

THE JOURNAL OF  
KAMPO, ACUPUNCTURE AND INTEGRATIVE MEDICINE  
Research on Theory, Practice and Integration

**KAIM**

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Kampo, Acupuncture and Integrative Medicine**

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**Report on Visit to AIMC**

A Letter from the Acupuncture and Integrative Medicine College (AIMC) in Berkeley, USA  
**Kazunari Ozaki and Mitsuru Kageyama**

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**MISSION**

*To disseminate peer-reviewed information on the use of acupuncture and herbs, and integration with western medicine, based on research from an international perspective; thereby stimulating further research, application of documented therapeutic measures; and facilitating dialogue among health care practitioners worldwide.*

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## Editorial

### *Recommendation of Addressing the “99”*

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The workings of the human body are gradually being brought to light, albeit little by little. For example, where it was previously thought that adipose cells simply accumulated fat, they are now recognized as an endocrine organ, and it has been found that the secretion of adiponectin, a type of good adipocytokine, decreases when visceral fat increases. Skeletal muscles also secrete a physiologically active substance that involves an effect on regulating metabolism. Irisin, which is secreted during exercise, increases energy metabolism by acting on fatty cells and causing precursor cells to differentiate into cells that have the properties of brown adipocytes, and improves glucose tolerance. With regard to estrogen receptors, they were found to exist on cell membranes (although it is a shame in terms of endocrinological classification that the clear distinction of water-soluble hormones binding to membrane receptors and fat-soluble hormones binding to nuclear receptors no longer applies). There are reports that this type of receptor, which differs from the conventional nuclear estrogen receptor, reacts to estrogen, and also responds well to daidzein and other such phytoestrogens. The elucidation of such workings fills us with a sense of amazement at their sophistication, and reminds us of the importance of such lifestyle habits as eating and exercising.

Yoshio Marumoto, an author and food researcher who has published many books based on the latest in nutrition, writes as follows in *How to Redeem Home Cooking*: “Say death equals zero, the onset of a disease equals 1, and health levels range from 1 to 100. We believe that medicine is a science that ranges from zero to 100, but it is actually a special skill that is applied between zero and 1. It is a skill for prolonging the life of patients who have finally consulted a doctor after their health level has gradually fallen to 1.” Addressing the 99 levels between 100 and 1 is precisely what preventive medicine is about, and the achievements of numerous researchers prove that there is no greater medicine than paying proper attention to lifestyle habits. It also stands to reason that Kampo and acupuncture are options for addressing the 99 levels.

We modern people have gained longer lifespans compared with the past. However, the existence of living beings appears to place weight on reproductive age, as can be seen by chronic inflammation caused by senescent cells and the involution of the thymus gland. We hope for health and long life, but the odds are somewhat against us. Only by practicing good lifestyle habits and receiving early treatment, we can age while maintaining quality of life.

It may be easy to understand the importance of addressing the 99, but there is a high barrier to execute it. We must act now to extend our health span. Let us strive to “live well and die well.”

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## Japanese Acupuncture – Current Research

*Japanese Traditional Medicine Text (12) –*

*Orthopedic Medicine*

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Professor

Department of Health Sciences

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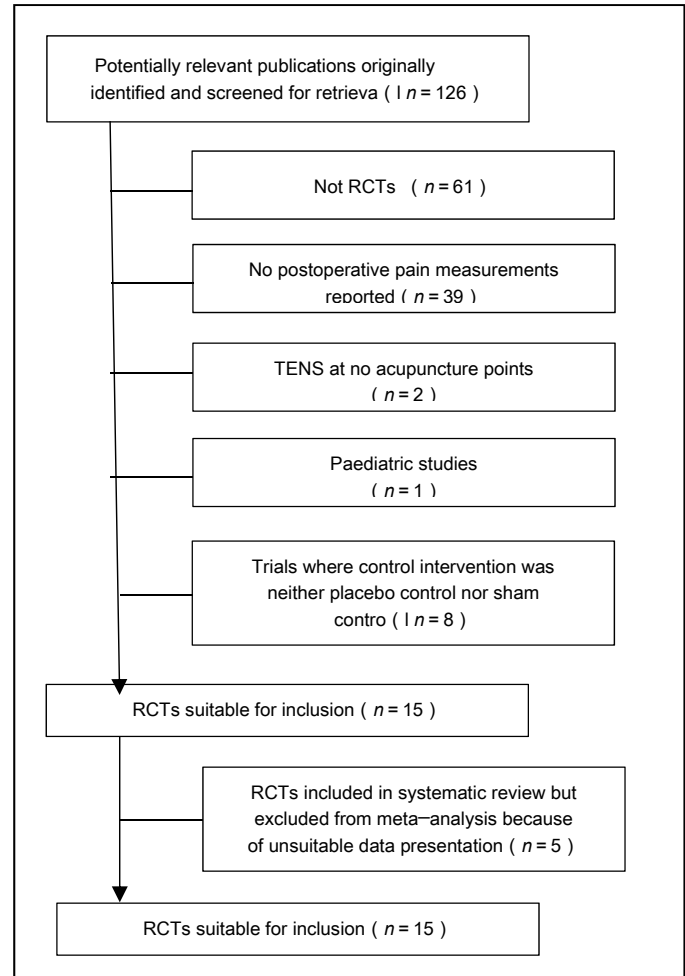
### B. Post-operative Pain

Post-operative advances in anesthetic management have been shown to decrease the incidence of post anesthesia pain and complications. However, the remaining challenges are to minimize the side effects and over-reliance on pain relief drugs, such as morphine. In recent years, there has been interest domestically to inhibit post-operative pain and complications. To this end, numerous reports from the of practices complementary and alternative medicine (CAM) using acupuncture analgesia which may activate the descending pain inhibitory system as a means to reduce reliance on morphine.

#### 1. The current situation of Clinical research abroad

We conducted a PubMed search using the keywords “postoperative pain” and “acupuncture” for all post-operative pain research up until 2010 and found 174 relevant references. Several reports included SR and RCT evidence based research. Sun et al.<sup>1)</sup> of Duke University discusses the details of post-operative pain relief through acupuncture in a survey style systematic review of 15 papers (Figure 7). The articles referring to acupuncture treatment for post-operative pain included 8 papers on chest and abdominal surgeries, 4 on general orthopedic surgeries and the last 3 focused on oral surgeries. Various acupuncture methods were used from auricular and electro-acupuncture to transcutaneous electrical acupoint stimulation (TEAS). These researchers found reductions in numbers of postoperative complaints, amounts of analgesics requested and noted the pain-relieving effects of these modalities. Excluding the effects of the auricular acupuncture, the aim of using a

specific point and treatment area, notably, LI4 and St36, appeared to provide similar analgesic effects for post chest and abdominal surgery patients. Please refer to Figure 8 for these clinically useful results. (Table 8)<sup>2-8)</sup>



**Figure 7 Systematic Review of Acupuncture for Post operative pain by Sun Y et al.**

#### 2. Current Situation of Clinical Research in Japan

We searched relevant medical search engines for the key words “Neuropathic pain” and ”Acupuncture and Moxibustion treatment” for references between 1983 and 2010 and extracted 44 references. However, most of these reports were case studies and only one was an RCT<sup>5)</sup>. It is clear that most Japanese acupuncture research for post-operative pain management uses electro-acupuncture and TEAS rather than auricular acupuncture.

Additionally, in a consensus statement issued by the United States National Institute of Health (NIH) it was concluded that acupuncture is effective for postoperative pain in general, chemotherapy-induced nausea and vomiting and postoperative dental pain (1997). With a few references omitted, published literature is presented providing evidence that acupuncture is effective for chest and abdominal post-operative pain (Table 8). Many of these reports on acupuncture analgesia use electro acupuncture at distal points on the arms or legs. The mechanism advocated by many researchers refers to the descending pain inhibitory system, thereby stimulating endorphins, and other endogenous analgesia mechanisms. Clinical efforts to reduce the amount of analgesics, such as morphine, especially in the early post-operative stages, to reduce the incidence of such as gastrointestinal motility by postoperative ileus<sup>4</sup>. We compared acupuncture analgesia for pain management after abdominal surgery with a “no-intervention” control group (Table 9). Ten of the 11 subjects in the control group required normal doses of analgesics, whereas for the 11 subjects in the acupuncture treatment group (Table 10) only one was not to reduce the amount of necessary analgesics. We attribute these results to the involvement of endorphins<sup>5</sup>.

### 3. Management challenges for the application of acupuncture analgesia for post-operative pain

Post-operative pain following abdominal and chest surgeries may vary with incision length, invasiveness of the procedure, length of time required for the procedure. Pain management begins with preoperative epidural anesthesia (pre-emptive analgesia) (leading analgesic) and is then supplemented with postoperative intravenous pain medication controlled by the patient with a button (patient controlled analgesia PCA)<sup>6</sup>. These methods are quite stable way to manage pain. PCA methods, combined with the application of acupuncture analgesia, including perioperative anesthetic management needs to be better understood in an anticipation of reducing the dose of analgesics injected into the epidural. Further research is necessary to investigate the potential of effectively reducing postoperative complications such as POVN and PI by implementing complementary, alternative and integrative medicines.

