

Practical Diagnosis in Traditional Chinese Medicine

Professor Tietao Deng was born in 1916 at Kaiping county, Guangdong, P. R. China. Born into a family of doctors, he studied at the Guangdong Specialized School of Chinese Medicine and Pharmacy for five years. During the past 50 years, he has practised medicine in Ghangzhou, Hong Kong and Wuhan, specializing in the treatment of cardiovascular illness and diseases of the digestive system.

At present he is a member of the Standing Committee of the National Society of TCM, Assistant Director of the National Society of TCM's Committee on Research and Improvement of Chinese Medical Theory, a member of the Chinese Council on Medical History, and Professor and Vice President of the Guanzhou College of TCM.

Professor Deng lectured and demonstrated treatments in Japan, Singapore, Malaysia and Hong Kong, and as Chief Editor/Author, he has compiled not only this text, but a number of other important clinical Chinese texts and dictionaries. He is also the first Chinese TCM expert to have been listed in the 1989 'Who's Who in the World'.

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Practical Diagnosis in Traditional Chinese Medicine

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Note

Medical knowledge is constantly changing. As new information becomes available, changes in treatment, procedures, equipment and the use of drugs become necessary. The editors and the publishers have, as far as it is possible, taken care to ensure that the information given in this text is accurate and up to date. However, readers are strongly advised to confirm that the information, especially with regard to drug usage, complies with the latest legislation and standards of practice.

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Foreword

Marnae Ergil's excellent translation of Professor Tietao Deng's well regarded diagnostic manual makes an important Chinese text readily available to western practitioners and students of East Asian medicine. Professor Deng is a famous contemporary physician and has himself been the subject of an important anthropological investigation of modern Chinese medicine.¹ This clinical manual has already established itself as an important textbook for practitioners of Chinese medicine in modern China. Having his famous diagnostic book available in English, will undoubtedly allow a more precise and nuanced appreciation of Chinese medical diagnosis. All practitioners and students will undoubtedly be appreciative.

The textbook has all the pieces for a standard textbook. It meticulously brings together the particulars of the Four Diagnoses and the patterns of disharmony with detail that is unique for a western language publication. It is important however that the richness and precision of

details appearing in this volume do not make students lose sight of the fact that, in Chinese medicine, diagnosis does not mean a search for distinct ontological entities. Diagnosis is not meant to have the flavor of a precise computer readout. Rather it has the intention of orientation; it is meant to be a flexible clinical perspective. The diagnosis is not meant to be constraining or 'heavy', but an interactive point of departure for clinical engagement. The diagnosis is an emblematic category that allows for an exchange of words when actual reality, real patient lives, necessarily retains elements of the ineffable.

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¹ Judith Farquahar. *Knowing Practice: The Clinical Encounter of Chinese Medicine* (Boulder: Westview Press, 1994).

Translator's Introduction

An initial translation of this text first appeared on my desk over four years ago. At the time, I was asked to review the translation and edit it for English clarity. Working from the original Chinese version, it quickly became clear to me that the text would require major retranslation rather than simple editing. I therefore took on the project of retranslating the text, using the original translation as a guide. I decided to work on the text because I felt that it filled a large gap in the currently available English language textbooks. This text fits into an Oriental medicine curriculum in between such books as Nigel Wiseman and Andy Ellis' *Fundamentals of Chinese Medicine* and Yan Wu's *Practical Therapeutics of Traditional Chinese Medicine*. It is to be studied after one has learned the basic theories and principles of Chinese medicine, but it does not provide a discussion of treatment principles or therapeutic choices. Rather, *Practical Diagnosis in Traditional Chinese Medicine* is designed to guide the student and practitioner through a comprehensive discussion of the four examinations and pattern identification and then to aid them in understanding the differentiations of some of the major symptom complexes.

The primary author of the Chinese language version of *Practical Diagnosis in Traditional Chinese Medicine*, Tietao Deng, is an extremely well-known and respected physician and professor in southern China and the editor and author of several texts and articles in Chinese. As is common in China, this text was produced

by the efforts of several scholars. Professor Deng was assisted in the writing of the text by Li Li Xia, Jin Shi Ying, Guan Ru Yao and Zhang Da Zhao. This text was first published in 1988; thus it is a modern text, written after the upheavals of the Cultural Revolution, in a time of greater openness and willingness to question and to be critical of both China and the West. *Practical Diagnosis* is unique as a textbook as it describes the discussions that have occurred over time concerning problematic issues in Chinese medical theory, such as whether or not there are pathologies of spleen yin, or whether a slippery pulse may occur in a vacuity condition. One of the most interesting things about this text is that Deng is able to portray the fluid nature of a Chinese medical diagnosis and to emphasize the absolute necessity for flexibility in diagnosis and pattern identification, while also allowing the reader to see the system underlying the choices made in reaching a diagnosis. Herein lies one of the greatest pitfalls for the 'foreign' student of Chinese medicine. Too often, it appears to the student that diagnostic choices are arbitrary, or that if looked at in a different way, a completely different decision could be reached concerning pattern identification. This text helps the reader to understand the heterogenous nature of Chinese medicine and how symptoms and signs are organized into a diagnosis. By discussing most of the various theories of pattern identification, each of which has emerged in a different historical time period, and by showing their

differences and similarities, Deng helps the reader to recognize that diagnostic decisions are neither arbitrary nor necessarily contradictory, but rather based on specific theoretical paradigms that are supported by clinical experience. And yet, throughout the text, Deng consistently demonstrates Ted Kaptchuk's assertion that a diagnosis 'is meant to be a flexible clinical perspective' and that the practitioner should not be overly dependent upon the 'systematic appearance' of Chinese medicine.

I have chosen to use the standard terminology glossed by Nigel Wiseman in the *English-Chinese Chinese-English Dictionary of Chinese Medicine*¹ and defined by Nigel Wiseman and Feng Ye in the *Practical Dictionary of Chinese Medicine*². I have made this decision for several reasons. First and foremost, this is the only standardized terminology that is readily available as a glossary, that has an accompanying dictionary for the student to reference unfamiliar terms, and that is based upon extensive research into the meaning of terms. In the introduction to the *Practical Dictionary of Chinese Medicine*, Wiseman acknowledges that the concept of a standardized terminology was not necessarily an idea that was common in China prior to the period of Western influence. Terms used in classical Chinese texts were often terms that had common usage (and connotation) in everyday language; however, when they were used in a technical fashion, they took on a new meaning. Clearly these new meanings were open to interpretation, and as a result there are extensive commentaries written concerning all of the major early texts in Chinese medicine. Thus, when we attempt to create a standardized terminology in English, of Chinese medical terms, we often run into problems. Wiseman and Ye in preparing the *Practical Dictionary of Chinese Medicine* have researched each individual term, to find when it was first mentioned in a text, to define the term as accurately as possible, and to discuss changes in the definition of the term over time. As Chinese medicine has become more standardized in the 20th century, the language and terms used to write about Chinese medicine have also become more codified into an accepted technical lexicon of Chinese medical vocabulary. We are

often told that to use a standardized terminology causes us to lose much of the meaning of Chinese medicine, and that if we adhere to it too closely and are not open to interpretation we may misunderstand the concept. This perspective is logically flawed. Any given term, will, in its particular context, and for a particular author, embody a specific meaning. This meaning may change over time, or from text to text. The Chinese understood this idea quite clearly, hence the extensive commentary on the usage of particular terms in various instances. When translating into English, however, many individuals have chosen to interpret the meaning of the word as they understand it in a given instance, rather than using the same word each time a character appears and allowing the reader to travel between text and dictionary in order to have the multitude of meanings available. For, in the end, any interpretation given in a translation is the interpretation of the translator, and, if we look back in history at the number of different commentaries that may have been written about a given idea, why would we automatically accept the translator's interpretation? Is it indeed the correct one? If, on the other hand, we have a dictionary such as Wiseman and Ye's which helps us to understand the many different usages a single word might have had in a Chinese medicine text then, every time that word appears, if it is translated in the same way, the reader may make the interpretation, based on his or her own knowledge of the medical tradition, rather than depending upon the knowledge and interpretation of the translator.

I began my study of Chinese language in 1981. I first encountered Chinese medicine in Taipei, Taiwan in 1983 and began to study the medicine in 1986 as a student of Hen Sen Chin in Seattle, WA. Over the last 11 years I have been closely involved as an administrator, faculty and student at two American schools of Chinese medicine. I have also conducted research as an anthropologist on the education of practitioners of Chinese medicine in China. I lived and studied in China, participating in the first year program for Chinese students and living with 'foreigners' from all over the world studying Chinese

medicine. I have translated papers for international conferences in China and assisted in the editing of an encyclopedia of Chinese medicine translated by a team of Chinese scholars. Since 1988 I have taught Chinese medicine terminology to students of Chinese medicine and I am currently teaching courses in diagnosis and point location.

Throughout my years of involvement with Chinese medicine the issue which has constantly been raised is the lack of good translations of Chinese texts and the lack of standardized translation of Chinese medical terminology. Each year, I see students reinventing the wheel and going through every available text to get a complete list of all the different terms used to translate the names of the pulses. I encounter students trying to understand the difference between a fine pulse and a thin pulse (*xi mai*) or a wiry pulse, a bowstring pulse and a stringlike pulse (*xian mai*) without understanding that these are synonymous English terms used to express one Chinese word. Students, teachers and practitioners alike use many texts to try to understand this medicine. The English terms used in one text are often completely different from the English terms used in another text. If there is only a limited glossary or no glossary at all, then it is not possible to find out what the original Chinese character was. Thus, it is not possible for the reader to understand that, despite the different English terms, in Chinese the ideas were the same.

Readers may go through a convoluted process of trying to define what terms mean in order to help their understanding. Often, the result is a pastiche of the meaning of the term in Chinese medicine and the connotations engendered by the common English term used to translate it. By defining Chinese medical terms based upon the definition and connotation of an English language word, we change the meaning of the word and bring Western notions and understandings to bear upon Chinese medical theories. This process changes the nature of the medicine by distorting our perspective. If, on the other hand, we select terms that, while occasionally unwieldy or unfamiliar, closely match the most general meaning of the Chinese character, then

we are forced to look the English term up in a dictionary and we are unable to add an erroneous connotative meaning to the word. This process adds to our understanding of Chinese medicine, and, in the end, helps to make better practitioners of Chinese medicine. Although some readers may find the language in this and other texts using this terminology unwieldy, by using specific and sometimes unusual language we allow readers to free themselves of their Western connotations and to understand the definition of a word as it has appeared in Chinese medical texts over time.

Unfortunately, the process of creating a standardized technical terminology is one of constant change and updating. Midway through the translation of this text, an updated, and very different, version of Wiseman's first glossary was published in China. Because many of the terms I had used were changed in the revised version, I had to go back through the text to make sure that I caught and changed any relevant terms. While I believe that this has been done, inconsistencies may still exist, and for this I ask my reader's forbearance. Whenever I have chosen to use a term different from Wiseman's choice, or, when a term did not appear in the glossary, I have explained my choice in a footnote. For definitions of terms or to return to the Chinese characters, I refer the reader to the *English-Chinese Chinese-English Dictionary of Chinese Medicine* and the *Practical Dictionary of Chinese Medicine*.

The translation of this book has been a project, the extent of which I did not understand when I first began. I have learned a great deal and benefited from the experience and help of many people: first, Kevin V. Ergil, my husband, my partner and my editor, without whom I might not have begun the project, and definitely would not have finished it. I also owe a huge debt of gratitude to Nigel Wiseman for his immense work on creating the glossary and dictionary and for being willing to correspond with me and clarify for me. I also would like to acknowledge Craig Mitchell for his willingness to work through problematic passages with me, for his careful and complete reading of Section I and for allowing me to use passages from his in pro-

gress translation of the Discussion of Cold Disease (*Shang Han Lun*). Thanks also to Churchill Livingstone, our commissioning editor Inta Ozols, and to Pat Miller, Jane Shanks and Dinah Thom from Churchill for putting up with our delays and helping to create this text. In the end, of course, the responsibility for the translation of this text lies with me, and any errors herein are my responsibility. I ask your forgiveness for any errors and ask that you let me know as you encounter them!

Designation

As a translator I support the efforts of the Council of Oriental Medical Publishers to inform

readers of how works in Chinese medicine are prepared. *Practical Diagnosis in Traditional Chinese Medicine* is a denotive translation of Professor Tietao Deng's *Shí Yòng Zhōng Yī Zhěn Duàn Xúe*. The translation follows Nigel Wiseman's *English-Chinese Chinese-English Dictionary of Chinese Medicine* and Nigel Wiseman and Feng Ye's *A Practical Dictionary of Chinese Medicine*. The reader is asked to use these two reference texts as a glossary and a source for determining Chinese characters.

Marnae C. Ergil, MA, LAc
Brooklyn, NY

NOTES

1. Wiseman N 1995 *English-Chinese Chinese-English Dictionary of Chinese Medicine*, Human Science and Technology Press, Hunan, China

2. Wiseman N, Feng Ye 1998 *A Practical Dictionary of Chinese Medicine*, Paradigm, Brookline, MA

Editor's Introduction

The translation of Tietao Deng's *Practical Diagnosis in Traditional Chinese Medicine* marks an important step in the development of text resources available to the English speaking practitioner of Chinese medicine. This is the first time an extensive and advanced text on all aspects of Chinese medical diagnostics has been translated into English. The publication of this text allows material that has been routinely available to Chinese speaking practitioners to be available to English speaking clinicians. *Practical Diagnosis in Traditional Chinese Medicine* is a type of text not yet widely translated into English. It is written to provide a comprehensive treatment of a specific aspect of the practice of Traditional Chinese medicine. Concepts are presented and elaborated in detail with careful explorations of classical sources and the historical development of clinical ideas. In addition, the relationships between clinical signs and pathological mechanisms are extensively discussed. This aspect of the text delivers the often all too unavailable 'why' of the relationships between traditional theory and clinical signs. In consequence it provides a resource that will serve its readers through years of study and clinical practice.

The process of bringing this translation to print has been a slow one. My involvement with it began when Churchill Livingstone approached Marnae Ergil and myself to provide technical edits on an already completed translation provided by Yi Su Mei and Zhu Yi Hao. It was apparent that the translation, although an

enormous achievement, had problems in a number of areas. Certain sections had been left untranslated and no standard vocabulary had been used, producing a result that fell short of the potential in the original text. Marnae concluded that the work needed to be completely retranslated and agreed to take on the task even though this was a far cry from the original technical editing that we had agreed to do.

The significance of this work for the clinician and student of Chinese medicine should not be underestimated. Although the topic of Chinese medical diagnosis has been discussed in textbooks on the fundamental theory of Chinese medicine or as a subsection of texts on acupuncture, and while isolated texts on aspects of diagnosis such as tongue and pulse have been produced, there has been no publication to date of a comprehensive treatment of the four diagnoses within the practice of Chinese medicine. For this reason it has been difficult for students and practitioners of Chinese medicine to easily develop strong and comprehensive diagnostic skills that are rooted in the systematic application of traditional theory.

The absence of a comprehensive work on diagnosis has led to a variety of misconceptions about the practice of Chinese medicine. These include the over-emphasis on the importance of pulse diagnosis, the failure to stress the importance of the medical history and the assumption that palpation and the assessment of points and

channels are not important in the context of traditional Chinese medicine.

I hope that the availability of this text will allow programs in Oriental medicine to develop more extensive course work in the area of diagnosis and to provide students with very developed courses in clinical reasoning. I also hope that practising physicians of Oriental medicine will find this text an invaluable resource in developing diagnoses and providing treatment for their patients. Many experienced practitioners will find that this provides a resource that will support them through years of clinical practice.

The text begins with an extensive discussion of the four methods of diagnosis and then proceeds to the discussion of the careful organization of information into diagnostic patterns. Although the original text provided two chapters which addressed the extensive history of Chinese medical diagnosis and two on contemporary research on Chinese medical diagnostics, the decision was made to leave these untranslated, providing a shorter, more economical and very clinically oriented book. I

hope that Marnae will find the time to produce translations of some portions of these for future publication.

In addition to the systematic use of Wiseman's standard vocabulary the reader will notice that aspects of the prose style adopted in the text are unusual for English language texts. There is a redundancy in expression that is characteristic of the original (and of many Chinese medical texts) and this has been intentionally preserved. It should also be noted that some of the intentional repetitions and restatements of concepts employ subtle terminological shifts which serve to deepen the meaning of the ideas expressed. The flavor and content of this translation captures the richness and complexity of traditional Chinese medicine as expressed by one of the modern masters of Chinese medicine. I hope that it will support practitioners and patients for years to come.

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Examination methods

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2. Listening and smelling examination 56
3. Inquiry examination 63
4. Palpation examination 83

Examination methods are the methods used to determine the circumstances of disease and to understand the manifestation of disease by inquiring about, observing and inspecting a patient's symptoms and bodily signs. In a broad sense, examination methods include the entire process of diagnosis. In a narrow sense, inspection methods refer primarily to the four examinations: visual examination, listening and smelling examination, inquiry examination and palpation examination.

Inspection. This refers to the physician using the visual sense to recognize disease. The common name for diagnosing disease is 'watching disease,'¹ which explains why inspection is the first step in diagnosis. Inspection includes inspecting the entire body, parts of the body and the tongue.

Listening and smelling. These refer to the physician using the ears and nose to survey the condition. From listening to the voice, to the language, etc., and by smelling odors, the condition can be understood.

Inquiry. This refers to the physician inquiring of the patient or the patient's companion about the condition, about the entire course of the disease since its onset and about any abnormal sensations caused by the disease (of which the patient is aware). It is necessary to go through inquiry in order for the

physician to understand the disease. The content of inquiry examination includes the onset of the condition, the development and appearance of symptoms, previous diagnoses and treatment, and any other factors relating to the disease.

Palpation. This refers especially to palpating the pulse, or generally using the pulse image to understand the condition. Pulse examination reflects a special characteristic of Chinese medicine diagnosis that has been highly emphasized by both ancient and modern physicians. Palpation examination also includes pressing on the chest and abdomen, feeling the skin and the four limbs, etc.

