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

Mizutani Y, Imai S, Watanabe H, et al. Saiko-keishi-to in patients with pulmonary tuberculosis: effect on liver dysfunction. *Donan Igakkaishi (Journal of the Medical Association of South Hokkaido*) 1994; 29: 247–9 (in Japanese).

1. Objectives

To evaluate the efficacy of saikokeishito (柴胡桂枝湯) for hepatic dysfunction associated with chemotherapy for pulmonary tuberculosis.

2. Design

Randomized controlled trial using sealed envelopes for allocation (RCT-envelope).

3. Setting

Four hospitals, Japan.

4. Participants

Thirty-eight patients with pulmonary tuberculosis who received combination chemotherapy containing rifampicin for the first time.

5. Intervention

Arm 1: saikokeishito (柴胡桂枝湯) (unknown manufacturer) at a dose of 7.5 g t.i.d. for 8 weeks (n=21). Arm 2: no treatment (n=17).

6. Main outcome measures

Serum glutamic-oxaloacetic transaminase (GOT) and glutamic-pyruvic transaminase (GPT) levels.

7. Main results

Thirty-three patients were included in the analysis. The incidence of abnormal GOT and GPT levels was 27.8% and 38.9% in arm 1, and 6.7% and 20.0% in arm 2, respectively. More patients had abnormal GOT and/or GPT in arm 1 than in arm 2, but the between-arm difference was not significant.

8. Conclusions

Saikokeishito is not effective for hepatic dysfunction associated with chemotherapy for pulmonary tuberculosis.

9. From Kampo medicine perspective

Mentioned in the discussion section of the reference.

10. Safety assessment in the article

Not documented.

11. Abstractor's comments

While randomization by the envelope method is often difficult to attain, it is interesting that this clinical trial showed that saikokeishito was ineffective for prevention of hepatic dysfunction, an adverse reaction to chemotherapy for pulmonary tuberculosis. It is desirable to conduct a randomized controlled trial with more patients using an improved randomization scheme.

12. Abstractor and date

Okabe T, 21 August 2008, 1 June 2010.