



# 6th International Gastric Cancer Congress Invited Lecture 3

第6回国際胃癌学会 ランチョンセミナー



## Effect of kampo medicine “Dai-kenchu-to” (TJ-100) on gastrointestinal motility

### Chairperson 司会

Dr. Hisakazu Yamagishi (Professor and Chairman, Division of Digestive Surgery, Kyoto Prefectural University of Medicine)

**山岸 久一** 先生 (京都府立医科大学 消化器外科 教授)

**Dr. Wenhua Zhan**

(Professor and Head in the Center, Chairman of Chinese Group of Gastrointestinal Surgery, The Clinical and Research Center of Gastric Cancer, Sun Yat-sen University, The First Hospital)

### Lecture 講演1

### The effect of Dai-kenchu-to on gastrointestinal motility and its usefulness in the treatment of post-operative ileus

大建中湯の消化管運動に対する効果と腸閉塞症に対する有用性

Dr. Yoshiyuki Furukawa (Assistant Professor, Department of Surgery, The Jikei University School of Medicine)

**古川 良幸** 先生 (東京慈恵会医科大学 外科 講師)

### Lecture 講演2

### Dai-kenchu-to, kampo medicine, improves intestinal motility and delayed emptying of jejunal pouch after total gastrectomy

大建中湯は腸管運動を改善し胃全摘術後のパウチの鬱滞を減らす

Dr. Toshirou Nishida (Associate Professor, Department of Surgery, School of Medicine, Osaka University)

**西田 俊朗** 先生 (大阪大学大学院医学系研究科臓器制御外科 助教授)

### Commentator 特別発言

Dr. Kenji Watanabe (Associate Professor, Department of Kampo Medicine, Keio University School of Medicine)

**渡辺 賢治** 先生 (慶應義塾大学医学部東洋医学講座 助教授)

**Date & Time /日時** May 5 (Thu), 2005, 12:00-13:00 PM

2005年5月5日(木) 12:00~13:00

**Venue/会場**

Pacifico Yokohama Conference Center 3F Room 304

パシフィコ横浜 304会議室(第3会場)

〒220-0012 横浜市西区みなとみらい1-1-1

6th International Gastric Cancer Congress / 第6回国際胃癌学会 ランチョンセミナー

**President/会長**

Dr. Masaki Kitajima (Dean, Keio University School of Medicine)

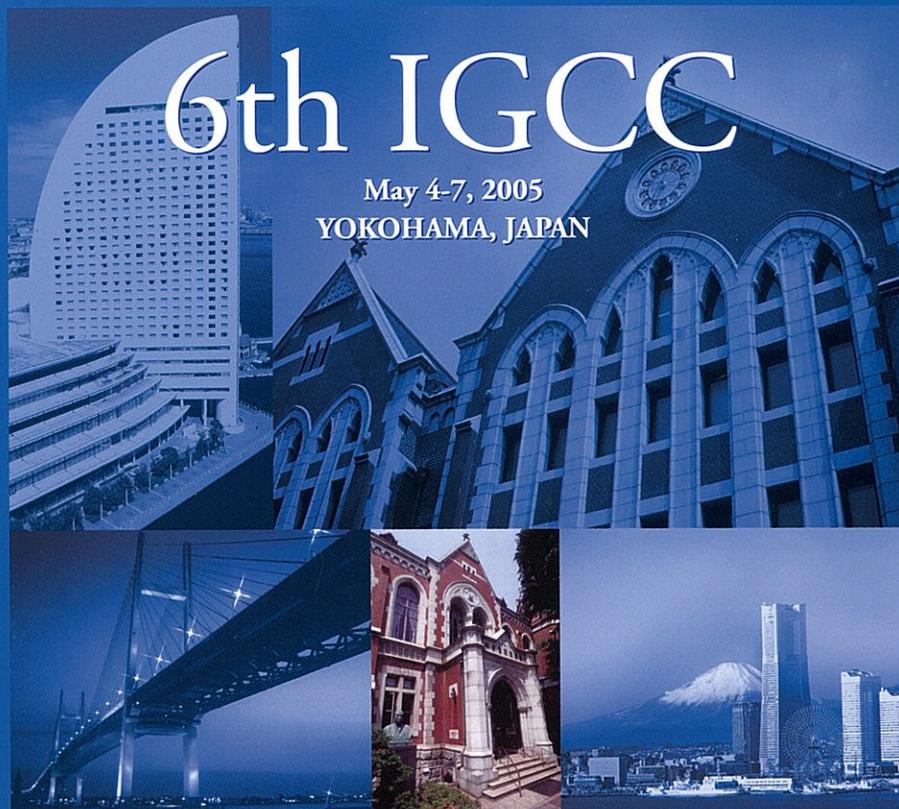
**北島 政樹** 先生 (慶應義塾大学医学部 医学部長)

