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Special Feature Article

Reconsideration from a Modern Psychiatric Viewpoint of the Kampo Medicine Practice of Kinkei NAKAGAMI (中神琴溪)

Akito HISANAGA

1 Hospital Bando

2 Research Department of Japanese Oriental (Kampo) Medicine, Akashi Clinic

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Abstract

Kampo medicine, which has been developed in Japan through Edo (江戸) Period from last part of the Muromachi (室町) Period from Chinese classics, is one of Japan's original traditional medicines. From a modern psychiatric viewpoint, there is little evidence of evaluation of psychiatric symptoms and treatment of psychiatric disorders based on the Kampo medicine system until modern times, and there are almost no concrete references about the methodologies of the psychotherapy. Therefore, Kinkei NAKAGAMI (中神琴溪, 1744-1835) is an expert medical doctor, whose achievement deserves attention, because he is probably the only doctor who has actively accepted treatment of psychiatric disturbance and explained psychiatric symptoms in detail on the basis of the Kampo medicine system from the early modern times to modern times.

He suggested optimal strategies for treatment and practiced highly individualized treatment, based on acute observation about the clinical condition. On the other hand, he respected adaptation to circumstances, avoided writing a textbook, and resisted holding fixed ideas and preconceived notions. However, we can learn about his medical practice from several textbooks, because his pupils were anxious that his methods might get buried in history and edited some textbooks to include medical practice methods.

In this article, I extract several concrete descriptions of his medical practice that seem to be significant from a psychiatric practice point of view, and try to apply his medical practice to modern psychiatry.

Keywords: Kinkei NAKAGAMI, Kampo, Edo Period, traditional medicine, psychiatric symptoms

Introduction

Kampo medicine is a traditional medicine unique to Japan that originated in the Chinese classics but has been nurtured independently in Japan from the late Muromachi (室町) Period through the Edo (江戸) Period (author's note: The Japan Society of Oriental Medicine interprets the term "Kampo" to include both decoction treatment using Kampo herbs and acupuncture and moxibustion treatment⁶⁾). In Kampo medicine up to the modern era, there has been little evidence of in-depth evaluation of psychiatric symptoms or treatment for mental disorders. Furthermore, despite the traditional emphasis on the concept of psychotherapy, there has been no specific reference to the nature of psychotherapy. Despite such a background, Kinkei NAKAGAMI (中神琴溪, 1744-1835) (author's note: some say he died in 1833) was probably the only physician in the history of Kampo medicine from early modern to modern times who actively sought treatment for

mental disorders and described mental symptoms in detail, and his achievements were marked. In this article, we extract some specific descriptions from the classics, in which his medical practice has been handed down, that may be significant from the viewpoint of modern psychiatry, and explore their possible application to modern psychiatry.

I. Biography of Kinkei NAKAGAMI¹⁾⁸⁾

Kinkei NAKAGAMI was born in 1744 in Minamiyamada Village, Kurita County, Omi Province (present-day Minamiyamada-cho, Kusatsu City, Shiga Prefecture). According to a common belief, he was born into a farming family and entered the NAKAGAMI family of doctors in Otsu, but there is also a theory that he was born as the second son of Sainenji (西念寺), a Buddhist temple of the Jodo Shin sect of Buddhism in the same area. He became a pupil of Todo YOSHIMASU (吉益東洞, 1702-1773) in the latter years of his life, and after practicing in Otsu,

moved to Sakai-machi Shijo, Kyoto in 1791. Although he was a late-blooming physician, Kinkei NAKAGAMI's clinic was very prosperous. After that, he went to Edo (Tokyo) and traveled around Japan before retiring. Although Kinkei NAKAGAMI was a doctor of Kampo medicine, he also used mercury to treat syphilis, and performed autopsies on convicts, which suggests that he also followed Dutch medicine.

Next, I will describe the characteristics of Kinkei NAKAGAMI's medical practice. He practiced highly individualized medical care by proposing the best treatment strategy based on his outstanding observation of a patient's condition, and by placing importance on "flexible and adaptive" medicine. He thoroughly dispelled uniform thinking, stereotypes, and preconceptions, and even disliked writing textbooks, so he himself did not write any. However, his disciples, hoping that his medical practice would not be lost in history, later compiled a book describing his medical treatments, and so we can examine his treatments through those writings. Kinkei NAKAGAMI provided consultation for patients with intractable diseases and conditions to be actively involved in the treatment of intractable and rare diseases. Therefore, it is possible that there was a bias in the patients he treated, and that his patient population

was different from that of patients in general clinics in those days (around 1800). Reflecting the era, there were many patients with infectious diseases such as syphilis, pulmonary tuberculosis, smallpox, leprosy, ascariasis, and taeniasis, and it is possible that many of the patients with mental symptoms had organic or symptomatic mental disorders. In those days, there was a strong public sentiment to rely on blessings and prayers, but Kinkei NAKAGAMI taught patients and their families the necessity of understanding and treating the disease as a disease. His treatment measures included extensive use of deleterious emetics, as well as acupuncture, moxibustion, bloodletting (刺絡), and the water method [灌法 (水法)].

