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TREATMENT WITH HERBAL MEDICINE FOR SURGICAL FIELD

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Oriental medicine originated in Ancient China and was introduced into Japan along with Buddhism. In the surgical field, Hanaoka (1760 — 1835) first succeeded in an operation for breast cancer using anesthetic herb, Datma alba. His picture now hangs in the Museum of the International College of Surgeons in Chicago.

In the Meiji Restoration Period, Western medicine was introduced into Japan and Oriental medicine was eliminated from the physicians' licence altogether and gradually declined. Recently, however, because of its remarkable clinical effects and few side effects, Oriental medicine has been recognized anew.

As you all know, Oriental medicine is divided broadly into two categories : Chinese herbal medicine with crude drug ; and acupuncture and moxibustion therapy.

There are approximately 500 prescriptions in Chinese medicine, however, only 30 are mainly used. In our clinic, these prescriptions are being used chiefly for treatment of primary diseases ; improvement in preoperative condition ; and in prevention of postoperative hepatic disorders.

Oriental medicine was used in our clinic in 501 cases up to February 1987. The majority of cases was gastric cancer with 98 cases ; esophageal cancer with 83 cases and so on. In general, many cases with surgical treatment in the digestive system before and after operation, demonstrate various dysfunctions. When cancer chemotherapy and/or radiotherapy is applied, the most important subject is to control general body conditions and to prevent side effects.

The x-ray finding of a 49-year-old male was the first successful case and the image was an extremely advanced gastric cancer. The resected specimen showed the combined resection of total gastrectomy, pancreas tail, spleen and transverse colon. Histologically, this case was a poorly differentiated adenocarcinoma. The clinical course of this patient shows that three years after his operation he suffered from hypotension and diarrhea. His abdominal symptoms revealed extremely weak abdominal tension and his limbs were constantly cold. For

these symptoms, this case was dosaged ShiQuanDaBu-Tang and BaWeiDiHuang-Wan, and after two weeks the symptoms were healed. The next year, when the GOT and GPT rose in this case, BaWeiDiHuang-Wan and YinChenKao-Tang was dosaged and the patient's liver dysfunction healed in two months' time. He is still living and well.

From this experience, our group study was started through the cooperation of 40 surgical clinics in Japan. The first clinical study is an evaluation of ShiQuanDaBu-Tang to restoration of postoperative conditions and to prevent side effects with adjuvant chemotherapy and/or radiotherapy.

ShiQuanDaBu-Tang consists of extract granula of ten oriental medical herbs. The indications are for poor physical condition after disease or operation, and for chills in limbs and anemia.

The study was performed by a controlled study and the subjects were divided by the envelope method into the ShiQuanDaBu-Tang dosaged group and the non-dosaged group. The protocol of our clinical study was : a daily dosage of drug to total 7.5 g and administered three times daily before meals, 2.5 g a time. The treatment period was 4 to 12 weeks in principle.

The subjects for analysis satisfying this criteria were 121 cases in the ShiQuanDaBu-Tang group and 80 cases in the non-dosaged group. The background factors examined in the dosaged and non-dosaged groups show that generally, in sex, age, disease and in adjuvant therapy, there were no significant differences in background factors statistically.

As for the results, subjective symptom judgements were carried out based on the changes in condition before treatment or observation. Effects on appetite were remarkable in the ShiQuanDaBu-Tang dosaged group, particularly at the 12 th week. The effects of ShiQuanDaBu-Tang on lypolytic activity investigated by Professor Okuda of Ehime University of Japan show that ShiQuanDaBu-Tang decreased the activity of toxohormon-L produced in liver cancer and increased the activity of ACTH. This result corresponds to the improvement of appetite in our clinical cases.

The changes in general fatigue was studied. The effects were slightly better at the 12 th week in the dosaged group but there was no significant difference between the two groups.

Blood was collected every two weeks for observation of the changes. The changes in hemoglobin was studied and the hemoglobin level was higher in the dosaged group although there was no significant difference. Again, significant differences were not observed in hematocrit, erythrocytes, platelets, total protein and biochemical examination findings such as total cholesterol, Na, K, GOT and GPT.

The changes in WBC in cases with adjuvant cancer chemotherapy and/or radiotherapy excluding immunotherapy was studied. The tendency of decrease in leukopenia was slight in the dosaged group as compared with the non-dosaged group. This difference became significant at the 8 th and 12 th week.

The efficacy judgement on overall restoration of postoperative general conditions reveal that improvement was obtained in 75% of the dosaged group and in 51% of the non-dosaged group.

