## 原著

牛車腎気丸と芍薬甘草湯の肝硬変患者の有痛性 こむら返りに対する鎮痛効果と安全性: 多施設無作為抽出,比較試験による効果の検討 - 牛車腎気丸の肝硬変症に伴う有痛性"こむら返り"に 対する臨床効果と安全 --

西 澤 芳 男\*<sup>1, 2, 3</sup> 西 澤 恭 子\*<sup>4, 5</sup> 雨 森 保 憲\*<sup>3\*</sup> 野 坂 修 一\*<sup>3</sup> 天 方 義 邦\*<sup>3\*\*</sup> 吉 岡 二 三\*<sup>1,\*\*\*</sup> 大 山 弥 生\*<sup>1</sup> 永野富美代\*<sup>1</sup> 伏 木 信 次\*<sup>2</sup>

要旨:多施設無作為抽出比較試験で肝硬変 (LC) 随伴有痛性こむら返り (PMC) を A群 (38 例, M:F=31:7, 64.8±10.3歳), B群 (37 例, M:F=31:6, 62.7±9.5歳) (背景因子有意差なし) にわけ各々牛車腎気丸 (GJG):90 mg/kg/day, 芍薬甘草湯投与(SKT):50 mg/kg/day を 12 週間を投与した. LC 随伴 PMC による各種慢性疼痛評価法 (ECP) (VAS-P,総合 QOL 法他)とした。各種 ECP は A群で B群に比較し有意早期改善され、改善率も A群が B群より有意に高かった。 副作用、臨床検査値異常は A群が B群より有意に少なく、有効以上症例は A群が B群より有意に多かった。 以上より、漢方治療上 LC 随伴 PMC 治療では GJG が SKT より有意に秀れていることが示唆された。

索引用語:牛車腎気丸、芍薬甘草湯、有痛性こむらかえり症、肝硬変

## PAIN AND KAMPO MEDICINE Vol.10 (2000)

A Randomized Paralleled Group Comparison in Multicenter Cooperation: Analgesic Effect and Safety with Gosha-jinki-gan and Shakuyaku-kanzo-to in the Treatment of Painfut Muscle Cramps in Patients with Cirrhosis

Yoshio Nishizawa\*<sup>1, 2, 3</sup>, Yasuko Nishizawa\*<sup>4, 5</sup>, Yasunori Amenomori\*<sup>3, \*</sup>, Syuichi Nosaka\*<sup>3</sup>, Yoshikuni Amakata\*<sup>3, \*\*\*</sup>, Fumi Yoshioka\*<sup>1, \*\*\*\*</sup>, Yaoi Oyama\*<sup>1</sup>, Fumiya Nagano\*<sup>1</sup> and Shinji Fushiki\*<sup>2</sup>

Abstract: In order to compare the relative safety and the analgesic effect of two Kampo medicines (TSUMURA Gosha-jinki-gan Extract Granules for Ethical Use (TJ-107: GJG) and TSUMURA Shakuyaku-kanzo-to Extract Granules for Ethical Use (TJ-68: SKT) on painful muscle cramps (PMC) in patients with liver cirrhosis (LC), we conducted 12 weeks of a controlled, paralleled comparison group test in multicenter cooperation on patients (75 cases) with PMC induced by LC. The patients were randomly assigned to one of the two treatment groups. [Group A. (oral administration of GJG: 90mg/kg/day: 38 cases (Male: Female=31: 7, 64.8±: 10.3 years old, Group 6: SKT (50 mg/kg/day: 37 cases, Male: Female=31: 6,  $62.7 \pm 9.5$  years oid) using a randomized table. There were no statistically significant differences among these two treatment groups in the clinical or laboratory data. The patients in group A had a significantly faster onset of responses and superior responses than group B by Total-QQL method and VAS-P, face rating scale and various QQL methods (MHAQ, OWB-score, and face scale). In the adverse drug-reaction and druginduced abnormal laboratory data, Group B with SKT showed more significant differences than Group A. In Group A GJG showed more noted efficacy and safety than group B, because side effects were less apparent. In Group A and SKT induced abnormal laboratory data in Group B. Our results suggest that GJG is more effective than SKT for LC-induced PMC patients.

**Key words**: Gosha-jinki-gan, Sakuyaku-kanzo-to, efficacy, safety, painful muscle cramp, cirrhosis