



# KAIM

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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

### *The Difference between TCM and Kampo Medicine*

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Do you know the difference between TCM and Japanese Kampo medicine? Both are traditional medicine of Eastern Asia originating in ancient Chinese medicine, they use practically the same drugs, and they utilize prescriptions that have the same names. However, their difference lies in the process from diagnosis to therapy.

TCM is a combination of physiology, anatomy, etiology, pathology, and their therapeutics, based mainly on the Theory of Yin-Yang and the Five Elements and other ancient Chinese philosophical theories. The therapeutics is performed by applying pharmacognosy and prescriptionology that stem from the same theories.

Over time, this system developed with the influence of medicine from the West, as well as of Buddhism and Taoism. By the end of the 16th century, it formed a large region of medical culture that included the Korean Peninsula, Japan and Vietnam.

This situation continued for about a century, when a change occurred—in Japan only. The change was triggered by the strong influence that the boom in *Shang han lun* studies in 17th-century China had on Japan. Furthermore, at around the same time, a movement occurred that claimed that Japan's world of thought which mainly centered on Neo-Confucianism should embrace a revival to Confucianism. In response to this movement, a school of medicine emerged, which claimed that medicine should also attach foremost importance on the great classic of ancient Chinese medicine, *Shang han lun*. Yoshimasu Todo, who belonged to this school, invented a system for using prescriptions written in the *Shang han lun* according to their written descriptions. The system did not place weight on assessing pathological patterns (referred to as “patterns<sup>TM1</sup>” in ICD-11) in TCM, but aimed solely to determine the best prescription to administer to each patient.

After Yoshimasu announced his system, the medical community in Japan fell largely into confusion, and a huge debate erupted between pro- and anti-Yoshimasu groups. Ultimately, the supporters won the debate, and other schools were left to merely pass down their lineage. One reason for Yoshimasu's success was that he focused on utilizing the basic prescriptions of *Shang han lun*. Another reason was because the system could directly determine which prescription was needed by each patient by assessing their signs and symptoms, without applying TCM theories to therapy.

However, there were many problems in applying the descriptions of the classic work to patients as they are. New physicians needed to study under a distinguished mentor for a certain duration and, above all, they needed to gain first-hand experience. Thus, physicians of succeeding generations established categorical classifications within the system's structure that directly linked symptoms to prescriptions, and devised an expedient that would facilitate the selection of the best prescription for each patient. Today, the Japanese Society of Oriental Medicine recommends this variation. It uses the three basic elements of qi-blood-fluid, yin/yang, exterior/interior, cold/heat, deficiency/excess, and the six stage patterns as auxiliary classifications for the selection of the best prescription, and does not analyze them for the purpose of analysis.

The advantage of this Japanese system lies in being able to utilize the accumulation of knowhow for administering the excellent prescriptions of the *Shang han lun* by incorporating them into the system. Furthermore, it is worthy of special mention that it facilitates clinical studies by utilizing extract preparations by prescription units. The standards of extract preparations by pharmaceutical companies in Japan are basically the same, so the same effect can be obtained from the product of any company.

The greatest reason why integrated medicine that includes Kampo medicine has succeeded without problem in Japan despite the focus placed on Western medicine practices within a unified health care system, is because Japan has a system of Kampo medicine that differs from TCM.

This is not a matter of determining whether TCM or Kampo medicine is better than the other. I simply want to say that integrated medicine can be made even better by using the two systems of traditional medicine (having the same origin) and Western medicine effectively.

**Hiromichi Yasui**

Japan Institute of TCM Research

## Japanese Acupuncture – Current Research

*Japanese Traditional Medicine Text (11) –*

*Orthopedic Medicine*

Masahiro Iwa

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### A. Postoperative nausea and vomiting, postoperative intestinal paralysis

Various symptoms and complications occur after surgery, for example postoperative nausea and vomiting (PONV) and postoperative ileus (POI). These seem to be especially adaptable acupuncture and moxibustion therapy. Of course these are due to various factors but anesthetics and analgesic drugs used after surgery are certainly big factors. These not only reduce patient quality of life, but also delayed recovery after surgery and prolong hospitalization. We examined recent evidence suggesting acupuncture treatment is useful for coping with side effects of drugs such as PONV and POI.

#### 1. Clinical Studies from Abroad

Studies on the effects of acupuncture point stimulation for postoperative complaints overwhelmingly focus on PONV. A PubMed search using keywords [postoperative nausea] and [acupuncture] produced 150 relevant articles. Approximately 30 references were found for clinical research using RCTs in the past 10 years (since 2000).

After reviewing more than 25 references, we extracted 8 reports for examination here.

Table 7 shows the RCT literature examined effects of acupuncture point stimulation for PONV<sup>(1-8)</sup>. Every year, a number of papers are presented from Western countries. Targeted techniques or acupuncture point stimulation covers a wide range of treatment options: acupuncture, electrical acupuncture, Transcutaneous and percutaneous electrical stimulation (TENS), laser stimulation,

acupuncture electrical stimulators, acupuncture point Shiatsu. Additionally, a wide variety of sample sizes, control group criteria and sham treatment group criteria contributes to a wide range of effects and conclusions. P6 tends to be used most frequently as a treatment area. Because treatment methods may be used pre-operatively, intra-operatively and post-operatively, there has been a recent trend to use percutaneous electrical stimulation as opposed to electro-acupuncture.

