

Available online at www.sciencedirect.com**Integrative Medicine Research**journal homepage: www.imr-journal.com**Review Article****Diagnosis and treatment principle in Sasang medicine: original symptom****Seungwon Shin^a, Yun-Hee Kim^b, Min-Woo Hwang^{c,*}**^a Department of Clinical Korean Medicine, Graduate School, Kyung Hee University, Seoul, Korea^b Goewoongyul Korean Medicine Clinic at Gangdong, Seoul, Korea^c Department of Sasang Constitutional Medicine, College of Korean Medicine, Kyung Hee University, Seoul, Korea**ARTICLE INFO****Article history:**

Received 15 January 2016

Received in revised form

14 March 2016

Accepted 15 March 2016

Available online 21 March 2016

ABSTRACT

The purpose of this review was to demonstrate the definition of the original symptom (OS) and how it works in medical procedures as to the Sasang medicine based on the Jema Lee's *Donguisusebowon* (*Longevity and Life Preservation in Eastern Medicine*). OS is defined as the sum of all clinical information featured by an individual's intrinsic characteristics as *Sasangin* and health state prior to onset. It is the key factor in the clinical application of *Sasang* medicine including the diagnosis of constitutional type and *Sasang* symptomatology because the imbalance of metabolic functions of each *Sasangin* originates from that. The working principles of the OS and *Sasang* symptomatology can be summarized as follows. First, clinical information regarding cold or heat intolerance determines the cold or heat pattern of *Sasang* symptomatology. Another is the present worsening of the severity of *Sasang* symptomatology by one level as compared with that in the past. Symptoms prior to the onset worsen to a higher level of severity after any disorder breaks out. Finally, the treatment strategy and progress of each *Sasangin* are determined following the characteristics of the OS. Theoretical and clinical studies should be conducted to show the specific criteria for the diagnosis of *Sasang* symptomatology in the future.

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1. Introduction

Sasang medicine (SM) is a personalized medicine dividing human beings into four constitutional types, based on their physiological and pathological characteristics,^{1,2} and presents a holistic approach based on the philosophical theory of four Virtues in Confucianism and clinical experiences in

traditional Korean medicine.^{2,3} Each of *Sasangin* or a constitutional type—that is, *Taeyangin* (Tae-Yang type), *Taeumin* (Tae-Eum type), *Soyangin* (So-Yang type), or *Soeumin* (So-Eum type)—has its typical imbalance in the function of internal organ systems, and it accounts for the type-specific unique characteristics of energy-fluid or water-food metabolism.²

Original symptom (OS) was introduced by Jema Lee⁴ in his book, *Donguisusebowon* (*Longevity and Life Preservation in*

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<http://dx.doi.org/10.1016/j.imr.2016.03.005>

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Eastern Medicine), and it has been a key concept addressing the features of the innate symptoms of each constitutional type when compared with other tailored theories of complementary and alternative medicine.⁵ OS has physical and psychological symptoms that are useful for diagnosing constitutional types and their typical symptoms.

The possible roles of the OS in SM have been investigated through several clinical studies. For example, the symptoms (heat/cold preference, sleep sensitivity, appetite or digestive conditions, water-drinking tendencies, sweating, urination, or defecation^{6–10}), appearance (body shape,^{10–12} body index mass,^{13,14} voice,^{10,15} or skin status,^{16,17}), and psychiatric characteristics^{6,18–20} showed statistical significance to differentiate between constitutional types. However, how this OS fundamentally works in SM has not been well known.

The purpose of this review was to demonstrate the definition of OS and how it works in medical procedures as to the SM based on Jema Lee's work, *Donguisusebowon* (*Longevity and Life Preservation in Eastern Medicine*).

2. Definition of original symptoms

The Chinese letter 素 [sù] in *Donguisusebowon*⁴ means inborn element. Jema Lee⁴ reported a few brief cases in his book, and the reports started with the following expression: a patient originally had symptoms A, B, and C even before he became sick. This group of symptoms is called the OS. He suggested that each constitutional type has its own innate tendencies physically and mentally in SM.^{1–3} Sometimes, researchers prefer the term “ordinary symptom” to “original symptom.”^{21,22} However, the word “ordinary” might not be sufficient to embrace the intrinsic concept of OS. The meaning of “innate” or “original” other than “plain” is more appropriate because OS comes from the imbalance in the function of the inner organ system.

