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NATIONAL STANDARD OF THE PEOPLE'S REPUBLIC OF CHINA

GB/T 16751.2-2021

Replacing GB/T 16751.2-1997

Clinic terminology of traditional Chinese medical diagnosis and treatment - Part 2:Syndromes/patterns

中医临床诊疗术语 第2部分：证候

Issued on: November 26, 2021 **Implemented on: November 26, 2021**

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Foreword

This document is in accordance with the provisions of GB/T 1:1-2020 "Guidelines for Standardization Work Part 1: Structure and Drafting Rules of Standardization Documents" drafted: This document is part 2 of GB/T 16751 "Terminology of Clinical Diagnosis and Treatment of Traditional Chinese Medicine": GB/T 16751 has published the following parts:

--- Disease section;

--- Part 2: Syndrome;

--- Governing Law section: This document replaces GB/T 16751:2-1997 "Traditional Chinese Medicine Clinical Diagnosis and Treatment Terminology and Syndrome Part", compared with GB/T 16751:2-1997, The main technical changes are as follows:

---The original basic deficiency syndromes, basic empirical syndromes, mixed syndromes of deficiency and excess, heart syndromes, lung syndromes, spleen syndromes, liver syndromes, and kidney syndromes There are 14 major categories: syndrome, visceral and visceral syndrome, skin syndrome, head and face, organ orifice syndrome, meridian, muscle and bone syndrome, other syndromes, and periodic type: Modified to the terms of the eight principles and syndromes, the terms of the etiology and syndromes, the terms of the syndromes of the qi, blood, yin and yang, the essence of the body fluid, and the syndromes of the viscera and organ orifices: language, meridian syndrome terms, six meridian syndrome terms, Sanjiao syndrome terms, Weiqi Yinxue syndrome terms, other syndrome terms 10 categories of language and period terms;

--- Deleted the "dry phlegm (accumulation) syndrome" and "heat entering the blood chamber syndrome" in the original syndrome;

---Add 1245 syndrome terms, a total of 2060 syndrome terms are included: Please note that some content of this document may be patented: The issuing agency of this document assumes no responsibility for identifying patents: This document is proposed by the State Administration of Traditional Chinese Medicine: This document is under the jurisdiction of the National Standardization Technical Committee of Traditional Chinese Medicine (SAC/TC478): This document was drafted by: Shanghai University of Traditional Chinese Medicine, Institute of Chinese Medical History and Literature, China Academy of Chinese

Medical Sciences, Fujian University of Traditional Chinese Medicine, Liaoning Zhongshan Medical University, Shanghai Normal University, China-Japan Friendship Hospital, Chongqing Hospital of Traditional Chinese Medicine, the First Affiliated Hospital of Guangzhou University of Traditional Chinese Medicine, Chengdu University of Traditional Chinese Medicine School Affiliated Hospital, Jiangsu Provincial Hospital of Traditional Chinese Medicine, Shuguang Hospital Affiliated to Shanghai University of Traditional Chinese Medicine, Longhua Hospital Affiliated to Shanghai University of Traditional Chinese Medicine, Shanghai Traditional Chinese Medicine University Affiliated Yueyang Hospital of Integrated Traditional Chinese and Western Medicine, Shanghai Traditional Chinese Medicine Hospital, Chinese Association of Traditional Chinese Medicine: The main drafters of this document: Yan Shiyun, Zhu Bangxian, Li Dexin, Zhou Qiang, Zhu Weichang, Li Candong, Li Zhaoguo, Zhu Jianping, Sang Zhen, Luo Song Ping, Yan Xiaoping, Diao Qingchun, Chen Xiaoning, Duan Junguo, Zhu Liming, Zhou Chongren, Cheng Panji, Bao Laifa, Dou Danbo, Su Li, Li Ming, Zu Lianghua, Yang Li Na, Bao Yingjie, Dong Quanwei, Lou Yueli, Jiang Xiaobei, Guo Yubo, Su Xiangfei: The previous versions of the documents replaced by this document are as follows:

---First published in:1997 as GB/T 16751:2-1997;

---This is the first revision:

