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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

### *Oriental Medicine and Nature*

Oriental Medicine developed over 2000 years ago when human beings lived their lives under greater influence from natural surroundings and the environment than we experience in the modern age. It was an age when people were just beginning to construct bigger megalopolises and these social surroundings began to have significant influences on peoples' minds and bodies; as a result humans began to develop heretofore illness reflecting their new lifestyles. This illness presented new therapeutic requirements and objectives. In other words, considering health and disease, those ancient days were arguably a period when people began to search beyond simply making some balance between their lifestyle and nature's constant change. The newly developing social environment demanded a larger perspective or vision capable of supporting healthy sustainable social development. And then, of course, the scale of urbanization began to accelerate and human history became the story of our alternating struggles between overcoming nature's challenging forces but also destroying nature in our efforts to control her (it).

The natural and social environments 2000 years ago provided the basis for Oriental Medicine. The original classic of Oriental medicine *Suwen (Plain Questions)* includes descriptions of natural and social changes and thoughts on how humans might be or live in harmony with those changes. Although written 2000 years ago, this classic book points out the potential problems humans might encounter in the course of their lives and includes discourses on how setting a desirable framework for our mind, attitudes as well as lifestyle can help navigate these constant challenges. *Plain Questions* further compares people of that period with those of the distant past. People had already begun to lead their lives largely separated from the natural rhythms their ancestors had adhered to. Patterns of jealousy, unreasonable exertion in efforts to reach "success", satisfy desires or ambitions had become increasingly apparent causing mental stress, psychosomatic illness, autonomic imbalance and various other symptoms. These symptoms could only be relieved by the therapies of acupuncture, moxibustion, massage or herbal medicine (Kampo). The text warned that people should not try to satisfy their personal and social desires beyond what is reasonably necessary, avoiding competition. Instead, learning to live their lives by rising above the trivia of life and thus remaining calm and selfless might provide more social and personal sustainability and satisfaction.

As described above, while the body and mind of an individual and the way society could be are questioned in this classic text, a more important viewpoint from Oriental medical theory is that the medicine is deeply rooted in the concept of spontaneous remission or the natural healing ability of the human body. Although this expression may be construed to mean cure *by* acupuncture or moxibustion, instead the understanding was that the human body, stimulated by these modalities naturally and easily heal itself. Healing does occur by inserting the needle or performing the moxa. This critical point is what widens the gap between Oriental and Western Medicines, their theories, philosophies and practices. When these two medicines are compared, without considering the origin or construction of both, the opinions tend to be unilateral. In short, from the perspective of Oriental medicine, the expression "medical cure" can only be used with a grain of salt, a sense of hesitancy as oriental medicine is based on the understanding that humans heal themselves. And if medicine does not cure, medical practitioners might feel a bit more humility toward the human body. They might assume an attitude of asking or speaking to the body in order to understand what kind of stimulation or treatment best suits the body's condition. Instead of an attitude of "I will cure you", it would certainly be good if both the practitioner developed a mutual attitude about the process of creating a body that can heal itself. It will then be time reconsider the relationships between illness, treatment and healing.

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## Japanese Acupuncture - Current Research

### *Japanese Acupuncture for "Hie" Symptoms (excessive sensitivity to cold)*

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### 1. Introduction

In Japan excessive sensitivity to cold is a social common place and defined<sup>1)</sup> as "a pathologic condition where a decrease in environmental temperature that does not produce any discomfort to ordinary people elicits an abnormal feeling of cold in regions like the low back, the tips of hands and feet, both legs, or also the entire body, and this abnormal feeling generally persists for more than a year. In many cases the affected persons consciously perceive the condition as a disease." Such a decrease in various physical functions is considered to be a generalized phenotype characterized by individual differences in severity and used to be considered a constitutional problem. However, in recent years fact-finding surveys related to this excessive sensitivity to cold indicated correlations to specific diseases, so that the importance of prevention and treatment of this condition is beginning to be acknowledged.

Relying on the two pillars of both acupuncture / moxibustion and Kampo medications Kampo medicine now uses imbalances related to Qi, Blood and Water or anomalies in viscera, bowels and meridians as an important indicators for the diagnosis of excessive sensitivity to cold and as therapeutic guidelines, simultaneously attempting to achieve improvements of the associated symptoms.

In this work we discuss Japanese clinical research pertaining to excessive sensitivity to cold and in conjunction with presenting its results would like to evaluate both the current position and future tasks.

### 2. Methods

The "Japana Centra Revuo Medicina" (a Japanese searchable database of medically related documents) served as the data source that was searched over the entire period (from 1983 to 2010) during which articles pertaining to the acupuncture and moxibustion treatment for excessive sensitivity to cold had been published and as far as possible among these, articles presenting a high level of evidence credibility were extracted.

### 3. Results

The extracted articles were summarized classified by years to present an outline of the research.

1) Fact-finding surveys related to patients with excessive sensitivity to cold and the effects of acupuncture and moxibustion treatment Kawana published from 1988 to 1989 three papers<sup>3-5</sup>.

In the first report<sup>3)</sup> he examined 92 women (51.1% of whom were in their 40s to 50s) with excessive sensitivity to cold of the feet regarding the actual presence of indefinite symptoms, blood pressure and the presenting abdominal patterns. The results showed, that (1) tinnitus, low back pain, shoulder stiffness and irregular menstruations were common complaints and often appeared to be partial manifestations of generalized indefinite complaints. At the root of the onset of these symptoms existed autonomic dysfunction, (2) blood pressure was in many cases normal, but tended among the younger patients to be rather low and conversely in the higher age groups high. (3) Among the abdominal patterns a high incidence of Blood stagnation, tense abdominal skin and hard glomus below the heart were observed. For the acupuncture and moxibustion treatment administered to new patients we used stainless steel needles with a

diameter of 0.2 mm that were usually retained for about 10 minutes, while for chronic cases this treatment was combined with low frequency electro-acupuncture therapy (EAT) and a total of 15 to 20 treatment sessions administered in 1-week intervals. Treatment points included the various acupoints on the level of the second sacral vertebra along the "S2" line: [Ciliao (BL32), Panguangshu (BL28), Baohuang (BL53), Zhongji (CV3)].

For an evaluation of the effects the application of a classification using 50% subjective and 50% objective findings a ratio of symptom alleviation of more than 80% was defined as highly effective, more than 60% as effective and more than 40% as slightly effective. The results showed that the treatment was highly effective for 4 patients, effective for 23 patients, slightly effective for 21 patients and thus more than slightly effective for a total of 48 patients (52.1%).

The second report<sup>4)</sup> is a fact-finding examination related to the correlation between excessive sensitivity to cold and menstruation, pelvic circumference and abdominal pattern. Subjects were 30 women (aged between 19 and 30 years) complaining of constant excessive sensitivity to cold. The results showed that patients with excessive sensitivity to cold had a tendency (1) toward low blood pressure, (2) a narrow pelvis and abdominal patterns tended to be Blood stagnation (70.0%), tense abdominal skin (66.6%) or hard glomus below the heart (63.3%) in that order. The summary that was also based on the results of the first report showed, that there are many common findings between younger patients with excessive sensitivity to cold and menopausal patients with excessive sensitivity to cold. Moreover, circulatory disturbances of the pelvic organs apparently have a marked influence on the excessive sensitivity to cold in women.

The third report<sup>5)</sup> is a fact-finding study related to physical conditions, menstrual status and mental complaints of 105 young women (aged between 19 and 30 years). The results showed that (1) a marked tendency towards presenting a physical condition classified according to oriental medicine as Blood deficiency, colic pain from overindulgence in cold foods (han shan) or marked Blood stagnation pattern and the patients would often be classified according to modern medicine as asthenic, characterized by a hypersensitive constitution with a tendency towards low blood pressure; (2) the menstrual cycle was normal, but the patients tended to be mentally very tense and became easily upset; (3) loneliness, timidity, impatience and slow reaction to all matters were reported as mental complaints. Basically the same acupuncture treatment as described for the first report was performed and the treatment was markedly effective for 7 patients, effective for 28, slightly effective for 66 patients, so that it was more than slightly effective in 66 patients (62.9%).

2) Effects of the acupuncture and moxibustion treatment for patients with excessive sensitivity to cold associated with some underlying disease

Nemoto et al.<sup>6,7)</sup> published two articles in 1998 and 1990. In the first of these reports<sup>6)</sup> 21 patients (9 men and 12 women, average age 58.0 years) had underlying diseases and at the same time complained about excessive sensitivity to cold of the hands and feet. The treatment of the roots as well as local and symptomatic treatment had the purpose of activating circulation and inducing systemically altering effects. Concretely low frequency electro-acupuncture with a frequency of 1 Hz was applied to PC4 (Ximen), PC6 (Neiguan), ST36 (Zusanli) and SP6 (Sanyinjiao) for 30 minutes; indirect moxibustion using 2 cones each was performed on BL23 (Shenshu), ST36 (Zusanli), KI7 (Fuliu) and KI1 (Yongquan) and this treatment carried out twice a week for a total of

10 sessions. The effects were evaluated in the same manner as described for the Kawana's report. The results showed an efficacy ratio of 55.9% where the associated symptoms were alleviated in conjunction with the improvement of the excessive sensitivity to cold.

In the second report 23 patients<sup>7)</sup> with excessive sensitivity to cold and underlying diseases were grossly divided into 13 patients with hemiplegia (9 men and 4 women, average age 57.2 years) and 10 patients (2 men and 8 women, average age 55.5 years) with diseases other than cerebral stroke and then the acupuncture and moxibustion treatment compared. Treatment method, frequency and evaluation of the results were the same as described above. The results showed an efficacy rate of 60.9% where the ratio of improvement classified by diseases was 53.8% for patients with hemiplegia and 70% for patients with diseases other than cerebral stroke.

### 3) Effects of single acupuncture and moxibustion treatments for excessive sensitivity to cold

Kitamura et al.<sup>8)</sup> (1994) administered a single acupuncture and moxibustion treatment to 7 healthy people (2 men, 5 women, aged 31-52 years) and 10 people complaining of excessive sensitivity to cold (3 men, 7 women, aged 29-65 years) and examined the results using variations in the subjective findings as well as core and surface temperature of the sole of the feet. The treatment used filiform needles that were retained at BL32 (Ciliao), BL23 (Shenshu), BL25 (Dachangshu), BL52 (Zhishi), KI3 (Taixi), warming needle at SP6 (Sanyinjiao) and electro-acupuncture as required. The results showed therapeutic effects in 70.0% of the patients with excessive sensitivity to cold.

