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Overlapping Discomfort, Different Criteria

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Functional Dyspepsia and Accumulation (積) in Classical Texts: Overlapping Discomfort, Different Criteria

Rome IV and selected, verified classical passages on 痰積, 食積, and 積聚 share some symptom terms, but their criteria, timing, locations, and examination methods differ and do not support combining them into a single diagnosis.

Article 1 · BRC-2026-W301

Abstract

This article compares how the Rome IV criteria for functional dyspepsia and selected passages on 痰積, 食積, and 積聚 verified in Jingui Gouxuan, Zabing Guangyao, and Donguibogam organize epigastric discomfort and related observations differently. Rome IV defines its scope through postprandial fullness, early satiation, epigastric pain or burning that affects usual activities; specified frequency and duration thresholds; and the requirement that there be no evidence of structural disease likely to explain the symptoms. The selected classical passages also attend to pulse findings, palpable form and movement, locations in the chest, flanks, and abdomen, diarrhea, and changes in pain after defecation. Terms such as nausea, belching, and fullness overlap in part, but these points of contact do not establish diagnostic, mechanistic, or causal equivalence. The materials reviewed contain no data in which Rome IV and contemporary damjeok criteria were applied to the same individuals, and they lack the exact editions, page or folio details, facsimiles, character-variant collations, and translation comparisons for the classical sources. The article therefore draws no conclusion about the definition, genealogy, validity, clinical utility, or treatment effects of contemporary damjeok. Future studies would need to record each set of criteria and separately defined and validated examination findings independently in the same participants at the same time; applying another diagnostic language does not replace the requirement that there be no structural disease likely to explain the symptoms.

Nonvisual reading orientation

This article has five sections and one comparison table. It first explains the four cardinal symptoms assessed by Rome IV for functional dyspepsia, their frequency and duration requirements, and the requirement that there be no structural disease likely to explain the symptoms. It then examines selected passages from Jingui Gouxuan, Zabing Guangyao, and Donguibogam, showing how they attend to pulse findings, form and movement identified by pressure, locations in the chest, flanks, and abdomen, diarrhea, and changes in pain after defecation. The next part separates overlapping terms such as nausea, belching, and fullness from differences in diagnostic criteria, time thresholds, and examination methods. The final section proposes that examination findings must first be separately defined and validated before the two sets of observations can be recorded independently in the same participants at the same time. The table restates the comparison across five axes: symptoms and observations; time and frequency; location and examination findings; overlapping symptom terms; and the significance of improvement after defecation. Some terms overlap, but they cannot be combined into a single diagnosis, mechanism, or cause. The materials reviewed contain no data applying Rome IV and contemporary damjeok criteria to the same individuals, and the classical sources remain limited by missing edition, page or folio, facsimile, character-variant, and translation-collation controls. The article draws no conclusion about the definition, genealogy, validity, clinical utility, or treatment effects of contemporary damjeok, and applying another diagnostic language does not replace the requirement that there be no structural disease likely to explain the symptoms.

Before Reading Post-Meal Discomfort Through Two Names

Early satiation that makes it difficult to continue after only a few bites, bothersome fullness after a meal, and epigastric pain or burning are all symptoms that Rome IV asks about when assessing functional dyspepsia. The names of the symptoms alone, however, do not settle the assessment. On routine evaluation, there must be no evidence of structural disease likely to explain them, and the specified duration requirements must also be met.[1]

When this kind of post-meal discomfort is read alongside 痰積, 食積, and 積聚 in the classical texts verified here, we cannot immediately conclude that they describe the same disease in different words. These texts also attend to observations outside the Rome IV symptom criteria, including pulse findings, diarrhea, palpable form, and multiple locations across the chest, flanks, and abdomen.[2-4] Symptom overlap and identical diagnostic criteria are two different claims.

This article compares only how the Rome IV criteria and the classical passages examined here organize observations. It does not evaluate contemporary damjeok diagnostic criteria or their validity, clinical utility, or the genealogy linking classical terms to contemporary damjeok. The materials reviewed for this article also contain no data in which the Rome IV criteria and

contemporary damjeok criteria were applied to the same individuals. They therefore cannot support estimates of how much the patient populations overlap, how consistently classifications agree, or how prevalence, diagnostic accuracy, prognosis, or treatment response differ.

