2 Hierarchy, Type and Use

2.1 **Parents**

The parent of a category is set in this part of the content model. Here we allow more than one parent to support multiple inheritance in our hierarchy. iCat supports setting the parent(s) as well as drag & drop to move categories to other locations in the ICD hierarchy

2.2 **Type**

i) Disease

A disease is a set of dysfunction(s) in any of the body systems defined by:

1. *symptomatology - manifestations*: known pattern of signs, symptoms and related findings
2. *etiology*: an underlying explanatory mechanism
3. *course and outcome*: a distinct pattern of development over time
4. *treatment response*: a known pattern of response to interventions
5. *linkage to genetic factors*: e.g., genotypes, patterns of gene expression
6. linkage to interacting environmental factors

ii) **Disorder/Syndrome**

iii) **External Causes/Injuries:** Environmental events and circumstances as the cause of injury, poisoning and other adverse effects.

iv) **Sign/Symptom:** Objective evidence of disease identifiable by the examining physician (sign) and subjective evidence of disease as perceived by the patient (symptom)

v) **Reason for Encounter:** Reasons for encounter (RFEs) are the agreed statement of the reason(s) why a patient enters the health care system, representing the demand for care by that person. They may be symptoms or complaints (headache or fear of cancer), known diseases (flu or diabetes), requests for preventive or diagnostic services (a blood pressure check or an ECG), a request for treatment (repeat prescription), to get test results, or administrative (a medical certificate). These reasons are usually related to one or more underlying problems which the doctor formulates at the end of the encounter as the conditions that have been treated, which may or may not be the same as the reasons for the encounter.

vi) **Unspecified:** When this box is checked, the iCAT user will be required to comment on why it is unspecified.

2.3 **Use**

2.4 **This multi selection list allows the end user to select which linearization(s) and speciality adaptations will include the category.**

i) **Primary Care**

ii) **Mortality**

iii) **Morbidity**

iv) **Research**

v) **Specialty Adaption (identify):**

(1) **Mental Health**

(2) **Neurology**

(3) **Musculoskeletal**

(4) **Paediatrics**

(5) **Dermatology**

3 Definition

3.1 **Textual Definition:** Each ICD concept will be accompanied by a written definition of its descriptive characteristics. This full text definition enables human users to understand the meaning of a concept for classification, translation and other reasons. Pre-existing definitions are included where applicable.

a. Use of existing ICD definitions: Certain ICD-10 chapters and some specialty adaptations include textual definitions (e.g. Mental Health, Neoplasms, Neurology...). Additionally such definitions exist in other members of the WHO Family of International Classifications such as the International Nomenclature of Diseases. These should be incorporated by default in the ICD-11 drafts for further improvement. TAGs will create or improve the definition based on evidence.

b. Writing a new textual definition: When no textual definition exists in iCAT, contributors must describe the concept clearly and concisely. There may be three different styles of approach to define a concept. These may be used in combination.

Ideally all these approaches can be combined usefully in a single textual summary.

a. *Describe the **underlying physiology** of the disease /disorder:*

> Myocardial infarction occurs due to an ischemia - lack of oxygen in the heart muscle, which may lead to the death of myocardial tissue. This generally happens due to interruption of the blood supply of the heart when a coronary artery is blocked. Underlying this blockage is generally a collection of lipids and atherosclerotic plaques.

b. *Describe the characteristics such as **signs symptoms** and the **diagnostic criteria**:*

> Myocardial infarction occurs with sudden chest pain, palpitations and sometimes without symptoms. An electrocardiogram may show pathologic Q waves or ST segment elevation and blood tests for creatine kinase may indicate rapid rise or troponin T levels may fall.

Both approaches are valid, useful to begin the process and TAGs will utilize a synthetic approach. Ideally, the textual definition will be a human readable version of the machine readable content expressed in this model. This means that values expressed in different parameters need to be consistent with the definition. In the first pass this needs to be done by manual human curation by the drafting person or group. It will be useful to note decisions in the comment boxes to inform people about the rationale about the reason for preferences in style (e.g. annotate why certain terms were chosen, left out, why certain characteristics were defined as they are)

Contributors may refer to any existing set of definitions from other scientifically credible sources. Any such reference should be cited by source (e.g. Pub Med ID; ISBN, URL...). It is not compulsory to use these if they are felt to be unsatisfactory.