In:1995 and:1997, the state issued and implemented the "Classification and Code of Diseases and Syndrome of Traditional Chinese Medicine" (GB/T 15657-1995), "Traditional Chinese Medicine Clinical Diagnosis and Treatment Terminology (GB/T 16751-1997), which has played an important role in standardization, standardization and even national The leading role of internationalization: During this period, various clinical disciplines of traditional Chinese medicine developed rapidly, and information technology changed with each passing day: The situation that the standard does not fit well with the current development of Chinese medicine is gradually revealed: At the same time, due to the "Terminology of Clinical Diagnosis and Treatment of Traditional Chinese Medicine" and "Classification of Diseases and Syndrome of Traditional Chinese Medicine" It does not match well with the "Code" standard, resulting in low operability of these two national standards: In order to better lead the inheritance and innovation of TCM clinical practice development, fully reflect the academic body of traditional Chinese medicine, and fully take into account the needs of contemporary traditional Chinese medicine clinical and health care practice, so as to promote the development of traditional Chinese medicine, To promote the academic progress of traditional Chinese medicine, on the basis of comprehensively summarizing the application of the standard, this revision unifies this document and the "Classification of Diseases and Syndrome of Traditional Chinese Medicine": The terms in the Syndrome section of the Code and Code; when establishing the diagnosis of TCM syndromes, the terms of the syndromes used shall be consistent with the definitions of the terms of the same name in this document: GB/T 16751 "Terminology of Clinical Diagnosis and Treatment of Traditional Chinese Medicine" consists of 3 parts:

--- Disease section;

--- Part 2: Syndrome;

--- Governing Law section: TCM Clinical Diagnosis and Treatment Terminology Part 2: Syndromes

1 Scope

GB/T 16751.2-2021 is the Chinese national standard on clinic terminology of traditional chinese medical diagnosis and treatment - part 2:syndromes/patterns, in the field of generalities, terminology and documentation. The /T suffix marks it as a recommended standard: it is not compulsory by itself, but it becomes binding as soon as a contract, a tender or a customer specification calls it up - which in practice is how most foreign buyers meet it. It was issued on 26 November 2021 by the State Administration for Market Regulation; Standardization Administration of China, and has been in force since 26 November 2021. Classification: ICS 01.040.11, CCS C10. This page is published from the official record of the standard held by the Chinese standards administration: the identification, the dates, the classification and the issuing body are taken from there. The clause text, the tables and the numeric limits are in the document itself, which is delivered complete in English translation.

This document contains a total of 2060 TCM syndrome terms (including 406 category terms), and defines their definitions: This document is suitable for TCM medical treatment, health statistics, TCM medical record management, TCM clinical medical quality assessment, scientific research, teaching, publication and Domestic and foreign academic exchanges and other fields: Terms with categorical properties in this document generally do not apply to clinical diagnosis:

Note: The term of category attribute refers to the term with the expression "generally referring to one type of syndrome" in the definition:

2 Normative references

There are no normative references in this document:

3 Terms of the eight classes of syndromes

1 Yinsyndrome/pattern Contrasted with Yang Zheng: It generally refers to the pathogenesis characteristics such as inhibition, restraint, malaise, functional decline or dull color, and has the syndrome of commanding the inside and the cold: A class of syndromes with the meaning of syndrome differentiation and deficiency syndrome: 3:2 yang syndrome yangsyndrome/pattern Contrasted with negative evidence: It generally refers to pathogenic features such as excitement, outward attraction, rise, hyperactivity or bright color, and has

the leading symptoms, fever, etc: A class of syndromes with the meaning of dialectical and empirical dialectics: 3:

3 Form externalsyndrome/pattern Contrasted with Licensing: It generally refers to exogenous pathogens attacking the skin, muscles, joints, organs and other body surface tissues, causing disharmony between health and defense, and unfavorable meridians and qi: A class of syndromes characterized by corresponding signs: 3:3:1 table false syndrome syndrome/patternofexternaldeficiency Due to external evil attacking the table, the camp and the guard are not in harmony, or the qi deficiency and the rationale are not solid: Clinical symptoms include fever or no fever, aversion to wind, frequent sweating, repeated Incessantly, the tongue coating is thin and white, the pulse is slow or thin and weak, accompanied by easy fatigue, muscle soreness and other symptoms: 3:3:

2 Table empirical syndrome/patternofexternalexcess Due to the invasion of exogenous pathogens, the struggle between good and evil, the occlusion of the colic, and the unfavorable qi and blood: Clinical symptoms include aversion to cold, fever, no sweating, head and body pain, white tongue coating Or yellow, the pulse is floating tight and strong, and it may be accompanied by a syndrome characterized by swelling of the joints, arthralgia, and swelling of the head and face: