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

5. Psychiatric/Behavioral Disorders

Reference	
Kaneko H, Nakanishi K, Murakami A, et al. Clinical evaluation of combination treatment	of
hatimi-zio-gan and Red Ginseng powder on unidentified clinical complaints - estimation of double bli	nd
comparative study in many hospitals Therapeutic Research 1989; 10:4951-65 (in Japanese). Ichus	shi
Web ID: 1991057823 MOL, MOL-Lib	

1. Objectives

To clinically evaluate the symptom-relieving effects of hachimijiogan (八味地黄丸) alone, kojin (紅参) alone, or in combination in elderly patients with underlying chronic disease.

2. Design

Double-blind randomized controlled trial using sealed envelopes for allocation (DB-RCT-envelope).

3. Setting

Eleven facilities belonging to the Matsuyama Red Ginseng Research Group, mainly including Kaneko Heart Clinic, Japan.

4. Participants

Fifty-four inpatients or outpatients at the above facilities with underlying hypertension, cerebrovascular disorder, arteriosclerosis, diabetes mellitus, hyperlipidemia, etc.

5. Intervention

Arm 1: KOTARO Hachimiganryo (八味丸料) Extract Granules 1 sachet (3.0 g) t.i.d. (after meals) (8 males, 9 females).

- Arm 2: CHEONG-KWAN-JANG Kojin (正官庄紅参) Powder 1 sachet (1.0 g) t.i.d. (after meals) (4 males, 15 females).
- Arm 3: combination (mixture of 6.0 g of KOTARO Hachimiganryo (八味丸料) and 3.0 g of CHEONG-KWAN-JANG Kojin Powder), 3 g t.i.d (after meals) (4 males, 14 females).

Two weeks of observation followed by 12 weeks of treatment.

6. Main outcome measures

Improvement in clinical symptoms: evaluation on a seven-point scale using a check sheet at baseline and 4, 8, and 12 weeks of treatment.

Relationship between clinical symptom improvement rating and *kyojitsu* (虚実, excess or deficiency) *sho* (証, pattern): comparison of therapeutic improvement rating with *kyojitsu* rating evaluated using an original *sho* scoring table.

Laboratory tests: hematology (red blood cell [RBC] count, hemoglobin, hematocrit value, etc.), serum biochemistry (glutamate oxaloacetate transaminase [GOT], glutamate pyruvate transaminase [GPT], lactate dehydrogenase [LDH], blood urea nitrogen [BUN], etc.) evaluated at baseline, and 4, 8, and 12 weeks of treatment.

7. Main results

Symptoms improved significantly or tended to improve in arm 2 and arm 3. Particularly, the combination therapy had the earliest and greatest therapeutic effect. Only the combination therapy had a significant therapeutic effect on cold limbs, numbress, and lightheadedness. In association with *kyojitsu sho*, *sho* tending towards *jitsusho* (実証, excess pattern) was associated with significantly higher subjective symptom improvement in the combination group (r=0.61, P<0.05). There were no changes in laboratory values or adverse drug reactions.

8. Conclusions

Both hachimijiogan and kojin, particularly their combination, are useful for improving unidentified complaints in elderly patients with various chronic diseases. Furthermore, *sho* tending towards *jitsusho* is associated with the greater effect of the combination.

9. From Kampo medicine perspective

The larger effect of hachimijiogan and kojin, which are intended for *kyosho* (虚証, deficiency pattern) and *jitsusho*, suggests that the empirically/traditionally defined rule does not apply in some cases.

10. Safety assessment in the article

No adverse drug reactions occurred.

11. Abstractor's comments

Underlying chronic diseases in the 54 patients enrolled in this study vary but all impair quality of life. This paper demonstrates that hachimijjogan/kojin combination therapy can improve unidentified complaints in these patients. In this study, analysis was appropriately performed through symptom evaluation on a 7-point scale using a detailed health check list and data collection using a *sho* determination table reflecting the theory of Kampo medicine, and thus made the conclusion highly credible. Further valuable clinical studies on how to use *hojin* (補腎, kidney-tonifying) medicinals in the elderly are expected.

12. Abstractor and date

Ushiroyama T, 6 August 2008, 1 June 2010, 31 December 2013.