



KAIM

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Editorial

Clinical Trials and Kampo
Takao Namiki

Japanese Acupuncture - Current Research

Japanese Traditional Medicine Text (5) – Orthopedic Disorders B
Hiroshi Yamamoto

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Medical History in Japan

“Historical Significance of Standardization of Acupoint Locations”, the Second Japanese Acupoint Committee (7)
Makoto Mayanagi

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MISSION

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

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Editorial

Clinical Trials and Kampo

Clinical trials have become extremely difficult to perform in recent years, even in Western medicine. Strong emphasis is placed on protecting privacy, ensuring proper storage of clinical data and maintaining authenticity without risk of manipulation. Furthermore, it goes without saying that heavy weight is placed on managing sensitive personal information such as genetic information, depending on the data that is handled. In evidence-based medicine (EBM), randomized control trials (RCT) with a high level of evidence are valued, because researchers' bias is not reflected, and subjective evidence can be acquired. In Europe and USA, RCT is thus actively performed. However, in these clinical trials it is necessary to note in particular that the criteria of choosing subject patients will necessarily form a group of subjects who are readily able to participate, and that the trial would be performed under a limited patient. In other words, the problem lies in the fact that cases included in such trials represent only a portion of all patients. Nonetheless, our Kampo specialists wish to answer to doubts by Western doctors of whether Kampo really works (we, personally, do not need such data, because we have no doubt that Kampo is effective). The problem, however, is that Kampo diagnosis is characteristically based on proof and evidence (*sho*), and emphasizes individualization. RCT and similar trials are intrinsically unsuited for evaluating Kampo drugs. To preserve *sho* used for Kampo medicine is difficult to perform clinical trials of Western medicine by Kampo medicine method. One of a clinical study design is to classify the diseases in Western medicine. When performing an RCT under this method, the effects of Kampo drugs are likely to be underestimated, but if RCT could prove effects of them, it would be considered valid to administer Kampo drugs by disease name (that means these diseases exhibit homogenous conditions (*sho*)). On the other hand, studies have also been performed by combining the selection of a disease name and the *sho* concept in Kampo medicine. For example, there are ways to choose patients by physical data, health conditions and the patient's complaints. There are some previous reports proved the efficacy of Kampo drugs by these method.

Now, the question is why Japanese Kampo is able to perform clinical trials at a high level of quality. The greatest reason lies in the consistent and stable extract products made by Japanese pharmaceutical companies. This means that Kampo clinical studies particularly for short-term trials of a few cases could be performed by using Kampo extracts preparations decocted with the same rod and contained same ingredients. Additionally, unlike decoctions, extract preparations could be considered drugs that can maintain their quality for a long period (years) if they are stored appropriately. When examining decoctions in a study, it is necessary to unify the quality and amount of herbs, and using the addition and subtraction method would render the study unsuitable for RCT. Severe paying attention also is needed at the method of decoction. In a certain study, it was found that the same decoction prepared at home by a patient had largely varying ingredients on different occasions. While there are apt to be differences in the quality of herbs, even taking this into consideration, it can be said that each patient takes a different decoction every day. Decoction studies thus require extremely careful attention.

To perform clinical studies of Kampo drugs at a high level of quality, we adopt principles that lean toward Western medicine. However, while this has proven that Kampo drugs as a whole have pharmaceutical effects, the largest issue lies in how to apply the interpretation of EBM results to the treatment of individual patients at hand. I offer that concurrently adopting the Kampo concept of *sho* is a possible solution to such individualization, and intend to study examination methods and administration of medicine toward making *sho* reproducible.

Takao Namiki

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Japanese Acupuncture - Current Research

Japanese Traditional Medicine Text (5) – Orthopedic Disorders B

Hiroshi Yamamoto

Department of Health Sciences
Kansai University of Health Sciences

B Low Back and Legs

1. Concerning Acupuncture and Moxibustion for Low back and Legs

One particular characteristic of Japanese Acupuncture and Moxibustion (Traditional Oriental Medicine) is that each patient is treated as an individual, one by one, based on their unique condition, so an appropriate treatment method, protocol and amount of stimulation is selected, ensuring comfortable and effective treatment sessions. Further, practitioners endeavor to develop a relationship with the patient, the psychological effects of this relationship greatly improve treatment efficacy. From the initial greeting at the clinic to the medical interview and exceptionally comfortable acupuncture and moxibustion treatment, the high quality of care naturally touches the patient. Japanese traditional medicine's significant efficacy depends on maximizing the patient's natural healing power. To elicit and maximize the patient's natural healing potential, the real goal of acupuncture and moxibustion treatment, the practitioner's attitude, word choice, friendliness and ways of touching the patient cannot be overestimated. It seems that a combination of treating a wide variety of patients and conditions utilizing the above mentioned favorable circumstances, over many years, contributes to the development of excellent Acupuncture and Moxibustion practitioners.

For the past 30 years, medical research has been underway, focusing on the objective effects of physical stimulation in the fields of health science. As a result, Evidence-Based Medicine (EBM) has necessarily become the gold standard for scientifically valid health-related research protocols.

Currently, Randomized Controlled Trials (RCTs) provide the highest level of reliability for high-quality epidemiological studies targeting a specific group of people and represents a way to make recommendations for treatment methods, protocols and research topics. From the perspective of Acupuncture and Moxibustion treatment the Placebo Effect must be considered carefully, however, it is frequently excluded from consideration in RCTs. Namely, the problem is that the placebo effect is often considered to be identical in all people and studies. Included within modern medicine and treatment effects, the Placebo Effect is often considered "extra" or in "error, however, in traditional medicine it is considered an important treatment effect that should be protected and sought after. Perhaps, it can be considered that the wide variety of placebo effects appearing in the research literature can be accounted for by the variety of treatment styles and experience level of the practitioners. The placebo effect is just one healing mechanism, from the human unconscious, not unlike hormones and the autonomic nervous system, and once qualitatively and quantitatively clarified, could help diversify our treatment models.

In any case, for each practitioner, the placebo effect is different and depending on their technical skill, medical knowledge and humanity the variation will be greatly affected. Further, it is essential to be careful here, do not make the mistake of imagining that the placebo effect is simply elicited by changing your words or manner of speech. This is the first thing practitioners must understand. Nonetheless, considering current world-wide acupuncture treatment effects using RCTs introduced here, obtaining objective evaluation of acupuncture and moxibustion treatments continues to be of paramount importance. However, the current dispute in many RCT papers focuses on the very difficult prospect, "Acupuncture works!". There are many problems that are usually different in each RCT research report: differing reactions to

descriptions of informed consent and screening methods, stimulation methods and amounts, control selection and parameters, treatment points, treatment time, duration of treatment, evaluation of therapeutic effects (outcome), subjects that are more or less reactive to acupuncture, acupuncturists who do not distinguish important aspects of their research. Therefore, naturally there are many different results, so arriving at an all-inclusive conclusion will likely take quite a long time. To that end, here, we are introducing some reference materials focusing on chronic low back pain and osteoarthritis of the knee obtained from recent internationally relevant RCTs. Additionally, we hope to convey some of the most common developments in Japanese research in general, as well as in Acupuncture and Moxibustion treatment in particular.

2. Effect of Acupuncture and Moxibustion on Lumbar area and Lower limbs

In 2009, the National Center for Complimentary and Alternative Medicine (NCCAM), a research center within the National Institute of Health (NIH) in the United States, announced a list of recent RCTs noted for their high level of validity¹⁾. As a summary of these results, with respect to general treatment with modern medicine, for example, in cases where drugs are ineffective for chronic low back pain, complementing the protocol with acupuncture and moxibustion must be considered. Further, acupuncture and moxibustion should be considered as effective as pharmaceuticals on their own as they have been shown to increase the efficacy of general treatment when used in conjunction with standard drug protocols. However, it must also be mentioned that ongoing research will of course be required to refine the most effective complimentary methods and techniques. Similarly, concerning osteoarthritis of the knee, definitive conclusions about effective treatment cannot yet be made as most treatments only reduce pain, some life style and functional improvements have been confirmed but removing flawed research

designs, increasing subject numbers (respondents) and assuring consistent protocol parameters must be confirmed before more definite conclusions can be made regarding treatments for osteoarthritis of the knee.

