

Kampo Medicine - Current Research

Clinical Applications of Kakko - Part 4

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Kakko 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 “*Kakko Doctor*.”

Clinical applications (continued)

In *Shokanron*, indications for *kakko* are acute infectious diseases. However, from Japan’s more than 150 years of experience, *kakko* 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.

19. Lactation insufficiency & mastitis

In Japan, *kakko* is used against lactation insufficiency by experience, and is recognized for its efficacy. There are also reports that it is effective in the initial stage of mastitis. The two are similar in that they are caused by an abnormality in the mechanism of lactation, and thus share the mechanism that allows *kakko* to be effective, in many ways.

With regard to this point, it is written in *Chui shohou kaisetsu* (Chinese medicine prescriptions) that “when the breast does not fill and does not secrete sufficient milk, the patient should take *kakko* along with foods and drinks that contain a lot of water, such as dandelion tea, milk, zenzai red-bean soup with mochi, and noodles. Use *kakko* when the breast fills but does not secrete milk and

stiffness develops in the shoulders.”¹⁾ Additionally, in *Kampo shinryo iten*, it is written: “Use [*kakko*] in cases where the mammary gland is developed and is in a state that would normally secrete sufficient milk but does not due to stagnation, and thereby causes stiffness in the shoulders and back.”²⁾ In other words, *kakko* can be expected to be effective against both shortage of milk production and lactation insufficiency.

Asagiri administered *kakko* to women who have just given birth by normal delivery and compared the efficacy of *kakko* with women in a control group. As a result, he reports that in the *kakko* group, an increase in lactation was observed among women giving birth for the first time and those who have given birth two or more times, and found that *kakko* was particularly effective in cases of milk stagnation.³⁾

Ishino et al. administered Tsumura *kakko* extract granules 7.5g (divided into three portions/day) to 20 women who have just given birth and made a comparison with a control group of 20 women. The result was that on the fifth day of childbirth, the *kakko* group had an increased amount of lactation than the control group. They also report that the *kakko* group had higher blood PRL levels than the control group on the fifth day of childbirth, as well as decreased amounts of DHEA-S.⁴⁾

Mastitis basically has the same mechanism as lactation insufficiency, but purulent mastitis involves an external pathogen.

In *Kampo shinryo iten*, it is written: “Whether for stagnant or purulent mastitis, use *kakko* plus 5.0g gypsum in cases where the patient complains of chills, fever, swelling, pain, or stiff shoulders in the initial stage.”⁵⁾

Sato et al. studied the efficacy of administering *kakko* for milk stagnation mastitis and the transfer of its components to breastmilk, and report that no significant differences were

observed between the *kakkonto* group and control group with respect to increases in lactation, breast pain and mitigation of breast swelling. With regard to the transfer of its main components to breastmilk, ephedrine was detected in 10% of the subjects and glycyrrhizin in 50%, among the substances that could be examined, but newborns that consumed this milk did not display any clinical problems in particular.⁶⁾

Below are cases that have been reported to date. They are reports of cases relating to milk deficiency, milk stagnation and mastitis caused by milk stagnation.

Case 1: Hypogalactia

36-year-old female. Famous calligrapher living in the countryside.

[First visit] December 1973

[History of present illness / Present condition]

(First part omitted) The woman delivered a baby girl in January 1981. In June of the same year, she became pregnant with her second child and gave birth in 1982. In October 1983, she gave birth to her third child.

According to a letter I received on December 15, 1983, her breastmilk did not flow as well as her previous two times, and she wished to know if something could be done about it.

[Progress] Dandelion tea is said to be good for milk deficiency, but I have never used this, so I administered *kakkonto*, considering the woman's build. I sent her *kakkonto* extract 5.0g (to be taken in two portions) and instructed her to occasionally eat kuzumochi (mochi cakes made of kudzu powder) with a topping of honey.

I received a reply right away. The letter was dated December 21, so she had taken the drug only for about five days, but she wrote that "her breast milk has begun to flow very smoothly after taking the prescription, and owing to that her child sleeps well and is growing healthily every day."

