

PROGRAM AND ABSTRACTS

2ND INTERNATIONAL
SYMPOSIUM FOR
JAPANESE
KAMPO
MEDICINE

APRIL 10, 2013
LONDON, UK

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漢方



ISJKM
INTERNATIONAL SOCIETY FOR
JAPANESE KAMPO MEDICINE

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MEDICINE

Wednesday, April 10, 2013

9:00 - 17:00

**Lecture Hall: Asia House
63 New Cavendish Street
London W1G 7LP
United Kingdom**

Welcome Address

by Heidrun Reißweber-Hewel

President of the International Society for Japanese Kampo Medicine (ISJKM)

Dear Colleagues, Ladies and Gentlemen,

I have great pleasure to welcome all of you to this 2nd International Symposium for Japanese Kampo Medicine in the city of London. We are delighted to have you here to participate and share in our discussions. Thank you very much for coming. That many of you travelled long distances serves to remind us all just how important our work is. With participants from Japan and from all over the world, this symposium is truly an international event.

I would like to express my gratitude to all who helped to make this symposium possible, first of all to Gretchen de Soriano for her relentless effort to find the right location and for organizing this event here in London, the Japan Society for Oriental Medicine (JSOM) especially Dr Sakiyama for his support, and the sponsoring partners for their contribution.

The topic of this symposium is “Japanese Herbal Medicine (Kampo Medicine): Bridging Tradition and Modern Health Care”. Since Kampo Medicine is the traditional herbal medicine of Japan, the word “tradition” may first of all refer to historical and cultural aspects.

Indeed, Japanese Kampo medicine itself is full of fascinating cultural aspects, but it is also an example that a method rooted in tradition still may have relevance in modern health care. And this relevance is international. The practice of Japanese Kampo medicine is continuously spreading all over the world, not only in Europe, but also in the USA, in South America and other countries. Our International Society for Japanese Kampo Medicine (ISJKM) is a good example for successful collaboration and a remarkable international friendship. Thus the title of our symposium “Japanese Herbal Medicine (Kampo): Bridging Tradition and Modern Health Care” is fitting well to the 400th anniversary of Japan-British relations which are being celebrated here in the United Kingdom this year.

This second international symposium for Japanese Kampo Medicine will give the opportunity to discuss historical, anthropological, and clinical features of Kampo medicine. In Japan, Kampo Medicine is today a well integrated part of modern health care - characterized by a refinement and pragmatic reduction of the application and the number of herbs. At the same time obtained Kampo medicine the challenging role to meet the health demands of modern society, where chronic and degenerative diseases, functional and psychosomatic disorders and the multimorbidity of the elderly are predominant.

I am proud that you, the leading experts from Japan and the West in this field, will give an overview of recent research and will share your clinical experience. I wish us all productive sessions, an exchange of new ideas, and a memorable day. Thank you very much.

Japanese Herbal Medicine (Kampo Medicine): Bridging Tradition and Modern Health Care

9:00 – 9:10 **Welcome Address**
Heidrun Reißenweber-Hewel, Munich and Gretchen de Soriano, London

Session A: 9:10-10:35: Introduction, Historical and Anthropological Aspects of Kampo Medicine

9:10-9:15 **Opening Remark** by Elisabeth Hsu, Oxford University, UK

9:15–9:35 **The Unique Features of Japanese Kampo Medicine**
Heidrun Reissenweber-Hewel, Clinic for Japanese Medicine and Competence Centre for Complementary Medicine, Tech. Univ. of Munich, Germany

9:35–9:55 **Historical and Anthropological Views on Researching Japanese Kampo Medicine for an English Speaking Audience**
Gretchen de Soriano, University College London, UK

9:55–10:15 **The ‘Matching Theory of *Hō* and *Shō*’: A Characteristic of Traditional Japanese Kampo Medicine**
Toshihiko Hanawa, Kitasato University, Tokyo, Japan

10:15–10:35 **Migraines and their Relief in a London NHS Surgery: Constructing and Interpreting an *Illness Narrative* with the Tools of Medical Anthropology**
Gretchen De Soriano, Xing Wang, University College London, UK

Morning Coffee Break from 10:35 to 11:05

Session B: 11:05-12:30: Evidence on Clinical Research in Kampo Medicine

11:05-11:10 **Opening Remark** by Alice Fraser, Cavendish Health Centre, London, UK

11:10-11:30 **Action Research; the Method and Results of the University of Westminster Menopause Study**
Ann Bradford, University of Westminster, London UK

11:30-11:50 **How Can Kampo Satisfy the Request of Cancer Patients who Object to Conventional Radiation Therapy?**
Takeshi Sakiyama, Ishikawa Clinic, Tokyo, Japan

- 11:50-12:10** **Japanese Kampo Medicine in the Treatment of Gastrointestinal Tumors and their Biomarkers**
Silke Cameron, Göttingen University, Germany
- 12:10-12:30** **Usefulness of *Maoto* in an Influenza Season where Reduced Effectiveness of Oseltamivir was Observed - a Clinical Study in Children**
Yoshitaka Toriumi, Tsutomu Kamei, Ohmura Hospital, Chiba, Japan

Lunch Break from 12:30 to 14:00

Session C: 14:00-15:15 Research Methodology in Kampo Medicine

- 14:00-14:20** **A Cross-Sectional Study Evaluating the Relationship between Kampo Findings and Disease Status**
Hiroshi Odaguchi, Kitasato University, Tokyo, Japan
- 14:20-14:40** **Data Mining Analysis as an Individualized Clinical Evidence of Kampo Medicine**
Tetsuhiro Yoshino, Keio University, Tokyo, Japan
- 14:40-15:00** **Characteristics of Patients Treated with *Saiko* (Bupleurum) Formulas**
Yuko Horiba, Keio University, Tokyo, Japan

Afternoon Coffee Break from 15:00-15:30

15:30-16:00 Poster Session

Session D: 16:00-17:00 International Aspects of Kampo Medicine

- 16:00-16:20** **Kampo Classification in ICD-11**
Kenji Watanabe, Japan Society for Oriental Medicine, Tokyo, Japan
- 16:20-16:40** **Case Report Writing: A New Competency for the Internationalization of Kampo**
Gregory A. Plotnikoff, Penny George Institute for Health and Healing, Minneapolis, USA
- 16:40-17:00** **Kampo UK Project for the Scholar: Interfacing for Academics and Professionals**
Takuya Furukawa, UK Kampo Association, London, UK

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The Unique Features of Japanese Kampo Medicine

Heidrun Reißweber-Hewel

Competence Centre for Complementary Medicine and Naturopathy (CoCoNat), Technical University of Munich, and Private Clinic for Japanese Medicine, Gräfelfing/Munich, Germany

Kampo Medicine is the traditional herbal medicine of Japan with a history of more than 1500 years. Originating in China, the administration of herbal prescriptions had been the established medicine in Japan for centuries until it lost its predominance to Western medicine towards the end of the 19th century. Recent decades saw a revival of Kampo which took place within the context of modern Western medicine. Main indications today are disease patterns caused by modern industrial society, such as chronic and degenerative diseases, functional and psychosomatic disorders and the multiple diseases of the elderly. The historical development and the gradual integration of Kampo into modern medicine helped to shape unique features which are characterized as follows:

Kampo has preserved its traditional individual and holistic therapeutic approach with regard to clinical practice. The traditional multicomponent herbal prescription on the one side and the complaints of the patient and his subjective symptoms on the other side are central. The Kampo-specific abdominal palpation (*fukushin*), tongue inspection and pulse diagnosis provide further information about the stage of the disease and the constitution of the patient. This set of symptoms and bodily informations is combined to an individual symptom profile, a Kampo diagnosis (*shō*), which leads to the selection of the appropriate prescription with the corresponding efficacy profile (*hō*).