Worldwide trends in RTCs including Japan have been introduced by the Japan Society of Acupuncture and Moxibustion. Several excellent medical commentaries have been published, particularly for osteoarthritis of the knee and low back pain using evidence-based acupuncture and moxibustion^{2, 3)}. Among these, RTCs from Germany using acupuncture and moxibustion for low back pain, these researchers used an acupuncture groups and a sham acupuncture group and calculated the significant differences between the test groups. They concluded that, compared to results following modern medical guidelines, better treatment results were observed using acupuncture⁴⁾. In addition, a United States based RTC report for Osteoarthritis of the knee, divided the subjects into acupuncture and sham acupuncture groups. They found that combining standard medical treatments and acupuncture with health education significantly increased clinical effectiveness⁵⁾.

Unfortunately, there are few RCTs from Japan on the effects of acupuncture for the Lumbar region and lower limbs. But cited among the current issues are reports on the small number of RCTs and, in contrast, a great variety of reported acupuncture and moxibustion techniques⁶⁾. Just for your information, the author conducted acupuncture treatment RCTs⁷⁾ on 35 subjects with degenerative osteoarthritis of the knee joint and, although the number of subjects was too small to make a strong conclusion, following statistical analysis comparing pre- and post-treatment symptoms, acupuncture and moxibustion were found to be significantly effective. However, the placebo acupuncture control group also reported improvement following the session, needless to say, we recommend further research to elicit definitive results.

*note As a rule, RCT criteria require emergency responses to disease, severe conditions often create ethical problems, the limits of appropriate conditions can make them difficult to recommend for such research projects. For these reasons, often researchers select chronic conditions that are not life threatening. For example, severe low back pain or leg pain accompanied by numbness, both chronic conditions of the lumbar region and lower limbs, make more ethically appropriate candidates for research. Further, acupuncture research for osteoarthritis of the knee joint is being conducted around the world. The following criteria for osteoarthritis of the knee provides a clear and easy-to-understand definition of and guidelines for diagnosis: diagnosis by an X-ray image, 45 years of age or older, chronic persistent and relatively localized pain and stiffness, and valid evidence that this pain is negatively influencing the patient's quality of life (using a self-administered assessment method such as the (WOMAC)⁸⁾.

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Kampo Medicine - Current Research

Children's Emotions and Kampo

Hideaki Yamaguchi

Introduction

In response to the changing social environment of children in recent years, the likelihood of dealing with emotional problems in pediatric care has been increasing. In particular the concept of “neurodevelopmental disorders” has been popularized and accordingly the relative interest in this field has been increasing. With some exceptions the pharmacotherapy for children with emotional problems is not supported by sufficient evidence, side effects cause problems and the general physician may have difficulties to use the relevant drugs. On the other hand, Kampo medicines have a long history of experience based clinical application for emotional problems. Naturally, as viewed from the context of EBM they are subject of debate, but they are nevertheless considered to have the qualities of one possible choice of pharmacotherapy.

In the present paper I would like to outline the use of Kampo medicines for emotional problems in children in a way easily comprehensible even for physicians not familiar with Kampo.

I. How were children viewed in ancient Chinese medicine?

In traditional Chinese medicine there are a number of expressions describing the characteristics of children, but probably the most important among these is: “two excesses (heart, liver), three deficiencies (lung, spleen, kidneys). A modern interpretation of this expression would be, that in case of excesses in heart and liver easy development of fever, convulsions, disturbances of consciousness and other neurological symptoms are observed, other manifestations include easy mental excitation or instability, while deficiencies of lung and spleen may result in hypoactivity of the still immature respiratory and digestive functions and the

deficiencies related to the kidneys could easily manifest as developmental disorders. This is not much different from our modern understanding of the characteristics of developing children. Kampo medicines that have been used for children can historically be classified according to these characteristics (Table 1). In this paper I will select among these specifically Kampo medicines related to emotional problems. In other words, I would like to consider Kampo medicines with emotional stabilizing effects. Regarding other effects I would like to ask the reader to refer to the references¹⁾.

Table 1 Easily comprehensible classification of Kampo medicines used for children	
1	Easy development of fever, resulting in convulsions, disturbances of consciousness → Kampo medicines with immune function regulating actions for infections
2	Getting easily agitated, mentally unstable → Kampo medicines with emotionally stabilizing effects
3	Immature digestive function easily leads to weakened function → Kampo medicines with digestive function improving actions
4	Immature respiratory function easily leads to weakened function → Kampo medicines with antitussive actions
5	Easy occurrence of developmental disorders, weak vital energy → Kampo medicines that support development
6	Addition → Kampo medicines with water metabolism regulating actions

II. Emotionally stabilizing effects of Kampo medicines

Kampo medicines are composed of multiple crude drugs (simply processed roots, stems, fruits of plants, minerals, small animal products) combined depending on the therapeutic purpose. Currently, Kampo medicines in Japan are mostly used in the form of extract preparations, the basic composition of which has already been indicated 2,000 years ago.

Details of the process of the establishment of these drugs are unknown, but probably man used his primitive senses for the initial choice of the crude

drug, after that millennia of clinical experience (occasional human experimentation) accumulated and thus presumably led to the development of these Kampo medicines.

Kampo medicines as drugs are characterized in being compositions having multiple therapeutic effects. These sets of multiple therapeutic effects precisely are the characteristic of Kampo medicines. In humans multiple functional systems are mutually interrelated. If the characteristics of Kampo medicines adequately match any disturbances of these human functional systems, it will presumably allow adjustment of the entire body.

Yokukansan will be considered as a representative example of a Kampo medicine with emotional stabilizing effects. As shown in Figure 1 *yokukansan* is composed of the seven crude drugs *Uncariae* Uncis Cum Ramulus, *Bupleurium* Radix, *Angelicae Acutilobae* Radix, *Cnidii* Rhizoma, *Poria* *Atractylodis* Rhizoma and roasted *Glycyrrhizae* Radix. Today it is used either as a decoction as shown in Figure 2 or else an extract preparation as shown in Figure 3. In general almost always the more practical extract preparation is used.

