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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

Medical Care in a Sustainable Society

Modern Western medicine forms the backbone of current medical care in industrialized countries, and is founded on a consumer society based on mass production and mass consumption. In medical settings, saving lives is an overarching imperative, and in the name of saving lives, how much of the Earth's environmental capitals are spent is never questioned, although the amount of human resources and physical resources (medical materials) that are spent, sometimes are. For this reason, most healthcare professionals do not have much interest in environmental issues. However, human beings are part of the Earth's ecosystem and cannot exist completely outside it. As long as human beings live on Earth, human lives can only survive within the allowable limits of the global environment (although this condition may change depending on future advancements in space development).

Today, the world is focusing its concerns on environmental issues, such as reduction of carbon dioxide, and various energy issues, including the peak oil issue (global oil production reaching peak and thereafter declining), safety of nuclear power stations, and alternative energy sources. Under this situation, the countries of the world are examining and exploring such topics as slow life and slow food, zero emission, and financial and industrial crises, toward building a recycling society that is sustainable both environmentally and economically. The sustainability of medical care per se will also come to be questioned. It will become inevitable to depart from medical care founded on a consumer society and necessary to create a "new medical model" or "new health care model" for saving human lives while also giving consideration to the world's ecosystem. Sustainability of medical care cannot be achieved simply by the current medical model alone, as it is based on modern Western medicine founded on a consumer society.

Whatever the case may be, it will become necessary to establish eco-medicine, or to go a step further to provide eco-health care, which includes medical care that is ecological, economical and ethical, or elements referred to as "green medicine" in foreign countries. Here, "hybrid medicine," or "integrative medicine," is medicine that combines modern Western medicine with traditional, complementary and alternative medicine that does not rely on electricity, fuel, medical equipment and parts, and harbors the possibility of developing into eco-medicine or eco-health care.

All capitals on Earth, whether human or material, are finite. When pursuing medicine for a sustainable society, traditional medicine will come to play a large role along with modern Western medicine. It would not be an exaggeration to say that our future medicine depends on how well traditional knowledge could be applied.

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Japanese Acupuncture - Current Research

Reality of Japanese Acupuncture and Moxibustion - A Review of History of Acupuncture and Moxibustion System -

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1. Introduction

The conduct of "acupuncture and moxibustion" is medical care services or medical treatment to heal diseases or relieve symptoms in humans. With its roots going back to China, it is believed to have been brought to Japan during the period between 4th and 5th century. The "Taiho Code (Taiho Ritsuyo)" enacted in 701 expressly defined acupuncture and moxibustion as a medical system in the clause relating to diseases[1]. As civilization was progressing in the Edo period which was under the closed door policy, acupuncture and moxibustion made their own development independent from the original style and became a representative medicine of Japan referred to as Kampo medicine.

However, the new Meiji government established in the period of Meiji Restoration decided to adopt Western medicine (German medicine) as the official medicine of Japan and radically advanced the establishment of Western medical system and its education together with the enactment of "Healthcare System and Laws" in 1874 (Year 7 of Meiji). In the situation, it was generally thought that Kampo medicine died out and similarly acupuncture and moxibustion was extinct from the Japanese society. However, in 1886 (Year 18 of Meiji) the Meiji government officially permitted the operation of acupuncture and moxibustion as business under the supervision of the authorities. In 1911 (Year 44 of Meiji), the "act regulating acupuncture and moxibustion business" (Regulatory Rules), the first national ordinance, was established. Similarly its education system was permitted by the government[2].

Thereafter, with rising health consciousness of the people, needs for acupuncture and moxibustion also increased. Then the outbreak of the Second World War devastated the surroundings of acupuncture and moxibustion. After the War, the GHQ's reform drove it close to the brink of extinction. However, the "banning" was avoided by the protesting campaigns of the people who had supported acupuncture and moxibustion medicine. In 1947 (Year 22 of Showa), the original Business Law concerning Japanese Traditional Massage, Finger Pressure, Acupuncture, Moxacautery, and Judo-Orthopaedy was established in the Constitution of Japan (Act No. 217 so-called AHAKI *Law).*

After the War, there were no major institutional changes and stable conditions continued. In 1988 (Year 63 of Showa), substantial amendments to the AHAKI Law were made for the purpose of improving the qualifications and quality of practitioners. And then and up until today, those who want to practice acupuncture and moxibustion are required to receive unified national examinations.

In China and South Korea where traditional medicine of each country is valued given the social background of individual countries, acupuncture and moxibustion is categorized under traditional Chinese medicine (physician of traditional Chinese medicine) in China and traditional Korean medicine (physician of traditional Korean Medicine) in Korea and is accepted equally to modern Western medicine.

In the United States, it has rapidly become popular since the 1970s' media report about acupuncture anesthesia and is now being positioned as a method of primary care. In European countries, people have begun to acknowledge the value. The world surrounding acupuncture and moxibustion

has also begun to make dynamic changes along with the progress of integrative medicine.

In Japan of modern age, on the other hand, acupuncture and moxibustion is not regarded as medical practice in terms of institution but is regarded as "quasi medical practice or acts similar to medical practice," so that under the medical insurance of Japan it is not provided by way of "performance in kind" and the cost of the practice is non-refundable. Some medical sociologists call this medical system as a "half-institutionalized system"[3].

The modern history of Japanese acupuncture and moxibustion has many unclear points, like a kind of "black box." The main contributing factors, in the first place, may be that research environment has not adequately been cultivated and there are a limited number of researchers in Japan. There has been 100 years since the enforcement of the Regulatory Rules and it is a matter of urgency to dredge up facts being buried for these 100 years or rather about 150 years after the Meiji Restoration for verification.

2. Research background

2 – 1 Suggestions from medical sociology

Medical sociologist Prof. Junichi Sato, says about acupuncture and moxibustion: [Although "medical care with acupuncture and moxibustion" is legally bounded and regulated by "AHAKI Law," etc., its definition is made partially and very ambiguously in a polysemous and arbitrary way compared to modern medicine, and it is "institutionalized partially and to a limited extent" on the premise that modern medicine has been institutionalized in advance, so that it can be said that it is a half institutionalized non-modern medicine.] He further pointed out that [it exists as "one system for giving treatment" in the modern Japanese society and it functions as the second largest medical sector after modern medical care.] He suggests [the necessity of conducting medical sociological analysis of acupuncture and moxibustion practice from the institutional and structural points of view [3].]

2-2 Contradicting interpretations - inside or outside the medical system

Concerning acupuncture and moxibustion, the Ministry of Health & Welfare's understanding shown in the 50-Year History of the Ministry of Health & Welfare (50-Year History) published in 1988 is […in view of the fact that Japanese traditional massage, etc. having a long history play a certain role in health care, four types of business including Japanese traditional massage (note by the author: acupuncture, moxibustion, Judo-Orthopaedy, etc. are referred to herein) are institutionally granted only outside the medical system[4].] Accordingly, in reference to the understanding of the Ministry that governs the nation's healthcare, the author has presented 'acupuncture and moxibustion' until now as a healthcare that is outside the healthcare system," which is like aniethesis, SUZUMURA, who was an official and a technical officer of the Ministry of Health & Welfare, and Mr. Teizo ASHIDA gave their interpretation of acupuncture and moxibustion in their co-authored book [Anma, Hari-Kyu, Jyudo Seifuku, nado Eigyou Hou no Kaisetsu] that […that is to say, licensing referred to herein is the act of the nation which lifts a partial banning of medical business and those who have been licensed will be allowed to conduct a part of medical business within the range of individual business[5].]

In short, from this interpretation, acupuncture and moxibustion was a "part of medical care" and placed "inside." Their interpretation was made almost in real time, no time lag from the establishment of the law. Moreover, this book carries the recommendation from Yutaro AZUMA,

then Director General of the Ministry of Health & Welfare, at the beginning of the book. Forty years after Suzumura and Ashida published their interpretation, the Health & Welfare Ministry's understanding was expressed in printed form in the 50 Year History. It is no wonder that there might have been some arbitrary manipulation as the medical sociologist Jyunichi SATO said. In a sense, the institutional double standards were applied to the official standing of acupuncture and moxibustion in the Japanese society. And the author thinks it a problem that the level of awareness regarding the inside interpretation is low in the acupuncture and moxibustion world.

3. Consideration concerning the history of acupuncture and moxibustion legal system

3-1 Summary of changes in the acupuncture and moxibustion system

The major changes in the acupuncture and moxibustion system that were made during the period from the "enactment of Healthcare System and Laws" in 1874 (Year 7 of Meiji) (which was the Meiji government policy) to the current days are summarized in Table 1.

Since the decision by the Fukuoka District Court of 1998 for the "case of request for reversal of non-resignation of the training school of Judo-orthopaedic practitioners" (hereafter Fukuoka Court decision), vocational colleges have newly been established one after another and new departments have been increasingly set up, which, if not institutional innovations or restructuring, is a phenomenon reflecting the social conditions and a significant fact in the institutional history[6].

