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KAIM

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Editorial

Clinical Applications and Key Signs
Masayuki Kashima

Japanese Acupuncture - Current Research

Japanese Traditional Medicine Text (3) – Internal Medicine C
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- combined Oriental and Western Medical Approaches -
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Medical History in Japan

"Historical Significance of Standardization of Acupoint Locations", the Second Japanese Acupoint Committee (5)
Makoto Mayanagi

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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.

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Editorial

Clinical Applications and Key Signs

A single Kampo medicine may be applicable to various clinical conditions and diseases. For example, *goreisan* (*Poria Powder with Five Herbs*) may be prescribed for a vast range of clinical conditions including infectious gastroenteritis, edema diseases, and even headaches, hangovers, dizziness and abdominal pain. The *Shokanron* (Treatise on Cold Damage) reveals that *goreisan* was also used for certain dehydration conditions. It mentions the occurrence of post-perspiration dry mouth as a reaction to taking *goreisan*, and provides instructions on drinking plenty of warm water after taking *goreisan*. In Japan, these conditions are generally thought to be caused by so-called “water poisoning,” or abnormal water metabolism in the body. As *goreisan* is a representative prescription for treating water poisoning, it is thus considered effective against the above-mentioned conditions. Most textbooks describe *goreisan* as being effective against edema of the extremities, a typical symptom of water poisoning, and headaches and abdominal pains accompanied by such symptoms as thick tongue plaque or dry mouth.

However, in actual clinical practice, there are many cases where *goreisan* is ineffective even if such symptoms are observed, or conversely, cases where *goreisan* is effective although no signs of water poisoning are observed. Outstanding studies that aim to solve such issues have begun to appear in recent years. It has been found that *goreisan* is effective against migraine headaches that are induced by changes in atmospheric pressure, but has no significant correlation with other signs.¹ It has also been found that abdominal pains which may be treated with *goreisan* are practically unrelated to other signs, and that *goreisan* is effective against abdominal pains that are induced by eating or drinking cold foods such as ice and ice cream during the summer.² Such findings indicate that even with *goreisan* alone, the signs for identifying the responder may differ for each clinical application. It may be said that efforts to deduce the signs for identifying the responders of actual clinical applications of Kampo prescriptions beyond the bounds of conventional practices and concepts, are necessary for the advancement of future studies of Kampo medicine and enhancement of clinical performance. Moreover, such efforts also increase the possibility of discovering a clue to solving the essence of clinical conditions that prescriptions aim to treat. With regard to the examples given in relation to *goreisan*, there emerges the possibility that headaches occur when a drop in atmospheric pressure causes a change in pressure inside the skull and ultimately causes a dilation of the blood vessels in the head and edema in surrounding areas.³ There is also the possibility that abdominal pains are caused when cold foods stimulate and induce edema of the stomach lining. This writer has in fact also seen *goreisan* have a complete response to strong upper abdominal pains from edema of the lining of the stomach and duodenum accompanying advanced portal hypertension. When considering the above, it seems that *goreisan* acts against edema in various organizations of the human body. It is hoped that such mechanisms will come to be further elucidated.

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Japanese Acupuncture - Current Research

Japanese Traditional Medicine Text (3) – Internal Medicine

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C Maintenance Dialysis (Chronic Renal Failure)

1. Introduction

As of 2008, there were more than 290,000 people on maintenance dialysis in Japan, that is 1 in 438.7 people. There are more than 280,000 people on Hemodialysis (HD) and between 9,000 and 10,000 people on continuous ambulatory peritoneal dialysis (CAPD). It is estimated that 1,000 people had received kidney transplants, but a new form of maintenance dialysis allows about 300 people to remain at home. Among these groups of Dialysis patients, there has been a recent transition regarding the underlying disease. Until recently, the predominant disease was Chronic Glomerulonephritis (CGN) but since 1998 CGN is being overshadowed by the prevalence of Diabetic Nephrology. Generally speaking, people on dialysis complain of many different symptoms, these are the factors blocking an improved QOL, however, people with diabetes have many more disease-related complications requiring treatments. Perhaps because of these conditions, following the Japanese publication of research (2000) about patients who receive maintenance Dialysis, the authors from the lower branch of the Japan Society of Medical Dialysis known as “the Complementary and Alternative Medical Research Society of Maintenance Dialysis Patients (Representative Suzuki Hiromichi from the Saitama Medical University’s Department of Nephrology)”, began collaborating with other institutions to accelerate the publication of research papers. Authors from the Saitama Medical University’s Nephrology Center reported that various Dialysis patients experienced good clinical results with Acupuncture and moxibustion treatments.

2. A review of Japanese and American Acupuncture Treatment Reports Concerning Maintenance Dialysis Patients and Chronic Renal Failure

The paper (Advances in Chronic Kidney Disease 12(3): 282-291, 2005) written by Garcia and et al. at National Center for Complementary and Alternative Medicine: NCCAM, a subsidiary organization of National Institutes of Health: NIH offers commentary on the followings under the title of “acupuncture and chronic kidney disease”

1. acupuncture for kidney pain (腎疝痛の鍼)³⁾,
2. acupuncture in hypertension (高血圧症の鍼)⁴⁾,
3. acupuncture in the treatment of uremic pruritus (尿毒症性癢痒症の鍼治療)^{5,6)},
4. role of acupressure in improving the quality of sleep quality of life in patients with end-stage renal disease (末期腎疾患患者の睡眠の質/生活の質の改善における経穴圧刺激の役割)^{7,8)} and
5. dose acupressure prevent kidney inflammatory diseases? (経穴圧刺激は腎炎症性疾患を予防するか?)⁹⁾, and suggests that acupuncture has potential in this area. Kimura et al.¹⁰⁾ searched the literatures issued between 1979 and 2008 with keywords: Dialysis, Kidney, Kidney disease, Acupuncture treatment, and Acupressure in Japanese from the Japan Medical Abstracts Society site, and in English from the American National Medical Library Search site (PubMed), and as a result, 31 Japanese references and 20 American references were extracted. To summarize, the Japanese Acupuncture references included observations on physiological responses within the kidney, complications of maintenance dialysis patients, various clinical reviews of the benefits of acupuncture treatment and finally, reports of the possible adverse effects of acupuncture and moxibustion treatments. Among the most interesting reports were questionnaire surveys answered by dialysis patients about receiving acupuncture treatment. In contrast, the Western reports focused on the efficacy of acupuncture for renal colic and the pruritis (chronic

whole body itching) accompanying dialysis, renal sympathetic nerve function, and a recent report from Chin et al.,⁹ on animals with acute Nephritis pre-treated with St 36 (Ashi San Li). Of particular note was a report from a Taiwan Nurses group reporting on the clinical results of stimulating acupuncture points, they were expecting improved sleep and QOL for dialysis patients. From these accumulated references, Acupuncture analgesia for the maintenance dialysis patient was thought to be influencing the autonomic nervous system, causing a bloodstream change and possibly influencing homeostasis; and acupuncture's protective efficacy of the kidney and renal function were also suggested. An important research theme for the future included the cost-effectiveness of acupuncture in this type of patient.

