

Kampo Medicine Pattern Code

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Feasibility Study on the Classification of Kampo Medicine Patterns

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Kampo Medicine Pattern Code

Index

1. What is Kampo Medicine? 1
2. What is a Kampo Pattern? 2
3. Why Is a Kampo Pattern Code Necessary? 3
4. WHO International Classification of Diseases (ICD) . . . 4
5. Classification of Traditional East Asian Medicine by
 WHO Regional Office for the Western Pacific . . . 5
6. “Pattern” in Kampo Medicine and “Disease Name”
 in Western Medicine . . . 6
7. Kampo Pattern Code 8
8. How Kampo Pattern Code is Assigned 22

1. What is Kampo Medicine?

Kampo medicine is traditional medicine that developed in Japan and is unique to this country. Traditional medicine refers to forms of medicine that have developed over a long period of time in cultures throughout the world. Western medicine, which has now become the standard form of medical practice in the world, is a development of traditional European medicine originating with Hippocrates. The four major traditional medicines currently practiced are traditional East Asian medicine originating in China, ayurveda originating in India, Unani practiced in Arab nations, and traditional Tibetan medicine. Traditional Chinese medicine, traditional Korean medicine and Japanese Kampo medicine are all forms of traditional East Asian medicine.

Traditional Chinese medicine, traditional Korean medicine and Japanese Kampo medicine are distinct in their own medical system, healthcare system and training system. In terms of the medical system, Kampo started to focus on practical medicine in the Edo Period (circa C17 to C19). It disregarded unnecessary theory and placed emphasis on observation of patients. It has developed along this line to this day. Meanwhile, Traditional Chinese medicine has a complex theoretical system based on classical Oriental philosophy. Traditional Korean medicine incorporates a system that treats patients according to four main types of constitution (Sasang constitutional medicine) that governs also a personality.

In terms of healthcare systems, the traditional medicines of the three countries differ greatly in the systems of patient treatment. Notably, the difference in the system of medical practitioners plays a big part. In China and Korea, the qualifications for doctors of Western medicine and traditional medicine are different, whereas in Japan, there is only one qualification for a doctor of medicine. Physicians can treat patients using both Western and traditional medicine. Moreover, in Japan, high-quality Kampo extract products are used in treatment under the national health insurance (NHI) reimbursement program. In 1976, Kampo formulations for prescription went on the Japanese market with great fanfare. Currently, 148 different formulations are listed among drugs for NHI reimbursement. According to a recent survey, more than 70% of doctors prescribe Kampo products in their daily practice. Thus Kampo is a widely diffused form of medicine in Japan today.

Meanwhile, education and training in Kampo medicine in Japan had lagged behind those of traditional medicines in China and Korea. The Model Core Curriculum in Medical Education published in 2001 by the Ministry of Education, Culture, Science, Sport and Technology included Kampo medicine education, which led to the starting of Kampo medicine courses in medical faculties throughout Japanese universities.

From an all-round view, Kampo medicine is based on excellent foundations compared to other traditional East Asian medicines. It offers great promise for future development.

2. What is a Kampo Pattern?

What is the difference between Kampo medicine and Western medicine?

Western medicine puts emphasis on the causes (pathology) of diseases. Treatment is started after the causes are clearly identified and diagnosis given.

Meanwhile, in Kampo medicine, the emphasis is on what the patient's condition is at the time, due to the effect of the disease. This is what Kampo medicine refers to as "pattern." The determination of this pattern is equivalent to the diagnosis given in Western medicine. However, it is a classification of the patient's condition, regardless of the cause. The Kampo formula is selected according to the pattern diagnosis. To illustrate, the well-known medicine, *kakkonto* is a drug that is used to treat colds in the early stages of a person who is in otherwise good physical health. However, if these conditions do not all apply, there is no benefit from taking the drug.

To put it another way, a pattern is an instruction that a drug would have maximum benefit if used on a patient in a certain state. In addition, we must not forget that this is also an instruction for minimizing side effects. Although Kampo medicines are considered to be relatively safe, if there is a mismatch of patterns, undesirable effects may result. For example, if a person in a weak physical condition takes *kakkonto*, s/he may suffer palpitations or adverse effects in stomach and bowel functions.

Thus, "pattern" is an important concept in Kampo medicine. It plays the following two roles:

1. Maximizing the drug's effect
2. Minimizing the drug's undesirable effect

In determining patterns, knowledge has been accumulated through experience but there has never been any compilation of Kampo treatment information in any standardized form.

3. Why Is a Kampo Pattern Code Necessary?

As was described in the preceding chapter, Kampo medicine has its own unique treatment system as typified by the use of patterns. Yet, there is no statistical data in Japan that can express this in quantifiable terms. This is because in current Japanese practice, even when a doctor prescribes ethical Kampo formulations, s/he uses a Western disease name in completing the NHI form. Consequently, there is no way of finding out how Kampo medicines, based on the theory of Kampo medicine, are being used in clinical practice. The disease name according to Western medicine is inadequate in providing an understanding of the efficacy of Kampo medicines.

