

うがいで風邪は 予防できるか



The Great Cold Investigators-I
川村 孝

うがいはいつごろから？

- ◆ 日本では風邪の予防法としてうがいが当たり前のよ
うに推奨されている
 - ◆ 『中外抄』(平安後期)や『水鏡』(鎌倉初期)に登場
(同志社大学・吉海教授)
 - ◆ 『下学集』(1444)に「鶉飼嗽也(うがいくちすすくなり)」
 - ◆ 『早雲寺殿廿一箇条』(北条早雲の家訓)「水はありものなれば
とて、ただうがい捨てるべからず」



日本独自の習慣

- ◆ 欧米でも中国・韓国でも行われていない
- ◆ うがい教育に驚きの記事

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YES to various needs

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Thursday, June 5, 2003


MATTER OF COURSE
PREVENTION IN A TEAPOT?

National hygiene begins in the classroom

By ALICE GORDENKER

I always like to hear from readers, but it's especially nice when they provide ideas for my column. Several wrote in recently about severe acute respiratory syndrome.

"I saw a piece on the news about Japan hoping it can avoid SARS because its citizens have such high standards of cleanliness," one reader in the U.S. wrote. "They said it's because personal hygiene is emphasized in Japanese schools. True?"



It's true, and I've wanted to write about hygiene education ever since I saw the health handouts my kids bring home from school. These handouts urge students to go to bed early, exercise regularly and wash their hands frequently. They also urge kids to gargle as soon as they get home.

Gargle? That struck me as just plain silly, although I know many Japanese believe gargling prevents colds. But in light of SARS, I figured it's time to stop giggling about gargling and take a serious look at how hygiene is taught in Japanese schools.

1918年には西洋でも推奨

THE LANCET,]

OUR PRESENT KNOWLEDGE OF EPIDEMIC CATARRH.

[Oct. 26, 1918] 559

THE LANCET.

LONDON: SATURDAY, OCTOBER 26, 1918.

Our Present Knowledge of Epidemic Catarrh.

EPIDEMIC catarrh has once again become pandemic in character. Reports are being daily received of

measures. The wet cleansing of all infected places is important. Indiscriminate spitting is dangerous, and prolonged mental strain or over-fatigue, and still more alcoholism, are all conditions which predispose to attack. **As a prophylactic measure gargling the throat with a solution of 1 in 5000 permanganate of potassium in water containing 0·8 per cent. of common salt night and morning is useful.** It is pointed out that sanitary authorities have power, with the Local Government Board's sanction, to provide nursing assistance for those who are unable to obtain it for themselves. The

lesions occurring in the lung. It should be noted, however, that the Pfeiffer bacillus is occasionally discovered in bronchial secretions when there is no suspicion of influenza; but, on the other hand, the bacillus has not been found, or has only been discovered in a very small minority of the total cases, in a considerable number of outbreaks indistinguishable clinically from influenza. The Memorandum itself does not state whether this is the case in the present epidemic, but information from several sources suggests that Pfeiffer's bacillus has been found. Failure to isolate the

過マンガン酸カリ
+ 食塩

other... diction. This may see... ge than it really is. The... with the phrase that the jury is the palladium of liberty, and interested mainly, as far as civil cases are concerned, in those of the more sensational kind, does not realise how much the jury has been dispensed with. In the... cery and Admiralty there is never... d in a great number of important commercial causes, as well as in the majority of divorce cases and of trials in the county court, there is none either; and though