Extensively, OS is defined as the sum of clinical information featured by an individual's intrinsic characteristics as *Sasangin* and health status prior to the onset—that is, OS consists of every single symptom prior to the onset. This occurs because each constitutional type has its own imbalance in metabolic functions or the type-specific unique characteristics of energy–fluid or water–food metabolism, and the uniqueness originates from the innate variation of function in the internal organ systems.^{1–3}

Original illness is sometimes distinguished from the OS to emphasize the ill status of *Sasangin*.²³ However, OS is comprehensively used to refer to both ill and good conditions in SM.

Time is a key factor to understand OS appropriately. The physiological symptoms of OS can differ from the pathological symptoms in *Sasangin*. In *Sasangin*, a person who had a few symptoms but did not require any treatments in the past, can become ill and show completely different symptoms at present. Physiological OS is the sum of clinical symptoms that do not need to be treated, whereas pathological OS is the sum of clinical symptoms that need to be treated. The latter is also called original illness. Generally, “original symptom” can be used to refer extensively to both physiological or pathological symptoms.

This meaning of OS is illustrated in Fig. 1.

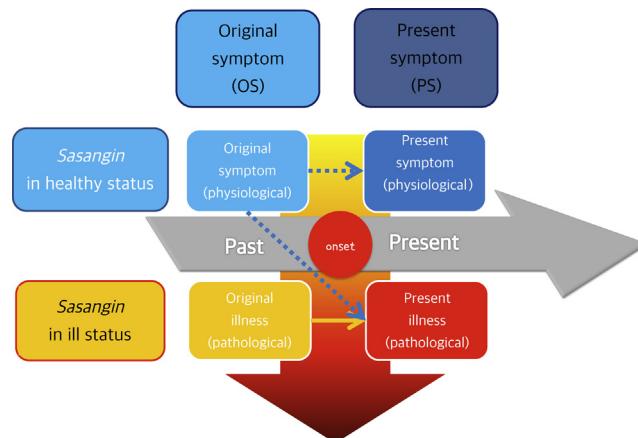


Fig. 1 – Original symptom means the sum of clinical information featured by an individual's intrinsic characteristics as *Sasangin* and health status prior to the onset. *Sasangin* can be either in good or ill status throughout life. Original illness can specifically be used to refer to the pathological status prior to the onset. However, original symptom extensively expresses both physiological or pathological symptoms in *Sasang* medicine.
OS, original symptom; PS, present symptom.

3. Diagnostic principles of *Sasangin* and *Sasang* symptomatology: original symptoms

3.1. Diagnosis of *Sasangin* based on OS

Clinical procedures (Fig. 2) in SM start with the collection of a patient's clinical information. Based on the information, *Sasangin* diagnosis is the first step. In addition to appearance (facial features or body shape) or vocal features, OS is useful in identifying which of the following constitutional types—Tae-Yang, So-Yang, Tae-Eum, and So-Eum—should be applied, because every single symptom can indicate a functional imbalance of the internal organ system. For example, the functional condition of water–food metabolism can be evaluated from evacuation habits. Sweating and urination tendency are the best parameters to measure hyperactivity or hypoactivity of energy–fluid metabolism. The quality of sleep can be a good indicator of the psychiatric status in each constitutional type.

The key attribute is that the OS should be inherent. Practitioners should identify the earliest symptoms when they examine or evaluate a patient, as the present symptoms can differ from the past symptoms. From the obtained OS information, the relative hyperactivity and hypoactivity of metabolic functions in the four organ systems and then the constitutional type can be determined.² For example, a woman used to have no appetite and difficulty in digesting food. In addition, she had much gas in the bowels. However, she might not have any issues that needed to be treated in the digestive system; she just felt uncomfortable from time to time. These symptoms can be interpreted as follows: the food-intake function is hypoactive, whereas the food-discharge function is hyperactive.³ Putting these interpretations together, her

