Revised: February 2018 (8th version)

Standard Commodity Classification No. of Japan
875200

■50■

- Kampo-preparation-

TSUMURA Keigairengyoto Extract Granules for Ethical Use

Storage
Store in light-resistant, air-tight containers.

Expiration date
Use before the expiration date indicated on the container and the outer package.

Approval No.	(61AM)3295
Date of listing in the NHI reimbursement price	October 1986
Date of initial marketing in Japan	October 1986

DESCRIPTIO

Composition	7.5 g of TSUMURA Keigairengyoto extract granules (hereafter TJ-50) contains 4.5 g of a dried extract of the following mixed crude drugs. JP Scutellaria Root ..... 1.5 g JP Phellodendron Bark ..... 1.5 g JP Coptis Rhizome ..... 1.5 g JP Platycodon Root ..... 1.5 g JP Immature Orange ..... 1.5 g JP Schizonepeta Spike ..... 1.5 g JP Bupleurum Root .... 1.5 g JP Gardenia Fruit ..... 1.5 g JP Rehmannia Root .... 1.5 g JP Peony Root .... 1.5 g JP Cnidium Rhizome ……..….. 1.5 g JP Japanese Angelica Root ……..…. 1.5 g JP Mentha Herb ……..….. 1.5 g JP Angelica Dahurica Root ……..…. 1.5 g JP Saposhnikovia Root and Rhizome..... 1.5 g JP Forsythia Fruit ……..... 1.5 g JP Glycyrrhiza ……..….. 1.0 g (JP: The Japanese Pharmacopoeia)	
	Inactive ingredients	JP Magnesium Stearate JP Lactose Hydrate
Description	Dosage form	Granules
	Color	Yellow-brown
	Smell	Characteristic smell
	Taste	Characteristic with bitter taste
	ID code	TSUMURA/50

INDICATIONS

Empyema, chronic rhinitis, chronic tonsillitis, and acne.

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 (TJ-50 should be administered with care in the following patients.)

(1) Patients with an extremely weak gastrointestinal tract [Anorexia, epigastric distress, nausea, vomiting, diarrhea, etc. may occur.]

(2) Patients with anorexia, nausea or vomiting [These symptoms may be aggravated.]

2. Important Precautions

(1) When TJ-50 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-50 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) Long-term administration of a gardenia fruit-containing preparation (usually 5 years or longer) may cause mesenteric phlebosclerosis accompanied by discoloration, edema, erosion, ulceration, and stenosis of the colon. Periodical examinations such as CT scanning and colonoscopy would be desirable in cases of its long-term administration.

(4) When TJ-50 is co-administered 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.

3. Drug Interactions

Precautions for coadministration (TJ-50 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.

4. Adverse Reactions

TJ-50 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) Interstitial pneumonia: If fever, cough, dyspnea, abnormal pulmonary sound, etc. are observed, administration of TJ-50 should be discontinued, and examinations such as X-ray or chest CT should be performed immediately and appropriate measures such as administration of adrenocortical hormones taken.

2) 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.

3) 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.

4) Hepatic dysfunction and jaundice: Hepatic dysfunction and/or jaundice with elevation of AST (GOT), ALT (GPT), Al-P and γ-GTP or other symptoms may occur. The patient should be carefully monitored for abnormal findings. Administration should be discontinued and appropriate therapeutic measures should be taken, if abnormalities are observed.

5) Mesenteric phlebosclerosis: Mesenteric phlebosclerosis may occur with long-term administration. If symptoms such as abdominal pain, diarrhea, constipation, and abdominal distension repeatedly occur, or if the patient tests positive for fecal occult blood, administration should be discontinued. At the same time, tests such as CT and colonoscopy should be performed, and appropriate measures should be taken. Intestinal resection has been reported in some cases.

(2) Other adverse reactions

	Incidence unknown
Hypersensitivity Note 1)	Rash, Pruritus, etc.
Gastrointestinal	Anorexia, Epigastric distress, Nausea, Vomiting, 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-50 in pregnant women has not been established. Therefore, TJ-50 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-50 in children has not been established. [Insufficient clinical data]

PHARMACOLOGY

Action mechanisms

Keigairengyoto has pharmacological effects via the following actions.

(1) Inhibition of reactive oxygen production

Keigairengyoto inhibited the production of reactive oxygen species (O_2^-, H_2O_2, OH·) in human-derived neutrophil and cell-free xanthine-xanthine oxidase systems (*in vitro*) [1].

(2) Anti-allergic actions

Administration of Keigairengyoto with feed to mice before and after the sensitization to DNFB-A/O inhibited the lymphocyte proliferative responses in lymph node cells to stimulation by DNFB antigen[2].

PACKAGING

Bottles of 500 g
2.5 g × 42 packets
2.5 g × 189 packets

REFERENCES

1)Akamatsu, H. et al. KAMPO IGAKU. 1994, 18(2), p.51.
2)Natsuaki, M. et al. J. Traditional Med. 1997, 14(4), p.388.

REQUEST FOR LITERATURE SHOULD BE MADE TO:

Consumer Information Services Center
Tsumura & Co.
2-17-11 Akasaka, Minato-ku, Tokyo 107-8521, Japan
TEL:0120-329970 FAX:03-5574-6610

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Tsumura & Co.
2-17-11 Akasaka, Minato-ku, Tokyo 107-8521, Japan