



KAIM

**The Journal of
Kampo, Acupuncture and Integrative Medicine**

INTERNATIONAL INSTITUTE OF HEALTH AND HUMAN SERVICES,
BERKELEY

Volume 9, Number 4 • Winter 2014

Editorial

ISO and Traditional Chinese Medicine

Toshiaki Makino

Japanese Acupuncture - Current Research

Japanese Traditional Medicine Text (14) – Department of Urology

Hisashi Honjo

Kampo Medicine - Current Research

Clinical Applications of *Kakkonto* – Part 4

Hiromichi Yasui

Clinical Report 1 (Acupuncture)

A Case of Acute Low Back Pain that Developed in a Severely Stressed 58-year-old Woman

Motoko Otsuka

Clinical Report 2 (Kampo Medicine)

Case Example of a Family whose Family Relations Improved by Administering Kampo Medicine to a Sister and Brother who were in a State of Rivalry

Hideaki Yamaguchi

Conference Report

17th International Congress of Oriental Medicine

Hiromichi Yasui

LIFENCE®



College Logos

We believe it is necessary to create a new way of thinking for the total understanding of "Life, Survival, and Health".

We decided to coin the word "Lifence" to express this.

Lifence means the combination of life science and medicine as well as other disciplines such as health science, psychology, ethics, etc.

Our college logos symbolizes the above.

The ripple effect represents the ocean and the birth of life.

The rainbow colored sphere represents a safe environment and a barrier to protect us from negative influences.

The picture by Leonardo da Vinci represents a balanced body and health.

Completing our logos is a ring which represents the unity of space fulfilling the total meanings of lifence.

GOTO
College of Medical Arts & Sciences

**The Journal of
Kampo, Acupuncture and
Integrative Medicine
(KAIM)**

Research on Theory, Practice and Integration

EXECUTIVE EDITOR

Shuji Goto
Chairman, GOTO College of
Medical Arts & Sciences

Tokyo, Japan

ASSOCIATE EDITORS

Shuichi Katai

Ibaraki-ken, Japan

Hiromichi Yasui

Tokyo, Japan

EDITORIAL STAFF

Akihiro Souma

Hiromi Sasaki

Hiroshi Tsukayama

Hitoshi Yamashita

Junko Okubo

Kazunari Ozaki

Kengo Nakata

Masayuki Kashima

Naoya Ono

Noboru Mitsuhata

Sayaka Toda

Takao Namiki

Toshiaki Makino

Toshihiro Togo

PUBLISHER

Shuji Goto

International Institute of Health and
Human Services, Berkeley
2550 Shattuck Avenue, Berkeley
California 94704-2724, U.S.A.

**The Journal of
Kampo, Acupuncture and Integrative Medicine**

Volume 9, Number 4 · Winter 2014

TABLE OF CONTENTS

1 Editorial

ISO and Traditional Chinese Medicine

Toshiaki Makino

2 Japanese Acupuncture - Current Research

Japanese Traditional Medicine Text (14) – Department of Urology

Hisashi Honjo

9 Kampo Medicine - Current Research

Clinical Applications of Kakkonto – Part 4

Hiromichi Yasui

18 Clinical Report 1 (Acupuncture)

A Case of Acute Low Back Pain that Developed in a Severely Stressed 58-year-old Woman

Motoko Otsuka

19 Clinical Report 2 (Kampo Medicine)

Case Example of a Family whose Family Relations Improved by administering Kampo Medicine to a Sister and Brother who were in a State of Rivalry

Hideaki Yamaguchi

21 Conference Report

17th International Congress of Oriental Medicine

Hiromichi Yasui

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.

小太郎漢方製薬株式会社



KOTARO PHARMACEUTICAL introduced in 1957 the world's first Kampo extract preparations on the market. Later, in 1967, six of our preparations could be covered in Japan for the first time by the health insurance and after 1976 more than 100 of our preparations were used in hospitals and clinics. Now it is half a century since we put our Kampo extract preparations on the market and believe, we made a major contribution to this industry.

In the future we intend to continue working in accordance with our company motto: "Still better Kampo for still more people" and provide pharmaceutical products of still higher quality.



Origin of the company's name

The company was named "KOTARO" by its founder Taro Ueda with reference to his birth place. Close to the ancient city of Nara. Kotaro is the name of an enormous sheer cliff, 700 m wide and about 200 m high. Mr. Ueda felt an affection rising to the heavens for this cliff and thus made it the company's name.

KOTARO PHARMACEUTICAL CO., LTD.

5-23 Nakatsu 2-Chome, Kita-ku, Osaka 531-0071, JAPAN

URL: <http://www.kotaro.co.jp>

Editorial

ISO and Traditional Chinese Medicine

The International Organization for Standardization, or ISO in short, is an institution that develops international standards in all industrial sectors (mining and manufacturing, agriculture, pharmaceutical, etc.), excluding the electricity, communication and electronic technology sectors. In 2009, a proposal was made to establish a technical committee (TC) in ISO headquarters to discuss the international standardization of Traditional Chinese Medicine as requested by China, and the committee was approved as TC249. The ISO/TC249 held its fifth meeting in Kyoto from May 26 to 29, 2014. I participated in the meeting as a member of Working Group 5 (language, diagnosis and treatment methods, education methods).