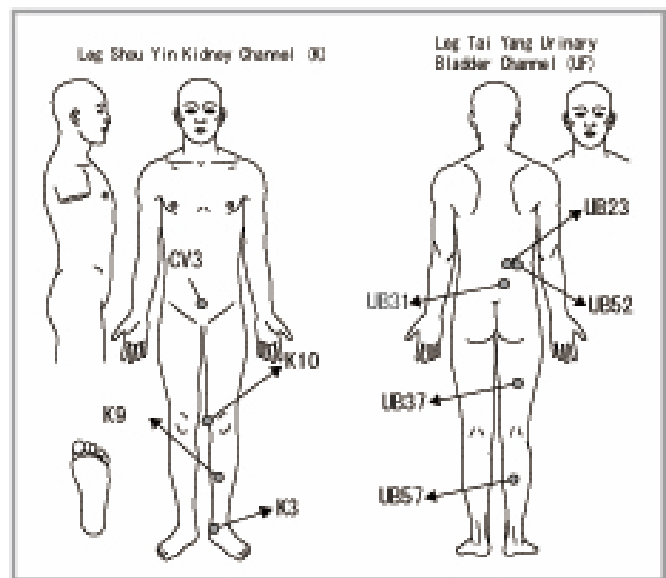
3. Acupuncture and Moxibustion Treatment outcomes for Maintenance Dialysis Patients at the Saitama East Asian Medical Center

A) Evaluation method of Acupuncture and Moxibustion treatments, protocols, and evaluations as they relate to maintenance Dialysis Patients

As was mentioned earlier, we are seeking to evaluate the situation of acupuncture and moxibustion treatment and clinical research in maintenance Dialysis patients throughout Japan. We used the treatment system of our former teacher, Serizawa Katsusuke, Professor Emeritus from Tsukuba University on our maintenance Dialysis patients. While grasping the patient's disease state through bedside and laboratory findings, we also performed a series of acupuncture treatments 1-2 times a week using Acupuncture Electro Therapy (AET) stimulating nerves, muscles and joints with the purpose of clarifying whether or not Acupuncture's analgesic effects could help raise the pain threshold for patients with (1) whole body aches, pains, weariness, itchiness etc. (2) Further, from East Asian Medical Theory we know that Kidney and Bladder function are known to influence water

metabolism and elimination, so we selected appropriate points and meridians (Chart 3) to stimulate the somatic-internal organ reflex. In order to provide a thorough method of estimating Acupuncture treatment efficacy, we compared pre- and post-treatment measurements of local pain (lower leg, lower back, shoulder joint, neck stiffness etc.) and whole body conditions (aches and pains, weariness etc) using a visual analogue scale (VAS); indicators of biochemical examinations of blood changes were statistically processed and used along side QOL measures such as the frequently used "Kidney disease quality of life short form" (KDQOL-SF) to provide a comprehensive scale of the patient's internal and clinical condition.

Chart 3 Leg Shou Yin Kidney Channel (K) / Leg Tai Yang



Urinary Bladder Channel (UB)

B) Fourteen maintenance dialysis patients (10 males, 4 females, average age 62.5+8.3 years, average time on dialysis 40.8+38.8 months, (hemodialysis) HD 7, (continuous ambulatory peritoneal dialysis) CAPD⁷ from the Saitama Medical Hospital of Nephrology were tracked for local pain, whole body symptoms, QOL issues and biochemical blood changes, were given regular acupuncture treatments for one month after which they were investigated. Of these patients, we confirmed 6 patients reported pain and cramping

in the lower leg, low back pain 4; neck stiffness 19, shoulder joint pain, thigh pain and arm pain (average 1.4 complaints per patient); 16 patients reported whole body complaints including itching and weariness (average 1.1 complaints per patient). Given one month of acupuncture treatments, the VAS scores improved ($p<0.1$, $p<0.05$) (lower values reported) demonstrating a trend toward symptom improvement. Also, after the one month series, using a patient QOL measure, MOS Short-Form 36-Item Health Survey (SF-36), with the exception of “vitality” as a response, all other responses showed increases, raising the subject QOL levels to nearly National Standard levels, however, a statistical difference was not confirmed. Comparing responses to score items, such as degree of physical and mental health, before and after acupuncture treatments, respondents reported a significant increase in their reported degree of physical health ($p>0.05$). Further, within the KDQOL-SF, scores for “Work situation” and “Relationships” showed a downward trend ($p<0.1$, $p<0.1$), especially the item, “personal condition” showed a significant increase ($p<0.05$). These results suggest that the influence of Acupuncture stimulation (that is, the points and meridians stimulated) travels along the spinal column or is a spinal nerve transmission, increasing resistance to pain, possibly inducing a whole body response.

C) An examination of differences between Dialysis type (HD, CAPD) and the relative effects of acupuncture treatment on maintenance dialysis patients.

We investigated the differences in efficacy between two groups of maintenance Dialysis patients (14 subjects, $n=7$ HD, $n=7$ CAPD) who received regular acupuncture treatments for one month. The results are as follows, within the CAPD group 10 people reported aches and pains, 8 people complained of whole body itchiness and lassitude. Following one month of regular acupuncture treatments, the VAS scores were significantly lower for these whole body

symptoms ($p<0.01$), SF-36 scores for [physical function] and [daily life physical functioning] both increased ($p<0.05$, $p<0.1$). Further, comparing scores for [physical and mental wellness] before and after the treatments, CAPD subjects reported significant increases in levels of physical health ($p<0.05$). Next, scores for KDQOL-SF within the CAPD group increased significantly ($p<0.05$). Given these results, the CAPD group enjoyed better results compared to the HD group, these results are thought to be related to differences in dialysis type and degree of kidney dysfunction.