4) The effects of the acupuncture and moxibustion treatment when combined with root (general) treatment based on the Akabane method and treatment targeted at overcoming Blood stagnation

As reported in 1995 by the authors<sup>9)</sup>, it showed that the patients presented with subjective feelings of cold of the feet. Five women (aged 19-30 years, average age 23.6 years) responding to the item "Do you have cold feet even in summer?" in a CMI health check questionnaire covering 37 items received the Akabane style general adjusting treatment with needles retained at Xuefu, BL32 (Ciliao), BL33 (Zhongliao), irradiation with far infrared for 15 minutes and additionally intradermal needles attached to SP6 (Sanyinjiao), ST36 (Zusanli), CV4 (Guanyuan). A total of 5 treatments were administered once a week. The effects were evaluated after the first and fifth treatment sessions, using the Terasawa's Blood stagnation score and a Visual Analogue Scale (VAS) for evaluating variations among the Blood stagnation items, associated complaints and subjective symptoms. The results showed that (1) all of the patients with an excessive sensitivity to cold also had a marked degree of Blood stagnation, (2) the acupuncture and moxibustion treatment lowered the average Blood stagnation score from 71 to 47 points, (3) the acupuncture and moxibustion treatment resulted in an improvement of the VAS in 3 patients, (4) the improvement of the VAS induced by the acupuncture and moxibustion treatment suggested, that among the Blood stagnation items alleviation of the tenderness and resistance in the ileocecal region had contributed to improvements of the menstrual disorders.

5) Skin temperature distribution over the whole body as an indicator of the effectiveness of acupuncture and moxibustion treatment for excessive sensitivity to cold

Mori et al.<sup>10)</sup> (1998) used acupuncture on the abdomen at CV14 (Jujue), CV12 (Zhongwan), ST27 (Daju), CV4 (Guanyuan), CV2 (Qugu), SP12 (Chongmen) and on the back BL20 (Pishu), BL23 (Shenshu), BL25 (Dachangshu), BL32 (Ciliao),



and on the legs SP10 (Xuehai), ST36 (Zusanli) SP6 (Sanyinjiao) and KI3 (Taixi) to treat 6 women (aged 20-40, average age 30.2 years) with excessive sensitivity to cold for a total of 16 times twice per week. For an evaluation of the effects of the treatment the degree of excessive sensitivity to cold before treatment and 8 weeks later (classified into 4 grades: 3 = very disturbing, cannot be endured; 2 = is bothersome, but can be endured; 1 = somewhat bothersome; 0 = no excessive sensitivity to cold) and whole body skin temperature distribution were examined. The results showed that the degree of the excessive sensitivity to cold improved by more than 2 levels 1 case and by more than 1 level in 5 cases, while thermography of the legs too showed improvement in 4 cases.

6) Randomized controlled trials regarding the effects of acupuncture and moxibustion treatment for excessive sensitivity to cold

The authors<sup>11)</sup> (2008) conducted the first randomized controlled trials regarding the effects of acupuncture and moxibustion treatment for excessive sensitivity to cold in Japan.

The study included 19 female volunteers (aged 18-32, average age 20.5 years) with excessive sensitivity to cold. Following stratification into the relevant numbers based on the questionnaire the subjects were randomly divided into an "acupuncture and moxibustion treatment group" and a "control group". In the "acupuncture and moxibustion treatment group" the subjects were treated in supine position by needling SP6 (Sanyinjiao) and ST36 (Zusanli) on both the left and right side and then cut pieces of indirect moxibustion attached to the needle handles and burnt. Moreover, simultaneously with the warm needling 4 stick-on moxa cylinders attached to a lotus-shaped pedestal were placed on CV4 (Guanyuan) to perform warming moxibustion. Later, in prone position far infrared was applied

to the lower back, while applying using the same lotus-shaped pedestal that was also used on the abdomen, to perform warming moxibustion centering around BL32 (Ciliao) on both sides. A comparison showed no significant differences for any of the items observed in both groups prior to the intervention, with the exception of remnant lipoprotein cholesterol (RLP-C). Regarding the degree of suffering before and after the intervention, Blood stagnation score, Ht values, RLP-C values and 10 RPM values there was neither any interaction between the two groups nor any differences.

7) Effects of low frequency electro-acupuncture applied to the lower extremities for excessive sensitivity to cold using postural change test

The authors<sup>12)</sup> (2010) applied low frequency EAT to the lower extremities at SP6 (Sanyinjiao) for excessive sensitivity to cold and investigated the effects.

The effects of low frequency electro-acupuncture treatment for excessive sensitivity to cold in young women presenting with postural change test induced vasomotor disturbances. The study included 20 women (aged 18-26 years, average age 20.6 years), who were aware of their excessive sensitivity to cold and in whom the toe skin temperature increased after lying down following a 5-minute standing stress or else showed left-right differences. For the acupuncture treatment 40 mm long stainless steel needles with a diameter of 0.2 mm were inserted into left and right SP6 to a depth of about 15 mm and then used as needle electrodes, while on the outside of the tibial tuberosity on both sides indifferent electrodes were attached, applying a pulsed current with a frequency of 1Hz for 20 minutes. After a total of 5 treatments given once a week the stress test was repeated. Thermograms were obtained of both lower extremities covering from the medial aspect of the foot to the tibial aspect

with a medical thermography device and then the average skin temperature was calculated for the toe, metatarsal, ankle and lower extremity areas. A 100 mm wide Visual Analogue Scale (below abbreviated VAS) was used for our original evaluation of the degree of the excessive sensitivity to cold and the categorical scale of 14 other symptoms including the excessive sensitivity to cold. A diary was kept starting one week prior to the treatment and continued until one week after the treatment, noting for all days during this period a "chilly score", a total score for the 14 symptoms, the VAS values and served subsequently to calculate the average valued. Variations in health related quality of life measures due to the acupuncture treatment were evaluated using the standard edition of the MOS 8-Item Short-Form Health Survey(SF-8). The results showed that through the acupuncture treatment the skin temperature of the toes following the postural change test did not rise as markedly as it did during adaptation, while 20 minutes after the end of the orthostatic stress test there was a more significant increase in skin temperature on the medial side of the lower extremity than during adaption. The chilly score, VAS values and the SF-8 heading and summary scores did not show any significant differences between before and after the acupuncture treatment, but the total score for the 14 symptoms decreased significantly.

## Discussion

A series of articles by Kawana deals with the pathology of women with excessive sensitivity to cold and the conduction of fact-finding investigations classified by age indicated in modern medical sense a disorder of autonomic nervous function and from an oriental medical point of view a strong correlation to Blood stagnation. Moreover, the accumulation of cases

showed that ordinary acupuncture treatment and low frequency EAT were used separately depending on the course and through treatment along the S2 line improvement of the circulation of the pelvic organs, referring to the intended pursuit of eliminating Blood stagnation, was achieved.

Research into patients with underlying diseases presenting with excessive sensitivity to cold receiving both root (general) as well as local (partial) and symptomatic acupuncture treatment patterns showed, that it is possible to achieve certain effects by using the same indicators of effects that Kawana used. Moreover, associated with an improvement in the excessive sensitivity to cold shoulder stiffness, general lassitude, constipation and similar associated symptoms improved also and notable changes in the abdominal pattern could be observed. Again, in the second report patients were divided into hemiplegia and other than cerebral stroke patients and a comparative investigation of the therapeutic effects reportedly showed, that the improvement ratio in hemiplegic patients was lower. The additional presence of local circulatory insufficiency due to functional disorders of the central autonomous nervous system was surmised as possible reasons. This conceivably suggested that the manifestation of acupuncture treatment effects are mediated via central factors.

The research into the effects of single treatments Kitamura et al. conducted, used retaining filiform needles and warm needling of acupoints in the lumbar region and on the legs and thereby achieved a high ratio of improvement. Presumably the mechanism for this improvement involves raising core temperature in the regions affected by the excessive sensitivity to cold through acupuncture and moxibustion treatment of the lumbar region. Moreover, follow-up studies verified that this effect continued from several hours to several days.

For an evaluation of patients with excessive sensitivity to cold the Cornell Medical Index was used and regarding the treatment the authors conducted research pertaining to the intradermal needles originally developed in Japan, that were used for adjusting the back Shu points within the framework of the Akabane method. A Blood stagnation score was used for this evaluation and showed, that certain effects had been obtained. Further, there was an apparent correlation to improvements in the VAS and the Blood stagnation items.

Mori et al. used thermography as an indicator of the effects of acupuncture treatment for excessive sensitivity to cold and found in their research using whole body distribution of skin temperature, that an improvement of the subjective symptoms showed a high concordance with an increase in the skin temperature of the legs. Regarding the evaluation method the use of thermography for wide area assessment (whole body) rather than only the variations in skin and core temperature of the regions affected by the excessive sensitivity to cold is extremely interesting.

In the randomized controlled trial (RCT) the authors conducted to investigate excessive sensitivity to cold, warm moxibustion was performed on the sacral region and the lower abdomen to eliminate Blood stagnation, the effects of treatment with warm needling applied to the legs was investigated in addition to the common assessment using subjective symptoms and Blood stagnation score with the new parameter of blood viscosity. The results showed that acupuncture and moxibustion treatment led to a reduction of the suffering and an improvement in the Blood stagnation score, but these effects did not exceed those observed among the controls. Although a correlation between excessive sensitivity to cold and Blood stagnation had been verified, no such

correlation to the findings of hematologic examinations was observed, which suggests that the evaluation parameters need to be reconsidered.

The authors investigated among the accumulated cases the effects low frequency EAT with a frequency of 1 Hz applied for 30 minutes had on toe skin temperature variations induced by postural change tests in persons with excessive sensitivity to cold. The results showed that AET produced a shift towards normalization of lower extremity vascular responsiveness through postural vascular reflexes, so that the excessive sensitivity to cold does not become worse even if the ambient temperature decreases, suggesting that the treatment had improved the general condition. Stress thermography instead of the so far common simple thermography as an evaluation index and the inclusion of an original evaluation chart for subjective symptoms (the chilly diary) can also be applied to future clinical research.