**Table 8 Acupuncture Analgesia for Chest and Abdominal Post-Operative Pain Management**

Researcher (year)	Treatment area	Acupoint stimulation area	Acupuncture pain management (minutes)
Wang <sup>2</sup> (1997)	Lower abdomen (digestive organs)	LI4	TEAS (30 minutes)
Chen <sup>3</sup> (1998)	Lower abdomen (uterus)	ST36	TEAS (30 minutes)
Ishimaru <sup>5</sup> (1999)	Abdominal area (digestive organs)	LI4, ST36	Electro-acupuncture (3 hours)
Kotani <sup>4</sup> (2001)	Abdominal area (digestive organs)	Urinary bladder channel (BL17 – 26)	Embedded needles (4 day retention)
Lin <sup>6</sup> (2002)	Lower abdomen (uterus)	ST36	Electro-acupuncture (20 minutes)
Sim <sup>7</sup> (2002)	Lower abdomen (uterus)	LI4	Electro-acupuncture (45 minutes)
Wang <sup>8</sup> (2006)	Chest/trunk area (lungs)	LI4, GB34 etc.	Electro-acupuncture (20-30 minutes)

**Table 9 Relationship between the Degree of Postoperative Pain and Analgesic Use**

No	Age	Sex	Surgical procedure	Anesthesia time (minutes)	Right after operation	3 hours after operation	6 hours after operation	9 hours after operation	12 hours after operation
1	63	M	Subtotal gastrectomy	150	2	2	3 pentazocine 1A	1	0
2	68	M	Colorectal high anterior resection	225	1	1	1	1	1
3	70	M	Colorectal high anterior resection	150	2	2	3 diclofenac sodium 50mg	1	0
4	81	M	Cholecystectomy	120	2	2	3 pentazocine 1A	1	0
5	74	M	Subtotal gastrectomy	215	2	2	2	3 diclofenac sodium 25mg	1
6	71	M	Colorectal lower anterior resection	210	2	1	2	3 diclofenac sodium 25mg	1
7	74	M	Total gastrectomy	225	1	3 pentazocine 1A	3 diclofenac sodium 25mg	2	2
8	31	M	Subtotal gastrectomy	180	2	2	3 diclofenac sodium 25mg	0	0
9	80	F	Cholecystectomy	50	2	2	3 diclofenac sodium 25mg	0	0
10	69	M	Subtotal gastrectomy	290	1	2	3 diclofenac sodium 25mg	1	0
11	70	F	Subtotal gastrectomy	205	2	2	3 diclofenac sodium 50mg	2	2

Post Surgical Pain Evaluation 0: no pain, 1: low degree of pain, 2: persistent pain, 3: persistent pain and analgesic use.



**Table 10 Relationship between the use of acupuncture analgesia for post-operative pain and the use of analgesics**

No	Age	Sex	Surgical procedure	Anesthesia time (minutes)	Right after operaton	3 hours after operation	Elctro-acupuncture 6 hours after operation	9 hours after operation	12 hours after operation
1	67	M	Choledochojejunos-tomy	220	2	1	0	0	0
2	71	M	Right hemi-cholectomy	170	2	1	1	0	0
3	71	M	Total gastrectomy	395	2	0	0	0	0
4	57	M	Cholecystectomy	160	2	0	0	0	0
5	67	M	Cholecystectomy	75	1	1	0	0	0
6	41	M	Subtotal gastrectomy	175	2	1	1	0	0
7	57	M	Subtotal gastrectomy	210	2	3 diclofenac sodium 50mg	1	0	0
8	65	M	Colorectal high anterior resection	166	1	1	0	0	0
9	88	F	Abdominal-perineal resection	225	2	1	0	0	0
10	82	M	Subtotal gastrectomy and cholecystectomy	200	2	0	0	0	0
11	53	F	Subtotal gastrectomy	166	2	1	1	0	0

Post Surgical Pain Evaluation 0: no pain, 1: low degree of pain, 2: persistent pain, 3: persistent pain and analgesic use.

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## Kampo Medicine - Current Research

### *Clinical Applications of Kakko – Part 2*

Hiromichi Yasui

Japan Institute of TCM Research

*Kakkonto* is a prescription that first appeared in the great Chinese classic *Shokanron* (treatise on cold damage) and came to be widely used in Japan from the latter half of the 19th century. Particularly since Yodo Odai (1799-1870) introduced various indications for the prescription, it has become a frequently-used prescription that is applied to a wide variety of diseases.

### Clinical applications (continued)

In *Shokanron*, indications for which *kakkonto* is used are acute infectious diseases. However, from Japan's more than 150 years of experience, *kakkonto* is known to be a prescription that is effective for an extremely wide range of indications and is today applied to many diseases. These are introduced below, in continuation from the previous issue.

### 3. Rhinitis, allergic rhinitis, sinusitis

*Kakkonto* is widely known to cure inflammatory diseases of the face, such as the ears, nose, throat and eyes, and is frequently used for this purpose. A particularly large number of cases has been reported regarding diseases of the nose.

*Kampo shinryo iten* (dictionary of Kampo medicine) mentions the application of *kakkonto* for sinusitis as follows: "It is used in the initial stage of the acute phase, and works well when used for such symptoms as fever, heavy head, nasal obstruction, purulent discharge, and stiff shoulders."<sup>1)</sup> It also states that "For cases that become chronic, 2.0g each of *kakkonto+senkyu* (*Cnidii* Rhizoma), *ogon* (*Scutellariae* Radix), *kikyō* (*Platycodi* Radix), and *shin'i* (*Magnoliae* Flos) are used. For cases that have a tendency of inner heat or constipation, 5.0g *sekko* (*Gypsum* Fibrosum) and 0.5 to 1.0g *daio* (*Rhei* Rhizoma) are added. The preparation may

also be applied to some cases of hypertrophic rhinitis and nasal polyp. It may also be used for recurrences after surgery and when symptoms do not improve."<sup>1)</sup> Additionally, Hosono et al. write as follows regarding the emergence of effect: "For such nasal conditions, *kakkonto* commonly works by increasing the amount of nasal discharge over the first several days and even making the discharge even thicker and more purulent than usual, and thereafter gradually decreasing the nasal discharge so that it becomes less thick and eventually disappears."<sup>2)</sup>

*Byomei Kampo chiryo no jissai* (practical Kampo therapy by disease name) defines *kakkontokasenkyushin'i* as the basic prescription for acute rhinitis, and recommends the addition of *kikyosekko* (*Platycodi* Radix+ *Gypsum* Fibrosum; in the case of viscous rhinorrhea) or *yokuinin* (*Coicis* Semen; in the case of watery rhinorrhea).<sup>3)</sup>

Hanawa writes that for chronic sinusitis, using *kakkonto* alone has a sharper effect than *kakkontokasenkyushin'i*<sup>4)</sup>, and notes that because *kakkonto* has a strong drainage effect, using it when the discharge opening is blocked sometimes causes a severe headache because the discharge has nowhere to go.<sup>4)</sup> He also reports that due to this discharge effect, there was a case where a child with nasal allergy took the prescription with good progress but the closing of his wound after surgery for acute appendicitis took longer than usual.<sup>4)</sup> For this reason, he warns that *kakkonto* may be used in cases where there is a natural discharge route, but if not, it should not be used readily.<sup>4)</sup>

### Chronic sinusitis

The following cases have been reported regarding chronic sinusitis. *Kakkonto* is frequently used as a decoction blended with something else. There are also many cases of *kakkontokasenkyushin'i* and *kakkonkajutsubuto*. *Kikyosekko* extract or *yokuinin* extract are also added to *kakkonto* in some cases.

### Case 1: Chronic sinusitis

Patient: 13-year-old girl

The patient suffered nasal congestion, rhinorrhea and a heavy head that persisted for several years. There was nothing to note in particular in her family medical history or past medical history. Height 151cm, weight 43kg, both eardrums normal. Her nasal mucosa was red and slightly swollen, and a large amount of discharge and viscous secretion was observed in both nasal passages. The pharynx had mucosal redness and postnasal discharge. Paranasal sinus X-ray examination found a moderate shadow in both maxillary sinuses.

Diagnosis: Chronic sinusitis of both paranasal sinuses

Observation of present illness from the perspective of oriental medicine: Medium build, somewhat well-muscled, good facial complexion, floating and tense pulse, slightly dry tongue.

A daily dose of 5g *kakkontokasenkyushin'i* was prescribed as the symptoms suggested an excessive pattern. After approximately ten weeks, the discharge from both nasal passages decreased significantly, nasal congestion was alleviated, and an improvement was seen in the shadow that appeared in the paranasal sinuses in the sinus X-ray examination.

Shigeto Osako, Cases of chronic sinusitis, *Gendai no Kampo chiryo* (modern Kampo therapy), p. 582, Toyo Gakujutsu Shuppansha, 1985

### Case 2: Maxillary empyema

A 39-year-old woman with chronic maxillary empyema complained that the right side of her face began to hurt intensely since a few days ago such that she cannot eat or sleep at night.

An examination found that the center of her right upper jaw was swollen to the size of the tip of a thumb and was slightly red. Even rubbing the area caused strong pain. Her right nasal cavity was blocked, and her right shoulder was particularly stiff. She sometimes felt chills, and had a high body

temperature of 37.8°C. She had a floating and slightly rapid pulse.

When she was given *kakkonto* with 10.0g of Yokuinin, her face suddenly felt lighter in the morning after taking the prescription at night, and she slept soundly. As she woke up, a large amount of pus poured out to her throat. Furthermore, after five days of taking the preparation, no new inflammation appeared in the affected area, and the patient completely forgot about the pain. Yokuinin was added to *kakkonto*, as it has drainage and analgesic effects.

Keisetsu Otsuka, *Shoukou ni yoru Kampo chiryo no jissai* (practical Kampo therapy based on symptoms, p. 21, Nanzando, 1963

### Allergic rhinitis

Meanwhile, *kakkonto* is also effective against some types of allergic rhinitis. In *Kampo shinryo iten*, it is written: "Some types of allergic rhinitis that is accompanied by constant stiffness in the shoulders, susceptibility to colds and frequent sneezing, may be treated by this prescription (*kakkonto*)."<sup>5)</sup>

### Case 1: Allergic rhinitis

44-year-old male. From around four years ago, the patient began to experience bouts of sneezing, runny nose and minor eye irritation in spring, which lasted for roughly a whole month. He was diagnosed with cedar pollen allergy and somehow kept the symptoms at bay with Intal nasal drops and an antihistamine. However, because taking the antihistamine made him sleepy and lethargic such that he could not concentrate on his work, he visited us four days after a bout occurred. He had a steady pulse, stiffness at the back of his neck and no dyspepsia, dry mouth or coldness, so he was told to take *kakkontokasenkyushin'i* extract for a week. Efficacy of the prescription appeared immediately after taking it, and the patient's bouts completely disappeared in four days. He said he was able to spend the spring season this year in comfort.