There are two reasons for this.

Firstly, Kampo medicines have beneficial effects on various diseases that are unrelated in the view of Western medicine. For example, the medicine called *Hachimijogan* is indicated for NHI reimbursement in the treatment of hypertension, prostatic hyperplasia, diabetes, back pain, and cataracts. In Western medicine, a drug for hypertension being effective for treating back pain is a difficult concept to grasp. Unlike Western medicines, Kampo medicines are made from a combination of crude drugs and therefore contains many ingredients. Just one drug would work on different parts of the body. In Kampo medicine, this is called *ibyodochi* (same cure for different illnesses).

Secondly, different Kampo medicines are used to treat a disease with the same Western name. Using hypertension as an example, the above-mentioned *Hachimijogan* is used if the patient has a weak constitution, but if the patient is strong physically and has a reddish complexion, a different Kampo medicine called *orengedokuto* is used. This practice is referred to as *dobyoji* (different cures for same illness)

In order to obtain data that allows for such a special nature of Kampo, the concept of pattern has to be brought into play. If data can incorporate the concept of patterns, how treatment is given in Kampo can be more clearly expressed. The compilation of statistical data using a Kampo pattern code will provide a solution.

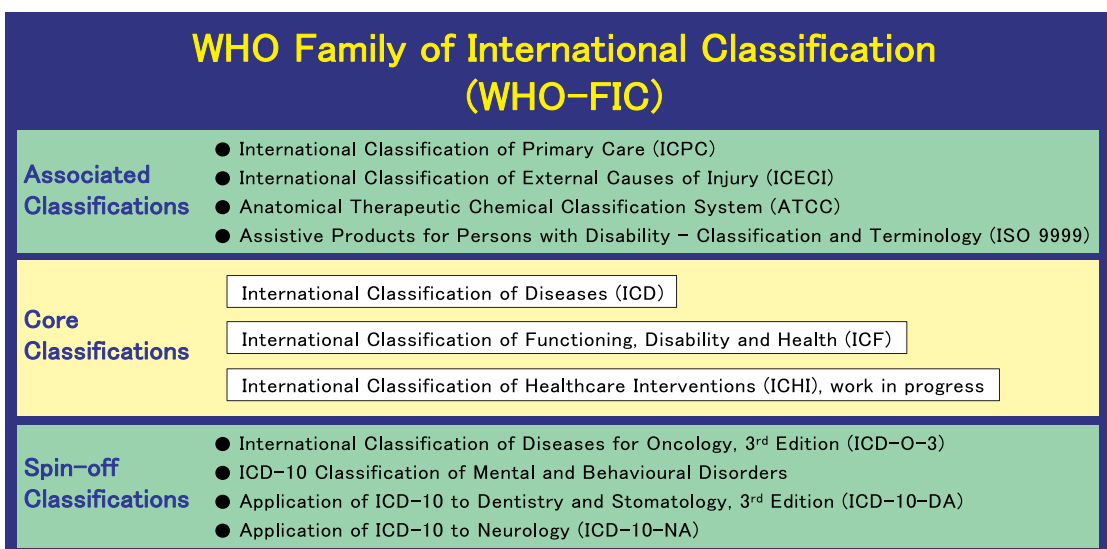
<p><i>Ibyodochi</i> (異病同治): The same Kampo medicine is used to treat different illnesses. <i>Dobyoji</i> (同病異治): Different Kampo medicines are used to treat the same illness.</p>
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4. WHO International Classification of Diseases (ICD)

How are statistics gathered for Western medicine? Because of language differences, it had not been possible to gather worldwide public health statistics on diseases. However, this problem was surmounted by classifying diseases using a common coding system. The International Statistical Institute adopted in 1900 a system of international classification in population dynamics data and this was later taken over by the World Health Organization (WHO).

This classification is called ICD (International Statistical Classification of Diseases and Related Health Problems, International Classification of Diseases, for short). Revision has been made roughly every ten years in line with medical advances and social change. The current version is the 10th Revision (ICD-10) that was adopted by the WHO Assembly in 1990. The ICD comprises classification using alphabetical and numerical coding. There are approximately 14,000 classified diseases. Thanks to this global standard coding system, statistics on the causes of death as well as various healthcare statistics relating to diseases throughout the world can be collected.

The “Diagnosis Procedure Combination (DPC)” that is practiced in Japanese medical establishments (NHI reimbursement application using disease name) makes use of the ICD, which means that statistical data can be obtained thereby. In addition, ICF (International Classification of Functioning, Disability and Health) is also being used in recent years. The ICD-10 currently in use is under revision, in preparation for ICD-11 that is to be issued in 2015.



