

**10. Respiratory Diseases (including Influenza and Rhinitis)****References**

Abe K. Outcomes of treatment for upper airway inflammation in children with Kampo medicine and Western medicine\*. *Dai 10-kai Nihon Shoni Toyo Igaku Kenkyukai Koen Kiroku (Proceedings of the 10th meeting of the Japan Pediatric Society for Oriental Medicine)* 1993; 10: 19–23 (in Japanese).

**Abe K, Takagi K, Comparison of treatment results between Kampo medicine-treated group and Western medicine-treated group for upper respiratory tract inflammation in children, *Kampo medicine* 1993; 43: 509-15. [J-STAGE](#)**

**1. Objectives**

To compare the efficacy of treatment (Kampo medicine vs. Western medicine) for upper airway inflammation in children.

**2. Design**

Quasi-randomized controlled trial (quasi-RCT).

**3. Setting**

One pediatric internal medicine clinic.

**4. Participants**

Four hundred and nineteen children who presented with summer-time cold at the same clinic between 1 and 31 July 1991 were allocated to two groups in the order of presentation. High frequency rates of Coxsackie A2 and Coxsackie A4 were detected in the region at the time.

**5. Intervention**

Arm 1: Kampo medicine group (manufacturer not specified; n=212): including those treated with keimakakuhanto (桂麻各半湯) (n=76), maoto (麻黄湯) (n=63), keishinimaoitto (桂枝二麻黄一湯) (n=14), keishinieppiitto (桂枝二越婢一湯) (n=9), ginyosan (銀翹散) (n=8), saikokeishito (柴胡桂枝湯) (n=5), shoseiryuto (小青竜湯) (n=4), and shoseiryutogohangekobokuto (小青竜湯合半夏厚朴湯) (n=4).

Arm 2: Western medicine group (n=207). The drugs administered were not mentioned.

**6. Main outcome measures**

Number of consultations, and outcome assessed by the quantity of antibiotics used (oral and drip infusion), and incidence of asthmatic bronchitis, acute bronchitis, and pneumonia.

**7. Main results**

The numbers of consultations were one (159 patients), two (37), three (12), four (3), and five (1) in arm 1 and one (132 patients), two (44), three (14), four (7), five (6), six (2), seven (1), and eight (1) in arm 2. There were fewer consultations in arm 1. Eleven patients in arm 2 and 179 patients in arm 2 used oral antibiotics. No patients in arm 1 and 12 patients in arm 2 used intravenous drip antibiotics. Nine patients in arm 1 and eight in arm 2 suffered asthmatic bronchitis. One patient in arm 1 and 10 in arm 2 suffered acute bronchitis. No cases of pneumonia were observed in either group.

**8. Conclusions**

There were fewer consultations for upper airway inflammation in arm 1, which suggests that Kampo medicine accelerates recovery. There was less antibiotics use and fewer cases of acute bronchitis in arm 2.

**9. From Kampo medicine perspective**

The author discusses Kampo *sho* (証, pattern) in hypothetical terms, but appears to make no mention of the criteria used in this study for the selection of Kampo medicines for each patient.

**10. Safety assessment in the article**

Not mentioned.

**11. Abstractor's comments**

Allocating participants by order of consultation made this a quasi-randomized controlled trial. This clinical trial was conducted before evidence-based medicine became widespread in Japan and before the introduction of the Consolidated Standards of Reporting Trials Statement. It is difficult to interpret the results because participants' ages or genders, details of the Western medicine interventions, or the criteria for administration of the Kampo medicines are not clearly specified. For its time, it was an advanced undertaking and may be considered a valuable report.

**12. Abstractor and date**

Tsuruoka K. 31 December 2013, 31 March 2017.