JCIM Press Science Press

主　办：上海市中西医结合学会
上海长海医院
出　版：中西医结合学报杂志社
合作出版：科学出版社

ISSN 1672-1977
CN 31-1906/R

2011年11月 第9卷 第11期

中西医结合学报

JOURNAL OF CHINESE INTEGRATIVE MEDICINE

An open access journal at http://www.jcimjournal.com
Volume 9 Number 11 November 2011

9 771672 197114 11>

Shanghai Association of Integrative Medicine
Shanghai Changhai Hospital, China

Global Views 结合医学概览

Introduction of the World Health Organization project of the International Classification of Traditional Medicine

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Abstract: The World Health Organization plans to incorporate "traditional medicine" into the next revision of its International Classification of Diseases — Version 11 (ICD-11). If traditional medicine is included in ICD-11, it is definitely an epoch-making issue. The expected result is the International Classification of Traditional Medicine, China, Japan and Korea Version (ICTM-CJK). The intention of the ICTM project is not only beneficial for traditional medical components, but also might be beneficial for Western biomedicine. For this shared purpose, China, Japan and Korea must understand the meaning of this project and collaborate to develop it.

Keywords: Western medicine; medicine, traditional; International Classification of Traditional Medicine; World Health Organization

Although traditional Chinese medicine (TCM) occurs all over the Asian world, most countries like China, Korea and Japan have its own "flavor" of traditional medicine. Korean and Japanese traditional medicines originated from ancient China (Han Dynasty)[1]. Today, however, each country's traditional medicine is unique in many aspects. For example, the Korean traditional medicine (Han medicine) values four types of body constitutions (Sasang constitution diagnosis), while in Japan, Kampo medicine developed uniquely during the Edo period (1603—1867)[2].

Traditional medicine has been used in some communities for thousands of years[3]. As traditional medicine practices are adopted by new populations, there are challenges emerging. Traditional medicine practices have been adopted in different cultures and regions without the parallel advances of international standards and methods for evaluation. This kind of diversity among traditional medicine is very common so the World Health Organization (WHO) emphasizes international diversity in regard to the challenge of policies for traditional medicine.

1 WHO and traditional medicine

In 1978, the Alma-Ata Declaration on Primary Health Care called on countries and governments to include the practice of traditional medicine within their primary health care approach. Thirty years later, traditional medicine is even more

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DOI: 10.3736/jcim20111101
http://www.jcimjournal.com

Gao PF, Watanabe K. Introduction of the World Health Organization project of the International Classification of Traditional Medicine. *J Chin Integr Med*. 2011; 9(11): 1161-1164.
高鹏飞, Watanabe K. WHO 传统医学国际疾病分类项目介绍. 中西医结合学报. 2011; 9(11): 1161-1164.

Received June 29, 2011; accepted July 13, 2011; published online November 15, 2011.
Full-text LinkOut at PubMed. Journal title in PubMed: *Zhong Xi Yi Jie He Xue Bao*.

基金项目: This study is supported by Japan Ministry of Health, Labour and Welfare Science Research Grant for FY 2007/2008.
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ISSN 1672-1977. Published by JCIM Press, Shanghai, China.

widely available, affordable, and commonly used in large parts of Africa, Asia and Latin America. For example, in some Asian and African countries, 80% of the population depends on traditional medicine for primary health care. Recent studies conducted in North America and Europe indicated that traditional medicine health care approaches tend to be used primarily in groups with higher levels of income and education[4] and in many cases, the costs are not covered by medical insurance schemes. This is not the "poor man's alternative" to Western medical care. The use of these complementary and alternative medicine (CAM) therapies has become a multi-billion dollar industry that is expected to continue its exponential growth. For instance, 70% of the population in Canada and 80% in Germany have used CAM. The most recent WHO resolution on traditional medicine (2009) urges its member states to formulate national policies, regulations and standards, as part of their comprehensive national health systems, to promote the appropriate, safe and effective use of traditional medicine to strengthen the health systems ability to provide primary care.