D) Results of Long Term Acupuncture Treatments for Maintenance Dialysis patients

Next, we analyzed changes in dialysis patients following 1 year of continuous regular Acupuncture treatments. Eligibility for this study required more than one year of continuous Acupuncture treatment (subjects included 4 men and 1 woman, average age, 65.2 ± 8.2 years, HD type 1 subject, CAPD type 4 subjects; underlying disease diabetes Mellitus DM 2, non DM 3, average dialysis duration 57.2 ± 37.5 months). Once eligibility was confirmed, we collated their complaints for local symptoms (total 8 complaints: 3 lower leg numbness, 1 low back pain, 1 neck and shoulder stiffness, 1 pain and numbness in the hands and fingers, 1 post herpes related neuralgia, 1 lower leg chilliness), and whole body complaints (4 itching and 2 general malaise). Significant improvement in whole body aches and pains VAS scores were confirmed following long term acupuncture treatments, 6 months to one year ($p<0.1$, $p<0.1$), the SF-36 life style items such as “vitality” improved after one year of treatment ($p<0.05$), as did the KDQOL-SF item for “Sleep” ($p<0.05$). Also, biochemical examination of blood samples showed significant decreased in BUN (Blood Urea Nitrogen) comparing baseline levels, with 1, 3, 6 and 12 month samples ($p<0.001$, $p<0.001$, $p<0.001$, $p<0.001$), Hb (Hemoglobin) showed significant increases with just 3 months of treatment ($p<0.1$). In addition, we collected a survey of 5

patient's impressions of their progress and experience after receiving long term acupuncture treatments. They reported personal improvements in actual pain and itchiness, mood, lethargy and quality of sleep. We also collected comments reporting improvements in the excretory function of the kidney and anemia. As a result of long term acupuncture treatments, we can suggest that in addition to various medical therapies and nutritional support, continuing acupuncture treatments improves the patients QOL by reducing whole body symptoms and assisting general kidney function and improving Hemoglobin levels for patients with anemia.

E) Effectiveness of Acupuncture for Maintenance Dialysis Patients with Peripheral Artery Disease (PAD)

Peripheral artery Disease is usually divided into functional and organic artery disease. Until recently, researchers have postulated that the efficacy of Acupuncture for Raynaud's phenomenon is due to its influence on the autonomic nervous system in general and the sympathetic nervous system in particular, that is, it might encourage the dilation of the capillaries of the affected limb nail bed, improving local circulation and thereby alleviating pain¹¹. Therefore, we investigated the effects of acupuncture in maintenance dialysis patients who often experience PAD as a complication. The subjects in this trial were 9 maintenance Dialysis patients with Arteriosclerosis Obliterans (ASO) (average age 65.1±7.3, 7 males, 2 females, 6 DM, 3 non DM, 2 Fontaine Classification I, 3 Fontaine Classification II, 3 Class III, 1 Class IV). The acupuncture protocol included electro acupuncture at St 36 and Sp6 on the diseased lower leg; we tracked skin perfusion pressure (SPP) and transdermal oxygen tension (tcPO₂). In addition, following a month of once or twice weekly acupuncture treatments, we compared pre- and post- treatment tcPO₂ with SPP measurements and conducted VAS and KDQOL-SF evaluations. We found significant increases in SPP

measurements in the dorsal area of the foot and at the medial malleolus following one month of AET ($p<0.05$, $p<0.001$), further, SPP increased significantly in all measured areas ($p<0.05$, $p<0.05$, $p<0.05$, $p<0.01$). Also, one month following the treatments, the SF-36 item for "Body Function" rose significantly ($p<0.05$). One possible mechanism for Acupuncture treatment efficacy could be the physical, mechanical stimulation by the needle and electrical stimulation influences dermal and muscular micro circulation, increasing blood vessel reactivity stimulated by the autonomic nervous system or vessel dilating peptides.

F) The possibility of using Acupuncture Treatment for maintenance Dialysis Patients with Pruritis Itchiness is one representative peripheral symptom that includes atopic dermatitis, contact dermatitis, hives, drug-related skin eruptions, various dermatological conditions affecting the skin and mucous membranes, and in particular, there are many articles presenting supportive evidence for Acupuncture and Moxibustion as effective modalities for atopic-dermatitis¹³. In contrast, the itchiness of the maintenance Dialysis patient is thought to be stimulated or suppressed by the central nervous system. Recently, selective activation of k receptors by Nalfurafine Hydrochloride has been attracting attention for its ability to suppress itchiness. In contrast, investigations of acupuncture treatment for the itchiness associated with maintenance Dialysis suggest acupuncture at LI11(曲池) appears to be effective^{5,6}. These researchers then used the VAS and KDQOL-SF indexes to investigate the effectiveness of acupuncture treatments on the whole body itchiness experienced by dialysis patients. The acupuncture protocol included bi-lateral AET of 1Hz for 10 minutes at LI 4 (合谷) and LI11 (曲池). Following one month of Acupuncture treatments, patients reported a significant increase in the KDQOL-SF index for "Symptom" ($p<0.05$). Additionally, following one year of regular

treatments, patient VAS scores showed significant decreases for “itchiness” ($p < 0.1$). These results suggest that acupuncture treatments control β endorphin (μ receptors) through the upper central nervous stimulation, and stimulation of Dinorphin (k receptors), these mutually balancing actions are thought to improve whole body itching in maintenance dialysis patients.

4. The Future Direction of Acupuncture Treatment for Maintenance Dialysis Patients

Since 2007, the Japanese Association of Acupuncturists, Inc. has sponsored 4 Specialist Training System Seminars on “Acupuncture Moxibustion Medical Care Risk Management”, to be implemented in every prefecture throughout Japan. There is now a pressing need not only for dialysis patients, but also the medical care providers (Dialysis physicians, engineers and nurses) to stimulate interest in Acupuncture treatment, and at the same time, to insure the importance of risk management in this domain while securing the safety of Acupuncture treatments. Additionally, current research themes for Acupuncture treatment include improving patient QOL, but accumulated data also includes research on the treatment of Fibromyalgia in Dialysis patients, efficacy for Kidney function¹⁴ and disease in an attempt to delay dialysis by preventing disease progression and finally the cost-effectiveness of acupuncture treatment and reducing the high cost of dialysis patient health care. Finally, we are coming into a status defining time for Acupuncturists, clearly we must take up our role and position within the medical team attending in the Dialysis Room, it is one clear way for the next generation of young Acupuncturists to make their appearance in the upcoming medical transition.

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Kampo Medicine - Current Research

Essentials of Pediatric Kampo Medicines (1)

Hideaki Yamaguchi

Introduction

Twelve years have passed since Kampo medicine has officially been integrated into formal medical education in Japan and by now almost all universities offer relevant lectures. There seems to be a gradually increasing interest in Kampo medicines as applied to the field of pediatrics. However, apparently many pediatricians still seem to be under the impression, that both Kampo as a subject and Kampo medicines are difficult to understand.

The author has for a long time been trying to systematize Kampo as applied to pediatrics (for convenience termed in this article "pediatric Kampo") and thereby facilitate comprehension¹⁻³. Therefore I would like to arrange in this article the usage of Kampo medicines following modern clinical pediatric concepts and classified Kampo medicines from the aspect of their beneficial effects. Also, since I will explain individual Kampo medicines in greater detail later, in this article the relevant descriptions have been kept to a minimum.

What are Kampo Medicines?

Kampo medicine usually refers to combinations of several crude drugs (roots of plants, stalks, fruits, minerals, small animal parts subjected to simple processing) that are used for therapeutic purposes, thus representing complex compositions containing many chemical substances. Astonishingly, the basic compositions of most of the Kampo medicines currently used in Japan in the form of extracts have already been established 2,000 years ago, but no historical materials detailing the process of this establishment have been left behind.

