

개 회 사

대한한의학회와 일본동양의학회의 학술교류심포지엄에 참석해 주신 내외 귀빈과 대한한 의사협회 김정곤 회장님, 멀리 일본에서 발표 차 내한하신 사키야마 다케시 선생님과 김성준, 마사무라 선생님께 진심으로 감사의 말씀을 드리며, 오늘 학술교류심포지엄이 한의학 교류를 통한 한·일관계를 더욱 견고히 하고, 미래지향적 전통의학의 계승 발전이라는 차원에서 활발한 발표와 토론의 장이 될 수 있기를 희망합니다.



오늘의 주제인 난치성 질환은 병명은 밝혀졌지만 현대 의학적으로도 치료가 안 되는 질환을 중심으로 양국 간의 연구자들이 집중적인 연구를 통하여 전통의학적 방법에 의한 그 해법을 찾고자 노력함으로써, 관련 정보와 자료를 상호 공유할 수 있는 좋은 기회라고 생각합니다. 인류를 괴롭히는 수많은 질병들 중에서도 치료를 위한 경제적 사회적 투자가 많이 들어가고, 이로 인한 환자의 사회 복귀는 늦어지거나 불가능함으로서 개인과 국가에 상당한 손해를 끼칠 수 있는 대표적 질환을 중심으로 이번 학술교류심포지엄의 주제를 선정한 것은 동양의학이 인류보건 발전에 이바지함이 크다는 실체를 보여주는 의미 있는 행사라고 생각합니다.

난치성 질환에 대한 끊임없는 도전이야 말로, 이 시대 동양의학을 연구하고 임상 현장에서 진료를 담당하시는 모든 분들의 이정표가 될 것이며, 이러한 과정을 통해서 쌓아진 경험과 자료는 후학들의 관련 연구에도 좋은 본보기와 길잡이가 될 수 있을 것이라고 확신합니다.

또한, 대한한의학회와 일본동양의학회가 공동으로 개최하는 본 심포지엄을 계기로 양국 모두 전통의학적 방법에 의한 공동 연구 개발의 활성화와 상호 교류를 통한 정보와 자료의 공유의 기반을 쌓는 계기가 되길 기원해 봅니다.

끝으로 이번 공동 학술교류심포지엄이 원만히 개최되도록 협조하여 주신 대한한의학회와 일본동양의학회 임원진 여러분들께 감사를 드리며, 훌륭한 논문을 준비해 주신 발표자들에게도 심심한 격려와 감사를 드립니다. 앞으로도 한국과 일본을 오가며 공동으로 개최되는 대한한의학회-일본동양의학회 학술교류심포지엄이 보다 더 유익하고 세계 인류의 보건 건강 증진에 이바지 할 수 있는 학술심포지엄으로 발전되기를 기원하며, 개회사를 마치고자 합니다.

감사합니다.

2012. 9. 15

대한한의학회 회장 김 갑 성

격려사

안녕하십니까? 대한한의사협회 회장 김정곤입니다. 먼저, 제16회 국제 동양의학학술대회를 기념하여, 대한민국과 일본 양국을 대표하는 대한한 의학회와 일본동양의학회의 학술교류심포지엄이 열리게 된 것을 기쁘게 생각합니다.



또한, 먼 길을 마다하지 않고 찾아 주신 일본동양의학회 관계자 여러분들과 바쁜 일정 중에서도 오늘 심포지엄에 참석하여주신 내·외빈 여러분들께 진심으로 감사드리며, 오늘 심포지엄을 준비하기 위해 수고하신 대한한의학회 김갑성 회장님을 비롯한 임직원 여러분들께도 감사의 말씀을 전합니다.

최근, 전 세계적으로 고령화 시대를 맞아 만성·퇴행성·노인성 질환과 희귀난치성 질환 치료에 현대의학의 한계를 극복하기 위한 대안으로 전통의학이 주목과 각광을 받고 있습니다. 실제로, WHO에서도 만성·퇴행성·노인성 질환과 희귀난치성 질환 치료에 각 국의 전통 의학을 적극 활용하는 방안을 모색해야 한다는 취지의 발표를 한 바 있습니다.

이 같은 시점에, 암과 불임, 루게릭병을 비롯한 당뇨합병증과 만성신부전증, 류마티스 관절염 등 희귀난치성질환에 대하여 한·일 양국의 전통의학에 기반을 둔 다양한 치료법을 논의하고 그 결과를 발표하는 자리가 마련됐다는 것은 매우 뜻 깊은 일이라고 할 것입니다.

‘난치성질환’을 주제로 ‘ALS(루게릭병)에 대한 한방치료’와 ‘무혈성 대퇴골두괴사증의 침도치료’ 등 다양한 연구결과 및 학술자료가 발표될 이번 한·일 학술교류심포지엄을 통하여, 인류의 건강증진과 삶의 질 향상에 기여할 수 있는 새로운 전기가 마련되기를 기대합니다.

아울러, 이번 한·일 학술교류심포지엄이 양국 전통의학의 보다 활발한 교류와 상호발전의 중요한 계기가 되기를 바라며, 앞으로도 이와 같은 국제적인 학술교류의 장이 지속적으로 개최되기를 희망합니다.

끝으로, 대한한의학회와 일본동양의학회가 공동 주최하는 학술교류심포지엄에 참석하신 전통의학 전문가 및 관계자 여러분들께 감사의 말씀을 드리며, 오늘 이 자리에 참석하신 모든 분들의 가정에 건강과 행복이 가득하시기를 기원합니다.

감사합니다.

2012. 9. 15

대한한의사협회 회장 김정곤

PROGRAM

주제 : 난치성질환

2012.9.15

시 간	내 용	
16:00	개회식	개회사: 김갑성 학회장 격려사: 김정곤 협회장
	발표자 및 좌장 소개	사회자: 김성철 (학술이사)
16:00 ~ 16:25	Kampo Therapy for Refractory Diseases 사키야마 타케시 (일본동양의학회 섭외이사)	좌장: 김성준 (요코하마약학대학 교수) 장현진 (대한한의학회 부회장)
16:25 ~ 16:30	질의&응답	
16:30 ~ 16:55	Kampo Formulations, Its Value for Cancer-related Symptoms 김성준 (요코하마약학대학 교수) 마사무라 켄지 (關東勞災病院 精神科 醫師)	
16:55 ~ 17:00	질의&응답	
17:00 ~ 17:25	Utilization of Korean Traditional Medicine in Amyotrophic Lateral Sclerosis 김성철 (대한한의학회 학술이사)	
17:25 ~ 17:30	질의&응답	
17:30 ~ 17:55	The Clinical Study of Acupotomy and Korean medicine on Multiple Osteonecrosis of Femur and Tibia- Case Report - 홍권의 (대전대학교 한의과대학 교수)	
17:55 ~ 18:00	질의&응답	
18:00	폐회식	사회자

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대한한의학회-일본동양의학회 학술교류심포지엄
KOREA-JAPAN Medical Symposium

Kampo Therapy for Refractory Diseases

사키야마 타케시 (일본동양의학회 섭외이사)



Kampo Therapy for Refractory Diseases

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ABSTRACT

Many kinds of diseases resist to treatment even with contemporary medicine. Although most of the diseases are usually treated with only western medicine, it is known that the treatment with western medicine are often combined with Japanese Kampo medicine per patient request and the combination is quite efficacious for some of these refractory diseases. However, many large hospitals including university hospitals tend to eliminate the opportunity to use Kampo therapy or the combination therapy because Kampo therapy may adversely affect scientific evaluation of the efficacy and safety of new drugs or establishment of EBM. Of those refractory diseases, here I will report five cases, one protein-losing gastroenteropathy case, two interstitial pneumonia cases and two cancer cases, for which Kampo therapy only or combination therapy were quite efficacious.

A case with protein-losing gastroenteropathy: A 28-year-old severely disabled woman with intractable-epilepsy and protein losing gastro- enteropathy, has received albumin supplementation once every two weeks for the past 13 years. Initially, ethical Kampo formula, Shinbuto and Ninjinto were prescribed. Second, Boiohgito and Goreisan were prescribed. Initial Kampo medicines failed to increase her serum albumin level, although they helped her general condition better. Second medicines resolved her edema and hypoalbuminemia. As a result, albumin administration, was discontinued.

Two cases with interstitial pneumonia: a 67-year-old woman visited to Kampo clinic expecting their recovery from a condition with shortness of breath, reinforced cough and sputum after she had caught a cold. A 66-year- old woman with dermatomyositis under steroid therapy accompanied by Kampo decoction for 9.5 years had a complication of interstitial pneumonia after she caught a cold. Both cases are in good controlled condition treated with Ryokankyomishingeninto and Maobushisaishinto.



Two cases with cancer threatened by only Kampo medicine without contemporary therapy: A 90-year-old woman with primary urethral cancer treated by Shikunshito and additions without western medication, after she underwent surgery at 87 years of her age. At the age of 89 years, she readmitted to university hospital due to recurrence of the cancer without distal metastasis. Kampo prescription almost completely remove her cancer related pain and agony by the end of her life. A 96-year-old woman with right breast cancer denied to be treated with contemporary medicine both surgical- and chemo-therapy. She only accepted Kampo decoction therapy with Jurokumiryukiin and additions for three years. Her tumor size became smaller and the hardness became softer in her good health.

Because the character of contemporary medicine is to specifically act on the cause of disease and to be able to remove it medically or surgically, it is beneficial for the treatment of many diseases. In return, patients often suffer from its side effect. On the other hand, since Kampo medicine can comprehensively improve individual QOL, it could provide greater benefit for the patients rather than contemporary medicine. The effectiveness of Kampo medicine appears to be beyond our expectation especially for one of our presented cases with protein-losing gastroenteropathy that the Kampo therapy ultimately leads to terminate intravenous albumin supplement. Steroid and/or immune-suppressive therapy normally helps to control autoimmune diseases, but sometimes patients suffer from side effects. With the additional administration of Kampo therapy, the disadvantages and/or side effects could be reduced and the QOL of the patients can be increased. Also Kampo therapy might useful for the treatment of the elder cancer patients considering maintain of their QOL.



*Symposium of Korea-Japan Scientific
Exchange on Traditional Medicine*
**Kampo Therapy for
Refractory Diseases**

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Introduction

Many kinds of refractory diseases such as auto-immune diseases, cancer, chronic kidney disorders, DM, atopic dermatitis neurodegenerative disorders and so on, resist to treatment even with contemporary medicine.

Although most of the diseases are usually treated with only western medicine, it is known that the treatment with western medicine are often combined with Japanese Kampo medicine per patient request and the combination is quite efficacious for some of these refractory diseases.

However, many large hospitals including university hospitals tend to eliminate the opportunity to use Kampo therapy or the combination therapy because Kampo therapy may adversely affect scientific evaluation of the efficacy and safety of new drugs or establishment of EBM.



Selected Cases among Refractory diseases

*Combination with Kampo Therapy and
contemporary medicine*

one protein-losing gastroenteropathy case

two interstitial pneumonia cases

Kampo therapy only

two cases with cancer and/or tumor

A Case with Protein-Losing Gastroenteropathy

A 28-year-old severely disabled woman with intractable epilepsy and protein-losing gastroenteropathy, albumin supplementation once every two weeks for the past 13 years. Initially, ethical Kampo formula (extract powder), Shinbuto (真武湯) and Ninjinto (人參湯) were prescribed. Secondary, Boiohgito (防已黃耆湯) and Goreisan (五苓散) were prescribed.



Present Medical Condition

Physical examination: small stature, 26kg, 129cm

Clinical signs and symptoms

malnutrition, pallor, edematous eyelids,
holosystolic cardiac murmur, mild abdominal
distension, increased bowel sound, flexional con-
striction of left wrist & elbow, decreased deep
tendon reflexes, moderate pitting pre-tibial edema

Kampo's signs and symptoms

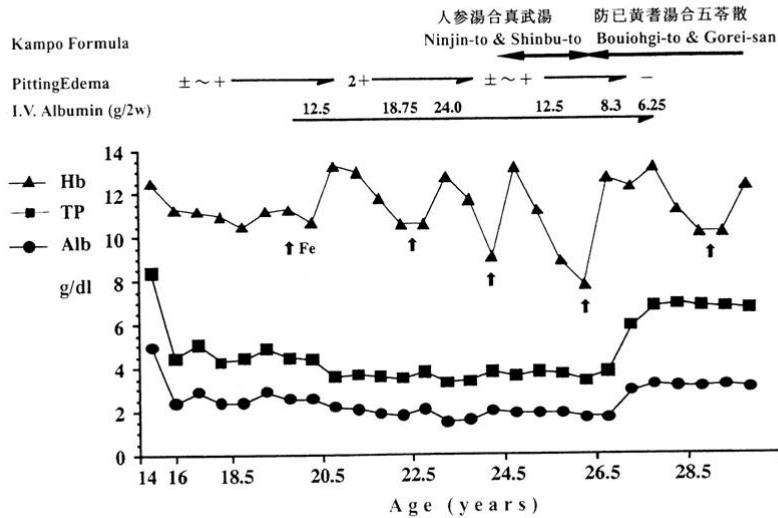
hypofunctional constitution (虚症), fluid intoxication (水
毒), deep & thread pulse (脈: 沈細), weak & hypotonic
abdominal tension with water dabbling sound (腹診: 腹
力弱、腹部軟、振水音)

Laboratory Examination Data

		At Hospitalization	人參・真武湯	防己黄・五苓散
		No Kampo	Ninjin・Sinbu-to	Bouiougi・Gorei-san
		(16 years)	(24 years)	(26 years)
T.P.	(g/dl)	4.2	3.1	6.9
IgG	(mg/dl)	617		3110
GOT	(IU/l)	17	16	17
GPT	(IU/l)	10	5	11
LDH	(IU/l)	259	232	256
T.chol	(mg/dl)	170	147	129
Na	(mEq/l)	142	145	141
K	(mEq/l)	3.9	4.2	4.5
Cl	(mEq/l)	121	111	102
Fe	(μg/dl)	36	10	59
WBC	($\times 10^3/\mu l$)	2600	6200	4900
RBC	($\times 10^4/\mu l$)	326	360	372
Hb	(g/dl)	11.7	8.4	11.2
Ht	(%)	35.1	26.9	34.4
Plt	($\times 10^4/\mu l$)	15.9	44.6	18.0
Stool; Triboulet		+	+	-
SudanIII		+	-	-
α_1 -antitrypsin		+ (diagnosed)		



Clinical Course & Change of total protein, hemoglobin & albumin



RESULT

Initial Kampo extracts remained her total serum protein at 4.1g/dl. Next Kampo extracts increased her total serum protein at 6.0g/dl or more, and resulted in dis-continuance of intravenous albumin administration.



Discussion

- This case is not responsible to oral or tube feeding of medium-chain triglycerides administration. Only biweekly intravenous albumin supplement could maintain her albumin level.
- We used ethical Kampo extracts (powder) instead of decoction, with 2/3 volume of full dose (adult dose).
- Ninjin-to & Shinbu-to helped her general condition better, such as improvement of hyperchloremia, low WBC count, and negative Sudan III test. But positive Triboulet test was unchanged and her albumin administration was continued.
- Bouiohgi-to & Gorei-san administration resolved her edema and hypoalbuminemia, resulted in discontinuation of albumin administration.

Review of Literature on Kampo Treatment of Protein-Losing Gastroenteropathy

- Imai K et al: The potential effect of Ubai-en(烏梅円) on protein-losing enteropathy. JJOM 53, 229-234, 2002 : A 64-year-old female with RA and GI tract amyloidosis was treated successfully by Ubai-en(decoction) for her unrecovered diarrhea.
- Ito T et al: An experience of Ubai-en on a patient with protein-losing gastroenteropathy caused by eosinophilic gastroenteritis. JSOM annual meeting,
- Chino M and Araya T: A case of protein-losing gastroenteropathy successfully treated with Kaikyu-shokusho-to(解急蜀椒湯). JKaneboMemorial Hospital 15, 95-98, 1999



Two Cases with Interstitial Pneumonia

Case 1: a 67-year-old woman visited to Kampo clinic expecting their recovery from a condition with shortness of breath, reinforced cough and sputum after she had caught a cold.

Case 2: a 66-year-old woman with dermatomyositis under steroid therapy in combination with Kampo decoction for 9.5 years had a complication of interstitial pneumonia after she caught a cold.

Both cases are in good controlled condition after treated with Ryokankyomishingeninto(苓甘姜味辛夏仁湯) and Maobushisaishinto(麻黃附子細辛湯).