4 Terms

4.1 **Index Terms*:** indicate the terms that may correspond with ICD concepts. These terms guide users to correct codes through the use of the current index of the ICD-10 (Volume 3). The current ICD-10 index consists of multiple parts (diseases, external causes, chemicals, list of tumours). In the ICD-11, these terms may be broadened with coded dictionaries of existing electronic Cause of Death systems.

By default, the current ICD-10 terms will be used in the Index in addition to terms identified by the TAGs.

WHO will collaborate with the Revision Steering Group and the TAG-HIM to develop a computerized index driven by ontology principles and multi-lingual expressions.

* The index terms are not represented in the iCat yet. Once they are added, the structure of the "Terms" subsection will be updated accordingly

4.2 **Synonyms:** refer to alternative names for the same underlying concept. Common terms and medical jargon may be included. Synonyms are not intended to be used interchangeably with the concept title. Their main purpose is to allow users to locate the proper code within the ICD. The concept title will have precedence over synonyms for international reporting.

New synonyms may be proposed by the users of the iCat platform during the joint editing process

4.3 **Inclusion Terms:** appear in the tabular list of the traditional print version and show users that entities are included in the relevant concept. All of the ICD-10 inclusion terms have been imported and accessible in the iCat. These are either synonyms of the category titles or subclasses which are not represented in the classification hierarchy. Since we have synonyms as a separate entity in our ICD-11 content model (see 1.1), the new synonyms suggested by the users should go into the synonyms section. In the future, iCat will provide a mechanism to identify whether an inclusion is a synonym or a subclass.

Exclusion terms: Show users the entities that should be assigned to a different ICD category because of differences in meaning or terminology.

5 Clinical Description: Each ICD concept is defined along with multiple parameters as included in this content model.

5.1 **Body Systems (Physiology):** The ICD has historically used body systems as an organizing principle. Traditional divisions of body systems may be seen as arbitrary as many body parts can be a part of multiple body systems (for example, tonsil infections are currently classified to the upper respiratory tract, although the tonsils are part of the immunological system). Nevertheless, such characteristics serve to facilitate the creation of meaningful subsets for coding and analysis. Therefore, it is necessary to assign most concepts to one or more body systems. This characterization must be in line with systems currently listed in the ICD-10 to ensure compatibility. To guarantee this, users must choose from a list of pre-determined ICD values within iCAT.

5.2 **Body Parts (Anatomical Site):** The ICD has traditionally used the topographic location of the body where the health-related problem can be found at the most specific level relevant to the condition. This has been the starting point for assigning an ICD code. The ICD-11 should continue this approach as this definition facilitates the creation of meaningful subsets for coding and for analysis. However, no standard anatomical site terminology or ontology has been used explicitly in creation of the ICD. The ICD-11 Content Model requires to the allocation of an anatomical site. When possible, the anatomical site should be selected from SNOMED-CT via importation from BioPortal.

6 Manifestation Properties

i) **Signs, Symptoms, History and Direct Observations:** Signs refer to objective diagnostic findings of a disease or disorder, as recognized by the patient, doctor, or others. Symptoms generally refer to a subjective indication of a disease or disorder, as experienced by the patient. In the ICD-11, no distinction will be made between signs and symptoms. Incorporating signs and symptoms will help users identify the appropriate ICD category. When possible, the signs and symptoms should be selected from SNOMED-CT and LOINC via importation from BioPortal.

ii) **Findings: Tests, Imaging and other findings:** Anything that is done as a lab or measurement and used to diagnose the patient by the doctor.

7 Causal Properties

i) **Mechanisms/Agents:** identifies the necessary cause(s) that must be present for an ICD concept to occur.

ii) **Risk Factors:** Variables associated with the likelihood of an ICD concept occurring. Risk factors are correlational and not necessarily causal.

(1) Immediate

(2) Proximal

(3) Distal

iii) **Genomic Characteristics:** identify necessary candidate genes and snips related to the occurrence of the ICD concept.