Table 1 Summary of changes in the acupuncture and moxibustion system

1874 (Meiji era 7) Enactment of Healthcare System and Laws

→ Principles of westernization of medical care of modern Japan, and prohibition of acupuncture and moxibustion practice outside medical care management

1885 (Meiji ear 18) Regulatory measures for acupuncture and moxibustion business (Interior Ministry's notification Ko 10-go)

→ supervision was transferred to local governors

1911 (Meiji era 44) Regulatory rules for acupuncture and moxibustion business (Interior Ministry's notification Ko 11-go)

→Enactment of the first national law. Education system was explicitly described in statutory form for the first time.

1947 (Showa 22) "The business law of anma-massage, acupuncture, moxibustion and Judo-Orthopaedics, etc." (Law number 217-go referred to as AHAKI Law in shortened form)

→Passage of the bill after GHQ's reform challenges.

Later, the law was revised into the law of status "concerning anma-massage-shiatsu therapists, acupuncturists, moxibustionists, etc."

1988 (Showa 63) Major revisions were made to the AHAKI Law designed to enhance qualifications.

→ The examination system in which examinations were held by prefectural governors was changed to the system of uniform national examinations.

3-2 An aspect of the acupuncture and moxibustion system in modern Japan

The Meiji Restoration was the transition period to the modern country from the period of shogunate and han (domain) system and to the era of opening up Japan. The Meiji government had the overriding imperative of joining the ranks of powerful advanced countries and was engaged in the country's modernization process with the slogans of cultural enlightenment, prosperous country and strong army. However, the domestic scene was devastating; the Boshin War broke out, then the Seinan War followed and a cholera epidemic was raging (Meiji 11).

When Sensai NAGAYO who took the office of Deputy General of Medical Affairs of the Education Ministry in 1873 (Meiji 6), he issued an order for nationwide investigations concerning health and medicine and submitted a draft medical law consisting 76 articles prepared based on the research results to the central government (equivalent to the present cabinet) in 1874 (Meiji 7)[7]. The Law of Medical System and Laws was the guidelines for Japan to undergo drastic westernization and introduce Western ideas of healthcare as the modernized country. Article 53 of the law stipulated that the practice of acupuncture and moxibustion was only allowed in effect under a doctor's supervision. If this clause is viewed from a different angle, it may be said that the Law was the official document that recognized the existence of the people who were engaged in acupuncture and moxibustion as their business – the business of acupuncture and moxibustion was documented for the first time in the modern system of Japan. At the same time, this indicates the fact that acupuncture and moxibustion treatment was continuously being practiced during and after the period of Meiji Reformation. The Law of Healthcare System and Laws did not have a strong binding and it is not a fact that acupuncture and moxibustion was controlled under the Article 53[7].

In 1877 (Meiji 10) and onward, individual prefectures began to maintain statistical records of the number of practitioners who was doing the business of acupuncture and moxibustion in Japan. In 1885 (Meiji 18), the Internal Ministry issued the "Regulatory measures for acupuncture and moxibustion business" to prefectural offices, entrusting them to permit and regulate or control the business of acupuncture and moxibustion. In fact, the original intent and purpose of the law to place the practice of acupuncture and moxibustion under a doctor's supervision were not achieved. In the meantime, the Meiji government issued a government policy, ordering local governments to adopt the permission system in which they checked applications and evaluate qualifications of those who wanted to do the business of acupuncture and moxibustion and if qualified, issued permission.

Table 2 Number of acupuncturists and physicians in modern Japan

	Acupuncturists	Physicians
1887 (Meiji 20)	12,145	40,343
1897 (Meiji 30)	24,393	39,392

Prepared by the author based on the statistical data of NDL (National Diet Library) Modern Digital Library and data from 50-Year History of the Ministry of Welfare & Health. (The total number of physicians in 1887 includes 32,839 physicians who were traditionally on their own business. The total number of physicians in 1897 includes 23,596 physicians who were traditionally on their own business.)

The 12,145 acupuncturists of 1887 (Meiji 20) include those who started practice before the notification of the "Regulatory measures for

acupuncture and moxibustion business". After the notification, the number of acupuncturists steadily increased to 24,393 in 1897 (Meiji 30). The number of acupuncturists almost doubled during these 10 years, whereas physicians remained at the same level. It is more interesting to note that the number of the traditionally independent physicians focusing mainly on Kampo medicine decreased by about 9,000 in these 10 years. In other words, although the reduced number of physicians went into Western medicine, the number of acupuncturists increased.

In those days, Western medicine was not an easy access for the people of Japan from economic and limited institutional standpoints. With roughly 40,000 physicians of Western medicine, needs and demands for healthcare services from the people could not be met. In the situation, it may be said that acupuncture and moxibustion absorbed the unmet requirements. The Meiji government certainly kept a tally of the number of people who were engaged in acupuncture and moxibustion and regulated and controlled them. It can be gathered that because the government took a national policy of adopting Western medicine with the intention of Kampo medicine fading away, the Meiji government had to grant acupuncture and moxibustion as "business" instead of medical practice.

The momentum led to the establishment of the first nationa1911 (Meiji 44) ordinance of the "Regulatory rules for acupuncture and moxibustion business." Then the education system for acupuncture and moxibustion was put in statutory form for the first time and the acupuncture and moxibustion education stood at the dawn of a new era.

3-3 Westernization - Modern Japan's imperative

In line with the objectives of the "Medical System and Laws" of 1874 (Meiji 7), the Meiji government steadily carried out the modernization process by enacting decrees, in rapid succession, of the "Rules for the National Medical Practitioners Qualifying Examination" in 1879 (Meiji 12), "General Rules and Regulations for Medical Schools" in 1882 (Meiji 15), and "Regulations concerning Doctor Licenses in 1883[8].

In formulating the acupuncture related law of "Regulatory measures for acupuncture and moxibustion business," no descriptions were made concerning matters relating to Western medicine in the regulatory. However, it is not correct to say that acupuncture and moxibustion was not involved in the westernization at all. Movements in concert with the westernization were seen.

In 1889 (Meiji 22), "Tokyo Shinkyu Chi Kai (Toyo Acupuncture Moxibustion Treatment Associatioin) was inaugurated for the purposes of organizing an association for practitioners engaged in the business of acupuncture and moxibustion in Tokyo-fu and for the enhancement of their qualifications. The key persons in setting up the organization were Shouzou HIROSE and Genshi OKAMOTO who were doctors of the Imperial Household Ministry. The opening ceremony was attended by 1,500 people including Shokichi TAKE (medical officer of Tokyo-fu) who delivered a speech and Noritami KAWASAKI (anatomical physiologist of Medical School) who gave a lecture[9]. After that, the association provided voluntary education in the form of lecture or speech through workshops of Western medicine in order to improve qualifications of practitioners.

When referring to the purpose of the enactment of the 1911 (Meiji 44) Regulatory Rules, Noda, who was then a technician of the Internal Ministry, expressed his opinion that it was necessary to urgently prepare school educational environment and its substantiation, and that it was important to conduct research to study mechanisms of acupuncture and moxibustion in the (Western) medical method[10]. The Regulatory Rules had the provisions concerning examinations for obtaining license/license tag for conducting the business of acupuncture and moxibustion. The examination subjects provided in the Rules were related to Western medicine such as "human body structure, functions of main organs, and relations between muscles and neurovasculars" and "synopsis of sterilization." It was the end of the Meiji era that Western medicine was also standardized institutionally in acupuncture and moxibustion.

4. Unrealized enactment of "Medical Law for acupuncture and moxibustion physicians"

With the establishment of the institutional system at the end of the Meiji period, acupuncture and moxibustion began to be recognized by the society. Then in the Taisho period, acupuncture and moxibustion also began to satisfy needs of the people with their increasing health consciousness. At the end of the Taisho era, "Shinkyu Ihou Kisei Doumei (Association)" was organized. Ryosai YAMAZAKI, an acupuncturist of Osaka, who was the main player for organizing the association, invited Ichiro KIYOSE (who was a lawmaker of the House of Representatives) as Adviser of the association. About lobbying activities and schemes of modern acupuncturists and moxibustionists in order to advance reforms through correcting institutional disparities and enhancing their status, the then "Nippon Shinkyu Zasshi (Journal of Acupuncture and Moxibustion of Japan) made detailed reports.

Table 3 From "Nippon Shinkyu Zasshi (Journal of Japanese Acupuncture and Moxibustion)" of the modern age

Nippon Shinkyu Zasshi Vo. 213 issued on September 10, 1921 (Taisho 10)
(Dainippon Shinkyushi Kai [Great Japan Acupuncturists and Moxibustionists Association])

[Legislatively, necessity of enacting the law of acupuncture and moxibustion physicians] Law maker of the House of Representatives, Lawyer, Bachelor of Laws-Ichiro Kiyose (Advisor of the association)

[Problems of the law of acupuncture and moxibustion physicians in terms of social policy] Law maker of the House of Representatives Kotaro Nakagawa (his background not known)

[Shinkyu Ishi-hou Ron (Discussing the Law of Acupuncure and Moxibustion Physicians)] Ryousai Yamazaki[Shigyousha toshite Shinkyu-I-Hou Hissu no Kaname (Necessity and Important points of the law of acupuncture and moxibustion physician as a person engaged in the business)]

[Problems of the law of acupuncture and moxibustion physicians viewed from the position of a physicist] Physician Kazumi Ishimitsu

Nippon Shinkyu Zasshi Vo. 247 issued on October 10, 1924 (Dainippon Shinkyushi Kai)

[Statement of the reasons for the petition concerning the enactment of the law of acupuncture and moxibustion physicians]

Nippon Shinkyu Zasshi Vo. 275 issued in March, 1927 (Dainippon Shinkyushi Kai)

[The petition concerning the law of acupuncture and moxibustion physicians passed both Houses] Ryousai Yamazaki

After the passage of the bill at the Lower House in 1923 (Taisho 11), no progress was made toward its enactment at the House of Lords and it was scrapped. Then, the "petition for the enactment of the law of acupuncture and moxibustion physicians" was re-submitted to the 46th Imperial Diet. Eventually it was not enacted.