5. Classification of Traditional East Asian Medicine by WHO Regional Office for the Western Pacific

The classification of diseases such as the ICD had not existed in traditional East Asian medicine. Acupuncture and herbal therapies, which belong to traditional East Asian medicine have now spread to other parts of the world. Thus the need for international classification was voiced by the West rather than by Asian countries. International classification will not only assist statistically but is considered to be useful in disseminating education and clinical research.

The WHO Regional Office for the Western Pacific (Manila), in response to such a worldwide demand, began work in 2003 on standardizing traditional East Asian medicine. So far, the acupoints (*tsubo*) in acupuncture have been standardized and traditional medicine terminologies have been standardized and published. Work on the International Classification of Traditional Medicine in East Asia (ICTM EA) began in 2005. Coding is being undertaken by Japan, China and Korea and verification is now underway in each country. The WHO will take the lead henceforth to produce a final version.

The ICTM EA comprises two parts, the classification of disease names in traditional medicine and the classification of pattern names.

International Classification of Traditional Medicine / East Asia (ICTM EA)

1. Traditional Disease Name
2. Pattern Name

6. “Pattern” in Kampo Medicine and “Disease Name” in Western Medicine

The International Classification of Traditional Medicine in East Asia (ICTM EA) being compiled under consultation between Japan, China and Korea comprises two parts, traditional medicine disease names and patterns.

In traditional medicine name, there is a word called “*kakuran*.” It refers to watery diarrhea. It is often considered synonymous with the Western disease name of cholera. However, cholera refers to a water-borne diarrhea caused by toxin from the cholera bacteria. Whereas Western medicine focuses on the cause of the disease (pathology), traditional medicine focuses more on the symptoms that appear. Therefore, *kakuran* cannot be automatically equated to cholera.

In Korea and China, doctors of traditional medicine are different from doctors of Western medicine. This means that classification based on traditional medicine is emphasized. In Japan, however, doctors use both Western medicine and Kampo medicine; if the disease is known to be cholera, the word *kakuran* is not used. Therefore, it was decided that disease names from traditional medicine will not be used. Instead, the policy is to use the ICD, which is the “disease name” in Western medicine, together with patterns. In addition to disease name, incorporating the concept of pattern from Kampo medicine will make it possible to identify in close detail the conditions of patients.

For example, a patient suffering from postmenopausal syndrome (PMS) could either be with or without a strong constitution originally. Furthermore, depending on the disease, conditions can change and diverse pattern classifications can result.

If we call Western medicine’s disease name of PMS the latitude, then Kampo medicine’s pattern is the longitude. For the Western medicine disease name, a wide range of patterns correspond. At their intersection lies Kampo therapy.

Patterns Used in Kampo Medicine



Disease Names Used in
Western Medicine

Western Medicine Disease Name	ICD-10	Kampo Pattern	Pattern Code
Menopausal and female climacteric states	N95.1	Deficiency pattern	2.1
Insomnia	G47.0	Cold pattern	4.1
Generalized anxiety disorder	F41.1	Qi stagnation pattern	6.2
Panic disorder	F41.0	Qi counterflow pattern	6.3
		Stagnant blood pattern	6.5

7. Kampo Pattern Code

Unlike the classification of traditional medicine that exists already in China (GB codes) and Korea (KCD-OM), the classification of Japanese Kampo medicine is specially characterized by its assignation of both the disease name classification of Western medicine (ICD-10) and the Kampo pattern code. However, there is one more important difference.

It is the simplification of the Kampo pattern code. In traditional Chinese medicine, there are 1624 words referring to patterns. If all these patterns are to be used, the assignation of pattern code becomes extremely complicated. In Japan, doctors trained in Western medicine only have a limited extent of knowledge about Kampo so it is difficult for them to master a large number of pattern codes. From this viewpoint, it is necessary to have a pattern code that is easy to use for many doctors who routinely use Kampo, and not only for the 2,755 (as of March 2008) Certified Kampo physicians (qualification certified by the Japan Society for Oriental Medicine, 8,561 registered members).

In view of all these facts, in September 2008, the Japan Liaison of Oriental Medicine (JLOM) adopted the following provisional code. (JLOM comprises six bodies: the Japan Society for Oriental Medicine, Medical and Pharmaceutical Society for WAKAN-YAKU, the Japanese Society of Pharmacognosy, the Japan Society of Acupuncture and Moxibustion, Kitasato University Oriental Medicine Research Center WHO Collaborating Center for Traditional Medicine, and University of Toyama Faculty of Medicine WHO Collaborating Center for Traditional Medicine).

