



**World Health
Organization**

Western Pacific Region

**TECHNICAL CONSULTATION ON IMPROVING
DATA ON TRADITIONAL MEDICINE IN THE
WESTERN PACIFIC REGION**

**2-4 October 2013
Manila, Philippines**

DR KENJI WATANABE

Temporary Adviser

**WORLD HEALTH
ORGANIZATION**



**ORGANISATION MONDIALE
DE LA SANTÉ**

**REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU RÉGIONAL DU PACIFIQUE OCCIDENTAL**

**TECHNICAL CONSULTATION ON IMPROVING
DATA ON TRADITIONAL MEDICINE IN THE
WESTERN PACIFIC REGION**

**WPR/DHS/EMT(03)/2013.3
30 September 2013**

**Manila, Philippines
2-4 October 2013**

ENGLISH ONLY

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 - Development of an indicator framework for TM (Mr M. Landry and Ms R. Azcuna)
 - Improving data on TM in the Western Pacific Region (Dr Ahn Sangyoung)
 - Identified data on TM in Australia (Dr Charlie Xue)
 - Current status on Traditional Chinese Medicine (Dr Liu Xin Min)
 - Kampo Health Informatics in Japan (Dr Kenji Watanabe)
 - Traditional medicine health data, Republic of Korea 2011 (Dr Choi Jee-young)
 - Country presentation – China
 - Country presentation – Malaysia
 - Country presentation – Mongolia
 - Country presentation – Republic of Korea
 - Comparative analysis of data on traditional medicine (Dr Jeong-wook Seo)
 - Review data framework (IER)
8. Miscellaneous

TENTATIVE TIMETABLE

Wednesday, 2 October, Conference Hall		Thursday, 3 October, Meeting Room 212		Friday, 4 October, Meeting Room 212	
08:30-09:00	Registration	09:00-09:15	Summary of Day 1	09:00-09:15	Summary of Day 2
09:00-09:45	Opening ceremony - Opening remarks - Objectives of the consultation - Introduction of participants - Election of officers - Group photo	09:15-09:45	Mapping of data on TM (Dr Seo Jeong-wook)	09:15-09:45	Working group 1 presentation and discussion
		09:45-10:00	Discussion	09:45-10:15	Working group 2 presentation and discussion
09:45-10:00	Coffee break	10:00-10:15	Coffee break	10:15-10:30	Coffee break
10:00-10:45	WPRO presentations - Regional strategy promotes TM as part of the health system (Dr Narantuya Samdan) - Development of an indicator framework (Mr Mark Landry) - Improving data on TM in the Western Pacific Region (Dr Ahn Sangyoung)	10:15-11:00	Implementing an indicator framework for TM (Ms Rose Azcuna)	10:30-11:30	Draft indicator framework for TM
10:45-11:00	Discussion	11:00-11:15	Discussion	11:30-11:45	Discussion
11:00-11:30	Temporary Advisers' presentations - Identified data on TM in Australia (Dr Charlie Xue) - Current status on Traditional Chinese Medicine (Dr Liu Xin Min)	11:15-11:30	Group work introduction		
11:30-11:45	Discussion				
12:00-13:30	Lunch	11:30-13:00	Lunch	12:00-13:00	Lunch
13:30-14:00	Temporary advisers' presentations - Kampo health informatics in Japan (Dr Kenjie Watanabe) - Traditional medicine health data, Republic of Korea 2011- (Dr Choi Jee-Young)	13:00-14:30	Group work - Working group 1 (Room 212) - Working group 2 (Committee Room)	13:00-14:30	Roadmap and closing session
14:00-14:15	Discussion				
14:15-15:00	Country presentations - China - Malaysia				
15:00-15:15	Discussion				
15:15-15:30	Coffee break	14:30-14:45	Coffee break		
15:30-16:15	Country presentations - Mongolia - Republic of Korea	14:45-16:30	Group work		
16:15-16:30	Discussion				
16:30-17:00	Daily review				
18:00-20:00	Welcome dinner				

**WORLD HEALTH
ORGANIZATION**



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**TECHNICAL CONSULTATION ON IMPROVING
DATA ON TRADITIONAL MEDICINE IN THE
WESTERN PACIFIC REGION**

**WPR/DHS/EMT(03)/2013.1
30 September 2013**

**Manila, Philippines
2-4 October 2013**

ENGLISH ONLY

PROVISIONAL AGENDA

1. Opening session
2. WHO promotes traditional medicine as part of the national health system
3. Development of an indicator framework for traditional medicine
4. Improving data on traditional medicine in the Western Pacific Region
5. Identified data on traditional medicine in Australia, China, Japan and Republic of Korea
6. Comparative analyses of identified data on traditional medicine in selected countries
7. Country presentations on supervision and management of data on traditional medicine
8. Draft framework for data collection in the Western Pacific Region
9. Planned roadmap
10. Closing session