The four examination methods are four aspects that are linked together. Using the four examination methods, one can understand the onset and entire course of the disease as well as its various manifestations. The *Dan Xi Xin Fa* states: 'In order to know the inside, [one] must observe the outside, examining the outside, [one] knows the inside. That which is inside, must appear outside.' This explains the great importance of the four examination methods in Chinese medicine diagnosis. Another saying states 'To achieve complete skill, one must be equipped with the four examinations,' emphasizing

2 EXAMINATION METHODS

that in clinical use of the four examinations it is imperative to combine them. This is the only way to bring forth a correct differential diagnosis.

NOTES

¹ 看病 kàn bìng.

Inspection examination



Inspection examination entails the physician using his or her visual sense to investigate the condition. It includes: observation of the entire body (spirit, color, form, bearing), as well as content derived from observation of different areas of the body, the tongue, etc. The exterior of the body, the five viscera and the six bowels have a close relationship. If the qi, blood, yin or yang of the viscera and bowels is not regulated, it must be reflected on the exterior of the body. Hence, by using inspection examination to investigate the exterior manifestations of the disease one can deduce its essence.

Inspection examination should occur in a

location where there is adequate light. At night, it can be done under a lamp. At times when there is doubt, that is, if the patient is in the hospital, the inspection should be repeated the next day under natural light. Inspection diagnosis should be performed quickly in order to avoid causing the patient to become frustrated. However, one should pay attention to the order and purpose of the investigation. This is the only way to be accurate and avoid mistakes. In general, first inspect the spirit, color, form and bearing of the entire body; afterwards begin differentiated inspection. The investigation of the tongue picture is especially important.

Inspection of the circumstances of the entire body

Spirit and color

Spirit and color, denoting the essence-spirit and qi color, broadly outline the entire health of an individual. Spirit and color are the concrete manifestations of the exuberance and debilitation of the qi and blood of the five viscera. In health, neither the yin nor the yang of the five viscera is prevalent nor debilitated (yin and yang are comparatively equal), qi and blood are regulated and in harmony, the essence-spirit is abundant and the qi color is bright and moist. The Ling Shu: Ping Ren Jue Gu Pian says: '[If the] five

viscera [are] calm and stable, the blood and vessels are harmonious and disinhibited, the spirit-essence therefore resides.' Once a body has developed pathological changes due to the prevalence or debilitation of yin or yang (yin prevailing causes yang sickness; yang prevailing causes yin sickness), then the qi and blood are not in harmony and the spirit and color are not normal. Therefore, by inspecting the spirit and color one can have insight into the development of the disease, measure the strength or weakness of the disease, judge the development and hence the prognosis.

INSPECTION OF THE SPIRIT

THE MEANING OF 'SPIRIT'

Spirit denotes essence-spirit, reflection-knowledge and spirit-orientation. Spirit is born of essence; essence is the name for the combination of the essence-qi that is produced by the postnatal food and water and stored in the five viscera, and the prenatal kidney essence. Hence, spirit is the result of the prenatal essence qi, and the enrichment and nourishment of the postnatal food and water essence. As the *Ling Shu: Ping Ren Jue Gu Pian* says: 'Spirit is the essence-qi of food and water.' Essence and spirit cannot be separated, they must co-exist; thus it is said: 'That which has form that can be seen is called essence, that which is without form that can be seen is called spirit.' Essence can generate spirit, spirit can drive essence; healthy essence and spirit are signs of good health. Thus, speaking from a broad perspective, spirit is the external manifestation of an individual's entire life activity; speaking in a narrow sense, spirit indicates all of the activities of spirit-orientation, reflection-knowledge and thought.

Spirit is stored in the physical body. It is only because there is form that there can be spirit. If the form is frail, then the spirit is debilitated. The *Su Wen: Shang Gu Tian Zhen Lun* says: 'Form and spirit are one.' This means that from the strength and frailty of the physical body one can investigate the exuberance or debilitation of the spirit, and one can diagnose and investigate the normal or abnormal functioning of the qi and blood of the viscera and bowels of the body. Altogether essence, spirit and form have a very close relationship; they can be distinguished but they cannot be separated. Essence and spirit are found in the physical body; when essence is sufficient the form is strong and the spirit is effulgent, also the spirit is the bodily manifestation of the life activities.

IMPORTANT POINTS IN THE INSPECTION OF THE SPIRIT

In view of the theories of the heart managing the blood and its luster being in the face, of the

essence and qi of the five viscera and six bowels rising and pouring into the eyes and the close relationship between essence, spirit and form, when inspecting the spirit it is important to investigate closely the following aspects: the qi color of the face region and the manifestation of the spirit in the eye; the movement and state of the physical body; the essence, spirit, reflection and knowledge; the language and breath; the reaction to the external environment, etc. Of these, the spirit in the eye is the clearest manifestation of the presence or absence of spirit.

THE DIAGNOSTIC SIGNIFICANCE OF INSPECTION OF THE SPIRIT

From inspection of the spirit, one can know about the survival or perishing of the right qi, the exuberance or debilitation of the functions of the viscera and bowels, the strength or weakness of the disease and whether there is a good or bad prognosis. In general, from the spiritedness, spiritlessness, false spiritedness, fatigued spirit, clouding of the spirit, etc., one can determine the state of the disease.

Spiritedness and Spiritlessness. The *Su Wen: Yi Jing Bian Lun* states: 'Those with spiritedness flourish, those with spiritlessness collapse.' To flourish has the meaning of exuberance or wellness; collapse has the meaning of exhaustion or wasting collapse. 'Spiritedness' means having spirit, effulgent spirit or good spirit, indicating that the right qi is sufficient, and the functioning of the viscera and bowels is not exhausted. This means that the disease is relatively light and the prognosis is relatively good. 'Spiritlessness' means a poor spirit, lacking spirit, indicating that the right qi is not sufficient, the functioning of the viscera and bowels is exhausted, the disease is relatively strong and the prognosis is relatively poor. Therefore, observation of the spirit has important clinical significance. First, it should be determined whether a patient is spirited or spiritless. For example, the *Jing Yue Quan Shu* says: 'Adeptness at understanding the meaning of the spirit [is essential]. It is the root of life and death, it cannot not be investigated.'

Spiritedness is manifested in a strong body and correct shape, well-developed muscles, abundant essence-spirit, a moist and bright complexion, eyes that contain spirit, correct speech, calm and even breath, clear spirit-disposition and active response to the outside world. Spiritlessness is manifested in a thin and weak body, emaciated muscles (possibly water swelling in the face, eyes and four limbs, and abdominal distention like a drum), listless essence-spirit, a pale, dull complexion without luster, dull and stagnant eyes, abnormal speech, panting breath or faint, weak breath, loss of normal spirit-disposition and abnormal responses to the outside world (see Table 1.1). Spiritlessness also has another kind of manifestation, which is called 'false spirit.' It is seen in sufferers of strong or enduring diseases, where the disease seems to have taken a good turn. The original manifestations were essence-spirit fatigue, a dull, gray complexion, a low voice, weak qi, a disinclination to speak and little appetite. Suddenly, the essence-spirit becomes good, the cheeks are red as if made up, there is thought of food, and a great deal of talkativeness. This is a sign that the disease has gone inside and that the essence-qi of the viscera and bowels is about to expire. It is called the 'last radiance of the setting sun,' or 'summer brightness of the remaining light.' The Nei Jing says: 'When yin and yang separate, the essence-qi must expire.' When yin is exhausted, it can no

longer constrain yang, and yang, lacking constraint, it scatters to the outside, consequently a false spirit is seen. Therefore, false spirit is a critical sign pointing to the separation of yin and yang.

Fatigued spirit and clouded spirit. An abnormal spirit can also manifest as a fatigued spirit or a clouded spirit. A fatigued spirit means that the spirit-essence is fatigued, dull and stagnant, without spirit-complexion, indicating that the right qi is insufficient. Clouded spirit means that consciousness is obscured or lost. It is generally due to a pattern of evil attacking the pericardium or phlegm heat harassing the heart. It also can be seen when the right qi is consumed or damaged.

Besides these, inspection of the spirit also includes inspection of any kind of abnormal spirit-disposition. For example, in mania and withdrawal or epilepsy patterns there may be manifestations of a dullness of the spirit-affect, abnormal laughing or crying, replying to questions chaotically, etc. Additional manic manifestations may include yelling and swearing without heeding familiarity or lack of familiarity and uncontrollable, chaotic movements. Or, symptoms of epilepsy pattern like loss of consciousness, convulsive spasms, vomiting of saliva and normalcy after awakening. Final diagnosis must depend upon the combination of the four examinations.

Table 1.1 Inspection of the spirit

Important points	Manifestations of spiritedness	Manifestations of spiritlessness
Body, shape and complexion	Strong, healthy body, well-developed muscles, abundant essence-spirit, moist, bright complexion	Thin, weak body, emaciated muscles (possibly water swelling over the entire body), listless essence-spirit, a dull gray or extremely bright complexion
Spiritedness of the eyes	Sparkling spiritedness in the eyes, free, agile movement of the eyeballs	Dull, stagnant spiritlessness in the eyes, slow movement of the eyeballs or straight staring of the eyes
Respiration	Calm, even breath, well-regulated breathing	Low, weak breath or obstructed panting with flaring of the nostrils
Spirit-disposition	Clear spirit, bright qi, appropriate responses to the outside world	Confused or vexed and agitated spirit, abnormal responses to the outside world
Clinical significance	Right qi is not damaged, functions of the viscera and bowels are not debilitated, the illness is relatively light, the prognosis is relatively good	Right qi is already damaged, functions of the viscera and bowels are debilitated, disease is relatively strong, prognosis is relatively poor

INSPECTION OF COLOR

Inspection of color, also called color diagnosis, takes inspection of the color of the face as primary. Simultaneously, there is inspection of the skin color, the clearness of the eye color, the color of the nails, etc. Inspection of color includes the two aspects of color and sheen. The colors are green-blue, red, yellow, white and black; this is called five-color diagnosis. Sheen refers to whether or not the skin has moisture and luster.

THE SIGNIFICANCE OF THE INSPECTION OF COLOR

The Su Wen: Mai Yao Jing Wei Lun states: 'The essence brightness [of the eyes] and the five colors [of the face] show the luster of qi.' The Ling Shu: Xie Qi Zang Fu Bing Xing Pian states: 'The 12 channels, the 365 connections, their blood and qi rise to the face and go to the portals.' The heart governs the blood vessels; its luster is in the face. Hence, the color and sheen of the face are the outward manifestation of the qi and blood of the viscera and bowels. By inspection of the color and sheen of the face one can know whether the qi and blood are flourishing or debilitated and the changes in the disease. The Wang Zhen Zun Jing states: 'Color takes moisture and sheen as its root ... brightness, moisture and sheen, these are qi; green-blue, red, yellow, white and black, these are color ... qi and color are seen together, they cannot be separated.' Hence, color and sheen¹ are also called 'qi color.'²

Normal complexion (qi color) indicates the absence of disease or, if there is disease, it is easily treated. This means that the viscera and bowels have not been damaged, the qi and blood are not debilitated, the right qi is not damaged and the prognosis is relatively good.

Abnormal complexion (qi color) indicates the presence of disease that is relatively difficult to cure. This indicates that the viscera and bowels have been damaged, the qi and blood are already consumed, the right qi is already vacuous and the prognosis is relatively poor.

Only when the viscera and bowels, and qi and blood are regulated can the qi color be normal. Normal qi color is a manifestation of spiritedness; therefore, the observation of the spirit and the observation of color have a very close relationship.

NORMAL COLOR

Normal color indicates normal facial color and skin color. Because people are of different heritage, facial color and skin color have many variations. The Chinese take the normal color and sheen of the yellow race as the standard. This should be slightly yellow-red, moist and with a bright sheen.

Normal color is divided into the governing complexion and the visiting complexion.

Governing complexion. The color and sheen, which basically do not change from time of birth, are taken as the governing complexion. The Yi Zong Jin Jian: Si Zhen Xin Fa Yao Jue states: 'the colors of the five viscera follow from the five human forms, [but that which] does not change over a hundred years' time is thus the governing complexion.' This explains why, because people are different, each person's color and sheen have differences.

Guest color. People live in the natural world; therefore there are often changes of a temporary nature in facial color and skin color due to changes in temperature, surroundings, work, activity, etc. These are called the 'guest colors.' For example, individuals who work out of doors are more often exposed to wind and sun, and their skin may be relatively red-black; the skin of individuals who work indoors is often relatively blue-white. After activity or during emotional or exciting periods a relatively red facial complexion is often seen, etc. If there is some factor that influences an individual for a relatively long period of time (like employment), the visiting complexion may manifest for a relatively long time period. Temperature changes of the four seasons may also affect facial color. According to the theory of the five phases, spring is slightly blue-green, summer is slightly red, long summer

is slightly yellow, fall is slightly white and winter is slightly black. However, an individual should not depart too far from the root color of yellow-red with moistness and sheen.

MORBID COMPLEXION

Morbid complexion includes changes in both color and sheen. In general, there are five morbid colors, which reflect the different nature of pathological changes. The five colors correspond to the five viscera, and, combined with the five phases, can explain disease location. Changes in sheen primarily reflect the exuberance or debilitation of qi and blood. Therefore, whether the five colors are good or bad can indicate the severity of an illness and whether the prognosis is good or poor.

The correspondence of the five colors to the five viscera according to the five phases and how this explains disease location and favorability of the condition.

Five-color diagnosis comes from the five phase theory that the five colors correspond to the five viscera. The Wang Zhen Zun Jing states: 'The five colors manifest on the outside, [they are] the echo of the five viscera on the inside, just as the root and the branches and leaves [echo].' Thus, from changes in the five colors of the face, the pathological changes of the five viscera can be discerned. The Ling Shu: Wu Se Pian states: 'Taking the five colors as reflections of the organs, blue-green indicates liver, red indicates heart, white indicates lung, yellow indicates spleen, black indicates kidney.' The Su Wen: Wei Lun states: 'When there is heat in the lung, the color is white and the body hair is vanquished; when there is heat in the heart, the color is red and there is blood spillage from the vessels; when there is heat in the liver, the color is blue-green and the nails are withered; when there is heat in the spleen, the color is yellow and the muscles wriggle; when there is heat in the kidney, the color is black and the teeth are withered.' From this, it can be seen that the blue-green color generally has a relationship with pathological

change of the liver; red color has a relationship with pathological change of the heart; white color has a relationship with pathological change of the lung; yellow color has a relationship with pathological change of the spleen; black color has a relationship with pathological change of the kidney. For example, yellow facial complexion, yellow sclera and yellow skin are often seen in the pattern of damp-heat in the spleen and stomach; a green-blue facial complexion is often seen in liver wind stirring internally.

Because the five colors correspond according to the five phases, the relationships of the engendering and restraining cycles can also be used to explain the favorable and unfavorable aspects of a disease condition, that is, mutual engendering is favorable and mutual restraining is unfavorable. For example, a liver disease manifesting a green-blue color is favorable, manifesting a white color is unfavorable. Because green is the root color of liver-wood, it is favorable; since white is the color of lung metal, metal is restraining wood, hence it is unfavorable. Heart disease manifesting red color is favorable (root color); manifesting black color (water restraining fire) it is unfavorable ... etc. This favorable and unfavorable engendering and restraining relationship can be considered in diagnosis, but it cannot be copied mechanically without regard for specific conditions.

The five colors reflect the nature of the disease evil and explain the disease nature. The Ling Shu: Wu Se Pian states: 'green-blue and black indicate pain, yellow and red indicate heat, white indicates cold.' It also says: 'Yellow and red indicate wind, green-blue and black indicate pain, white indicates cold, yellow and unctuous moisture indicate pus, extreme redness indicates blood pain.' This explains how the five colors can reflect the different natures of pathological change.

The malignant or benign character of the five colors indicates the mildness or severity of the disease condition and the prognosis of the disease. The Nei Jing Zhi Yao states: 'What is desired of the five colors is that they be moist and have a sheen, what is not desired of the five colors is that they appear dessicated or pasty.' If the color sheen embodies brightness and moist-

Table 1.2 The benign and malignant five colors

Five colors	Benign Embody moisture and brightness Auspicious		Malignant Dessicated, withered, dusky Inauspicious	
	Blue-green	Sheen as dark green jade	Alive as a kingfisher's feathers	Dark as an indigo plant
Red	As cinnabar wrapped in white silk	Alive as a cock's comb	Dark as burnt ochre	Deathlike as static blood
Yellow	As white silk-wrapped realgar	Alive as a crab's abdomen	Dark as yellow earth	Deathlike as fructus auranti immaturus
White	As a swan's feathers	Alive as pig's fat	As salt	Deathlike as dessicated bones
Black	As heavy lacquer	Alive as crow's feathers	As dusty earth	Deathlike as soot
Source	Su Wen: Mai Yao Jing Wei Lun	Su Wen: Wu Zang Sheng Cheng Pian	Su Wen: Mai Yao Jing Wei Lun	Su Wen: Wu Zang Sheng Cheng Pian

ness, and is an exuberant color, it is called a 'benign color.' This is an auspicious omen, indicating that the disease is relatively mild and the prognosis is relatively good. If the color sheen is dark, dessicated and withered, without an exuberant color, this is called a 'malignant color,' a perished complexion. This is an inauspicious omen indicating the disease is relatively severe and the prognosis is not good. The Su Wen: Wu Zang Sheng Cheng Pian states: *The qi of the five viscera: if the color seen is green like strands of grass, this means death, yellow like fructus auranti immaturus,³ this means death; black like soot, this means death, red like blood clots, this means death, white like dessicated bones, this means death, if these five colors are seen, this means death; green-blue like kingfisher feathers means life, red like a cock's comb means life, yellow like a crab's abdomen means life, white like pig's fat means life, black like crow's feathers means life, if these five colors are seen, this means life. When the heart has vitality it is like white silk wrapped⁴ cinnabar; when the lung has vitality it is like white silk wrapped ruby; when the liver has vitality it is like white silk wrapped blue stone; when the spleen has vitality it is like white silk wrapped ripe trichosanthes; when the kidney has vitality it is like white silk wrapped purple. The colors of death mean that the disease is serious and the prognosis is poor. This is the external flourishing of the five viscera.*

The colors of life indicate that the disease is relatively mild, and that the prognosis is relatively good. Therefore, it is said that the five colors that are moist and have sheen are a good omen and

those that are dessicated or withered are a bad omen. Changes in the five colors reflect pathological changes in the five viscera; the flourishing or dessication of the moisture and sheen of the five colors indicates the auspiciousness or inauspiciousness of the disease circumstances. Hence, if a benign color transforms into a malignant color, the disease circumstances are becoming more severe; if a malignant color transforms into a benign color, the disease circumstances are taking a good turn (see Table 1.2).

