

Fukushin and Kampo

ABDOMINAL DIAGNOSIS IN
TRADITIONAL JAPANESE
AND CHINESE MEDICINE



NIGEL DAWES

Foreword by Kenji Watanabe

FUKUSHIN AND KAMPO

*Abdominal Diagnosis in Traditional
Japanese and Chinese Medicine*

Nigel Dawes

Foreword by Dr. Kenji Watanabe

Photographs and Line Drawings by
Kurt Ossenfort



SINGING DRAGON
LONDON AND PHILADELPHIA

Contents

<i>Foreword by Dr. Kenji Watanabe</i>	11
<i>Author's Preface</i>	15
<i>Acknowledgements</i>	21
1. Context	27
Definition of Fukushin	28
1. Language and terminology	28
2. Form and function	32
3. Seeing and touching	36
Fukushin in diagnosis and treatment	39
1. The abdomen in the diagnostic hierarchy of Kampo	40
2. The purpose of the abdominal exam	41
3. Fukushin Constitutional Patterns (Tai Shitsu Sho 体質証)	44
4. Fukushin Disease Patterns (Byo Sho 病証)	51
5. Fukushin Formula Patterns (Yakusho 薬証)	55
2. History	65
Fukushin in other TJM disciplines	65
1. The abdomen in Finger Pressure Massage (Shiatsu 指圧)	67
2. The abdomen in Acupuncture (Hari 針)	72
History and development of Fukushin in the Kampo tradition	78
1. Classical origins (Han dynasty, 206 BCE–220 CE)	79
2. Early development (6th–13th centuries CE)	85

3. The influence of <i>Jin-Yuan</i> China (14th–16th centuries CE)	90
4. “Return to the classics” in the <i>Edo</i> period (1603–1863)	93
5. Introduction of modern medicine in the <i>Meiji</i> period (1868–1912)	102
6. Renaissance of <i>Kampo</i> in modern Japan (1920–present)	104
7. The <i>Otsuka</i> lineage	107
3. Methodology	113
The abdominal exam—technique	113
1. Preparation and materials	114
2. Posture and positioning	115
3. Breathing	117
4. Pressure	119
5. Exam techniques and sequence (illustrated)	124
4. Interpretation	147
Clinical findings in the abdominal exam	148
Morphology	149
Morphology, charting and interpretation	150
1. Empty Abdomen 腹力弱(虚) (<i>Fuku Ryoku Jyaku [Kyo]</i>)	150
2. Full Abdomen 腹滿 (<i>Fuku Man</i>)	161
Disease Findings	168
3. Epigastric Obstruction Resistance 心下痞硬 (<i>Shin Ka Hi Ko</i>)	168
4. Epigastric Obstruction 心下痞 (<i>Shin Ka Hi</i>)	171
5. Hypochondriac Painful Fullness 胸脅苦滿 (<i>Kyo Kyo Ku Man</i>)	175
6. Hypochondriac Obstruction Resistance 脅下痞硬 (<i>Kyo Ka Hi Ko</i>)	178
7. Epigastric “Splash” Sound 心下部振水音 (<i>Shin Ka Bu Shin Sui On</i>)	184
8. Inside Spasm 裡急 (<i>Ri Kyu</i>)	189
9. Lower Abdomen Tight Spasm 少腹拘急 (<i>Sho Fuku Ko Kyu</i>)	195
10. Cardiac/Epigastric/Lower Abdominal Pulsations 心悸 / 心下悸 / 臍下悸 (<i>Shin Ki/Shin Ka Ki/Sei Ka Ki</i>)	198
11. Lower Abdomen Lacking Benevolence 少腹不仁 (<i>Sho Fuku Fu Jin</i>)	204
12. Lower Abdominal Fullness/Lower Abdominal Resistant Fullness 少腹滿 / 少腹硬滿 (<i>Sho Fuku Man/Sho Fuku Ko Man</i>)	208
13. Navel Spastic Knot Point 臍部急結 (<i>Sai Bu Kyu Ketsu</i>) <i>Terasawa Oketsu (Yu Xue)</i> 瘀血 Point	213
14. Lower Abdomen Spastic Knot 少腹急結 (<i>Sho Fuku Kyu Ketsu</i>) <i>Otsuka Oketsu (Yu Xue)</i> 瘀血 Point	218
Summary of findings	222
1. Excess and Deficiency findings	224
2. Qi, Blood and Fluid findings	228
3. “Herb family” findings	231