First, China presented a list of the names of crude drugs and their origin, including the names of the animals and plants or origin and their medicinal parts and code numbers. Surprisingly, the name of each crude drug was listed in simplified Chinese characters, and in alphabetical order of their pinyin spelling. The almost inconceivable idea of presenting a proposal for international standardization in Chinese notation invited strong criticism from the other countries. In the end, the Chinese representative gave in, and newly proposed to spell the names in Latin, the common language of the world and the basic language of academia, accompanied by their Chinese, Japanese and Korean names in alphabet. This proposal was not something Japan and South Korea could agree to, because crude drugs of the same name in Japanese, Chinese and Korean are sometimes derived from different plants. The Japanese and South Korean delegations insisted that the list be restricted for use in China only, and that Japan and South Korea be excluded from the scope of the list. The discussion grew complicated, however, with Europe taking China's side and placating Japan and South Korea to compromise, saying the difference was a minor issue. The Chinese representative sought Japan and South Korea's cooperation in compiling a final list based on a list of crude drugs created by each country, but Japan and South Korea rejected the proposal as impossible. Ultimately, it was agreed that China, Japan and South Korea would each prepare a list that describes crude drugs used in each country and present a proposal for combining the lists at the next meeting.

With the fifth meeting of ISO/TC249 now over, Japan must prepare its own list of crude drugs and their descriptions by next fiscal year's meeting. This itself is a simple task, since the origins of crude drugs in Japan are contained in the Japanese Pharmacopoeia, the official pharmacopoeia in Japan, and it suffices to translate it into English. However, I think we should take this occasion of international standardization to devise a system of codes composed of numbers that have meaning and relevance to consumer needs, as it is meaningless to simply assign each crude drug a random code. In China, an official classification of crude drugs already exists with respect to efficacy, for easy usability by consumers. In contrast, the Japanese Pharmacopoeia simply lists the names of crude drugs in order of the Japanese alphabet, and has no classification system. The use of crude drugs in traditional medicine in Japan largely differs according to each school of physicians and pharmacist, and each school also has its own classification system, so no unified system has been created for all of Japan. As a matter of fact, the problem that the use of crude drugs has not been standardized in Japan has surfaced as a result of the recent response to the ISO, and calls for urgent measures.

Toshiaki Makino, Ph.D.

Professor, Department of Pharmacognosy
Graduate School of Pharmaceutical Sciences
Nagoya City University, Nagoya, Japan

Japanese Acupuncture - Current Research

Japanese Traditional Medicine Text (14) –

Department of Urology

Hisashi Honjo

Lecturer

Faculty of Acupuncture and Moxibustion

Meiji University of Integrative Medicine

The positive effects of acupuncture for Urological conditions have been reported in international journals since the late 1980s. The effects of acupuncture and moxibustion treatment, in particular acupuncture effects, have been known for many practitioners in urology more than 20 years.

Bladder and urethra, as it is called the lower urinary tract, functions are obviously controlled by autonomic and somatic nervous systems as research has revealed¹⁾. Neuromodulation is an easy to understand mechanism of acupuncture treatments as the therapeutic procedure for the lower urinary tract symptoms (LUTS). Further, as a supplemental treatment for refractory enuresis or incontinence (mainly side effects of drug therapy) there are high expectations for the effectiveness of acupuncture treatment. Actually, although there have been numerous reports of acupuncture treatment being used successfully for refractory enuresis, urinary incontinence and urinary tract conditions, the usefulness of acupuncture should not be limited to these conditions. This section outlines for indications and effects of acupuncture treatment for domestic and international research in the field of Urology.

1. Clinical studies abroad

The first International journal to publish research on the effects of acupuncture for LUTS was in 1988. Chang et al. reported on the effects of acupuncture for urinary frequency and urgency in 52 women. The subjects were divided into two groups: one group was treated at Sp6 (medial lower leg) and the other at St 36 (lateral lower leg, below the knee). Results showed 85% of women treated at Sp6 reported

improvement of their symptoms and, following urodynamic study, showed a significant increase in maximum bladder capacity²⁾. With regard to the reliability of this research, it was not stated that the subjects were “randomly” assigned to test groups so the evidence cannot be considered to be of a high level. On the other hand, St36 was established as the control test point and was expected to produce distinctly different clinical effects, because it is in a different anatomical location, this may be considered a relevant research hypothesis. In contrast, Philip et al. collected 20 subjects complaining of urinary frequency, urinary urgency and urge incontinence and treated them with acupuncture. Treatment areas included the low back, low abdomen and the lower medial leg and utilized K23, BL28, BL32, GV4, CV4 and CV6. It was reported that 77% of the subjects stated that their symptoms had improved and of those subjects it was found that their bladder capacity had also increased³⁾. This study does not qualify as “integrated” because a control group was not established, however, as with Chang et al.’s report, objective improvement in bladder capacity was confirmed among those subjects who reported subjective improvement of their symptoms.

Further, at the beginning of 2000, several reports were published whose titles did not include the term “acupuncture”, but used “electro-acupuncture stimulation” to treat urinary frequency and incontinence⁴⁻⁶⁾. Up until recently, skin surface electrodes known as “transcutaneous electrical nerve stimulation” or TENS have been used, however, here the researchers reported on usefulness of electrical stimulation of the medial lower leg after using a needle electrode intended to stimulate the tibial nerve. The affected area is on the lower medial leg in areas almost equivalent to treating Sp6 and K3 with electro-acupuncture. These reports implicitly indicated the usefulness of even low-frequency electrical stimulation using acupuncture in clinical research.

Klingler et al. investigated the effects of acupuncture at points near Sp6 on the lower medial leg in 15 subjects with frequent urination and urinary urgency. The opposite pole plate was attached to a needle below and posterior to the medial malleolus (approximately K3), so stimulation would be applied to the posterior tibial nerve (20Hz, 30 minutes). Treatments were conducted 4 times per week for a total of 12 treatments before results were confirmed. After urodynamic testing, it was found that onset of urination was easier, the urge to urinate was normalized and bladder capacity was significantly increased. In conclusion, 47% of the subjects reported their symptoms had completely disappeared and 20% reported significant improvement⁴⁾. Vandoninck et al. conducted a 12-week study using electro-acupuncture once a week (20Hz, 30 minutes) near the posterior tibial nerve on 35 subjects complaining of urinary urgency and incontinence. Seventy percent of the subjects confirmed their incidence of incontinence had been reduced by more than half and 46% reported complete disappearance of their incontinence⁵⁾. The above integrated reports on both urinary frequency and incontinence suggest the usefulness of the posterior tibial nerve stimulation for these conditions.