To begin with a review of the RCT literature, Cochrane published the latest report<sup>9)</sup>. The antiemetic effects (POVN) of P6 were verified by comparing actual needling with sham needling. It was found that patients treated with P6 requested fewer anti-emetic drugs. It was further found because that there was no difference in effect between the acupuncture and the antiemetic, acupuncture stimulation might be reasonable as a means for preventing PONV. Shiao<sup>10)</sup> et al, used a meta-analysis and found that both acupuncture and anti-emetic medications were equally effective for reducing PONV. Notably, it was reported that for patients treated with acupuncture, there were fewer requests for emergency anti-emetic which is useful for POVN patients. Further, the systematic review by Sun<sup>1)</sup> et al., they investigated the side effects of opioids in post-operative PONV patients. It was reported that the acupuncture group, compared to the control, had a reduced occurrence of nausea but there was not significant difference concerning the incidence of vomiting. Dune<sup>12)</sup> et al, reported in their systematic review on pediatric POVN the effects of acupoint stimulation. Acupuncture and acupuncture point Shiatsu led to significantly decreased postoperative vomiting in children. Notably, acupuncture and acupuncture point Shiatsu were found to be more effective than electro acupuncture for these subjects.<sup>z</sup>

Allen<sup>13)</sup> et al. conducted a meta-analysis on the effects of stimulus at P6 for PONV following Cesarean surgery under spinal anesthesia. Requests for Inter-operative, post-operative nausea and

vomiting and emergency anti-emetic medications were reduced however, several inconsistencies in the protocol may diminish the strength of the analysis and conclusions. Also, the Gynecology Physicians Association of Canada's Executive Council has published management guidelines<sup>14)</sup> recommending electrical stimulation of acupoints as prophylaxis and as useful for PONV. Acupoint stimulation received a high evaluation and was strongly recommended based on evidence based evaluation grades II-1 (I, II-1 through II-3, III of 5 levels). It received a grade A on the A-L 6 level recommended degree classification. As the above research suggests acupuncture has been used successfully as a preventive therapy for PONV.

What remains unclear is, to what extent are these protocols being used successfully clinically? On the other hand, regarding post-operative ileus (POI), a PubMed word search was conducted using [postoperative ileus] and [acupuncture], 1 RCT reference was extracted<sup>15)</sup>. Post-operative Colon cancer patients were given electro-acupuncture at GB34 and SJ6 for 6 days following their surgery. However, it was reported that electro-acupuncture was ineffective for preventing POI in these patients. Until recently, most fundamental RCTs on the effects of acupuncture stimulation for gastrointestinal motility have focused in irritable bowel syndrome (IBS) and very little research has been done on these effects in POI patients.

Table 7 Major Research Paper on Acupuncture Point Stimulation for Post-Operative Nausea and Vomiting

Researcher (year)	Name of surgery	Treatment area	Treatment method	Sham
Wang <sup>1)</sup> (2010)	Cranial Surgery	Nei Guan (PC6)	TENS	Non-acupoint areas
Frey <sup>2)</sup> (2009)	Laparoscopic cholecystectomy	Nei Guan (PC6)	ReliefBand (electro acupuncture stimulation device)	Not operating the ReliefBand
Frey <sup>2)</sup> (2009)	Hysterectomy	Nei Guan (PC6)	ReliefBand (electro acupuncture stimulation device)	Not operating the ReliefBand
Sahmeddini <sup>4)</sup> (2008)	Laparoscopic cholecystectomy	Points on the Sympathetic nervous system, stomach points, Shen Men (UB23), Occipital point	Auricular acupuncture	Affixed with tape
Arnberger <sup>5)</sup> (2007)	Laparoscopic cholecystectomy	Nei Guan (PC6) (Median nerve domain)	TENS	TENS used on/ along the Ulnar nerve
Habib <sup>6)</sup> (2006)	Caesarean Section	Nei Guan (PC6)	ReliefBand (electro acupuncture stimulation device)	Stimulate the dorsal aspect of the wrist with a ReliefBand
White <sup>7)</sup> (2005)	Orthopedic Surgery	Nei Guan (PC6)	ReliefBand (electro acupuncture stimulation device)	Not operating the ReliefBand
Gan <sup>8)</sup> (2004)	Mastectomy, Surgery for Breast Cancer	Nei Guan (PC6)	TENS	Electrode only affixed



## 2. Current Clinical Studies and Prospects for the Future of Japanese Research

A web search of online journals for the keywords [postoperative nausea] and [acupuncture] or [postoperative intestinal paralysis] and [acupuncture] produced numerous references however, many of these were from minutes at meetings, discussions and case study reviews, none of which were RCTs. One pilot study for PONV, reported on 11 cases of Gynecologic Surgery whose subjects were given tack needles at St36, P6, Shen Men (auricular point). Results suggested that PONV was reduced for these subjects<sup>16)</sup>.