8 Temporal Properties: Characterization of the onset, duration or course of a disease/health condition has been used for classifying its subtypes. The terminology used for this parameter has been quite heterogeneous and non-standard. Definitions of acute, subacute, chronic or other qualifiers have varied across disease groups. ICD-11 attempts to formally represent the knowledge about the temporal relations of a concept. It is required to express such terms in absolute time units and patterns of the clinical course, if possible.

i) Age of Occurrence & Occurrence Frequency

Age of Occurrence, Occurrence frequency and Age of Onset in the old version). Age ranges may be given to be precise.

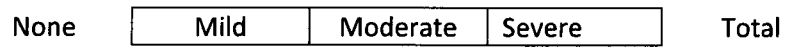
Suggested change in the Content model (Replaces Age of Occurrence, Occurrence frequency and Age of Onset in the old version). Age ranges may be given to be precise.

	By Definition	Generally	Never Occurs
Antenatal – in utero [-8months-0]	☐	☐	☐
Birth and/or Perinatal [0]	☐	☐	☐
Newborn (neonatal) [1-28 days]	☐	☐	☐
Infancy [1month-1yr]	☐	☐	☐
Child	☐	☐	☐
Adolescence	☐	☐	☐
Adulthood	☐	☐	☐
Geriatric	☐	☐	☐

ii) Development Course (not discussed....)

9 Severity Properties: Characterization of the severity of an ICD Concept (unit, entity or category) refers to the extent of a disease/health condition in terms of its generally accepted forms or subtypes. (e.g. mild, moderate, severe) To date, terminology commonly used for severity has been quite heterogeneous and non-standard. This parameter attempts to formally represent the knowledge about the severity of a concept. These may relate to: his issue will be solved by explanation in the Content Model Specifications & User Guide and training. In addition providing a default value set, may avoid misunderstanding, which may apply to most ICD categories are as follows:

NONE {**Default**}	(No Severity Subtypes Identified)
MILD	(slight, low,...)
MODERATE	(medium, fair,...)
SEVERE	(high, extreme,...)
Total/Complete	(total,...)



*There will be free-text spaces that allow for the description of the severity type. (e.g. stage or Phase 1, 2, 3).

These severity patterns may be useful for differential diagnostics, casemix, reimbursement, and quality assessment. It is required to express severity and/or extent in accepted clinical terms. Description of these terms should identify the underlying logic that defines the severity property clearly, represent defining features as groups and list them.

An important requirement will be to differentiate the severity from it s consequences in Functional Properties. Usually the impact of the disease/disorder in daily activities of a person may vary depending on the severity of the condition as well as the contextual factors (e.g. environmental and contextual factors). The ICD takes a clear approach that separately identifies severity as a property of the disease/disorder and leaves the description of what a person can or cannot do in that health condition to functional properties.

Examples :

- Myocardial Infarction
  - Severity may be described by: the size of the infarct
  - Functional Properties may range from none to total bedridden state
- Tuberculosis
  - Severity may be described by the extent of the disease, system involvement etc.
  - Functional Properties may range from none to total bedridden state
- Dementia
  - Severity may be described by the extent of the disease - e.g. cumulative size of infarcts, tangles, extent of memory deficits and cognitive functions in the brain
  - Functional Properties may range from none to total state

10 Functioning Properties: In the context of an ICD concept functional properties refer to three main dimensions:

a. Functional impact on the person: relating to ICF d list. Common A+P codes pre-selected in 7+ domains for convenience, with the availability to enter any ICF d list code. {TO BE IMPLEMENTED NOW}

b. Contextual factors: relating to ICF e list. The incorporation of the EF dimension of the ICF is under consideration for incorporation following the preparation of the alpha draft of ICD-11. Further, the EF dimension of ICF may be used as a basis for the improvement of the Z codes in ICD ('factors affecting heath status'). {TO BE IMPLEMENTED between May 2010 – May 2011}

c. Body functions: relating to ICF b list. There is currently a 'signs and symptoms' rubric in the content model for which SNOMED terms are being used. A scheduled evaluation of the resulting contents of this rubric will involve mapping with ICF BF codes and a consideration of possible change to SNOMED and ICF (as part of the IHTSDO work?). {TO BE IMPLEMENTED after May 2011}

a) Functional impact on the person: People with health conditions may experience difficulties, which limit their activities and restrict their participation in day-to-day life. The following domains are proposed as a minimum set to capture functional impact on the person:

- Cognition
- Mobility
- Self-Care
- Interpersonal Relations
- Life Activities (Home, Work, School)
- Social Participation

These domains have been derived form the International Classification of Functioning, Disability and Health (ICF) and selected after a rigours process of checking their performance to measure the impact of health condition in a reliable and valid way across different setting and cultures. In iCAT you may enter additional domains if necessary - these will be checked for consistency by ICF experts.