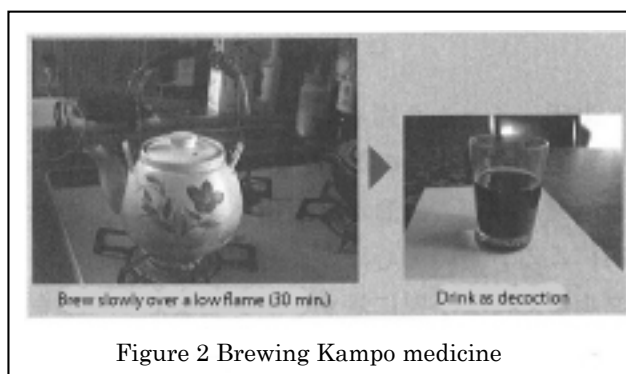


Figure 2 Brewing Kampo medicine

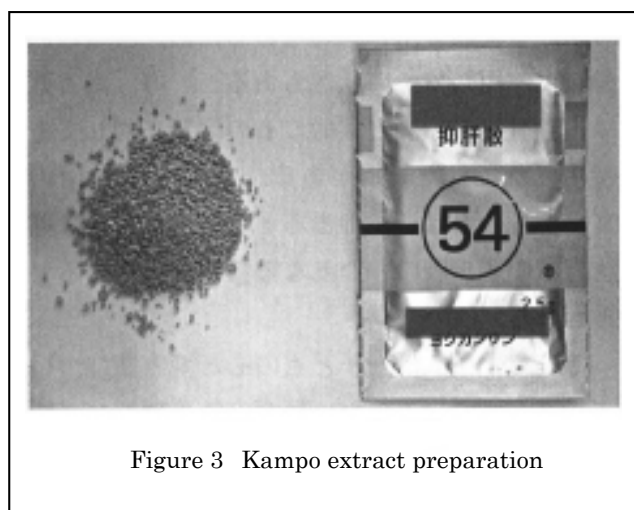


Figure 3 Kampo extract preparation

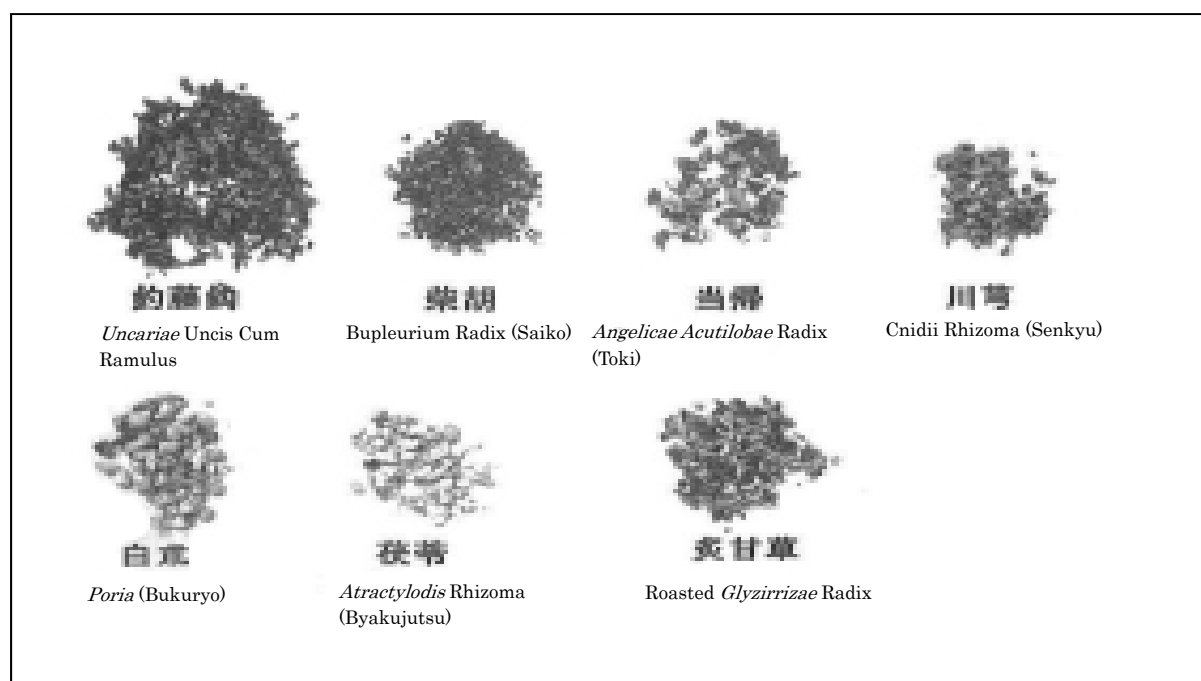


Figure 1 The constituent crude drugs of *yokukansan*

Table 2 shows Chinese crude drugs generally thought to have emotionally stabilizing effects. I will omit the details, but the important thing here is, that related to the emotions items with violent actions have been excluded, concentrating on invigorating and suppressing effects (not necessarily precise), because each of the crude drugs has apart from the emotionally stabilizing effects also various other effects on the body. Examining *yakukansan* from this point of view (Table 3), it contains many emotionally stabilizing drugs centering around the classical anticonvulsant *uncaria* indicated by underlining and while the main purpose is clearly emotional stabilization (sedation), other secondary effects include improvement of digestive function, regulation of hydration, improvement of the microcirculation.

Table 2 Crude drugs with emotionally stabilizing actions	
<i>Perillae</i> Herba	<i>Glycyrrhizae</i> Radix
<i>Menthae</i> Herba	<i>Jiziphi</i> Semen
<i>Chrysanthemi</i> Flos	<i>Nelumbis</i> semen
<i>Purnellae</i> Spica	<i>Polygalae</i> Radix
<i>Gardeniae</i> Fructus	<i>Longan</i> Arillus
<i>Coptidis</i> Rhizoma	<i>Ostreae</i> Testa
<i>Poria</i>	<i>Tritici</i> Fructus
<i>Magnoliae</i> Cortex	<i>Ostreae</i> Testa
<i>Evodiae</i> Fructus	<i>Saigae tataricae</i> Cornu
<i>Cyperis</i> Rhizoma	<i>Gastrodia</i> Tuber
<i>Curcumae</i> Rhizoma	<i>Uncariae</i> Uncis Cum Ramulus
<i>Saussueriae</i> Radix	<i>Bombyx</i> Batryticatus
<i>Cnidii</i> Rhizoma	<i>Gentianae Scabrae</i> Radix
<i>Salviae Miltiorrhizae</i> Radix	<i>Cicadae</i> Periostracum
<i>Rehmanniae</i> Radix	Visci Herb
<i>Ginseng</i> Radix	<i>Pinellia</i> Tuber
<i>Ziziphi</i> Fructus	<i>Arisaematis</i> Rhizoma

Table 3 Yokukansan (Hangechinpi) Source: "Bào yīng cuō yào"(synopsis of caring for infants	
<i>Uncariae</i> Uncis Cum Ramulus.....	anticonvulsive, emotionally stabilizing (sedation)
<i>Bupleurium</i> Radix.....	antifebrile, emotionally stabilizing, upraising
<i>Angelica Acutilobae</i> Radix.....	improving microcirculation, laxation
<i>Cnidii</i> Rhizoma.....	improving microcirculation, analgesic, emotionally stabilizing
<i>Atractylodis</i> Rhizoma.....	adjusting water metabolism, improvement of digestive function
<i>Poria</i>	adjusting water metabolism, improvement of digestive function, emotionally stabilizing
Roasted <i>Glycyrrhizae</i> Radix.....	improvement of digestive function, muscle relaxation, mitigating drug properties
Generalized effects.....anticonvulsive, emotionally stabilizing, improvement of digestive function, adjusting water metabolism, improving microcirculation	
(The originally anticonvulsive preparations can today be expected to have emotionally stabilizing actions)	

III. Mental and psychological disease patterns from the traditional Chinese medical perspective

Table 4 summarizes the deficiency and excess aspects of mental and psychological disease patterns according to the traditional Chinese medical visceral organ-function system as described in a book on Chinese medicine^{2),3)}. Due to the large number of technical terms I will omit a detailed explanation, but the important point here is, that mental and psychological disease patterns are viewed as equal to physical patterns. Based on a comprehension of their mutual correlation among these in particular the heart, liver and gallbladder organ-function systems are closely related and Table 5 shows their disease patterns.

IV. Categorization and cases for simple explanations

The unfolding of this kind of theoretical and technical discussion is generally extremely difficult to understand. Moreover, the classifications of these disease patterns have since ancient times been refined by experience through long use of Kampo medicines, so that the classification of disease names differs from modern Western medical views, representing so to speak a cross-section of Western medical disease names.

Table 4 Disease patterns from the traditional Chinese medical perspective on psychological and mental aspects

Five viscera	Deficiency (scarcity)	Excess (surplus; stagnation)
Lung	Lung Qi deficiency	Heart fire, phlegm-heat
Heart	Heart Qi deficiency (fearfulness), Blood (Yin) deficiency	
Spleen	Spleen Qi deficiency	Stagnation and sluggishness of hepatic Qi, liver fire, managing gloom
Liver	Liver Blood (Yin) deficiency	
(Gallbladder)	Gallbladder Qi deficiency (fearfulness)	Gallbladder fire, stagnant heat
Kidney	Kidney essence deficiency	

Reference: Differential Diagnosis of Chinese Medical Symptoms, 2nd Edition²⁾

Table 5 Close correlation to mind and psychological state

Heart: maintain sound consciousness, thinking Functional disorder→anxiety, fright, insomnia, excessive dreaming, irritability, irascibility
Liver: promote the flow of Qi and development Functional disorder→prevents unconstrained development, depressive feeling, irritability, irascibility, violent mood swings
Gallbladder: controls will and decision making Functional disorder→ perplexity, fear

Accordingly, in this manuscript I will follow the above mentioned traditional medical concepts as far as possible, but at the same time tried to explain matters using the classification shown in Table 6 in order to facilitate the use of Kampo medicines through simplification. In other words, three common sense categories are set up centering on the therapists view regarding "how should the therapy be aimed at the patient's symptoms". Kampo medicines belonging to each of these categories are shown and the Kampo therapy outlined with case studies.

