



KAIM

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Editorial

Genetic Resources and Traditional Knowledge of Traditional Medicine

Naoya Ono

Japanese Acupuncture - Current Research

Japanese Traditional Medicine Text (13) – Pediatrics

Tomofumi Ozaki

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Clinical Report 2 (Kampo Medicine)

A Case in Which Psychogenic Abdominal Pain in a 6-year-old Girl was Improved by *Shokenchuto*

Hideaki Yamaguchi

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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

Genetic Resources and Traditional Knowledge of Traditional Medicine

Most traditional medicines make frequent use of drugs made from plants, animals and minerals that exist in the natural world. In most cases, the majority of these ingredients are dependent on each country's specific generic resources that are a product of Earth's biodiversity. Genetic resources that are relevant to traditional medicine have the potential to bring about a profit as intellectual properties, and are thus posing an international issue regarding ownership today.

For example, India and its neighboring countries are attempting to formulate basic rules on access rights and profits gained from genetic resources that are used in traditional medicine in their countries. From an industrial aspect, China is working on the International Organization for Standardization (ISO) to promote the international standardization of Chinese medicine. Additionally, in South Korea, Dongui Bogam, a traditional book on traditional medicine in South Korea, has been inscribed on UNESCO's Memory of the World Register in 2009, and in China, Chinese acupuncture and moxibustion has been inscribed as an Intangible Cultural Heritage in November 2010, following the country's declaration of intent in September 2010. These movements are part of the countries' important cultural strategy to preserve and disseminate their national culture to the world. At the same time, they are movements that regard traditional medicine not only as a medical resource but also a cultural resource. As such, they aim to protect traditional medicine as an industrial resource based on a national strategy concerning intellectual properties, and to precedently secure national ownership of traditional medicine at the same time. Not only traditional medicine, but modern Western medicine also faces the same issue. According to a certain survey, more than half (52%) of all new chemical entities (NCE) contained in the 1,031 Western pharmaceuticals that were approved between 1981 and 2002 were derived from a natural product. In other words, in modern Western medicine, as in traditional medicine, genetic resources and traditional knowledge are indispensable for the development of new drugs.

However, issues in genetic resources and traditional knowledge surrounding traditional medicine and modern Western medicine are discussed today from a vertical "silo approach" by institutions and conventions related to the environment, culture, agriculture, industry, trade, intellectual property, and medicine. These include the United Nations Environment Programme (UNEP), the Convention on Biological Diversity (CBD), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the Food and Agriculture Organization of the United Nations (FAO), International Organization for Standardization (ISO), World Trade Organization (WTO), the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPs), the World Intellectual Property Organization (WIPO), and the World Health Organization (WHO). Yet, matters that pertain to a wide range of fields are intricately intertwined, such that they are no longer matters that could possibly be solved by any single institution alone. Moreover, with the constant bargaining and fighting between resource-rich countries (mainly developing countries) and resource-using countries (mainly industrialized countries), the issue is taking on the aspects of a North-South issue.

It is time we address the diverse issues in traditional medicine in each country from the comprehensive and organic perspective of genetic resources and traditional knowledge. From the standpoint of each country's national interests, issues revolving around the genetic resources and traditional knowledge of traditional medicine pose an unavoidable economic dispute among countries in the international community. However, in the interests of humanity beyond all national interests, traditional medicine in all its forms must not harbor any possibility of being threatened from existence and disappearing. This is because the disappearance of traditional medicine means the disappearance of a wisdom of humanity, which would limit humanity's diverse choices and possibilities for surviving an uncharted future and would also go against human interests. There will come a time when we have no choice but to explore, examine and realize "sustainable medicine for society" not at the national level, but on a global scale. When that time comes, the guarantee and safeguarding of the diversity of traditional medicine will play a part in expanding humanity's future choices and possibilities for surviving an uncharted future. It is essential that each country address the issues of genetic resources and traditional knowledge of traditional medicine in the light of national interests as based on the interests of humanity.

Naoya Ono

Center for Lifenhance in 22nd Century
Institute for Future Engineering

Japanese Acupuncture - Current Research

Japanese Traditional Medicine Text (13) – Pediatrics

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Pediatric acupuncture methods (Shonishin) are unique from filiform acupuncture because they rely primarily on gently stimulating the surface of the skin without inserting needles. This treatment method is appropriate for infants through school age children. Compared to adults, the delicate methods employed are especially effective for these age groups who have extremely sensitive and reactive skin. Very slight stimulation and delicate methods characterize pediatric acupuncture and are safe and highly effective for these young children. Pediatric acupuncture is practiced all over Japan with an especially rich cultural tradition emanating from the Kansai area¹⁻³⁾. Recently, as the number of Japanese births continues to decline, there has been a proportionate decrease in national healthcare revenue covering free or low-cost infant and child treatments, so the number of children receiving pediatric acupuncture has also decreased. Especially for conditions like pediatric neurological conditions, which lack effective low-cost treatments and more general wellness management care, pediatric acupuncture represents a meaningful treatment modality. Below, we provide an overview of pediatric acupuncture.

[A] An Overview of Pediatric Acupuncture

Shonishin (pediatric acupuncture) is acupuncture using particular tools for infants and children and refers to the methods used for these patients. Distinct from acupuncture for adults, it is an acupuncture method that primarily stimulates the skin surface. Pediatric acupuncture developed

during the Edo period and the Kansai Area has remained the central historical hub of these specialties since then. Currently, numerous clinics specialize in “children’s acupuncture” and the expressions describing these traditions are quite varied, however most clinics treat all common childhood conditions. Most notably, the pediatric “Kanmushi” treatment refers to assisting the child develop strong nervous, digestive and immune systems^{4, 5)}.

1. The history of Pediatric Acupuncture

There is scarce historical data clarifying the early use of pediatric acupuncture⁶⁾.

Early records pertaining to pediatric acupuncture (Shonishin) go back to Nakano village (Hari Nakano) of the mid-Edo period^{7, 8)}. During the late Edo period the technique apparently gained popularity in Osaka and became established there during the Meiji period as a form of childcare culture. The situation became to be assessed even as: “It would not be an exaggeration to say, that there are no indigenous households in Osaka not treating their children with Shonishin⁹⁾.” After the Taisho period Shonishin spread throughout the country through the education in vocational schools for acupuncture and moxibustion, books and lectures¹⁰⁻¹²⁾.

A 200 year-old map of Kawachi Hiranogo Township reportedly lists a “Nakano village Pediatric acupuncture clinic”. Even today, the station name, “Harinakano” remains in use. Another interesting pediatric acupuncture “heirloom” is reflected in many clinic names inherited from this tradition: Okajima’s rabbit acupuncture, Daruma acupuncture, Turtle acupuncture etc. These names refer to familiar children’s words and playthings, reassuring them and their parents. It is generally accepted that pediatric acupuncture was initially incorporated into Japanese acupuncture during the Taisho period.

2. Appropriate ages for pediatric Acupuncture patients

Infants age 2 weeks up through elementary school aged children receive pediatric acupuncture. There is generally a peak around ages 3-4 with a pattern of children gradually migrating to filiform acupuncture as they get older.

3. Pediatric Acupuncture treatment (appropriate conditions)

Generally speaking, pediatric acupuncture is classified as useful for health management and disease treatment. Health management includes common symptoms associated with “Kanmushi” a Japanese term referring to night terrors, sleep difficulties, moodiness, fussiness, making strange noises, poor appetite, biting etc. that is to say symptoms tend to be associated with childhood neurological conditions. On the other hand, treating common childhood diseases includes sinusitis, tonsillitis, laryngitis, asthma and other respiratory diseases, digestive disorders, such as poor appetite, stomatitis, constipation, diarrhea, eye diseases, such as nearsightedness and eye strain. Additionally, more difficult conditions such as enuresis, epilepsy and cerebral palsy are also treated. It should be noted that while treating children with these conditions the practitioner is primarily treating the child's QOL by improving sleep, appetite, digestion and elimination. Recently, shoulder stiffness, headaches, nervous ticks, stutters, skin conditions such as dermatitis, developmental challenges, learning disorders have been increasing¹³⁾. Further, health tune-ups before and after sports events, vacations, examinations and recitals assist children adjust physically, mentally and emotionally to the stresses felt during these events.

