

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 on influenza of treatment with byakkokaninjinto (白虎加人参湯), maoto (麻黄湯), antibiotics, and amantadine.

2. Design

Quasi-randomized controlled trial (quasi-RCT).

3. Setting

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

4. Participants

Children who presented with fever of at least 38.5°C between 1 February and 20 March 2002 were allocated in the order of presentation to four groups (antibiotics, amantadine, byakkokaninjinto, and maoto).

5. Intervention

Arm 1: antibiotic group: Cefzon®. Mean age 3.2 years (n=21).

Arm 2: amantadine group: Symmetrel®. Mean age 5.0 years (n=23).

Arm 3: maoto (麻黄湯) group (manufacturer not specified): Mean age 4.8 years (n=23).

Arm 4: byakkokaninjinto (白虎加人参湯) group (manufacturer not specified): Mean age 4.2 years (n=18).

Dosage and frequency are not mentioned for any of the drugs.

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), and outcome (bronchitis or pneumonia onset)

7. Main results

Mean fever duration (in hours) in groups treated with antibiotics, amantadine, maoto, and byakkokaninjinto was 52.7, 46.5, 47.0, and 69.3, respectively, which indicates the duration was the same for amantadine treatment and maoto treatment. Bronchitis occurred in four antibiotic patients, two amantadine patients, one maoto patient, and three byakkokaninjinto patients. Pneumonia occurred in two antibiotic patients, one amantadine patient, two maoto patients, and one byakkokaninjinto patient.

8. Conclusions

Results suggest that maoto and amantadine have similar effects on influenza.

9. From Kampo medicine perspective

Physicians should alter their prescriptions for influenza in response to the changing course of symptoms. The author discusses the need to change the prescriptions in this trial after maoto use. The changes were made in accordance with Kampo medical principles. The paper describes the clinical course of influenza in all 23 maoto patients.

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 Nihon Shoni Toyo Igakkaishi [Proceedings of the 10th meeting of the Japan Pediatric Society for Oriental Medicine]* 1993; 10: 19–23 [in Japanese]). Although not mentioned in the paper, the diagrams imply that participants contracted influenza A. Unlike the previous trial, the present trial simplifies the study design by limiting the number of intervention drugs to four. However, diversification of prescription patterns after maoto use complicates interpretation of the results. The frequency of amantadine administration also decreased, so further development of this research is anticipated.

12. Abstractor and date

Tsuruoka K, 31 December 2013