

Thomas Carlyle: “Every noble work is at first impossible.”

Samuel Johnson: “Great works are performed, not by strength, but by perseverance.”

Napoleon Bonaparte: “Victory belongs to the most persevering.”

Charles Burton: “The road to success is not to be run by seven-leagued boots. Step by step, little by little, bit by bit—that is the way to wealth, that is the way to wisdom, that is the way to glory. Pounds are not the sons of pounds, but of pence.”

Owen Feltham: “The greatest results in life are usually attained by simple means and the exercise of ordinary qualities. These may for the most part be summed up in these two—common sense and perseverance.”

Vince Lombardi: “Success is a function of the continued review and practice of the basics.”

Ludwig Wittgenstein: “Everything that can be thought at all can be thought clearly. Everything that can be said can be said clearly.”

John Locke: “The improvement in understanding is for two ends: first our own increase in knowledge; secondly to enable us to deliver that knowledge to others.”

PREFACE TO THE FIRST EDITION

The first person with whom I studied Chinese medicine instilled in me a high regard for the pulse. The things he was able to tell people after feeling their pulses for fifteen minutes seemed like magic to me. Some time later, I studied pulse diagnosis in Tibetan medicine with various lama-doctors. There, too, pulse reading seemed to endow its practitioners with almost magical abilities of diagnosis and prognosis. Therefore, I believe I was fortunate to come across teachers who emphasized the value of pulse examination.

Nevertheless, it took me years to learn how to read the pulse. The years this required were not because of any inherent difficulty in feeling and interpreting the pulse, but were due to my own laziness and stubborn refusal to master the basics of this art. While I searched for advanced and abstruse pulse lore, I was never diligent enough to memorize all the basic facts of this discipline. In other words, I tried to jump high up in the sky without first laying an adequate foundation. As a teacher of Traditional Chinese Medicine, it is my experience that all too many of my fellow Western practitioners make the same mistake.

The impetus for writing this book is, therefore, based on my own personal experience with the pulse. It is my attempt to share with my fellow practitioners a central insight which has meant the difference between a mediocre ability to read the pulse and an ability which most of my peers consider advanced. As the reader will see, this advanced ability, to the degree that it exists, exists because of finally mastering the basics.

Because I wish the reader to concentrate on a few key points which must then be memorized to perfection, I have not tried to write an exhaustive or encyclopedic book on the pulse. Rather, this book is meant to complement and extend other books on Chinese diagnosis and pulse examination which already exist in English. This is a deliberately small book.

The Secret of Chinese Pulse Diagnosis

The terminology in this book is based on Nigel Wiseman's *English-Chinese Chinese-English Dictionary of Chinese Medicine*, Hunan Science & Technology Press, Changsha, Hunan, 1995. This book is a compilation of information taken from a variety of Chinese and English language sources. A bibliography of those sources is appended at the end of this book.

During my first Tibetan language lesson, my teacher began by having me spell out the Tibetan word *lao*, easy. At the time, it was explained to me that this was to ensure a good omen at the beginning. Looking back, I see it as a reminder that if we begin a task with the preconception that it is hard, we are less likely to persevere to the point of mastery. However, if we begin with the idea that something is easy, then we do not have to constantly fight our own preconceived notions to the contrary. I believe that too many students in the West believe that Chinese pulse examination is difficult to learn and that it takes years and years to master. Thinking thus, many of us Westerners put off mastering the basic information to the degree that information can be put into practical use in the clinic. Hence the pulse is never really mastered.

Therefore, this book has been written with one main intention in mind: to put forward the notion that Chinese pulse examination is easy *if one knows the secret*. That secret is mastering the basics.

Bob Flaws
May 10, 1995

PREFACE TO THE SECOND EDITION

Since originally compiling this book, I have used it in order to teach numerous seminars on Chinese pulse examination in both the United States of America and various European countries. In that process, students have helped me refine even further the methodology for learning Chinese pulse examination which is the central thesis of this book. Therefore, I have rewritten this book in the light of those suggestions, clarifications, and additions. Hopefully, readers of this new, revised edition will find it even easier to learn how to do Chinese pulse examination.

