Revised: March 2013 (6th version)

Standard Commodity Classification No. of Japan 875200

- Kampo-preparation-

# TSUMURA Kakkontokasenkyushin'i Extract Granules for Ethical Use

<kakkontokasenkyushin'i>

	Storage		
Store in	light-resistant,	air-tight	con-
tainers.			

Approval No.	(61AM)1122
Date of listing in the NHI reimbursement price	October 1986
Date of initial marketing in Japan	October 1986

		Expir	ation	date		
1	c	.1			1.	

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

## DESCRIPTION

	7.5 g of TSUMURA	Kakkontokasenkyushin'i extract	
	granules contains 4.0 g of a dried extract of the fol-		
	lowing mixed crude drugs.		
	JP Pueraria Root	4.0 g	
	JP Jujube	3.0 g	
	JP Ephedra Herb 3.0 g		
	JP Glycyrrhiza 2.0 g		
Composition	JP Cinnamon Bark 2.0 g		
	JP Peony Root 2.0 g		
	JP Magnolia Flower 2.0 g		
	JP Cnidium Rhizome 2.0 g		
	JP Ginger 1.0 g		
	(JP: The Japanese Pharmacopoeia)		
	Inactive ingredients	JP Magnesium Stearate	
		JP Lactose Hydrate	
	Dosage form	Granules	
Description	Color	Light brown	
	Smell	Characteristic smell	
	Taste	Pungent	
	ID code	TSUMURA/2	

## INDICATIONS

TSUMURA Kakkontokasenkyushin'i Extract Granules (hereafter TJ-2) is indicated for the relief of the following symptoms:

Nasal obstruction, empyema, and chronic rhinitis

### 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-2 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 an extremely weak gastrointestinal tract [Anorexia, epigastric distress, nausea, vomiting, 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 TJ-2 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-2 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-2 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.

#### 3. Drug Interactions

Precautions for coadministration (TJ-2 should be administered with care when coadministered with the following drugs.)

Drugs	Signs, Symptoms,	Mechanism and	
	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		
(4) Thyroid preparations	product should be		
Thyroxine	administered with		
Liothyronine	care by measures		
(5) Catecholamine prepa-	such as reducing the		
rations	dosage.		
Adorenaline			
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 hypokale-	the renal tubules, an	
	mia.	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

TJ-2 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

 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, 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 TJ-2 in pregnant women has not been established. Therefore, TJ-2 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-2 in children has not been established. [Insufficient clinical data]

## 8. Other Precautions

Eczema, dermatitis, etc. may be aggravated.

## PACKAGING

Bottles of 500 g 2.5 g  $\times$  42 packets 2.5 g  $\times$  189 packets

## **REQUEST FOR LITERATURE SHOULD BE MADE TO:**

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

## Manufactured by:

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