

Clinical Report 2 (Japan)

*One Case that had Effect of Bakumondoto on Post-Herpetic
Neuralgia caused by Yin Deficiency*

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Different types of individual therapies have been attempted to treat post-herpetic neuralgia, which is one of the conditions for which Kampo medicines are very frequently used. As we recently had a successful case that had benefits of *bakumondoto*, we will hereunder report it with our observations and a bit of our views.

[Case]

Male of 85 years old. Small build and thin, aged person with fair complexion.

[Chief complaint]

1. His speech began to slur 2 to 3 years ago.
2. 10 years suffering of postherpetic neuralgia (left lumbar area L3/Level 4).
3. Habitual constipation.

[Origin and course]

About 10 years ago, herpes zoster developed in the left lumbar area L3/Level 4 and then PHS was induced. The pain was severe and even the rubbing of clothing against the skin caused pain. The patient had been receiving treatment by the pain clinic of a certain university hospital with the prescription of *keishikaogito+Processi Aconiti Radix* for 2.5 months. He said that the administration of this medicine brought a pain relief for a while. Lying down on the bed for a clinical examination produced pain.

He had had the feeling of being unable to speak articulately and properly for 2-3 years. At

the Department of Neurology and Internal Medicine of a certain university hospital, he had received MRIs due to walking with unsteady steps and it was found that there were small cerebellar infarctions x 3 places. He had been told by the physician that the symptoms would not be associated with the infarctions and Parkinsonism was suspected, for which Madopar had been administered “experimentally to see his reactions to the medication.” When he visited us, it did not seem that words did not come out easily although he had the dry tongue that prevented his smooth speaking. While talking, he incessantly drank water from a plastic bottle.

[Drugs currently being taken]

Candesartan / Disopyramide / Arotinolol /
Magnesium Oxide / Biofermin / Neurotropin /
Trimebutine / Amitriptyline / Levodopa /
keishikaogito+Processi Aconiti Radix /
Dipotassium Clorazepate→ Zolpidem /
Brotizolam / Etizolam

[Living environment]

He had been living in a care facility for about a year.

[Findings]

Food intake, frequency, and time were well regulated so that he had a weight loss to 44 kg from 50 kg. Now he prepared by himself in-between snacks and eat them. Although he was sensitive to cold by nature, he claimed that the feet felt warm and burning in this winter. There was no itchy sensation in the skin but the tongue was dry and red colored. The abdominal strength was reduced with the soft abdominal wall and stools were palpated.

[Diagnosis]

The dryness of the body was intense and his pattern/syndrome was diagnosed as being caused by yin deficiency.

[Treatment]

Neurotropin, Amitriptyline, and famotidine causing the side effect of dry mouth were discontinued. Likewise, Biofermin and Levodopa were discontinued because of the uncertainty of these drugs' effectiveness. *keishikaogito+Processi Aconiti* Radix was also discontinued as it contributes to dryness. The pain-relief action of Aconiti tuber, one of the ingredients of this Kampo medicine may help kill pain temporarily, but its continued use has a high potential of exacerbating 2 above.

The administration of 3 packs each of TSUMURA *bakumondoto* (Tsumura & Co., Ltd., Tokyo, Japan) and TSUMURA *mashiningan* (Tsumura & Co., Ltd., Tokyo, Japan) was started in equal doses three times a day.

[Treatment and course]

The amount of saliva increased within 2 weeks and the patient became aware that he was able to speak smoothly. However the pain remained as ever.

After 5 weeks, he did not complain of the pain in the lumbar region in abdominal examinations.

After 8 weeks, when he was asked about the pain, his reply was "have forgotten about it!"

His complexion was good with healthy glow. He was aware of skin moist. Sleep improved and bowel movements became regular.

Same medication was continued.

In this patient, the symptoms might have improved only by excluding excessive drugs and an inappropriate Kampo medicine.

This was a case that provoked the author to think about iatrogenic diseases.

The author considered that the root cause of the patient's symptoms was yin deficiency lacking "the amount of fluids" to enrich yin and that the pain was caused by the "stagnation of nourishment." As the mouth was severely dry and the large intestine of the stomach-intestines was also dry, leading to constipation, firstly stomach-yin deficiency was approached. *Bakumondoto* which works on the lung, was effective because the inextricable relationship exists between the large intestine and the lung.