#### 4. Conclusion

Many factors contribute to the onset of excessive sensitivity to cold, but among these autonomic dysfunction from a modern medical point of view and the pathologic condition of Blood stagnation from an oriental point of view seem to be most deeply involved. Acupuncture and moxibustion treatment in the form of warm needling and intradermal needle, low frequency EAT stimulation etc. applied to acupoints in the lumbar, sacral and lower abdominal regions as well as on the legs to improve autonomic nervous function and eliminate Blood stagnation is a treatment form developed in Japan. It causes subjective variations in the associated symptoms of excessive sensitivity to cold and additionally has also been observed using thermography and similar objective indicators. This verified a clinical effectiveness among the accumulated cases of as high as 50-70%. However, there is only little

research using high evidence level RCTs, so that these effects have still not sufficiently been demonstrated and therefore the conductance of multi-center clinical studies would be desirable to make these results publicly known.

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## Kampo Medicine - Current Research

*Situation on Use of Goreisan in Dialysis Patients*

— From the *Goreisan Symposium 2010* —

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It was in the Korean War's casualties with acute renal failure that the effectiveness of dialysis was first recognized. Since then, dialysis has been applied widely from acute renal failure to chronic renal failure. At present nearly 300,000 people receive dialysis in Japan<sup>1)</sup> and Japan has the world-top level of dialysis technology. The advanced technology of dialysis membranes has significantly increased the effectiveness ratio of dialysis and thanks to the synthesis of erythropoietin by the genetic engineering, nephrogenic anemia occurring in the dialysis patients needs for mostly no blood transfusions in the regular life. However, there are symptoms that cannot be sufficiently handled or prevented by Western medicine such as headache, cramps in the lower limbs, hypotension occurring during a dialysis session – these symptoms cause to lower the QOL of the patients in combination with the dialysis three times a week.

Naturally there are no descriptions in classic books of Chinese medicine about clinical conditions of patients having the dialysis treatment of modern medicine, but Kampo preparations are widely used in everyday dialysis treatment. A renal failure that has fallen into the condition that needs dialysis because of Kampo treatment cannot be improved by Kampo medicines. However, various implications or unpleasant symptoms that arise during a dialysis can be relieved by Kampo medicines.

Treatment of various symptoms in dialyzed patients will be reported below from the viewpoint of the method of using *goreisan*, together with the introduction of published literatures.

## Historical background of Kampo treatment in a dialysis patient

The first case report about Kampo treatment of a dialyzed patient was made in 1977 by Okada. The patient was a physician with diabetic nephropathy who was under treatment with dialysis. The author came to know from a document that the physician suddenly died<sup>2)</sup> right after the conversation was carried out that as his conditions became improved with the combination use of Kampo medicines including *bunshoto* and *hochuekkito*, the frequency of routine dialysis might be reduced. The document did not mention the cause of the death, so details are not known. However, a cardiac disease or a cerebrovascular disorder might be the cause. In around '76, the cost of dialysis was covered by the government fund and presumably there were no financial burdens to the patients for paying the medical cost. Furthermore, as the patient was a physician, I do not like to think that he received less frequent dialysis. In these days, practitioners or physicians in general did not have sufficient understanding of Kampo medicines and information of Kampo was scarcely available. After that, Kampo medicines in the form of extract became popular and Kampo preparations began to be used in the everyday settings of dialysis from 90s onward.

## Use status of *goreisan* in the sites of dialysis

Up until today, the use of *goreisan* for dialysis patient has been confined for the following:

1. Prevention of dialysis hypotension
2. Imbalance symptoms such as headache, nausea, cramps in the lower limbs
3. Effect on hyperpotassemia

## 1. Prevention of dialysis hypotension

From my experience, hypotension, which may possibly be associated with the volume of the removed water, often occurs in the patients during the latter half of a dialysis session. Especially in the patients who badly control their body weight, a large amount of water is removed and hypotension often occurs in the latter half of a dialysis even if they have taken vasopressors beforehand. In the case, to maintain the patient's blood pressure the solution of normal saline is often infused. Thus, the amount of the water removed with great pains becomes balanced out by the amount of the infused solution. Kawashima reported in 2000 about a case of diabetic nephropathy. This female patient of 64 year-old repeatedly developed hypotension during the latter half of a dialysis and an adequate amount of fluid could not be removed. Kawashima gave her an oral administration of the Extract 2.5g of *goreisan* at the start of a dialysis. With the administration, her blood pressure was controlled and the volume of the normal saline infusion decreased enabling the planned water volume to be removed. In this publication, it was further reported that changes in the circulating blood volume ( $\Delta BV$ ) were determined by the vascular refilling monitor of the hematocrit monitor measuring cells (Crit Lin<sup>R</sup> of JMS Co.) for the extracorporeal circulation and that it was confirmed that the amount of the circulating blood plasma that had not been seen before the administration of the Kampo medicine was maintained during the latter half of a dialysis<sup>3)</sup>. The results were further tested and the report about this additional testing was presented at the 2008 Japanese Society for Dialysis Therapy.

An oral dose of the Extract 2.5g of *goreisan* was given to 10 patients on non-diabetic maintenance dialysis at the start of a dialysis to measure  $\Delta BV$ s and plasma refilling rates (PRR) before and after the administration. Although the result showed

no significant differences between the values before and after the intake of the Kampo medicine, four patients showed an improvement in blood pressure fluctuations during a dialysis session and there existed a significant negative correlation between  $\Delta BV$  and PRR<sup>4)</sup>. This means that there should possibly be the patients who had the water moving, due to the oral administration of *goreisan*, from the outside of the blood vessels into the inside of the blood vessels.

It may be said that *goreisan* is a prescription worth trying for the prevention of hypotension during a dialysis treatment.

## 2. Effect of *goreisan* on headaches, nausea, and cramping lower limbs

Headaches and nausea in the introduction stage of dialysis are called disequilibrium syndrome and these symptoms increase pain and suffering of the patient who do not get used to dialysis. Their cause is described as cerebral swelling secondarily developed by changes in the osmotic pressure of the blood due to the removal of urea nitrogen and other elements from the blood. Headaches are often-observed complaints even in maintenance dialysis patients. And other than migraines, there is a different type of headache associated with changes in the body fluid, similarly in the introduction stage of dialysis. Some patients have the type of headache which may be caused by medication overuse and coping with this type of headache is a difficult task. Cramping lower limbs is also a symptom that often occurs in dialysis patients. They suffer the cramping during a dialysis and sometimes during the night time. *Shakuyakukanzoto* often has marked effects on cramps as in healthy people, but it cannot be effective at all times<sup>5)6)</sup>.

The author had once conducted a questionnaire survey with 180 maintenance dialysis outpatients at Tsuchiura Kyodo Hospital, in which they were

asked about the presence of headache, nausea, and lower legs cramps and confirmed their willingness of taking a Kampo medicine; and 20 of them were administered *goreisan* to verify its effectiveness. The subjects were aged 41 to 76 with the dialysis history of 7 to 223 months. Primary diseases were diabetes in 6 patients, chronic glomerulonephritis in 9, and connective tissue disease in 2, and polycystic kidney disease / pregnancy kidney / renal sclerosis in 1 individually. Headache in 16, nausea in 2 (nausea and headache overlapping in 1), and cramps in lower limbs in 5 (cramps and headache overlapping in 2), to all of which *goreisan* was orally administered twice / morning and night (for partial cramps in the lower legs, the administration was once in the morning of the dialysis day). Improvements in subjective symptoms after 8 weeks were compared against score 10 of before-the-administration to see how the scores declined. The results showed headache disappeared completely in 4 patients, 70%-90% improvement in 7, 30%-40% improvement in 4, and no change at all in 1. As for nausea, 90% improvement in 2, and for lower limbs cramps, disappeared in 1, 70% improvement in 1, 50% improvement in 1, and 20%-30% improvement in 2. Physical conditions changed by the administration were constipation in 5, and soft stools / increased blood pressure / feeling legs light / joint pain relief / relief of cramps in 1 individually. In one patient with nausea, the symptom disappeared but constipation developed, so that the oral administration was discontinued voluntarily but the symptom did not recur<sup>7)</sup>. It has been verified from these results that *goreisan* is effective for improving complaints of dialyzed patients.

There is another document reporting that *goreisan* was used for maintenance dialysis patients who developed cerebrovascular disorders during a dialysis with worsening disordered consciousness during the session<sup>8)</sup>.

### 3. Effect of *goreisan* on hyperpotassemia / hyperkalemia

As kidney failure progresses, the levels of blood potassium (K) become elevated with high frequency. The author has often experienced cases where plasma K did not decline sufficiently sometimes even if the K concentration of the dialysis solution was controlled. This is the result from the weak ability to remove K in hemodialysis compared to peritoneal dialysis. Therefore, instructions are given to the patients to avoid taking K from articles of food as much as possible. However, only a few patients can continue to strictly adhere to the diet. On the other hand, some patients die suddenly due to the blood K levels elevated by overeating of K-rich foods, especially fruit. The patients with high levels of plasma K at ordinary times take the oral administration of potassium absorbing agents, which are hard to drink and have the risk of solidification in the intestinal tract, leading to an intestinal obstruction.

Tajima et al. reported that a patient with high levels of blood K showed an improvement in the levels of plasma K after the administration of *goreisan*. According to the report, the female patient of 50s whose plasma K had once increased to 7mEq/ml complained of pain in the shoulder joints and received the administration of this Kampo medicine; the levels of K that had not fallen below 6mEq/ml declined to around 5mEq/ml. Later *goreisan* was replaced with *shosaikoto*, but the K levels were maintained<sup>9)</sup>. Then, Muramatsu made a report with Tajima with an addition of one more patient<sup>10)</sup>.

