

臨 床 経 験

排膿散及湯で改善した顔面の移動性難治性潰瘍による 下顎部痛の1症例

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要旨：排膿散及湯は発赤腫脹して痛みを伴う化膿症に使用される漢方薬である。今回、顔面の膿を伴う移動性難治性潰瘍による下顎部痛に対して、排膿散及湯が有効であった症例を経験したので報告する。患者は68歳、女性。6年前、左顔面下顎部に母指頭大の膿を伴う潰瘍が出現した。皮膚科での皮膚保護と抗生物質投与で治療されたが、再発を繰り返していた。NSAIDsの内服でも痛みがあまり軽減せず、当科紹介受診となった。加味逍遙散、当帰芍薬散、温清飲、白虎加人参湯、消風散を順に投与したが、潰瘍と痛みはあまり軽減しなかった。7ヵ月後、排膿散及湯7.5g、分3/日を開始したところ潰瘍は縮小し始めた。1年10ヵ月後、潰瘍は完全に上皮化し、痛みもほぼ消失した。本症例では、潰瘍による不快感に対し患者自身の指での刺激が移動性潰瘍を引き起こしていたと考えられた。また、排膿散及湯の抗炎症作用と抗菌作用で潰瘍と膿が改善し、痛みの軽減に繋がったと推測された。

索引用語：排膿散及湯、移動性難治性潰瘍、膿

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Successful treatment with hainosankyuto for a patient with lower jerk pain associated with facial migratory intractable ulcer

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Abstract: Hainosankyuto is known to be effective for pyosis accompanied with flare, swelling and pain. We report a successful treatment with hainosankyuto for lower jerk pain associated with facial migratory intractable pyogenic ulcer. Six years ago, a sixty eight-year-old woman developed a thumb-head-size pyogenic ulcer in her left lower jerk. She was treated with skin protection and antibiotics by dermatologists, but her ulcer had recurred repeatedly at different places. She was referred to our clinic because NSAIDs were not effective. Kamishoyosan, tokishakuyakusan, unseiin, byakkokaninjinto and shofusan were administered in turn, any of which, however, did not improve her ulcer or pain. Seven months later, Hainosankyuto at a dose of 2.5 g 3 times a day was administered, and then ulcer started diminishing. One year and ten months later, her ulcer epithelized completely and her pain improved. It seems likely that self-stimulation by her fingers for discomfort induced by ulcer caused ambulatory recurring ulcer, and that anti-inflammatory and antibacterial action by hainosankyuto improved her ulcer and pyosis, which resulting in pain relief.

Key words: hainosankyuto, ambulatory intractable ulcer, pyosis

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