What Rome IV Actually Asks

The Rome IV criteria for functional dyspepsia require one or more of four ‘bothersome’ symptoms: postprandial fullness, early satiation, epigastric pain, or epigastric burning. Here, ‘bothersome’ means severe enough to affect usual activities. The criteria must have been fulfilled for the preceding three months, with symptom onset at least six months before diagnosis. There must also be no evidence of structural disease likely to explain the symptoms, including disease detectable at upper endoscopy.[1]

Rome IV divides this symptom pattern into two categories. Postprandial distress syndrome (PDS) is defined by bothersome postprandial fullness that affects usual activities and/or early satiation that prevents completion of a regular-size meal, on at least three days per week. Epigastric pain syndrome (EPS) is defined by bothersome epigastric pain and/or burning that affects usual activities on at least one day per week. The two categories may overlap.[1]

Nausea, belching, and postprandial epigastric bloating may also occur, but they are not placed on the same footing as the core diagnostic symptoms. Persistent vomiting warrants consideration of another disorder, and symptoms relieved by passage of stool or gas are generally not counted as part of dyspepsia.[1] Even within the everyday phrase ‘epigastric discomfort,’ decisions about what to include and exclude change the diagnostic scope.

These criteria organize the types, frequency, and duration of symptoms and the absence of structural disease that could explain them.[1] They include no item that determines a specific mechanism, so meeting the criteria does not by itself identify the cause of the symptoms. When the criteria are compared with the selected classical language of accumulation, symptom classification must therefore remain separate from causal explanation. Above all, comparison with another diagnostic language cannot erase the requirement that there be no structural disease likely to explain the symptoms.

Classical Accumulation (積) Was Not a Single Gastrointestinal Symptom

In an electronic transcription with normalized character forms of Zhu Zhenheng's (朱震亨) Yuan-period Jingui Gouxuan (《金匱鉤玄》), 痰積 is not organized as a single modern symptom cluster. It appears separately in the sections on ‘Diarrhea (泄瀉)’ and ‘Vertigo (頭眩)’: the former distinguishes phlegm and food accumulation, among other contexts of diarrhea, while the latter associates an excess pulse finding in the right hand with 痰積.[2] In these two passages, 痰積 does not refer only to postprandial fullness or early satiation.

The ‘Internal Causes—Accumulations and Gatherings (內因類·積聚)’ section of Zabing Guangyao (《雜病廣要》), which the electronic text labels as ‘compiled by Tanba Genkan (丹波元堅) of Japan,’ organizes observations differently. It distinguishes a form that can be verified by pressing within the abdomen, one that shifts when pushed, one located toward the flank, and one bound hard and deep within. It then describes the hard, immobile type as 積 and the type that gathers and disperses, with distension or pain that comes and goes, as 聚.[3] Unlike Rome IV, which counts the frequency of four cardinal symptoms, this account distinguishes by form, movement, location, and response to pressure.

In an electronic text with Korean interpretations of the Miscellaneous Diseases section (雜病篇) of Donguibogam (《東醫寶鑑》), compiled by Heo Jun in Joseon, the section on the ‘Meaning of the Dochang Method (倒倉之義)’ describes long-standing phlegm becoming sticky like glue, clinging within the chest, and becoming entangled outside the intestines and stomach; it discusses 痰積 alongside paralysis, consumptive illness, abdominal distension, and dysphagia.[4] This is the language in which the text explained illness, not a report confirming a modern anatomical lesion. The passage shows one instance in which 痰積 was used across a wider range of locations and illness presentations, not only postprandial epigastric discomfort.

The starting point for this comparison is limited to particular electronic texts of three works and the section titles and line locations cited above. The materials reviewed here do not include the exact editions, volume, page or folio details, collations of character variants, histories of later reception, or links to facsimiles. The Korean renderings given here follow the access translations and interpretations used for this review and were not collated against other editions or translations. These passages therefore show how 積, 聚, and 痰積 in classical texts distinguished pulse, palpation, location, course, and a range of illness presentations, but they do not establish a definition of contemporary damjeok or a genealogy leading to it.[2-4]

Where Symptoms Overlap and Criteria Diverge

Some symptom terms overlap between Rome IV and the classical passages selected here. Rome IV notes that nausea, excessive belching, and postprandial epigastric bloating may accompany functional dyspepsia. A passage in Donguibogam concerning food accumulation (食積) and phlegm-fluid (痰飮) also lists 痞滿, nausea, belching, and acid regurgitation.[1,4] The classical passage, however, does not use postprandial timing or interference with usual activities as a diagnostic threshold, and it includes presentations beyond the scope of Rome IV functional dyspepsia, such as jaundice and the historical category 食瘧 (‘food malaria’). Even when the same symptom term appears on both sides, its diagnostic role differs.