Similarly, Hoebeke et al. treated 32 school age children (average age 12) who's symptoms of urinary urgency, frequency and enuresis were found to be resistant to standard medical treatments. They reported that stimulation to the posterior tibial nerve (20HZ, 30 minutes) once a week for 12 weeks eliminated the sensation of urinary urgency in 25% of the subjects and improved the symptom in 36%. Further, it was reported that 17% of subjects with enuresis experienced complete elimination of the symptom and 52% confirmed their symptom had improved⁶⁾. This study treats patients with an integrated research approach, and further shows that a therapy using posterior tibial nerve

stimulation while creating no side effects can be useful in children.

This research points to a changed environment surrounding the lower urinary tract symptoms. In 2002, effective acupuncture treatment for lower urinary tract symptoms was reported. The syndrome includes a constellation of symptoms with or without urge incontinence, usually including frequent urination or accompanied by frequent urge to urinate at night that has become referred to as "overactive bladder" (OAB), a concept addressed by the International Continence Society (ICS). Until recently, invasive inspection protocols had been used to diagnose such symptoms but these methods have changed significantly⁷⁾. According to this new symptom syndrome, overactive bladder has been reported with an estimated prevalence of 16% in Europe and 12% in Japan. Here, clinical studies on the effect of acupuncture treatment for overactive bladder are reported.

Emmons et al. treated 85 overactive bladder patients who complained of urinary incontinence. The patients were divided by into two groups by treatment objective. The first was an acupuncture treatment group aiming to treat their OAB symptoms with Sp6, UB40, UB38 and CV4. The second group, considered the placebo group, aimed to promote relaxation through acupuncture and utilized GB31, St36, UB12 and CV12. The frequency of urinary incontinence in the treatment group decreases by 59% and by 40% in the placebo trial group. Both of these results are significant and there was no significant difference between the two groups. It was reported that the frequency of urinary urgency decreased significantly and the overall amount of urine increased significantly only in the acupuncture trial group⁸⁾. This RCT paper provided high level evidence and so is of great international significance as a published journal article in Obstetrics and Gynecology while examining the effect of acupuncture treatment for overactive bladder.

On the other hand, acupuncture treatment for lower urinary tract symptoms has been adapted for enuresis in children, and its usefulness has been reported in the scientific literature. Björkström et al. treated 24 school age children (average age 10 years) with electro acupuncture (2Hz or 15Hz) on the lower medial leg, foot and lower abdomen (Sp6, UB60, LV3 and CV3 or K3, GB34, ST44 and CV4). It was reported that six months following the cessation of the treatment sessions, 46% of the subjects confirmed their symptoms had improved⁹⁾. Additionally, it was reported that among the subjects who had felt their enuresis improved, also stated that it was easier to wake up to go to the bathroom at night than it had been previously. Consequently, it was concluded that acupuncture was not only useful for enuresis but is also expected to help the subject awaken to urinate without wetting the bed. This research is an integrated compilation of case studies, however, as a useful mechanism of effective acupuncture treatment for nocturnal enuresis it represents significant research. By the way, reports of acupuncture treatment of urological conditions are not only relevant for enuresis, urinary frequency and incontinence.

There are of course more painful urological disorders such as chronic prostatitis and urinary calculi. The effectiveness of acupuncture as a treatment for such diseases has been studied and reported.

The effectiveness of acupuncture has been reported for pelvic pain syndrome due to non-bacterial prostatitis classified under chronic prostatitis. Chen et al. confirmed significant reduction of symptoms following bi-weekly electro-acupuncture for 6 weeks¹⁰⁾. Two protocols were utilized. The first was CV4, CV3 and 腸遺穴 (extra point) (M—CA—17) at 5 Hz, for 20 minutes. The second set included UB35 and UB53 (20 Hz, 20 minutes). This research was an integrated review of case studies, however it has deep clinical significance regarding the usefulness of acupuncture therapy for treating chronic pelvic pain syndrome. On the other hand, Lee et al. investigated

the effects of acupuncture for chronic prostate inflammation resulting in chronic pelvic pain syndrome. They randomly divided 39 patients into three groups for their RCT study. All subjects received life style coaching and were instructed in appropriate exercises as the basis for long-term change. The first group received electro-acupuncture, the second group received sham acupuncture and the third group received no extra stimulation and served as the control. After the six-week observation period, the acupuncture electrical stimulation group was compared to the other two groups, they reported significant ($p<0.001$) improvement of subjective symptoms. On the effect of acupuncture treatment for intractable chronic prostate inflammation and chronic pelvic pain syndrome, this research in urology, because this RCT based evidence was gleaned from a high level project, it has great academic significance.

A urinary stone (colic) attack is cited as one of the most violent types of pain experienced in urology. However, the effectiveness of acupuncture as a treatment has been reported. Lee et al. randomly divided 38 male patients with colic attacks into to an acupuncture treatment or a drug administration group. The acupuncture group subjects were treated with points on their upper and lower back: UB21, 22, 23, 24, 25, 50, 51, 52, You Gan (extra point) as well as 4-5 points on the hand were selected, needled and retained for about 1 minute. In the acupuncture group, after an average of 3 minutes treatment, an analgesic effect was observed and 86.4 % of subjects reported their pain was completely relieved. For the subjects in the analgesic group, 62.5% reported complete pain relief, however only after an average of 15 minutes had elapsed¹²⁾. This study reported the effectiveness of acupuncture for urinary calculi colic attack using RCT evidence level methods, for the application of acupuncture this should be considered meaningful research.