DISEASE GOVERNED BY THE FIVE COLORS

1. Green-blue

Green-blue governs fright wind, cold, pain and stasis. Green-blue is the qi color of static or obstructed channels or qi stagnation. It often manifests on the face, lips, nails and skin. Its color is often a grayish green-blue or a purplish green-blue. When there is fright or cold, the lips and face may appear green-blue; in general, this is not a disease condition, but in extreme situations this can damage the viscera and bowels.

In childhood fright wind or on the verge of fright wind convulsions, often the area between the eyebrows, the bridge of the nose, and the borders of the lips become grayish green-blue. The Wang Zhen Zun Jing states: 'A green-blue color beneath the eyes, this is liver wind.'

With cold, pale blue indicates cold; dark, dusky blue indicates yang qi vacuity (vacuous cold).

In pain, when there is green-blue color around the head of the nose, there is abdominal pain; intermittent abdominal pain that is accompanied by occasional vomiting of clear fluids and a complexion that is sometimes green-blue, sometimes red and sometimes white generally indicates parasites. Abdominal pain with a green-blue complexion, a preference for warm fluids, clear urine and a long stream, or abdominal fullness and diarrhea generally is a cold pain.

In stasis, if the heart yang is not roused, the heart blood becomes static and blocked and often green-blue or purple lips are seen and the complexion is grayish green-blue.

Among seriously ill patients, if the facial color is dark green-blue, there is exuberant phlegm-drool congestion and abdominal hiccoughs, this indicates expiration of the spleen and stomach qi. If the complexion is a grayish green-blue, the eyes are closed, the patient is rash, impatient and deranged and there is scrotal retraction, this indicates expiration of the liver viscera; or, if the complexion is green-blue, but there is a desire for sleep, with sweat pouring out unceasingly like water, this also indicates liver expiry.

Pathomechanism. Green-blue color is ascribed to wood; it governs the spring season and its 'qi' is wind. It is the root color of the foot reverting yin liver channel, hence the diseases it governs are generally patterns of the liver and the reverting yin channel. Dark green is pain; pain patterns are generally caused by evil obstructing the channel, and qi and blood stasis blocking movement, hence when the facial complexion is dark green-blue this is generally a cold pain pattern. Green-blue is ascribed to the liver, the liver governs the sinews, and liver wind movement causes fright wind spasms. If the facial complexion, lips and nails are green-blue or purplish, this is yang qi exhaustion. If in spleen diseases green-blue color is seen then wood is controlling water. This is a pattern that is difficult to treat.

2. Red

Red color governs heat. Red is fire heat that is relatively exuberant. It is the qi color of agitated

qi and blood flooding the channels. It generally manifests in the face and lips. Its color is scarlet red or deep red, but sometimes it is a tender red. Under circumstances such as too much sunlight, consumption of alcohol, exercise, etc., the face may temporarily manifest a red color, but in general this is not considered pathological.

Repletion heat generally covers the entire face. With childhood measles, a fever is seen with a red face, coarse breathing and dripping of tears and nasal discharge; with externally contracted wind-heat, a fever is seen with aversion to cold, a red face, red eyes, etc.; with internal repletion heat a high fever is seen, thirst with a desire for beverages, constipation, a red face, etc. In vacuity heat one generally sees a somber white complexion with deep red cheeks or tidal redness. For example, in vacuity detriment taxation pattern, generally the fever rises after noon, there is night sweating, the face is white and the cheeks red, and there is a sensation of vexation and agitation in the five hearts; in upcast yang⁵ pattern the facial color vacillates between a tender red and white and red like make-up: this is seen in the complexion of those suffering from enduring or serious diseases. Red echoes the heart; therefore when a red complexion is seen in dangerous or serious conditions, as the Wang Zhen Zun Jing states: 'When the spirit qi deserts, [the patient] is deranged and cannot be roused, and the face is red-black, the heart is expiring. When the face is red, as if [dabbed with] rouge, the heart is expiring. When the face is red-black and embellished with sweat like pearls, the heart is expiring.' Lung diseases in which a red face is seen are difficult to treat (fire is tormenting metal).

Pathomechanism. Red color is ascribed to fire; it governs the summer season, its qi is summer-heat, it is the root color of the hand lesser yin heart channel and it governs diseases that are generally attributed to heat. When blood obtains heat, it moves. Heat patterns cause the channels to be full, hence a red color is seen. There are the distinctions of repletion heat and vacuity heat. Repletion heat pattern generally is due to heat evil exuberance, hence the entire face is seen as red, the face is red, the eyes are red, the lips may

be red and the tongue body may also appear red. Vacuity heat patterns generally are due to yin vacuity fire effulgence, resulting in the up-flaming of vacuity fire, hence manifesting in redness of the cheeks after noon. As for upcast yang pattern, because the lower burner is vacuous and cold, the yang qi floats upward manifesting in a pattern of true cold below and false heat above.

3. Yellow

Yellow governs damp, vacuity and jaundice. Yellow is the governing color of the Chinese people's skin. Ancient people considered yellow to be the color of right.⁶ If the facial complexion contains yellow, it is auspicious; if the facial complexion does not contain yellow, it is inauspicious. Yellow that is bright and fresh like the color of an orange, yellow that is dark and dusky like smoke, a withered yellow and a pale yellow all are considered pathological colors. This indicates that pathological colors often manifest on the face, the skin and whites of the eyes.

The Si Zhen Jue Wei states: 'yellow indicates damp, heat and vacuity. It is divided into bright and pale; combined with heat, the color is bright, combined with damp the color is dusky.' A yellow body, yellow face and eyes indicates damp, or if the body has pain, the face is slightly yellow. If the teeth are dirty yellow, and the top of the nails are yellow this indicates jaundice. If there is fever and a yellow body that is bright yellow like an orange, this is a damp-heat pattern (yang jaundice); if the yellow is dark and dusky, like smoky yellow, this is a cold-damp pattern (yin jaundice). If there is yellow and abundant fat, this is generally phlegm-damp in the stomach; yellow with a withered and dry body is generally fire in the stomach with heat damaging the fluids.

A yellow-white without sheen, or a withered yellow that is not exuberant, is qi vacuity of the spleen and lung. If the color of the skin of the face is pale yellow with scattered red spots or red venules, this is usually spleen vacuity and liver blood stasis. If, after birth, an infant's entire body and eyes are all yellow, and the yellow is

as gold, this is fetal jaundice. A green-blue-yellow complexion or a partly yellow, partly white complexion on an infant, accompanied by withered muscles, wan and sallow skin and body hair, and abdominal distension with large, clearly visible veins, is gan⁷ accumulation. A withered yellow complexion in women is often an indication that the menstrual flow is not regulated. If there is puffy vacuity edema on the face and eyes and the color is a pale yellow, this is yellow swelling pattern due to lung vacuity and dampness obstructing internally.

If the patient has a yellow color on the tip of the nose, at Yin Tang, and on the bridge of the nose, and if the yellow color is bright and moist, this indicates that the stomach qi is gradually recovering and that the prognosis is good; if the color is a desiccated yellow, this indicates that the stomach qi is debilitated and the pattern will be difficult to treat. If there is no yellow color on the entire face, this indicates a serious condition of the absence of stomach qi. Because the stomach qi is the root of a person, a lack of stomach qi indicates death. If, in jaundice disease, the face becomes a black-yellow, there is thirst, abdominal distention with clearly distended veins on the abdomen, and there are red streaks or dots on the skin, this indicates a pattern that will be difficult to treat.

Pathomechanism. Yellow color is ascribed to earth, it governs long summer, its qi is damp, and it is the root color of the foot greater yin spleen channel. The spleen governs fortification and movement. If the spleen fails to fortify and move, water damp does not transform, hence yellow color governs damp. The spleen is the source of engendering. If there is spleen vacuity then the engendering of qi and blood is not sufficient, and the color becomes yellow (a withered yellow without luster), hence yellow color also governs vacuity.

4. WHITE

White governs vacuity, cold and blood loss. White is the color of qi and blood not flourishing, of emptiness and vacuity in the vessels.

Generally it manifests as a pale white, lusterless white or light white color of the face, lips, tongue and skin. Sometimes it also can be seen on the nails, or the blood vessels of the eyeballs may appear light white without luster. After a long period of remaining inside, seeing the sun only a very little, the face and skin often appear relatively white; generally this is not ascribed to a pathological condition.

The color of desertion of blood and despoilation of qi is white. The Ling Shu: Jue Qi Pian states: 'When blood deserts, the color is white, a sheenless, perished look.' If blood is lost, then there is blood vacuity, the vessels are empty and vacuous, and the color is pale white without luster. If there is qi vacuity, the complexion is pale white. If qi and blood are both vacuous and there is spleen vacuity, the complexion is withered yellow. If there is spleen and lung vacuity cold, then a light white complexion is seen.

White is associated with cold. If the complexion is green-blue-white, the tip of the nose is cold, and the breath is not warm, this is cold. With yang vacuity, the complexion is bright white and there is puffy swelling. With yin vacuity often the face is white and the cheekbones are red.

If, after delivery, a woman's complexion is yellow-white like chicken skin, this usually is due to blood despoilation after delivery. If there is a sudden loss of large amounts of blood, and qi follows the blood in deserting, then there are cold limbs, cold, dribbling sweat, and a faint pulse that is about to expire; a critical pattern in which the facial color suddenly becomes pale white without luster (gray-white without luster). A gray-white face, with rapid breath, shortness of breath and loss of voice, is lung and stomach expiry. A white face and black eyes are lung and kidney expiry. If yin tang and the tip of the nose are white colored, bright and moist, this is a good color; if they are gray and withered, this is a poor color. If the complexion is white and somewhat yellow, this is auspicious (engendering cycle). White and somewhat red is inauspicious (restraining cycle). White color seen in liver disease is usually difficult to treat (metal restraining wood).

Pathomechanism. White is ascribed to metal; it governs the autumn season, its qi is dryness, it is the root color of the hand greater yin lung channel. The lung governs qi and faces the hundred vessels, hence white color governs the manifestations of diseases of qi and blood and is the color of the desertion of blood and despoilation of qi. If yang qi is vacuous and debilitated, cold congeals the vessels and the movement of qi and blood is inhibited, or if there is blood vacuity then the vessels are not full and the color is white. Hence, white color governs vacuity, cold and loss of blood.

5. Black

Black governs cold (kidney yang vacuity); it governs heat (kidney yin vacuity); it governs stasis pain; it governs water rheum. Black is the color of yang vacuity with cold exuberance causing congealing stasis of qi and blood or it is the color of internal damage by fire heat causing the consumption of yin humor. The color can be seen as dark black, as purple-black or as green-blue-black. In general, black color can manifest on the face or the lips. It is often seen when disease conditions are relatively serious. But, commonly, when living out of doors with exposure to wind and sun the color of the complexion and the color of the skin can become red-black. This is a normal condition.

In kidney disease the face is black. Black cheeks and forehead generally indicate kidney disease. Kidney yang vacuity causes dark, dusky black complexion, swelling and distention of the skin and muscles, and sometimes the lips are dark purple. Fire heat internally damaging the kidney yin or enduring illness depleting and consuming the kidney yin causes black and dry burnt lips and complexion and withered teeth. These are symptoms of serious disease. If the black color is also bright and with a sheen, and if the tip of the nose and the bridge of the nose are moist and rich, this means that the vitality remains. If the color is withered and without luster, this is a dangerous sign. When cold air is emitted through the nose, and the complexion is glossy and black, this is

extreme yin cold. When the nose is dry and the complexion is black like ash, this indicates yang heat exuberance.

Black color governs diseases of cold and of pain. The color of cold, painful patterns is green-blue-black. If the black color is dark black, the lips are dusky purple and the skin is like a carapace, this is generally ascribed to blood stasis – often it is heart blood stasis. Gray-black eyeballs in women often means flooding downward of menstrual blood.

A light or pale black color indicates kidney disease or water-cold patterns. If the tip of the nose is slightly black, the complexion is black, and underneath the eyelid is slightly swollen, this usually is water-rheum. If the color of the lips, tongue and complexion is dark purple, green-blue and swollen, this is toxin stroke.

If a patient's complexion, though remaining black, after taking medicines becomes bright and gains luster, this indicates that the disease evil is mild and that the prognosis is good. Black color is often seen in dangerous conditions. For example, if the tip of the nose, the bridge of the nose and yin tang are black and withered, this is dangerous. In heart disease, when the forehead appears black this is water controlling fire which is an unfavorable sign; true heart pain, black complexion and reverting cold of the four limbs is dangerous. A dark black complexion, cold and black nose and mouth, cold sweat, dark eyes and green-blue lips in jaundice disease is dangerous. Black color at ren zhong (Human Center, GV-26) and around the mouth indicates expiry of the spleen and kidney. A complexion like a horse's liver, seen from afar as green-blue and seen from close as black, is expiry of the liver and kidney. Skin that is smoky and dark, staring straight ahead and shaking of the head is expiry of the heart. A nose that is like ash, with black nostrils and dry without any fluid, is expiry of the lung. Dark black around the mouth, and burnt black ear helix, is expiry of the kidney.

Pathomechanism. Black color is ascribed to water, it governs the winter season, its qi is cold, it is the root color of the foot lesser yin kidney channel; the diseases it governs are, for the most

part, patterns ascribed to the kidney and the foot lesser yin channel. If kidney yang is vacuous and debilitated, and unable to warm the organs, this results in congealed stagnation of qi and blood, and blocked channels, hence there is cold, stasis and pain. The kidney governs water, and yang vacuity causes water rheum; therefore, black also governs water diseases.

See Table 1.3 for a description of the diseases governed by the five colors.

TEN METHODS OF INSPECTING THE QI COLOR OF THE FACE

The Ling Shu: Wu Se Pian states: 'Examining the floating or depth of [color], [one] can know the shallowness or depth [of the disease], examining the sheen and perishing [of color], [one] can observe the success or vanquishing [of the right qi], examining the scattering or conglomerating [of color], [one] can know the distance or proximity [of the disease], observing if the color is above or below, [one] can know the location of disease.' When pathological colors manifest on the face, besides the discrimination of the color there also are the differences in the floating and depth, the sheen and perishing, etc., all of which must be distinguished. The Wang Zhen Zun Jing points out 10 methods of viewing color. These are: floating, deep, clear, turbid, faint, extreme, scattered, conglomerated, sheen and perishing. Briefly, they are as follows.

Floating and deep. Color and sheen that are visible on the skin are called floating; if they remain hidden inside the skin they are called deep. Floating indicates that the disease is in the exterior, in the bowels; deep indicates that the disease is in the interior, in the viscera. If the colour is first floating and then deep, the disease is moving from the exterior to the interior. If it is first deep and then floating, the disease is moving from the interior to the exterior. Floating and deep can thus distinguish exterior and interior.

Clear and turbid. Clear is color and sheen that are clear and distinct; turbid is color and sheen

Table 1.3 Diseases governed by the five colors

Five colors	Five viscera	Location	Diseases governed	Pathomechanism	Distinguishing features
Green-blue	Liver (wood)	Face Lips Skin	Fright wind	Extreme heat engendering wind or liver wind stirring internally causing convulsive spasm of the sinews	Gray-green-blue around the lips, on the bridge of the nose and between the eyebrows
			Nails	Cold	Cold congealing and qi stagnation causing hypertonicity
			Pain	Evil blocking the channels, lack of flow causing pain	Green-blue-white or green-blue-black complexion, green-blue nose tip
			Stasis	Qi stagnation and blood stasis, stasis blocking the channels and vessels	Green-blue-gray complexion, green-blue-purple lips; green-blue-purple nails and skin in serious conditions
Red	Heart (fire)	Face Lips	Repletion heat	Blood obtaining heat causes movement, vessels become filled	Red over entire face, red eyes, red lips and tongue
			Tongue Skin Eyes	Vacuity heat	Yin vacuity fire effulgence
			Upcast yang pattern	Lower burner vacuity cold, vacuous yang floating upward	Complexion vacillating between red as if made up and red and white
Yellow	Spleen (earth)	Face Skin Whites of the eyes	External damp	Accumulation of damp evil	Yellow face and eyes
			Internal damp	Spleen not fortified or transporting causing phlegm-damp to block internally	Yellow swelling or yellow with exuberant fat
			Spleen vacuity	Water-damp not transforming	Withered yellow, yellow-white without luster
			Blood vacuity	Blood not sufficient to flourish upward	Yellow complexion, yellow eyes, yellow body, yellow teeth
			Yang jaundice: damp-heat	Evil attacking the liver and gallbladder causing gallbladder juices to overflow	Yellow that is fresh and bright like an orange
			Yin jaundice: cold-damp		Yellow that is dusky like smoke
White	Lung (metal)	Face Lips Nails Eye canthus	Cold	Cold congealing in the network vessels	White and dusky pale or green-blue-white
			Yang vacuity	Movement without strength causing qi and blood to be unable to flourish upward	Bright white, floating swelling
			Qi vacuity	Yin vacuity causing internal heat	Pale white
			Yin vacuity		White face, red cheeks
			Blood vacuity	Blood vessels empty and vacuous loss	Pale white without luster or withered yellow
Black	Kidney (water)	Face Lips Eyeball	Loss of blood	Blood vessels empty and vacuous loss	Pale white, gray-white without sheen
			Yang collapse	Yang qi desertion	
			Kidney yin vacuity internal heat	Heat scorching the yin fluids	Black, dry and scorched complexion, dusky lips, withered teeth
			Kidney yang vacuity internal cold	Failure to warm the viscera, bowels and channels	Dark black complexion and eyes, dusky without luster
			Water-rheum	Qi does not move the water, the water stops and the qi blocks	Black eye sockets, puffy swelling under the eyelid
Stasis pain	Qi and blood congealing stasis	Purple-black or green-blue-black complexion, dusky purple lips and tongue			

that are dark and turbid. Color that is clear indicates disease in yang, color that is turbid indicates disease in yin. If the colour is first clear then turbid, the disease is moving from yang into yin. If it is first turbid then clear, the disease is moving from yin into yang. Turbid and clear can thus distinguish yin and yang.