II. Water Method

Kinkei NAKAGAMI used the water method, a treatment in which cold water is poured over the body. The "*Seiseidoushoukan'yakugen* (生生堂傷寒約言)" also mentions that the water method was widespread in the time of Zhang Zhongjing (張仲景), who is considered to be the author of the "*Shanghanlun* (傷寒論)" (ancient China about 2,000 years ago).⁵⁾ The "*Seiseidoudan* (生生堂医譚)" states: "The practice of the water method is not limited to madness, but is applied to

various diseases."³⁾ This suggests that the use of the water method was widespread. The "*Seiseidouidan*" also describes several cases in which the water method was actually used. The following is a translation of one of these cases³⁾ (Figure 1 shows the original).

[Idiomatic translation]

A man named Risuke Kiya of the town of Tsuchihashi, Otsu, was running around mad, saying things nobody could understand. He was given medicine and prayed for, but he did not get better. He had been constipated for 20 days. He recovered after treatment with the water method using san'oto (三黄湯) and kinsekigan (金石丸) (author's note: san'oto refers to san'oshashinto (三黄瀉心湯), while "kinsekigan" is a homemade preparation created by Kinkei NAKAGAMI, and details of the constituent crude drugs are unknown).

III. Case of Marked Efficacy of Kanzoshashonto (甘草瀉心湯) for Sleepwalking

In the following section, we will delve into the classic "*Seiseidouchiken* (生生堂治驗)," in which Kinkei NAKAGAMI's clinical practice is described, from the perspective of modern medicine. This case is very famous even among Kampo physicians of our time. The following is a translation of the description⁴⁾ (Figure 2 shows the original).

[Idiomatic translation]

A man from Otsu, Omi Province came to me for advice about his daughter. His daughter, who was engaged to be married at the age of 16 (author's note: this is the age notation of the time, so it is thought to be a "counted age"), had a strange disease. Every night when she fell asleep, she would get up and begin to dance. It was a very beautiful dance, and the tune was different every night. In the morning, she would get up normally. She was not aware of her illness, and when we told her about it, she was only suspicious. It was as if she was possessed by a demon, fox, or raccoon. I prayed for her, but she did not get better. The doctor said it was a "fox-creeper disorder (狐惑病)". After a house call, he decided that this was indeed the case, and prescribed kanzoshashinto. A few days later, her dancing at night disappeared completely, and she was able to marry and have a child.

The "fox-creeper disorder" has unusual pathologies which are described in "*Part 3 Pattern Identification and Treatment of Lily disorder, Fox-creeper disorder and Yin and yang toxin* (百合狐惑陰陽毒病脈証弁治第三)" of "*Jinguiyaolue* (金匱要略)" as follows: In the fox-creeper disorder (狐惑病), the condition resembles a febrile illness, and even if one tries to sleep quietly, one cannot close one's eyes and cannot sleep. If an

ulcer develops in the throat, the disease is called "惑"; if an ulcer develops in the pubic region, the disease is called "狐." Patients have no appetite and cannot tolerate the smell of food. The face and eyes change color rapidly from red to black to white. If the throat burns, the voice becomes hoarse. Kanzoshashinto is effective for this illness."⁷⁾ The treatment for this condition was, as stated in the preceding sentence, nothing other than kanzoshashinto. At that time, conditions such as this case were generally regarded as psychic phenomena and the therapy was blessings and prayers, not medical treatment. However, Kinkei NAKAGAMI considered it to be a disease and cured it with Kampo medicine treatment. Kinkei NAKAGAMI's medical treatment transcended the common sense of the people of the time, and this case study shows that Kinkei NAKAGAMI had a deep understanding of classical descriptions and provided medical treatment based on a firm medical perspective.