4. Maladaptation and Contraindications for Pediatric Acupuncture

Maladaptation and contraindications for children are very similar to adults. Requesting the assistance

of a doctor or a specialist of acupuncture is required for fevers over 38°C(104 F), acute abdominal pain, acute spinal injuries, fractures, dehydration, etc.

5. Classification and techniques of Pediatric acupuncture

Pediatric acupuncture involves gently stimulating the skin in very specific locations using various tools, techniques and methods. In general, the most important types of stimulation are contact needling and friction type needling.

a. Types of contact needling: Spring-loaded or seven star plum blossom type tools

[Method] Lightly contacting the skin (commonly used in pediatric acupuncture).

[Adjusting the amount of stimulation] Controlling the length of the needle tip and how it contacts the skin.

b. Types of friction type needling: friction type needle, long sword shape needle (naginata needle), rolling tool (kuruma needle)

[Method] lightly touching the skin with a needle or instrument that is horizontal to the surface and gently stroking using specific techniques.

[Adjusting the amount of stimulation] Appropriately touching the skin (perpendicularly, at an angle, etc.) and adjusting the speed of the horizontal needle.

Figure 8 shows examples of pediatric acupuncture. The needle shown in the upper part of the photo is called Daishi pediatric needle. From the left in the lower part Seirin disposable needles, Yoneyama pediatric needles, scraping needles, shakable needles, and roller needles etc. are presented.

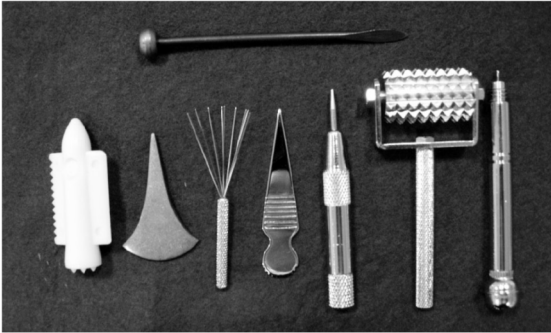


Figure 8 Classification of pediatric acupuncture needles



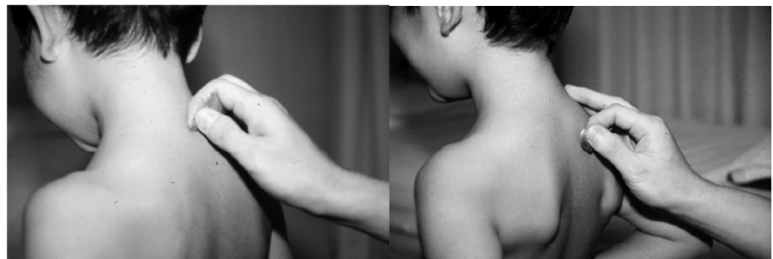
Figure 9 Fundamental diagnoses of young children

6. Pediatric acupuncture treatment areas and amounts of stimulation for each

Fundamental areas include the head, neck, upper back, chest, abdomen and legs. Specifically, for throat and tonsillitis the anterior neck and jaw will be used. For vision disturbances and near sightedness points on the cheek and temple are used (Tai Yang, GB5). For enuresis, points on the lower abdomen and sacrum are used.

7. Pediatric acupuncture approach and attitude

Figure 9 shows a 5 year old boy receiving a Yoneyama style treatment on his back. The left back depicts contact needling and the right shows friction type needling. This photograph clearly shows the needle tip contacting the skin. However, actually the needle tip only lightly contacts the skin and is then withdrawn in a careful in and out motion that controls the amount of stimulation delivered to the area. Figure 11 on the upper left, shows a 10 month old baby boy receiving treatment. For such young children, it is common for the parent to hold the child during treatment to reassure the child and learn some of the techniques. Additionally, contact needling is performed on the back, left lower leg and right arm (Figure 11)



Contact needling on the back

Friction type needling on the back

Figure 10 Fundamental treatment methods for pediatric acupuncture

8. Amount of stimulation and treatment interval

Treatment usually takes under 5 minutes, a positive reaction is indicated by reddening of the skin and slight sweating. Generally, good results are expected in pediatric acupuncture with extremely slight stimulation. Treatment intervals for common complains are usually once a month for a period of 3 consecutive days. More complicated cases may require 4-5 consecutive days before the symptoms abate and the child returns to their naturally calm level of health. Best results are seen if the treatments can be repeated once a month. In the case of acute asthma attacks, while maintaining active communication with the medical doctor, the child may be seen 2-3 times a day. Further, in the case of enuresis, the child may be seen for three consecutive days and then depending on the child's progress, every other day, then twice a week, once a week,

twice a month gradually extending the interval as the child shows consistent signs of improvement.

[B] Routine physical examination for children

The symptoms of the child patients may include serious infectious conditions and diseases. In the case of newborns, because they are unable to communicate using words, open communication with the parent is necessary to help the practitioner grasp the nature of the symptoms and judge whether the child's condition warrants prompt emergency care.

- (1) Visual inspection requires observing the facial appearance. So called Kanmushi presents with particular symptoms including eyelid and lateral nostril redness, engorgement of a subcutaneous vein observable on the forehead and a pale complexion)
- (2) Appearance of the eyes: eyes may be red with inflamed conjunctiva but the overall condition is anemic or pale (Figure 11 upper left)
- (3) Neck and facial appearance: special attention must be given to the lymph nodes in the neck (Figure 11 Upper right)
- (4) Intraoral inspection: redness of tonsils, posterior wall of the pharynx and presence of pustules or Koplik spots (Figure 11 bottom left)
- (5) Listening inspection: the purpose is to confirm presence of wheezing, rattling or other signs of light asthma or bronchitis (Figure 11 Lower right)
- (6) Thermometry (temperature measurement): it is very common for young children and toddlers to develop fevers so temperature must be measured when the child is in a feverish condition.



Figure 11: Pediatric needles for infant

[C] Case Study¹³⁾

1. Case study for a frail body type

Subject: 3 year old boy

[Complaints]The boy's body is delicate and he often catches colds.

[Medical History]Since birth the child's body has been weak, he often gets sick, stays home from day care, is picky about his food and does not eat much. He was hospitalized one month ago for pneumonia and was released just last week. His mother brought him to the clinic hoping to strengthen his body.

[Physical findings]The boy is thin, his conjunctiva are red, lymph glands in the neck area are swollen and painful to light palpation, tonsils are enlarged and the back of his pharynx is red, lung sounds are normal, weak musculature, poor appetite, bowel movement once every 2 days and the amount is small. He squirms and is unsettled at night.

[Treatment]Pediatric acupuncture. The parents and child preferred the treatment be conducted in their home (Du12). Treatments were continued on a weekly basis and gradually the interval was extended. There were some ups and downs but if he caught a cold it resolved quickly and was lighter than before. His appetite increased and his pickiness diminished. His sleep improved. Eventually his mother began to complain that he was so healthy he was hard to manage.

2. Case study for enuresis

Subject: 9 year old boy, 3rd grade in elementary school.

[Complaints] (1) Enuresis, (2) Stuffy nose.

[Medical history] (1) Enuresis started about the time he entered elementary school. The time was variable but he wet his bed every night, and sometimes twice a night. When the boy was examined by his medical doctor, no abnormalities were found. They came to our clinic on the advice of an acquaintance. The boy appeared sheepish and lacked vigor.

[Other medical history] Nothing of note.

[Physical findings] Picky eater, regular bowel movements (once daily), regular sleep cycle.

[General Inspection] Average temperature 36.5°C (97.7°F), swollen lymph glands under the jaw (+), very red nasal mucous membranes (2+), Pharyngeal-laryngeal mucosal redness (+), enlarged tonsils (-), no abdominal tenderness, induration or masses.