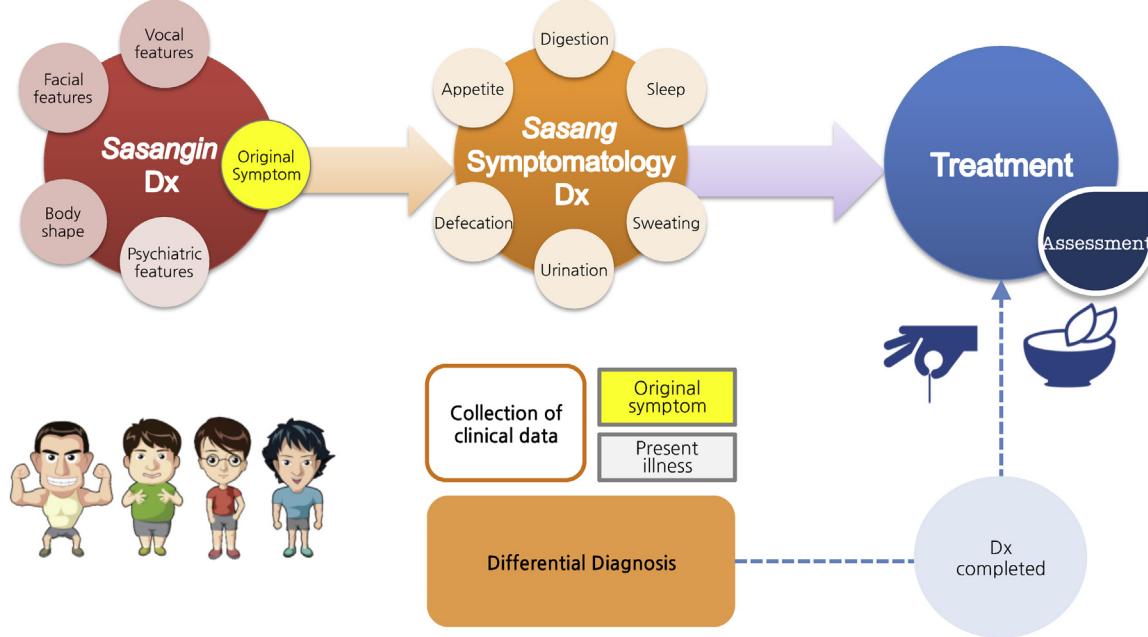


Fig. 2 – Clinical procedures in *Sasang* medicine consist of successive *Sasangin* and *Sasang symptomatology* Dx and treatment. Original symptom is the key factor in the clinical application of *Sasang* medicine.
Dx, diagnosis.

constitutional type could be diagnosed as the So-Eum type, or Soeumin. Even though she might not have any similar indication at the moment when a traditional Korean medicine practitioner examines her, the constitutional type can be identified with the inherent OS.

3.2. Diagnosis of *Sasang symptomatology* based on OS

3.2.1. First law

Clinical information regarding cold or heat intolerance in the past (i.e., OS) determines the cold or heat pattern of *Sasang symptomatology*. *Sasang symptomatology* means various distinguishing patterns/syndromes that each constitutional type shows in SM—that is, Tae-Yang type, So-Yang type, Tae-Eum type, or So-Eum type has its own unique symptomatology. However, all of these types have cold and heat patterns in common, and the identification of cold or heat pattern is the first step in the diagnosis of *Sasang symptomatology*.^{22,24–26} OS plays an important role in this decision.

As shown in Fig. 3, a *Sasangin* can be diagnosed as a cold or heat pattern as for *Sasang symptomatology*. The clinical tendencies prior to the specific onset help physicians make that decision. For example, a female patient complains that she easily gets chills, and cold hands and feet, and cannot drink cold water at all. She has obvious indications of cold intolerance. Therefore, her *Sasang symptomatology* will be identified as a cold pattern. Even though she has a fever, seeks iced water, and even has sweating, she can be diagnosed as a cold pattern as for *Sasang symptomatology*. The opposite holds true as well. In the book *Donguisusebowon*, Jema Lee⁴ said that a patient with warm disease would have cold or

heat tendencies prior to onset, and will have a cold or heat pattern of *Sasang symptomatology*, respectively, following the pre-onset tendency. Warm disease means an acute externally contracted disease caused by warm pathogens, with fever as the chief manifestation in traditional Korean or Chinese medicine.²⁷

3.2.2. Second law

The severity of the present *Sasang symptomatology* deteriorates by one level compared with the severity of OS. The severity of *Sasang symptomatology* is classified into mild, moderate, severe, or critical.^{28–30} For example, if a person originally showed a mild level of symptomatology prior to the onset, that person's condition usually worsens into a moderate level after a specific disease occurs. As described earlier, another person might have had a few uncomfortable symptoms that do not require treatment in the healthy status. If that person gets sick, then the severity of *Sasang symptomatology* goes into a mild level. This principle was clearly stated in *Donguisusebowon* as follows: when the OS was at a mild level, then the present symptoms become moderate; and when the OS is at a moderate level, then the present symptoms become severe (Fig. 4).⁴

4. Medical criteria for treatment and assessment: original symptoms

A case report of the Tae-Eum type was presented in *Donguisusebowon*,⁴ from which we can infer the strategic principle of treatment in SM. Herbal medication or acupuncture therapy should be decided following a cold or heat pattern

