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

# 11. Gastrointestinal, Hepato-Biliary-Pancreatic Diseases

#### Reference

Itoh T, Yamakawa J, Mai M, et al. The effect of the herbal medicine dai-kenchu-to on post-operative ileus. *The Journal of International Medical Research* 2002; 30: 428-32. CENTRAL ID: CN-00410068, Pubmed ID: 12235926

#### 1. Objectives

To evaluate the efficacy of daikenchuto (大建中湯) for the treatment of postoperative ileus and the improvement of postoperative conditions.

### 2. Design

Randomized controlled trial (RCT).

#### 3. Setting

One hospital (Cancer Research Institute of Kanazawa University), Japan.

#### 4. Participants

Out of 154 abdominal surgery patients, 24 developed postoperative ileus were enrolled.

#### 5. Intervention

Arm 1: treatment with daikenchuto (大建中湯) 15.0 g in 13 patients. Arm 2: treatment with placebo (the same quantity and frequency of doses as arm 1) in 11 patients. The study drugs were administered orally for 14 days.

#### 6. Main outcome measures

Frequency of surgery for ileus and recurrence of ileus.

#### 7. Main results

Surgery for postoperative ileus could be avoided significantly more frequently in the daikenchuto arm than in the placebo arm. In addition, daikenchuto tended to decrease, though not significantly, the recurrence rate of ileus.

#### 8. Conclusions

Daikenchuto is a cost-effective and noninvasive therapeutic agent for postoperative ileus after abdominal surgery and has no adverse effects.

# **9.** From Kampo medicine perspective None.

# **10.** Safety assessment in the article Not mentioned.

#### 11. Abstractor's comments

This RCT examined the efficacy of daikenchuto for postoperative ileus. This seems to be clinically relevant after abdominal surgery since the treatment for postoperative ileus is not established. Although mentioned in the conclusion, the safety and cost effectiveness of daikenchuto treatment were not described in the main text. It might have been better to mention those outcomes, and examine the dependence of these differences on subjects' underlying diseases or surgical procedures.

# 12. Abstractor and date

Arai M, 20 February 2007, 30 October 2007, 1 June 2010.