[Therapy and treatment] The family had developed a negative cycle of scolding the boy when he wet his bed. The boy felt stress and had lost his confidence. The first priority was to encourage the family to see the problem from the boy perspective, get them to encourage rather than discourage him. Pediatric acupuncture treatments focused on treating the lower abdomen and low back as a means to treating the whole body.

[Progress] treatments were conducted 1 or 2 times a weeks a total of 23 times. Gradually the frequency of bed wetting decreased. Six month following the discontinuation of the treatments, the family reported only occasional wet nights. Updates the following year reported almost no episodes. The boy had become very healthy and happy.

[D] Considerations

1. Pediatric acupuncture treatment

Relevant conditions for pediatric acupuncture include night crying, night terrors, making strange sounds etc. (childhood neurological symptoms,

known as Kanmushi in Japanese). Additionally, respiratory, digestive or ophthalmological conditions are often included. More complicated conditions such as epilepsy are treated not so much for the disease itself, but regular pediatric acupuncture helps to reduce the physical and mental fatigue that naturally drains the child's vitality, keeping him in good condition. Most patients experience lighter seizures and a reduction in frequency. Recently reported treatment effects, include improvements in developmental disabilities, learning disabilities and Asperger's syndrome¹⁴). That is to say, pediatric acupuncture includes safe delicate technique, providing both relief of symptoms and improved overall health so regular administration can maintain health and prevent disease.

2. Positive effects of the spread of pediatric acupuncture

Especially around Osaka and Western regions of the Kansai area, it is said that there are no acupuncturists who do not include pediatric acupuncture in their practice. Over the past several decades, 20-30% out of all visiting patients were the child patients seeking pediatric acupuncture. Recently the birthrate has been decreasing in Japan and there has been a decrease in the overall number of acupuncture child patients. However, the overall number of children receiving pediatric acupuncture has been increasing which bodes well for the long term future of the profession. One point about this type of treatment is the short treatment time. Gentle stimulation to the skin takes about 5 minutes and rarely more than 10, so the number of children coming and going from the clinic will increase giving the appearance of a booming practice. As the children grow and develop they become accustomed to this type of treatment and usually lose any resistance to acupuncture and moxibustion. Of course, there are the members of the child's family, parents, grandparents, siblings who accompany the child to their treatment—they begin to understand

the treatment style and often become patients themselves. In this way, as pediatric acupuncture patients increase, regular acupuncture and moxibustion patients increase as well.

3. Challenges of pediatric acupuncture

We are often asked why pediatric acupuncture is effective, currently there are 4 published theories: (1) Control of the autonomic nervous system in childhood development, (2) Immune system enhancement, (3) Regulation of growth hormone and adrenal cortical hormone, (4) Improved blood circulation.

Harlow HF reported, in an experiment using monkeys, that skin stimulation is important for normal development¹⁵⁾. The normal healthy emotion cannot be developed without the skin stimulation received while being held by the mother or similar stimulation. Further, Schanberg and Field¹⁶⁾ reported that skin stimulation is critical for normal physical and emotional development and went further to state that beyond the early years of life, tactile stimuli and physical contact plays an essential role in emotional and physiological health and development. Unfortunately, little research on pediatric acupuncture has been performed. In 1929, Fujii et al. investigated changes in blood pressure, respiration, body temperature and peristalsis among young children and rabbits. They reported that pediatric acupuncture provided one type of skin stimulation capable of modulating sympathetic nervous system tension. Further, Katai et al. investigated the effects of pediatric acupuncture on healthy adult males and found reduction in heart rate and reported that this stimulation had a definitive effect on the autonomic nervous system. In the future, they are hoping that additional research on the effects of pediatric acupuncture will be conducted.

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Kampo Medicine - Current Research

Clinical Applications of Kakkonto – Part 3

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 came to be used widely for a variety of diseases. In Japan, it is known as a representative Kampo drug and a popular prescription that also appears in the traditional Rakugo comic story of “*Kakkonto* Doctor.”

Clinical applications (continued)

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. These are introduced below, in continuation from the previous issue.

11. Stiff shoulders

Shokanron paragraph 31 contains the passage, “In greater yang disease with a stretched stiff nape and back, absence of sweating, and aversion to wind, *kakkonto* governs...” Based on a broad interpretation of this passage, *kakkonto* is also applied to stiff shoulders that are not caused by an invasion of external pathogens.

Needless to say, there are various causes of stiff shoulders, and only some of them are indications for *kakkonto*.

However, *kakkonto* is frequently used for stiff shoulders in daily practice. Its effect may appear in several hours or may not appear for several days.

Kitanami et al. have presented many cases in which *kakkonto* was used on an as-needed basis for stiffness in the neck, with good results.^{1) 2)}

Case 1: Stiff shoulders

Patient: 53-year-old male teacher

Chief complaint: Stiff shoulders, dizziness

Past medical history: None in particular

History of present illness: From about a month ago, the patient developed a stiffness from his shoulders to the scapular region. He also felt as though his body were floating at times, and experienced dizziness and a ringing in his ears.

Condition at the time of hospitalization: Height 160cm, weight 58kg. Medium build and muscular, good complexion. Recently, his stomach has felt heavy after eating due to poor gastrointestinal condition, but he showed no tendency of hot flashes, chills or sweating.

His cervical spine had good mobility, and there were no objective findings other than the tenderness in his shoulders and scapular region. X-ray images showed a narrowing and osteophyte formation in the intervertebral space between the C5-C6 spinal segment.

His pulse was floating and excessive, and his tongue was covered with a rather moist white coating. His abdominal muscles were moderately tense, and while there was no chest side painfulness, paraumbilical resistance or tenderness, there was a slight splashing sound in the epigastric region. *Kakkonto plus bukuryo (Poria) and byakujutsu (Atractylodes Rhizoma)* was administered in this case, and good progress was observed over six weeks without applying cervical traction.

Yoshihiro Fukuda, *The Journal of Traditional Sino-Japanese Medicine*, Vol. 3, No. 4, p. 16, 1982

Case 2: Stiff shoulders accompanied by obesity and allergic rhinitis

Patient: 49-year-old female

Chief complaint: Stiffness in left shoulder

As a child, the patient was pale, thin and tall. Her family feared tuberculosis and had her receive chest X-ray and a blood sedimentation test once every year, but she has never suffered a severe illness. She gave

birth to two children at the ages of 29 and 31. From around the age of 40, her weight began to increase. At the time of her first visit, she weighed 54kg and was 154cm tall. She found it troublesome to sit down deeply or to climb up and down the stairs. She had a darkish complexion with spots that stood out. She tended to get hot easily and sometimes slept with her arms and legs sticking out from the blanket. She also experienced spontaneous sweating. She had thirst, and frequently quenched her thirst with small sips of green tea. She passed urine 4 to 5 times a day and had regular bowel movement every day. She had a normal appetite, but liked sweets and ate a cake during the day and a daifuku rice cake at night.

The stiffness in her shoulder began after childbirth and persisted for 20 years. The outer shoulder point of her left shoulder was stiff and caused pain throughout the year. When it got bad, the pain traveled up from the attached branch of the inner upper margin of the left scapula and the “gyokuchin(BL9)” of the left occipital lobe and developed into a headache on the left side. Further aggravation caused pain at the back of the left eye and eventually caused her to throw up gastric juices. When this happened, she could neither eat nor drink anything. If she were to receive an intravenous drip for fear of dehydration, her vomiting would have begun again perhaps due to gastric juices collecting in her stomach, so she could not receive an intravenous drip. All she could do was to burrow her head in the pillow and remain quietly still. After about two days of neither eating nor drinking, the nausea would subside, and she would suck on a small piece of ice. If this went down well, she would gradually try something else to eat, but if not, she would continue “fasting” and let her body dry up. When this happened, she did not even pass urine. Such terrible spells occurred four to five times a year, all triggered by fatigue.

An X-ray showed a narrowing in the intervertebral space between a spinal segment and osteophyte formation toward the nerve root. Cervical traction

was thus first attempted, but it was not all that effective against the pain in the outer shoulder point.