5. Conclusion	235
Why I wrote this book	235
The importance of <i>Sho</i> (証)	237
Evidence is more powerful than logic?	238
Definitions of evidence	240
Evidence in the clinical setting	242
Evidence and context	244
Evidence and science	246
Parting words	248
 <i>Selected Bibliography</i>	 253
 <i>Romaji/Pinyin/English Formula Cross-Reference.</i>	 257
 <i>Glossary of Selected Terms</i>	 269
 <i>Subject Index</i>	 327
 <i>Author Index</i>	 349

Foreword

Kenji Watanabe

In Asian traditional medicine, diagnosis is made by four procedures, i.e., Inspection (looking), Listening and Smelling Examination, Inquiry, and Palpation. Tongue Diagnosis belongs to Inspection, and Pulse Diagnosis (脈診 Myakushin) and Abdominal Diagnosis (腹診 Fukushin) belong to Palpation.

In Sino-Japanese Traditional Herbal Medicine (漢方 Kampo) pattern diagnosis (証 Sho) is made, using these four diagnostic procedures, amongst which abdominal diagnosis is the core of these procedures in Japanese Kampo medicine.

The origin of Kampo medicine is, of course, ancient Chinese medicine. It was transmitted via the Korean peninsula. The oldest description concerning the medicine from the Korean peninsula appears in NIHON SHOKI 日本書記 (“The Chronicles of Japan”) in 720 AD, in which the Japanese emperor, INGYO 允恭, became ill and asked one of the three ancient Kingdoms of the Korean peninsula, SHIRAGI 新羅 (Silla), to send a doctor. The doctor came in 414 AD and cured the illness of the emperor. Later, Japan began trading directly with successive Chinese dynasties and medical books were imported directly from China.

Then gradually, a distinctive Japanese style of the medicine came to be formed, especially during the Edo (Tokugawa) period (1603-1868), when this “Japanization” progressed intensively, during which time Fukushin was established. Although Fukushin had been described in the Shang Han Lun (傷寒論), a medical textbook from

1

CONTEXT

“Hara is that state (Verfassung) in which the individual has found his primal centre and has proven himself by it. When we speak of the state of an individual we mean something that concerns him in his entirety, that is, something that transcends the duality of body and soul...with Hara the world looks different, it is as it is, always different from what one wants it to be and yet always in harmony. Self-will causes suffering. Suffering denotes deviation from the Great Unity and reveals the truth of the Whole. The ordinary eye does not see this—the Hara sense apprehends it and only when will, feeling, and intellect are “comprehended” in Hara do they cease to resist what is, and instead, through it, serve the “way” in which all things are contained. To discover that way, to recognize it and thereafter never to lose it is tantamount to genuine striving for Hara.”

Hara: The Vital Center of Man, Durkheim, K.G., Original publ. 1956, Transl. Von Kospoth, S., publ. Inner Traditions, 2004.

症) could be said today to be experiencing the symptoms of perimenopausal syndrome.

In some cases a single symptom was used to define what in modern medicine might be differentiated into multiple disease names such as “cough” (*Gai Gyaku* 咳逆), which could in the past have referred to bronchitis, bronchiectasis, bronchitic asthma, asthmatic bronchitis, emphysema and any number of pulmonary diseases which are characterized by the shared symptom of coughing. In the same way, a diagnosis of “diarrhea” (*Ri Shitsu* 痢疾), in traditional terms, could refer to any number of modern gastrointestinal diseases which manifest that particular symptom such as colitis, diverticulitis, Crohn’s disease and irritable bowel syndrome.