SO, 69 years female

Started Kampo therapy at July 31, 200X

CC: cough & sputum with short breath

PH: x-6 years ago, hospitalized with IIP (idiopathic interstitial pneumonia)

PI: at January 200X, caught a cold and continuing upper CC. steroid therapy stopped by June 200X

PS: 150cm, 61Kg, BP: 130/80, O2: 96%,
KL6: 3820 (lower 500), SP-D: 635 (lower 110) chest:
slightly wheezy with short breath



Sho by Kampo diagnosis: intermediate constitution, pulse; relatively sunken, tongue; slightly purple with congested zv, mild *kyokyo-kumann*, abdominal power; intermediate, *oketsu* +, *chukan* (acupoint) pain +, inguinal pain +

Kampo prescription: extracted and powdered medicine *Ryokankyomishingeninto* go (mixed with) *Maobushisaishinto*, 2/3 dose. one week later, she felt cough decreased. Full dose of medicine resulted in her short breath relatively released, but slightly heavy on her stomach. Full dose of *Ryokankyomishingeninto* and 2/3 dose of *Maobushisaishinto*, made her condition relatively in good shape to walk up to low mountain after one and half year. Laboratory data improved; KL6; 864, SP-D; 217, CK; 128

SS, 67 years female Changed Kampo therapy at May 7, 200X

CC: short breath after playing tennis

PH: 9.5 years ago, hospitalized with dermato-myositis and started Kampo therapy(decoction of *kamishoyosan-ka-bushi* 加味逍遙散 and *juzendaihoto-ka-bushi* 十全大補湯加附子, alternatively intake)

PI: In November 200X-1, she caught a cold, but kept her daily life quite busy resulted in left leg numbness with pain in March and April, at playing tennis under the steroid therapy (daily 3mg). In the middle of April, she suffered from a herpes zoster. After that, she complained CC. Because of CC, chest X-ray and CT clarified her interstitial pneumonia with high KI-6 titer: 1214.

PS: 152cm, 52Kg, BP: 135/85, O2: 97%, chest: slightly wheezy and crackled sound at lower pulmonary region with short breath

Therapy: increased steroid 20mg daily



Sho by Kampo diagnosis: intermediate constitution, pulse; relatively sunken, tongue; slightly congested zv, abdominal power; intermediate, *oketsu* +, *chukan* (acupoint) pain +, inguinal pain +,

Kampo prescription: Started initially Kampo decoction of *Bukuryokyoninkanzoto* 茯苓杏仁甘草湯-go(mixed with)-*Keikyososo-ohsinnbuto* 桂姜棗草黃辛附湯, and 2 week later, she felt better to reduce predonine 15mg/day. 2 month later, alternative medication of 15&10mg predonine, and changed to *dido-go-Saikokeishikankyoto* or *dido-go-Hochuekkito* according to her mild *Kyokyo-kuman* or fatigue. During summer time, she didn't want to take decoction. Therefore, alternatively extracted and powdered medicine *Ryokankyomishingeninto-go-Maobushisaishinto* 苓甘姜味辛夏仁湯合麻黃附子細辛湯 was prescribed. Daily predonine intake reduced 5&7mg alternatively at present. There is no deterioration of her physical condition nor chest CT findings. Recent KL6 is stable with improved CK; 84, CRP;0.04

Literatures & References

Interstitial Pneumonias (IP) : Honma et al.
Kampo and Immune-Allergy, Vol 22, 124-137,
2008, 116 cases treated with Kampo medicines
(*Shosaikoto* 小柴胡湯, *Hachimijogon* 八味地黄丸,
Keishibukuryogan 桂枝茯苓丸 et.) 43-IPP & 31-
CVD-IP were prolonged their life span 13.9
years and 24.6 years, respectively, result in
reaching to regular life span at 75 years old.
Several cases individually treated with different
Kampo medicines such as *Bakumondoto* 麥門冬湯,
Hochuekkito 補中益氣湯.



Two cases with cancer and/or tumor treated by only Kampo medicine

Case 1: a 90-year-old woman with primary urethral cancer treated by Shikunshito and additions (四君子湯加味) without western medication, after she underwent surgery at 87 years of her age.

Case 2: a 96-year-old woman with right breast solid tumor denied to be treated with contemporary medicine both surgical- and chemo-therapy. She only accepted Kampo decoction therapy with Jurokumiryukiin and additions (十六味流気飲加味) for three years.

K.T. 90 years female Started Kampo therapy at Oct 199X

CC: left flank pain

PH: x-3 years ago, she hospitalized with spontaneous rupture of the left ureter caused by primary ureteral cancer (transitional cell carcinoma, G2>>G3, pT2, invading to muscle layer, surgical margin doubtfully negative) resulted in partially uretectomy and done vesico-ureteral anastomosis on Sep 5 199X.

PI: In October 199X, she refused to be treated with anti-cancer drugs nor radiation therapy, and accepted only Kampo therapy.

PS: 140cm, 49Kg, BP: 128/74, pulse 74/min,



Kampo's Signs & Symptoms, and Prescription

Constitution: weak

Face color: poor looked tired

Appetite: loss

Energy and Vitality: decreased

Pulsation: depressed and weak

Fukushin (Abdominal pattern) : weak tension and lower abdominal weakness(Saika-Fujin)

General Impression: Qi deficiency (spiritually depressed)

Prescription: decoction; Shikunshito (四君子湯) add Kavaratake (Si-Jun-Zi-Tang with Coriolus versicolor)

Her Course under Kampo Therapy

At the age of 89 years, she readmitted to university hospital due to massive hematuria (urine cytology: class V) and diagnosed recurrence of the cancer without distal metastasis, but metastasized to lung after radiation therapy. However, Kampo prescription almost completely resolved her cancer related pain and agony by the end of her life.



C.Z. 97 years female Started Kampo therapy at Mar 27 200X

CC: right breast tumor

PI: At 200X, she was diagnosed right breast hard tumor, sized 2x3cm. She decided not to take operation nor conventional treatment, but to take Kampo therapy.

PS: 158cm,47Kg, BP:130/70,

Kampo's signs & symptoms: constitution, pulsation, abdominal tension: moderate as her age, lower abdominal weakness

Kampo prescription: decoction; Jurokumiryukiin(十六味流気飲) with Sikonnboreito (紫根牡蛎湯)

Her course: Her tumor size became smaller and the hardness became softer in her good health.

Conclusion 1

Because the character of contemporary medicine is to specifically act on the cause of disease and to be able to remove it medically or surgically, it is beneficial for the treatment of many diseases. In return, patients often suffer from its side effect. On the other hand, since Kampo medicine can comprehensively improve individual QOL, it could provide greater benefit for the patients rather than contemporary medicine.



Conclusion 2

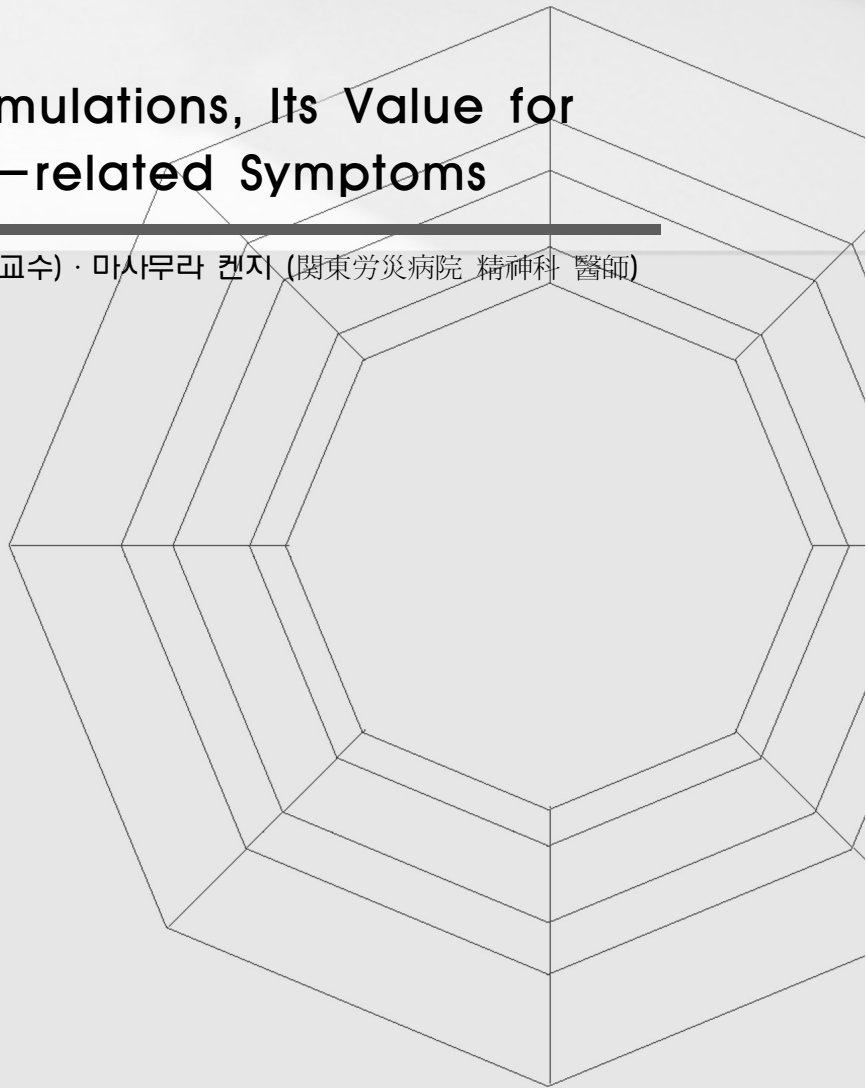
The effectiveness of Kampo medicine appears to be beyond our expectation especially for one of our presented cases with protein-losing gastroenteropathy that the Kampo therapy ultimately leads to terminate intravenous albumin supplement. Steroid and/or immune-suppressive therapy normally helps to control autoimmune diseases, but sometimes patients suffer from side effects. With the additional administration of Kampo therapy, the disadvantages and/or side effects could be reduced and the QOL of the patients can be increased. Also Kampo therapy might useful for the treatment of the elder cancer patients considering maintain of their QOL.



대한한의학회-일본동양의학회 학술교류심포지엄
KOREA-JAPAN Medical Symposium

Kampo Formulations, Its Value for Cancer-related Symptoms

김성준 (요코하마약학대학 교수) · 마사무라 겐지 (關東労災病院 精神科 醫師)



Kampo Formulations, Its Value for Cancer-related Symptoms

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1)Yokohama College of Pharmacy, 2)Kanto Rosai Hospital

ABSTRACT

Modern medical establishments in Japan has been developing along with the Western medicine, overwhelmingly sharing in the mainstreams, whereas Kampo (also called Kampo medicine), a traditional Japanese herbal medicine per se has been denied its presence in the past. After 1970 ' however, Kampo has been looked over again. The emphasis of this lecture is on value of the Kampo medicine with regard to the western ways of treatment for cancer patients in recent years.

In Japan, Kampo Extracts (herbal extract preparations) has been applicable to legal insurance policy in 1976, and the Kampo extract preparations (KEPs) has been included under prescription drugs. The Japan Society for Oriental Medicine (JSOM) launched specialty system in 1990 for practicing physician of Kampo medicine, and the Japan Medical Association(JMA) accredited JSOM as one of subspecialties of medicine after a long-pending agenda in 1991. Japanese Kampo medicine has become adapted into western medicine by the accreditation.

Under educational circumstances, all medical students should be able to “outline Wa-Kan-Yaku(Japanese Kampo formulations)” under common medical educational core curricula revised in 2004. Now all medical students in Japan are given lectures on Kampo medicine after 2007. Many of the university hospitals launch Kampo Clinic. Furthermore, public announcement of a board-certified ‘Kampo specialist’ by JSOM as a subspecialty in medicine was approved in 2005. JMA accredits to put up a dual specialist such as Internal medicine / Kampo medicine, or Surgery / Kampo medicine in 2008.

Regarding to the change of production costs for Kampo formulations, sales of KEPs for medical usage markedly increased after government validation of KEPs in 1976, whereas decreased rapidly due to the report on adverse effect of Sho-Saiko-To. However the costs increased up again since year 2000, supporting well-known the usefulness of KEPs.

According to the JSOM evidence-based Kampo Treatment Report published in 2010, many of the



reports were on adverse effects by post-operative anti-cancer drugs use. Current trend in Japanese Kampo medicine covers an indication to Kampo formulations for side effects involving with the cancer chemotherapy.

Kampo formulations are expected to deal with such side effects of anti-cancer agents in clinical practice, which is expected to improve patient's quality of life as well.



2012年度 大韓医学会韓日学術SYMPOSIUM(2012.9.15)

癌疾患에 있어서 漢方藥의 有用性

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2) 関東労災病院

3) 日本東洋医学会 渉外委員会

講 演 内 容

1. 近代 日本漢方の 歴史
2. 医師(洋医師)의 漢方医学에 對한 見解
3. 漢方藥EBM(RCT)報告
4. 癌疾患에 있어서 漢方藥의 有用性
(西洋医学的인 立場에서)



近代日本漢方の 歴史

1868年：明治維新(西洋化, 西洋医学政策)

1883年：「医師免許規則」公布

1895年：国会에서 「漢方繼續願」 否決되어
西洋医学採用決定、漢方医廢絶

1910年：和田啓十郎『医界의 鉄椎』

1927年：湯本求真『皇漢医学』

日韓医療制度의 比較 (2010)

名 称	西洋薬	漢方薬	鍼灸	人 数	
				韓国	日 本
医師 (日本)	●	●	●		約290,000
医師 (韓国)	●	×	×	約95,000	
韓医師 (韓国)	×	●	●	約18,000	
人 口				約5000万	約1億 2800万



- 1950年： 日本東洋医学会設立
- 1957年： 一般用医薬品으로서漢方製剤登場
- 1976年： 漢方E X 製剤 本格的 保険適用
- 1980年： 小柴胡湯肝炎治療薬有効性報告
- 1990年： 漢方専門医制度発足
- 1991年： 日本東洋医学会
日本医学会加盟学会に認定
(87番目 分科学会)

日本東洋医学会 会員数

	医師	薬剤師	鍼灸師	기타	合 計
1953年	116	197(鍼灸師 등포함)			313名
1979年	702	1,032	242	280	2,261名
2012年	7,126	790	320	405	8,691名

※日本東洋医学会専門医認定者数
2,236名(2011年度)



日本認可 医療保険 適用 漢方薬

EX剤	146種類(湯剤)
丸剤	1種類(八味丸)
軟膏	1種類(紫雲膏)
生薬(韓薬材)	約200種類

1992年: 小柴胡湯으로 인한 間質性肺炎報告

1996年: 「漢方薬副作用으로 10명 死亡」
新聞報道

1997年: 厚生省薬務局、薬価収載漢方製剤
「患者의 証을 考慮해서 投与할 것」
明記

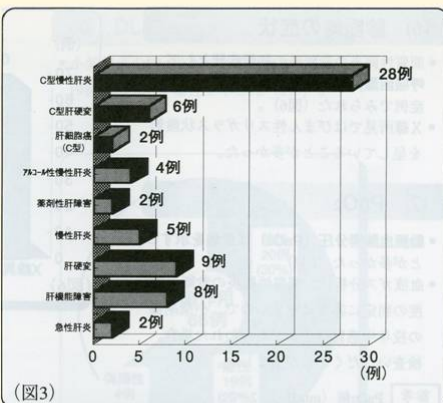
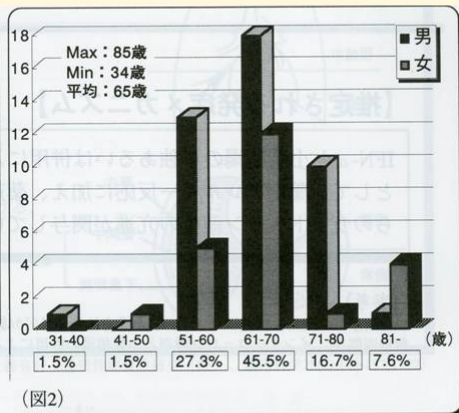
2004年: 医学部 CORE CURRICULUM
漢方医学 科目導入

2005年: 広告 「漢方専門医」認可

2008年: 診療科名 標榜方法 認可
「漢方〇〇科 or 〇〇科漢方」



小柴胡湯으로 인한 間質性肺炎 発症症例 患者背景 (1994.4~1996.1 : 66症例)



小柴胡湯으로 인한 間質性肺炎 発症症例 患者背景

- ①基礎疾患으로서 慢性肝炎、肝硬変症例が 大多数였다.
- ②肺疾患併発 혹은 既往歴 있는 症例가 많았다.
- ③投与開始後2ヶ月以内に 発症하는 例가 많았다.
- ④年齢層에서는 50~70歳代에 많이 発症하고 있었다.
- ⑤発生頻度は 0.004% (1/25,000人)
※比較: Interferon-α (0.1~0.5%)



