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

# 10. Respiratory Diseases (including Influenza and Rhinitis)

### Reference

Fujimori K, Suzuki E, Simojo F. Comparison between bakumondoto (mai men dong tang) and dextromethorphan hydrobromide in terms of effect on postinfectious cough: a pilot study. *Nihon Toyo Igaku Zasshi (Japanese Journal of Oriental Medicine)* 2001; 51: 725-32. Ichushi Web ID: 2001145417 CiNii

# 1. Objectives

To evaluate the efficacy and safety of bakumondoto (麦門冬湯) for postinfectious cough.

# 2. Design

Randomized controlled trial (RCT).

# 3. Setting

Department of Medicine, Niigata University Medical and Dental Hospital., and a general hospital (internal medicine department), Japan.

### 4. Participants

Non-smoking patients with postinfectious cough for whom other causes for cough were ruled out, n=25.

# 5. Intervention

Arm 1: administration of TSUMURA Bakumondoto (麦門冬湯) Extract Granules (TJ-29) 9g/day for 7 days, n=13.

Arm 2: administration of dextromethorphan hydrobromide 60mg/day for 7 days, n=12.

# 6. Main outcome measures

Cough scores (cough frequency and intensity) were self-assessed everyday on a scale ranging from 0 to 9.

## 7. Main results

Arm 1: the cough score of  $5.4\pm1.7$  at baseline decreased significantly to  $1.5\pm1.3$  on day 7. Arm 2: the cough score of  $4.1\pm2.0$  at baseline decreased significantly to  $1.8\pm1.3$  on day 7. The antitussive effect developed more rapidly in arm 1 than in arm 2.

### 8. Conclusions

Bakumondoto is effective for postinfectious cough in non-smoking patients, and the antitussive effect is prompt.

**9.** From Kampo medicine perspective None.

### 10. Safety assessment in the article

No serious adverse drug reactions were observed in either group.

### 11. Abstractor's comments

The cough in all patients resolved within 4 weeks. Dextromethorphan hydrobromide suppresses cough; however, it may adversely lead to delay in the healing process. Therefore, whether bakumondoto is effective for postinfectious cough in non-smoking patients should be studied by comparing arm 1 with an untreated/placebo control group (postinfectious cough in a natural course). As cough score is a subjective measure, assessment with objective measures is also necessary. In terms of Kampo medicine, postinfectious cough can be caused in a variety of pathologies (In: *Shanghanlun* [傷寒論, *Treatise on Cold Damage Diseases*]). There are different formulae for different pathologies. For some of these, bakumondoto is not effective.

### 12. Abstractor and date

Okabe T, 15 June 2007, 1 April 2008, 1 June 2010.