On the other hand, regarding POI, 12 relevant reports<sup>17,18)</sup> were extracted, however these are quite dated. All of these reports set control groups but these did not use sham acupuncture and the sample sizes were between 12 and 15 subjects which was too small. The acupuncture protocol included either St36 and LI11 (20 minutes, once a day, 3 days following surgery) or SP13 and SP6 with retention (Post-surgery 16 hours). Positive results were obtained as the period of post-operative flatulence was significantly reduced. Further, although not primary research, we also conducted acupuncture on patients following gastro-intestinal surgery. Tack needles were placed at LI4 and ST36. Compared to the control groups, the test group reported significantly less post-operative flatulence<sup>19)</sup>. There is an especially strong trend for patients following gastro-intestinal surgery to suffer from extended periods of flatulence, so in this case acupuncture was effective.

Here, on the subject clinical research of acupuncture and moxibustion therapy in surgery, we attempted to review appropriate RCTs on the effects of acupuncture administered post-operatively for PONV and POI, however, compared to Western countries, far fewer papers have been published in Japan. The differences between Western and Japanese acupuncture and moxibustion research is the most important factor. In Western countries,

particularly the United States since 1999, within the NIH, The National Center for Complementary and Alternative Medicine (NCCAM) has been established. Every year, millions of dollars are donated by National Research Foundations, Harvard, Johns Hopkins, UCLA, Maryland, Duke and many other University and medical institutions conducting clinical trials on the effects and usefulness of acupuncture. Additionally, numerous medical institutions have incorporated various complimentary medical modalities into their Integrated Medicine Departments. One prime example might be the acupuncture done at Memorial Sloan Kettering Cancer Center, one of the world's leading cancer centers. Also, in the United Kingdom in 2000, British medical doctors approved acupuncture treatment (published in the British Medical Journal), and began conducting acupuncture research is being conducted. In contrast, it must be said that compared the great amount of clinical research from the West, Japan is clearly a step or two behind. Not until 2010 did the Democratic Party Healthcare policy adopt an integrated medical model promoting the "Establishment of integrated health care" and inauguration of an integrated health project team. However, as of March, 2010, the "Japan Medical Association for integrative medicine report released their opinion" suggesting that the current flow of the Japanese Medical Association runs counter to the trends of integrative medicine.

These different attitudes to alternative medicine (acupuncture) expressed by the established medical communities in the West and in Japan, reflect differences regarding the fundamental awareness of and purpose behind alternative medicine. From the background to the citations we reviewed here, Western considers acupuncture a useful modality for counteracting the side effect of pharmaceuticals. Certainly, the cost effectiveness of acupuncture cannot be overlooked and we may even begin to see more evidence based RCTs as a result. However, as

is often the case in Japan, the specialists, institutions and facilities focused on acupuncture research tend to be pursuing evidence based research with the primary purpose of proving the efficacy of acupuncture and moxibustion.

In the future, it is considered important that, beyond the narrow scope of orthopedics, high level RCTs on acupuncture and moxibustion from Japan be organized and conducted by established organizations, medical facilities, doctors and other researchers, all of which have the financial resources to design and carry out specialized research on its many uses and conveniently economical procedures.

## References

- 1) Wang XQ, Yu JL, Du ZY, et al.: Electroacupoint stimulation for postoperative nausea and vomiting in patients undergoing supratentorial craniotomy. *J Neurosurg Anesthesiol* 22(2): 128–131, 2010
- 2) Frey UH, Funk M, Lohlein C, et al.: Effect of P6 acustimulation on post – operative nausea and vomiting in patients undergoing a laparoscopic cholecystectomy. *Acta Anaesthesiol Scand* 53(10): 1341 – 1347, 2009
- 3) Frey UH, Scharmann P, Lohlein C, et al.: P6 acustimulation effectively decreases postoperative nausea and vomiting in high – risk patients. *Br J Anaesth* 102(5): 620– 625, 2009
- 4) Sahmeddini MA, Fazelzadeh A: Does auricular acupuncture reduce postoperative vomiting after cholecystectomy? *J Altern Complement Med* 14(10): 1275–1279, 2008
- 5) Arnberger M, Stadelmann K, Alischer P, et al.: Monitoring of neuromuscular blockade at the P6 acupuncture point reduces the incidence of postoperative nausea and vomiting. *Anesthesiology* 107(6): 903– 908, 2007
- 6) Habib AS, Itchon – Ramos N, Phillips – Bute BG, et al.: Transcutaneous acupoint electrical stimulation with the ReliefBand for the prevention of nausea and vomiting during and after cesarean delivery under spinal anesthesia. *Anesth Analg* 102(2): 581– 584, 2006
- 7) White PF, Hamza MA, Recart A, et al.: Optimal timing of acustimulation for antiemetic prophylaxis as an adjunct to ondansetron in patients undergoing plastic surgery. *Anesth Analg* 100(2): 367– 372, 2005
- 8) Gan TJ, Jiao KR, Zenn M, et al.: A randomized controlled comparison of electro – acupoint stimulation or ondansetron versus placebo for the prevention of postoperative nausea and vomiting. *Anesth Analg* 99(4): 1070– 1075, 2004
- 9) Lee A, Fan LT: Stimulation of the wrist acupuncture point P6 for preventing postoperative nausea and vomiting. *Cochrane Database Syst Rev* 2: CD003281, 2009
- 10) Shiao SY, Dune LS: Metaanalyses of acustimulations: effects on nausea and vomiting in postoperative adult patients. *Explore (NY)* 2(3): 202– 215, 2006
- 11) Sun Y, Gan TJ, Dubose JW, et al : Acupuncture and related techniques for postoperative pain: a systematic review of randomized controlled trials. *Brit J Anaesth* 101: 151– 160, 2008
- 12) Dune LS, Shiao SY: Metaanalysis of acustimulation effects on postoperative nausea and vomiting in children. *Explore (NY)* 2(4): 314– 320, 2006
- 13) Allen TK, Habib AS: P6 stimulation for the prevention of nausea and vomiting associated with cesarean delivery under neuraxial anesthesia: a systematic review of randomized controlled trials. *Anesth Analg* 107(4): 1308– 1312, 2008
- 14) McCracken G, Houston P, Lefebvre G: Guideline for the management of post-operative nausea and vomiting. *J Obstet Gynaecol Can* 30(7): 600–607, 608–616, 2008
- 15) Meng ZQ, Garcia MK, Chiang JS, et al.: Electro – acupuncture to prevent prolonged

