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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 world "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 Vinch represents a balanced body and health. Completing our logos is a ring which represents the unity of space fulfilling the total meanings of lifence.
Editorial

Characteristics of Japanese Kampo medicine

Traditional Chinese medicine was first introduced to Japan in the Fifth Century AD. For the next 1500 years, the most recent medical information continued to be communicated to our small island nation of Japan. Those medical techniques were adapted to the disease environment and social conditions of Japan, gradually developing into the characteristically Japanese forms of Kampo medicine today.

In the 18th Century, the work of Todo Yoshimasu (1702-1773) was particularly influential. Under the traditional system, treatment was based on etiology and pathogenesis. This approach was subsumed into Yoshimasu's new system, which linked symptoms and treatment directly.

This system is characterized by the capability to "black box" the most important areas in TCM, the analysis of etiology and of pathogenesis. Because of this characteristic system, Kampo medicine became a kind of orphan within the international TCM community, which has complicated the promotion of academic exchange and discussion.

This does not mean that Kampo medicine is inferior to TCM in other countries. By denying the methodology of traditional medicine, Kampo lost access to some important roots. However, it also gained a number of irreplaceable strengths. Even though Yoshimasu's basic method was to "black box" nothing, Kampo doctors in Japan today have adopted a flexible attitude that makes it acceptable to put almost anything into the "black box". This allows one practitioner to apply a traditional TCM approach for use in diagnosis and treatment, while a second utilizes the principles of "Shanghanlun (On Cold Damage)" to construct a new theory, a third incorporates the principles of constitutional medicine in clinical practice, and a fourth practitioner uses EBM research results to develop a newly objective approach to medicine.

Kampo medicine's "black box" is thus a magic vessel that contains within it a wide range of possibilities. This flexibility permits Kampo practitioners to explore new fields of medicine with the application of Western medical methodologies, or with the concomitant use of both Western and traditional Kampo approaches. The fruits of that work have been the source of considerable research and have resulted in widely implemented clinical applications which were made possible because of the unique structure of Kampo medicine.

Kampo medicine differs in many ways from the international standards of traditional Chinese medicine (TCM), both in theory and in the formulations prescribed. For example, in Japan many practitioners have experimented with adapting the formulations described in "Shanghanlun" to treat conditions associated with febrile disease. And instead of classifying headaches as either exogenous or endogenous, Japanese Kampo practitioners may use the International Classification of Headache Disorders, 2nd Edition (ICHD-II) for reference in providing treatment. Such issues will probably be resolved within a larger framework as this approach to medicine becomes increasingly globalized in the future.

Japan's highly developed culture reflects the country's unique combination of climate, society, and civilization, and its epidemiology of disease differs from that of other countries. It is thus natural that traditional medicine in Japan would differ from traditional medicine elsewhere in the world. It is our pleasure, at the Journal of Kampo Medicine, to provide these edited documents as a contribution to the understanding of Kampo by people everywhere.

The 7 reports included here have been specially selected from the 12 issues published during 2007 of the Japanese-language edition of our magazine. I hope that these articles in English translation will provide you with additional knowledge and insights regarding Kampo medicine.

Hiromichi Yasui
Japan Institute of TCM Research
Therapeutic Effects of Shokenchuto for Chronic Diseases

Rueymei Miyazaki 1) 2), Katsumi Mori 3)
(1) Miyazaki Clinic Shiohama
(2) Safety and Health Organization, Chiba University
(3) Mori Clinic

Introduction

Shokenchuto 小建中湯 appears in the classics "Shanghanlun 傷寒論" and "Jinguiyaolue 金匱要略" and is a formula with a wide range of applications for both chronic and acute diseases.

On this occasion we have examined a number of patients with chronic diseases treated according to their respective disease pattern with shokenchuto and report the results here.

Materials and methods

Subjects were 62 patients with chronic diseases who visited our clinic between November 2003 and October 2005 and in whom a shokenchuto pattern (from mildly deficient patterns to clearly deficient pattern, lassitude, poor complexion, palpitations, abdominal pain, stiffness of the abdominal muscles, cold limbs, irritating warmth of hand and feet etc) was observed (32 men, 30 women; age range from 1 to 76 years, average age: 24.2 years).

Regarding the methods examinations were performed, divided into the investigation I "examination of the effects of shokenchuto in patients with chronic diseases" and the investigation II "examination of cases in which shokenchuto was effective".

First, in the investigation I "examination of the effects of shokenchuto in patients with chronic diseases" shokenchuto (Tsumura extract: 10-15 g/day for adults, 0.25-0.4 g/kg/day for infants) was administered to the 62 patients included in this study. In case of combination patterns using other formulas, the relevant prescriptions were coadministered. Western premedications for patients with conditions of moderate or higher severity were continued. The effects of shokenchuto after completion of its administration were evaluated based on the following criteria. However, in patients with prolonged treatment the evaluation was made after a period of six months.

[Markedly effective]: Exclusive administration of shokenchuto resulted in marked improvement of the symptoms, discontinuation of combination therapies with western medications.

[Effective]: Administration of shokenchuto or combined other formulas resulted in improvements of the symptoms, dose reduction of western medications.

[Somewhat effective]: Administration of shokenchuto or combined other formulas resulted in mild improvements of the symptoms, western medications were continued in the same dose.

[No change]: Exclusive administration of shokenchuto or combined other formulas did not alter the symptoms, western medications were continued in the same dose.

[Aggravation]: Exclusive administration of shokenchuto or combined other formulas aggravated the symptoms, increased dose of western medications.

<table>
<thead>
<tr>
<th>Subjects</th>
<th>Clinical disease name/number of cases</th>
<th>Number of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult diseases</td>
<td>Irritable bowel syndrome 6 cases</td>
<td>35 cases</td>
</tr>
<tr>
<td></td>
<td>Autonomic dystonia 5 cases</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Functional gastrointestinal disorders, generalized anxiety disorders, climacteric disorders 3 cases each</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Atopic dermatitis, chronic excema, chronic gastroenteritis chronic colitis 2 cases each</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Crohn's disease, depression, palmoplantar pustulosis, etc. 1 case each</td>
<td></td>
</tr>
</tbody>
</table>

| Pediatric cases | Atopic dermatitis 9 cases | |
| | Bronchial asthma 5 cases | |
| | Intimity 4 cases | |
| | Exudative otitis media, asthmatic bronchitis, chronic colitis, apparent strabismus etc. 1 case each | |

Table 1 Breakdown of examined cases

Table 2 Examination of the effects of shokenchuto in patients with chronic diseases

<table>
<thead>
<tr>
<th>Evaluation of the effects</th>
<th>markedly effective 16 cases</th>
<th>effective 39 cases</th>
<th>somewhat effective 2 cases</th>
<th>no change 5 cases</th>
<th>aggravation 0 cases</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Efficacy</th>
<th>adult cases 85.7%</th>
<th>pediatric cases 92.6%</th>
<th>88.7%</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Side effects</th>
<th>none</th>
</tr>
</thead>
</table>
Table 3 Breakdown of cases in which shokenchuto was effective

<table>
<thead>
<tr>
<th>Subjects / number of cases</th>
<th>Clinical disease name/number of cases</th>
<th>Duration of the treatment with Shokenchuto</th>
<th>Number of patients receiving combination therapies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult cases 30 cases</td>
<td>Irritable bowel syndrome, autonomic dystonia, functional gastrointestinal disorders, generalized anxiety disorders, climacteric disorders, atopic dermatitis, chronic eczema, chronic gastroenteritis, chronic colitis, Crohn's disease, palmoplantar pustulosis, etc.</td>
<td>From 2 months to 1 year 11 months</td>
<td>18 cases</td>
</tr>
<tr>
<td>Pediatric cases 25 cases</td>
<td>Atopic dermatitis, bronchial asthma, infirmity, exudative otitis media, asthmatic bronchitis, chronic colitis, apparent strabismus, etc.</td>
<td>From 2 months to 1 year 6 months</td>
<td>15 cases</td>
</tr>
</tbody>
</table>

Table 4 Chief complaints and Kampo medical findings for cases in which shokenchuto was effective

<table>
<thead>
<tr>
<th>Chief complaint (incidence)</th>
<th>Duration of treatment with shokenchuto</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the order of lassitude: 65.5%, poor complexion: 63.6%, abdominal pain: 45.5%, loss of appetite: 43.6% etc.</td>
<td>From 2 months to 1 year 11 months</td>
</tr>
<tr>
<td>Excess / deficiency: Three patients with an intermediate pattern between excess and deficiency, 25 patients with mild deficiency pattern and 27 patients with overt deficiency pattern</td>
<td>18 cases</td>
</tr>
<tr>
<td>In the order of slightly deficiency in 14 patients, deep and slightly deficient in 10 patients, deficient in 7 patients etc.</td>
<td>15 cases</td>
</tr>
<tr>
<td>Abdominal strength: Intermediate in 4 patients, somewhat soft in 28 patients and soft in 23 patients</td>
<td>15 cases</td>
</tr>
<tr>
<td>Abdominal pattern (incidence): In the order of stiltiness of the rectus abdominis muscles in 72.7%, increased resistance and tenderness of the epigastric region in 41.8% and palpitation above the umbilicus in 32.7%, fluid and gas retention in the stomach in 29.1% etc.</td>
<td>15 cases</td>
</tr>
</tbody>
</table>

Next, the investigation II "examination of cases in which shokenchuto was effective" included 55 patients, in whom the treatment had been evaluated during the investigation I as being effective or better and the investigated chief complaints and Kampo findings (excess or deficiency, pulse pattern, tongue pattern, abdominal pattern), treatment duration and combination therapies etc. examined.

Results

The subjects of the investigation included 35 adults and 27 pediatric patients. Table 1 shows a breakdown of the subjects. The adult patients included 6 cases of irritable bowel syndrome, 5 cases of autonomic dystonia, 5 cases of functional gastrointestinal disorder, generalized anxiety disorder and climacteric disorder in that order, revealing a high proportion of psychoneurotic disorders. The pediatric patients included 9 cases of atopic dermatitis, 5 cases of bronchial asthma and 4 cases of infirmity etc. in that order, revealing a prevalence of allergic diseases. Table 2 shows the results of the investigation I "examination of the effects of shokenchuto in patients with chronic diseases". Therapeutic effects were 'marked' in 16 cases, 'effective' in 39 cases, 'somewhat effective' in 2 cases, 'unchanged' in 5 cases and 'aggravation' did not occur. Thus, efficacy was 88.7% (85.7% in adults and 92.6% in children), while adverse effects were not observed.

Table 3 shows a breakdown of the results of the investigation II "examination of cases in which shokenchuto was effective" for the 55 patients for whom shokenchuto had been effective. Clinical diagnosis included for the 30 adult patients 5 cases each of irritable bowel syndrome and autonomic dystonia, 3 cases each of functional gastrointestinal disorders, generalized anxiety disorders and climacteric disorders in that order, revealing a high prevalence of allergic disorders in that order. The duration of the treatment with shokenchuto varied from 2 months to 1 year and 11 months. The 25 pediatric patients included 8 cases of atopic dermatitis, 5 cases of bronchial asthma and 3 cases of infirmity in that order. Here the duration of the treatment with shokenchuto varied from 2 months to 1 year and 6 months. Combination therapies were applied in 18 out of the adult and 15 out of the pediatric patients, using mostly Mao drugs, Saiko drugs, or drugs for regulating the flow of vital energy (qi ji) etc.
patients with overt deficiency patterns. The pulse patterns appeared as slightly deficient, deep and slightly deficient and clearly deficient in this order. Abdominal strength was of intermediate in 4 cases, somewhat soft in 28 cases and clearly soft in 23 cases. The incidence of the abdominal pattern showed stiffness of retus abdominis muscles in 72.7%, increased resistance and tenderness of the epigastric region in 41.8%, palpitation above the umbilicus in 32.7% and fluid and gas retention in the stomach in 29.1% in this order.

**Case reports**

**Case No. 1: age 4 years, male**

**Chief complaint:** abdominal pain, soft stools, inappetence, lassitude

**Past history:** at the age of 2 years onset of periodic vomiting. By the age of 3 years frequent attacks. Underwent treatment in a municipal hospital.

**Present illness:** In January 2004 the patient turned 4 years and the frequency of the periodic vomiting decreased, but he suffered frequently from abdominal pain and started to have soft stools. Due to loss of appetite, lassitude and a high susceptibility to catching cold, his body weight did not increase. On March 4 of the same year he visited our clinic in search for Kampo treatment.