Faint and extreme. Faint is color and sheen that is shallow and light; extreme is color and sheen that is deep and thick. Faint indicates right qi vacuity. Extreme indicates evil qi repletion. If the color is first faint and then extreme this means first vacuity and then repletion; if it is first extreme and then faint this means first repletion and then vacuity. Faint and extreme thus distinguish vacuity and repletion.

Scattered and conglomerated. Scattered is dispersed or scanty; conglomerated is accumulated or obstructed. Scattered color usually means a new illness, a mild illness or an illness that is moving toward resolution. Conglomerated color usually means an enduring illness or a serious illness. If the color is first conglomerated and then scattered this means that a disease is turning toward improvement; if it is first scattered and then conglomerated this means that a disease is becoming more serious. Scattered and conglomerated can thus distinguish new disease and enduring disease.

Sheen and perishing. Sheen is a moist and nourished color; perished is a withered color. Color with sheen governs life; color that is perished governs death. Color that turns from perished to sheen indicates that the essence-spirit has recovered and that there is vitality; color turning from sheen to perished indicates that blood and qi are debilitated and that the disease is dangerously serious. Sheen and perishing can thus distinguish successful and vanquished right qi.

The Wang Zhen Zun Jing also states: 'These 10 methods identify the qi of the color. The five colors identify the qi of the color. The qi is the transmutation of the color. The color is the constancy of the qi. The qi is only bright due to the order of the color. The color is only

outstanding due to the righteousness of the qi.' This explains that investigation of qi color is an essential aspect of color examination.

CONGRUENCE BETWEEN COLOR, PULSE AND SIGNS

In general, when the color, pulse and signs of a patient all manifest identically or correspondingly, this is called 'normal' or 'appropriate'. On the contrary, when the color, pulse and signs do not manifest identically or correspondingly, this is called 'abnormal' or 'contradictory'. Hence, when diagnosing disease, one ought to pay attention to the four examinations together and investigate them in combination.

Form and bearing

Form and bearing are the form of the body and the bearing of movement. The form of the body refers to the exterior form and to the constitution of an individual. The bearing refers to the appearance and bearing of movement. When inspecting form and bearing, one must investigate the entire constitutional and developmental circumstances of an individual as well as the range of movement of the body.

INSPECTION OF THE FORM OF THE BODY

Every individual is an organic whole. Internally there are the five viscera and six bowels. Externally there is skin, body hair, sinews and muscle, all of which must be closely connected. The lung connects with (governs) the skin and body hair, the spleen connects with (governs) the muscle, the heart connects with (governs) the blood vessels, the liver connects with (governs) the sinews and the kidney connects with (governs) the bones. When the functions of the five viscera are sound, the physical body is strong and replete. When the five viscera are damaged, the physical body is weak (see Table 1.4).

Table 1.4 Normal and pathological relationship between the form of the body and the five viscera

	Form of body				
	Bones	Chest	Muscles	Skin	Tendons/nails
Relationship with the viscera and bowels	Strength and weakness of kidney qi	Exuberance and debilitation of heart and lung qi and blood	Vacuity weakness and fortification and movement of the spleen and stomach	Moistness and withering of the lung fluids	Abundance or depletion of liver blood
Normal manifestation	Thick, large, strong	Broad, thick	Well developed, strong	Moist, with sheen	Smooth movement; flourishing and moist
Pathological manifestation	Thin, small, weak	Narrow or with deformity	Thin or with floating swelling	Withered, dry, without sheen	Hindered movement; brittle, withered and white

EXAMINATION METHODS OF THE PHYSICAL BODY

1. The fatness and thinness of a body. This can reflect the relative exuberance or debilitation of the yin, yang, qi and blood of the body. The Wang Zhen Zun Jing states: 'Where there is strength, there is a surplus of qi, where there is weakness, there is an insufficiency of qi. Where there is fat, generally there is more blood and less qi, where there is thinness, generally there is more qi and less blood.' In general, if the body is fat, the skin is thin and white, and the muscles are weak, there is diminished qi and a lack of strength. An exuberant form and vacuous qi, often with abundant phlegm, is called 'fat person's excessive phlegm.' The Si Zhen Jue Wei states: 'Fat people often have wind stroke, because the body is thick and the qi is vacuous, [and so] it is difficult [for the qi] to travel throughout, and often there is stagnation, which engenders phlegm. The phlegm further congests the qi and produces fire, which often results in fulminant reversal.' If the body is thin and dry, the skin is pale yellow and the muscles are emaciated, one is easily vexed and easily angered. Because yin blood is not sufficient, it is easy for vacuity fire to harass. This is called 'thin person's abundant fire.' The Si Zhen Jue Wei states: 'In thin people with yin vacuity and blood fluid debility it is easy for fire to become hyperactive, hence often there is taxation cough.'

2. Puffy swelling. Puffy facial swelling, swollen

limbs and distended abdomen are due to a water-swelling pattern. When only the abdomen is distended and large, as if filled with water, the navel is protruding, and on the abdomen there are green-blue veins, this is drum distention.⁸

3. Emaciation. If the muscles are emaciated, the bones are thin like firewood, the skin is dry and shriveled, and the meat of the form has already deserted, here the disease condition is dangerous. Retarded development in children, yellow face and thin muscles, or inappropriate form of the chest (like a chicken's chest or having the appearance of pearls strung together), retarded closure of the front fontanel, etc., is often because the congenital kidney essence is insufficient or there is improper nurturing or feeding after birth. This can be seen in gan accumulation pattern. A large head, open fontanel and a body not as large as the head can be seen in non-closure of the fontanels.

INSPECTION OF THE BEARING AND MOVEMENT

An individual's movement and posture have a definite relationship with disease. One can combine the investigation of the appearance of a patient's walking, sitting, lying down and standing, etc., with other diagnostic methods.

METHODS OF INSPECTION OF THE BEARING AND MOVEMENT

1. Movement and tranquility. Yang governs movement; yin governs tranquility. In yang patterns, heat patterns and repletion patterns in general, when the patient is lying down the face is turned to the outside, the body is light and the patient is able to change sides, there is a preference for lying on the back with legs outstretched, the clothes are torn off and bedcovers are discarded, and the patient does not like to be near fire. Or there are signs such as neither sitting nor lying down being suitable, vexation and agitation without peace, etc. In yin patterns, cold patterns and vacuity patterns when the patient is lying down the face is turned to the inside, the body is huddled, becoming round, the body is heavy and does not like to change sides, there is a preference for wearing clothes and for bedcovers and a desire to move toward fire. Or there is a preference for lying down, rarely sitting or standing, and when sitting or standing there is dizziness. The Wang Zhen Zun Jing points out eight methods for diagnosis according to the body bearing, namely: movement and tranquility, strength and weakness, bending and lifting of the head, curving or stretching the body. Eight principle pattern differentiation generally is as follows: movement, strength, lifting of the head and stretching are ascribed to the exterior, to yang and to repletion. Tranquility, weakness, bending the head and curving the body are ascribed to the interior, to yin and to vacuity. That which is in the exterior and ascribed to yang is generally hot; that which is in the interior and ascribed to yin is generally cold.

2. Cough and panting. Rough breathing, cough, distressed rapid panting, difficulty in lying flat, sitting and lifting the shoulders when panting and coughing are repletion signs of phlegm-heat in the lung and counterflow ascent of lung qi. Distressed rapid panting, shortness of breath, sitting and raising the shoulders to cough, and movement causing the panting to become more severe are lung vacuity or kidney not absorbing qi. A swollen body, heart palpitations, shortness of breath, cough and panting with gurgling

phlegm, and a bright white complexion are kidney vacuity water flooding and water qi intimidating the heart and shooting into the lung.

3. Convulsive spasms. In heat diseases, tremor of the lips and eyes, and hypertonicity of the arms and feet, which also affects the face and cheeks, usually are signs of convulsion; in vacuity-detriment diseases they usually are blood vacuity stirring wind, and a lack of nourishment to the sinews and vessels. If, in children, there are convulsive spasms of the four limbs, shaking of the body, upward turning of the eyes, a green-blue-gray color between the eyebrows and around the lips and a cry of fright at the same time, these are signs of fright wind. If a newborn child, or someone who has had external damage, has convulsive spasms of the four limbs, a clenched jaw (tightly closed teeth), and the head and feet are bent and point backwards like a bow (arched back rigidity), one ought to pay attention to wind damage. When stretching the hands or moving the hands, if the palms and fingers quiver this is liver and kidney yin vacuity.

4. Hemiplegia. If there is sudden clouding and collapse with loss of consciousness, one-sided paralysis or one-sided numbness and insensitivity of the hand and foot, inflexible movement, and deviation of the eyes and mouth, these are signs of wind stroke hemiplegia.

5. Wilting and impediment. Swelling pain of the joints, and inhibited bending and stretching, is usually an impediment pattern. Wilting, softness and lack of strength in the four limbs, difficulty walking or moving are usually signs of wilting paralysis.

6. Chest and abdominal pain pattern. Bending or curving of the waist, tossing and turning, groaning, and knitting the brows and having a 'bitter face' (i.e. a worried look on the face) are signs of chest and abdominal pain.

7. Delirious frenzy. The patient's hands groping in the air and pulling invisible strings, picking at the bedclothes, or both eyes staring straight forward or directly upward, are serious disease circumstances.

8. *Debilitation of the viscera and bowels manifesting as failure to move properly.* The Su Wen: Mai Yao Jing Wei Lun states: 'The head is the dwelling place of bright essence. [If there is] a bowed head and downcast eyes, [then] essence-spirit is retrenched. The back is the dwelling place [of that] within the chest. [If there is] a crooked back and the shoulders sag, the dwelling place is spoiled. The waist (lumbus) is the dwelling place of the kidneys. [If there is an] inability to turn and twist, the kidney is fatigued. The knee is the dwelling place of the sinews. [If there is an] inability to bend, stretch, and walk, the sinews are fatigued. Bone is the dwelling place of marrow. [If there is an] inability to stand for a length of time, [and] shaking when walking, [then] the bones are fatigued.' What is spoken of here is that pathological changes of the viscera and bowels can be investigated from the changes in the form and bearing of the body. That is to say, when there is vacuity-detriment of the five viscera, there must be a pathological reflection and manifestation on the body's bearing.

Inspection of the circumstances of various parts of the body

Inspecting the circumstances of various parts of the body includes observation of the head and hair, inspection of the orifices, investigation of the skin and limbs, investigation of the veins on a child's finger, checking the anterior and posterior yin (the genitals and anus) and the excreted matter, etc.

Head and hair

INSPECTION OF THE HEAD

The head is the meeting place of yang, the dwelling place of the essence-spirit; within it is stored the brain and marrow, and it is governed by the kidney. By observing the head one can

know the vacuity and repletion of the right and evil, and the exuberance and debilitation of the kidney yang and kidney essence.

APPEARANCE OF THE HEAD

If the form of the head and the development of children is not appropriate, either too big or too small, this denotes a pathological condition. When a child's head is small and pointed, the front fontanel has closed early and, possibly, the child has incomplete knowledge, i.e. is mentally retarded; these indicate insufficiency of kidney essence. A child's head that is large, like a dipper, in which the front fontanel does not close, is vacuity and debilitation of the kidney yang (the front fontanel should be approximately 2.5 centimeters at birth; at about 12–18 months it should close).

INSPECTION OF THE FRONT FONTANEL

A sunken front fontanel in a child is vacuity of the right (qi and blood vacuity). This often is seen with violent vomiting and diarrhea where the body fluids have been consumed and damaged and the qi and blood are insufficient. A tall and pointed front fontanel is evil exuberance (repletion heat pattern). This can be seen with warm and hot evil exuberance, and fire heat attacking upward (if through observation the pattern of the fontanel is not clear, the palm of the hand can be evenly placed on top of the fontanel and it can be softly palpated).

MOVEMENTS

Uncontrollable movements of the head or stretching upward of the head and neck due to stiffness are usually signs of wind.

INSPECTION OF THE HAIR

Hair is the flourishing of blood and the luster of

the kidney is in the hair. By observing the hair one can know the surplus and depletion of qi and blood and the exuberance and debility of kidney qi.

Inspection of the hair should include attention to the color and sheen, various parts of the hair and whether or not there is hair loss. The hair of Chinese people is normally black, soft, has a bright luster and is evenly distributed all over. But because natural endowments and constitutions are different the black color could have slight variations in darkness or lightness, and the various hair sections may be more or less full. If individual development is normal, and there are no other disease signs, children and youth may, by chance, have white hair, and this is not necessarily a pathological condition.

1. Hair that is thick, luxuriant, evenly distributed, black, moist and with a sheen indicates normal exuberance of kidney qi. If the hair is sparse and dry, and falling out in areas or over the entire head, and its color is withered and without sheen, this indicates vacuity depletion of kidney qi or blood vacuity. This is often seen in enduring illnesses or after serious illnesses. It can also be seen after giving birth or in any kind of disorder where there is a lack of nutrition. Occasionally hair loss can be due to fire heat blood dryness or to necessary use of medicines causing the desertion of hair. In general it is believed that hair loss during enduring disease is due to essence-blood vacuity and hair loss in wind diseases is due to blood dryness. If hair loss does not follow any pattern, but falls out piece by piece (patch balding), this is often due to blood vacuity, or blood vacuity accompanied by blood stasis.

2. White hair is usually due to liver and kidney depletion detriment, causing an insufficiency of qi and blood to rise and luxuriate the hair.

3. In children, hair that sticks together like spikes, is dry and not luxuriant is usually due to gan accumulation. Little hair, lack of hair or sparse coarse yellow hair right after birth is usually due to insufficiency of the pre-heaven or constitutional differences.

The face and the orifices

The orifices normally refer to the five sense organs of the seven orifices, namely the eyes, nose, ears, mouth and throat; they also may include the anterior and posterior yin, making altogether nine orifices. The five sense organs and seven orifices are the upper orifices (also called the clear orifices); the anterior and posterior yin are the lower orifices. Here, only observation of the face and upper orifices is discussed.

The Ling Shu: Xie Qi Zang Fu Bing Xing Pian states: 'Twelve channels, 365 network vessels, their qi and blood rise to the face and travel to the clear orifices.' Changes in the spirit, color, form and bearing of the face can reflect pathological changes of the entire body, and the five sense organs are the openings of the five viscera (the lung opens to the nose, the liver opens to the eyes, the spleen opens to the mouth, the heart opens to the tongue, and the kidney opens to the ear). Hence, by observing the face and orifices one can know the pathological changes of the viscera, bowels, qi and blood.

INSPECTION OF THE FACE

CONGRUENCE BETWEEN SECTIONS OF THE FACE AND THE VISCERA AND BOWELS

The Ling Shu: Wu Se Pian takes the entire face and divides it into the following sections, explaining the relationship between the face and the viscera and bowels as follows (see Figs 1.1 and 1.2):

1. Section:

- nose – Bright Hall (míng táng 明堂)
- between the eyebrows – gate tower (què 阙)
- forehead – Courtyard (tíng 庭)
- region anterior to the ear and inferiolateral to the cheekbone – Borderland (fān 藩)
- tragus – Cloud or Shelter (bì 蔽)
- mandible region – Taut and Drooping (yīn chuí 引垂)
- side of lips – Rampart (bì 壁)
- below lips, on either side – Foundation (jī 基).

2. Relationship with viscera and bowels:
- ting (forehead/Courtyard) – head and face
 - que (between the eyebrows/Gate Tower)
 - upper – throat
 - middle (yin tang) – lung
 - lower (shan gen – Mountain Root) – heart
 - below the heart – liver
 - left and right of liver – gallbladder
 - below liver (bridge of the nose) – spleen
 - alae nasi (both sides of spleen) – stomach
 - below the cheekbone – large intestine
 - below the large intestine – kidney
 - above the King of the Face (the extremity of the nose/the outer edge of the alae nasi) – small intestine
 - below the King of the Face (at ren zhong, Human Center/GV-26) – urinary bladder.

These are the sections of the face and their relationship to the viscera and bowels as seen in the *Ling Shu: Wu Se Pian*.⁹ The *Su Wen: Ci Re Pian* takes the congruence between the sections

of the face and the viscera and bowels and divides them as follows:

- left cheek – liver
- right cheek – lung
- forehead – heart
- chin – kidney
- nose – spleen.

But, for the most part, the first method of division is the foundation.

DISEASES OF THE FIVE COLORS OF THE FACE

Refer to the diseases governed by the five colors of color diagnosis (p. 8). In general, it is a good omen if the colors of the generating cycle manifest on the portions of the face congruent with the viscera and bowels and a bad omen when the colors of the restraining cycle manifest.