This classification is not a standard Kampo method, but considered to be useful for providing simple explanations. So please bear with me taking the liberty of adopting this everyday language classification.

Table 6 Simple Classification for Kampo Treatment

Category 1

[Key words] All right, don't be afraid, at ease

[Symptoms] No confidence, worrying temperament, apprehensive, nervous and other similar emotions continue – related to the heart and gallbladder

[Formulas] *kanbakutaisoto*, *kamikihito*, *saikokaryukotsuboreito*, *sanstoninto* etc.

Category 2

[Key words] Don't huddle up, develop unconstrained

[Symptoms] High tension, depressive, irritability, easy mood swings – related to the liver

[Formulas] *shigyakusan*, *saibokuto*, *kamishoyosan*, *kososan*, *saikosokansan* etc.

Category 3

[Key words] Relax, take it easy

[Symptoms] Irritability, depressive, restless etc., mainly mild excitement related symptoms—heart, liver, gallbladder related

[Formulas] *yokukansan*, *yokukansankahangechinpi*, *daisaikoto*, *orengedokuto*, *chikujountanto*, *tokakujokito* etc.

1. A category 1 case

Case No. 1

3-year old boy, pavor nocturnus

The boy entered kindergarten in April. From the middle of the same month onward he would suddenly wake up during the night and vehemently

weep and cry, exhibiting a behavior marked by running around once or twice a week. Since May this happened every night and troubled the family, so that they brought him on the 11th of the same month (after the condition continued for one month) to this clinic. He seemed to be a little downcast. General condition was good.

I diagnosed the condition as pavor nocturnus and considered possible adaptation problems in kindergarten, contacted it and gave instructions pertaining to acceptance at home. However, since the condition had continued until the next clinic visit a week later, I judged the condition be marked by fright and anxiety (category 1) and started the child on a twice a day prescription of *kanbakutaisoto* (Gan Mai Da Zao Tang). The symptoms disappeared almost completely immediately after taking the medicine.

Kanbakutaisoto is comprised of *Glycyrrhizae* Radix, *Triticum Fructus* and *Ziziphi Fructus* used as a sweeteners and thus is a simple formula that can almost be called a foodstuff. It is easy to take and widely used among both children and adults.

Case No. 2

14-year old girl, junior high school third grade, nervous pollakiuria

From June 20xx pollakisuria and a feeling of residual urine developed, but examinations performed in this clinic ruled out organic diseases, leading to the suspicion of the involvement of psychological factors. During the summer holidays the symptoms decreased slightly but the girl had pollakisuria while in boarding school. Due to an aggravation of symptoms in September I invited her by the end of the same month to the Kampo outpatient service. Until then I prescribed the patient Tofranil, but because it caused drowsiness, she could not take the drug and *choreito* was ineffective. The frequency of 12-13 micturitions while in school and 7-8 times more after returning home irritated her and she complained of being

easily startled. She avoided school related topics. Her late grandmother reportedly suffered from depression and frequently complained of pollakisuria.

Initially I thought, the condition was due to excessive tension, inhibiting normal development (category 2) and prescribed *saikosokanto* decoction (feel relieved). Yet, two weeks later there were no changes at all and the girl appeared during the second consultation to have lost confidence and clearly made an apprehensive impression (category 1). Therefore I switched the prescription to *sansonintokagen* decoction (don't fear, everything will be fine).

Two weeks later the micturition frequency decrease by half and she seemed to be more composed. One month later she almost did not need to go to the bathroom during classes and the feeling of residual urine disappeared. A mild degree of pollakisuria persisted. She complained about worries pertaining to entrance examinations. In January of the following year the pollakisuria grew worse due to the cold weather, so that I added cinnamon bark and *Aconiti* Radix Processa (warming components) and achieved alleviation. In February she passed the senior high school entrance examination, the pollakisuria disappeared and since she had calmed down, the drug administration was discontinued. After that the patient did not visit the clinic.

2. Category 2 cases

Case No. 1

14-year old girl, junior high school student, general lassitude, sensitivity to cold

She has an anamnesis of atopic dermatitis, bronchial asthma. One month ago she indulged in excessive eating of eggs and chocolate, resulting in the development of generalized urticaria and she was hospitalized for a short period due to aggravation of the AD. During the height of the summer on August 15 she visited the clinic complaining of generalized lassitude and chills. She reported being tired since about one month ago and

since about 2 weeks ago she felt cold like being attached to a cooler. Since before she had already had conflicts with her mother and on this occasion there was trouble too. Physically, apart from a minor degree of AD, no abnormal findings were observed.

Simultaneously with the generalized lassitude and sensitivity to cold she felt hot in the chest and complained about getting irritated. Her pulse was wiry and the abdominal muscles were tense. Based on the course and findings I thought stress had induced excessive tension and caused a mild degree of microcirculatory disorder (category 2).

I used *shigyakusan* extract (to release psychosomatic tension and facilitate an unrestrained development). After four days of medication the generalized lassitude was relieved, but the sensitivity to cold remained unchanged. After 10 days of medication the generalized lassitude, sensitivity to cold and chilliness of hands and feet had disappeared. After 15 days of medication she appeared to be very healthy and I discontinued the medication. This is a typical category 2 case.

Case No. 2

10-year old boy, elementary school student, psychogenic cough (vocal tic)

The parents divorced during his infancy and he lives now mainly with the father's side grandparents. There is no obvious history of asthma and no problem with school attendance. Approximately two months ago a persisting cough developed for which he commuted to several clinics. He was treated with antitussives, expectorants and macrolides, but since these did not produce any relief, he was introduced to this clinic in November 20XX and came with his grandmother for consultation. Examination did not reveal any anomalies. The cough was dry and he frequently cleared his throat. There was no cough during sleep. There was discomfort in the throat and he felt suffocated in enclosed spaces. He is timid and becomes easily tense. Recently he seemed to be anxious. During his outpatient visits he frequently

cleared his throat with a dry cough. Physical examination and general laboratory tests did not reveal any anomalies. I suspected maladjustment to school conditions and diagnosed psychogenic cough (vocal tic).

I explained to the grandmother the involvement of psychogenic factors and chose to observe the course with only an antitussive over a period of two weeks. The cough itself slightly improved, but since his clearing of his throat worsened, I added *saibokuto* extract. Following the begin of the medication the cough and clearing of his throat markedly decreased, and the anxious impression abated. Since the symptoms had almost completely be alleviated 4 weeks later, the treatment was discontinued after 8 weeks. After that he occasionally took medicine on his own will, but commuted lively to school. From the Kampo medical perspective the Qi flow was considered to have stagnated in this case and thus prevented unrestrained development, manifesting in respiratory symptoms (category 2). Based on the outcome the use of *saibokuto* (*shosaikoto* + *hangekobokuto*) extract was considered to have been effective.

3. Category 3 cases

Case No. 1

3-year old girl, atopic dermatitis (AD)

Six months after birth eczema and at the age of 2 years AD was diagnosed. Eight months ago the conditions worsened, the girl was taken to four different clinics and a pharmacy consulted, but because of insufficient relief in spite of the administered medication, she was brought to this clinic. She complained of itching after trouble with friends in kindergarten. She is always very nervous. There is also night crying. She was calm at the time of consultation, but throughout asked her mother to scratch her (almost all of which was more like gentle stroking). The symptoms had aggravated after her younger sister was born. The eczema had developed

only on the neck and the extremities. I surmised the symptoms to be a manifestation of separation anxiety.

In Kampo terms the patient was diagnosed as category 3 and *yokukansan* extract prescribed, expecting it would relief the complaints. Two weeks later the patient was markedly calmer and after 4 weeks the scratching frequency and intensity had decreased to 1/3 of the original level. After 4 months the scratching behavior had disappeared and the medication was discontinued. Later however the scratching behavior exacerbated, so that medication was restarted, resulting again in relief and subsequently continued over a period of one year.