**Hematologic examination:** blood count and biochemical examinations showed not anomalies.

**Kampo findings:** leptosomatic type (102 cm, 13 kg), poor complexion, morbid sensitivity.

**Pulse pattern:** slightly deficient

**Tongue pattern:** moist, white coating

**Abdominal pattern:** slight weakened abdominal strength, bilaterally increased tonus of the abdominis rectus muscles (2+)

**Therapeutic course:** Treatment with shokenchuto (Tsumura extract 4 g/day). Three weeks later the abdominal pain and soft stool had improved. Four weeks later appetite improved. Two months later the lassitude had disappeared, the patient started to play frequently outdoors and the frequency of the periodic vomiting decreased markedly. Four month later the patient did not catch cold any more and body weight increased to 15 kg. One year and one month later the periodic vomiting was alleviated. Because of the patient’s good physical condition the medication was discontinued and by June 2007 there were no recurrences.

**Case No. 2: 19 years, male**

**Chief complaint:** anxiety, insomnia, diarrhea, abdominal pain

**Past history:** Diarrhea and abdominal pain continued since July 2003. In September Crohn’s disease was diagnosed. In October the patient started stationary treatment at a hospital affiliated with a certain university. Recurrence in March 2004. Due to gastrointestinal constriction the patient underwent resection of the ileocecum in the surgical department of the same university hospital.

**Present illness:** After discharge the condition stabilized through treatment with 6 T/day of Mesalajine (therapeutic drug for inflammatory bowel diseases), 3 packs/day of Elental (elemental dietary formulation) and a low fat diet. Yet, in August 2004 the symptoms recurred and the Mesalajine dose was increased to 9 T/day, but diarrhea (3-5 times a day) and abdominal pain continued. Due to the additionally occurring anxiety and insomnia he visited our clinic on December 20 to seek Kampo treatment.

**Kampo findings:** leptosomatic type (169 cm, 53 kg), poor complexion, depressive mood

**Pulse pattern:** floating, deficient

**Tongue pattern:** moist, white coating

**Abdominal pattern:** abdominal strength somewhat low, pulsation above the umbilicus (1+), bilaterally increased tonus of the abdominis rectus muscles (2+)

**Therapeutic course:** Initiation of treatment with shokenchuto (Tsumura extract 15 g/day) on December 20, 2004. Continued treatment with western medication. One week later diarrhea, abdominal pain and insomnia were slightly alleviated. On February 12, 2005 diarrhea, abdominal pain and insomnia had improved and anxiety decreased to half of its original level. Mesalajine dose was reduced to 3 T/day. Elental too was discontinued and the diet returned to a normal diet. On March 25 Mesalajine too was discontinued due to further improvement of the symptoms. Later continued treatment with shokenchuto resulted in an almost complete alleviation of the symptoms. In March 2007 discontinuation of the medication. As of June 2007 the remission continues.

**Case No. 3: 35 years, female**

**Chief complaint:** Exanthemata and pustular rashes on the palms and soles of the feet, pain of the sternum

**Past history:** In 1995 onset of palmoplantar pustulosis. Consultation at multiple medical facilities. Conditions fluctuated. Married in 1997. Pregnancy by November 1998, that ended in a stillbirth in January 1999. After that no further conceptions. In the summer of 2002 she was prescribed vitamin H at a certain hospital in Akita, which was mildly effective.

**Present illness:** In the autumn of 2003 recurrence of the palmoplantar pustulosis, complicated with osteosis between sternum, ribs and clavicle. The patient visited and underwent treatment in another clinic, but the symptoms of hands and feet did not improve. The patient visited our clinic on December 13 because of sternal pain and palpitations.

**Kampo findings:** normal height and build (160 cm, 58 kg), depressive mood, night sweat, fever accompanied by restlessness.
**Pulse pattern:** deep, thin, empty  
**Tongue pattern:** moist, white coating  
**Abdominal pattern:** slightly soft abdominal wall, increased resistance and tenderness of the epigastric region (1+), bilaterally increased tonus of the abdominis rectus muscles (1+)

**Therapeutic course:** Initiation of treatment with *shokenchuto* 小建中湯 (Tsumura extract 15 g/day) on December 13, 2003. Continued treatment with vitamin H and antiallergic medication, discontinuance of steroids for external application. By January 2004 the chest pain was alleviated. Improvement of the symptoms of hands and feet. Discontinuation of western medication. Condition stabilized subsequently through a Kampo maintenance schedule. Conception in December 2004. By the beginning of 2005 further improvement of the symptoms. Discontinuation of the Kampo medicine by the fourth month of pregnancy. On July 31 2005 she gave birth to a boy. As of June 2007 no recurrences.

**Discussion**

*Shokenchuto* 小建中湯 is a formula frequently used during daily clinical practice for both acute and chronic conditions. It is in particular precious medicine for patients with chronic conditions and for attempts at improving asthenic physical constitution. It is not only in the field of pediatrics, but also for the Kampo treatment of adults an indispensable formula. In this context we investigated and summarized the results obtained in patients with chronic diseases treated with *shokenchuto* based on identification of their respective pattern to reconfirm the use of this formula.

The naming *shokenchuto* originates according to Kazuo Tatsuno “from the concept expressed by the character "ken" (建) meaning to ‘walk with a straight back and a steady gait’ (Dictionary of Chinese Character Origins). Adding the left-hand radical expressing "man" results in the character for "health", so that "kenchu" expresses the meaning of replenishing spleen and stomach to make a person 'hale and hearty'. The character for 'small' stands in contrast to "large", so that while *daikenchuto* 大建中湯 treats marked deficiencies of and cold effects on spleen and stomach, *shokenchuto* 小建中湯 addresses only the deficiency of spleen and stomach, which is not yet associated with cold. While the symptoms treated with *daikenchuto* are rather severe, this is not the case with *shokenchuto*. (1) Thus, as stated above, in the past many Japanese and Chinese Kampo physicians have associated the concept of "chu" = middle in the term kenchu with the "middle burner", so that kenchu can be interpreted as to mean "establish spleen and stomach", but Mayanagi states in his treatise ‘The source text of Shokenchuto and a reason of its naming’ (2) that Gyoko Yamada in his unpublished collection "Igakukansui-inner part" (3) in classics like the "Shanghanlun", "Jinguiyaolue", "Maijing" etc. *shokenchuto* is considered to cure lower abdominal pain, in other words, abdominal pain of the lower burner type. If that is the case, the character "chu(middle or center)" in the term “kenchu(建中)” cannot be interpreted as referring to only the 'middle burner'. After all, "chu (中) " in the provisions for *shokenchuto* has been quoted in the "Shang Han Lun", "Jin Kui Yao Lue" to refer to abdominal pain, e.g., 'pain within the abdomen (腹中痛)', which is a general statement. Therefore, as explained below, it carries the meaning that 'shokenchuto after all is a decoction that rebuilds the abdomen', by which Mayanagi summarizes that *shokenchuto* is the base formula for this function. We also believe, that this interpretation is appropriate.

The composition of *shokenchuto* comprises the six crude drugs Keishi (cinnamon twig), Shakuyaku (peony), Kanzo (glycyrrhiza), Taiso (jujube), Shokyo (ginger) and Koi (malt sugar). This formula belongs to the *keishito* 桂枝湯 variant of formulas and can also be viewed as being obtained by adding Koi to *keishikashakuyakuto* 桂枝加芍薬湯. In the "Kampoigaku-jikko = Ten Lectures of Kampo Medicine" Shiro Hosono states: "keishikashakuyakuto uses the same amounts of crude drugs as *keishito*, but twice the amount of Shakuyaku. The principal crude drug in *keishito* is Keishi, which acts on the exterior, while in *keishikashakuyakuto* shakuyaku is the principal ingredient, acting on the interior. Also, for more severe states of deficiency or severer abdominal pain *shokenchuto* with its addition of Koi is used." (4) Moreover, Tabata et al. summarizes in the report titled "The Koi Story", that 'Koi is the principal drug in *shokenchuto*. If the formula would not have Koi in it, it would be *keishikashakuyakuto*, the action of which is simply to pacify Blood in the abdomen, but with Koi, it acquires the name of Kenchu' (5).

According to the explanation provided in the "Kampo Hokiu Notes = Notes on the Significance of Kampo Prescriptions" authored by the Chiba Research Group of Ancient Medicine "Koi is a drug with warming properties and nourishing, relaxing, analgesic effects". *keishikashakuyakuto* is used for the treatment of stagnant spleen and stomach Qi or deficiencies of spleen and stomach, but just by adding Koi the meaning of the formula changes and now is not only effective for the treatment of spleen and stomach deficiencies, but all visceras and the body in general. It could be summarized

---

* daikenchuto (大建中湯)  Da-Jian-Zhong-Tang  Major Middle-Strengthening Decoction
* keishito (桂枝湯)  Gui-Zhi-Tang  Cassia Twig Decoction
* keishikashakuyakuto (桂枝加芍薬湯)  Gui-Zhi-Jia-Shao-Yao-Tang  Cassia Twig Decoction plus Peony
* shosaikoto (小柴胡湯)  Xiao-Chai-Hu-Tang  Minor Bupleurum Decoction
as being effective for diseases caused by Blood deficiency and extreme deficiency patterns. (6)

Shokenchuto appeared twice in the classic “Shang Han Lun” and three times in the “Jinguiyaolue”. Let’s have a look at the most relevant paragraphs. The first is found in the chapter on greater yang diseases in the “Shanghanlun”: “Shanghan, the yang pulse is rough and the yin pulse is string-like, as a rule, there should be acute pain in the abdomen, give at first shokenchuto 小建中湯. If no improvement, shosaikoto 小柴胡湯 governs”. This paragraph basically states that in cases of a cold affection, where the superficially felt yang pulse is choppy and the deeply felt yin pulse is wiry. Symptoms invariably include abdominal pain. This can be interpreted so that shokenchuto is the first choice formula for this kind of condition, but if no improvements are achieved, the patients should be treated with shosaikoto. On the other hand, in the ”shokanron Enshu (Shanghanlun Seminar)” written by Ken Fujihira the author states: “this paragraph can be interpreted as to mean that there are yin pattern (shokenchuto pattern) and yang pattern (shosaikoto pattern) present at the same time, so that the therapeutic choice for the treatment of the yin disease would be the administration of shokenchuto in order to alleviate the acute pain, followed by treating any remaining abdominal pain with shosaikoto (7). In case the differentiation whether the cold-induced abdominal pain represents a shokenchuto pattern or a shosaikoto pattern proves to be difficult, in general shokenchuto, which is used for the treatment of yin deficiencies, is administered first. We interpret this as meaning to treat ‘first yin then yang’ (8).

The second paragraph in the “Shanghanlun” is also found in the greater yang disease section: “Shanghan, two or three days, palpitations and vexation in the heart, shokenchuto governs” . This paragraph explains that if people of intrinsically asthenic disposition are affected by cold, they develop after a period of 2-3 days a deficiency syndrome of the viscera and people who suffer from irritation due to heart palpitation, it is not the exterior that should be attacked, but rather the interior should be nourished and thus treated with shokenchuto. The above outlined 2 paragraphs from the “Shanghanlun” detail the use of shokenchuto for the treatment of acute conditions.

The third paragraph appears in the “Jinguiyaolue” in the section about pulse pattern for exhaustion in cases of Blood stagnation: “When [there are] consumptive deficiency, abdominal tension, palpitation, epistaxis, abdominal pain, nocturnal emission, sour pain of four extremity, fever with irritability and fidget of hand and foot, thirst throat, dry mouth, shokenchuto governs”. In other words, in a state of overexertion the abdomen starts to convulse, there will be palpitations and the development of epistaxis, abdominal pain, night pollution, arms and legs become heavy and painful and a flushing and restlessness of both arms and legs develops, the throat and mouth become dry: the above mentioned paragraph can be interpreted as to mean that shokenchuto controls these conditions. According to Hosono exhaustion refers to: “naturally not only physical and mental exhaustion or sufferings from summer heat, but includes also the hypersensitivity of both mind and body found in neuroses, asthenic constitution, (omitted) and the easy fatigability seen in weak children” (9). This paragraph explains that chronic conditions can really be called to be the proper pattern for shokenchuto. Based on this paragraph shokenchuto was administered in the present investigation too in patients presenting with a shokenchuto pattern in order to examine the therapeutic effects of shokenchuto.

The purpose of the administration of shokenchuto is according to "Kampo Hoi Notes = Notes on the Significance of Kampo Prescriptions" authored by the Chiba Research Group of Ancient Medicine: "It is used for general exhaustion and fatigue due to a deficiency pattern, poor complexion etc., deficiency patterns of the individual organs associated with for example palpitation, abdominal pain, decreased vigor and the like, frequently developing deficiency heat, occasionally associated with Blood deficiency, greater yin disease / deficiency pattern” (6).

