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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

### *Wish to Progress "Clinical Pharmacognosy" in Japan*

"Pharmacognosy" is one of research fields in pharmaceutical science. But the characteristics of pharmacognosy are slightly different between United States and Japan. In Japan, crude drugs such as medicinal plants, minerals or fossils, named "natural medicines", have been used as the component of traditional medicines. Since crude drugs are "medicines", their quality control is necessary, and the pharmacognosy has been developed to make the quality control of crude drugs more efficient by employing microscopic histology, quantifying the contents of marker compounds, or identifying the genes of the plants, etc. In the United States, crude drugs have not been recognized as "medicines" from more than 100 years ago. Since they are "crude", the only active ingredients containing in crude drugs, that are usually explained as pure substances or chemical compounds, have been considered as "medicine". Therefore, the techniques for quality control of crude drugs have been no need, and the isolation of chemical compounds from crude drugs has been developed in the pharmacognosy in United States. Until now, a lot of useful chemical compounds are isolated from crude drugs, and more than 70% of medicines have been developed from natural sources with or without chemical modification.

Over the past several years in the United States, crude drugs are recognized as dietary supplements, and have come to contribute to the public health. Crude drugs that have relatively strong pharmacological activity and are recognized as drastic medicine in Japan are also commercially available as functional food in the market in US. Since dietary supplements are not "medicine" but food, and are only regulated under the quality control for food sanitation, coarse products are sometimes distributed in the market, e.g. the products using wrong plant materials, containing or foreign substances or no active ingredients, exhibiting highly variation among lot-to-lot, etc. These problems have been already settled in Japanese market for crude drugs, where these materials are regulated as "medicine". It is considered that the Japanese-style pharmacognosy is now getting more important to use crude drugs as dietary supplements in United States.

On the other hand, "clinical pharmacognosy" is slightly behind in Japan. In United States, the principle "clinical pharmacy" is enormously ingrained in hospitals and pharmacies, and since many patients are actually using crude drugs as dietary supplements, physicians and pharmacists have to handle them in order to make their beneficial evidences by clinical trials or to protect patients from their adverse effects. A workshop on clinical pharmacognosy was held in the meeting of American Society of Pharmacognosy in 2007, and they have discussed to solve above problems for crude drugs. The culture of clinical pharmacy has recently been become popular in Japan, and the several approaches are just now being conducted for chemical drugs by trials and errors. Japanese physicians and pharmacists have to learn and develop clinical pharmacognosy from United States, since they have more excellent techniques for the quality control of crude drugs.

**Toshiaki Makino, Ph.D.**

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## Japanese Acupuncture - Current Research

### *Sinusitis – Nasal Congestion/Effect of Acupuncture*

#### *Stimulation on Nasal Secretion –*

Takeshi Kusumi

University of Human Arts and Sciences

#### 1. Nose disease and treatment with acupuncture

Acupuncture treatment in the field of otorhinolaryngology in Japan started when the news was reported in 1974 that acupuncture anesthesia was used in China for a hearing-impaired individual. Since then, the acupuncture anesthesia has been practiced in Japan based on the Chinese methods. Acupuncture treatment of sinusitis is also based on the one of their methods. The acupuncture of the time was performed not for the purpose of treatment but was handled as acupuncture anesthesia for the surgery of sinusitis. Various books about acupuncture treatment for otorhinolaryngological diseases have been written by a well-known clinical practitioner in Japan, introducing acupuncture treatment for such as hearing loss, buzzing in the ear, dizziness, rhinitis, heaviness of the head, neuralgia, and nerve paralysis. The contents of the books, however, are not based on medical rationales and only provide the general information of diseases and acupuncture points used for the treatment of respective diseases. By contrast, what the university hospital needed was the information of scientifically grounded acupunctured effects. Earlier studies on acupuncture treatment of sinusitis were lack of scientific reasoning and did not serve as useful references.

This report is not written from the standpoint of how to “cure” sinusitis. The purpose is to give an account of nose diseases, especially the connection of nose diseases with the autonomic nervous system on the basis of the relationship between nose symptoms and acupuncture

stimulation. Therefore, this report will not be useful for the therapists who expect or seek information about treatment of certain diseases. So I hope this report will be utilized not only for acupuncture treatment of sinusitis but as a guide for supportive or preventive measures of sinusitis treatment with reference to the relationship between autonomic nerve symptoms of the nasal mucous membranes and acupuncture stimulation.

#### 2. General information of chronic sinusitis

There are few reports published on acupuncture treatment of chronic sinusitis. This may be due to a wide gap between the mechanisms of acupuncture efficacy, causes and pathological conditions. So, firstly a brief explanation of sinusitis will be given.

Chronic sinusitis is caused by individual's constitution, allergies, bacterial and viral infections. If appropriate procedures were not taken in the acute phase, it may lead to chronic problems. The symptoms differ depending on the combination of affected paranasal cavities. However, subjective symptoms commonly seen include rhinorrhea (nasal discharge), nasal congestion, headache/feeling of top heaviness, and decreased mental function. Furthermore, nasal obstruction and inflammation of the nasal mucous membranes may cause anosmia, a reduced sense of smell. The type of nasal discharge in chronic sinusitis is mucous and purulent, which is different from the water soluble thin type in allergic rhinitis. In the case of sinusitis, the nasal discharge more often gives the sensation of dropping downward through the posterior nasal aperture as posterior nasal drop rather than through the anterior nasal aperture. In modern medicine, there are two types of sinusitis treatment – conservative treatment in which antibiotics and/or antiphlogistics are used, and operative treatment<sup>1)2)</sup>.

It is difficult to treat sinusitis presenting these

conditions with acupuncture and such sinusitis is often handled as a disease to which acupuncture is not applicable. Even so, it cannot be said that acupuncture treatment is completely helpless. This report is not intended to provide the way of handling chronic sinusitis for a radical cure but is intended to provide the way of thinking about acupuncture treatment based on the relationship between the nasal mucous membranes and autonomic nerves for the people who complain of sinusitis.

### 3. Typical nasal symptoms

Sneezing, nasal congestion, and nasal discharge are known as three major characteristics of nasal allergy. These symptoms are also typical conditions that are associated with other nasal disorders<sup>1)2)</sup>.

Nasal congestion is caused by nasal septum deviations, nasal polyps, nasal tumors, or other structural anomalies of the nose. If there is no structural anomaly, swollen mucous membranes in the nose is often the cause. The swelling of the nasal mucous membrane is due to the structure of abundant blood vessels in the nasal mucous membranes and the degree of the swelling is affected by the activities of cervical sympathetic nerves that innervate the blood vessels in the nasal mucous membrane. If the activities of the cervical sympathetic nerves are enhanced, the blood vessels of the nasal mucous membranes contract and the nasal congestion improve. The connection of the blood vessels of the nasal mucous membranes to cervical sympathetic nerves has been elucidated from the anatomical and physiological viewpoint, and the connection has also been verified from clinical effects of a stellate ganglion block<sup>3)4)</sup>, stellate ganglion stimulation, and adrenaline nasal spray<sup>5)6)</sup>. The blood vessels of the nasal mucous membranes are influenced only by sympathetic nerves but parasympathetic nerves have no action on the blood vessels of the nasal mucous membranes.

A nasal discharge is secreted from the nasal glands in the nasal mucosa. The secretion of nasal discharge occurs when parasympathetic nerves become hyperactive. We have also verified this phenomenon by our clinical study using autonomic drugs and autonomic blocking drugs<sup>5)6)</sup>.

Symptoms relating to the nasal mucosa include those caused by the involvement of the autonomic nerves and those developed by the involvement of the sensory nerves innervating the nasal mucosa. Sneezing happens by the involvement of the sensory nerves. Nasal allergic sneezing happened by allergen-induced stimulation is triggered by the stimulation of the sensory nerves distributed over the nasal mucosa.