Kampo is today considered not as an alternative treatment but as a complementary therapeutic option to enhance the quality of modern health care in defined areas. Only examined physicians are allowed in Japan to prescribe traditional medication which stands in contrast to other Asian countries. In most cases, Kampo drugs are applied in addition to a modern medical regimen. The Japanese National Health Insurance is covering ethical Kampo drugs since 1976.

At the same time reveal recent therapeutic handbooks on Kampo medicine as well as the coming implementation of Kampo diagnostic patterns into ICD-11 a trend to standardize traditional diagnostic procedures, to explain the Kampo terminology and to clearly determine indications, benefits, and risks from the viewpoint of modern medicine.

During recent decades, extensive research has been conducted in the fields of basic and clinical research and a standard regarding quality of crude drugs and extract products has been developed. Respecting tradition is not necessarily a contradiction to modernization. The ongoing modernization of Kampo medicine prepares the way for the internationalization of this form of therapy on a rational basis.

Short CV

Heidrun Reißweber-Hewel, MD, PhD; M.A. in Japanese Studies; board specialist in Internal medicine and in Gastroenterology. 1994-1997 JSPS-Humboldt Fellow at the Oriental Medicine Research Center, Kitasato University, Tokyo. 1997-2010 head of the Research Unit for Japanese Phytotherapy (Kampo) at LMU University of Munich, since 2011 Private clinic for Japanese Medicine at Gräfelfing/Munich and Associate Lecturer at the Competence Centre for Complementary Medicine and Naturopathy (CoCoNat), Technical University of Munich. Teaching of Kampo courses at the German Medical Doctors' Association for Acupuncture (DÄGfA). Since 2011 President of the International Society for Japanese Kampo Medicine (ISJKM).

Historical and Anthropological Views on Researching Japanese Kampo Medicine for an English Speaking Audience

Gretchen de Soriano

University College London, United Kingdom

Introduction: Eastern medicine including Kampo interfaces with biomedicine producing pharmaceutical products, research paradigms and institutions of medical instruction to educate physicians. As this biomedicine hybrid interfaces with the patient population, institutional funding bodies, and government regulatory agencies, the approach of the humanities, linguistics, history and anthropology can assist this process. This makes a comprehensive historiographical ethnography in the English language a crucial contribution. My study charts the progress of one such effort to clarify the exacting diagnostic skills available in the Kampo schools of practice.

Method: The subject matter of the study is the emergence of Kampo's abdominal exam, the *Fukushin*, and the development of the constitutional type known as the *Sho*, as they emerge within the Kampo herbal tradition. The tools for this study are two illustrated Edo documents, one a text the other a manuscript.

This project is the early stage of a PhD research at UCL under the tutorage of Dr Lo.

Short CV:

Gretchen De Soriano, Specialist in Kampo Medicine with long clinical experience in Japan. Lead-translator of "Kampo: A Clinical Guide to Theory and Practice" by Otsuka Keisetsu; President of ISJKM from 2009 – 2011, MSc in medical anthropology at Oxford University, whose current research is in medical history at University of London, United Kingdom, under the tutledge of Dr Vivienne Lo, UCL History Department.

The ‘Matching Theory of *Hō* and *Shō*’: A Characteristic of Traditional Japanese Kampo Medicine

Toshihiko Hanawa

Oriental Medicine Research Centre, Kitasato University, Tokyo, Japan

In Early Modern Japan from 1500 onwards, the unique features of Japanese Kampo Medicine were established. Two Kampo schools were prominent, the Gosei School which introduced theoretical concepts into Japan practiced in Chinese medicine since the Jin and Yuan dynasties – and the Koho School with a more pragmatic clinical approach.

Dosan Manase (曲直瀬道三 1507–1594), the representative teacher of the Gosei School, established the *Satsusho-benchi* (察証弁治)-system which shows a clear distinction between diagnosis and therapy. Even today in modern traditional Chinese medicine (TCM), the similar *Bensho ronchi* (弁証論治)-system is used. The same logic is applied in modern Western medicine, with the first step being “diagnosis” and the next step being “therapeutics”. These systems are essentially based on the same logic—diagnosis and therapy are two different steps (two-step method).

On the contrary, in the Edo period Todo Yoshimasu (吉益東洞 1702–1773), the representative teacher of the Koho School, established the ‘Matching theory of *Hō* and *Shō*’ (方証相對), which directly allocates a prescription to a Kampo diagnosis. In this concept, *Shō* means “indication” and *Hō* means “prescription or formulation” i.e. the mode of therapy. Therefore, the relation between *Hō* and *Shō* can be described as the two sides of the same coin. In this one-step theory, *Shō* corresponds to “in which situation” and *Hō* corresponds to “which measure should be taken” regarding an individual patient. In general, it is considered that the concept of *Shō* existed first, and the concept of *Hō* was created thereafter.

However, Todo Yoshimasu had foresight and also conceptualized “the independence of a prescription”. He completely restructured the traditional contextual stream. He stated: “Initially, prescriptions were thought out by ancient saints, and empirical and implicit knowledge can be used during the application of these prescriptions at a later stage.” As a result, the theory allowed wide application of the indication of each formulation. The background of Yoshimasu’s medical theory was: “The aim of medicine is to acquire knowledge of a prescription”. The development of such a formulation-based treatment theory is a remarkable characteristic of traditional Japanese Kampo medicine.

Short CV

Toshihiko Hanawa, MD PhD, Graduated in 1980 from Hamamatsu University School of Medicine; he began working in 1982 at the Kitasato Institute’s Oriental Medicine Research Center. After serving as the director of the Department of Kampo Medicine, he became its Director general and professor in 1996.

Migraines and their Relief in a London NHS Surgery: Constructing and Interpreting an *Illness Narrative* with the Tools of Medical Anthropology

Gretchen De Soriano and Xing Wang

University College London, United Kingdom

Introduction: In this paper we examine treatment referrals for migraine within a National Health Clinic in central London, and in particular how the treatment was organised. Our concern is to investigate patient-centred responses. We look at how the decision came to be made to refer the patient to complementary therapy (*kampō*), and what the patient perceived to be significant in the treatment offered and used.

Method: This is an observational study, structured by questionnaire and interview, in two parts. In part one, we made a short-list of three migraine patients currently undergoing treatment from the Cavendish Health Centre patient database. The first patient contacted agreed to participate; no further inquiries were made. We compiled a list of three General Practitioners (GP) at the health centre with the intention of choosing one of these randomly for interview. The first two asked could not accommodate the interview schedule but the third GP was amenable. Xing Wang, an anthropologist, conducted and recorded the interviews with both the GP and the patient. In part two we contacted two recent medical school graduates on different levels of training, with no direct experience of treating patients. These two graduates were asked what questions they would pose to a patient with migraine headaches which did not respond to biomedical treatment, in their consideration of what – if any – alternative treatment to offer. This allowed us to compare the work plan of a practicing GP with those of trainee doctors.

Conclusion: The patient experience of an illness forms an *illness narrative*, this brief study is a *healing narrative*; a patient experience of how relief from migraine was accomplished. Part two demonstrates that the referral plan of an experienced GP is more precise focused on individual history and illness patterns than that of a recent graduate. Attention to individual understandings, and grasping the essence of the illness weigh heavily in patient's impressions of *kampō*.

Short CV:

Gretchen De Soriano, Specialist in Kampo Medicine with long clinical experience in Japan. Lead-translator of “Kampo: A Clinical Guide to Theory and Practice” by Otsuka Keisetsu; President of ISJKM from 2009 – 2011, MSc in medical anthropology at Oxford University, whose current research is in medical history at University of London, United Kingdom, under the tutelage of Dr Vivienne Lo, UCL History Department.