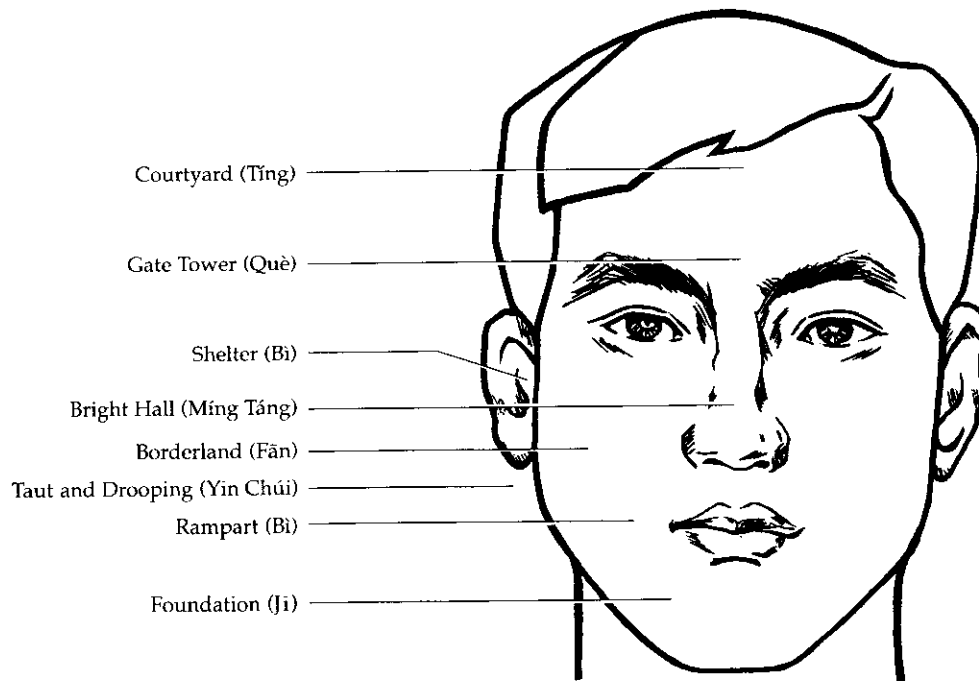


Fig. 1.1 The Bright Hall, Borderland and Shelter.

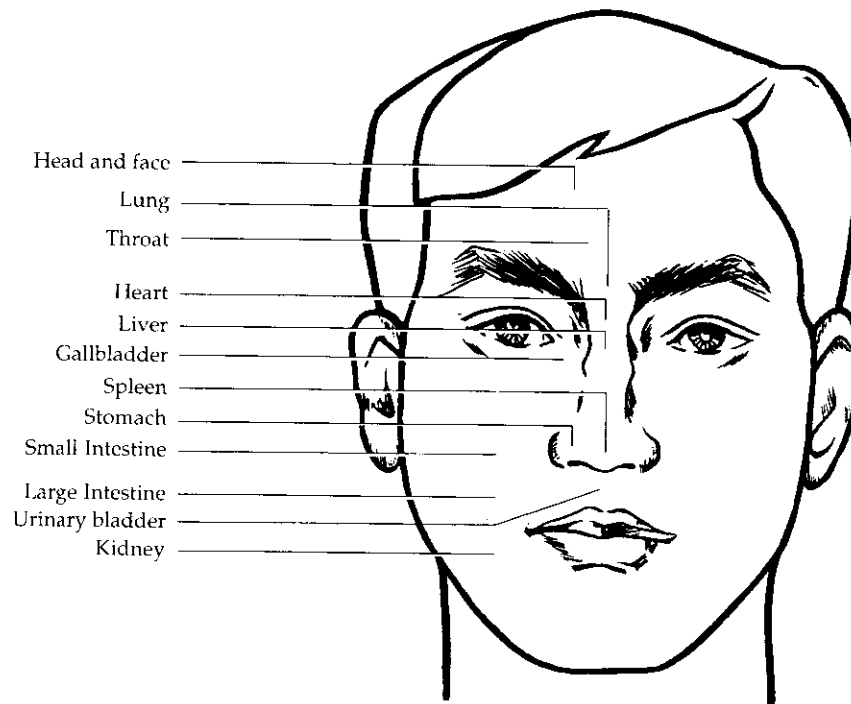


Fig. 1.2 Facial areas and their relationship to the viscera and bowels.

CHANGES IN THE EXTERNAL FORM OF THE FACE

If the face is full and round, and the qi color is bright and moist, it is a sign of health and longevity. If the face is thin and sharp, if there is puffy swelling and if the qi color has no luster, this is a pathological form.

Facial puffy swelling. This is often seen in water-swelling illnesses and in patterns where water-damp floods upward. There are the distinctions of yang water and yin water. Diseases of yang water arise relatively rapidly, and, as compared to the waist, abdomen and lower limbs, the head, face and upper limbs swell first; diseases of yin water arise relatively slowly, and as compared to the upper limbs, the head and face, the lower limbs, abdomen and waist swell first. Facial swelling and white coloration is spleen and kidney yang vacuity. Swelling with hot pain, numbness or itching is wind evil heat toxin. Sudden facial swelling in enduring or serious

disease is a symptom of earth being used up by the spleen.

Cheek swelling. Sudden swelling up of the face and cheeks, fever, red face, swollen and painful throat, or no throat pain but swollen cheeks accompanied by deafness, is mumps, a warm toxin pattern.

Deviation of the face, eyes and corners of the mouth, or deviation of the mouth and eyes or one-sided deviation of the mouth with unremitting numbness accompanied by half-body paralysis, is wind stroke pattern.

INSPECTION OF THE EYES

The face and the eyes are both important areas of observation diagnosis. The Ling Shu: Da Huo Lun states: 'The essence-qi of the five viscera and six bowels pours upward into the eyes, and manifests the essence. The eyes are the nest of essence.' In addition, the liver opens into the

eyes. Therefore by inspecting the eyes one can know changes in the viscera and bowels (see Fig 1.3). When inspecting the eyes, attention should be paid to their spirit, color, form and bearing.

CONGRUENCE BETWEEN THE VISCERA AND BOWELS AND AREAS OF THE EYE

The blood network vessels (conjunctiva) of the corners of the eyes (inner and outer canthus) are ascribed to the heart – the heart governs blood; the essence of blood is the network vessels.

The dark of the eyes (cornea) is ascribed to the liver – the liver governs the sinews; the essence of the sinews is the dark of the eye.

The white of the eye (sclera) is ascribed to the lung – the lung governs qi; the essence of the nest of qi is the white of the eye.

The pupil is ascribed to the kidney – the kidney governs the bones; the essence of the bones is the pupil.

The eyelids (both upper and lower) are ascribed to the spleen – the spleen governs muscle; the essence of muscle is the retainer (eyelid). (Or, the upper lid is ascribed to the spleen and the lower lid is ascribed to the stomach.)

INSPECTION OF THE SPIRIT OF THE EYE

Spiritedness. Bright, shiny eyes with spirit and color, clear and correct vision, and flexible, lively

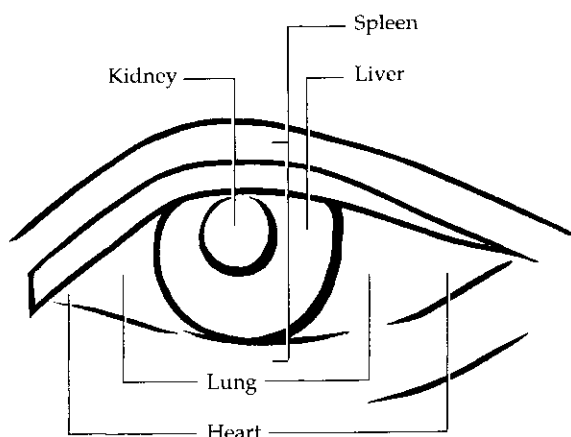


Fig. 1.3 The eye and its relationship to the viscera and bowels.

movement are spirited eyes. Spiritedness means lack of disease or, if there is disease, it is relatively mild and easy to treat.

Spiritlessness. Dull and turbid whites of the eyes, dark and stagnant pupils, dull eye brightness, blurred vision and inflexible movement of the eyes, or staring straight forward or directly upward, are spiritless eyes. Spiritlessness means that the disease is relatively severe and difficult to treat. Observation of the spirit of the eyes is an important point in determining spiritedness and spiritlessness.

EXAMINATION OF THE COLOR OF THE EYE

Combine the congruence between the viscera and bowels and locations in the eye with the governing of disease according to the five colors in determining disease circumstances.

1. **Red governs heat.** Redness in the canthus of the eye is heart fire; redness in the white of the eye is lung fire; redness and swelling in the entire eye is liver fire or liver channel wind-heat. Redness, swelling and damp putrefaction of the eyelid are spleen and stomach damp-heat or damp-heat in the liver and gallbladder.

2. **Yellow governs damp.** Yellow in the white of the eye is damp-heat or cold-damp.

3. **Green-blue governs wind.** Green-blue in the white of the eye is liver wind or turbid accumulation.

4. **White governs vacuity.** Pale white blood network vessels in the eye canthus govern qi and blood vacuity.

5. **Black governs water.** Black eye sockets is spleen and kidney vacuity and water-damp.

DISEASES GOVERNED BY THE FORM AND BEARING OF THE EYES

Eyes without discharge or tears and dry and rough eyes are usually due to warm disease heat burning and damaging the fluids. Swollen,

painful eyes with frequent tearing are often due to stagnant heat in the liver channel.

Puffy swelling in the eye and eyelid and bright eyelids are due to damp governing water qi (water swelling). If there is acute swelling of the eyelid and the color is red, this is spleen heat; chronic swelling without redness but with softness is spleen vacuity. Drooping eyelids are also usually due to spleen vacuity.

Sudden bulging of the eyes accompanied by panting breath is usually lung distention; accompanied by swelling of the front of the neck it is goiter swelling. Falling inward of the eye socket with gradual deep sinking of the eyes is usually vacuity debility of the right qi. Sudden sinking is usually consumption damage of the fluids. If both eyes sink inward relatively deeply, there is loss of sight and the manifestation of a true visceral pulse then this is an inauspicious sign of exhaustion expiry of yin and yang.

Revealing of the eyes when sleeping is spleen and stomach vacuity weakness and insufficient blood and qi. It is commonly seen in gan accumulation. Angry staring of the eyes and difficulty in falling asleep are ascribed to yang patterns. Heavy eyes with a liking of sleep is ascribed to yin patterns.

Strabismus and deviated movement of the mouth and eyes are usually liver wind stirring internally. Eyes that are slightly fixed and do not turn often are due to phlegm-heat internal block or desertion of original spirit. Scattering of the pupil and unclear visual acuity are usually insufficient kidney essence and an inauspicious omen of kidney water withering exhaustion.

Styes and cinnabar eye. Stye refers to the generation of a small boil at the side of the eye, namely the arisal on the side of the eye of a kernel like a wheat kernel, with redness in the area of the swelling and slight itching pain. This is called a 'stye' or 'wheat kernel swelling.' If the swelling and pain of the eyelid are slightly less than that of a stye and the red swelling is slightly more severe, this is called 'cinnabar eye.' All are due to wind-heat or heat brewing in the spleen and stomach.

Canthus outcrop creeping over the eye (pterygium). When red vessels and canthus outcrop creep

horizontally from the white of the eye toward the pupil, this is usually due to wind-heat, or it is created from damp-heat flourishing and congesting in the vessels and network vessels.

Membraneous screen of the eye (nebula). A spotted screen generated in the pupil and obstructed vision usually are due to heat toxin, damp-heat or phlegm-fire patterns. They also may develop from external damage. Occasionally they are due to congenital insufficiency of the liver and kidney and poor feeding, creating gan accumulation rising to the eye.

INSPECTION OF THE EARS

The kidney opens into the ears; the ears are ascribed to the lesser yang channels and are the place where all of the vessels gather. Recently, the use of ear acupuncture and the recognition of congruences between the viscera and bowels and the auricle of the ear have taken a step forward. From the aspect of inspection examination, what is important is differentiation according to changes in the form and color.

COLOR AND SHEEN

An auricle that is thick, with a red and moist color, indicates that the congenital kidney essence is full and sufficient. An auricle that is thin, dry and withered indicates an insufficiency of congenital kidney essence. When sick, a red and moist auricle is an auspicious sign and a withered and burnt black auricle is an inauspicious sign (kidney water depletion damage). A pale white auricle is ascribed to cold. A green-blue-black auricle is ascribed to pain.

FORM AND BEARING

A swollen and painful ear indicates evil qi repletion. Redness, swelling and pain on the sides of the ear are usually due to external overwhelming of wind-heat or liver and gallbladder fire. Swelling and pain within the ear, deafness

or flowing of purulent fluid from the ear is heat in the lesser yang channels or damp-heat in the liver and gallbladder. At the beginning of childhood measles, the helix is cold and on the back there are indistinct red spots. During a long illness, blood stasis may cause a dry, chapped helix.

INSPECTION OF THE NOSE

The nose is the passageway of inhalation and exhalation; the lung qi passes through the nose, the nose is the opening of the lung and the place where the stomach channel passes. The Ling Shu: Wu Se Pian states: 'The five colors manifest at the bright hall (ming tang), ming tang is the nose.' The important things to investigate in observation of the nose are the color, sheen and form.

COLOR AND SHEEN

A green-blue color on the tip of the nose is vacuity cold or pain in the abdomen. A yellow color is internal damp-heat. A white color is qi vacuity or blood collapse. A red color is heat in both the spleen and the lung channel. The generation of dots in the form of acne is drinker's nose. A black color indicates the presence of water qi.

A bright and moist color of the nose is ascribed to a normal condition, or is a sign that disease is moving toward resolution. A dry nose that is black like ash is intense exuberance of heat toxins. A glossy cold nose that is black colored is intense internal yin cold.

FORM

A swollen nose is evil qi exuberance. A sunken nose is vacuity of right qi. Nasal congestion with frequent sneezing and flowing nasal mucus is often due to external contraction. If there is flowing of clear nasal mucus, this is wind-cold; if there is flowing of turbid nasal mucus, this is wind-heat. Enduring flowing of turbid nasal

mucus that is thick, sticky and yellow colored, a sense of smell that is not sharp, and difficulty distinguishing fragrant and foul is a pattern of deep source nasal congestion. Flaring movement of the nostrils and acute arisal of disease are wind-heat phlegm-fire congesting the lung (replete heat). Slow arisal of the disease, with distressed panting and sweating, is a sign of lung expiry.

Ulcerations and sinking of the stem of the nose are seen in syphilis. Badly collapsed stem of the nose and dropping off of the eyebrow hairs are seen in 'numbness wind disease' (leprosy).

INSPECTION OF THE MOUTH AND LIPS

The mouth is the orifice of the spleen and the lips are the luster of the spleen. Inspection includes investigation of their color, sheen and form.

COLOR AND SHEEN

Normal lip color is bright, red and moist. An auspicious sign is brightness, moistness and blood coloration. A poor sign is withered, without blood color.

Red-purple lips indicate heat. Red lips that are dry are due to extreme heat damaging the fluids. Deep red lips accompanied by vomiting usually show repletion heat in the stomach. Fresh red lips indicate yin vacuity fire effulgence. Pale red lips indicate vacuity and cold, and if accompanied by greasy lips then cold-damp. Pale white lips are spleen vacuity with diminished blood; pale white and black lips are extreme cold; white and swollen lips are spleen expiry. White lips like withered bones are a critical sign.

Deep green-blue lips indicate pain; pale green-blue lips are cold; green-blue-black and moist lips are extreme cold, and the appearance of green-blue around the lips of children is the first sign of fright wind.

Black lips indicate impending expiry of the spleen and stomach, and black lips in water disease indicate a poor prognosis.

FORM

Ulceration of the mouth and tongue usually is heat evil (stomach fire or food accumulation generating heat). Deviated mouth and eyes and stirring of the lips are wind stroke. Clenched jaw and inability to speak are tetany. Pursed lips with green-blue color and convulsive spasms indicate liver wind overwhelming the spleen. White spots or patches like snowflakes in the mouth of infants are goose-mouth sores¹⁰, which are generally due to depressed heat in the spleen channel. If in disease there is darkness around the lips, the opening of the mouth is like a fish's mouth and qi is exhaled but not inhaled, this is a critical sign of spleen expiry. Swollen lips and burnt black teeth are expiry of the spleen and kidney. Fullness of the philtrum and upturned lips are spleen yang expiry; short and concealed philtrum is spleen yin expiry.

The Wang Zhen Zun Jing states: 'A mouth that opens and closes can be used, ... Sound exits out of the mouth, food and drink enter into the mouth and it is the most convenient passageway to the viscera and bowels. There are ten methods of inspecting the mouth. These are open (zhang), clenched jaw (jin), pursed (cuo), deviated (pi), shaking (zhen), stirring (dong), dragging chin (ke la) and mouth biting (kou chi). Also dryness and dampness and cold and heat can be seen with these diseases.' The basics of these 10 methods are explained below.

1. *Open (zhāng)*. Here the mouth opens but does not close. This governs vacuity.
2. *Clenched jaw (jīn)*. Here the mouth closes but there is difficulty in opening. This governs repletion.
3. *Pursed (cūo)*. Here the upper and lower lips have a pursed-together form. This indicates that, in the battle between evil and right, right is debilitated and evil is prevailing.
4. *Deviated (pī)*. Here the left and right [sides of the mouth] are in a condition of [one being] relaxed and the other tensed. The channel sinews are stretched. The tense side shows the right qi and the relaxed side shows the evil qi. This is an awry, or deviated mouth.

5. *Shaking (zhēn)*. Here there are cold shudders and chattering jaws, tense rocking and shaking, this is vacuity of yang brightness.

6. *Stirring (dōng)*. Here there is opening and closing of the mouth, and repeated movement, this is stomach qi expiry.

7. *Dragging chin (kē la)*. Here the mouth appears open and the chin is unable to close, as the lower jaw bone does not close; the disease is in the yang brightness vessel.

8. *Mouth biting (kǒu chí)*. Here there is a slight movement, but the teeth do not open; the kidney is being vanquished, the disease has thrust out from the stomach channel.

9. *Dry (zào)*. Here the fluids are dry; dry is ascribed to heat.

10. *Damp (shī)*. Here the saliva is slippery; damp is ascribed to cold.

INSPECTION OF THE TEETH AND GUMS

Ye Tian Shi said: 'In warm heat disease: after looking at the tongue, it is necessary to inspect the teeth. The teeth are the surplus of bone, the gums are the connection of the stomach. If heat evil does not dry stomach liquids, it must consume kidney humor.' Hence, by investigating the moistness, dryness, flourishing and withering of the teeth and gums one can know the circumstances of kidney yin and stomach fluids. One can, from inspection of the teeth and gums, help the examination especially if the warm heat disease evil is at the yang brightness or qi level, or when the heat has damaged the kidney yin.