2 WHO activity for traditional medicine

WHO founded the Department of Traditional Medicine in 1972. Among the seven regional offices, the West Pacific Regional Office (WPRO) and the African Regional Office have a Department of Traditional Medicine, respectively. The aim of these offices is to promote traditional medicine throughout the world. Among the traditional medicines in the world, the Chinese, Korean and Japanese traditional medicines originate from ancient China, Ayurvedic medicine has Indian origin and Unani medicine is used in Arabic countries. These are considered to be the three major traditional medicines in the world, but sometimes Tibetan medicine is included, as a fourth major traditional medicine. The process of harmonization of Chinese, Korean and Japanese traditional medicines with Western medicine started in 1989 to determine the coding system of acupuncture, which was published by WHO headquarters in 1989. After that, the activity of the WPRO (key countries include China, Japan and the Republic of Korea) mainly focuses on a classification of traditional medicine in China, Korea and Japan. The aim for this activity is to include traditional medicines as a part of the next revision of the International Classification of Diseases (ICD), namely, ICD-11.

3 WHO Family of International Classification

WHO Family of International Classification (WHO-FIC) is the society which deals with international classifications. The central core classifications are ICD and International Classification of Functioning (ICF). Derived classifications contain the core classification in ICD and detailed classification in its own. Related classifications are independent from each other and maintained independently.

WHO-FIC has an annual meeting to maintain and revise the family of classifications. The proposal for the International Classification of Traditional Medicine (ICTM) to become a derived or related member of the WHO-FIC was presented to the WHO-FIC annual meeting in Tunis in October 2006. Although at the beginning there was a negative atmosphere concerning traditional medicines, the WHO-FIC supported the proposal and recommended that a formal submission should be prepared at last.

The main issues arising from WHO-FIC 2006 were as follows: (1) name of the classification should be ICTM-China, Japan and Korea (ICTM-CJK); (2) mapping of the clinical diseases section to ICD-10; (3) based on the result of these mappings, recommendations on derived or related status of the proposed classification; (4) custodianship with WPRO; (5) preparation of a draft of the classification including clinical conditions and disease patterns for the 2007 WHO-FIC meeting.

4 Mapping between ICTM-CJK and ICD-10

A second informal consultation on development of the classification was held in Tokyo, Japan, in March, 2007. It was held to further explore the feasibility of the proposed ICTM as a derived or related member of the family based upon the outcome of mapping between International Standard Terminologies (IST) and ICD-10 and the results of national efforts were presented by representatives from China, Japan, Korea and Vietnam. China found that only 17 of 564 IST terms (3%) could be found in ICD-10, mainly in "Infectious", "Parasitic" and "Other" chapters. They also reviewed four glossaries of TCM and found between 5% and 10% of words occurring in ICD-10. Japan did not map IST and Western medicine names as practitioners of Kampo medicine use ICD-10 for naming diseases. Japan concluded that coding independently in ICD-10, International Classification (IC)-Kampo and Kampo "SHO" (means "pattern" or "syndrome" in English) was possible from the patient charts. Korea undertook the mapping of 565 preferred terms (disease concepts) from IST to Korean Classification of Disease in Oriental Medicine (KCDOM) and ICD-10. They found 296 matches with KCDOM and 1 806 with ICD-10 (average of 6.1 ICD-10 terms to each IST term). Of 2 439 KCDOM codes, 376 were identical to IST. From Korea there was also a report of a hospital trial of disease name mapping between KCDOM and ICD-10 in 2 040 patients. The results showed that it was difficult and invalid to map between ICD-10 and KCDOM. The conclusion from Korea was that IST and ICD-10 have multiple matchings for each other. However, some areas such as ophthalmology showed 1∶1 matching. Vietnam focused its attention on syndrome mapping and developed a Vietnamese classification of terms. It recognized that traditional medicine practitioners have access to disease names in Western as well as traditional medicines. As the mapping between IST and ICD-10 has yielded such low correspondence, it was decided to proceed with an ICTM/WPRO that could stand alone as a classification or function as Chapter 23 of ICD-10. Based on the results during the second informal consultation of development of ICTM-CJK, core members of this project met in Brisbane, Australia on August 26-29, 2007 and made the product. This product was presented in WHO-FIC annual meeting in Trieste, Italy on October 28-November 3. The product was well accepted in principle and approved as a member of related classification of WHO-FIC with the condition of some minor revisions.