2 Current status of and prospects for clinical studies in Japan

In Japan, there have not been many reports of acupuncture and moxibustion therapy in the field of urology. Until now, most research has focused on the perspective of impact on or changes in symptoms and bladder function. The effects of acupuncture therapy for overactive bladder, urinary frequency and urinary incontinence have been primary. One of these reports, for subjects complaining of urinary incontinence and urgency, 11 patients with detrusor hyperreflexia (detrusor overactivity), as demonstrated by urodynamic study, underwent sacral acupuncture treatment and these effects were examined¹³⁾.

The acupuncture treatment focused on the sacrum involving bi-lateral insertion at the 3rd sacral foramen (UB33), using stainless disposable acupuncture needle (0.3 mm in diameter, 60 mm in length). Stimulation was obtained by inserting the needle into the sacral periosteal edge directed toward the head to a depth of 60mm until a dull, heavy sensation (dull pain) was achieved. One treatment consisted of thrusting stimulation from this location, continued to a depth of 5 mm for 10 minutes. Following the treatment, 82% of the subjects reported their incontinence had disappeared or their urinary urgency had improved. Urodynamic study was performed before and after the acupuncture treatment. Prior to the treatment maximum urine capacity was 142.5 ± 62.9 mL but after the treatment it became 250.0 ± 100.4 mL, a significant increase ($p < 0.01$). 55% of patients with overactive bladder reported their symptoms had disappeared. From the observed improvement of urinary urgency or incontinence with acupuncture treatment for overactive bladder, it should be suggested that sacral acupuncture is a useful alternative or complement to standard pharmacotherapy.

Similarly, 13 spinal cord injury patients with urinary incontinence were treated with sacral acupuncture.

61% reported their incontinence was reduced by half and following urodynamic study, a significant increase in urine capacity was also confirmed ($p < 0.01$)¹⁴⁾. From these results, sacral acupuncture treatment was hypothesized to likely inhibit over active bladder function. Further, it has been suggested that sacral acupuncture treatment for the patients with bladder hyperactivity caused by chronic spinal cord injuries would likely be useful. Incidentally, among the subjects who reported acupuncture was effective for their symptoms after 4 treatments, urodynamic study conducted one month later, confirmed 6 people continued to show increased urine capacity greater than prior to treatments. These results suggest that treatment effects continued for more than one month without any further acupuncture treatments. It was suggested that monthly maintenance acupuncture therapy would be beneficial, because bladder capacity began to decrease slightly after just one week cessation of the treatments. One point worth noting in the present study is that these results were due to a combination of acupuncture and anticholinergic treatment. Four of 13 subjects who were taking anticholinergic agents (Oxybutynin hydrochloride) found drug therapy by itself did not produce a desired effect, also increasing amount of the drug led to unpleasant side effects in these refractory cases. Improved rates of urinary incontinence among the patients using the pharmacotherapy by anticholinergic agents were more effective than the patients without the pharmacotherapy. Therefore, it suggests that the usefulness of a combination therapy utilizing acupuncture and the pharmacotherapy among the patients with bladder hyperactivity.

Besides overactive bladder, we have also reported on the effects of acupuncture on enuresis. We treated 15 children (average age 10 years), these subjects also received the sacral area acupuncture treatment mentioned above for overactive bladder¹⁵⁾. Treatment results were evaluated after UB33 was

needed once a week for 4 weeks. The children in the study reported that rather than feeling pain at the insertion site, there was a feeling of heaviness or dullness. None of the patients discontinued treatment because they could not put up with such a sensation and no especially harmful side effects were observed. Urinary records were evaluated based on the effects of 1 acupuncture treatment per week and how this influenced urinary frequency at night. Following one month of Acupuncture treatments, 6 subjects (40%) reported decreased urinary frequency at night, and following 2 months of treatment, 7 subjects (47%) reported their enuresis had disappeared. In this study, only the subjects in the acupuncture treatment group experienced significantly greater nocturnal bladder capacity. One hypothesis about enuresis is that if the child becomes cold while sleeping, his bladder may contract, thereby reducing bladder capacity and retention. Acupuncture is thought to counteract this contraction, allowing the subject to maintain or improve their bladder capacity, effectively eliminating or reducing enuresis. Also, following acupuncture treatment, the subjects who reported more than 50% improvement in the number times they went to the bathroom at night were placed in the “effective” group. In contrast, those subjects who reported less than 50% improvement were placed in an “ineffective” group. Nocturnal bladder capacity increased significantly in the “effective” group, and showed no significant change in the “ineffective” group. Additionally, it was found that most of the children in the “effective” group were over the age of 10 and most of the children in the “ineffective” group were under 10 years. From the above results, it is thought that the effectiveness of acupuncture for reducing or eliminating enuresis by increasing bladder capacity is more significant in older children (over 10 years).

Next, acupuncture has also been found effective for treating enlargement of the prostate gland, a very common complaint in geriatric men. Kitakoji et al.

utilized the International Prostate Symptom Score (IPSS), a subjective measure of prostate enlargement and diminished bladder capacity as subject criteria. Twenty-four subjects with an IPSS greater than 8 and bladder capacity less than 30ml were accepted into the study. According to the results obtained, it was reported that following sacral acupuncture, IPSS improved significantly ($p<0.001$) and the parameter of maximum urinary flow and average flow rate ($p<0.05$) also improved significantly¹⁶. As the mechanism of action in this study, following sacral acupuncture, the results showed increased urine flow rate and decreased urethral resistance. The results of sacral acupuncture on urinary tract function suggest that this type of treatment not only impacts bladder function but also that of the lower urinary tract.

