

PROGRAM AND ABSTRACTS

2ND INTERNATIONAL
SYMPOSIUM FOR
JAPANESE
KAMPO
MEDICINE

APRIL 10, 2013
LONDON, UK

日本
漢方



ISJKM
INTERNATIONAL SOCIETY FOR
JAPANESE KAMPO MEDICINE

Japanese Herbal Medicine (Kampo Medicine): Bridging Tradition and Modern Health Care

9:00 – 9:10 **Welcome Address**
Heidrun Reißerweber-Hewel, Munich and Gretchen de Soriano, London

Session A: 9:10-10:35: Introduction, Historical and Anthropological Aspects of Kampo Medicine

9:10-9:15 **Opening Remark** by Elisabeth Hsu, Oxford University, UK

9:15-9:35 **The Unique Features of Japanese Kampo Medicine**
Heidrun Reissenweber-Hewel, Clinic for Japanese Medicine and Competence Centre for Complementary Medicine, Tech. Univ. of Munich, Germany

9:35-9:55 **Historical and Anthropological Views on Researching Japanese Kampo Medicine for an English Speaking Audience**
Gretchen de Soriano, University College London, UK

9:55-10:15 **The 'Matching Theory of *Hō* and *Shō*': A Characteristic of Traditional Japanese Kampo Medicine**
Toshihiko Hanawa, Kitasato University, Tokyo, Japan

10:15-10:35 **Migraines and their Relief in a London NHS Surgery: Constructing and Interpreting an *Illness Narrative* with the Tools of Medical Anthropology**
Gretchen De Soriano, Xing Wang, University College London, UK

Morning Coffee Break from 10:35 to 11:05

Session B: 11:05-12:30: Evidence on Clinical Research in Kampo Medicine

11:05-11:10 **Opening Remark** by Alice Fraser, Cavendish Health Centre, London, UK

11:10-11:30 **Action Research; the Method and Results of the University of Westminster Menopause Study**
Ann Bradford, University of Westminster, London UK

11:30-11:50 **How Can Kampo Satisfy the Request of Cancer Patients who Object to Conventional Radiation Therapy?**
Takeshi Sakiyama, Ishikawa Clinic, Tokyo, Japan

11:50-12:10 **Japanese Kampo Medicine in the Treatment of Gastrointestinal Tumors and their Biomarkers**
Silke Cameron, Göttingen University, Germany

12:10-12:30 **Usefulness of *Maoto* in an Influenza Season where Reduced Effectiveness of Oseltamivir was Observed - a Clinical Study in Children**
Yoshitaka Toriumi, Tsutomu Kamei, Ohmura Hospital, Chiba, Japan

Lunch Break from 12:30 to 14:00

Session C: 14:00-15:15 Research Methodology in Kampo Medicine

14:00-14:20 **A Cross-Sectional Study Evaluating the Relationship between Kampo Findings and Disease Status**
Hiroshi Odaguchi, Kitasato University, Tokyo, Japan

14:20-14:40 **Data Mining Analysis as an Individualized Clinical Evidence of Kampo Medicine**
Tetsuhiro Yoshino, Keio University, Tokyo, Japan

14:40-15:00 **Characteristics of Patients Treated with *Saiko* (Bupleurum) Formulas**
Yuko Horiba, Keio University, Tokyo, Japan

Afternoon Coffee Break from 15:00-15:30

15:30-16:00 Poster Session

Session D: 16:00-17:00 International Aspects of Kampo Medicine

16:00-16:20 **Kampo Classification in ICD-11**
Kenji Watanabe, Japan Society for Oriental Medicine, Tokyo, Japan

16:20-16:40 **Case Report Writing: A New Competency for the Internationalization of Kampo**
Gregory A. Plotnikoff, Penny George Institute for Health and Healing, Minneapolis, USA

16:40-17:00 **Kampo UK Project for the Scholar: Interfacing for Academics and Professionals**
Takuya Furukawa, UK Kampo Association, London, UK

Characteristics of Patients Treated with *Saiko* (Bupleurum) Formulas

Yuko Horiba¹, Tetsuhiro Yoshino², Kenji Watanabe²

¹Division of Obstetrics and Gynecology, School of Medicine, Keio University, ²Center for Kampo Medicine, School of Medicine, Keio University

Background: Keio University introduced a browser based questionnaire in 2008, which collects patient's complaints and records the change of severity by a visual analog scale (VAS). Here we feature six Japanese Kampo formulas which all contain *saiko* (Bupleurum Root) as main component and which are classified as belonging to the *saiko*-group, i.e. *daisaikoto*, *saikokaryukotsuboreito*, *shigyakusan*, *shosaikoto*, *saikokeishito*, and *saikokeishikankyoto*. We present the data analysis of the profile of all patients who had been prescribed these formulas at their first visit to Keio University Hospital.