In diagnostic terms, it is therefore highly unwise in *Kampo* practice to rely on biomedical disease names alone when considering treatment options and the selection of formulas, and whilst traditional *Kampo* disease names are at least helpful in terms of identifying some of the main symptoms experienced by the patient, neither system of disease nomenclature and classification, old or new, provides a differential diagnosis that can be relied upon exclusively for determining appropriate treatment.

For example, in the case of “diarrhea” (*Ri Shitsu* 痢疾) mentioned above, though a valid diagnostic term, it does not by itself reveal the nature of the pattern involved in terms of whether it may be Excess (*Jitsu Sho* 実症) or Deficient (*Kyo Sho* 虚症), Hot (*Netsu Sho* 熱症) or Cold (*Kan Sho* 寒症) or any combination thereof, all of which are essential differential aspects of *Kampo* diagnosis. Nor does the name alone identify whether the basic pathological nature of the disease involves dysfunction at the level of Qi (*Ki* 氣), Blood (*Ketsu* 血) or Fluids (*Sui* 水) and neither does it give any clue as to the Etiology (*Byo In* 病因) of the problem, which in the *Kampo* diagnostic must be differentiated into External (*Gai In* 外因) versus Internal (*Nai In* 内因) causes.

Thus in *Kampo* formula classification, each formula is associated not only with the respective constitutional type to which it is suited (as mentioned above), but also with whether it is a formula

diarrhea caused by enteroviruses according to modern biomedical models.

If, however, there is a sudden onset of diarrhea that is urgent and “explosive” with fetid, unformed stools and peri-anal irritation and burning, often called “Hot Diarrhea” (*Netsuri* 熱利) in *Kampo*, accompanied by Tidal Fever (*Cho Netsu* 潮熱), extreme Thirst (*Ko Katsu* 口渴), dehydration (possibly with delirium) where the pulse is Deep (*Chin Myaku* 沈脈), Rapid (*Saku Myaku* 數脈) and Surging (*Ko Myaku* 洪脈) and the entire abdomen is Full (*Fuku Man* 腹滿, see Chapter 4) and the Lower Abdomen is Full and Hard (*Sho Fuku Ko Man* 小腹鞭滿, see Chapter 4) then this is the Bright Yang Disease Stage (*Yo Mei Byo* 陽明病), which is a pattern of Interior Heat Excess (*Ri Netsu Jitsu Sho* 裏熱実証).

This stage may well correspond to the acute diarrhea associated with severe bacterial infections such as cholera and typhoid or more commonly salmonella (food poisoning) and so on in modern biomedicine. Such patients today would likely be taking antibiotics and possibly be hospitalized, however the traditional approach used to treating such conditions in *Kampo* would have been to “flush out” the pathogen by causing strong purgative formulas.

Such formulas would have included Major Rhubarb Combination (DJT—*Dai Joki To* 大承氣湯); Minor Rhubarb Combination (SJT—*Sho Joki To* 小承氣湯), Persica and Rhubarb Combination (TJT—*Tokaku Joki To* 桃核承氣湯) and Rhubarb and Moutan Combination (DBT—*Daio Botanpi To* 大黃牡丹皮湯) amongst others.

If the diarrhea has lingered several days following a sudden onset, the pulse is no longer floating but may have become Wiry (*Gen Myaku* 弦脈) and there are Alternating Chills and Fever (*Orai Kannetsu* 往来寒熱), a Bitter Taste in the mouth (*Koku* 口苦) or a loss of sense of taste, Nausea (*Kio* 喜), appetite loss, Dizziness (*Gen Un* 眩暈) or a feeling of pressure and fullness in the head, Chest Discomfort (*Kyo Hi* 胸痺) and a White Coating (*Haku Tai* 白苔) that has formed on the tongue then this is considered the Lesser Yang Disease Stage (*Sho Yo Byo* 少陽病). The abdominal finding will either be Hypochondriac Painful Fullness (*Kyo Kyo Ku Man* 胸

2

HISTORY

“Do not seek to follow in the steps of the men of old; seek what they sought”