Kunio Matsuda, Milk deficiency, *Shorei ni yoru Kampo chiryo no jissai* (practical Kampo therapy by disease name), p. 312, Sogensha, 1992

Case 2: Stagnation mastitis

18-year-old female with no previous pregnancy or childbirth experience. Normal delivery of a baby girl after 39 weeks and 2 days after pregnancy. On the morning of the second day after delivery, the feeling of breast engorgement intensified and came to accompany a heat sensation and pain. Thus, *kakkonto* (TJ-1) 7.5g/day was administered for two days in addition to the normal breast massage. After taking the prescription, the patient said the heat sensation and pain decreased in about half a day, and she became much more comfortable. The feeling of breast engorgement continued until the sixth day after delivery, but it was not painful.

The patient had 10ml of milk secretion by the second day of delivery, which increased to 142ml on the third day and 308ml on the fourth day. By the seventh day, the baby was fed 100% by breast milk, and mother and child left the hospital.

(Partial omission) *Kakkonto* proved to be an effective Kampo drug that could be used for breast stagnation during the postpartum period without worrying about disease pattern or about its impact on the newborn.

Hisanori Oguri et al., A case in which *kakkonto* was effective for breast stagnation, *Science of Kampo Medicine*, Vol. 28, No. 3, p. 33, 2004

Case 3: Mastitis

Patient: 24-year-old female, 1 pregnancy experience
The patient's pregnancy showed good progress without any complications, and she gave birth to a 3,250g baby boy by normal delivery. However, from the third day after delivery, she began to complain of a feeling of intense engorgement of both breasts, spontaneous pain, slight fever and lack of milk secretion.

Past medical history / History of pregnancy: The patient has nothing in particular in her past medical history, but with regard to pregnancy, she had an abortion in her third month of pregnancy two years ago, and nothing else.

Present condition / Examination findings: Weight 56kg (52kg when not pregnant), height 160cm, body temperature 37.2°C, pulse 68/min. No anemia. Upon internal examination, uterine anteversion was confirmed, fist-sized and good contraction. Mostly normal lochia. No findings that suspect pelvic infection. Blood sedimentation rate 30 (15') – 42 (60'), CRP (+), Hb36%, white cell count 11,000, red cell count 420 × 10⁴. These findings were considered to indicate a normal state or minor inflammation for the postpartum period.

Before taking the prescription, the patient's breasts were strongly tense, she experienced spontaneous pain and oppressive pain, and she secreted a small amount of slightly bloody milk. The engorgement in her breasts was evident to the touch as a lump on the outer sides of her breasts and on the axillary lymph node on the right side.

Present condition from the perspective of Oriental medicine: Moist skin, no anemia. Dry mouth (+), stiff shoulders (+), nausea (-), headache from the neck to back of the head (+).

Pulse: strong

Abdomen: tension of the abdominal rectus muscle on both sides (+)

Progress: After administering *kakkonto* 5g/day, the spontaneous pain became (-) on the second day, on the third day, the breast engorgement clearly decreased even from an objective perspective, but the swelling of the axillary lymph node remained the same. Milk secretion improved from the fourth day of taking *kakkonto*, and there was also sufficient milk ejection.

Yoshiaki Sato, Cases of mastitis, *Gendai no Kampo chiryo* (modern Kampo therapy), p. 464, Toyo Gakujutsu Shuppansha, 1985

20. Acute gastroenteritis

In *Shokanron*, it is written: "In greater yang and yang brightness combination disease, there will be spontaneous diarrhea. *kakkonto* governs this," and "When in greater yang and yang brightness combination disease, diarrhea is absent, only retching is present. *kakkonkahangeto* governs this."

The above describes conditions seen in infectious enteritis, and in cases of diarrhea, it is frequently accompanied by a tenesmus.