The second study is an evaluation of XiaoChaiHu-Tang and YenChenHao-Tang on postoperative liver dysfunction. Generally, the occurrence ratio of postoperative liver dysfunction

is reported to be approximately 15% and the prevention of this dysfunction is an important problem in the surgical field.

The composition of XiaoChaiHu-Tang consists of seven oriental medical herbs. The indications are summarized for acute feverish diseases, hepatic disorder and chronic gastroenteritis.

The composition of YinChenHao-Tang consists of three oriental medical herbs. The indications are mainly for jaundice or for liver dysfunction.

The protocol of clinical study of XiaoChaiHu-Tang is as follows: the cases were treated with this XiaoChaiHu-Tang when the transaminase level, GOT or GPT exceeded 100 units. For cases with a total bilirubin level of over 1.2 mg/dl, YinChenHao-Tang was dosaged additionally.

The background factors examined in the dosaged and non-dosaged groups showed that in sex, age, diseases and in blood transfusion, statistically there were no significant differences.

The changes in general fatigue were studied. Remarkable improvements in general fatigue were obtained in the dosaged group from the 4th week. Also, a distinct improvement in coated tongue and in appetite was seen in the dosaged group.

The changes in GOT showed a tendency of improvement in the dosaged group. From the 4th week, the GOT decreased favorably in the dosaged group whereas it tended to increase in the non-dosaged group and displayed a significant difference. In the non-dosaged group, improvement was delayed and became of the normal level at the 12th week. The changes in GPT showed the same tendency of improvement in both groups but in other hematobiochemical findings, significant differences were not observed.

The efficacy judgement on overall improvements of postoperative liver dysfunction shows that improvements were seen in 87% of the dosaged cases and in 66% of the non-dosaged cases. XiaoChaiHu-Tang was dosaged to 4 cases in the non-dosaged group in which liver dysfunction continued even after 4 weeks. Favorable improvements were seen in all 4 cases. On the other hand, 1 case in the dosaged group in which no improvement was seen, was treated with western medicine and resulted in improvement.

I would like to mention that the effects of ShiQuanDaBu-Tang on postoperative appetite improvements and on leukopenia prevention in cancer chemotherapy and/or radiotherapy were confirmed. Again, in postoperative liver dysfunction, XiaoChaiHu-Tang and YinChenHao-Tang produced improvements in general fatigue, appetite and coated tongue. Effective improvements were also observed in GOT and GPT.

In this study, however, examinations and descriptions on the relation to syndrome "Zheng" in Oriental medicine were extremely few and insufficient. Therefore, we performed an analysis to find a correlation between the "Zheng" in Oriental medicine and the examination values in modern medicine.

Next, I will report on an investigation made on ShiQuanDaBu-Tang. This study is a clinical study and not a controlled study. In this study, the investigated cases treated with ShiQuanDaBu-Tang amounted to 55 cases in our department. Operation was performed on all 55 cases and the majority of these cases also received adjuvant cancer chemotherapy post-operatively.

The "Zheng" of ShiQuanDaBu-Tang, in other words, the cardinal symptoms are anorexia, general fatigue, anemia and dehydrated skin. In this study, for convenience' sake, we

determined the diagnostic points on these symptoms making the total, 10 points.

The grade of effects were estimated according to changes in improvements seen in cardinal symptoms and blood examination observations and then divided into 4 stages : improvement ; slight improvement ; no change ; and aggravation. The improvement cases numbered 27% ; slight improvement 40% ; no change 33%. Aggravation cases were not acknowledged. The correlation of this percentage with our diagnostic points was studied. In improvment cases, points 4 to 6 amounted to 73% and points 7 to 10 amounted to 20% indicating high diagnostic points in comparison with other groups. In slight improvement cases, points 1 to 3 amounted to 45% and points 4 to 6, 50%, indicating relatively high diagnostic points. In no change cases, point 0 amounted to 34%, indicating low diagnostic points. This means that with more frequent ShiQuanDaBu-Tang "Zheng" , the more we can anticipate effects. On the other hand, from an operative viewpoint, effectiveness was found more frequently in cases in which major operations, such as esophageal cancer and gastric cancer were performed, whereas no change was seen more often in medium degree operations such as cholecystectomy.

The next study deals with changes in blood examinations after administration of ShiQuanDaBu-Tang. The changes in hemoglobin was studied. The group under 10.0 g/dl Showed remarkable improvement when compared with the group over 13.0 g/dl and the 11.0 to 12.9 g /dl group.

Likewise, the changes in the counts of white blood cells was studied. Improvement in the group under 3999 was remarkable. Incidentally, over half of the cases were safely treated with adjuvant cancer chemotherapy.