間質性肺疾患の分類

◆原因の明らかなもの	◆原因不明のもの
①職業性・環境要因による暴露 無機粉塵（珪肺、アスベストなど） 有機粉塵（過敏症肺臓炎） 有毒ガス ②薬物性 非ステロイド性抗炎症薬 抗生物質 抗癌剤 金製剤 など ③毒物 パラコートなど ④放射線 放射線肺臓炎 ⑤感染症 抗酸菌、真菌、ウイルスなど ⑥心疾患（肺水腫） ⑦悪性腫瘍 癌性リンパ管症	①サルコイドーシス ②特発性間質性肺炎 ③膠原病性間質性肺炎 ④ヒストサイトーシス X ⑤リンパ球浸潤性肺疾患 ⑥特発性肺血鉄症 ⑦遺伝性疾患（硬化性結節症） ⑧強直性脊椎炎 ⑨慢性好酸球性肺炎 ⑩肺リンパ管筋腫症（LAM） ⑪venoocclusive disease ⑫Churg-Strauss症候群 ⑬肺アミロイドーシス

（泉 孝英：間質性肺疾患の概念と分類，日本臨牀48:34-39,1990）

漢方薬（小柴胡湯等） 副作用対策



添付文書注意喚起

漢方製剤

ショウサイコトウ

ツムラ小柴胡湯エキス顆粒(医療用)

【警告】

1. 本剤の投与により、間質性肺炎が起こり、早期に適切な処置を行わない場合、死亡等の重篤な転帰に至ることがあるので、患者の状態を十分観察し、発熱、咳嗽、呼吸困難、肺音の異常(捻髪音)、胸部X線異常等があらわれた場合には、ただちに本剤の投与を中止すること。
2. 発熱、咳嗽、呼吸困難等があらわれた場合には、本剤の服用を中止し、ただちに連絡するよう患者に対し注意を行うこと。(「重大な副作用」の項参照)

【禁忌(次の患者には投与しないこと)】

1. インターフェロン製剤を投与中の患者(「相互作用」の項参照)
2. 肝硬変、肝癌の患者〔間質性肺炎が起こり、死亡等の重篤な転帰に至ることがある。〕
3. 慢性肝炎における肝機能障害で血小板数が10万/mm³以下の患者〔肝硬変が疑われる。〕

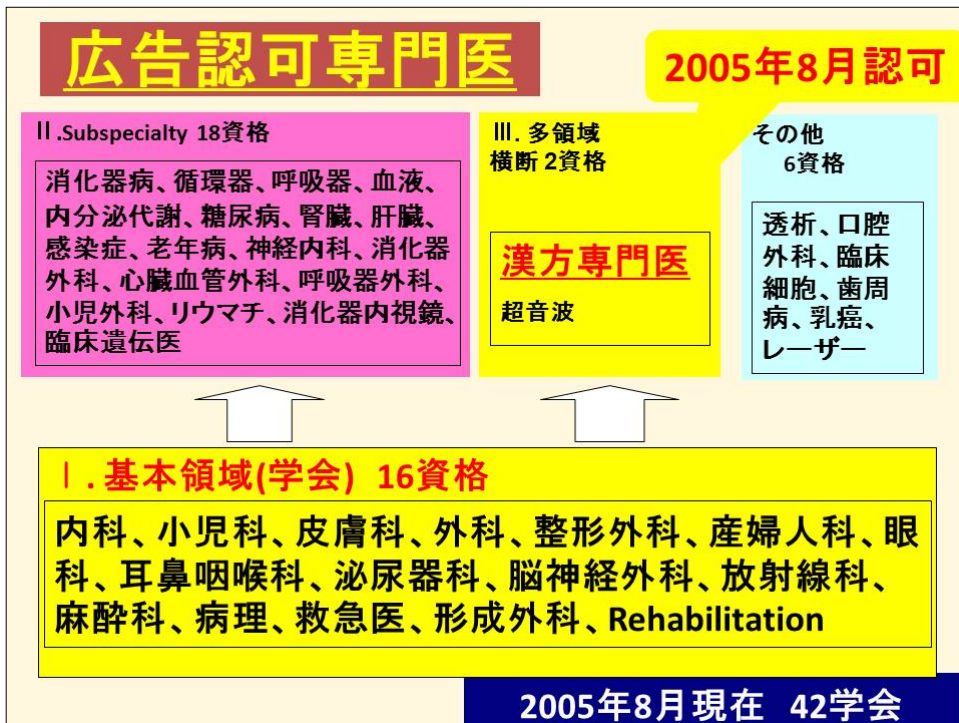
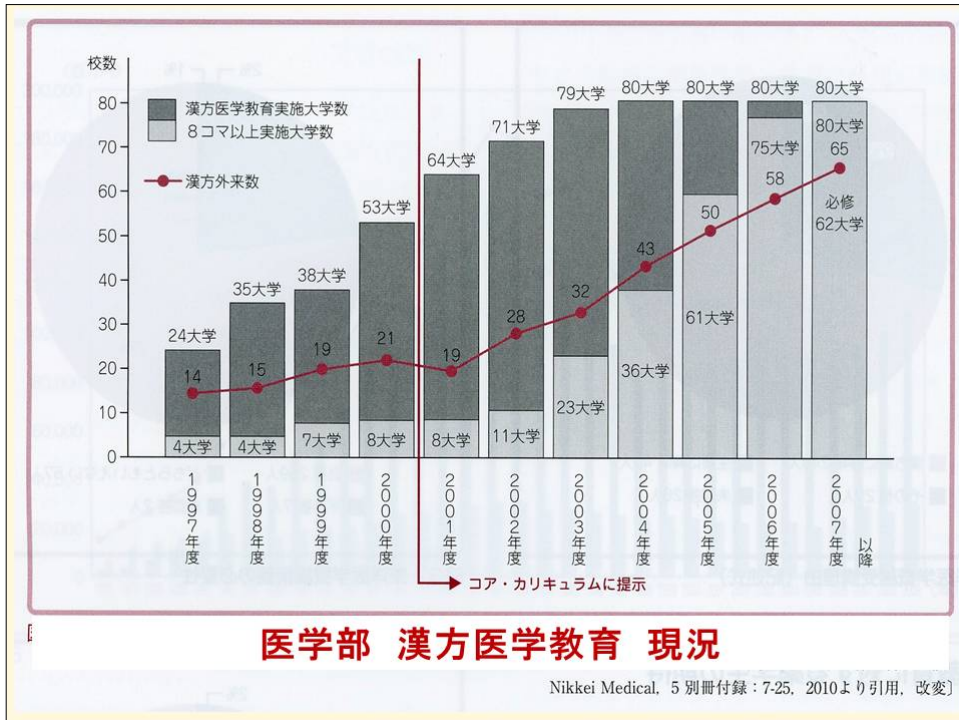
医学部 CORE CURRICULUM 漢方医学 到達目標

- A: 基本事項(大分類4 中分類14 到達目標61)
- B: 医学一般(大分類3 中分類15 到達目標153)
- C: 人体各器官 正常構造と機能、病態、診断、治療
(中分類15 到達目標450)
- D: 全身에 미치는 生理的变化、病態、診断、治療
(中分類8 到達目標153)
- E: 診療 基本(大分類3 中分類55 到達目標116)
- F: 医学・医療과 社会(中分類7 到達目標52)
- G: 臨床実習(大分類5 中分類8 到達目標80)

<漢方医学の到達目標>

- E: 診療 基本 大分類2 基本的診療知識 中分類1
薬物治療 基本原理 到達目標17 最後
에
선택項目으로서 記載: 「和漢藥을 概說할 수 있다」

到達目標1065項目中 1項目(0.09%)





しんクリニック

内科・循環器内科・漢方内科

診療時間 月～水・金曜日 9:00～12:00
15:00～19:00
木・土曜日 9:00～13:00

休診日 日・祭日・第3土曜日

電話番号 042-519-2721

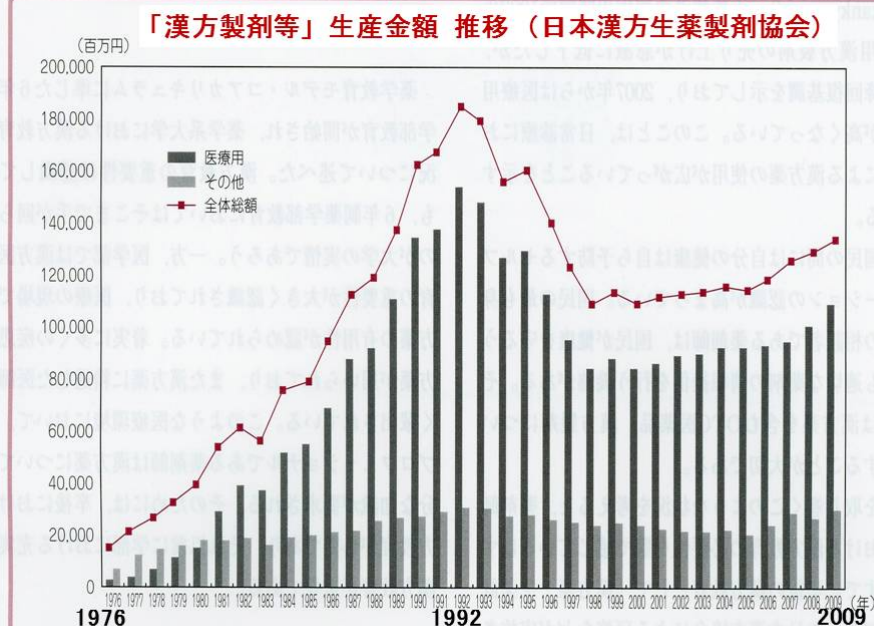


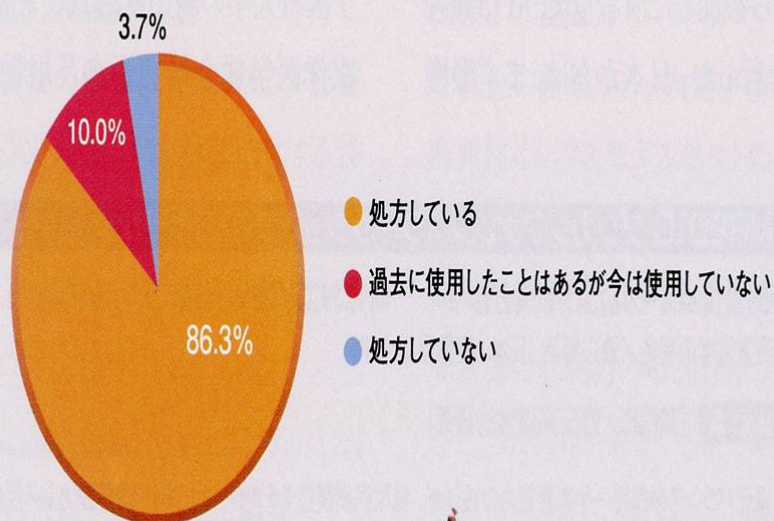
図5 「漢方製剤等」生産金額の推移 (日本漢方生薬製剤協会)



医師(洋医師)の 漢方医学에 대한 見解

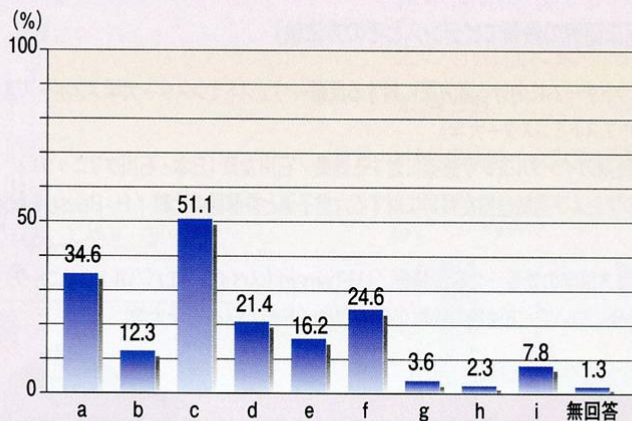
(ON LINE 調査 漢方薬使用実態意識調査2010)
(Nikkei Medical 2010.8 別冊付録)

Q. 日常診療에서 漢方を処方하고 있나



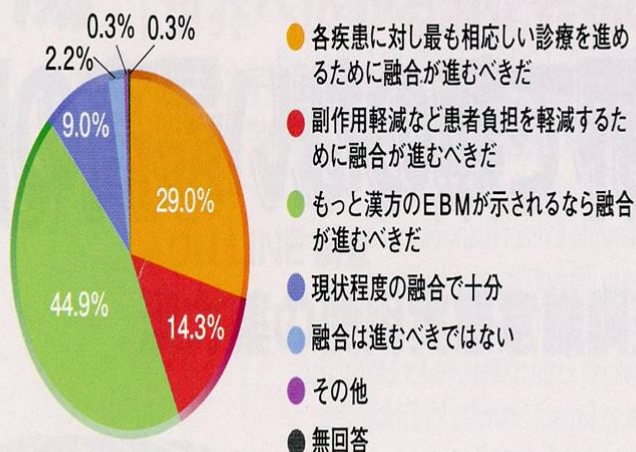


Q. 漢方を処方하게 된 動機는 (複數回答)



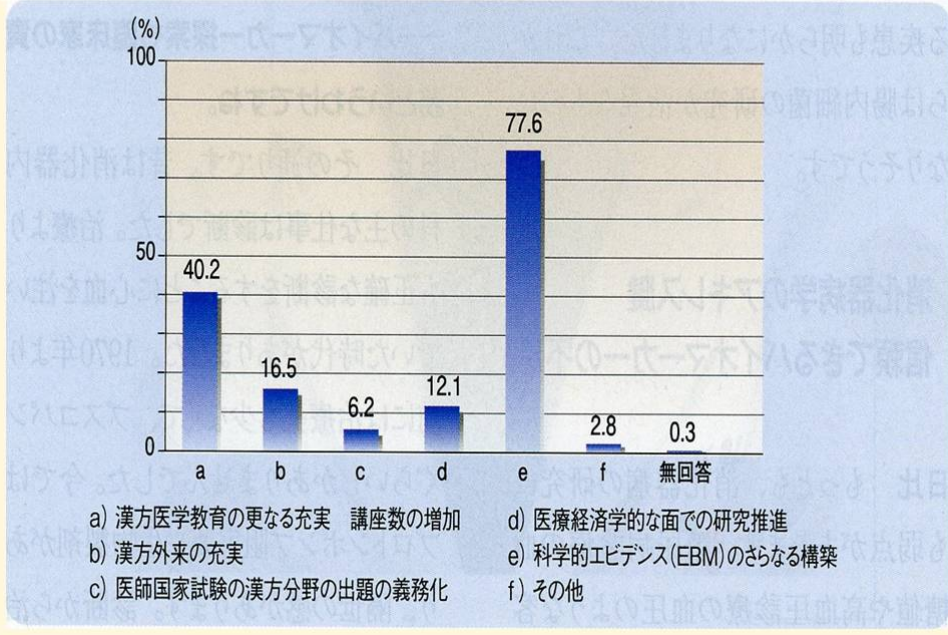
- a) 学会などで漢方薬の科学的根拠(エビデンス)が相次いできたから
b) ガイドラインなどに漢方薬が明記されるようになったから
c) 西洋薬のみの治療では限界があるから
d) 高齢者など複数疾患を抱えた患者が増えたから
e) 患者のQOLを高め全人的医療出来るから
f) 患者からの強い要望があったため
g) 生活習慣病などの疾病の進展が抑制できるから
h) 医療経済的に見て薬剤費の節減になるから
i) その他

Q. 西洋医学과 漢方医学의 融合에 관해서 어떻게 생각하는가





Q. 漢方이 더욱 普及하기 위하여 무엇이 必要할까



漢方薬 EBM(RCT)報告

日本東洋医学会漢方治療
EBM REPORT(2010)

<http://www.jsom.or.jp/medical/ebm/er/index.html>



- | | |
|---------------------------|--------------------|
| 1. 感染症 (Virus肝炎 포함) | : 18抄録、23論文 |
| 2. 癌 (癌手術後、抗癌剤副作用) | : 31抄録、36論文 |
| 3. 貧血等 血液疾患 | : 15抄録、18論文 |
| 4. 代謝・内分泌疾患 | : 11抄録、14論文 |
| 5. 精神・行動障害 | : 11抄録、13論文 |
| 6. 神経系疾患 (Alzheimer病 포함) | : 11抄録、12論文 |
| 7. 眼疾患 | : 4抄録、5論文 |
| 8. 耳疾患 | : 5抄録、5論文 |
| 9. 循環器系疾患 | : 15抄録、18論文 |

- | | |
|--------------------------------------|--------------------|
| 10. 呼吸器系疾患 (Influenza, 鼻炎 포함) | : 42抄録、55論文 |
| 11. 消化管、肝胆膵 疾患 | : 53抄録、68論文 |
| 12. 皮膚疾患 | : 5抄録、16論文 |
| 13. 筋骨格・結合組織疾患 | : 19抄録、18論文 |
| 14. 泌尿器、生殖器疾患 (更年期障害 포함) | : 11抄録、13論文 |
| 15. 産前、産後 疾患 | : 10抄録、12論文 |
| 16. 症状 및 兆候 | : 20抄録、28論文 |
| 17. 麻酔、手術後疼痛 | : 2抄録、2論文 |
| 18. 기타 | : 30抄録、32論文 |