Regarding the clinical applications Domei Yakazu wrote in his "Rinsho Oyo Kampo Shoho Kaisetsu = Clinical Explanation of Kampo Prescriptions": "This prescription is for people with an asthenic constitution, the so-called greater yin diseases, many of whom have week spleen/stomachs (gastrointestinal system) and suffer from pain or other acute symptoms. The prescription is often used for children. In other words, this formula is used as an important drug to improve the physical constitution of asthenic children, presenting mainly with symptoms like enuresis, polyakuisaria, night crying, pediatric habitual headache etc. In adults it is used for a wide range of conditions including enervation, neurosis, epistaxis, hemorrhoids, anal prolapse, alopecia, oneirogmus, impotence, cervical adenitis, suffering from summer heat, gallstones, atomic constipation, chronic enteritis, rectal ulcers, gastric hyperacidity, gastric achylia, chronic gastritis, gastric ulcers, gastric ptosis, nervous palpitation, hypertension, hypotension, bronchial asthma (omitted) etc." (10). We were under the impression, that shokenchuto appears to be particularly effective for the hypertension and hypotension mentioned in the above list.

Examples of actual clinical application are described in Kazuo Tatsuno’s treatise ‘shokenchuto’, in which he
published a list of patients, with either hypertension or hypertensions also complaining of fatigue, palpitation, shortness of breath and mild vertigo, who were successfully treated with shokenchuto (11). In our work 'Investigation of cases successfully treated with shimbuto' we too found, that shimbuto is one of the formulas not only effective for hypotension, but also hypertension of the deficiency type associated with water toxin (12). Thus, if Kampo medicines are administered according to their relevant pattern, they can improve such contradictory conditions as hypertension and hypotension, which is a characteristic that distinguishes it apart from western medications and demonstrates the magnificence of therapies based on Kampo diagnosis.

The 62 patients examined in this study included 35 adults and 27 children. Examining a breakdown of the subjects shows, that irritable bowel syndrome was with 6 cases the most frequent condition among the adult patients, followed by 5 cases of autonomic dysfunction and 3 cases each of functional gastrointestinal disorder, generalized anxiety disorder and climacteric disorder in that order. Also, psychoneurotic disorders were most frequent, occurring in 22 out of the 35 patients. The most frequent condition among the children was atopic dermatitis, which was observed in 9 patients, followed by 5 cases of bronchial asthma and 4 cases of infirmity in that order. Thus allergic diseases were most frequent and found in 14 out of the 27 patients. Examination of the severity of the conditions in the subjects revealed, that in 47 out of the 62 patients, which amounts to 75.2%, the conditions were of moderate or higher severity and thus account for a high ratio of manifestations.

Let's look at the investigation I "examination of the effects of shokenchuto 小建中湯 in patients with chronic diseases" first. The results of the evaluation of the effects showed a marked effectiveness in 16 patients, effectiveness in 39 patients, slight effectiveness in 2 patients, no changes in 5 patients, while aggravation was not observed. Thus, better than effective results were observed in 55 out of the 62 (88.7%) patients, showing a high efficacy. Side effects did not occur.

Examination of the cases of slight effectiveness and no changes. The two patients in whom slight effectiveness was observed suffered from depression and irritable bowel syndrome respectively. The condition in both patients had been persisting for several years already since its onset and the patients had been treated prior to their visit in our clinic using a variety of western therapies without achieving any improvements, so that they finally sought Kampo treatment. Yet, the fact that their condition was refractory did not change and these patients will definitely require in the future not only continued Kampo treatment, but an integrative approach using a combination with western medicine. On the other hand, the five patients in whom no changes were achieved included two cases of psoriasis vulgaris and sudden deafness (subacute). The respective condition was in both patients severe. We believe that for this kind of patient our current level of Kampo medical competence requires further study and ingenuity. Among the remaining 3 patients one each suffered from atopic dermatitis, asthenic constitution, chronic enteritis respectively. Reexamination, however, revealed that the pattern identification in these three patients had been mistaken and when the prescription was later changed to shimbuto 四物湯, hochuekkito 補中益気湯 or shimbuto some improvements were achieved and thereby these precious experiences taught us again the importance as well as the high degree of difficulty a therapy based on Kampo diagnosis incurs.

Also, 23 out of the 62 patients in this study (37.1%) were treated exclusively with shokenchuto, while the other patients received a combination therapy. Regarding the investigation of the effects of shokenchuto for chronic diseases, as shown in the above described three cases of marked effectiveness, treatment exclusively with shokenchuto is probably the more suitable approach, but in the actual clinical setting, in particular in patients with chronic conditions of moderate or higher degree of severity, other formulas beside shokenchuto as the formula for the systemic and general treatment (treatment of the root) are often used simultaneously for local and symptomatic treatment. For these reasons we performed our investigation of patients treated in this study mainly with shokenchuto regardless of whether the prescription was used alone or in combination with other medications.

Next, let's look at the investigation II "examination of cases in which shokenchuto was effective". A breakdown of the 55 patients who were successfully treated with shokenchuto for chronic diseases shows, that they included 30 adults and 25 children. The most frequent condition among the adult patients were 5 cases each of irritable bowel syndrome and autonomic dystonia followed by 3 cases each of functional gastrointestinal disorders, generalized anxiety disorders and climacteric disorders as well as 2 cases each of atopic dermatitis, chronic eczema, chronic gastroenteritis and chronic enteritis in that order. Improvements were obtained by treating the patients with shokenchuto for a period from 2 to 11 months. Combination therapies were used in 18

- shimbuto 四物湯 Four Herbs Decoction
- hochuekkito 補中益気湯 Middle-Reinforcing and Qi-Benefiting Decoction
- hangekobukoto 半夏厚朴湯 Ban-Xia-Hou-Pu-Tang Pinellia and Magnolia Decoction
- keigairengyoto 荊芥連翹湯 Jing-Jie-Lian-Qiao-Tang Schizonepeta and Forsythia Decoction
Clinical use of shokenchuto in internal medicine

Moreover, Iiyama et al. wrote in their report that symptoms (17) that were effectively treated with this formula. Moreover, Iiyama et al. wrote in their report 'Clinical use of shokenchuto in internal medicine' that 'shokenchuto is used in the field of internal medicine mainly for irritable bowel syndrome, but also many similar conditions like gastritis, duodenal ulcers, non-ulcer dyspepsia (NUD) etc.' (18). In the present investigation too we found this formula to be effective in a number of adult patients for the treatment of irritable bowel syndrome, functional gastroenteritis and similar psychosomatic disorders of the digestive organs to begin with, but also autonomic dystonia, generalized anxiety disorders, climacteric disorders and the like psychoneurotic conditions. It is highly interesting, that the breakdown of chronic conditions successfully treated with hangekobokuto 半夏厚朴湯 given in the report 'Examination of cases successfully treated with hangekobokuto 半夏厚朴湯 published by us almost completely matches that for this formula (19). Regarding the differentiation between hangekobokuto and shokenchuto 小建中湯 the former is used mainly for a 'depression of Qi in the throat', water stagnation in spleen and stomach, regurgitation of qi and similar conditions and an abdominal pattern that is marked by tenderness of the middle segment of the stomach, while the latter is used mainly for exhaustion, convulsive pain in the abdomen, where the abdominal pattern is characterized by tense rectus abdominis muscles.

Among the children treated successfully with shokenchuto 半夏厚朴湯 atopic dermatitis occurring in 8 cases was the most frequent condition, followed by 5 cases of bronchial asthma and 3 cases of infirmity etc. in that order, revealing that allergic diseases represented the most frequent conditions and improvements were achieved after a treatment duration with shokenchuto 半夏厚朴湯 varying from 2 months to 1 year and 6 months. Combination therapies were used in 15 out of the 25 patients and included simultaneous treatment with saikokeishito 柴胡桂枝湯, shoseiryuto 小青竜湯, ryokeijutsukanto 斑蝥連翹湯, orengedokuto 黄連解毒湯 and the like.

Regarding the clinical application in children Hirota et al. reported successful treatment of children with asthenic disposition (20), and Hosokawa reported treatment of enuresis (21) with this formula. Also, this formula has frequently been reported to be effective for the treatment of prepubertal nervous anorexia, recurrent abdominal pain and similar pediatric psychosomatic conditions as well as orthostatic dysregulation, periodic vomiting and similar pediatric autonomic dystonias (22) – (26). Yet, in the present investigation the number of patients with enuresis, pediatric psychosomatic disorders and pediatric autonomic dystonias was low, except for the three children with asthenic disposition. Instead, there were many patients with atopic dermatitis, bronchial asthma and similar allergic diseases. In these patients shokenchuto 半夏厚朴湯 was often used for the systemic and general (root) treatment. In addition Mao (ephedra) and Oren (coptis root) containing formulas are often simultaneously used for symptomatic treatment. We ourselves used in many cases of more severe than moderate degrees of pediatric atopic dermatitis and bronchial asthmas saikokeishito 柴胡桂枝湯 as a systemic (root) treatment and obtained good therapeutic results (27, 28).

As an experience a pattern somewhere between deficiency and excess, in which spontaneous sweating, hot flashes, fullness, tenderness or discomfort of the hypochondrium, increased resistance and tenderness of the epigastric region and tension of the abdominis rectus muscles of the upper abdominal area were observed. This condition is treated mainly with saikokeishito, but for mildly to overt deficiency syndromes, in which often lassitude, poor complexion, abdominal pain and tension of the abdominis rectus muscles are observed, mainly shokenchuto 半夏厚朴湯 is used.

Let’s now look at and examine the Kampo findings and chief complaints of patients successfully treated with shokenchuto 半夏厚朴湯. First, regarding the incidence of the chief complaints lassitude, poor complexion, abdominal pain, inappetence, cold hands and feet, mental hypersensitivity, diarrhea, 'dry mouth and throat' etc. appeared in that order. In particular fatigue and weariness as well as poor complexion occurred in more than 60% of the cases, which makes these symptoms the most frequently occurring manifestations. On the other hand, in chronic conditions the incidence of unpleasant warmth and restlessness of hands and feet, palpitations, nose bleeds in the so-called correct pattern for shokenchuto 半夏厚朴湯 seemed with 22%, 20% and 13% respectively not to be particularly high.

Next, let’s look at the Kampo findings of the patients treated successfully with shokenchuto 半夏厚朴湯. Regarding the differentiation between deficiency and excess 52 out of 55 patients presented with mild to clearly deficient pattern, while the remaining 3 patients presented with a pattern

- saikokeishito 柴胡桂枝湯
- Chai-Hu-Gui-Zhi-Tang
- Bupleurum and Cassia Twig Decoction
- shoseiryuto 小青竜湯
- Xiao-Qing-Long Tang
- Minor Blue Dragon Decoction
- ryokeijutsukanto 斑蝥連翹湯
- Ling-Gui-Shu-Gan-Tang
- Tuckahoe, Cassia Twig, Largead Atractylodes and Licorice Decoction
- orengedokuto 黄連解毒湯
- Huang-Lian-Jie-Du-Tang
- Coptis Detoxificating Decoction
intermediate between a state of deficiency or excess. The three cases with the intermediate pattern were all infants under the age of 5 years, thus rendering the differentiation between deficiency and excess difficult, but could also not definitely be categorized as presenting with an intermediate pattern. The pulse pattern was often mildly deficient, slightly deep or clearly deficient, abdominal strength was often either slightly soft or clearly soft. Moreover, the incidence of abdominal patterns was tension of the abdominis rectus muscles, increased resistance and tenderness of the epigastric region, palpitation above the umbilicus, fluid and gas retention in the stomach and thin abdominal walls in that order.

The abdominal pattern for *shokenchuto* has been summarized in Ken Fujihira's "Kampo Fukushin Koza = Lectures on Kampo Abdominal Diagnosis" as 'the abdominal pattern for *shokenchuto* is first of all characterized by a symmetric tension of the left and right abdominis rectus muscles. In order to examine the abdominal strength, soft palpation of the entire abdominal wall with the palm of your hand is performed, but you have to be careful not to mistake the abdominal strength of the abdominal pattern. To prevent this kind of mistake, stroke with index, middle and ring finger from top to bottom alongside the lateral edge of the rectus abdominis muscles, a technique called "ja an (邪按)", meaning to softly stroke with 3 fingers aligned obliquely to the muscle). If the abdominal wall is found to be flaccid, lacking strength, the abdominal strength is evaluated as flaccidity, indicating a clearly deficient abdominal pattern. Also, in the abdominal pattern of the *shokenchuto* 小建中湯 pattern palpitations can be felt comparatively often in the region from the epigastrium down to the middle segment of the stomach. Another abdominal pattern for *shokenchuto* is characterized by the entire abdominal wall assuming a board-like tension, but careful palpation shows, that the palpation does not elicit a feeling radiating into the abdomen and does not evoke in the examining hand a clear response' (29).

In this investigation too the characteristic of the abdominal pattern for *shokenchuto*, namely the tension of the abdominis rectus muscles, was found most often in 72.7% of the cases. On the other hand, thinning of the abdominal was observed only in 10.9% and flaccidity of the abdominis rectus muscles in 9%. This indicates that the abdominal pattern represents one of the bases for the selection of *shokenchuto*.