From November of this year, I began administering *kakkonto* extract in the place of cervical traction. The patient took the preparation for 16 days during the year and a total of 132 days during the following year. In the beginning, the effect was not readily apparent, but she gradually began to stop experiencing any severe stiffness in the shoulder, and unexpectedly, she gradually lost weight and became 44kg by the end of the following year after shedding 10kg. Furthermore, before she realized it, the fits of allergic rhinitis that she suffered since she was young had stopped.

Heartened by the effect of Kampo, she took the preparation for 126 days during the following year and another 182 days during yet the year after that. By winter of the year, any stiffness in her shoulder was almost negligible, but a tenderness still remained in her outer shoulder point. Her weight increased slightly thereafter but was basically maintained at the 46kg level. Her fits of allergic rhinitis also disappeared.

Kensuke Nakamura, Kampo gyuhoroku (23) (detailed accounts of Kampo), *Journal of Kampo Medicine*, Vol. 30, No. 2, p. 24, 1983

12. Cervical spondylosis and cervicobrachial syndrome

In *Kampo shinryo iten*, it is written as follows regarding cervicobrachial syndrome: “Use [*kakkonto*] for patients who have pain and numbness from their shoulder to arm. Aim to improve the tension in the pulse and muscles in the initial stage of development. *yokuinin* (*Coicis Semen*) may also be added in some cases.”³⁾

Fumio Nishina administered *kakkonto* to a total of 78 patients, including 41 patients with cervical spondylosis, 31 patients with cervicobrachial syndrome, 3 patients with trauma, and 3 patients of other disorders and reports that it was effective in two-thirds of the patients based on two

criteria—(1) they have an moderate or higher level of physical strength and have pain in the neck in the acute stage or the exacerbation stage of symptoms, and (2) they have a pulse that is floating and strong. It was similarly effective in patients who tested positive (weak pulse) when pressure was applied to the nerves and blood vessels in their neck and upper chest, but the rate of efficacy was a low 50% among young and middle-aged women and particularly among patients who also had abnormal tendon and periosteum reflexes in their upper extremity.⁴⁾

The following are cases that have been reported to date. Cases 1 and 2 show the effect of *kakkonto* alone, but most cases require a blending of *sojutsu* (*Atractylodis Lancea* Rhizome) and *hobushi* (*Aconiti Radix Processa*).

Case 1: A case in which *kakkonto* had a marked effect on neck pain that had not improved for a long time

Patient: 82-year-old female

Eight years ago, the patient visited a nearby internal medicine clinic chiefly complaining of posterior neck pain and difficulty in walking due to the pain. She was told to take NSAIDs, but this had no effect, so in April 2000 she was introduced to our clinic.

The patient complained of pain that felt as though she had slats pasted on the area from the back of her head to her right shoulder. A simple X-ray image showed cervical spondylosis mainly in the lower cervical vertebrae, but no neurological abnormalities were found, so she was prescribed NSAIDs in the same manner as before. Physical therapy was also begun, including traction of the neck. However, the patient continued her visit without her symptoms improving whatsoever.

In February 2004, I examined the patient, and because she hardly perspired due to a medium pattern of deficiency and excess and complained of strong pain and stiffness from the back of her neck

to her right shoulder, I prescribed 5g/day of *kakkonto* in addition to NSAIDs. After commencing Kampo therapy, the neck pain abated from the second week, and because an improvement was seen where previously she could not walk to go shopping in her neighborhood because her neck would hurt and make her feel nauseous, NSAIDs was reduced to two to three times a week on an as-needed basis. From the fourth week, she no longer felt pain when she was at home, and her objective symptoms improved to approximately one-tenth, with a headache occurring only once in a while after making an outing. Her symptoms subsided four months after commencing *kakkonto* treatment, and the prescription was terminated. (Observations omitted)

Kosuke Tajima, *Science of Kampo Medicine*, Vol. 29, No. 1, p. 39, 2005

Case 2: Cervical spondylosis

Patient: 52-year-old male

Chief complaint: Numbness and pain in the right hand

First visit / Present illness: The patient visited our clinic on June 19, 1995. He said that when he was swinging a golf club, his nape began to hurt, and his right hand became so numb that he could not even hold his chopsticks properly. Judging from the findings of a neck X-ray, he was diagnosed with brachial neuralgia caused by cervical spondylosis. He was prescribed an anti-inflammatory analgesic and vitamins B1 and B12, and physical therapy was also begun.

A week later, the pain showed signs of abating and good progress was thus expected, but the patient still complained of numbness in his right thumb and began to say that it had exacerbated such that he could not even hold a pencil. When his sensations were examined, areas of hypersensitivity and hypoesthesia were found from said thumb to the back of his hand. No eruption was observed, but pain caused by herpes zoster was suspected. Treatment mainly by Western drugs was continued until July

26, but because no improvement was seen, the Western drugs were switched to *kakkonto* extract (Tsumura 7.5g/day). A week later on August 1, the patient said the pain subsided for the first time. After taking the prescription for two weeks or so, the pain decreased to 40%, and after a little more than three weeks, it was down to 20%. The patient took the prescription for a total of 33 days and stopped coming to the clinic on September 5.

Kensuke Nakamura, Kampo gyuhoroku (138) Shushitsu no yonrei (detailed accounts of Kampo (138) Four cases of finger and hand pains), *Journal of Kampo Medicine*, Vol. 42, No. 11, p. 44, 1995

13. Shoulder periarthritis

In *Kampo shinryo iten*, it is written as follows regarding the indications for *kakkonto* in shoulder periarthritis: "Use [*kakkonto*] in the relatively early stage of development of the disease, for patients who exhibit a strong pulse, good tension in the muscles and a strong digestive system."⁵⁾ *Byomei Kampo chiryo no jissai* recommends *Kakkonkajutsubuto* for stiff shoulders and shoulder periarthritis. In these diseases, the pain in the shoulder joint and surrounding organization is frequently accompanied by edema, so it notes that *sojutsu* (*Atractylodis Lanceae* Rhizome) and *hobushi* (*Aconiti Radix Processa*) that have the effect of removing edema should be added to *kakkonto*, which has an analgesic effect, and used as *kakkonkajutsubuto*. In extract form, the preparation blends *kakkonto*, extract + *ryokeyjutsukanto* + powder of *Aconiti Radix Processa*.⁶⁾

The following are cases that have been reported to date. They contain *sojutsu* and *hobushi*.

Case 1: Shoulder periarthritis

Patient: 57-year-old female

History of present illness: The patient began complaining of pain in her right shoulder joint on exertion since the beginning of March.

Present illness: Medium build. Easily tired. Adequate sleep. Stiffness in nape and shoulder. Cold-sensitive legs and hip. Bowel movement: once a day (smooth defecation). Urination: wakes up once during the night. Menstruation: menopause at age 53. Predilection for fruits.

Tongue was covered with light-brown coating and was moist. Pulse was sunken and weak. Abdominal region was weak. Moderate degree of subcutaneous fat. Umbilical pain.

Treatment / Progress: *Kakkonkajutsubuto* was administered. After taking the prescription for 14 days, the patient's pain significantly abated. She was cured after taking it for another 18 days.

Genpo Ogata, Kampo shinryo oboegaki (126) (Memorandum of Kampo therapy), *Journal of Kampo Medicine*, Vol. 37, No. 12, p. 32, 1990

Case 2: *Kakkontokasojutsuyokuinin* for shoulder periarthritis of the left shoulder

Patient: 27-year-old female; pianist

First visit: November 18, 1976

History of present illness: From November 15, 1986, the patient felt pain in her left shoulder joint whenever she raised her left arm. She received a doctor's treatment, but she saw no improvement. However, she strongly desired to perform at a concert that was scheduled in four days' time.

Present condition: Medium build, but slightly thin. Adequate sleep, good complexion. Red eyes. Stiffness in nape and shoulder. Bowel movement once a day, regular stool, smooth defecation. Predilection for fruits and sweets.

Her tongue was covered with a thin white coating, slightly dry. Pulse appeared sunken and strong but disappeared when pressure was applied. Soft and weak abdomen.