Recently, a second year student at an American acupuncture school came up to me at a seminar I was teaching. He said that he had taken my pulse examination workshop the year before. Although he is still a relative novice, since taking that pulse examination workshop, all the other students at his school consult him when they want to know how to describe their patients' pulses in their school's student clinic. This story underscores that the method for learning Chinese examination presented in this book does work.

Bob Flaws
November 30, 1996

1

INTRODUCTION

This book is a basic introduction to pulse examination as it is used in Traditional Chinese Medicine or TCM. Although in Chinese, TCM is simply referred to as *zhong yi* or Chinese medicine, I do regard what is usually called TCM in the West as a particular style of Chinese medicine. Many of the adherents of this style would simply say that TCM encompasses all that has been found to be worthwhile and clinically valid over the 2000 years of recorded Chinese medical history and that is why it is simply called Chinese medicine. Be that as it may, here in the West, there are a number of styles of Oriental medicine currently being taught and practiced. Therefore, I think it useful to distinguish this style for what it is. Hence, before attempting to understand the role and practice of pulse examination within this style, I believe it is important to understand something about this style in general.

TCM as a Style

The hallmark of TCM as a style of Chinese medicine is its emphasis on treatment based on pattern discrimination (*bian zheng lun zhi*). This means that, although TCM practitioners first make a disease diagnosis (*bian bing*), treatment is based more on the pattern discrimination than on that disease diagnosis. In other words, the overall guiding treatment principles for the case at hand are based on the pattern discrimination, not on the disease diagnosis. It is these principles which guide the selection of the Chinese medicinal formula or main acupuncture points. Once these main principles are stated and a basic treatment protocol is erected based on these principles, medicinals or acupuncture points are then added to the base protocol depending on their empirical efficacy for the particular disease under treatment.

For instance, a patient may be suffering from headache. In TCM, headache (*tou tong*) is a disease category. If the patient also says that her headache comes at the end of every menstruation, is worse at night or when fatigued, tends to be generalized, typically lasts until she goes to bed but is usually gone when she wakes the next morning, and if her facial complexion is a sallow yellow, she has palpitations or dizziness, lack of warmth in her four limbs, a scanty appetite, loose stools with her menses, pale nails, a pale tongue, and a fine and weak or relaxed pulse, her TCM pattern discrimination is one of blood vacuity due to spleen vacuity. In that case, the main treatment principles are to fortify the spleen and nourish the blood. The guiding formula in that case might be either *Ba Zhen Tang* (Eight Pearls Decoction) or *Gui Pi Tang* (Restore the Spleen Decoction) depending upon the exact signs and symptoms. If *Gui Pi Tang* were chosen, then *Radix Ligustici Wallichii* (*Chuan Xiong*) might be added to specifically upbear blood to nourish the sea of marrow and therefore address the specific complaint of headache.

If treated by acupuncture, the basic formula might consist of *Zu San Li* (St 36), *San Yin Jiao* (Sp 6), *Pi Shu* (Bl 20), and *Ge Shu* (Bl 17). The first three points all fortify the spleen, remembering that it is the spleen which is the root of latter heaven or postnatal qi and blood engenderment and transformation. *Ge Shu* is the *hui* or so-called reunion point of the blood. It specifically acts to nourish the blood. If the major complaint or disease were palpitations, then *Shen Men* (Ht 7) might be added to this basic formula. However, because the disease under treatment is headache, *Bai Hui* (GV 20) might be added with moxibustion in order to upbear yang qi, based on the premise that it is the qi which moves the blood and that the blood follows the qi.

It is said in TCM:

Yi bing tong zhi One disease, different treatments;
Tong bing yi zhi Different diseases, one treatment

This means that any disease may present a number of different patterns. In the case of headache, there are wind cold external invasion pattern headaches, liver yang hyperactive above pattern headaches, phlegm dampness obstructing the clear portals pattern headaches, blood vacuity pattern headaches, and essence insufficiency pattern headaches, to name the

most common ones. Although two patients may each suffer from headache, if their TCM pattern discrimination is different, they will receive a different treatment. Another two patients may present with two completely different diseases. One may be suffering from headache and the other from insomnia and yet, as long as they present the same overall TCM pattern, their treatment may be essentially the same.