Action Research; the Method and Results of the University of Westminster Menopause Study

Ann Bradford

University of Westminster, London, United Kingdom

Introduction: In the UK 80% of women experience menopausal symptoms, of which 45% find the symptoms distressing.

Purpose: With funding from the Department of Health, action research was carried out to investigate the utility and potential effectiveness of Chinese medical treatment for women suffering from menopausal syndrome in the UK. This research was part of a three-phased menopausal study, where the ultimate goal of the research is to define treatment protocols that might be most usefully evaluated by means of a conventional placebo controlled double blind trial, with the possibility that successful treatment approaches could be integrated into the UK National Health Service.

Method: 90 women completed the study, which was carried out in the University of Westminster Polyclinic. A team of practitioners, led by Professor Volker Scheid, carried out the research and the study aimed to assess 'normal' practice in the treatment of menopause, using herbs and/or acupuncture. Participants each received a course of 12 treatments and the outcome measures used were the Green Climacteric Scale, the Menopause Specific Quality of Life Questionnaire (MENQOL) and a flushing diary, and GPT and creatinine levels were monitored regularly via blood tests.

Results: Analysis of the data gathered from the MENQOL, flushing diary and Greene Climacteric scales on completion of the study showed an improvement in the scores the participants gave to their symptoms. This presentation will describe the method used in the clinical trial, report the results of the study and list the most commonly prescribed herbs.

Short CV

Ann **Bradford**, Specialist for Kampo Medicine, Senior Lecturer in the Department of Chinese Medicine, Westminster University and a member of the East research group at Westminster University, with research interests in menopause and also appetite and satiety.

How Can Kampo Satisfy the Request of Cancer Patients who Object to Conventional Radiation Therapy?

Takeshi Sakiyama¹, Shuichi Iwabuchi², Mamoru Tadokoro³ and Tomoaki Ishikawa⁴

¹Hacchobori Ishikawa Clinic, ²Dep. of Surgery, Machida Citizen's Hospital, ³Dep. of Pathology, St Marianna University School of Medicine, ⁴Ishikawa Clinic

Background: In Japan, one third of the population dies from cancer, among the over 60-year-old population it is even 50%. Generally, Kampo is expected to support standard cancer therapy by decreasing side effects and allowing continuity of therapy. Even though standard cancer therapy has the potential to cure them, some patients refuse to undergo it. Especially elder patients seek to keep quality of life (QOL) and enjoy their daily life without painful treatments. Here we present three cases of women who suffered from urinary cancer, breast tumor or breast cancer and asked to be treated with mainly Kampo therapy instead of standard cancer therapy.

Case presentation: Case 1 was a 90-year-old woman with primary urethral cancer. She undertook partial vesico-urethral anastomosis after uretrectomy with dubious negative surgical margin. After operation, she refused chemo- and radiation therapy, and only accepted Kampo therapy. She showed weak tension of lower abdomen (*saika-fujin*) accompanied by *ki*-deficiency. *Shikunshito* with *Kawaratake* (*Si-Jun-Zi-Tang* with *Coriolus versicolor*) resolved her cancer related pain and agony until the end of her life. Case 2 is a 97-year-old woman with right breast tumor. She decided not to undergo any diagnostic examination or conventional treatment, but only to take Kampo medicine. *Jurokumiryukiin* with *Shikonboreito* improved her condition and led to a reduction of tumor size. Case 3 is a 61-year-old woman with left breast cancer, diagnosed at the age of 50 which metastasized to lung and liver. She accepted only chemotherapy and Kampo therapy, and denied radiation therapy, because of bad experiences in her family. Alternate administration of *Shikonboreito* with *Jurokumiryukiin* or *Juzendaihoto* every other day still ameliorates her condition and reduces her level of cancer markers.

Discussion and Conclusion: Kampo Medicine is mainly recognized as a supportive therapy accompanied by modern Western Medicine for cancer patients. Certainly this might be true for middle aged cancer patients with advanced and/or high grade malignancy. However, this might be controversial for elder patients. According to our experience, it may be concluded that chemotherapy, surgical and/or radiation therapy would not be the first line therapy for elder patients. In order to keep their QOL and to satisfy their demands, the application of Kampo Medicine as so called supportive care might be initially considered in Japan, although the choice of therapy depends upon patient's will.

Short CV:

Takeshi Sakiyama, MD, PhD, specialist in Kampo Medicine, previously assistant professor of Pediatrics, associate professor of Pathology, currently guest professor of St Marianna University School of Medicine; Kampo clinic, and Liaison Director of the Japan Society for Oriental Medicine (JSOM)

Japanese Kampo Medicine in the Treatment of Gastrointestinal Tumors and their Biomarkers

Silke Cameron

Department for Gastroenterology and Endocrinology, University Medicine, Göttingen University, Germany

Individualized medicine is a subject heading of oncology in our still young century. Keyword is “Biomarker”. Ideally, biomarkers should be a diagnostic device in order to characterize tumor stage relative to tumor size and distribution, they should help predicting the development of the disease, help decide therapeutic choices, and control response to therapy. These “biomarkers” can be tissue specific or serum markers. In any case, they are parameters which can be objectively measured, are scientifically evaluated and are indicators for normal and pathological processes. Regarding cancer, biomarkers can be prognostic or predictive and thus help clarifying a diagnosis or evaluate therapeutic response.

Factors which influence therapy outcome are manifold and include:

- Age, sex, diet and health status (co-factors)
- Intertumoral and intratumoral differences (composition of tcells within the tumor: tumor cells, immune cells, endothelial cells, mesenchymal cells)
- Cell kinetics, proliferation rate, apoptosis
- Host- and tumor genetics which influence pharmacokinetics and pharmacodynamics and thus tumor response to therapy.

Formerly, much impact was given to the so-called co-factors, especially body constitution (*sho*), to which, in Kampo medicine, a specific herbal decoction was assigned (*ho*). We now learn from these concepts. Traditional herbal drug combinations can help reduce side effects of modern chemotherapy.

The supportive use of Japanese Kampo prescriptions gains increasing recognition. The action mechanism is based on immunomodulatory effects, an amelioration of microcirculation and body constitution of the cancer patient. These Kampo prescriptions, a mixture of 3-12 components typically contain ginseng, ginger, cinnamomi cortex, as well as angelicae-, peoniae-, glycyrrhizae-, astragalus and bupleurum radix. Most pre-clinical and clinical studies exist for *Juzentaiho-to* and *Hochu-ekki-to* as *ho-sai*, i.e. they ameliorate the *sho*. Other prescriptions increase the appetite, counteract nausea and/or regulate bowel movement. Specific indications are *Gosha-jinki-gan* for oxaliplatinum-induced neuropathy and *Hangeshashin-to* for irinotecan-induced diarrhea. Furthermore, a growing number of herbs have been discovered as basis for chemotherapy, and power the search for new drugs.

Short CV:

Silke Cameron, MD, PhD, M.A., university education in Medicine and in German Literature, board specialist in Internal medicine and in Gastroenterology. 2000-2002 JSPS-Humboldt Postdoctoral Fellow at the Oriental Medicine Research Center, Kitasato University and at Keio-University Tokyo. Currently head physician at the Department of Gastroenterology and Endocrinology, University of Göttingen.

