Tsumura & Co.

Revised: October 2010 (6th version)

Standard Commodity Classification No. of Japan 875200

- Kampo-preparation-

TSUMURA Eppikajutsuto Extract Granules for Ethical Use

<eppikajutsuto>

		Storage		
Store is	n	light-resistant,	air-tight	con-
tainers.				

Expiration date			
Use before the expiration date indi-			
cated on the container and the outer			
package.			

Approval No.	(61AM)3304
Date of listing in the NHI reimbursement price	October 1986
Date of initial marketing in Japan	October 1986

DESCRIPTION

	7.5 g of TSUMURA	Eppikajutsuto extract granules	
	contains 3.25 g of a dried extract of the following		
	mixed crude drugs.		
	6		
	JP Gypsum 8.0 g		
	JP Ephedra Herb 6.0 g		
	JP Atractylodes Lancea Rhizome 4.0 g		
	JP Jujube 3.0 g		
Composition	JP Glycyrrhiza 2.0 g		
	JP Ginger 1.0 g		
	(JP: The Japanese Pharmacopoeia)		
	Inactive ingredients	JP Light Anhydrous Silicic	
		Acid	
		JP Magnesium Stearate	
		JP Lactose Hydrate	
Description	Dosage form	Granules	
	Color	Light grayish-brown	
	Smell	Characteristic smell	
	Taste	Slightly sweet and astringent	
	ID code	TSUMURA/28	

INDICATIONS

Eppikajutsuto is indicated for the relief of the following symptoms of those patients with edema, diaphoresis, and difficulty in micturition:

Nephritis, nephrosis, beriberi, articular rheumatism, nocturnal enuresis, and eczema

DOSAGE AND ADMINISTRATION

The usual adult dose is 7.5 g/day orally in 2 or 3 divided doses before or between meals. The dosage may be adjusted according to the patient's age and body weight, and symptoms.

PRECAUTIONS

- 1. Careful administration (Eppikajutsuto should be administered with care in the following patients.)
 - Patients in a period of weakness after disease or with greatly declined constitution [Adverse reactions are likely to occur, and the symptoms may be aggravated.]

- (2) Patients with a weak gastrointestinal tract [Anorexia, epigastric distress, nausea, vomiting, soft feces, diarrhea, etc. may occur.]
- (3) Patients with anorexia, nausea or vomiting [These symptoms may be aggravated.]
- (4) Patients showing a remarkable tendency of sweating [Excess sweating and/or generalized weakness may occur.]
- (5) Patients with cardiovascular disorders including angina pectoris and myocardial infarction, etc. or those with a history of such disorders.
- (6) Patients with severe hypertension
- (7) Patients with severe renal dysfunction
- (8) Patients with dysuria
- (9) Patients with hyperthyroidism
- [(5)-(9): These disease and symptoms may be aggravated.]

2. Important Precautions

- (1) When this product is used, the patient's "SHO" (constitution/symptoms) should be taken into account. The patient's progress should be carefully monitored, and if no improvement in symptoms/findings is observed, continuous treatment should be avoided.
- (2) Since this product contains Glycyrrhiza, careful attention should be paid to the serum potassium level, blood pressure, etc., and if any abnormality is observed, administration should be discontinued.
- (3) When this product is coadministered with other Kampo-preparations (Japanese traditional herbal medicines), etc., attention should be paid to the duplication of the contained crude drugs.

SHO: The term "SHO" refers to a particular pathological status of a patient evaluated by the Kampo diagnosis, and is patterned according to the patient's constitution, symptoms, etc. Kampo-preparations (Japanese traditional herbal medicines) should be used after confirmation that it is suitable for the identified "SHO" of the patient.

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3. Drug Interactions

Precautions for coadministration (Eppikajutsuto should be administered with care when coadministered with

the following drugs.)

