

# Fukushin and Kampo

ABDOMINAL DIAGNOSIS IN  
TRADITIONAL JAPANESE  
AND CHINESE MEDICINE



**NIGEL DAWES**

Foreword by Kenji Watanabe

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Japanese and Chinese Medicine*

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SINGING DRAGON  
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# 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, bronchiecstasis, bronchitic asthma, asthmatic bronchitis, emphesema 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* 往來寒熱), 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”*

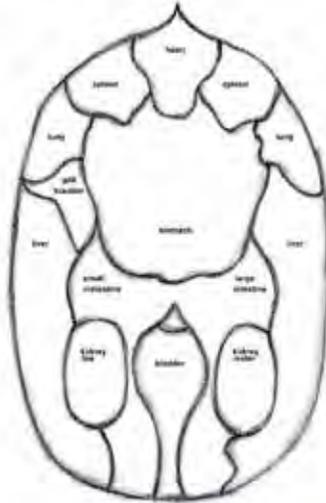
From *Kyoroku Ribetsu No Kotoba* (“Words given to *Kyoroku* as he parts”, 1693), by Matsuo Chueemon Munefusa 松尾忠右衛門宗房, better known by his pen name Basho 芭蕉 (1644–1694), quoting the words of the famous Buddhist priest *Kukai* (774–835) to one of his disciples.

## **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* 邪氣). 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.



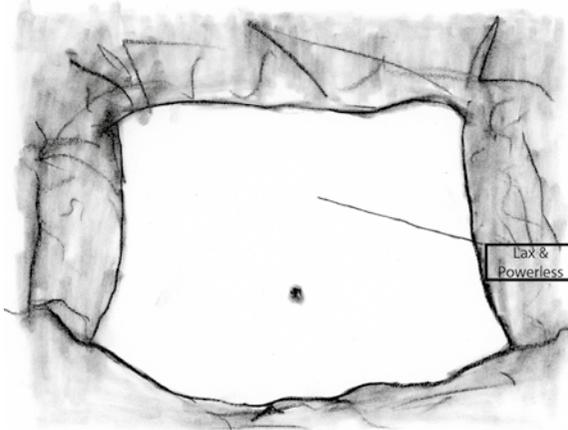
3.2b



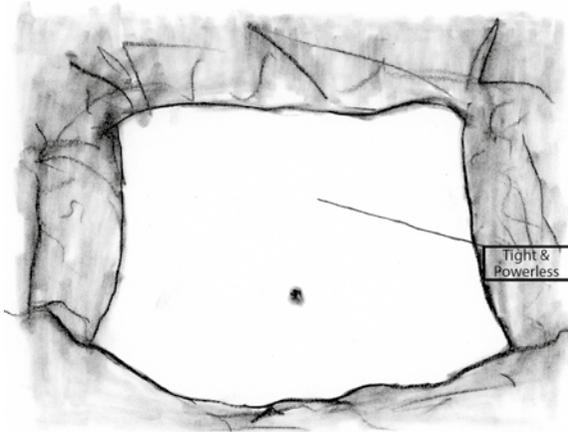
3.2c

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

<b>Romaji Japanese name</b>	<b>Kanji Characters</b>	<b>Pinyin Chinese name</b>	<b><i>Commonly Used Chinese Herbal Formulas with Illustrations (Hong-Yen Hsu 1980)</i></b>	<b><i>Chinese Herbal Medicine, Formulas and Strategies (Scheid et al. 2009)</i></b>
<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