For each domain the corresponding ICF codes are provided as an initial value set as shown in Table 1. You may add additional ICF codes or functional items in each domain, if the initial value set does not cover your proposal. For any extension of the value set and candidate domains supporting evidence needs to be provided.

The intent of this domain is to capture the functional impact of a disease or disorder and enable better understanding for the clinical course and outcome, as well as differentiate from severity.

b) Contextual factors: The effects of health conditions on people's lives can differ radically depending on the kinds of contextual factors (environmental and personal factors) that can either facilitate or hinder a person's functioning. ICF provides a definition and classification of environmental factors (EF) and the development of a personal factor (PF) classification is under consideration. Potentially, both components can serve as item pool for selecting the appropriate

domains and corresponding value sets. Capturing environmental factors may help people with a health condition and associated functioning problems to modify their environment (reduce barriers & enhance facilitators). < THIS IS NOT GOING TO BE IMPLEMENTED AT PRESENT >

c) Body functions: Body functions and their impairments are defined and classified in ICF. They can be directly linked to the signs, symptoms and other clinical features of ICD categories. <This feature will be implemented once the Clinical Findings in the content model are fully documented in Manifestation Properties Tab V>.

Fig 1: **Functional Properties:**

ICD Code	
A00	
ICD Title	
Name of ICD Entity	
Severity	
☑ No Severity Subtypes Identified	
☑ Mild	Specify the underlying logic that defines the severity property clearly and their defining features.
☑ Moderate	Specify the underlying logic that defines the severity property clearly and their defining features.
☑ Severe	Specify the underlying logic that defines the severity property clearly and their defining features.
Functional Properties	
I. Functional Impact	
Cognition	
☐ d160 Focusing attention	
☐ d110 Watching	
☐ d115 Listening	
☐ d130 Copying	
☐ d135 Rehearsing	
☐ d145 Learning to write	
☐ d150 Learning to calculate	
☐ d155 Acquiring Skills	
☐ d175 Solving problems	
☐ d310 Communicating with - receiving - spoken messages	
☐ d3500 Starting a conversation	
☐ d3501 Sustaining a conversation	
☐ other (specify)	
Mobility	
☐ d4104 Standing	
☐ d4154 Maintaining a standing position	
☐ d4600 Moving around within the home	
☐ d4602 Moving around outside the home and other buildings	
☐ d4501 Walking long distances	
☐ other (specify)	
Self-Care	
☐ d510 Washing onself	
☐ d520 Caring for body parts	
☐ d530 Toileting	
☐ d540 Dressing	
☐ d550 Eating	
☐ d560 Drinking	
☐ d570 Looking after one's health	
☐ d620 Acquisition of goods and services	
☐ other (specify)	
Interpersonal Relations	
☐ d7200 Forming relationships	
☐ d730 Relating with strangers	
☐ d750 Informal social relationships	
☐ d7500 Informal relationships with friends	
☐ d760 Family relationships	
☐ d770 Intimate relationships	
☐ d7702 Sexual relationships	
☐ other (specify)	
Life Activities	
Household	
☐ d630 Preparing Meals	
☐ d640 Doing Housework	
☐ d650 Caring for Household Objects	
☐ d660 Assisting Others	
☐ d210 Undertaking a single task	
☐ d220 Undertaking multiple tasks	
☐ other (specify)	
School	
☐ d820 School education	
☐ d825 Vocational training	
☐ d830 Higher education	
☐ d210 Undertaking a single task	
☐ d220 Undertaking multiple tasks	
☑ other (specify)	
Work	
☐ d850 Remunerative employment	
☐ d210 Undertaking a single task	
☐ d220 Undertaking multiple tasks	
☐ other (specify)	
Social Participation	
☐ d910 Community life	

11 Specific Condition Properties:

i) **Gender**

ii) **Life-Cycle Properties**

(1) **Pregnancy**

(2) **Abortion**

12 Treatment: In this case, content regarding the treatment must be included. Additionally, internationally accepted guidelines and recommendations can be added.

