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Evidence-based Oriental Medicine for Professional Only

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## Honso<sup>®</sup> SHO-SAIKO-TO (h09)

*(The Only Standardized Japanese Herbal Remedy for Liver Health)*

**Clinical proven, US trials underway, used by millions**

### CLINICAL SUMMARY

For all published research on Sho-saiko-to on PubMed, [click here...](#)

Sho-saiko-to (or [Liver Kampo](#), Honso's [consumer product](#)) or "Xiao Chai Hu Tang" is a classic Chinese botanical formulation widely known by its Japanese name.

### MAY HELP

- To improve liver function\*
- To increase immune against harmful damages on the body\*
- To enhance digestive health\*



### CONSTITUENTS

Sho-saiko-to is a mixture of seven botanicals:

- Bupleurum root (Chai hu)
- Pinellia tuber (Ban xia)
- Scutellaria root (Huang qin)
- Ginseng (Ren shen)
- Jujube (Da zao)
- Licorice (Gan cao)
- Ginger (Sheng jiang)

[How to Order](#)

A number of pharmacologically active components have been isolated including:

- Baicalin
- Baicalein
- Glycyrrhizin
- Saikosaponins
- Ginsenosides
- Wogonin



- Gingerols

How to Order

The standardization specification (HPLC assay) by Honso Pharmaceutical Co., Ltd.:(4)

- Glycyrrhizin: 24.7-46.0 mg/day
- Baicalin: 110.6-205.6 mg/day
- Saikosaponin: 6.5-19.7 mg/day

## CURRENT CLINICAL TRIAL IN THE US

New York Trail: "Sho-saiko-to for patients with chronic hepatitis C who are intolerant to or have contraindication to Interferon-based therapy: a phase II study" ([Protocol 02-073](#)).

San Diego Trial: "Safety and Tolerability of Sho-saiko-to ("SST") in Patients with Compensated Cirrhosis due to Chronic HCV Infection, A Phase II Trial" ([Project: 031532](#))

## PHARMACOKINETICS

Due to the complexity of this formula, only limited data is available. One study indicates that the serum concentration of glycyrrhizin after a normal daily dose is 1.2 mcg/ml.

## WARNINGS

Sho-saiko-to may cause interstitial pneumonitis, a potentially fatal condition. Concurrent use of interferon may increase this risk.

## CONTRAINDICATIONS

Women who are nursing or pregnant and patients currently undergoing interferon treatment should not take Sho-saiko-to.

## ADVERSE REACTIONS

Sho-saiko-to related pneumonitis has been reported in 74 patients (approximately 1 in 20,000).

## DRUG INTERACTIONS

**Anticoagulants / Antiplatelets:** Theoretically, SST may cause additive effects when administered concurrently.

**Interferon:** Concurrent use may increase the risk of interstitial pneumonitis.

**Monoamine oxidase inhibitors (MAOIs):** Some ingredients, such as ginseng and licorice, may potentiate activity of MAOIs.

## LITERATURE SUMMARY AND CRITIQUE

**Oka H, et al. Prospective study of chemoprevention of hepatocellular carcinoma with Sho-saiko-to (TJ-9). *Cancer* 1995;76:743-9.**

Two hundred and sixty patients with cirrhosis were randomized using age, sex, hepatitis B antigen status and liver function strata to treatment with Sho-saiko-to or control. Patients were followed for 5 years with bimonthly alpha-fetoprotein measurement and quarterly ultrasonography. Hepatocellular carcinoma diagnoses were confirmed by angiography, computed tomography and, where indicated, biopsy. Sho-saiko-to led to a one-third reduction in the incidence of hepatocellular carcinoma (23% vs 34%) and a 40% reduction in death (24% vs 40%). Analysis of this data suggests that Sho-saiko-to has multifactorial action, both reducing the incidence of hepatocellular carcinoma and acting as a hepatoprotective agent.

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**\*The information provided here is for healthcare professional practitioners only. This product is a "traditional Asian medicine" formula. These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure or prevent any disease.**

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