The people in ancient China likely chose drugs in order to survive based on primitive sensation and experience, thereby compiling a group of natural products, later combined certain forms of processing and in this way conceivably created through enormous, cumulative efforts said Kampo medicines suitable to treat a variety of pathologic conditions. This work was done at a time when neither statistical processing nor analysis of the components were possible. To accomplish it, the people had to rely solely on the elicited body reactions and their very keen observation, so that this unimaginable work rightfully should probably be called a piece of intellectual property of the human race, something that probably cannot be build a second time.

Multiple therapeutic effects of complex compositions

A characteristic of Kampo medicines as drugs is, that they possess multiple therapeutic effects. Let me explain using a representative antitussive (*bakumondoto*). *Bakumondoto* is composed of the six crude drugs listed in Table 1 and each individual crude drug has several pharmacological effects. The result is, that apart from the antitussive main effect of *Bakumondoto* it also has enriching and moistening effects, improves gastrointestinal function, is emotionally stabilizing and has other secondary effects. Each of these effects is related to the other effects and helps to augment the main action. Precisely these multiple therapeutic effects represent the characteristic of Kampo medicines.

In the human body multiple functional systems are interrelated. If disturbances of these functional systems of the human body could be rebalanced through these Kampo medicinal actions, that might ultimately lead to a harmonization of the entire body.

Table 1 Bakumondoto Composition & Drug effects	
Galenical	Action
Ophiopogonis Tuber	antitussive (strong); enriching and moistening; mildly emotionally stabilizing
Ginseng Radix	improves digestive functions; mildly enriching and moistening
Zizyphi Fructus	improves digestive functions; mildly enriching and moistening; emotionally stabilizing
Glycyrrhizae Radix	improves digestive functions; mildly enriching and moistening
Oryzas Fructus	improves digestive functions; mildly enriching and moistening
Pinelliae Tuber	antitussive and expectorant; antiemetic
Overall action (drug effect): (1) antitussive, (2) enriching and moistening (retaining water, moistening the body), (3) improving gastrointestinal functions, (4) mildly emotionally stabilizing	

What is pediatric Kampo?

Pediatric Kampo in Japan can be defined as the use of Kampo medicines indicated for characteristic pediatric pathologic conditions. The course of its establishment is not necessarily clear, but most likely has been transmitted in ancient times from China to Japan and the accumulated experiences pertaining to the use of Kampo medicines for infants have in recent years be organized by pediatricians from a Western medical point of view. Moreover, in conjunction with the spread of extract preparations, the results of wide-ranging clinical research have helped to promote a general compilation of the relevant knowledge. A portion of it includes statistically proven evidence, but most of the material is the accumulation of experience handed down from the past that is now applied in modern clinical practice. Based on the described development of the use of Kampo medicines Chinese medical pediatrics as the field of pediatrics within the framework of traditional Chinese medicine differs slightly from the use of the Kampo medicines themselves.

Table 2 shows the characteristics of pediatric Kampo. In this context it is important to note, that in the various Asian countries there are different licenses for the practice of Western and traditional Chinese medicine, whereas in Japan both Western and Kampo medicine are unified in one medical system. The current complementary use of Kampo medicines within the Western medical clinical setting can be called an outstanding system. Next, many of the Kampo medicines originated from classic texts like the "Shan Han Lun" of the Later Han dynasty and almost all of these preparations are not used as decoctions, but rather as extract preparations. This makes fine adjustments based on individual cases difficult, but ensures a high product quality and above all makes them very convenient, easy to use in

clinical practice.

However, as described above, since pediatric Kampo includes a mixture of various different concepts like traditional Chinese medicine, accumulation of characteristic Japanese experience, Western medical evidence etc., it tends to be rather ill-defined and thus has the disadvantage of being difficult to understand.

Table 2 Characteristics of Pediatric Kampo	
1)	Before patients may be treated with Kampo, all are first assessed according to Western medicine (unified system).
2)	Almost all used preparations are extracts, most of which originate from classics based on the Shang Han Lun.
3)	Basically, preparations are matched to symptoms (formulation corresponding to a Kampo diagnosis), but they are also often matched to Western medical diagnoses.
4)	Many experiences with children have been handed down probably from the Edo period and in recent years been systematized from a Western medical point of

What is the reasoning behind the use of Kampo medicines in pediatrics?

Medical practice must necessarily be based on a solid foundation. Today it is common knowledge, that the concept of evidence-based medicine is gradually being established, where clear standards for the reliability of the practice are shown. However, regarding traditional medicine the evaluation of hundreds, sometimes thousands of years of experience still remains subject of debate. As this may be, I would like to concisely organize the reasoning behind pediatric Kampo.

1. Kampo medical reasoning

Providing bibliographically original proof in actual practice is very difficult, but mainly from the Edo period until the Showa period various Kampo physicians (groups) have used classical pediatric formulas in children and thought to have meticulously communicated a wealth of accumulated clinical experiences to us. Naturally, all this knowledge relies on the concepts of traditional medicine cultivated in China and Japan and has not been transmitted based on systematic concepts of pediatric Kampo (system). Moreover, that was a matching of formulas thought to treat basic symptoms (pattern).

On the other hand, Chinese traditional pediatrics follows the theoretical system of traditional Chinese medicine and although its theory is easily comprehensible, a treatment essentially based on the use of individual crude drugs renders its clinical application in Japan in certain cases difficult. Thus, I will restrict myself in this article to the partial introduction of those concepts.

2. Western medical reasoning (so-called EBM)

From the above follows (the in Japan handed down usage of Kampo medicines) that currently Western medical clinicians, mostly pediatricians, rely on Western medical pathology (patterns) as viewed from a Western medical point of view to

rename those pathologies and diseases and focused their attention on the correlation with corresponding formulas. In particular, since Kampo medical extracts are now covered by the insurance, a trend that became more conspicuous after 1976 and in the wake of which various results have been reported. These trends signify a reconfirmation of the tradition.

Opposed to pharmaceuticals developed intentionally with values for giant markets, Kampo medicines have statistically a relatively low chance of achieving good results, but centering on case series studies experiences with their use are steadily accumulating and attempts are made to reorganize the traditional experiences.

Frequently used formulas in pediatric Kampo and their classification according to drug effects

Taking these characteristics of pediatric Kampo into account, I will describe Kampo medicines that are convenient to use in children as viewed classified according to their drug effects from the point of view of both the Kampo medical reasoning as well as Western medical results. I am going to present the subject after performing a certain degree of integration of systematized traditional Chinese medical theory, will try to avoid Kampo medical technical terminology and describe the pediatric Kampo as simple as possible. However, Kampo contains a lot of elements that are very difficult to explain using Western medical concepts, so that I would like to ask you to bear with me regarding ambiguous theories and feelings of estrangement regarding technical terms. Also, in this article I refrained from citing passages and other detailed explanations regarding the individual preparations.