### 4. Nerve innervations of the nose

The nasal mucous membranes function by the sensory nerves responsible for processing sensory information such as smell and pain and the autonomic nerves innervating the blood vessels of the nasal mucosa and nasal glands. This section presents an overview of autonomic nerve innervations (Figure 1).

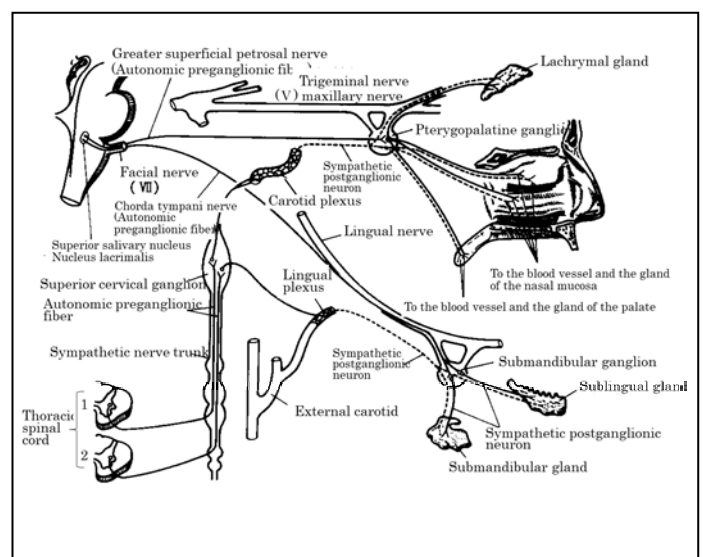


Figure 1

The blood vessels of the nasal mucosa receive control of the cervical sympathetic nerves. As shown in the Figure, preganglionic fibers coming from the upper thoracic spinal cords form synapses, and then pass through the pterygopalatine ganglion to control the blood vessels of the nasal mucous membranes. The control is ipsilateral, and vascular contraction and dilation occur depending on the control activity status. As with other peripheral vessels, this function is not subject to parasympathetic nerve control.

The nasal glands are innervated by the greater petrosal nerve responsible for parasympathetic functions of the facial nerve. After the greater petrosal nerve has formed synapses in the pterygopalatine ganglion, the postganglionic fibers innervate the nasal glands. The control is also ipsilateral. When activities increase, nasal discharge is secreted. Nasal discharge is not affected by sympathetic activities.

The autonomic nerves innervating the nasal mucosa do not have dual and antagonistic control characteristic of autonomic nerves.

## 5. Methods of applying acupuncture stimulation

The acupuncture points to apply stimulation are hegu and neiguan on one hand. Electric currents are applied to the needles as electrodes inserted in these acupuncture points <sup>7)</sup>. The stimulation conditions are for 15 minutes with 1 Hz with the stimulation intensity that causes slight muscle contractions and with which patients do not subjectively feel painful. The stimulation method is similar to that of acupuncture anesthesia except for the points that stimulation is given to one hand while sitting and that acupuncture anesthesia needs longer hours of stimulation whereas acupuncture stimulation for nasal symptoms (autonomic nerves in the

nasal mucosa) needs 15 minutes. The influence of acupuncture stimulation given in this way on the nasal mucosa is characteristically more effective compared to that in the recumbent position.

## 6. Relationship between nasal symptoms and acupuncture stimulation

### 1) Influence on nasal congestion

Nasal congestion improves by electro-acupuncture stimulation to one hand. However, the degrees of the improvement are subjective, so assessing improvements is difficult. Therefore, we used a rhinomanometer to measure the nasal airway resistance to objectively assess the degrees of nasal congestion.

The nasal airway resistance decreased within one minute with the application of electro-acupuncture stimulation to one hand, showing an improvement in nasal congestion<sup>8)</sup>. Electro-acupuncture stimulation lowered the nasal airway resistance of the ipsilateral nose as well as contralateral nose to the stimulated hand at the same time. This result indicates that acupuncture stimulation to one hand worked on the blood vessels of the nasal mucosa on both sides, resulting in an improvement in the nasal congestion of the opposite side (Figure 2).

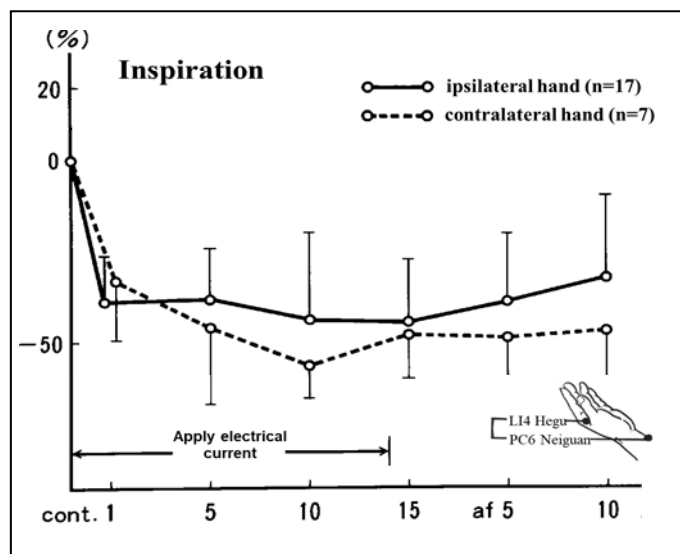


Figure 2



This phenomenon was observed both when air is inhaled and when air is exhaled in nasal breathing.

Electro-acupuncture stimulations, however, did not have effects on congestions occurred in the decubitus position<sup>6)</sup> and physiological nasal congestions induced by the pressure on the chest side<sup>9)</sup> and nasal congestions occurred due to stellate ganglion blocking<sup>8)</sup>.

## 2) Influence on nasal discharge

Electro-acupuncture stimulation applied in the similar manners reduces the secretion volume of nasal discharge. As it is difficult to compare the secretion volumes before and after applying stimulation, an induction test<sup>8)</sup> was conducted with patients and healthy volunteers with the use of aerosol sprays of pilocarpine (a parasympathetic nerve stimulant) into the nasal cavities to compare results (Figure 3). The upper graphs of Fig. 3 show the results of healthy volunteers and the lower graphs are for the results of the patients with nasal allergy. The upper and lower graphs on the left side show the results of pilocarpine alone, while those on the right show the results of the simultaneous administration of pilocarpine and electro-acupuncture stimulation.

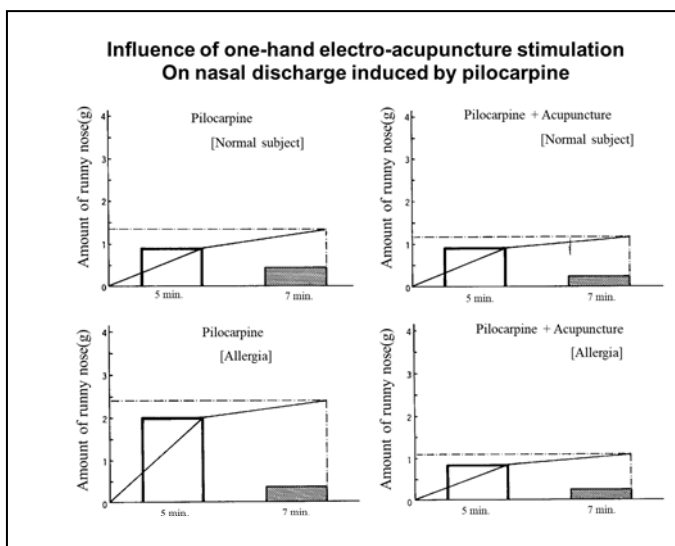


Figure 3

In the group of pilocarpine alone, the patients with nasal allergy had evidently higher secretion volumes of nasal discharge than healthy volunteers. On the other hand, in the combination group of pilocarpine and acupuncture stimulation, the patients with nasal allergy and healthy volunteers had similar levels of secretion volumes to those of healthy volunteers (used as the base) in the group of pilocarpine alone. As the results showed, electro-acupuncture stimulation was unable to block or inhibit the drug efficacy of pilocarpine in either healthy volunteers or the patients with nasal allergy, but the stimulation reduced the secretion volumes of the patients with nasal allergy to the levels of healthy individuals. This phenomenon may have been caused by the sensitivity of nasal mucous membranes or their responsiveness being inhibited by electro-acupuncture stimulation.

