15. Ante/Post-partum Diseases

Reference

Koinuma M, Narikawa H, Kamei M, et al. Meta-analysis on the usefulness in postpartum control by kyukichoketsuin with methylergometrine maleate as control. *Nihon Toyo Igaku Zasshi* (*Kampo Medicine)* 2006; 57: 45-55 (in English with Japanese abstract). Ichushi Web ID: 2006097925 CiNii

1. Objectives

To evaluate the efficacy of kyukichoketsuin (キュウ帰調血飲) (KCL) in puerperal care in comparison with methylergometrine maleate (MME) by conducting a meta-analysis.

2. Data source

Articles in *Igaku Chuo Zasshi* (*Japana Centra Revuo Medicina*) (1983 – 2004) and Medline (1966 – 2004) were searched and collected using key words such as kyukichoketsuin, etc.

3. Selection of study

Inclusion criteria: 1) RCT; 2) original article; 3) study population consisting of puerperal primipara and pluripara who had normal delivery; 4) use of KCL as an intervention drug and MME as control; and 5) indices of therapeutic effect including length of uterine fundus, amount of lactation, and severity of afterbirth pains.

4. Data extraction

Data extraction was performed independently of data integration by a different researcher. Extracted data were baseline characteristics of subjects, sample size, method of randomization, method of blinding, method of administering the investigational and control drugs, dosage, number of daily doses, number of days of administration, concomitant drugs, and study endpoints. If study end points data were shown just graphically without numerical values, points on the graph with calipers were measured and converted graphical values to numerical values. The quality of selected RCTs was evaluated using the Chalmers' scoring system.

5. Main results

Of 44 RCTs gathered, 5 satisfied the selection criteria. One of these 5 overlapped and was excluded, leaving 4 RCTs for analysis. These RCTs were equivalent in quality. Analysis of three RCTs evaluating breast pain revealed that KCL significantly attenuated afterbirth pains compared with MME (combined odds ratio: 0.32 [95%CI, 0.17 – 0.60]). On day 5 after delivery, there was statistically significant difference in the length of the uterine fundus between groups treated with KLC and MME in 1 trial, but no difference based on the combined data from all 4 trials. On day 4 after delivery, neither data from individual trials nor the combined data showed significant differences in the length of the uterine fundus, suggesting comparable effect of KCL and MME on involution of the uterus. Combined data form 2 contradictory articles compared the amount of lactation on day 4 after delivery, one showed no difference and another showed that both KCL and MME increased the amount of lactation, demonstrated significantly less lactation with KCL (combined odds ratio: -8.20 [95%CI, -16.17 to -0.23]). Combined data on day 5 after delivery revealed that KCL increased the amount of lactation, although not significantly, showing the efficacies of KCL and MME for inducing lactation were similar.

6. Conclusions

Compared to MME, KCL is more effective in attenuating afterbirth pains. Analysis of safety is necessary.

7. From Kampo medicine perspective

None.

8. Safety assessment in the article

Not mentioned.

9. Abstractor's comments

The authors deserve praise for conducting a meta-analysis of RCTs restricted to Kampo medicine. As the point of meta-analysis is to gather data from all related studies, it would be better to provide the details of the gathering process; for example, whether the search was exhaustive and included a hand-search of textbooks, reference books, and specialists' opinions. Considering current movement towards evidence based medicine (EBM) in Kampo field, the authors' meta-analysis is epoch-making. It is expected that this study will stimulate further meta-analyses and systematic reviews of Kampo medicine studies.

10. Abstractor and date

Tsuruoka K, 19 February 2009, 1 June 2010.