As legal revisions and legislation were not realized, a series of processes are weathering. The author thinks it necessary for future development of Japanese acupuncture and moxibustion to verify the fact that is going to be forgotten by people.

5. Conclusion

In 1978, the two-year college of acupuncture and moxibustion was founded in Japan. And then the college became a university of four year system. Now there are nine universities of acupuncture and moxibustion in Japan, of which three universities have the master's program and one university has the doctoral program. Even so, no major changes have taken place in the social status of acupuncturists and moxibustionists during the period from the enactment of the post-war law No. 217 to the present. There may have been minor institutional changes in response to their request. Today 100 years have elapsed since the enactment of the nationwide ordinance of 1911 (Meiji 44), the author thinks that no dynamic changes have been seen in the relationship between the people and acupuncture and moxibustion.

In the United States, there are 60-70 schools of acupuncture and moxibustion (university or university graduate school), of which 60 schools are accredited as educational institutes for master's level programs by ACAOM (The Accreditation Commission for Acupuncture and Oriental Medicine)[12].

The United States brought acupuncture and moxibustion into the country 40 years ago and has rapidly arranged the education and system during these 30 years. This means that the United States has the environment in which an institutional position can be given and actually has been given to the method of treatment by manual adjustment/correction such as chiropractic and osteopathy and such method has been accepted culturally. It is obvious that the 1997 NIH statement created a momentum. Japan and the United States are quite different nations in terms of the social background, of course, and the healthcare system. However, what the author will be or is concerned about is dynamic movements between acupuncture and moxibustion and the people of the U.S.

Japan, which begun acupuncture and moxibustion practice much earlier than European countries and the United States, finds itself left behind in the world and is becoming shadowed under the influence of China. The underlying causes are lack of the base on which visions and strategies are planned and a manpower shortage. This may be contributed, in the author's opinion, by the ambiguous existence of acupuncture and moxibustion in the Japanese society.

The author thinks it necessary that the transitions Japanese acupuncture and moxibustion went through in about 150 years from the Meiji Restoration to the present be verified from the viewpoint of research. We urgently need to dig up facts that are still berried, observe unearthed facts, apprehend with philosophy and create the meaning.

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Kampo Medicine – Current Research

Effectiveness of Goreisan for Eliminating Brain Edema due to Intracranial Malignant Brain Tumors

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ABSTRACT

Objectives: Hypertonic solutions and corticosteroids are widely used to eliminate brain edema complicated by malignant brain tumors. However, side effects sometimes prevent long-term use of them. To reduce brain edema, the author studied a traditional oriental medical prescription, *goreisan*, which promotes diuresis and eliminates dampness, and is known for inhibiting the aquaporin 4 activity.

Methods: Between February 2003 and October 2010, *goreisan* was prescribed to 60 patients (73 cases) with malignant brain tumors (Male 33, Female 27. Age: 24 to 82 years old, Mean 56.5). The efficacy was evaluated by the level of improvement of subjective symptoms or neurological deficits: excellent (improvement rate≧50%), good (improvement rate 30~50% or 50% or more reduction in other medical decompression agents), and no effect (improvement rate <30 %).

Results: An acceptable level of symptom relief was observed in 52 cases (71.2 %). There were no cases of deterioration, and no significant complications were observed.

Conclusion : *goreisan* can be used for eliminating mild to moderate brain edema and can be a substitute for hypertonic solutions and corticosteroids.

Key words: *goreisan*, brain tumor, brain edema, aquaporin

[Introduction]

Treatment of cerebral edema is a critical issue in the field of neurosurgery, but, for several decades, almost no advancement has been made to the therapy.

Current medical therapy for reducing intracranial pressure in cerebral edema is limited to two types of medicine: hyperosmotic diuretics and adrenocortical hormones. No new medical treatment has been introduced for at least 30 years; that is the current situation surrounding cerebral edema. In clinical practice, excluding D-sorbitol and D-mannitol infusion used mainly in the acute phase, concentrated glycerin/fructose infusion, isosorbide liquid (oral), and adrenal corticosteroids (oral/ drip infusion) are the most-commonly-prescribed hyperosmotic diuretics. However, they have some challenges that need to be resolved.

The most problematic point is that concentrated glycerin/fructose infusion can only be administered intravenouly. Another disadvantage is that the current national health-insurance system in Japan defines the estimated usage period as 2 weeks, or at most 3 weeks. Dehydration and electrolyte abnormalities must be carefully checked for long-term use. Corticosteroids can be taken either orally or intravenously and are significantly effective. However, they can cause complications including higher susceptibility to infection and hemorrhage in the upper gastrointestinal tract. Hence, corticosteroids are not suitable for long-term use. Isosorbide, an oral agent, is difficult to take because of the taste (too sweet/ bitter). It is a liquid medicine, which can be inconvenient.

From a kampo (Japanese traditional medicine)

point of view, the pathological condition of cerebral edema was diagnosed as local stasis of body fluid (suidoku). Therefore, appropriate diuretics should improve the condition. In this report, the author takes up *goreisan* (*Poria Powder with Five Herbs*), a representative Kampo diuretic prescription, to examine its efficacy in improving the symptoms of cerebral edema. The author also reviewed the efficacy from a modern medical point of view to determine whether *goreisan* can become an alternative drug to the modern drugs for reducing brain edema.

[Cases and methods]

From February 2003 to October 2010, 60 patients (73 cases in total) with malignant brain tumors were treated with *goreisan*: 33 male and 27 female. Age 24-82 years old (mean 56.5). The following is the details of the brain tumors by type: 18 patients with primary brain tumor (8 glioblastoma, 5 malignant glioma, 3 primary cerebral malignant lymphoma, 1 meningioma, and 1 primary neuroectodermal tumor); 39 patients with metastatic brain tumor (13 lung cancer, 9 breast cancer, 3 stomach cancer, 3 kidney cancer, 2 esophageal cancer, 2 colon cancer, and 1 each of pancreatic cancer, bladder cancer, ovarian cancer, thyroid cancer, hepatic cancer, malignant melanoma, and nasopharyngeal cancer); 3 patients with delayed radiation necrosis of the brain.

31 patients showed symptoms related to raised intracranial pressure such as headache, nausea and vomiting, and 54 patients with focal neurological symptoms (some patients had multiple symptoms).

Goreisan used in this study was TSUMURA *goreisan* Extract Granules (2.5g/pack), manufactured by Tsumura Co., Ltd. Patients with raised intracranial pressure that required urgent administration of hyperosmotic diuretics and adrenocortical hormones were excluded from this study. In this study, *goreisan* was prescribed, not based on Kampo medical findings (sho) , but on the Western medicine diagnosis of cerebral edema.

Prior to the commencement of the therapy, patients were informed that “edema” is one of the indications for *goreisan* covered by the national health insurance system. Patients received 3 packs per day, in accordance with the instruction of usage. When the improvement of the symptoms was insufficient, *goreisan* was immediately replaced by steroids or another cerebral decompression therapy.

The efficacy was assessed based on the improvements of subjective symptoms of raised intracranial pressure or neurological symptoms using the overall ratings: markedly improved (≧ 50%), effective (30% to less than 50% improvement), or concomitant cerebral decompression drugs reduced to at least 50% or discontinued.); ineffective (less than 30% improvement).

[Results]

Improvements were observed in 52 cases (71.2%): markedly improved in 19 cases (26.0%), effective in 33 (45.2%), and ineffective in 21 (28.8%). Some of the patients who showed no improvement with *goreisan* did not respond to steroids either. For headache (31patients), improvement was observed in 26 cases (83.9%): markedly improved in 11 (35.5%), effective 15 (48.4%), ineffective in 5 (16.1%), and no aggravated case. When a favorable response was observed, the efficacy appeared in a short time, at

the latest within several days. Furthermore, no side-effects were reported for *goreisan*.

[Representative case]

Effective case (Fig. 1). 52 year-old female with metastatic cerebellar tumor caused by lung cancer. She complained of headache, nausea and vomiting, and ataxic gait. She is very close to developing obstructive hydrocephalus.

According to her diagnostic images, most physicians would choose the cerebellar decompression therapy by infusion. In this study, however, both *goreisan* (TJ17) 7.5g and *saireito* (*Minor Bupleurum Decoction*) (TJ114) 7.5g were administered. Then the above symptoms were relieved. The co-administration of the two drugs was intended to double the dosage of *goreisan*.

