Evidence Reports of Kampo Treatment

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

1. Infections (including Viral Hepatitis)

Reference

Higuchi K, Arakawa T, Ando K, et al. Eradication of *Helicobacter pylori* with a Chinese herbal medicine without emergence of resistant colonies. *American Journal of Gastroenterology* 1999; 94: 1419-20. CENTRAL ID: CN-00162864, Pubmed ID: 10235237

1. Objectives

To evaluate the efficacy and safety of triple therapy with proton pump inhibitor, antibiotic, and goshuyuto (呉茱萸湯) for *Helicobacter pylori* (*H. pylori*) infection.

2. Design

Randomized controlled trial (RCT).

3. Setting

No description of the setting is available; the authors belong to the Third Department of Internal Medicine, Osaka City University Medical School, Japan.

4. Participants

Sixty-three patients infected with *H. pylori*.

5. Intervention

Arm 1: treatment with omeprazole (40 mg/day), amoxicillin (1,500 mg/day), and goshuyuto (呉茱萸湯) (7.5 g/day), n=32.

Arm 2: treatment with omeprazole (40 mg/day) and amoxicillin (1,500 mg/day), n=31.

The duration of treatment was 2 weeks.

6. Main outcome measures

Histologic evaluation of gastric biopsy specimen and rapid urease test were performed.

The outcomes were evaluated at 4 weeks after the treatment.

7. Main results

H. pylori eradication rates were 60% in the double therapy arm and 80% in the triple therapy arm. There was no emergence of goshuyuto- or amoxicillin-resistant bacteria even in cases where treatment failed to eradicate *H. pylori*.

8. Conclusions

The novel triple therapy containing goshuyuto improves the eradication rate without increasing incidences of adverse effects and treatment resistance by *H. pylori*. This therapy is a useful tool for eradicating *H. pylori*.

9. From Kampo medicine perspective

None.

10. Safety assessment in the article

Adverse effects were similar in arm 1 (4 patients with diarrhea) and in arm 2 (4 patients with diarrhea and 1 with abdominal pain). No serious adverse effects were observed.

11. Abstractor's comments

In this study, goshuyuto was used differently from its original application of Kampo medicine. This article, as a Letter to the Editor, lacks adequate descriptions, so the submission as an original article is desired.

12. Abstractor and date

Arai M, 15 June 2007, 1 April 2008, 1 June 2010.