

## 11. Gastrointestinal, Hepato-Biliary-Pancreatic Diseases

**Reference**

Hirayama C, Okumura M, Tanikawa K, et al. A multicenter randomized controlled clinical trial of Shosaiko-to in chronic active hepatitis. Analysis of serum enzyme activities. *Kan-Tan-Sui* 1992; 25: 551-8 (in Japanese). Ichushi Web ID: 1993125235

**1. Objectives**

To evaluate the efficacy of shosaikoto (小柴胡湯) in the treatment of chronic active hepatitis.

**2. Design**

Double-blind, randomized controlled trial (DB-RCT).

**3. Setting**

Forty-two institutions.

**4. Participants**

Two hundred and twenty-two patients who were diagnosed with chronic active hepatitis based on liver biopsy within a year of symptom onset: 123 patients with non-B hepatitis and 99 patients with hepatitis B.

**5. Intervention**

Arm 1: Kanebo Shosaikoto (小柴胡湯) Extract Fine Granules (containing 0.9 g of shosaikoto extract/g) 2.0 g tid, 3 times a day. Arm 2: Placebo (containing 0.9 g of shosaikoto extract/g) 0 g tid, 3 times a day.  $P=1.00$ .

**6. Main outcome measures**

Subjective symptoms and hepatic function test (absolute value, % and improvement rated on a 7-grade scale).

**7. Main results**

Serum aspartate aminotransferase (AST) and alanine aminotransferase (ALT) levels were significantly lower in arm 1 than in arm 2 and significantly decreased from baseline in arm 1 at Week 12 ( $P<0.05$ ). There was no significant difference in  $\gamma$ -glutamyl transaminase (GGT) between arms. GGT levels remained unchanged from baseline in arm 1. Improvement in ALT but not AST or GGT was significantly greater in arm 1 ( $P<0.05$ ).

**8. Conclusion**

Shosaikoto decreases serum AST and ALT in chronic active hepatitis.

**9. From Kampo medicine perspective**

None.

**10. Safety assessment in the article**

Dropouts (12 patients in the shosaikoto group and 6 patients in the placebo group) were described, but no adverse drug reactions were documented.

**11. Abstractor's comments**

It is admirable that a multicenter, placebo-controlled DB-RCT was conducted. The clinical significance would be further enhanced by documentation of liver histology and longer-term outcome.

**12. Abstractor and date**

Kogure T, 8 August, 2008, 1 June 2010.

This structured abstract was retracted from EKAT, when EKAT Appendix 2014 was published.