

## 症 例 報 告

### 舌痛症に対する立効散の有用性に関する検討

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**要旨：**当科では、舌痛症に対する第一選択薬として主に SSRI、SNRI を使用してきた。しかし、これらの薬剤の効果が不十分な場合や、副作用でこれらの薬剤が使用できない場合、すでに他の抗うつ薬や多くの薬剤を服用中の場合には漢方薬の投与を行っている。このうち立効散で奏効する症例を多く経験してきたので、舌痛症に対する立効散の有効性を検討した。対象は X ~ X+6 年の期間に、当科外来で舌痛症と診断された患者のなかで、立効散 (TJ-110) を 1 日 3 包 (7.5g/日) 28 日間以上、単独投与した 21 例 (男性 2 例、女性 19 例、平均年齢 72 歳) とした。なお、証については考慮せず投与した。服用方法は顆粒を白湯で溶解し、短時間口腔内に留置後に内服させた。改善は自覚症状の VAS が投与前と比較し、4 週投与後に 50% 以上減少した場合とした。改善率は 43%、副作用は 2 例に軽度の胃腸障害が認められたが、いずれも内服継続可能であった。舌痛症に対し、立効散は治療の選択肢になり得ると思われた。

**索引用語：**漢方薬、舌痛症、立効散

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### The study of effectiveness of rikkosan (TJ-110) for patients with glossodynia.

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**Abstract:** In our department, we have been using mainly SSRI and SNRI as first-line medicine for patients with glossodynia. However, we also have been using Kampo medicine for patients with glossodynia under below 3 conditions. First, when the effectiveness of SSRI and SNRI is insufficient. Second, these drugs are not available because of the side effects, and third, the patients already have other types of antidepressants, or many numbers of medicine. For these patients, we have experienced a lot of responders by administration of rikkosan (TJ-110).

The purpose of this study was to evaluate the effectiveness of rikkosan (TJ-110) for patients with glossodynia.

We included 21 patients (male: 2 cases, female: 19 cases, mean age: 72 years) who were diagnosed as glossodynia in our department from 2006 to 2012 in this study. In this study, only patients who could take rikkosan (TJ-110) (7.5g / day) for more than 28 days were admitted. We excluded the patients from this study who have been taking some medicines for glossodynia except for rikkosan (TJ-110). We administrated rikkosan (TJ-110) regardless of Kampo diagnosis "Sho". We instructed the patients to swallow the solution of rikkosan (TJ-110) after keeping it in the mouth for about 30 seconds. Pain was assessed using the visual analog scale (VAS). We defined the improved cases as decreasing more than 50% of subjective VAS of pain after administration of rikkosan (TJ-110) for 4 weeks.

The total improving rate was 43%. Although 2 patients experienced mild side effect with gastrointestinal disorders, they could keep on taking rikkosan (TJ-110) for more than 4 weeks.

We concluded that rikkosan (TJ-110) could be the choice of medicine for patients with glossodynia.

**Key words:** Kampo medicine, Glossodynia, rikkosan

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