

症 例 報 告

1年以上続く舌・口腔内疼痛に漢方を含む
東洋医学的治療が奏効した1例山口孝二郎*^{1,2} 砂川正隆*² 新田英明*^{1,3} 鈴木 甫*⁴ 山下 薫*⁵ 杉村光隆*⁵

要旨：症例：70歳台，女性。約1年半前より舌・口腔全体の疼痛，しびれ感を認め，かかりつけ内科や某病院歯科口腔外科にて加療するも症状は改善せず当院を受診した。臨床検査成績：CMI 領域Ⅱ，STAI 状態不安 51（V段階）特性不安 51（IV段階）， α -アミラーゼ活性は73KU/Lで，舌痛VAS 100，口腔内疼痛VAS 100を認めた。また舌裏静脈の怒張があり，口腔粘膜平均温度は34.46℃と低下していた。臨床診断：口腔灼熱痛症候群，心因性舌痛症（痛覚変調性疼痛），不安神経症。処置並びに経過：加味逍遙散（N24）7.5g/日の投与と内関・労宮マッサージ指導を行い24日目，舌痛VAS 50，口腔内疼痛VAS 20， α -アミラーゼ活性43KU/L，口腔粘膜平均温度35.88℃に改善し，更に同療法を継続した。52日目，舌痛VAS 22，口腔内疼痛VAS 0， α -アミラーゼ活性52KU/Lで疼痛は改善した。口腔内疼痛VASは0のまま108日目に舌痛VAS 9となり，口腔内疼痛，舌痛はほぼ制御された。また α -アミラーゼ活性は143日目で10KU/Lに減少し，舌裏静脈の怒張の改善も認められた。本症例は口腔灼熱痛症候群（痛覚変調性疼痛）と考えられ，交感神経系の過緊張とオレキシンの過剰分泌に起因していた可能性があり，症状の改善に加味逍遙散，労宮・内関マッサージの併用が有効であった。

索引用語：口腔灼熱痛症候群，痛覚変調性疼痛，労宮，内関，加味逍遙散

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A case report : efficacy of oriental medicine including Kampo medicine in alleviating tongue and oral cavity pain persisting over a year

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Abstract: Case: The patient, a woman in her 70s, had been experiencing pain and numbness in her tongue and oral cavity for about a year and a half, and despite treatment from her family physician and dental and oral surgery department at a hospital, her symptoms did not improve. Clinical laboratory results : STAI-State score 51 (level V), STAI-Trait score 51 (level IV), α -amylase activity 73KU/L, tongue pain VAS score 100, and oral pain VAS score 100. In addition, the veins on the underside of the tongue were dilated, and the mean temperature of the oral mucosa was decreased to 34.46°C. Clinical Diagnosis: burning mouth syndrome (BMS), psychogenic glossalgia (nociplastic pain), anxiety neurosis. Treatment and course : 7.5 g/day of kamishoyosan (N24) was administered and massage therapy on pericardium meridian (PC) 6 and PC8 was given. On day 24, tongue pain VAS score 50, oral pain VAS score 20, α -amylase activity 43 KU/L, and average oral mucosal temperature was 35.88 °C. On day 52, pain improved with tongue pain VAS score 22, oral pain VAS score 0, and α -amylase activity 52 KU/L. The oral pain VAS score remained at 0, with tongue pain VAS score 9 on day 108, indicating that oral pain and tongue pain were almost controlled. α -Amylase activity was decreased to 10 KU/L on day 143, and improvement of the vein dilatation on the underside of the tongue was also observed. This case was considered to be BMS (nociplastic pain), which may have been caused by hypertonia of the sympathetic nervous system and excessive orexin secretion. The combination of kamishoyosan and massage therapy on PC6 and PC8 were effective in improving symptoms.

Key words: Burning mouth syndrome, nociplastic pain, Precardium meridian (PC) 6 and PC8, kamishoyosan

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