Ineffective case (Fig. 2/ Left). 66-year old female with metastatic brain tumor from lung cancer. Left-sided hemiparesis. No improvement in neurological symptoms with *goreisan* because the motor area in the brain was directly damaged.

Right side: 82-year-old male with metastatic brain tumor from colon cancer which triggered agnosia. *goreisan* was not effective. Oral steroids were not effective either. The potential factors that render *goreisan* ineffective are as follows:

1) Large tumor,

2) Growth speed of tumors is fast,

3) Rapid development of edema associated brain tumors,

4) Associated cerebral edema is small in volume. The above factors were more prevalent in tumors developed in smaller areas with scarce space for buffering intracranial pressure such as in the posterior cranial fossa. When a tumor was directly causing neurological deficits, no improvement in neurological symptoms was observed. They did not respond to steroids either.

[Discussion]

In Shang Han Lun (Treatise on Febrile and Miscellaneous Disease), *goreisan* is mainly used for symptoms of wind-stroke (syndrome of Taiyang stricken by wind) associated with fever, which do not resolve in 6 to 7 days, and a severe condition with exterior and interior symptoms, become thirsty and crave for water, but drinking of water makes patients vomit like a non-stop fountain. These descriptions are often explained as gastrointestinal symptoms. However, when wind stroke, heat sensation, and vomiting are examined from the perspective of neurosurgery, they could resembled a headache, disturbed consciousness, and vomiting attributable to a raised intracranial pressure. The pathological concept of “symptoms coming from the increased intracranial pressure” likely did not exist when the Shang Han Lun was written. However, there is a strong possibiliy that *goreisan* was prescribed based on the diagnosis of signs and symptoms. In addition, there is a published article confirming that our Japanese pioneers were using *goreisan* at the dawn of the history of brain tumor treatment[1)].

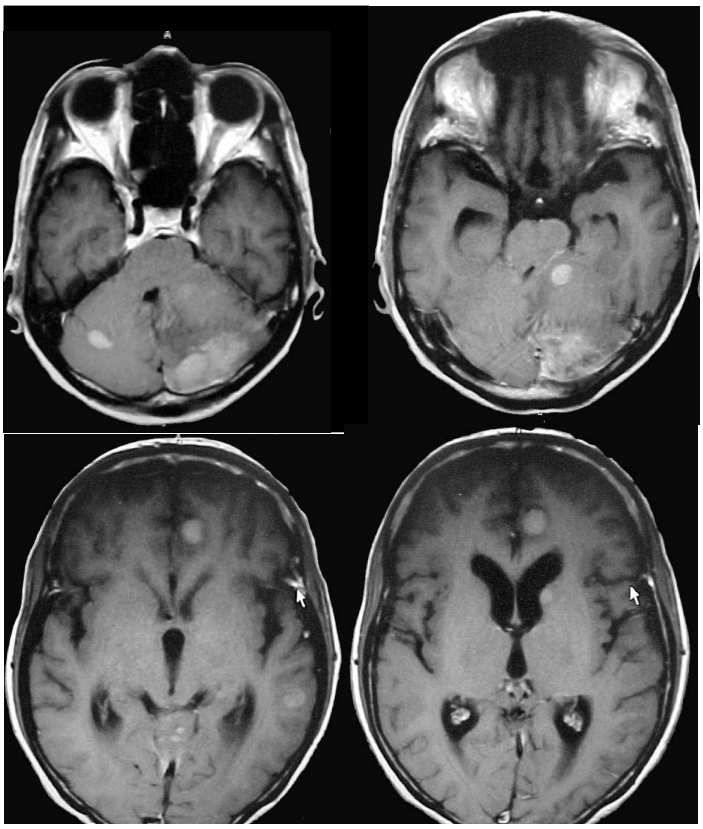

Figure 1
Effective case. 52-year-old female with metastatic cerebellar tumor caused by lung cancer.

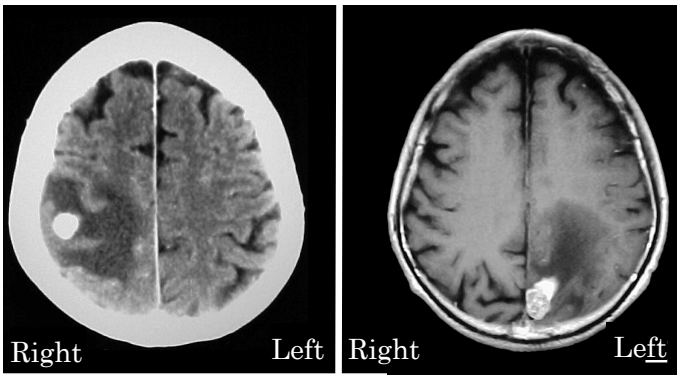

Figure 2
Ineffective case. Left: 66-year-old female with metastatic brain tumor caused by lung cancer. Her left hemiparesis did not resoled by gireisan.
Right: 82-year-old male with metastatic brain tumor by colon cancer complained of agnosia. Did not respond to oral steroids either.

Treating the symptoms of raised intracranial pressure complicated with cerebral edema is essential for treating not only the brain tumors, but also head injury and cerebrovascular disorder. Urea, 50% hypertonic glucose, and other diuretics used to lower the pressure at the early stage of the treatment have become outdated. That was due to the rebound phenomenon where the intracranial pressure is elevated again after administration of the agents mentioned above. Hyperosmotic diuretics and adrenocortical hormones are the two best drugs, among the currently available therapies, for lowering the intracranial pressure. However, as mentioned before, they cannot be regarded as the ideal treatment due to various constraints on the usage and side effects.

On the other hand, oriental medicine defines cerebral edema as a localized stasis of cerebral fluid (suidoku). Therefore, the "promoting diuresis and eliminating dampness" therapy could be used as one of the treatment methods. *Goreisan*, one of the representative diuretics[2)3)] has a very different diuretic property from Western medicines. Although it acts to adjust the systemic water balance, it rarely causes local electrolytes abnormality. The risk of creating dehydration[4)] is low. This makes *goreisan* a highly safe drug for usage.

The efficacy of *goreisan* for cerebral edema complicated with intracranial malignant brain tumor was examined in this study. The overall improvement rate was 71.2%. The improvement in headache alone was 83.9%. Since the relieving of the cerebral edema will not improve the neurological damages caused directly by tumors, the overall improvement rate of 71.2% is satisfactory. In spite of a selection bias, this study still supports the value of *goreisan* as an

option against mild to moderate symptoms.

The pharmacological mechanism of the water draining property in *goreisan* hasn't been uncovered yet; however, the effects on aquaporins (AQP), known as a water channel has gathered attention[5)6)] in recent years.

AQP, a membrane protein, was reported in 1990 as a water channel that selectively transport water molecules without moving electrolytes[7)]. Thirteen types of AQPs have been identified so far. Expressions of AQP1[3,4,5,8,9,11,12)] have been verified in the brain but the major AQP subtypes are two types; AQP1 and AQP4[8)]. AQP1 mainly appears in the choroid plexus epithelia. AQP4, which appears mainly in the central nervous system, is prevalent in the subarachnoid cavity, ventricles of the brain, and neuroglia cells close to cerebral blood vessels. They are all believed to be deeply engaged in the water metabolism of the brain. Therefore, the study on AQP4 has now become one of the most advanced research areas[9)].

Factors attributable to cerebral edema are classified into five types; vasogenic, cytotoxic, osmotic, hydrostatic, and interstitial. Major ones are vasogenic and cytotoxic. The most common type of cerebral edema caused by brain tumor is vasogenic edema triggered by a damage or loss of the blood-brain barrier.

According to an animal experiment using AQP4 null mice[10)], AQP4 works to protect cells against a cytotoxic cerebral edema, whereas it aggravates cerebral edema if it is vasogenic. This signifies that AQP4 promotes water flowing into cells if cerebral edema is cytotoxic, while promoting the excretion of water in vasogenic cerebral edema. In fact, with pathological conditions of malignant tumor, trauma, cerebrovascular damages, and "suidoku" -which result in forming vasogenic cerebral edema- it is known that the expression of AQP4 increases in the perivascular glial endfeet, which is an important component of the blood-brain barrier. Hence, it is assumed that AQP4 re-absorbs extracellular fluids, functioning in the direction of relieving cerebral edema. In malignant glioma, the expression of AQP4 significantly increases in the tumor itself rather than in the area of tumor infiltration, i.e. edema in tumor periphery. The degree of expression and the extent of brain edema formation seem to have co-relation[11)]. AQP4 seems to have bilateral natures, edema formation and edema relief, but further functions of AQP4 remain unknown. However, it is currently expected that the inhibition of the AQP4 could lead in reduction of cerebral edema[12)].

The expression of AQP1 increases in the cytoplasm of malignant glioma. The level of the expression co-relates with the degree of the malignancy and the expansion of the edema in the tumor periphery. There is a report[13)] that even when the expression of AQP1 is not observed in metastatic cerebral tumor, the increase in the AQP1 expression was confirmed in the edema in the tumor periphery. Based on this report, AQP1 inhibitors may also bring about a new treatment modality for cerebral edema complicated with malignant cerebral tumor.