Kampo Pattern Code Simple Codes for General Use

- 1. Yin Yang**
- 2. Deficiency and Excess**
- 3. Exterior and Interior**
- 4. Cold and Heat**
- 5. Six Stages of Disease Transformation**
- 6. Qi, Blood, Fluid**
- 7. Abdominal Diagnosis**

1. Yin Yang

1	陰陽	yin and yang	Description
1.1	陰証	yin pattern /syndrome	a collective term for interior, cold and deficiency patterns/syndromes with inhibitory, hypofunctional, quiescent or dimmed manifestations, or inward and downward symptoms, as well as morbid conditions caused by pathogenic factors of yin nature
1.2	陽証	yang pattern /syndrome	a collective term for exterior, heat and excess patterns/ syndromes with excitatory, hyperfunctional, restless or bright manifestations, or outward and upward symptoms, as well as morbid conditions caused by pathogenic factors of yang nature

Yin and yang are part of the natural philosophy of ancient China. It originates from a dualistic observation of things. The thinking was extended to other matters and the concept of yin and yang was created.

Yin and yang, deficiency and excess, exterior and interior, cold and heat are called the eight principal patterns and are fundamental to all traditional East Asian medicine. Of the four pairs, yin yang is a higher-order concept that encompasses all the others, deficiency and excess, exterior and interior, and cold and heat.

However, Japanese Kampo has long used yin yang in the same way as cold and heat. Also, cold and heat is sometimes used for symptoms of acute disease that the patient is self-aware and yin yang for the levels of metabolism of chronic disease.

In aligning the yin yang coding with the traditional medicines of China and Korea, rather than couching yin yang simply into the concept of feeling cold or flushed, yin yang should be treated as the higher-order concept above deficiency and excess, exterior and interior, and cold and heat.

When coding, there is a rule that related things must not simultaneously be assigned a code. Therefore, how to designate the yin yang concept will remain an issue for future consideration.

Yang	Sun	Heaven	Day	Movement	Man	Excess	Heat	Exterior	Bowel	Qi	Defense
Yin	Moon	Earth	Night	Stillness	Woman	Deficiency	Cold	Interior	Viscus	Blood	Nutrient

2. Deficiency and Excess

2	虚実	deficiency and excess	Description
2.1	虚証	deficiency pattern /syndrome	a general term for patterns/syndromes caused by deficiency of the healthy qi (including deficiency of yin, yang, qi and blood)
2.2	虚実中間証	between deficiency and excess pattern /syndrome	Intermediate state between excess pattern and deficiency patter
2.3	実証	excess pattern /syndrome	a general term for patterns/syndromes caused by external pathogenic factors such as six excesses, pestilential pathogens, worms and toxins, or by accumulated pathological products due to dysfunction of internal organs, such as phlegm, retained fluid, water, dampness, pus, static blood and retained food.

Broadly speaking, there are three lines of thought in deficiency and excess.

The first is based on the notion that “if full of pathogen, it is excess, if deprived of energy, it is deficiency” according to Huangdi Neijing (Yellow Emperor’s Inner Canon), which is supposed to have been written around 2000 years ago. The two indicators, pathogen and energy, which some have said to be difficult to understand.

The other two are the interpretations using:

- 1) Normal physical strength or physique, and
- 2) Response to illness.

These two roughly correspond but not necessarily so. In other words, a person with an excess of normal physical strength often have an excess of response towards illness. However, if the disease is vigorous and physical strength is exhausted, the deficiency response may become apparent. Conversely, if a person with a deficiency in normal physical strength often has deficiency in response to illness but sometimes can respond in excess.

For example, if you catch a cold, a person with an excess of physical strength normally will show an excess in response. Without sweating, the person will produce heat using his own strength and can shake off the virus. Yet, even if a person has an excess of physical strength normally, if his physical strength is low due to too many nights without sleep, the person will show a deficiency response. S/he will sweat and will not be able to produce heat himself or herself and unable to get rid of the virus, falling into a serious condition of illness.

Excess Pattern		Deficiency Pattern
Muscular	Body form	Skinny, bloated
Active	Activeness	Timid
Good	Nutritional State	Poor
Shine/gloss	Skin	Flaky, dry
Well developed	Muscles	Underdeveloped
Big eater	Digestion & absorption	Small eater
Adapting to season	Body temperature regulation	Fatigued in summer, winter
Strong	Voice	Feeble
No night sweat	Sleep	Night sweat/sleepy after meal

3. Exterior and Interior pattern/syndrome

3	表裏	Exterior and Interior pattern /syndrome	Description
3.1	表証	exterior pattern /syndrome	a general term for patterns/syndromes that occur chiefly at the early stage of external contractions affecting the exterior part of the body, characterized by a sudden onset, aversion to cold or to wind, fever, headache, generalized pain, thin tongue coating, and floating pulse.
3.2	半表半裏	half-exterior half-interior pattern /syndrome	Various patterns that arise due to pain that lies between the exterior and interior of the body: fluctuation of cold and heat, full and asphyxiated feeling of the chest and ribs, dryness of mouth and throat, sick feeling and lack of appetite, and string-like pulse express themselves.
3.3	裏証	interior pattern /syndrome	a general term for patterns/syndromes that indicate the existence of disease in the interior of the body such as bowels and viscera, qi and blood, or bone marrow.

