

Clinical Report 2 (Kampo Medicine)

One Case of Ulcerative Colitis Whose Symptoms after Total Colectomy were Successfully Treated with Kampo Drugs

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Introduction

Ulcerative colitis is a non-specific inflammatory disease of the lining (wall) of the large intestine where ulcers/erosions are formed in most cases. What causes the disease is not known. Once the disease has developed, repeated remissions and recurrences occur. According to a report by a relevant Japanese authority, 113,306 people are affected with ulcerative colitis in Japan (equivalent to the number of Recipient Certificates issued for Specific Disease Treatment in 2009) with nearly 8,000 new patients every year. Compared to the U.S. where there are 1 million people affected with this disease, Japan has about one-tenth of the patients in the U.S.¹⁾ Ulcerative colitis treatment usually involves medical therapy with drugs. In severe cases or cases for which drugs are not effective, surgical procedures may become necessary, that is, for the cases of (1) heavy hemorrhage, (2) toxic megacolon (widening (dilation) of the large intestine with toxins travelling through the body), (3) perforation (of the large intestine), (4) canceration or cancer suspect, (5) severe conditions unresponsive to medical therapy, and (6) drugs such as steroids cannot be used because of the side-effects.

As of late, the author had a patient who ever had the entire large intestine removed was suffering from abdominal pains and frequent diarrhea of unknown causes. For the patient, treatment was performed using Kampo drugs together with drugs prescribed by his physician according to the symptoms (sho) with the results of improved symptoms. Introduced hereunder is the report of the

patient who achieved improvement in QOL with concomitant use of Kampo formulas.

Case: 44 years of age, male who had complete removal of large intestine

Chief complaints: Diarrhea, abdominal pain, cold hands and legs

Past history: At the age of 20, intractable ulcerative colitis, total extraction of the large intestine in year X

Present history: The patient had been having frequent bowel movements after the removal surgery of the large intestine in year X. Then, pouchitis had occurred and antibiotics had been used and endoscopy had proved disappearance and improvement in pouchitis. Diarrhea, however, persisted (15 times a day). A ELENTAL containing drug had been administered and even laudanum for diarrhea had been used. The patient desiring treatment for frequent diarrhea visited our Department of Japanese-Oriental "Kampo" Medicine of Chiba University with a letter of referral. The patient had no medical history except ulcerative colitis and his family members had no history of this disease. He did not drink alcohol. His conditions at the time of hospital admission were height 168cm, weight 58.2kg, body temperature 36.5 degrees Celsius, blood pressures 114/73 mmhg, and regular pulse at the rate of 73/min. The presence of anemia and jaundice was not observed in pulpebral conjunctivas and lymph nodes were not palpated. No abnormalities were found in the chest. The abdomen had an operative scar and lower legs were not swollen. Surface body temperatures were measured: forehead 34.2 C and lower legs 28 C, lower than the forehead's. This is the state of upper body heat and lower body cold. The results of blood examination were WBC 9600/mL, Hb 12.5g/dL, Hct37.9%, Plt $32.5 \times 10^4 / \mu\text{l}$, AST11U/L, ALT 6U/L, LDH 115 U/L, ALB 4.1 mg/dL, BUN 9 mg/dL, and CRE 0.67 mg/dL. Findings by Kampo medical diagnosis were the patient was fatigable, easily felt cold and lied in bed all day. The number of bowel movements was 15

times a day, of which solid stools 5-6 times and watery diarrhea for the rest of the times. He woke up during the night sometimes. Diarrhea was sometimes accompanied by abdominal pains. He claimed of coldness in the four extremities and the abdomen. Pulse was slightly sunken and slightly weak. Tongue diagnosis: pale red colored with slight teeth marks, and its dryness was moderate. And it was covered with thin whitish yellow furs with swollen sublingual veins. The abdomen had strength (5/V). The bloated chest and hypocondrium region showed a strong resistance and the region below the heart with a feeling of stuffiness and rigidity showed a slight resistance. Abdominal rectus muscles on both sides were tense with a bloated feeling in the left chest and hypochondrium. The region beside the umbilicus felt no pressure pain. The ileocecal region felt pressure pain. However, there was no cold sensation in the abdomen. In short, although pulse and systemic conditions exhibited the sho (pattern) of yin deficiency, the abdomen had strength, which was the state of upper body heat and lower body cold. That is, it was considered that the patient was intrinsically robust and full of vigor with physical strength but frequent diarrhea rapidly weakened his physical strength inducing the state of deficiency sho. Therefore, under the condition that there was the sho of yang deficiency with a reverse flow of qi and abdominal pains, the Extract of *orento* (2.5g), which is the formula for minor yang diseases, was administered 3 times/day before meals. His revisit to our department was scheduled 3 weeks later. Two weeks after the start of the formula, however, he happened to visit the department of gastroenterological medicine that had referred the patient to our department. Their medical record about him included the description of “no abdominal pain for these several days and if pain appears, only near the anus.” Our department confirmed in the second visit as scheduled that a sensation of cold legs and feet dissipated as well as abdominal coldness. The intensity of stomachache reduced to one-tenth.