Hosono adds: "...There was an occasion to apply [*kakkonto*] in the initial stage of dysentery and colitis. When *kakkonto* was applied in the initial stage where mucus or bloody purulent stool accompanying tenesmus was frequently excreted under the combined conditions of early yang and middle yang diseases, some minor sweating was immediately followed by relief from the urge to have a bowel movement that had occurred at intervals of 10 to 30 minutes and a significant decrease in bloody purulent stool. It appears that *kakkonto* works even better in such cases with the addition of *oren* (*Coptidis Rhizoma*) and *ogon* (*Scutellariae Radix*)."⁷⁾

Case 1: Acute enteritis

Patient: 72-year-old female

First visit: January 4, 1993

History of present illness: On January 4, 1993, the patient suffered vomiting and diarrhea at around 3 a.m. and took Hangeshashinto (extract), but he had serous diarrhea three times until a little past 9 a.m. when he visited the clinic.

Present condition: Temperature 37.7°C, no sweating. Tongue covered with a white coating and moist. Weak pulse, soft abdomen.

Treatment and progress: Surmising that the diarrhea was caused by virus-induced acute enteritis (because I did not verify it by an examination), I immediately administered *kakkonto* (extract) on the spot. I also gave him a day's dose of *kakkonkahangeto* and told him to make a decoction of it when he got home.

In the late afternoon, I received a call from the patient that the diarrhea has stopped. He did not have diarrhea the next day either, but he was given *orento* (*Shokanron*) because he complained of stomach pain and loss of appetite. He recovered in two days.

Genpo Ogata, Kampo shinryo oboegaki (149) (memorandum of Kampo therapy), *Journal of Kampo Medicine*, Vol. 40, No. 5, p. 36, 1993

20. Bronchial asthma and coughing

In *Shokeiteijishogen*, Nanyo Hara reports of a case where *kakkonto* improved asthma in a person with extreme stiffness in the shoulders and back.⁸⁾ Such cases are thought to be highly rare in reality, but the possibility is not unlikely. There have also been reports related to coughing.

Case 1: Wheezing and coughing

Patient: 53-year-old female

First visit: October 1952. The patient came down with a slight cold around five days ago. At the same time, she developed severe wheezing accompanied by coughing and received an injection of ephedrine and other substances, but said its effect did not last long. No fever. A clearly solid build. Pulse trended toward floating and was almost tense and slightly rapid. The tongue was dry and absent of any coating. The nape and back were stiff. These indicated an excess of the early yang pattern, or a *kakkonto* pattern. One dose improved the symptoms considerably, and the patient was cured without taking all seven doses as prescribed. Thereafter, for 30 years to today, she has not seen a recurrence.

Shigenari Ogura, *Journal of Kampo Medicine*, Vol. 3, No. 1, p. 23, 1956

Case 2: Coughing

Around 12 to 13 years ago, I caught a cold, which worsened to the point that severe coughing continued for as many as ten days. I tried various remedies, but none seemed to work. I was quite at

a loss, when Dr. Masatsugu Wada visited our office. I thought he was a godsend; I explained to him my problem and sought his help as to what I should use to cure my coughing. Dr. Wada took my pulse for a while and said I should probably take *kakkonto* after all. I was half in doubt of whether *kakkonto* would work after more than ten days of developing a cold. However, when I took, it worked extremely well, and my coughing suddenly stopped after one to two doses.

Ken Fujihira, *Kampo rinsho note (chiryohen)* (Kampo clinical notes (therapy edition)), p. 87, Sogensha, 1988

22. Meningitis and tetanus

There are various types of meningitis, and bacterial meningitis and aseptic meningitis, for example, differ in their symptoms and prognosis, but fundamentally, they are commonly characterized by meningeal symptoms such as a fever, headache, vomiting and stiffness in the nape. Because these symptoms resemble the indications for *kakkonto* that are written in the *Shokanron* early yang disease edition, *kakkonto* has come to be applied to the initial stage of meningitis.

In *Sokeiteijishogen*, Nanyo Hara writes about his experience in treating a tetanus-like disorder with *kakkonto*.⁹⁾ It was based on the following passage contained in the Chinese classic text of *Shokanron* and *Kinkyoryaku* (Treatise on Cold Damage and Prescriptions from the Golden Cabinet): “For taiyng disease manifesting with an absence of sweating but with scant urine, qi surging upward in the chest, clenched jaw, and appearing on the verge of hard tetany; *kakkonto* is indicated.”

