Task Force for Evidence Reports / Clinical Practice Guideline Committee for EBM, the Japan Society for Oriental Medicine

10. Respiratory Diseases (including Influenza and Rhinitis)

Reference

Fujimori K, Suzuki E, Simojo F. Comparison between bakumondoto (mai men dong tang) and dextromethorphan hydrobromide in terms of effect on postinfectious cough: a pilot study. *Nihon Toyo Igaku Zasshi (Japanese Journal of Oriental Medicine)* 2001; 51: 725-32. Ichushi Web ID: 2001145417 CiNii

1. Objectives

To evaluate the efficacy and safety of bakumondoto (麦門冬湯) for postinfectious cough.

2. Design

Randomized controlled trial (RCT).

3. Setting

Department of Medicine, Niigata University Medical and Dental Hospital., and a general hospital (internal medicine department), Japan.

4. Participants

Non-smoking patients with postinfectious cough for whom other causes for cough were ruled out, n=25.

5. Intervention

Arm 1: administration of TSUMURA Bakumondoto (麦門冬湯) Extract Granules (TJ-29) 9g/day for 7 days, n=13.

Arm 2: administration of dextromethorphan hydrobromide 60mg/day for 7 days, n=12.

6. Main outcome measures

Cough scores (cough frequency and intensity) were self-assessed everyday on a scale ranging from 0 to 9.

7. Main results

Arm 1: the cough score of 5.4 ± 1.7 at baseline decreased significantly to 1.5 ± 1.3 on day 7. Arm 2: the cough score of 4.1 ± 2.0 at baseline decreased significantly to 1.8 ± 1.3 on day 7. The antitussive effect developed more rapidly in arm 1 than in arm 2.

8. Conclusions

Bakumondoto is effective for postinfectious cough in non-smoking patients, and the antitussive effect is prompt.

9. From Kampo medicine perspective None.

10. Safety assessment in the article

No serious adverse drug reactions were observed in either group.

11. Abstractor's comments

The cough in all patients resolved within 4 weeks. Dextromethorphan hydrobromide suppresses cough; however, it may adversely lead to delay in the healing process. Therefore, whether bakumondoto is effective for postinfectious cough in non-smoking patients should be studied by comparing arm 1 with an untreated/placebo control group (postinfectious cough in a natural course). As cough score is a subjective measure, assessment with objective measures is also necessary. In terms of Kampo medicine, postinfectious cough can be caused in a variety of pathologies (In: *Shanghanlun* [傷寒論, *Treatise on Cold Damage Diseases*]). There are different formulae for different pathologies. For some of these, bakumondoto is not effective.

12. Abstractor and date

Okabe T, 15 June 2007, 1 April 2008, 1 June 2010.