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

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

#### Reference

Tajiri H, Kozaiwa K, Sawada A, et al. Efficacy of shosaikoto for chronic non-A, non-B hepatitis in children (non-A, non-B hepatitis in children and shosaikoto)<sup>\*</sup>. *Nihon Shoni Toyo Igaku Kenkyukai Kaishi* (*Journal of the Japan Pediatric Society for Oriental Medicine*) 1996; 12: 12-7 (in Japanese).

#### 1. Objectives

To evaluate the efficacy of shosaikoto (小柴胡湯) for chronic non-A, non-B hepatitis in children.

## 2. Design

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

#### 3. Setting

One university hospital, Japan.

#### 4. Participants

Patients were children with liver dysfunction persisting for at least 6 months and infected with viruses known to cause liver damage (hepatitis A virus [HAV], hepatitis B virus [HBV], cytomegalovirus [CMV], and Epstein-Barr virus [EBV]) were excluded. Six patients positive for hepatitis C virus (HCV) were included.

### 5. Intervention

Arm 1: treatment with TSUMURA Shosaikoto (小柴胡湯) Extract Granules 7.5 g/day (dose adjusted for age) for at least 6 months (n=5).

Arm 2: natural course monitoring group (n=5).

One patient who took shosaikoto (小柴胡湯) for more than 6 months following natural course monitoring for 6 months was enrolled in both arms 1 and 2.

#### 6. Main outcome measures

Levels of glutamic-pyruvic transaminase (GPT), glutamic-oxaloacetic transaminase (GOT), serum neopterin, soluble interleukin-2 (IL-2) receptor, and HCV-RNA.

#### 7. Main results

GPT and GOT levels were reduced significantly at 2, and 6 months in arm 1 (P<0.05). Serum neopterin was increased at 1 month in the 3 patients of arm 1 who had measurements. Soluble IL-2 receptor was also increased only at 1 month. One of the patients who showed reduction in GPT level remained positive for HCV-RNA.

# 8. Conclusions

Shosaikoto is effective for improving liver function in chronic non-A, non-B hepatitis, including chronic hepatitis C, in children.

# 9. From Kampo medicine perspective

None.

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

# 11. Abstractor's comments

The present paper is valuable in that it analyzed the clinical effects of Kampo medicine on chronic hepatitis in children—who are rarely the focus of clinical trials. Unfortunately, the between-arm comparison was insufficient because of the small number of patients enrolled.

# **12.** Abstractor and date

Kogure T, 8 August 2008, 6 January 2010, 31 December 2013.