In addition, we present international and domestic evidence on the usefulness of acupuncture treatment for chronic pelvic pain syndrome¹⁷. This study recruited 10 patients with non-inflammatory chronic pelvic pain syndrome associated with pelvic congestion syndrome. Prior to receiving acupuncture, 8 of these subjects had received pharmaceutical therapy but found their symptoms unchanged as a result. The Acupuncture treatment was similar to previous reports, sacral acupuncture once a week for 4 sessions, then the patients were given the NIH chronic pelvic pain symptom index (NIH-CPSI), which is a measure of subjective symptoms. Before and after acupuncture treatment, findings from MR venous angiography and trans-rectal ultrasonography of pelvic vein stasis were evaluated. Results showed that NIH-CPSI findings for levels of pain and discomfort following acupuncture were significantly reduced ($p<0.05$) and QOL items were significantly improved ($p<0.01$). Additionally, following acupuncture treatment, it was confirmed that pelvic vein congestion and stasis was eliminated and subjective symptoms indexes were improved. On the other hand, these results indicated the relevance

of this study and point to the validity of the reported effectiveness¹⁸⁾.

Concerning the usefulness of Japanese acupuncture treatment in urology and its mechanism of action as reported so far, because many of these papers are compilations of case studies from Japan, although they may be integrated in theory, it cannot be said there is a high level of evidence. For these reasons, therefore, under the present situation, descriptions of acupuncture as seen in typical clinical practice cannot be equated with standard guidelines for lower urinary tract symptoms in the "over active bladder treatment guidelines",¹⁹⁾.

This concludes our personal research as well as a survey of relevant research on acupuncture treatment for Urological conditions. As for domestic or international clinical reporting of acupuncture treatment for lower urinary tract symptoms and success of treatment, acupuncture treatment should be considered one useful treatment option. However, many questions still remain about the detailed mechanism of acupuncture treatment, so without reports of the usefulness of acupuncture performed using large-scale randomized controlled trials in clinical research that yield convincing evidence, it is hard to say there is enough evidence. In the future, our greatest efforts should be organized toward elucidating the mechanism and usefulness of acupuncture, integrating the evidence as recognized in urology and other fields and transmitting this information to the medical establishment.

References

- 1) Ford AP, Gever JR, Nunn PA, et al.: Purinoceptors as therapeutic targets for lower urinary tract dysfunction. *Br J Pharmacol* 147 (suppl 2): S132–S143, 2006
- 2) Chang PL: Urodynamic studies in acupuncture for women with frequency, urgency and dysuria. *J Urol* 140: 563–566, 1988
- 3) Philp T, Shah PJ, Worth PH: Acupuncture in the treatment of bladder instability. *Br J Urol* 61: 490–493, 1988
- 4) Klingler HC, Pycha A, Schmidbauer J, et al.: Use of peripheral neuromodulation of the S3 region for treatment of detrusor overactivity: a urodynamic – based study. *Urology* 56: 766–771, 2000
- 5) Vandoninck V, Van Balken MR, Finazzi Agró E, et al.: Posterior tibial nerve stimulation in the treatment of urge incontinence. *Neurourol Urodyn* 22: 17–23, 2003
- 6) Hoebeke P, Renson C, Petillon L, et al.: Percutaneous electrical nerve stimulation in children with therapy resistant nonneuropathic bladder sphincter dysfunction: a pilot study. *J Urol* 168: 2605–2608, 2002
- 7) Abrams P, Cardozo L, Fall M, et al.: The standardization of terminology of lower urinary tract function: report from the Standardisation Sub – committee of the International Continence Society. *Neurourol Urodyn* 21: 167–178, 2002
- 8) Emmons SL, Otto L: Acupuncture for overactive bladder: a randomized controlled trial. *Obstet Gynecol* 106: 138–143, 2005
- 9) Björkström G, Hellström AL, Andersson S: Electro – acupuncture in the treatment of children with monosymptomatic nocturnal enuresis. *Scand J Urol Nephrol* 34: 21–26, 2000
- 10) Chen R, Nickel JC: Acupuncture ameliorates symptoms in men with chronic prostatitis / chronic pelvic pain syndrome. *Urology* 61: 1156–1159, 2003

- 11) Lee SH, Lee BC: Electroacupuncture relieves pain in men with chronic prostatitis / chronic pelvic pain syndrome: three — arm randomized trial. *Urology* 73: 1036—1041, 2009
- 12) Lee YH, Lee WC, Chen MT, et al.: Acupuncture in the treatment of renal colic. *J Urol* 147: 16—18, 1992
- 13) Kitakoji Hiroshi, Terasaki Toyohiro, Honjo Hisashi, et al.: A study on the usefulness of acupuncture treatment for overactive bladder. *Japanese Journal of Urology* 86:1514—1519, 1995
- 14) Honjo H, Naya Y, Ukimura O, et al.: Acupuncture on clinical symptoms and urodynamic measurements in spinal — cord injured patients with detrusor hyperreflexia. *Urol Int* 65: 190—195, 2000
- 15) Honjo H, Kawauchi A, Ukimura O, et al.: Treatment of monosymptomatic nocturnal enuresis by acupuncture: A preliminary study. *Int J Urol* 9: 672—676, 2002
- 16) Kitakoji Hiroshi: Effects of acupuncture treatment for first stage enlarged prostate. *Bulletin of Meiji University of Oriental Medicine* 24: 25—32, 1999
- 17) Honjo H, Kamoi K, Naya Y, et al : Effects of acupuncture for chronic pelvic pain syndrome with intrapelvic venous congestion: preliminary results. *Int J Urol* 11: 607—612, 2004
- 18) Tugcu V, Tas S, Eren G, et al : Effectiveness of acupuncture in patients with category IIIB chronic pelvic pain syndrome: a report of 97 patients. *Pain Med* 11: 518—523, 2010
- 19) Committee of edited guidelines for overactive bladder on Japanese Continence Society: guidelines for treatment of over active bladder, Blackwell Publishing Inc. Tokyo, 2005

Kampo Medicine - Current Research

Clinical Applications of Kakkonto – Part 4

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.