## 3) Influence on sneezing

From a separate experiment, it is known that nasal congestion or nasal discharge occurred in the nasal provocation test using allergen extracts could be inhibited by electro-acupuncture stimulation. Sneezes happened by allergens stimulating the nasal mucosa could not be inhibited by electro-acupuncture stimulation. It could be assumed from the above that electro-acupuncture stimulation may not have influence on sensory thresholds of the nasal mucosa<sup>8)</sup>.

## 7. Commentary

The subject of this report is effects of acupuncture treatment for sinusitis. As mentioned at the beginning of the report, I consider sinusitis treatment with acupuncture to aim for a cure is difficult. As stated above, I consider that in view of the influence on

Lastly, I will mention about the relationship between the Large Intestine Meridian of Arm Yang Brightness (Yangming) <sup>10)</sup> and the nose. The acupuncture point of yingxiang (which means meeting flavors) is located at the end of the Large Intestine Meridian of Arm Yang Brightness. It could be assumed that this acupuncture point was named as yingxian (meeting flavors) by ancient people who had observed respiratory anosmia resulted from

Greater petrosal nerve LI20 Yingxiang

Brain Spinal cord

Pterygopalatine ganglion

Nasal mucosa

Blood vessel

Nasal glands

Nasal obstruction

Nasal discharge

Right cervical sympathetic nerve

Left cervical sympathetic nerve

GV14 Dazhu

LI4 Hegu

Stimulation to peripheral stimulus

LI20 Yingxiang

GV14 Dazhu

LI4 Hegu

Nasal obstruction : Sympathetic nerve

Nasal discharge : Parasympathetic nerve

In future acupuncture and moxibustion medicine, the combination of modern medicine, anatomical physiology, and classical concept of meridians and acupuncture points will further deepen the way of thinking toward acupuncture treatment and enhance the clinical significance of acupuncture.

## 8. References

- 1) Kirikae Ichiro, Nomura Yasuya: Shin Jibiinkou Kagaku. Nanzando, Tokyo, 2004.
- 2) Suzuki Jyunichi, Nakano Yoshiaki, Hirano Minoru: Hyoujun Jibiinkou Kagaku. Igakushoin, Tokyo, 1083.
- 3) Wakasugi Bunkichi: Hana-Allergy no Seijyoushinkeisetu Block Ryouhou. Igakunoayumi, 136: 668 – 671, 1986.
- 4) Masuda Yutaka: Hana-Allergy no Seijyoushinkeisetu Block Ryouhou – Sugi-Kafunshou wo Chuushin ni –. Igakunoayumi, 136: 673 - 676, 1986.
- 5) Ishizaki Fumio: Bibu Hifuon to Bikuu-Tsuukido tonon Kankei nitsuite. Nichijibi, 90: 547 - 554, 1987
- 6) Kusumi Takeshi, Okamoto Michinari: Sokugai de Okoru Binenmaku-Kekkan-Hannou ni Taisuru Katatebari-Tsuuden Shigeki no Eikyou. Journal of The Japanese Society of Balneology, Climatology and Physical Medicine, 53 (3): 153 – 158, 1990.
- 7) Kusumi Takeshi: Hari-Tsuuden Shigeki ni yoru Biheikan oyobi Bibu-Hifuon no Henka ni Tsuite. Igaku/Seibutsugaku Thermography, 1: 115 – 117, 1981.
- 8) Kusumi Takeshi, Ishizaki Fumuo: Bishoujyou (Bihei, Bijyuu) ni Taisuru Katatebari-Tsuuden Shigeki no Eikyou. JIBI INKOKA TEMBO, 23 – 41, Tokyo, 1988.
- 9) Sakamoto Maki, Kusumi Takeshi: Sokukyoubu Appaku de Okoru Bihei ni Taisuru Harishigekino Eikyou. Journal of Japan College Association of Oriental Medicine, 19, 38 – 43. 1995.
- 10) Shirota Fumihiko: Zusetsu Toyo Igaku. GAKKEN Co., Ltd. 1979.

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## Kampo Medicine - Current Research

*Effect of Goreisan on Cerebral Infarction*  
— From the Goreisan Symposium 2010 —

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### Introduction

*Goreisan*, whose source is “shang han lun”, has long been known as a common agent in Chinese herbal medicine. It is considered to be an aquaretic drug and alleviates aqueous moisture metabolic abnormality. Using this medicine to treat headaches has recently come to light in Japan.<sup>(1)</sup> In this paper, we review the indications for *goreisan* on cerebral infarction, a pathologic condition in cerebral stroke. At present, its application for cerebral infarction is being conducted only by the author, and there is a clinical comparison<sup>(3)</sup> with the 2002 Japan Standard Stroke Registry Study (JSSRS),<sup>(2)</sup> as described later.

### Background

Acute cerebral infarction is a disease that is classified into types of cerebral stroke and itself is a risk factor in elderly persons. A guideline for the treatment of cerebral stroke has been published by the Cerebral Stroke Joint Guideline Committee (the Committee), starting in 2003 and continuing in 2003, 2004, and 2009.<sup>(4)</sup> At each of those times, treatment based on scientific foundations was recommended. In the process, various drugs such as thrombolytics and radical scavengers have been developed, which has resulted in a greater number of patients with favorable prognoses. On the other hand, statistically, many patients have residual disabilities such as paralysis, which reduces a patient's quality of life (QOL) and causes social problems such as patient care. Thus, further development of drugs and treatment for the disease has been desired.

In Japan, the use of Chinese herbal medicines

for cerebral stroke has been described in various historical literature.<sup>(5)</sup> While *daisaikoto*, *san'oshashinto*, and *zokumeito*, etc., are indicated for treatment at the acute stage, a record of the use of *goreisan* has not been found. The reason is presumed to be because its diagnostic findings in Chinese medicine varied historically due to a large number of hemorrhagic pathologic conditions such as cerebral hemorrhage, which might result in various prescriptions of Chinese herbal medicines; it was also impossible to understand the lesions in the brain in detail as can now be done by CT or MRI, etc., and consequently, it was impossible to detect cerebral edema, a pathologic condition induced by cerebral stroke in many cases.

In cerebral infarction, signals are detected on diffusion images of MRI at the initial stage or later after onset, and thus the local pathologic condition of cerebral edema at the lesion appears. It is expected that controlling the edematous condition will enable protection from necrosis of cerebral nervous tissue induced by the infarction, which indicates the great contribution to a prognosis. However, only edaravone, which is available as a cerebral protector, has a certain effect, but it is not a cure-all.

### Process till application of *goreisan*

In 2000, the author reported a case of a patient with external hydrocephalus secondary to traumatic subarachnoid hemorrhage and the prognosis could be controlled favorably by administration of aquaretic drugs such as *inchingoreisan* and *shinbuto*. In addition, aquaretic drugs of Chinese herbal medicine were applicable for an edematous pathologic condition in the cranium.<sup>(6)</sup>

Taking these findings and the above-described pathologic conditions of cerebral infarction into consideration, the author devised a method in which Western drugs and Chinese herbal

medicines were combined<sup>(7-9)</sup> and the treatment was described in case reports during the period from 2001 to 2002. The outline of the method is as follows:

A small dose of argatroban (10 mg/day; a prescribed dose is 60 mg/day for the first two days and 20 mg/day for the subsequent five days) and *goreisan* extract (7.5 mg/day) were combined for all cases, and for abdominal symptoms, *saikokeishito*, *san'oshashinto*, *orengedokuto*, etc., were added (see reference for details). The functional prognoses after discharge were sufficiently satisfactory.