Next, I will describe the modern medical interpretation of this case. The episodes started every night after the patient fell asleep, and they began during the first half of sleep. The episodes ended spontaneously before morning. They consisted of long-lasting, consistent movements in the form of

dances, and the emotional state during the episodes was stable. The music of the dance changed every night, and the seizures were not repetitive, as they are in epileptic seizures. The patient was completely unaware of the seizures. Therefore, this case would be considered to be a sleep-wake transition disorder, and based on the characteristics of the patient's condition, it would be diagnosed as sleepwalking, which is a type of non-REM sleep parasomnia. In the treatment, administration of kanzoshashinto, which was given according to the pattern, in other words, the Kampo medical diagnosis of "sho (証)," was highly effective.

There are no other examples of old Kampo medicine texts in which mental symptoms are described in detail, as in this case, other than the clinical trials of Kinkei NAKAGAMI. Based on this case, kanzoshashinto has been applied in modern clinical practice.²⁾ However, when citing this case, Motoyama describes the time the dance begins as "every night at the time between the hour of the dragon and the hour of the snake,"²⁾ but "the time between the hour of the dragon and the hour of the snake" refers to around 8-10 a.m., so the argument breaks down, and it seems to be an error in interpretation. Furthermore, since the definition of "fox-creeper disorder" is not clear, it is considered to be a broad syndrome that

includes diseases other than parasomnias.

IV. Cases of Epilepsy

The following is a translation of the case description⁴⁾ (Figure 3 shows the original) from "*Seiseidouchiken*."

[Idiomatic translation]

A female, suffering from epilepsy since childhood, would lose consciousness and collapse when standing up, and then recover after a while. She had these seizures once or twice every day for over 30 years. She received treatments from various doctors, but they were ineffective. When the doctor made a house call, her pulse was rapid, she had a feeling of fullness in the epigastrium (心下硬満), and had palpitations under the breast (乳下悸動) (author's note: "palpitations under the breast" are considered to be a type of abdominal palpitations [腹部動悸]).

The patient stated that she was dizzy, could not sleep well, and had not eaten well for a long time. She looked so sad and pitiful that the doctor consoled her and said she could be cured, and when he administered saikokaryukotsuboreito (柴胡加竜骨牡蛎湯), she took it believing the doctor's words and subsequently became very healthy.

Furthermore, when she was given kateisan (瓜蒂散), she vomited a large

amount of foul-smelling sticky mucus. For a while, the seizures occurred about once every 5 or 6 days, but after using the emetic 16 times, she was completely cured after a year. Until then, she would have a seizure if she heard thunder, but became unperturbed even when thunder roared. The patient never forgot her gratitude to the doctor for his life-saving treatment.

Due to a lack of information, it is unclear whether this case was actually epilepsy. From a modern medical perspective, it could be considered fainting. The seizures were not triggered by lightning flashes, but rather by the sound of thunder. saikokaryukotsuboreito, which was administered according to the Kampo medical diagnosis, was highly effective for treating the depressive symptoms. Furthermore, the patient was detoxified using kateisan which is one of the emetics to achieve a complete cure. However, kateisan is no longer used today because it is difficult to secure the raw herbal medicine, and the risk of inducing vomiting is high. In addition, this case also suggests the importance of the patient-doctor relationship.

V. Case Reminiscent of Dissociative Seizures

The following is a translation of the case description⁴⁾ (Figure 4 shows the original) from "*Seiseidouchiken*."

[Idiomatic translation]

A woman in her 50s. When she became angry, she felt as if there was something in her lower abdomen, and this upset her so much that she lost consciousness and collapsed, clenching her teeth so hard that she could not open her mouth. This condition resolved naturally after about an hour. This kind of episode occurred once or twice a month. When the doctor visited her home to examine her, she was experiencing palpitations in her chest and abdomen. After being administered saikokaryukotsuboreito, she recovered within a few dozen days.

This was a case of a woman in her 50s who had symptoms suggestive of a dissociative seizure. She had qi uprising (上衝), similar to "heart failure from beriberi (脚気衝心)" or "severe qi ascending counterflow (奔豚)," and she lost consciousness. During the hour or so that she was unconscious, she clenched her teeth. As abdominal distension was observed, saikokaryukotsuboreito was prescribed according to the Kampo diagnosis, and the patient was cured after several dozen days.

VI. Case of Febrile Delirium due to Mistreatment

The following is a translation of the case description⁴⁾ (Figure 4 shows the original) from "*Seiseidouchiken*."