The differences become clearer when structure, location, and examination methods are considered. Rome IV uses epigastric symptoms and duration as positive criteria and requires that there be no evidence of structural disease likely to explain those symptoms.[1] The selected classical records, by contrast, distinguish multiple locations in the chest, flanks, and abdomen; forms and movement identified by pressure; and pulse findings.[2,3] A palpable form or pulse characteristic is not another name for postprandial fullness or early satiation, nor does it replace Rome IV's structural-disease exclusion requirement.

Time and the significance of defecation also diverge. Rome IV requires symptoms during the preceding three months, onset at least six months before diagnosis, and minimum weekly frequencies.[1] In Zabing Guangyao, 聚 is described as starting and stopping, at times coming and going, while Jingui Gouxuan treats pain that diminishes after diarrhea as a clue for distinguishing 食積.[2,3] Rome IV generally does not count symptoms that improve after passage of stool or gas as part of dyspepsia.[1] A feature used as a distinguishing sign in one may signal that the symptom falls outside the scope of the other.

Overlapping terms such as nausea, belching, and fullness can therefore begin a comparison, but they do not make the two classifications the same. The passages cited here support only this conclusion: Rome IV and the selected classical records of 痰積, 食積, and 積聚 address some similar forms of discomfort while setting their boundaries through different symptoms, durations, locations, and examination findings.[1-4] These materials alone do not allow us to assess the criteria, genealogy, validity, or clinical utility of contemporary damjeok, nor can they turn points of symptom overlap into diagnostic equivalence or a single shared mechanism.

What Must Be Measured Before Calling Them the Same

To study this difference comparatively, the design must first avoid translating one language into and substituting it for the other. Future studies could assess the same participants at the same time point and test a method that records the Rome IV symptom and duration criteria and separately defined examination findings as independent items. The classical passages verified here, however, do not validate the construct, procedures, inter-rater reliability, or clinical utility of a contemporary damjeok examination. What and how to measure must therefore first be defined and validated in a separate study, and the design must not infer one diagnosis or mechanism from the results obtained under the other framework. Only then can we ask whether the two observations occur together in the same person at the same time.[1-4]

Before that sequence comes a safety boundary. Functional dyspepsia includes the requirement that there be no evidence of structural disease likely to explain the symptoms.[1] Neither describing the symptoms as damjeok nor noting findings on abdominal examination shows that this requirement has been met, and neither substitutes for the necessary evaluation. The evaluation needed depends on the clinical context, but applying another diagnostic language does not make this requirement disappear.

The next study should begin by synchronizing its observations rather than by first declaring that ‘the two are the same.’ In the same participants and over the same period, it should concurrently record symptom frequency and duration and separately defined examination findings, and it should first validate what each method measures and whether its results are reproducible across evaluators. Only then can the degree to which the two results co-occur be calculated. Even if they co-occur, whether one causes the other remains a separate question requiring validation.[1-4]

The conclusion we can draw now is limited. Rome IV and the passages on 痰積, 食積, and 積聚 selected here share some symptom terms, but this does not provide grounds for combining their different criteria and observations into a single diagnosis.[1-4] This conclusion is not an evaluation

of the definition, genealogy, validity, or clinical utility of contemporary damjeok. Nor is this distinction intended to diminish what patients report. It keeps the different observations as questions for future validation while preserving the safety boundary of appropriately investigating other causes that might explain the symptoms. These materials also do not support conclusions about treatment choice or effects.

Rome IV and Selected Classical Passages: Shared Symptom Terms, Different Classification Rules

Table 1. Comparison of the Rome IV criteria for functional dyspepsia with the passages on 痰積, 食積, and 積聚 selected for this article. Some symptom terms overlap, but the roles of time thresholds, location, examination findings, and exclusion of structural disease are not the same. This table does not provide a definition of contemporary damjeok or an estimate of concordance between patient populations.

This table compares the Rome IV criteria for functional dyspepsia with passages on 痰積, 食積, and 積聚 selected from three classical works across five axes. It places side by side criteria for symptoms and observations, time and frequency, location and examination findings, overlapping symptom terms, and the significance of improvement after defecation. Some terms overlap, but their criteria and roles are not the same; this comparison provides neither a definition of contemporary damjeok nor data on concordance in the same individuals.