In Kampo medicine, the surface parts of the body such as skin, muscles, joints and nerves are defined as exterior, organs and parts deep inside the body are defined as interior, and what lie between these two are defined as half-exterior half-interior.

Kampo medicine considers the body part recognition of illness to be important. For example, as would be discussed in greater detail in “5. Six Stages of Disease Transformation,” the development of acute heat disease is classified into six disease stages. Transformation occurs in the tai yang stage to exterior, in the shao yang stage to half-exterior half-interior, and in the yang ming stage, tai yin stage, shao yin stage and jue yin stage to interior. Depending on this exterior and interior, excess and deficiency, cold and heat, and by the higher-order concept of yin yang, the treatment is decided.

4. Cold and Heat

4	Cold and Heat	cold and heat	Description
4. 1	寒証 冷之症	cold pattern /syndrome HIESHO	a general term for patterns/syndromes caused either by external cold pathogen or by insufficient yang within the body, commonly manifested by aversion to cold or fear of cold, cold pain with preference for heat, absence of thirst, thin clear sputum and nasal mucus, long voidings of clear urine, loose bowels, white facial complexion, pale tongue with white coating, and tight or slow pulse.
4. 2	寒熱中間症	between heat and cold patter /syndrome	A pattern that is neither heat pattern nor cold pattern.
4. 3	熱証	heat pattern /syndrome	a general term for patterns/syndromes resulting either from attack of external heat or from prevalence of yang qi, usually manifested by fever, aversion to heat and liking for cold, thirst, flushed face, irritability and vexation, thick yellow sputum and nasal mucus, short voidings of dark-colored urine, constipation, reddened tongue with yellow coating, and rapid pulse.
4. 4	上熱下寒	upper heat and lower cold pattern/syndrome	any pattern/syndrome with heat symptoms in the upper part of the body and cold symptoms in the lower.
4. 5	手足煩熱	vexing heat in the extremities	uncomfortable heat sensation in the extremities.
4. 6	厥冷	reversal cold of the extremities	pronounced cold in the extremities up to the knees and elbows or beyond, also the same as cold extremities.
4. 7	寒疝	cold abdominal colic	acute abdominal pain due to cold, also called cold induced colic.

Cold and heat are sensations felt by the patient. It cannot be determined by measuring the body temperature. Even if there is no rise in body temperature, if the patient complains of hot sensations and has a reddish face with tendency to sweat, he has “heat” and even if there is a rise in body temperature, if the patient complains of cold sensation and has a pale face with shivers, he has “cold.”

In acute disease, the condition is classified either into cold or heat, but in chronic disease, the condition sometimes does not belong to either cold or heat. This is why the “between heat and cold pattern” has been provided.

Generally speaking, *hiesho* is an expression unique to Kampo. In many instances, it is a chronic awareness of cold by the patient, or, after exposure to a chill, it is a state of difficulty in restoring body temperature. *Hiesho* can be considered as belonging to the cold pattern.

5. Six Stages of Disease Transformation

5	六病位	Six Stages of Disease Transformation	Description
5.1	太陽病	greater yang stage	a stage of febrile diseases occurring at the onset of the febrile disease, chiefly manifested by headache, painful stiff nape, aversion to cold and floating pulse.
5.2	陽明病	yang ming stage	a stage of febrile diseases with exuberant yang and dryness-heat in the stomach and intestines occurring in the course of an externally contracted disease, manifested by abdominal distention with constipation, tidal fever and deep and replete pulse.
5.3	少陽病	shao yang stage	a stage of febrile diseases in which the pathogen exists between the exterior and interior of the body, marked by alternate fever and chills, fullness and choking feeling in the chest and hypochondriac region, dry throat and string-like pulse.
5.4	太陰病	tai yin stage	a stage of febrile diseases characterized by decline of spleen yang with production of cold-dampness, and manifested by anorexia, vomiting, abdominal fullness and dull pain, diarrhea and weak pulse.
5.5	少陰病	shao yin stage	a stage of febrile diseases occurring at the late stage of an externally contracted disease, marked by deficiency cold of the heart and kidney, and manifested by aversion to cold, listlessness, irritable disposition, insomnia, cold limbs, diarrhea with undigested food and fine pulse.
5.6	厥陰病	jue yin stage	a stage of febrile diseases occurring at the latest stage of three yin disease characterized by interweaving of cold and heat or yin and yang in a critically ill case.
5.7	壞病	destroyed stage	Disease that has taken an irregular form, where it did not pass through the normal stages due to treatment or some other cause.