Katsutoshi Terasawa, *Shin Kampo shohou manual* (new Kampo prescription manual), p. 54, Shibunkaku Shuppan, 1991

#### Case 2: Allergic rhinitis

A 28-year-old woman complained that, since several years ago, she was prone to sneezing for a while every morning after she woke up. It was minor in summer but worsened from autumn to winter. Her doctor diagnosed her with allergic rhinitis and gave her medicine, but she said the sneezing still has not stopped.

The patient is a tall, fair-skinned, plumpish woman. Her pulse was slightly floating but not rapid. Her abdominal pattern showed that a spot above the umbilical region that was sensitive to pressure. I gave her *kakkonto* for this. No changes were observed over the first seven days, but her symptoms improved after two weeks. They completely disappeared after four weeks, and she experienced no frequent sneezing after that.

Keisetsu Otsuka, *Shoukou ni yoru Kampo chiryo no jissai* (practical Kampo therapy based on symptoms), p. 73, Nanzando, 1963

#### Nasal congestion as a side effect of a psychotropic drug

*Kakkonto* is also used at times for nasal congestion that is not caused by inflammation. For example, there are cases where it has been used against nasal congestion that occurred as a side effect of an antipsychotic drug.

Akira Kurokouchi studied the efficacy of *kakkonto* extract by administering the extract to five patients of schizophrenia who developed nasal congestion as a side effect of an antipsychotic drug. As a result, he reports that two cases showed marked improvement, two cases showed moderate improvement, and one case with a history of chronic sinusitis showed slight improvement, and that no side effects were observed whatsoever.<sup>6)</sup>

#### Case 1: Nasal congestion caused by taking an antipsychotic drug

16-year-old male student in his first year of high school

Family medical history / Past medical history: Nothing in particular

History of present illness: From around May 1990 when the patient entered high school, he began to suffer from paranoia, thinking that others are trying to set him up. He pushed himself to go to school, but on August 1, he was told by a friend that he is “gloomy.” This triggered a sense of strong anxiety in him, to the point that the thought of suicide crossed his mind. He therefore had an emergency hospitalization on that same day.

Progress in hospital (Fig. 1): A general biochemical blood examination and neurological examination conducted upon hospitalization showed no abnormality. Diazepam (DZP) and thioridazine (TR) were administered, and in roughly two weeks, the patient’s paranoia and anxiety abated. Suddenly on August 26, he displayed psychomotor agitation, punching the wall while yelling, “I’m famous. I’ve done nothing wrong. Why is everyone saying such bad things about me?” The erroneous perception disappeared in roughly four weeks, after injections of haloperidol (HP) and levomepromazine (LP) and oral administration of mainly LP. However, immediately after administering HP and LP, severe nasal congestion and mouth dryness emerged. From the perspective of otorhinolaryngology, a slight swelling of the nasal mucosa was observed. The patient was therefore given *kakkonto* (daily dose of 5g). On the following day, the nasal congestion improved so that he was able to breathe more easily, and disappeared after about a week of taking the prescription. The patient gained consciousness of the disease and was discharged on October 4.

Akira Kurokouchi, The efficacy of *kakkonto* on nasal congestion caused as a side effect of an antipsychotic drug, *Kampo Medicine*, Vol. 43, No. 2, pp. 79-83, 1992

## Other nasal diseases

*Kakkonto* is also used for nasal polyps. Hanawa recommends *kakkonto* or *kakkontokasenkyushin'i* for allergic nasal polyps (type I allergy).<sup>7)</sup> There is a famous case in which Yodo Odai (1799—1870) used a prescription of *kakkonto* blended with other substances for a patient with chronic sinusitis accompanied by nasal polyps. In roughly half a year, the nasal polyps dropped off and a sudden improvement was seen.<sup>8)</sup>

Additionally, there are reports of cases in which *kakkonto* was used for such symptoms such as snoring caused by rhinitis and erosion of the skin below the nose due to nasal discharge.

### Case 1: Pediatric snoring caused by hypertrophic rhinitis

The patient was a four-year-old boy. His first medical visit was in June 1965. Immediately after birth, he became susceptible to colds, and when he came down with a cold, it was habitual for his nose to become blocked, produce a large amount of discharge, and bleed. An ear, nose and throat doctor treated him for hypertrophic rhinitis and tonsillitis, but he was not cured. Moreover, he was the talk of his family because he had stiff shoulders and snored profusely even though he was only a child. He also complained of stomach aches sometimes, had night sweats from his neck to head, and had a pale complexion although he had good nutrition. Both of his abdominal rectus muscles were tense.

To treat the patient's stiff neck and nasal blockage, *kakkonto* extract powder 1.0g was administered twice. The prescription works well when it works, and the patient no longer caught a cold after taking it. His nasal blockage lightened considerably, he became able to breathe more easily, and the awful pediatric snoring completely disappeared, thereby making the entire family happy.

Domei Yakazu, *Kampo chiryo hyakuwa* (hundred stories of Kampo therapy), Part 5, p. 200, Ido-no-Nippon-Sha, 1971

## 4. Otitis media and others

Symptoms of acute otitis media are frequently indications to use *kakkonto*. In *Kampo shinryo iten*, it is written as follows: "Use [*kakkonto*] when there is pain inside the ear, chills, fever and headache in the initial stage, and the pulse is floating and strong. It may also be used when the patient complains of stiff shoulders or displays symptoms resembling those of meningitis. If the symptoms accompany vomiting, add 5.0g Hange (pinellia tuber), and if the patient complains of severe dryness of the mouth, add 3.0g *kikyo* (*Platycodi Radix*) and 5.0g *sekko* (*Gypsum Fibrosum*)."<sup>9)</sup>

Cases that have been reported to date are introduced below. Case 5 is a case of discomfort around the auricular region and not a case of otitis media, but it has been included as a case related to the ear.

### Case 1: A patient who developed otitis media from a cold

A two-year boy developed otitis media after catching a cold and was seeing an ear and nose doctor, but he came to see me at the recommendation of a neighbor. His chief complaint was the discharge of pus from his left ear. This was verified, but there was nothing else of particular note. No abnormality was seen in his defecation or urination, and he had a healthy appetite. He was given *kakkonto*, and on the third day, the pus stopped, and he was completely cured after three weeks.

Keisetsu Otsuka, *30 Years of Kanpo*, Sogensha, 1959

### Case 2: Tubal obstruction (?)

37-year-old female

Around six to seven years ago, the patient says her hearing became poor and her ear began to feel blocked, causing her pain. Furthermore, the sound of her breathing echoed strongly in her ear, and at the same time, her voice became a falsetto voice.

Since then, she complained that the same symptoms occurred whenever she rode an airplane.

When I asked if she has a bad nose, she did not know, but she said she often has a runny nose.

An examination found her to be of medium height and build with an abdominal strength that was slightly weak, minor clapotage and palpitation in the epigastric region, and “Otsuka’s point of small resistance and tenderness just above the umbilicus.”

This small resistance and tenderness just above the umbilicus is an abdominal pattern that Dr. Keisetsu Otsuka defines in *Kampo shinryo iten* as a target of *kakkonto*. However, the figure in the book is difficult to understand. I have therefore provided my own definition of “Otsuka’s point of resistance and tenderness just above the umbilicus” as the abdominal pattern where a short cord-like anatomical white line is felt above the naval when pressed in small circles with the tip of the index finger or middle finger in perpendicular direction to the linea alba and that area is a source of pain to the patient, and regard it as an indication for *kakkonto*. This may differ slightly from Dr. Otsuka’s explanation, but it generally holds true as the target for *kakkonto*.

I suspected that because this patient had rhinitis, pressure changes in high places probably made her susceptible to tubal obstruction, and judging by her abdominal pattern, I diagnosed her as having a *kakkonto* pattern. However, her abdominal pattern trended slightly toward deficiency, so I added 3.0g Jutsu (*Atractylodis Rhizoma*), and to reduce the inflammation of her rhinitis and salpingitis (?), I also decided to add 1.5g each of *senkyu* (*Cnidii Rhizoma*) and *kikyo* (*Platycodi Radix*).

The result was such that approximately two weeks later, she had less nasal discharge, and she no longer blew her nose as much as she used to, although she admitted that she still had some postnasal discharge.

After another two weeks, the rhinorrhea disappeared, and the postnasal discharge became almost negligible.

Yet after another three weeks in mid-spring, the patient said her symptoms of allergic rhinitis that occurred every year, such as runny nose and blocked nose, were extremely minor this year.

Around three-and-a-half months after taking the prescription, the patient said she felt stronger and did not tire as easily as she used to, which she did not claim in the beginning, and the redness of her throat that was seen in the beginning of spring had disappeared. As predicted, her deficiency pattern and chronic inflammation in the nose and throat were of an allergic nature.

Around four months later, she said her ear was fine even when she rode an airplane.

After six months, when she was climbing down from the mountain on a hiking trip, her right ear began to hurt. She feared a recurrence of the disease and sought the attention of a nose and ear doctor, but she was diagnosed with otitis externa, and was relieved that it was irrelevant to her previous disease.

The patient, being an eager person, took the prescription for a year and continued to seek medical attention for quite some time after that before terminating the prescription.

Terutane Yamada, *Kampo no shinryo to chiryo (Ouyou-hen)* (Kampo examination and treatment (Advanced edition)), p. 45, Taniguchi Shoten, 1993

## 5. Tonsillitis and pharyngitis

Tonsillitis is generally said to be caused by the invasion of the wind-heat pathogen, but it also occurs when a person with heat accumulation (liver fire and stomach heat) is invaded by an external pathogen (whether it is wind-cold or wind-heat).