Row-by-row table fallback

1. **Criteria for symptoms and observations**

   Rome IV functional dyspepsia

   At least one of postprandial fullness, early satiation, epigastric pain, or epigastric burning must be bothersome enough to affect usual activities.

   Selected classical passages

   The selected passages use different observations to make distinctions, including diarrhea and changes in pain after defecation, the pulse in the right hand, and palpable form, mobility, and location on pressure.

   Conclusion supported by this comparison

   Even where some digestive symptom terms appear, these cannot be treated as the same positive criteria or as a single diagnostic system.

   Evidence

   [1-3]

2. **Time and frequency**

   Rome IV functional dyspepsia

The criteria must be fulfilled for the preceding 3 months, with symptom onset at least 6 months before diagnosis. Postprandial distress syndrome (PDS) sets a threshold of at least 3 days per week, and epigastric pain syndrome (EPS) at least 1 day per week.

Selected classical passages

The selected passage on 聚 describes a pattern that starts and stops and at times comes and goes. The selected passages do not specify fixed minimum frequencies or the 3- and 6-month thresholds used in Rome IV.

Conclusion supported by this comparison

Defining scope by chronic duration and weekly frequency is not equivalent to distinguishing irregular patterns of change.

Evidence

[1,3]

3. Location and examination findings

Rome IV functional dyspepsia

The criteria focus on epigastric symptoms and their duration and require no evidence of structural disease likely to explain those symptoms.

Selected classical passages

The selected passages address locations in the chest, flanks, and abdomen, palpable form and movement on pressure, and pulse findings. This is observational language from historical texts, not a report of modern anatomical lesions.

Conclusion supported by this comparison

Palpable form and pulse characteristics are not other names for Rome IV symptoms and do not satisfy or replace the structural-disease exclusion criterion.

Evidence

[1–4]

4. Overlapping symptom terms

Rome IV functional dyspepsia

Nausea, excessive belching, and postprandial epigastric bloating are described as symptoms that may also be present.

Selected classical passages

The selected passage from Donguibogam lists 痞滿, nausea, belching, and acid regurgitation alongside a broader set of illness presentations.

Conclusion supported by this comparison

Shared symptom terms are only a starting point for comparison. Their diagnostic roles and scope of inclusion differ between the two.

Evidence

[1,4]

5. **Meaning of improvement after defecation**

Rome IV functional dyspepsia

Symptoms that improve after passage of stool or gas are generally not considered part of dyspepsia.

Selected classical passages

The selected passage from Jingui Gouxuan treats severe abdominal pain that lessens after diarrhea as a clue for distinguishing 食積.

Conclusion supported by this comparison

A feature used as a distinguishing clue in one may point outside the other's scope, so the two cannot be directly equated.

Evidence

[1,2]

Terminology note

Terminology note. In this table, 痞滿 is used as an expression from classical medical texts meaning ‘a sensation of blockage and fullness.’ 痰積, 食積, and 積聚 are terms found in the selected historical texts, not current diagnoses.

Scope for interpretation

The classical-text column brings together selected passages from three works; it does not present a single classical diagnostic criterion or establish the definition, genealogy, validity, or clinical utility of contemporary damjeok. The materials reviewed for this article include no data in which the Rome IV criteria and contemporary damjeok criteria were applied to the same people; patient-population overlap, classification agreement, prevalence, diagnostic accuracy, prognosis, and treatment response therefore cannot be estimated. The table does not address treatment choice or effects.

Seven Selected Occurrences of 痰積, 積聚, and 食積 in Electronic Texts

Seven occurrences selected from normalized electronic records show 痰積, 積聚, and 食積 appearing alongside different observations and descriptions of illness, but they do not establish their overall distribution, genealogy, current diagnostic meaning, or treatment guidance.