Out of crude drugs composing *goreisan* (Arisma Rhizoma, Polyporous Schlerotium, Atratylodes Lancea Rhizoma, Tuckahoe, and Cassia Bark), it is reported that Polyporous Schlerotium, Atratylodes Lancea Rhizoma, and Tuckahoe inhibit AQP4 and control it in a concentration-dependent manner the water permeability of cell

membraines[14)15)]. Since no aggravation of the symptoms by *goreisan* was observed in any case in this study, at least, the AQP4 inhibiting effect of *goreisan* does not seem to promote brain edema. This suggests that *goreisan* could be a safe drug for an AQP4 inhibitor, and it is expected to reduce cytotoxic edema in tumors as well as vasogenic edema in the peripherial area of tumor.

For the future, measures must be taken to enhance *goreisan*'s clinical efficacy. Japanese extracts contain lower volumes of crude drugs compared to decoctions of Traditional Chinese Medicine. Thus, it is assumed that medicinal efficacy of Japanese extracts is inferior. To enhance the efficacy in a regular clinical practice, which uses the extracts as the main drug, the dosage-increase or combination with *choreito* (*Umbellate Fungus Decoction*) or *bukuryoin* (*Tuckahoe Decoction*) for the purpose of increasing the total volume of Polyporous Schlerotium, Atratylodes Lancea Rhizoma, and Tuckahoe may be considered. From the perspective of the combination usage of *goreisan* and steroids, the use of *saireito* (*Minor Bupleurum Decoction*) that could induce endogenous hormones is also worth considering.

[Conclusion]

Goreisan can be applied for treating cerebral edema complicated with malignant brain tumor. Since *goreisan* is safe and suitable medicine for long-term usage, it can be used as an alternative and complimentary medicine to Western oral drugs such as steroids and isosorbide.

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Clinical Report 1 (Europe)

Shonishin in Europe (2)

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3. Treatment of asymmetric babies with Shōnishin (a study)

Background

There has been no study outside Japan up to now, which proofs the effectiveness of Shōnishin. The present study about the treatment options of asymmetric babies with Shōnishin should contribute to the effectiveness of Shōnishin as a treatment method taking scientific criteria into account.

Till the year 2002 the author used to treat asymmetries in the early childhood using manual-therapeutic methods (infantile chiro therapy, craniosacral treatment, osteopathic techniques). A dysfunction in the area of the cervical spine (C0/C1 and/or C1/C2) caused by obstetric traumas (mostly in the sense of a blockage) can usually be considered as the reason for the asymmetry. Typically, these babies attract attention because of their head tilt, a scoliotic posture of the torso as well as because of disorders concerning vegetative functions due to the proximity of the vegetative nervous system (Ganglion cervicalis superius) to the cervical spine. Left untreated, these children may suffer from retarded development, damaged postures or concentration disorders later on.

The author made the experience that a reoccurrence of the blockage after two to four weeks could be noticed with about 20-25% of all successfully treated babies when using purely manual treatment only. Since 2003 he has integrated Shōnishin in his treatment concept in addition to the manual treatment. In this time he has noticed a dramatic decrease of the recurrence rate from 20-25% to below 3%. Since then he could observe the cervical blockages dissolving again and again due to the exclusive application of Shōnishin only (which means without manual intervention).

So the question arises, if the dissolution of the blockages with Shōnishin were only individual cases or if they are reproducible. In case they are, it would be interesting to determine the likehood of a successful dissolution of the blockage in the area of the atlantoaxial joint and therewith a reduction of the related mostly vegetatively caused co-occurring symptoms when using the Shōnishin method only.

Apart of the proof of efficacy of Shōnishin as a treatment method, it was another aim of this study to establish Shōnishin as an effective treatment method which is pleasant for the child and cost-saving for the parents.

Methodology

Shōnishin was applied as exclusive treatment method in a prospective clinical research using a standardized process with babies between the ages of six weeks to twelve weeks suffering from a blockage C0/C1 and C1/C2.

Diagnostic Basics

- Examination form before/after treatment
- Entry questionnaire for the parents (anamnestic collection of data about pregnancy and birth, symptom description of their baby before the treatment)
- Questionnaire after completion of treatment for the parents (symptom description of their baby after the treatment, estimation about success and acceptance of the treatment

- Photo-/Video-documentation

Primary target parameters were changes in the movement functions in the area of the atlantoaxial joints (in angle degrees). Secondary parameters involved changes in the sensomotor- and vegetative system as well as the acceptance of the treatment method by the parents.

Treatment

The treatment took place following a standardized procedure. Each baby received three treatments in one-week intervals. The duration of the treatment itself was between three and five minutes. A manual-diagnostic whole-body status with particular focus on the cervical spine was taken at the beginning of the treatment series and one week after the last treatment.

Basic treatment (stroke-technique along the extremities and the trunk) (**Fig.1**)	to regulate the *Ki*
Vibration technique on ▪ Lu 9, LI 4 ▪ St 36, Sp 3	to emphasize the „centre“
▪ SI 3	because of its close relationship to the cervical spine
▪ Li 3 (**Fig.2**)	to reduce the generally increased muscle tone
▪ GV 14	for relaxation of the shoulder girdle
▪ SI 9	because of its close relationship to the shoulder blade (scapula)
▪ Bl 28	because of its close relationship to the sacroiliac joint
▪ Bl 60	because of its erection supporting effect (allows a better head control in prone position)
Tapping technique periumbilical	to emphasize the „centre“ (Stimulation of the spleen-zone around the navel)
Tapping technique along the Bladder Meridian on the level of the shoulder blades (scapulae) or in the lumbar area (**Fig.3**)	to provoke a certain neonatal reflex (the so-called Galant Reaction) to activate the Gb-Meridian

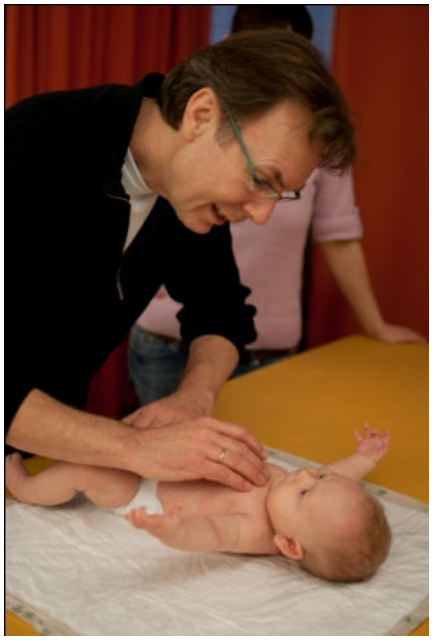

Fig. 1

Fig. 2

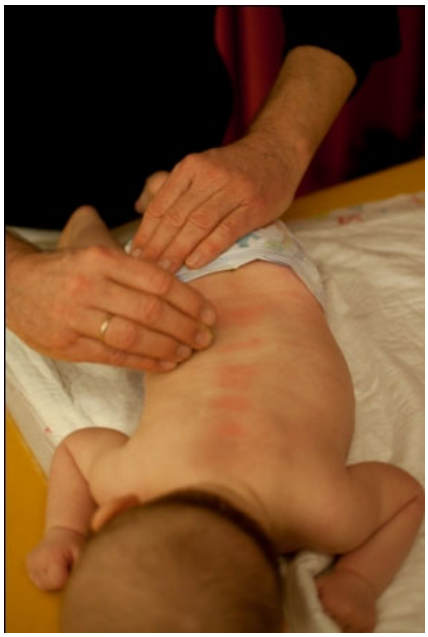

Fig. 3

Results

The proof of efficacy could be provided with following treatment results:

1. There was a dissolution of the blockages in the upper cervical area with 57, 5 % of all babies treated with Shōnishin only.
2. A breakup of the asymmetry could be proved in approximately 43% of the cases of all treated asymmetric babies.
3. An improvement of secondary symptoms could be seen in many cases. This concerned in particular crying patterns, sleep patterns and the acceptance of the prone position.

The study shows that Shōnishin is a gentle treatment method, which is free from side effects and pleasant for the baby. The effectiveness of Shōnishin can be documented by the treatment of babies suffering from blockages in the upper cervical area.

The advantages with regard to conventional treatment methods are that

- there is no need for a manipulation or mobilization of the cervical spine
- the feasibleness of the treatment is simple
- the treatment can even be done with crying or restless babies

Further advantages of Shōnishin are:

- Short duration of treatment (1-3 sessions)
- Short treatment time (3-5 minutes)
- Little effort (short treatment time, easy handling)
- Very good compliance with the parents

The present study allows us to conclude that Shōnishin is an effective treatment method. The standardized proceeding in the treatment of asymmetric babies has proven its worth and is at least equal to other therapy methods.

4. Future prospects

Fields of application with Shōnishin

For acupuncturists, especially for those, whose treatment focus is in the area of children, a new field of action comes in appearance with Shōnishin, respectively an existing one can be widened. Furthermore, Shōnishin is an interesting supplement - or even an alternative for any therapist with acupuncture knowledge using manual methods.