Shang Han Lun (Treatise on Cold Injury) observes in great detail the process that acute heat disease goes through, classifies the progress of the disease into six stages, and indicates a guideline for treatment. The six stages are: tai yang stage, yang ming stage, shao yang stage, tai yin stage, shao yin stage, and jue yin stage. These are called the six stages of disease transformation. Both the yin state of disease and the yang state of disease are divided into three, so sometimes this is referred to as the three yin three yang. Yang disease is positive (yang) in disease-fighting response. It is a state where there is a strong response that tries to remove the disease. Yin disease is negative (yin) in disease-fighting response. It is a state where there is not a very vigorous response that tries to fight the disease.

Shang Han Lun describes the conditions of the six stages of disease transformation as follows:

The Six Stages of Disease Transformation
(Three Yin and Three Yang: classified according to progress of disease)

Tai yang stage: 太陽之為病、脈浮、頭項強痛、而惡寒

A floating pulse, headache, stiff neck, and a feeling of chill appear.

Yang ming stage: 陽明之為病、胃家實是也

Digestive disorders appear.

Shao yang stage: 少陽之為病、口苦、咽乾、目眩也

Bitter taste in the mouth, thirst, and dizziness appear.

Tai yin stage: 太陰之為病、腹滿而吐、食不下、自利益甚、時腹自痛、若下之、必胸下結鞭

Stomach fills and vomits, food does not go down, diarrhea gets worse, sometimes stomach hurts.

Shao yin stage: 少陰之為病、脈微細、但欲寢也

Faint and thread-like pulse and desire to sleep appear.

Jue yin stage: 厥陰之為病、食則吐、下之、利不止

Food eaten is immediately thrown up, diarrhea does not stop with the laxative.

For example, *kakkonto* is a drug used for colds in its early stage, in the tai yang stage using the classification above. If it is used in the shao yang stage, which is when the disease has progressed a little further, no benefit of treatment would be seen. In such acute diseases, it is important to correctly judge the stage of the disease transformation.

6. Qi, Blood, Fluid

6	気・血・水	qi, blood, fluid	Description
6.1	気虚	qi deficiency pattern	a pattern/syndrome of deficiency of genuine qi with diminished function of internal organs, marked by shortness of breath, lassitude, listlessness, spontaneous sweating, pale tongue and weak pulse.
6.2	気うつ 気滞	qi stagnation pattern/ qi depression pattern	a pattern/syndrome resulting from stagnation of qi, marked by intermittent thoracic, hypochondriac, epigastric and abdominal distention or pain, often ameliorated by sighing or belching.
6.3	気逆	qi counterflow pattern	a pattern/syndrome arising when qi moves abnormally upward, manifested by cough and dyspnea, or nausea, vomiting, hiccup, belching or even hematemesis, or feeling of gas ascending from the lesser abdomen to the chest or throat with distension and oppression, headache and vertigo.
6.4	血虚	blood deficiency pattern	a pattern/syndrome marked by pale or sallow complexion, pale lips and nails, dizziness, dimmed vision, palpitations, numbness of extremities and fine pulse.
6.5	瘀血	blood stasis pattern, OKETSU	a pattern/syndrome marked by formation of visible painful and tender purple mass, or abdominal mass with stabbing pain and tenderness, or bleeding of dark purple blood with clots, dark purple tongue, and fine choppy or irregular pulse.
6.6	水毒	water retention pattern	a pattern/syndrome marked by edema, oliguria, or accompanied by ascites, pale plump tongue with white slippery coating and soggy relaxed pulse.
6.7	亡津液	humor collapse pattern	a severe case of fluid deficiency pattern/syndrome, marked by parched or cracked lips, withered skin, sunken eyes, tinnitus, oliguria and dry fecal binding, reddened tongue with no moisture and fine weak pulse.

Qi, blood and fluid are essential elements that make the body function properly. The human body is thought to work normally when qi, blood and fluid all circulate inside the body. The decrease, stagnation or maldistribution of any of the three results in various disorders.

A. Abnormality in Qi

Qi is the mainspring of life. It maintains its function by circulating through the body.

6.1 Qi Deficiency Pattern

Condition of an overall lack of qi, which is fundamental to life

For example, lack of energy, lack of volition, feeling fatigued, easily feeling tired, lack of appetite/desire to do things, feeling sleepy during the day (especially after meals)

6.2 Qi Stagnation/Depression Pattern

Condition of stagnant flow of qi

For example, heaviness of head, throat getting blocked, chest discomfort, insomnia, weariness of limbs

6.3 Qi counterflow pattern

Condition of qi shooting upwards

For example, feeling flushed, palpitation, headache, burps, perspiration, anxiety, restlessness, reddening of face

B. Abnormality of Blood

There are two functions of blood. One is to circulate around the body and the other is to transport nutrition.