癌(癌수술後、抗癌剤副作用) EBM(RCT)報告

1. 胃癌 術後 補助化学療法中에 있어서 十全大補湯 併用으로 인한 免疫能改善効果
2. 胃癌 術後 補助化学療法에 있어서 人參養榮湯 有用性에 관한 研究
3. 胃癌에 있어서 5-FU經口劑과 十全大補湯 併用效果에 관한 無作為 比較試驗
4. 大腸癌에 대한 Tegafur 徐放性製劑(SF-SP)과 十全大補湯의 術前 및 術後 併用療法の 檢討
5. 漢方藥에 의한 大腸癌 術後 免疫機能 賦活化和 肝轉移 抑制效果
6. 大腸癌 術後에 미치는 漢方方劑 免疫學的 檢討
7. 大腸癌 手術例의 栄養·免疫狀態에 대한 補中益氣湯 臨床效果의 檢討
8. 直腸結腸癌 切除後 腸障害에 대한 大建中湯을 사용한 予防的 漢方治療效果
9. 肺癌 化学療法의 全身倦怠感에 대한 補中益氣湯의 有用性
10. 進行乳癌에 있어서 補助療法로서의 十全大補湯 有用性 檢討

癌疾患에 있어서
漢方藥의 有用性
(西洋醫學的인 立場에서)

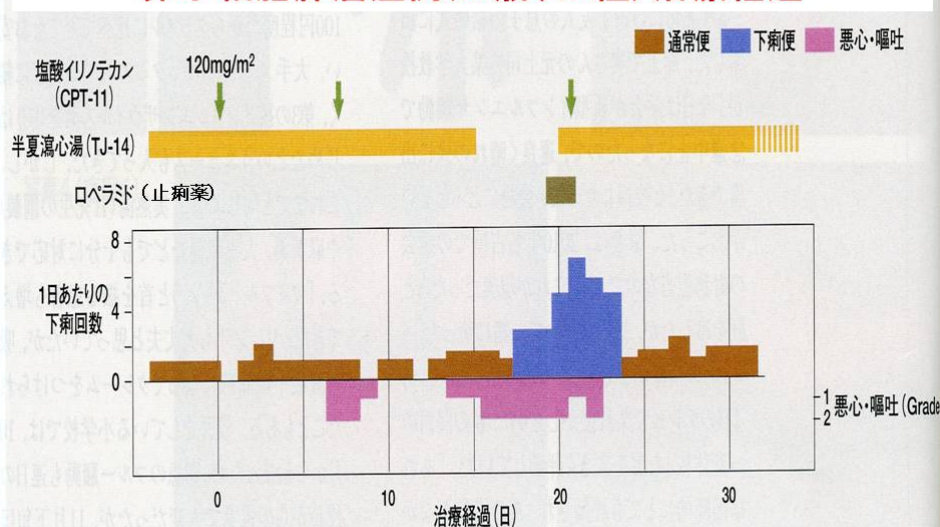


塩酸Irinotecan(CPT-11)으로 인한 泄瀉에 대한 半夏瀉心湯 効果

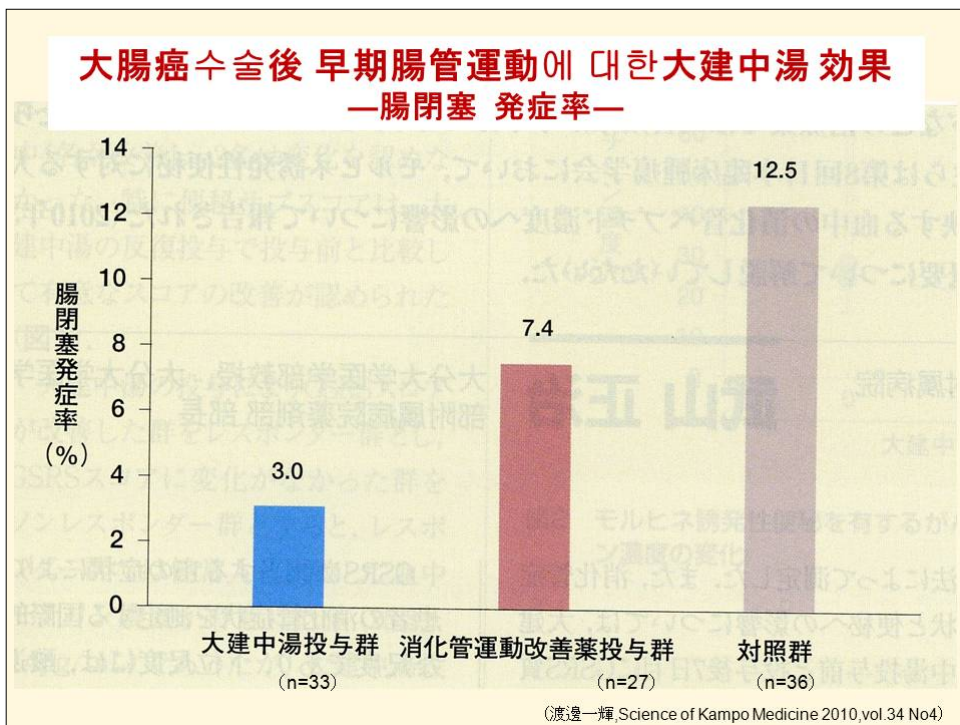
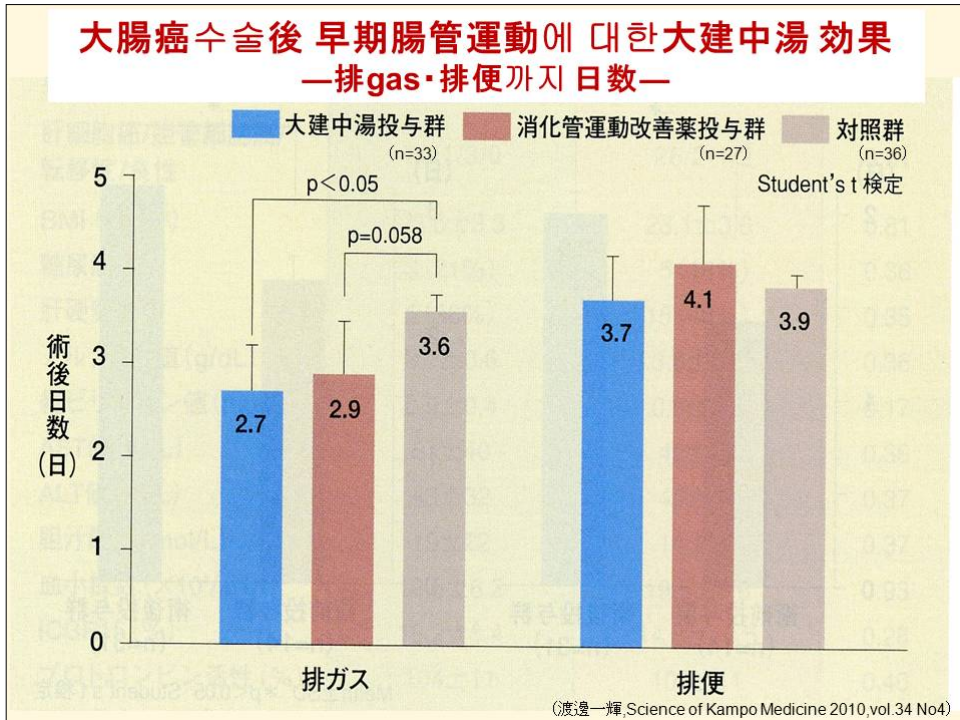
効果判定	著効	有効	無効	判定不能	計
CPT-11投与と同時に	1	1	1	0	3
CPT-11投与と2~3日前	7	6	0	1	14
CPT-11投与と同日	1	2	0	0	3
投与できず	0	0	0	3	3
計	9	9	1	4	23

(鎌滝哲也, Science of Kampo Medicine 2010, vol. 34 No1)

塩酸Irinotecan(CPT-11)과 半夏瀉心湯 併用한 非小細胞肺癌症例(50歳、女性) 治療経過

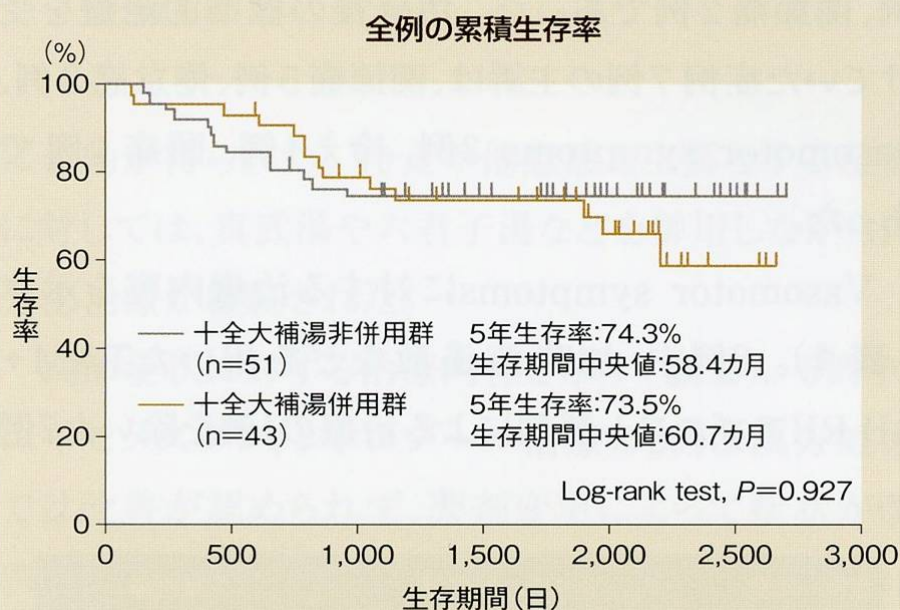


(鎌滝哲也, Science of Kampo Medicine 2010, vol. 34 No1)





胃癌에 있어서 항암제 5-FU과 十全大補湯 併用効果



胃癌에 있어서 항암제 5-FU과 十全大補湯 併用効果

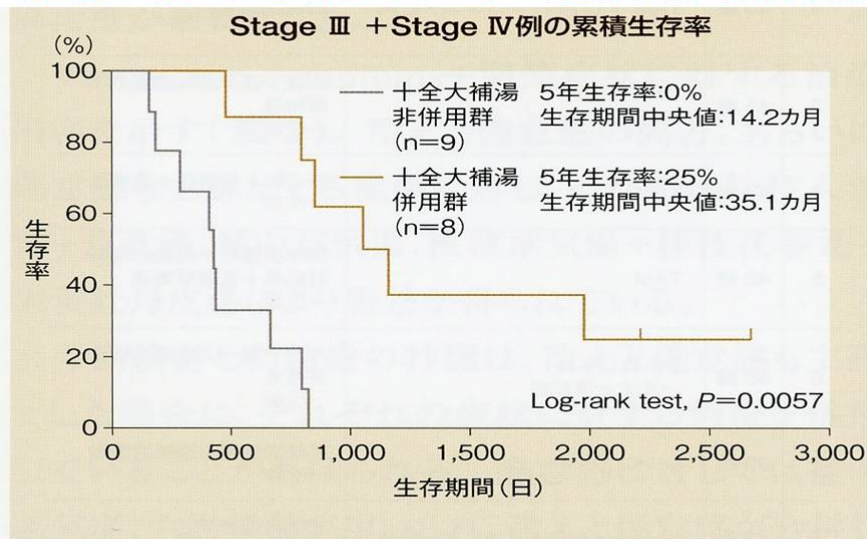


図 1 胃癌における5-FUと十全大補湯の併用効果

山田卓也. Prog Med. 2004, 24 (11), p.2746.

(元雄良治 2010 第48回日本癌治療学会学術集会Symposium)



癌化学療法 副作用에 사용되는 漢方藥

十全大補湯: 全身倦怠感

化学療法・放射線療法の 副作用

補中益氣湯: 全身倦怠感 食欲不振

茯苓飲 : 食欲不振 嘔氣・嘔吐

六君子湯 : 食欲不振 嘔氣・嘔吐 (化学療法)

加味逍遙散: 放射線治療後の 胸部不快感

半夏瀉心湯: 化学療法 泄瀉 (Irinotecan)

口内炎

啓脾湯 : 化学療法 泄瀉 (上記以外)

牛車腎氣丸: 化学療法時 麻痺

大建中湯 : イレウス나 morphine에 의한便秘

呉茱萸湯 : 吃逆

(日本大学医学部付属板橋病院 漢方と診療 Vol.1No3,2010.8より改変)

T社 医療用漢方製剤 上位10処方

順位	処方名
1	TJ-100 大建中湯
2	TJ-41 補中益氣湯
3	TJ-43 六君子湯
4	TJ-54 抑肝散
5	TJ-24 加味逍遙散
6	TJ-107 牛車腎氣丸
7	TJ-29 芍薬甘草湯
8	TJ-114 麦門冬湯
9	TJ-68 柴苓湯
10	TJ-19 小青竜湯

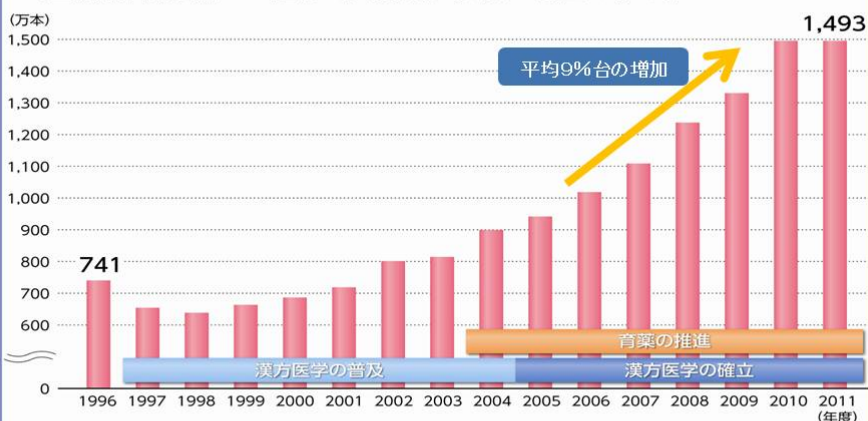
(2011年3月期 決算報告)

※西洋医学에 있어서 잘 사용되는 漢方藥



T 社 医療用漢方製剤 実績

<医療用漢方製剤129処方の実績推移(実売*1・数量の伸び)>



2011年度は、東日本大震災による影響により、前連結会計年度に比べ実売の販売数量は微減(△0.4%)となりました。

なお、出荷*2の販売数量は増加(2.1%)しています。

*1 実売:医薬代理店から医療機関への販売をあらわす

*2 出荷:当社から医薬代理店への販売をあらわす

The 48th Annual Meeting of Japan Society of Clinical Oncology

第48回 日本癌治療学会学術集会 シンポジウム 29

がん化学療法の 副作用対策としての 漢方治療

日時/平成22年10月30日(土) 13:00~15:30[学会第3日目]
会場/国立京都国際会館第5会場



第73回 日本臨床外科学会総会 関連会合

第21回 外科漢方研究会

The 21th Conference
on Surgery and Kampo Medicine

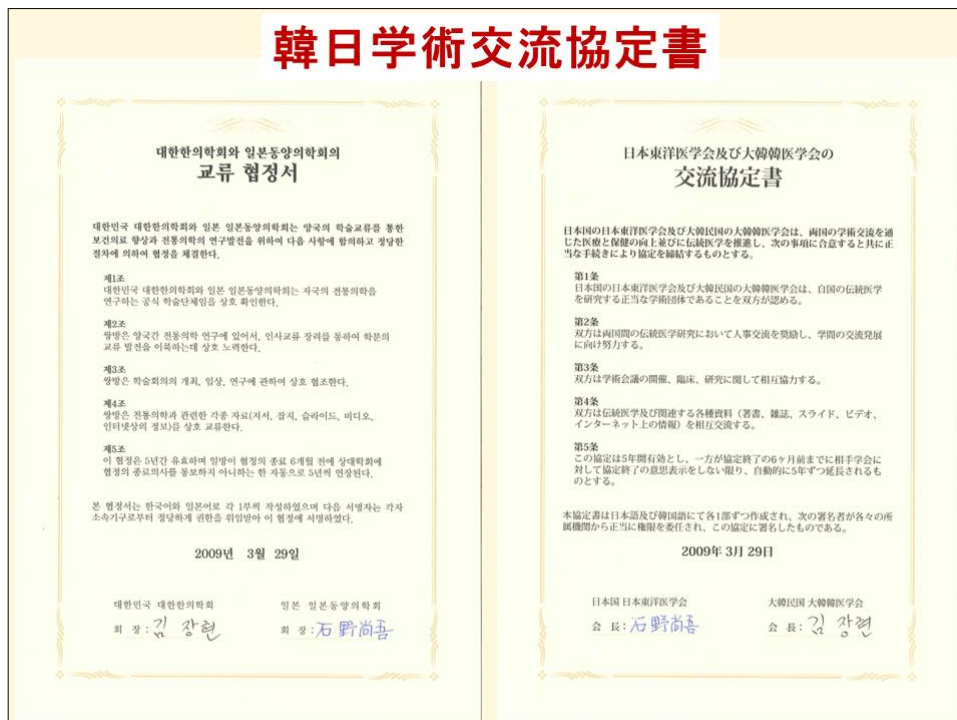
がん治療における 漢方薬の役割

—術後愁訴ならびに
抗癌剤副作用に対しての
最新トピックス—

日 時 : 2011年11月18日(金) 14:30~16:50

結 語

1. 日本医療制度에서는 伝統医学의 医師는 存하지 않고, 西洋医学教育을 받은 西洋医만 存在한다.
2. 日本医師는 治療에 必要한 모든 診断과 治療行為 (漢方薬, 鍼灸 포함)가 可能하다.
3. 漢方医学理論을 無視함 漢方薬使用으로, 漢方薬(小柴胡湯 등)副作用이 社会問題를 일으켰다.
4. 医学部教育에 漢方医学이 導入되어, 漢方専門医 制度가 成立 되었다.
5. 西洋医学(癌疾患 등)에 있어서 漢方薬利用이 増加 되어있다.
6. 伝統적인 日本漢方医学과, 漢方薬의 有用性を 認識한 西洋医学과의 協調로 인하여, 日本医療에 있어서 伝統医学의 発展이 앞으로 期待 할 수 있다.