WORLD HEALTH
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ORGANISATION MONDIALE
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REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU RÉGIONAL DU PACIFIQUE OCCIDENTAL

TECHNICAL CONSULTATION ON IMPROVING
DATA ON TRADITIONAL MEDICINE IN THE
WESTERN PACIFIC REGION

WPR/DHS/EMT(03)/2013.2

30 September 2013

Manila, Philippines
2-4 October 2013

ENGLISH ONLY

PROVISIONAL PROGRAMME OF ACTIVITIES

Day 1 (Wednesday, 2 October 2013)

- | | |
|-------------|---|
| 08:30-09:00 | Registration |
| 09:00-09:45 | Opening ceremony <ul style="list-style-type: none">- Opening remarks- Objectives of the consultation- Introduction of the participants- Election of officers- Group photo |
| 09:45-10:00 | Coffee break |
| 10:00-10:45 | WPRO presentations <ul style="list-style-type: none">- Regional strategy promotes traditional medicine as part of health system (Dr Narantuya Samdan)- Development of an indicator framework for traditional medicine (Mr Mark Landry)- Improving data on traditional medicine in the Western Pacific Region (Dr Ahn Sangyoung) |

Day 2 (Thursday, 3 October 2013)

- 09:00-09:15 Summary of Day 1
- 09:15-09:45 Comparative analysis of data on traditional medicine (Dr Jeong-wook Seo)
- 09:45-10:00 Discussion
- 10:00-10:15 Coffee break
- 10:15-11:00 Implementing an indicator framework for traditional medicine
(Ms Rosebelle Azcuna)
- 11:00-11:15 Discussion
- 11:15-11:30 Group work introduction
- 11:30-13:00 Lunch
- 13:00-14:30 Group work
- Working group 1 (Room 212)
 - Working group 2 (Committee Room)
- 14:30-14:45 Coffee break
- 14:45-16:30 Group work

Day 3 (Friday, 4 October 2013)

- 09:00-09:15 Summary of Day 2
- 09:15-09:45 Working group 1 presentation and discussion
- 09:45-10:15 Working group 2 presentation and discussion
- 10:15-10:30 Coffee break
- 10:30-11:30 Draft indicator framework for traditional medicine
- 11:30-11:45 Discussion
- 12:00-13:00 Lunch
- 13:00-14:30 Roadmap and closing session



REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU REGIONAL DU PACIFIQUE OCCIDENTAL

TECHNICAL CONSULTATION ON IMPROVING
DATA ON TRADITIONAL MEDICINE IN THE
WESTERN PACIFIC REGION

WPR/DHS/EMT(03)/2013/IB/1
19 September 2013

Manila, Philippines
2-4 October 2013

ENGLISH ONLY

INFORMATION BULLETIN NO. 1

This is the first of a series of information bulletins that will be issued between now and the opening of the consultation.

1. Background information

In October 2011, the sixty-second session of the Regional Committee for the Western Pacific endorsed the Regional Strategy for Traditional Medicine in the Western Pacific (2011-2020) with the strategic objective of including data on traditional medicine in the national health information system. Some Member States have been producing health data related to traditional medicine in the areas of administration, education, governmental research and development investments, medical services, health product industry, among others. However, standard definitions and metadata and proper interpretation of these data are limited across the Region due to inconsistency of parameters and scattered data sources.

Internationally-acceptable cross-country comparable data and statistics on traditional medicine can enable a concise and quantitative overview of traditional medicine situation in the Region. It will also improve data exchange to link systems and serve as a basis for decision-makers to advocate inclusion of traditional medicine data and indicators within the national health information systems.

This consultation will be held to obtain technical input from Member States on standard definitions and metadata, techniques to collect and analyse existing health data related to traditional medicine services, providers and products, and identifying available data for cross-country comparison.

2. Objectives

At the end of the consultation, participants will have:

- (1) shared the status of data availability on traditional medicine in participating countries in relation to data definitions, collection, management, analysis, and use;
- (2) determined data and metadata definitions and available data sources related to traditional medicine health services, providers and products for cross-country comparison; and
- (3) agreed on and developed a plan for improving data on traditional medicine in the Western Pacific Region.

3. Dates and site

The consultation will be held from 2 to 4 October 2013 at the WHO Regional Office for the Western Pacific in Manila, Philippines.

4. Language

English only.

5. Participants

Participants will be responsible government officers and researchers on the health information system of traditional medicine.

6. Hotel accommodation

Participants will be booked at:

Sofitel Philippine Plaza Manila
CCP Complex, Roxas Boulevard
Pasay City, Metro Manila
Philippines
Tel. No.: (632) 551 5555
Fax No.: (632) 551 5610
Website: www.sofitel.com / www.sofitelmanila.com

WHO will pay the hotel directly for the accommodation of the participants and temporary advisers.