[Idiomatic translation]

A male. He had diarrhea caused by combination disease (合病) of early yang (太陽) and middle yang (陽明) stage pattern (author's note: "combination disease of early yang and middle yang stage pattern" refers to a condition in which the body is unable to sweat despite having a fever, and the water that has nowhere to go overflows into the lumen of the digestive tract, causing diarrhea that will not stop). After receiving a prescription to induce sweating (author's note: probably intended for kakkonto (葛根湯), which is usually applied to the combination disease of early yang and middle yang stage pattern), he could not stop sweating. After seven or eight days, his extremities were cold, but during the day they were redder than usual. He seemed to be saying things that were self-condemnatory, talking about heaven and gods in a trance, and it did not seem like he was saying what he really thought. The doctor who made a house call diagnosed him with heart deficiency (心虚) and prescribed shimbuto (真武湯), but that night his hearing became impaired, his tongue stiffened, and his condition worsened.

When the doctor made another house call, he found that the patient's pulse was slow and weak, his tongue was covered in black fur, and he had dried

stools in his abdomen. After he took daijokito (大承氣湯), his diarrhea stopped before he had finished the first dose, he grabbed at the air, mumbling incoherently, and his limbs felt very hot. He was given three more doses of daijokito, but the same symptoms persisted from the hour of the boar (author's note: around 10 p.m.) until the hour of the rabbit (author's note: around 6 a.m.). After giving him some fresh lotus root juice and having him take more than ten doses of daijokito, he excreted dry stools and black mucus, began to sweat profusely, and fell asleep peacefully. After that, he recovered after about ten days, but he still had a feeling of fullness in the chest and loss of appetite, so he was given shosaikoto (小柴胡湯) for about 30 days and recovered.

This was a probable case of the middle yang stage pattern, a condition in which heat builds up throughout the body due to incorrect treatment. The mental symptoms are suspected to involve febrile delirium. When daijokito was administered, a strange reaction known as paradoxical healing response (瞑眩) developed, which is considered to be a healing crisis. After taking daijokito and having a bowel movement, he sweated profusely and then felt calm. The residual symptoms were treated with shosaikoto [in Kampo medicine, this kind of additional treatment to clean up the mess is called "final

adjustment (調理)"]. Furthermore, although we interpreted the above as being febrile delirium due to the importance placed on heat pathogen (熱邪), there was not enough information to firmly confirm it as a modern psychiatric diagnosis, and it is also possible that it was the course of acute psychosis in the schizophrenia spectrum, making it difficult to confirm it as a modern psychiatric diagnosis.

VII. Cases of Delirium Triggered by Infectious Diseases

The following is a translation of the description of a case⁴⁾ (Figure 5 shows the original) from "*Seiseidouchiken*."

[Idiomatic translation]

A man over 30 years old. He was imprisoned for a long time on a false charge, but was released following a pardon. He had become so thin that he had trouble finding clothes to wear, and he had shut himself away and avoided seeing other people. One day, he developed cold damage (傷寒), and he had chills, slight coldness of the extremities, and was seen talking to himself. When the doctor made a house call, he showed resistance and sharp tenderness in the left iliac region (小腹急結) and frequent urination, so he was diagnosed with "heat pathogen fructification in the bladder (熱結膀胱)" and prescribed 6 doses of tokakujokito

(桃核承氣湯). That night, he had a marked nosebleed and also bloody diarrhea. After that, he fully recovered and his anger was resolved.

He contracted cold damage (some infectious disease), went through the early yang stage pattern (the initial stage of a cold), and then became aggravated without recovering, leading to such condition as the accumulation of heat pathogen in the lower energizer (下焦), i.e. the lower abdomen, which suggests heat pathogen fructification in the bladder. This led to a condition similar to delirium. He had resistance and sharp tenderness in the left iliac region, and was considered to be a candidate for the prescription of tokakujokito, which he was administered according to the symptoms, and was curative. Not only the delirium, but also the restlessness and agitation that had been present even before the onset of the infection, disappeared. In this case, psychotic symptoms such as conversational auditory hallucinations appeared during the course of cold damage, so it was tentatively diagnosed as delirium, but it is also possible that it was schizophrenia in which psychotic symptoms became apparent as a result of contracting an infectious disease. The details of the patient's reclusive state before contracting cold damage are unknown. Therefore, it is difficult to

determine, but it is necessary to consider the possibility that there may have been a pre-existing underlying condition presenting as a state of nervous exhaustion or prodromal state of schizophrenia, separate from the delirium.

VIII. Case of a Traveler with Acute Delirium

The following is a translation of the description of a case⁴⁾ (Figure 6 shows the original) from "*Seiseidouchiken*."