*Kakkonto* alone is usually not effective against pharyngitis and tonsillitis, and in many cases, gypsum is added, or other measures are taken to dispel the accumulated heat. Extract preparations should be supplemented with *kikyosekko* extract.

In *Kampo shinryo iten*, it is written as follows: “Use [*kakkonto*] when the patient has a fever and

sore throat in the initial stage, to promote perspiration. If the patient has a high fever, add 2.0g *kikyo* and 10.0g *sekko*; if vomiting occurs, add 5.0g *hange* (*Pinelliae* Tuber). This preparation is commonly used for 1 to 2 days..."<sup>10)</sup>

#### Case 1: Pharyngitis

18-year-old female; first visit on August 1973

The patient had a sore throat since the night before, and said it was red and swollen. She also had stiff shoulders and a temperature of 37.2°C. She did not cough or feel nausea, and had an appetite, although she did not eat much. She also had a headache. She was given *kakkonto+kikyo+sekko* and told to take it after gargling. After taking two doses, she forgot about the pain, and her temperature also went down.

Tomie Omura, Kampo chickenrei (Kampo clinical trials),

*Journal of Kampo Medicine*, Vol. 22, No. 6, p. 37, 1963

## 6. Conjunctivitis

*Kakkonto* is used against diseases (particularly inflammatory diseases) that are relatively close to the surface of the eye, such as the eyelid, conjunctiva and cornea. *Kampo shinryo iten* notes that indications for *kakkonto* are found in the initial stage of stye, marginal blepharitis, dacryocystitis, conjunctivitis, trachoma, and conjunctival phlyctenule.<sup>12)</sup>

*Yunokiryu ganryou hidensho* (secrets of Yunoki-style eye treatment), a book on ophthalmology from the Edo Period, writes about the application of *kakkonto* preparations (such as *Rhei* Rhizoma) to inflammatory diseases such as of the conjunctiva and cornea. *Ganka ichikagen* (personal views of ophthalmology) also contains cases of clinical trials that used *kakkonto*.

#### Case 1: Conjunctivitis

Patient: 58-year-old male. Occupation: Gardener. Small, slender build.

Chief complaint: Finger tremor, pain in both eyes, tearing, eye discharge, photophobia, vesicular eczema on both palms.

Past illnesses: Syphilis—The patient has been treated for one-and-a-half years but is receiving ongoing treatment. Arteriosclerosis—His blood pressure has increased to around 150/100 since a few years ago, and is causing heaviness of the head, insomnia, etc. to come and go. Due to sciatica on the right side, he has pain from his right hip to lower right leg that still persists. Since a few years ago, he began to experience fine finger tremors on both hands along with high blood pressure, a condition that also still persists. Three years ago, he had surgery for cholelithiasis.

Present symptoms, history of present disease and progress: The patient was being treated in hospital for the above diseases. In early May, he suddenly developed a strong reddening of the conjunctiva in both eyes, eye pain, photophobia and eye discharge along with stiffness in both shoulders. A culture test of the eye discharge and a drug resistance test were performed, and as a result, short bacillus was found. He was thus told to apply a few drops a day of an antibiotic eyedrop and steroid eyedrop. However, as this had no effect, internal medicine, including an antibiotic and anti-inflammatory drug, were also administered but only slight improvement was seen, and the patient was not completely cured. This suggested that he had bacterial conjunctivitis accompanied by an allergic reaction. The stiffness in both shoulders was severe, so all Western medicine was canceled with the aim of alleviating the inflammation in both eyes and the stiffness in the shoulders, and a switch was made to Kampo therapy. The patient was administered 6g/day of *kakkonto* extract for three days, but already on the second day the symptoms in both eyes and entire body markedly improved. The inflammation in the eyes, eye discharge and other symptoms virtually disappeared, and the finger tremors and vesicular eczema on both palms showed general improvement, so the

prescription was continued for another week. The patient was thus cured of almost all symptoms except for the sciatica on the right side. This was improved only somewhat and was not cured, so the patient is continuing to take the internal medicine (total of 10 days so far).

Hiroshi Nishimura, Shorei hokoku (case reports), *Progress in Kampo Medicine*, 1968 Vol. 7, p. 14, 1968

## 7. Trigeminal neuralgia

With regard to this disease's indications for *kakkonto*, it is written in *Kampo shinryo iten* that "[*kakkonto*] is used in the initial stage of development of trigeminal neuralgia, to achieve a condition characterized by a strong pulse and tension in the muscles."<sup>13)</sup> *Kakkonto* is thus commonly used in the initial stage of development of the disease, but it is also effective in chronic cases if the conditions are right.

Saito conducted a study on 141 patients of trigeminal neuralgia and reported that among 18 patients who were given *kakkonto* alone, the prescription was non-effective or unreliable in 14 patients (77.8%) but significantly effective and effective in 2 patients each (total 22.2%).<sup>14)</sup>

Tayama et al. report that among 50 patients of idiopathic trigeminal neuralgia and symptomatic facial pain (treated by the nerve block method and analgesic administration), 12 patients were given *kakkonto* with the result that *kakkonto* was effective in 4 patients each of the two diseases.<sup>15)</sup>

These findings suggest that a certain rate of efficacy could be achieved even if *kakkonto* is administered regardless of pattern.

### Case 1: Trigeminal neuralgia on the left side (female)

Two years ago, the patient developed a severe case of trigeminal neuralgia in her left cheek. Her doctor said that pain was coming from her teeth and pulled out her teeth one after the other, but her symptoms did not improve at all. Even so, after receiving shots in her mouth, gums and on her face,

they had disappeared before she realized it. This time, the same trigeminal neuralgia on the left side occurred from last autumn, but the pain was more intense than before. Clear saliva kept flowing inside her mouth, but she could not move her mouth due to the pain and could neither swallow nor throw up. Presently, she is receiving various treatments by a doctor specializing in neuralgia, but hardly any improvement has been seen. Recently, she said her head hurts, and even a slight touch of her lips feels like an electric shock and is extremely painful. She can open her mouth only slightly, so she cannot talk as she wishes, and all she can eat are liquid meals because she can neither chew nor swallow solids. In this state, she says her shoulders, and especially her left shoulder, have become extremely stiff.

The patient has sallow skin and complexion that give the impression of fluid retention. Her pulse is rather sunken and somewhat string-like, tense and rapid. The pulse above her spleen is particularly weak (spleen deficiency pulse). She has pressure pain in the right Hiyu (bladder) point. Her tongue has a thick white coating and is well moist. When I touch her abdomen, she cries out that it hurts, so I cannot examine her abdomen carefully because the pain increases when I have her lie down. Even so, the abdominal wall was found to be somewhat bloated with fat and water, and the skin at the corner of her lower left abdominal region was extremely sensitive. I suspected resistance and sharp tenderness in the left iliac region (abdominal indications for Tokakujokito). I therefore swiftly applied Okibari needle patches to the left Kyousha (stomach) point and the left and right Rekketsu (lung) points, Okibari embedded needle patches to the right Hiyu (bladder) point, and moxibustion to the Ketsuinyu (bladder) point (both sides). The pain immediately subsided to a certain degree.

I also administered a decoction of *kakkontokasojutsusbushi* (*Puerariae* Radix 4.5g, *Ephedrae* Herba 2.5g, *Cinnamomi* Cortex 3.0g, *Paeoniae* Radix 4.7g, *Glycyrrhizae* Radix 2.0g, *Ziziphi*



Fructus 3.0g, *Zingiberis* Rhizoma 4 cloves, *Atractylodis Lanceae* Rhizoma 5.5g, *Aconiti* Radix Processa 1.0g = daily dose).

Two days later, some signs of improvement appeared. It is not certain whether the drug or the acupuncture took effect, but acupuncture was applied some more to the Yoryosen (GB34) point, the Rinkyu (GB41) point and the Tanyu (BL19) point on both sides. This, however, aggravated the patient's condition. Acupuncture stimulation was apparently excessive.

I then administered *kakkontokasojutsubushi* with slightly different ratios of ingredients (*Atractylodis Lanceae* Rhizoma 8.25g, *Aconiti* Radix Processa 1.5g, *Zingiberis* Rhizoma 5 cloves, *Puerariae* Radix 7.0g, *Ephedrae* Herba 4.0g, *Cinnamomi* Cortex 5.0, *Paeoniae* Radix 7.0g, *Glycyrrhizae* Radix 1.5g, *Ziziphi* Fructus 4.5g = daily dose) for two weeks.

Thereafter, I received good news from Tokyo. The trigeminal neuralgia that was so painful gradually subsided since taking the preparation, and the patient became able to more or less eat and talk normally. However, she noted that she sometimes experienced stinging pain at unexpected moments, so I sent her three weeks' dose of the previous preparation. When I saw her again in Tokyo, she was more than 90% better, and in about a month, she was cured, and her symptoms seemed long-forgotten. (@Tokyo clinic)

Shiro Hosono, *Kampo igaku jikko* (lectures on Kampo medicine), p. 91, Sogensha, 1982

## 8. Facial palsy

*Kakkonto* is good for facial palsy in its initial stage of development. In *Kampo shinryo iten*, it is written as follows: "Use [*kakkonto*] in the initial stage of development. It is especially effective against facial palsy that occurs after a cold. The target is a condition characterized by a strong pulse and tension in the muscles."<sup>16)</sup>

## Case 1: Facial palsy

A 56-year-old woman suddenly developed facial palsy ten days ago. She complained that she could not close her left eye, her mouth drooped on one side, and she felt depressed.

Her pulse was floating and large, and she said her neck was stiff, but there were no other abnormalities. She was given *kakkonto*. After taking five doses, she was 90% cured, and after another five days, she was completely cured.

Keisetsu Otsuka, *30 Years of Kanpo*, p. 119, Sogensha, 1959

## 9. Temporomandibular arthrosis

The temporomandibular joint, or jaw joint, is where the middle yang (stomach) meridian flows. Thus, when considering that it is a part of the middle yang parts of the body, it is understandable why *kakkonto* is used for this disorder.