#### Comparison with the 2002 Japan Standard Stroke Registry Study

Based on the above-described case report, the author describes a comparative study of the severity at admission and findings in follow-up observations after discharge of 14 inpatients with lacunar and atherothrombosis cerebral infarction who were treated by a combined therapy with Chinese herbal medicines at the author's clinic during the period from October 2000 to October 2002, and those findings were compared with those in the 2002 Japan Standard Stroke Registry Study (JSSRS).<sup>(2,3)</sup>

The subjects were 14 patients (seven males and seven females aged 68–99; mean age,  $78.0 \pm 9.1$ ), of whom 9 had a lacunar type disease, 4 had an atherothrombotic type disease, and 1 was unknown. The time until consultation at the clinic ranged from one to 84 hours after onset (mean time,  $19.3 \pm 26.6$  hours).

In diagnosing the disease, except for one case, the infarct site becoming a culprit lesion was determined by neurological symptoms and detectable lesion sites on diffusion images of MRI performed two to three hours after onset. The severity at admission was evaluated according to the Japan Stroke Scale (JSS), the clinical evaluation at discharge was determined by the degree of neurological improvement on the JSS,

and the degree of recapitulative functional improvement was evaluated based on the Modified Rankin Scale.

The results obtained could not undergo a test of significant difference between both sets of data because the number of cases was insufficient and individual data in JSSRS were not available. In the group treated with combined Chinese herbal medicines, the ages of the subjects were higher ( $78.0 \pm 9.1$  years vs.  $68.0 \pm 11.4$  in JSSRS lacunar type and  $68.0 \pm 10.2$  in JSSRS atherothrombotic type), and the period (days) of hospitalization was shorter ( $29 \pm 18$  vs.  $33 \pm 25$  in JSSRS lacunar type and  $36 \pm 23$  in JSSRS atherothrombotic type). The JSS at admission was higher ( $8.9 \pm 5.9$  vs.  $2.1 \pm 3.5$  in JSSRS lacunar type and  $4.9 \pm 6.5$  in JSSRS atherothrombotic type), indicating a severer condition, and the JSS at discharge was lower ( $0.3 \pm 1.2$  vs.  $1.3 \pm 4.1$  in JSSRS lacunar type and  $3.6 \pm 6.6$  in JSSRS atherothrombotic type), indicating a neurological improvement. As for the Modified Rankin Scale at discharge, the proportion of the scores of 0 or 1 that indicates normal or very slight pathologic condition without any clinical problem, was 93% versus 67% in JSSRS lacunar type and 45% in JSSRS atherothrombotic type, which is an unquestionably favorable outcome. As for the clinical results from the different treatment methods, the variation in JSS was  $8.6 \pm 6.20$  in the group treated with combined Chinese herbal medicines versus  $2.7 \pm 6.11$  in the group treated with argatroban in JSSRS and  $1.7 \pm 4.44$  in the group with ozagrel in JSSRS, which was a more favorable result than the groups treated with each single Western drug. As for safety, no side effect or harmful event was found in the treatment with combined Chinese herbal medicines.

#### Subsequent reports

Based on a search of the literature, no clinical studies appear to have been published after the

above-described report. However, the author presented a report at the end of 2003, in which a mechanism for the effect related to the above results is indicated.<sup>(10)</sup> The report was about a patient with atherothrombotic cerebral infarction in the anterior cerebral arterial region, where the variations in the lesion on an MRI three hours and seven days after onset were compared. The results revealed that the extent of the infarct lesion seven days after onset was far less than the expected range in an untreated case, which strongly indicates a cerebral protective action of the combined Chinese herbal medicines. The author also presented data (in this journal) from a comparison of variations in urinary volume during treatment with *goreisan* administered to patients with other diseases such as vertigo. According to the report, the urinary volume increased significantly with the treatment for cerebral infarction, which strongly indicates a cause and effect relationship between the treatment effect and the administration of an aquaretic drug, namely *goreisan*, for cerebral infarction.

The author hasn't presented further clinical studies and similar additional reports about cerebral infarction have also not been presented. Therefore, further studies are required.

#### Viewpoint of current medicine for cerebral edema

In 2004–2005, Nagai et al. from Kumamoto University and Isohama et al. presented the treatment effects of *goreisan* on fatal cerebral edema induced by water intoxication in rats, reporting that the mechanism for this is due to the active inhibition of aquaporin 4, and the basis of the inhibitors of aquaporin 4 were mineral components such as manganese contained in *cang-shu* and *zhu-ling*, both of which are constituent crude drugs of *goreisan* (see reference 11). Subsequently, the relationship between cerebral edema with various pathologic conditions and the pharmacokinetics of aquaporin

4 was studied and reported.<sup>(12)</sup> Although the mechanism cannot always be explained only by the action of aquaporin 4, clinically, evidence of the effects of Western drugs such as glyceol on cerebral edema have not been apparent and the role of *goreisan* as an anti-cerebroedema drug is thus anticipated.

#### Summary

Although no additional reports have currently been presented with respect to cerebral infarction, there have been clinical reports on cerebral edemas induced by chronic intradural hematoma, dialysis uneven syndrome, etc.<sup>(13–15)</sup> As such, recently, the efficacy of *goreisan* on various cerebral edemas has been strongly indicated by clinical reports and animal experiments from independent facilities. Accordingly, *goreisan* is now considered to be effective for treatment of edematous pathologic conditions accompanying various cerebral diseases. There is currently no effective Western drug for the treatment of cerebral edema, but the clinical applications for *goreisan* have been strongly indicated and they therefore remain to be clarified by future studies.

#### References

- (1) Yasui H.: Efficacy of “*Goreisan*” to the Headache. The Journal of KAIM, Vol. 1 No. 1 pp. 8–12, 2006
- (2) Kobayashi S. et al.: A Study on Structure of Database of Patients with Acute Cerebral Stroke, 1999, Welfare Science Research Grant. 2000 report of Health Science Integrated Research Project, 2002
- (3) Kimoto H.: A Study on 14 Cases of Combined Chinese Herbal Medicines for Acute Cerebral Infarction: Japan Standard Stroke Registry Study; Mainly comparing with (JSSRS). Journal of Japanese and Chinese Medicine, Vol. 20 No. 2 pp. 68–73, 2003

- (4) Shinohara Y. et al.: Edition: 2009 Guideline for treatment of cerebral stroke. Kyowa Project, 2009
- (5) Otsuka K. et al.: Practice of Diagnosis in Chinese Medicine. Nanzando pp. 616–655, 1954
- (6) Kimoto H.: An Experience of External Hydrocephaly Treated mainly by Chinese Therapy. Clinical Practice of Chinese Medicine, Vol. 47 No. 12 pp. 36–42, 2000
- (7) Kimoto H.: An Experiment of Chinese Herbal Preparation in Acute Cerebral Infarction. Clinical Practice of Chinese Medicine Vol. 48 No. 2 pp. 37–44, 2001
- (8) Kimoto H.: Three Treatment Cases by Combined Chinese Herbal Preparation for Acute Central Nervous Infarction. Clinical Practice of Chinese Medicine, Vol. 48 No. 6 pp. 31–41, 2001
- (9) Kimoto H.: Experience of Combined Chinese Herbal Medicines in Acute Cerebral Infarction (Additional Cases). Clinical Practice of Chinese Medicine, Vol. 49 No. 3 pp. 27–39, 2002
- (10) Kimoto H.: Possibility of Organ-Protection by Combined Therapy with Chinese Herbal Medicines, mainly *goreisan*, in Acute Cerebral Infarction (Certain indicative data). Clinical Practice of Chinese Medicine, Vol. 50 No. 9 pp. 1233–1238, 2003
- (11) Gihama Y.: Aquaretic Action of Chinese Herbal Medicine and Aquaporin. Accessible Chinese Medical Treatment for Pediatric Diseases (Record Book of 10th Meeting of Japan Pediatric Chinese Medicine), No. 9 pp. 8–31, 2010
- (12) Sato S.: Role of Aquaporin 4 in Cerebral Edema and Cerebral Water Balance. Neurological Advance Vol. 50 No. 2 pp. 183–189, 2006
- (13) Matsumura M. et al.: Effect of *goreisan* on Chronic Intradural Hematoma in Highly Elderly People. Neurosurgery, Vol. 33 pp. 965–969, 2005
- (14) Shii J. et al.: Prioperative Management for Hemorrhagic Cerebrovascular Impairment in Patients with Chronic Renal Failure/Case of Medical History of Abdominal Surgery. Surgery of Cerebral Stroke, Vol. 28 pp. 393–396, 2005
- (15) Hayashi A.: Clinical Effect of *goreisan* on Cerebral Edema accompanying Intracranial Malignant Tumor. Chinese Medicine and Latest Treatment, Vol. 17 No. 3 pp. 226–231, 2008