Article 2 · BRC-2026-W302

Abstract

This short note examines seven occurrences of 痰積, 積聚, and 食積 selected from electronic text records with character forms normalized for search and comparison after each sentence and its surrounding context were checked separately. The two occurrences in Jingui Gouxuan appear respectively in contexts of diarrhea and historical treatment, and of dizziness and pulse observation. The two in Zabing Guangyao distinguish form detected by pressing, movement and location, firmness, and changes of gathering and dispersing; the three in Donguibogam appear in separate contexts involving the location expressions ‘within the chest’ and ‘outside the intestines and stomach,’ a list of illness presentations, and fever and headache resembling cold damage (傷寒). Across these seven locations, the three terms do not occur in a single fixed context or form of explanation. Because the examples were purposively selected, however, they cannot establish the distribution or representativeness of usage across any book, period, or body of material. The line numbers mark positions within normalized electronic records rather than pages or folios in an edition, and source-attribution markers are not treated as the compiler’s independent claims or as a complete genealogy of predecessor texts. The quotations and renderings remain provisional because the exact editions and facsimiles, transcription and character variants, cited predecessor texts, responsibility for and collation of the renderings, later reception, and publicly traceable source locations have not been established. Historical treatment language remains source context only, not a current recommendation or evidence of efficacy; this note does not provide a systematic survey, genealogy or reception history, definitive translation, or validation of a current diagnosis. Its conclusion is limited to showing that the three terms appear alongside different observations, distinctions, and descriptions of illness at the seven selected locations.

Nonvisual reading orientation

This note has five sections and one seven-row table. The opening explains that it reads only seven locations where 痰積, 積聚, and 食積 occur, selected from electronic records with character forms normalized for search and comparison after each sentence and its surrounding context were checked separately; the selection is not representative of the whole. The next sections examine two Jingui Gouxuan locations involving diarrhea and historical treatment, and dizziness and pulse observation; two Zabing Guangyao locations distinguishing form detected by pressing, movement, location, firmness, and changes of gathering and dispersing; and three Donguibogam locations involving the expressions ‘within the chest’ and ‘outside the intestines and stomach,’ a list of illness presentations, and fever and headache resembling cold damage (傷寒). The final section observes that the three terms do not appear in one fixed context or form of explanation across the seven examples, while declining to extend that difference to an entire book, period, or body of material. The table presents one location per row and sets out the term, immediate context, position in the electronic record, source-attribution marker, and interpretive boundary, so the same content can be followed without relying on its visual arrangement. The line numbers are not pages or folios in an edition, and one blank graph in Zabing Guangyao has been excluded from the interpretation. Donguibogam line 2081 is not a line of the original Chinese text but the location of 痰積 in a Korean access translation; the parallel Chinese context appears at line 2078 in the same electronic record. Because the exact editions and facsimiles, transcription and character variants, cited predecessor texts, responsibility for and collation of the renderings, later reception, and publicly traceable edition locations have not been established, the quotations and renderings remain provisional. Source-attribution markers are not treated as the compiler’s independent claims or as a complete genealogy, and historical treatment language is not a current recommendation or evidence of efficacy. Neither the note nor the table provides a survey of all occurrences, their distribution or representativeness, a genealogy or reception history, a definitive translation, validation of a current diagnosis, or treatment guidance.

Starting with Seven Locations, Without Claiming the Whole

This note examines seven locations where 痰積, 積聚, and 食積 occur, selected from electronic text records with character forms normalized for search and comparison after each sentence and its surrounding context were checked separately. The selection was not designed to represent the whole; it brings the examples whose locations have so far been verified into closer view. These seven occurrences therefore cannot support an estimate of usage across any one book or across classical texts as a whole.

What can be done here is limited to describing what each term appears alongside and what distinctions the surrounding passages make in the immediate contexts currently available. The exact editions, volume or fascicle numbers, pages or folios, source facsimiles, transcription and character variants, layers of attribution, responsibility for the Korean renderings and their collation, and later reception have not yet been established. This note is therefore neither a study collating editions or facsimiles nor a definitive translation.

Nor does this note link the seven locations into a genealogy of terms or use them as evidence validating a present-day diagnosis. It is not a systematic survey of the complete body of material or a study of reception history, but a short note that reads occurrences in selected electronic records within their contexts. The sections that follow examine those occurrences in turn while keeping this boundary in place.

Two Selected 痰積 Contexts in Jingui Gouxuan

In the normalized electronic record of Jingui Gouxuan, identified as a work by Zhu Zhenheng (朱震亨), the two locations selected for this note appear in different settings. One is in the section on 'Diarrhea (泄瀉)' and the other in the section on 'Dizziness (頭眩).' Only these two locations, whose surrounding sentences and normalized line positions were checked in the electronic record, are read here.[2]

First, line 569 of 'Diarrhea' distinguishes patterns of diarrhea associated with dampness, qi deficiency, fire, phlegm, and food accumulation, then states '痰積，宜豁之' and continues with historical methods of treatment.[2] At this selected location, the term 痰積 occurs within a sequence about diarrhea and treatment. The wording shows only its place in a historical passage; it is not a current treatment recommendation or evidence of efficacy.