Case No. 2

5-year old boy, extensive developmental disorder

At the age of 3 years he was diagnosed with autism and started to commute to specialized facility. Because of a marked communication disorder, delayed speech development and hyperactivity and impulsive behavior at home, he was brought to this clinic requesting Kampo treatment. During the outpatient visit he avoided my gaze, ignored the environment and wandered restlessly around. I diagnosed category 3 and prescribed a decoction centering mainly on the formula *yokukansan*, expecting a tranquillizing effect. Two weeks after the begin of the medication some changes were observed and four weeks later the hyperactivity and impulsive behavior had been alleviated so much as to astonish the facility he commuted to. The administration was continued over a period of 3 months, but after that discontinued, because he moved far away.

4. When two categories are mixed

Case No. 1

6-year old boy, elementary school first grade, attention deficit hyperactivity disorder

During infancy he was a restless, easily angered child, but during kindergarten this did not cause much problems. After school started there were

violent mood swings and his behavior was conspicuously marked by kicking his desk even during classes, when he did not like things and storming out of the classroom. Following recommendation by the class teacher he visited this clinic during summer holidays.

He was fidgety, irascible, showed impulsive behavior, was disorganized, but also gentle and cried easily. Pavor nocturnus: once/month, ADHD checklist: 13/17 (standard 6/17), predominantly hyperactive and impulsive, high-functioning autism, Asperger checklist: below standard value, psychosomatic checklist: below standard value, WISC: normal.

Based on the above described findings I diagnosed an attention deficit hyperactivity disorder. From a Kampo medical point of view the probability of a category 3 disorder was high, but an involvement of category 1 also conceivable. Therefore I prescribed *yokukansan* extract for 2 weeks, expecting to obtain some sedative effect. After two weeks some improvement had been achieved, so that I added *kanbakutaisoto* and another two weeks later the patient had calmed down. In school too the impulsive behavior had decreased as compared to the first term. The class teacher said: "During the second term he could almost follow the class schedule. The problem has been markedly reduced." At home the impulsive behavior decreased from a level of 10 to 3. He himself said: "Taking the medicine makes things easier" and took it voluntarily. The medication was continued for about three years and after that gradually tapered off.

Although this may deviate slightly from the point of this argument, in Table 7 I show some case series studies pertaining to Kampo treatment for neurodevelopmental disorders that in recent years have become a problem in the fields of pediatrics and psychiatry.

Table 7 Reports pertaining to the correlation between pediatric developmental disorders and Kampo treatment

(Case series studies)

- Autism: *daisaikoto, yokukansankahangechinpi, shigyakusan*

Iida (2004) – 30 cases⁴⁾; marked improvement of tension related symptoms

- Generalized developmental disorders:

17 formulas, Kawashima (2007) – 53 cases⁵⁾

49% improvement of mental symptoms, *yokukansan, yokukansankahangechinpi, kanbakutaisoto* has a high efficacy rate, markedly improved hyperactivity, behavior disorders, panic disorders

- Pediatric mental disorders (mainly developmental disorders): *yokukansankahangechinpi*,

Ujiie (2010) – 73 cases⁶⁾, efficacy 81%. Improvement of irritability, rage and similar emotional behavior disorders

5. Kampo medicines used for other purposes can also expected to have emotionally stabilizing effects

Case No. 1

6-year old girl, psychogenic abdominal pain

The girl had a history of night crying and recurrent fever and ate very little.

She had the habit of having bowel movements after returning home from the kindergarten. After school started she could not return home by her accustomed bowel movement time and thus held the urge back. She tried to have bowel movements in the morning, but from the middle of May complained of abdominal pain and began to go to the bathroom 2 to 4 times. She did not attend school for about 3 days, but after that required her mother to accompany her on her way to school and the night crying recurred too. For this reason she visited this department in the middle of June. She was diagnosed with psychogenic abdominal pain and in Kampo medical terms her condition was considered to be due to disharmony of liver and stomach (stress induced tension that decreased digestive function). I used *shokenchuto* extract to relieve muscle tension and improve digestive function.

After one week of medication the abdominal pain, frequent defecation behavior and night crying had stopped and after two weeks she started to dislike being accompanied, so that her mother stopped accompanying her. She could now commute normally to school. After that there was no abdominal pain any longer. The medication was discontinued after 4 months. (both the mother and the class teacher had the following impression: although she had been so quiet as to cause concern, after the treatment began, she suddenly became much livelier and played with the boys).

Shokenchuto is a Kampo formula used in case of low strength and easy fatigability. In particular in children it warms the body and relieves excessive tension of the digestive tract and is therefore used to improve digestive functions. It is frequently used, like in the present case, for troubles with digestive functions and of its components only jujube fruit (Taiso) is a crude drug with emotionally stabilizing effects, but it relieves generalized tension and helps to bring ataractic actions about. This formula is easy to take and widely used in children (Table 8).

Table 8 *Shokenchuto* Source: "Shang Han Lun / Jin Gui Yao Lue"

<ul style="list-style-type: none"> • Cinnamon twig: warms the body, induces mild sweating • Peony root: <u>relieves muscle tension</u>, improves microcirculation • Jujube fruit: improves digestive function, <u>stabilizes emotions</u> • Ginger root: warms the body, improves digestive function • Roasted Glycyrrhiza: improves digestive function, <u>relieves muscle tension</u>, mitigates drug effects • Malt sugar: supplementing nourishment, antitussive
Effects: improves digestive function, <u>relieves muscle tension</u> , <u>stabilizes emotions</u>

Mental problems in children can not always be fitted neatly into categories, but those are still considered have a certain degree of real meaning regarding the selection of appropriate Kampo medicines. That is why I have listed them here. Moreover, several of the Kampo medicines included

in these categories have characteristic medicinal effects, but because of limited space will not be detailed here. I would like to refer the reader to the reference works for further details.

This may be a little digression, but the most important Kampo classic "Shan Han Lun" is an excellent guideline for the treatment of acute infections. The crude drugs and Kampo medicines described therein are still today used for a variety of conditions and are considered to have various natural immune function adjusting actions (anti-inflammatory actions). On the other hand, recently various psychophysiological and neuritic conditions have been receiving much attention^{7),8)}. Currently the mechanisms underlying the emotionally stabilizing effects of Kampo medicines are still obscure, but their "anti-inflammatory" actions may be one possible hint.

V. Characteristics of Kampo treatment

Naturally, expecting emotionally stabilizing action from Kampo treatment has both merits and demerits.

A merit is, that in conjunction with an emotional stabilization physical (mainly digestive function) functions can be expected to improve, the treatment is mild, it does not induce drowsiness, cause loss of appetite, dryness of the mouth or other side effects. Again, although this is not much discussed and apart from the degree of their efficacy, these formulas can be used without much reservation for patients with various mental problems. In this respect they meet the expectations of both patients and their families, allowing to link to the subsequent development.

A demerit is, that in cases of domestic violence etc., requiring a fast sedation, that kind of powerful action can not be expected. Taste may also be a problem, requiring some ingenious measures to facilitate the administration and finally, there are almost no reports presenting highly reliable evidence.

VI. Dose

Regarding the dose of Kampo extract preparations for children generally Von Harrnak's calculation based on body surface and body weight is used, but depending on the individual condition it may be necessary to increase this dose, so that those values should be regarded as estimates.

Note that the dose for adults may also vary depending on the manufacturing pharmaceutical company or the type of administered drug. Basically drugs are taken divided into three portions per day, but it is also possible to use two portions. In principle they should be taken before meals, but there is not really any major difference when taking them after meals⁹⁾.

Conclusion

In this article I tried to explain as simple as possible the fundamental properties of Kampo medicines in relation to psychiatric problems in children. Naturally, there are limits to the treatment with Kampo medicines, but using their property of being compounds to complement Western medicine, I believe we can extend the pharmacological therapy of psychiatric problems in children still further.

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Clinical Report 1 (Acupuncture)

A Case Report on Moxibustion Effectively Used for Obstruction of the Digestive Tract after Gastrectomy

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Introduction

Absorption disorder, diarrhea, dumping syndrome etc. can be sequelae of gastrectomy. We report a case where moxibustion treatment was markedly effective for gastrointestinal passage disorders occurring in a patient on chemotherapy following total gastric resection performed for scirrhus gastric cancer.