7. Travel arrangements

Economy class or excursion fare air tickets, if applicable, will be delivered by authorized travel agents of WHO. This Office normally arranges the itineraries of the participants and should there be any deviation in travel arrangements, the participants will bear the additional costs. Once the details of arrival are known, participants should contact the Administrative Services Officer, WHO Regional Office for the Western Pacific, fax no. (632) 521 1036, E-mail: ASO@wpro.who.int regarding the date of arrival including flight particulars. This will enable participants to be met at the airport.

If for some reasons participants are not met, they are requested to proceed to the International Organizations Desk. This desk functions exclusively for ADB/IRRI/UNDP/WHO/ICLARM and is located near Gate 1 of the arrival lobby after the customs area of the Ninoy Aquino International Airport building. Participants may request the attendant for assistance to get coupon taxi service to transport them safely to the hotel.

All subsequent travel arrangements and reconfirmation of return air bookings will be handled by the WHO official travel agent, Marsman Drysdale Travel, WHO Building, Ermita, Manila, telephone nos. (632) 528 9669 or (632) 528 8001.

8. Visa

All travellers are responsible for having in their possession a passport valid for at least six months from date of departure for the Philippines. Participants from China should apply to the diplomatic representations of the Philippines abroad for visa. Other participants are permitted to stay in the Philippines for 30 days without a visa provided they are holding onward or return air tickets.

Chinese participants holding a British passport issued in Hong Kong may enter the Philippines without a visa for a maximum stay of seven days; this can be extended for another seven days.

9. Insurance

WHO does not provide insurance cover for participants or their belongings and participants are expected to make their own arrangements for accident, illness and luggage insurance, if so desired.

Temporary advisers will be covered by accident insurance throughout the period of their attendance and during authorized travel time.

10. Daily allowance, currency and rate of exchange

Since accommodation, breakfast and lunch will be provided throughout the duration of the consultation, and a welcome dinner on the first day of the consultation, participants and temporary advisers will be paid a reduced per diem based on the prevailing per diem rate in Manila at the time of the consultation which is currently at US\$ 233. Participants and temporary advisers residing within commuting distance to the consultation will be paid one third and one half of the rate, respectively.

The monetary unit in Manila is the Philippine Peso. The exchange rate is currently Pesos 44.45 to US\$ 1.00 (subject to change).

11. Airport tax

An international airport/terminal fee of ₱550 is payable by every visitor on departure.

12. Documents for the consultation

All participants will be given a folder containing the documents for the consultation which will be distributed at the registration desk.

13. Climate

The climate is tropical with the temperature ranging from 20°C to 38°C. The rainy season extends from mid-May to mid-November. Light tropical clothing is worn all year round. Business suits are generally worn during meetings or on formal occasions.

14. Postal, e-mail and fax no.

Participants may use the following address for personal mail for the duration of the consultation:

Postal address: (name of participant)

(attending the TECHNICAL CONSULTATION ON
IMPROVING DATA ON TRADITIONAL MEDICINE
IN THE WESTERN PACIFIC REGION)

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15. Other useful information

WHO has a policy of no smoking for all WHO meetings and associated functions.



REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU REGIONAL DU PACIFIQUE OCCIDENTAL

TECHNICAL CONSULTATION ON IMPROVING
DATA ON TRADITIONAL MEDICINE IN THE
WESTERN PACIFIC REGION

WPR/DHS/EMT(03)/2013/IB/2
30 September 2013

Manila, Philippines
2-4 October 2013

ENGLISH ONLY

INFORMATION BULLETIN NO. 2

LIST OF PARTICIPANTS, TEMPORARY ADVISERS,
OBSERVER AND SECRETARIAT

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REPUBLIC OF
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WPRO Meeting
 Technical Consultation on Improving Data on TRM in WPRO
 Oct. 2-4 2013, Manila, Phillipine

Kampo Health Informatics in Japan

Kenji Watanabe
 Keio University, Japan

WHO Family of International Classification (WHO-FIC)

Related

- IC for primary care (ICPC)
- IC of External Causes of Injury (ICECI)
- The Anatomical, Therapeutic Chemical (ATC) Classification (ATCC)
- ISO9999 for Technical Terms of Disabilities

Reference

IC of diseases
 (ICD)

IC of Functioning,
 Disability and
 Health (ICF)

IC of Health
 Intervention
 (ICHI)

Derived

- ICD for Oncology ver.3 (ICD-O-3)
- ICD for Mental and Behavioral Disorders
- ICD for Dentistry and Stomatology (ICD-10-DA)
- ICD-10 for Neurology Application (ICD-10-NA)
- ICF for Children and Youth (ICF -CY)

ICTM

ICD-11 beta

ICD11 Beta Oct 07 - 11:02 UTC

Search [Advanced Search]

