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FILE: ▪ Hange-koboku-to
▪Kampo Medicine
▪Functional Dyspepsia

HC 110252-307

Date: June 30, 2006

RE: Hange-koboku-to's Effect on Functional Dyspepsia

Oikawa T, Ito G, Koyama H, and Hanawa T. Prokinetic effect of a Kampo medicine, Hange-koboku-to (Banxia-houpo-tang), on patients with functional dyspepsia. *Phytomed*. 2005;12:730-734.

Functional dyspepsia (FD) is a chronic digestive disorder affecting 20–40% of the population.[1] It is sometimes referred to as non-ulcer dyspepsia, because conventional medicine has not identified the cause of the symptoms (e.g., duodenal ulcer, stomach ulcer, acid reflux, inflamed esophagus). People with FD experience abdominal pain or discomfort, and may also have heartburn, bloating, belching, and nausea and vomiting. Based on the predominant symptoms, this condition is classified into subtypes, which are: ulcer (symptoms suggestive of peptic ulceration), dysmotility (gastric stasis with abdominal bloating and fullness, early satiety, belching, nausea and vomiting), reflux, and unspecified.[1] The present study evaluated the use of Hange-koboku-to (HKT), a traditional Japanese formula for the treatment of dysmotility-type FD.

Fourteen healthy male subjects (mean age 36.0 years) and 15 subjects with diagnosed dysmotility-type FD (5 men, 10 women, mean age 58.1 years) enrolled in this Japanese clinical trial. All participants stopped any medications affecting gastric motility two weeks prior to initiating the study protocol. Subjects received HKT, TJ-16 (Tsumura Co., Tokyo, Japan), containing Pinelliae tuber and Perillae herb, Hoelen, Magnoliae cortex, and Zingiber rhizome for 2 weeks to each group. The primary outcome measures were the gastric emptying rate (GER), evaluated using real-time ultrasonography prior to and following HKT administration, and then again after a 2-week washout period. FD symptoms were assessed using the gastrointestinal symptom rating scale (GSRS) questionnaire, a 15-item rating scale.

GER significantly increased in healthy volunteers from a baseline mean of 59.1 ± 4.2% to 72.0 ± 4.0% after 2 weeks of treatment with HKT ($P = 0.0077$), which returned to a baseline mean of 51.4 ± 4.0% 2 weeks after treatment cessation ($P = 0.0023$). Similar results were

detected in FD subjects, with a mean significant increase from a baseline GER of 34.8 ± 3.6% to 53.1 ± 6.2% after 2 weeks of treatment (P = 0.015). GER during the washout period for the FD group was not reported. GSRS score significantly decreased in the FD group after HKT treatment, from 2.37 ± 0.22 to 1.94 ± 0.15 (P = 0.0072). When GSRS scores were stratified based on percent increase in GER during HKT treatment, those subjects who experience a greater than 50% increase in GER, showed a significant decrease in GSRS (P = 0.012), while no significant decrease in GSRS was detected in subjects whose GER increased less than 50% during treatment. Significant decreases in symptom scores were noted from abdominal pain (P = 0.019), indigestion (P = 0.042), and constipation (P = 0.0029), while no significant changes occurred for reflux and diarrhea.

FD can be a serious and debilitating condition. This trial demonstrated that HKT improves FD symptoms in dysmotility-type FD. The mechanism of action appears to be increased rate of gastric emptying (as shown by ultrasonography) and acts as a prokinetic agent. Adverse events were not recorded in the study report, so conclusions about the safety of HKT cannot be made; however, it might be assumed that the rate of adverse events with HKT is extremely low given that it is a common traditional Kampo remedy.

—John Neustadt, ND

References

[1]Wang XZ, Lin GZ. Functional dyspepsia of ulcer-dysmotility type: clinical incidence and therapeutic strategy. *World J Gastroenterol.* Aug 1998;4(4):367-368.

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