postoperative ileus: a randomized clinical trial.  
World J Gastroenterol 16(1): 104– 111, 2010

- 16) Yukie Fukushima, Mahiko Nagase, Michio Tani:  
Applied Oriental medical methods on  
postoperative nausea and vomiting with  
droperidol epidural infusion. Eastern Medicine  
17 (3): 31– 34, 2001
- 17) Koji Matsumoto, Atsuro Shimizu, Satoshi  
Shimizu Trial of electro acupuncture stimulation  
for post abdominal surgery flatulence and pain  
relief. Kyoto Minami Hospital Medical Journal  
10: 71– 74, 1991
- 18) Shin Mastumoto, Takao Sano, Shiji Kokui:  
Effects of acupuncture treatment on Post-  
Operative surgical pain relief and stimulation of  
peristalsis. Journal of the World of Obstetrical  
Medicine 34 (10): 1099– 1102, 1982
- 19) Hirofumi Nakanishi, Takashi Tamura Masakazu  
Sakuta et al. Influence of Tack needle  
acupuncture effects on post-operative intestinal  
function. Journal of the National Japan Society  
of Acupuncture and Moxibustion 53 (3): 352,  
2003

## Kampo Medicine - Current Research

### *Clinical Applications of Kakkonto – Part 1*

Hiromichi Yasui

Japan Institute of TCM Research

### Introduction

There are 148 different types of medical Kampo preparations, each with its own number. Among them, the most distinguished number—No. 1—is assigned to *kakkonto*.

This is because *kakkonto* is the most popularly used prescription by the Japanese people.

*kakkonto* appeared for the first time in the great Chinese classic *Shokanron* (treatise on cold damage) and came to be increasingly widely used in Japan from the latter half of the 19th century. Particularly since Yodo Odai (1799-1870) introduced various indications for the prescription in his work *Ruijuhokogi* (Interpretations of the *Ruijuho* (classified assemblage of prescriptions)), it came to be used widely for a variety of diseases. Moreover, such clinical applications of *kakkonto* differed completely from those in China.

There is a type of traditional performing art in Japan called Rakugo (traditional comic storytelling). Doctors are frequently mentioned in Rakugo stories, but the episode of the “*Kakkonto* Doctor” is sometimes introduced at the beginning of a story as a lead-in.

“Doctor, my head hurts.” “It must be a headache. Take *kakkonto*.” “Doctor, my stomach hurts.” “It must be a stomach ache. Take *kakkonto*.” “Doctor, my eye hurts.” “Take *kakkonto*. And you?” “I just came to accompany my husband...” “Take *kakkonto* anyway.”

<https://www.youtube.com/watch?v=fcYDwMjTgLI>

Many who listen to this episode would think that doctors are totally irresponsible people. However, there also those who say completely the opposite—they say that doctors who can cure any disease with *kakkonto* are good doctors.

The episode presents two points, at the least. One is that *kakkonto* is a famous Kampo drug that is well-known throughout Japan. The other is that the prescription is effective for a wide range of indications. In English, *kakkonto* is some

times called Pueraria Decoction, taking the name of the principal ingredient, pueraria root. It is also referred to as Kuz Decoction, taking the Japanese name for pueraria root.

### ***Kakkonto* as an extract preparation for medical use**

Many Japanese pharmaceutical companies market *kakkonto* as a Kampo preparation for medical use. The grams of each ingredient used in the prescription differ by company, but the *Japanese Pharmacopoeia, Seventeenth Edition* stipulates the following.

Method of preparation

	1)	2)	3)	4)
<i>Puerariae</i> Radix	8 g	4 g	4 g	4 g
<i>Ephedrae</i> Herba	4 g	4 g	3 g	3 g
<i>Ziziphi</i> Fructus	4 g	3 g	3 g	3 g
<i>Cinnamomi</i> Cortex	3 g	2 g	2 g	2 g
<i>Paeoniae</i> Radix	3 g	2 g	2 g	2 g
<i>Glycyrrhizae</i> Radix	2 g	2 g	2 g	2 g
<i>Zingiber</i> Rhizoma	1 g	1 g	1 g	2 g

Prepare a dry extract or viscous extract as directed under Extracts, according to the prescription 1) to 4), using the crude drugs shown above.

*Kakkonto* as a Kampo preparation for medical use is made by adding an excipient to the crude extract obtained by decocting the above ingredients, and a daily dose of 7.5g is divided into two to three portions. The amounts of each ingredient in the preparation differ slightly by pharmaceutical company, as shown above.