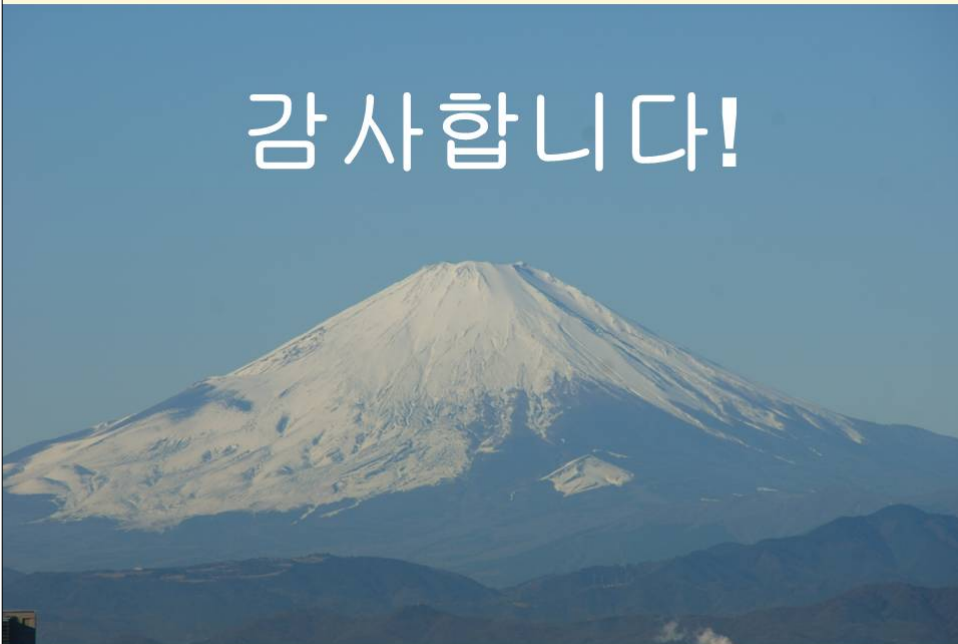




大韓韓医学会訪問団과 日本東洋医学会理事들과의 記念撮影



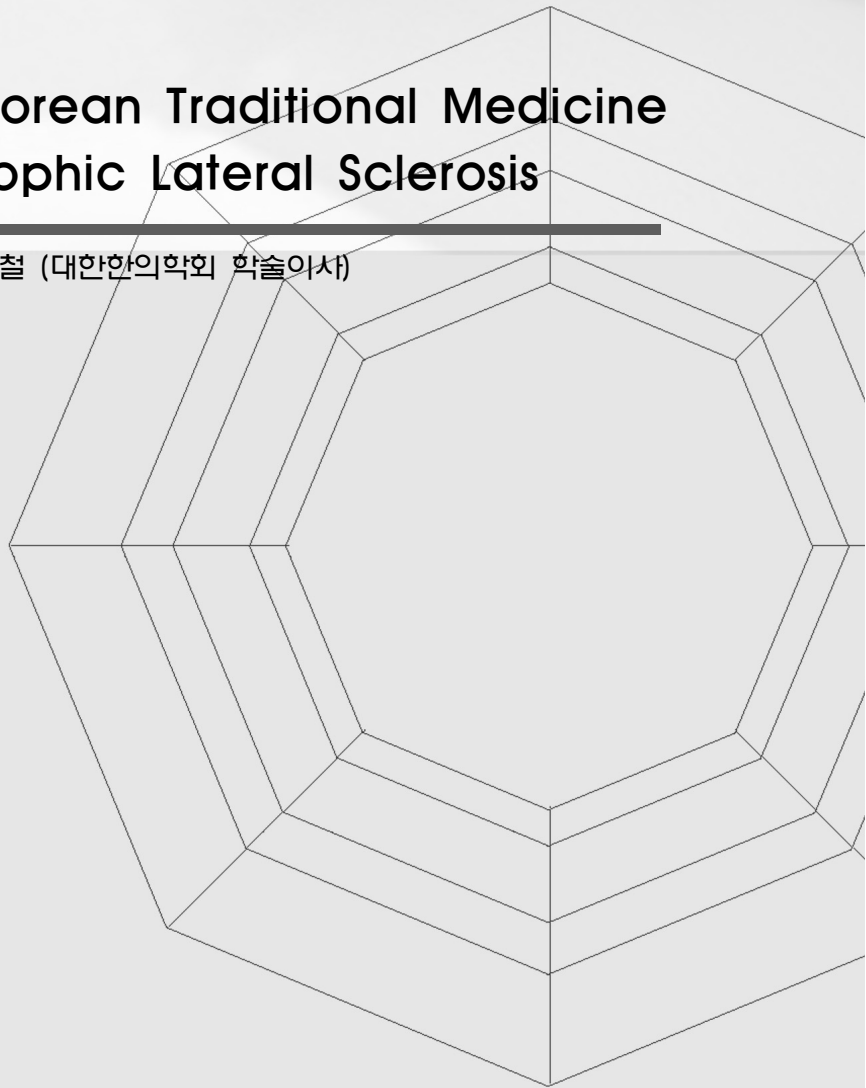
감사합니다!



대한한의학회-일본동양의학회 학술교류심포지엄
KOREA-JAPAN Medical Symposium

Utilization of Korean Traditional Medicine in Amyotrophic Lateral Sclerosis

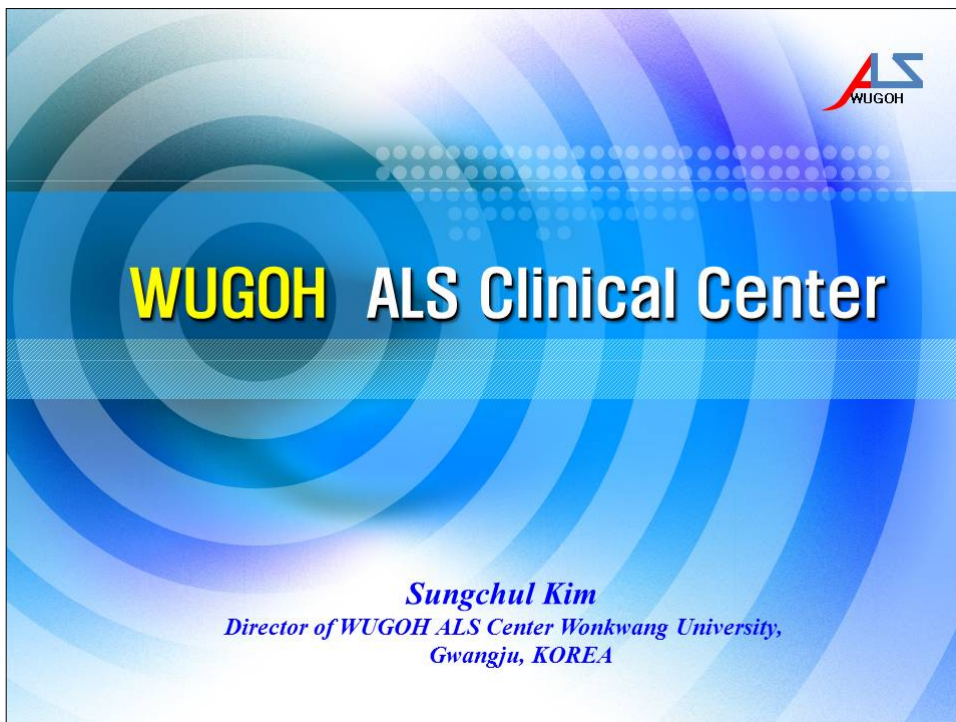
김성철 (대한한의학회 학술이사)



Utilization of Korean Traditional Medicine in Amyotrophic Lateral Sclerosis

김성철

대한한의학회 학술이사



WUGOH ALS Clinical Center

Sungchul Kim
Director of WUGOH ALS Center Wonkwang University,
Gwangju, KOREA

**Utilization of Korean Traditional Medicine in
Amyotrophic Lateral Sclerosis**



원광대학교병원 · 원광병원

2012. 08. 24



Definition of ALS

- **ALS is a progressive disorder that causes degeneration of the motor neurons in the spinal cord, brain stem, and motor cortex that control voluntary muscle movement**



Motor neuron disease(MND)

1. **ALS(Amyotrophic Lateral Sclerosis)**
2. PLS(Primary Lateral Sclerosis)
3. HSP(Hereditary Spastic Paraparesis)
4. PMA(Progressive Muscular Atrophy, SMA4)
5. Kennedy disease(spinobulbar muscular atrophy, SBMA)
6. Benign focal amyotrophy
7. Bibrachial amyotrophic diplegia
8. Paraneoplastic syn.
9. Heavy metal and toxin
10. Paraproteinemia



Causes of ALS

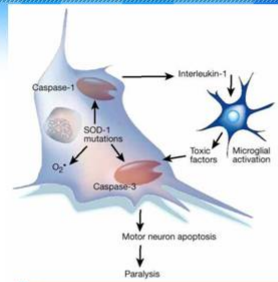


- Abnormal genetic background(SOD1, TARDBP, ALS2...)
- Abnormal protein aggregation(Amyloid plague, Tau...)
- Environment influence & Aging
- Autoimmune phenomena-Inflammation(Microglial and astroglial activation, PARP)
- Oxidative stress/Free radical
- Glutamate toxicity
- Altered calcium homeostasis(Excess calcium)
- Mitochondrial dysfunction/DNA damage

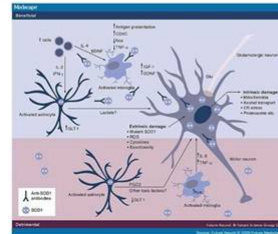
Mechanism of ALS (1)



Science, 2012

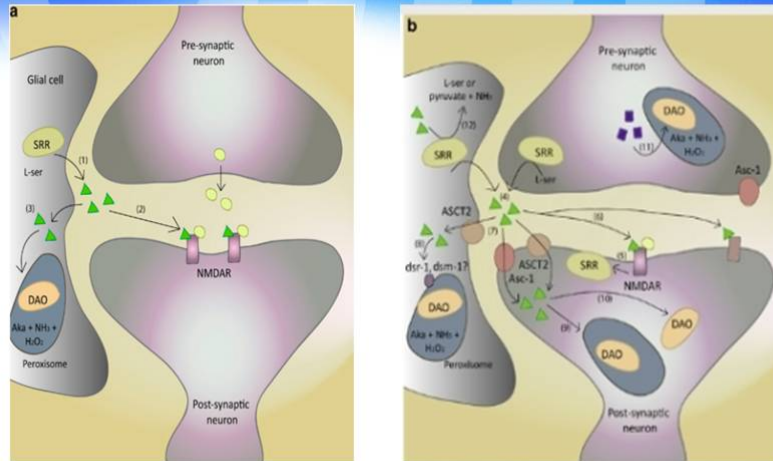


Nature, 2000





Mechanism of ALS (2)

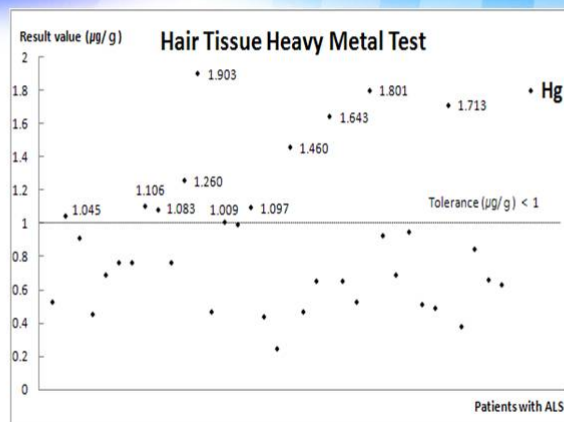


◆ NLS-DAAO(nucleus D-amino acid oxidase) / ▲ D-Serine ● glutamate

Junpei et al, PNAS, 2012

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Heavy Metal Test



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Stress Hormone

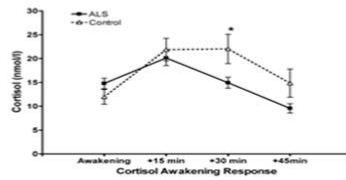
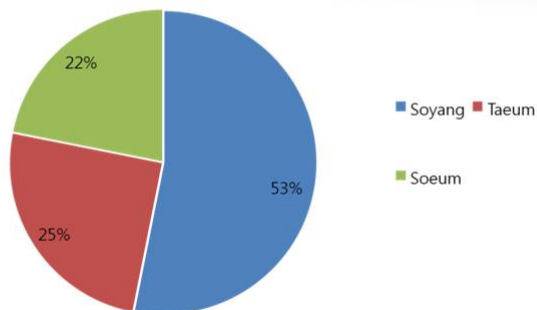


Figure 1 Cortisol awakening response (CAR) of 29 amyotrophic lateral sclerosis (ALS) patients and 12 age-matched caregiver controls. Data represent mean $\pm$ SEM. * $p < 0.05$ indicates a significant difference between ALS patients and caregiver controls at 30 min after awakening.

Sangkwan Lee, Psyconeuroendocrinology, 2011

Distribution of sasang typology



32 ALS patients: Sungha Kim's Poster 2012, ICOM



Symptoms of ALS

- **Spasticity**
- **Muscle weakness and paralysis**
- **Fasciculation**
- **Impaired speaking, swallowing and breathing**



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How a ALS patient walks ?



2010. 09. 27

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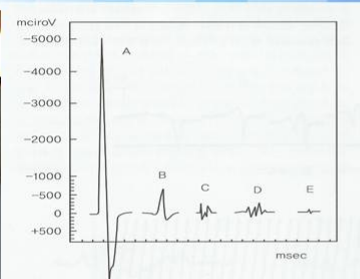


How a ALS patient walks ?



2012, 08, 24

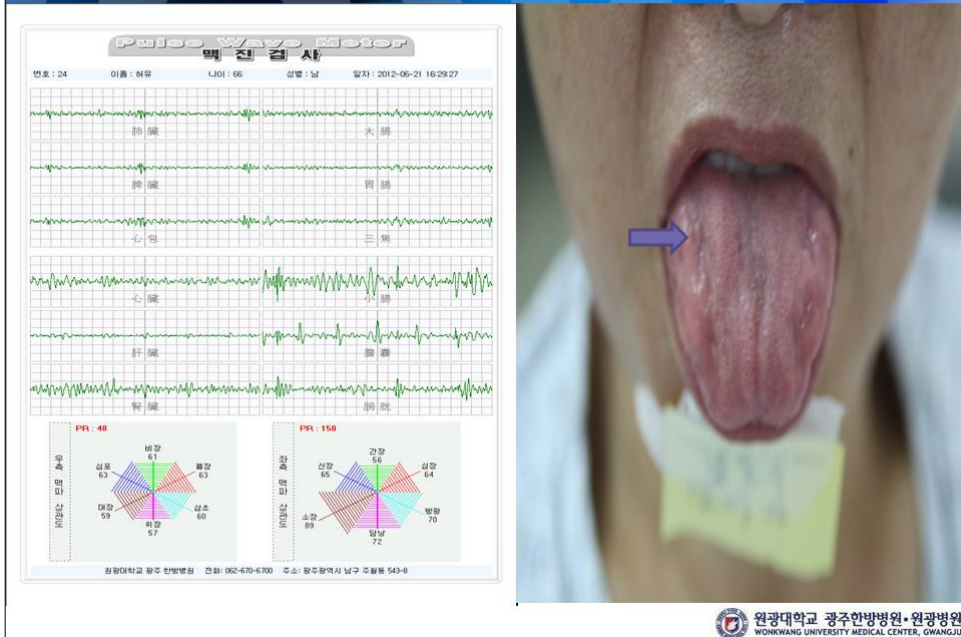
Fasciculation & Motor unit potentials



【그림 22-8】 운동신경원질환에서의 거대운동단위전위(Giant MUP), 정상 운동단위전위(B), 근질량에서의 운동단위전위(C), 다위상 운동단위전위(D), 근육전달잠전위(E).