## Clinical Report 1 (Japan)

### *Acupuncture and Moxibustion Treatment – Case Report*

Hironori Hatakeyama

Kuretake School of Integrative Medicine

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#### 1. Introduction

This case reports describes the observed course of a patient with lumbar spinal canal stenosis referred to this clinic from the Kuretake Medical Clinic (below abbreviated KMC) affiliated with this school, who was treated a total of 7 times.

#### 2. Case

Patient: 64 years, male, runs an opticians store,  
height: 165 cm, weight: 62 kg

First visit: January 27, 2011

Chief Complaint: low back pain, numbness extending from the right buttock down the right leg, pain in the buttocks upon sitting down.

Present illness: At the beginning of December 2010 the patient felt while walking a sudden pain in the right knee and on the right side of the waist that quickly disappeared at that time, but later he occasionally experienced pain, also during walking, on the right side of the low back. On December 31 the low back started to hurt on both sides and he went to a groceries store to purchase and use a low back pain belt to reduce the pain. On the next day (January 1, 2011) upon rising a sharp pain and numbness in the right lumbar area occurred when he put his foot on the floor and since then he felt numbness on the outside of the right leg.

On January 6 of the same year he consulted the department of orthopedics at the KMC and was diagnosed with stenosis of the lumbar spinal canal. Until January 8 of the same year he had to use a taxi to commute to the KMC, which is located in his neighborhood, because he had difficulties walking. At the KMC the treatment was performed from the day of the first visit in the department of rehabilitation

and included application of heat, traction, low frequency current therapy and was also prescribed oral drugs (anti-inflammatory analgesics, muscle relaxants, PG derivatives, drugs for peptic ulcers). By January 16 of the same year he had recovered so far, that he could come walking to the clinic. At this time he tended to drag the right leg when starting to walk but still commuted every day. After the rehabilitation the dragging sensation of the right leg was somewhat relieved.

When he learned of the parallel establishment of this facility acupuncture treatment was initiated. Although this was going to be his first acupuncture treatment, he had no concerns about the treatment nor felt any resistance to it and was thus referred to the KMC based on his wish to achieve any possible relief of the symptoms (the form requesting treatment was received on January 24 of that year) and thus started to visit this clinic.

The pain and numbness on the outside of the right lower extremity is particularly strong upon rising and slightly alleviated by warming the leg. Since the development of the symptoms the patients thought that heavy objects might generate stress and thus does not carry weights any longer. These last 2-3 days pain started to developed upon sitting in a chair. From his injury until now he had not had any pain anywhere in his body. Now he cannot sit for a prolonged time during work. He consumes a moderate amount of alcohol once a week.

Past history: 22 years ago he was diagnosed with DM (currently he is on therapeutic medication).

Family history: nothing particularly noteworthy

Personal history: Played soccer from elementary to high school. Used to walk since the diagnosis of the DM (a course of approximately 3.5 km, requiring 45 minutes)



Findings: blood pressure: 162/80mmHg, pulse rate 64 (no arrhythmia), body temperature 36.2°C, no scoliosis, slightly decreased lumbar lordosis, no stepwise deformation.

The motion of the lumbar area is normal, but movement elicited pain around the insertion of the erector spinae muscles of the lumbar region and numbness/pain of the outside of the right lower extremity.

Negative Kemp sign, patellar tendon reflex normal, Achilles tendon reflex diminished on the right side, plantar and dorsal flexion of the big toe were both reduced, the right L5/S1 area showed positive signs of esthesiodermia (described as the appearance of numbness), the SLR test was negative, so was the Katayama's Bonnet test.

The region of the lumbar erector spinae muscles (BL24 (Kikaiyu, Qihaishu), BL25 (Daichoyu, Dachangshu), BL26 (Kangenyu, Guanyuanshu) / muscle tension of the gluteal region (left  $\approx$  right), right mid-back (BL18 (Kanyu, Ganshu) – BL20 (Hiyu, Pishu)) muscle tension.

Assessment of the pathologic condition: The KMC physician diagnosed a stenosis of the lumbar spinal canal. Based on the diminished lordosis the presence of age dependent degenerative changes can be surmised. It cannot be definitely stated that only walking is directly responsible for the development of the present condition, but an accumulation of daily muscle fatigue, including the portion caused by walking, may have possibly triggered the onset.

Treatment plan: Needling was performed in an area from the lumbo-gluteal region down to the right lower extremity in order to achieve a sedation of the nervous symptoms through raising the pain threshold and attempts at relieving the muscle tension. I expected an improvement of the lordosis through relieving of the muscle tension. From the next time

modification of the point selection for the needling depending on the lower extremity symptoms were also considered.

Treatment: For the needling disposable needles manufactured by SEIRIN were used.

Needling sites and needles sizes were: 30 mm #16 needles placed at BL18 (Kanyu, Ganshu), BL20 (Hiyu, Pishu), BL37 (Inmon, Yinmen), GB34 (Yoryosen, Yanglingquan), GB35 (Yoko, Yangjiao) (all bilaterally, inserted to a depth of approximately 7 mm), 40 mm #16 needles placed at right BL24 (Kikaiyu, Qihaishu), right BL25 (Daichoyu, Dachangshu), right BL26 (Kangenyu, Guanyuanshu), right gluteal tender point (inserted to a depth between 25 and 30 mm), right external BL53 (Hoko, Baohuang), right BL52 (Shishitu, Zhishi), left BL24 (Kikaiyu, Qihaishu), left BL26 (Kangenyu, Guanyuanshu) (inserted to a depth between 15 and 25 mm). All needles were retained after insertion for 5 minutes.

Course: Slight improvement of the subjective symptoms after the treatment.

Second treatment (February 3): After the last treatment there was during the 10-minute walk home no dragging sensation in the right leg. The numbness, however, reappeared by the following day. After that the patient was barely aware of any lower extremity symptoms during walking and there were no aggravations. He felt the numbness at rest or while sitting.

On the day of the treatment muscle tension was relieved, but by the following day the tension in the lumbar and gluteal had returned. The tension was worst in the morning and relieved by warming.

The lumbar motion did not induce any changes in the degree of numbness and pain. Postive right Kemp sign, normal tiptoe and heel gait (tensing the muscles in the right lower extremity was not possible and the patient had difficulties in balancing), other positive

findings observed during the examination were about the same as those observed during the first session. Same treatment as during the first session.

Third treatment (February 10): Alleviation of lumbar tension after the last treatment, body weight could be more easily shifted onto the right leg, but no improvement in the numbness. There was still a vague sensation of numbness in the foot, but now tended to concentrate on the region around the third digit. Tension of the hip in the moving was unchanged.