Therefore, in TCM, a correct pattern discrimination is vitally important. It is the guide and foundation to successful, individualized treatment. When treatment is given on the basis of a correct TCM pattern discrimination, it restores balance without iatrogenesis or side effects. In addition, a TCM pattern discrimination contains within itself an explanation of why the person is manifesting the signs and symptoms they do. Each pattern is the result of certain disease causes (*bing yin*) and disease mechanisms (*bing ji*). If one understands those disease causes and mechanisms, then one can take steps to alter or abolish them. One can change their diet and lifestyle accordingly and even change deleterious mental/emotional habits. Thus a TCM pattern discrimination is both enlightening and empowering in a way that a simple disease diagnosis typically is not. Hence, TCM pattern discriminations are the means by which practitioners of Chinese medicine can follow the injunctions in the *Nei Jing (Inner Classic)* to emphasize prevention over mere remedial treatment.

How Patterns Are Discriminated

TCM patterns are discriminated by means of the four examinations (*si zhen*). These are visual examination (*wang zhen*), inquiry (*wen zhen*), listening and smelling examination (*wen zhen*), and palpation (*qie zhen*). It is by means of the combination of these four methods of examination (*si zhen he can*) that a TCM pattern is identified. However, most modern TCM clinical manuals describe this combined summation and analysis in terms of main symptoms (*zhu zheng*), examination of the tongue (*she zhen*), and pulse examination (*mai zhen*). In other words, in clinical practice, patterns are based on three broad groups of information: 1) signs and symptoms, 2) tongue examination, and 3) pulse examination. It is the comparison and corroboration of these three groups of information which differentiate one pattern from another, and it is extremely important that no one sign or symptom means anything except in relationship to all other signs and symptoms gathered by the four examinations.

For instance, the pattern of spleen qi vacuity and spleen yang vacuity have many of the same signs and symptoms. In both patterns there are scanty appetite, loose stools, abdominal distention, fatigue, lack of strength, and a pale tongue with thin, white fur. However, in the case of spleen yang vacuity there are also chilling of the limbs, a cold body, and a slow pulse. But this does not mean that chilled limbs are always a symptom of yang vacuity. There may be chilled limbs due to liver depression qi stagnation. In this case, the four chilled limbs are referred to as the four counterflows because yang qi is depressed internally and cannot flow uninhibitedly out to the extremities. One knows this because the tongue in this case is a dark reddish and may have yellow fur while the pulse is bowstring¹ and rapid, not slow.

Thus it is vitally important to keep in mind that no one sign or symptom always means any one thing. It only means something when taken in consideration of all other signs and symptoms, including the tongue and pulse examinations.

The TCM Methodology

This basic TCM methodology of moving from a major complaint to the patient's individual signs and symptoms, tongue, and pulse, thus constituting the pattern discrimination, thence to the statement of treatment principles, and only then to the selection of a guiding formula or protocol and its individualized modifications is exemplified in the organization of most modern Chinese TCM clinical manuals. In such clinical handbooks, information is typically given under the following headings and in the following order:

¹ Wiseman gives stringlike for *xian mai*. However, this character has within it the bow radical. Thus it does not mean any string but a drawn, taut string. *The Pinyin Chinese-English Dictionary*, The Commercial Press, Beijing, 1991, p. 747, gives the first meaning for this word as bowstring and the second meaning as the string of a musical instrument. This second meaning also emphasizes that this is a taut string. Since this tautness is an integral part of this pulse image, I have chosen to use bowstring over stringlike. Wiseman's previous term was wiry, and that was the term used in this book's first edition. Although that term conveys the proper connotation when it comes to Chinese pulse examination, the Chinese did not have the technology to create metal wire at the time this word was coined. Therefore, denotatively it is not a good choice.

Disease name
Disease causes & disease mechanisms
Treatment based on pattern discrimination
Pattern name
Main symptoms
Tongue & fur
Pulse images
Treatment principles
Formula
Additions & subtractions based on symptoms

Just as most Chinese clinical manuals and textbooks are organized in this manner, it is important that clinicians follow this methodology or progression when making a pattern discrimination and then erecting a treatment plan. This is a very step by step methodology, and if one omits a step, then the whole process may go awry. It is especially important to write down the TCM pattern discrimination and the treatment principles before writing down the names of Chinese medicinal formulas or acupuncture points. I have explained this process at greater length in both my *Sticking to the Point: A Rational Methodology for the Step by Step Formulation & Administration of a TCM Acupuncture Treatment*; *How to Write a TCM Herbal Formula*; and *A Compendium of TCM Patterns & Treatments* (with Daniel Finney).