Foundation Linearizations Contributions

- ICD11 Beta
 - ▶ Infectious diseases
 - ▶ Neoplasms
 - ▶ Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
 - ▶ Endocrine, nutritional and metabolic diseases
 - ▶ Mental and behavioural disorders
 - ▶ Diseases of the nervous system
 - ▶ Diseases of the eye and adnexa
 - ▶ Diseases of the ear and mastoid process
 - ▶ Diseases of the circulatory system
 - ▶ Diseases of the respiratory system
 - ▶ Diseases of the digestive system
 - ▶ Diseases of the skin
 - ▶ Diseases of the musculoskeletal system and connective tissue
 - ▶ Diseases of the genitourinary system
 - ▶ Pregnancy, childbirth and the puerperium
 - ▶ Certain conditions originating in the perinatal period
 - ▶ Developmental anomalies
 - ▶ Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified
 - ▶ Injury, poisoning and certain other consequences of external causes
 - ▶ External causes of morbidity and mortality
 - ▶ Factors influencing health status and contact with health services
 - ▶ Codes for special purposes
 - ▶ Traditional Medicine conditions - Module I (Note: This is a provisional title for ICD-11 Beta Phase)
 - ▶ Special tabulation lists for mortality and morbidity

ICD-11 Beta Draft

Welcome to the ICD11 Beta Browser

You can browse the ICD11 proposed content without registration. If you wish to participate in the Beta Phase please [register or sign up](#).

[More information on ICD-11 Beta Phase](#)

[What to expect, when and how?](#)

Caveats

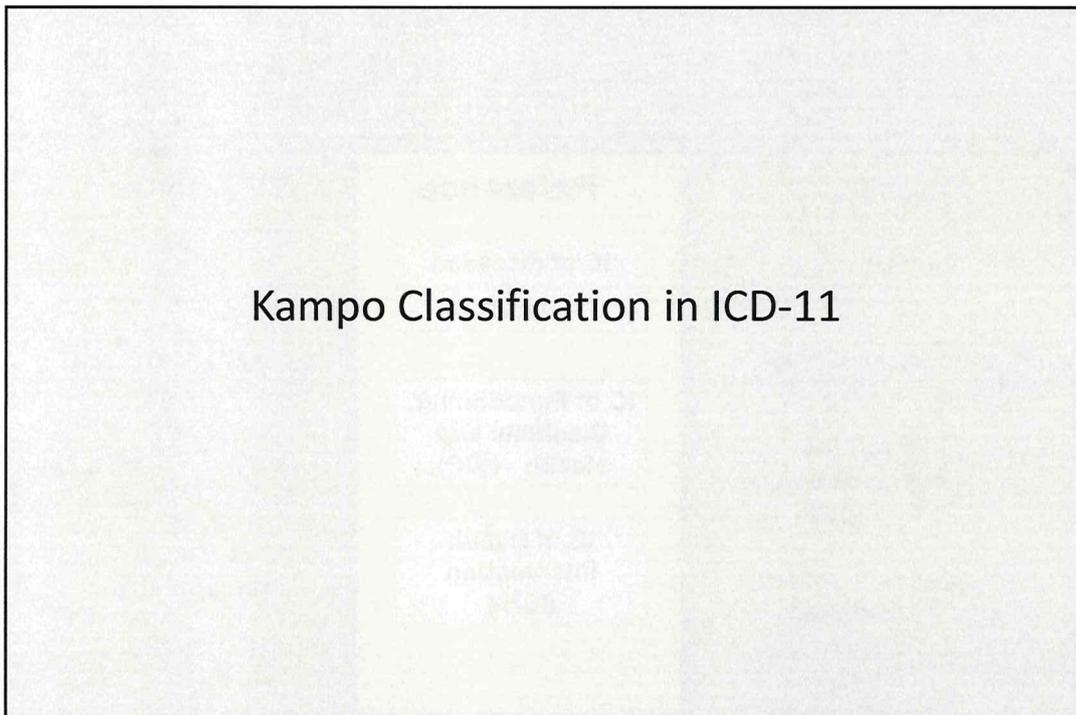
ICD-11 Beta draft is:

- **NOT FINAL**
- updated on a daily basis
- It is **not approved** by WHO
- **NOT TO BE USED** for CODING except for agreed FIELD TAGS

[Known concerns about the ICD-11 Beta Phase](#)

For more information about how to use the ICD-11 Browser, please contact icd11@who.int

For more questions, please contact icd11@who.int



Principles of Titles (Categories)

- traditional “disorders” are not used.

For example, “消渴 Xiao ke” is still used traditionally.

It is used similarly to diabetes mellitus. In order to avoid confusion, we decided to use ICD-10 instead of traditional names.

- Pattern is unique in TM and **double coding** system of

1) disease name : ICD-10

2) pattern: Kampo medical diagnosis

are adopted to code in Japan.