The developing pediatric physiology in ancient China was viewed as characterized by a pure yang body constitution, immature yin and yang, two excesses (heart, liver), three deficiencies (lung, spleen and kidney) and the like. Among these in particular the concept of the two excesses and three

deficiencies is important. Its modern interpretation would be as follows.

1. Easy development of fever, easy occurrence of convulsions or disturbances of consciousness
2. Easy excitability, mental instability
3. Immature gastrointestinal function, which may easily lead to decreased function
4. Immature respiratory function, which may easily lead to decreased function
5. Insufficient vital energy may easily lead to impaired growth and development.

These characteristics are even today commonly observed and can be understood without any feeling of estrangement from a Western medical point of view. In East Asia traditional medical systems tried to respond to pathological conditions corresponding to the above listed characteristics. In Japan this system was until the Meiji period Kampo. Naturally, as compared to modern medicine the therapy was extremely limited, but nevertheless a noticeable amount of therapeutic experiences accumulated and this accumulation of experiences today has been refined and allows to complement areas in pediatrics, where Western medicine is not so strong and in this way provides a useful means of maintaining the health of children. Below I will explain the actions of Kampo medicines corresponding to the 5 characteristics listed above, adding another important characteristic of Kampo medicines and try to describe representative formulas matching as far as possible the needs of pediatric primary care.

1. Easy development of fever, easy occurrence of convulsions or disturbances of consciousness
→ Kampo medicines with immunoregulatory actions
2. Easy excitability, mental instability
→ Kampo medicines with emotionally stabilizing functions
3. Immature gastrointestinal function, which may easily lead to decreased function

→ Kampo medicines with gastrointestinal improving functions

4. Immature respiratory function, which may easily lead to decreased function
→ Kampo medicines with antitussive actions, acting on the nasal cavity and paranasal sinis
5. Easy occurrence of impaired growth and development, weak vital energy
→ Kampo medicines with growth assisting actions
6. Additional item
→ Kampo medicines acting to regulate water metabolism

1. Kampo medicines with actions to regulate immune functions

Historically infections are the most important medical topic. There is an outstanding guideline regarding the treatment of acute infections with Kampo medicines that was written approximately 2,000 years ago and even today remains an indispensable bedside reference, the "Shang Han Lun" (later Han dynasty). During the Qing dynasty a discussion of infections from a different point of view (Treatise on febrile disease = Wen Ren Lun) was also proposed. These works provide a detailed classification of the course and symptoms of infections associated with fever and used different Kampo medicines depending on the stage of the disease and the presenting symptoms.

In case of infections [the sum of all involved biologic activities of infectious agents entering the body, the corresponding biologic reaction and the acquired immunity]⁴ experimentally administered Kampo medicines may not have much outstanding direct antiviral or antibacterial actions, but their actions are considered to be mainly directed at regulating body responses (anti-inflammatory action). Almost all pediatric infections are acute with a fast progress after onset, accordingly requiring a quick and appropriate judgment. Kampo treatment of infectious diseases is very varied and complex, but

here I would like to describe only easily applicable methods under the current conditions.

First, there are various reports about the effects of *ogito* for the treatment of influenza. Primarily, it is used as a single dose during the early phase to lower the fever through sweating and should be stopped once defervescence has been achieved.

Animal experiments verified that *kakkonto*, a formula with a purpose similar to that of the aforementioned formula, has an influence on the cytokine production⁵⁾. In this context the correlation to the prevention of influenza-associated encephalopathy as a form of a cytokine storm is of interest, but there are no related reports yet.

Next, when the fever in acute infections, including influenza, is followed by lingering low-grade fever and symptoms of malaise etc., *shosaikoto* should be considered. Although there are no statistical reports, in the classics its use is commonsense and the criteria for its application are given in the classics ("Shang Han Lun").

Also, it has long been known that for infections like recurrent tonsillitis, recurrent middle ear infections that may recur several times a year either a combination of *shosaikoto* and *kikyosekkoto* or *Saikoseikanto* is beneficial. In case of recurrent tonsillitis their long-term use reportedly led in 50-80% of the cases to a marked reduction in the incidence^{6,7)}. These cases could possibly include the auto-inflammatory syndrome PFAPA (periodic fever, aphthous stomatitis, pharyngitis and adenitis syndrome). By the way, the author has used decoctions for 5 patients with PFAPA and achieved in all cases marked improvements⁸⁾. Also, perianal abscesses often recur in short intervals, making incisions necessary. In these cases *juzendaihoto* or *hainosankyuto* are very effective^{9,10)}.

Thus, if local infections and inflammations recur while no clear immune insufficiency is observed and because there is no effective Western medical pharmacotherapy, Kampo medicines are considered worth using as unique immune modulators.

(1) Regarding the acute phase

* Early stage of influenza: *maoto*, *kakkonto*

* Low-grade fever after the acute phase, malaise: *saikokeishito*

(2) For recurrent infections (in case of recurrent tonsillitis, middle ear infection, perianal abscesses etc.)

* During intermissions, when looking for stronger anti-inflammatory actions: *shosaikoto*, *saikokeishito*

* When looking for invigorating actions, expecting this to prevent secondary recurrences (as detailed below, this methods resembles utilizing gastrointestinal function improving actions): *juzendaihoto*, *hochuekkito*, *ogikenchuto*

* During exacerbations (using something with strong anti-inflammatory actions)

kikyosekkoto: in particular for upper respiratory inflammations

hainosankyuto: in particular for suppurative diseases

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(Continue to the next issue)

Clinical Report 1 (Acupuncture)

*A Case Where Treatment of Heberden's Nodes
Associated DIP Arthralgia with Acupuncture and
Moxibustion was Considered Effective
- combined Oriental and Western Medical Approaches -*

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Introduction

The educational system requires of Japanese acupuncturists to acquire not only Oriental medical knowledge and skills for the assessment of pathological conditions, but also knowledge and skills for relevant Western medical assessment during the obligatory education to obtain their licenses. This leads to situations, where both Western and Eastern perspectives coexist during the treatment.

This kind of treatment is sometimes criticized for a lack of clarity regarding therapeutic concepts and healing mechanisms, but it may nevertheless lead to improvements of the patient's symptoms.

In this paper I report a case in which Heberden's nodes presumably were involved in the development of joint deformity and arthralgia of DIP joints of both hands, where acupuncture and moxibustion treatment using an Oriental medical approach taking the organs and viscera (zang fu) as well as local phenomena into account and a Western medical approach dealing with the local condition was administered and thought to have led to an alleviation of the complaints.

[Case]

< Chief complaint >

Pain of the DIP deformities of the second and third digit of both hands.

< Sex > female

< Age > 80 years

< Present illness >

Four years before the first consultation she noticed deformation of the second and third digits and in January of the year of her consultation started to experience pain. During visits to a local physician

(orthopedist) for periodic osteoporosis examinations x-ray findings of the second and third digits of both hands showed deformities of the joints, but both deformities and pain were considered to be due to age and thus not actively treated. Pain developing after work using the hands and strong pain occurring, when something comes into contact with the deformed joints as well as recommendation by her family caused her to seek acupuncture and moxibustion treatment, which was initiated from July of the year of the consultation.