**Summary**

1. In the present study we used *shokenchuto* according to its pattern to treat 62 patients with chronic diseases (most of the adult patients had psychoneurotic conditions, whereas allergic diseases were most frequent among the pediatric patients) and obtained an efficacy of 88.7% without side effects.

2. The characteristics of the 55 patients successfully treated with *shokenchuto* show mildly to clearly deficient pattern, fatigue and lassitude, poor complexion and in cases of abdominal pain increased tonus of the abdominis rectus muscles, increased resistance and tenderness of the epigastric region and palpitations above the umbilicus were observed.

3. The treatment duration in the successfully treated patients varied between 2 months and 1 year and 11 months. Combination therapy with simultaneous application of other formulas was used in 18 of the adult and 15 of the pediatric patients, where Mao or Saiko containing formulas or drugs for regulating the flow of vital energy etc. were used most frequently.

4. For the treatment of chronic conditions like exhaustion, convulsive pain in the abdomen and the like *shokenchuto* proved to be effective, which indicates that it is an important formula for the treatment of these conditions.

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◆ hangebyakujutsutenmato 半夏白朮天麻湯 Ban-Xia-Bai-Shu-Tian-Ma-Tang Pinellia, Largehead Atractylodes and Tall Gastordia Decoction
A Case of Depression for which San’oshashinto was Effective

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[ Introduction ]

The importance of mental health has been pointed out in light of the sharp increase in the number of people committing suicide in recent years. hochuekkito 補中益気湯, kamikihito 加味帰脾湯 used for patients with depression in cases of Qi deficiency, or hangekobokuto 半夏厚朴湯, kososan 香蘇散 for depressive mood and similar formulas are characterized by the image of being designed for general deficiency patterns. There are only few reports about depression in excess type patients, but the condition appears to be quite frequent. Here I report a case, where the excess type formula san’oshashinto 三黃瀉心湯 was effective for a patient with depression.

[ Case ]

**Case:** age 43 years, male, self-employed. Chief complaint: pain of the left body side.

**Present illness:** development of pain of the left body side at the beginning of April.

Difficulties falling asleep, so that the patient tended to fall asleep by 2 o’clock in the morning and then could not get up in the morning. By the middle of April he took leave of absence from work and by the end of April remained in bed all day long. At a near-by clinic for internal medicine he was told he suffers from climacteric disturbances.

At the beginning of May he visited a certain general hospital. The atmosphere in the waiting room depressed him. Another nearby hospital was recommended and Fluvoxamine maleate (2 tablets divided to be taken one in the morning and one in the evening) prescribed. Upon taking the medication the patient developed headache and a felt strange, so that he discontinued the medication after a few days. He was restless and kept moving around. Occipital headache. Shoulder stiffness. Occasionally headaches. He was afraid of continuing to take western medication. By the end of the same month he consulted our clinic.

**Physical findings:**
Height: 168 cm, weight: 70.5 kg, body temperature: 36.5°C. Blood pressure: 109/73 mmHg. Pulse rate: 86 beats/minute. Pulse pattern: tension 3/5 (intermediate), wiry. Tongue pattern: dry with white fur 2+. Abdominal strength 3/5 (intermediate), palpitation above the umbilicus, although there was bilateral hypochonrial tension, this was not associated with tenderness. Epigastric tension ±. Bowel movements: once every 2-3 days.

**Anamnestic findings:**
In a 4-grade questionnaire symptoms were rated "extreme" (highest score). He did not feel well. His body felt heavy. Movements were felt to be tiresome. Chilling of hands and feet. Influenced by the weather. Feeling of being choked up. Desire to sigh. Hands were trembling. Generalized lassitude. Drowsiness during the day. Attacks of irritation. He experienced difficulties of getting up in the morning and into gear.

**Diagnosis:**
Based on the criteria for major depressive episodes of the DSM-IV more than 5 out of 9 symptoms must be present and continue for more than 2 weeks. This patient presented with 7 symptoms (depressive mood experienced almost daily, loss of interests and joy, insomnia or hypersomnia, psychomotor inhibition or irritation, easy fatigability or loss of vitality, no sense of values or feeling of guilt, decline of mental capacity and concentration) and thus met the relevant criteria. A loss of body weight or suicidal thoughts were not observed.

Depression is classified in Japan traditionally into endogenous depression (monopolor, bipolar), neurotic depression, reactive depression and ideophrenic depression. This patient was considered to suffer from endogenous depression of the bipolar circulatory psychosis type.

**Pattern identification:**
Excess pattern of the lesser yang disease stage. Based on the instable mood and tendency towards constipation, we considered this to be a san’oshashinto pattern. A preparation of an infusion of said formula (Daio (rhubarb) 2, Oren (coptis root) 4, Ogon (scutellariae radix) 4, g/day) was used. The infusion was not made by brewing, but rather by infusing the crude drugs for a few minutes in hot water and subsequent filtering.

◆ hochuekkito (補中益気湯) Bu-Zhong-Yi-Qi-Tang Middle-Reinforcing and Qi-Benefiting Decoction
◆ kamikihito (加味帰脾湯) Jia-Wei-Gui-Pi-Tang Modified Back to the Spleen Decoction
◆ hangekobokuto (半夏厚朴湯) Ban-Xia-Hou-Pu-Tang Pinellia and Magnolia Decoction
◆ kososan (香蘇散) Xiang-Su-San Cyperus and Perilla Leaf Powder
◆ san’oshashinto (三黃瀉心湯) San-Huang-Xie-Xin-Tang Three Huang Heart-Clearing Decoction with Three yellow color Herbs
Course:
One week later the pain in the left body half was alleviated. The patient became able to work again with appropriate rest. Hands were still shaking. In the night of first day back at work he was so excited, that he could not sleep. Three weeks later. The amount of time the patient was able to work had increased. The complete lack of vitality observed on the first visit had improved to a level of about 60%. Five weeks later. The patient appeared to be back to normal. The pain in the left body half had been alleviated. Appearance did suggest no signs of suffering.

Discussion
As a countermeasure against the rising number of people committing suicide in recent years the Ministry of Health and Welfare has set up mental health centers in all hospitals for work-related accident cases (April 2002). Since we do not have a psychiatric department in our clinic, the center of Japanese Oriental Medicine now serves two purposes. The person in charge (the author) is a doctor of internal medicine and our ward does not provide a suitable environment for psychiatric patients requiring hospitalization. Thus, we can treat exclusively patients, who are not likely to commit suicide or take overdoses of drugs. Treatment exclusively with Kampo medicine in this particular patient too was started after we confirmed during the first visit, that there was only a minimal risk of suicide attempts and had him promise, that even if he should become depressed while commuting to our center, he will not die. Considering the peace of mind of the therapist, combination therapy with some sort of psychomimetic drug might be considered better, but because this patient had a marked aversion against western medications, such a measure would probably not serve its function as an "insurance", but might rather induce adverse effects. Using exclusively Kampo medicine was the prerequisite for maintaining a good communication with the patient. Yet, should the therapist be under the impression, that there is imminent danger, he should contact the family, regardless of the patients opinion, and persuade the patient to be referred to a psychiatric hospital.

The Jinguityaolue 金匱要略 gives the indication for san’ōshashinto 三黃泻心湯 as "insufficiency of heart qi, hematemesis and epistaxis are controlled by san’ōshashinto". Since Todo Yoshimasu wrote, that "the insufficiency cited in Qianjinyifang 千金要方 creates instability", in Japan it is not an "insufficiency of heart Qi", but the condition has come to be understood as an "instability of the heart Qi".

Regarding the interpretation of the "instability of the heart Qi" the book "Fukusho Kiran" mentions "the heart Qi is swaying, does not settle down and is constantly pounding and dancing, so that it cannot find its peace, or by being surprised causes palpitations and leads to despondency, in extreme cases may even cause insanity: that is what is called instability of the heart Qi" and thus indicates a classic example of a manic-depressive condition. If depression is recognized as due to insufficient Qi, then it can be suitably expressed as an "instability of heart Qi". The mental condition of this patient was dominated by depressive mood that made him sleep all day long, but this was sometimes interspersed by episodes of restlessness and irritation during which he moved around in a manic fashion, so that both an "insufficiency of heart Qi" as well as an "instability of heart Qi" were observed.

This prescription has a quite powerful sedative effect. Although different from a manic state, Harada et al. reported that they obtained good results with this prescription in 4 patients presenting with acathisia, that occurred as an adverse reaction to antipsychotic medications. Oren is known to have this kind of sedative effect, but the RG-tannin of rhubarb is considered mainly responsible for this action.

In patients with depression, anxiety, irritation and similar symptoms are observed, but with respect to the therapy the loss of vitality and depressive mood command particular attention. These symptoms should be improved in a well-balanced manner, but through treatment with antidepressants the vitality may improve prior to the depressive mood, so that under these circumstances the suicide risk increases. In the here presented case both symptoms improved not only well balanced, but also very quickly. This was considered to be an advantage of the Kampo therapy.

A search for clinical experiences with san’ōshashinto 三黄泻心湯 for the treatment of depression yielded three reports over the past 20 years. The greatest number of patients, namely 11 cases, was reported by Ozaki et al., who did not alter the antipsychotic medication and prescribed 7.5 g/day of this formula as an additional medication over a period of 4 weeks. The degree of general improvement showed four cases of mild improvement, 5 cases of moderate improvement and a marked improvement in one case. In these cases with excess pattern the general improvement was better that in patients presenting with intermediate pattern. There was a marked sedative effect on the anxiety and restlessness, but for depressive mood and decreased motivation no effects were observed.

On the other hand Matsushita et al. reported that treatment of 51 male patients, who had made suicide attempts, with extract capsules resulted after 3 days in improvements of the depressive symptoms.

In the case reported here not only the anxiety and irritation improved, but depressive mood and decreased
motivation also improved markedly. Generally, the use of a decoction prepared from crude drugs has a more powerful effect than extracts. Although obtaining powerful psychotropic actions is very desirable, there are concerns that there might also be enhanced cathartic side effects, because the formula contains rhubarb.

Yet, reportedly a short infusion time reduces the cathartic effect. The increase in the amount of eluted sennosides seems to reach a peak after decocting for 30 minutes of infusing for more than 15 minutes. In this patient no cathartic actions like softening of the stool were observed probably because the infusion time was about 5 minutes, surmising only a small amount of eluted sennosides.

This infusion of san’shashinto had only little purgative effects, suggesting that it is a medication more useful for patients with depression.

[Conclusion]

San’shashinto was considered to be useful for the treatment of depression associated with manic states. Expectations are placed on further accumulation of case reports treated this formula.

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Hachimijiogan for Impending Incontinence

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[Case] Age 71 years, female, no occupation
[Chief complaint] Leaking of urine
[Past history] At the age of 51 surgery for myoma of the uterus

[Present illness] Since about 2-3 years ago leaking of urine, because she could not control herself long enough from the onset of micturition urge until reaching the toilet. Voiding 5-6 times during the daytime does not constitute an increased urinary frequency, but she also had to void 3-4 times during the night. No pain on micturition.

She complained about cramps in the legs at dawn, pain of the lower back and shoulders, easy irritation and occasional vertigo.

[Present status] A woman with a round face like a balloon. Height: 144 cm, weight: 61 kg, blood pressure: 136/86 mmHg. The pulse was deep and had a pattern between deficiency and excess. The tongue was dry and had a thin white coating. She had a thick layer of subcutaneous fat over the abdomen, which was overall bulging, but characteristic abdominal patterns like softness of the lower abdomen were not observed. There was edema of the lower legs.

[Course] We considered the chief complaint of urinary incontinence in conjunction with low back pain and nocturnal polyakisuria to be due to "kidney deficiency" and therefore prescribed 7.5 g/day of Tsumura’s hachimijiogan 八味地黄丸 to be taken before each meal. Furthermore, for the leg cramps we added 2.5 g of Tsumura’s shakuyakukanzoto 芍薬甘草湯 at bedtime to the prescription.

After taking this formula for 2 weeks, urinary incontinence improved and residual symptoms occurred only in the morning. Cramps of the legs were relieved too and now occurred only occasionally. After 1 month the urinary incontinence had been completely alleviated and after 2 months nocturnal micturition frequency had decreased to once per night. Low back pain had improved to half its original level and vertigo almost did not bother her any longer. Yet, the pain of the shoulders remained unchanged. Due to a diet, the patient’s weight had dropped to 59 kg.