Kazuo Sano et al. administered Tsumura *kakkonto* extract granules to patients of temporomandibular arthrosis and observed the clinical efficacy two weeks later, with the result that out of 28 patients, the preparation was significantly effective in 6 patients (21.4%), effective in 7 patients (25%), somewhat effective in 9 patients (32.3%) and non-effective in 6 patients (21.4%).<sup>17)</sup>

Onuma et al. administered *kakkonto* and Kamishoyosan to 50 patients of temporomandibular arthrosis and report that the prescription brought an improvement or more in 80.0% of the patients, with 5 patients showing a marked effect, 35 patients an improvement effect, and 10 patients no effect.<sup>18)</sup>

## Case 1: Temporomandibular arthrosis

16-year-old male. From around two weeks ago, a pain emerged in the patient's left masseter muscle. Thereafter, he felt dull pain whenever he chewed or yawned, so he visited our clinic. He could only open his mouth 23mm without pain. A tenderness was observed in his left jaw joint and masseter muscle, and there was pain in his left jaw joint whenever he

moved his jaw laterally to the right. He also had stiff shoulders. He was administered 7.5g/day of *kakkonto*, and although there was still some tenderness a week later, it was gone after two weeks. He became able to open his mouth 54mm, and the stiffness in his shoulders also disappeared. The clinical result showed marked efficacy.

Kazuo Sano et al., Gakukansentsusho to *kakkonto* (temporomandibular arthrosis and *kakkonto*), *Kampo Medicine*, Vol. 23, No. 1, p. 25, 1995

## 10. Headache

As with the mechanism of stiff shoulders, when fluid from the neck does not flow, the muscle is not nourished, and when muscle tension becomes severe, a headache occurs in addition to stiff shoulders. In most cases, this is a tension-type of headache. *Kakkonto* also has the effect of curing such headaches.

Yoichi Hashimoto et al. administered 7.5g of Tsumura *kakkonto* extract granules (divided into three portions) to patients who complained of a tension-type headache and examined the efficacy from the subjective and objective viewpoints. Given that “marked improvement,” “improvement” or “slight improvement” were observed in more than 80% of the patients, he stated that *kakkonto* had a greater effect on people who had greater muscle tension.<sup>19)</sup>

Additionally, Hosono states that headaches that occur from sinusitis are sometimes improved with *kakkonto* preparations and gives two case examples.

There are thought to be many types of headaches that could be improved with *kakkonto*, but few cases have been reported, possibly because such cases are too ordinary.

### Case 1: Tension-type headache

75-year-old female. Height 152cm, weight 61kg, sturdy and solid build. No cold sensitivity.

History of present illness: The patient has been receiving treatment for high blood pressure and

osteoporosis for the past ten years. She sometimes complained of stiff shoulders and headaches, but internal and external anti-inflammatory analgesics had improved them. From early-September of 1993, she developed a stiffness from the back of her neck to shoulder blades and a dull headache that felt as though she were wearing a pot on her head. She was diagnosed with tension-type headache (muscle contraction headache) and given 1.5mg etizolam (divided into three portions), 150mg eperisone hydrochloride (divided into three portions) and 3.0g pyrine analgesic (divided into three portions). However, her symptoms failed to improve, and she complained of nausea and vomiting, so she was administered 7.5g Tsumura *goshuyuto* extract granules (medical use) to be taken in three portions before each meal.

However, no effect was observed, possibly because the pattern was not right. The patient went to another hospital to receive a head CT examination because she was worried about an intercranial lesion, but no abnormality was found. An occipital nerve block drug was also used in combination, but it was non-effective. The patient complained of stomach pain from taking the analgesic, so the analgesic was canceled, but because she had an excess pattern of stiff shoulders, she was newly given 7.5g Tsumura *kakkonto* extract granules (medical use) to be taken in three portions before each meal. From the second day of taking the prescription, the headache and stiffness in the shoulders improved and completely disappeared a week later. Presently, she is happy that she could treat her stiff shoulders and headache solely with *kakkonto*, without taking a muscle relaxant or analgesic in combination.

Hiroaki Tanaka, A case in which *kakkonto* was effective for tension-type headache, *Kampo Shinryo*, Vol. 12, No. 12, p. 5, 1993

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## Clinical Report 1 (Acupuncture)

### *Acupuncture and Moxibustion Treatment for a Patient with Chronic Complex Health Problems, where the Cooperation by the Family too Contributed to the Improvement*

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Many patients with chronic complex health problems visit our facility affiliated with one of the local general hospitals in Shikoku. On this occasion we administered acupuncture and moxibustion treatment with the cooperation of the family and report our experiences with a case with chronic complex health problems where this treatment form led to their relief.

**Patient:** 57-year old female. Works at a loan counter in a financial institution.

**Chief complaint:** insomnia, depressive mood, palpitation, fatigue at the back of her eyes;

**Past history:** underwent a hysterectomy at the age of 36; no special health problems after the surgery;

**Character traits from childhood:** having an obsessive, depressive, pessimistic nature she had low resistance to mental stress;

**Family environment:** lives in a family of three with her husband and daughter; nothing specifically notable.

**Present illness:** started her employment at the age of 20 and since a change in her work duties in October X-2 began noticing stiffness of the back, loss of appetite, since September insomnia developed and she started to take Zolpidem prescribed by a local physician. She became again able to fall asleep, but usually woke up at 3 o'clock in the morning and then could not fall asleep again. From that time palpitations, fatigue at the back of her eyes and depressive mood also developed. She lost appetite and until now lost about 10 kg weight. The local physician diagnosed "depression" and prescribed western-style medicines like Fluvoxamine, Zolpidem, Ethyl Loflazepate, Sulpiride, Estazolam, Domperidone etc. Her meal size decreased extremely, she developed hypersensitivity to light and sounds and spend the whole day in bed. She

visited our clinic because her husband strongly recommended it.

#### I: Overview over the time-series analysis (Figure 1)

Figure 1 shows an overview over the time-series analysis developed in this facility. Explanation of the frame from the left shows first housing and work, in the middle daily life events are entered and on the right side the start of QOL impairments is recorded. In the left lower area the family structure is entered and allows to grasp the nursing potential of the family.

From the time-series analysis it is possible to assess that the health problems seemed to be due to decreased stress resistance and a mild degree of blood stagnation. Again, we surmised the chief complaint developed before a background of work related severe stress or problems related to the marriage of the daughter. For the health problems based on the time-series analysis presumably be due to decreased stress resistance and a mild degree of blood stagnation we considered the application of moxibustion by the family to be most suitable.

#### II: Findings at point locations (Figure 2)

At the points on the back we observed depressions at SI14, BL15, BL20, BL52, swelling from BL17-BL18, congestion in the back of the neck, floating fine vessels in the vicinity of GV14 and GV4 and edema on the anterior chest and on the top of the head. Based on the findings at point locations we came to the conclusion, that the build-up of blood stagnation and decreased resistance to mental stress led to the reported health problems.