< Past history >

Viral hepatitis (25 years ago; type of virus unknown; stationary treatment in a hospital for half a year; currently in remission);

Diabetes (25 years ago; HbA1c fluctuating around 6.8%; currently regular ambulatory treatment; maintenance through exercise and dietary restrictions);

No history of injury to the hands;

< Current condition > Height 151 cm, weight 43 kg; blood pressure 103/64 mmHg, pulse 71 bpm, kyphosis;

Good appetite with a tendency towards becoming excessive; one bowel movement per day; no constipation or diarrhea; sleep is good, but she frequently goes to bed past midnight.

< Local findings >

The DIP joint of the right second digit on the radial and ulnar side, the DIP joint of the left third digit on the radial and ulnar side and the radial side of the left and right fifth digit showed dorsal swelling like deformities. At the sites of the chief complaint neither reddening nor swelling were observed, but in either case the joints were slightly warmer than the PIP joints of the same finger.

< Oriental medical findings >

The skin lacked moisture, among the three bilateral radial pulses the left chi pulse was somewhat weak. The pulse was generally floating, surging. The body of the tongue was red and dry. The tongue coating was slightly thick and of a faint yellow color.

< Aggravating factors >

Work using the fingers. Physical contact with the DIP joints.

< Relieving factors >

Were not observed.

[Pathology]

< Assessment of the condition from an Oriental medical point of view >

Based on the old age, comparative pulse diagnosis showing a weak left chi pulse and the bone deformities kidney deficiency is conceivable. The lack of skin moisture, floating pulse, red and dry tongue body, faintly yellow tongue coat indicate the presence of a mild degree of heat. Surges of appetite were associated with slight thickening of the tongue coat, suggesting the presence of internal dampness. Summarizing these findings makes it conceivable, that the deformities of the fingers caused peripheral stagnation leading to the pain before a background of kidney deficiency induced deficiency heat and a mild degree of internal dampness.

< Assessment of the condition from a modern medical point of view >

Based on the disagreement with the relevant diagnostic criteria for articular rheumatism and due to the lack of a history of trauma of the fingers posttraumatic sequelae could be ruled out.

Marked swelling, reddening and dysfunction were not observed, but compared to the PIP joints the affected regions were slightly warmer, suggesting the possibility of a chronic inflammation. Accordingly, the base condition was considered to be a Heberden's nodes induced chronic inflammation causing the pain.

[Therapeutic course]

Treatment policy 1

The treatment was administered based on Oriental medical views. The adopted treatment policy aimed at supplementing the kidneys in order to improve the yin deficiency and thus achieve alleviation of the heat. For that purpose the affected regions were

needed using a reducing technique, draining the stagnating heat and eliminating the pain.

The points were mainly chosen from among acupoints showing deficiency reactions on the lesser yin channel of the foot and during the treatment other points added as required for the treatment purpose based on pulse and tongue findings.

A 1-week treatment interval was adopted.

< First treatment >

Needling: using stainless steel needles made by Seirin (applies to other instances below too)

0.14 mm × 30 mm KI3, LU8 (needle twirling after piercing the skin, retaining the needles for 15 min; if not stated otherwise, the same technique was used for the following treatments too);

single short insertions into the affected regions of the left and right 2nd and 3rd digits (insertion depth 1-2 mm, immediate removal).

No changes immediately afterward.

Questioning the patient at the second visit revealed, that there had been no changes in symptoms at all after the treatment.

Since the patient experienced the symptoms as intense stress and because I had no prior experiences treating such symptoms, I chose to change the treatment policy and observe the course.

< Second treatment policy > Through application of heat stimuli to the regions of the chief complaint in order to elicit changes in hemodynamics and thereby reduce the local influence of inflammatory substances and promote tissue healing mechanisms I tried to achieve relief of the chronic inflammation and alleviate the pain (Western medical approach).

Further, the treatment administered according to the initial treatment policy expected to activate healing mechanisms via its effects on the entire body is continued. If necessary, reducing acupuncture techniques are applied regionally in order to eliminate heat (Oriental medical approach).

< Second treatment >

Pulse: left chi pulse and right guan pulse: weak;
 Tongue: enlarged, dental indentations;
 The general condition did not change, but a spleen deficiency became prominent.
 Needling: 0.14 mm × 30 mm right KI7, left SP3
 Heat-sensing moxibustion (using little paper mats on the skin; applies also to subsequent treatments): 7 half rice-grain sized cones each, on the finger tips of left and right 2nd digit, left 3rd digit tip, apex of the affected DIP joints and dorsal side;
 No changes immediately afterward. There was no pain for 2-3 days starting from the next day.

< Fifth treatment >

Pulse: left cun mai and chi mai were both weak and slightly choppy;
 Tongue: somewhat dark and a little red;
 Kidney deficiency, yin deficiency.
 After the last treatment there was no pain in the third digit on both sides. Unless hit by something, the second digit of both hands too was not painful.
 Needling: 0.14 mm × 30 mm KI3, LR3, right SP6;
 Heat-sensing moxibustion: 7 half rice-grain sized cones each, ulnar and radial sides of the DIP joints of the left and right 2nd and 3rd digits.
 No marked changes immediately afterward. After that the pain of the 3rd digit of both hands was completely alleviated for a period of 2 months.

< Eighth treatment >

Pulse: right guan pulse: thin, wiry, slightly choppy;
 Tongue: enlarged, tongue in the center of the tongue yellow, peeled coating;
 Spleen deficiency, yin deficiency.
 Swelling, reddening and pain distal of the 2nd right digit DIP joint, on the ulnar side of the left 2nd DIP joint. She pinched her right 2nd digit 2-3 days ago in a door and accidentally hit the left 2nd digit too, causing pain in both fingers. The affected regions showed signs of acute inflammation probably due to the contusion, so that I refrained from applying warming therapy using moxa, administering only

Oriental medical view based acupuncture treatment instead.

Needling: 0.14 mm × 30 mm left SP3, scattered short pricking around the DIP joints of the left and right 2nd digits;
 0.16 × 30 mm; left LU6, right ST36.

Immediately after the treatment the patient felt some relief of the pain. Over a period of two days after the treatment the swelling and pain decreased.

< Sixteenth treatment >

Pulse: on the surface very elastic, deficient in the depth, left chi pulse was choppy;
 Tongue: thick coating;
 Liver yin deficiency, internal dampness;
 After the 15th treatment there was pain for two days following the treatment, but relieved later. The patient paints pictures as a hobby, but even after holding paintbrushes for a whole day the right 2nd digit did not hurt. The left 2nd digit is a little difficult to bend.