[http://www.nikkankyo.org/kampo/info\\_pi\\_english/04\\_8.pdf](http://www.nikkankyo.org/kampo/info_pi_english/04_8.pdf)

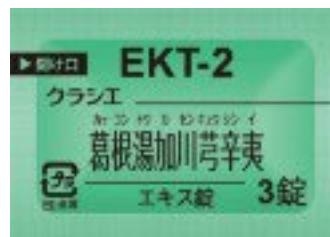
Examples of *kakkonto* extract preparations

### Valuation of *kakkonto*

There are two more types of *kakkonto* preparations that contain an addition of other ingredients. They are *kakkontokasenkyushin'i* and *kakkonkajutsubuto*. The former is prepared by adding 3.0g Senkyu (Cnidium rhizome) and 3.0g Shin'i (Biond magnolia flower-bud) to *kakkonto*, and the latter is prepared by adding 3.0g Sojutsu (Atractylodes lancea rhizome) and 0.5g processed Bushimatsu (Aconiti daughter tuber) powder to *kakkonto*.

[http://www.nikkankyo.org/kampo/info\\_pi\\_english/04\\_9.pdf](http://www.nikkankyo.org/kampo/info_pi_english/04_9.pdf)

[http://www.nikkankyo.org/kampo/info\\_pi\\_english/04\\_7.pdf](http://www.nikkankyo.org/kampo/info_pi_english/04_7.pdf)

Examples of *kakkontokasenkyushin'i* extract preparations*Kakkonkajutsubuto* extract preparation

## Clinical applications

In *Shokanron*, indications for *kakkonto* are acute infectious diseases. However, from Japan's more than 150 years of experience, *kakkonto* is known to have an extremely wide range of indications and is today applied to many diseases, as introduced below.

### 1. Very early stage of the common cold

*Kakkonto* is basically classified as an acrid-warm diaphoretic and is used against common colds that develop as a result of invasion by the wind-cold pathogen. However, it is also effective in improving other types of colds in their very early stage.

Yanagi et al. report that *kakkonto* had the effect of preventing the advancement of the common cold in a study where 40 common-cold patients ages 12 and above were administered two doses of *kakkonto* extract immediately after experiencing symptoms of a cold, such as chills, nasal congestion, runny nose, sore throat, stiff neck, and joint pain. The patients were regularly instructed to take *kakkonto* in the early stage of a cold and were able to take the preparation soon after developing a cold. The effective rate was 14/16 (88%) in the group that was administered the preparation within three hours of developing a cold, 12/16 (75%) in the group that was administered the preparation three to six hours after developing a cold, and 2/8 (25%) in the group that was administered the preparation six to twelve hours after developing a cold.<sup>1)</sup>

The following is a typical case regarding the onset of a common cold.

#### Case: Onset of a common cold

I make it a habit to take a dose of *kakkonto* extract powder with hot water immediately when I begin to feel chilly or sneeze even once. This makes me feel much better, and the symptoms usually disappear after sleeping soundly for a night, without the cold reaching into my body. Previously, whenever I caught a cold, I used to sneeze profusely for about two days, and from around the eighth day, the cold

would reach my throat and enter my windpipe, such that I would cough for a while, feel a pain in my chest, or had phlegm that would not loosen. At such times, I used to combine and use *shosaikoto* and *bakumondoto*. However, perhaps because *kakkonto* agrees more with my body, taking *kakkonto* at the onset of a cold keeps the cold from worsening, and more importantly, it prevents the cold from getting into my body. Owing to this, I have not caught a cold for more than ten years.

Yakazu Domei, *Soukai*, Dec. 1975 issue, pp. 93-94

### 2. Wind-cold type of cold

*Kakkonto* is frequently used in the initial stage of common colds and is applied particularly to the wind-cold type of cold one to two days after its onset. It is one of the most frequently and commonly used cold remedy in Japan.

The wind-cold type of cold basically occurs when the wind-cold pathogen attacks the early yang region and at the same time penetrates the middle yang skin, where it fights with the healthy qi. Its symptoms include chills, fever (this may appear later), stiffness in the neck and back, and headache, but no sweat is produced, and the pulse is usually floating, rapid and tense.

The shorter the time from developing a cold to taking *kakkonto*, the better. If taking *kakkonto* is delayed, the pattern of the cold may change, and the timing for taking *kakkonto* could be missed.

Hosono states as follows about the effect of *kakkonto* on colds: "Generally, taking a dose of *kakkonto* when you feel you are coming down with a cold and have stiff shoulders, a headache and chills but no sweating, keeps the fever at bay and cures the cold quite easily. If the cold still does not improve, taking another dose after one to two hours does the trick."<sup>2)</sup>

Fujihira also states as follows: "When I was in school, I used to develop bronchitis whenever I had a cold, and suffered ten days to two weeks of thick phlegm before the cold finally abated. However, after

I began taking Kampo, my cold would sometimes go away in about 5 minutes after taking *kakkonto*.”<sup>3)</sup>

In the case of a decoction, it should always be taken while it is warm. Extract preparations should also be taken with warm water as a rule, although there have been reports that tea or cold water was just as effective.

The original text of *Shokanron* notes that after taking *kakkonto*, the patient should consume hot rice porridge, get under the bedding and gradually induce sweating. The rice porridge is not necessarily relevant, but it is important to keep the body warm.