Local findings: When engaging in exercise to raise the left shoulder joint, the patient complained strongly of pain when pressure was applied to the upper one-fourth region of the humerus. The arm-raising exercise itself also caused her pain.

Treatment / Progress: Because the patient had just developed the disease, *kakkonto+sojutsu+yokuinin* was administered for three days with the thought that it should be sufficient to cure the disease. When the patient made a visit three days later, her pain had disappeared as expected, but she was given seven more days of the preparation, to be certain.

Genpo Ogata, *Kampo chiryo shorei senshu 1* (Collection of selected cases of Kampo therapy 1), p. 248, Gendai Shuppan Planning, 1988

14. Lumbago and sciatica

Kakkonto has been reported to cure not only neck and shoulder pains, but also lumbago, as shown in the cases below. There has also been a report in which lumbago was coincidentally cured when *kakkonto* was taken for a different reason.

Case 1: A strong man with lumbago

The patient was a heavyset 38-year-old male. He had lumbago for several months and received an injection among other treatment, but no improvement was seen.

His first visit was on June 5, 1933. He had a floating and strong pulse and tense muscles. The lumbago was not exacerbated by pressure, but he experienced a pain that felt like something was pulling at his lower back when he bent and stretched his back. No abnormality was observed in his spine.

In *Shokanron*, *kakkonto* is used for tension in the nape and back. As the lower back is part of the back, I regarded the lumbago as a symptom of nape and back tension, and thus administered *kakkonto*. Within a few days, the pain disappeared completely, and I was highly appreciated by the patient. *kakkonto* worked well with this patient because he had good tension in his muscles and his pulse was floating and strong. For patients whose pulse is weak and muscles are relaxed, *kakkonto* would not only be non-effective, but it could even exacerbate the symptoms.

Keisetsu Otsuka, *30 Years of Kanpo*, p. 118, Sogensha, 1959

Case 2: Lumbago

This is about my own recent experience. My lower back began to hurt, even though I had no conscious awareness of having done anything to become tired. I ignored it at first, thinking it would go away in two to three days, but the pain gradually increased to the point that it became difficult to stand or sit. I therefore blended and drank Hachimigan. I drank this for two to three days, but to no avail. It seems I did not have the pattern for Hachimigan. Not only did my lower back hurt, but my whole body also felt heavy, and my shoulders were stiff. I thought maybe I had a cold. When I felt my pulse, it was floating and strong. Therefore, I thought that *kakkonto* might work. I took a dose and my body became light, and after taking *kakkonto* for a day, the pain in my lower back subsided.

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

Case 3: Sciatica

Patient: 60-year-old housewife

Past medical history: The patient developed goiter 7 years ago. She was prescribed Shakanzoto at my clinic, and the swelling subsided considerably. Her minimal blood pressure was high, but she was not taking any medication for it.

History of present illness: The patient began to feel pain in the area from her left hip to the foot. She was told she has sciatica at a local clinic and took a medication, but because it was not effective, she visited our clinic.

There was extreme pain from the left hip to the foot. It worsened in the early evening and caused extreme pain. The patient was sensitive to cold, especially in her feet and hips. Normal bowel movement. Passed urine twice during the night.

Present condition: Height 156cm, weight 46kg. Blood pressure 144/94.

She had a pale complexion and her pulse was scrambled. Her tongue showed no abnormality. An abdominal examination found nothing in particular.

Progress: She was first given Hointo. She took this for a month, but to no avail. She began to complain that even her back has begun to hurt, and she felt a stiffness in her nape.

Around this time, the patient came down with a cold, so I gave her *kakkonto*. During the time she was taking *kakkonto*, she said her hip and feet did not hurt so much.

I therefore changed her prescription to 5.0g each *kakkonto+sojutsu* (*Atractylodis Lanceae* Rhizoma) and *toki* (*Angelicae Acutilobae* Radix), and her sciatica began to improve quickly. By a month later, her pain mostly disappeared. After a month of taking the prescription, it was terminated, with the patient saying that she was surprised that the pain that was so intense disappeared without taking any other medication.

Kunio Matsuda, *Shorei ni yoru Kampo chiryo no jissai* (practical Kampo therapy by disease name), p. 213, Sogensha, 1992

15. Joint pain and muscle pain

Kakkonto has the effect of curing pain related to muscle tension in the nape and back, but there have been reports of cases where *kakkonto* cured the pain in joints and muscles other than in the nape, back and shoulders.

Case 1: Arthralgia in all four extremities

Patient: 51-year-old housewife

History of present illness: About a year ago, the patient began to complain of joint pain and muscle pain in all four extremities. She had been receiving treatment from a doctor but saw no improvement.

Present condition: Medium build. Stiffness in the back and nape. Frequent bowel movement and urination. Menopause (end of 1979). Good appetite, likes warm foods. Favorite foods: fruits, meat, fish, coffee, Japanese sake.

Her tongue was covered with a thick, light-yellow coating and was dry. Pulse was sunken and tense. The abdominal region displayed a light-brownish skin color and was generally weak. Umbilical pain. Treatment / Progress: The patient had a deficiency pattern, but because she also had umbilical pain, she was given *kakkonkajutsubuto*. By the time she took the prescription for approximately 30 days, most of the pain disappeared. However, she said her symptoms worsened when she ate the fig from the tree in her yard. Before commencing Kampo therapy, she was instructed not to eat raw vegetables and fruits because they bring dampness inside the body. When she came in for a visit on October 4, 1980, her joint pain and muscle pain had disappeared.

Genpo Ogata, *Kampo chiryo shorei senshu 1* (Collection of selected cases of Kampo therapy 1), p. 269, Gendai Shuppan Planning, 1988

Case 2: Muscle pain of unknown cause and name 11-year-old boy. The patient had the tendency of autointoxication when he was small, but he did not know of any other ailment. From around six months ago, he began complaining of pain in his back and thigh and could not go to school. Even at home, the pain bothered him, and he could not study at all.

Three months ago, his right arm also began to hurt. Various treatments were applied, but to no avail. Recently, his doctor said the pain was a matter of nerves, and that it was not a problem.

He had an ordinary build and good nutrition. His pulse was floating, large and rapid, and had palpitations. This was perhaps because the patient was slightly nervous about his first visit to our clinic. The pain was in the muscles on the right side of the interscapular region, the right forearm, and the inner side of his left and right thighs. An abdominal examination found slight tension in the abdominal rectus muscle is his left abdomen but no other significant findings. I used *kakkontokayokuinin* for this. After taking the prescription for two weeks, the patient was able to go to school without giving any

thought to his disease, and was completely cured thereafter.

Keisetsu Otsuka, Shukindo chickenroku (3) (Records of clinical trials at Shukindo (3)), *Journal of Kampo Medicine*, Vol. 11, No. 4, p. 16, 1964

16. Rheumatoid arthritis (RA)

Kakkonto is rarely used for rheumatoid arthritis. However, in *Kampo shinryo iten*, it is written as follows: “Use [*kakkonto*] in the initial stage of RA when symptoms are light. It works well for chronic RA at the level where several joints of the finger are swollen and hurt in the morning when waking up, but the pain is mitigated after a while.”⁷⁾ The following is a case reported by Keisetsu Otsuka.

Case 1: Rheumatoid arthritis

18-year-old male. Around two weeks ago, he began to feel pain in his back and joints of his hands and feet when waking up in the morning, but the pain would lighten when he began working. The affected parts showed hardly any conspicuous swelling. He had a regular appetite. He sometimes felt a chill, and his body temperature would increase to up to 37.7-37.8°C. The pain was strongest in his nape and back. I gave him *kakkonto*, three days' dose three times. After a total of nine days of taking *kakkonto*, the patient was fully cured. After about two months, he had a recurrence of the previous symptom, but this was fully cured by taking *kakkonto* again for three days. *Kakkonto* was used for this patient because the pain was strongest in his back.