19. Lactation insufficiency & mastitis

In Japan, *kakkonto* 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 *kakkonto* 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 *kakkonto* 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 *kakkonto* 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 [*kakkonto*] 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, *kakkonto* can be expected to be effective against both shortage of milk production and lactation insufficiency.

Asagiri administered *kakkonto* to women who have just given birth by normal delivery and compared the efficacy of *kakkonto* with women in a control group. As a result, he reports that in the *kakkonto* 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 *kakkonto* was particularly effective in cases of milk stagnation.³⁾

Ishino et al. administered Tsumura *kakkonto* 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 *kakkonto* group had an increased amount of lactation than the control group. They also report that the *kakkonto* 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 *kakkonto* 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 *kakkonto* 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 420×10^4 . 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 *Kinkiyoryaku* (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⁾

References

- 1) Kobe Chuigaku Kenkyukai: *Kampo shohou kaisetsu* (interpretations of Kampo prescriptions), p. 337, Ishiyaku Publishing, 1982.
- 2) Keisetsu Otsuka, Domei Yakazu, Totaro Shimizu: *Kampo shinryo iten* (dictionary of Kampo medicine), p. 270, Nanzando, 1969.
- 3) Hideo Asagiri: Experience in *kakkonto* usage for postpartum milk secretion, *Kampo shinryo* (Kampo examination), Vol. 7, No. 2, pp. 47-79, 1988.
- 4) Shogo Ishino et al.: Effects of *kakkonto* on milk secretion, *Journal of Kampo Medicine*, Vol. 43, No. 1, pp. 26-32, 1996.
- 5) Keisetsu Otsuka, Domei Yakazu, Totaro Shimizu: *Kampo shinryo iten* (dictionary of Kampo medicine), p. 271, Nanzando, 1969.
- 6) Yoshiaki Sato et al.: Efficacy of administering *kakkonto* for milk stagnation mastitis and the transfer of its components to breastmilk, *Recent Progress of Kampo Medicine in Obstetrics and Gynecology*, No. 1, p. 77, 1984.
- 7) Shiro Hosono, *Kakkonto Kampo igaku jikkou* (*Kakkonto—Lectures on Kampo medicine*), pp. 32-91, Sogensha, 1982.
- 8) Nanyo Hara: *Sokeiteijishogen*
- 9) Nanyo Hara: *Sokeiteijishogen*
- 10) 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.

- 11) Katsuhiko Matsumoto: Oriental medicine therapy for intractable diseases, *Study on Chinese Medicine*, June 1985 edition, pp. 182-189, 1985.
- 12) Akira Takahara: Psychiatric efficacy of *kakkonto*, *Oriental Medicine*, Vol. 23, No. 1, pp. 26-32, 1995
- 13) Akira Takahara: *The Kampo*, Special edition on the Kampo Award, pp. 24-31, 1984.
- 14) Tokuji Yoshimura: Journal of Kampo Medicine discussion on gynecological diseases, Vol. 4, No. 4, p. 26, 1957.
- 15) Sumio Shin et al: Significance of *kakkonto* for stress urinary incontinence, Collection of summaries of presentations from the 47th annual meeting of the Japan Society for Oriental Medicine, p. 126, 1996.

Clinical Report 1 (Acupuncture)

A Case of Acute Low Back Pain that Developed in a Severely Stressed 58-year-old Woman

Motoko Otsuka

Acupuncture and Moxibustion Care Unit

East Asian Traditional Medicine

Ehime Prefectural Central Hospital

[Purpose]

Reporting the good outcome we obtained by treating GV11 in a patient in whom acute low back pain developed under stress.

[Patient] 58-year old female

○ Chief complaint: ① low back pain (sort of pulling pain, heaviness); ② heaviness from the neck down to the hand

○ Present illness:

In August X-4 ① low back pain (centrally) of unknown origin developed. In a local orthopedic clinic a "lumbar spondylolisthesis" was diagnosed and healed in 2-3 days. Later, the condition ② developed also of unknown cause. The patient was diagnosed with "(mild) cervical herniated disk" and treated with hot packs and traction, which remained ineffective. On November 7th the symptom (①, left) developed, when the patient tried to carry some baggage. On November 8th she received massage treatment decreasing the pain scale score 10→7 and later on November 11 she visited our clinic in that condition.

○ Chronological analysis

Since childhood she suffered from repeated tonsillitis and was very short-tempered. Since her menarche she experienced menstrual pain (low back pain) and approximately from the age of 20 symptoms like shoulder stiffness and constipation also appeared. At the age of 28 she had a traffic accident causing hip joint and pubic bone fractures and later led to occasional low back pain attacks. By the age of 45 menopause was artificially induced through a surgery for a myoma of the uterus.

In X-4 the stress with her superiors at work increased before the background of her chief complaint and on October 31 she quit her job. Overall blood stagnation developed superimposed on the original detoxication constitution, under stressful working conditions at the workplace became a burden and conceivably led to the onset of her condition.