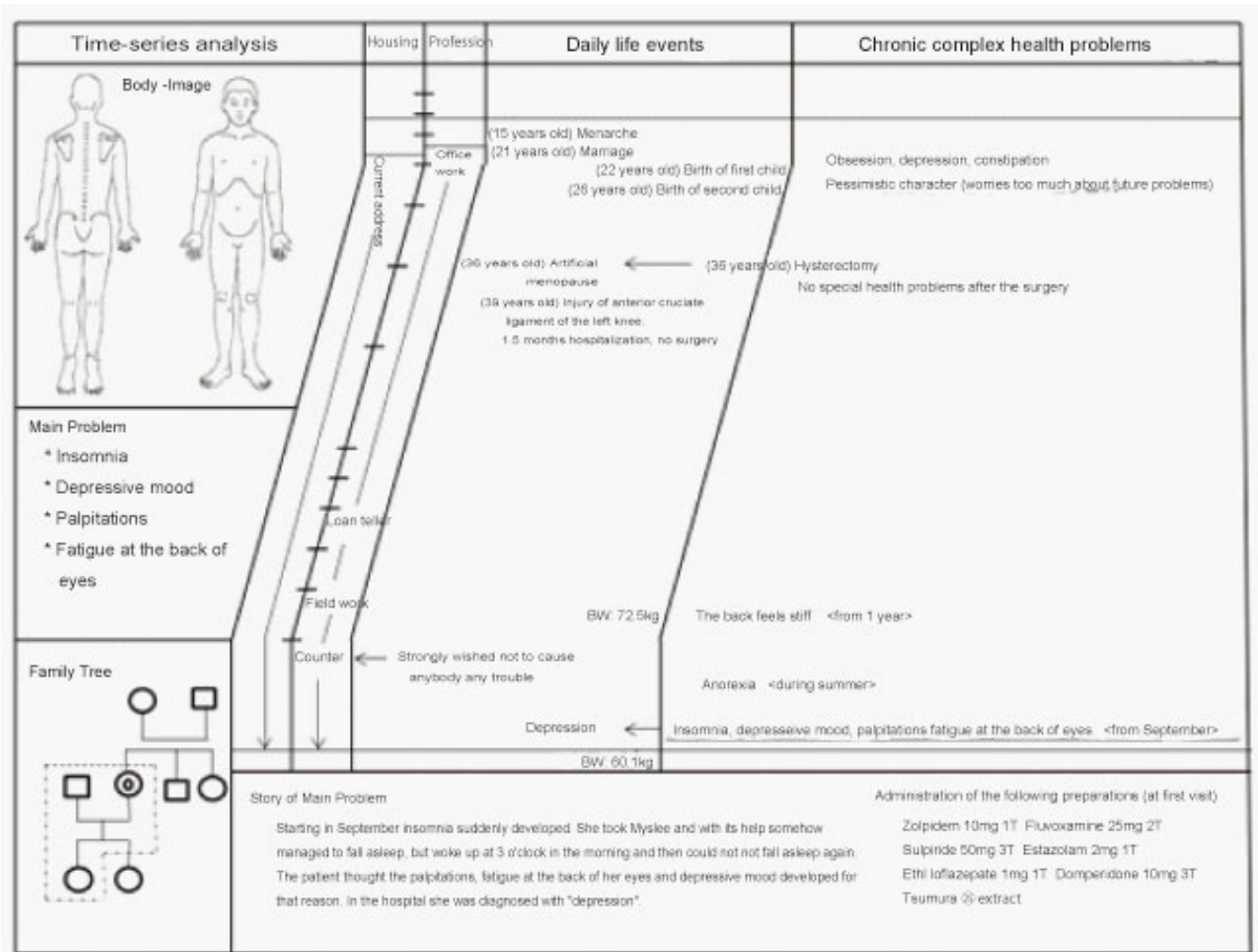


Figure 1 Overview over the time-series analysis

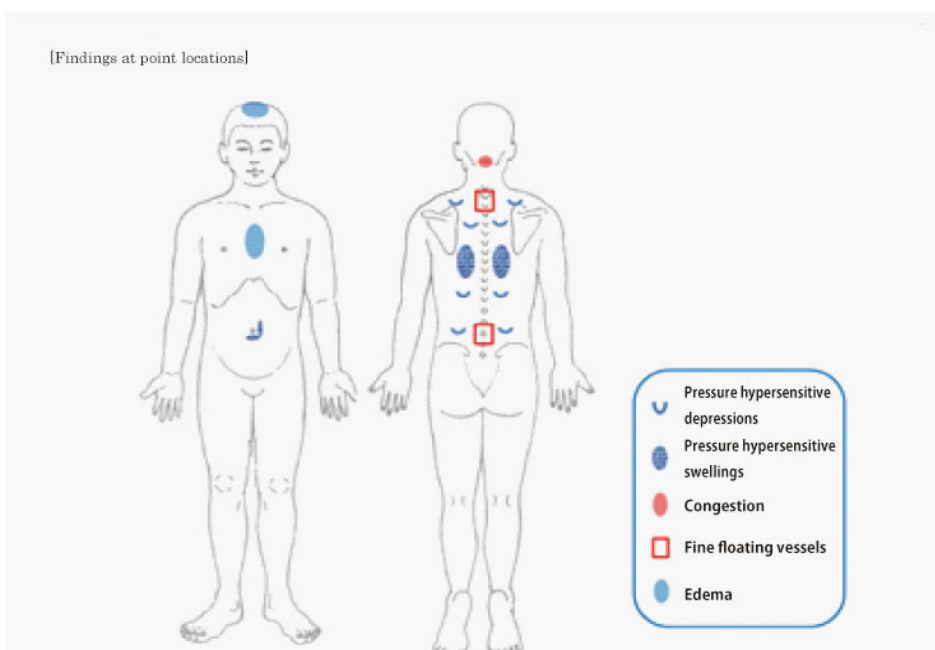


Figure 2 Findings at point locations

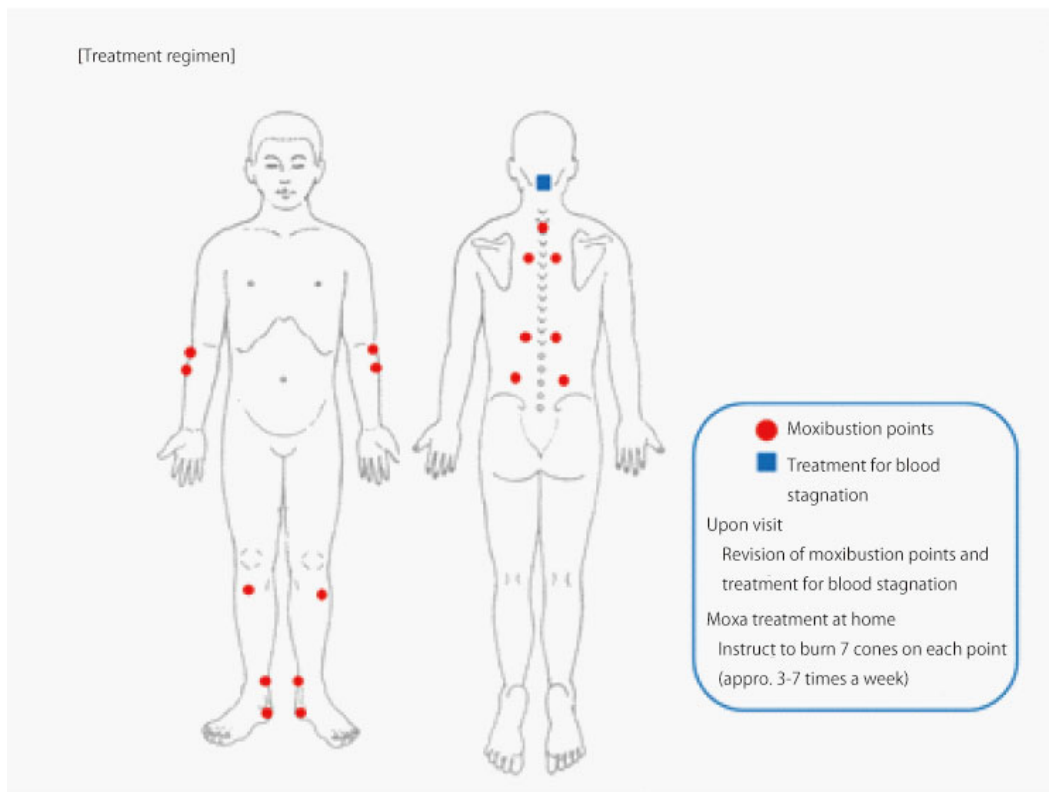


Figure 3 Acupuncture and Moxibustion treatment

### III: Acupuncture and moxibustion treatment (Figure 3)

Based on the findings of the time-series analysis and on the findings at the point locations the treatment was administered according the findings at the point locations. In this case (1) required care from the family. Regarding (2) the family requested moxibustion treatment. Regarding (3) we considered self-treatment by the patient herself to be appropriate. Thus, the treatment centered on moxibustion. Moreover, regarding the moxibustion treatment we concentrated on a persistent regimen (there are two treatment concepts: switching formulas as required and maintaining the same regimen over time), instructing the patient to treat herself at home using mainly GV12, BL15, BL20, BL52, LI11, ST36, SP6, KI3. Further, upon her visiting our clinic, we performed additionally skin pricking in the vicinity of GV16.

### IV: Course and evaluation (Figure 4)

This shows the course over a period of 12 years from the first visit. The patient visited our clinic in intervals of 4 to 8 weeks for acupuncture and moxibustion treatment and treated herself at home with moxibustion 3 to 7 times a week. She also took the prescribed medicine and her condition followed a favorable course. In our clinic six treatment sessions represent one set and after each set we checked the changes using a questionnaire. Evaluation criteria for the QOL included physical, mental and social parameters. Regarding the physical aspects, we evaluated the various symptoms, as mental aspects her health related worries and for the evaluation of the social aspects the patient evaluated any inconvenienced during her daily life herself.

Evaluated symptoms included constipation, strained neck, sweating, flushes, back stiffness, inappetence, insomnia, depressive mood, palpitations, fatigue at the back of the eyes, easy fatigability and hypersensitivity to sounds. Evaluation results over the period of 12 years showed for almost all items an evaluation as either A or B, which we assessed to be a highly satisfactory.

(A: improved; B: improved but occasionally worsening)

Two weeks after initiation of the moxa treatment she reported "I was no longer aware of palpitations and a sort of black lump in the depth of my heart has dissipated". After half a year her body weight was 55.8 kg. After 10 months we added treatment for blood stagnation in the back of the neck. At the same time we observed changes in appetite and sleep and while there were some fluctuations, the number of days of good physical condition increased.

After 15 months a dose reduction of the western medications was attempted. Body weight had recovered to 62.0 kg. The patient could later overcome her mother's sudden death and the death of her father from disease without problems, remained stable and gradually improved.

Currently she is on a western medical regimen of Fluvoxamine 25 mg ½ tablet and Zolpidem 10 mg ½ tablet. In her daily life she manages general household chores, seeing off and welcoming back her grandchildren, attending swimming, table tennis and PC classes, indicating improvement of the QOL.

Survey of the course over a period of 12 years from the first visit (excerpt)

Evaluation items		I-(1)	I-(4)	II-(4)	III-(4)	IV-(4)
General physical condition		B	—	—	—	B
Health related worries		B	—	—	—	A
Inconveniences during daily life		C	—	—	—	A
Constipation	Neck muscles	A B	B B	A B	A A	A B
Sweating	Flushes	B B	B A	A B	A A	A A
Back stiffness	Inappetence	B C	A A	A A	A A	A A
Insomnia	Palpitations	C A	C A	B A	B A	B A
Eyestrain	Mood	B B	A B	B A	C A	B A
Phonophobia	Easy fatigability	— —	A A	A A	A C	B B

A: improved      B: improved but occasionally worsening

C: remains bad      D: getting gradually worse

Figure 4 Course and evaluation

## V: Conclusions and discussion

Insights into her inner life rather than her physical life history based on the results of the time-series analysis led us to the conclusion, that a decreased resistance toward mental stress and the formation of blood stagnation had caused her health problems. Findings at the point locations led to the same conclusion. The author believes the moxa treatment administered by the family had a healing effect on the patient and promoted the recovery process of her resistance. Moreover, the main indication for GV16 is "maniac behavior with death wishes, eye rolling and hallucinations" and its role in this case is highly interesting.