Keisetsu Otsuka, *30 Years of Kanpo*, p.120, Sogensha, 1959

17. Urticaria, eczema and other skin diseases

There are several causes of urticaria, including those that are indications for *kakkonto*. For symptoms that include insomnia, edginess and restlessness, *Gypsum Fibrosum* needs to be added for *kakkonto* to have an effect. This is because by adding *Gypsum Fibrosum*, the combination of

Ephedrae Herba and *Gypsum Fibrosum* releases the heat accumulated in the triple energizer to outside the body.

In *Kampo shinryo iten*, it is written as follows: “[*kakkonto*] is generally used in the initial stage, when the patient feels cold or has a temperature and the skin is red, hard, widely swollen and itchy. In case of a high temperature, add 5.0g *Gypsum Fibrosum*. In cases where the patient tends to be constipated, add 1.0g *Rhei Radix*. As it is a sudorific, the symptoms may temporarily worsen after taking the preparation, but this is not a concern.”⁸⁾

Case 1: *Kakkonto* extract for urticaria

Patient: 39-year-old female, skinny

Past medical history: Nothing in particular

History of present illness: About three months ago, the patient began to develop urticaria in the late afternoons.

Progress: The patient's child had atopic dermatitis when she was little, but the symptoms improved by taking *jumihaidokuto* and had not recurred. Therefore, I prescribed *jumihaidokuto* to the patient, thinking that she has the same physical constitution as her child. However, three days of taking the prescription did not improve the patient's condition. Next, I prescribed Kososan, but also to no avail. Thus, I prescribed *kakkonto* extract. When the patient took *kakkonto* at the first sign of urticaria, the rash disappeared. However, it reappeared after the effect of *kakkonto* wore off in several hours. Therefore, the patient needed to take the prescription three to four times a day, but the frequency of the rash gradually decreased, and her frequency of taking the prescription also decreased.

Hiroki Mizobe, *Journal of Kampo Medicine*, Vol. 49, No. 6, p. 25, 2002

Case 2: Urticaria in a child

Just after the previous experience, I was consulted by a certain person. According to that person, a child of one of his employees living in the same

neighborhood had urticaria that kept the child from sleeping even at night because of the severe itchiness. A local doctor gave the child a shot about ten days ago, but the itchiness did not subside, so he asked me if there was something I could do.

The patient was a five-year-old boy whom I had examined once before when he had the common cold. In *Ruijuhokogi* (interpretations of the classified assemblage of prescriptions), it is written that *kakkonto* “cures pediatric erysipelas” and that *kakkonkajutsubuto* “cures rubella, pyemid and severe pruritus.” Therefore, I regarded the patient’s symptoms as a pattern for *kakkonto*, and also thought to add gypsum, thinking that the itchy sensation that kept the patient awake at night was a sign of dysphoria, and prescribed *kakkontokasekko* for three days.

I received a message after a while. It said the child showed a strong dislike for the preparation and refused to take it, but he somehow took a day’s dose in two days. By the time he finished taking the dose, the itching that was so severe suddenly stopped, and he became able to sleep well at night. It seemed enough, but to make sure there was no recurrence, the child was somehow coaxed to take two more days’ dose in five days and was fully cured during this period.

Terutane Yamada, Clinical trials of urticaria and athlete’s food using *Kakkonto*, *Journal of Kampo Medicine*, Vol. 6, No. 11, p. 16, 1959

Case 3: Urticaria

47-year-old male. Every summer, the skin of his entire body became itchy, and the itchiness worsened when he perspired. This year, the itchiness was particularly severe, and he sought medical attention. However, nothing changed, and he had left it at that.

He was of medium build and relatively well-fleshed and solid. No abnormality was seen in his skin, but rubbing the inside of his forearm caused a reddening. This was a sign of dermatographism. It might also have been urticaria. His pulse was rather

floating and quick. His tongue was normal, his abdomen was well-fleshed, and his upper abdomen was swollen but not an indication of chest side painfulness. No other abnormalities were found. I therefore prescribed *jumihaidokuto* for a week as a means of detoxification. However, when the patient made a visit again in a week, he said his symptom had not improved. I thought again. The patient had a strong itching sensation on his skin but showed no rash whatsoever. This resembled a previous case where *jumihaidokuto* was noneffective. I therefore interpreted his rather floating pulse as an exterior pattern of the disease, and according to precedent, prescribed *kakkonto+sekko* (*GypsinFibrosum*) for a week.

After about ten days, I received a phone call from the patient. “This time, the itching stopped when I took the prescription. When I ran out, I became itchy again, so please send me more,” he said. I thus send him ten more days’ dose. I have not heard from the patient thereafter, so I assume he has recovered.

Terutane Yamada, Clinical trials of urticaria and athlete’s food using *Kakkonto*, *Journal of Kampo Medicine*, Vol. 6, No. 11, p. 17, 1959

Case 4: Urticaria

I administered *kakkon+kabokusoku* (*Quercus Cortex*) and *yokuinin* (Coicis Semen) to a 44-year-old male who complained of urticaria every winter for the past 25 years ago, with good results. *kakkonto* alone may have sufficed for this patient, but I added *bokusoku*, mostly for my own reassurance. I am not certain whether or not *bokusoku* had an effect, but I made this decision because the patient complained of nose congestion at night, which resembled a case where a patient with empyema and urticaria was cured by using *kakkonto+bokusoku*. *Bokusoku* (*Quercus Cortex*) is a different name for *kunugi* (*Quercus acutissima*). I also added *yokuinin* (Coicis Semen) because the patient had a wart near the *hyakue* (GV20) point on his head.

The patient developed urticaria in the winter, but the rash disappeared in about 5 minutes after drinking water. The rash did not appear when he had a fever. However, three years ago, he began to feel a discomfort in his throat as though fish scales were attached. He was told it was neurosis, or other times that it was nasopharyngitis. He visited a nose and ear doctor for a year but did not get better.

When I administered *kakkonto+bokusoku* (*Quercus* Cortex) and *yokuinin* (*Coisis* Semen), the urticaria decreased and appeared only at times when it was especially cold. From around the twentieth day, the dry sensation in the patient's nose became negligible, and around the thirtieth day, the wart disappeared.

Keisetsu Otsuka, *Shoko ni yoru Kampo chiryo no jissai* (practical Kampo therapy by symptom), p. 553, Nanzando, 1963

18. Herpes zoster

Kampo shinryo iten notes the following about the indications for *kakkonto* in patients with herpes zoster: “[*kakkonto*] may be used at the prodromal stage, when the patient has a fever and shows early signs of blistera vesicles.”⁹⁾ Generally, *kakkonto* does not have an effect past the initial stage, in most cases.

Case 1: Herpes zoster

72-year-old male. The day before, he noticed an unpleasant tingling sensation whenever he touched his hair on the right temporo-frontal area. In the morning, several painful discrete eruptions appeared on his right forehead. There was a sense of photophobia in his right eye. His pulse was excessive, and he had a slight stiffness at the back of his head. He had no tendency of natural sweating. I prescribed *kakkonto*, judging it to be herpes zoster in the early yang phase. In around 30 minutes of taking the prescription, the pain from the rash decreased by half, and after three days, the sense of photophobia in the patient's eye and rash both disappeared. The patient was administered for more days of

prescription to be certain, before terminating it. The diagnosis was confirmed by comparing the herpes virus antibody titer on the day of the patient's first visit and two weeks later.

Katsutoshi Terasawa, *Wakan shinryogaku* (Japanese oriental medicine), p. 120, Igakushoin, 1990

Case 3: Ramsay Hunt's syndrome

The patient is a 35-year-old female.

Last year, the patient sought medical attention for stomach pain, and received a surgery after a large ovarian cyst was found in an ultrasound examination. This time, she said she began to feel an unpleasant tingling sensation on her skin on the left side of her face and forehead two days ago. There was a rash accompanied by minor blistera vesicles from the left external auditory canal to the auricle. The left parotid lymph node was also swollen. There was no apparent facial paralysis yet, but the patient said the left half of her face felt heavy. She also felt her ears ringing and a cold sensation in her ear. These were symptoms of Ramsay Hunt's syndrome.