Signs, Symptoms, Mechanism and					
Drugs	Signs, Symptoms,				
	and Treatment	Risk Factors			
(1) Preparations contain-	Insomnia, excessive	An enhancement of			
ing Ephedra Herb	sweating, tachycar-	the sympathetic			
(2) Preparations contain-	dia, palpitation, gen-	nerve-stimulating ac-			
ing ephedrine-related	eral weakness, men-	tion has been sug-			
compounds	tal excitation, etc. are	gested.			
(3) Monoamine oxidase	likely to occur. In				
(MAO) inhibitors	such cases, this pro-				
(4) Thyroid preparations	duct should be ad-				
Thyroxine	ministered with care				
Liothyronine	by measures such as				
(5) Catecholamine prepa-	reducing the dosage.				
rations					
Adrenaline					
Isoprenaline					
(6) Xanthine preparations					
Theophylline					
Diprophylline					
(1) Preparations contain-	Pseudoaldosteronism	Since glycyrrhizinic			
ing Glycyrrhiza	is likely to occur.	acid has an accelerat-			
(2) Preparations contain-	Besides, myopathy is	ing action on the po-			
ing glycyrrhizinic acid	likely to occur as a	tassium excretion at			
or glycyrrhizinates	result of hypo-	the renal tubules, an			
	kalemia.	acceleration of de-			
	(Refer to the section	crease in the serum			
	"Clinically signifi-	potassium level has			
	cant adverse reac-	been suggested.			
	tions".)				

4. Adverse Reactions

This product has not been investigated (drug use investigations, etc.) to determine the incidence of adverse reactions. Therefore, the incidence of adverse reactions is not known.

(1) Clinically significant adverse reactions

- 1) Pseudoaldosteronism: Pseudoaldosteronism such as hypokalemia, increased blood pressure, retention of sodium/body fluid, edema, increased body weight, etc. may occur. The patient should be carefully monitored (measurement of serum potassium level, etc.), and if any abnormality is observed, administration should be discontinued and appropriate measures such as administration of potassium preparations should be taken.
- 2) Myopathy: Myopathy may occur as a result of hypokalemia. The patient should be carefully monitored, and if any abnormality such as weakness, convulsion/paralysis of limbs, etc. are observed, administration should be discontinued and appropriate measures such as administration of potassium preparations should be taken.

(2) Other adverse reactions

	Incidence unknown	
Hypersensitivity Note 1)	Rash, Redness, Pruritus, etc.	
Autonomic	Insomnia, Excess sweating, Tachycardia, Palpitation, Generalized weakness, Mental excitation, etc.	
Gastrointestinal	Anorexia, Epigastric distress, Nausea, Vomiting, Soft feces, Diarrhea, etc.	
Urinary	Urination disorder, etc.	

Note 1) If such symptoms are observed, administration should be discontinued.

5. Use in the Elderly

Because elderly patients often have reduced physiological function, careful supervision and measures such as reducing the dose are recommended.

6. Use during Pregnancy, Delivery or Lactation

The safety of this product in pregnant women has not been established. Therefore, the product should be used in pregnant women, women who may possibly be pregnant only if the expected therapeutic benefits outweigh the possible risks associated with treatment.

7. Pediatric Use

The safety of this product in children has not been established. [Insufficient clinical data]

PHARMACOLOGY

Effects on dermatitis

Pretreatment with a diet containing Eppikajutsuto inhibited croton oil-induced primary irritant contact dermatitis and DNFB- induced allergic contact dermatitis in mice¹⁾.

PACKAGING

Bottles of 500 g and boxes of 5 kg (500 g \times 10 bottles)

 $2.5 \text{ g} \times 42 \text{ packets}$

 $2.5 \text{ g} \times 189 \text{ packets}$

REFERENCES

1) Natsuaki, M. et al. Status of traditional Japanese traditional herbal medicine treatment in the dermatological field 8. PHARMAINTERNATIONAL, 1997, p.27.

REQUEST FOR LITERATURE SHOULD BE MADE TO:

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