○ Analysis of the point locations

Congestions: neck,

Fine floating vessels, GV14, GV4, GV3

Pressure hypersensitive depressions: GV12 – GV10 (GV11 maximum), BL52, BL57, CV9, SP6, KI3

Pressure hypersensitive indurations: BL10, GB21, BL43, BL14, right BL18, BL27, BL58, LI11, ST36, GB34, stuffiness and rigidity below the heart

○ Treatment

Moxibustion points: GV11, LI11, ST36, SP6

Micropuncturing: GV12, GV4, GV3, BL43, BL18

Kampo medicine: Keikyososooshinbuto 桂姜草棗
黄辛附湯 (decoction)

○ Course

① improved day by day and regarding ② a favorable course was observed too, so that by the fourth treatment session the Kampo medicine was discontinued. From the sixth treatment session the intervals were changed from 4 to 6 weeks.

[Discussion, conclusions]

In our clinic we use GV11 based on a restored copy of the "Hall of Brilliance Canon (Ming Tang Jiu Jing)" as our main therapy to treat health problems of the shoulders, abdomen and back originating from mental or emotional disorders. On this occasion we added treatment of GV11 to the local treatment for the low back pain that developed before a background of mental burden and think, it probably led to an interruption of a vicious circle.

Clinical Report 2 (Kampo Medicine)

*Case Example of a Family whose Family Relations
Improved by Administering Kampo Medicine to a Sister
and Brother who were in a State of Rivalry*

Hideaki Yamaguchi
Tosei General Hospital

Introduction

Families are shaped by the relationships of their members. The relationship between mother and children, in particular, tends to be mutually influenced by them both, so in cases where a child develops a mental or psychological disorder, other family members are also included within the scope of treatment at times, with a focus on mother-child and sibling relationships. Kampo therapy is suited to this type of case, since Kampo medicine can flexibly address various pathological conditions. Below is a case example of a family in which a sister and brother were the subjects of therapy.

Case 1: Sister aged 5 years and 11 months; chronic tic disorder

Chief complaint: Frequent blinking, coughing, biting nails

History of present illness: The patient was diagnosed with bronchial asthma at the age of 2, and has controlled it with a leukotriene receptor antagonist and inhaled steroid. From around the time her younger brother was born two years ago, her chief complaint appeared, and she tended to become agitated and caused temper tantrums. Such behavior has become particularly conspicuous recently. At the same time, however, the patient is a worrier and timid. She has also experienced bouts of night-crying.

Diagnosis: Liver qi stagnation turning into fire, emotional weakness

Case 2: Brother aged 1 year and 11 months, recurrent bronchitis

Chief complaint: Susceptible to colds, frequent coughing and wheezing

Present illness: Nine months ago (autumn), the patient's wheezing worsened when he came down with a fever, and was admitted to hospital. Thereafter, he became prone to coughing, and visited the hospital twice a month for his wheezing. He was receiving treatment by inhalation and drip infusion, but was coughing through half the month. Yet, no apparent abnormalities were found in an allergy test. Recently, he also began to experience night-crying. He is sensitive to heat and sweats profusely, but tires easily and tends to want to sleep.

Diagnosis: Lung defense qi deficiency, emotional weakness

Mother: She was worried about her second child's wheezing aggravating, because the hospital was far from home. Exhausted from raising the children, she and the children now live at her parents' house.

Treatment & progress

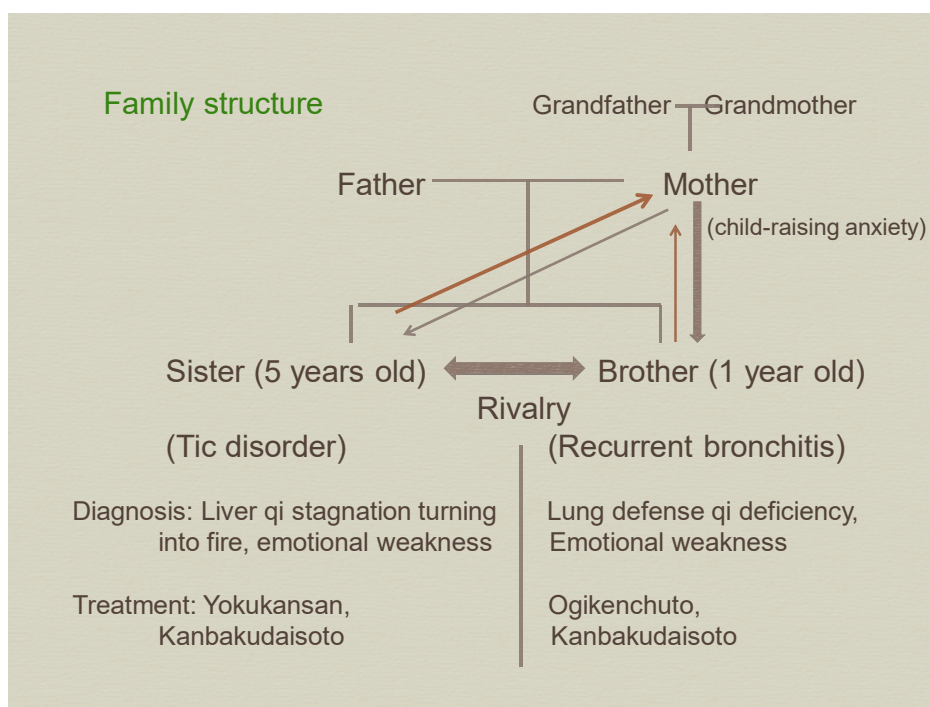
Case 1: Sister

Administered *yokukansan* (before breakfast and supper), and *kanbakudaisoto* (before supper). First of all, the patient no longer became frightened, her tic symptoms gradually improved, and in three weeks her coughing practically disappeared.

Case 2: Brother

Administered *ogikenchuto* (before breakfast and supper) and *kanbakudaisoto* (before sleep). The patient's symptoms improved dramatically (according to the mother). He began to sleep soundly without any night-crying, and in ten days, his coughing disappeared.