[Discussion] In the past, I have used hochuekkito 補中益気湯 to treat stress urinary incontinence and already reported one case in which excellent effects were obtained. Stress urinary incontinence is treated in view of the decreased tonus of the supportive tissues of the bladder often with tonifying drugs like Ninjin-ogi formulas (Ginseng Root and Astragalus Root drug group)

The involuntary leakage of urine occurring in this patient when she developed a micturition urge is impending incontinence. In the book "Kampo Treatment Lessons" by Toshihiko Hanawa the author used Koboku (Magnollia Bark) to relief the irritability of the bladder and Shakuyaku (Peony Root), Kanzo (Licorice Root) and similar drugs containing hangekobokuto 半夏厚朴湯, shakuyakukanzoto 芍薬甘草湯, yokukansankashakuyaku 抑肝散加芍薬 and similar formulas. However, in the book "Gyuzanhoko" by Gyuzan Katsuki, second volume, under the heading Hachimijioguan he writes: "This formula works marvelously for patients with lower burner exhaustion, urinary incontinence, anuresis or dysuria, or else in patients with constipation or paralysis of arms or legs". Therefore, the formula can be used for urinary incontinence in general. Since in this case other kidney deficiency symptoms were also obvious, I selected hachimijiogan 八味地黄丸 without any hesitation.

◆ hachimijiogan （八味地黄丸） Ba-Wei-Di-Huang-Wan Kidney-Qi Pill
◆ shakuyakukanzoto （芍薬甘草湯） Shao-Yao-Gan-Cao-Tang Peony and Licorice Decoction
◆ hochuekkito （補中益気湯） Bu-Zhong-Yi-Qi-Tang Middle-Reinforcing and Qi-Benefiting Decoction
◆ hangekobokuto （半夏厚朴湯） Ban-Xia-Hou-Pu-Tang Pinellia and Magnolia Decoction
◆ yokukansankashakuyaku （抑肝散加芍薬） Yi-Gan-San-Jia-Shao-Yao Liver-Inhibiting Powder plus Peony
A good motive creates a selfless devotion.

“I just want my customers to feel better, body and soul. Just to see their faces light up with hope and happiness, I’d do anything,” remarks Masao Tsuji, President of Ominedo Pharmaceutical Industry Company. He visits various sites where raw herbs and substances for use in their Kampo products are picked. And he believes this is the tradition Ominedo had maintained for over a century now since the company was founded in 1900.

The same philosophy is applied in handling the numerous high-quality formulas created at their labs where highly advanced scientific and pharmacological researches are conducted. The company's state-of-the-art facilities that comply with GMP standards turn out various extracts to be incorporated into their pride products.

“Every merchandise is the by-product of our sincere devotion to delivering a lineup of products that not only work for the customers’ body, but also bringing peace of mind as well,” Tsuji concludes, “delivering the right product to customers who appreciate our knowledge and devotion is our ultimate goal.”
Cases of Mother and Child with Psychoneurotic Symptoms Successfully Treated with Kampo Therapy in a Short Term

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【Introduction】
Reporting of Kampo treatment being efficacious in mother and child has extremely rarely been made. Our search indicates that especially with regard to psychoneurotic symptoms, there is only one case of mother and child of psychosomatic disorders reported by Ninomiya¹). This time, we have experienced a successful case of mother and child of psychosomatic disorders in which therapy based on Kampo diagnosis brought effects within a short period of time.

【Case 1】18 years old, female (daughter of Case 2)
Chief complaint: Pain in hands and feet
Past history: Nothing significant
Family history: Nothing significant
History of events: The patient was innately healthy. However, in July 2006 cloudy consciousness was experienced at a private preparatory school and on the following day, numbness in the hands and difficulty breathing appeared. Then, the patient made a visit to a nearby doctor where a blood sample was drawn and X-ray films of the chest were taken, resulting in no indication of abnormalities. In the nighttime of that day, an abdominal pain developed and an emergency visit was made again to the Emergency Outpatients of the same hospital where the patient was told the pain was caused by constipation. Thereafter, pain, numbness in the hands and feet and dorsal region diffused with increasing intensity and a visit was made to the Department of Psychosomatic Internal Medicine of the nearby hospital where the diagnosis was fibromyalgia syndrome with the prescription of clotiazepam. However, the severity of general fatigue increased, which prompted the patient to visit the Department of Psychosomatic Internal Medicine of another hospital and alprazolam was administered, which induced drowsiness, leading to the state of being unable to keep the patient waking up. So, the patient was referred to the Department of Neurology of our hospital for having a further examination on organic illness and presented to the Department in early August. Findings indicated that there were no neurological abnormalities and the patient’s symptoms were considered as a pathologic condition with psychogenic factors closely involved. Then the patient was recommended psychosomatic treatment. Indeed, oral antianxiety agents had to be avoided and since the symptoms remained unchanged at the visit in the middle of the month, the patient was recommended Kampo treatment and was referred to our department with a visit at the end of August.

〈Kampo medical findings〉
Objective findings: Height 158cm, weight 52kg, pulse rate 75/min (regular), body temperature 35.5°C, blood pressure 95/66mmHg. The patient had a look of extremely being anxious and worn out. Pulse condition was sunken, thin, weak and congested. Tongue body was normal red, swollen, teeth marked, and moist with a coating of slightly white moss. Abdominal condition showed a moderate abdominal power, discomfort with pain (when pressed) of the region from the epigastrium toward the costal bones on both sides, hard epigastrium with a sensation of heaviness, clapotage in the gastric region, tense abdominal rectus muscles on both sides, and flaccid lower abdomen.

Clinical course
From a Western medical perspective, there are some pains developed during puberty which causes cannot clearly be identified and also a number of indefinable and theatrical symptoms are experienced, involving various organ systems, and changes occur in the state of consciousness that cannot easily be characterized. Given the forgoing, the pathological condition of the patient was considered as meeting the diagnostic criteria of somatization, except for the short duration of the symptoms. Kampo medicine suggested a possible selection of saisyakurikkunsito 柴芍六君子湯 based on the abdominal symptoms and condition. However, with further considerations given to the type of “yin-sho” and “kyo-sho” of the patient diagnosed from severe sensitivity...
to cold and pulse condition, as well as considerations to
dizziness with the feeling of walking on the clouds and
the state of “being troubled but not plagued”. simbuto 真
武湯 Extract was prescribed. After three days of the
administration, the fatigue and cold were not present.
After ten days the pain and numbness subsided. On the
day of two-week visit, the patient entered the medical
office with a refreshed look.

The complaints made on the day were a mild feeling of
fullness of the abdomen, constipation accompanied by
periambilical pain, and difficulty getting to sleep.
Findings based Kampo medicine indicated that the pulse
condition was improved to the middle state between
floating and deep, slightly weak, and slightly slow and
that the tongue body was also improved to disappearance
of swelling and teeth marks, whereas abdominal strength
was as moderate as before and the epigastrium was still
hard with a sensation of heaviness: the abdominal rectus
muscles were still tense on the sides; and palpitations on
the superior and inferior regions of the bladder.

From the above findings, the pathological condition was
considered similar to those of orthostatic disturbance
accompanied by periambilical pain as reported previously
by the author, et al., thus the medication was switched to
anchusan 安中散 Extract. At the subsequent two-week
visit, the patient was feeling well without dizziness upon
standing and difficulty getting to sleep. And the patient
had bowel movements/day, although stool was a little
hard and furthermore the abdominal pain was not
present. anchusan Extract was continued and at the
subsequent four-week visit, any symptoms were not
present. Thus the patient’s treatment was finished
providing that in the case of recurrence of symptoms, the
patient would make a visit to the hospital.

【Case 2】 58 years old, female (mother of Case 1)
Chief complaint: Anxiety, tension, palpitation
Past history: No appreciable disease
Family history: Diabetes mellitus (mother)
History of events: The patient was relieved from her
worries about her daughter (Case 1) who showed
improvements in mental instability suffered since July
2006. However, in the middle of October of the year, the
patient abruptly began to feel anxiety of driving her
private car. On the following day, the patient had heart
palpitations during driving due to an abrupt attack of
anxiety and tension and could not continue driving as her
legs began trembling, so pulled off the car on the shoulder
of the road. She then got on a mobile to her husband. The
patient did not have clear memories of the conversation
with her husband and the time of the call she made. Next
day, the patient visited a neurosurgery hospital in the
neighborhood and received a CT scan of the brain,
revealing no abnormalities. Thereafter, the patient felt
being insecure and tense on a train, so she became getting
out of the train once and wait for another train until she
could calm herself down. Due to this, the patient desired
a complete check-up and presented to the Department of
Diagnostic Medicine in our hospital at the end of October.

Physical findings: No abnormalities were detected on the
analysis of general blood sampling (including thyroid
gland function), an electrocardiogram, and X-ray films
of the chest and the patient did not have expected-anxiety
and agoraphobia, from which the patient was diagnosed
as having anxiety disorder. The patient was
recommended to receive treatment at the Department of
Psychiatry. However, she had refusal of antianxiety
agents due to her daughter’s having undergone severe
fatigue and drowsiness and desired Kampo treatment.
In early November, the patient was referred to our
department.

[Kampo medical findings]
Subjective symptoms : Anxiety, tension, palpitations,
systemic fatigue, daytime sleepiness, feeling low,
depressed mood, frustration, easily frightened, loss of
appetite, a feeling of cold and hot flashes, eye fatigue,
difficulty getting to sleep, dreaming bad dreams, and
easily forgetting. No abnormalities in two times stool.

Objective findings: Height 159cm, weight 46kg, pulse rate
79/mm (equal), body temperature 36.0°C, blood pressure
135/83mmHg. The patient had flushed cheeks and upper
body natural sweating. Pulse condition was slightly
floating, tense like a string, moderately strained, and
slow. Tongue body was slightly dark red, swollen, teeth
marked, red on the tip, and moderately moist with a
coating of white moss. Abdomen showed a slightly low
level strength of the abdomen, tense abdominal rectus
muscles on the sides, palpitations on the epigastric region,
palpitations on the superior and inferior parts of the
umbilicus, and flaccid lower abdomen.

〈Clinical course〉
Before commencing treatment, patient was informed
and acknowledged that if three-month treatment with
Kampo alone did not yield improvements, the patient
would receive Kampo and psychiatric treatments
concomitantly. The patient’s symptoms suggested
running piglet from a Kampo medicine perspective, so
ryokeikansoto 奔豚甘棗湯 or hontonto 奔豚湯 was a
possible medication. However, a focus was put on the
patient’s lack of vigor to remember and frequent

◆ anchusan (安中散) An-Zhog-San Middle-Soothing Powder
◆ ryokeikansoto (奔豚甘棗湯) Ling-Gui-Gan-Zao-Tang Tuckahoe, Cassia Twig, Licorice and Chinese Date Decoction
◆ hontonto (奔豚湯) Ben-Tun-Tang Running Piglet Decoction
◆ ryukotsuto (亀骨湯) Long-Gu-Mu-Li-Tang Dragon’s Bone and Oyster Shell Decoction

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forgetfulness, on which basis ryukotsuto 龍骨湯 was administered by referring to the original Waitaimiyaofang 外台秘要方 that has the description of treating fright, memory loss, lost sense of feeling joy, and non-generation of “yang Qi”. After two weeks, the patient was still unable to drive her own car and still felt insecure in a train, whereas sleep disorders, depressed mood, frustration, and loss of appetite disappeared. At the subsequent four-week visit, the patient came to the hospital by train and bus without feeling any anxiety. Daytime sleepiness and fatigue were not present. At the seven-week visit, the patient was still unable to drive on highways due to the presence of insecure sense, but not so on general roads. Other symptoms remained subsided. At the 12-week visit (end of January 2007), all symptoms were completely resolved and the medication was determined. It is particularly notable due care given not to cause drug habit. It is thought that a physician should have the frame of minds in which he or she supports, rather than curing illness, patients to become capable of facing with their somatic symptoms to solve problems themselves. In the Case 1, Kampo Zuisho treatment was commenced at the early stage of symptoms developed and an appropriate medication was determined. It is particularly notable that this has led to curing while avoiding not only the risk of adverse effects or medication habit but also the development into somatization disorder through chronic course.

Anxiety is an unpleasant and unaccountable state of worrying or fear accompanied by physiological symptoms, such as sweat, palpitation, and trembling. Excessively high levels of suffering and functional disorders due to the foregoing anxiety can be defined as anxiety disorder. The treatment is generally performed with considerations given to both the use of medicines such as antidepressant agents, SSRI, MAO inhibitors, and beta blockers and the use of psychiatric therapy. Kampo treatment is also regarded as effective means of treatment for anxiety disorder. In the patient of Case 2, as a strong refusal was present against drugs such as antianxiety agents and psychotropic agents, consoling efforts were made for the patient during the Kampo medication with an approach of saying “trust yourself, maintain productive activities”. Due to this, curing was achieved in a short period of the treatment course, or about three months without causing any other disorder.

Case 1 and Case 2 are mother and child. Different medications were used but both cases showed curing without any other disorder within several months from the development of symptoms. There have been six months since then and any symptoms have not recurred. Responsiveness to Kampo treatment closely resembles between the mother and the child, which may interestingly be similar to that of the case reported by Ninomiya, so that our cases may become a potential reference for diagnosis and treatment of mother and child.