[Patient]

Y.I.; female, 57 years

[First visit]

November 26, 20XX

[Chief complaints]

Left neck pain (at first visit), loss of appetite because of passage disorder (from January 20XX + 1 year)

[Present illness]

In August 20XX a scirrhus gastric cancer was diagnosed in hospital O, which then was resected in September of the same year. Pharmacotherapy consisted of chemotherapeutic agents (TS-1, methotrexate, fluorouracil) administered in intervals of 4 weeks followed by 2-week rests. The chief complaint developed when she started to use a high pillow for the night to prevent regurgitation of duodenal fluid into the esophagus. She also felt weariness of the anterior tibial muscle and experienced pain of the skin of the scalp. She had been treated with acupuncture once every 2-3 months for about 10 years and now visited us following the recommendation by her husband, who is a patient in the acupuncture and moxibustion clinic affiliated with our university.

[Anamnesis]

Total gastrectomy in November of 20XX due to scirrhus gastric cancer.

[Accessory symptoms]

She had been complaining from before about shoulder and neck stiffness. There is also constipation and low back pain.

[Present illness; finding]

Height 150 cm, weight 38 kg; lost 10 kg as compared to before the development of the scirrhus gastric cancer. Tenderness in the region from the top of the shoulders to the superior scapular angle, interscapular region and next to the spinous processes of the 4th and 5th lumbar vertebrae.

[Acupuncture and moxibustion treatment]

Initially we used Seirin type J or Yamasho needles with a diameter between 0.16 mm – 0.20 mm and a length of 40 mm – 50 mm in our clinic for the local treatment of shoulder and neck stiffness as well as low back pain depending on the symptoms either for needle retention, single short insertions, or low frequency electroacupuncture. Moxibustion treatment was added for the complaints of passage disorders. Either moxa cigars or direct moxibustion (3 to 5 cones, the size of a rice grain) was applied next to the spinous processes of the 7th to 12th thoracic vertebrae, from the epigastric to the hypogastric region and outside the surgical scar we applied in conjunction with scarcely skin piercing needle retention warming moxibustion with moxa cigars and direct moxibustion (5 to 7 cones). About one year after the first visit the patient underwent a balloon dilatation procedure from the duodenum to the esophageal anastomosis in the same hospital to treat the passage disorder induced poor appetite. After that, however, chilling and pain of the epigastric region as well as a feeling of congestion extending from the epigastric to the umbilical region developed.

September, 20XX+1

Palpation revealed the clear manifestation of indurations from the epigastric region down to the regions left and right to the umbilicus that tended to become more marked with increasingly stronger complaints of passage disorder, so that we gradually increased the number of moxa cones applied.

November, 20XX+1

Readmission, after discharge in the following October we switched to multiple cone direct moxibustion treatment.

[Treatment frequency]

Over a period of 25 months from the first visit until the patient's retirement in December 2 years after 20XX the patient visited our clinic in intervals of once every 1-2 months because she was still commuting to work, but over a period of 9 months after her retirement (December, 20XX+2) she visited our clinic once every other week.

enthusiastically started yoga, facial esthetics, joined a painting class and in our clinic also underwent cosmetic acupuncture.

January, 20XX+2

In spite of decreasing tumor marker levels, a stricture of the small intestines and metastases to the right ovary were observed 21 months after the first visit (August, 20XX+2), so that she underwent surgery in the following month, but because peritoneal dissemination and colon metastases were also found, both ovaries were resected. The anticancer agent was switched in October of the same year to paclitaxel and treatment

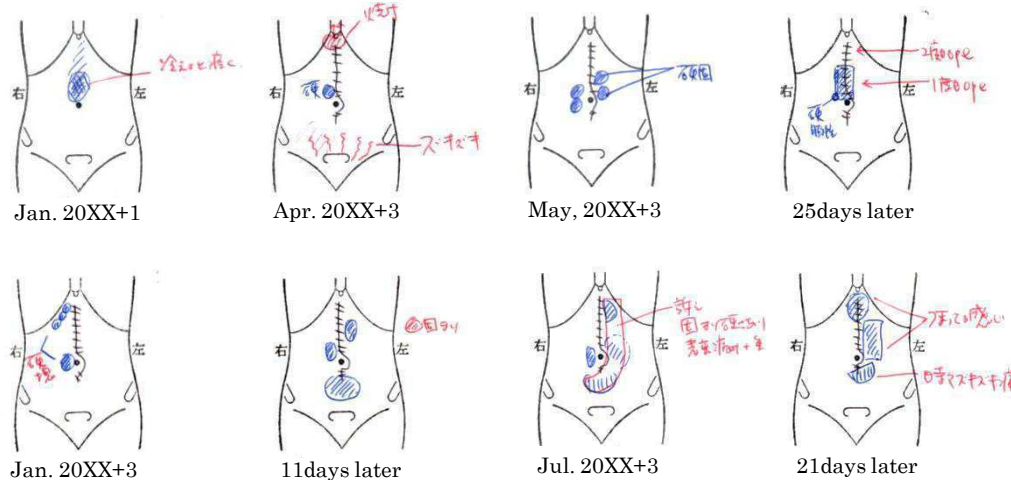


Fig.1 Chronological changes in symptoms and palpable masses

[Course] Fig. 1 shows the complaints of abdominal indurations and the changes over time. One year after 20XX she started visiting also another acupuncture clinic offering acupuncture treatment for cancer patients.

January, 20XX+2

Oligophagy due to anticancer agent induced dysgeusia. The patient complained of food accumulating in the stomach, the lack of relief of the fullness and a lingering feeling of heaviness. Apart from the treatment in our clinic the patient started to perform box (warming) moxibustion at home with a self-made box. During this time the patient

initiated administering the drug 3 times a week followed by one week of rest. A port imbedded subcutaneously on the right chest allowed introjection of high caloric infusions, after which her condition improved, so that we recommended to use paper mounted moxa at home. Application of this paper mounted moxa during meals provided a feeling of refreshing relief, resulted in borborygmus and enabled her to eat well.

April, 20XX+3

Suspension of the chemotherapy made food passage worse, but application of the paper mounted moxa increased intestinal motility.

After 2 years and 10 months after the first visit in September, 20XX+3 a total of 47 treatment sessions had been administered. The following month, the chemotherapy was discontinued and until she was readmitted three days before her death palliative care continued at home. She passed away 36 months after treatment begin (on November 17, 20XX).

[Discussion, conclusions]

Bunshi Shirota listed in his work "Basic Acupuncture and Moxibustion Treatment" a total of 40 diseases of the digestive system and 16 among these are related to gastric diseases. In that work he describes the use of acupuncture points which had empirically been found to show a high clinical usefulness. Frequently mentioned points for digestive system diseases is first of all CV12, followed by BL17 (Fig. 2). In the present case treatment of disturbances of gastrointestinal tract passage with moxibustion on the abdomen was more effective than the use of points on the back or legs for relieving the symptoms. CV12 is an acupoint used not only for the treatment of postsurgical gastric cancer, but frequently also for the treatment of digestive system disorders.

The patient relied for the treatment of the cancer on Western medicine and chose to combine this with acupuncture and moxibustion treatment in our clinic for her complaints of passage disturbance and other symptoms. In particular the moxibustion helped ease the ingestion of food per os and conceivably helped to ease pain and her fears. The stress problems of oral food ingestion causes patients after surgery for cancer and during chemotherapy is a major source of suffering in those patients. Relief also helps to spend the remaining time more meaningful. We believe, that moxibustion treatment for passage disorders following surgery for gastric cancer represented for this patient a useful means of palliative care.