He claimed that the frequency of diarrhea did not change. Further one month later, the third visit was made and at the time stomachache dissipated. A sense of incomplete evacuation also lessened. Slight rumblings in the intestines were present. The frequency of diarrhea was 15-13 times a day, still frequent, so that changing the formula was examined. Pulse diagnosis indicated pulse was intermediately floating and sunken and the pulse size was slightly fine. Tongue diagnosis showed the tongue body was pale red and its dryness and moist are intermediate. Tongue furs were thick and white. Abdominal diagnosis showed strength (5/V). The chest and hypochondrium region having a bloated feeling showed a strong resistance and the below-the-heart region with a feeling of stuffiness and rigidity also showed a slight resistance. Resonant sound was heard over the abdomen. Because of frequent diarrhea, *kanzoshashinto* was a possible option. However, its extract form was not available. So, first the Extract of *orento* was changed to *hangeshashinto* (2.5g) 3 times/day (before meals). On the revisit of 1 month later, stomach pain disappeared. There were no rumblings of the intestines heard and the frequency of diarrhea decreased to 5 times a day.

Consideration: According to the records of diagnosis of the department of gastroenterological medicine, frequent diarrhea of the patient was the state in which the function of the small intestine was unable to compensate for a loss in the function of the large intestine. This is considered to be the disease state of a functional disorder and fixing and harmonizing disordered functions is the area of Kampo's speciality. Formula selection was dependent on whether to target at frequent diarrhea by using *hangeshashinto* or *kanzoshashinto* or whether to target at abdominal pain by using *orento*. From the past documents that abdominal pains in the cases of ulcerative colitis had often been successfully treated with *orento*, *orento* was a selective formula and it was administered for abdominal pains of the patient with favorable results.

The frequency of diarrhea, however, did not decrease; the formula was changed to *hangeshashinto*, resulting in reduced frequency of diarrhea. There are reports on Kampo treatment (mostly classical formulations) for ulcerative colitis, illustrating cases of minor yang diseases with yang sho for which *shosaikoto* or *saireito*²⁾³⁾ was used, and cases of minor yang diseases for which *hangeshashinto* was used. The reports also carried the description that for yin sho, used were *ninjinto*⁴⁾, *bushirichuto*, *keishikashakuyakuto*⁵⁾, *kigikenchuto*⁶⁾ and *bushikobeito*⁷⁾. And for hemorrhage, *orengedokuto*³⁾ and *kyukikyogaito*⁸⁾ were used concomitantly.

Orento is the formula that uses *cinnamomi* cortex in place of *saetellariae* Radix contained in *hangeshashinto*. *hangeshashinto* is often used for targeting at stuffiness and rigidity below the heart and rumblings of the intestines. *Orento* is often used for targeting at abdominal pains⁹⁾; this formula is said to be good for abdominal pains emerging from the region between the epigastric fossa and umbilicus (the place of acupuncture point of the anterior midline CV12)¹⁰⁾ and in many cases, pain on pressure was felt. In the case of the patient, diarrhea and abdominal pains were co-existed. I thought it better to cure abdominal pains first, for which I used *orento* resulting in a rapid decrease in the intensity of abdominal pains. However, diarrhea occurred frequently as ever, so I changed the formula to *hangeshashinto* after confirming the improvement of abdominal pains. As a result, the frequency of diarrhea decreased to less than half. If the frequency of diarrhea is more than 10 times, *kanzoshashinto* which is made by adding Licorice to *hangeshashinto* was administered.

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