INSPECTION OF THE TEETH

Normal teeth have a moist sheen, and are bright and clean, denoting that the kidney yin and stomach fluids are full and flourishing; if they are dry and without sheen, this indicates that the yin humours have already been damaged. Grimy yellow teeth are from evaporated stomach

turbidity. Teeth that are burnt dry and grimy are from stomach and kidney heat; if they are burnt dry without grime this is stomach and kidney yin exhaustion. Teeth that are bright and dry like stone are intense exuberance of stomach heat. Teeth like withered bone are kidney yin dessication and exhaustion. Spontaneous external bleeding of the teeth accompanied by pain is stomach fire; if not accompanied by pain it is kidney fire. Grinding of the teeth is due to liver wind stirring internally, or fright reversal pattern. Children grinding their teeth at night while asleep is usually due to accumulation stagnation in the stomach or worm accumulation. If the grinding of teeth is accompanied by signs of a vacuity pattern, like a vacuity pulse, it is ascribed to vacuity syndrome.

INSPECTION OF THE GUMS

Normal gum color is red and bright moist. If the color is pale white this is blood vacuity; deep red color or purple is heat. Swelling and pain in the gums indicate upward flaring of stomach fire. Gums that are rotten and ulcerated, and teeth that are falling out, indicate gingival gan.

INSPECTION OF THE THROAT

The throat is the open passage to the lung and stomach; also the kidney channel vessel connects with the throat; hence by inspection of the throat one can know pathological changes of the lung, stomach and kidney.

A red, swollen and painful throat is heat in the lung and stomach. If it is accompanied by yellow white purulent spots this is lung and stomach heat exuberance and phlegm-fire harassing upward. A dry, red and painful throat is heat damaging the lung fluids. If the throat is a tender red and the pain is not very intense, this is kidney water depletion and vacuity fire flaming upward. If both sides of the throat are red, swollen and painful this is wind-heat phlegm-fire. In newborn children and infants if the upper part of the mouth cavity and the tongue are filled with white spots this is goose-

mouth sores, which are generally due to depressed heat in the spleen channel.

If there are gray white dots in the throat area that spread rapidly over a broad area and are not easy to remove, and if when peeled off there is bleeding or if forcefully removed they regenerate, then diphtheria ought to be considered.

Investigation of the network vessels on the index finger

In children it is necessary to investigate the network vessels of the forefinger, namely the finger veins. The network vessels on the internal aspect of the index finger come from the protrusion of the hand greater yin lung channel. In general, the finger veins on children 3 years and under are relatively clear, and can help diagnosis.

METHOD OF EXAMINING THE HAND

The doctor uses the left hand to hold the hand and wrist of the child, and then uses the thumb of the right hand lightly to push the network vessels on the internal aspect of the index finger, in general pushing along the finger toward the palm (from the life bar toward the qi bar and wind bar). The finger should be pushed several times, with one hand pushing and the other hand examining.

THREE BARS

On the palmar aspect of the index finger, the analysis is done from the proximal end of the extremity of the finger. The first joint is the wind bar, the next joint is the qi bar, and the last joint is the life bar (see Fig. 1.4).

DIFFERENTIATION OF DISEASE FROM THE NETWORK VESSELS OF THE INDEX FINGER

The color and sheen of the network vessels (finger veins) on the child are mixed red and

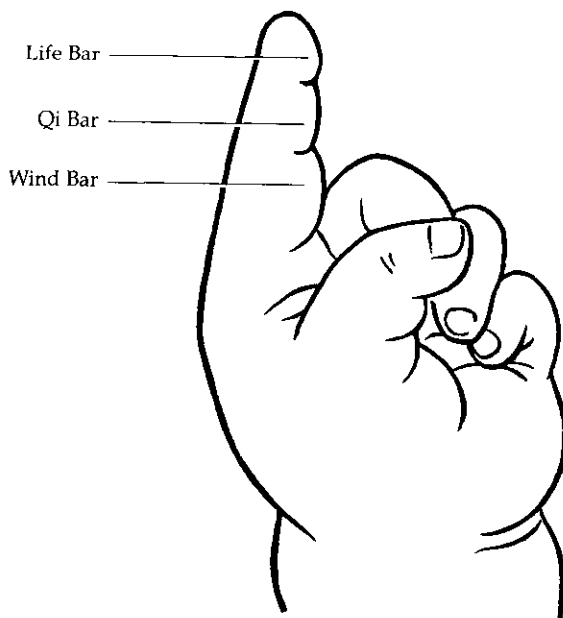


Fig. 1.4 The three bars of the network vessel of a child's index finger.

yellow, and dimly revealed in the wind bar. If the form and color change, this has a relationship with disease.

1. The three bars indicate severity. Distinct network vessels within the wind bar mean that the disease is mild, stretching into the qi bar means that the disease is relatively strong and stretching into the life bar means that the disease is even stronger. Network vessels that stretch to the edge of the nail, called 'extending through all bars to the nail,' is a portent of the critical nature of the disease.

2. Floating and deep distinguish exterior and interior. Network vessels whose form is floating and whose color is shallow in general indicate disease that is relatively shallow and is ascribed to an exterior pattern. If the network vessels are deep and have a deep color, in general the disease is relatively deep and is ascribed to an interior pattern.

3. The color of the veins differentiates cold and heat. Fresh red color of the veins is external contraction of wind-cold. Purple-red network vessels is heat pattern. Green-blue governs

fright wind, pain pattern or food damage. Green-blue accompanied by purple-black is serious disease, usually due to phlegm food and depressed heat blocking the blood networks.

4. Paleness and stagnation determine vacuity and repletion. A shallow, pale color of the network vessels, with a thin form, is vacuity of the right. A dense, deep and stagnant color is a repletion pattern; it is generally due to accumulation stagnation of the intestines and stomach.

Limbs

INSPECTION OF THE HANDS AND FEET

Obstruction swelling of the hands and feet is usually ascribed to repletion patterns. Withering and thinness are usually ascribed to vacuity patterns. Swelling of the shins and swelling of the feet, which sinks when pressed, is water-swelling disease. Redness, swelling, hot and painful joints of the limbs or migratory pain is an impediment pattern. Large swelling of a single knee is 'crane's knee wind.' Hands and feet that are soft, withered and without strength, and walking that is not convenient, are usually a wilting pattern. When the entire body is weak and the hands and feet lack strength this is generally due to spleen vacuity. Hands and feet that tremble without settling usually indicate dual vacuity of qi and blood. Hands and feet that bend and are not able to straighten show that the disease is in the sinews; if there is stretching but inability to bend then generally the disease is in the bones. Cramping of the hands and feet is due to cold congealing in the channels. Flailing of the limbs is internal heat vexation and agitation. Numbness on one side of the body in which the movement of the limbs is not agile is a hemiplegia pattern. Convulsive spasms of the hands and feet and arched-back rigidity (opisthotonus) is tetany or fright wind. A dusky purple color of the skin and muscles of the hands and feet, icy cold pain, and death (necrosis) of the fingers and toes is sloughing ju pattern (gangrene).

OBSERVATION OF THE PALMS AND WRIST

Pale white palms and wrists without luster show blood vacuity. If the palms and thenar eminence are light green and red this is cinnabar palm; it is generally due to binding depression of liver qi or blood stasis.

INSPECTION OF THE NAILS

The nails are the surplus of the sinews. The normal nail color is red and moist and the nails should be appropriately thick. If the color of the nails is pale white, this is a sign of vacuity. Fresh red and deep red are ascribed to heat. Yellowing of the nails is jaundice pattern. Green-blue and purple or even black color of the finger and toe nails is a critical sign. If when the doctor presses the patient's fingertip and the nail, and, when pressing, it changes to white and then when released it becomes red, this indicates that qi and blood are flowing, and the disease is relatively mild. If on release the fingertip does not become red, this indicates that the qi and blood are already stagnant and the disease is relatively severe. Thin, brittle nails indicate insufficient liver blood. Needle-tip-sized or rice kernel-sized white spots on the nails indicate worm accumulation.

The skin

When inspecting the skin, one should inspect the skin color, changes in the external form, maculopapular eruption, cinnabar sha (scarlet fever), miliaria alba, pox sores, erysipelas, damp toxin, welling abscesses, flat abscesses, clove sores, boils, etc.

1. INSPECTION OF SKIN COLOR

In general, the most commonly seen change in skin color is jaundice, in which the face, eyes, skin and nails all become yellow. Jaundice can

be divided into yang jaundice and yin jaundice. In yang jaundice, the yellow color is fresh and bright like an orange and it accompanies yang signs and a yang pulse. In yin jaundice, the yellow color is dusky like ashes and it accompanies yin signs and a yin pulse.

Besides this, there is yellow swelling disease, which is also called 'mulberry yellow disease' and is caused by hookworms. Here the skin is withered yellow and white, there is facial puffy swelling, the whites of the eyes are not yellow, the blood networks in the eye canthus are white and the tongue is trembling and pale white.

When there is a sudden and large amount of bleeding, the color of the facial skin will immediately become pale white without luster. If there is a high fever the skin can become burning and red. With qi and blood vacuity the facial color is pale white without luster. Green-blue and purple skin is often seen in toxin stroke (see section on Inspection of color, p 6).

2. INSPECTION OF THE EXTERIOR FORM

Water swelling is swelling and distention either of the skin of the entire body, or of just the eyes, feet and shins, and with pressure the skin sinks. If there is evenness of the supraclavicular fossa, and of the sole of the foot, clearly visible sinews and veins on the abdomen, evenness of the back and black lips together with water swelling, these are ascribed to critical signs.

If there is no puffy swelling on the head, face or four limbs, but only the arisal of drumlike distention on the abdomen, this is called drum distention (simple drum distention of the abdomen). It may be accompanied by blood moles, which are formed like spider veins. This is called 'red thread marks' (spider drum moles).

Skin that is dry with marked emaciation, is withered and parchment-like indicates consumption damage to the fluids.

In children thin bones and weak muscles, and flabby and dry skin are often seen in gan accumulation pattern. Skin that is like a carapace (rough, coarse and scale-like) is often seen in blood stasis.

3. INSPECTION OF MACULOPAPULAR ERUPTIONS

Maculopapular eruptions generally develop from blood heat, are often seen in warm heat disease and are signs of both depressed heat evil in the lung and stomach not draining to the exterior and internal construction blood distress.

Macules and papules are slightly different. Macules generally develop as a result of depressed yang brightness heat and exuberant blazing stomach heat distressing construction and blood in the interior, such that blood effuses outward from the flesh. Their form is like bright brocade: red colored with large dots creating cloudlike sections, and even spread underneath the skin; stroking them does not block the sensations of the hand. Papules erupt when wind-heat depressed in the lung harasses the construction in the interior, such that blood issues from the blood networks. Their color is red, their form is small like chestnut kernels, and they are slightly raised on the skin; when stroking them there is blockage of the sensation of the hand. Hence it is said that macules are yang brightness heat toxins, and papules are greater yin wind-heat. In general it can be said that macules are relatively more serious than papules because the evil is relatively deeper.

A. NORMAL AND ABNORMAL MACULOPAPULAR ERUPTIONS

If, when maculopapular eruptions develop, the color is red, the body is warm, they are scattered from the chest and abdomen to the four limbs and the essence-spirit is clear, this is auspicious. If the color is black, the body is cool, they move from the four limbs into the chest and abdomen and the spirit-orientation is clouded, this is inauspicious. In favorable patterns, the color is red and the sheen is moist, they are evenly distributed, their density is moderate and they are loose and floating on the skin, indicating a relatively mild disease. In unfavorable patterns, the color is purple-red, and they are dense and tight with roots (having a root means that with pressure the color does not alter). If the color is

deep red like a cock's comb, this indicates exuberance of blazing heat toxin. Dark purple color is due to heat toxin damaging the yin. Pale red or pale purple is qi and blood vacuity. Dark black, burnt and withered color is a sign of death. In unfavorable conditions, the distribution of the maculopapular eruptions is not even, and the density is not balanced. Therefore, the depth and strength of a disease evil and the auspicious and inauspicious signs of the exuberance and debilitation of qi and blood can be understood by investigating the color, sheen, form and location of maculopapular eruptions,

B. YANG MACULES AND YIN MACULES

Yang macules are the development of macules in heat toxin yang patterns. Yin macules generally develop owing to internal injury combined with external contraction. If there is yang vacuity and yin exuberance, as in strong contraction of cold evil, which distresses the rootless fire causing it to float exteriorly to the muscles, often there is development of yin macules. Or they may be due to the extreme depletion of qi and blood. The macule dots of yin macules are both large and small; the large ones are like round coins, while the small ones are like mosquito bites or almost indistinct. The color is pale or dusky purple, and they develop without a determined location, but the head, face and back usually are not affected. The spirit-orientation of the patient is generally clear and awake, and at the same time there will be vacuity signs such as a fine pulse, cold limbs, loose stools, etc.

C. MEASLES - WIND PAPULES AND CONCEALED PAPULES

The papules of measles come from the out-thrusting of measles toxin. At first there is only heat, cough, sniveling, sneezing, tearing and cold ears, but after 2 or 3 days papule dots appear on the backs of the ears, spreading over the face, head, chest, abdomen and four limbs. The form of the papules is like hemp kernels and the color is red. After reaching the palms

and soles, the papules become denser, coming together in strips, then retreating to small areas. Finally, the color recedes slightly and they disappear, following the sequence in which they arrived. If the papular dots are suddenly concealed, the spirit is clouded and there is panting breath, this is the measles toxin sinking inward.

Wind papules. Papules emerge owing to the mutual struggle between seasonal wind-heat evil and qi and blood becoming depressed in the muscles and exterior. The form of the papules may be either large or small, the distribution is thin and their color is pale red. The emergence and concealment of the papules are not rapid, although sometimes they are concealed, and sometimes visible. Often there is itching. When the area that has papules is exposed to wind or warm heat, it itches. When the papules emerge, there may also be a slight fever.

Concealed papules (urticaria). Often, concealed papules develop on the skin owing to blood vacuity and wind evil striking at the channels, causing the blood to contract and stirring wind. The papules are sometimes concealed and sometimes visible. There is itching and when scratched large strips of papules like rashes or cloud strips are created. They are raised above the skin and their color is pale red and white.

4. INSPECTION OF CINNABAR SHA (SCARLET FEVER)

Contraction of an epidemic toxin that causes the throat and skin to simultaneously manifest relatively clear pathological signs is called 'scorched throat, cinnabar sha.' The pattern manifests as fear of cold, strong fever, chest oppression, thirst, and swollen, ulcerated and scorched throat. There are red brocade-like patches (called cinnabar) on the skin, on top of which there are dense white spots (called sha). The tongue is crimson with small red prickles like bayberries; hence it is called a 'bayberry tongue.'

If in cinnabar sha the color is red and moist this is good. Deep red is strong; fresh red like rouge is serious. If concealed, sunken and not

out-thrust, and there is a strong fever, clouded spirit, and short, red urine, then it is a serious condition.

5. INSPECTION OF MILIARIA ALBA (PRICKLY HEAT)

This comprises small blister papules about the size of millet with a round form and a white color that are raised high above the skin. The blister papules are transparent, sparkling and crystal clear like dew pearls. The skin of the root does not change, and when they burst there is a small amount of liquid that flows forth. This is due to contraction of warm heat and damp depressed at the defensive aspect causing incomplete sweating. But, it also is the passage-way for the draining of damp-heat evil (the exit road of the evil). Miliaria alba often manifests on the chest, abdomen and neck and is occasionally seen on the four limbs.

The form and color of miliaria alba can determine the auspiciousness and inauspiciousness of the disease. If the sections are thin, the kernels are fine and clearly differentiated, the color and sheen are sparkling, and the crystal clear and bright, this is good. Kernels that are sparkling and full are called 'sparkling miliaria,' indicating the out-thrusting of damp-heat. This is a favorable sign. If the liquid in the miliaria kernels is turbid like syrup, this is called 'syrup miliaria.' Syrup-like miliaria that is thickly distributed is the exuberance of blazing toxic heat. If the kernels are not filled with fluid, the color is not bright and there is no sheen, this is heat damaging the fluids. If the color is withered white, and the openings have no fluid, this is called 'withered miliaria,' indicating that the fluids are already dessicated and exhausted. This is an unfavorable sign of critically serious disease circumstances. If there is profuse sweat and the miliaria are profuse to the extent that they cover the arm, this is called 'sweat miliaria.' When there are occasional white miliaria that come and go, are accompanied by high fever, and when the fever subsides the miliaria are concealed, this is vacuity of the right qi causing an inability to thrust out the disease evil.

6. OBSERVATION OF POX

Pox is differentiated as smallpox and chicken pox. Smallpox is an infectious disease of a violent nature, and the death rate is very high. At present it has already been mostly eliminated¹¹. Chicken pox is a common disease, with a good prognosis. Over the course of expressing the pox, it is important to investigate the form, color and location. In a favorable pattern, at the beginning the tip of the pox is pointed and the root is round, and the color is like a peach flower, moist and rich. Following this, it gradually becomes filled and fat, the tip becomes white, and the root red, bright and moist. Next it becomes thick like syrup and the root is red and constrained. When the pox shell is completely secure, the color is white and slightly yellow and then green. Finally, when the scab is like a snail shell, the color is brown like a chestnut shell. Conversely, if its form and color are different than described above, this is an unfavorable sign. Generally a form that is soft with white color is qi and blood vacuity depletion, dusky purple-black stagnation is exuberant evil toxin obstructing. Chicken pox whose distribution is thin is favorable; thick distribution is unfavorable.

7. INSPECTION OF CINNABAR TOXIN SORE (ERYSIPELAS)

This is a red color clearly manifested on the skin surface, like smeared cinnabar, with a clear border, heat and pain. It is created by smoldering and bound heat toxin. If the color is red like cinnabar, the form is like cloud strips and on top there are small, kernel-like papules, there is heat and itching, and it gradually spreads and broadens to other locations, this indicates the exuberance and scorching of fire toxin. If within the red strips there appear to be small yellow and white kernels of varying size, or an excess of fluid, with the skin manifesting ulcerations, this is caused by damp-heat combining with fire. If the cinnabar toxin emerges on the waist and ribs, this is usually due to fire heat in the liver channel.