6.4 Blood deficiency pattern

Condition of blood being reduced in quantity or functionality

For example, brittleness of nails, anemia, lack of concentration, cramp, hypomenorrhea, dryness of skin, grey hair, hair loss

6.5 Stagnant blood pattern

Condition of poor blood circulation

For example, dryness of mouth (mouth gets dry but water intake is small), hemorrhoid, menstrual disorder, darkening of lips or tongue, pigment spot, varicose vein, capillary dilation, dark circle under the eyes

C. Abnormality of Fluid

Fluid refers to all body fluids other than blood. Physiological fluid is called humor and diseased non-physiological fluid is called phlegm, retained fluid or phlegm-retained fluid.

6.6 Water retention pattern

Condition of overall excess of fluid, or localized excess of fluid due to maldistribution of fluid

For example, dizziness, vertigo, heaviness of head, travel sickness, nausea, diarrhea, tooth marks on tongue, edema

6.7 Humor collapse pattern

Condition of quantitative lack of fluid

For example, dryness of skin, reduced skin tension, thirst (drinking of large quantities of water), reduced urination

7. Abdominal Diagnosis

7. 1	腹力虚	deficient abdomen	Poor development of muscles of the abdominal area, no resilience
7. 2	腹力中等度	between excess and deficient abdomen	Between deficient abdomen and excess abdomen
7. 3	腹力实	excess abdomen	Good development of muscles of the abdominal area, good resilience
7. 4	腹部膨满	abdominal fullness	Swollen condition of the abdomen
7. 5	胃内停水	stomach fluid retention	Sound that can be heard continuously over the swollen stomach
7. 6	心下痞鞭	<i>shinkahiko</i> , epigastric tightness and resistance	Blocked sensation of the epigastralgia accompanied by localized stiffness
7. 7	胸脇苦满	<i>kyokyokuman</i>	Sensation of tense swollenness of the chest and lower ribcage
7. 8	腹部动悸	<i>fukubudoki</i> abdominal pulsation	Pulsation in the abdomen of the aorta that can be detected by touch

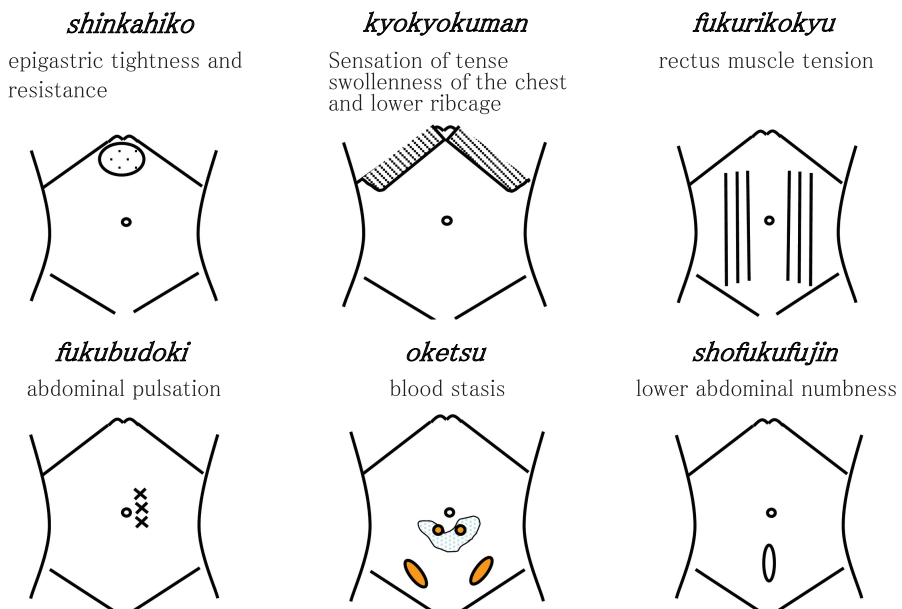
7	四診	abdominal diagnosis	Description
7.9	腹裏拘急 腹直筋攣急	<i>fukurikokyu</i> rectus muscle tension	Tense rectus muscle that can be detected by touch from the exterior of the body
7.10	臍痛点	supraumbilical tenderness	Tender point above the navel
7.11	瘀血の圧痛	<i>oketsu sign</i>	Tenderness of the around navel or inguinal and regarded as a diagnosis of stagnant blood
7.12	小腹鞭満	lower abdominal fullness	Hard sensation to the touch accompanied by a subjective feeling of fullness of the lower abdomen
7.13	小腹急結	lower abdominal cramp	Subjective severe pain of the lower abdomen, which normally causes difficulty in passing stools abdomen
7.14	小腹不仁	<i>shofukufujin</i> lower abdominal numbness	Loss of sensation or strength in the lower abdomen abdomen
7.15	小腹拘急	lower abdominal contrature	Feeling of distortion of the lower abdomen
7.16	正中芯	<i>seichushin</i>	Anatomical white line touches the seichu like the lead of a pencil; in many cases below the navel but it could also be above.
7.17	腹鳴	borborigmus	Rumbling noise made by the movement of gas inside the intestines

Diagnosis in Kampo is made using *shishin* (four methods of diagnosis).

