14. Genitourinary Tract Disorders (including Climacteric Disorders)

Reference

Tanaka E, Saito H, Hiroi M. Kampo treatment for nonspecific complaints in climacteric women - comparison of clinical efficacy of Kampo medicine alone versus Kampo medicine combined with tofisopam -*. *Kampo Shinryo* 1997; 16: 22-4 (in Japanese).

1. Objectives

To compare the clinical effects of keishibukuryogan (桂枝茯苓丸) monotherapy with combined therapy (keishibukuryogan plus autonomic modulator).

2. Design

Randomized controlled trial (RCT).

3. Setting

The Department of Obstetrics and Gynecology, Oguni Municipal Hospital, Japan.

4. Participants

Forty-three women who visited the above institution with climacteric complaints between April 1994 and September 1995.

5. Intervention

Arm 1: oral administration of Tsumura Keishibukuryogan (桂枝茯苓丸) Extract Granules 2.5 g t.i.d. before meals (n=21).

Arm 2: oral administration of Tsumura Keishibukuryogan (桂枝茯苓丸) Extract Granules 2.5 g t.i.d. before meals and tofisopam 50 mg t.i.d. after meals (n=22).

6. Main outcome measures

Assessment of severity based on simplified menopausal index (SMI). Clinical efficacy evaluated according to the post-treatment SMI score: marked response (25 or less), moderate response (reduction of 35 or greater compared with the pretreatment score, even if the score was over 25), and slight response (reduction of 6–34). Time to onset of the clinical effect assessed on a three-point scale: within 1 week, 2 weeks, and 4 weeks after the initiation of the treatment.

7. Main results

The percentage of patients achieving marked responses was similar between arms (33.3% of arm 1 *vs*. 28.6% of arm 2), and the percentage achieving moderate responses was also similar between arms (40.9% *vs*. 36.4%, respectively). The clinical effect was observed within 1 week after the start of treatment in 14.3% patients in arm 1 and 36.4% in arm 2, and within 2 weeks in 33.3% and 40.9%, respectively (no significance test was reported).

8. Conclusions

Addition of tofisopam to keishibukuryogan for the treatment of nonspecific climacteric symptoms accelerated the onset of the clinical effect. Clinical benefits of the combination therapy are suggested.

9. From Kampo medicine perspective

None.

10. Safety assessment in the article

Two patients in arm 2 experienced sleepiness.

11. Abstractor's comments

In climacteric patients with undefined complaints, the combined therapy accelerates the onset of the effect, as compared with keishibukuryogan monotherapy. This conclusion may lead to improvement in the treatment of climacteric women. However, *sho* (証, pattern), which is the most important aspect of the Kampo medicine, was not considered in patient selection. The data therefore give a strong impression that tofisopam itself was effective for nonspecific climacteric symptoms. That is to say, a randomized controlled trial including patients whose *sho* is appropriate for keishibukuryogan could determine the true effect of keishibukuryogan monotherapy *vs.* keishibukuryogan combined with autonomic agents. In this study, 60% of patients treated with keishibukuryogan experienced at least a moderate response, and about half of patients became aware of improvement in symptoms within 2 weeks, even they were diagnosed with "climacteric complaints" not based on *shisin* (四診, four examinations) nor *sho*. Moreover, the combined therapy showed enhanced clinical efficacy. These results might be of benefit to clinical practice.

12. Abstractor and date

Ushiroyama T, 27 August 2008, 1 June 2010.