Note that *kakkonto* is suitable for the wind-cold type of cold. For example, the efficacy of *kakkonto* as it is would not be apparent in colds that are accompanied by a sore throat. People who have a cold accompanied by a sore throat frequently retain heat inside their body, because the heat from the cinnamon bark and dried ginger root contained in the preparation further promotes heat. However, by adding gypsum, it is possible to release the accumulated heat from the body. An Eppito prescription may also be added depending on the pathological condition.

It is difficult to objectively evaluate *kakkonto* as a cold remedy, but there is a report as follows.

Yamaoka made a comparative study of the efficacy of *kakkonto* and PL granules by dividing 26 outpatients who made a visit to the respiratory department complaining chiefly of cold-like symptoms into two groups, group A and group B. The result was such that the same level of efficacy against coughing and phlegm was seen in both groups, but *kakkonto* was also effective against fatigability and stiff shoulders. Thus, on the whole, *kakkonto* was effective against many more symptoms.<sup>4)</sup>

This study, however, was a comparison made after four doses of each preparation (total of 8 days) and was not designed to examine the efficacy of *kakkonto* one to two days after the onset of symptoms, when it is said to be most suitable.

Many basic studies have also been made on the antipyretic effect of *kakkonto*.

Shiraki applied *kakkonto* to mouse infected with the influenza virus and found that the efficacy of *kakkonto* could be easily explained when considering that it cuts the IL-1 cascade from interferon.<sup>5)</sup>

A tremendous amount of cases has been presented to date, but from among them, two typical cases are introduced below.

#### Case 1: 20-year-old male student

The patient had a slightly heavy head since morning but forced himself to attend class. From around 4 p.m., the headache intensified, and he also began to feel hot.

He made a medical visit at 5 p.m. He had a body temperature of 38.5°C, a pulse that was floating, rapid and excessive, but no particular change in his tongue. No tendency of natural sweating was observed, but the spine from the back of his head to the shoulder blades was extremely stiff. The patient himself was also aware of the tension at the back of his head. He was given *kakkonto* extract and told to go to bed immediately after returning home.

The next day, the patient commuted to school in good health. He said that when he went to bed after taking a dose of *kakkonto*, his body became warm, he experienced a good bout of sweat, and soon fell asleep. He woke up this morning feeling thoroughly refreshed and felt like going to school.

Katsutoshi Terasawa, *Wakan-shinryogaku* (Japanese and Kampo medicine), p. 116, Igaku-shoin, 1990

#### Case 2: 82-year-old woman

Past medical history / Family medical history: Nothing in particular

History of present illness: The patient was admitted to hospital on January 22, 2008 due to lumbar spondylosis and chronic heart failure. She began to feel chills in the morning of December 1 of the same year and ran a fever of 38°C by noon. She had stiffness in the neck and a headache.

Present illness: Blood pressure 132/68mmHg; pulse 90/min, regular. No pharyngeal redness. No palpating of lymph nodes. No pulmonary sound. No abdominal abnormality.

Observation from the physical perspective of Japanese oriental medicine: Floating, slightly excessive, rapid pulse pattern. Normal tongue pattern. Intermediate abdominal strength, and no other particular changes in abdominal pattern. No tendency of natural sweating. The back of the neck is tense and stiff.

Progress: A half day after developing the cold, the patient's pulse pattern indicated the early yang stage of the cold. As the patient had no tendency of natural sweating and had stiffness at the back of her neck, she was prescribed 7.5g Tsumura *kakkonto* three times a day after each meal. After taking the prescription twice, at noon and night, she produced a large amount of sweat and the stiffness at the back of her neck loosened, so she changed her bedclothes at around 10 p.m. Her fever subsided to 37.5°C. Thereafter, she went to sleep, and in the morning, she had a normal temperature of 36.5°C. Her symptoms, including the stiffness at the back of her neck and headache, disappeared. She took her morning dose of *kakkonto* as her last dose.

Katsutoshi Terasawa, *Koreishanotameno wakan-shinryogaku* (Japanese and Kampo medicine for the elderly), p. 127, 2005

## References

- 1) Kazuo Yanagi et al.: The efficacy of administering a double dose of *kakkonto* in the early stage of development of cold-like symptoms. Collection of summaries of presentations from the 51st annual meeting of the Japan Society for Oriental Medicine, p. 243, 2001.
- 2) Shiro Hosono: Ten Lectures of Kampo Medicine, pp. 82-91, Sogensha, 1982.
- 3) Talking about *kakkonto* (round-table discussion). Clinical study of Kampo, Vol. 11, No. 6, pp. 24-33, 1961.
- 4) Minoru Yamaoka: Study of the clinical efficacy of *kakkonto* on regular colds. Collection of summaries of presentations from the 45th annual meeting of the Japan Society for Oriental Medicine, p. 235, 1994.
- 5) Kimiyasu Shiraki: History of Medicine, 202:414-422, 2002.



