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

## 9. Cardiovascular disease

#### Reference

Saku K, Hirata K, Zhang B, et al. Effects of Chinese herbal drugs on serum lipids, lipoproteins, and apolipoproteins in mild to moderate essential hypertension. *Journal of Human Hypertension* 1992; 6: 393-5. CENTRAL ID: CN-00089422, Pubmed ID: 1464897

## 1. Objectives

To evaluate the effects of daisaikoto (大柴胡湯) and saikokaryukotsuboreito (柴胡加竜骨牡蠣湯) on serum lipid levels in patients with mild to moderate hypertension.

## 2. Design

Randomized controlled study (RCT).

## 3. Setting

One university hospital, Japan.

## 4. Participants

Thirty patients with mild to moderate hypertension.

## 5. Intervention

Arm 1: daisaikoto (大柴胡湯) (manufacturer not specified) 2.5 g t.i.d. for 3 months (n=15). Arm 2: saikokaryukotsuboreito (柴胡加竜骨牡蠣湯) (manufacturer not specified) 2.5 g t.i.d. for 3 months (n=15).

## 6. Main outcome measures

Blood pressure, pulse rate, total cholesterol (TC), triglyceride (TG), high density lipoprotein cholesterol (HDL-C), HDL2-C, HDL3-C, low density lipoprotein cholesterol (LDL-C), lecithin-cholesterol-acyltransferase (LCAT), apolipoprotein (apo-AI, AII, B, CII, CIII, and E).

## 7. Main results

In both arms, blood pressure was unchanged, but pulse rate was significantly decreased in arm 2 after 3 months of administration. In arm 1, levels of HDL-C, LCAT, and apo-AII were significantly increased, but others were unchanged. In arm 2, the level of HDL-C was significantly increased.

#### 8. Conclusions

Both daisaikoto and saikokaryukotsuboreito affect serum lipid levels but not blood pressure.

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

## **10.** Safety assessment in the article

None.

## 11. Abstractor's comments

By studying patients before and after administration, it was shown that both daisaikoto and saikokaryukotsuboreito increase HDL-C (also known as beneficial cholesterol), which will help patients with dyslipidemia. Further studies with larger sample size and control group are warranted.

## 12. Abstractor and date

Namiki T, 29 December 2008, 1 June 2010.