Tsumura & Co.

Revised: October 2014 (9th version)

Standard Commodity Classification No. of Japan 875200



- Kampo-preparation-

TSUMURA Byakkokaninjinto Extract Granules for Ethical Use

	Storage		
Store in	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)3317
Date of listing in the NHI reimbursement price	October 1986
Date of initial marketing in Japan	October 1986
Date of latest reevaluation	April 2014

DESCRIPTION

Composition	9.0 g of TSUMURA Byakkokaninjinto extract		
	granules (hereafter TJ-34) contains 5.0 g of a dried		
	extract of the following mixed crude drugs.		
	JP Gypsum 15.0 g		
	JP Anemarrhena Rhizome 5.0 g		
	JP Glycyrrhiza 2.0 g		
	JP Ginseng 1.5 g		
	Brown Rice 8.0 g		
	(JP: The Japanese Pharmacopoeia)		
	Inactive	JP Magnesium Stearate	
	ingredients	JP Lactose Hydrate	
		Sucrose Esters of Fatty Acids	
Description	Dosage form	Granules	
	Color	Light grayish-brown	
	Smell	Characteristic smell	
	Taste	Slightly sweet	
	ID code	TSUMURA/34	

INDICATIONS

TJ-34 is indicated for the relief of thirst and hot flushes

DOSAGE AND ADMINISTRATION

The usual adult dose is 9.0 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 (TJ-34 should be administered with care in the following patients.)
 - Patients with weak gastrointestinal tract [Oral cavity discomfort, anorexia, epigastric distress, soft feces, diarrhea, etc. may occur.]
 - (2) Patients with greatly declined constitution [Adverse reactions are likely to occur, and the symptoms may be aggravated.]

2. Important Precautions

- (1) When TJ-34 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 TJ-34 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 TJ-34 is coadministered with other Kampopreparations (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.

3. Drug Interactions

Precautions for coadministration (TJ-34 should be administered with care when coadministered with the following drugs.)

Drugs	Signs, Symptoms, and Treatment	Mechanism and Risk Factors
(1) Preparations containing Glycyrrhiza (2) Preparations containing glycyrrhizinic acid or glycyrrhizinates	Pseudoaldosteronism is likely to occur. Besides, myopathy is likely to occur as a result of hypokalemia. (Refer to the section "Clinically significant adverse reactions".)	Since glycyrrhizinic acid has an accelerating action on the potassium excretion at the renal tubules, an acceleration of decrease in the serum potassium level has been suggested.

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4. Adverse Reactions

TJ-34 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

(2) Contract and Contractions		
	Incidence unknown	
Hypersensitivity Note 1)	Rash, Pruritus, Urticaria, etc.	
Hepatic	Abnormality of hepatic function [Increased AST (GOT) and ALT (GPT) levels, etc.]	
Gastrointestinal	Oral cavity discomfort, Anorexia, Epigastric distress, Soft feces, Diarrhea, 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 TJ-34 in pregnant women has not been established. Therefore, TJ-34 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 TJ-34 in children has not been established. [Insufficient clinical data]

PHARMACOLOGY

1. Actions on salivation

Oral administration of Byakkokaninjinto inhibited the salivation rate and the decrease in salivary amylase activity in diabetic oral xerosis mouse model¹⁾.

2. Mechanism of action

Byakkokaninjinto shows pharmacological effects via the following actions:

Actions on aquaporin

Administration of Byakkokaninjinto with feed induced the increases in aquaporin 2 protein level in crude membrane

fraction of kidney and aquaporin 3 protein level in cutaneous tissue in type II diabetes mouse model²⁾.

PACKAGING

Bottles of 500 g $3.0 \text{ g} \times 42 \text{ packets}$ $3.0 \text{ g} \times 189 \text{ packets}$

REFERENCES

- 1) Itai, J. et al. The Journal of Japan Dental Society of Oriental Medicine. 2008, 27(1), p.9. (in Japanese)
- 2) Aburad, T. et al. Phytother. Res. 2011, 25(6), p.897.

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