## Clinical Report 1 (Acupuncture)

*A Case Where Press Tack Needles at Li4 were Markedly Effective for Shoulder Pain*

Genki Shimizu

Ehime Prefectural Central Hospital

[Patient] Female, 83 years

[Chief complaint] Right shoulder pain

[Past history] Gastric ulcer

[Life history] no smoking, no drinking

[Allergies] none

[Present illness] The pain in the right shoulder started in her sixties. In July 2015 she suffered from herpes zoster on her right flank (T3,T4 area) and was treated for it, but currently still has residual pain and is under ambulant treatment for it. Two days ago her younger brother fell into critical condition and she traveled from Matsuyama to Kyushu to visit him, but experienced severe pain in the right shoulder as if having been struck by lightning. Requesting acupuncture treatment she was referred from her regular physician to our department.

[Oral medication] Neurotrophin (4 units) 4 tab, Pregabalin capsules 75 mg 4 cap.

[Constitution] Tendency towards constipation; no chilling or hot flushes.

[Current condition]

Height: 148 cm; weight: 46 kg

Tongue: slightly dark purple, thin white coat, no varicose veins, choppy pulse

Abdominal wall tone 3/5, palpitation above the umbilicus, appearance of tension in the hypochondrial region, but she herself is not complaining about hypochondrial fullness and tenderness; no lower abdominal cramps; moxa marks on her back; herpes zoster scars medially of the right shoulder blade; no incrustation; pruritus.

[Pattern identification] qi stagnation; stagnation and deficiency of liver blood

[Prescription] Right LI4 press tack needle (Seirin press tack needle, wire diameter  $\varnothing$  0.2 mm, needle length 1.2 mm)

Decoction: Chinese angelica root 3 g, Chinese peony root 3 g, white atractylodes rhizome 3 g, poria 3 g, bupleuri radix 3 g, paeoniae moutan cortex 2 g, gardeniae fructus 2 g, Chinese liquorice root 2 g, fresh ginger root 1 g, mentha arvensis 1 g, cooked rehmanniae radix 4 g, cnidii rhizoma 4 g, coptidis rhizoma 1.5 g, phellodendri cortex 1.5 g, scutellariae radix 3 g

[Course] Following her first treatment session the pain was completely alleviated after one night sleep. She was very grateful that a pain, that almost made her cry, was gone.

## Clinical Report 2 (Kampo Medicine)

### *A Case in Which Saikokaryukotsuboreito and Other Kampo Drugs were Effective against Night-crying in a Thirteen-month-old Girl*

Hideaki Yamaguchi  
Tosei General Hospital

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Night-crying is a symptom that tends to be taken lightly, as it is a condition with good prognosis, but it induces child-raising anxiety in some mothers, and could even lead to abuse if left unattended.

Case: 13-month-old girl in nursery school

Chief complaint: Night-crying

History of present illness: From birth, the child would wake up and cry every hour. *Kanbakudaisoto* extract was prescribed at a local hospital, but no changes were observed. Even after being weaned at age 1, she continued to cry and be fussy every two hours, thus causing the mother to become exhausted from lack of sleep. The child was quick-tempered and always restless, and would throw her head back when crying. She was what people typically called a “difficult child.”

Diagnosis and prescription: Assuming category 3 and 2 symptoms, *yokukansan* extract 1/2 packet + *shokenchuto* 1/2 packet (before sleep) were prescribed.

Course: After two weeks, the symptom abated slightly, from level 10 to 8, so *shokenchuto* was replaced with *saikokaryukotsuboreito* extract granules 1 packet (before sleep). The night-crying declined from level 8 to around 3, and the child’s mood at nursery school improved. The prescription was suspended once when she developed acute gastroenteritis, but the symptom worsened, so the prescription was resumed. As a result, the night-crying declined, but the child tended to be in a poor mood at nursery school, so the prescription was changed to *yokukansan* (in the morning) and

*saikokaryukotsuboreito* (before sleep). Her symptom subsided. The prescription is being continued.

#### Observation:

Night-crying is a behavior that is experienced by 60% of children by the time they are one-and-a-half years old. They wake up in the middle of the night and cry, seeking their parent’s attention. Normally, it is transitory, and decreases in frequency from around the age of 1. In Kampo medicine, *kanbakudaisoto* has been the drug of first choice since 300 years ago, and in the case of light to moderate symptoms, it can abate most cases of night-crying. However, as this case entailed a certain degree of severity, *kanbakudaisoto* was ineffective. Judging by other characteristics, the night-crying was also thought to be an early symptom of autism spectrum disorder. First, *yokukansankachinpihange* in category 3 and *shokenchuto* in category 2 were used in combination, but the effect was insufficient, so *Saikokaryukotsuboreito*, having the effects of C1+C2, was used, with the result that its combined usage with *yokukansankachinpihange* improved the symptom. In Kampo treatment of night-crying, it is important to administer a slightly larger dose before sleep. Doing so quickens the effect. When *kanbakudaisoto* is ineffective, use *yokukansan* or *saikokaryukotsuboreito*.

## Reference:

Categories of states of the heart in traditional medicine and corresponding prescriptions

Category 1 (mainly weakness of the heart, heart blood deficiency, liver qi deficiency)

Anxiousness, insecurity, sadness, fear (timidity), etc.

In particular, depressive and passive feelings continue for a prolonged period.

Prescription: *kanbakudaisoto*, *kamikihito*, *keishikaryukotsuboreito*, etc.

Category 2 (mainly liver depression qi stagnation)

Depression, insecurity, anxiousness, hysterics, etc.

Physical tension is strong, and moods tend to readily change.