[Idiomatic translation]

South of Takoyakushi in Sakai-machi, Seibei Omiya sent a messenger to request a house call, saying that a traveler had suddenly fallen ill. When the doctor went to see him, he found a man of about 40 years old with rapid breathing and a weak voice coming from his throat. His extremities had turned cold, his eyes were unmoving, and his gaze was vacant, resembling a flag flapping in the wind. When he first became ill, he ran around the room, shouting and yelling at no one, and when the manager tried to restrain him, he bit him, so there was nothing that could be done. The doctor cut the acupuncture point of the Quchi (author's note: Quchi [曲池] LI 11 is a meridian point in the cubital fossa) with a sword, but there was no bleeding. Even when he pricked the acupuncture

point of the Gaohuang (author's note: Gaohuang [膏肓] BL 43 is a meridian point on the back), there was only a little bleeding. When he pricked his lips, black blood gushed out, and he finally calmed down. When he examined the pulse, it was indescribably scattered. The doctor said it was an acute exacerbation of “the disorder of sa (痧病)” [author's note: '痧病' can also refer to cholera, but here it seems to refer to a certain chronic pattern of static blood (痧血) rather than cholera], and prescribed three doses of tokakujokito. After a few days, we received news that the patient had departed safely.

The patient was in an acute state of confusion, with symptoms reminiscent of acute and transient psychotic disorders. A treatment involving bloodletting was also performed.

It is likely that an abdominal examination could not have been performed due to the patient's extreme agitation. tokakujokito was administered based on the patient's condition, and it was effective.

Conclusion

I have examined ancient documents that vividly record the clinical practice of Kinkei NAKAGAMI and added my interpretation from the viewpoint of modern psychiatry. The following points, which are relevant to modern psychiatry,

were suggested from the actual medical practice of Kinkei NAKAGAMI and his clinical behavior.

1. Importance of Accurately Identifying and Recording Mental Symptoms

Kinkei NAKAGAMI not only examined general Kampo medical findings (such as the pulse pattern, tongue pattern, and abdominal findings), but also examined mental symptoms in detail, and as a result, specific case records have been passed down to the present day, as mentioned above, spanning centuries. Although there are limitations in terms of diagnosis when interpreting them from a modern medical perspective, there are many interesting and significant clinical experiences described here that are also very meaningful from the perspective of modern people, and it is here that we are reminded once again that there is much to be learned from Kinkei NAKAGAMI's medical practice. In addition, the importance of leaving detailed clinical records for future generations was also recognized.

2. Practice of Individualized Medical Care

Case VII showed strong internal restlessness but not an excited psychomotor state, while case VIII presented with acute confusion and severe psychomotor agitation, making it

difficult to even examine the patient. These two cases had very different symptoms, but they were both treated with the same medicine, tokakujokito. Furthermore, in case VIII, tokakujokito was selected after it was determined that the cause was the pattern of static blood, without performing abdominal diagnosis, which is essential when determining the treatment formula. On the other hand, in case VI, which was not as severe as case VIII but was similarly unsettled and had many similarities in terms of pathology, daijokito was selected instead of tokakujokito. Furthermore, the water method was used in case II, emetics were used in case IV, and in case VIII, bloodletting was applied in combination. It is difficult to apply the right treatment to the right condition if you cannot instantly read the apparent condition of the disease as well as the mechanism that caused the condition. As such, it can be noted that Kinkei NAKAGAMI was not simply prescribing medication in a flow-line fashion based on the pattern, but was carefully considering the pathogenesis of each individual case and devising the best treatment plan for each situation.

3. Importance of Developing a Keen Eye for the Pathology

Even for a skilled modern doctor of Kampo medicine, it is extremely

difficult to administer the strong medicine daijokito and continue to do so patiently and calmly until it takes effect, while observing the patient in the midst of a violent illness and chaotic situation, as in the case of the patient in VI who presented with an agitated state. It takes marked skill to be able to carry out treatment with such conviction when the medicine you administered does not have an immediate effect. If the patient's condition is not being accurately observed, then the doctor will probably become uncertain and give up halfway through the treatment. It is considered that Kinkei NAKAGAMI's ability to observe the condition of his patients was exceptionally keen. In particular, the course of treatment suggests the importance of accumulating experience to cultivate such skills of observation.

4. Planning Treatment Strategies Based on Accurate Understanding of the Pathophysiology

As mentioned in Case III, Kinkei NAKAGAMI did not blindly memorize the descriptions in the classics, but rather had a solid, practical understanding of the symptoms and their origins that determine the pattern of Kampo medicine described in the classics, backed up by experience. He was able to propose treatment strategies that were appropriate for

each patient's condition, and ultimately do so in a convincing and individualized manner.