After 4 weeks of treatment, the mother, sister and brother returned home to their father. The treatment is planned to be continued there.



Discussion:

The problems in this family were the mother's anxiety about the brother's chronic airway inflammation and the sister-brother rivalry over their mother. The sister could not satisfy her dependency on her mother, and the anxiety and strain stemming from that developed into tic symptoms. The brother displayed lower respiratory tract symptoms and night-crying that was considered a manifestation of his anxiety. Such conditions of the sister and brother exacerbated the mother's anxiety and drove her to exhaustion, such that she was forced to return to her parents' house. The father was too busy to sufficiently intervene.

To address this negative spiral, it was necessary to include multiple family members in the scope of treatment. The sister was given *yokukansan* and *kanbakudaisoto* as psychotropic drugs. The brother was given *Kanbakudaisoto* as a psychotropic drug and *ogikenchuto* as a drug for improving his chronic inflammation. As a result, both sister and brother showed prompt improvement, and the mother's anxiety was also mitigated, such that the family's family relations improved significantly.

Conference Report

17th International Congress of Oriental Medicine

Hiromichi Yasui

Japan Institute of TCM Research

The 17th International Congress of Oriental Medicine (17thICOM) was held over three days from November 1, 2014 at the NTUH International Convention Center in Taipei, Taiwan.

It turned out to be a great success owing to the tremendous efforts of the preparatory committee working as one under the leadership of Chairman Yi-Tsau Huang and Chairman Yong-Cheng He. An impressive drum performance heralded the opening ceremony, which featured greetings by many people who support the congress, followed by a slide presentation on the achievements of Dr. Yen Kun-Ying, the eldest member of ISOM.

Dr. Yen Kun-Ying, who is turning 90 this year, is a prominent figure in the Pharmaceutical Society of Taiwan. Because he has a long history of research in Japan, he has strong affection for Japanese Kampo medicine, and has spared no effort to provide his assistance to us Kampo practitioners in Japan. We all wish him continued health and success for many more years to come.

The recent conference attracted the attendance of a total of 587 people from nine countries, including not only Japan, Taiwan and South Korea, but also Austria, Germany, the United States, Russia, Hong Kong and China (official announcement).

Country	No. of people	No. of locally registered people	Total
Taiwan	334	11	345
Japan	111	20	131
South Korea	91	1	92
Austria	1	0	1
Germany	1	0	1
USA	7	0	7
Russia	3	0	3
Hong Kong	3	2	5
China	2	0	2
Total	553	34	587



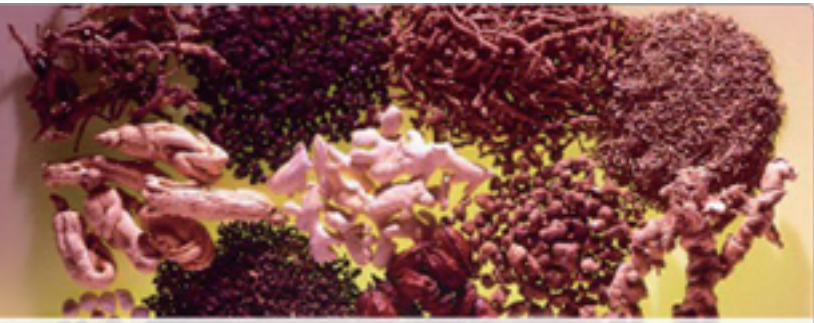
There were 131 participants from Japan, the largest number ever compared to previous conferences. Many Japanese researchers were invited to give lectures, two sessions were offered that were related to Japan, and a wide range of studies were also featured in the poster session.

Of the two sessions related to Japan, the session on “traditional medicine and culture” provided a description of the characteristics of Japanese Kampo medicine and Japanese acupuncture in an extremely easy-to-understand manner in English, and allowed many people to actually touch a simulation model and gain hands-on verification experience in abdominal examination. In the session on “case examples in Japan,” four speakers presented case examples in their field of expertise, and engaged the floor in active question-and-answer discussions.



Dr. Nakata, Chairman of ISOM, giving a speech at the opening ceremony

Dedication to Crude Drugs
SINCE 1928



Tochimoto wishes • • • to be a partner of a wide range of industries from the pharmaceutical to the food and the beauty by providing natural and herbal medicines of good quality.

The crude drugs like many other creatures on earth are raised by bountiful NATURE.

Humankind earns as well grace from Mother Nature and is blessed as a member of natural world.



PROFILE *of* **TOCHIMOTO**

Since Tochimoto was appointed as a Japan-China friendship trading firm in 1963, we have expanded our business overseas, mainly with China.

We import a variety of quality-controlled natural resources from all over the world for maintaining wellness.

TOCHIMOTO TENKAIDO CO., LTD.

3-21 Suehiro-cho, Kita-ku, Osaka 530-0053, JAPAN

www.tochimoto.co.jp

Kracie

KEEPING PACE WITH THE TIMES,
MILD MEDICAL TREATMENT FOR HUMAN



twice or three times a day, possible to select



We wish you a healthy living

For more information, please contact

Kracie Pharmaceutical, Ltd.

20-20, Kaigan 3-chome, Minato-ku, Tokyo 108-8080

<http://www.kampoyubi.jp>

Printed in Oct.2007

My choice is SEIRIN

What's yours?

For painless acupuncture treatments

I always trust Seirin.

New patients are surprised by its comfort, and my
regular clients ask for it by name.

Exceptional Products.

Join the thousands of distinguished professionals
who have counted on SEIRIN for over 30 years to provide
the highest quality needles for you,
and a painless experience for your clients.

