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

### 11. Gastrointestinal, Hepato-Biliary-Pancreatic Diseases

#### Reference

Takagi S. Increase of urinary 6-keto-prostaglandin F1α level by preoperative administration of gorei-san or toki-shakuyaku-san to the patients of gallbladder stones or polyps. *Wakan Iyaku Gakkaishi (Journal of Medical and Pharmaceutical Society for WAKAN-YAKU)* 1992; 9: 32-9 (in Japanese with English abstract).

#### 1. Objectives

To evaluate the effects of goreisan (五苓散) and tokishakuyakusan (当帰芍薬散) on urinary 6-keto-prostaglandin F1 $\alpha$  excretion in patients with gallbladder stones or polyps.

#### 2. Design

Randomized controlled trial (RCT).

#### 3. Setting

One university hospital, Japan.

#### 4. Participants

Twenty-nine female patients who underwent cholecystectomy for gallbladder stones or polyps.

#### 5. Intervention

Arm 1: TSUMURA Goreisan (五苓散) Extract Granules (n=6).

- Arm 2: TSUMURA Tokishakuyakusan (当帰芍薬散) Extract Granules (n=6).
- Arm 3: TSUMURA Shosaikoto (小柴胡湯) Extract Granules (n=6).

Each preparation was administered at 2.5 g t.i.d. before meals for 5 or 6 days before surgery. Arm 4: no continuous drug therapy (n=11).

#### 6. Main outcome measures

Urinary excretions of prostaglandin E1 (PGE1) and 6-keto-prostaglandin F1 $\alpha$  (6-keto-PGF1 $\alpha$ ).

# 7. Main results

There was no significant difference in urinary PGE1 excretion throughout the treatment course between each arm of treatment and the control arm (arm 4). Urinary 6-keto-PGF1 $\alpha$  excretion was increased significantly on postoperative days 1 and 5–7 in arm 1 (*P*<0.05) and on postoperative days 1 and 3–7 in arm 2 (*P*<0.02–0.001). The urinary 6-keto-PGF1 $\alpha$  excretions were not significantly different between arm 3 and arm 4, as well as between arm 1 and arm 2.

#### 8. Conclusions

Preoperative administration of goreisan or tokishakuyakusan before cholecystectomy results in increased postoperative urinary excretion of 6-keto-PGF1a.

# 9. From Kampo medicine perspective

None.

# **10.** Safety assessment in the article Not mentioned.

# 11. Abstractor's comments

The author of the study deserves praise for conducting a 4-group RCT. The determination of relationship between urinary excretion and clinical outcome would make the study more clinically meaningful.

# 12. Abstractor and date

Kogure T, 8 August 2008, 1 June 2010, 12 October 2011, 31 December 2013.