Standard Commodity Classification No. of Japan 875200

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- Kampo-preparation-

TSUMURA Shigyakusan Extract Granules for Ethical Use

Storage	

Store in light-resistant, air-tight containers.

Approval No.	(61AM)1118
Date of listing in the NHI reimbursement price	October 1986
Date of initial marketing in Japan	October 1986

Expiration date

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

DESCRIPTION

Composition	7.5 g of TSUMURA (hereafter TJ-35) cor of the following mixe JP Bupleurum Root JP Peony Root	A Shigyakusan extract granules ntains 2.25 g of a dried extract ed crude drugs. 	
	JP Immature Orange JP Glycyrrhiza	2.0 g	
	(JP: The Japanese Pharmacopoeia)		
	Inactive ingredients	JP Magnesium Stearate JP Lactose Hydrate	
	Dosage form	Granules	
Description	Color	Light grayish-brown	
	Smell	Characteristic smell	
	Taste	Bitter	
	ID code	TSUMURA/35	

INDICATIONS

TJ-35 is indicated for the relief of the following symptoms of those patients with a comparatively strong constitution: Cholecystitis, cholelithiasis, gastritis, hyperacidity, gastric ulcer, nasal catarrh, bronchitis, nervousness, and hysteria

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-35 should be administered with care in the following patients.)

Patients with greatly declined constitution [Adverse reactions are likely to occur, and the symptoms may be aggravated.]

2. Important Precautions

- (1) When TJ-35 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-35 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-35 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-35 should be administered with care when coadministered with the following drugs.)

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IdosteronismSinceglycyrrhizinicacid has an accelerat- ing action on the po- tassium excretion at the renal tubules, an acceleration of de- crease in the serum potassium level has been suggested.

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4. Adverse Reactions

TJ-35 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) 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.

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-35 in pregnant women has not been established. Therefore, TJ-35 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-35 in children has not been established. [Insufficient clinical data]

PHARMACOLOGY

1. Antiulcer actions

- (1)Oral pretreatment with of Shigyakusan to rats prevented post-ischemia reperfusion-induced gastric mucosal injury, and then inhibited an increase of thiobarbituric acid-reactive substances (TBA-RS) level in the gastric mucosa¹.
- (2) Oral administration of Shigyakusan to rats with Compound 48/80-induced gastric mucosal lesion reduced the area of disordered mucosa in the glandular gastric region²⁾.

2. Inhibitory effects on hepatic/biliary injury

Oral administration of Shigyakusan inhibited the elevation of serum AST (GOT), ALT (GPT), LDH, and Al-P activities in rats with α -naphthylisothiocyanate (ANIT)-induced hepatic/biliary injury, and also inhibited increases of the serum levels of total bile acid, total cholesterol, lipid peroxide, T-Bil, and D-Bil³⁾.

3. Action mechanism

Shigyakusan shows pharmacological effects via the following actions: (1) Antiulcer actions

Oral administration of Shigyakusan inhibited an increase of lipid peroxide level, the elevation of myeloperoxidase activity, and the reduction of Se-containing glutathione peroxidase activity in the gastric mucosa of rats with Compound 48/80-induced gastric mucosal lesion²).

(2) Active oxygen-scavenging actions

The spin trapping method with an electron spin resonance (ESR) device showed oxygen-scavenging actions of Shigyakusan (*in vitro*)¹).

(3) Inhibitory effects on proton pump activity Shigyakusan inhibited the activity of H⁺, K⁺-ATPase purified from the pig gastric mucosa (*in vitro*)⁴).

PACKAGING

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

REFERENCES

- Yoshikawa, T. et al. J. Clin. Biochem. Nutr. 1991, 10, p.189.
- 2) Ohta, Y. et al. KAMPO IGAKU. 1995, 19(5), p.148.
- 3) Ohta, Y. et al. J. Traditional Med. 1997, 14(2), p.143.
- 4) Ono, K. et al. Prog. Med. 1995, 15(10), p.2188.

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