And Naito also reported that the level of plasma K decreased after the administration of *goreisan* in patients with chronic renal failure in the maintenance period. In the report, a comparison was made between the group of high levels of K (an average of Cr 4.5mg/dl,

$K \geq 6\text{mEq/ml}$ ) and the group of relatively high levels of K (an average of Cr 1.9mg/dl,  $5 \leq K < 6\text{mEq/ml}$ ). The results showed that in the group of high levels, an average of 6.6mEq/ml declined to an average of 5.6mEq/ml due to the administration of *goreisan*, whereas in the group of relatively high level of K, no changes were observed in effect from an average of 5.2mEq/ml to 5.3mEq/ml. Moreover, no changes were observed in the amount of potassium in urine during the administration of this Kampo medicine. Thus, it may be possible that although *goreisan* does not affect the levels of plasma K in blood K of high levels but not high enough to the life-threatening extent, the Kampo acts to correct the high levels of blood K that exceeds 6mEq/ml<sup>11)</sup>. However, the mechanisms are not known.

The above is the report on the reality of various applications of *goreisan*, together with reports by great physicians. I hope that the application of this Kampo medicine will further expand in the sites of maintenance dialysis.

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## Clinical Report 1 (Japan)

### *Three Cases of Shonishin (pediatric acupuncture) for Night Cry, Stool Abnormality and Nightmare*

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### Introduction

Shonishin (pediatric acupuncture) devices differ from acupuncture needles which penetrates the skin for adults. Shonishin therapy is the techniques of providing painless stimuli involving rubbing and touching to the skin surface lightly. For details of treatment techniques, a published book should be referred to<sup>1)</sup>. Shonishin grew popular mainly in the Kansai area<sup>2)</sup> and especially in Osaka, it has taken root in people's daily lives. We introduce three cases of Shonishin that showed favorable results at our university clinic.

### Case 1

Patient's name: K. S.

Age and gender: 10 months, male

Family structure: Father, mother and the patient

Chief complaint: Night-time crying

Present history: No symptom appeared until 5 months of age. About 7 months of age, night crying began. The frequency was 2 to 3 times during a night. The patient kept crying for the longest time of 20 to 30 minutes, sometimes it continued for 5 minutes and stopped. At shortest, crying continued for 5 minutes and then stopped.

### Treatment

#### Initial visit

He was crying in the waiting room and at the time of changing the clothes. He disliked hospitals all the time and got scared when seeing a white uniform. Treatment was performed with the mother holding the patient in her arms. The whole body was rubbed and touched with Yoneyama Gingko Leaf Shaped Shonishin.

The 2<sup>nd</sup> treatment (6<sup>th</sup> day from the first visit)

On the night of the initial treatment, the patient fell asleep soon when the mother looked into him crying face. Although this was repeated 2 to 3 times, he did not keep crying. From the following day, he was in bed at 20:00 as usual but cried 3 to 4 times and then stopped crying in real time and fell into a sleep by 24:00 when parents went to bed. The intensity of night crying decreased as a whole. During treatment, he received acupuncture, lying alone on the bed without crying.

The 3<sup>rd</sup> treatment (on the following day of the previous treatment)

Last night, the patient easily fell asleep 19:30 earlier than usual. Although he woke up crying twice before 24:00, the mother patted her back gently and then he stopped crying any second. In the morning he woke up crying twice and it continued only for short minutes. Although the frequency did not decrease, the intensity of crying became weak and crying time was shortened. During New Year days, parents were planning to stay at his grand mother's place and worried if he would cry violently because of a change in the environment. Generally he was not good at taking the face-up position, but was not reluctant to take the position during treatment.

The 4<sup>th</sup> treatment (14<sup>th</sup> day from the previous treatment)

Family stayed at his grand mother's place on New Year days. Night crying did not occur at all. He used to dislike being in the baby stroller but now could have a daytime nap for the first time in it. After returning home, night crying occurred only twice - once by 24:00 and once 5:00 in the morning.

The 5<sup>th</sup> treatment (6<sup>th</sup> day from the previous treatment)

The family stayed at his grand mother's place

again for three days. From the night of returning home, cough appeared. Before that, the number of night crying was about twice. However, he caught a cold last night and the frequency of night crying increased due to cough and congested nose. At the time of vaccination in this morning, he cried out loudly. Cold drugs were prescribed, and he was in a bad mood. Before visiting the clinic, he cried and cried out but kept quiet at the clinic.

The 6<sup>th</sup> treatment (7<sup>th</sup> day from the previous treatment)

After the previous treatment, a fever of 38 C degrees developed. On the following day, it resolved spontaneously without antipyretics. Appetite and bowel movements were returning to normal. He was able to sleep from 20:00 at night through to 4:00 in the following morning without waking up. He sometimes woke up at 24:00 but did not scream and fell asleep.

The 7<sup>th</sup> treatment (8<sup>th</sup> day from the previous treatment)

A cold cured two days ago. Around 12:00 of 2 to 3 days ago, he became fussy but soon fell into a sleep at the mother's breast. This was repeated 5 to 6 times during an hour. After this, he slept through to the following morning without waking up. During treatment, he was in a good mood and relaxed receiving treatment. As night crying subsided, a two-week time interval was allowed before the next treatment.

The 8<sup>th</sup> treatment (14<sup>th</sup> from the previous treatment)

He woke up once before 12:00 but, after this, did not wake up until 5:00. In recent days, night crying did not occur and he was able to sleep straight to the following morning. Previously, in the daytime napping, he had woken up every 30 minutes. However, often times, he was able to nap for an hour and a half.

Treatment was completed.

## Case 2

Patient's name: K. H.

Age and gender: 1 year and 5 months, female

Family structure: Father, mother and the patient

Chief complaint: Diarrhea and constipation

Complication: Iron-deficiency anemia.

Hemoglobin was in the vicinity of (Hb) 10 g/dL.

Although syrups were prescribed, she spitted out the medicine in dislike. So the medication was suspended for two months. While waiting for the medical check, Shonishin was requested.

Findings: Skin dryness, red rashes around GV15, and undereye circles.

Convulsions including nervousness and short-temperedness seldom occurred.

## Treatment

At the time of the initial visit, she was scared of the acupuncture needle and cried loudly, so that she received Shonishin in her mother's arms. The dorsal region, sacral region, upper limbs, head, and posterior region of neck were lightly rubbed and touched for about seven minutes.

The frequency of treatment was once or twice a week. She became able to receive the third treatment without crying.

## Results

Immediately after the treatment, the dried skin felt to be moisturized. According to the mother, on the nights of treatment and the following nights, the patient fell into a deep sleep in a short time and did not wake up till the morning. The patient received 75 times of treatment during one year and nine months from the initial visit, but the patient comes to the clinic to receive Shonishin for diarrhea or constipation. Within several hours or on the following day after treatment, the symptom of constipation or diarrhea improved. Currently, the patient not in bad condition comes to the clinic to receive Shonishin two or three times a month for the

purpose of managing the health. The blood examination at the start of treatment indicated Hb 9.7 g/dL, Fe 13 µg/dL. One year and eight months later, blood levels of hemoglobin and iron increased to Hb 13.1, Fe 74. The doctor in charge told that no more blood examination was required any longer.

#### Changes in the levels of Hb and Fe

	Initial visit	After 2 months	After 4.5 months	After 13.5 months
Hb (g/dL)	9.7	10.0	11.3	13.1
Fe (µg/dL)	13	18	41	74

### Case 3

Patient's name: I. K.

Age and gender: 2 years and 11 months, female

Family structure: Father, mother and the patient

Chief complaints: The patient had great sensitivity and was full of fears. The patient often easily got scared and cried out.

Symptoms began to develop 11 months ago. What she scared of was anything that moved including insects. She cried by dreaming of a scary dream at nights. She was the type of person who acts based on understanding and did not have a fear of strangers and was affable.

Special notes: The mother was in the 9<sup>th</sup> month of pregnancy (their second baby was expected.)

Findings: Skin temperatures of hands and legs were high.

On the day of the initial visit, she could not enter the clinic from the door and cried refusing entering. She was scared of moving toys, decoration dolls, everything. Her bad mood became a little bit better by "Anpanman."

### Treatment

As the patient refused to take off the clothes, treatment was made with the clothes on for the forearms, legs, nucha, interscapular region, back, and sacral region while distracting her mind, using the tinkling bell sounding Spoon Needle. On

the day of the third treatment, she came near the clinic but could not enter. So we met the patient there and got arm in arm to the treatment bed of the clinic.

### Results

On the 4<sup>th</sup> visit of 8<sup>th</sup> day of treatment, the mother said that after the treatment of yesterday, the patient slept well without talking in sleep. When taking a bath, she usually had become fussy. However, she promptly took off the clothing and took a bath with the father. From around this time, she became able to receive treatment without crying. After that, although she had night crying, saying "ants are scary," the frequency gradually decreased. She had an interest in acupuncture treatment and prefers to have it, compared to other children. Although she lived apart from the mother who was in hospital for eight days before the delivery of her sister, there was no severe night crying during the days. She had 21 times of treatment during 7 months. After 11<sup>th</sup> treatment onwards, the symptom of the fearful emotion was relieved. Currently, she receives acupuncture treatment for the purpose of the health management including constipation.

### Consideration

Case 1 describes about a mother who suffered from night crying, a symptom specific to infants and selected Shonishin. Immediately after the treatment, the patient's condition improved and responses to the treatment were distinguished. Night crying appeared intensively by the time of the parents going to bed. There was the possibility that the sleeping environment of the infant was disturbed by the sound of parents talk and other noise in life. It is interesting to note that when the mother was a child, he was taken to receive Shonishin by his parent. We felt that he had a stronger sense of trust in acupuncture treatment compared to other mothers.

In Case 2, diarrhea stools changed to a solid state on the following day without medication, which happened several times. As regarding constipation, we consider that the infant was at the stage of toilet training, during which the infant was put in the environment that easily caused constipation. Gathering information about the environment surrounding the infant, we used it to make the treatment relaxing and comfortable to the infant. As well as improvements in diarrhea and constipation of the chief complaints, improvements in the levels of iron-deficiency anemia (a complication) were obtained as shown in the blood examinations. The mother reported of these improvements to the pediatrician, who then said to continue acupuncture treatment.

In Case 3, the symptoms of the patient became worse when the mother was in 9 months of pregnancy. From this, the child was acutely aware of physical changes of the mother and this might possibly have influence on the mind of the child. It can be predicted that as her mind was in the unstable state, she was overly sensitive to any sound heard and anything that moved, which was the condition of kidney deficiency based on the theory of Oriental Medicine. It is considered that improvements were connected to the factors that autonomic nervous system were influenced by the skin stimulation of Shoninshin and the child patient became fond of visiting the clinic for treatment, leading to the relief of stress.