For that reason experiences of different nature are made in women's shelters, mother- child facilities and nurseries with Shōnishin. In this case women and children, who are in difficult social or monetary situations, abandoned, without any perspective and obviously no way out, are supported. These include e.g. traumatised women and children (for instance after being raped), who are only able to permit touching, as due to the "interposed" Shōnishin instrument no dermal contact with the skin happens.

The experiences of being able to influence post-traumatic disorders positively by Shōnishin set an impetus for another study which is to be made at the Medical University of Vienna, Department of neonatology, pediatric intensive care and neuropediatrics. Project title: Non-invasive Japanese Pediatric acupuncture (Shōnishin) for supporting neonatal abstinence syndrome (NAS). The motivation for this study is to apply a non-invasive, cost effective method without known side effects to reduce withdrawal symptoms and as a consequence to reduce the need of pharmacological therapies in neonates with NAS. We believe that the treatment approach is completely novel in the field of neonatology. This study intends to provide reliable data with a responsible assessment of the use and effectiveness of Japanese pediatric acupuncture for the use in neonates with NAS. As soon as the study is authorised by the Ethics Committee, it can be implemented in the mentioned clinic.

Another field of application for Shōnishin will be in the treatment of very old people. In particular parameters like skin condition and mental condition seem to show retrogression into childhood:

Skin - Just like children's skin, old people's skin is very vulnerable because of its parchment-like structure **(Fig.4)**. Concerning the stroking techniques this means that old people are not treated with the stroking technique for adults, but in a more tender way, just like the age group from eight to twelve or even younger.

Mental condition – The older people get, the less they seem to be living in the present. Memories or situations in the childhood dawn to awareness increasingly more and more again and do often influence the person’s mood. Often, “childish” patterns of behavior become apparent, for example being fed, being brought to toilet, being cleaned, loss of bladder control and unadjusted behavior.

First experiences with Shōnishin in homes for the aged show promising treatment approaches. Even here it becomes obvious, that treatment with a Shōnishin -instrument is advantageous: Seniors often suffer from a shortage of touching. With Shōnishin the contact doesn’t take place directly, but indirectly with an instrument. For that reason seniors have no fear of contact and are willing to allow the treatment.

Another advantage of treating elderly people with Shōnishin is that many of them have to take blood-thinning medicines. Due to the non-invasive and gentle treatment technique with Shōnishin, there is no contraindication.

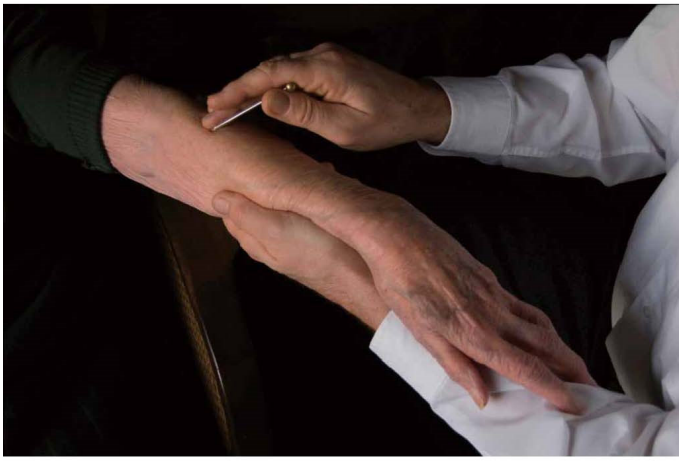

Fig. 4

Conclusion

- Shōnishin is about to play an important role in the treatment of children. An increasing number of doctors and non-doctors (alternative practitioner, physiotherapists, midwives, Shiatsu-practitioners) discover this exceptionally gentle and effective type of treatment. Shōnishin finds its application in doctor's or acupuncturist's surgeries, midwife work and increasingly in clinics.
- In the framework of congresses (TCM, pediatrics) there is an increasing demand for Shōnishin -lectures, respectively Shōnishin -events.
- Shōnishin offers a valuable support for the treatment of traumatized children and mothers.
- Amongst others, it is thanks to Shōnishin, that there is an increasing interest in traditional Japanese medicine, especially in Japanese acupuncture.

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Clinical Report 2 (Japan)

A Case of Recurrent Folliculitis

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Introduction

Jizusoippo is a formula created in Japan. It is comprised of 9 crude drugs and indicated mainly for swellings of the epidermis (to dispel dampness) and improvement of blood flow (activate blood) and acts to improve the skin condition (clearing heat and removing toxins). It is often used as a formula specifically for skin diseases like atopic dermatitis or seborrheic dermatitis. On this occasion we would like to present a case of recurrent folliculitis refractory to western medical treatment, where diet, lifestyle guidance and treatment with Jizosoippo led to improvements.

The patient was a 19-year old male.
Chief complaint: recurrent folliculitis

The anamnesis of the present illness showed, that dying his hair in October during his third year in senior high school led to the development of a large swelling on his head. The lesion reached the size of a golf ball and its contents was aspirated by a local physician. This was not a malignancy, but he was nevertheless referred to a university department of dermatology. He was diagnosed with multiple folliculitis.

According to his mother, the above mentioned swelling developed by the time, the admission to a university had been settled. Later, the patient tended to stay up late, indulged in an unbalanced diet and neglected his health. Even after consulting a university department of dermatology exacerbations recurred and because the condition did not show any signs of improvement, he was referred in August of the following year to the Department of Japanese-Oriental (Kampo) Medicine, Chiba University Hospital. At the time he came for consultation there were protuberant folliculitis lesions on the head with oozing exudate. They were particular marked at the frontal hair line, the back of the head and on the vortex (figure 1, at the first visit).

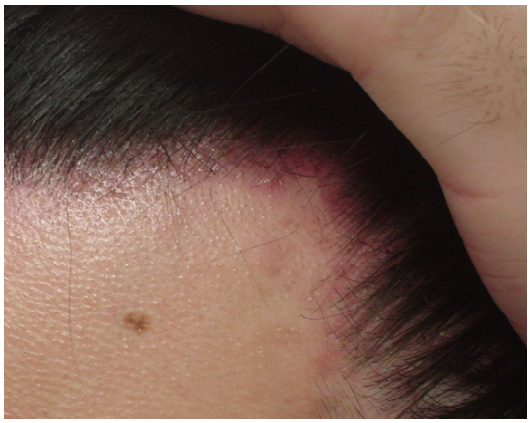

Figure 1: Before treatment, Rash on hairline

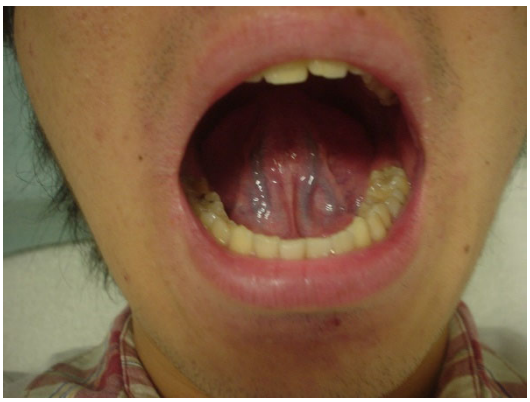

Figure 2: Before treatment, tongue

Prescription from the dermatology department: tetracycline ointment, betamethasone lotion
Symptoms and complaints

- dry mouth, marked spontaneous sweating
- meat centered diet
- constipation (once every few days, feeling of residual stools)
- dizziness: history of vagal reflexes, occurrence of syncopes
- micturition: Micturition desire triggered by tension. High urinary frequency

Complicating factor: greasy foods (he like to eat Hamburgers and ice cream), constipation, stress, at time of catching cold, lack of sleep.
Kampo medical examination

The pulse was in between the deep and superficial layer, of intermediate size and strength.

The tongue had a slightly dark red shade, was a little enlarged, showed no teeth marks and was markedly moist with a white coat; sublingual veins were slightly engorged.

Abdomen: intermediate abdominal strength, mild tension of the rectus abdominis muscle, presence of tenderness to the left and right of the umbilicus.

Based on the above findings of eczema above the neck, a condition between deficiency and excess, mild degree of blood and water retention and constipation, we used only *jizosoippo*. During the next visit 2 weeks later the flares had decreased to about half their original scope and the itching showed a decreasing tendency too.

After treatment over a period of 3 months, the forehead lesions had disappeared and a decrease in papules on the back of the head and its vortex was observed (figure 2).