The lumbar motion did not induce any changes in the degree of numbness and pain. Negative right Kemp sign (pain in the right buttock), other positive findings observed during the examination were about the same as those observed during the first session. Same treatment as during the first session.

Fourth treatment (February 17): On the day of the treatment the patient felt fine. When the patient put both feet together on the next morning and scoop up water to wash his face, numbness and pain developed in the right buttock and along the outside of the right leg (down to the lateral malleolus), so that he had to wash his face with one hand in a posture with the right leg drawn backwards. During this week the constant sensation of numbness disappeared and if it occurred, the size of the affected area had started to decrease.

No changes in the lumbar motion induced numbness and pain. Negative right Kemp sign (only pain in the right buttock and examination revealed the same positive findings that were also found during the first examination. Right BL58 (Hiyo, Feiyang), right BL60 (Konron, Kunlun) were added to the initial treatment menu.

Fifth treatment (February 24): No changes in the pain in both buttocks during sitting in the morning and the numbness during washing

the face in the right buttock and outside of the leg. Likely appearance of numbness after 20-25 minutes when the patient takes a walk.

The lumbar motion induced numbness and pain were the same except during left rotation. Negative right Kemp sign (disappearance of pain in the right buttock) while examination revealed the same positive findings that were also found during the first examination. Right BL58 (Hiyo, Feiyang) was added to the initial treatment menu.

Sixth treatment (March 3): When going for a walk even after 30 minutes he did not feel numbness or pain in the right leg any longer. The area of the numbness now covered the region from the lateral malleolus to the foot. The pain in both buttocks during sitting in the morning had slightly improved.

The lumbar motion induced numbness and pain occurred only during retroflexion. Negative right Kemp sign while examination revealed the same positive findings that were also found during the first examination. Relief of the lumbar muscle tension. Right BL58 (Hiyo, Feiyang) was added to the initial treatment menu.

Seventh treatment (March 10): The patient became able to wash his face with both hands and both feet put together (disappearance of symptoms in the right buttock and leg) and the frequency with which he noted the numbness and pain in the area from the lateral malleolus to the foot decreased. The sensation of dragging the feet during walking had almost disappeared. The pain in both buttocks during sitting in the morning had been significantly alleviated. He also felt that the awareness of lumbar muscle tension had decreased. The sensation of muscle fatigue of the leg too decreased and he felt a tendency toward increasing power.

The lumbar motion induced numbness and pain occurred only during retroflexion. Normal tiptoe and heel gait (no staggering), negative right Kemp sign (right buttock felt slightly heavy), right Achilles tendon reflex normal, plantar flexion and dorsal extension of the big toe were both weakened on the right side, in the right L5/S1 region disturbance of the sense of touch. Relief of the lumbar muscle tension. Right BL58 (Hiyo, Feiyang) was added to the initial treatment menu.

\* After the treatment the chief complaint of the patient presented during the first examination had almost completely be alleviated and the patient therefore requested temporary discontinuation of acupuncture treatment, while integrating the exercise therapy at the department of rehabilitation previously proposed by the physician of the KMC and simultaneously increasing the frequency of going out.

### 3. Discussion:

This patient presented with clinically common degeneration induced symptoms. In this facility we endeavor to immediately communicate information about patients referred from the KMC, so that we could visit the department of orthopedics of the KMC promptly after the first treatment and inquired about the basis for the diagnosis of stenosis of the lumbar spinal canal while referring to the diagnostic images. Also, by routinely obtaining the western medical physical examination items determined by the clinic we were probably also able to compare our findings with the information from the KMC and thus provide an environment for a treatment that was each time finely adjusted to the patient's symptoms. This also made the symptoms easier to comprehend for the patient, had the advantage of facilitating the setting of goals and thus probably led to improved

therapeutic results.

Normally acupuncture and moxibustion treatment for stenosis of the lumbar spinal canal cannot directly be administered within the spinal canal, but in this case we were able to achieve alleviation of the symptoms after a short period of time. This suggests that a clear identification of the pathologic condition allowed to obtain an appropriately informed consent regarding the treatment plan from the patient.

### 4. Conclusion:

Examination of western medical physical findings by acupuncturists allows to accurately identify the pathologic condition and correctly communicate with physicians. The result is, that confirmation of the symptoms is easily comprehensible for the patient too, helps to obtain an informed consent for setting goals and is also considered to improve therapeutic results.

## Introduction to Kuretake School of Integrative Medicine

Kuretake School of Integrative Medicine was opened in Omiya-ku, Saitama-shi, Saitama-prefecture in April 2009 as the third school of Kuretake College of Medical Arts and Sciences. Kuretake College of Medical Arts and Sciences founded in 1926 has dedicated itself over 85 years to the education of Japanese traditional massage, massage, finger pressure, acupuncture, moxibustion, and Judo-orthopaedics and grown as an institution of systematic practical education for traditional medicine.

Taking full advantage of educational techniques developed and built up by all its existing schools, Kuretake School of Integrative Medicine proactively tries anything new or difficult that we deem to be necessary for training human resources required by the modern age. It is absolutely imperative that acupuncture and moxibustion in this day and age have a cooperative relationship with Western medicine. And, views and speculations from the perspective of Western medicine are the most important. In order to put a great deal of effort in fostering human resources most appropriate and required in the field of such medical care, we adopt the full time system for daytime classes. For individuals who work and study for the national certification, nighttime classes are also offered, responding to the needs of the local community.

Furthermore, we have established the treatment centers attached to the school as part of the follow-up system where training courses are offered to the graduates for further improvement of their techniques, as well as students, who can experience clinical sites through the trainings of clinical practice. Thus, we provide practical education with our main focus on fostering practitioners of acupuncture and moxibustion who will contribute to society.

We have also established Kuretake Medical Clinic in the school facilities, where community healthcare is being provided in close coordination with each of the treatment centers for acupuncture and moxibustion, and Judo-orthopedics. The clinic complete with state-of-the art apparatus for medical testing has different Departments of Internal Medicine, Kampo Internal Medicine, Orthopedics, Rehabilitation, and Gynecology allowing patients to receive healthcare they want from many options made available to them through cooperation among all departments and treatment centers. The staff members of the clinic and treatment centers have regular workshops for the purposes of their better and mutual understanding of medical matters such as diagnosing, procedures, and treatment methods and interacting with physicians, co-medical staff members, and practitioners/teachers. We are also putting lots of efforts to reflect the know-how thus accumulated in the clinical exercises and optional classes to further enhance the quality of the lessons.



Kuretake School of Integrative Medicine

## Clinical Report 2 (Japan)

*Kamishoyosan + Goshuyuto for Migraines before  
Menstruation*

Mitsuyuki Takamura

Mie University Occupational Health Research Project

Hiromichi Yasui

Japan Institute of TCM Research

Case: Female of 45 years old

Initial visit: October 11 of year X

Chief complaint: Migraine attacks

Current medical history: The patient had been suffering from headaches with stiff shoulders for several years. Separately from the headache, a throbbing pain appeared sometimes in the temples and became exacerbated especially before the period. The pain was not associated with the weather. Analgesics hardly worked, and the use of the medicine caused her stomach troubles. Stiffness in the shoulders became worse especially in recent days. Massages had effect to some extent, but the effect lasted only for one day. Menstruation became irregular 1-2 years ago. It came earlier or late and the cycle was not stable. She had menstrual cramps. Her limbs were cold. She got hot and sweaty. She was irritable. The lips became chapped.