We believe from the three cases that children grow every day and at the same time spend each day, feeling stresses in learning how to adapt to new things, which include the change from the baby food diet to the ordinary food diet, the training of diaper withdrawal, a sister's delivery, and self-presentation to attract the parents' attention. Parents will select Shonishin that does not use drugs as a means of appeasing symptoms

peculiar to infants. In many cases many of the parents and grandparents who bring in their children to acupuncture treatment have previous experience receiving acupuncture treatment and feeling its effect. We feel that the culture of each family has its "family acupuncturist" to stay healthy and promote well-being still remains with Osaka.

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## Clinical Report 2 (Japan)

*A Case that Had More Effect from Less Crude Drugs*

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### [Background]

In Kampo treatment with crude drugs, practitioners apt to add one drug after another in response to patients' complaints. On the other hand, it has often been pointed out that the formulae that have additional crude drugs do not seem to sufficiently yield expected benefits. The author has modified the original formulation by giving no major changes to the structure and characteristics but rather adjusting the number of the crude drugs and drug amounts of the original formulation, reducing to an essential minimum structure. Following is the report about the experience of using this modified preparation:

[Case] Female of 22 years old

[Chief complaint] Pyrexia and general malaise

[Current medical history] Complications of SLE developed at the age of 17 and Sjogren's syndrome. Raynaud's symptoms, fever onset, joint inflammation, depression symptoms, hypocytosis, and core symptoms of inflamed pleura. The patient had been receiving treatment with decoctions to manage the symptoms, but she became exhausted after unusually hectic and long summer days. In early October, she began to have the onset of fever with the body temperature of 39-40 degrees Celsius with a loss of appetite, a sense of malaise, and polyarticular pains.

Prescriptions administered up until early October.

According to the text book of Bensho (syndrome/type identification) for spleen-kidney deficiency, liver qi depression, disquieted heart spirit, blood stasis, and internal heat, following had been used.

*Astragali* Radix 14g, *Bupleuri* Radix 14g, *Cimicifugae* Rhizoma 4g, *Ginseng* Radix 8g, *Atractylodis* Rhizoma 8g, *Poria* 8g, *Fossilia Ossis*

*Mastodi* 18g, *Oysteeae* Tespa 18g, thinleaf milkwort root 6g, *Zizyphi* Semen 10g, *Rehmanniae* Radix 8g, *Amomi* Semen 5g, *Processi Aconiti* Radix 2g, *Psoraleae* Semen 8g, *Cinnamomi* Cortex 8g, *Paeoniae* Radix 8g, *Angelicae Actilobae* Radix 8g, *Persicae* Semen 8g, *Moutan* Cortex 8g, *Spatholobi* Radix 8g, *Salviae Miltiorrhizae* Radix 8g, *Lycii* Fructus 8g, *Citrus Unshiu* Pericarpium 6g, *Ophiopogonis* Tuber 6g, *Schisandrae* Fructus 6g, *Phellodendri* Cortex 4g, *Zizyphi* Fructus 4g, *Zingiber* Rhizoma 4g, *Glyzorrhizae* Radix 4g.

Prescription after modification:

*Astragali* Radix 20g, *Bupleuri* Radix 6g, *Cimicifugae* Rhizoma 6g, *Cinnamomi* Cortex 6g, *Paeoniae* Radix 6g, *Fossilia Ossis Mastodi* 9g, *Oysteeae* Tespa 9g, *platycladus orientalis* seed 8g, *Salviae Miltiorrhizae* Radix 8g, *Ginseng* Radix 10g, *Atractylodis* Rhizoma 8g, *Anemarrhenae* Rhizoma 9g, *Corneri* Fructus 10g, *Eucommiae* Cortex 8g, *Amomi* Semen 4g, *Zizyphi* Fructus 6g, *Zingiber* Rhizoma 3g, *Glyzorrhizae* Radix 6g.

Only three days from switching to the new prescription, a decline of the fever was attained to the first half of 37 degrees C. The feeling of malaise also improved. Ds-DNA antibodies returned to the normal vale of 86 from 129.

### [Discussion]

Both formulae of before and after the modification are similar to each other in major parts and there are no major differences between the two in the properties of the drugs contained. A marked response was obtained after making changes to form the structure having an increase in the drugs with the ability of qi tonification but with a reduction in the drugs for activating blood stasis and flowing qi downward. It may be considered that the improvements in clinical conditions could be achieved by eliminating the drugs that were considered to bring only

ineffectual effects but by matching clinical conditions with the treatment method. Even if a certain preparation is effective, We often have observed the patients who have not responded to similar ones containing the same structural components. This may be due to the same mechanisms. Although we tend to easily increase the number of crude drugs according to symptoms, it is suggested in this case that an accurate diagnostic ability and understanding of prescriptions that can enable to make simplified formulations appropriate for pathological conditions are of clinical significance.

## Clinical Report 3 (Japan)

*A Case of Eating Disorder Accompanied by Anxiety*

*(Yokukansan for Paroxysmal Vomiting)*

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Case: K.H. female of 46 years old

Initial visit: June 16, 200X

Chief complaints:

1. Eating disorder
2. Anxiety/sleeplessness
3. Feeling of fatigue

Past medical history:

Bilateral sinusitis (since childhood), irritable bowel syndrome (enteritis), and anxiety neurosis

Occupation: Running a jewelry store. As the volume of business negotiations abroad increased to expand the business, stress increased.

Family environment: Her husband was an artist to design jewelry. (He likes Kampo.)

Their first son was 21 years old (at age 5, he had brain tumor).

Their second son was 19 years old.

Origin and course:

- 1) The patient often had regurgitated the soup dishes or noodles eaten from the stomach since around three years of age. Vomiting after meals began at the age of 24 when she was pregnant with the first child. She said that with more than half of the normal food intake, (1) food was involuntarily spewed out, or (2) she had a stuffy sensation in the stomach and voluntarily vomited. The symptom got worse at night compared to day time, and especially it became severe during the business meeting over a meal.
- 2) Sleeplessness caused by anxiety, difficulty falling asleep, and woke in the middle of the night.

- a) As she worried about her husband's snoring and apnea, she could not sleep continuously.
- b) She had a fear of being separated from her husband.
- c) She was worried about the disease of their first son.

- 3) Felt fatigue due to frequent overseas business trips.

She had a detailed checking by other hospital and was told these are symptoms of neurogenic origin.

Findings at the initial visit:

- a) 152cm, 50kg. No big changes in the BW.
- b) Blood pressure 120/60, pulse count 72/min.
- c) Irritation (+)
- d) Defecation 1-2 times/day, thin stools, a sense of incomplete evacuation (+)
- e) Urine – no abnormality
- f) Menstruation – no problem.

Pulse: Sunken, thin, string-like, and weak wrist-pulse

Tongue: Slightly dark red (partially purple colored), moist with pale white furs.

Abdomen: Contracture of the abdominal skin, rumbling of intestine by the intake of cold drinks/splashing sound (+)

Bensho (pattern identification): Spleen deficiency / liver-spleen-stomach disharmony / liver qi depression

Prescription: One day dose of *shokenchuto*

One day dose of *yokukansankachimpihange*.

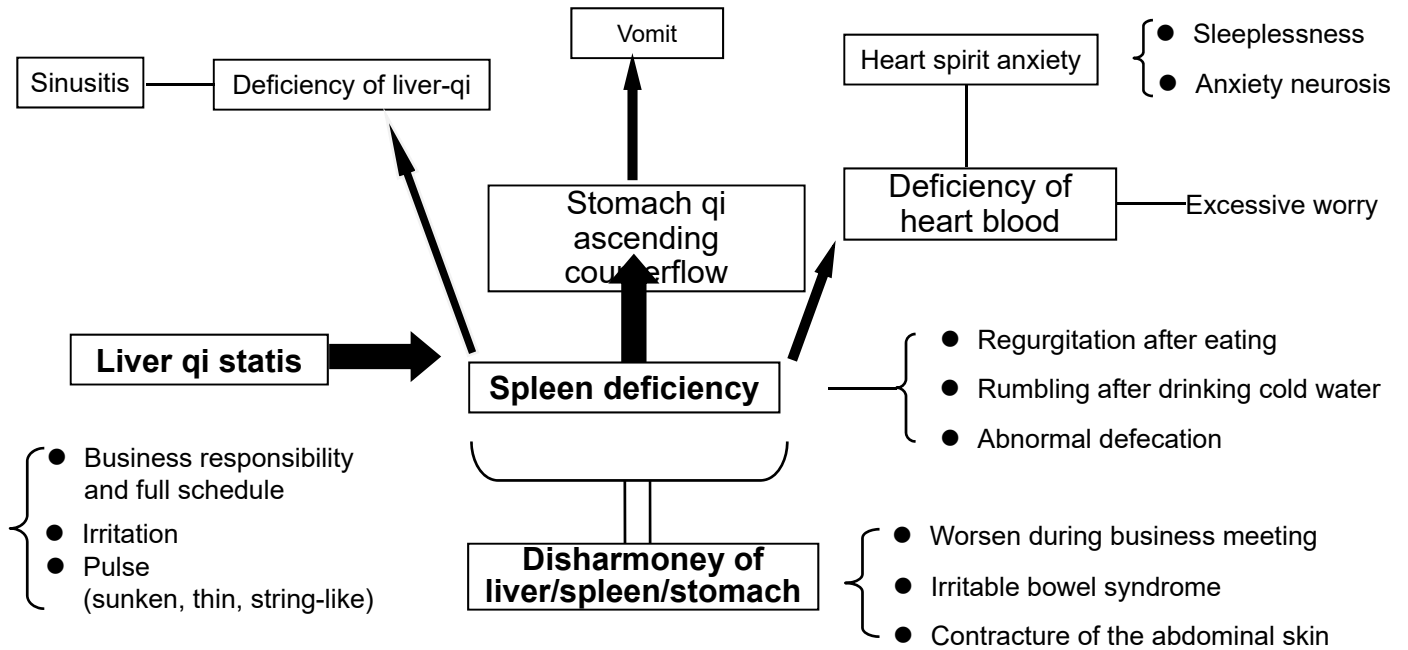
These two prescriptions were divided into 3 doses and taken 3 times/day between meals.