The Importance of Pulse Examination

As seen above, pulse examination is one of the main methods of establishing a TCM pattern discrimination. Pulse examination in modern TCM primarily means the feeling of the pulse of the radial arteries at the styloid processes of both wrists. This is commonly called the *cun kou* or inch opening. It is believed by practitioners of Chinese medicine that the pulses felt here can be read as a simulacrum of the flow of qi, blood, and body fluids of the entire body. The first chapter of the *Nan Jing (Classic of Difficulties)* opens with the following question:

All the twelve channels have [sections where the] movement [in these] vessels [can be felt]. Still, one selects only the *cun kou* in order to determine whether

the five viscera and six bowels [harbor a] pattern of death or life, of good or evil auspices. What does that mean?²

The answer of why one can determine the health and disease of the entire body by feeling the pulses at the *cun kou* on the wrists that the *Nan Jing* gives is this:

The *cun kou* constitutes the great meeting point of the [contents passing through] the vessels. It is the [section of] the hand *tai yin* [channel where the] movement [in that] vessel [can be felt]. When a [normal] person exhales once, [the contents of] the vessels proceed 3 inches. When [a normal person] inhales once, [the contents of] the vessels proceed [another] 3 inches. Exhaling and inhaling [constitute one] breathing [period]. During this period, [the contents of] the vessels proceed 6 inches. A person, in the course of one day and one night, breathes altogether 13,500 times. [During that time, the contents of] the vessels proceed through 50 passages. [That is,] they circulate through the body [in the period needed for] the [clepsydra's] dripping water to move down by 100 markings. The constructive and defensive [qi] proceed through 25 passages [during a] yang [period], and they proceed through 25 passages [during a] yin [period]. This constitutes one cycle. Because [the contents of the vessels] meet again, after 50 passages, with the *cun kou*, [this section] is the beginning and the end of [movement of the contents of the vessels through the body's] five viscera and six bowels. Hence, the pattern [of death or life, good or evil auspices harbored by the body's five viscera and six bowels] may be obtained from the *cun kou*.³

Whether or how one chooses to accept this explanation aside, it is a fact that practitioners of Chinese medicine have been diagnosing and treating patients on the basis of pulse examination carried out at the inch opening for at least 2000 years. On the other hand, most Western students of TCM find pulse examination very confusing and difficult to master. It seems somehow very mystical and arcane. Although most Western practitioners express a strong belief and interest in pulse examination, few, I think, feel very confident of their abilities in this domain.

² *Nan Ching (The Classic of Difficulties)*, trans. by Paul U. Unschuld, University of California Press, Berkeley, CA, 1986, p. 65. Some words have been changed to conform to Nigel Wiseman's terminology.

³ *Ibid.*, p. 65-66

This Western ambivalence toward and pervasive lack of mastery of pulse examination is, I believe, exacerbated by a somewhat similar attitude toward pulse examination current in the Peoples' Republic of China at least in the 1980s. When I was a student in China during that time, the importance of pulse examination was deliberately played down by many of my teachers and clinical preceptors. Based on conversations, it seems they felt that pulse examination was hard to validate by Western anatomy and physiology and, therefore, was a bit of an embarrassment to people who were desperately trying to become modern and scientific. At that time, I never had a teacher tell me a pulse was anything other than bowstring, slippery, fast, slow, floating, deep, or fine. One of my teachers only took the pulse with two fingers and never expressed her readings in terms of the three basic positions of the pulse. When queried about this, she said that it is scientifically impossible for the pulse to have different qualities or images in different positions. *Ergo*, one does not have to worry about positions.

What I mean to say is that, although pulse examination comprises at least one third of the diagnostic criteria for making a TCM pattern discrimination, many modern Chinese teachers and the majority of the modern Chinese TCM literature of which I am aware, tend not to be very sophisticated in their explanation and use of pulse examination. Rather, it seems that many modern Chinese TCM practitioners relegate pulse examination to a minor, confirmatory role. While Western practitioners believe that pulse examination is mystical, and therefore difficult to learn, many modern Chinese practitioners believe it is mystical, and therefore not worth learning.