Usefulness of *Maoto* in an Influenza Season where Reduced Effectiveness of Oseltamivir was Observed - a Clinical Study in Children

Yoshitaka Toriumi^{a, b}, Tsutomu Kamei^{c, d}, Kohji Murata^e, Ikuko Takahashi^a, Nobutaka Suzuki^f, Osamu Mazda^b

^aDepartment of Pediatrics, Ohmura Hospital, Chiba, Japan; ^bDepartment of Immunology, Kyoto Prefectural University of Medicine, Kyoto, Japan; ^cCenter for Industry, University and Government Cooperation, Nagasaki, Japan; ^dUniversity of Leipzig, Leipzig, Germany; ^eGraduate School of Nursing, Graduate School of Sanyo Gakuen University, Okayama, Japan; ^fKanazawa University Graduate School of Medical Science, Ishikawa, Japan

Background: *Maoto*, a traditional herbal medicine composed of four component herbs (Ephedrae herba, Armeniacae semen, Cinnamomi cortex and Glycyrrhizae radix), has long been used to treat influenza-like illness in Japan. In an influenza season where reduced effectiveness of oseltamivir was observed, we investigated the effectiveness of *Maoto* for influenza infection in children.

Methods: Patients (aged 5 months to 15 years) diagnosed with influenza by rapid diagnostic kit underwent treatment in one of the following groups: *Maoto*-treated group (group 1 (M)); Oseltamivir-treated group (group 2 (O)); *Maoto*+oseltamivir-treated group (group 3 (M+O)); Zanamivir-treated group (group 4 (Z)); and *Maoto*+zanamivir-treated group (group 5 (M+Z)).

Results: In influenza A patients (n=150), duration of fever after administration (DFA) (mean hours) was significantly shorter in group 3 (M+O) and in group 4 (Z), as compared to group 2 (O). Among these, in patients aged ≤ 5 years, DFA was significantly shorter in group 1 (M) and in group 3 (M+O), as compared to group 2 (O). In influenza B patients (n=70), no significant differences in DFA were observed among the groups.

Conclusion: *Maoto* may have potential as a complementary and alternative medicine for treating influenza infections in children. In particular, it may be useful in cases of influenza with low sensitivity to oseltamivir and in patients aged ≤ 5 years for whom the use of zanamivir is difficult.

Short CV:

Yoshitaka Toriumi, MD; 1995 Graduated from Shimane University School of Medicine, Shimane, Japan; 2010 Director of Toriumi Kid's Clinic, Chiba, Japan

A Cross-Sectional Study Evaluating the Relationship between Kampo Findings and Disease Status

Hiroshi Odaguchi

Oriental Medicine Research Center, Kitasato University, Tokyo, Japan

Establishing a link between Kampo Medicine and modern medicine poses a great challenge. The purpose of the present study was to examine the association between Kampo findings and disease status.

The study involved 567 elderly people aged above 65 years who resided at welfare facilities such as the Long-Term Care Health Facility. We obtained the following information from these subjects: underlying disease status and past history (including hypertension, diabetes mellitus, dyslipidemia, cerebral infarction, cerebral hemorrhage, ischemic heart disease, congestive heart failure, chronic kidney disease, osteoporosis, bone fracture, atrial fibrillation, and malignant neoplasm), assessments of cognitive function by Hasegawa's Dementia Scale-Revised (HDS-R), and findings from Kampo examinations (tongue, pulse, and abdominal findings and presence of cold feet and leg edema). We statistically investigated the relationship between the Kampo findings and underlying disease status or HDS-R score.

With respect to tongue findings, significant associations ($p < 0.05$) were observed between thick/thin tongue fur and hypertension, thick/thin tongue fur and HDS-R score, geographic finding of tongue fur and bone fracture, and dry/moist and HDS-R score. Pulse findings indicated significant associations between floating/sunken and osteoporosis, floating/sunken and atrial fibrillation, floating/sunken and HDS-R score, weak/strong and hypertension, weak/strong and cerebral infarction, weak/strong and HDS-R score, and large/small and hypertension. Abdominal findings revealed significant associations between abdominal power and osteoporosis, abdominal power and bone fracture, resistance in pit of stomach and osteoporosis, resistance in pit of stomach and HDS-R score, *Kyokyo-kuman* (resistance or tenderness at the hypochondriac region, middle point of arcus costalis) and cerebral hemorrhage, *Kyokyo-kuman* and HDS-R score, excessive strain of abdominal rectus muscle and dyslipidemia, excessive strain of abdominal rectus muscle and HDS-R score, pulsation and HDS-R score. Significant associations were also observed between cold feet and HDS-R score, leg edema and hypertension, leg edema and diabetes mellitus, leg edema and dyslipidemia, leg edema and congestive heart failure, and leg edema and osteoporosis.

The results of the present cross-sectional study suggest that there exists an association between Kampo findings and disease status. We are now following this cohort in order to elucidate the pathological or cause-and-effect relationship between them.

Short CV

Hiroshi Odaguchi MD, PhD; 1987: Graduated from School of Medicine, Keio University; 1987-1995: Division of Cardiovascular Surgery, School of Medicine, Keio University; 2003-2007: Kitasato University Graduate School of Medical Science; Present: Vice-director, Oriental Medicine Research Center, Kitasato University

Data Mining Analysis as an Individualized Clinical Evidence of Kampo Medicine

Tetsuhiro Yoshino¹, Yuko Horiba², Kenji Watanabe¹

¹Center for Kampo Medicine, School of Medicine, Keio University, ²Division of Obstetrics and Gynecology, School of Medicine, Keio University, Tokyo, Japan

Background: A randomized controlled trial (RCT) is believed to be the best research design to show clinical evidence. However, RCT does not fit well to Kampo clinical research because Kampo medicine is individualized and subjective oriented. In order to overcome this problem, data mining analysis is one of the solutions.

Keio University introduced a browser based questionnaire since 2008, which collects patient's complaints and records a change of severity by a visual analog scale (VAS). Here we feature the Kampo pattern of "feeling of coldness" (*hiesho*) and present the results of the data analysis of the patients in Keio University Hospital.

Method: We analyzed the computer based questionnaire according to Kampo findings (*sho*) and Kampo prescriptions of 2830 new patients who visited the Center for Kampo medicine, Keio University Hospital from May 2008 to December 2011. Associations of symptoms or of the Kampo diagnosis with the pattern *hiesho* were analyzed by apriori. Kampo formulas were predicted, and the accuracy rate and important factors were analyzed by random forest. All statistical analyses were conducted by R software version 2.15.2 (The R Foundation for Statistical Computing). Characteristics were compared in the two study groups with the use of fisher's exact tests and two-sample t-tests.

Results: 322 patients had been diagnosed with *hiesho*. Among them, females around thirty were most frequent. When compared to patients without *hiesho*, elders, females, deficiency pattern of strength of the abdominal wall (*hukuryoku-kyo*) and blood stagnation (*oketsu*) were more frequent in *hiesho* patients. Among the symptoms, shoulder stiffness (*katakor*) and fatigue were associated with *hiesho*. With respect to prescriptions, *tokishakuyakusan* was the most commonly used formula for 15% of *hiesho* patients. Most of the patients who were prescribed *tokishakuyakusan* also suffered from dysmenorrhea and water retention (*suidoku*).

Discussion: Although there are some restrictions, the kampo pattern (*sho*) may in part be clarified by this modern analysis. Even though predictions of formulas and the course of the patients' disease are still challenging, assumption of cases will improve the accuracy of the data analysis. This will provide useful information not only for experts, but also for general physicians.

Short CV

Tetsuhiro Yoshino, 2008 Graduated School of Medicine, Keio University

2010 Senior Resident of Center for Kampo Medicine, School of Medicine, Keio University

Characteristics of Patients Treated with *Saiko* (Bupleurum) Formulas

Yuko Horiba¹, Tetsuhiro Yoshino², Kenji Watanabe²

¹Division of Obstetrics and Gynecology, School of Medicine, Keio University, ²Center for Kampo Medicine, School of Medicine, Keio University

Background: Keio University introduced a browser based questionnaire in 2008, which collects patient's complaints and records the change of severity by a visual analog scale (VAS). Here we feature six Japanese Kampo formulas which all contain *saiko* (Bupleurum Root) as main component and which are classified as belonging to the *saiko*-group, i.e. *daisaikoto*, *saikokaryukotsuboreito*, *shigyakusan*, *shosaikoto*, *saikokeishito*, and *saikokeishikankyoto*. We present the data analysis of the profile of all patients who had been prescribed these formulas at their first visit to Keio University Hospital.