Course

Two weeks later, the chief complaints subsided. Although the patient subsequently made overseas business trips, the symptoms did not recur. She did not have vomiting during the negotiations.

The prescriptions were continuously administered.  
Now she feels fine.

Analysis of clinical conditions:



*Yokukansan* [Hoeisatuyou]

“cures deficiency heat in the liver meridian, development of convulsions, or heat and clenching of teeth, or fright palpitations / cold-heat or vomit/thinner saliva / feeling of swollen abdomen by spleen-deficiency activate liver-qi, small appetite, cannot have a good sleep. *Bupleuri Radix* / *Glyzorrhizae Radix* / *Cnidii Rhizoma* / *Angelicae Actilobae Radix* / *Atractylodis Rhizoma* / *Poria* / *Uncariae Uncis cum Ramulus*”



## Front Line of Kampo Medicine

*Review 1 of Academic Meeting Concerning  
Pharmaceutical Sciences*

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This series introduce the latest studies on Kampo medicines presented at the Society's meetings.

The first installment of the series will provide the studies presented at The 130th Annual Meeting of Pharmaceutical Society of Japan held in Okayama in March, 2010.

Kamakura et al. of National Institute of Health Sciences reported that their analysis of heavy metals contained in the products on the crude drug market showed high levels of cadmium in coptis rhizome, gardenia fruit, zedoary, and some specimens of *Atractylodes lancea* rhizom, whereas low levels of arsenic, mercury, and lead were detected.

Nakamura et al. of Osaka University reported that they had made gene analysis, metabolomic analysis, and elemental analysis using ICP-MS for 50 horticultural varieties of peonies, 16 specimens of peonies as crude drugs distributed in Japan, and red peonies produced in China, and conducted multivariate analysis of individual factors; and as a result of all types of analysis, it is now possible to classify the various varieties of Chinese peonies into the group of white peonies or the group of red peonies and even their production areas.

Kitaoka et al. of Kanazawa University reported that their DNA analysis of the plants belonging to *Angelica* genus and the on-market products of the crude drug "*Angelicae Radix*" clarified that the base sequences of three species of *Angelica acutiloba*, *A. gigas*, and *A. sinensis* in the ITS region were different each other, enabling the

botanical origin of the crude drug "Japanese angelica root" to be identified from the gene. And the Kodaira et al. of Kanazawa University reported on the crude drug "*Poria Sclerotium*." They made a comparison between the on-market product produced in China and the one produced in Japan and found differences in not only production characteristics but also DNA base sequence.

Asahina et al. of Ochanomizu University reported that as a result of their chemotaxonomic analysis of the original plant of *Dendrobium* using LC/MS, it was possible to distinguish the botanical origin *Dendrobium moniliforme* from *D. tosaense*. They also reported that the use of chloroplast genes allowed differentiation between six species of the genus *Dendrobium*.

Yamazaki et al of Osaka Prefectural Institute of Public Health reported that in conducting HPLC analysis of ginsenoside Rb<sub>1</sub> contained in Kampo preparations, they developed a simple and quick analytical method through the use of the polymer-based HILIC column.

Morinaga et al. of Nagasaki International University reported that they developed a method of qualitatively analyzing baicalin in the following procedure: Kampo medicines containing *Scutellaria root baicalensis* Georgi are put on the polyethersulfone (PMS) membrane and then membrane chromatography is performed. Or, the specimen of *Scutellariae Radix* was pushed onto the membrane in order to transfer all the ingredients into the membrane. After that, the membranes were stained with monoclonal antibodies against baicalin.

Studies on problems arising from preparing Kampo medicines

Hakamazuka et al. of National Institute of Health Sciences reported that they had made a comparison of the total amount of extracts obtained from separate decoctions of individual crude drugs composing a Kampo prescription to the amount of the extract obtained from the decoction of a mixture of crude drugs. They found that in 15 prescriptions and their composing 38 crude drugs, the total amounts of individual decoctions and the one-time decoction of all crude drugs were similar, except for the case of *orengedokuto* (*Coptis Detoxifying Decoction*), in which the total amount of individual decoctions was 70-80% of that of the one-time decoction.

Hirasawa et al. of Kanazawa University reported on quality changes of the decocted liquid of *kakkonto* (*Pueraria Decoction*). They prepared the decocted liquid using the automatic Kampo extract packing machine and stored it at 4, 25, and 40 C degrees for 3 weeks to examine changes in quality. At 40 C, the yellow tint was reduced with an increase in redness. As a whole, the color was turning to darkening with an increase in bitterness and a decrease in tart. On the other hand, no changes were observed at 4 C and 25 C, which suggests that the quality can be preserved for three weeks if decoctions are stored in a cool place or at ambient temperature.

Fukuda et al. of Josai University reported that they had examined acidity of the steam when decocting *maoto* (*Ephedra Decoction*) and *shoseiryuto* (*Minor Blue Dragon Decoction*) with the results that in *Shoseiryuto*, the degree of unpleasantness was high while an improvement in a sense of blockage in the nose and the eyes feeling refreshed were significantly better compared to *Maoto*.

Nakamura et al. of Hokkaido University of Education reported that they had examined influence of radiation exposure for sterilization

purposes on Kampo extract preparations and reached proper amounts of radiation and exposure time.

Koyama et al. of Tochimototenkaido reported that they had carried out a testing on migration of residual pesticides remaining on the crude drugs "perilla herb" and "citrus unshiu peel" to decoction liquids, with the results that there were no migrations except for azoxystrobin at a very low level.

Basic pharmacological study for Kampo medicines

Asahina et al. of Toho University reported that they administered *shigyakusan* (*Cold Limbs Powder*) or *saikokeishito* (*Bupleurum and Cassia Twig Decoction*) to mice exposed to isolation stress induced by individual rearing, with the results that although dose dependent nature of anti-anxiety effects was observed in the group of *Shigyakusan*, no efficacy was observed in the group of *saikokeishito*.

Seshime et al. of National Institute of Health Sciences reported that they had directly administered Kampo prescriptions to human intestinal flora and observed the growth situation. For *clostridium welchii* that could possibly cause inflammatory diseases, the growth was significantly inhibited by *orento* (*Coptis Decoction*), *san'oshashinto* (*Three Huang Heart-Clearing Decoction with Three yellow color Herbs*), *shojokito* (*Minor Purgative Decoction*), *daiokanzoto* (*Rhubarb and Licorice Decoction*), *daiobotampito* (*Rhubarb and Mountain Bark Decoction*), *tokakujokito* (*Peach Kernel Purgative Decoction*), and *mashiningan* (*Hemp Seed Pill*). Of these, *orento*, *san'oshashinto*, *daiobotampito*, and *tokakujokito* did not have effects on bifidus bacteria.

Nishimoto et al. of Kitasato University reported that they had studied the actions of *hochuekkito* and its fractions on the mRNA

expression of immunity-related factors in the cells derived from the rat duodenum, and that the potentiating effects of expression of different genes had been observed in various fractions having different molecular weights, which means *hochuekkito* contains a wide variety of components that are responsible for adjusting the immune function of intestinal epithelial cells.

Takada et al. of Kitasato University reported that they had administered *shoseiryuto* to mouse models of upper airway inflammation induced by the inhalation of ovalbumin and observed its inhibiting effects on bronchial asthma through the mechanisms different from those of prednisolone.

Furumoto et al. of Kitasato University reported that *kamiuntanto* (*Modified Gallbladder-Warming Decoction*) had been found to have improving effects on sickness behavior induced by the administration of LPS to the abdominal cavity of mice and the effects were caused by the mechanisms involving the central nervous system, not the immune system.

Ishijima et al. of Hoshi University reported that they had orally administered polysaccharide fractions of *kakkonto* (*Pueraria Decoction*) to mice and observed the induction of cytokine production from macrophages and the induction of antibody production against the antigens administered at the same time, suggesting that polysaccharides of *Kakkonto* have immunostimulatory effects.

Iwashita et al. of Showa University reported that crude drugs showing the anti-inflammatory action had been selected by screening in vitro testing using the mouse macrophage-like cells and the action had been observed in *atractylodes*, *Lancea Rhizome* and *cinnamon bark*.

Oniishi et al. of Hiroshima University reported that they had incubated cultured human hepatocytes together with *orengedokuto* and

performed nano-MS analysis of chemical compounds migrating into cells, resulting in a detection of berberin in the cell membrane. They further reported that migrations to the cytoplasm and vacuoles had not occurred.

Shimada et al. of Musashino University reported that they had examined pharmacokinetics in the rats that had orally received 6-shogaol contained in dried ginger and found higher blood levels of 6-paradol, a metabolic substance of 6-shogaol, indicating 6-shogaol has high anti-inflammatory actions.

Arimune et al. of Osaka University of Pharmaceutical Sciences reported that the oral administration of *senkyuchachosan* (*Tea-Blended Szechwan Lovage Powder*) or *sokeikakketsuto* (*Channels-Dredging and Blood-Activating Decoction*) to rats, together with midazolam at the same time, significantly increased the highest blood levels of midazolam and AUC in both groups, indicating the inhibition of CYP3A in the digestive tract.

#### Clinical research for Kampo medicines

Kakikura et al. of Chiba University reported that in the 22 patients with climacteric disorders, who had received a preliminary examination of polymorphisms of estrogen receptor beta genes and taken *keishibukuryogan* (*Cassia Twig and Tuckahoe Pill*), scores of blood congestion significantly improved in the group of patients having LL allele compared to the group of patients having other polymorphisms. They further reported that *keishibukuryogan* had no effect in the patients having S allele.

Kue Hisashige et al. of Nihon University reported that they had conducted a questionnaire survey with regard to improvements after taking Kampo medicines in female patients visiting Kampo clinics due to the chief complaint of infertility and then conducted category

classification analysis of main ingredients with the findings of the relationship between three categories by-symptom and the corresponding Kampo prescription groups

#### Others

Nishiki et al. of Tokushima Bunri University reported that they had analyzed the prescription sheets received by dispensing pharmacies and found that there were more patients who were prescribed Kampo medicines in the orthopedics and many prescriptions were for Western medicines with Kampo medicines.