【Discussion】

In the treatment of somatization disorder, it is said that a focus should be placed on coping with illness rather than healing it and as treatment effects are limited, illness is subject to repeated exacerbation leading to magnification. For the treatment of anxiety and depressed mood, when indicated, medicinal treatment is recommended with due care given not to cause drug habit. It is thought that a physician should have the frame of minds in which he or she supports, rather than curing illness, patients to become capable of facing with their somatic symptoms to solve problems themselves. In the Case 1, Kampo Zuisho treatment was commenced at the early stage of symptoms developed and an appropriate medication was determined. It is particularly notable that this has led to curing while avoiding not only the risk of adverse effects or medication habit but also the development into somatization disorder through chronic course.

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【Note】

For the Case1 reported herein, following was successively administered: Tsumura・simbuto 真武湯 Extract 7.5g/day, Kotaro-anchusan 安中散 Extract 6 capsules. Ingredients and herb distribution country of ryukotsuto 龍骨湯 administered to the Case 2 are as follows:

Ryukotsuto: Dragon’s bone (3.0g, China), cinnamon bark (3.0g), thinleaf milkwort root (3.0g, China), ophiopogon japonicus (3.0g, China), oyster (3.0g, Japan), poria sclerotium (5.0g, China), licorice root (0.5g, China), Ginger (1.0g, China).

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Three Cases of Inflammatory Bowel Diseases Effectively Treated with Kampo Medicine

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[Case No. 1] Age 33, male
[Chief complaint] Ulcerative colitis, abdominal pain
[Family history] No items warranting special mention
[Past history] No items warranting special mention
[Present illness] Five years ago development of diarrhea, frequent occurrence of bloody stools and three months ago the patient went to have colonoscopic examination because of aggravating symptoms. He was diagnosed with ulcerative colitis affecting the entire colon and prescribed 5-ASA 2250 mg/day (later changed to 1,500 mg/day) to control the inflammation, whereupon the diarrhea and bloody stools were alleviated. However, the abdominal pain was not relieved, so that he suffered during work from tenesmus-like abdominal discomfort that after some time adversely affected his work performance. During the night he experienced a tense feeling in his low back that frequently interfered with his sleep.

[Present status] Height: 172 cm, weight: 70 kg, blood pressure: 118/68 mmHg

The tongue was in a state between dry and moist and had a thin white coating. The pulse was deep. Regarding the abdominal pattern a moderate degree of strength, fullness, tenderness or discomfort of the hypochondrium and increased resistance and tenderness of the epigastric region as well as a minor degree of stiffness of abdominal muscles were observed. Bowel movements once daily, soft stools.

[Course] Prescription: saikokeishito 柴胡桂枝湯 (shakuyaku 4 g). Two weeks later the patient reported: "About 3 days after I started taking the medication the abdominal pain disappeared and I was able to sleep." After that the patient took the Kampo medicine intermittently, but when he forgot to do so, only a mild degree of abdominal discomfort developed, so the course overall was favorable.

[Case No. 2] Age 16 years, male
[Chief complaint] Crohn’s disease, abdominal pain
[Family history] No items warranting special mention
[Past history] No items warranting special mention
[Present illness] Onset of the abdominal pain 1 year and 3 months ago. One year ago he experienced a large amount of melena and the results of a subsequently performed detailed examinations led to the above mentioned diagnosis (Crohn's disease of the colon).

Currently he is observed while being treated with 5-ASA 2250 mg/day, but experiences after every meal mild abdominal pain and once or twice a month severe attacks of abdominal pain. He is susceptible to catching cold and developing fever.

[Present status] Height: 162 cm, weight: 42 kg

The tongue was in a state between dry and moist, pale red and had a thin white coating. The pulse was deep. Regarding the abdominal pattern abdominal strength had deficient characteristics and stiffness of abdominal muscles and a minor degree of softness of the lower abdomen were observed. Bowel movements once daily, normal stools.

[Course] Prescription: shokenchuto 小建中湯 (Koi 10 g).

Approximately 2 months later: "There are no more attacks of severe abdominal pain, I feel much better and I am doing well now."

Approximately 8 months later: "I am fine. The dose of 5-ASA has been reduced to 750 mg/day and recently there are also days on which I do not take the medicine at all."

Objectively the degree of stiffness of the abdominal muscles started to improve after about 4 months of treatment.

[Case No. 3] Age 30 years, male
[Chief complaint] Ulcerative colitis, abdominal pain
[Family history] Younger brother has Crohn’s disease
[Past history] No items warranting special mention
[Present illness] After the onset of abdominal pain and diarrhea half a year ago the patient was diagnosed with severe ulcerative colitis of the entire colon. He was treated mainly with central venous hyperalimentation and intravenous steroids, but the disease recurred later. Currently his condition is controlled with 6 mg of PSL and 5-ASA 2250 mg/day, but he still suffers from abdominal pain that bothers him also during work. The pain extends from the lower back to both flanks. Work standing for long hours and walking trigger the symptoms.

[Present status] Height: 177 cm, weight: 61 kg, blood pressure: 102/70 mmHg

Tongue was moist and had a thin white coating. Pulse was deep. The abdominal pattern was marked by a moderate degree of strength, fullness, tenderness or discomfort of the hypochondrium and stiffness of abdominal muscles. In the vicinity of the navel a mild degree of blood stagnation was observed. He had 2-3 bowel movements per day, with hard to soft stools.

[Course] Prescription: saikokeishito 柴胡桂枝湯 (shakuyaku 4 g). Approximately 2 months later the patient had slightly improved. Since the symptoms did not change even after

◆ saikokeishito（柴胡桂枝湯） Chai-Hu-Gui-Zhi-Tang Bupleurum and Cassia Twig Decoction
◆ shokenchuto（小建中湯） Xiao-Jian-Zhong-Tang Minor Middle-Strengthening decoction
◆ keishikajutsubuto（桂枝加朮附湯） Gui-Zhi-Jia-Ling-Shu-Fu-Tang Cassia Twig Decoction Plus Tuckahoe, Atractylodes, and Aconite

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switching to *keishikajutsubuto* 桂枝加朮附湯, after approximately 3 months we started to treat him with *shigyakusan* 四逆散 (shakuyaku 4 g) and added 5 g of engosaku (Corydalis decumbens).

Approximately 1 month later: "Pain has improved"
Approximately 5 month later: "Pain is now only half as intensive as it was in the beginning"
Approximately 8 month later: "I am fine. I can now walk for a long time."

After that we discontinued the medication and broke off the treatment based on the patient's request.

**[Discussion]**

Inflammatory bowel diseases include ulcerative colitis and Crohn's disease. The incidence is higher among younger people and the pathophysiology still poorly understood, so that there is an extremely high ratio of refractory cases following a prolonged course. In recent years, a number of new therapies like therapeutic leukopheresis and TNF-α (or alpha) monoclonal antibodies etc. have emerged, but they are not for all patients a blessing and there are concerns about therapy induced adverse effects. In contrast, the number of patients with ulcerative colitis in Japan is growing fast and approaching 100,000, so that therapies are called for, that take also the patients subjective symptoms and QOL into account.

In general, when the findings of fibrescopic examinations of the colon show remissions, the various symptoms of the lower digestive tract too are considered to either improve or else resolve, but in actual practice, like in the aforementioned patients, even with improvements in the examination findings residual abdominal pain and similar symptoms are frequently observed. Many patients consult ambulatory Kampo practices to seek solutions to their problems, so that Kampo medicine is considered to offer a not negligible degree of usefulness. Western medicine uses anticholinergic drugs or NSAI Ds for the abdominal pain and depending on the degree of the abdominal pain also pentazocine. Yet, these medications can have the side effect of inducing toxic megacolon or peptic ulcers, so that sufficient care has to be taken and the patients have been observed for manifestations of such conditions.

All of the 3 cases we have presented here were considered by western medicine to be in remission, but the abdominal pain persistently remained and interfered with both work and sleep, thus leading to a decrease in QOL. The case No. 1 was considered to be a comparatively mild case of what we considered to be ulcerative colitis. Based on the slightly nervous impression the patient made and targeted at the abdominal pain *saikokeishito* 柴胡加桂枝湯 proved to be highly effective. *Saikokeishito* was described in the "Jinguiyaolue 金匮要略" as 'curing sudden pain in the heart and abdominal area', so that it is frequently used to treat chronic pancreatitis or irritable bowel syndrome. It is frequently used for the treatment of abdominal pain in young people. Case No. 2 was a patient in whom Crohn's disease was associated with abdominal pain. *shokenchuto* 小建中湯 was described in the "Jinguiyaolue" as 'shokenchuto controls exhaustion, colic pain in the abdomen, palpitation, epistaxis, abdominal pain, nocturnal emission, aching pain of arms and legs, irritating warmth of hands and feet, dry throat and mouth'. When the patient is clearly emaciated and presents with 'exhaustion' marked by fatigue and fever, *shokenchuto* was administered. A quick relief of the abdominal pain and improvement of the general condition (the patient ceased to catch severe colds) was associated with improvement of the abdominal findings. Case No. 3 was treated like case No. 1 initially with *saikokeishito*, but therapeutic effects were somehow insufficient.

Abdominal diagnosis clearly showed fullness, tenderness or discomfort of the hypochondrium and stiffness of abdominal muscles. Since in addition coldness and diarrhea were also observed, the prescription was switched to *shigyakusan*, after which the patients followed a favorable course. Ancient physician Tokaku Wada habitually used *shigyakusan* and observed: 'I cannot recall how many different symptoms of varying disease I have treated with this drug over many in patients with infectious and miscellaneous diseases. It is rather a rare and sacred formula. Let it be known, that its regular use is always extraordinarily effective.' Keisetsu Otsuka described the indications for the use of this formula as 'It should be used exclusively according to the abdominal pattern. That means, it is a variant of *daikokoto* 大柴湯, and as such assumes the presence of fullness, tenderness or discomfort of the hypochondrium and stiffness of abdominal muscles, resembling the abdominal pattern of *saikokeishito*, but being closer to that of *daikokoto*. For the here described patient the abdominal pattern received the greatest consideration.

A variety of information indicates that the so far used Kampo medicines had been effective for inflammatory bowel diseases and Fujimoto et al. tabulated them regarding ulcerative colitis. Based on this information the

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<th>药方</th>
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<tr>
<td><em>shigyakusan</em> 四逆散</td>
<td>Si-Ni-San</td>
<td>Cold Limbs Powder</td>
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<tr>
<td><em>daisaikoto</em> 大柴湯</td>
<td>Da-Chai-Hu-Tang</td>
<td>Major Bupleurum Decoction</td>
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<tr>
<td><em>saireito</em> 桑朮湯</td>
<td>Chai-Ling-Tang</td>
<td>Minor Bupleurum Decoction plus Porio Powder with Five Hervs</td>
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<tr>
<td><em>kyuikiyogaito</em> 細辛茯苓湯</td>
<td>Xiong-Gui-Jiao-Ai-Tang</td>
<td>Szechwan Lovage Rhizoma, Angelica Root, Ass-Hide Glue and Argy Wormwood Leaf Decoction</td>
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<tr>
<td><em>orengedokuto</em> 黃連解毒湯</td>
<td>Huang-Lian-Jie-Du-Tang</td>
<td>Coptis Detoxificating Decoction</td>
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<tr>
<td><em>juzentaihoto</em> 十全大補湯</td>
<td>Shi-Quan-Da-Bu-Tang</td>
<td>Ten Strong Tonic Herbs Decoction</td>
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most frequently used Kampo medicine was saireito 柴苓湯, followed by kyukikyogaito 芎歸膠艾湯, orengedokuto 黃連解毒湯, juzentaihoto 十全大補湯 and the like. The prescriptions of all the here described cases contained shakuyaku (Paeoniae Radix) and kanzo (Glycyrrhizae Radix) and thus can be considered orthodox formulas for abdominal pain, but shokenchuto assumes a low position regarding the frequently of use, while there seemed to be almost no reports dealing with saikokeishito 柴胡桂枝湯 or shigyakusan 四逆散. Regarding Crohn’s disease too a similar search brought up many reports about saireito 柴苓湯, where some case reports about daikenchuto 大柴胡湯 or senkinnaitakusan 千金內托散 were also seen, but regarding the formula we used in this study there was only one report describing the use of shokenchuto 小建中湯 for the treatment of a pediatric case. Yet, since we restricted ourselves here to the combined use of Kampo medicine for the treatment of the symptom abdominal pain, it might not be possible to make straightforward comparisons. In any case, while taking all the symptoms reported by the patients into account, we actively used Kampo formulas thought to be most effective for symptoms like abdominal pain and considered this to be extremely useful to improve the QOL of patients with inflammatory bowel diseases.

The composition of the formulas used in this study, doses of the individual galenicals and their origin are listed below.