Appetite: Ordinary

Sleep: Good

Defecation: twice/day

Urination: 15 times/day

Present conditions: 158cm/58kg

Pulse: Deep

Tongue: Slightly red with small amounts of furs

Diagnosis: Qi stagnation and blood stasis/cold of liver and stomach

Prescription: Extract of *kamishoyosan* 6.0g + Extract of *goshuyuto* 2.5g divided into 3 equal doses

Course: The patient's re-visit was 2 weeks later. The frequency of headaches decreased and the limbs became warm. Stiff shoulders were relieved and a headache developed only once in a while. In

14 weeks, the headache disappeared completely and she often forgot to take the medicine. As a precautionary measure, however, the medication was continued. On March 4 of year X+1, the headache recurred and became worse. So the Extract of *goshuyuto* was increased to 5g, resulting in a relief of the pain. On May 30 when the patient made a hospital visit, she complained of intense stiffness in the region from the shoulders to the back, involving the exacerbation of the headache. For these symptoms, *kakkonto* 7.5g was added, which relieved stiff shoulders and the headache.

Consideration: In the patient's case, tension-type headache and migraine coexisted. Irregular menstruation, or the unstable cycle of the period coming earlier or late, and irritability prompted the author to assume liver Qi stagnation while it was assumed that menstrual cramps caused blood stasis. The conditions of cold limbs and suddenly becoming hot and sweaty were caused by the simultaneous presence of heat in the upper body and cold in the lower body. These symptoms are indications of *kamishoyosan*, which is also supported by her getting close to the age of menopause and similar signs and symptoms to those of menopausal syndrome. The headache, however, was triggered by cold, so the application of *goshuyuto* was also possible. Thus, these two formulations were administered at the same time. After qi stagnation and blood stasis were improved, the reason the headache became intense again was, I considered, because the season was changing to the cold one and thereby the conditions of cold of liver and stomach were aggravated. And so, the volume of *goshuyuto* was increased and the symptoms were resolved. Subsequently, as tension-type headaches became noticeable, *kakkonto* was used in combination. Then all problems were solved.

hen all problems were solved.

## Clinical Report 3 (Japan)

### *Menstrual Cramps*

Yang Cholsong  
Yang Herb Clinic

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Case: Female of 36 years old

Chief complaints: Headache and menstrual cramps

Current medical history: The patient had been suffering from headaches, menstrual pains, and daily sleeplessness. Stretching-like pains appeared 2-3 times a week from the occipital region to the temporal regions and the pain lasted for tens of minutes to several hours. On the first day of each period, stab-like intense pains developed in the lower abdomen. Blood clots were heavy and when they were shed, the pain disappeared.

Present conditions: Medium built

Headaches, menstrual pains, and sleeplessness brought intense frustrations or irritability.

Pulse: Deep and string-like pulse. Tongue: Deep red with small amounts of white furs

Sho: Liver depression and qi stagnation/blood stasis

Treatment method: To sooth the liver and regulate qi, and to activate blood and resolve stasis

Prescriptions: Extract of *kamishoyosan* 9g/3 +  
*Extract of keishibukuryogan* 7.5g/3

Course: In 4 weeks, headache and menstrual pain markedly improved. During the period of 2 months, headache occurred twice, no menstrual pains were experienced, and difficulty falling asleep improved. Subsequently, the doses were adjusted to Extract of *kamishoyosan* 7.5g/2 + Extract of *keishibukuryogan* 6g/2. Then, the symptoms did not recur.

## Commentary

The swollen-like pain in the temporal regions, intense frustrations/irritability, and string-like pulse were the conditions of liver depression and qi stagnation. I consider that sleeplessness was also caused by liver depression. The stab-like pain in the lower abdomen that went away after blood clots were shed was menstrual cramps caused by blood stasis. Liver depression and qi stagnation in women are often associated with blood sticks. For menstrual cramps caused by liver depression and qi stagnation, *kamishoyosan* is usually used. As blood stasis coexisted in the patient case, *keishibukuryogan* was used in combination.

## Kampo Dermatology – Clinical Studies

*Urticaria/Hives (8)*

Fumino Ninomiya

Aoki Clinic

Chronic urticaria (more commonly known as hives) is unexpectedly one of intractable disorders in our every day life. Many cases of acute urticaria have known causes so that it can easily be cured. In many cases, urticaria appearing repeatedly for a long period has an unknown cause. The skin condition of urticaria can often be improved by Kampo medicines selected based on the overall condition.

Urticaria is a raised, bumpy red wheal that appears anywhere on the body. The wheals can be the size of a grain of rice enlarging in a map-like form. Generally, acute urticaria will fade within several hours whereas chronic urticaria will last more than a month, sometimes persist several years to more than 10 years.

Causes are certain foods, drugs, focal infection, and the direct physical stimulation of the skin. Urticaria, however, is often caused by IgE-mediated allergies. For chronic urticaria, no definite cause can be identified.

Urticaria often causes red erythemas and elevated patches (wheals) – it is basically due to the abnormality of water damp. Therefore, to treat this sho, medicines to induce diuresis and medicines to clear heat are appropriately combined.

Basic two prescriptions are *inchingoreisan* and *eppikajutsuto*. And adjustments will be determined depending on whether or not there is sweat, cold sensation, or blood stasis.

Case 1: Urticaria, oversensitivity

Male of 51 years old

Current medical history: Urticaria had been persistent for 15 years. The patient had received treatment of various kinds but no cure was attained.

Present conditions: Edemas and erythemas

covering the entire body with intense itching. Pigmentation and moistness coexisted. Dermographism (++). Highly irritable due to oversensitivity. Had difficulty falling asleep and getting up in the morning. Cold feet (++), constipation (+), and loose stool.

Feeling thirsty (+). Blood pressure 128/80

Abdominal sho: Tension of abdominal rectus muscles on both sides, a bloated feeling in the chest and hypochondriac region, and tenderness in the lower abdomen.

Examination findings: Table 1 (attached)

### Treatment and course

*Inchingoreisan* 5.0g, *keigairengyoto* 6.0g, and Loratadine 1 tablet were administered for 14 dys.

Formulations were changed to *shigyakusan* 5.0g and *tsudosan* 5.0g. Claritin 1 tablet was continued. The medication was maintained.

One year later, the conditions became mostly improved.

### Sweat test

		Before treatment		After treatment	
		Before stress application	After stress application	Before stress application	After stress application
Sweat	Right hand	37.9	40.8	26.1	32.6
	Left hand	38.5	44.1	26.6	37.5
	Right hand	39.5	45.8	35.2	49.0
	Left hand	34.5	40.6	37.9	36.9

\* Sweat test is a simple test that shows the levels of stress felt by the patient. The patient is requested to subtract 7 from 100, and to keep subtracting from the result. And then, the volume of palmar sweating is measured. The table indicates that patient's stress levels are dropping.





## Case 1: Examination findings

<Biochemistry>	Before treatment	After treatment
Total protein	6.6g/dl	6.6g/dl
UA	91mg/dl	8.1mg/dl
TC	227mg/dl	180mg/dl
TG	183mg/dl	65mg/dl
CPK (peripheral blood)	236	178
<Hematological value>	Before treatment	After treatment
Erythrocytes	538×10 <sup>9</sup> /ul	479×10 <sup>9</sup> /ul
Leukocytes	9.3↑	9.0↑
Lymphocytes	16.1%	21.0%
Neutrophils	69.8%	71.9%
Acidocytes	7.4%	1.7%
IgG 830mg/dl   IgA 87 mg/dl↓   IgE 244 Cedar (+ + +)↑		



## Medical History in Japan

*Sotetsu Ishizaka's "Shinkyu Chiyo Ichigen" (4)*

Kenji Kobayashi

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

[Part 4 of this series]

On March 9 of the year Bunsei 8 (1825) I received through the official interpreter in Nagasaki Sakusaburo Nakayama a letter<sup>4)</sup> from Dr. Siebold along with a present of two sword needles (hishin = pi zhen), one retention needle, and some first grade Dutch opium. The text of the letter follows below. (Since it was in a foreign language, I had the Han physician Tsuyama, Shinsai Udagawa translate it.)

