

11. Gastrointestinal, Hepato-Biliary-Pancreatic Diseases**Reference**

Ohyabu H, Matsuda S, Kurisu S, et al. Evaluation of daikenchuto in patients with adhesive ileus in a randomized trial*. *Progress in Medicine* 1995; 15: 1954-8 (in Japanese). Ichushi Web ID:1996096061

1. Objectives

To evaluate the efficacy of daikenchuto (大建中湯) in patients with adhesive ileus.

2. Design

Randomized controlled trial using sealed envelopes for allocation (RCT-envelope).

3. Setting

Single institution (Hyogo Prefectural Awaji Hospital), Japan.

4. Participants

Fifty-three patients who were admitted with adhesive ileus and received gastric intubation. Patients with strangulation ileus were excluded.

5. Intervention

Arm 1: treatment with infusion of daikenchuto (大建中湯; manufacturer, not specified) dissolved in lukewarm water (5 g/30 mL) through a gastric tube, followed by flush with lukewarm water (30 mL), three times daily (n=28).

Arm 2: treatment with infusion of lukewarm water (60 mL) through a gastric tube, three times daily (n=25).

6. Main outcome measures

Time to passage of flatus, resolution rate with conservative treatment, rate of placement of endoscopic long tubes, and rate of progression to surgery.

7. Main results

The resolution rate with conservative treatment was higher in arm 1 ($P=0.0595$). The rates of tube placement and progression to surgery tended to be lower in arm 1.

8. Conclusions

Daikenchuto is a treatment worth trying in patients with adhesive ileus.

9. From Kampo medicine perspective

None.

10. Safety assessment in the article

Not mentioned.

11. Abstractor's comments

This paper describes an evaluation of the clinical efficacy of daikenchuto in patients with adhesive ileus. Although the number of patients enrolled was small and between-group differences fell slightly short of significance in this study, the clinical utility of daikenchuto seems to be demonstrated.

12. Abstractor and date

Oikawa T, 19 September 2008, 1 June 2010, 31 December 2013.