1日2回

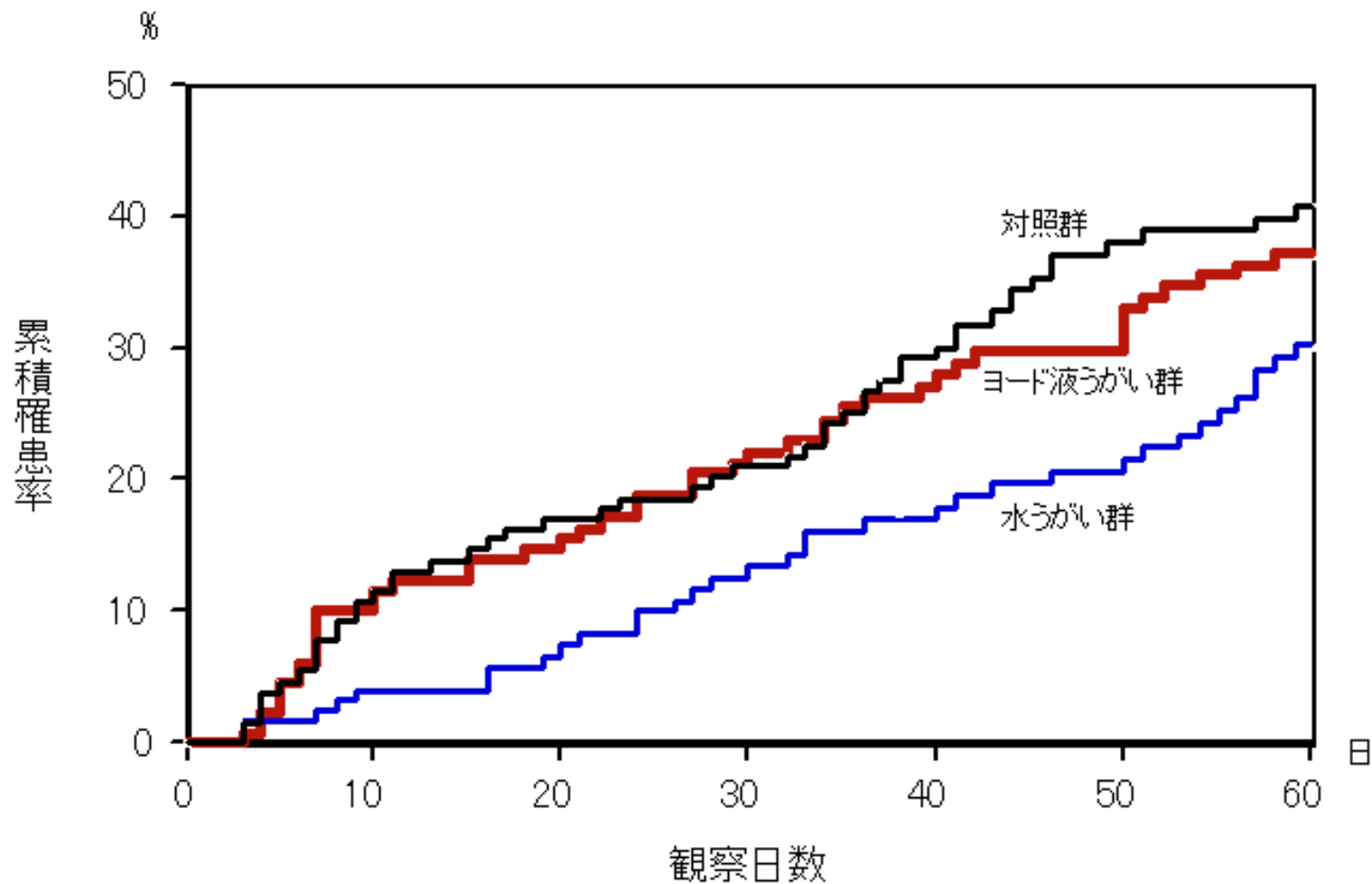
エビデンスがない

- ◆ うがいの風邪予防効果は実証されていない
- ◆ ならば、自分で検証しよう
- ◆ うがいの風邪予防効果を調べる“世界初のランダム化対照試験(RCT)”を実施

研究の特徴

- ◆ 400名近い対象者をランダムに3群に割付け
 - ◆ 水うがい群、ヨード液うがい群、積極的にうがいをしない群
 - ◆ 3群を均等にするため
 - ◆ 自分で選ぶと衛生意識などに偏りが生ずる
- ◆ うがいのやり方を指定
 - ◆ 20mLの水/ヨード液で15秒間ガラガラ、これを1日3回以上
 - ◆ 科学性を確保するため、方法を統一
- ◆ 2ヶ月間追跡
- ◆ 風邪の定義も統一
 - ◆ 喉と鼻の両方の症状など

うがいの効果



多変量解析で他要因を調整しても

	ハザード比	信頼区間	P値
性(男/女)	1.02	0.67 – 1.56	0.911
年齢(10歳ごと)	0.73	0.59 – 0.90	0.003
地域(北日本)	1.16	0.74 – 1.81	0.518
(西日本)	0.86	0.52 – 1.41	0.549
職業(有職/無職)	0.95	0.62 – 1.45	0.812
喫煙(有/無)	0.98	0.50 – 1.94	0.953
予防接種(有/無)	0.96	0.60 – 1.55	0.869
前年の感冒罹患	1.62	1.20 – 2.20	0.002
うがい(水)	0.60	0.38 – 0.93	0.024
(ヨード液)	0.88	0.58 – 1.34	0.551

風邪の重症度を見ると

	対照群	水うがい群	ヨード液うがい群	P値
鼻症状	1.84 (0.84)	1.56 (0.79)	1.83 (0.90)	0.250
咽頭症状	1.82 (0.69)	1.79 (0.81)	1.65 (0.79)	0.505
気管支症状	1.40 (0.86)	0.97 (0.76)	1.41 (0.98)	0.055
発熱症状	1.02 (1.15)	0.82 (0.90)	0.96 (1.03)	0.876
合計	6.06 (2.32)	5.12 (1.85)	5.80 (2.25)	0.185

数値はピークスコアの平均(標準偏差)

P値はKruskal-Wallis検定

なぜ？

- ◆ なぜ水うがいが有効か
 - ◆ ウィルスを洗い流す・・・わけではない
 - ◆ ウィルス感染に必要なプロテアーゼを洗い流す？
 - ◆ ウィルス感染に必要な酸性環境を中性化する？
 - ◆ 水道水中の塩素が有効？
- ◆ なぜポビドン・ヨードは有効でないのか
 - ◆ 正常細菌叢を壊す？
 - ◆ 正常組織を傷害する？
- ◆ 本研究は実際にやってみてどうなるかを調べるもの
 - ◆ メカニズムについてはわからない

付録

インフルエンザの予防効果

- ◆ 同じ研究のアウトカムを変更
 - ◆ インフルエンザ様疾患influenza-like illnesses
 - ◆ 呼吸器症状に加えて、高熱(≥ 38 度)と関節痛
 - ◆ 臨床検査による裏付けなし

付録

インフルエンザの予防効果

- ◆ 水うがい
 - ◆ $HR=0.72$ (0.30-1.61)
- ◆ ヨード液うがい
 - ◆ $HR=0.75$ (0.32-1.72)
- ◆ 効果はありそうだが、確かではない
 - ◆ 「効果がない」のではない
- ◆ インフルエンザを調べるには4000人が必要