13 Diagnostic Criteria: Various extensions to ICD, in particular specialty adaptations, have expanded on the ICD categories in identifying the diagnostic rules, i.e. the way different elements in the Content Model come together to qualify for a diagnosis according to ICD. In addition various WHO guidelines have identified diagnostic rules (e.g. guidelines, criteria) that relate to reporting of mortality, morbidity or other purposes. It will be useful to integrate and formally express these algorithms in the content model. The formalism will utilize the rubrics of the Content Model and Algorithmic Logic to express how these come together to formally identify an ICD category.

How does a Content Model work?

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국제 전통 의학 분류

World Health Organization

International Classification of Disease Content Model

1)Title of Entity
2)Hierarchy, Type and Use
- a)Parents
- b)Type
  - i.Disease
  - ii.Disorder / Syndrome
  - iii.External Cause and / or Injury
  - iv.Sign / Symptom
  - v.Reason for Encounter
  - vi.Unspecified
- c)Use
  - i.Primary Care
  - ii.Mortality
  - iii.Morbidity
  - iv.Research
  - v.Specialty Adaptation
  - vi.Clinical Modification

3)Textual Definition(s)
4)Terms
- a)Index Terms
  - i.Synonyms
  - ii.Inclusion Terms
- b)Exclusions Terms

5)Clinical Description
- a)Body System(s)
- b)Body Part(s)

6)Manifestation Properties
- a)Signs & Symptoms
- b)Findings

7)Causal Properties
- a)Etiological Type (etiology)
  - a)Infection
    - 1.Agent(s)
  - b)Injury
    - 1.Mechanism(s)
- b)Risk Factors
- c)Genomic Characteristics

8)Temporal Properties
9)Severity Properties
10)Functional Properties
11)Specific Condition Properties
12)Treatment Properties
13)Diagnostic Criteria

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World Health Organization

Highlighting the Differences

1)Title of Entity
2)Hierarchy, Type and Use
- a)~~Parents~~
- b)Type
  - i.Disease
  - ii.Disorder / Syndrome/ Pattern
  - iii.External Cause and / or Injury
  - iv.Sign / Symptom
  - v.Reason for Encounter
  - vi.Unspecified
- c)~~Use~~
  - i.~~Primary Care~~
  - ii.~~Mortality~~
  - iii.~~Morbidity~~
  - iv.~~Research~~
  - v.~~Specialty Adaptation~~
  - vi.~~Clinical Modification~~

3)Textual Definition(s)
4)Terms
- a)Index Terms
  - i.Synonyms
  - ii.Inclusion Terms
- b)~~Exclusions Terms~~

5)Clinical Description
- a)Body System(s)
- b)Body Part(s)
- c)Traditional theory
  - i. Factor-Based Diagnosis
  - ii. Three regions
  - iii. The Six Stages of Disease Transformation
  - iv. Patterns of Qi, Blood, and Fluids
  - v. Zang Fu Organs
  - vi. Aspect Patterns
  - vii. Four Constitution Types

6)Manifestation Properties
- a)Signs & Symptoms
- b)Findings

7)Causal Properties
- a)Etiological Type (etiology)
  - i. Infection
    - 1.Agent(s)
  - ii. Injury
    - 1.Mechanism(s)
  - iii. Triple Etiology Doctrine
- b)Risk Factors
- c)~~Genomic Characteristics~~

8)Temporal Properties
9)~~Severity Properties~~
10)Functional Properties
11)Specific Condition Properties
12)Treatment Properties
13)~~Diagnostic Criteria~~

The items which are not included in TM diagnoses were removed, and other items were added.