Method: We analyzed the questionnaire, Kampo findings, the disease patterns (*sho*) and the prescriptions of 2830 new patients who visited the Center for Kampo medicine, Keio University Hospital from May 2008 to December 2011. Associations of symptoms or of the kampo diagnosis with *saiko*-group prescriptions were analyzed by apriori. Kampo formulas were predicted, and accuracy rate and important factors were analyzed by random forest. All statistical analyses were conducted by R software version 2.15.2 (The R Foundation for Statistical Computing). Characteristics were compared in the two study groups with the use of fisher's exact tests and two-sample t-tests.

Results: 321 patients had been prescribed formulas belonging to the *saiko*-group. The Kampo abdominal finding "subcostal tension" (*kyokyokuman*) was the most important factor which determined the *saiko*-group. Most patients who were prescribed the formula *daisaikoto* had *kyokyokuman*. In terms of Kampo disease patterns (*sho*), ki-depression (*kiutsu*) and ki-stagnation (*kita*) were characteristics for the *saiko*-group, with the exception of *saikokeishikankyoto*. Fullness- (*jitsu sho*) and heat-patterns (*netsu sho*) were characteristics for *daisaikoto*. In the same way, emptiness- (*kyo sho*) and coldness-patterns (*kan sho*) were characteristics for *saikokeishikankyoto*. The prescription of *shosaikoto* was mainly based on Western diagnoses rather than on Kampo *sho*, complaints or findings.

Discussion: Our results showed that *kyokyokuman* is the most specific factor for the *saiko*-group. In general, subjective symptoms are important to decide Kampo formulas, but Kampo findings and the determination of the *sho* are also important to administer prescriptions from the *saiko*-group. By applying this modern analysis, it revealed that training of physical examination is essential to understand how to prescribe formulas from the *saiko*-group.

Short CV

Yuko Horiba, 2003 Graduated School of Medicine, Kyorin University

2003 Resident of Department of Obstetrics and Gynecology, School of Medicine, Keio University

2010 Senior Resident of Center for Kampo Medicine, School of Medicine, Keio University

Kampo Classification in ICD-11

Kenji Watanabe, M Ito, Y Ueda, H Okamoto, Y Kimura, Y Amano, T Togo, H Adachi, S Yakubo and T Mitsuma

Committee for Terminology and Classification, the Japan Society for Oriental Medicine, Tokyo, Japan

The International classification of diseases (ICD) is now under development by working on a revision of ICD-11. In the new version of ICD, the international classification of traditional medicine (ICTM) is planned to be introduced. For this plan, the WHO organized a project team and build up the ICTM for ICD-11. Currently, the ICD-11 beta version is already on the web (<http://apps.who.int/classifications/icd11/browse/f/en>). The Committee for Terminology and Classification established by the Japan Society for Oriental Medicine is the mirror committee for this project in Japan and created a systematic coding system. ICTM is composed of two sections, i.e. traditional diseases and traditional patterns. There are different views on how these topics should be represented in ICD-11 between China, Korea and Japan.

Traditional diseases are overlapping with Western medical diseases and may be easily confused. In order to avoid this confusion, Japan did not propose traditional diseases. However, symptom patterns are very unique in Japan. The basic concept of Kampo patterns is the classification of the responses, even healthy looking people (未病). On the contrary, Chinese and Korean patterns are only for pathological conditions. In this context, a condition lying between deficiency and excess pattern (虚実中間証) proposed by Japan raised questions by other countries. On the other hand, organ system patterns are not used in Japan. Taken together, the Japanese Kampo system works complementarily with Western medicine and the main representatives of Kampo medicine in the second half of the 20th cent. tried to achieve a harmonization with Western medicine. One very important condition of ICD is that it is 1) jointly exhaustive and 2) mutually exclusive. Kampo codes are organized according to these principles. Another argument appeared about formula patterns. Sometimes decision making of a Kampo formula indicates diagnosis at the same time. These are the diagnostic formula patterns. As a result, the WHO picked up this idea but concrete formula patterns will be realized in the national modification.

Once these Kampo patterns are incorporated into ICD, they are expected to become a new basis for standardisation of diagnosis, education and clinical research.

Short CV:

Kenji Watanabe, MD, PhD, FACP; 1984-1990 Department of Internal Medicine, Keio University School of Medicine; 1990-1991 Department of Immunology, Tokai University; 1991-1995 Department of Genetics, Stanford University, USA; 1995-2001 Oriental Medicine Research Center, Kitasato Institute; since 2001 Associate Professor, Center for Kampo Medicine, Keio University, School of Medicine, Tokyo. 2013 Professor, Keio University, Faculty of Environment and Information Studies

Case Report Writing: A New Competency for the Internationalization of Kampo

Gregory A. Plotnikoff

Penny George Institute for Health and Healing, Minneapolis, MN, USA

Thankfully, our predecessors in the clinical practice of Kampo have shared their insights in writing and continue to teach us even today. Now, we have the advantage of their insights as well as advanced knowledge in conventional Western medicine that was not available to them. Today, with the continued practice of Kampo in many countries of the world, valuable insights from the clinical practice of Kampo may be lost if they are not captured in writing and shared. In early 2013, a distinguished international committee of medical journal editors, researchers and clinicians established for the first time explicit criteria for all future publications of case studies.

This presentation will review these new guidelines with the intent of preparing participants to submit rigorous case studies for publication in international, multiply indexed, peer-reviewed journals. The presenter, a physician-researcher and journal editor, is one of the authors of the guidelines who also practices Kampo.

As a result of this presentation, participants will:

- 1) Recognize the significant international interest in rigorous case studies,
- 2) Understand how to apply the new internationally approved case study guidelines, and,
- 3) Identify key journals that seek to publish Kampo case studies.

Short CV:

Gregory A. Plotnikoff, MD, MTS, FACP is a board-certified internist and pediatrician who has received national and international honors for his work in integrative medicine. From 2002-2008, he studied Kampo with Kenji Watanabe, MD, PhD, as a visiting associate professor at Keio University School of Medicine in Tokyo, Japan. He is an author or co-author of more than 60 journal articles, 22 textbook chapters, and the newly-released book *Trust Your Gut* (Conari, 2013). He serves as an editor of *Global Advances in Health and Medicine* and as Senior Consultant at the Penny George Institute for Health and Healing in Minneapolis, MN, USA.

Kampo UK Project for the Scholar: Interfacing for Academics and Professionals

Takuya Furukawa

UK Kampo Association, London, United Kingdom

Premise: Although there is an increasing number of licensed practitioners in the West interested in the methods of Kampo medicine, there is a lack of English material focused on the study and practice of Kampo. Currently there seems no easy way to assimilate the Japanese Kampo tradition on an international audience. Rapid changes in the format of acquiring and of storing information have taken place in learning the Japanese language; the preponderance of interactive language apps is one example. To reproduce this format to the learning of Kampo requires resources, such as team of professionals:

- a Kampo practitioner with dual language skills,
- a Japanese native speaker familiar with Kampo practice,
- an experienced web designer who is both familiar with Kampo and has the technical skills to produce an app, and
- an appropriate text to commit to the app format.

Methodology: This project explores which of the electronic applications could be applicable to Kampo study. A sample will be produced to display current technology by modes of virtual communication; not static pages such as offered by a book or a pdf, but an app which is interactive. It will engage an audience in Kampo with full use of the flow and freedom of mobile devices, note-pads, tablets, smart phones and similar trend devices. This app system will be designed to allow users to search Kampo formulas through lists of diagnostic key words, descriptions of symptoms and illustrated patients Shō.