Komatsu et al. of Yokohama College of Pharmacy reported that they had conducted a consciousness survey in the College students concerning medical care with acupuncture and moxibustion and found increases in their interest in acupuncture and moxibustion and understanding thereof by attending the lecture of “Introduction to Acupuncture and Moxibustion.”

## Kampo Formula Developed in Japan (2)

### *Jumihaidokuto*

Hiromichi Yasui

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#### Profile

*Jumihaidokuto* is a modified formula of the original *Schizonepeta Antiphlogistic Decoction* described in the chapter of “Yoso (malignant skin boils)” of “Manbyo Kaishun.” Seishu Hanaoka (1976-1835) modified the original prescription 200 years ago for the treatment of pyosis of the skin. Hanaoka was a competent Japanese surgeon and is well known for the excision of breast cancer under general anesthesia with a Kampo drug. Today, *jumihaidokuto* is applied to a wide variety of skin disorders including purulent skin lesions, eczema, dermatitis, and hives (urticaria).

This prescription developed for ethical use consists of the following:

*Platycodi Radix* 3 g

*Bupleuri Radix* 3 g

*Cnidii Rhizoma* 3 g

*Poria* 3 g

*Saposhnikoviae Radix* 1.5 g

*Glyzirrhizae Radix* 1 g

*Schizonepetae Spica* 1 g

*Zingiber Rhizoma* 1 g

*Quercus Cortex* 3g

*Araliae Cordatae Rhizoma* 1.5 gm.

Note: For the original formula, *Notopterygii Rhizoma* was used instead of “*Araliae Cordatae Rhizoma*.” For *Quercus Cortex*, which is a crude drug often used in Japan, barks of deciduous broad leaved trees such as oak are used. Some makers use *Pruni Cortex* instead of the *Quercus Bark*.

[Efficacy] Dispel wind, relieve toxins, and expel puss/dispel sores and relieve itching

[Indications] External contraction of cold / wind-moist-heat toxin

[Drug actions] Fineleaf Schizomepeta Herb, Divaricate Saposhnikovia Root, Double-teeth Pulbescent Angelica Root, and Ginger work to dispel wind and cold of the skin surface by the action of dispelling wind and releasing the exterior. Bupleurum Root having the action of releasing the exterior with pungent-cool has the ability of clearing heat produced by skin pyrosis. Balloonflower Root and Quercus Bark, which has the action of releasing toxins and dispelling pus, are also effective for skin suppuration. Cnidium Rhizome activates blood and frees the collateral vessels, by which enhances local circulation is enhanced and pure is promoted. Tuckahoe eliminates internal moist and deals with lesions caused by moist in collaboration with the drugs that have the action of eliminating external moist, such as Divaricate Saposhnikovia Root and Double-teeth Pulbescent Angelica Root. Licorice Root has the action of clearing heat and releasing toxins and concurrently works to harmonize various drugs.

Wild Cherry Bark and Quercus Bark have been put to civilian use and said to be effective for furuncles, hives, dermatitis, and athlete’s foot. The drug actions of these two drugs are not much different each other. From the past experiences, however, it is thought that Wild Cherry Bark has the action of dispelling pus, whereas Quercus Bark is good for relieving itching. The medical properties of these two, however, are not clear. It is thought, however, that they are used in the formula mainly for the purpose of dispelling pus as they do not have a strong action of clearing heat.

#### Indications

*Jumihaidokuto* has effects of dispelling wind and cold, moving qi and harmonizing the blood and it has also the effects of healing through expelling pathogenic factors from the exterior of the skin. From this point of view, indications of this formula become as follows:

First, because of the action of dispelling wind, relieving toxins, and draining pus, it has the indications for pus-related disorders of any kind in the initial stage. Second, by releasing exterior pathogens, this formula can remove exterior moist-heat (eczema, etc.) and water-moist (hives, etc.). However, only few drugs in the formula have the action to stop itching. Third, because of the action of dispelling wind, the formula has the indication for common cold in the initial stage.

### 1. Pyosis of the skin

This formula can be effectively applied from the condition in which the affected areas turn red and become swollen in the early stage of skin disorders such as folliculitis and furuncle to the condition in which inflammation becomes localized and infiltrations are indurated or hardened. It is often the case that continued use of the formula gradually decreases the emergence and over time the symptoms do not appear.

Moriya Okuma used *jumihaidokuto* for the protection of cellulitis observed in lymphatic edema in a female of 58 years old and reports that cellulitis that used to appear once a month could be suppressed<sup>1)</sup>. Ryosaburo Senaga reports that he used this formula for furunculosis and pyoderma of infant's heads in the pediatric field with successful results<sup>2)</sup>.

### Case 1: Furuncle

A woman, 36 years old, had furuncles on the face and nape of the neck all through the year. Soon after one was cured, another one appeared. Although she used various kinds of antibiotics, furuncles did not become better. The patient was of average height and weight. Her complexion was not very good. No diabetes. Due to the nature of her business, the patient drank alcohol a little every night.

I used *jumihaidokuto* for furuncles. After

about one month of administration, furuncles did not develop, so the medication was suspended. In a month, however, they began to appear. The medication was resumed and continued for further about three months and a cure was achieved.

(Keisetu Ootuka, **Shoko ni yoru Kampo Chiryō no Jissai** P499 Nanzando 1963)

### 2. Eczema/Dermatitis

Kobayashi, et al. report that they administered *jumihaidokuto* to 17 patients with chronic eczema, with the results of markedly improved in 4 patients, improved in 7, slightly improved in 3, remained unchanged in 3 with the improving rates of 64.7% of more than improved and 82.4% of more than slightly improved. They further report that the effectiveness levels between the formula and clemastine fumarate used for comparison were similar with no differences of statistical significance. However, the group of *jumihaidokuto* showed marginally high levels with the result of “more than improved3).”

Kimura, et al. report that they used *jumihaidokuto* for 18 patients with chronic eczema with the results of markedly effective in 2 patients (11%), effective in 5 (27%), effective in 7 (39%) and remained unchanged in 4 (23%). They also used the formula for four patients with asteatotic eczema with the results of markedly effective in 1 (25%), effective in 1 (25%), and remained unchanged in 2 (50%)<sup>4)</sup>.

### Case 2: Persistent eczema

One day, a well-built plump man in his 40s who suffered from rashes/eczema visited me for a clinical examination. The size of a lesion was about the head of a match stick and the eczema was slightly tinged with red and bumpy. The areas of hands, legs, and the lower abdomen to the lower back were severely affected. Tolerating

itching brought him a shivering. He was cautious not to scratch the affected areas during the night so that he asked his family to tie both hands to the bed. He received various injections and used various ointments without results. No abnormalities in urination, bowel movements, and appetite. I previously had used *Pueraria Decoction* for this type of a patient and this medication had exacerbated the condition. Therefore, I decided to use *jumihaidokuto*.

This formula was very effective. Itching rapidly disappeared and a cure was attained within about two months. After this, whenever drinking beer, he had a recurrence indication. Therefore, the formula was used for 2 to 3 days after drinking beer to prevent a recurrence. In the meantime, the formula was not required at all. This patient visited me after a 10 year-interval and said that rash-like something slightly appeared. This could be recovered by the two-week use of the formula.

(Keisetu Ootuka, “**Kampo Shinryo 30-nen**” p166 - 167 Sogensha 1959)

### 3. Seborrheic dermatitis

Yamamoto pointing out that adult seborrheic dermatitis is one of good indications of *jumihaidokuto* says<sup>5)</sup> as follows: “I use *jumihaidokuto* for seborrheic dermatitis in adults. If it is an extract form, the daily dosage is 10g to 20g or more. It is very effective and a cure can be achieved quickly. However, with the use of only about 7g/day, it takes many days for treatment or the skin disorders cannot be cured,” and if the extract formula cannot be modified, “I combine *orengedokuto* if inflammation is intense, such as a red flare. Skin rashes in the arm pits and the umbilical region become wet from sweat and swelling becomes intense during the summer season. In that case, I combine *shofusan*<sup>5)</sup>.”

### Case 3: Seborrheic dermatitis

**[Patient]** Male of 60 years

**[Initial visit]** April 28, 1983

**[Past medical history]** Present condition and course

He had an itchy scalp with a lot of dandruff. In recent days, from 5mm-1cm of the hairline of the forehead towards the hair of the head there were erythemas with a clear boundary line where, in particular, there were pityroid scales.

Under the both arm pits, there were also erythemas having a relatively clear boundary and there were pityroid scales in the boundary area.

And there were keratotic papules (raised rashes) and erythemas on the dorsal surface. Diagnosis was seborrheic dermatitis and Extract Powder of *jumihaidokuto* 10g/day divided into equal 3 portions was administered. After one week, rashes on the trunk area disappeared and those on the head and armpits also improved. However, the central parts in the armpit areas were difficult to cure and tended to become exacerbated. So the volume of Extract Powder of *jumihaidokuto* was increased to 15g/day from May 26. Because a flare-up in the central part was intense and it was not easy to cure, Extract Powder of *orengedokuto* 5g/day was concomitantly used from June 9. On June 30, a cure was mostly achieved.

The reason of selecting the prescription is as follows:

Diagnosis was seborrheic dermatitis. As the patient's condition was relatively mild, the extract preparation of *jumihaidokuto* was used. From my experiences, seborrheic dermatitis in adults can be cured with modified *jumihaidokuto* regardless of age, sex, being fat or thin, pulsation, and abdominal conditions.

As the patient's condition was comparatively mild, the extract preparation was used. In some cases, 6-7 gm per day yields effects. But with this dose amount, treatment often becomes prolonged,

recurrent, or intractable.

In the case of this patient, the starting dosage was 10g/day, which was increased as necessary according to the progress of the condition to determine the effective dosage. The dosage of about 20g/day as a standard would markedly improve the effectiveness.

(Iwao Yamamoto, Clinical Lecture of Department of Dermatology THE KANPO Vol.4, No.2 P13 - 14 1986)

#### 4. Atopic dermatitis

*jumihaidokuto* is sometimes applied to atopic dermatitis but its application is limited to a very narrow range. Ninomiya says that “the formula is good for suppurative eruptions in the individuals having a moderate degree of physical strength.<sup>6)</sup>”

Kinuko Kobayashi, et al. report that they administered *jumihaidokuto* to 18 patients with atopic dermatitis and the results showed markedly improved in 2 patients, improved in 7, slightly improved in 7, and remained unchanged in 2 with the overall improvement rates of 50% of more than improved and 88.9% of slightly improved. They further reports that the formula had similar levels of effectiveness to those of clemastine fumarate used for comparison<sup>4)</sup>.