Shishin in Kampo	
Bo:	gesture, skin, tongue (visual)
Bun:	voice tone, breathing (auditory, olfactory)
Mon:	condition, history, case history, family history (questionnaire)
Setsu:	pulse, abdomen (tactile)

The distinctive method of diagnosis used by Kampo medicine is the examination of the tongue, pulse and abdomen. A vast amount of training is required to learn the skill of pulse examination but its poor reproducibility becomes a problem. However, abdominal examination skills can be relatively easily acquired. Moreover, abdominal diagnosis is a method that developed uniquely in Japan. In routine examination, prescription is often determined by abdominal diagnosis, and much emphasis is therefore placed on it. For these reasons, abdominal diagnosis was adopted as pattern code.

The figure below shows major abdominal findings:



8. How Kampo Pattern Code is Assigned

Rules are necessary in coding. Even in the case of ICD that is currently in use, if error is made in code assignment, the data will become wrong, so there are rules in coding. The fundamental rule is that when a code is being given, that code and an associated code are not assigned at the same time.

To illustrate, assuming that yin yang is a higher-order concept of deficiency and excess, exterior and interior and cold and heat, if yin yang and cold and heat are both given as code at the same time, these two concepts obviously become associated with each other. Also, in the case of acute disease, the six stages of disease transformation and exterior and interior are closely linked.

The rules of coding needs further discussion but one proposal is presented below:

- Rule I** : The 2. deficiency and excess code shall be mandatory.
- Rule II** : The 4. cold and heat code shall be mandatory.
However, other characteristic symptoms can be assigned additionally.
- Rule III** : In the case of acute disease, 5. six stages of disease transformation code shall be assigned.
- Rule IV** : In the case of chronic disease, 6. qi, blood, water code shall be assigned.
- Rule V** : When abdominal examination is conducted, 7. abdominal diagnosis shall be assigned.
It must be noted that the abdominal strength code shall be mandatory.

Rule I

Deficiency and excess: choose one from below (mandatory) :

- 2.1 deficiency pattern
- 2.2 between deficiency and excess
- 2.3 excess pattern

Rule II

i) Cold and heat: choose one from below (mandatory) :

- 4.1 cold pattern
- 4.2 between cold and heat pattern
- 4.3 heat pattern

ii) Other characteristic symptoms that can be assigned additionally under cold and heat:

- 4.4 upper body heat and lower body cold
- 4.5 irritable heat sensation in hand and foot
- 4.6 severe coldness of extremities
- 4.7 cold abdominal colic

Rule III

In the case of acute disease, select from the six stages of disease transformation:

- 5.1 tai yang stage
- 5.2 yang ming stage
- 5.3 shao yang stage
- 5.4 tai yin stage
- 5.5 shao yin stage
- 5.6 jue yin stage
- 5.7 destroyed stage

Rule IV

In the case of chronic disease, choose from qi, blood, fluid pattern:

- 6.1 qi deficiency pattern
- 6.2 qi stagnation/depression pattern
- 6.3 qi counterflow pattern
- 6.4 blood deficiency pattern
- 6.5 stagnant blood pattern
- 6.6 water retention pattern
- 6.7 humor collapse pattern

Rule V

i) When abdominal examination is conducted, choose one from the abdominal strength below (mandatory):

- 7.1 abdominal strength deficiency
- 7.2 between abdominal strength deficiency and excess
- 7.3 abdominal strength excess

ii) Characteristic symptoms after abdominal diagnosis can be assigned additionally:

- 7.4 abdominal fullness
- 7.5 stomach fluid retention
- 7.6 *shinkahiko* : epigastric tightness and resistance
- 7.7 *kyokyokuman* : Sensation of tense swollenness of the chest and lower ribcage
- 7.8 abdominal pulsation
- 7.9 rectus muscle tension
- 7.10 supraumbilical tenderness
- 7.11 stagnant blood sign
- 7.12 lower abdominal fullness
- 7.13 lower abdominal cramp
- 7.14 lower abdominal numbness
- 7.15 lower abdominal contracture
- 7.16 *seichushin*
- 7.17 borborygmus

Specimen Code

Male, aged 65; chief complaint: back pain

Deficiency/excess	deficiency pattern	2. 1
Cold/heat	cold pattern	4. 1
Qi, blood, fluid	qi deficiency pattern	6. 1
	qi stagnation /depression pattern	6. 2
Abdominal diagnosis	abdominal strength deficiency	7. 1
	lower abdominal numbness	7. 14

Afterword

In the process of completing the classification of traditional East Asian medicine as part of the WHO program, an international agreement will be made on the rules governing code assignment. As that materializes, the results of this research project will see further development. It is our earnest hope that this booklet will form the foundation for statistical data gathering on Kampo medicine practiced in Japan and to be of assistance in the examination and treatment of practitioners.

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Lead Researcher
Feasibility Study on the Classification of Kampo Medicine Patterns

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