

症 例 報 告

患者の自律性に従った癌治療—salutogenesisの視点から

永田勝太郎*¹ 長谷川拓也*¹ 岡野 寛*¹ 大槻千佳*¹
廣門靖正*² 包 隆穂*² 喜山克彦*³ 青山幸生*⁴

要旨：症例は74歳，男性，会社役員．咳嗽のため近医受診．X線検査にて右上葉に直径1cmのコインリージョンあり．某癌センターにて精査．腺癌であり，早期のため手術適応となったが，患者は断固拒否．癌センターから当院外科を紹介されて来院したが，そこでも手術拒否．医師とトラブルとなった．外科より紹介され，心療内科受診．患者は戦争末期，特攻隊にいた．「癌で死ぬのは恐くないが，痛みのためにのたうち回り，自らの人間としての尊厳を損なうのは嫌だ．緩和医療と非特異的免疫療法を希望する．」と言う．非特異的免疫療法として漢方方剤（補剤）による治療を提示すると，了解した．以後，十全大補湯，紅参末，コエンザイムQ₁₀を用いた補法により治療を続け，10年間高いQOLの状態で生存した．癌は進行が停止し，共存関係（従病：しょうびょう）にあったと言えよう．本症例では，生きる意味を十分に認識し，独特の死生観を有していた．また，尿17-OHCSは高いものの，尿17-KSSは初期より一貫して比較的高値であった．補剤の投与により，それが持続していることが従病（しょうびょう）を作る要因のひとつではないかと考えられた．また，患者と治療者がsalutogenesis（健康創成論）的視点を共有したことも大きな要因であると考えられた．

索引用語：肺癌，十全大補湯，コエンザイムQ₁₀，
サルートジェネシス（健康創成論），17-KSS

PAIN AND KAMPO MEDICINE Vol.14 (2004)

Palliative Cancer Care Based on a Patient's Autonomy - From a Viewpoint of Salutogenesis -

Katsutaro Nagata *¹, Takuya Hasegawa *¹, Kan Okano *¹, Chica Otsuki *¹,
Yasumasa Hirokado *², Takaho Thutsumi *²,
Katsuhiko Kiyama *³ and Yukio Aoyama *⁴

Abstract: The case was a 74-year-old man and a company official. Complaining of coughing spells he visited a doctor. At an x-ray examination there found a coin lesion of 1cm in diameter in the upper lung of right lung. At a certain cancer center he was examined intensively. It was the early adenocarcinoma, which was considered to be operated on as soon as possible. But the patient refused operation firmly. He was introduced to the surgery of our university, but he continued to refuse operation. Some trouble happened between the doctor and the patient. Then he was introduced to us, the psychosomatic unit. The patient was in a Kamikaze corps (a special attack) toward the end of World War II. "I do not fear to die of cancer, hate to turn round in the agony of pain and to human dignity. Palliative care and non-specific immunological therapy is desired." We proposed to him that he should be treated by traditional Oriental medicine, herbal medicine (Kampo medicine). In this medicinal approach we have administered complementary agents such as Juzentaihoto (Shi-Quan-Da-Bu-tang), red ginseng and coenzyme Q10 for 10 years. He maintained high QOL. The cancer halted advance and he maintained coexistence with the cancer (live with disease). Thanks to his case, he recognized the meaning of life sufficiently, held a unique view of living and dying.

In addition, although urine 17-OHCS was high, urine 17-KSS was consistent from first stage, it was relatively high value. With the dosage of the complementary agents, it is one of the main factors which made him live longer than expected with high QOL. In addition, it was thought that the patient and the doctor should possess salutogenesis (healthy origination theory) point of view together, which was primary factor.

Key words: lung cancer, Juzen-taiho-to (Shi-Quan-Da-Bu-Tang), coenzyme Q10

*¹ Health Administration Center and Psychosomatic Medicine, Hamamatsu University, School of Medicine
Offprint requests to: Katsutaro Nagata, Health Administration Center and Psychosomatic Medicine, Hamamatsu University, School of Medicine. 1-20-1, Handayama, Hamamatsu-City, Shizuoka Pref. 431-3192, Japan