8. INSPECTION OF DAMP TOXIN

When heat toxin and damp are combined, the skin has small itchy papules and purulent blisters. This is called 'damp toxin.' Deep red- or purple-colored papules indicate heat exuberance. Dripping of yellow fluid where the papules emerge is due to stronger damp. Itching of the area is strong damp-heat combined with wind evil. Itching combined with pain is fire.

9. INSPECTION OF WELLING ABSCESSSES, FLAT ABSCESSSES, CLOVE SORES AND BOILS

Welling abscesses and flat abscesses are engendered by the obstruction and stagnation of qi and blood causing redness, swelling, heat and pain of the muscles and skin. If the red swelling protrudes and is hot and painful with a restrained purple root, this is a welling abscess. If there is diffuse, level swelling without a head, hardness but no redness on the skin, this is a flat abscess. If, in the beginning, the kernels are rice-sized, the root is hard, there is numbness or itching, the crown is white and the pain is relatively severe, this is a clove sore. If the form is like a bean kernel or red bayberry pit in size, and red, hot and painful, slightly raised on the skin, with a later development of a purulent head, this is a boil.

Anterior and posterior yin (genitals and anus)

INSPECTION OF THE ANTERIOR YIN

The anterior yin is the yin organ or the genitals; it is the gathering place of all of the sinews. There is an essence orifice and a urinary orifice; the essence orifice is connected to the kidney, the urinary orifice is connected to the urinary bladder.

The scrotum is ascribed to the kidney and is networked by the liver channel. Tight and replete scrotum indicates that the qi is sufficient; sagging, loose and dropping scrotum is qi

vacuity and a weak body. Internal contraction of the scrotum in externally contracted heat disease entering the reverting yin. Contracted scrotum accompanied by a faint pulse and loose bowels is advancement toward expiry of the yang qi; accompanied by a rapid pulse and delirious speech it is consumption of the yin fluids. Swelling and transparency of the scrotum indicate water mounting. Swelling without transparency that is sometimes small and sometimes large is a foxy mounting pattern of the small intestine falling into the scrotum. Swollen, painful scrotum with broken ulcers and flowing sticky yellow fluid is damp-heat pouring downward. Inward contraction of the penis is generally cold congealing in the channels. Strong yang that easily rises¹² is generally liver and kidney yin vacuity with fire. A withered and soft penis that does not rise is kidney yang vacuity. Persistent penile erection is heat damaging the sinews.

Protrusion of the female yin like a pear is called 'vaginal protrusion' (prolapse of the uterus); generally it is due to insufficient center qi, excess taxation or working too soon after delivery.

INSPECTION OF THE POSTERIOR YIN

The posterior yin is the anus. Prolapse of the anus, hemorrhoids and fistulas are commonly seen. Prolapse of the anus is protrusion of the anus. When mild, the protrusion occurs at the time of defecation, and after defecation it retracts and returns. When serious, after protrusion it does not easily retract and return. This is generally ascribed to center qi falling. Anal prolapse can be seen in women after delivery, in children, in the elderly and in individuals who are weak. Enduring dysentery and diarrhea also can manifest with anal prolapse.

Hemorrhoids and fistulas are due to intestinal heat blood stagnation. If they occur in the mouth of the anus, they are called 'external hemorrhoids.' If they are inside the anus they are called 'internal hemorrhoids.' Internal and external hemorrhoids can be categorized as either one or the other, or there may be simultaneous occurrence of both. Sometimes they may be

accompanied by bleeding or red swelling and pain in the area. Fistulas are tubes. They may be small tubes that go from the perianal skin directly to the intestine. They may be either long or short and also there are some that do not completely enter the intestine. Sometimes, fistulas may have purulent fluid flowing out, recur and be difficult to treat.

Expelled and drained matter (excreta)

Expelled and drained matter includes phlegm fluids, vomit, stools and urine.

1. INSPECTION OF PHLEGM-DROOL

Coughed-up or spat-up matter that is thick and turbid is phlegm; thin and clear matter is rheum. In externally contracted disease, clear phlegm with foamy bubbles is called 'wind phlegm.' If it is white colored or relatively clear and thin this is called 'cold phlegm.' Profuse white phlegm that is easily expelled with coughing is called 'damp phlegm.' Thick and sticky phlegm that is yellow colored is called 'hot phlegm.' Scanty phlegm that is yellow and difficult to cough out or phlegm with streaks of blood in it is due to dry heat. Coughing or spitting of phlegm with a fishy smell or with pus or blood is lung welling abscess pattern. Profuse drool with a preference for spitting is due to stomach cold. In consumption with enduring cough, vacuity fire damaging the lungs may cause coughing of blood and phlegm, in which case the blood color is fresh red.

2. INSPECTION OF VOMIT

Vomit comes from the stomach. Stomach heat causes retching of thick and turbid matter with a sour odor. Stomach cold causes the vomit to be relatively clear and thin without an odor. Food stagnation causes the retching of putrid-smelling food dregs (food retention). Evening

food vomited at dawn and dawn food vomited in the evening, and vomiting of retained food generally, indicates stomach reflux. Damage to the stomach network vessels causes the vomiting of blood. The amount of blood may be large or small, its color is slightly dark red or reddish brown, and it may be combined with food dregs. Vomiting of yellow-green bitter water is usually from liver and gallbladder damp-heat.

3. INSPECTION OF THE STOOLS

Normal stools are created in strips, yellow colored and in between wet and dry. In vacuity cold patterns the stools are usually viscous and thin. In repletion heat patterns they are usually dry and hard. Yellow stools indicate heat, and a stool of a viscosity like a duck's is cold. Dry stools like a sheep's indicate insufficient fluids in the intestines and stomach. Stool that is yellow like gruel, viscous and sticky and with a malign odor shows damp-heat in the intestines and stomach. In infants green stool with bubbles is due to poor digestion. Stools that are purulent and bloody, red and white together, indicate dysentery. Stools with blood, where the blood color is fresh red, indicate blood heat; if black like sticky lacquer this is stasis accumulation. If there are first stools and then blood, and the color is brownish black, then the blood has come from the stomach (distal bleeding) and the disease is usually in the spleen and stomach. If there is first blood and then stool, and the color is fresh red or deep red, then the blood is from the intestines (proximal bleeding) and the disease is usually in the large intestine and anus.

4. INSPECTION OF THE URINE

Urine that is clear, smooth and long is cold. Urine that is short, slightly red and rough is heat. Urine that is like huang bai juice (phellodendron juice) indicates a damp-heat pattern. Children's urine that is like rice water is usually food stagnation or damp-heat in the intestine and stomach. Occasionally, it is due to

spleen vacuity pattern. Urine that is yellow and red and turbid, occasionally mixed with sand, is called 'stone strangury.' Urine that is turbid like rice water combined with pain and strangury dribbling is called 'unctuous strangury.' Blood in the urine in general indicates heat in the lower burner. If the urine color is red or purple and there is hot, rough, needling pain when urinating, this is 'blood strangury pattern.'

ADDENDUM: Inspection of children's roundworm infection

The following signs are commonly seen in inspection of children's roundworm infection and should be investigated.

1. Flower macule tongue

On the tongue, especially on the tip of the tongue and the two sides, there appear scattered red macule dots that protrude from the tongue surface, are round and pointed at the tip, and about the size of the head of a needle. The macule dots and the tongue fur are red and white together, hence it is also called a 'red-flowered tongue.'

2. Lip millet papules

Around the ligation strip (frenulum) of the lower lip, near the vault of the sticky membrane, appear millet-like papule dots. Their form is round, the tip is lightly pointed, the size is like the head of a needle, the color is transparent or half transparent and the base is slightly red; there is a faint protrusion on the face of the sticky membrane and some papules are concealed within the sticky membrane. In general there are approximately 10 to 20 kernels.

3. Blue macules on the sclera

On the sclera appear one or several irregular cloud strips of blue or purple-brown macule dots, often located at the beginning or end of network vessels. They are about the size of the head of a needle or a green soybean, the border of the macules is clear and they do not protrude from the exterior surface of the sclera.

4. White macules on the face

On the skin of the face there appear pale, white-colored, round macules about the size of the tip of the little finger or thumb. They may appear singly, or many may appear. When using a magnifying glass to investigate, the skin at the location of the white macules is relatively coarse but there is no sensation of pain or itching.

5. Intertrigo behind the ear

At the place where the inner aspect of the auricle, face and mandible meet there is erosion damage, yellow-white-colored secretory matter, or scabs. They may appear on only one side or on both sides.

6. Cloud macules on the nails

In the center of any of the nails there may appear strip-like patches, or small patches, of white cloud macules with untidy edges. When investigated under a microscope it can be seen that the white spots are created within the nails.

Currently scholars have different opinions about the clinical significance of these signs. Therefore they must be more deeply researched.

Inspection of the tongue (tongue examination)

The tongue is located inside the mouth. 'Inspection of the tongue' itself is ascribed to the content of inspection of the orifices. But, because historically physicians have emphasized tongue examination so strongly, its content is relatively rich, and viewing the tongue has important significance for clearly seeing the essence of disease and for carrying on the identification of patterns and determining treatment; hence it has become an important art for discussion.

Relationship between the tongue and the viscera and bowels

THE COMPOSITION OF THE TONGUE

The tongue includes the tongue body and the tongue fur.

TONGUE BODY

The tongue is a muscular organ within the oral cavity, for the most part comprised of tongue muscle and sticky membrane. Generally the entire musculature system of the tongue is called the 'tongue body.' The tongue can move flexibly, extend, contract, roll and bend. It has important uses in chewing, swallowing and speaking. The upper aspect of the tongue body is called the 'dorsum' of the tongue (by custom it is also called the 'tongue face'). The lower aspect is the bottom of the tongue. The sticky membrane of the tongue covers the exterior surface of the tongue muscle. The sticky membrane on the dorsum of the tongue has lingual papillae. There is a greater number of filiform papillae which are distributed over the tongue tip, the tongue body and the tongue sides. There are fewer fungiform papillae; these are mostly seen on the tongue tip and scattered among the filiform papillae. Circumvillate papillae, which are relatively large, have the form of a ren human character (人). In addition there are taste buds buried within the skin of the lingual papillae. Hence, the tongue is able to sense taste and many other sensations.

Tongue examination requires investigation of changes in the tongue body and the tongue fur. Examination of the tongue body includes its color and sheen, its form and bearing and the distribution of fluids. The tongue has rich sections of blood vessels and nerves; therefore over the course of a disease it changes relatively easily and reflects the essence of the disease. Chinese medicine believes that 'the tongue is the sprout of the heart,' 'the heart opens into the tongue,' and 'the tongue is the external sign of the spleen.' The heart governs blood, and the spleen is the root of the after-heaven and the source of the generation of qi and blood; therefore changes to the tongue body over the course of a disease can reflect the disease circumstances of the qi and blood of the viscera and bowels.

TONGUE FUR

The tongue fur is a layer of fur grime on the

surface of the tongue. Important elements in its creation include a combination of keratinized squamous epithelium and scaling epithelium of the filiform papillae, dregs of food, saliva fluids, bacterium and oozing matter from white blood cells. The important changes of the tongue fur are changes in the filiform papillae. Chinese medicine believes that normal tongue fur is created from the rising and evaporation of stomach qi. As the Bian She Zhi Nan states: 'The fur of the tongue is engendered by the rising of the stomach's evaporation of spleen damp'; it also says: 'fur is the evaporation of stomach qi, the five viscera all are endowed with qi of the stomach.' Hence a thin layer of fur exists on the surface of all healthy persons' tongues. When disease develops, changes arise in the tongue fur. Therefore it is said: 'evil entering the interior engenders fur,' and thus pathological fur is due to evil qi.

THE TONGUE'S CONNECTIONS WITH THE CHANNELS AND NETWORK VESSELS

The Ling Shu: Jing Mai Pian states: 'the vessel of the spleen foot greater yin, ... connects with the root of the tongue and scatters over the bottom ... the vessel of the kidney foot lesser yin ... harbors the tongue root ... the liver vessel of reverting yin ... has a vessel network in the tongue root ... the divergence of the hand lesser yin ... follows the channel into the heart, and then to the root of the tongue.' This describes the close connection between the tongue and the channels and network vessels of the viscera and bowels – namely, the essence qi of the viscera and bowels rises and flourishes in the tongue. Their pathological changes, therefore, are also reflected in the changes in the tongue body and tongue fur.

THE SEPARATE SECTIONS OF THE VISCERA AND BOWELS ON THE TONGUE

The tongue is divided into several portions to ascertain the signs of the viscera and bowels. In general it is divided according to the principle

of: 'the upper signifies the upper, the middle signifies the middle, the lower signifies the lower.' There are two commonly used division methods; one is a division made according to the viscera and bowels, and the other is a division made according to the stomach channel.

DIVISION ACCORDING TO THE VISCERA AND BOWELS

The Yi Jing states: 'all disease can be seen in the tongue ... the tongue tip governs the heart, the tongue center governs the spleen and stomach, the tongue sides govern the liver and gallbladder, the tongue root governs the kidney.' This is the division according to the viscera and bowels – namely, the tip of the tongue is ascribed to the heart and lungs, the center of the tongue is ascribed to the spleen and stomach, the tongue root is ascribed to the kidney, and the two sides of the tongue are ascribed to the liver and gallbladder. It can also be said that the tongue tip expresses the upper burner, the tongue center expresses the middle burner, and the tongue root expresses the lower burner (see Fig 1.5).

DIVISION ACCORDING TO THE STOMACH CHANNEL

The tongue tip is ascribed to the upper stomach duct, the tongue center is ascribed to the middle stomach duct, and the tongue root is ascribed to the lower stomach duct. The division according to the stomach channel is generally suitable for use in diseases of the intestines and stomach.

The sections of the tongue according to the division of the viscera and bowels should be examined (Fig 1.5), but it cannot be viewed mechanically. The important thing is to see the changes in the tongue body and the tongue fur.

Method of inspecting the tongue and areas of attention

The key to tongue inspection is to make every effort to see correctly and clearly the changes in

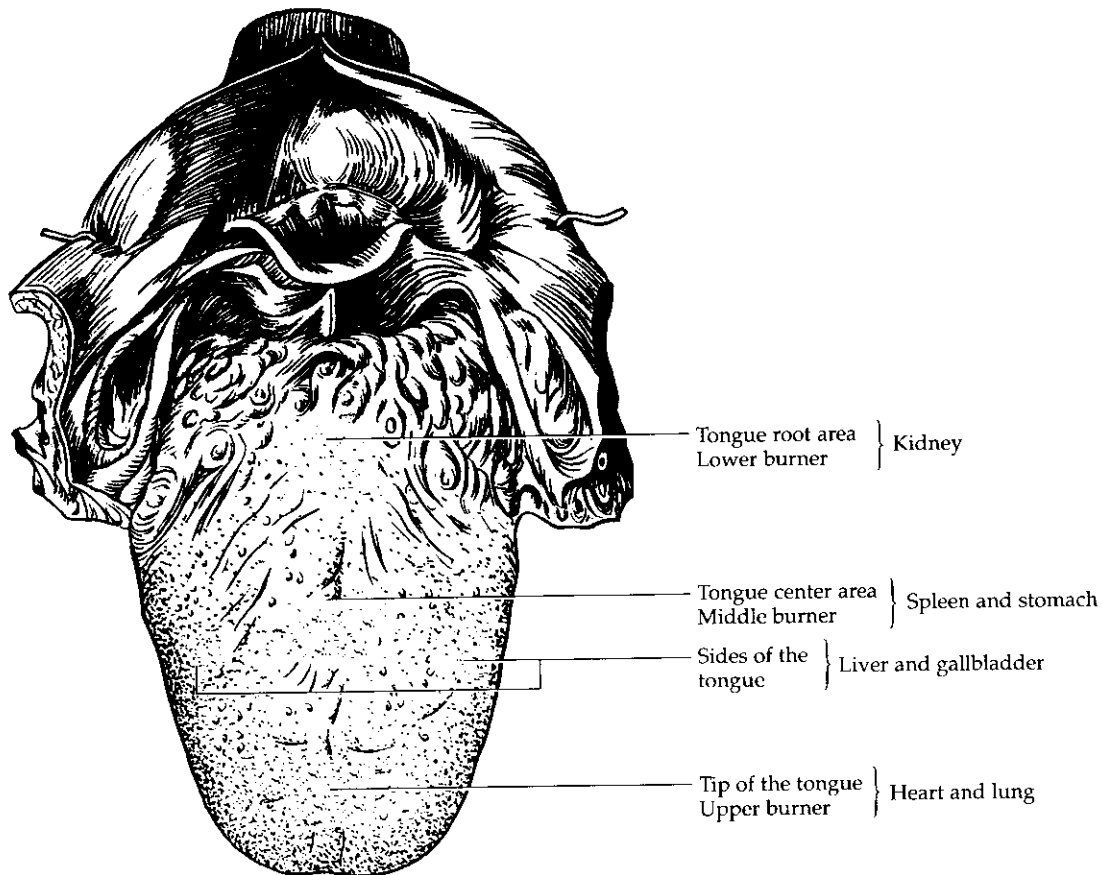


Fig. 1.5 The tongue and its relationship to the viscera and bowels.

the tongue body and tongue fur. Therefore, it is necessary to master the basic methods and to pay attention to important matters.

1. SUFFICIENT LIGHT

When examining the tongue, the light should be sufficient. This is the only way to see clearly any changes in the sheen. It is best to investigate under natural light, but if it is under a lightbulb attention should be paid to eliminating false observations. When examining the tongue, one should be careful to be quick, otherwise the patient may become frustrated. In general follow this order of investigating: the tongue tip, the tongue center, the tongue root and then the tongue sides, first observing the tongue fur and then observing the tongue body.

2. NATURAL EXTENSION OF THE TONGUE

Have the patient extend the tongue naturally from the mouth. Do not apply too much force as this can change the tongue color and form.

3. DIFFERENTIATING STAINED TONGUE FUR AND FALSE SIGNS

Commonly, stained tongue fur arises because of food and liquids or medicines. For example, having just drunk water can cause the tongue fur to become damp and moist. Drinking milk brings about white fur. Eating plums, olives, etc., can cause the tongue fur to become black. Eating loquat fruit or using riboflavin, or vitamin compounds, can cause the tongue fur to become yellow, etc. One must pay attention to

differentiating these, otherwise there may be an incorrect examination. Also, there are people who have the habit of brushing the fur in the morning. If it is discovered that the tongue is clean and without fur, and this does not agree with the disease condition, one should investigate.