**Saikokeishito 柴胡桂枝湯**

- Saiko 5 g (Kumamoto prefecture)
- Hange 4 g (Gansu province)
- Keihi 2 g (Vietnam)
- Ogon 2 g (Hebei province)
- Ninjin 2 g (Jilin province)
- Shakuyaku 2 g (Nara prefecture)
- Taiso 2 g (Henan province)
- Kanzo 1.5 g (inner Mongolia)
- Shokyo 0.5 g (Szechuan province)

**Shokenchuto 小建中湯**

- Shakuyaku 6 g (Nara prefecture)
- Keihi 4 g (Vietnam)
- Taiso 4 g (Henan province)
- Kanzo 2 g (inner Mongolia)
- Shokyo 0.5 g (Szechuan province)
- Koi as appropriate (Ehime prefecture)

**Shigyakusanryo 四逆散料**

- Saiko 5 g (Kumamoto prefecture)
- Shakuyaku 4 g (Nara prefecture)
- Kanzo 2 g (inner Mongolia)
- Kijitsu 2 g (Ehime prefecture)

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Two Cases of Premenstrual Syndrome (PMS)

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Case 1: Kamishoyosan 加味逍遥散 for severe premenstrual irritation

【Patient】48 years old, female
【Chief complaint】Premenstrual irritation and hot flashes
【Present illness】It started three years ago that the patient became extremely irritable one week prior to menstruation, often causing problems with her family and friends, and thereafter falling into a depressed mood. This was cyclically being repeated.

The patient had hot flashes at times and its frequency increased before menses. Furthermore, the intensity of headaches, stiff shoulders, and dizziness also increased before menses with strong sensations of discomfort. The patient had a regular menstrual cycle of 28 days.

【Present condition】Height 163cm, weight 55kg. Physique was ordinary. Blood pressure 120/80mm Hg. Complexion was ordinary. Dark circles around the eyes were assessed (+). Tongue body was purple with a thin coating of white moss and teeth marks. Abdomen condition showed a moderate abdominal strength, hard epigastrum with a sensation of heaviness (+), and a mild discomfort with pain (when pressed) in the region from the epigastrium to the costal bones on both sides.

【Course】The patient’s initial consultation was made on September 2002. Tsumura·Kamishoyosan 7.5g was prescribed.

Three weeks after the administration, hot flashes were significantly alleviated. Menses started two days ago, however, much premenstrual irritation was not experienced. Since the patient stated that stiff shoulders and headaches were also alleviated, this same medication was maintained.

In November, although the patient had some premenstrual headaches, less irritation and hot flashes were experienced. For the headaches, Tsumura·Goshuyuto 吳茱萸湯 Extract was prescribed on an as-needed basis.

Thereafter, the premenstrual irritation was markedly improved compared to the pre-treatment, which condition remained till menopause without a major incident. Furthermore, headaches were eased by taking goshuyuto as needed and the frequency was gradually being reduced.

The patient entered menopause in November 2005 (51 years old). In pre and post menopause, the patient experienced hot flashes, which were alleviated with the administration of kamishoyosan. The medication is now continued as the patient claims she feels better as long as she takes it.

【Discussion】This is the case in which kamishoyosan was efficacious for premenstrual syndrome, especially irritation.

Premenstrual syndrome (hereafter PMS) is defined as a collection of physical and psychological symptoms that “recur coincidentally with the luteal phase, or three to ten days prior to menses and start diminishing or vanishing after the start of menstrual flow.” Some experts report that virtually about 40% (20-50%) of all menstruating women experience some symptoms of PMS. The most likely cause of PMS is that multiple factors are intricately entwined, such as female hormone imbalance (estrogen dominance), neurotransmitter disorders, stresses, environmental factors, and personality factors.

PMS symptoms are broadly categorized into two groups of “physical symptoms” and “psychological symptoms”. Since early days, it has been believed that these symptoms occur when a level of progesterone is increased and that the most prominent symptoms of PMS are edema, headaches, and dizziness. Kampo medicine regards “water poison” causes these symptoms, for which many of the formulations that mainly improve intra-corporal flow or stagnation of water have been used, such as goreisan 五苓散, ryokeijustukant 茯苓朮甘湯, tokishakuyakusan 当帰芍薬散, and hangebyakujustutenmato 半夏白朮天麻湯.

On the other hand, there is a report by Sagara, et al. indicating that the most frequently occurring PMS symptom was a psychological “irritation” (56.4%) (1). Kawaguchi et al. have reported that Kampo treatment was performed using kamishoyosan in 33 patients with PMS whose chief complaint was irritation and improvements were observed in 24 patients (2). As Morioka documented previously, Kimura et al. have reported their study in which they administered kamishoyosan to patients with PMS and observed changes in subjective symptoms, levels of female hormone and values of accelerated pulse wave at the Institute of Oriental Medicine of Tokyo Women’s Medical University (3).

Kamishoyosan has tree peony bark and gardenia fruit added to the formulation of shoyosan in the “Tainghuimin-hejijufang” (Prescriptions from the Great Peace Imperial Grace Pharmacy) and is now believed to have been originated from the “Nei-Ke Zhai-Yao

◆ kamishoyosan（加味逍遥散） Jia-Wei-Xiao-Yao-San Modified Merry Life Powder
◆ goshuyuto（吳茱萸湯） Wu-Zhu-Yu-Tang Evodia Decoction
◆ goreisan（五苓散） Wu-Ling-San Poria Powder with Five Herbs
◆ ryokeijustukant（茯苓朮甘湯） Ling-Gui-Shu-Gan-Tang Tuckahoe, Cassia Twig, Largead Atractylodes and Licorice Decoction
◆ tokishakuyakusan（當帰芍薬散） Dang-Gui-Shao-Yao-San Angelica and Peony Powder
◆ hangebyakujustutenmato（半夏白朮天麻湯） Ban-Xia-Bai-Shu-Tian-Ma-Tang Pinellia, Largehead Atractylodes and Tall Gastordia Decoction
Of cold-like symptoms one week prior to the onset of menstrual cramps and manifestation of cold-like symptoms one week prior to the start of menses, such as fever, body fever, pharyngeal pain, nasal discharge, and attack symptoms in women who tend to easily get excited (due to higher levels of qi), be jealous, be given to rage, have the red face due to reverse flow of heat with lifted outer sides of the eyes, and look almost going berserk.

In the days when the patient made the initial visit (about five years ago), PMS was not generally recognized. I myself had not had experienced many cases of PMS. With an increasing recognition that PMS is an illness, patients who desire Kampo treatment are gradually increasing. To be honest, I was amazed at the improvements the patient showed in such a shorter period than I expected. Subsequently, I have used kamishoyosan 味道逸散散 or kamishoyosan 加味逍遥散 one after another of patients with intense PMS irritation and apparent quick improvements have also been achieved in many patients. I personally consider that kamishoyosan 味道逸散散 may be the first selection for patients with PMS, especially for patients whose chief complaint is irritation.

Case 2. Cold-like symptoms were improved with keishibukuryogan 桂枝茯苓丸.

【Patient】32 years old, female 
【Chief complaint】Menstrual cramps and manifestation of cold-like symptoms one week prior to the onset of menses.
【Family history】Mother: breast cancer
【Past history】At age 7, underwent an operation of appendicitis and at age 15, had gastric ulcer developed.
【Present illness】The first menstruation occurred at the age of 13. During high school days, cramps began to become intense with a large volume of menstrual bleeding. The patient used over-the-counter analgesics. She had been constipated since childhood. Due to menstrual problems and constipation, her mother urged her to visit the Institute of Oriental Medicine of Tokyo Women’s Medical University. The patient presented to the Institute on May 1995. (Then attending physician was other physician.)

The patient received Kampo medication of Tsumura-tokishakuyakusan 当帰芍薬散, keishikashakuyakuto 桂枝加芍薬湯, bofutsushosan 防風通聖散, yokukansankachimpihange 抑肝散加陳皮半夏, hochuekkito 補中益気湯, tokakujokito 桂枝承気湯 and others, and showed a significant improvement in menstrual cramps. (During the period of the medication, NSAIDs were taken only once.)

Hospital visit was discontinued from August 1997 onward.

In about the spring of 2002, severe menstrual cramps recurred and cramps began to persist longer. Although the amount of NSAIDs taken was increased, it was not as effective as it had been. Thus, in September 2003, the patient made the initial visit to the author’s Outpatients of Institute of Oriental Medicine of Tokyo Women’s Medical University.

The initial history taking revealed that in addition to the foregoing menstrual cramps, the patient had cold-like symptoms one week prior to the start of menses, such as body fever, pharyngeal pain, nasal discharge, and attack of fever in the rage of 38°C and these symptoms vanished after the start of menses. The patient stated that these cold-like symptoms became tense in the course of the recent one year and that her mother and her younger sister underwent similar symptoms. The patient’s period was irregular with the cycle of 20-30 days. The volume of menstrual bleeding was somewhat heavy. Although the patient was inherently irritable and easily got angry, she had especially ups and downs in emotions in recent days, reflecting on her words, leading to self-disgust. However, the patient did not become irritable before menses.

【Symptoms in initial diagnosis】Height 158cm, weight 50kg, blood pressure 112/80mm Hg.
【Complexion】: Ordinary, black areas under the eyes (+ + ). Tongue body: White moss (+), tongue marks (+), sublingual venous dilatation (+ + ). Abdomen: moderate abdominal strength, tense abdominal rectus muscles (+), periumbilical palpitations (+), slightly hard lower abdomen, resistance, tenderness in the left umbilical area and left lower part of the abdomen (+). Four limbs: A sensation of cold (+), and edema (−).

【Course】The patient was initially diagnosed on

- keishibukuryogan (桂枝茯苓丸)  Gui-Zhi-Fu-Ling-Wan  Cassia Twig and Tuckahoe Pill
- keishikashakuyakuto (桂枝加芍薬湯)  Gui-Zhi-Jia-Shao-Yao-Tang  Cassia Twig Decoction plus Peony
- bofutsushosan (防風通聖散)  Fang-Feng-Tong-Sheng-San  Divaricate Saposhnikovia Miraculous Powder
- yokukansankachimpihange (抑肝散加陳皮半夏)  Yi-Gan-San-Jia-Chen-Pi-Ban-Xia  Liver-Inhibiting Powder Plus Tangerine Peel, Pinellia Rhizome
- hochuekkito (補中益気湯)  Bu-Zhong-Yi-Qi-Tang  Middle-Reinforcing and Qi-Benefiting Decoction
- tokakujokito (桂枝承気湯)  Tao-He-Cheng-Qi-Tang  Peach Kernel Purgative Decoction
September 10, 2003. Tsumura-keishibukuryogan 桂枝茯苓丸 7.5g/day was prescribed. A menstrual period started on October 13. On the 9th, the patient had nasal discharge (++) without other symptoms developed.

In November, the patient had gynecological examinations and was diagnosed (−) Jin organic illness. Menses occurred on November 16. Cold-like symptoms were also mild this time. A prominent change in menstrual cramps was not observed. Tsumura-shakuyakukan zoto 芍藥甘草湯 was additionally prescribed.

My 19, 2004: Menstrual cycle was becoming regular with the Kampo medicines. The volume of menstrual bleeding was decreased compared to the pre-medication. Almost all of the premenstrual cold-like symptoms were not present. However, cramps were still fairly severe although the intensity was not severe compared to the time of the initial diagnosis. Shakuyakukan zoto was discontinued as there were no clear effects obtained.

August 24: The patient stated a high incidence of nocturnal arousals of recent date, for which Tsumura-yokukansan 抑肝散 2.5g×1 before bed was additionally administered. After a month of the administration of yokukansan, nocturnal arousals and irritation were decreased, so that the dosage of yokukansan was increased to 5g/day. Further one month later, the patient mentioned that menstrual cramps were alleviated.

May 2, 2005: Since premenstrual irritation became severe, the patient voluntarily increased the dosage to 7.5g/day, and then the irritation subsided. September 5: A menstrual period started on September 1. Since then till now, Tsumura-keishibukuryogan 桂枝茯苓丸 and Tsumura-yokukansan 7.5g/day each have been continued.

【Discussion】This is the case of “cold-like symptoms” of PMS. Despite the patient’s awareness that she was generally irritable and easily got angry, these symptoms were not especially severe. “Cold-like” symptoms are not generally categorized under PMS. (The study by Sagara referred to above reports one case of “easily catch a cold”.) However, cold-like symptoms may not be rare in PMS, given the fact that as well as the patient, her mother and younger sister experience such symptom, and that I subsequently have experienced treatment of a case of premenstrual fevers as a chief complaint (This patient showed improvements with the medication of kamishoyosan 加味逍遙散).

In regard to the subject patient, as a sign of blood stagnation was prominent, keishibukuryogan was selected. Fortunately improvements were observed in cold-like symptoms and irregular menstruation cycle. However, marked improvements in menstrual cramps were not obtained, so that shakuyakukan zoto was used concomitantly. However, the concomitant use showed similar results.