Second, line 826 of 'Dizziness' states '右手脈實，痰積' while distinguishing phlegm, fire, and pulse patterns.[2] The sentence places 痰積 alongside an observation that the pulse in the right hand is replete. At this selected location, 痰積 appears with a pulse observation in a discussion of dizziness.

The two locations show only these different contexts: diarrhea and treatment in one, and dizziness and pulse in the other. The exact edition, volume or fascicle number, page or folio, facsimile, collation of the transcription and character variants, responsibility for the Korean renderings and comparison with other translations, and later reception have not been verified.[2] The line numbers also identify positions only within this normalized electronic record, so the conclusions are limited to these two selected contexts.

Distinctions of Form and Movement in Zabing Guangyao

The selected contexts from Zabing Guangyao, whose electronic title reads '清 日本·丹波元堅撰', appear under 'Internal Causes · Accumulations and Gatherings (內因類·積聚).' This portion arranges passages from earlier texts together with source-attribution markers, so the compilation heading in the electronic record must be read separately from the layer of citation that follows each passage.[3]

The first selected context, beginning at line 4459 and continuing through lines 4461–4463, says that ‘when pressed, its form and signs can be verified (按之形証可驗也),’ then distinguishes 瘕 as moving when pushed and having no fixed location, 癖 as lying to one side at the flanks, and 結 as deep within and firmly bound.[3] One graph in the category name immediately preceding the passage is blank in the electronic record and has therefore been excluded from the quotation and interpretation. The 《聖濟》 marker at the end of the context identifies a source attribution, so the passage as a whole is not presented as the compiler’s independent claim.

The second selected context, beginning at line 4465, describes 積 as ‘having form’: it accumulates layer by layer, develops gradually, becomes hard, and does not move; it describes 聚 as ‘without form’: it gathers and disperses, with no regularity in appearing or ceasing.[3] For 聚, the passage adds that distension may or may not be present, pain may or may not be present, and it arises with contact and comes and goes at times. The 《景岳》 marker following this explanation distinguishes the cited words from the compiler’s arrangement.

What has been verified so far is limited to these two selected contexts and their line positions in the normalized electronic record, together with the source-attribution markers they contain. The exact edition, volume or fascicle number, page or folio, facsimile, collation of the transcription and character variants, responsibility for the Korean renderings and comparison with other translations, and later reception have not been verified.[3] This section therefore does no more than provisionally describe the distinctions of form, movement, location, and persistence within the two contexts.

Three Selected Contexts in Donguibogam

In a normalized electronic record of the Miscellaneous Disorders part of Heo Jun’s Donguibogam, the three locations selected for this note comprise one 痰積 occurrence in the section on vomiting (吐門) and two 食積 occurrences in the sections on vomiting and internal injury (內傷門). Because the three locations appear in different explanations and with different source-attribution markers, each context is read separately here.[4]

First, in the ‘Hacheongo (霞天膏)’ context in the section on vomiting, the text says that long-standing phlegm becomes viscous and hard, adheres ‘within the chest (胸臆之間),’ and becomes entangled ‘outside the intestines and stomach (腸胃之外).’ It then states, ‘前倒倉法能治癱勞鼓噎之證乃虛氣有痰積也.’[4] A historical treatment account continues between the two quotations, but this note omits its details and makes no claim about current treatment or efficacy. [丹心] is retained as a source-attribution marker in the electronic record.

The selected line 2081 locator is not a line of the original Chinese text but the location where 痰積 appears in the Korean access translation. The parallel Chinese context appears at line 2078 in the same normalized electronic record.[4] Line 2081 is therefore not treated as a Chinese-text locator grounded in an edition, and the correspondence between the two lines is asserted only within what can be checked in this electronic record.

Second, line 2073 of ‘The Meaning of Dochang (倒倉之義)’ in the section on vomiting lists abdominal pain, 痞癖, 食癥, jaundice, fullness, nausea, belching, and acid regurgitation alongside 食積 and 痰飮, and carries the [正傳] marker.[4] Third, line 9929 of ‘Food Accumulation Resembling Cold Damage (食積類傷寒)’ in the section on internal injury states ‘凡傷食成積亦能發熱頭痛證似傷寒’ and carries the [入門] marker.[4] These two markers show layers of earlier citation only; they do not establish the edition, extent of quotation, or transmission relationship of the predecessor texts.