Pulse & Tongue diagnosis



Tongue diagnosis



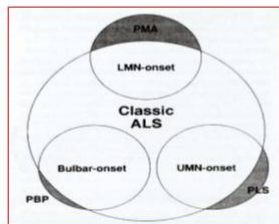


ALS epidemiology

- Incidence of ALS : 6 cases per 100,000 people
- The onset ages : 40~60
- Death from ALS : 3-5years
- Only 15-20% of all patients survive longer than 5 years

ALS Classification

- Degeneration of corticobulbar tract: pseudobulbar palsy
- Degeneration of cranial nerve nuclei: progressive bulbar palsy (PBP)
- Degeneration of anterior horn cell: progressive muscular atrophy (PMA)
- Degeneration of corticospinal tract: primary lateral sclerosis(PLS)





El Escorial World Federation of Neurology ALS Criteria

ALS DIAGNOSTIC CATEGORY	REQUIREMENTS
Definite ALS	LMN and UMN signs in 3 regions of the body
Definite familial ALS	LMN and UMN sign in 1 region of the body plus laboratory-supported identification of gene mutation associated with ALS
Probable ALS	LMN and UMN in 2 regions of the body (some UMN signs rostral to LMN signs)
Probable ALS (laboratory supported)	LMN and UMN in 1 region of the body plus electromyographic evidence of acute denervation in 2 or more muscles in 2 or more limbs
Possible ALS	LMN and UMN sign in 1 region of the body

(World Federation of Neurology, 1998)

No Causes and Treatment? Not yet!!



Progress speed and short survival time **No. 1**

No. of ALS patients : **increasing**





Systemic Disease or Local Disease ? Stem cell therapy does Not Eradicate (root out/up) cause of ALS



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DTI Fibre Tractography and CST

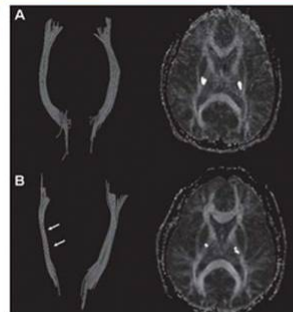
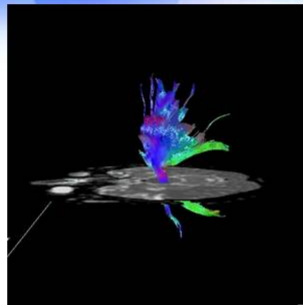


Fig. 1. CST in normal volunteers and ALS patients.
CST analysed by fibre tractography displayed as 3-dimensional fibre bundles (left) and overlaid on conventional axial colour maps (right) from a normal volunteer (A) and an ALS patient (B). The right CST in the ALS patient shows decreased fibre bundles (arrows) compared to the normal volunteers.

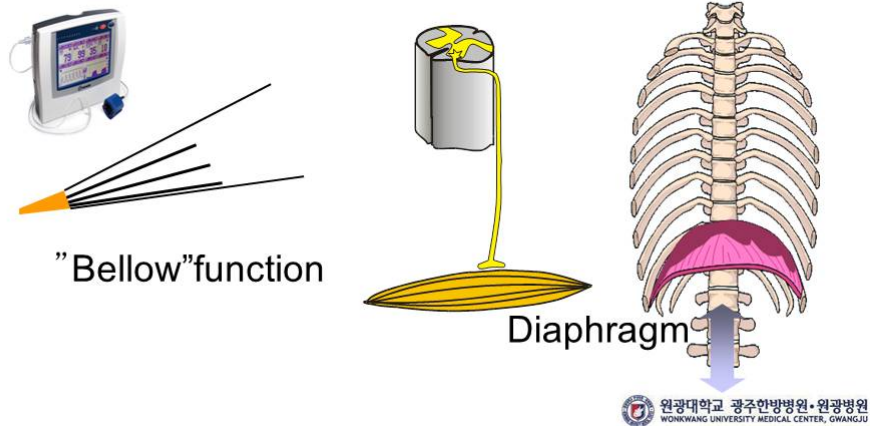
Hong Yin, Ann Acad Med Singapore, 2008

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Hypoventilation

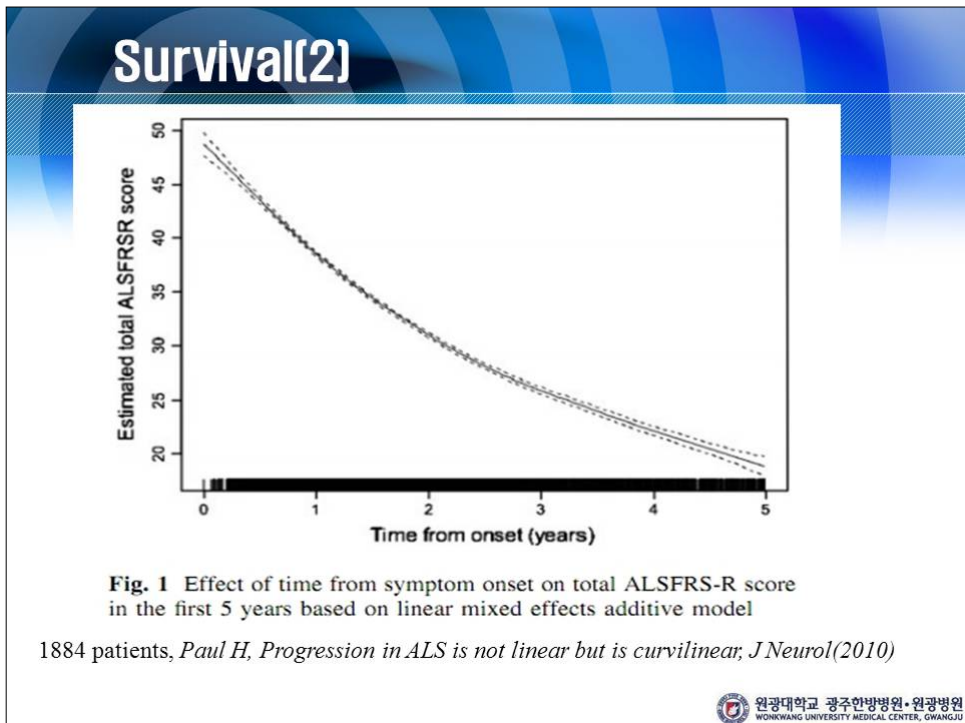
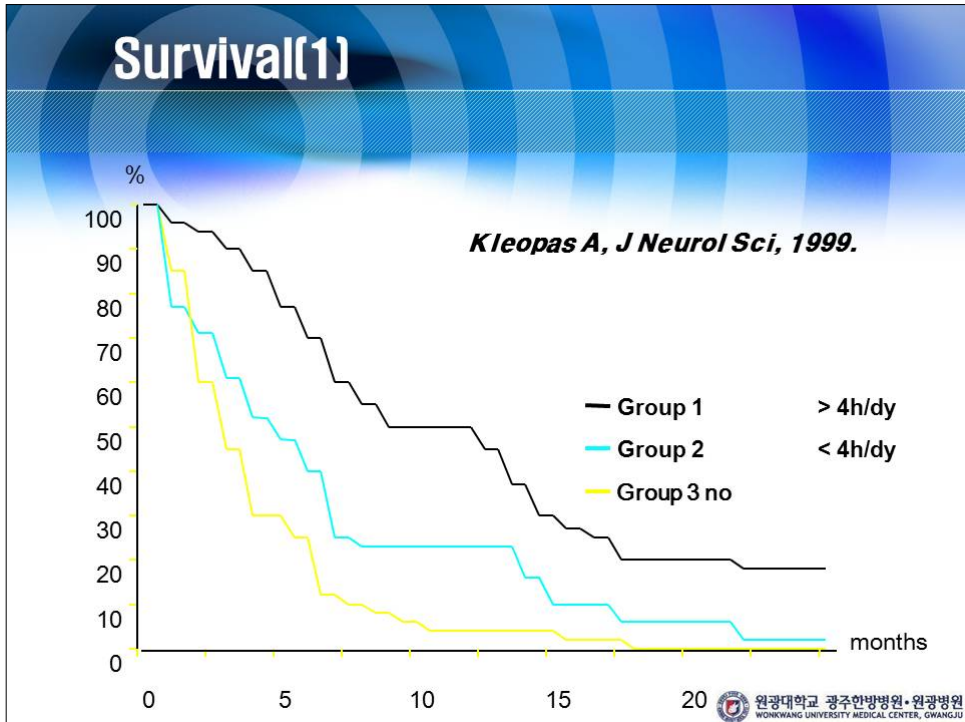
- Respiratory failure due to weak inspiratory effort is called hypoventilation



Some Common Ventilators

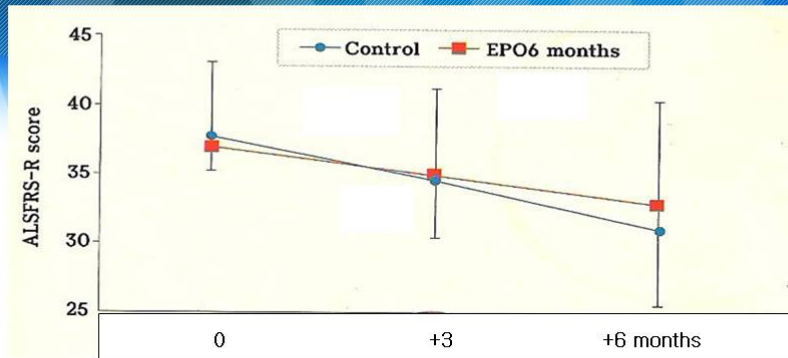


- Treatment consists mostly of symptomatic, supportive and palliative method





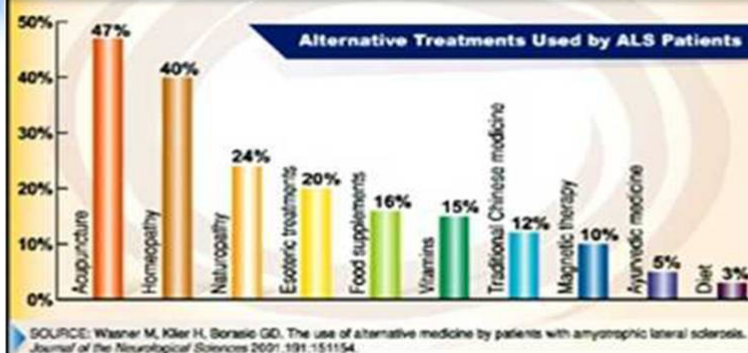
ALSFERS-R score of Neural protecting factor Treatment



- Treatment with Neural protecting factor in Hanyang western medicinal Hospital in Korea
- Control group (No treatment)
- *European Journal of Neuroscience*, 2007.

Acupuncture Use Common Among ALS Patients

Three hundred-fifty patients diagnosed with amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease) were asked to document their use of complementary and alternative medicine. Fifty-four percent of those who returned the survey reported using one or more complementary therapies.



**German Association for
Neuromuscular Disease, 2001.**



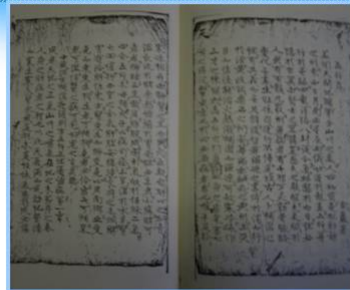
Objective/ Methods

- To investigate the effects of Traditional Korean medical treatment on ALS
- Traditional Korean medical treatment
 - SAAM acupuncture
 - Pharmacopuncture therapy
 - Herbal medicine
 - Needle-embedding therapy
- Evaluation
 - Amyotrophic lateral sclerosis Functional Rating Scale-Revised (ALSFRS-R)
- Statistics
 - Wilcoxon Signed Ranks Test ($P < 0.05$)

SAAM Acupuncture

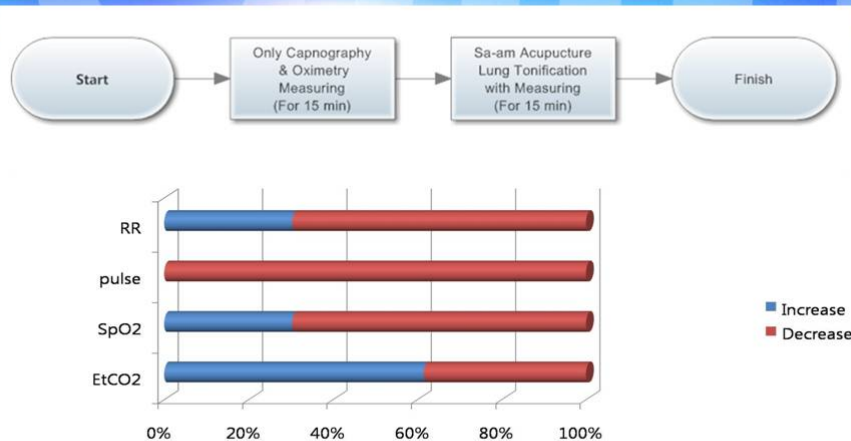
Basic Acupuncture prescriptions to balance the 12-meridian system

- Point combination was made by applying the Sheng(Generating) and the Ke(Controlling) relationships based on the Five Elements Theory





Effects of Sa-Am Acupuncture Lung tonification treatment on 15 ALS patients with respiration disorders



Sangmi Lee's Poster 2012, ICOM

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Pharmacopuncture Therapy

➤ Bee venom / Sweet Bee venom

– To boost immune system

➤ Scolopendrid

– To decrease sputum and saliva
– To decrease fasciculation

➤ Placenta & Ginseng

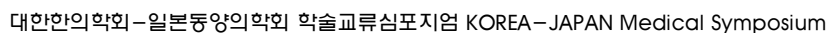
– To recover physical strength

➤ KCHO-2, 2-1, 2-2

– To Prevent Progress



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Pharmacopuncture of Scolopendra



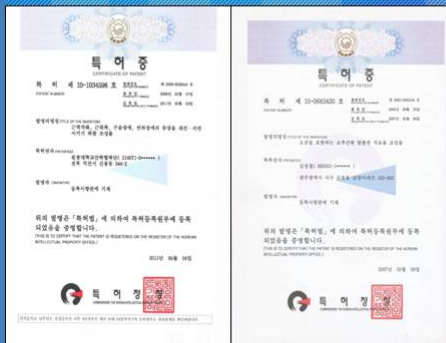
오공약침

[illegible]

* 오종악형 서울 서 효과인은 일행

- | | |
|--|---|
| 1. 한계치 : 절점
한라산(하산점), 천전성(호탄산점)일함 | 3. 신장치 : 절점
한천(하산점), 천전성(하산점), 삼자신점, 종로, 간도,
양양도청 신장점, 오사점, 대동진(신장점) |
| 2. 국유지 : 절점
한계, 태조산, 개죽간, 황학산, 양양읍, 호신진,
원암도(호탄점), 태백산, 태백산, 하사점,
태조산(하산점), 양양, 양양도, 호신진(하산점),
하산진(하산점), 호신진(하산점), 황학산(하산점) | 4. 난지점 : 무지점, 학성점, 파산시점
5. 가야점
효령진, 지리, 무주, 대동진(하산점), 하산진, 고대점
한천(하산점), 양양점, 종로(하산점), 양양(하산점), 고대점 |

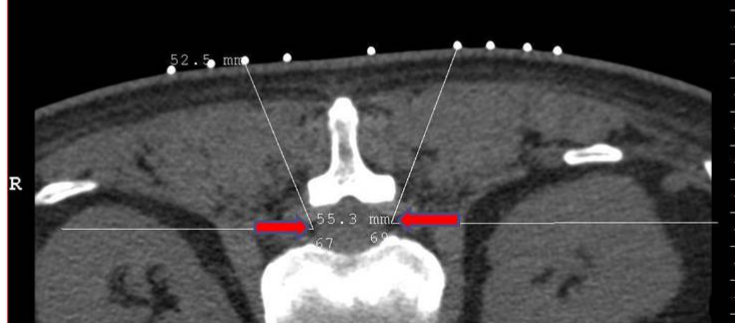
© 2006 The Authors
Journal compilation © 2006 Blackwell Publishing Ltd



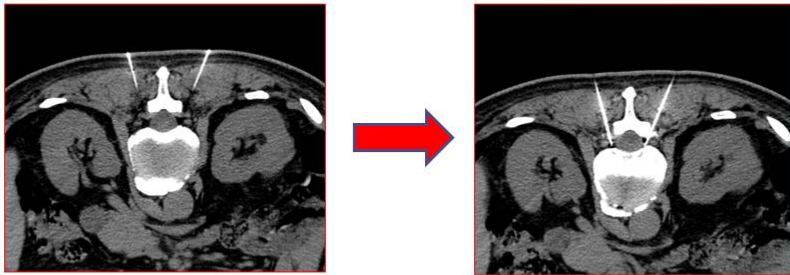
Injection Point

JIN KIL NAM
4605231025613 M/64y
4-156
-523.90 mm

Seoul Central Clinic
Philips Brilliance 64
29 Sep 2010 15:45:14.1
120kV, 299mAs
SC 200.0 mm
SW 1.00 mm
Z 1.00



Using CT



The image displays two axial CT scans of the lumbar spine, specifically at the L1 level. The left scan shows a fracture of the vertebral body, with white lines indicating the fracture lines. A red arrow points from the left scan to the right scan, which shows the same fracture site. The right scan shows a more complete fracture of the vertebral body, with the fracture lines extending further into the vertebral body. The surrounding soft tissue and other vertebral bodies appear normal.