Prescription: *shigyakusan*, *saibokuto*, etc.

Category 3 (mainly hyperactivity of heart fire, upward flaming of liver fire, gallbladder stagnation with disturbance from phlegm)

Anxiousness, short temper, restlessness, impatience, etc.

In particular, agitated symptoms tend to continue for a prolonged period.

Prescription: *yokukansan*, *yokukansankachinpihange*, *orengedokuto*, *daisaikotokyodaio*, etc.



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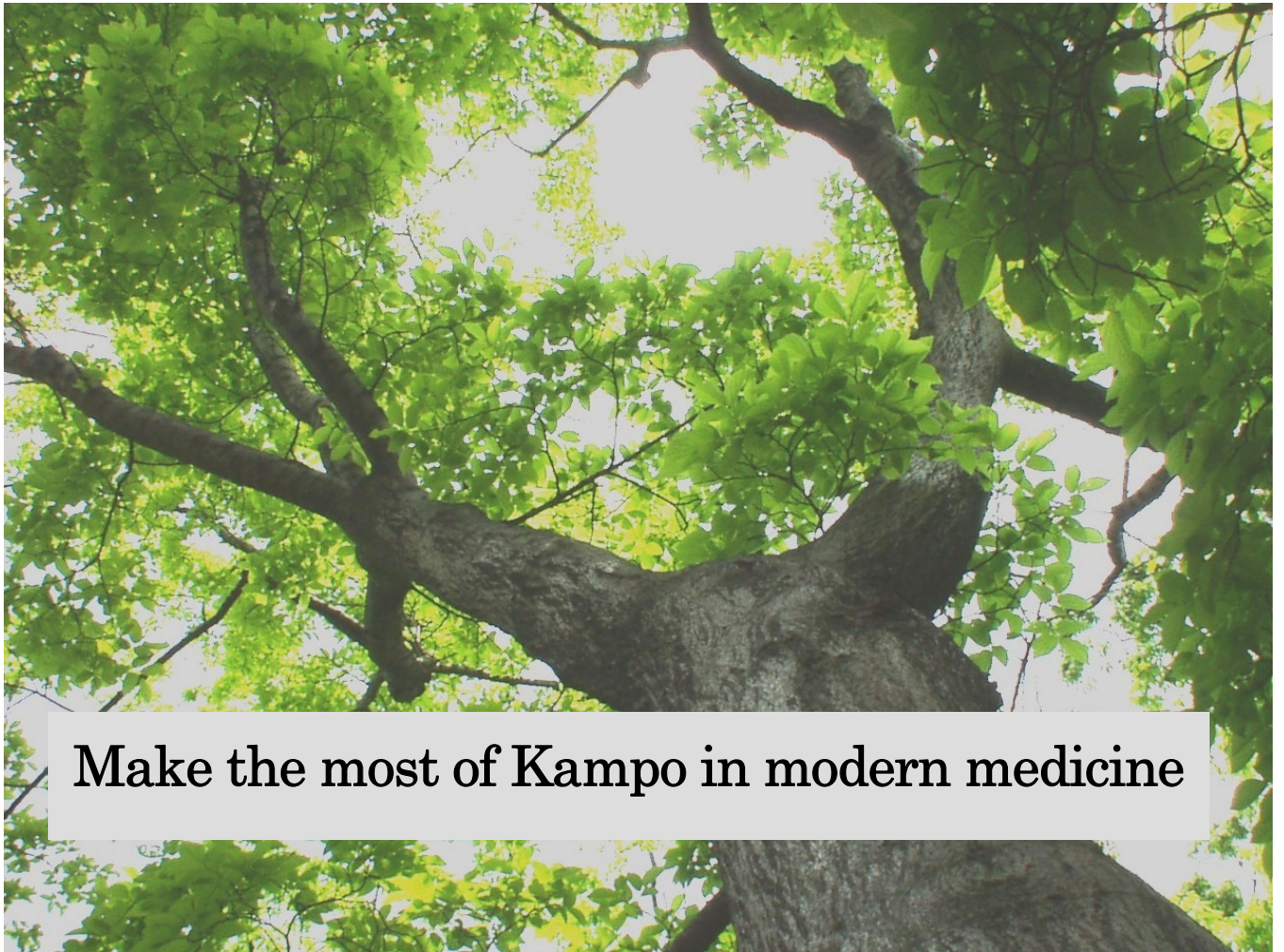
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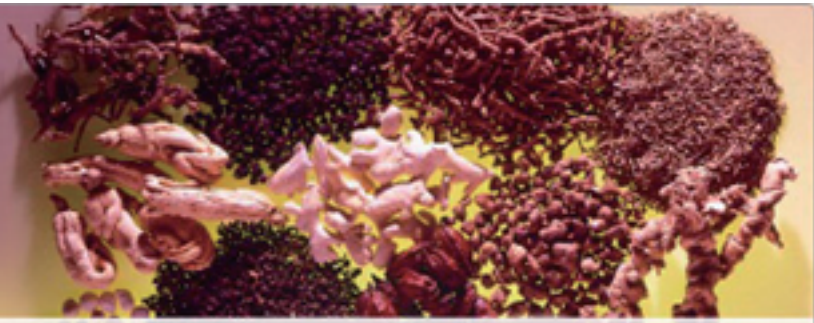
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