5 From WPRO to the WHO headquarter

The third and final informal consultation on development of ICTM-CJK meeting was held in Seoul on Jun 24-26, 2008. After this meeting, this project was driven by the WHO headquarter. In May 2009, WHO headquarter invited various countries dealing with traditional medicine from all over the world and explained the WHO's plan to incorporate traditional medicine into ICD-11 and asked them whether they are interested in joining the project or not. Among traditional medicines in the world, the candidate for ICD-11 should be internationally used and should have systematic diagnostic ways. Because in China, Korea and Japan, traditional medicine has an inter-country experience and experience of harmonization, it met the criteria. Also, considering that the time is limited for the revision of ICD-11, WHO decided to consider Chinese, Korean and Japanese traditional medicines at the beginning. In May 2010, the first WHO meeting on the ICTM was held in Hong Kong on May 25-29[5] followed by an informal consultation on the ICTM project plan held in Geneva on March 22-24, 2010[6]. In the Hong Kong meeting, an organization was formed and it discussed how to promote this project.

5.1 Purpose of this project WHO proposed to coordinate various streams of work to develop a standardized traditional medicine terminology and classification system which will allow for regular data collection and comparisons with conventional health information systems.

5.2 Existing resources for traditional medicine classification and terminology China used the 1995 classification and codes of diseases and Zheng (pattern/syndrome) of TCM (GB95), which has disease and pattern names. It is a national standard and is distributed electronically. Also some information of interventions was included in GB97. Korea used the KCD4 (2004) based on the ICD-10 for Western medicine. The KCDOM-2 (1994) had disease names used for traditional medicine insurance claims and pattern names, and the KCDOM 2004 focuses on disease patterns. KCDOM-3 started in January 2010, designing double coding of Western disease name (ICD) and traditional medicine patterns/diseases. Japan used the ICD for disease description for Western and Kampo medicine and government insurance claims. It has also developed disease patterns for prescribing 148 formulae within Kampo medicine.

5.3 Characteristics of ICTM This project is expected to promote traditional medicine as a main stream medicine by recording all traditional medicine terminologies in ontology software (i.e. Protégé), establishing links to the current ICD and using a common base for terms when possible, producing an ICTM and linking the traditional medicine ontology/terminology and classification with other WHO-FIC products, such as cross-links to the International Classification of Health Interventions (ICHI)[7].

5.4 Benefits of the project When this project is completed, it will link traditional medicine practices with global norms and standard development activities for health information systems through the WHO-FIC. Incorporation in WHO classifications will enhance international public health tasks on global statistics, surveillance and patient safety. It will also enhance basic and clinical research around traditional medicine, which will facilitate enhanced acceptance. These project

activities will also create an international platform and a network for sharing knowledge and securing cultural sensitivity.

5.5 Challenges of this project ICTM will be made by the effort of China, Japan and Korea. However, inclusion in ICD-11 will be a big challenge because ICTM should be understood by Western physicians. Also, content models (information platforms) should be shared. This is a big challenge because the basic concepts of medicine are different between Western medicine and traditional medicine. First, medical practice is deeply connected with culture. There are large differences between Western and oriental cultural background. Second, traditional and conventional medical systems are totally different. It is not so easy to understand Chinese, Japanese and Korean traditional medicines from the viewpoint of Western medicine. Finally, if ICTM will be included in ICD-11, many challenges will remain before true integration can occur, because most of the Western physicians are skeptically regarding traditional medicine for its clinical evidence, mechanism of action and active components.

6 Conclusion

In order to promote the integration of Western and traditional medicines and provide a better health care system to the world, a shared platform is necessary. WHO ICD-11 is a good opportunity to realize this goal. Although this project is not easy, it is worth to be promoted. For this purpose, collaboration and communication of the related countries are essential.

7 Acknowledgements

This study is supported by Japan Ministry of Health, Labour and Welfare Science Research Grant for FY 2007/2008.

8 Competing interests

The authors declare that they have no competing interests.

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WHO 传统医学国际疾病分类项目介绍

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摘要: 世界卫生组织计划在“国际疾病分类第 11 版(International Classification of Diseases-11, ICD-11)”中加入“传统医学”这一部分,预期的版本是“传统医学国际分类-中日韩三国版”。传统医学加入 ICD-11,有非常重大深远的意义。传统医学的国际分类的建立,不仅有利于传统医学,也有利于西方医学。所以,中、日、韩三国必须充分理解这个项目的意义和难得的现实机遇,相互进行密切合作来实现这一目标。

关键词: 西医学; 医学, 传统; 传统医学疾病分类; 世界卫生组织