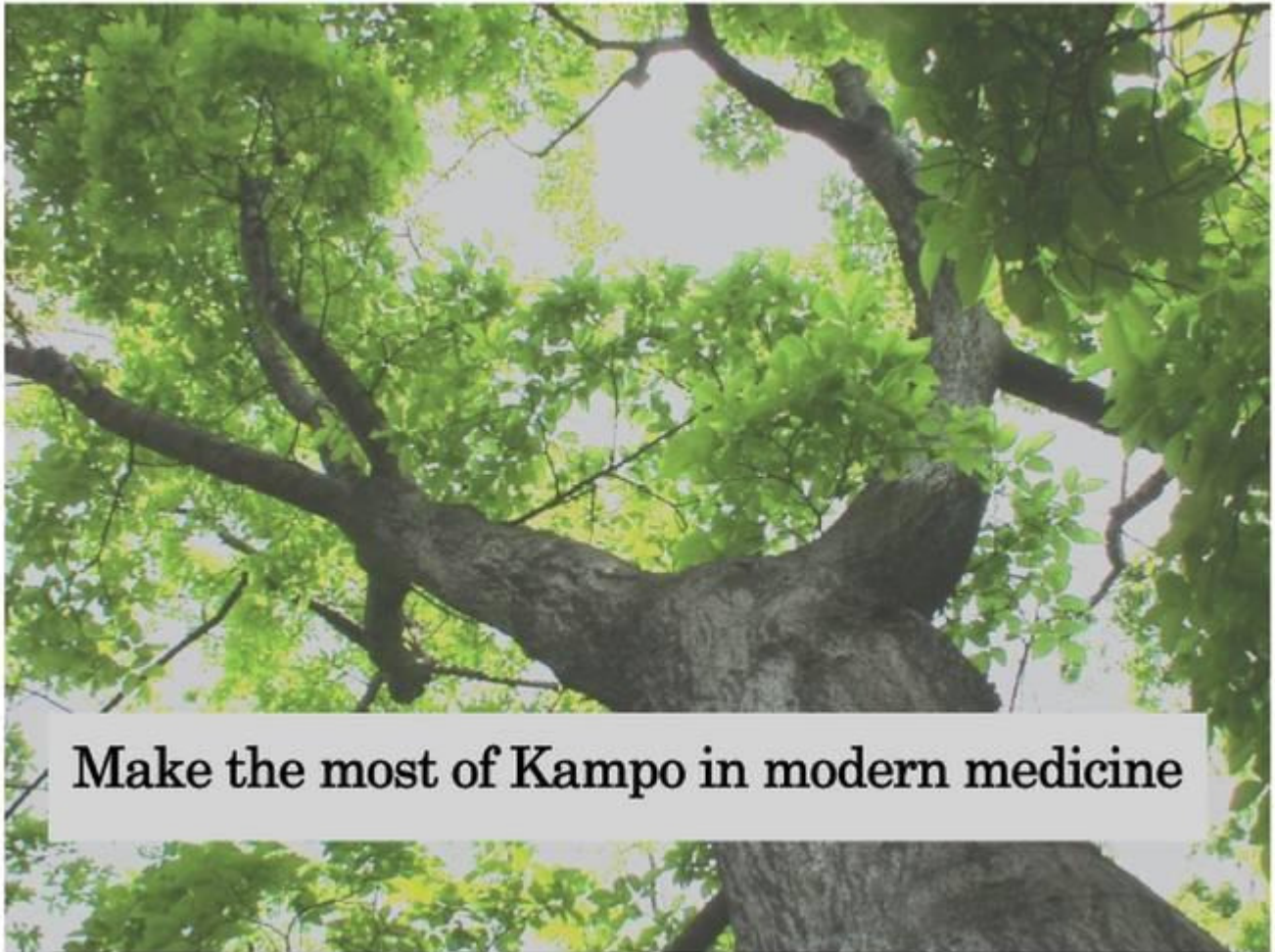
Conclusion: We believe these communication modalities which are so popular in Japan and Europe are applicable to Kampo, and will take the educational lead among licensed practitioners and scholars. In conclusion we present a sample app to this ISJKM International Symposium and provide a feedback form to assess the effectiveness of the display.

Short CV

Takuya Furukawa graduated in MA Communication Design at Central Saint Martins College of Art and Design. With expertise in graphic, web and information design, he acts as a communication designer for KampoUK association since 2012.

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Integrative Therapy of Western and Kampo Medicine in our Hospital for Patients with Ulcerative Colitis

Takao Namiki, Atsushi Chino, Yoshiro Hirasaki, Hideki Okamoto, Keigo Ueda, Takeshi Ouji, Hirobumi Shimada, Cheolsun Han, Toshiaki Kita

Dept. of Japanese-Oriental (Kampo) Medicine, Graduate School of Medicine Chiba University, Chiba, Japan

Purpose: In Japan, the prevalence of ulcerative colitis (UC) increased rapidly since the 1970s. In recent years, a large amount of evidence concerning UC treatment has accumulated, and guidelines have also improved. The choices of medical treatment are various even for complicated conditions. In our hospital, we have often treated UC with Kampo medication for patients who depend on steroids or suffer from side effects caused by UC medications given by specialists of Western medicine. We here report the results of our integrative therapy with Kampo and Western medicine for UC.

Methods: The subjects were 31 UC patients (7 men, 24 women, average age: 35 years) who were introduced to our department between October 2005 and May 2012 with the aim to obtain a combination therapy with Kampo medicine. The clinical severity of UC was determined in accordance with the guidelines of a welfare scientific inquiry group in Japan based on six points: stool frequency, bloody feces, fever, tachycardia, anemia, and inflammation. Subjective efficacy was evaluated by comparison of the symptoms before and after treatment of cases stable for more than three months. The evaluation was scored as follows: one or more point improvement or worsening was judged as effective or aggravated, respectively, and no point was judged as unchanged. Patients who took Kampo medication for less than one month were excluded.

Results: Disease severity was judged in two subjects severe, in thirteen medium and in sixteen mild. At the first visit to our clinic, symptoms were: diarrhea (n=23), constipation (n=6), bloody feces (n=18), and fever (n=2). Fifteen patients suffered from side effects from two or more immunosuppressants, and six were steroid-dependent. The number of patients taking Kampo medicines for longer than three months was 29. Ten patients improved by two or more points, and nine improved by one point. Seven were unchanged and five were excluded. Three patients had stopped Western medication because of an excellent effect of Kampo medicines. The applied Kampo prescriptions varied, such as *keishikaryūjutsbutō*, *kigikenchūtō*, etc.

Conclusions: Improvement in some subjective symptoms was confirmed in nineteen (61%) of 31 patients. Kampo medicine was also thought to be effective in terms of remission maintenance. The usefulness of a combination therapy with Kampo medicine for some cases of UC is suggested.

Short CV:

Takao Namiki M.D., Ph.D., graduated from Chiba University, School of Medicine; Specialist in cardiology and Kampo medicine; Research Fellow at Emory University GA, USA 1996-1998. Since 2005 visiting associate professor at the Department of Frontier Japanese-Oriental (Kampo) Medicine, Graduate School of Medicine, Chiba University. Since 2010 Associate Professor at the Department of Japanese-Oriental (Kampo) Medicine, Graduate School of Medicine, Chiba University.