The patient was well-built and weighed some 80kg. She was dark-skinned and had a paunch. Because she was overweight, her pulse was sunken yet strong, and not rapid. She had a slightly cold sensation and tension in her nape and back. Blood pressure 110-70. Bowel movement (+). Fever (-). Sweating (-). Considering her build, she appeared to be sensitive to cold. Prone to developing ovarian cyst, she had water poisoning and coldness, so Sanwa *kakkonkajutsubuto* extract 9g (regular dose 4.5g) was used. She said drinking this preparation warmed and relaxed her body and lightened her stiff shoulders. Three days later, the cold sensation in her ear and ear ache also disappeared. The blistera vesicles in the external auditory canal also began to dry up. This disease sometimes causes facial palsy about two to three later, so she was prescribed the preparation for another two weeks. Naturally, there were no aftereffects thereafter.

Isao Iwasaki, Rinshorei (clinical trials), *Journal of Kampo Medicine*, Vol. 32, No. 10, p. 19, 1985

Case 3: Aftereffects of herpes zoster

A man born in 1904. Herpes between his right ribs had been causing him pain for a year and a half, but said he had no other symptoms. At a glance, he appeared to be solidly built. He had a reddish face, had regular bowel movement, was not choosy about what he eats, and liked tea. His pulse was sunken, rapid, and very intermittent possibly because he has a bad heart. An abdominal examination revealed tension in both the left and right hypochondrium. Therefore, he was given *kakkonkajutsubuto*, and his progress was decided to be monitored. Two weeks later, the patient himself said he has become extremely comfortable.

Kazuo Matsumoto, *Toyodo keikenroku, daiisshu* (Toyodo records of experience, Series 1), p. 568, Taniguchi Shoten, 1993

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To be continued in the next issue

Clinical Report 1 (Acupuncture)

One Case in Which Moxibustion Applied at GV12 and BL17 Seemed to have been Markedly Effective for Headaches and Physical Fatigue Aggravating after High School Entrance Examinations

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Patient: 17-year old girl, first-year high school student

Chief complaint: headaches, general physical fatigue

Past history:

From the age of 13 she started to suffer from headache attacks once or twice a month. When she attended a training camp of her high school club at the age of 16, she developed a high fever. After that the frequency of the headaches increased so that she visited pain clinic T, where she was diagnosed with migraine without aura and prescribed sodium valproate and ibuprofen, but the frequency of headaches increased still further. Due to the weak effects of ibuprofen, she visited in August of X-1 the headache center of hospital T. There too an aggravation of the nausea, vomiting, hypersensitivity to light and sound was observed, was also diagnosed with migraine without aura and prescribed a triptane preparation. Based on a 49-point score using a self-evaluation diary for depressive mood, she was diagnosed as being "mildly depressive". However, since no improvement (decrease) in the frequency of the headaches was achieved in this headache center, she consulted in January of X-year the department of psychosomatics in hospital N. Yet, even there the conditions improved only very little, so that the physician in charge of the psychosomatic ambulance referred the patient to physician U of the pediatric department. Based on the Kampo treatment initiated by physician U there was a tendency toward improvement, but physician U recommended acupuncture and moxibustion treatment. The

patient expressed her wish to try it if possible and thus visited the acupuncture and moxibustion section of the department of Kampo internal medicine in this clinic.

The had strong parietal headaches that felt like a needle was forced through (difficult to express in words). She was constantly uncomfortable and influenced by the weather (rain and humidity had an aggravating tendency). Severe headaches were accompanied by nausea.

Currently she feels shooting pain whenever she moves her head and in association with that develops mild nausea. Moving is painful.

General physical fatigue developed from about the same time the headache attacks started and are currently so trying that commuting to school is not possible.

In the department of pediatrics in hospital N a combination of "Maobushisaishinto" and "Keishikajutsubuto" was prescribed for the indication of the formula "Keikyososooshinbuto".

Current condition: 163 cm, 60 kg

Tongue diagnosis: light purple; minor teeth indentations; thin white coat; varicose veins present.

Pulse diagnosis: deep, slightly rapid.

Abdominal diagnosis: abdominal wall tone 4/5; mild feeling of pressure below the heart; mild degree of rigidity and fullness in the lower abdomen on the left; mild degree of hypochondrial fullness and tenderness.

Skin: many bruises; on the back many skin eruptions.

Chilling: objectively the feet are very cold from below the ankles, but subjectively the patient does not complain of cold feet.

Meridian point diagnosis:

tender depressions: GV12, GV4

tender indurations: BL17, KI2

fine floating vessels: in the vicinity of GV12

edema: parietal region

Time-series analysis and treatment plan

Based on the time-series analysis, a past history of chronic paranasal sinusitis, irritability and quick-tempered character traits conceivably indicates a classification as detoxication constitution according to the "Ikkando medical view". Since she had her menarche at the age of 10 and after that experienced abdominal pain, headaches, dizziness as symptoms of menstrual pain, she may also be considered to suffer from a stagnant blood constitution. Also, while she is already 17 years old, she gives an immature impression, so that the use of GV12 and GV4 said to be highly effective for infants according to the Sawada style moxibustion was considered, presuming the liver to be the viscera mainly affected and thus the conceived treatment plan based on the concept of relieving blood stagnation (improving circulation) and improving the detoxication constitution, helping to improve the circulation of qi.

Course

First visit (X, 6, 21)

Moxibustion: at GV12, BL17, GV4, SP6, KI2

Second visit (X, 7, 7)

Headache relieved from 10→3

Physician U at hospital N changed the prescription from *goreisan* to *nichinto*.

Addition of GB21 and GV9 to the initial moxibustion points and warming moxibustion on the lower abdomen.

Third visit (X, 7, 28)

The patient apparently suffered since July 25 from a right-sided temporal headache that felt, like she had been beaten.

Physician U at hospital N changed the prescription to *keishininjinto*.

In our clinic the moxibustion treatment was continued.

Fourth visit (X, 8, 16)

The headache apparently peaked upon getting up in the morning, by 1 o'clock in the afternoon and around 6 o'clock in the evening.

In the acupuncture and moxibustion treatment section the moxibustion treatment was continued, fine floating vessels in the interscapular region were punctured, and moxa needling at GV12, BL17 and GV4 added to the treatment regimen.

Dr. Kakuto of the department of Kampo internal medicine added GB40.

Fifth visit (X, 9, 13)

While she still had difficulties getting up, commuting to school became possible. She reported a decreased frequency of the headaches.

The acupuncture and moxibustion treatment was the same as during the previous session.

Sixth visit (X, 10, 21)

School attendance possible; frequency of the headaches had reportedly decreased.

The acupuncture and moxibustion treatment was the same as during the previous session.

Course evaluation questionnaire

Headaches B (have improved, but are occasionally bad)

Generalized fatigue . . . B (has improved, but is occasionally bad)

Menstrual pain B (has improved, but is occasionally bad)

Easy irritability B (has improved, but is occasionally bad)

Quick temper B (has improved, but is occasionally bad)

Seventh visit (X, 11, 25)

She reported still having headaches, but was nevertheless able to attend school and classes.

The acupuncture and moxibustion treatment was continued.

Physician U at hospital N prescribed *shinbuto* and *bushi* (aconiti tuber).

Through the treatment by Dr. Kakuto of the department of Kampo internal medicine she developed more energy and recovered to the degree, that she became motivated to study.

Eighth visit (X, 12, 21)

She reported still having headaches, but was nevertheless able to attend school and classes.

The acupuncture and moxibustion treatment was continued.

Based on information from Physician U at hospital N, currently only *shinbuto* is prescribed.

Nineth visit (X+1, 1, 27)

VAS assessment

Headache : 10→3.5

Generalized fatigue : 10→4

She was able to perform daily moxibustion treatment at home. She also reported having the impression *shinbuto* was effective. The frequency of the headaches as her chief complaint decreased and the migraine without aura showed a tendency towards improvement. The generalized fatigue also improved.