#### Case 4: Atopic dermatitis

**[Patient]** Male of 19 years

The patient had a moderate degree of atopic dermatitis. There were erythemas and papules mostly all over the body with mild **lichenification**, desquamation, and rupture scars. According to the enveloped method, clemastine fumarate was given orally from August 1992. Eight weeks later, effectiveness was assessed as mildly improved. Although the internal administration was continued for a while, I thought the symptoms of the patient seemed to be the “sho” of *jumihaidokuto* because he tended to become constipated and has a muscular build. In

December of 1992, Tsumura *jumihaidokuto* was started. After two weeks of administration, itching and skin rashes improved significantly. After a few months, the skin disorder was nearly recovered. Then, the skin condition is well managed only with the internal use of TJ-6.

(Kinuko Kobayashi, et al. , Treatment Effect of *jumihaidokuto* for Chronic Eczema and Atopic Dermatitis, 12<sup>th</sup> Hifu-ka Toyo Igaku Kenkyu Kai Kiroku p29-30, 1994)

#### 5. Prurigo

**Case 5:** *Modified jumihaidokuto* for **urticaria perstans**

**[Patient]** 26 years old, female, company employee  
**[Initial visit]** May, 1985

**[Past Medical history]** Summer rashes developed when she was a kindergarten child.

**[Current medical history]** Last summer, the patient had mosquito bites on both upper extremities, which became indurated like warts and felt itchy. That is, **urticaria perstans**. **Bowel movements were twice a day and normal. No abnormalities in menstruation.**

**[Present condition]** Height 158cm, weight 54kg. White furs on the tongue. No special mention from the abdominal diagnosis..

**[Course]** *jumihaidokuto* 6.0g divided into equal 2 portions and *Rei Rhizoma* powder 0.1g were administered.

June 1985, itching was eased.

August of the year, the condition was mostly good, but there were new traces of mosquito bites. The overall skin, however, was becoming clear. By October of the year, the same medications continued.

In November of the year, the patient claimed that the number of wart-like indurations increased. *jumihaidokuto* 6.g with an addition of Coix Seed Extract 3.0, both divided into equal



two portions, was administered.

February 1986, a cure was achieved and the medication was discontinued.

**[Comment]** Urticaria *perstans* is quite persistent but *jumihaidokuto* is often effective for the disorder. It takes time for the treatment. In the case of this patient, it took nine months.

(Kunio Matsuda, *Shorei ni yoru Kampo Chiryō no Jissai*, P331, Sogensha 1992)

## 6. Urticaria

Nakai, et al. report that they administered Extract of *jumihaidokuto* to 26 patients with chronic urticaria and obtained an effective rate of 65% including “slightly effective”<sup>7</sup>). Maeda, Morita, et al. report that they administered *jumihaidokuto* to nine patients with urticaria from their experience of using Kampo preparations in the field of dermatology and the results showed complete cure in 3 patients and relieved in 3, and no effects in 3 with an effectiveness rate of 66% (6/9 patients)<sup>8</sup>). Koga administered Tsumura *jumihaidokuto* to 30 patients of over 15 years old with the diagnosis of chronic urticaria in the departments of dermatology in eight university hospitals in the regions of Kyushu and Okinawa with the results of markedly improved in 6 patients (20%), more than useful in 19 (63.3%), and slightly more than useful in 28 (93%)<sup>9</sup>). Yamaguchi, et al. used Kampo preparations for ethical use for various dermatological diseases. And they report that in the patients for whom *jumihaidokuto* was used according to the sho, 42.9% of the group of chronic urticaria (with an addition of Rhubarb tablets) showed more than effective and 85.7% of the group of eczema and dermatitis showed more than effective<sup>10</sup>). Horiguchi, et al. used *jumihaidokuto* for 11 patients with urticaria persistent for more than one month with the results of 91% of slightly more than effective<sup>11</sup>).

## Case 6 Chronic urticaria

The patient was a female of 19 years old. According to the patient, in her childhood, she had repeatedly had autotoxication and her constitution was fragile. However, over the years, she was gradually becoming fat. She had ruddy cheeks and obese. Appetite and bowel movements are normal, but mouth dryness was intense. Her main complaint was urticaria, which had been persistent for about a year since last summer. The abdomen distended with almost no bloated feeling in the chest and hypochondriac regions. Menstruation was normal. I administered *jumihaidokuto* with an addition of *Gypsum Fibrosum* for these symptoms and a cure was achieved with three weeks administration. However, in end June of this year, urticaria began to develop again and the same medication was given. About one month later, full recovery was achieved.

(Otsuka, **Keisetsu, “Kampo Shinryō 30-nen”** P166 Sogensha 1959)

## 7. Acne

*Jumihaidokuto* cannot be used for acne very extensively. It can, however, be applied if acne has a strong tendency of becoming prulent.

Makoto Tanaka reports that he administered this formula together with Minomycin (100 mg/day) the subjects of 35 patients with acne and had the result of effectiveness in 23 patients (66%). Subsequently, he added 135 subjects, making a total of 170, who were assigned to the group of *jumihaidokuto* alone, the group of minomycin alone, the group of Lurid alone, the group of *jumihaidokuto* + minomycin, and the group of *shosaikoto* + Lurid and obtained the result that the group of *jumihaidokuto* + minomycin showed the most excellent result<sup>12</sup>).

Moriya Okuma performed the treatment of 128 patients with acne vulgaris who were assigned to

three groups; the group of *jumihaidokuto* alone, the group of *jumihaidokuto* + external medication, and the group of external medication alone. As a result, the group of *jumihaidokuto* alone had a complete disappearance of skin rashes with markedly effective in 22 patients, effective in 13, slightly effective in 6 and remained unchanged/exacerbated in 5. He further says that *jumihaidokuto* is adequately effective without the use of other external medicines (steroids, sulfur compounds, Clindamycin)<sup>13)</sup>.

#### **Case 7: Modified *jumihaidokuto* for pimples**

[Patient] 23 years old female

Initial visit: December 12, 1978.

**[Present medical history]** Around February 1978, a large number of pimples developed and were treated by a dermatologist for three months and recovered at the time. In around September of the year, pimples recurred and treated by the same dermatologist. However, they were not cured and rather became reddened, swollen, and map-like rashes. The patient's face looked pitiful. She was recommended extract tablets of *shosaikoto* and *keishibukuryogan* by a Kampo pharmacist and took them with no effect.

**[Present condition]** The physical frame and nourishment were moderate. The whole body seems to contain excessive water. The patient was fatigable, irritable, and easily became angry. The face had many rashes that were map-like and swollen. Other conditions were ringing in the ears, congested nose, stiff shoulders, stuffy stomach, sweater (face), cold hands and legs, constipation, irregular menstruation (delayed), good appetite, can eat anything, and eat much raw vegetable.

The tongue was covered with white furs, moist and there was an accumulation of saliva in the mouth. The pulse was sunken and weak. The abdomen was soft in general and there was a bloated feeling in the chest and hypochondrium on

both sides. Right and left rectus muscles were hardened.

#### **[Treatment and course]**

When *jumihaidokuto* plus *Forsythiae Fructus*, *Coicis Semen* and *Rei Rhizoma* was administered for about seven days, pimples worsened and began to discharge pus.

The patient was told to continue the medication with a sense of security as "this is the sign that the prescription was working." When about 40 days passed, pimples mostly disappeared.

Then, the medication was continued for 90 days, by the time the purulent tendency completely disappeared. However, as there were scars/spots after pimples treated by the previous dermatologist, the patient was continuously on the medication. As of end January, 1980, her face regained a clear complexion.

(Genpo Ogata, Kampo Chiryō Shorei Senshu I P289-290 Gendai Shuppan Planning Co., Ltd. 1988)

#### 8. Rosacea

Nakanishi reports that he administered *jumihaidokuto* to 50 patients with diffuse erythema (redness) of rosacea and had the results of markedly improved in 46 patients (92%), moderately improved in 1 (2%), slightly improved in 1 (2%), and no effect in 2 (4%). As for the 42 patients (91%) out of 46 who had marked improvements, the effects appeared within 7 days after the start of the administration<sup>14)</sup>. He further reports that there was no big difference in the rates of marked improvement between the combination group of *jumihaidokuto* and doxycycline, which was combined due to the presence of rosacea-like papules, and the group of no combination. In the meantime the rate of marked improvement in atopic dermatitis with a complication of rosacea was 90%, a similar rate to that of the group without the complication<sup>15)</sup>.

### 9. Palmoplantar pustulosis

Kaneuchi reports that he administered *jumihaidokuto* to 38 patients with Palmoplantar pustulosis and the overall results of the formula for skin lesions were markedly improved in 3 individuals (7.9%), effective in 7 (18.4%), slightly effective in 9 (23.7%), remained unchanged in 13 (34.2%), and exacerbated in 6 (15.8%), whereas, relating to subjective symptoms, markedly improved was in 4 (10.5%), effective in 12 (31.6%), slightly effective in 12 (31.6%), remained unchanged in 7 (18.4%), and worsened in 3 (7.9%)<sup>16)</sup>.

### Case 11: *Jumihaidokuto* for palmoplantar pustulosis

Male, 50 years old. A rash began to develop on the palms and soles 1.5 years ago. Nails became dirty colored. It was Palmoplantar pustulosis.

He had a medium build. Abdominal strength was slightly weak or intermediate. Under the right hypochondrium, weak resistance and oppression when compressed were felt, which was considered as a light bloated feeling (fullness) in the chest and hypochondriac region.

*jumihaidokuto* was administered and about one month later, effects appeared and three months later, a rash mostly disappeared. So the patient stopped the medication but a rash recurred after 1.5 months. He hastily visited the clinic and received the same medication for four weeks. He has not visited the clinic since then. He might possibly have had a cure.

I think that there are a substantial number of patients who will have similar effects of *jumihaidokuto* as this patient did.

(Koin Yamada, Katsu Vo. 22, No. 12, 1981)

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