Case 1: Aseptic meningitis

Patient: 37-year-old male, taxi driver

Chief complaint: Headache, fever

History of present illness: In the morning of October 29, 1983, the patient felt a chill while driving his taxi, and in the afternoon, he developed a pulsatile

headache in the left temporo-parietal area. The fever was minor, and the patient had no vomiting, coughing, sore throat or other such symptoms. The headache gradually intensified, so he visited our neurosurgery department on October 31. He was diagnosed with cluster headache and given an analgesic. He went home, but the headache kept getting worse, and it got to the point where he developed a dizziness on November 1. On November 4, the headache became intolerable and his temperature rose to 39°C, so he was admitted to our neurosurgery department on a stretcher. In a lumbar puncture performed on the next day, an increase in the number of lymphocyte-predominant cells was confirmed. After hospitalization, the headache abated somewhat but increased considerably at night, and he tended to lack sleep also because of a lower back pain that newly emerged. On November 7, his hearing decreased in his left ear. On November 9, he was transferred to Internal Medicine Department 1 in our clinic for medical treatment.

Conditions at the time of transfer / Progress: Temperature 37.2°C. No abnormality found by stethoscopy and tapping. Stiffness in nape (+). Kernig sign (-). Nystagmus in right gaze (+). Rinne test (+) in right ear, Weber test showed lateralization to the right. Normal tendon reflex, pathological reflex (-). Aggravation of muscle tone in lower extremities.

Examination findings: RBC 451 × 10⁴; WBC 8,800; Stab cells 14%; Segmented cells 66%; Monocytes 7%; Lymphocytes 13%; Blood sedimentation rate 82mm/1 hour, 110mm/2 hours; CRP3 (+); α2-globulin 16.6%.

Lumbar puncture findings: Pressure 180mm; Cell count 864/3 (neutrophils 56, lymphocytes 748, large mononucleosis 60); Protein 77.5 mg/dl; Sugar 54.4 mg/dl.

The patient's progress was as shown in Fig. 1. Neurosurgery used an antibiotic and a γ-globulin preparation because there was strong inflammation

and neutrophils in the cerebrospinal fluid had increased considerably. The antibiotic was continued even after the patient transferred departments. On November 10, Voltaren suppository (50mg) was administered twice a day as an antipyretic analgesic. Voltaren is effective against headaches and lumbago, but it was inadequate against fevers, and metilon intramuscular injection needed to be added.

Masaaki Itasawa, *kakkonto* usage experience for aseptic meningitis, *Kampo shinryo* (Kampo examination), Vol. 4, No. 5, p. 26

23. Gynecomastia pain accompanying liver cirrhosis

In recent years, *kakkonto* is being experimentally used against the pain of gynecomastia that occurs in relation to liver cirrhosis.

Motoo et al. administered Tsumura *kakkonto* extract granules 7.5g/day against gynecomastia in three patients in the compensatory period of liver cirrhosis, and report that the breast pain disappeared in all three patients. No significant changes were observed in blood hormone levels before and after taking *kakkonto*, no shrinkage of mammary tissue was confirmed in a mammogram, and the induration that was confirmed by palpation had shrunk.¹⁰⁾

At present, only Motoo's three cases have been reported to date, but it is said that additional tests have been performed. This shall be discussed in the Appendix.

Case 1: Gynecomastia pain

Patient: 45-year-old male. Compensatory period of liver cirrhosis. No stiffness in nape and shoulders, no natural sweating. Tense pulse and tongue slightly covered with a white coating. *Kakkonto* was administered in the first week after the patient developed gynecomastia. The pain subsided on the third day and completely disappeared within the first week. *Kakkonto* was continued thereafter, but no recurrence was observed.

Yoshiharu Motoo et al., Significance of *kakkonto* against gynecomastia pain accompanying liver cirrhosis, *Science of Kampo Medicine*, Vol. 20, No. 2, pp. 15-17, 1996

24. Myasthenia gravis

A number of cases has been reported to date that claim the efficacy of *kakkonto* against myasthenia gravis.