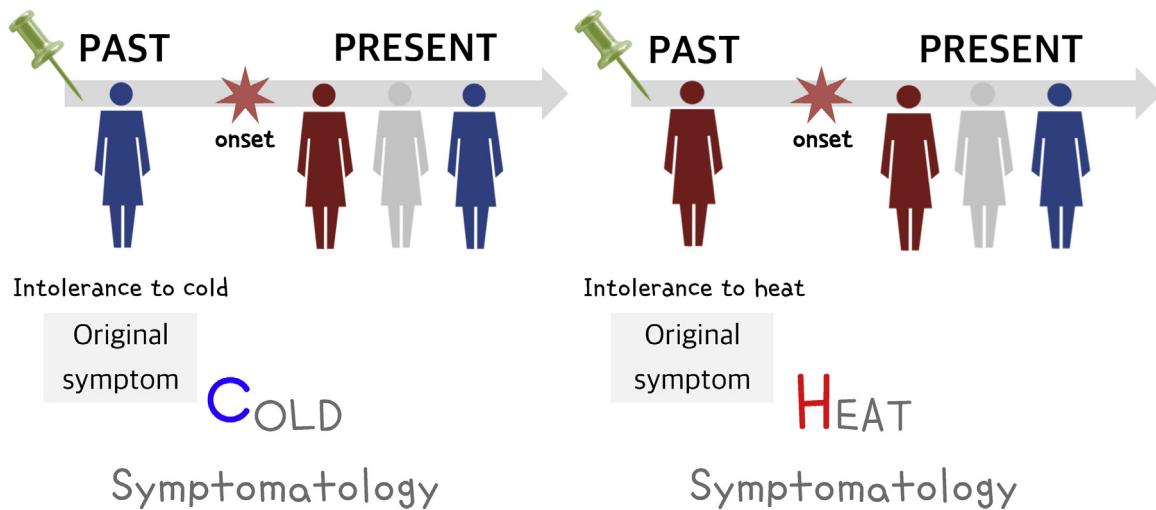


Fig. 3 – First law of Sasang symptomatology Dx: Cold or heat intolerance in the original symptom determines the cold or heat pattern of Sasang symptomatology. (Color annotation: blue indicates cold intolerance, red indicates heat intolerance, gray indicates no specific tendencies in cold or heat intolerance).

Dx, diagnosis.

prior to the onset. Although the patient has a heat pattern at present, practitioners should treat the patient with anti-cold herbs. This is because the patient's OS showed cold intolerance in the past. This means that OS also plays a critical role in the treatment process.

The most unaged symptoms improve at first throughout the treatment process. The oldest symptoms remain as they were for the longest time—that is, even after the present symptom of fever disappears, the OS could still remain unresolved. Therefore, OS is also used to assess and make decisions

regarding the therapeutic progress of patients in SM. Practitioners assess the severity and decide until when the treatment should be continued. The final goal of the treatment is to resolve all the pathological symptoms prior to the onset. Fig. 5 illustrates the process of treatment and recovery in SM.

To sum up, the treatment strategy and progress of each Sasangin are determined following the characteristics of the OS. However, this does not mean that the chief complaints are ignored in the process. It means that OS is as important as the chief complaints in SM.

