



Peony in Bloom (Photographed May 5, 2017)

The Second Anniversary of Kayukawa Clinic

The refreshing winds of May are here, and today I passed by many people enjoying their motorcycle tours. It has now been two full years since the clinic opened on May 1, 2015. Never did I imagine that after working for 39 years as a salaried employee and retiring at the mandatory retirement age, I would go on to open a clinic.

During these two years, many seniors, colleagues, and friends have supported me. Thanks to them, despite the lack of a signboard and the clinic's somewhat hard-to-find location, many people have come to visit. Our patients range widely in age—from teenagers to people in their eighties—and their concerns cover a broad spectrum, from insomnia to dementia.

Springtime is not only the season of new schools and jobs, but also of transfers and retirements. Some patients have relocated all over Japan or come to Nagoya; it is a busy season for many. Among our patients are young people continuing their entrance exam studies after not yet realizing their dreams, others who have been accepted and begun devoting themselves to their studies, couples trying for children, and middle-aged adults beginning to plan life after early retirement.

Many also enjoy rich and varied hobbies: walking, road biking, motorcycles, driving, mountain climbing, marathons, skiing, snowboarding, touring old castles, ballet or soprano singing, Noh or Kyogen theater, photographing rare aircraft, photography, film, stage, painting, gardening, vegetable growing, choir singing, cruises, gyms, mahjong, board games, golf, table tennis, squash, tennis, bowling, volleyball, futsal, baseball, and soccer. Both indoor and outdoor enthusiasts share their passions with me during consultations.

Those whose only hobby is work are at risk of developing “post-retirement depression.” Losing interest in one’s hobbies is an early warning sign of depression. That is why talking about hobbies during clinical interviews is not just casual small talk.

Some patients also suffer from physical illnesses such as diabetes, glaucoma, hypertension, and obesity. I believe it is insufficient for a mental health clinic to treat only the mind and leave the body entirely to other doctors. Orthopedic conditions such as spinal stenosis or cervical spondylosis can cause pain and numbness, preventing patients from enjoying sports. On the other hand, those with diabetes, obesity, or sleep apnea

may need to lose weight, and some manage to continue their daily 10,000-step walks in all weather. Yet when depression sets in, they lose the motivation even to walk, and lifestyle diseases worsen. This is why cooperation with orthopedics and internal medicine is essential for mental health.

Dementia, affecting more than seven million people, is one of Japan's greatest social challenges. Issues of caregiving for aging parents are pressing, and sometimes consultations focus less on the patient themselves and more on how best to care for their parent—whether through suitable facilities or home nursing. Concerns about children, such as school refusal, social withdrawal, and psychiatric illness, are also brought up, with families seeking advice.

All humans have a lifespan, and doctors are no exception. I have known excellent psychiatrists who died of cancer in their fifties. As I reach the age of receiving the Senior Citizen's Pass, I find myself wondering how long I will be able to continue practicing. Perhaps sensing these thoughts, some older patients half-jokingly encourage me, saying, "Please don't die while I'm still alive."

Life is full of meetings and partings, and so it is even in a small consultation room in the city. The most desirable outcome is for a patient to overcome illness and complete their treatment. Next is preventing recurrence or relapse. In the case of dementia, the best we can do is to slow its progression. Inevitably, there is a gap between the lifespan of patients and that of the physician. Still, whether for a single visit, several months, or several years, I hope to make even a small contribution to recovery from mental illness or improvement of sleep disorders. That is the thought with which I now mark this second anniversary.

Life is often compared to a voyage without a chart. In the *Maxims* of François de La Rochefoucauld, Duke of La Rochefoucauld, there is a passage I have kept close to my heart for over a decade. (*La Rochefoucauld, Maxims. Iwanami Bunko edition*)

Although aging physicians are often thought to possess abundant experience, extensive knowledge, and mastery in practice, regarded as "skilled" or "veteran," I cannot see myself that way.

La Rochefoucauld once wrote:

"We arrive at the different stages of life as complete novices. Therefore, in most cases, no matter how old we grow, we remain inexperienced in the experiences that age brings."



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Yuhei Kayukawa

In the garden of my family home, the peonies had just begun to bloom. I learned that *Tokishakuyakusan* (a traditional herbal formula containing peony) is used to treat behavioral and psychological symptoms of dementia, while *Shakuyakukanzoto* is prescribed for leg cramps. My knowledge of Kampo medicine—the practice of applying herbal remedies in clinical care—is still limited, so I intend to study further, seeking guidance from friends who are well-versed in the field.