Conventionally, *hochuekkito* and similar prescriptions have been used for this disease. There are various views concerning how to interpret this disease, and it cannot be simply attributed to the lack of qi. However, while there is no denying the involvement of wind and dampness from the perspective of muscle paralysis, the loss of qi in the middle yang muscles is certainly a major factor.

Kakkonto is thought to produce an effect by addressing this condition.

Matsumoto recommends Hochuekkito combined with *kakkonto* for myasthenia gravis of the ocular muscles.¹¹⁾

Case 1

Patient: 42-year-old female

First visit: April 1967

The patient was extremely thin and lacked energy. Her face was completely devoid of expression. Three years ago, she came to have trouble moving her eyes, she began to see double, her eyelids drooped, and she choked when swallowing something. Air also leaked out from her nose and she could not talk. Moreover, her hands and legs went slack so that she had difficulty walking, could not hold things in her hand because her grip had weakened, and fell over from fatigue even when sitting.

She was diagnosed with myasthenia gravis at T University Hospital and was recommended to have surgery of the thymus at K University Hospital. She underwent the surgery but did not get better at all. She also received acupuncture therapy, but the effect was not apparent. An examination found severe

stiffness in her shoulders and neck. The patient was subjectively aware of the stiffness and said it was painful. She also coughed and produced some phlegm. Her pulse was weak, and her blood pressure was around 120/80 mmHg.

The patient was given *kakkonto* to alleviate the stiffness in her shoulders and back. The hospital's medication of Mytelase was also used in combination. During her visit a month later, she said her condition had always worsened in the late afternoon. Previously, when she took a tablet of Mytelase in the later afternoon, her drooping eyelids improved and allowed her to open her eyes wide, but her hands and legs remained weak. After taking *kakkonto*, however, she gained strength in her hands and legs and she became able to get up freely on her own. Her appetite improved, and when she slept well, she could also talk well. Her grip also improved. This was because Mao (ephedra) had been increased to 4g. The patient did not come in for an examination for a while and simply took her medication at home, because she felt well.

On January 6, 1968, she made a visit after 10 months of taking *kakkonto*, bringing with her her child who had pediatric asthma. She looked so healthy, it was almost difficult to recognize her. She said she gained 4kg. She still takes a tablet of Mytelase in the late afternoon, but where before taking *kakkonto* she had to support her chin with her hand when drinking something and could not take the lid off of a pot because her grip was weak, she has improved so much that she is now able to fully do the housework and even wash clothes.

Domei Yakazu, *The Journal of Traditional Sino-Japanese Medicine*, Vol. 7, No. 1, Special issue on "Kampo therapy for intractable diseases," p. 130, 1986

25. Narcolepsy, post-psychotic depression (PPD), etc.

Kakkonto sometimes has the effect of improving certain psychiatric symptoms such as "a fuzzy sensation in the head" and lack of motivation. Focusing on this, Takahara used *kakkonto* on

various mental disorders such as narcolepsy and PPD and reports many cases in which *kakkonto* was effective.^{12) 13)}

Case 3: Narcolepsy

Patient: 1st year high school student, female

History of present illness: In early November of the patient's third year in junior high school, the patient had episodes such as when changing her clothes for gym class when it was cold or before taking a test, where her entire body became slack and felt paralyzed and she could not let out any voice although she was consciously awake.

In mid-November, she fell to the floor after feeling sleepy and lost her strength. She finally came to after being shaken and nudged in the shoulders and face. In December, she had cataplexy spells two to three times almost every day. These spells continued thereafter until one day she fell unconscious and did not awaken even when people tried to shake her awake. She was rushed to the pediatric department of a public hospital in an ambulance. On this occasion, she eventually came to on her own in around 10 minutes and became conscious of her surroundings, but her head felt fuzzy. She received an examination but neither electroencephalography nor CT scan found any abnormality. After this, there were three times when the patient developed a headache and felt sick, rested a while in the infirmary and left school early. Soon after beginning high school, the patient began to get sleepy spells two to three times a day. This occurred six to seven times. In Mid-April, when running a marathon at school, her legs suddenly felt heavy and she gradually became so sleepy that she lost consciousness and fell to the ground. On this occasion, she was accompanied by her mother to the gynecology department of a different public hospital, but she was told there was no abnormality, gynecology-wise. The mother and patient were not convinced and gradually became so worried that

they decided to come to our clinic on the following day.

