Evidence Reports of Kampo Treatment

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

11. Gastrointestinal, Hepato-Biliary-Pancreatic Diseases

Reference

Takahashi H, Maruyama K. Clinical aspects of Kampo treatment for alcoholic liver disease. *Igaku no Ayumi (Journal of Clinical and Experimental Medicine)* 1993; 167: 811-4 (in Japanese). MOL, MOL-Lib

1. Objectives

To evaluate the efficacy of shosaikoto (小柴胡湯) and shosaikoto + inchingoreisan (小柴胡湯合茵蔯五苓散) for alcoholic liver disease.

2. Design

Randomized controlled trial (RCT)

3. Setting

One general hospital, Japan.

4. Participants

Forty-nine alcoholics receiving inpatient treatment.

5. Intervention

Arm 1: TSUMURA Shosaikoto (小柴胡湯) Extract Granules 2.5 g t.i.d. (n=24).

Arm 2: TSUMURA Shosaikoto (小柴胡湯) Extract Granules 2.5 g t.i.d. and TSUMURA Inchingoreisan (茵チン五苓散) Extract Granules 2.5 g t.i.d. (n=25).

Each drug was administered for 3 months.

6. Main outcome measures

Subjective symptoms (anorexia, nausea, fatigue, etc.) and liver function test results.

7. Main results

Subjective symptoms were improved in both arms but without any between-arm difference in improvement. Liver functions were also improved in both arms. ALP decreased more in Arm 2 than in Arm 1.

8. Conclusions

Shosaikoto and shosaikoto + inchingoreisan improve subjective symptoms and liver dysfunction in patients with alcoholic liver disease.

9. From Kampo medicine perspective

None.

10. Safety assessment in the article

Not mentioned.

11. Abstractor's comments

The present paper is meaningful in that an RCT using multiple Kampo medicines was conducted. The clinical significance, however, might be limited by the absence of a non-treatment of placebo control group and the possible effects of abstinence during hospitalization (as pointed out by the authors).

12. Abstractor and date

Kogure T, 8 August 2008, 1 June 2010.