5. Importance of Informed Consent for Treatment

In the case of III in particular, it is considered that the patient took the Kampo medicine properly because it was explained to her that the cause was not possession by an animal spirit but an illness, and so prayer would not work but drug therapy would be possible, and the symptoms disappeared within a few days. In this way, the context suggests that informed consent was obtained and treatment proceeded smoothly.

These five items undoubtedly highlight the basic skills required of a modern psychiatrist, regardless of the era. In addition, from the perspective of Kampo medicine, we should also focus on the importance of being able to confidently administer strong medicines such as purgatives without hesitation. Shuzo KURE (呉秀三) compiled the works of Todo YOSHIMASU and learned a great deal from them, but there are also things that we should learn anew from Kinkei NAKAGAMI, a disciple of Todo YOSHIMASU. In particular, as a specialist in both Kampo medicine and psychiatry, I cannot help but marvel at the marked effects that were achieved in the days before psychotropic drugs by

being able to use basic Kampo formulas (such as saikokaryukotsuboreito, daijokito, and tokakujokito) that are still used in modern medicine, in the right place at the right time, according to the Kampo medical diagnosis.

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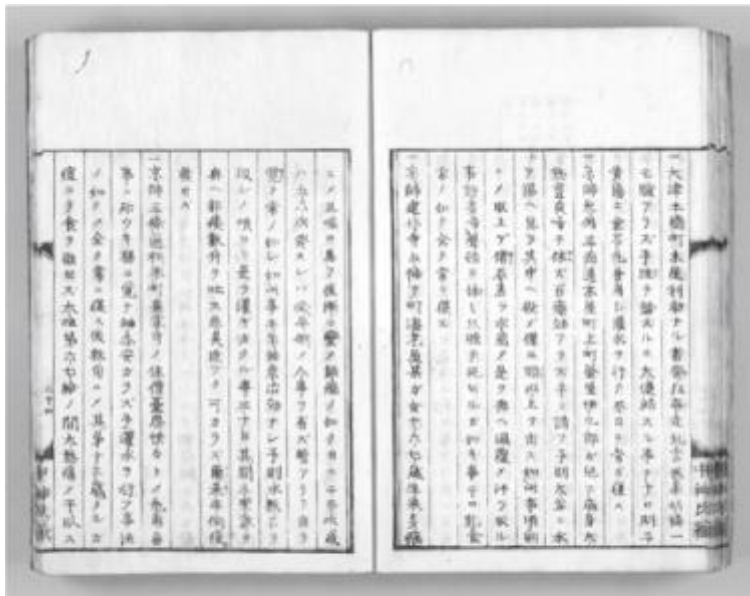


図1 灌法が用いられた症例の原典

『生生堂医譚』より、右頁冒頭の3行が本症例の記述。
(文献3より引用)

Figure 1: Original Source of Cases in Which the Water Method was Used.

From "Seiseidouidan," the first three lines on the right page describe this case
(Quoted from Reference 3).

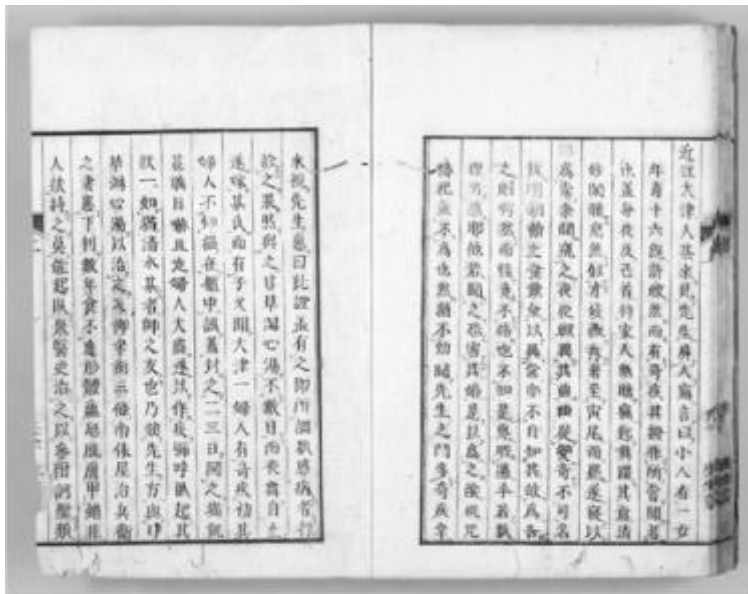


図2 睡眠時遊行症に対して甘草瀉心湯が著効した症例の原典

『生生堂治験』巻之上より、右頁冒頭「近江大津人」から左頁3行目「遂嫁某氏而有子」までが本症例の記述。
(文献4より引用)

Figure 2: Original Report of a Case in Which Kanzoshashinto was Used to Treat Sleepwalking.