## Clinical Report 2 (Kampo Medicine)

*A Case in Which Shokenchuto was Effective for a 10-year-old Girl who was Easily Tired, Sensitive to Cold, and had a Weak*

*Digestive Function*

Hideaki Yamaguchi  
Tosei General Hospital

Case: 10-year-old girl

Chief complaint: Easily tired, easily chilled

History of present illness: The patient tended to eat very little and was sensitive to cold since infancy. She became easily tired after entering primary school, and had many days of absence (more than 40 days in a year). It also bothered her that she could not swim in the pool because she felt cold even in the summer. For this reason, she visited us in mid-July (summertime), desiring Kampo therapy.

In a medical interview, she noted that she is extremely sensitive to cold, her lips turned purple when she was cold, she tired easily, suffered frequent stomach aches, had no appetite, disliked cold foods, was prone to coughing, and had a nervous temperament. Appearance-wise, she had fair skin, was quiet, and had cold hands and feet.

Diagnosis: Spleen yang deficiency (unable to produce sufficient heat due to weak digestive function)

Treatment/Progress:

To warm the body and improve the digestive function, *shokenchuto* extract was administered 3 times/day.

1 month later (August): Slight improvements were seen in the patient's tendency to tire easily and cold sensation, but she still could not swim in the pool.

2 months later (September): An improvement was seen in the patient's appetite. She became able to keep up with the school schedule.

6 months later (January): The patient tended to feel some coldness, but was otherwise well, and had no absence during the second term.

12 months later (July): The patient was very well, and became able to swim in the pool. Her fatigue also disappeared.

The treatment was completed after 18 months. The patient was able to live an ordinary life thereafter.

Observation: In this case, the patient had spleen yang deficiency since infancy, which was aggravated by the burden of primary school life such that it might have even affected the kidney. *Shokenchuto* does not have a strong effect in invigorating the yang (warming), but it is excellent as a spleen invigorating drug (prokinetic agent) for children. By improving the digestive function, it induced an improvement of other symptoms and conditions. *Shokenchuto* is also said to have the effect of invigorating the kidney, and is used frequently in the field of pediatric Kampo in Japan.

Reference:

*Shokenchuto*

Warms the body and mitigates excessive tension in the digestive tract.

Improves digestive symptoms such as small appetite, recurrent abdominal pain and soft stool, and whole-body symptoms such as secondary chilliness and lack of vitality.

*Hochuekkito*

Warms the body somewhat and improves the general state of low tension.

Used in cases where the patient feels a strong sense of general malaise, such that he/she tires easily and tends to want to lie down, or feels a heaviness in the arms and legs.

*Rikkunshito*

Warms the body somewhat and improves the state of low tension particularly in the digestive tract.

Improves stagnant intestinal movement symptoms such as poor appetite and feeling of fullness, and the sense of heaviness, etc.

Crude drug components and efficacy of *Shokenchuto*

- Keishi (cinnamon): Warms the body, induces light sweating
- Shakuyaku (peony): Relieves muscular tension, improves microcirculation
- Taiso (jujube): Improves the digestive function, promotes emotional stability
- Shoga (ginger): Warms the body, improves the digestive function
- Shakanzo (honey-fried licorice): Improves the digestive function, relieves tension, provides medicinal relief
- Kouji (malt sugar): Nutritional support, cough suppressant

*Shokenchuto* thus warms the body, improves the digestive function, relieves muscular tension, and promotes emotional stability. For children, in particular, it is used to warm the body, mitigate excessive tension in the digestive tract, and improve the digestive function. It is used in a wide range of applications.

## Report on Visit to AIMC

*A Letter from the Acupuncture and Integrative Medicine*

*College (AIMC) in Berkeley, USA*

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**Introduction:** In Western countries, complementary and alternative medicine (CAM) is very popular. In the last several decades, traditional medicine in Asian countries has been developing as a type of CAM. Under these circumstances, the problem is how to position *Kampo* medicine, which is lagging behind in terms of international strategy. We had an opportunity to visit the Acupuncture and Integrative Medicine College (AIMC) (President & CEO: Yasuo Tanaka) located in Berkeley, California USA in September 2013. We report the current status of traditional Chinese medicine (TCM) in the USA compared with the internationalization of *Kampo* medicine.

### (1) Overview of traditional Chinese medicine in the USA

In the USA, the National Institute of Health (NIH) established a special office for alternative medicine, namely, the Office of Alternative Medicine (OAM), in 1992 and initiated active involvement in the alternative medicine research, promoting CAM research. In the year after the establishment of the OAM, Eisenberg et al. at Harvard University conducted “a survey of utilization rate of CAM in the USA” with 1,539 American citizens aged 18 years or older, and reported that approximately one third of the respondents utilized at least one type of CAM in the previous year and that the highest use was by nonblack persons aged 25 to 49 years, who were relatively more educated and had higher incomes [1].

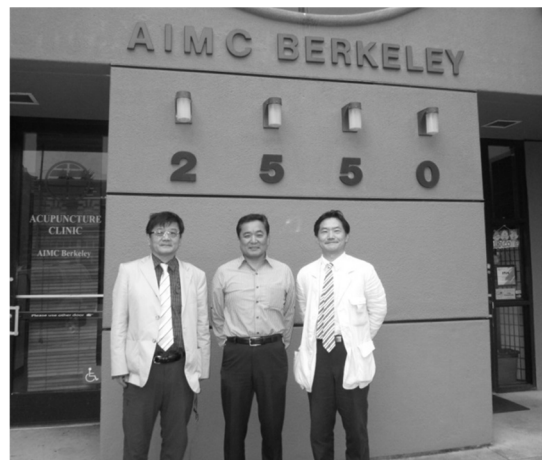
Furthermore, 83% of those above had already consulted physicians of the modern Western medicine. The total expenditure incurred for CAM (13.7 billion dollars) was also higher than that spent out of pocket for all hospitalizations that year (12.8 billion dollars). These suggest that the current status of modern Western medicine does not always meet the demands of patients. Since then, research in the field of CAM has intensified, and in 1999, the OAM was promoted to the National Center for Complementary and Alternative Medicine (NCCAM), which seems to be commissioning various studies related to CAM to multiple institutions including Harvard University and the University of California. Although some institutions have introduced CAM into their medical education, in terms of the so-called traditional medicine in East Asia utilizing acupuncture-moxibustion and decoctions, i.e., traditional medicine in the Western Pacific Region [2], education in acupuncture-moxibustion schools in the USA is based on TCM, and not on *Kampo* medicine currently practiced in Japan nor traditional Korean medicine practiced in South Korea. However, there are a few Korean schools where acupuncture-moxibustion of traditional Korean medicine is taught. There are absolutely no schools where education is based mainly on *Kampo* medicine used in Japan. Only at AIMC located in Berkeley, California [3], which we visited in this trip, Japanese acupuncture-moxibustion is taught in parallel with TCM. Promotional activities of Japanese acupuncture-moxibustion and *Kampo* medicine in the USA have originated from this school. Details of AIMC are described in the latter half of this paper. In the USA, qualifying examinations for acupuncture-moxibustion practitioners are supervised by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM®) in 44 states and areas that participate in the NCCAOM, but the states of California and New York have their own qualifying examinations. NCCAOM has issued approximately more than

21,000 licenses to practice acupuncture, oriental medicine, decoctions, and Tui Na since 1982. In the state of California, approximately 500 applicants per year pass qualifying examinations held by the Acupuncture Board, the Department of Consumer Affairs, which are based on the state law, namely, the Acupuncture Licensure Act. As described above, education in each acupuncture-moxibustion school is mostly based on TCM, and qualifying examinations conducted in each state are also based on TCM. Textbooks have been improved, and a few of them are at a high level, comparable to those in China. For example, explanations in books by Bensky et al. [4] [5] and by Mitchel et al. [6] are excellent. Almost all *Kampo* products in the USA are extract products. They are handled as health foods and can be available at pharmacies and drugstores to some degree. However, no one at conventional stores knows how to use them. Therefore, acupuncture-moxibustion practitioners usually prescribe them at acupuncture-moxibustion clinics and the patients purchase them out of pocket. Many of the manufacturers/sellers of extract products are Taiwanese companies (Sun-ten, Ming-tong, Evergreen, etc.), and some of them already have a nearly 40-year history. In the USA, “Medicare” and “Medicaid” are public insurance; however, transition to private health insurance is recommended, and some insurance plans in America’s Health Insurance Plans seem to cover acupuncture-moxibustion and acupressure. However, in the USA, decisions in the healthcare administration are not made purely from the viewpoint of medical welfare, and political and economic interference in the healthcare administration seems to be causing confusion.

## (2) Visit to AIMC (Acupuncture and Integrative Medicine College)

The authors participated in the World Congress of Chinese Medicine (WCCM) 2013 held on September 21 and 22 in Santa Clara, California [7]. During the trip, we stopped by at AIMC located in

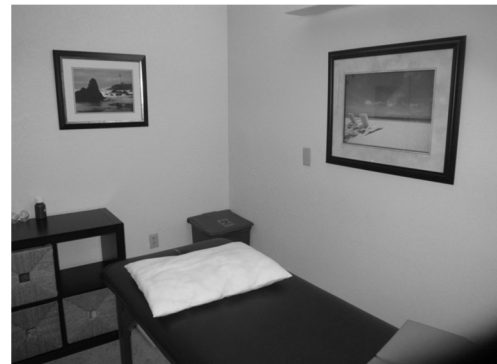
Berkeley, and Dr. Yasuo Tanaka, President & CEO of the school, showed us around the school himself (Figure 1).



**Figure 1**

[The above photo]

President Yasuo Tanaka (middle) showed Dr. Kageyama (left) and Ozaki (right) around the AIMC himself.



[The above photos]

The classrooms at the AIMC

AIMC is located in downtown Berkeley, California, with a great access to public transportation. Students enjoy a Mediterranean climate, a progressive culture, a casual urban environment, diverse education environment nearby UC Berkeley campus, and close proximity to San Francisco, a revitalized Oakland, and Silicon Valley (8).