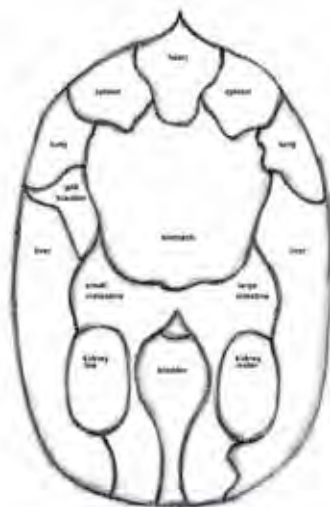
From *Kyoroku Ribetsu No Kotoba* (“Words given to *Kyoroku* as he parts”, 1693), by Matsuo Chueemon Munefusa 松尾忠右衛門宗房, better known by his pen name Basho 芭蕉 (1644–1694), quoting the words of the famous Bhuddist priest *Kukai* (774–835) to one of his disciples.

FUKUSHIN IN OTHER TJM DISCIPLINES

“What is known as a bush or shrub has no trunk, has no focus at its core (Chuh Shin 中心). With no central trunk its branches and twigs lend themselves merely to being collected simply for firewood bundles. The scope of Chinese Medicine (Kampo 漢方) is vast, and erring in the method of your investigations, you will find yourself with bundles of twigs, like a bush...there are various methods of treatment for any illness, and applying those skills to treat an illness is called healing and is a splendid thing, but if your core is hollow you will constantly be asking yourself: ‘what if this...’ or, ‘how about that...’ like reaching blindly into a beggar’s sack (Ko Jiki Bukuro 乞食袋), and hoping to find

Emperors *Oogimachi-Tenno* 正親町天皇 (crowned 1557–1586) and *Goyozei-Tenno* 後陽成天皇 (crowned 1586–1611), wrote several texts which have not survived, though the *Shindo Hiketsu Shu* 鍼道秘訣集 (1685) “Compilation of Secrets of Acupuncture”, written by one of his students, provides significant testimony to the teacher’s work almost a hundred years prior.

In this text he mentions Isai’s father and teacher, *Misono Mubunsai* 御園夢分齋 (birth and dates unknown), founder of the *Mubun* style (*Mubunryu* 夢分流) which is famous in Japanese Acupuncture and massage circles for its well-documented map (Figure 2.3) of the abdomen based on, but distinct from, the *Nan Jing* 難經 map (Figure 2.2). The text references a method of abdominal palpation and treatment, developed by *Mubunsai*, using the “Hammer” or “Striking Needle” (*Da Shin* 打鍼) technique, whereby a large needle (*Uchibari* 打鍼) is struck by a small mallet (*Kozuchi* 小槌) at multiple points over the surface of the abdomen to clear pathogenic accumulations (*Ja Ki* 邪気). These accumulations were defined as obstructions (hardness) in the flow of *Ki* 氣 known as *Kori* こり, and were differentiated according to whether they belonged to Fullness (*Shaku* 積) or Emptiness (*Ju* 聚).



2.3

The technique illustrated in Figures 3.2b and 3.2c involves “kneading” the skin and fascia of the abdominal wall using a clockwise circular movement, alternately palpating the tissue with each hand using rhythmic, coordinated and smooth strokes. The pressure needs to be firm enough to sense the texture, resistance and thickness of the abdominal wall and the fascia and musculature of the abdomen as a whole without causing discomfort.