To the care of Sotetsu Ishizaka, Edo acupuncturist  
From: Dr. von Siebold, Dutch National Medical  
Instructor, in Dejima February 1825

Acupuncture is a medical technique not known in Europe, but for some time some knowledge about acupuncture and moxibustion has spread.

Fortunately, on this occasion, I had the opportunity to look at master Ishizaka's book ("Chiyo Ichigen" – Essentials in a word).

Up to now I have been employed in Nagasaki and wanted to get in touch with master Ishizaki, but so far was not able to fulfill this wish. Now I was so fortunate as to be blessed with a chance to peruse one of his books. I wish to maintain contact with the master through letters and would be very much obliged, if I could ask him for instructions. It would be extremely beneficial for me, if that wish could be granted. With your permission, but I believe my knowledge about surgery would probably prove to be very beneficial for the master too.

I would like to ask you to please contact me in the future.

Among my students is a person called Junzo Mima, who studies very enthusiastically. He

translated your book into Dutch and explained its contents to me. In the future I would like to meet you directly and ask a few questions.

Currently I am considering to translate your book in greater detail into Dutch.

So far the content of the letter in Dutch, but I would be very happy, if you could have translated this and would read it.

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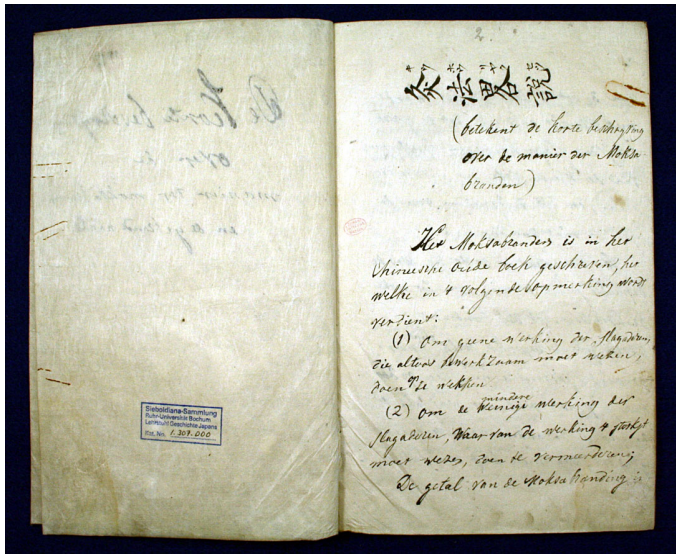
4) In the archives of the library of Waseda University there is the title "Translated Writings of Siebold" translated by Junzo Mima for Sotetsu, in which it says "I am very happy about the treatise on acupuncture that was given to me, since it is explains a subject still little known in our country Europe." The 12-page text translated by Shinsai Udagawa is probably identical with the original. Currently published via the internet.  
[http://www.wul.waseda.ac.jp/kotenseki/html/bunko08/bunko08\\_a0223/index.htm](http://www.wul.waseda.ac.jp/kotenseki/html/bunko08/bunko08_a0223/index.htm)

There are two drafts, one of which has been once written by Junzo Mima and appears to have later be edited, so that there are some doubts regarding whether this is really Mima's own handwriting.

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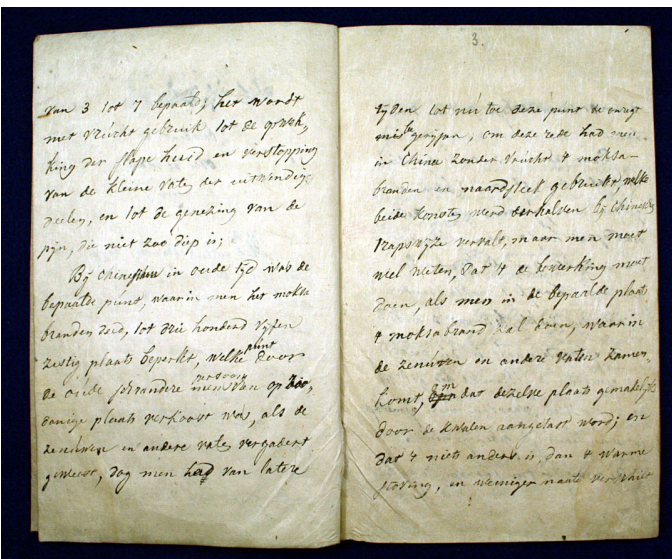
As an expression of gratitude for the masters books he send us two lancets<sup>5)</sup>, a clamp and eight momme (8 x 3.75 g = 30 g) of Dutch opium. Each of which he will take with him on his visit to Edo next. Please take care of him on that occasion.

Please take good care of yourself in this weather



[Illustration 11]

[Illustration 11] Translated by Siebold's pupil Ryosai (Seikai) Totsuka and others "Kyuhō Ryakusetsu" (Brief Explanation of Moxibustion)



[Illustration 12]

[Illustration 12] Translated by Siebold's disciple Ryosai (Seikai) Totsuka and others "Kyuhō Ryakusetsu" (Brief Explanation of Moxibustion)

As a response to this letter I sent a letter to the interpreter Sakusaburo Nakayama. In addition I had 7 needles ranging from gauge No. 1 to No. 7 manufactured by Genzo Kobe and sent them as a gift to Dr. Siebold.

In the spring of year Bunsei 9 (1826) Dr. Siebold accompanied the head of the Dutch trading post Mr. Sturler to Edo. During our meeting Dr. Siebold stated:

"I made some notes in "Chiyo Ichigen" and sent it to my home country.

Once I have comprehended the deeper meanings of the filiform needles, I would like to promote the spread of this book throughout the various European countries. When the technique of the filiform needling provides relief from diseases and suffering, it will be all your merit."

When I finished my commentaries to Dr. Siebold's 12 questions, he said he would like to witness an actual performance of acupuncture and moxibustion. I demonstrated by needling on one of my disciples, whereupon he requested to be needled directly himself.

Since that is what he wanted, I needled Dr. Siebold and thus conveyed also things, that are difficult to express in words.

On this occasion I feel extremely proud of being able to contribute to the spread of acupuncture and moxibustion, which I consider my calling, abroad. If acupuncture and moxibustion should be generally accepted in society, I believe the long years of studying the filiform needling techniques may provide an opportunity of opening up the passage for the once lost 2,000-year old art and teachings of acupuncture and moxibustion to Europe. I exhaustively wrote down the innermost secrets of the fine needles, not even holding back family traditions, and would like to convey this knowledge to future generations<sup>6)</sup>.

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5) Lancet. Dutch. A kind of knife used for vaccination against smallpox and phlebotomy.

Flat, double-edged blades pointed at the tip.

- 6) Copied translations of the reference "Shifukuta Sensei Bunken Shukei" = original title: "vertaald door O. Kenkai" (published in 1935, including "Kyuhō Ryakusetu" (Brief Explanation of Moxibustion)) referring to Dr. Siebold in Japan and similar materials provide an opportunity of glances at the acupuncture and moxibustion techniques Dr. Siebold learned from Sotetsu.

Currently on display on the digital archive website of Kyushu University.

<http://record.museum.kyushu-u.ac.jp/siebold/>

[ Dutch translation of a treatise by one of Siebold's pupils ]

<http://record.museum.kyushu-u.ac.jp/siebold307/>

Nr. 1.307.000

Totsuka Ryōsai et al., [Vier Abhandlungen über Akupunktur und Kinderkrankheiten.]

"Kyuhō Ryakusetu" (Brief Explanation of Moxibustion) translated Ryosai (Seikai) Totsuka and others

May of year Bunsei 9 (1826)

Signed court physician Hogan Sotetsu Ishizaka

## *Poria Powder with Five Herbs*

Wu-Ling-San

goreisan

### Composition

Arisma rhizoma

Tuckahoe

Atractylodes ovatae rhizoma

Umbellate pore fungus

Cinnamon bark



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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**