The description of this case is from "Seiseidouchiken," Vol. 1, from the first line of the right page "近江大津人" to the third line of the left page "遂嫁某氏而有子" (Quoted from Reference 4).

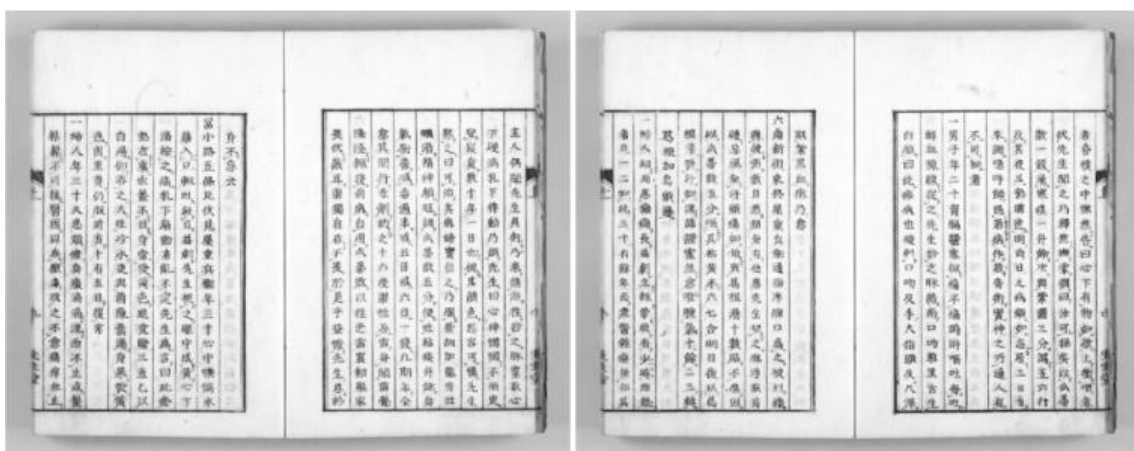


図3 「癲癇」の症例の原典

『生生堂治験』巻之上より、右図左頁8行目「一婦人」から左図に続き、左図左頁1行目までが本症例の記述。(文献4より引用)

Figure 3: Original Source of the Epilepsy Case.

The description of this case is from "*Seiseidouchiken*," Vol. 1, from "一婦人" on the 8th line of the left page of the right figure to the 1st line of the left page of the left figure (Quoted from Reference 4).

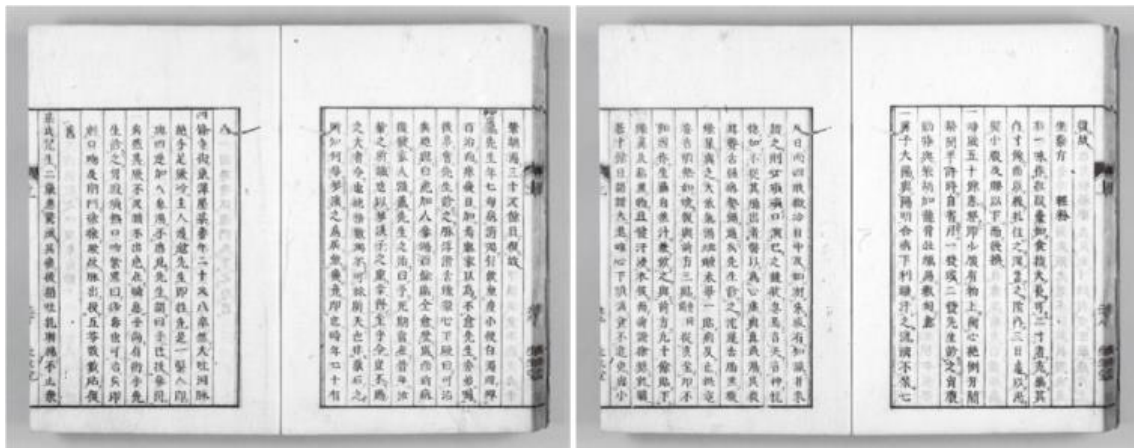


図4 解離性発作を思わせる症例と誤治のために熱性せん妄を生じたと思われる症例の原典

『生生堂治験』巻之上より、右図右頁6行目「一婦」から8行目までが、解離性発作を思わせる症例の記述、右図右頁最終行「一男子」から左図右頁1行目までが、誤治のために熱性せん妄を生じたと思われる症例の記述。(文献4より引用)

Figure 4: Original Source of the Case of a Dissociative Seizure and a Case of Febrile Delirium Caused by Misdiagnosis.