However, this is not my experience. I believe that mastery of pulse examination is vitally important for making a correct TCM pattern discrimination. And I believe that pulse examination is, perhaps, even more important for Western practitioners than for our Chinese counterparts. This is because it is my experience that our patients are sick in more complex ways than many Chinese patients. In China, most young practitioners do not go into private practice working in isolation from senior practitioners with lifetimes of experience. It is my experience that young practitioners in China are given relatively simple cases to treat, and, should they come across a complicated, difficult case, they can always ask a senior

practitioner to help parse out the pattern discrimination. Western practitioners, on the other hand, tend to go immediately into private practice, and that after insufficient clinical education as an undergraduate. Typically, there is no one else in the clinic to ask about a difficult case. In addition, we as Western practitioners tend to see a disproportionate number of difficult cases which are either not self-limiting or have not been successfully treated by modern Western medicine and often other types of alternative medicine as well. This is because, here in the West, we are so often practitioners of last resort. Further, because of the modern Western diet, the adverse effects of certain modern Western medical treatments, the ill effects of pollution, and the pervasive stress of our modern society, most of our patients suffer from complex, chronic conditions which frequently and I might even say typically do not display the nice, neat, simple patterns contained in beginners' TCM textbooks.

In my experience, all too often, our patients present, not with one textbook pattern or another, but with a combination of three, four, or even five patterns. When the disease mechanisms at work in such complex patterns interact with each other, they produce complicated mixtures of signs and symptoms, including complicated and sometimes even seemingly contrary pulse images. Thus it is also my experience that if one wants to parse out such complicated patterns, one must be able to feel more than just the several pulse images enumerated above. In addition, one must also understand how each pulse is created and the secondary and tertiary meanings of all of the pulse images. In other words, it is my experience that a simplistic approach to pulse examination is not sufficient for the practice of TCM in the West.

The Obstacles to Mastering the Pulse

The good news is that pulse examination is not that difficult to master. In my experience, there is a trick that makes pulse examination actually quite easy and straightforward. However, before revealing that secret, I would like to quote Manfred Porkert from *The Essentials of Chinese Diagnostics* on what he calls “three kinds of obstacles to mastering pulse diagnosis.”⁴

⁴ Porkert, Manfred, *The Essentials of Chinese Diagnostics*, Chinese Medicine Publications, Ltd., Zurich, Switzerland, 1983, p. 193

1. Inadequate endowment
2. Wrong intellectual perspective
3. Inapt pedagogical approach

Manfred Porkert describes inadequate natural endowment under two sub-headings: 1) inadequate physical endowment (*i.e.*, lack of sufficient sensitivity in the fingertips and the capability to concentrate) and 2) inadequate intellectual gifts (*i.e.*, inability to distinguish, coordinate, and synthesize the observed data). In terms of this first obstacle to mastering Chinese pulse examination, it is up to the Deans of Admission and Academic Deans at Western schools and colleges of acupuncture and Oriental medicine to ensure that all students enrolled at such schools are endowed with these capabilities.

By “wrong intellectual perspective,” Porkert is referring to preconceived notions regarding Chinese pulse examination by Western health care practitioners who are often skeptical about it. If one refuses to believe that one can diagnose health and disease by feeling the pulse of the radial arteries at the wrists, then of course, one will not seriously study this art with an open mind and will not plumb its depths. This is not usually a problem at most Western schools of acupuncture and Oriental medicine. Students at such schools typically enter with a willingness to study and consider as at least provisionally true the basic theories and practices of Chinese medicine.

However, it is the last obstacle—an inept pedagogical approach—which Porkert says is responsible for most failures in mastering Chinese pulse examination. In fact, it is Porkert’s opinion that:

Most of the failures in mastering pulse diagnosis—I should say at least 80 percent—are due to this formidable obstacle, or to approaching it too lightly.⁵ According to Porkert, Chinese pulse examination is a skill. However, it is an essentially intellectual skill. He goes on to say that in the acquisition of any skill, the gathering of certain intellectual information *must* precede physical training. This means that intellectual data must be presented

⁵ *Ibid.*, p. 195