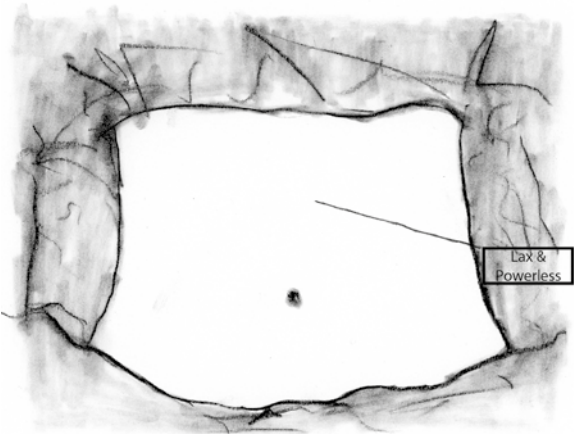
3.2b



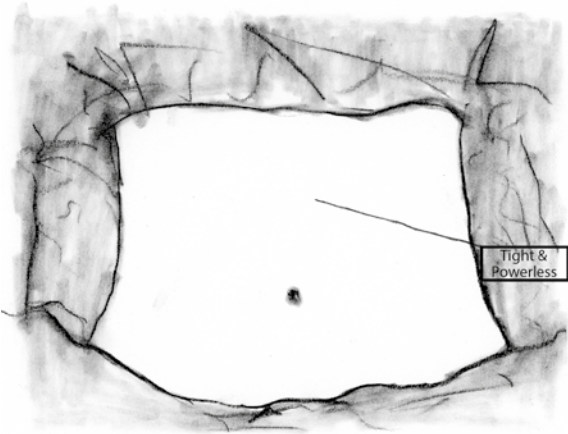
3.2c

or:

- #1b Tight and Powerless (*Fuku Bu Ko Ren Mu Ryoku* 腹部拘攣無力) (Figure 4.2)



4.1



4.2

Clinical interpretation

The interpretation of the findings derived from the very first part of the abdominal exam, “Kneading the abdomen” (see Figures 3.2a,

5

CONCLUSION

“Medical art is understanding. Understanding arrives through learning. There are no old or new formulas, only efficacious ones.”

Kamei Nanmei 亀井南冥 (1743–1814), a Japanese Confucian scholar physician from the late *Edo* period, quoted in the author’s preface of *30 Years of Kampo: Selected Case Studies of an Herbal Doctor*, Otsuka, K., publ. Oriental Healing Arts Institute, 1984)

WHY I WROTE THIS BOOK

In taking on this project I was faced from the outset with an undeniable paradox: how to write a book (that one reads) focusing on a skill (that one practices). In Chapter 3 I rather disingenuously referred to the fact that the discipline of *Fukushin* cannot truly be learned from a book and requires years of committed practice, preferably alongside a mentor. I stand by that assertion, but nevertheless would argue the case for a book such as this for several reasons.

The first is that our field has a general paucity of such material (especially in English), the kind that focuses on a practical manual discipline and examines it from a cultural, historical, anthropological and medical perspective that includes its direct and specific application in clinical practice. As such, assuming this book does in fact fulfill those claims, I hope it will add to the small library of

Romaji/Pinyin/English Formula Cross-Reference

Romaji Japanese name	Kanji Characters	Pinyin Chinese name	<i>Commonly Used Chinese Herbal Formulas with Illustrations (Hong-Yen Hsu 1980)</i>	<i>Chinese Herbal Medicine, Formulas and Strategies (Scheid et al. 2009)</i>
<i>Anchu San</i>	安中散	<i>An Zhong San</i>	Cardamom and Fennel Combination pp.366	Calm the middle powder p.268
<i>Bakumondo To</i>	麦門冬湯	<i>Maimendong tang</i>	Ophiopogon Combination p.537	Ophiopogonis Decoction pp.670–673
<i>Bofutsu Sho San</i>	防风通圣 丸	<i>Fang Feng Tong Sheng San</i>	Siler and Platycodon Combination p.119	Saposhnikovia Powder that Sagely unblocks pp.290–292
<i>Boi Ogi To</i>	防己黃耆 湯	<i>Fang Ji Huang Qi Tang</i>	Stephania and Astragalus Combination p.477	Stephania and Astragalus Decoction pp.735–737
<i>Bukuryo In</i>	茯苓飲	<i>Fu Ling Yin</i>	Hoelen Combination p.485	Omitted. Rx from the <i>Kin Ki Yo Ryaku</i> 金匱 要略
<i>Bukuryo Takusha To</i>	茯苓澤瀉 湯	<i>Fu Ling Ze Xie Tang</i>	Alisma and Hoelen Combination p.483	Omitted. Rx from the <i>Kin Ki Yo Ryaku</i> 金匱 要略