

10. Respiratory Diseases (including Influenza and Rhinitis)**Reference**

Abe K. Effects of treatment with Kampo medicine compared to Western medicine for cold symptoms (summer-time cold, influenza) — byakkokaninjinto and maoto*. *Nihon Shoni Toyo Igakkaishi (Journal of the Japan Pediatric Society for Oriental Medicine)* 2003; 19: 46–52 (in Japanese).

1. Objectives

To compare the efficacy of two different treatments, Western medicine and byakkokaninjinto (白虎加人参湯), on summertime cold.

2. Design

Quasi-randomized controlled trial (quasi-RCT).

3. Setting

A pediatric and internal medicine clinic in Shimane prefecture, Japan.

4. Participants

One hundred and sixty-four children who presented with fever of at least 38.5°C between 18 June and 17 August 2001 were allocated to two groups in order of presentation. Coxsackie A2, A4, A6, and A8, as well as adenovirus were detected in the region at the time.

5. Intervention

Arm 1: Kampo medicine group (manufacturer not specified). Among 75 patients received byakkokaninjinto (白虎加人参湯), 37 patients returned their fever logs. Dosage and administration frequency are not mentioned (n=37).

Arm 2: Western medicine group. Among 89 patients received antibiotic PL granules for children (Cefzon®), 43 patients returned their fever logs. Dosage and administration frequency are not mentioned (n=43).

6. Main outcome measures

Fever duration defined as time from presentation (at least 38.5°C) to decline in body temperature to 37.5°C or less.

7. Main results

In arm 1 and arm 2, mean fever duration was 27.0 and 33.8 hours, respectively, and standard deviation was 18.3 and 28.0 hours. Fever lasted for 40 hours or more in three patients in arm 1 and 12 patients in arm 2. The longest fever duration was 106 hours in arm 1 and 144 hours in arm 2. No statistically significant differences were observed between the groups for any measure; however, fever duration, number of patients with fever duration of 40 hours or more, and longest fever duration were all less in arm 1 compared to arm 2.

8. Conclusions

Results suggest that byakkokaninjinto tends to shorten fever duration in comparison to Western medicine.

9. From Kampo medicine perspective

The characteristic symptoms of summer-time colds such as herpangina, fever, and sore throat are suggestive of the warm diseases (温病) of Kampo medicine. In Chinese traditional medicine, ginglyosan (銀翹散) is the first choice for warm diseases, while byakkokaninjinto is the first choice under the cold damage approach. Since ginglyosan is not covered by health insurance, byakkokaninjinto was used in this study because it is covered.

10. Safety assessment in the article

Not mentioned.

11. Abstractor's comments

This trial is similar to the trial published by the author in 1993 (Abe K. Outcomes of treatment for upper airway inflammation in children with Kampo medicine and Western medicine*. *Dai 10-kai Nihon Shoni Toyo Igaku Kenkyukai Koen Kiroku [Proceedings of the 10th meeting of the Japan Pediatric Society for Oriental Medicine]* 1993; 10: 19–23 [in Japanese]). This is a quasi-randomized controlled trial (i.e., participants were allocated in the order of consultation). Limiting the intervention drug to byakkokaninjinto gives the study design lucidity and facilitates interpretation of the results. Differences in the fever duration results may depend on how the time of fever onset was determined, so development of further research is anticipated.

12. Abstractor and date

Tsuruoka K, 31 December 2013.