

2. Cancer (Condition after Cancer Surgery and Unspecified Adverse Drug Reactions of Anti-cancer Drugs)**Reference**

Takagi K, Nagata H, Horie T, et al. Effect of the preventive herbal therapy using dai-kenchu-to on intestinal obstruction following curative resection for colorectal cancer: prospective, randomized study. *Kampo Kenkyu (Kampo Research)* 2007; (429): 270-1 (in Japanese). Ichushi Web ID: 2008028028

1. Objectives

To evaluate the effects of daikenchuto (大建中湯) on intestinal obstruction following colorectal cancer surgery.

2. Design

Randomized controlled trial (RCT).

3. Setting

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4. Participants

One hundred and seventy-five patients who underwent surgery for colorectal cancer (cecal colon [n=119] or rectal [n=56] cancer).

5. Intervention

Arm 1: treatment with daikenchuto (大建中湯) (manufacturer, not specified) 27 g/day (n=86).
Arm 2: no treatment (n=87).

6. Main outcome measures

The percentage of patients who postsurgically developed each of the following: ileus, abdominal pain, abdominal distention, and irregular bowel movements.

7. Main results

The between-arm difference in the percentage of patients who developed ileus in arms 1 (1.16%) and 2 (5.75%) or who experienced abdominal distention in arms 1 (2.33%) and 2 (6.90%) was not significant. A significantly smaller percentage of patients in arm 1 developed abdominal pain (1.16% vs 9.20% [for arm 2]; $P=0.042$) or experienced irregular bowel movements (3.49% vs 13.79% [for arm 2]; $P=0.033$).

8. Conclusions

Daikenchuto extract fine granules do not prevent ileus following colorectal cancer surgery, but do result in the reduction of postoperative abdominal pain and irregular bowel movements.

9. From Kampo medicine perspective

None.

10. Safety assessment in the article

None.

11. Abstractor's comments

The description of the study method in the present paper is extremely inadequate, and the protocol itself is problematic. Details, such as duration of treatment with daikenchuto extract fine granules, outpatient or inpatient setting, length of follow-up, and definitions of abdominal pain, abdominal distention, or irregular bowel movement are not given. Significant results would have been obtained if the authors had defined these specifics. Therefore, I recommend a rewrite of this paper after these details are clarified and the results are reviewed.

12. Abstractor and date

Hoshino E, 17 March 2009, 1 June 2010, 31 December 2013.