We provide a brief history of AIMC. The AIMC formerly known as Meiji College of Oriental Medicine (MCOM) was established in San Francisco in 1990 by the Meiji School of Oriental Medicine in Japan and its alumni. In January 1999, the school relocated to Berkeley. In 2002, Dr. Shuji Goto (chairperson of GOTO College of Medical Arts and Sciences) was assigned to be a chairman of the board for the MCOM. In April 2003 the name of the school was changed to Acupuncture and Integrative Medicine College (AIMC) and new management has started under the new chairman's leadership.

AIMC is granted accreditation by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), which is the recognized accrediting agency for freestanding institutions and colleges of acupuncture or Oriental medicine that offer such programs. The ACAOM is the national accrediting agency recognized by the U.S. Department of Education to accredit Master's-level programs in the acupuncture and Oriental medicine profession.

As described above, education in acupuncture-moxibustion schools in the USA is based on TCM; however, only in this school, Japanese acupuncture-moxibustion are taught in parallel with TCM, and promotional activities of Japanese acupuncture-moxibustion and *Kampo* medicine in the USA have started from this school (Figure 2). There are approximately 150 students with 30 to 40 students per grade. We heard that on an average, they study for more than 3,300 hours in 4 years. The curriculum is equally divided into 3 parts: modern medicine, acupuncture-moxibustion, and decoctions.

AIMC Berkeley offers a rigorous and comprehensive education in Traditional Chinese Medicine and Integrative Medicine. Their program allows students to first build a strong foundation in theory, and then put the students' knowledge into practice in their clinical internship courses. Their curriculum has six distinct subject areas: Acupuncture, Western Biomedicine, Integrative Medicine, Herbology, Oriental Medicine and Professional Practice.

AIMC students performed very well in the qualifying examinations based on the state law, the Acupuncture Licensure Act. The pass rate of the 1st time takers in the August 2012 examination result was 100% (based on a document from California Acupuncture Board [Department of Consumer Affairs]) (9).

We were impressed with the words of President & CEO, Tanaka, "Unlike students in acupuncture-moxibustion schools in Japan, students in the USA are serious for economic reasons." We realized that many of the college students in the USA are living an independent life in dormitories or apartments away from their parents' home, even when their colleges are within a commutable distance from the home, and that many students use scholarships and student loans to pay for tuition and are also economically independent.

Additional remark: We have described above, an overview of traditional Chinese medicine in the USA and our visit to AIMC. The history of how the so-called traditional medicine in East Asia was spread mainly by Overseas Chinese in the West Coast and New York, or through Japan and the Netherlands to Europe, is very interesting; however, it has been omitted due to limitations of space. We would like to present it at another time in this journal.

Postscript: Part of this manuscript was presented at the 65th Annual Meeting of Japan Society for Oriental Medicine (Tokyo, June 29, 2014). The authors have no conflict of interest to be disclosed.



**Figure 2**

[The left above] The single crude drug products on the shelves at the AIMC.

[The right above] The acupuncture and moxibustion instruments in the cabinet at the AIMC.

[The left below] The conventional crude drug products on the shelves at the AIMC.

[The right below] The cabinets for classification of drugs at the AIMC.

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- <sup>1</sup> Eisenberg DM. et al. Unconventional medicine in the United States. *NewEngland Journal of Medicine*. 328, 246-252, 1993.
  - <sup>2</sup> World Health Organization, Regional Office for the Western Pacific, “WHO International Standard Terminologies in Traditional Medicine in the Western Pacific Region”, World Health Organization, Western Pacific Region, Manila, 2007, available from <[http://www.wpro.who.int/NR/rdonlyres/14B298C6-518D-4C00-BE02-FC31EADE3791/0/WHOIST\\_26JUNE\\_FINAL.pdf](http://www.wpro.who.int/NR/rdonlyres/14B298C6-518D-4C00-BE02-FC31EADE3791/0/WHOIST_26JUNE_FINAL.pdf)>. [the last date of access June30,2014]
  - <sup>3</sup> Homepage of the Acupuncture and Integrative Medicine College (AIMC). <https://www.aimc.edu/> [the last date of access Jan. 30,2014]
  - <sup>4</sup> Scheid, V., et al. : *Chinese Herbal Medicine:Formulas & Strategies (pharmacy science) (2nd ed.)*. Seattle, Eastland Press, 2009
  - <sup>5</sup> Bensky, D. , et al. : *Chinese Herbal Medicine: Materia Medica (Third Edition)*. Seattle, Eastland Press, 2004
  - <sup>6</sup> Zhang Zhong Jing, Shang Han Lun On Cold Damage: Translation and Commentaries, Translated and edited by Mitchell C., Ye Feng, Wiseman N, Brookline, MA: Paradigm Publications, 746 pages, 1999.
  - <sup>7</sup> Homepage of the WCCM2013 <<http://www.2013wccm.com/>>. [the last date of access Jan. 30,2014]
  - <sup>8</sup> Homepage of the AIMC < <https://www.aimc.edu/>>. [the last date of access Jan. 30,2014]
  - <sup>9</sup> Data from California Acupuncture Board (Department of Consumer Affairs)< [http://www.acupuncture.ca.gov/about\\_us/materials/20130219.pdf](http://www.acupuncture.ca.gov/about_us/materials/20130219.pdf) >[the last date of access Jan. 30,2014]



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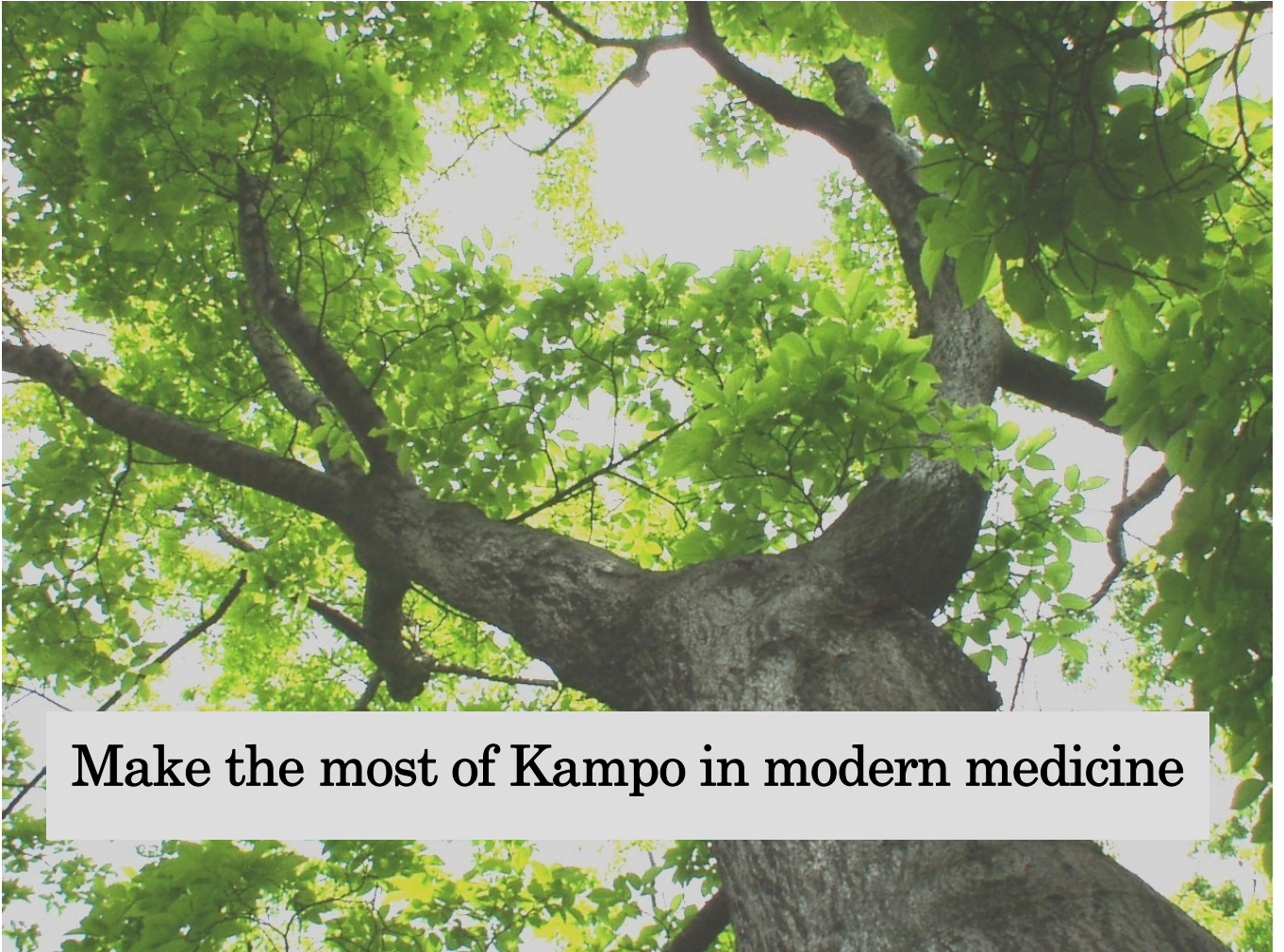
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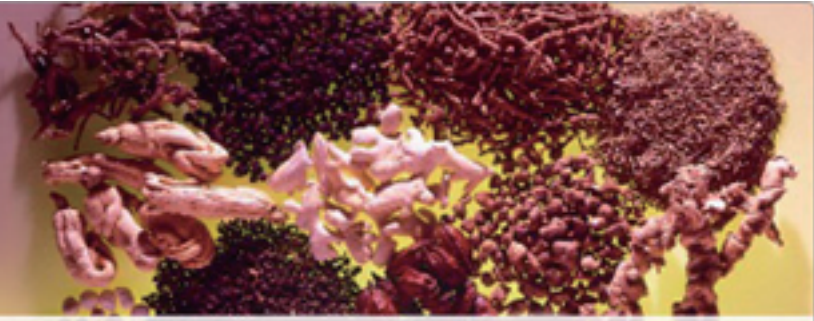


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