

**18. Symptoms and Signs****Reference**

Nishi K, Takata K, Asano S, et al. Effects of goreisan suppository on vomiting in children - comparison with domperidone suppository - . *Nihon Byoin Yakuzashikai Zasshi (Journal of Japanese Society of Hospital Pharmacists)* 1998; 34: 1173-6 (in Japanese). [MOL](#), [MOL-Lib](#)

**1. Objectives**

To evaluate the effects of goreisan (五苓散) suppository compared with domperidone suppository on vomiting in children.

**2. Design**

Quasi-randomized controlled trial (quasi-RCT).

**3. Setting**

Single institution (Hokuriku Central Hospital), Japan.

**4. Participants**

Twenty children who visited the outpatient department with a chief complaint of vomiting. Patients who required fluid resuscitation were excluded.

**5. Intervention**

Arm 1: intrarectal administration of goreisan (五苓散) (via suppository consisting of TSUMURA Goreisan [五苓散] Extract Granules [1 g] + VOSCO H-15 base [1 mL]) in patients who underwent examination on the second or fourth week of the month (n=13).

Arm 2: intrarectal administration of domperidone (via suppository containing 10–30 mg dependent on the body weight) in patients who underwent the examination on the first, third, or fifth week of the month (n=7).

**6. Main outcome measures**

Presence or absence of nausea and vomiting 30 minutes after the administration.

**7. Main results**

Improvement rates of nausea and vomiting were 92.3% in arm 1 and 71.4% in arm 2.

**8. Conclusions**

The effects of goreisan on vomiting in children are suggested.

**9. From Kampo medicine perspective**

None.

**10. Safety assessment in the article**

Adverse drug reactions did not occur.

**11. Abstractor's comments**

This paper compares the effect of goreisan suppository with the effect of domperidone suppository on vomiting in children. It is generally difficult to conduct a clinical study in children. This study of the effects of the authors' original preparation of goreisan suppository is valuable because it was conducted in children. A definite conclusion was not drawn because the study design was not strictly an RCT and the number of patients enrolled was small. So future studies are expected to include a larger number of patients and employ a more sophisticated design.

**12. Abstractor and date**

Oikawa T, 19 September 2008, 6 January 2010, 1 June 2010.