We do not perform polygraph tests at our clinic, but we did perform a CT scan just in case. The result showed no abnormality, but judging from her medical history, narcolepsy was suspected, so we asked the patient about her condition in detail.

As expected, the following symptoms came to light. That is, the patient was suddenly hit by an intolerable feeling of sleepiness (narcolepsy), followed by a weakening of her entire body (cataplexy), and at the same time she saw black dots in front of her eyes (hypnagogic hallucination) and was overcome by a feeling of paralysis. After that, she cannot recollect anything, as she had fallen asleep (sleep paralysis). People who witnessed this say she had no convulsive attacks. From the time she was taken to the infirmary, it took about 25 minutes for her to completely awaken, become consciously aware of the situation and stand up. There were times when she came to in as short as 5 or 10 minutes.

Judging by her clinical symptoms, she was diagnosed with typical narcolepsy, and was administered *kakkonto* extract granules 6g/day regardless of her "pattern" as defined by Kampo. On the day after her first visit, she suddenly felt her entire body weaken after gym class and sank to the floor in a sitting position, but it was a light spell and she was able to respond when spoken to. Within the week of beginning the *kakkonto* medication, she began to feel more refreshed and gained confidence. In September, she quit taking the *kakkonto* extract granules. Twice she experienced cataplexy, hypnagogic hallucination and sleep paralysis and even became unconscious, but she came to in two to three minutes, and did not trouble anyone. She therefore resumed her medication, and by October (five months after her first visit), she became healthy enough to take part in study presentations and sports day at school without suffering narcolepsy.

According to her mother, the patient continued her studies in good health thereafter and went on to university. I learned then that the patient's grandfather had this type of disease.

Akira Takahara, Psychiatric efficacy of *kakkonto*, *Oriental Medicine*, Vol. 23, No. 1, 1995

26. Enuresis

In a round-table discussion in the *Journal of Kampo Medicine* Vol. 4 No. 4, Tokuji Yoshimura reports that *kakkonto* is effective against enuresis based on his experience in administering *kakkonto* to children whose enuresis is aggravated when they catch a cold and successfully relieving both their cold and enuresis.¹⁴⁾ This was also verified in a follow-up test performed by Yakazu et al. In his report, Yoshimura also notes that Maoto is just as effective.

Case 1: Enuresis

Patient: 12-year-old girl. She had asthma since she was small, and tended to have allergies. She no experienced asthma attacks, but she was told she has allergic rhinitis, and had a tendency to sneeze. Her mother said the girl began to wet her bed since two years ago. To prevent this, the mother would try to wake her up to go to the bathroom, but she would remain half asleep and would not wake up. She tended to urinate frequently also during the daytime and would go the bathroom almost every two hours. She had severe stiffness in her shoulders and nape.

Focusing on the fact that the patient had stiff shoulders and nape and would not fully wake up even when her mother tried to wake her, I gave her *kakkonto* extract powder 1.5g two times. After a month, she became much better, and was able to go to the bathroom alone. She thus no longer wets her bed. Her shoulders, however, still remain stiff.

Domei Yakazu, *Kampo chiryo hyakuwa* (hundred stories of Kampo therapy) Series 3, p. 126, Ido-no-Nippon-Sha, 1971

27. Stress urinary incontinence

Shin et al. continuously administered *kakkonto* 7.5g/day (to be taken in three portions) to 12 women (average age 58.6) who complained of stress urinary incontinence after menopause, and report that the incontinence stopped after around two weeks in 11 of the 12 women. Detailed questions to the women revealed that their incontinence disappeared immediately after taking *kakkonto*.¹⁵⁾

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