Successful treatment of a 52 year old women diagnosed with restless leg syndrome with the kampo formulas “*kambaku-taiso-to*” and “*shakanzo-to*”

Bernd Kostner

Zentrum für Ganzheitliche Medizin, Vienna, Austria

Restless leg syndrome (RLS) is a neurological disease characterized by an irresistible urge to move ones body to stop uncomfortable sensations. Symptoms worsen at night or during relaxation and improve with activity. Although several causes such as genetic factors were revealed by modern research, the pathomechanisms behind the disease are not fully understood. Modern drugs may relieve the condition yet they have undesirable side effects. Japanese traditional herbal medicine, today known as “Kampo” medicine has derived from Chinese medicine as it was taught during the Han Dynasty and compiled in the famous books called “*shokanron*” and “*kinki yoraku*”. Although it is based on the fundamental principles of Chinese medicine, it has its own unique concepts and methods of diagnosis and therapy. Therapeutic strategies can be adopted according to the differentiation of a disease pattern, so called “*sho*”, even if the disease mechanisms are not fully understood.

A 52 year old woman had been formerly diagnosed with primary RLS by a neurologist and given levodopa as a prescription, a common medication for this condition. The medication relieved her condition but caused negative side-effects. She was looking for an alternative treatment hoping she could improve her quality of life and prevent the worsening of her health. During the physical examination her body showed signs of “*oketsu*” - a pathological concept that can be translated as blood stagnation. Interestingly, she later reported to have a congenital form of ectasia of the left external iliac vein. The palpation of the pulse revealed a lack of both liver blood and kidney energy. Abdominal diagnosis only confirmed these findings. In the beginning, she was prescribed the Kampo formula “*kambaku-taiso-to*” for treatment. She felt gradually better and slept well although she had discontinued the levodopa medication. During the course of several months she had a few relapses. After careful re-examination she was prescribed “*sha-kanzo-to*”. She continued with that formula over a year and has had no significant relapse since then.

This case illustrates the successful implementation of Japanese Kampo medicine in our modern healthcare system and clearly shows us how diseases can be treated even when their underlying mechanisms are not fully understood. In this way, one singular herbal formula may treat several symptoms at once. Because its side effects are little to modern pharmaceutical drugs, Kampo can make a significant difference in the overall quality of life.

Short CVr

Bernd Kostner, MD, is a graduate from Graz Medical University in 1993. 2 year course in Japanese Language at Vienna University and a JSPS fellowship for 2 years in 1994. During his stay at the second Department of Internal medicine at Osaka Medical University he frequently travelled to Toyama University to study Kampo under Katsutoshi Terasawa-sensei. Thereafter, he studied Chinese Herbal medicine and acupuncture at Zhejiang College of TCM. Since 2002 own clinic of Oriental medicine and Osteopathy in Vienna. Lecturer at Graz Medical University (course on oriental medicine) and other organisations. Editor for the herbal section at the German Journal of Acupuncture & related techniques.

Potential Usefulness of an Uncaria Hook Containing Kampo Medicine *yokukansan* (*Yi-gan-san* in Chinese) for Pediatric Emotional and Behavioral Disorder

Yoshiyuki Tanaka¹, Takeshi Sakiyama²

¹Comfo Garden Clinic, ²Terutane Yamada Memorial Shibuya Clinic, Tokyo, Japan

Background and History: Uncaria Hook is the hook or the hook-bearing stem of *Uncaria rhynchophylla* Miquel, *Uncaria sinensis* Haviland or *Uncaria macrophylla* Wallich (Rubiaceae). The clinical use of Uncaria Hook in Japan is strictly controlled from the view point of quality by the Japanese Pharmacopoeia and it must contain not less than 0.03% of total alkaloids (rhynchophylline and hirsutine), calculated on dried basis. Recent basic research suggests that Geissoschizine Methyl Ether, an Indole Alkaloid in Uncaria Hook is a potent serotonin receptor agonist, and may have the potential to ameliorate aggressiveness and asociality. One of the famous Kampo formulas containing Uncaria Hook is *yokukansan* (YKS). Because a couple of clinical studies showed that YKS is clinically efficacious for some types of dementia, many Japanese physicians are now commonly using YKS together with Western medicines such as donepezil and memantine. YKS is considered to be originally described in an old Chinese pediatric textbook entitled "*Ho-Ei-Satsu-You* (*Bao-Ying-She-Yao* in Chinese)" written in the 16th century, and many uncaria hook containing formulas were introduced in this textbook for pediatric convulsion, night-time crying and insomnia. Also the textbook emphasizes that the importance of administering the same formula for both child as well as his/her mother. In Japan, during the 18th century, Dr. Tokaku Wada found out that YKS was widely applicable for emotional disorders. Based on clinical experience for the last 300 years in Japan, to date, a couple of clinical manifestations are targeted for the prescription of YKS. The manifestations are as follows: (1) feeling of anger and/or irritability (2) abdominal rectus muscle contraction (3) pulsation in upper abdomen.

Case Presentation: Here we present two pediatric cases who suffered from emotional and behavioral disorder. Case 1: 13-year-old boy who could not attend class due to various complaints for six months was treated with YKS with additives. His mother was also prescribed YKS. One month after starting YKS, he was able to attend the classes three days a week, and six months later, he could spend normal school life without any physical problems. Case 2: 15-year-old boy who was diagnosed of attention deficit hyperactive disorder (ADHD) and had difficulties to attend classes due to his aggressive behavior. Two weeks after starting YKS with additives, the frequency of his aggressive behavior was decreasing and one month later, his behavioral problems almost disappeared.

Conclusion: The Uncaria Hook containing Kampo Medicine *yokukansan* may be efficacious for pediatric emotional and behavioral disorders. It would be worth to evaluate the clinical efficacy of *yokukansan* by a carefully designed double blind randomized clinical study.

Short CV

Yoshiyuki Tanaka MD, Ph.D. 2012-present Comfo Garden Clinic, 2008-2011 Clinical Fellow of Kampo Medicine in Terutane Yamada Memorial Clinic, 1998-2001 Research Fellow in Washington Univ. School of Medicine in St. Louis, 1990 graduated from Tottori Univ. Faculty of Medicine.

Successful Treatment with Kampo Medicine for Chronic Fatigue Syndrome: a Case Report.

Junji Moriya^a, Jun-ichi Yamakawa^a, Junji Kobayashi^a and Yoshiharu Motoo^b

^aDepartment of General Medicine, Kanazawa Medical University, Ishikawa, ^bDepartment of Medical Oncology, Kanazawa Medical University, Ishikawa, Japan

Background: Chronic fatigue syndrome (CFS) is a disorder that causes extreme fatigue. This fatigue is not the kind of tired feeling that goes away after rest. Symptoms of CFS include fatigue for 6 months or more and other problems such as fever, muscle pain, memory disorders, headache, sleep disturbance, and sore throat.

Case presentation: Nobody knows what causes CFS. Anyone can have it. We have yet to discover an effective remedy for CFS. So the purpose of treatment is to improve symptoms. Researchers have not yet identified what causes CFS, and there are no tests to diagnose. CFS has multiple causes. It may cause or trigger infections, immune and central nervous system disorders. For example, neuroimaging evidence showed structural and/or functional abnormalities existing in the central nervous system, especially the hippocampus, in CFS patients. Here we report a case of CFS successfully treated with Kampo medicine. The patient was a 16-year-old male who has received medical therapy for one year, but the QOL of the patient with many symptoms became worse. According to the Kampo diagnosis, his condition was *Kiutsu*. Combination treatment with Kampo medicine (*hochuekkito, sanoshashinto*) and Duloxetine was found to be effective in this case.

Conclusion: We suggest that the therapy based on kampo diagnosis should be effective if it is selected in accordance with *Sho*.

Short CV

Junji Moriya, MD,Ph.D, Graduated from Kanazawa Medical University. Senior Assistant Professor at the Department of General Medicine.