From "*Seiseidouchiken*," Vol. 1, No. 1. The description of the case that seems to be a dissociative seizure is from line 6 "一婦" to line 8 on the right page of the figure on the right. From the last line of the right page of the right Figure b, from "一男子" to the first line of the right page of the left figure, the description is of a case that seems to have caused febrile delirium due to misdiagnosis (Quoted from Reference 4).

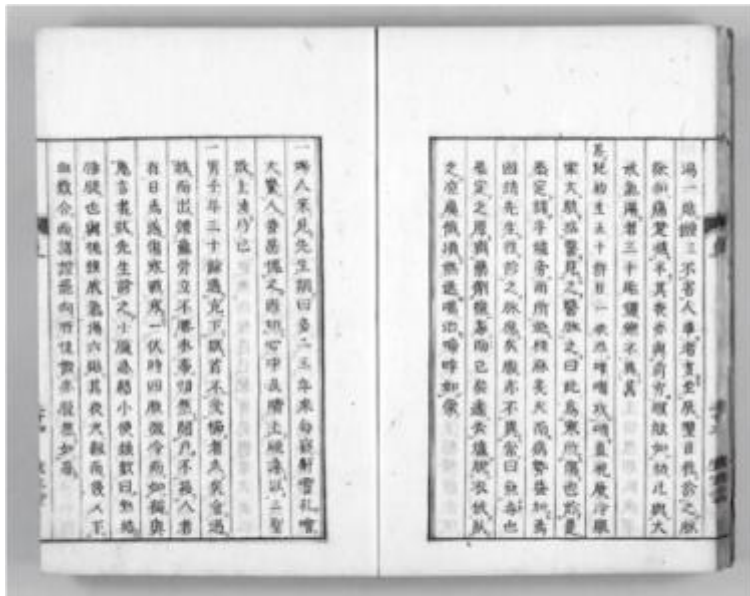


図5 感染症を契機としてせん妄をきたした症例の原典

『生生堂治験』巻之上より、左頁4行目「一男子」から同頁最終行までが本症例の記述。(文献4より引用)

Figure 5: Original Case of Delirium Caused by an Infectious Disease.

From "Seiseidouchiken," Vol. 1, the description of this case is from the fourth line of the left page "一男子" to the last line of the same page (Quoted from Reference 4).

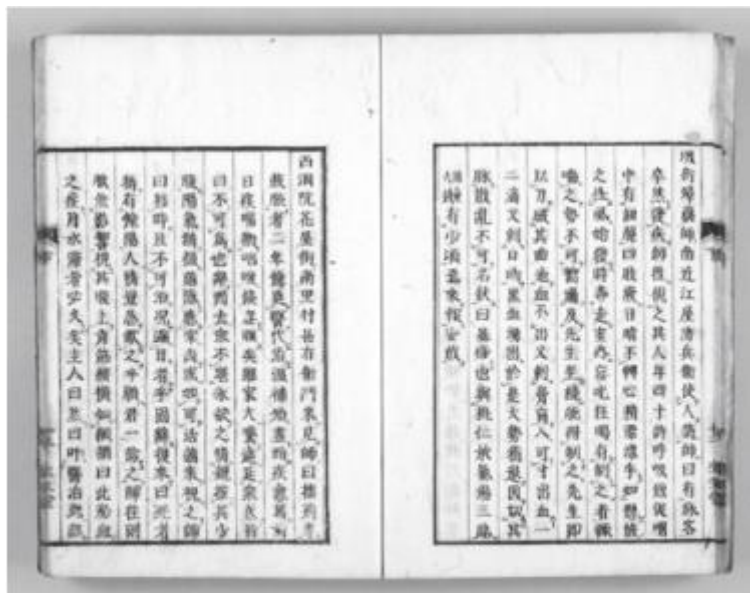


図6 急性錯乱状態を呈した旅人の症例の原典

『生生堂治験』巻之下より、右頁の全文が本症例の記述。(文献4より引用)

Figure 6: Original Case of a Traveler with Acute Confusion.

From "*Seiseidouchiken*," Vol. 2, the entire text on the right page is the description of this case (Quoted from Reference 4).