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Herbal Medicine

- ◆ Myeonyeokhwan I

↓

- ◆ Myeonyeokhwan II

↓

- ◆ Myeonyeokhwan ?



한자/가미	1인 복용	2인 복용 (12, 20, 21)
당귀		0.24
황포	0.05	0.25
산황기	0.12/4.00	0.44
대추	0.05/0.75	0.51
지황	0.70	7.1
●산기	0.05/0.87	0.28
취산	0.08/0.22	0.45
생강	0.04/0.84	0.9
●산	7.00/0.18/7.87	0.5
비단말		0.50
비단	0.72	0.97
당신		0.28
당사		0.45
생황		0.71
포기전	0.87	0.55
포종		0.61
●생	10.5	0.77
●생비단		0.1
생기	0.01/0.01	0.55
생황		0.88
생단		4.64
●생생	0.96	0.78
●생		0.51
생단		7.40
포종		0.88
포종		0.71
생단		0.50
●생		0.24
포종		7.20
●생		0.85


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Needle-embedding therapy

- Consists of a needle and thread which is made of collagen
- Embedding threads into muscles



- Fortifying muscles
- Regenerating muscle fascia



ALSFRS

- An instrument for evaluating the functional status of patients with Amyotrophic Lateral Sclerosis.
- Speech, salivation, swallowing, handwriting, cutting food and handling utensils (with or without gastrostomy), dressing and hygiene, turning in bed and adjusting bed clothes, walking, climbing stairs, and breathing
- Monitoring functional change every 1 month.



MRC Scale

Score	Muscle Response
5	Normal power
4+	Submaximal movement against resistance
4	Moderate movement against resistance
4-	Slight movement against resistance
3	Movement against gravity but not against resistance
2	Movement with gravity eliminated
1	Flicker of movement
0	No movement

➤ Monitoring functional change every 1 month

General Characteristics

➤ 12 ALS patients diagnosed by EMG or biopsy, who qualify for El Escorial criteria

Variable	Item	N	%	Mean+/- SD
Gender	Male	6	50.0	
	Female	6	50.0	
Age	40~49y	7	58.3	50.00±5
	50~59y	5	41.7	
Comorbid disease(double answer)	Hypertension	4	33.3	
	Diabetes	0	0	
	Operation(HNP)	6	50.0	
	None	5	41.7	



Clinical profile and Characteristics

Variable	Item	N	%	Mean± SD
Age of onset	30~39y	2	16.7	47.25±6.34
	40~49y	6	50.0	
	50~59y	4	33.3	
Site of onset	Upper limb	5	41.7	
	Lower limb	4	33.3	
	Bulbar	3	25.0	
Duration of disease	≤24mo	4	33.3	43.42±35.28
	24~48mo	5	41.7	
	≥48mo	3	25.0	
El Escorial criteria	Definite	10	83.3	
	Probable	2	16.7	
	Possible	0	0	
	Suspected	0	0	

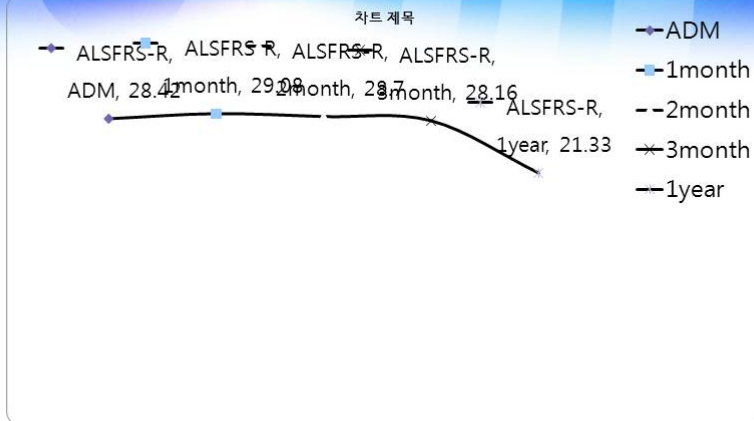
Results

➤ Comparison of ALSFRS-R score, MRC scale between treatment and after 1,2,3 months,1 year

	ADM	1month	2months	3months	1 year
ALSFRS-R score	28.42±7.83	29.08±7.99	28.70±7.17	28.16±8.23	21.33±9.93
MRCscale	24.79±8.37	25.34±8.45	25.34±8.45	21.56±9.20	



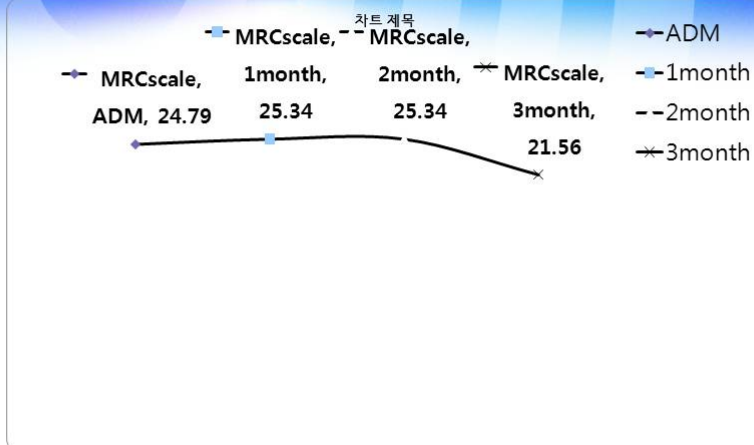
ALSFRS-R score



➤ 2008. 10. 14 ~ 2009.10. 13 (n=12)

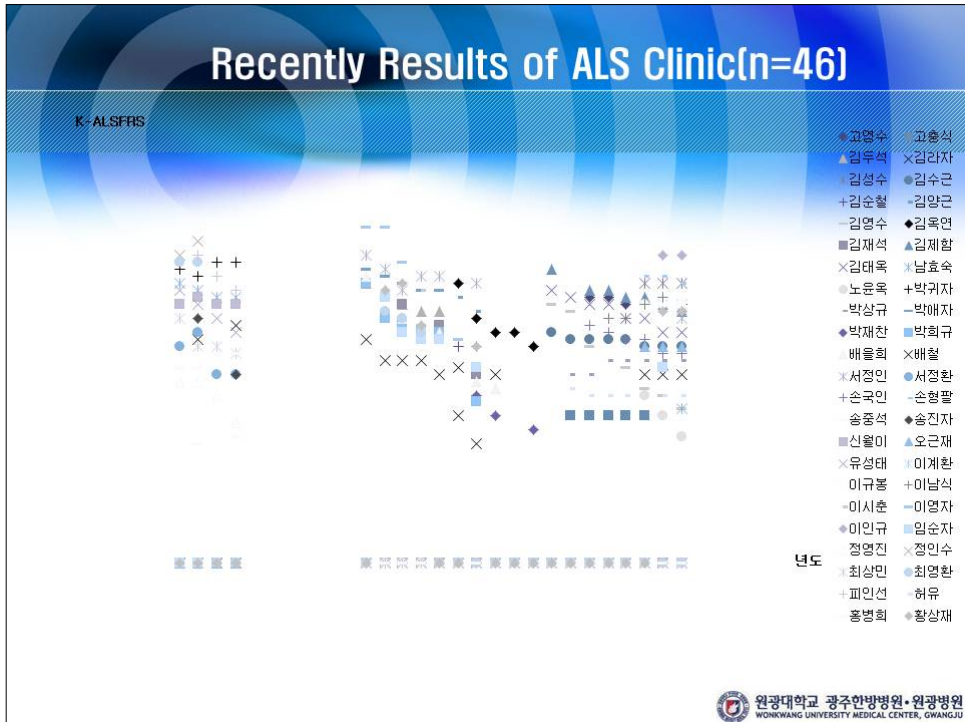
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MRC scale



➤ 2008. 10. 14 ~ 2009.01. 13 (n=12)

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Conclusion

Considering ALS is a progressive motor neuron disease, traditional Korean medicine can induced partial enhancement

- **Relieving symptoms**
- **Inhibiting progression of the disease**
- **Increasing physical strength**

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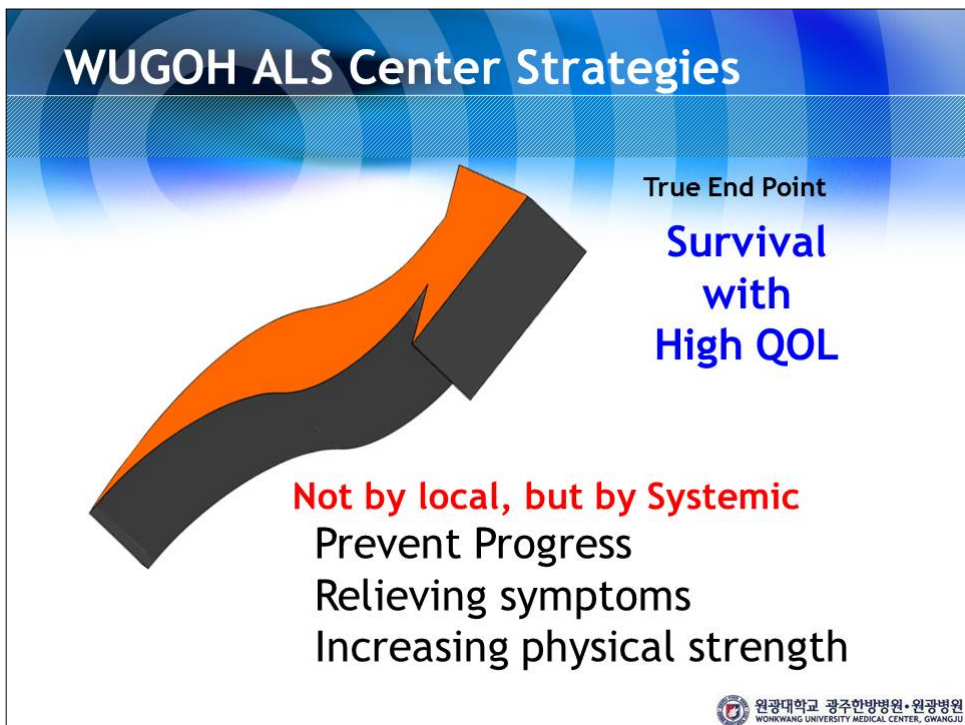
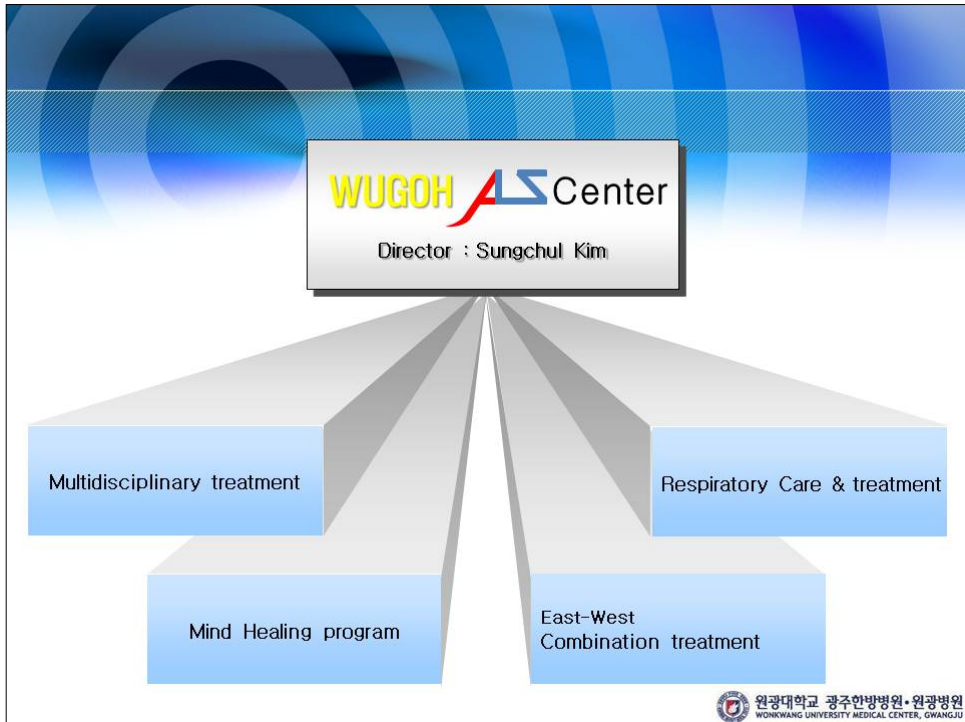


Limitation & the way to improve

- **Insufficient sample size**
- **Designing a longer-term, continuous collection of data(large sample size), systematic, and more efficient treatments**

ALS 환자 인터뷰





Various Items of WCT Program

Herbal Bath/Steam

Herbs

Acupuncture

Moxibustion

Pharmacopuncture

Green tea/red ginseng/Co-enzyme Q

Diet(alkalic food amino acid)/
Slow exercise

Lavender Aromatherapy

Vegetable juice

Meditation/Sing along

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Thank You Very Much !

There is no eternal incurable disease !