Keishibukuryogan has been originated from the “Jin-Gui Yao-Lue”. The chapter of pregnancy-related diseases in the “Jin-Gui Yao-Lue” gives the description meaning “A women have a swelling in the body. It has been only less than three moths since menses stopped. However, bleeding from the swelling caused by blood accumulation in the womb does not stop. Child moves in the mother’s womb, and when the child touches the upper part of the mother’s umbilicus, this does harm to the mother. (An omission) Bleeding does not stop because blood stagnation, accumulation remains, which must be removed. Keishibukuryogan should be used for the treatment”. This chapter is difficult to apprehend and unclear in large part. Sohaku Asada states in his writing of the “Hutsugoyakushituhoukan-kuketu” that “this prescription should be utilized mainly for the removal of aggregation-accumulation and other symptoms caused by blood stagnation.” Therefore, keishibukuryogan is the most typical “formulation against blood stagnation” and may be the first prescription to consider for apparent signs of blood stagnation.

Thereafter, as the patient claimed insomnia (nocturnal arousal), Yoku kansan was added. Interestingly a marked improvement in menstrual cramps was also observed.

Yokukansan is said to have been originated from the Bao-Ying Zuo-Yao Xue Kan of Xue Kai which has the description meaning that yokukansan treats patients with the following symptoms: heat due to deficiency of “yin” qi resulting in excess of “yang” qi in the meridian of the autonomous nerves including the liver, spasms, fever with trembling with teeth clenched, fright palpitations with a sensation of alternating cold and heat, vomiting a white fluid due to the “wood” element becoming dominant over the “earth” element, bloated stomach with a small appetite, and insomnia (i.e. yokukansan is good for “kyo” fever in the meridian of the autonomous nerves and liver, or attack of convulsion or attack of heat leading to spasms with clenched teeth). Yokukansan is said to be generally used for temper tantrums, night crying, hysteria in children. However, this medication has been proved effective in many adults. From the experience that when I had suffered from nocturnal arousal triggered by night crying of my child, I took yokukansan before bedtime as Dr. Morioka recommended it and I felt a significant improvement, I have proactively prescribed yokukansan

◆ shakuyakukan zoto (芍藥甘草湯) Shao-Yao-Gan-Cao-Tang  Peony and Licorice Decoction
◆ yokukansan (抑肝散) Yi-Gan-San Liver-Inhibiting Powder
◆ yokukansankashuyaku (抑肝散加芍藥) Yi-Gan-San-Jia-Shao-Yao Liver-Inhibiting Powder plus Peony
for patients with nocturnal arousal. However, this time unexpectedly *yokukansan* has improved menstrual cramps as well as nocturnal arousal and irritation in the patient.

As an application example of *yokukansan* for PMS, Dr. Kunio Matsuda has reported a successful case of *yokukansankashakuyaku* 抑肝散加芍薬 for premenstrual irritation and hypermenorrhea (4). However, this time I could not find any data showing *yokukansan* was effective for menstrual cramps. Since menstrual cramps might be largely linked to mental factors, the effects of subsiding irritation may have some bearing on menstrual cramps. In any event, the subject case may be an example that clearly exhibited one of Kampo characteristics that multiple symptoms can be improved by single one prescription.

### References
1. Yoko Sagara, Yoshinori Kuwahara, Masahiko Mizuno: "Epidemiological matters of premenstrual syndrome (PMS) and issues in its diagnosis and facts in gynecology in Japan" 40, 1235, 1991
Kampo Medical Quiz : Vertigo

Exam setter : Masakazu Yamazaki
Hosono Clinic

[Case] 74-year-old, housewife

[History] at the age of 44: surgery for myoma uteri

[Chief complaint] vertigo

[Present illness] Until about 20 years ago the patient had been leading a healthy life, but at that time rotary vertigo suddenly developed and gradually worsened. The condition was associated with a feeling of occlusion of the ears and hearing loss. Upon consultation with an otolaryngologist no diagnosis was offered and in spite of continued treatment the vertigo attacks still continued as before and were sometimes even accompanied by vomiting. She was referred to a doctor of internal medicine and the condition gradually improved with continued treatment and rest. Five years later the rotary vertigo recurred and the patient was admitted to a certain general hospital and diagnosed with Meniere's disease, which improved with therapy.

Another 5 years later the patient experienced 4 consecutive attacks of vertigo and was readmitted to the hospital for treatment, but still continued to experience one or two strong attacks per year. Initially the vertigo had rotary character, but later changed to dizziness, which was associated with vomiting. Tinnitus and hearing loss made the use of hearing aids necessary. There was also arrhythmia. Appetite was normal, but the patient was instructed to ingest larger amounts of water, so she tried to drink as much as possible. She had regular daily bowel movements. There was increased urinary frequency and she voided once or twice per night. Sleep was good. She had a tendency perspire on the face and back.

[Current condition] Height: 149 cm, weight: 49 kg, blood pressure: 134/84

Tongue pattern: slightly dark red colored tongue proper, thin white coat, moist, dental impressions (+)

Pulse: wiry, somewhat large, forceful

Nails: pale red, lunulae = large. Bilaterally marked pain on squeezing the gastrocnemial muscles.

Abdominal pattern: overall soft but firm. Marked sound of fluid in the stomach. Mild degree of fullness, tenderness or discomfort of the hypochondrium. Surgical scar in the midline of the lower abdomen.

[Course] Based on the above anamnesis and findings a certain prescription was administered.

Until the second visit (two weeks later) there were no further occurrences of vertigo. Tinnitus decreased.

On the third visit (5 weeks later) she could hear the TV without hearing aids. No vertigo. Only mild degree of tinnitus.

On the fourth visit (14 weeks later) there was no tinnitus, neither on the left nor the right. Hearing had improved, but sounds from far away were still difficult to discern. No vertigo. She could move freely. Currently, one year and 10 months later, the course remains favorable and there are no Meniere attacks. There is no tinnitus and hearing difficulties have improved. She continues the medication. Please name the administered prescription.

[Answer] Ryokeijutsukanto (苓桂朮甘湯)

(Tuckahoe, Cassia Twig, Largehead Atractylodes and Licorice Decoction)

This is a case of Meniere's disease from 20 years ago. The patient experienced several attacks of vertigo per year and was repeatedly hospitalized. Living at her old age with husband caused her difficulties. Attacks were initially rotary vertigo, but later changed to the dizziness type of vertigo and were associated with vomiting. The presence of tinnitus and hearing loss required the use of hearing aids. In the hospital she was treated with a variety of drugs including diuretics, antiemetics, medications to improve circulation, antianxiety drugs, tranquilizers etc. but was dissatisfied with this treatment. Since she had suffered from vertigo, tinnitus and hearing loss for a long time, symptoms became fixed and it was expected, that she would have reservations regarding treatment with Kampo medicines. Yet, we tried to identify the specific Kampo pattern this old lady currently presented and thus find a clue to the solution of her problems.

She was of small statue and a cheerful, hardworking person. The pulse diagnosis revealed an excess pattern, but the clearly excessive water intake, increased urinary frequency, nocturnal micturition and other symptoms like the sound of fluid in the stomach upon palpation, pain on squeezing the gastrocnemial muscles etc. led to the diagnosis of water retention and thus treatment with ryokeijutsukanto.
This Kampo medicine was so effective, that it surprised us and rapidly improved naturally the vertigo, but also tinnitus, hardness of hearing etc., so that she stopped taking almost all of other medications prescribed by the hospital. After two years she is still on the Kampo prescription and follows a favorable course. A careful interview made during this period revealed, that she had been ingesting quite large amounts of water, because she had followed the instruction "to ingest as much water as possible". Temporarily the vertigo had recurred, but again a careful interview showed, that she had been zealously drinking a tea, a friend of hers had recommended. Discontinuing the tea consumption improved the condition.

The therapy of vertigo centers on the treatment of phlegm-rheum, but also requires differentiation from other prescriptions. Even the same water toxin can also be treated with *takushato* 沢瀉湯, which is used for vertigo more severe than the type treated with *ryokeijutsukanto*, focusing mainly on the vertigo and therefore I believe, that it is difficult to use in cases associated with tinnitus or hearing loss. This particular patient presented with an excess pattern, but in patients with deficiency patterns *shinbuto* 真武湯, before a background of hypofunction of digestive systems *hangebyakujutsutenmato* 半夏白朮天麻湯 is used. *hochuekkito-ka-Bushi* 補中益気湯加附子 is very effective for vertigo caused by a deficiency of Qi. For vertigo due to fretful mental state with headache *chotosan* 釣藤散 is used. For the vertigo of a Blood pattern *tokishakuyakusan* 当帰芍薬散, *kamishoyosan* 加味逍遙散, *renjuin* 連珠飲 and similar prescriptions are used.
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<table>
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<tr>
<th>Recover the tiredness of lower half of the body and a feeling of residual urine.</th>
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<tr>
<td>ROKUMIGAN (LIUWEIWAN) is effective to increase the function of kidney, adrenal, bladder, and sexual organs. It is applied to dysuria, frequency of micturition, swelling and itchy, that concurs with mouth dryness, and fatigue of the lower part of the body. Our ROKUMIGAN (LIUWEIWAN) is reproduced traditional pill by modern manufacturing engineering. We have achievement as a supplier more than 30 years in Japanese market.</td>
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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 birthplace. 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.
For the treatment of abdominal pain and abdomen enlarged feeling

For those who have a pain with chilled abdomen and a feeling of enlarged abdomen

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Extract Granules for Ethical Use

**TJ-100**

- Effective against abdominal pain and abdomen enlarged feeling associated with an intestinal tract passage disorder 1-6.
- Promotes intestinal movement by the following 3 mechanisms:
  1. Promotes the acetylcholine release mediated by serotonin type 3 and 4 receptors (in vitro, dog) 7-8.
  2. Promotes the secretion of motilin that is a hormone to enhance digestive tract movement 9.
  3. Direct action mediated by vanilliod receptor on mucosal layer of intestinal tract (in vitro) 10.
- Increases the blood flow in mucosal layer of intestinal tract (rat) 11.
- Adverse reactions include hepatic function disorder and jaundice.

### Indications

Daikenchuto is indicated for the relief of abdominal cold feeling and pain accompanied by abdominal flatulence.

### Dosage and administration

The usual adult dose is 15.0 g/day orally in 2 or 3 divided doses before or between meals. The dosage may be adjusted according to the patient's age and body weight, and symptoms.

### Precautions (full text in the package insert is shown)

1. Careful Administration (Daikenchuto should be administered with care in the following patients.) Patients with liver dysfunction [Liver dysfunction may be aggravated.] 2. Important Precautions
   1. When this product is used, the patient’s “SHO” (constellation/symptoms) should be taken into account. The patient’s progress should be carefully monitored, and if no improvement in symptoms/findings is observed, continuous treatment should be avoided. 2. When this product is coadministered with other Kampo-preparations (Japanese traditional herbal medicines), etc., attention should be paid to the duplication of the contained crude drugs. SHO: The term "SHO" refers to a particular pathological status of a patient evaluated by the Kampo diagnosis, and is patterned according to the patient’s constitution, symptoms, etc. Kampo-preparations (Japanese traditional herbal medicines) should be used after confirmation that it is suitable for the identified "SHO" of the patient. 3. Adverse Reactions
   This product has not been investigated (drug use investigations, etc.) to determine the incidence of adverse reactions. Therefore, the incidence of adverse reactions is not known. 1. Clinically significant adverse reactions Hepatic dysfunction and jaundice: Hepatic dysfunction, with increased AST(GOT), ALT(GPT), ALP, and y-GTP levels, and/or jaundice may occur. The patient should be carefully monitored for abdominal findings. Administration should be discontinued and appropriate therapeutic measures be taken, if abnormalities are observed. 2. Other adverse reactions 1) Hypersensitivity: Rash, urticaria, etc. may occur. If such symptoms are observed, administration should be discontinued. 2) Gastrointestinal: Abdominal pain, diarrhea, etc. may occur. 4. Use in the Elderly
   Because elderly patients often have reduced physiological function, careful supervision and measures such as reducing the dose are recommended. 5. Use during Pregnancy, Delivery or Lactation
   The safety of this product in pregnant women has not been established. Therefore, the product should be used in pregnant women, women who may possibly be pregnant only if the expected therapeutic benefits outweigh the possible risks associated with treatment. 6. Pediatric Use
   The safety of this product in children has not been established. [Insufficient clinical data]

* For other details, please see the package insert of product.

### References


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For requesting relevant data and inquiry, please contact Consumer Information Services Center Tsumura & Co. 2-17-11, Akasaka, Minato-ku, Tokyo, 107-8521, Japan

Please note that the revision of Precautions, etc. might be changed. (Printed in November 2007) FY-1001