A Study about the Effects of *Saiko-ka-ryukotsu-borei-to* on the Function of Endothelial Progenitor Cells in Hypertensive Rats

Shuji Yakubo¹, Yukiko Ueda¹, Hiroshi Iijima², Susumu Kitanaka², Akihiro Daikonya², Satoshi Takamatsu², Ai Kanno², Kayoko Magariyama², Kazuki Yoshikawa², Tomoko Takamiya², Taro Matsumoto³, Takahiro Ueno⁴, Yukio Yamori⁵, Noboru Fukuda⁶

¹Division of Integrated Herbal Medicine, Department of Medicine, Nihon University School of Medicine, Tokyo; ²School of Pharmacy, Nihon University, Chiba; ³Division of Cell Regeneration and Transplantation, Nihon University School of Medicine, Tokyo; ⁴Division of Nephrology Hypertension and Endocrinology, Department of Medicine, Nihon University School of Medicine, Tokyo; ⁵Institute for World Health Development, Mukogawa Women's University, Hyogo; ⁶Division of Life Science, Advanced Research Institute of the Sciences and Humanities, Nihon University, Tokyo, Japan

In vascular injury, endothelial progenitor cells (EPCs) differentiate into endothelial cells and act to repair the endothelial damages. A number of atherosclerotic risk factors have been reported to correlate with reduced numbers of circulating EPCs. It has been reported that the functions and numbers of EPCs are severely impaired by oxidative stress. Recent studies suggest that *Saiko-ka-ryukotsu-borei-to* (SRBT), a traditional herbal medicine that has been used to treat stress-related neuropsychiatric disorders, exhibits protective effects on cardio vascular diseases, such as hypertension and arteriosclerosis.

Spontaneous hypertensive rats (SHRs) were fed diets containing lyophilized SRBT extract for 6 weeks. Peripheral blood mononuclear cells (MNCs) were isolated and cultured to assay EPC colony formation. Oxidative stress in MNCs was evaluated by thiobarbituric acid reactive substance (TBARS) assay and flowcytometric analyses.

Treatment of SRBT significantly ($P < 0.05$) increased EPC colony number with decrease in oxidative stress and without affecting blood pressure in SHRs. Treatment of SRBT did not reduce the expression of nicotinamide adenine dinucleotide phosphate (NADPH) oxidase subunits in cardiovascular organs. Serum IL-6 level was significantly reduced. SRBT will be a feasible herbal medicine to protect cardiovascular diseases by the increase in EPC function with anti-oxidative effects.

Short CV

Dr Shuji Yakubo currently serves as an Associate Professor in the Division of Integrated Herbal Medicine in the Department of Medicine at the Nihon University School of Medicine. Also he is one of the core members of the Kampo Institute in Japan.

Making of a Simulator for the Standardizing of Abdominal Strength Patterns in Kampo Style

Shuji Yakubo^{1,2}, Yukiko Ueda^{1,2}, Naomichi Tanekura¹, Takao Namiki³, and Hiroshi Ota⁴

¹Division of Integrated Herbal Medicine, Department of Medicine, Nihon University School of Medicine, Tokyo; ²Kampo Institute in Japan, Tokyo; ³Department of Japanese-Oriental (Kampo) Medicine, Graduate School of Medicine, Chiba University, Chiba; ⁴Application Producers Qualifying Team, Local Activities Promotion Group, Japan Invention and Innovation Institute, Tokyo, Japan

Abdominal palpation is a system of diagnosis used in Kampo medicine, unique to Japan, designed to discern the patient's "abdominal pattern" of systemic physical disorder. In this system, the physician applies pressure with his or her hand to the patient's abdominal area, and evaluates the patient's reaction to the touch and the sensation transferred to the hand. This method is based on the Kampo theory that physiological changes arising from disease will manifest themselves in the abdomen, and is used in clinical practice to diagnose all kinds of disorders. For learning Kampo medicine one must know the terms of abdominal palpation in Kampo style (*Fukushin* in Japanese) and understand the representative disease patterns of clinical significance. So we developed an abdominal palpation simulator (*Fukushin* Simulator).

Our *Fukushin* Simulator simulator consists of 6 abdominal pattern models, designed to recreate 6 significant disease patterns using polyester-type synthetic plastic, synthetic leather, pile fabric, arboreous cotton, jersey, polyurethane, polyester-type synthetic plastic, and other materials: excessive strain of abdominal muscles (*Fukuchokekinkinchō*), stiffness and rigidity below the heart (*Shinkahiko*), fullness in the chest and hypochondrium (*Kyokyokuman*), lower abdominal fullness (*Shofukukoman*), lower abdominal numbness (*Shofukufujin*), and abdominal fluid congestion (*Shinsuion*). In the present study, we have tried to develop an abdominal diagnosis simulator abdominal strength pattern model to standardize abdominal patterns. Our new *Fukushin* Simulator consists of 5 abdominal strength pattern models, designed to recreate 5 abdominal strength patterns: strong abdominal strength pattern (*Fukuryoku 5/5*), slight strong abdominal strength pattern (*Fukuryoku 4/5*), intermediate abdominal strength pattern (*Fukuryoku 3/5*), slight weak abdominal strength pattern (*Fukuryoku 2/5*), weak abdominal strength pattern (*Fukuryoku 1/5*).

Considering the still immature state of Kampo standardization in Japan and the attendant paucity of pedagogical tools, we consider the *Fukushin* Simulator abdominal strength pattern models to be a useful contribution in promoting and improving abdominal diagnosis.

Short CV

Dr Shuji Yakubo currently serves as an Associate Professor in the Division of Integrated Herbal Medicine in the Department of Medicine at the Nihon University School of Medicine. Also he is one of the core members of the Kampo Institute in Japan.

Kampo UK Public Face: Outreaching to Students and to an Informed Public

Takuya Furukawa

UK Kampo Association, London, United Kingdom

Introduction: An exhibition installation on Kampo was produced for Central Saint Martins College of Art and Design in 2012; it documented pictures of a Kampo clinic in London, and introduced a self-diagnostic system. There were sample of herbs, allowing interacting by sight, smell and touch. The installation had positive feedback from general public and academics. It raised awareness of Kampo medicine, promoting its unique mode of understanding the body. This installation travelled to number of successful exhibitions in London and Florence in 2012. The task was to continue this success using virtual resources.

Premise: An informed public will search for safe, user-friendly electronic information on Complementary Medicine. This public will respond to a non-commercial source of information, such as that produced by a collaboration of art and medicine, using the newest technological tools.

Methodology: Kampo UK Project is a collaborative project with a graphic designer and professional Kampo practitioners based in London. It provides effective promotions of the Japanese Kampo medicine in both the medical and the creative sense in three formats:

1. the website 'www.kampouk.org' features a Kampo practitioner list with geographic location interface, case studies, video clips, and postings,
2. the twitter account, and
3. the facebook identity.

Conclusion: As information service - and not a format for selling medical herbal products - the electronic entities of kampo UK are accessible to the public. Special effort is made to engage with young students who are both fluent in, and frequent users of, electronic communication devices. Such support materials help Kampo develop as a profession and provide an information portal on Kampo medicine for younger generation living in London.

Short CV

Takuya Furukawa graduated in MA Communication Design at Central Saint Martins College of Art and Design. With expertise in graphic, web and information design, he acts as a communication designer for KampoUK association since 2012.



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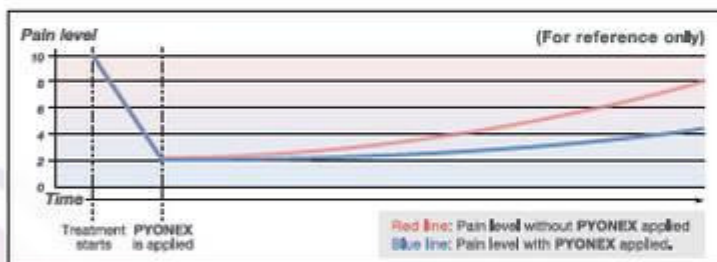
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Imprint

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