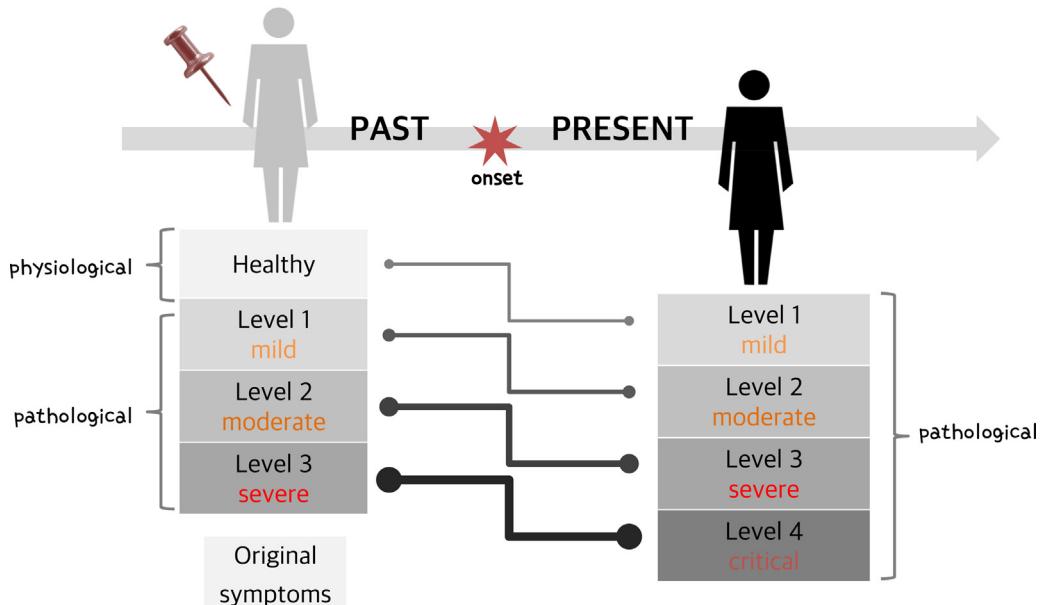


Fig. 4 – Second law of Sasang symptomatology Dx: The severity of the present Sasang symptomatology deteriorates by one level as compared with the severity of the original symptom. That is, the symptoms prior to the onset worsen to a higher level after the disorder breaks out.

Dx, diagnosis.

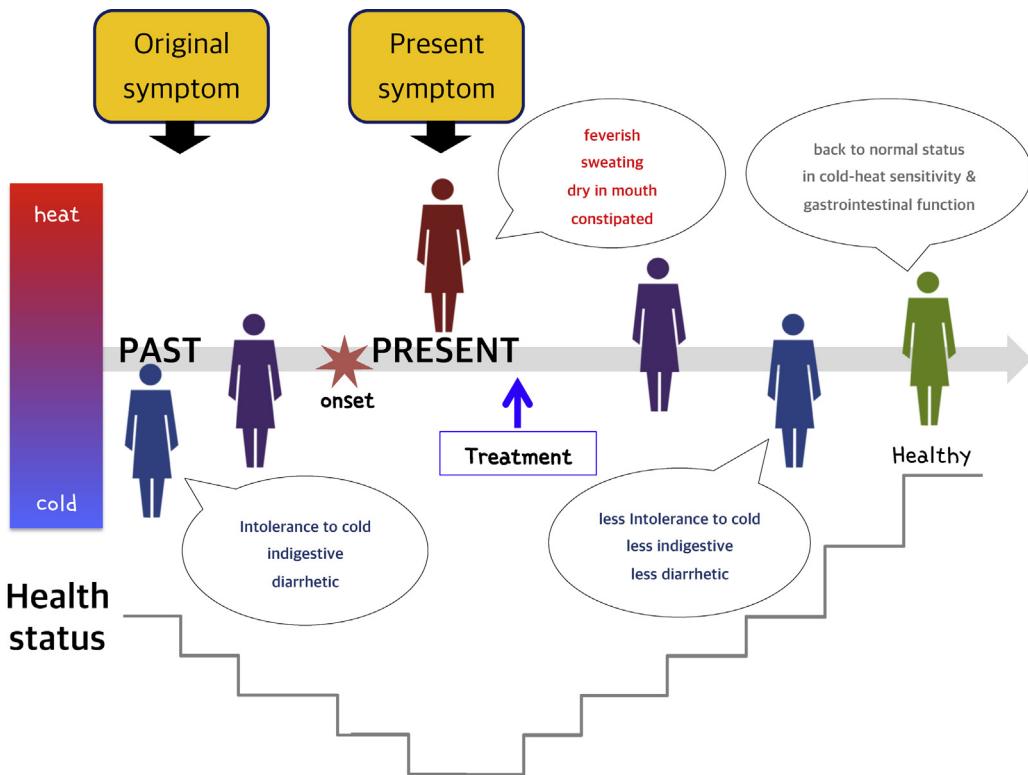


Fig. 5 – Treatment strategy and progress of each Sasangin are determined based on the characteristics of the original symptom.

5. Brief summary and further study

OS is defined as the sum of clinical information featured by an individual's intrinsic characteristics as Sasangin and health status prior to the onset. It is the intrinsic characteristics that originated from the typical imbalance in the function of internal organ systems and the key factor of the clinical procedures in SM. It helps practitioners identify the constitutional type and diagnose Sasang symptomatology. Physicians can detect Sasang symptomatology, measure its severity, and decide the treatment strategy by the characteristics of OS.

In the future, specific criteria for the diagnosis of Sasang symptomatology for each constitutional type, beyond Sasangin,^{8,10,11,15,16,31,32} should be studied theoretically and clinically.

Conflicts of interest

The authors declare that they have no conflicts of interests.

Acknowledgments

This work was supported by the National Research Foundation of Korea (NRF) through a grant funded by the Korean government (MEST) (NRF-2014M3A9D7045482).

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