症例報告

帰脾湯が奏功した筋痛性脳症・ 慢性疲労症候群(ME/CFS)の1例

喜 山 克 彦*1,*2 永田勝太郎*2 長谷川拓也*2 廣 門 靖 正*2 前 田 和 彦*1 山 上 直 樹*1

要旨:症例は26歳,男性,解体業.主訴は腰痛,左下肢痛および右足内側のしびれであった.痛み以外に多彩な症状を認めた.平成19年3月,主訴が出現し当院を受診した. VAS 78mm/100mm,心胸郭比35%,Schellongの起立試験に伴う血行動態反応検査により,心臓交感神経の脆弱さが示唆された.筋痛性脳症/慢性疲労症候群(ME/CFS)および線維筋痛症(FMS)と診断された.東洋医学的所見により帰脾湯(TJ-65)7.5g/日を中心に処方した.9週後,痛みは軽減(VAS 20mm)し,ME/CFSとFMSの診断基準から外れた.腰下肢痛などの慢性疼痛の患者を診察する際にはME/CFSやFMSを念頭に入れることが重要である.

索引用語:筋痛性脳症·慢性疲労症候群 (ME/CFS), 線維筋痛症 (FMS), 帰脾湯

PAIN AND KAMPO MEDICINE Vol. 18 (2008)

Effect of kihito on myalgic encephalopathy/chronic fatigue syndrome (ME/CFS)

Katsuhiko Kiyama *1.2 Katsutaro Nagata *2, Takuya Hasegawa *2,

Yasumasa Hirokado *2, Kazuhiko Maeda *1 and Naoki Yamagami *1

Abstract: The male 26-year-old patient who worked for the construction industry complained of lumbago, left leg pain and numbness in medial margin of right foot. He also had various symptoms in addition to pain. The pain was scored 78mm/100mm in visual analog scale (VAS). Close examination showed small heart syndrome with 35% of cardiothoracic ratio, and Schellong's tilting test showed impaired cardiac sympathetic nerve function. He was diagnosed as myalgic encephalopathy/chronic fatigue syndrome (abbreviated ME/CFS) and fibromyalgia syndrome (abbreviated FMS). Kihito (TJ-65), 7.5g/day, was treated according to the kampo diagnosis. Nine weeks after, the pain improved with the decrease in VAS score to 35mm, and it was against the criteria of ME/CFS. It is important that ME/CFS should be differentiated in patients with chronic pain such as lumbago or/and leg pain.

Key words: Myalgic encephalopathy/chronic fatigue syndrome (ME/CFS), Fibromyalgia syndrome, kihito

^{*1} Department of Psychosomatic Medicine, Funabashi Orthopedic Hospital Offprint requests to: Katsuhiko Kiyama, Department of Psychosomatic Medicine, Funabashi Orthopedic Hospital. 1-833 Hazama, Funabashi-City, Chiba 274-0822, Japan

^{*2} Department of Psychosomatic Medicine, Hamamatsu University Hospital