients, however, attained cure within 14 days, whereas 3 patients within 30 days, and 8 within 90 days. It took 90 days or more for two patients to attain cure and two to three months were required for the treatment in many patients.

In the control group (treated only with incision and drainage without the use of *juzentaihoto*), many patients needed more than a month before cure was achieved. There was only one patient who attained cure within two weeks. In view of the short-term treatment performances (cure within two weeks), the treatment with *juzentaihoto* alone is the most beneficial.

In regard to the number of hospital visits, half of the patients who were treated only with *juzentaihoto* had the completion of the treatment with 5 or less visits since the medication did not require frequent procedures. And nearly 90% of these patients attained cure within 10 days. On the other hand, less than 30% of the patients, who were treated only by the incision but without having the administration of *juzentaihoto*, attained cure with 21 or more visits.

In comparing the rate of recurrence or the rate of prolonged drainage of more than 3 months between the two groups, the recurrence rate (or prolonged drainage) was reduced to nearly half in the group of *juzentaihoto* alone.

#### Concluding remarks

This is a groundbreaking study that showed the treatment efficacy of the Kampo medicine on perianal abscess and anal fistula which used to be

generally treated by surgical incision and draining. When this study was published, everyone was somewhat doubtful because the formula used in the study was not the medicine to treat pus but was *juzentaihoto*, which mainly works to supplement qi and blood. Later on, as several researchers conducted supplementary studies and obtained similar results, the treatment with *juzentaihoto* for perianal abscess and anal fistula is now treated as being equivalent to the standard treatment by surgical incision and drainage.

In addition to the study by Matsumura, et al., there are other similar studies conducted with mostly same results<sup>2), 3), 4), 5)</sup>.

Why *juzentaihoto* works well has not been answered yet. It is presumed that effects may appear by improving local immunity in the rectum. This, however, has not been verified. Chiba, et al. used *juzentaihoto* for not only perianal abscess but also fistulas in the neck, abdomen, and perineal region of unknown causes and made reports on nine patients who had relief of symptoms<sup>6)</sup>, revealing that this formula is useful for any part of the body. Elucidating its mechanism remains to be solved.

## References

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