Needling: 0.14 mm × 30 mm LR3, right KI7 needling the ulnar and radial sides of left and right 2nd digit DIP joints (single short insertions, immediate removal);

Heat sensing moxibustion: 5 half rice-grain sized cones each, ulnar, radial and palmar sides of left and right 2nd digit DIP joints.

No marked changes immediately after the treatment. Later after the treatment symptoms of the right 2nd digit were alleviated and mobility improved.

< 21st treatment >

Pulse: flooding, right guan pulse: choppy;
 Tongue: slightly dark red;
 Tongue coat: slightly greasy, yellow;
 Spleen deficiency, internal dampness leading to yin deficiency.

The patient experienced pain on the ulnar side of the left 2nd digit DIP joint and on both the ulnar and radial side of the right 2nd digit, but the pain was worse on the left.

Since last week mildly overeating.

Needling: 0.16 mm × 30 mm, KI7, SP3

Tip of the right 2nd digit and at the nail base of the left and right 2nd digits (in either case non-penetrating needling);

Heat sensing moxibustion: 7 half rice-grain sized cones each, apex of left and right 2nd digit DIP joints deformities and palmar.

Assessing the pain after the treatment using a Visual Analog Scale showed, that when the condition at the first visit was defined as 100 mm, it was by now 27 mm.

After that the symptoms remained alleviated and the treatment is currently still continued.

[Discussion]

In this case the acupuncture and moxibustion treatment was considered to have brought about alleviation of the symptoms, because there were no changes in lifestyle before and after the intervention and no other treatment was administered.

However, it is difficult to identify whether the treatment performed from an Oriental medical point of view or the treatment from a Western medical point of view had been effective.

While the therapeutic effects achieved by the Oriental medical approach adopted during the first session could not be confirmed, the locally administered Western medical thermal stimulation added from second session led to improvements of the chief complaint. These findings suggest that the Western medical assessment based approach of the condition had played a major role in the alleviation of the chief complaint.

On the other hand, the Oriental medical assessment of the physical condition based on pulse and tongue findings and the consistent therapeutic approach based on this Oriental medical assessment still continues and ignoring its influence would not be appropriate.

In particular during the eighth session, when I chose not to administer moxibustion treatment to prevent aggravation of the probably contusion induced acute inflammation of the affected region and used only

the Oriental medical approach, alleviation of the symptoms was achieved after the treatment.

While in this case the use of moxibustion as thermal stimulation was related to the Western medical approach, the local effects possibly induced direct tissue healing mechanisms in the affected regions, whereas the Oriental medical approach resulted in an improvement of the physical condition as a manifestation of the relevant healing mechanisms, possibly providing the background before which the chief complaints were alleviated. Again, alleviation of the chief complaint achieved during the eighth session indicates the usefulness of scattered short pricking for the treatment of increased pain due to acute inflammation.

Based on the above describe findings it seems appropriate to consider a local Oriental medical approach based on organ and viscera (zang fu) and symptoms combined with a Western medical approach to be effective.

However, in order to perform treatment yielding stable and predictable results further accumulation and case reports and their investigation is necessary to clarify the exact role of Oriental and Western medical approaches for the alleviation of the chief complaint.

[Conclusion]

This case suggests, that acupuncture and moxibustion treatment is effective for reducing DIP arthralgia caused by Heberden's nodes. Here a combination of Western and Oriental medical approaches is considered to be therapeutically effective.

Regarding the therapeutic role Oriental and Western medical approaches respectively play further investigations are required.

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, stomachpain 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 successful 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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(continued from KAIM Journal vol.6 no.1, no.2, no.3 and no.4)

4. Secondary standardization – unification on the theoretical level

After the first century and through the spread of metal needles the confusion about meridians and acupoints deepened, so that people were forced to come to a solution through standardization based on the original form of the "Sun Wen" and "Ling Shu". On the other hand the "Sun Wen" and "Ling Shu" describe medical basics in general, but are not necessarily a text specializing in acupuncture and moxibustion.

At this point the theories of that time were organized through the "Hall of Brilliance" (Ming Tang) around the third century, determining as a specialized text of meridians and acupoints the 12 regular and eight extraordinary meridians as well as their 349 acupoints. Figure 6 shows a reproduction of the first volume of the "Huangdi Neijing Mingtang" commented by Yang Shangshan during the early Tang period of the Kamakura period manuscript [8]. The roots go back to the books brought back by Japanese embassies to the Tang court and have later been handed down only in Japan, but were scattered and ultimately lost in China. As can be seen from the Figure, the text of the original reads "The lungs. The lungs have a weight of three jin and three liang, it has two parts divided into six lobes ...", showing that the individual viscera and bowels were described from the point of view of the visceral manifestation theory, detailing meridians, acupoints and finally concrete instructions for acupuncture and moxibustion treatment.

