#### **Evidence Reports of Kampo Treatment**

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

## 4. Metabolism and Endocrine Diseases

#### Reference

Muramatsu N, Okayasu M. Clinical study on hyperlipidemia at bezafibrate and da-chai-hu-tang (dai-saiko-to) for the combination therapy (Clinical study of hyperlipidemia after combination therapy with bezafibrate and da-chai-hu-tang (dai-saiko-to)). *Shigaku* (*Odontology*) 1993; 81: 94-9 (in Japanese with English abstract).

## 1. Objectives

Efficacy and safety of daisaikoto (大柴胡湯) combined with bezafibrate in patients with hyperlipidemia.

### 2. Design

Randomized controlled trial (RCT).

#### 3. Setting

One university hospital, Japan.

## 4. Participants

Ten patients with hyperlipidemia (mean age, 55.4 years) (3 with type IIa and 7 with type IIb according to WHO classification, and 4 with *jitsu-sho* [実証, excess pattern] and 6 with *chukan-sho* [中間証, intermediate pattern]).

# 5. Intervention

Arm 1: combination of TSUMURA Daisaikoto (大柴胡湯) Extract Granules 7.5 g/day and bezafibrate 400 mg/day for 12 weeks (n=5).

Arm 2: bezafibrate 400 mg/day for 12 weeks (n=5).

#### 6. Main outcome measures

Total cholesterol (TC) and triglyceride (TG) were measured every 4 weeks and their rate of decline was calculated.

## 7. Main results

The rate of decline in TC was not different between arms and that in TG tended to be greater in arm 1 than arm 2.

### 8. Conclusions

Daisaikoto (大柴胡湯) enhances the blood TG-lowering effect of bezafibrate.

## 9. From Kampo medicine perspective

Deficiency-Excess Pattern Identification according to *jitsu-sho* score was adopted as a patient characteristic; 3 and 1 patient in arm 1, and 1 and 4 patients in arm 2, had *jitsu-sho* and *chukan-sho*, respectively. However, the article does not discuss *sho* (証, pattern).

## 10. Safety assessment in the article

No adverse reaction was observed.

## 11. Abstractor's comments

This study compared the efficacy of bezafibrate monotherapy with that of bezafibrate and daisaikoto combination therapy. For lowering TG, the combination therapy may be more effective than monotherapy; however, this study was small and no statistical analysis was performed. Since there are few effective agents for lowering TG by a mechanism of action different from that of bezafibrate, investigation of combination therapy with such agents (e.g., daisaikoto) would be meaningful. Studies with larger sample size are needed.

## 12. Abstractor and date

Namiki T, 29 December 2008, 1 June 2010.