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Now in Our
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FILE: ■ Kampo
■ Premenstrual Symptoms
■ Japanese Traditional Medicine

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RE: Kampo Medicine as Treatment for Premenstrual Symptoms

Gepshtein Y, Plotnikoff GA, Watanabe K. Kampo in women's health: Japan's traditional approach to premenstrual symptoms. *J Altern Complement Med.* 2008;14(4):427-435.

Japanese Kampo medicine is the first treatment of choice for premenstrual symptoms in Japan. Kampo is practiced by medical doctors and is on the curriculum of Japanese medical and pharmacy schools. It has origins in Chinese medicine around 2,000 years ago. Kampo herbal formulas are covered by the Japanese Health Care National Insurance Plan, and their quality is regulated by the Japanese government. Kampo diagnosis and treatment is based around Sho, the patient's condition described through Kampo concepts, such as Cold and Heat. The Sho of women with premenstrual problems is often described by Kampo doctors as oketsu (blood stasis or stagnation) or suidoku (water disturbance). The patient's constitutional strength is also important.

This article presents 3 case studies in which Kampo medicine was used to treat menstrual symptoms. Three key features of Kampo are emphasized: individual-centered diagnosis, herbal therapy, and the therapeutic relationship between doctor and patient. The 3 patients in these case studies were attending the Kampo clinic at Keio University in Tokyo, Japan. The cases were chosen according to the following criteria: the symptoms were chronologically related to the menstrual cycle, the symptoms were the main complaint, and possible organic or psychiatric causes had been eliminated. All 3 patients showed improvements and have continued treatment at the Kampo clinic.

Patient 1 suffered from a depressed mood (ochikomu), edema, and car sickness prior to her menstrual periods, as well as stomach fullness after meals (fukuman) and dysmenorrhea. It was determined that she had oketsu and fukuman (stomach fullness). She was treated with the keishibukuryogan formula for oketsu and rikkunshito for fukuman. Keishibukuryogan consists of the following herbs: cinnamon (*Cinnamomum cassia*) bark, Chinese peony (*Paeonia lactiflora*) root, peach (*Prunum persica*) kernel, hoelen (*Poria cocos*), and tree

peony (*Paeonia suffruticosa*) bark. Rikkunshito consists of Asian ginseng (*Panax ginseng*) root, pinellia (*Pinellia ternate*) tuber, hoelen, jujube (*Zizyphus jujuba*) fruit, citrus peel, licorice (*Glycyrrhiza* spp.) root, and ginger (*Zingiber officinale*) rhizome. At 4 months, the patient reported improvements in her mood and her stomach function, and at 6 months she reported that she no longer had the depressed mood and her dysmenorrhea had improved. Patient 2 had premenstrual edema, migraine headaches and nausea, and severe dysmenorrhea. She also suffered from thirst, constipation, and car sickness. She showed teeth marks on her tongue, an indication of *suidoku*. It was determined that she had *suidoku* and *oketsu*. She was treated with the *tokishakuyakusan* formula for *suidoku* and *oketsu*, as well as *goreisan* for *suidoku*. *Tokishakuyakusan* consists of peony root, *cang-zhu* *atractylodes* (*Atractylodes lancea*) rhizome, Asian water plantain (*Alisma plantago-aquatica* ssp. *orientale* syn. *Alisma orientale*) rhizome, hoelen, marsh parsley (*Ligusticum ibukiense* syn. *Cnidium officinale*) rhizome, and Japanese angelica (*Angelica acutiloba*) root. *Goreisan* includes Asian water plantain rhizome, *cang-zhu* *atractylodes* rhizome, *zhu ling* (*Grifola umbellata* syn. *Polyporus umbellatus*), hoelen, and cinnamon bark. After 3 months, the patient reported improvements in her headaches and dysmenorrhea, as well as discontinuation of nausea.

Patient 3 suffered from premenstrual nausea, head heaviness, irritability, and abdominal fullness. She was also experiencing stomach pain due to stress, coldness of her feet and hands, and abdominal gas. It was determined that she had *kikyo* (*chi* deficiency; often characterized by apathy, listlessness, appetite loss), *suidoku*, and *oketsu*. She was treated with the *tokishakuyakusan* formula for *suidoku* and *anchusan* for *kikyo*. *Anchusan* consists of cinnamon bark, *Corydalis* tuber, oyster shell (*Orstreae testa*), fennel (*Foeniculum vulgare*) seed, licorice root, *Amomum xanthioides* seed, and lesser galangal (*Alpinia officinarum*) rhizome. After 6 weeks, the patient's stomach pain was gone. After 5 months, she reported an improvement of premenstrual symptoms and no more abdominal fullness. After a new assessment, it was determined that she had *suidoku* and *oketsu* only, so *anchusan* was discontinued and *gorsein* was added to her treatment plan. After 10 months, she reported relief of premenstrual symptoms and a decrease in the severity of dysmenorrhea.

The authors are of the opinion that these cases illustrate that Kampo medicine is effective in treating culture-bound illnesses and nonspecific complaints of an obscure origin that are often not diagnosable and treatable in Western medicine. There have been pre-clinical studies on Kampo, but there are few clinical trials. They conclude, "The Kampo approach to treating women with premenstrual symptoms deserves more attention by Western clinicians and researchers." They also emphasize the value of patient-centered care and continuity of care in Kampo and state: "The importance of clinical structure for the outcomes of care in traditional medicines should be studied in depth using qualitative research methods."

—Marissa Oppel, MS

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