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Traditional theory		Japanese Kampo medicine	Traditional Chinese medicine	Traditional Korean medicine
Factor-Based Diagnosis	Deficiency or Excess	○	○	○
	Cold or Heat	○	○	○
	Exterior or Interior	○	○	○
	Yin or Yang	○	○	○
The Six Stage of Disease Transformation		○	○	○
Patterns of Qi, Blood, and Fluid		○	○	○
Pattern of Zan Fu Organ		×	○	○
Pattern of Defense, Qi, Nutrient and Blood		×	○	○
Three regions		○	○	○
Four Constitution types		×	×	○

International Classification of Traditional Medicine Content Model

1)Title of Entity
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- a)Type
  - i.Disease
  - ii.Disorder / Syndrome/ Pattern
  - iii.External Cause and / or Injury
  - iv.Sign / Symptom
  - v.Reason for Encounter
  - vi.Unspecified

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    - 1.Agent(s)I
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  - iii. Triple Etiology Doctrine
- b)Risk Factors

8)Temporal Properties
9)Functional Properties
10)Specific Condition Properties
11)Treatment Properties

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World Health Organization

International Classification of Traditional Medicine Content Model

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1) Title of Entity

International Classification of Traditional Midicine Content Model

1)Title of Entity
2)Hierarchy, Type
- a)Type
  - i.Disease
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  - ii. Injury
    - 1.Mechanism(s)
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9)Functional Properties
10)Specific Condition Properties
11)Treatment Properties

2) Hierarchy, Type

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2) Hierarchy, Type

1) Type

- ☐ Disease
- ☐ Disorder/Syndrome/Pattern
- ☐ External Cause and/or Injury
- ☐ Sign/Symptom
- ☐ Reason for Encounter
- ☐ Unspecified*

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Content Model

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- b)Risk Factors

8)Temporal Properties
9)Functional Properties
10)Specific Condition Properties
11)Treatment Properties

3) Textual Definition (s)

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- b)Risk Factors

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4) Terms

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4) Terms

a)Index Terms

a)Synonyms

b)Inclusion Terms

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5) Clinical Description
c) Traditional theory

i. Factor-Based Diagnosis
  1) Deficiency or Excess
    1. Deficiency
    2. Between deficiency and excess
    3. Excess
  2) Cold or Heat
    1. Cold
    2. Between heat and cold
    3. Heat
    4. Upper body heat and lower body cold
    5. Irritable heat sensation in hand and foot
    6. Severe coldness of extremities
    7. Cold abdominal colic
  3) Exterior or Interior
    1. Exterior
    2. Half and Half (exterior and interior)
    3. Interior
  4) Yin or Yang
    1. Yin
    2. Yang

ii. Three regions (choose all that apply)
  1) Upper region
  2) Middle Region
  3) Lower Regions

iii. The Six Stages of Disease Transformation *(choose all that apply)*
  1) Tai Yang Stage
  2) Shao Yang Stage
  3) Yang Ming Stage
  4) Tai Yin Stage
  5) Shao Yin Stage
  6) Jue Yin Stage
  7) Destroyed Stage

iv. Patterns of Qi, Blood, and Fluids
  1) Pattern of Qi *(choose all that apply)*
    1. Qi Deficiency
    2. Qi Stagnation
    3. Qi Depression
    4. Qi Counterflow
    5. Qi Block (convulsion)
    6. Qi Collapse
    7. Qi Fall
  2) Pattern of Blood *(choose all that apply)*
    1. Blood Deficiency
    2. Stagnant Blood
    3. Blood Heat
    4. Blood Cold
    5. Blood Collapse
    6. Blood Counterflow
  3) Pattern of Fluid *(choose all that apply)*
    1. Water Retention
    2. Humor Collapse
    3. Damage to Fluid
    4. Fluid-humour depletion

v. Zang Fu Organs
  1) Heart / Small Intestine
    1. Heart
    2. Small intestine
  2) Liver / Gall Bladder
    1. Liver
    2. Gall Bladder
  3) Spleen / Stomach
    1. Spleen
    2. Stomach
  4) Lung / Large Intestine
    1. Lung
    2. Large Intestine
  5) Kidney / Urinary Bladder
    1. Kidney
    2. Urinary Bladder

vi. Aspect Patterns *(choose all that apply)*
  1) Defense aspect pattern
  2) Qi aspect pattern
  3) Nutrient aspect pattern
  4) Blood aspect pattern

vii. Four Constitution Types
  1) Greater yang person
  2) Lesser yang person
  3) Greater yin person
  4) Lesser yin person