At the three locations, historical treatment language remains context only. The exact edition, volume or fascicle number, page or folio, facsimile, transcription and character variants, complete bibliographic details of the predecessor texts corresponding to [丹心], [正傳], and [入門], responsibility for the Korean renderings and comparison with other translations, and later reception have not been verified.[4] Nor is there yet a publicly traceable edition locator, so the conclusions are limited to these three selected contexts in the normalized electronic record.

Distinctions Visible Across the Seven Occurrences

Placed side by side, the seven occurrences first reveal differences in their immediate contexts. In two locations from Jingui Gouxuan, 痰積 appears respectively in a sequence about diarrhea and historical treatment and in one about dizziness and pulse observation.[2] In two locations from Zabing Guangyao, the text distinguishes form verified by pressing, movement and location, firmness, and the changes involved in gathering and dispersing.[3] In three locations from Donguibogam, 痰積 and 食積 appear in distinct contexts: one describes positions ‘within the chest (胸臆之間)’ and ‘outside the intestines and stomach (腸胃之外),’ another lists a range of symptoms, and a third describes fever and headache as resembling cold damage (傷寒).[4]

Within these seven locations, the three terms do not appear in a single fixed context or form of explanation. That difference, however, can be described only among the selected examples. It provides no basis for estimating the distribution of usage across any book or period, judging whether the examples are mutually representative, or reconstructing a historical genealogy or later reception.[2][3][4]

The line numbers identify positions within normalized electronic records, not pages or folios in an edition. Because the exact editions and facsimiles, transcription and character variants, cited predecessor texts, responsibility for the renderings and their collation, later reception, and publicly traceable source locations have not been established, the quotations and renderings remain provisional.[2][3][4] This note is not a systematic literature survey, an edition or facsimile study, a translation edition, a genealogy or reception history, or a validation study.

The conclusion that can be retained is therefore narrow. The seven selected locations show that 痰積, 積聚, and 食積 occur alongside different observations, distinctions, and descriptions of illness in their respective immediate contexts.[2][3][4] That is as far as this short note goes: it sets those contexts alongside their source-attribution markers and the limitations of the material.

Seven Selected Occurrences: Locations and Immediate Context in Normalized Electronic Records

Table 1. Seven locations selected from normalized electronic records after each sentence and its surrounding context were checked separately. Each row shows the selected location, the term, what the immediate context shows, the source boundaries that govern its interpretation, and the citation marker. This table does not present the distribution, genealogy, or reception history of all occurrences, nor does it define a current diagnosis.

This table presents seven locations selected from normalized electronic records, one per row: two from Jingui Gouxuan, two from Zabing Guangyao, and three from Donguibogam. For each location, it places the term and immediate context alongside the location in the electronic record, embedded attribution marker, and boundary for interpretation. The seven rows do not represent all occurrences, and the line numbers are not pages or folios in an edition. The table does not provide a genealogy, reception history, validation of a current diagnosis, or treatment guidance.

Row-by-row table fallback

1. **Jingui Gouxuan, ‘Diarrhea (泄瀉)’ · normalized line 569**

   Term

   痰積

   What the immediate context shows

   After distinguishing patterns of diarrhea, the passage states ‘痰積，宜豁之’ and continues with a historical treatment account.

   Source boundaries

   This shows only the diarrhea and historical-treatment context at the selected location. It is not a current treatment recommendation or evidence of efficacy.

   Evidence

   [2]

2. **Jingui Gouxuan, ‘Dizziness (頭眩)’ · normalized line 826**

   Term

   痰積

   What the immediate context shows

   In a discussion of dizziness, the passage states ‘右手脈實，痰積’, placing the term alongside an observation of the pulse in the right hand.

   Source boundaries

   This shows only the pulse-observation context at the selected location; it does not establish current diagnostic criteria or validity.

   Evidence

   [2]

3. **Zabing Guangyao, ‘Internal Causes · Accumulations and Gatherings · General Discussion of Origins’ · context continuing from normalized line 4459**

   Term

   瘕, 癖, and 結 in a 積聚 context

   What the immediate context shows

   The passage distinguishes palpable form, movement when pushed, location at the flanks, and deep internal hardness.

   Source boundaries

   One graph in the preceding category name is blank in the record and has been omitted. 《聖濟》 is an attribution marker; the passage as a whole is not attributed to the compiler as an independent claim.