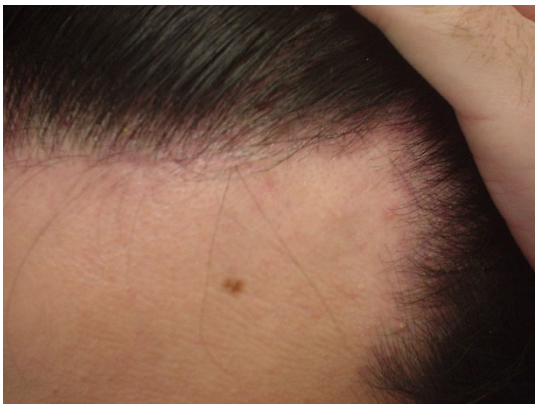

Figure 3: After 3 months, Rash on hairline

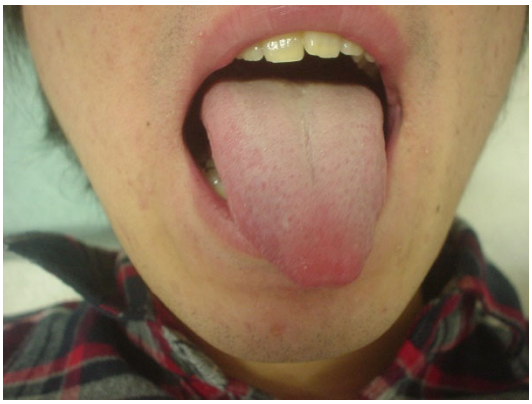

Figure 4: 3 months later, tongue

According to the patients wish the treatment was continued over half a year and then terminated because of improvement.

Profile – *Jizusoippo* (Hodokubenkai)

The formula *jizusoippo* was created by Futei Fukui (birth 1725 – death 1792) and its contents later slightly modified by Asada Sohaku to become the formula used today. Its naming suggests, that it is a "formula to treat eczema of the skull", but today it is used for skin diseases everywhere on the body. It carries the nickname *daikyuoto*.

The formula has the following composition.

- 3 g of *Cnidii* Rhizoma
- 3 g of *Atractylodis* Lanceae Rhizoma
- 3 g of *Forsythiae* Fructus
- 2 g of *Saposhnikoviae* Radix
- 1 g of *Glycyrrhizae* Radix
- 1 g of *Schizonepetae* Spica
- 1 g of *Carthami* Flos
- 0.5 g of *Rhei* Rhizoma
- 2 g of *Lonicerae* Folium Cum Caulis

[Efficacy] Expels wind and activates blood, clears heat and remove toxins, expels dampness

[Main indication] Wind -dampness, heat toxin

[Explanation of the formula]

Schizonepetae Spica and *Saposhnikoviae* Radix disperse wind evil; *Atractylodis Lanceae* Rhizoma and *Ledebouriellae* radix remove dampness; *Cnidii* Rhizoma activates blood and at the same time supports the free coursing function of the liver and in conjunction with *Atractylodis Lanceae* Rhizoma dispels the wind evil from the blood. Forsythia, Lonicera japonica and *Glycyrrhizae* Radix clear heat and remove toxins, and together with *Rhei* Rhizoma cool and remove heat toxin from the blood. *Carthami* Flos in conjunction with *Cnidii* Rhizoma and Rhei Rhizoma alleviates blood stagnation and prevents evil from remaining in blood. The combination of the ascending properties of Cnidii Rhizoma and

descending properties of Rhei Rhizoma ensure a balance of the ascending and descending properties.

Clinical Application

This formula is used specifically for skin diseases. Originally it was used for infants with eruptions on the skull, secretions, itching and eschar. While it is currently used not only for eruptions on the skull, but anywhere on the body, also in adults, its application is not surprisingly particularly high for eruptions on the skull or the face. It is particularly frequently used for cases with atopic dermatitis, so that research has been carried out regarding this indication. *Rhei* Rhizoma in this formula may not be necessary for people with daily regular bowel movements, but the addition of a small amount of Rhubarb probably gives better results.

1. Atopic dermatitis

Otsuka Keisetsu (1900-1982) was the first person to use this formula for the treatment of atopic dermatitis. The historical record mentions that in 1970 this disease was rare and there were only few refractory cases. Like for example as follows.

The patient was a 5-year old boy. Shortly after birth eczema developed and he received various treatments, but because the condition failed to improve he was brought to consultation. Most of the lesions were located on the arms and neck, as well as on the medial side of the knees. He caught easily cold, which then led to a congested nose and his voice tended to get hoarse. Occasionally there were nose bleedings. Appetite varied extremely and was not constant. He drank plenty of water. One bowel movement per day. After 2 weeks of treatment with *jizusoippo* the skin became smooth and almost all of the eruptions had receded. After continuing the medication for another 4 weeks the eruptions had disappeared without a trace[1].

Later, physicians inspired by this case used the formula for the treatment of atopic dermatitis and thus accumulated relevant clinical experience. A number of case reports or case series studies has been submitted.

Seki et al. reported a case of a 55-year old woman with adult atopic dermatitis. By the age of 40 erythematous patches associated with pruritus and desquamation developed in this woman on the face and were treated by a local physician with topical steroids, but because neither this resulted in complete recovery nor did similar treatments in several other clinics led to any remission and a topical steroid induced rosacea-like dermatitis developed as a complication, Kampo treatment was initiated. After the patient had been treated with *shosaikoto* (Xiao Chai Hu Tang) for 6 months, the condition had healed almost completely[2].

Yamamoto et al. evaluated the results after treating 36 patients with adult atopic dermatitis with *jizusoippo* (7.5-15.0 g) over a period of 4 or 8 weeks and reported marked improvements in 9 patients (25%), improvements in 8 patients (22.2%), mild improvements in 10 patients (27.8%) and no changes in 9 patients (25%)[3].

Cases where atopic dermatitis is associated with bronchial asthma often receive a combination therapy with *makyokansekito* or *shoseiryuto*. Otsuka mentioned that addition of Ephedra and gyps to *jizusoippo* improves not only the eczema but also the asthma4).

Some cases of atopic dermatitis also respond to Eppikajutsuto. That is because the combination of Ephedra and gyps can dispel damp heat. Even in cases without asthma the combination of *jizusoippo* and *makyokansekito* can achieve similar results.

Ito reported the markedly effective treatment of a 1-year old girl with atopic dermatitis using a combination of *makyokansekito* and *jizusoippo*[5].

2. Seborrheic eczema

Jizusoippo has originally been developed for the treatment of pediatric seborrheic eczema. Today

this disease can quickly be alleviated through topical application of steroid ointments, but in former times there was no really good treatment.

When Otsuka used *jizusoippo* for a 4-year old girl in whom shortly after birth erythematous lesions developed on the head and face, who complained of pruritus, formation of thick scabs from which serum oozed out if they were removed only to form new scabs, the pruritus was alleviated after about 10 days and after about 40 days the condition had completely been cured. Administration of the same formula over a period of 2 months following a recurrence again led to a complete recovery[6]. This was in 1953.

The number of physicians using this formula for seborrheic eczema in infants increased after the publication of this report. I will cite a case report from Yakazu.

The patient was a 4-month old girl. One and a half month after birth apparently itchy erythematous lesions developed on the head, that were associated with copious secretions and the skin started to peel off. The regions affected gradually increased in size and by the time of the first consultation had spread to the back, the entire abdomen and buttocks. At a department of dermatology the condition was diagnosed as pediatric seborrheic eczema and treated, but did not improve. Following administration of *jizusoippo* half of the erythematous lesions disappeared after about one month, 2 months later approximately 80% had healed and after 3 months the condition had healed almost completely. Since the administration of the drug appetite increased, the infant gained weight and got well[7].

This formula is currently also used for adult seborrheic eczema. It is indicated for erythematous lesions developing on the head and face.

Yamamoto et al. administered this formula to 10 patients (adults) with seborrheic eczema and reported a marked improvement in 3, improvements in 2 and no changes in 3 patients[3].

3. Furunculosis

This formula is often effective for the treatment of erythematous lesions of the head, regardless of the diseases causing them.

A dermatologist referred a middle-aged man with furuncles continuously developing on the head non-responsive to treatment with antibiotics to Terutane Yamada, who advised the patient to take this formula. After about 1 months of administration the patient had almost completely recovered[9].

References

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5) Ito N: A case of atopic dermatitis in which *makyokansekito* and *jizusoippo* combination therapy was markedly effective, Kampo Treatment Vol.13, No.8, 1994
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7) Yakazu D: *jizusoippo* for pediatric seborrheic dermatitis, A Hundred Kampo Stories, 134 Idononipponsha 1960
8) Terutane Yamada: Examination and Treatment of Kampo Medicine [Practical Application], Taniguchi Shoten

Clinical Report 3 (Japan)

Kamishoyosanwas Effective for a Patient having Vomit

Mihoh Koga, M.D., Kampo Specialist
Research Assistant of Division of Clinical Pharmacology and Therapeutics and Division of General Medicine
Jikei University School of Medicine

[Case] Female of 16 years old

[Chief complaint] Epigastric abdominal pain and nausea

[Past medical history/family history] No particular mention

[Current medical history]

Two days ago, she had a discomfort itching sensation in the epigastric region and then nausea appeared. Vomiting started at the night. On the following day, vomiting did not stop and she made a visit to the psychosomatic medicine of a nearby hospital, where she received psychotropic agents and anti-anxiety drugs. At nightfall, vomiting stopped. However, epigastric abdominal pain and vomit were not relieved and she visited our department.