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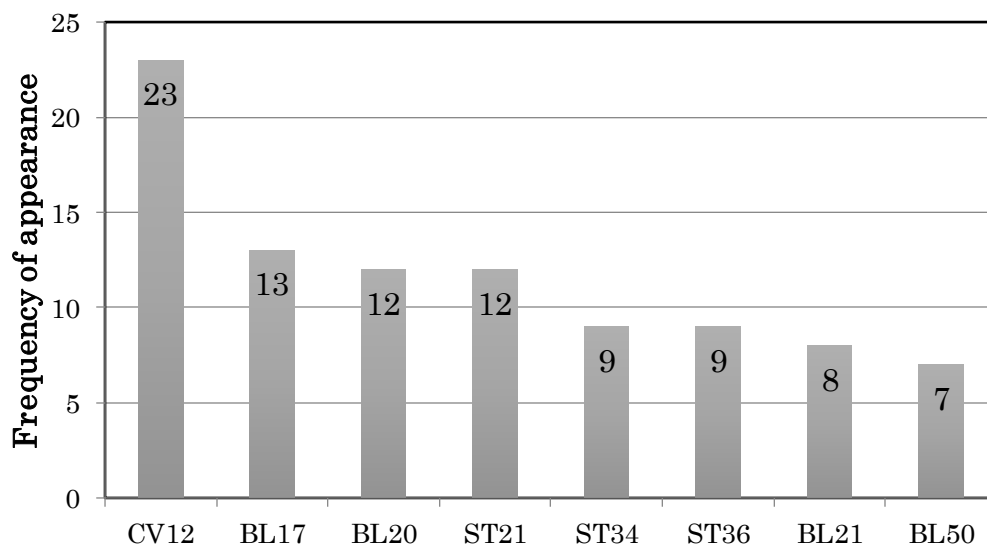


Fig.2 Frequently used acupoints by Bunshi Shirota

Clinical Report 2 (Kampo Medicine)

A Case in Which Keishikaryukotsuboreito Had a Marked Effect on Postmenopausal Anxiety

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Summary

Keishikaryukotsuboreito had a marked effect in a case where there was a hesitation to apply hormone replacement therapy to a patient who entered menopause several years ago and whose chief complaint was anxiety.

Introduction

The period from when the gonadal function begins to decline toward the final cessation of menstruation to when it eventually falls and stabilizes, is called menopause, and the unidentified medical syndrome that appears during this period is called menopausal symptoms. Hormone replacement therapy is markedly effective against such vasomotor symptoms as sweating and hot flashes, but it frequently fails to have a sufficient effect on psychological symptoms such as depression and anxiety. Additionally, applying hormone replacement therapy several years after menopause increases the risk of side effects, so it is not a realistic first choice of treatment. Furthermore, prescribing an antidepressant is met with strong resistance from both gynecologists and patients who visit a gynecologist with a chief complaint of general malaise.

This paper is a report on a case where Kampo treatment had a marked effect on a patient who sought medical attention for a chief complaint of anxiety experienced several years after menopause.

Case

58-year-old female

Past medical history & family history: Nothing particular to mention. Entered menopause at 55 years of age.

Chief complaint: Anxiety, hot flashes, insomnia

History of present illness: From around June of XXXX-3, the patient began to experience hot flashes, but she ignored them, as they did not particularly bother her. In the same year, she had a medical checkup and was told her blood pressure was on the high side. It was not so high that she needed to see a doctor, but because her blood pressure had always been low until then, the diagnosis shocked her, such that she was gripped by a sense of anxiety and experienced palpitations whenever she measured her blood pressure after that. No abnormality was found in subsequent medical checkups, but from the beginning of XXXX, the patient's anxiety mounted for no reason, and she began to measure her blood pressure at home. She also began to wake up in the middle of the night, and tended to experience hot flashes when she woke up. She would then think about bad things and lose sleep out of anxiety. She created a stream of worries for herself to the point that she could not get any housework done, and thus made a first visit to my hospital on February 22.

Appetite: Not much appetite, although some food is consumed.

Bowel movement: Once a day

Urination: 5 – 8 times/day; nighttime urination: 1 – 2 times

Sleep: Falls asleep, but tends to fall into a doze, and frequently experiences nocturnal awakening.

Present condition: 155cm, 47kg, blood pressure 127/71mmHg

Overall findings: Hair is short, disheveled, and tangled. No makeup. Clothes are not worn properly.

Abdominal findings: Weak (abdominal strength 2/5). Tension in the rectus muscle on both sides, and strong palpitations from the epigastric to the paraumbilical region. Slight painfulness in the right side of the chest. Slight epigastric discomfort.

Pulse: Slightly floating and string-like

Tongue: Red, swollen, light yellow coating

Progress: The patient was administered 7.5g of *keishikaryukotsuboreito* extract three times a day and 1 tablet of an estrogen-progesterone compound drug once a day, for a week.

When the patient made a visit the following week, she was not wearing makeup, but she had brushed her hair, and was wearing tidy clothes. She said she became magically better from the following night after she began taking her medicine. She reported that sleeps well at night, and her feeling of anxiety, negative thoughts, hot flashes and palpitations all disappeared. She did not want to take hormones, so she was prescribed only Kampo medicine thereafter.

During treatment, the patient's anxiety sometimes strengthened after a nocturnal awakening or when there was an earthquake or typhoon, but her condition improved on the whole after she was prescribed an additional 2.5g/day of *kambakutaisoto*. By the time a year passed, the patient was seen wearing attractive makeup and giving close attention to her clothes. *Keishikaryukotsuboreito* was gradually reduced in response to her improvement, and when she came in for a consultation in February XXXX+2 "to make certain, although she thinks she is alright now," she was prescribed 2.5g/day of *keishikaryukotsuboreito* worth a month. This completed her treatment.

Observations

Keishikaryukotsuboreito is a prescription composed of cinnamon bark, keel bone and oyster shell. It works on deficiency patterns that call for the use of *keishito* or *keishikashakuyakuto*, and improves anxiety, tendency to be surprised, shallow sleep, excessive dreaming, palpitations, and nocturnal emissions.

In the above case, *keishikaryukotsuboreito* was used, based on palpation findings such as poor abdominal strength, tension in the abdominal rectus muscle and palpitations, accompanied by the patient's chief complaints of anxiety and insomnia. Hot flashes and seating were observed since immediately after menopause, so a female hormone was initially prescribed, but the patient improved solely with *keishikaryukotsuboreito*. The symptoms were not due to hormonal decline, but rather, it was thought that the kidney qi declined with age and the heart qi worsened on the whole, thereby causing a qi counterflow mainly brought about the patient's illness.

During menopause, patients are affected not only by hormonal changes, but also changes in social background and changes accompanying age. Kampo treatment that corresponds to each condition is thought to be effective.

Medical History in Japan

Historical Significance of the Standardization of Acupoint Locations”, the Second Japanese Acupoint Committee (7) “Detailed Guide to the Location of Acupoints” from the classics to the WHO standardization”, pp411-422, Tokyo, Ishiyaku Publishing, June 2009 (partially revised)

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(continued from KAIM Journal vol.6 no.1, no.2, no.3, no.4, vol.7 no.1 and vol.7 no.2)

6 Tertiary standardization – unification on a national level



Figure 10 Bronze figure (Tokyo National Museum)

After the Tang period and through a period of 5 generations of confusion China was reunited under the Northern Sung government, and maybe also due to the emperor's pursuit of a civilian controlled policy, attached great importance to medical policies. On this foundation "Su Wen", "Ling Shu" and similar medical classics were revised, books on herbology also enlarged and revised a large portion of medical encyclopedias newly compiled and using the wood-block printing technique that had spread at that time governmental editions published. The effects of acupuncture and moxibustion too were acknowledged by the emperor himself, so that he ordered the medical officer Wang Wei Yi to correct the confusion about meridians and acupoints. By imperial command Wei Yi prepared his "Illustrated Meridians" (illustrations and descriptive text) and in the following year based on that work created a 3-dimensional figure, that was "newly cast" and he revised the 14 meridians and 354 acupoints in 1026, publishing the "Illustrated Meridians" as the 3-volume work "(Newly casted) Tong Ren Shu Xue Shen Jiu Tu Jing [14].