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6) Manifestation Properties

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6) Manifestation Properties

1) Signs and Symptoms, Direct Observations and History

Fever 386661006
Cough 49727002
Sore Throat 267102003
Runny Nose 397811005
Generalized Body Aches 82991003
Headache 25064002
Chills 43724002
Fatigue 139126000
Malaise 367391008
R52.0 Acute pain 20058669
R688 Chill and fever
M25.5 Arthralgia 20057255

2) Findings: Tests, Imaging and other Findings

Viral Culture 12717000
Immunofluorescence 30662005
Indirect Immunofluorescence 127797006
Direct Immunofluorescence 127796002
R00.8 Floating pulse WPRO2.4.29
R00.8 Tight pulse WPRO2.4.42
R00.0 Rapid pulse

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7) Causal Properties

b) Etiological Type (etiology)

iii. Triple-Eitology Doctrine

1. Exopathic cause

Six Exopathic Factors

- ☐ Wind
- ☐ Cold
- ☐ Summer-heat
- ☐ Dampness
- ☐ Dry
- ☐ Fire (heat)

2. Endopathic cause

Seven Enclogenous Factors

- ☐ Joy
- ☐ Angrer
- ☐ Melancholy
- ☐ Anxiety
- ☐ Grief
- ☐ Fear
- ☐ Terror

3. Non-endo-exopathic cause

- ☐ Diet
- ☐ Fatigue
- ☐ Trauma
- ☐ Beats and insects
- ☐ Drowning
- ☐ Phlegm

b) Risk Factors

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例如·····

例如·····

Examples.....

例題·····

예제·····

T.Bedrhan Ustun
Molly Meri Robinson
Yoshihiro Imazu

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Example 1: Influenza H1N1

Influenza H1N1

Formula	Factor-Based Diagnosis	The Six stage of disease transformation	Qi/ Blood/ Fluid	Three Regions	Signs and Symptoms, Direct Observations and History	Findings
Ephedra Decoction Mao-to 麻黄湯	Excess 実証 實證실증 Cold 寒証 寒證한증 Exterior 表証 表證 표증 Yang 陽証 陽證 양증	Tai Yang Stage	Water Retention 水毒	Upper region	M25.5 Arthralgia 20057255 Absence of sweating WPRO2.3.44	R00.8 Tight pulse WPRO2.4.42 R00.0 Rapid pulse 20071976 WPRO2.4.32
Pueraria Decoction Kakkon-to 葛根湯	Excess 実証 實證실증 Cold 寒証 寒證한증 Exterior 表証 表證 표증 Yang 陽証 陽證 양증	Tai Yang Stage		Upper region	Diarrhea 62315008 Vomiting 422400008 Absence of sweating WPRO2.3.44	R00.8 Tight pulse WPRO2.4.42 R00.0 Rapid pulse 20071976 WPRO2.4.32
Cinnamon Twing Decoction Keishi-to 桂枝湯	Deficiency 虚証 虛證 허증 Cold 寒証 寒證한증 Exterior 表証 表證 표증 Yang 陽証 陽證 양증	Tai Yin stage	Qi Counterflow 気逆 氣逆 기역	Upper region	Sweating from the head WPRO2.3.38	R00.8 Sunken pulse WPRO2.4.30

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Influenza H1N1 · Mao-to sho

インフルエンザ H1N1 麻黄湯証/ Mao-to sho	時行感冒 風寒束肺証/ Pattern of wind-cold fettering the lung	시행감모 風寒束肺証/ Pattern of wind-cold fettering the lung

Influenza H1N1 · Kakkon-to sho

Influenza H1N1 葛根湯証/ Kokkon-to sho	時行感冒 外感風寒表実証/ Exterior cold excess pattern	시행감모 外感風寒表実証/ Exterior cold excess pattern

Influenza H1N1 · Keishi-to sho

Influenza H1N1 桂枝湯証/ Keishi-to sho	時行感冒 外感風寒表虚証/ Exterior cold deficiency pattern	시행감모 外感風寒表虚証/ Exterior cold deficiency pattern

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3) Textual Definition (s)

Acute febrile respiratory illness. Virus subtype Influenza A, virus strain H1N1 of swine origin affecting humans.

4) Terms; Synonym

» Swine Flu