Patterns are already incorporated into the National Health Insurance Program

TJ-7: Hachimijogan

Indications

Fatigue or easy Fatiguability, Oliguria or Frequent Urination, Thirsty, Alternative Cold and Heat Sensation of extremities

**SHO
(Pattern)**

Nephritis, Diabetes Mellitus, ED, Sacral neuralgia, Beriberi, Prostate Hypertrophy, Hypertension

**disease
(ICD-10)**

Case (63 y/o female) leg pain

ICD10 code	western disease name	ICTM	Kampo SHO code
M5438	sacral neuropathy	2.1	Cold pattern
M8199	osteoporosis	3.2	Deficieincy pattern
		4.11	Fluid disturbance



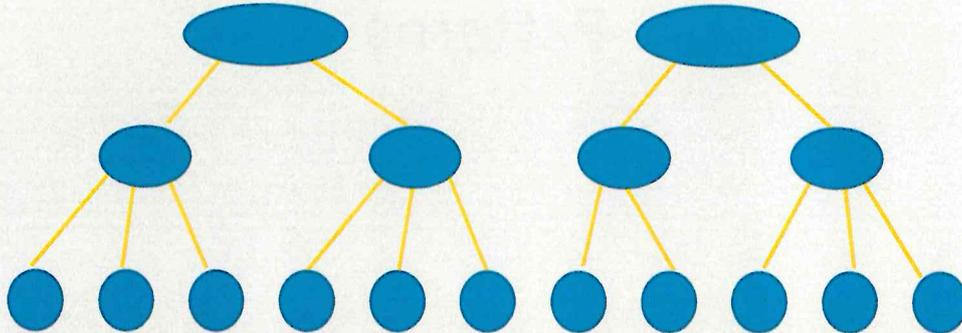
Principles of Titles (Categories)

- There are 280,000 physicians in Japan
- Nearly ninety percent of physicians use Kampo in daily practice, i.e. roughly 260, 000 medical doctors.
- Board certified Kampo expert physicians are only 2,400 (less than 1%).
- Who will code and what kind of data collection is necessary in Japan? → **non-board certificated physicians**

Classification should be simple and understandable

WHO Classification philosophy

- Jointly Exhaustive
- Mutually Exclusive



Kampo Medicine Pattern Code

Kampo Medicine Pattern Code

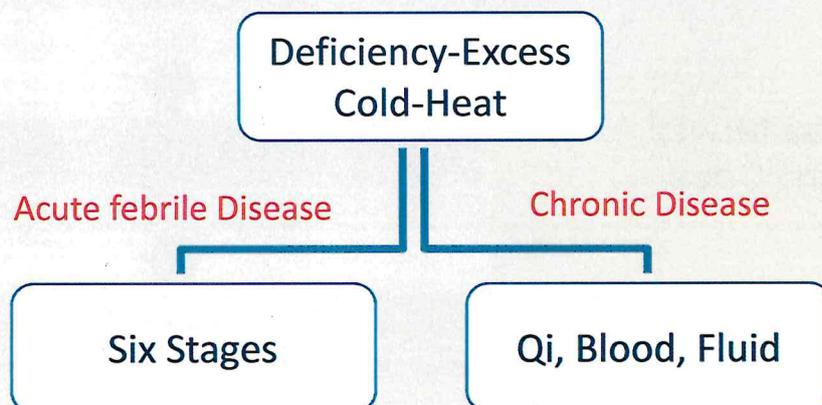
Ministry of Health, Labour and Welfare
Science Research Grant for FY 2007/2008
(General Research Project on Statistical Data)
Feasibility Study on the Classification of Kampo Medicine Patterns

Kenji Watanabe : Director, Center for Kampo Medicine, School of Medicine, Kelo University, Director, the Japan Society for Oriental Medicine
Shogo Ishino : President, the Japan Society for Oriental Medicine
Takeishi Sakyama : Director, the Japan Society for Oriental Medicine

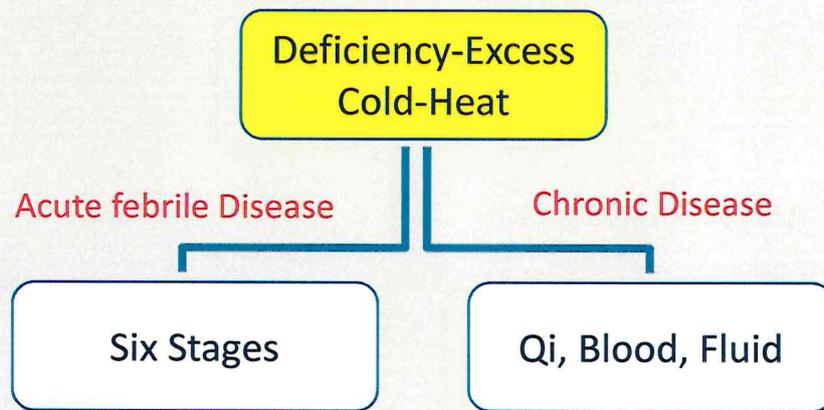
Deficiency and excess						
Deficiency	Middle			Excess		
↓						
Cold and Heat						
Cold	Moderate	Heat		Tangled heat and cold		
↓						
Qi, Blood and Fluid						
Qi deficiency	Qi stagnation	Qi counterflow	Blood deficiency	Blood stasis	Fluid disturbance	Fluid collapse
↓						
blood deficiency with cold and deficiency pattern						

