2. Cancer (Condition after Cancer Surgery and Unspecified Adverse Drug Reactions of Anti-cancer Drugs)
11. Gastrointestinal, HepatoBiliary-Pancreatic Diseases

Reference

Zhang L, Cheng Y, Li H, et al. Meta-analysis of randomized controlled trials on the efficacy of daikenchuto on improving intestinal dysfunction after abdominal surgery. *Annals of Surgical and Treatment Research* 2018; 95: 7-15. Pubmed ID: 29963534

1. Objectives

To assess the efficacy of daikenchuto（大建中湯）in improving intestinal dysfunction after abdominal surgery.

2. Data source

PubMed, the Cochrane Library, and Embase: relevant trials up to February 10, 2017.

3. Study selection

Randomized controlled trials (RCTs) focused on daikenchuto for intestinal dysfunction in patients after abdominal surgery.

4. Data extraction

The databases were searched to identify RCTs with preoperative or postoperative administration of daikenchuto compared with placebo or no-treatment as a control, using the following key words: “Daikenchuto” or “Dai-kenchu-to” or “Dai-ken-chu-to” or “DKT” or “TJ-100” or “N100” or “TU-100”. Two reviewers separately conducted literature retrieval, data extraction, quality assessment, and statistical analysis, with inconsistency resolved by discussion and by the chief reviewer. A statistician in the author group performed the statistical analysis and reviewed the statistical section. Data analyses were conducted using RevMan version 5.3.

5. Main results

The literature search identified 435 publications. After exclusion of duplicate studies, etc., 220 studies were screened, of which 23 studies were reviewed for full text analysis. Of these, after exclusion of studies involving irrelevant populations or interventions, quasi-RCTs, and cross-over RCTs, 9 RCTs were eligible and included in the final analysis. In the 9 studies, there were 618 patients in the daikenchuto group and 594 patients in the control group. Among these 9 RCTs, 6 reported the time to first postoperative flatus, and 6 reported the time to first postoperative bowel movement. In these studies, daikenchuto significantly shortened the time to first postoperative flatus ($P = 0.001$) with significant heterogeneity between studies ($P = 0.004$), and the time to first bowel movement ($P < 0.001$) compared with control without heterogeneity.

6. Conclusions

Daikenchuto improves intestinal dysfunction after abdominal surgery.

7. From Kampo medicine perspective

None.

8. Safety assessment in the article

Not stated.

9. Abstractor’s comments

This meta-analysis of RCTs using Japanese Daikenchuto Extract Granules (prescription drug) assessed the efficacy of daikenchuto in improving intestinal dysfunction after abdominal surgery, and has a high evidence level. The authors did not use the term “Kampo medicine” but used “traditional herbal medicine,” which is unfortunate considering the values of Japanese traditional Kampo medicine and one of its basic formulations, Daikenchuto Extract Granules. In addition, as the authors state in the article, the results should be interpreted with caution, given that the studies included in the analysis involved patients who underwent a variety of surgeries and different surgical approaches, as well as treatment with daikenchuto regimens varying in dosage, method of administration, and duration of treatment, and as few as 9 studies were analyzed. Daikenchuto is the most common Kampo formulation used in Japan. Publication of additional articles would allow similar meta-analyses in the future.

10. Abstractor and date

Motoo Y, 28 August 2019.