Figure 11 Rubbed copy of a gravestone

By the way, the Northern Song editions of the time used characters of coin size and even B4 paper size large characters, were mostly luxury books for the court and government officials and consequently too expensive for ordinary people or physicians. Therefore, subsequent publishing of small print editions for the general population was common for medical books. Yet, trying to create a small printed version of the "Tong ren shu xue shen jiu tu jing" makes it difficult to contain the bronze figure illustrations. Presumably this seems to have been the reason why there has been no small print edition of this work, but the government had this book carved as a stone relief that was then erected in the capital of Bianjing (today's Kaifeng) and spread by having people make rubbed copies of it. The casting of this bronze figure and publishing of the book, and again the rubbed copies obtained from the stone relief were used as a means for the careful spread of this knowledge and had the purpose of achieving unification on a national level. It is no exaggeration to call precisely this the tertiary standardization.

Incidentally, quotations in the "Xia Ma Jing" or "Ishinpo" derived from the "Chang Jing" or Pelliot text No. 2675 show that the discourse pertaining to the determination of the type of meridian or the acupoints to be avoided depending on the location of the human spirit was very popular until the Tang period. Whether this view already prevailed from the stage of the "Ming Tang" is unknown, but they are referred to twice in the "Illustration of the Brass Man Acupuncture and Moxibustion". The widespread discourse could apparently not be neglected.

Figure 10 shows the bronze figure at the Tokyo National Museum, which had originally been cast in Northern Song and had been called "Tensei dojin". This originates according to Chen cunren theory to the joining of the Japanese army when the allied forces of eight countries attacked Beijing during the Boxer Rebellion and carried it away from the old palace in Beijing. However, Professor Hiroshi Kosoto from Kitazato University showed beyond any room for dispute that this particular bronze figure had been cast by the acupuncture medical officer Jizen Yamazaki upon order from the shogunate during the

Edo period by the end of the 18th century and been in the possession of the Edo Medical School [15].

Figure 11 shows a rubbed copy of the stone relief immediately after it had been set up in Bianjing [16] and "First Volume of the Newly Cast Bronze Figure Illustration of Acupuncture and Moxibustion" is found in the left lower corner. This stone relief was moved during the Yuan period to Beijing and had there been preserved until the Ming period. This particular stone remnant was discovered during excavations at Beijing's castle wall and a portion of it is now on display on the 6th floor of the The Chinese Academy of Sciences in Beijing. Further, the Ming government also completely replicated the Northern Song stone relief because of damage and wear and allowed to make rubbed copies of it to spread the knowledge. The library of the Imperial Household Agency is in the possession of a complete rubbed copy from the Ming period that originally had been together with the bronze figure shown in Figure 10 in the possession of the Edo Medical School.



Figure 12 [Newly published with supplementary notes]
Tóng Rén Shù Xué Zhēn Jiǔ Tú Jīng

On the other hand, the 1027 year Northern Song edition of the *Tóng Rén Shù Xué Zhēn Jiǔ Tú Jīng* does not exist any more. Later, in the year 1186 during the Jin dynasty an enlarged, 5-volume edition, the [Newly published with supplementary notes] *Tóng Rén Shù Xué Zhēn Jiǔ Tú Jīng* was reprinted, but this Jin edition too did not survive to the present day. Figure 12 is called the popular [Newly published with supplementary notes] *Tóng Rén Shù Xué Zhēn Jiǔ Tú Jīng*, but is actually a Yuan replica, the only extant copy of which is in the National Library of Taiwan. Yang Shoujing obtained this particular book while visiting Japan during the early Meiji period, which is part of the shogunate acupuncture medical officer Yamazaki family collection, who casted the bronze figure. Later, it was transferred by Shoujing to Liu Shih-heng and Shih-heng, while knowing that this was the Yuan edition called the book Jin edition that was then reprinted by the end of the Qing dynasty. This has today been published in China as an imitation gold reprint [17]. On the other hand, this book itself has been in the possession the Central Library founded in Nanking by the Chinese government in and until the present day undergone many modifications.



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Our mission is simply to help our clients grow their globalizing business and gain profits by providing high quality translation deliverables and added values with our unconventional and creative ideas. Our highly competent and experienced staff and our qualified freelance translators together provide the best solution to satisfy our clients' expectation in area of Information Technology, Financial market, Medical & Pharmaceutical market, Automobile, Legal, Patents, etc.

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Consultation Services

We offer the focused consulting services that meet the need of each client company for their business development in the borderless markets.

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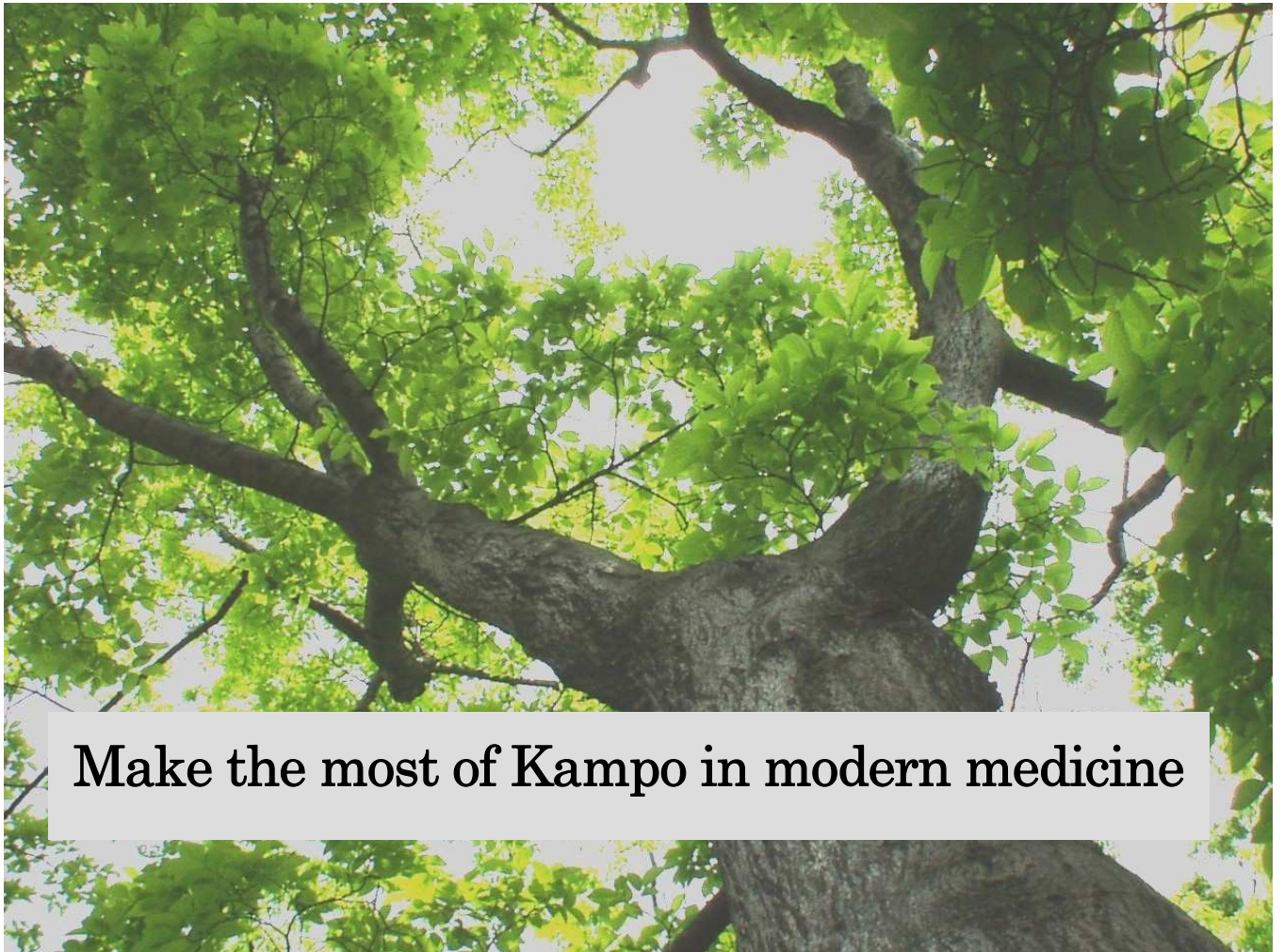
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