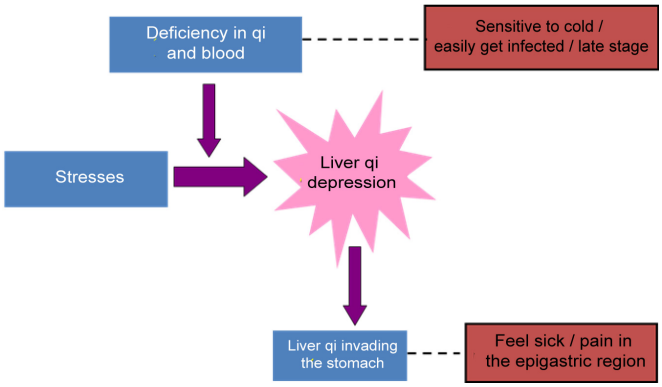
Similar symptoms had appeared sometimes since she was 12 years old. The symptoms tended to develop when she was tired or the abdominal area became cold. Once developed, the symptoms persisted for two days to one week. Examinations at other hospital revealed no abnormalities.

[Present condition]

Inspection: Moderate body frame. Tongue: with white furs.

Inquiry: She claimed that usually she had appetite and the gastrointestinal condition was good.
Defecation was regular /once a day.
Urine amount was a lot.
Limbs became cold and easily frostbitten.
Easily caught a cold. Although a high fever did not develop, the condition was painful.
Menstruation tended to be delayed with menstrual cramps.
Palms were sweaty.
Good sleep.
Did not get irritated.

Palpation: Pulse – floating, string-like, and fast.
Abdomen – the entire abdominal region was hard, abdominal rectus muscles on both sides were tense with stuffiness and rigidity below the heart, and tenderness in the right para-umbilical region.



Prescription: *kamishoyosan* (Tsumura & Co., Ltd., Tokyo, Japan) 5.0g/2 x

Kamishoyosan *(modified merry life powder)*

Bupleuri Radix 9.0 (3.0), *Atractylodis* Ovatae Rhizoma 9.0 (3.0), *Menthae* Herba 1.0 (1.0), *Glycyrrhizae* Radix 4.5 (1.5), *Angelicae Acutilobae* Radix 9.0 (3.0), *Poria* 9.0 (3.0), *Gardeniae* Fructus 3.0 (2.0), *Atractylodis* Rhizoma 9.0 (3.0), *Zingiberis* Rhizoma 3.0 (1.0), *Moutan* Cortex 3.0 (2.0)

Efficacy: Activation of the flow of liver-qi and elimination of its depression, harmonization of the blood, and purge of fire.

Major indication: Liver-qi depression with blood deficiency and transformation into fire.

Course:

Two weeks later, she could take the medicine. The day after the start of the internal use of the medicine, abdominal symptoms disappeared. The patient

became able to sleep well. She was aware that the prescription was appropriate for her.

String-like pulse. There were fullness in the chest and hypochondrium on both sides, tension in the abdominal rectus muscles on both sides, tenderness in both para-umbilical regions, and lower abdominal numbness. The same prescription was maintained.

Two months later, stomachache developed before the menstruation cycle began. Although nausea occurred resulting in vomiting, the condition recovered quickly. The tongue was dark red. There were fullness in the chest and hypochondrium on both sides, tenderness in both para-umbilical regions, and lower abdominal numbness. The same prescription was maintained.

Four months later, she was well. Menstrual cramps were becoming eased. Hands were still cold. Fullness in the chest and hypochondrium resolved.

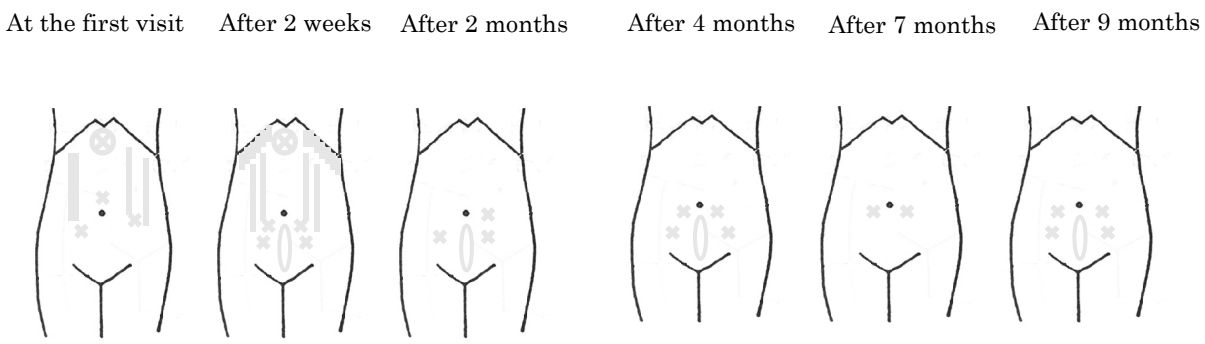
She was instructed to adjust the dose amount to 2.5-5.0g/day based on the extent of coldness.

Seven months later, she was in good shape with the use of 25g of the medicine before sleep. If she forgot to take it, a sense of discomfort appeared.

The diagnosis of the abdomen revealed only mild tenderness in the para-umbilical regions.

Nine months later, she was feeling well and stopped the use of the medicine. Then she vomited at a night, so she took the medicine. In the following morning, nausea and vomiting resolved. Recovery became fast.

One year and ten months now, with no symptoms, she is in good condition.



Kampo Formula Developed in Japan (4)

Jizusoippo

Hiromichi Yasui
Japan Institute of TCM Research

Profile

The formula *jizusoippo* was created by Futei Fukui (1725-1792) and its contents later slightly modified by Sohaku Asada(1815-1894) to become the formula used today. Its naming suggests, that it is a "formula to treat eczema of the skull", but today it is used for skin diseases everywhere on the body. It carries the nickname *daikyuoto*.

Prescription composition

Cnidii Rhizoma 3 g
Atractylodis Lanceae Rhizoma 3 g
Forsythiae Fructus 3 g
Saposhnikoviae Radix 2 g
Glycyrrhizae Radix 1 g
Schizonepetae Spica 1 g
Carthami Flos 1 g
Rhei Rhizoma 0.5 g
Lonicerae Folium Cum Caulis 2 g

Efficacy

Expels wind and activates blood, clears heat and removes toxins, expels dampness

Main indication

Wind -dampness, heat toxin

Explanation of the formula

Schizonepetae Spica and *Saposhnikoviae* Radix disperse wind evil; *Atractylodis Lanceae* Rhizoma and *Ledebouriellae* radix remove dampness; *Cnidii* Rhizoma activates blood and at the same time supports the free coursing function of the liver and in conjunction with *Atractylodis Lanceae* Rhizoma dispels the wind evil from the blood. Forsythia, Lonicera japonica and *Glycyrrhizae* Radix clear heat and remove toxins, and together with *Rhei* Rhizoma cool and remove heat toxin from the blood. *Carthami* Flos in conjunction with *Cnidii* Rhizoma and *Rhei* Rhizoma alleviates blood stagnation and prevents evil from remaining in blood. The combination of the ascending properties of *Cnidii* Rhizoma and descending properties of *Rhei* Rhizoma ensure a balance of the ascending and descending properties.

Clinical application

This formula is used specifically for skin diseases. Originally it was used for infants with eruptions on the skull, secretions, itching and eschar. While it is currently used not only for eruptions on the skull, but anywhere on the body, also in adults, its application is, not surprisingly, particularly high for eruptions on the skull or the face. It is used particularly frequent for cases with atopic dermatitis and thus led to the conduction of research relevant to this indication. The Rhubarb in this formula may not be necessary for people with daily regular bowel movements, but the addition of a small amount of *Rhei* Rhizoma probably gives better results.

1. Atopic dermatitis

Otsuka Keisetsu (1900-1982) was the first person to use this formula for the treatment of atopic dermatitis. The historical record mentions that in 1970 this disease was rare and there were only few refractory cases. Like the following example.

The patient was a 5-year old boy. Shortly after birth eczema developed and he received various treatments, but brought to consultation because the condition failed to improve. Most of the lesions were located on the arms and neck, as well as on the medial side of the knees. He caught easily cold, which then led to a congested nose and a tendency to develop hoarseness. Occasionally there were nose bleedings. Appetite varied extremely and was not constant. He drank plenty of water. One bowel movement per day. After 2 weeks of treatment with *jizusoippo* the skin had become smooth and almost all of the eruptions had receded. After continuing the medication for another 4 weeks the eruptions had disappeared without a trace[1)].

Later, physicians inspired by this case used the

formula for the treatment of atopic dermatitis and thus accumulating relevant clinical experience. A number of case reports or case series studies have been submitted.

Seki et al. reported a case of a 55-year old woman with adult atopic dermatitis. By the age of 40 erythematous patches associated with pruritus and desquamation developed in this woman on the face and were treated by a local physician with topical steroids, but because neither this resulted in complete recovery nor did similar treatments in several other clinics led to any remission and instead a topical steroid induced rosacea-like dermatitis developed as a complication, Kampo treatment was initiated. After the patient had been treated with *shosaikoto (Miner Bupleurum Decoction)* for 6 months, the condition had healed almost completely[2].

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