Patterns

Classification of Patterns in Japan

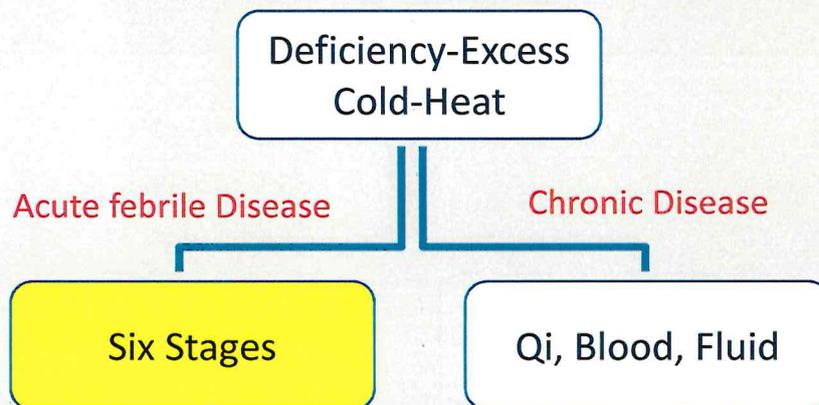


Classification of Patterns in Japan



Mandatory	寒 cold	熱 heat	寒熱中間 between cold and heat	寒熱錯雜 tangled cold and heat
虚 deficiency	寒·虚 cold, deficiency	熱·虚 heat, deficiency	寒熱中間·虚 between cold and heat, deficiency	寒熱錯雜·虚 tangled cold and heat, deficiency
实 excess	寒·实 cold, excess	熱·实 Heat, excess	寒熱中間·实 between cold and heat, excess	寒熱錯雜·实 tangled cold and heat, excess
虚实中間 between deficiency and excess	寒·虚实中間 cold, between deficiency and excess	熱·虚实中間 heat, between deficiency and excess	寒熱中間·虚实中間 between cold and heat, between deficiency and excess	寒熱錯雜·虚实中間 tangled cold and heat, between deficiency and excess

Classification of Patterns in Japan



Acute Febrile Diseases (Six Stages 1: yang stages)

<yang stages> all heat

Early yang stage pattern: 太陽病証

/deficiency/ between deficiency and excess/ excess

Middle yang stage pattern: 少陽病証

/deficiency/between deficiency and excess/excess

Late yang stage pattern: 陽明病証

<including> combination of three yang stage pattern

三陽合病証=白虎加人參湯

Acute Febrile Diseases (Six Stages 2: yin stages)

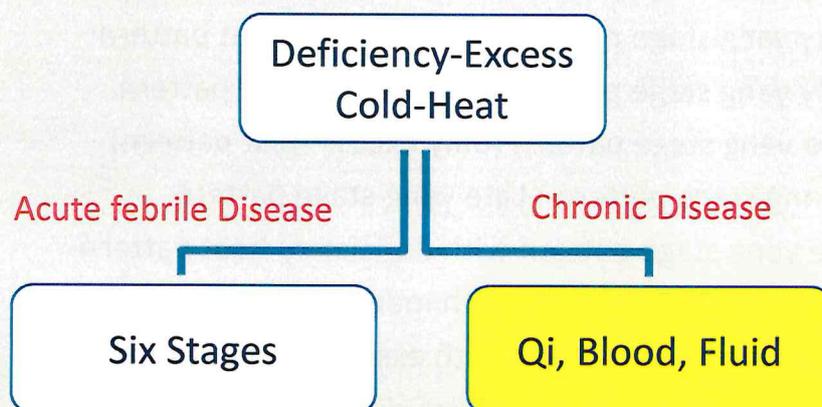
<yin stages> all deficiency and cold

Early yin stage pattern : 太陰病証

Middle yin stage pattern: 少陰病証

Late yin stage pattern: 厥陰病証

Classification of Patterns in Japan



Chronic diseases

1. Qi deficiency : 気虚 / Deficiency of upper abdominal region : 中焦の虚
2. Qi stagnation: 気滞
3. Qi counterflow: 気逆
4. Blood deficiency: 血虚
5. Blood stagnation: 瘀血
6. Fluid disturbance: 水毒