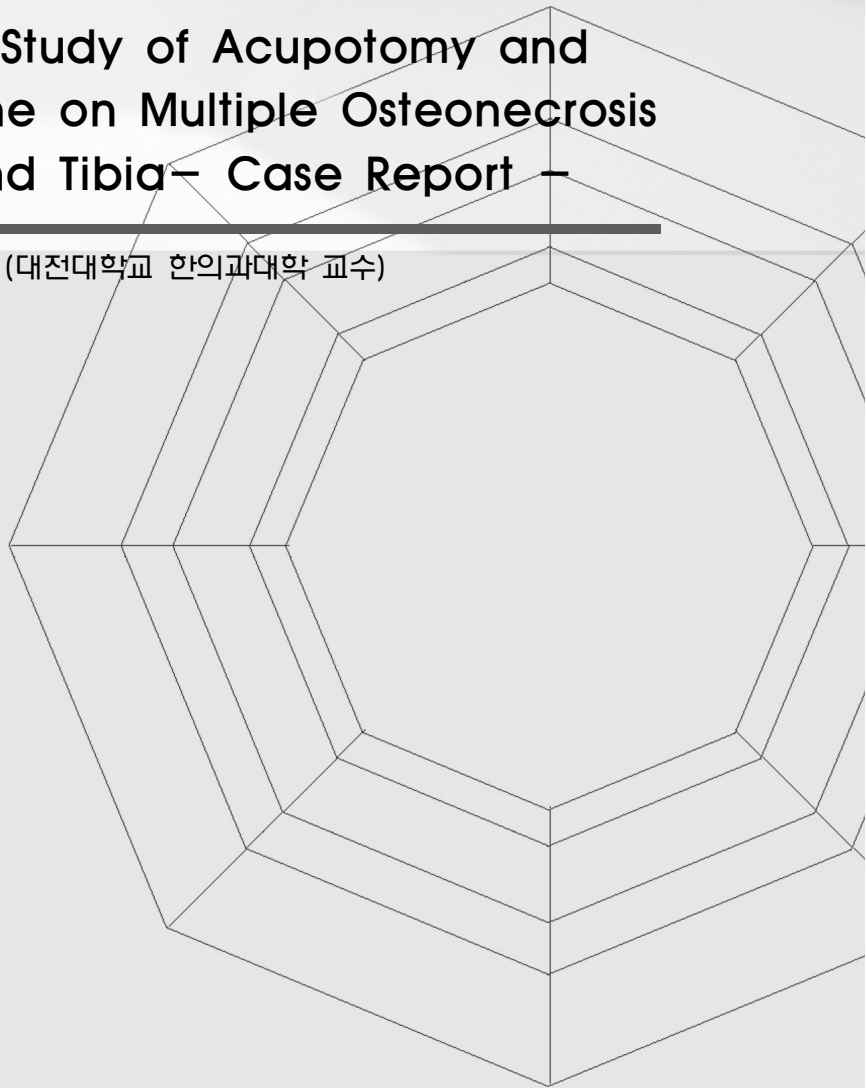


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대한한의학회-일본동양의학회 학술교류심포지엄
KOREA-JAPAN Medical Symposium

The Clinical Study of Acupotomy and Korean medicine on Multiple Osteonecrosis of Femur and Tibia- Case Report -

홍권의 (대전대학교 한의과대학 교수)



The Clinical Study of Acupotomy and Korean medicine on Multiple Osteonecrosis of Femur and Tibia- Case Report -

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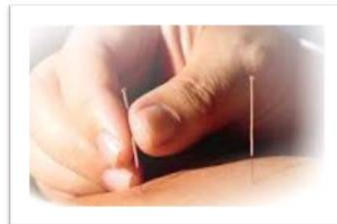
The Clinical Study of Acupotomy and Korean medicine on Multiple Osteonecrosis of Femur and Tibia - Case Report -

Kwon-eui Hong(홍권의)
Dept. of Acupuncture & Moxibustion(침구과)
College of Korean Medicine
Daejeon University



Presentation Overview

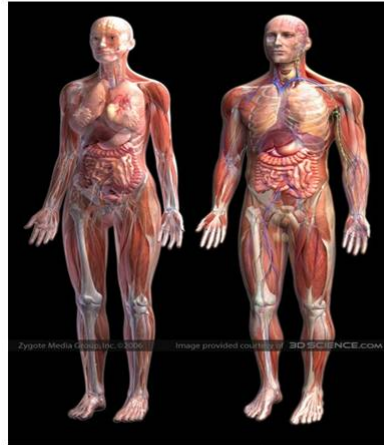
- What is Acupotomy?
- What is Osteonecrosis?
- Case Report





What is ACUPOTOMY?

- Acupuncture + Anatomy



Acupotomy Procedure





Principle of Acupotomy

- Origins : <內經> 九鍼 : 鋒鍼, 鈹鍼 etc. 刀鍼

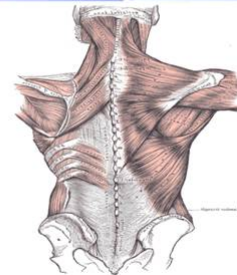
- Mechanism

- Bio-physical Change

- Adhesion : muscle & fiber
 - Loss of Function
 - Promotion of Degeneration
 - Disease



Regeneration



Why is This Therapy Used for Degenerative Disease?

- Regeneration(Renew soft tissue)
- Activation of Muscle & Fascia(muscle strength)
- Balance of General body





Adhesive Disease

- Adhesive capsulitis
 - Degenerative spondylosis
 - Degenerative Arthritis
 - Muscle & Fascia of Occupied Injury
 - Adhesion of Operation
- ➡ Degeneration of body



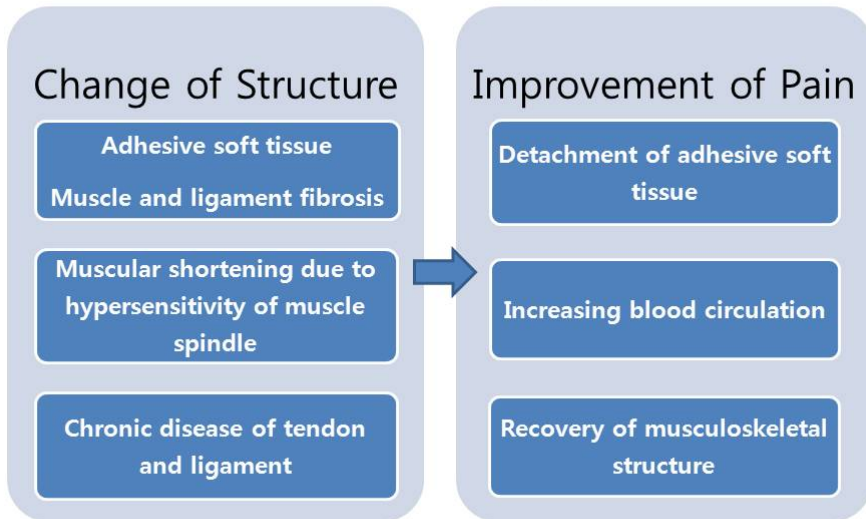
Necessity of Acupotomy

- Aging
 - Increase of Degenerative Disease
 - Limit of modern medicine (ex. Functional disease, chronic disease)
- ➡
- Recover of function
 - Muscle regeneration
 - Blood supply
 - Promotion of health

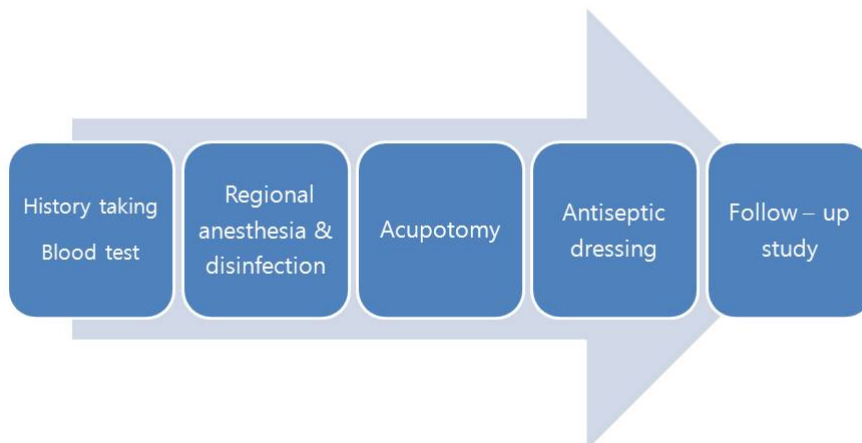




Mechanism of Therapeutic effect



Acupotomy Procedure





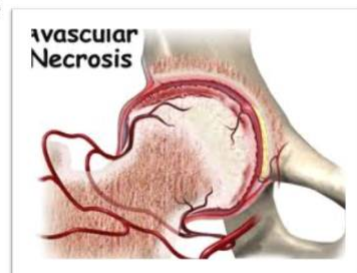
What is Osteonecrosis(ON) ?

- Literally means "dead bone."
- Bone cell death following a compromise of blood flow to the bone
- So called, 'avascular necrosis' or 'ischemic necrosis'



Epidemiology of ON

- Most common in the femoral head
But can occur at any skeletal site
- The majority of ON cases are secondary to trauma
- Non-traumatic On can also occur, but the pathology is unclear
Risk factors ; corticosteroid use, autoimmune disease such as SLE etc.





Osteonecrosis of the Knee

- The knee is the second most common site for osteonecrosis
- Two main category
 - Primary, Spontaneous, or idiopathic osteonecrosis (SPONK)
 - Secondary osteonecrosis



Clinical features of SPONK

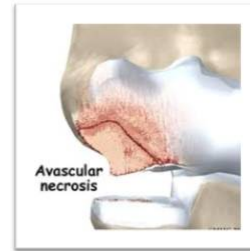
- After the age of 60 years
- Three times more common in Female
- Symptoms
 - a sudden, severe, well-localized pain in the knee
 - worse on weight-bearing, at stairs and at night
 - Not be able to fully flex or extend





Etiology of SPONK

- The precise etiology is still not known
- Two main mechanism
 - Decrease of blood flow
 - Increase of bone marrow pressure
- The osteonecrotic center ; dead bone with empty lacunae and fatty degeneration
- The surrounding area ; reparative bone formation, articular formation and fibrovascular granulation tissue



Etiology of Necrosis

Hypertrophy of the marrow cells
Microembolic phenomena
Lipid-induced osteocyte necrosis

Local inflammatory exudates
Vascular impedance

Increased hydrostatic pressure in bone
and limit blood flow → Necrosis





Vascular and Traumatic Theories

Vascular Theory

Vascular insult on bony or marrow sinusoid & increase in the bone marrow pressure

Bone ischemia

Traumatic Theory

A fracture & expression of synovial fluid into marrow space

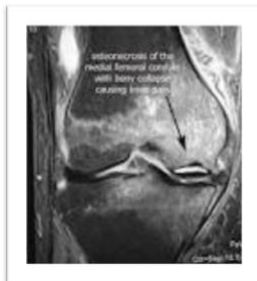
Thus, it is difficult to explain the definitive role of trauma as a cause of osteonecrosis



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Radiographic Findings

- Normal in early stage
- Later, a subchondral radiolucent area in the affected femoral condyle or the tibial plateau.
- Severe destruction with collapse and secondary osteoarthritis of the knee



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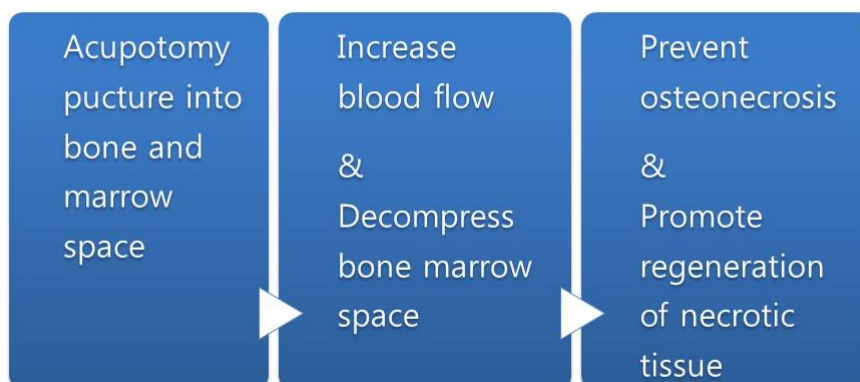
Prognosis

- The later the stage, the worse the prognosis!
- The clinical course and prognosis of SPONK
 1. Radiographic size of the lesion
 2. Ratio of size of the lesion to the size of the condyle
 3. stage of the lesion

➡ Larger than 5 cm², ratio>40% has poor prognosis



Acupotomy On SPONK





Case Report

- Patient
Male, 32 years old
- Chief complaint
Pain in left front of thigh at rest, knee pain during walking
- On set
March 2011 sudden progress



- Admission date
July 13th 2011 – September 5th 2011
- Impression
 - Lt. knee osteonecrosis Dx. through MRI on April 7th 2011
 - Both knee osteonecrosis Dx. Throgh Bone scan on June 20th 2011
 - Size of the lesion is over 5 cm



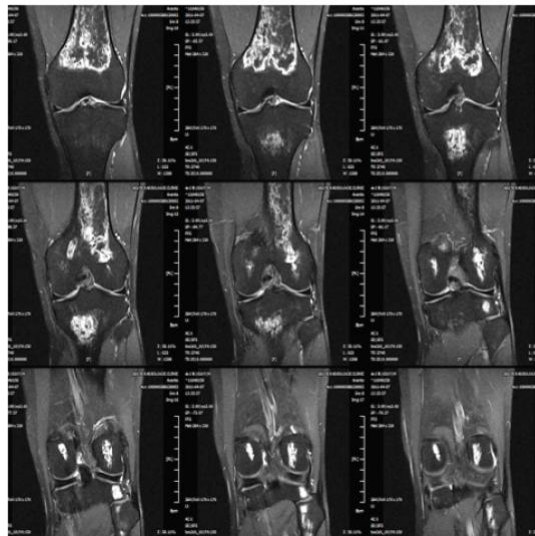


X-ray (Pre-acupotomy)



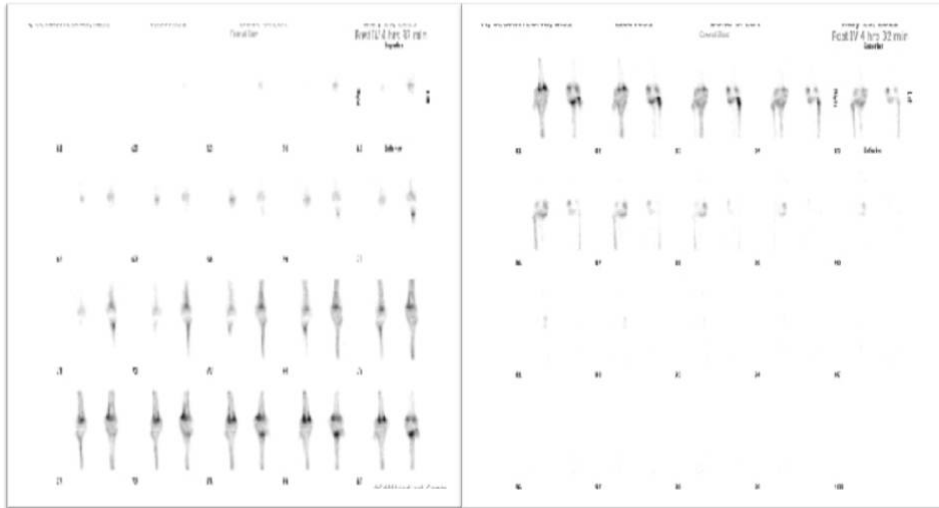
Lt. Knee MRI (Pre-acupotomy)

- Osteonecrosis of Lt. distal femur and proximal tibia



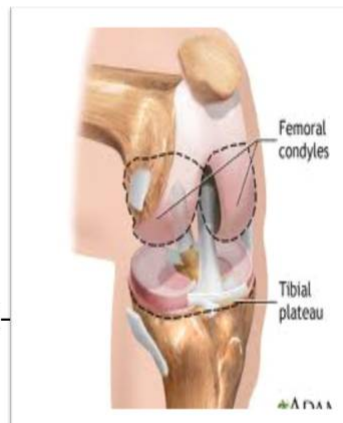


Bone scan(Pre-acupotomy)



Acupotomy Process

1. Measure distance to femoral condyle through real-sized X-ray
2. Using Acupotomy needle, perforate femoral condyle
3. After acupotomy, take a bed rest restricting weight-bearing at least 1 day





Measurement

1. Numeric rating scale (NRS)

NRS is one of the most commonly used pain scales. In numeric scales, patients verbally scored their pain from 0 to 10. 0 indicates the absence of pain, while 10 indicates most intense pain possible.

2. Radiographic findings

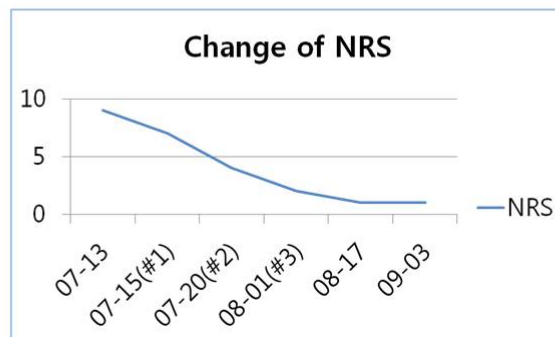
Make a comparative study between pre and post 3 times of acupotomy through MRI and X-ray



Result

1. NRS

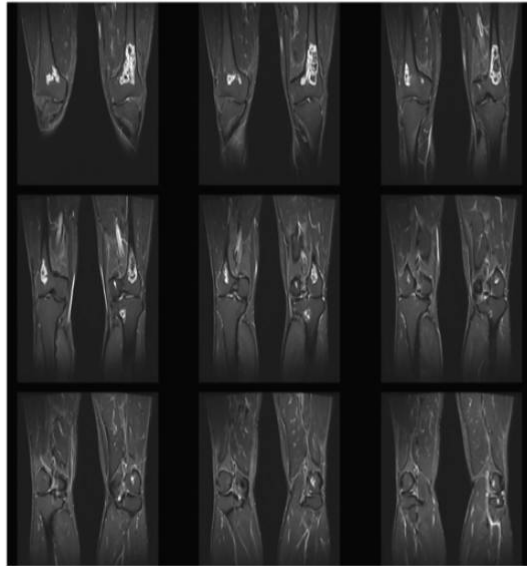
NRS decreased to NRS 2 after 3 times of acupotomy and knee pain during walking is disappeared.





2. Radiographic findings

After three times of acupotomy, the size of osteonecrosis is decreased on MRI scan checked in August 11st 2011



X-ray (Post-acupotomy)





Conclusion

- In this study, acupotomy has significant therapeutic effect on osteonecrosis.
- These results provide evidence that acupotomy is effective to relieve pain and slow down progress of osteonecrosis.
- As the number of case is few and there was no prospective long-term study, therefore, further studies are needed.



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