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

Kuroki H, Kimoto H. Successful treatment of combination therapy with oseltamivir and mao-to for influenza – 3^{rd} report-. *Kampo to Meneki-Arerugi (Kampo and Immuno-allergy)* 2006; 19: 17-25 (in Japanese with English abstract).

1. Objectives

To evaluate the efficacy of combined oseltamivir phosphate and maoto (麻黄湯) for the treatment of influenza in paediatric patients.

2. Design

Quasi-randomized controlled trial (quasi-RCT).

3. Setting

February to March 2005. One hospital and one clinic, Japan.

4. Participants

One hundred and seven children who presented within 48 hours of symptom onset, were febrile (body temperature, 38°C or higher), and were positive for influenza by the rapid diagnostic test.

5. Intervention

Treatment assignment was chronological according to examination date.

Oseltamivir phosphate was administered at a dose of 4mg/kg/day in two divided doses or 75 mg, b.i.d. for 5 days. TSUMURA Maoto (麻黄湯) Extract Granules were administered at a dose of 0.1-0.2kg/day in three divided doses or 2.5 g, t.i.d. for 3 days.

Arm 1: treatment with oseltamivir phosphate + maoto (麻黄湯) (n=57).

Arm 2: treatment with oseltamivir phosphate alone (n=55).

6. Main outcome measures

Clinical symptoms (appetite loss, myalgia, throat soreness, insomnia, cough, nasal discharge, vomiting), physical activity (kindergarten/school attendance, play), urination characteristics/frequency, fluid intake (quantity/frequency), body temperature (measured morning, noon, and night), and spasms.

7. Main results

Time to fever alleviation tended to be longer in arm 2 than arm 1. Although there was no significant between-arm difference in appetite loss, fatigue, or dizziness, all outcome measures were slightly better in arm 1 than in arm 2.

8. Conclusions

Maoto can be administered safely and its combination with western medicine seemes to improve symptoms further. Maoto seems to be a viable treatment for influenza in children.

9. From Kampo medicine perspective

None.

10. Safety assessment in the article

No adverse drug reactions occurred.

11. Abstractor's comments

The study compared an Oseltamivir plus maoto (麻黄湯) group with an Oseltamivir-only group and found that the former had slightly shorter fever duration and slightly improved clinical symptoms. The sample size is larger and the combined use of Oseltamivir and maoto appears to have provided slightly greater efficacy. It is hoped that in a future paper, the authors will explain more clearly the analysis of their results, clarify their sampling methods, and present the evidence in terms of RCTs, not just for conference presentation purposes. Furthermore, the 2004 study (91 participants), which was carried out under the same conditions as this paper, was unclear on several points, including group allocation, and was not treated as an RCT.

12. Abstractor and date

Fujisawa M, 8 March 2009, 1 June 2010, 31 December 2013.