Method: We analyzed the questionnaire, Kampo findings, the disease patterns (*sho*) and the prescriptions of 2830 new patients who visited the Center for Kampo medicine, Keio University Hospital from May 2008 to December 2011. Associations of symptoms or of the kampo diagnosis with *saiko*-group prescriptions were analyzed by apriori. Kampo formulas were predicted, and accuracy rate and important factors were analyzed by random forest. All statistical analyses were conducted by R software version 2.15.2 (The R Foundation for Statistical Computing). Characteristics were compared in the two study groups with the use of fisher's exact tests and two-sample t-tests.

Results: 321 patients had been prescribed formulas belonging to the *saiko*-group. The Kampo abdominal finding "subcostal tension" (*kyokyokuman*) was the most important factor which determined the *saiko*-group. Most patients who were prescribed the formula *daisaikoto* had *kyokyokuman*. In terms of Kampo disease patterns (*sho*), ki-depression (*kiutsu*) and ki-stagnation (*kita*) were characteristics for the *saiko*-group, with the exception of *saikokeishikankyoto*. Fullness- (*jitsu sho*) and heat-patterns (*netsu sho*) were characteristics for *daisaikoto*. In the same way, emptiness- (*kyo sho*) and coldness-patterns (*kan sho*) were characteristics for *saikokeishikankyoto*. The prescription of *shosaikoto* was mainly based on Western diagnoses rather than on Kampo *sho*, complaints or findings.

Discussion: Our results showed that *kyokyokuman* is the most specific factor for the *saiko*-group. In general, subjective symptoms are important to decide Kampo formulas, but Kampo findings and the determination of the *sho* are also important to administer prescriptions from the *saiko*-group. By applying this modern analysis, it revealed that training of physical examination is essential to understand how to prescribe formulas from the *saiko*-group.

Short CV

Yuko Horiba, 2003 Graduated School of Medicine, Kyorin University
2003 Resident of Department of Obstetrics and Gynecology, School of Medicine, Keio University
2010 Senior Resident of Center for Kampo Medicine, School of Medicine, Keio University

Kampo Classification in ICD-11

Kenji Watanabe, M Ito, Y Ueda, H Okamoto, Y Kimura, Y Amano, T Togo, H Adachi, S Yakubo and T Mitsuma

Committee for Terminology and Classification, the Japan Society for Oriental Medicine, Tokyo, Japan

The International classification of diseases (ICD) is now under development by working on a revision of ICD-11. In the new version of ICD, the international classification of traditional medicine (ICTM) is planned to be introduced. For this plan, the WHO organized a project team and build up the ICTM for ICD-11. Currently, the ICD-11 beta version is already on the web (<http://apps.who.int/classifications/icd11/browse/f/en>). The Committee for Terminology and Classification established by the Japan Society for Oriental Medicine is the mirror committee for this project in Japan and created a systematic coding system. ICTM is composed of two sections, i.e. traditional diseases and traditional patterns. There are different views on how these topics should be represented in ICD-11 between China, Korea and Japan.

Traditional diseases are overlapping with Western medical diseases and may be easily confused. In order to avoid this confusion, Japan did not propose traditional diseases. However, symptom patterns are very unique in Japan. The basic concept of Kampo patterns is the classification of the responses, even healthy looking people (未病). On the contrary, Chinese and Korean patterns are only for pathological conditions. In this context, a condition lying between deficiency and excess pattern (虚実中間証) proposed by Japan raised questions by other countries. On the other hand, organ system patterns are not used in Japan. Taken together, the Japanese Kampo system works complementarily with Western medicine and the main representatives of Kampo medicine in the second half of the 20th cent. tried to achieve a harmonization with Western medicine. One very important condition of ICD is that it is 1) jointly exhaustive and 2) mutually exclusive. Kampo codes are organized according to these principles. Another argument appeared about formula patterns. Sometimes decision making of a Kampo formula indicates diagnosis at the same time. These are the diagnostic formula patterns. As a result, the WHO picked up this idea but concrete formula patterns will be realized in the national modification.

Once these Kampo patterns are incorporated into ICD, they are expected to become a new basis for standardisation of diagnosis, education and clinical research.

Short CV:

Kenji Watanabe, MD, PhD, FACP; 1984-1990 Department of Internal Medicine, Keio University School of Medicine; 1990-1991 Department of Immunology, Tokai University; 1991-1995 Department of Genetics, Stanford University, USA; 1995-2001 Oriental Medicine Research Center, Kitasato Institute; since 2001 Associate Professor, Center for Kampo Medicine, Keio University, School of Medicine, Tokyo. 2013 Professor, Keio University, Faculty of Environment and Information Studies