The changes in serum protein was studied. In the group under 5.9 g/dl improvement was remarkable. Effects in cases can be anticipated in which total body condition declines postoperatively. These improvement cases, viewed from blood examinations, correspond with the cases complaining of the cardinal symptoms of ShiQuanDaBu-Tang and it can be thought that there is an intimate correlation between Oriental medicine and Western medicine.

1. In cases presenting cardinal symptoms of "Zheng" , such as anorexia, general fatigue, anemia and dehydrated skin, the degree of treatment effects with ShiQuanDaBu-Tang was remarkable.
2. In cases presenting decrease in counts of hemoglobin, white blood cells and serum protein, the degree of treatment effects with ShiQuanDaBu-Tang was also remarkable.
3. The indication of ShiQuanDaBu-Tang is most effective in cases in which the cardinal symptoms "Zheng" correlating with Western medical examination values are present.

I shall give you one more example. A 69-year-old male was admitted to the Internal Department for pneumonia and pulmonary emphysema. Gastric cancer was revealed by x-ray. Since the patient was anemic, malnourished and had nightly sweats, ShiQuanDaBu-Tang was prescribed combined with blood transfusion preoperatively. The patient's general body condition improved and a subtotal gastrectomy was performed. Postoperatively, after the patient's physical strength was restored, the prescription was changed to BuZhongYiQi-Tang. The patient was in good health for two years but he suddenly died from pneumonia.

An ideal confirmation by symptoms. As you know, generally, the patient's condition is

classified by Yin, Yang and sthenia and asthenia syndromes and prescriptions are also chosen from the symptoms.

Recently, the prospects of Oriental medicine in cancer treatment has risen considerably and research is making progress in every field.

In the future, prospects of herbal medicine lie not only in the restoration of general body conditions but also in immunity stimulating effects and in anti-cancer effects.

第 40 回日本良導絡自律神経学会・第 1 回国際大会特別講演

昭和 63 年 10 月 9 日——宮崎県医師会館——

座長 宮崎県内科医会東洋医学研究委員長 木下恒雄先生

外科領域における漢法治療

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1. はじめに

東洋医学は古代中国で起源を見、日本には仏教とともに伝来された。外科領域では華岡青洲（1760～1835 年）が乳癌治療において朝鮮朝顔を用いた麻酔法で手術に成功した。彼の手術の絵はシカゴの国際外科学会博物館に今もかけられている。

明治時代になって日本には西洋医学が導入され、漢方医の医師免許は許可されなくなり次第に衰退をみた。しかし、漢方の臨床的効果と副作用の少ない点が認識され、東洋医学は再び現代医学の中でも用いられるようになった。

東洋医学は大きく 2 つの分野に分けられる。すなわち漢方治療と鍼灸治療である。漢方治療の処方は約 500 種類ほどあるが、実際は約 30 処方をもっとも頻用されるものである。われわれの教室ではこれらの処方を原疾患治療のほか、術前状態の改善および術後状態の改善とくに肝障害の予防などに用いている。

われわれの教室では 1987 年の 2 月までに 501 例に漢方を使用した。対象疾患の内訳は胃癌 98 例、食道癌 83 例などが主なものである。一般に消化器外科の術前術後に用いられたものが多い。また癌化学療法および放射線治療のときに用いられている。その主な投与目標は全身状態の改善と副作用の防止である。

1 症例を示す。49 歳の男性で進行胃癌の症例である。手術は胃全摘術、膵尾部、脾および横行結腸の合併切除を行った。組織学的には未分化腺癌であった。臨床経過で 3 年後に低血圧と下痢症状を訴えてきた。腹壁の力は弱く、手足は非常に冷たかった。これらの症状から十全大補湯と八味地黄丸を投与したところ、2 週間後に症状は軽快した。翌年肝機能障害が出現したので、八味地黄丸と茵陳蒿湯を投与したところ、肝機能障害は 2 カ月で改善し、手術 10 年後の現在もお健在である。

2. 術後全身状態の修復

これらの経験からわれわれは全国の 40 大学の外科教室の協力を得て研究を開始した。第 1 は十全大補湯による術後全身状態の改善と癌化学療法、放射線療法併用例の副作用の防止である。十全大補湯は 10 生薬の組成からなり、投薬の目標は術後あるいは大病のあとの全身状態の衰弱の改善とされている。研究はコントロール法で封筒法を用いた。十全大補湯は 1 日 7.5 g を食前分 3 で用い、4 週間から 12 週間投与した。症例数は十全大補湯投与群 121 例、非投与群 82 例であった。背景因子は両群を比較したが、性、年齢、対象疾患合併治療においても有意差はなかった。