   Evidence

   [3]

4. **Zabing Guangyao, ‘Internal Causes · Accumulations and Gatherings’ · normalized line 4465**

   Term

   積 and 聚

   What the immediate context shows

   The passage distinguishes 積 as a form that gradually accumulates, becomes hard, and does not move, whereas 聚 gathers and disperses, with no regularity in its appearance or cessation.

   Source boundaries

   The 《景岳》 attribution marker following the selected context is retained. The wording is not presented as an edition-stable definition or converted into a modern measurement construct.

   Evidence

   [3]

5. **Donguibogam, Miscellaneous Disorders, ‘Vomiting · Hacheongo’ · normalized line 2081 (Korean access translation), with parallel Chinese context at line 2078**

   Term

   痰積

   What the immediate context shows

   The passage places long-standing phlegm alongside the expressions ‘within the chest’ (胸臆之間) and ‘outside the intestines and stomach’ (腸胃之外), in a context of illness presentations and historical treatment.

   Source boundaries

   Line 2081 is not a Chinese-text location in an edition. [丹心] is an attribution marker in the electronic record, and the historical treatment sentence is not current guidance or evidence of efficacy.

   Evidence

   [4]

6. **Donguibogam, Miscellaneous Disorders, ‘Vomiting · The Meaning of Dochang’ · normalized line 2073**

   Term

   食積 (with 痰飮)

   What the immediate context shows

   It appears with a list of illness presentations: abdominal pain, 痞癖, 食瘧, jaundice, 痞滿, nausea, belching, and acid regurgitation.

   Source boundaries

   [正傳] is an attribution marker in the electronic record. This list is not carried over as the scope of a current diagnosis or as treatment evidence.

   Evidence

   [4]

7. **Donguibogam, Miscellaneous Disorders, ‘Internal Injury · Food Accumulation Resembling Cold Damage’ · normalized line 9929**

   Term

   食積 and 積

   What the immediate context shows

   The passage states that when injury from food (傷食) becomes 積, fever and headache can occur and the presentation resembles 傷寒.

   Source boundaries

   [入門] is an attribution marker in the electronic record. This is not a modern differential-diagnosis rule or treatment guidance.

   Evidence

   [4]

Terminology note

Terminology note. In this table, a ‘normalized electronic record’ is a record in which character forms have been standardized for search and comparison; its line numbers are not pages or folios in an edition. 痰積, 積聚, and 食積 are terms used at the selected locations in historical texts, not current diagnoses. 《聖濟》, 《景岳》, [丹心], [正傳], and [入門] are source-attribution markers preserved in the electronic records; they do not establish a complete genealogy of predecessor sources.

Scope for interpretation

These seven rows are purposively selected examples for which each sentence and its surrounding context were checked separately. Line numbers in normalized electronic records mark positions within those records; they are not page or folio locators in an edition. The following source controls remain incomplete: identification of an exact edition and facsimile; a controlled transcription; a complete bibliography of character variants and prior citations; identification of responsibility for the translation and collation; documentation of later reception; and locations in a publicly accessible edition. Accordingly, this table organizes selected contexts from electronic records only. It does not provide a systematic survey of the full body of materials, their distribution or representativeness, genealogy or reception history, a definitive translation, validation of a current diagnosis, or treatment guidance.

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2. 朱震亨. 《金匱鉤玄》. The ‘泄瀉’ and ‘頭眩’ sections in an electronic text identified as a Yuan-period work and transcribed with normalized character forms. https://theqi.com/cmed/oldbook/book147/index.html (accessed 2026-08-22). The materials reviewed here did not establish the exact edition, volume, page or folio, textual variants, reception history, or a link to a facsimile; the Korean renderings are access translations used for this review. Source link

3. 丹波元堅 撰. 《雜病廣要》. The ‘內因類·積聚’ section in an electronic text labeled ‘清 日本·丹波元堅撰’. https://theqi.com/cmed/oldbook/book272/index.html (accessed 2026-08-26). The materials reviewed here did not establish the exact edition, volume, page or folio, textual variants, reception history, or a link to a facsimile; the Korean renderings are access translations used for this review. Source link

4. 許浚. 《東醫寶鑑》 雜病篇. The ‘倒倉之義’ section and passages concerning 食積 in an electronic text with Korean interpretations, identified as a Joseon-period work (accessed 2026-08-22 and 2026-08-26). The materials reviewed here provide neither a verified public edition URL nor the exact edition, volume, page or folio, textual variants, reception history, or a link to a facsimile; the cited Korean renderings follow this electronic text and the interpretations used for this review.