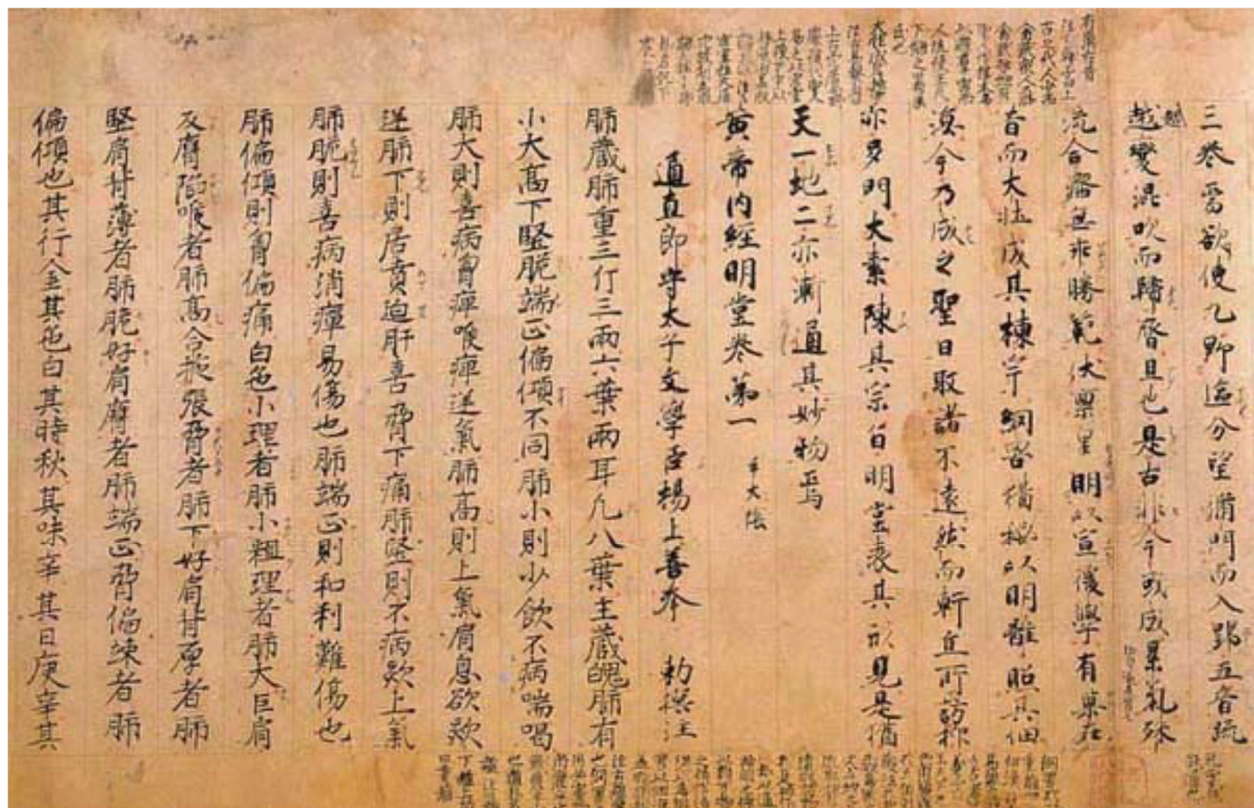


Figure 6 Huangdi Neijing Mingtang with commentaries by Yang Shangshan

Moreover, Anonymous person recompiled the original "Ming Tang" and "Sun Wen" / "Ling Shu" texts specializing on acupuncture and moxibustion, but in the latter half of the 4th century in the "Jia Yi Jing" (Systematic Classic of Acupuncture and Moxibustion) not 365 points, but 356 points are listed [9]. Also, using quotes from The first volume of the "Huangdi Neijing Ming Tang" with commentaries by Yang Shangshan transmitted to Japan served and the "Jia Yi Jing" or "Ishinpo", a considerably detailed restoration could be completed through cooperation of China and Japan. Professor Huan Longxiang of the China Academy of Chinese Medical Sciences "Collection of lectures on the Huang Di Ming Tong text" [10] and Hiroshi Kosoto's compilation of the Japan Nei Jing Medical Society's "Huang Di Ming Tong" [11] are the results. Based on those we have now been able to obtain an almost complete view of the second standardization.



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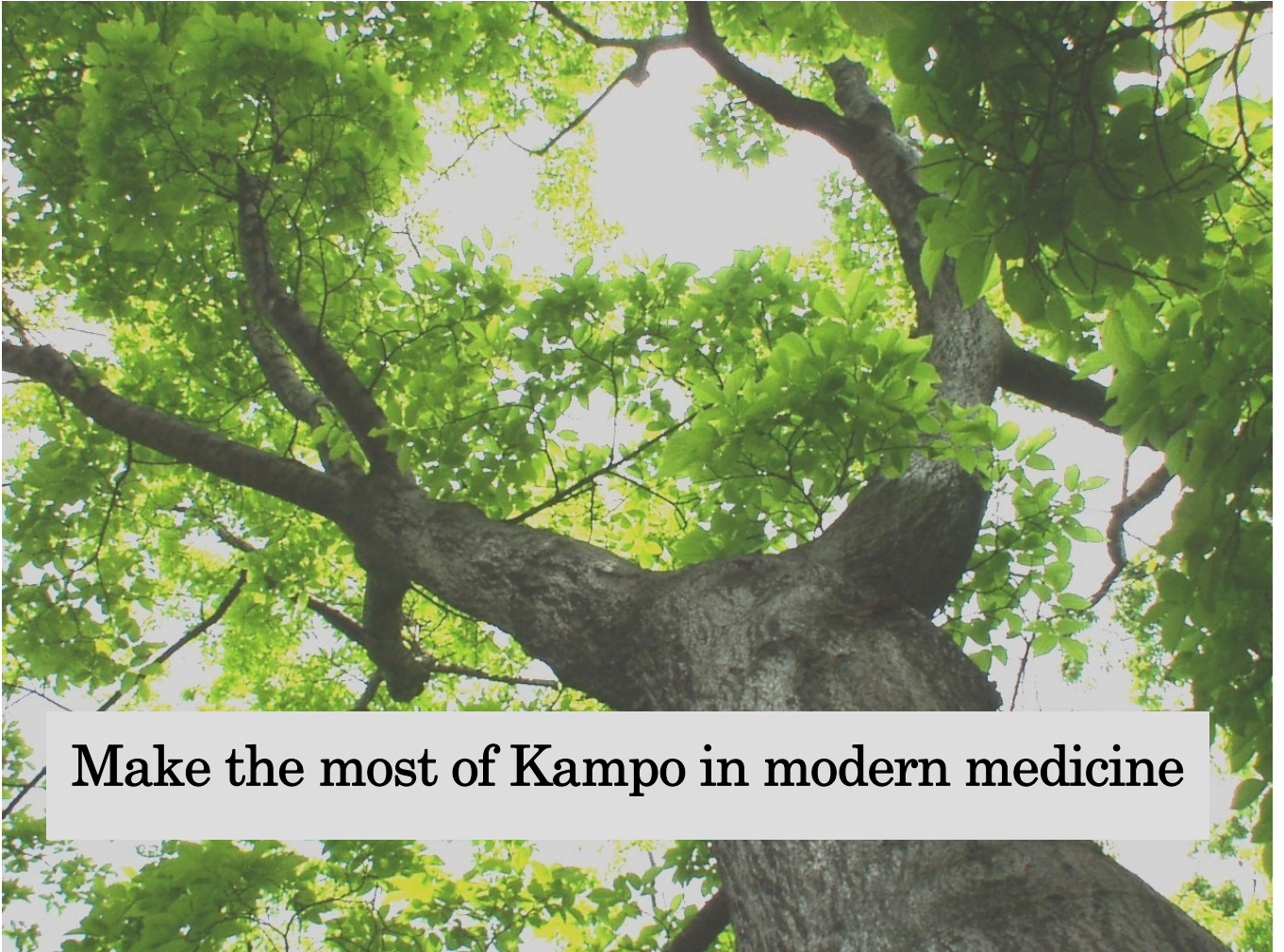
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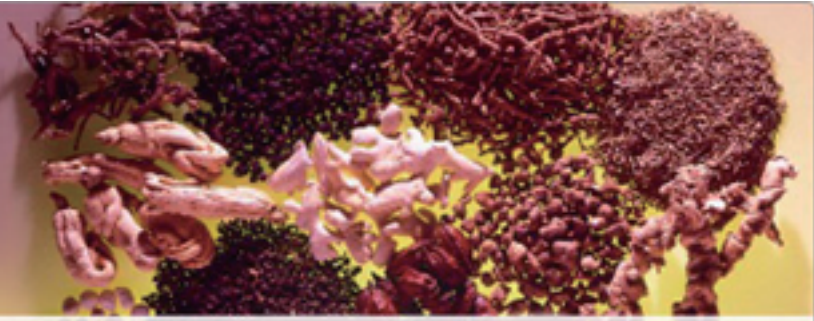
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