Six Stage Patterns (TM)

Early yang stage pattern

Early yang stage pattern with deficiency-heat pattern

Early yang stage pattern with medium-heat pattern

Early yang stage pattern with excess-heat pattern

Middle yang stage pattern (only excess-heat pattern)

Late yang stage pattern : Late yang stage pattern

Late yang stage pattern with deficiency-heat pattern

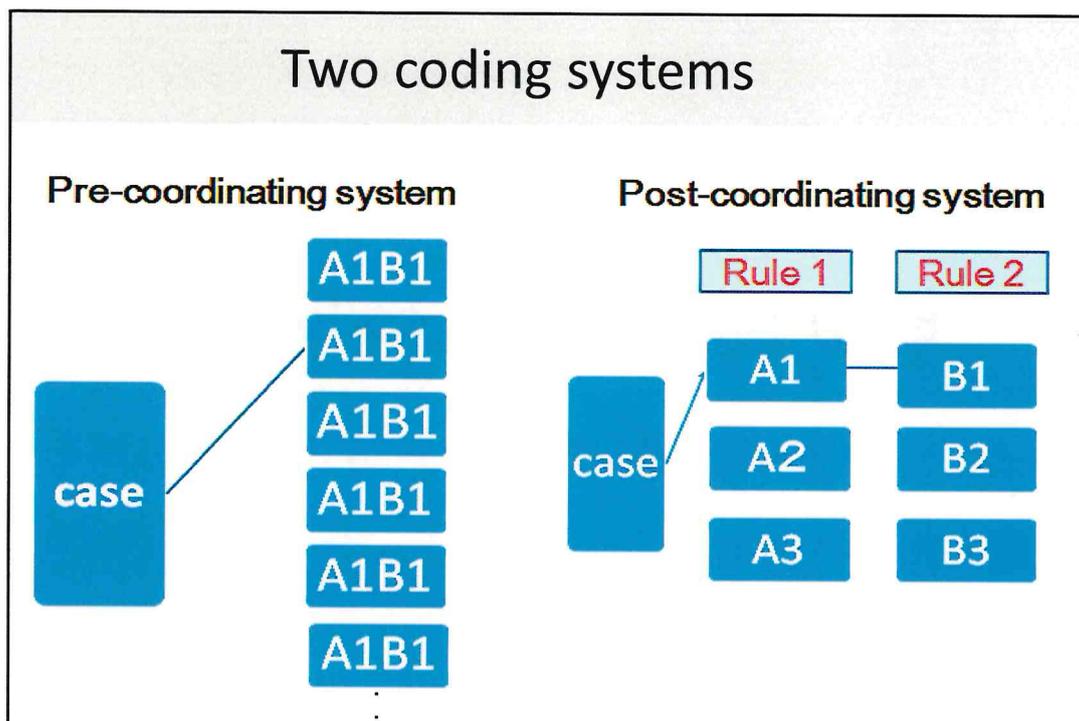
Late yang stage pattern with medium-heat pattern

Late yang stage pattern with excess-heat pattern

Early yin stage pattern (only deficiency and cold)

Middle yin stage pattern (only deficiency and cold)

Late yin stage pattern (only deficiency and cold)



Six Stage Patterns (TM)

Early yang stage pattern

Qualifier: with deficiency-heat pattern
with medium heat pattern
with excess heat pattern

Middle yang stage pattern (only excess-heat pattern)

Late yang stage pattern : Late yang stage pattern

Qualifier: with deficiency-heat pattern
with medium heat pattern
with excess heat pattern

Early yin stage pattern (only deficiency and cold)

Middle yin stage pattern (only deficiency and cold)

Late yin stage pattern (only deficiency and cold)

Examples of data collection

Keio Kampo patients (2008/5/21 ~ 2010/6/17)