Discussion

Blood stagnation being considered to be the main pathology in this patient the, we used the meeting point of the blood BL17. Again, according to the Ikkando classification we thought, we were dealing with a detoxication constitution and thus applied moxibustion at KI2 to improve this constitution. We also used GV12 to regulate the flow of qi. This treatment seemed to have been markedly effective in this patient. In this case the compliance regarding moxa treatment at home was almost 100%, showing the potential of care by the parents.

Conclusions

This patient gave the impression, that her visiting our clinic was like she would clutch even at straws considering her background of severe headaches caused by migraine without aura, which had forced her to repeat a year in high school.

Recently many teenage children have visited our clinic, revealing a glimpse at the magnitude of the stressful environment of these children. The Japanese Cabinet too has pointed out, that the suicide rate among teenagers shows an increasing

trend. Using moxibustion not only improves symptoms and relieves stress, but by relying on parents for support we would like to see, even if this is still a premature conclusion, a reduction in the suicide rate.

Clinical Report 2 (Kampo Medicine)

A Case in Which Psychogenic Abdominal Pain in a 6-year-old Girl was Improved by Shokenchuto

Hideaki Yamaguchi
Tosei General Hospital

Case: 6-year-old girl with psychogenic abdominal pain

Chief complaint: Abdominal pain

Past medical history: The patient exhibited normal growth and development, but suffered night terrors at the age of 3. She developed a fever easily and had a small appetite.

History of present illness: In preschool, she was accustomed to having a bowel movement after returning home, but from after entering primary school, she could not reach home by that time, and had to suppress her urge to have a bowel movement. She tried to have a bowel movement in the morning, but from around mid-May, she began to complain of stomach aches in the morning and went to the bathroom 2 to 4 times. The stomach ache caused her to miss school only on around 3 occasions, but perhaps due to a feeling of anxiety, she had to be accompanied by her mother when going to school. Night terrors also appeared around this time. Therefore, the patient visited our department on June 15.

Diagnosis: Psychogenic abdominal pain (pathological condition resembling irritable bowel syndrome)

In terms of Kampo, “liver qi attacking the stomach” (digestive function decline caused by stress-induced tension)

Treatment policy: To relieve tension and improve the digestive function

Prescription: *Shokenchuto* extract 3 times/day

Progress: After a week of taking the prescription, the patient’s abdominal pain, frequent bowel movement and night terror practically

disappeared, and after 2 weeks, she no longer needed to be accompanied to school. Thereafter, there was no abdominal pain, and the patient was able to commute to school regularly. The prescription was terminated in 4 months.

(Shared impression by the mother and homeroom teacher: It worried them that the patient was excessively quiet since entering primary school, but she suddenly perked up after commencing treatment.)

Observation: It is thought that the patient had congenital dormant spleen qi deficiency (digestive function decline). Her environment changed after entering school, and combined with the issue of her bowel movement time, she entered a state of mental strain, which reflected on her digestive tract and developed into a pathological condition resembling irritable bowel syndrome. Because *shokenchuto* has the effect of relieving excessive tension in the digestive tract, the patient’s abdominal pain disappeared and she came to have smooth bowel movement after its use. It is thought that her anxiety also declined at the same time. Furthermore, as her innate spleen qi deficiency gradually improved, it is thought that she became more active thereafter.



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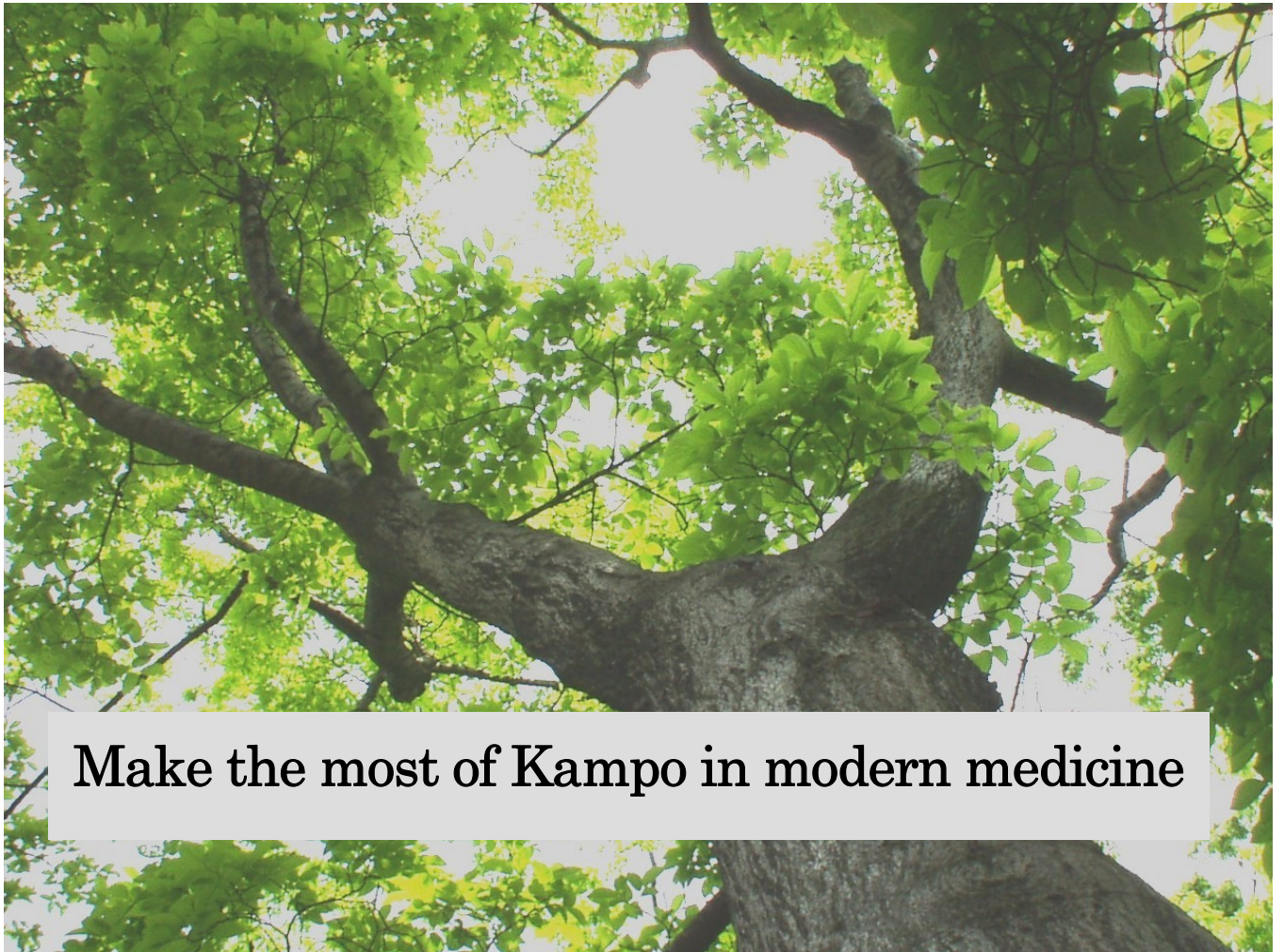
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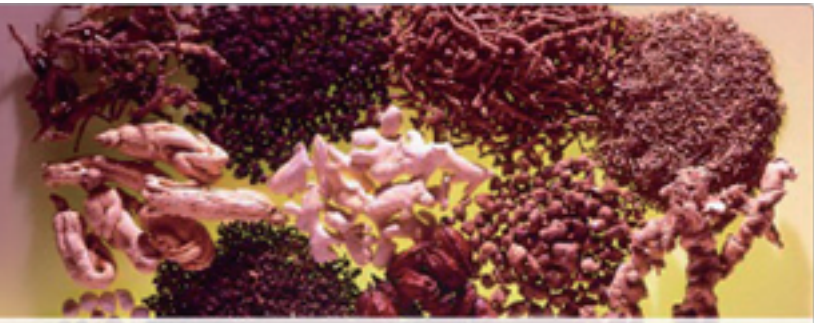
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