2. Cancer (Condition after Cancer Surgery and Unspecified Adverse Drug Reactions of Anti-cancer Drugs)

Reference

Oteki T, Ishikawa A, Sasaki Y, et al. Effect of rikkunshi-to treatment on chemotherapy-induced appetite loss in patients with lung cancer: a prospective study. *Experimental and Therapeutic Medicine* 2016; 11: 243-6.

1. Objectives

To evaluate the efficacy of rikkunshito (六君子湯) for chemotherapy-induced appetite loss.

2. Design

Randomized controlled trial (RCT).

3. Setting

1 university hospital.

4. Participants

Forty-eight lung cancer patients without surgical indication who underwent CDDP, CBDCA, or non-platimum based chemotherapy (analyzing treatment over 140 courses in all. There were an extended total of 140 participants in the study).

5. Intervention

CBDCA

Arm 1: TSUMURA Rikkunshito (六君子湯) Extract Granules 7.5g/day (2.5g t.i.d) before meals for 7 days (64 courses).

Arm 2: No administration (27 courses).

CDDP

Arm1: TSUMURA Rikkunshito (六君子湯) Extract Granules 7.5g/day (2.5g t.i.d) before meals for 7 days (10 courses).

Arm2: No administration (11 courses).

Non-platimum based chemotherapy

Arm1: TSUMURA Rikkunshito (六君子湯) Extract Granules 7.5g/day (2.5g t.i.d) before meals for 7 days (16 courses).

Arm2: No administration (12 courses).

6. Main outcome measures

Food intake amount.

7. Main results

Although no significant difference in food intake amount was found in days 1-6 after commencement of chemotherapy in the CBDCA group, food intake amount increased significantly (P=0.0078) in the rikkunshito extract granule group on day 7 (increased food intake trend observed on day 6, P=0.0626). No significant difference in food intake amount was found between with and without rikkunshito in the CDDP and the non-platinum groups.

8. Conclusion

Using rikkunshito during chemotherapy could be useful for decreased appetite.

9. From Kampo medicine perspective

None.

10. Safety assessment in the article

Not mentioned.

11. Abstractor's comments

Rikkunshito has been frequently prescribed in recent years for functional gastrointestinal symptoms. In the broader sense, chemotherapy-induced appetite loss is a functional gastrointestinal symptom, so there is great meaning in studying the usefulness of rikkunshito in this manner. Allocation in this study was arbitrary (for CBDCA, administration group: non administration group allocation was 2:1), which one can understand was a way of dealing with a small number of cases, however, it is rather unfortunate in the sense that the authors were conducting a randomized controlled trial. Furthermore, hangeshashinto, frequently used for diarrhea during chemotherapy, is recognized for its stomachic action, so from an oriental medicine perspective it could be effective, and as the abstractor, I would advise that it be an additional arm.

12. Abstractor and date

Nakata H, 2 February 2017.