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第6回国際胃癌学会  
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# 6th International Gastric Cancer Congress



## 6th IGCC

May 4-7, 2005  
YOKOHAMA, JAPAN

P R O G R A M

President: Masaki Kitajima, M.D., F.A.C.S.  
(Keio University School of Medicine)

**Invited Lecture 1**  
12:00-13:00

**Invited Lecture 1**

**Gastric Cancer Therapy: From Mickulicz to Molecules.**

**CHAIRPERSON: Toshio Takahashi**  
(Kyoundo Hospital, Japan)

**IL1-1** Gastric Cancer Therapy: From Mickulicz to Molecules.

*Irvin Modlin* (Yale University, USA)

Supported by: Eisai Co., Ltd.

• **Lunch will be provided.**

Room **303**

**Invited Lecture 2**  
12:00-13:00

**Invited Lecture 2**

**Future Perspective International Collaborative Study**

**CHAIRPERSONS: Junichi Sakamoto** (Kyoto University, Japan)  
**Sae-Min Kim** (Korea University Hospital, Korea)

**IL2-1** Future Perspective International Collaborative Study

*Yung-Jue Bang* (Seoul National University, Korea)

Supported by: Bristol-Myers K.K.

• **Lunch will be provided.**

Room **304**

**Invited Lecture 3**  
12:00-13:00

**Invited Lecture 3**

**Effect of Kampo Medicine "Dai-kenchu-to" on Gastrointestinal Motility**

**CHAIRPERSONS: Hisakazu Yamagishi** (Kyoto Prefectural University of Medicine, Japan)  
**Wenhua Zhan** (The First University Sun Yat-sen University, China)  
**COMMENTATOR: Kenji Watanabe** (Keio University, Japan)

**IL3-1** The Effect of Dai-kenchu-to on Gastrointestinal Motility and its Usefulness in the Treatment of Post-operative Ileus

*Yoshiyuki Furukawa* (The Jikei University, Japan)

**IL3-2** Dai-kenchu-to, Kampo Medicine, Improves Intestinal Motility and Delayed Emptying of Jejunal Pouch after Total Gastrectomy

*Toshiro Nishida* (Osaka University, Japan)

Supported by: Tsumura & Co.

• **Lunch will be provided.**

Thank you very much, Chairman for giving me the opportunity to comment to supplement two previous excellent presentations. I will present the role of Daikenchu-to after intestinal surgery.

This is a typical example that traditional Kampo medicine is used in current modern medicine.

Daikenchu-to was first described in the Chinese textbook 1,800 years ago. It was described that it is indicated for the abdominal pain caused by coldness. Of course it was not described after abdominal operation.

Daikenchu-to is thought to prevent the post surgical ileus because it stimulates the peristalsis of the intestine after abdominal operation and prevent the adhesion of the intestine and peritoneum.

That is why Daikenchu-to is widely used after abdominal operation in current medical system.

In Keio university hospital, Daikenchu-to is included in the clinical path after intestinal cancer operation which means routinely Daikenchu-to is administered after operation.

This is based on the data I will show from now. .

(Slide 1)

Daikenchu-to was administered after operation of intestinal cancer in DKT administration group.

Performance status, location, stage are not different. Operation time was rather longer in DKT group. Bleeding volume is larger in non-DKT group because the number of open surgery is more than double of that of laparoscopic operation.

(Slide 2)

Slide shows the hospitalized days in DKT group and non-DKT group. With both open surgery and laparoscopic operation groups, DKT shortened the hospitalized days. As a whole, DKT shortened the hospitalized days.

Keio university hospital is known to have the shortest hospital stay among all the university hospitals in Japan.

(Slide 3)

This slide shows the total amount of the hospitalization cost. Cost reduction effects are observed in with both open surgery and laparoscopic operation, even though they are not significant.

As a whole, cost reduction effect is significant.

Kampo medicine like DKT is introduced into the current medical system in Japan and featured as the model of integrated medicine in the world.

This is the typical model of the beneficial effect of the combination of the high-tech medicine and traditional medicine.

Thank you very much.