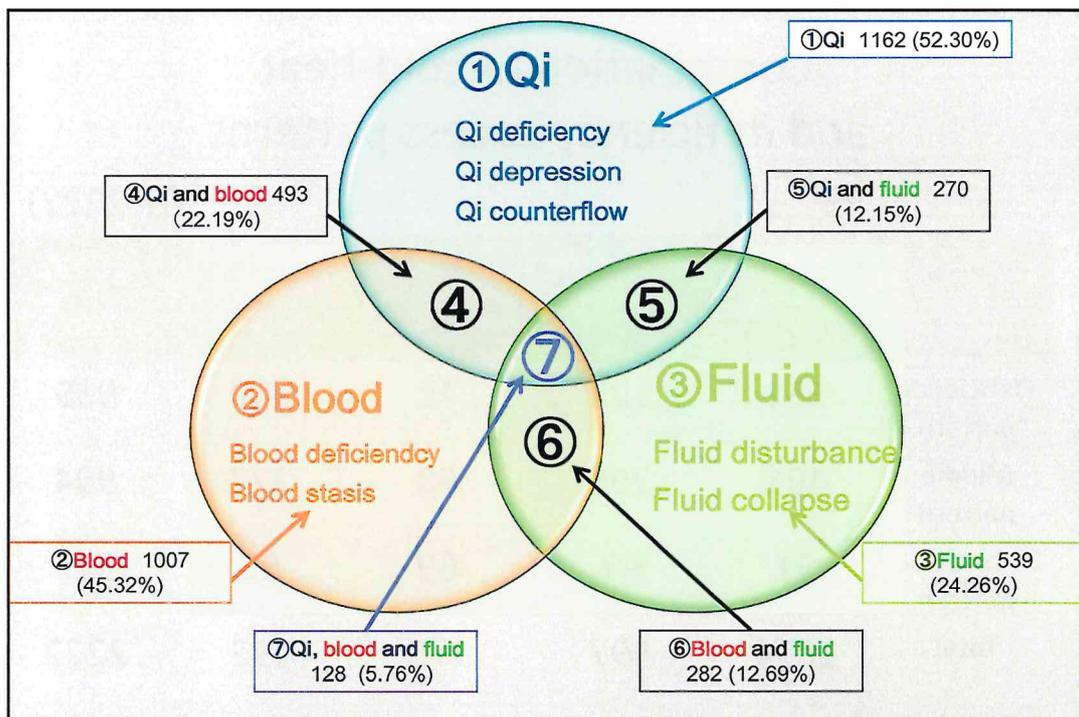
1611 patients (Male:473人、Female:1138人)

Kampo Codes	1611	100.0%	Male : 473 Female:1138
ICD Codes	1591	98.8%	Male : 473 Female:1118
Both ICD and Kampo Codes	1591	98.8%	Male : 473 Female:1118

ICD Code	n	Male (n)	Male (%)	Female (n)	Female (%)	Kampo Code (n)	(%)
A	30	7	23.3%	23	76.7%	30	100.0%
B	12	9	75.0%	3	25.0%	12	100.0%
C	87	35	40.2%	52	59.8%	87	100.0%
D	61	9	14.8%	51	83.6%	61	100.0%
E	58	25	43.1%	33	56.9%	58	100.0%
F	124	42	33.9%	82	66.1%	124	100.0%
G	147	37	25.2%	110	74.8%	147	100.0%
H	62	15	24.2%	46	74.2%	62	100.0%
I	65	29	44.6%	36	55.4%	65	100.0%
J	143	43	30.1%	100	69.9%	143	100.0%
K	243	66	27.2%	177	72.8%	243	100.0%
L	364	120	33.0%	244	67.0%	364	100.0%
M	147	36	24.5%	111	75.5%	147	100.0%
N	205	17	8.3%	188	91.7%	205	100.0%
O	5	0	0.0%	5	100.0%	5	100.0%
Q	2	0	0.0%	2	100.0%	2	100.0%
R	540	149	27.6%	391	72.4%	540	100.0%
S	2	1	50.0%	1	50.0%	2	100.0%
T	15	5	33.3%	10	66.7%	15	100.0%
Z	2	1	50.0%	1	50.0%	2	100.0%

	Cold pattern	Moderate pattern	Heat pattern	Tangled cold and heat pattern	total
Deficiency pattern	582	102	42	209	935
Middle pattern	401	298	68	227	994
Excess pattern	91	97	69	56	313
Total	1074	497	179	492	2222

Kampo codes (number of patients=1791)		Qi deficiency	Qi stagnation	Qi counter flow	Blood deficiency	Blood stasis	Fluid disturbance	Fluid loss	Total
Deficiency and cold pattern	179	87	35	74	115	92	0	582	
Deficiency and moderate pattern	34	16	7	19	16	10	0	102	
Deficiency and heat pattern	9	13	2	4	10	4	0	42	
Deficiency and tangled cold and heat pattern	53	30	18	26	49	32	1	209	
Moderate and cold pattern	95	64	23	67	79	73	0	401	
Middle and moderate pattern	54	50	23	34	83	53	1	298	
Middle and heat pattern	10	16	14	9	11	8	0	68	
Middle and tangled cold and heat pattern	46	27	12	44	52	46	0	227	
Excess and cold pattern	20	17	2	11	22	18	1	91	
Excess and moderate pattern	16	21	15	11	15	19	0	97	
Excess and heat pattern	4	29	10	1	12	13	0	69	
Excess and tangled cold and heat pattern	8	9	4	7	19	9	0	56	
Total	528	379	165	307	483	377	3	2242	



Conclusion

Positive points

- JSOM created the foundation of Kampo informatics
- New criteria matches the ICD criteria, i.e. mutually exclusive and jointly exhaustive

Negative points

- Use case is not clear. For insurance claim?
- There is no incentive to code Kampo pattern, because insurance is covered upon Western diseases.