4. DIFFERENTIATING THE TONGUE BODY

To differentiate the circumstances of the tongue body after the fur has been removed and the circumstances of the tongue fur regeneration, the following methods may be used.

A. FUR SCRAPING

When tongue fur covers the entire tongue, it is not easy to see the tongue body clearly, thus it is necessary to scrape the tongue fur and then investigate the tongue body. If the tongue fur is relatively thick and hard, a tongue depressor may be used to scrape two to three times, with a moderate strength, from the tongue root pushing toward the tongue tip, paying attention to avoid damaging the tongue body.

B. FUR WIPING

If the tongue fur is relatively floating, thin and loose then, using forceps with a cotton ball or a finger wrapped in gauze, soaked in saline solution (or peppermint water or cold boiled water), wipe from the tongue root to the tongue tip three to four times, wiping off the tongue fur. After scraping the fur or wiping the fur, the tongue fur will gradually regenerate; the regeneration can be investigated to understand the disease condition.

The clinical significance of tongue examination

Tongue examination includes inspection of the two aspects of the tongue body and the tongue

fur, namely the tongue image. The Xing Se Wai Zhen Jian Mo states: 'To treat disease, it is necessary to investigate the tongue fur; and investigating the auspiciousness and inauspiciousness of the disease, this is related to the tongue body.' The Bian She Zhi Nan states: '[correct] identification of the tongue body can identify the vacuity or repletion of the five viscera; investigating the tongue fur [one] can observe the shallowness and depth of the six excesses.' Hence, in general it can be said that the tongue body reflects the circumstances of the right qi, the vacuity and repletion of the viscera and bowels, and the exuberance and debilitation of qi and blood. In warm diseases, the tongue body is also a sign of construction blood aspect disease patterns. And the tongue fur reflects the circumstances of the evil qi, the shallowness and depth of the disease evil, and the existence or collapse of stomach qi. Stomach repletion (evil repletion) causes thick tongue fur. Stomach vacuity (damage to the stomach qi) causes absence of stomach fur.

When examining and investigating the clinical significance of the tongue image, there are the following aspects.

1. JUDGING THE EXUBERANCE AND DEBILITY OF THE RIGHT QI

Changes in the color and sheen of the tongue body, abnormal tongue form or bearing can reflect the circumstances of the viscera, bowels, qi and blood, and the exuberance and debility of the right qi is manifested in the tongue body. For example, a pale white tongue is blood vacuity. The presence or absence of tongue fur can reflect the presence or absence of stomach qi. Fur that is thin, white and moist is the presence of stomach qi. A shiny tongue without fur is vacuity debilitation of stomach qi.

2. DIFFERENTIATING THE DEPTH OF THE DISEASE

Changes in the sheen and color of the tongue in externally contracted warm diseases can explain the shallowness and depth of the disease evil.

For example, in warm diseases a tongue color that is red-purple is a manifestation of the evil entering the construction blood aspect. The thickness and thinness of the tongue fur also indicates the shallowness and depth of the disease evil. For example, in disease that is interior, or evil that is relatively deep, the tongue fur is relatively thick. In disease that is exterior, when the evil is relatively shallow, the tongue fur is thin.

3. DISTINGUISHING THE NATURE OF THE DISEASE EVIL

The nature of the disease evil is primarily identified from the color of the tongue fur. For example, fur color that is white is cold, while fur color that is yellow is heat.

4. DEDUCING THE ADVANCE AND RETREAT OF THE DISEASE DYNAMIC

When the tongue body goes from normal to the appearance of any kind of form or color change, this indicates that the disease circumstances are making progress. If the tongue body changes from a pathological state to normal, this indicates the retreat of the disease circumstances; this is a good turn. Tongue fur that goes from normal thin white fur and changes to yellow thick fur or gray-black fur indicates that the disease circumstances are progressing; this is a bad transformation. On the contrary, change from pathological fur to normal fur indicates the gradual resolution of the disease evil and that the disease circumstances are moving toward recovery.

Normal tongue image

The tongue image comprises the signs that the tongue body and the tongue fur manifest. Simply stated, a normal tongue image is a pale red tongue, and thin white fur. The tongue body should be pale red, bright and moist, in between

fat and thin, supple, soft and move flexibly. The tongue fur should be thin, white and evenly distributed, and in between dry and wet. For individual people (especially those who smoke or drink) the tongue body may be relatively red, the tongue fur may be thin and slightly yellow. If there are no other manifestations of disease, this is also ascribed to a normal tongue image.

Tongue body

Inspection of the tongue body should investigate the aspects of spirit, color, form and bearing. The spirit is differentiated from the thriving and withering of the tongue body. The colors include pale red, pale white, red, crimson, purple and green-blue. Form has the transformative changes of tender, prickles, fissures, distention, emaciation, etc. The tongue bearing has the abnormalities of soft, hard, trembling, deviated, contracted, etc.

1. INSPECTION OF THE TONGUE SPIRIT

From the thriving and withering of the tongue the presence of spirit and the absence of spirit, the auspiciousness and inauspiciousness can be differentiated. Thriving is the thriving of moisture. When the tongue is red, alive, bright, moist and has color with luster, this is spiritedness, indicating that the fluids are sufficient and there is a surplus of qi and blood. This is a normal image. If the patient's tongue is flourishing and moist, this indicates that the disease is relatively shallow and the right qi has not been damaged. Withered is withered and dry. When the tongue is dry, emaciated, dusky and without luster this is spiritlessness, indicating fluid detriment-lack, and qi and blood vacuity-debilitation. This is the right qi already being damaged – a manifestation that the disease is relatively critical.

The Bian She Nan states: 'A thriving [tongue] has bright color and diseases [in which this occurs] are all auspicious. A withered [tongue] is without essence-spirit and diseases [in which

this occurs] are all inauspicious. Thriving moisture indicates sufficient liquid; dry and withered indicates fluids are lacking. A thriving tongue has spirit. When there is spirit, there is flexible movement and essence is bright. A red tongue, fresh and bright: this means life. Loss, this is death. Bright, moist and with blood color, this is life; withered, dark and without blood color, this is death.' The Xing Se Wai Zhen Jian Mo states: 'when there are tongue body changes, [one] ought to investigate the death and life of color. That which will live, on close examination of the underneath and interior, there is an indistinct redness with flexibility; this has not gone past obstruction stagnation of qi and blood, the visceral qi is not yet defeated. That which is dying, the underneath and interior has completely changed. It is dry, dark, withered and damaged without the generation of qi. This is visceral qi not reaching it [the tongue].' From this it can be seen that inspection of the spirit is the crux of judging the prognosis.

2. INSPECTION OF THE TONGUE COLOR

The normal tongue color is pale red. Pathological tongue colors include pale white, red, crimson, purple and green-blue. By inspecting the tongue color, one can differentiate cold and hot, vacuity and repletion.

A. PALE RED TONGUE

Tongue color that is pale red, bright and moist is ascribed to a normal image; it is seen in healthy patients. At the same time the tongue fur is also normal. A pale red tongue is a manifestation that the functions of the viscera, bowels, qi and blood are normal and, because the blood vessels of the tongue membranes and tongue muscles are rich and full, the blood color surpasses the white color and the transparency of the tongue membranes, and so their color and sheen appear pale red, bright and moist. If a patient's tongue color is pale red, this indicates that the disease is relatively shallow and has not influenced the viscera, bowels, qi and blood; hence changes do

not appear on the tongue body. For example, at the beginning of externally contracted exterior patterns the tongue body is a normal, pale red color. At this time cold and heat can be differentiated from the tongue fur.

B. PALE WHITE TONGUE

When the color of the tongue is more white and less red, and the blood color is shallower and paler than a pale red tongue, this is called a 'pale white tongue.' It is primarily due to qi and blood not thriving to the tongue. In serious conditions, the tongue is entirely without blood color, it is completely pale white and lacks the thriving of moisture. This is due to a withering tongue, seen in critical patterns, and the lips, teeth, and facial color are also pale white without luster.

Primary diseases. A pale white tongue governs vacuity and cold. Vacuity patterns are generally due to insufficiency of qi and blood. If qi is vacuous, it causes the tongue to become pale white and tender with fur, and the tongue body may be slightly more enlarged than normal. If blood is vacuous, it causes the tongue to become pale and slightly dry, there is less fur and the size of the tongue is normal or slightly shrunken. Cold has the aspects of vacuity and repletion. If there is contraction of cold evil this is repletion cold. Here the tongue is pale white, and the fur is white, slippery and thick. If there is yang vacuity causing internal collection of cold-damp, the tongue is pale white, the tongue body is enlarged and tender, damp and moist with much fluid, and there are teeth impressions on the sides of the tongue.

A pale white tongue is mostly seen in malnutrition, and severe or chronic anemia from blood loss. It also can be seen in enduring diseases where the body is vacuous. The Bian She Zhi Nan states: 'Transparent, pale white is vacuity cold. A pure white tongue, [and a] smooth and furless tongue, the viscera, bowels, qi and blood all have vacuity ... A white tongue and white lips are either excessive bleeding or vacuity disease of the spleen.' This means that pale white governs both vacuity and cold.

C. RED TONGUE

Here the tongue color is deeper than normal. If it is either fresh red or normal red it is called a 'red tongue.'

Primary diseases. A red tongue governs heat. There are the aspects of repletion heat and vacuity heat.

Repletion heat. When the entire tongue is red, and the body is rough with fur, this is a repletion heat pattern. It generally is seen at the time of fever in acute heat diseases. If the tongue is red, prickles occur and the fur is thick: this is extreme heat. If the tongue is red and the tongue heart (the center of the tongue) is dry, this is heat scorching the stomach fluids. If the sides of the tongue are red, this is heat in the liver and gallbladder. If the tip of the tongue is red, this is warm disease in the upper burner. A red tongue tip with prickles is upflaming of heart fire. A red tongue with purple macule dots indicates the disease is about to develop macules on the skin.

Vacuity heat. Here the tongue is tender and red, and there is little or no fur. This is generally due to yin vacuity causing heat.

The She Tai Tong Zhi: Zheng Hong She states: 'When the tongue root is "right" red, this indicates that the viscera and bowels have already contracted the qi of warm heat disease.' The Bian She Zhi Nan states: 'When the tongue color is deep red, the evil qi is replete.' It also states: 'When the entire tongue is without fur, and the color is red, there is heat in both the viscera and bowels.' When blood obtains heat, it moves. When blood moves, the vessels fill. Hence in heat patterns the tongue is red. The more exuberant the heat evil, the deeper is the red color of the tongue. However, heat repletion is due to heat evil, hence the tongue body is red and there is fur. Vacuity heat is due to yin vacuity, and there is no repletion evil, hence there is little fur or no fur.

D. CRIMSON TONGUE

A tongue in which the color is even deeper red than a red tongue is crimson.

Primary diseases. These include exuberant heat (exuberance and scorching of evil heat), and stasis.

Repletion heat. A crimson tongue seen in externally contracted heat disease is due to a pattern of repletion heat and heat evil entering the construction blood. When heat enters the construction blood, the tongue is crimson and prickles arise. Crimson and a dry center is stomach fire heat scorching liquids. Crimson and dry with cracks is heat evil burning yin. Crimson and black fur is extreme exuberance of repletion heat. A crimson tongue and sticky mucus on the surface of the tongue, like fur but not fur, is a sign of the middle burner harboring turbidity.

Vacuity heat. A crimson tongue seen in internal damage diseases is usually ascribed to yin vacuity fire effulgence. Often there is a crimson tongue and little or no fur. If the tongue is crimson and lacking fur, glossy and lacking liquid (dry and glossy), this is called a 'mirror tongue.' It is internal heat damaging the yin and yin liquid depletion consumption. A crimson tongue that is not fresh, but dry, withered and listless like a pig's lumbus, is dessication and exhaustion of kidney yin.

Stasis (heat stasis). A crimson tongue that is dark or has stasis macules or stasis dots is blood stasis harboring heat. If there are small red stasis macule dots scattered on the tongue, this is heat entering the blood aspect, and means eventual emergence of macules on the skin.

The She Jian Bian Zheng states: 'When [the tongue] color is deep red, there is heat in qi and blood; when [the tongue] color is red, viscera and bowels both have heat.' The Bian She Zhi Nan states: 'When evil heat turns to the construction, the tongue color must be crimson.' Hence, a crimson tongue is seen in warm diseases when there is high fever. A crimson tongue is also seen in a variety of chronic or exhaustion diseases, or in the later stages of warm heat diseases when the yin fluids are dessicated and vacuous. In various kinds of acute exhaustion damage of yin liquids patterns like loss of fluids (dehydration) or, after surgery, a crimson tongue may also be seen.

E. GREEN-BLUE OR PURPLE TONGUE

A tongue color that is pale purple in which there is no trace of red is a green-blue tongue. A tongue that is deep crimson and dark is a purple tongue. A green-blue and a purple tongue can often appear simultaneously.

Primary diseases. A green-blue tongue governs yin cold and blood stasis. A purple tongue governs heat exuberance with qi and blood obstruction stagnation and blood stasis.

Because of cold evil striking the liver and kidney yin channels, or yin cold flourishing internally, the tongue color becomes pale purple and green-blue and it is tender, glossy damp and moist. If the tongue color is deep green-blue or the tongue sides are green-blue and the mouth is dry, with a liking for drinking water but not swallowing, or if, on the tongue surface there are stasis dots or stasis macules, this is congealing stagnation of qi and blood or internal accumulation of blood stasis.

Exuberance and scorching heat toxin causes the tongue color to be purple and crimson, accompanied by dry yellow tongue fur and, because stasis heat closes and blocks the channels, therefore the tongue becomes purple-crimson. Deep purple of the entire tongue is heat entering the blood aspect and heat in both the viscera and bowels. If the tongue color is purple and dark, damp and moist, this is phlegm-damp or blood stasis; sometimes this is accompanied by seeing stasis dots or stasis macules on the tongue sides and tongue tip. A completely green-blue and purple tongue is caused by relatively serious blood stasis. Green-blue and purple on portions of the tongue is relatively light blood stasis or blood stasis of only some portions. A purple tongue that is swollen and large is alcohol toxin attacking the heart.

The Bian She Zhi Nan states: 'Tongue fur that is green-blue and glossy is an image of yin cold.' The Tong Su Shang Han Lun states: '[When] the tongue color is seen to be purple, this is always ascribed to stasis in the liver network. If there is stasis due to heat, the tongue must be deep purple and red, or dry and burnt. If the stasis is

due to cold, the tongue is generally pale purple or green-blue, possibly dusky and possibly glossy.' Although a green-blue and purple tongue may be seen together, since their primary diseases are either hot or cold, they must be carefully differentiated.

3. INSPECTION OF THE TONGUE FORM

The normal tongue form is between fat and thin, and large and small. Inspection of the tongue form can differentiate the vacuity and repletion of right and evil.

A. TOUGH AND TENDER

Whether a tongue is tough or tender is the crux of distinguishing vacuity and repletion.

Tough. A tongue body that is rough and coarse, hard and tough, governs repletion patterns and heat patterns. No matter what the tongue fur is, its (a rough tongue's) diseases are all ascribed to repletion patterns. It is commonly seen at the extreme stages of heat diseases, and when the force of the body mechanism to resist evil is strong.

Tender. A tongue body that is fine, and sickly, slightly swollen and tender, possibly with teeth impressions on the sides of the tongue, governs vacuity patterns and cold patterns. No matter what the tongue fur is, its (a tender tongue's) diseases are all ascribed to vacuity patterns. It is commonly seen in the later stages of disease, when the body mechanism is lowered and the strength to resist is inadequate, or when the body is weak and the right qi is insufficient.

The Bian She Zhi Nan states: 'When the tongue body is hard and tough, no matter if the tongue fur is white, yellow, gray or black, the disease is ascribed to repletion. When the tongue body is slightly swollen and tender, no matter if the tongue fur is gray, black, yellow or white, the disease is ascribed to vacuity.' Thus, a tough tongue is evil repletion; a tender tongue is right vacuity.

B. ENLARGED AND SWOLLEN AND THIN AND SHRUNKEN

A tongue body that is fat, large, swollen and distended compared with a normal tongue, and that fills the mouth opening, is an enlarged and swollen tongue. A tongue body that is thin, small and shrunken is a thin and shrunken tongue.

Enlarged. If the tongue is a pale white color, enlarged, tender and moist, and is accompanied by white, glossy fur, this is generally due to spleen and kidney yang vacuity and water-damp collection. If the tongue is pale red or red-crimson and enlarged, and the fur is yellow and slimy, this is generally due to spleen and stomach damp-heat with phlegm turbidity collecting and stagnating. A tongue that is red, swollen, distended and fills the mouth is repletion heat. It is generally seen with yellow fur and can be exuberance of heat toxin or heat in the heart and spleen channels. If the tongue is enlarged and tender and the color is dark purple, this is generally a toxin stroke pattern. A tongue that is dark purple, swollen and distended is generally due to counterflow surging of alcohol toxin.

Shrunken. A tongue that is thin and shrunken governs vacuity. In general it is due to yin and blood dessication vacuity. If the tongue is shrunken, pale red and tender, it is dual vacuity of heart and spleen, and insufficiency of qi and blood, commonly seen in anemia. A shrunken and a dry, crimson tongue is yin vacuity heat exuberance (blood vacuity internal heat). If shrunken without liquids and dark colored, there is a severe disease.

The Bian She Zhi Nan states: 'A distended [tongue] is floating, swollen and large. [It may be from] water invading or phlegm spillage or damp-heat brewing upward. A shrunken tongue is thin. [It may be from] heart vacuity or faint blood or internal heat muscle wasting.'

C. PRICKLES

These are high protrusions of the papilla from the tongue surface, like small red prickles or strawberries.

A tongue with prickles that is red and dry is heat entering the construction blood, and is seen in cases of extreme heat. The larger and the greater the quantity of prickles, the stronger the heat evil. When the tongue is crimson with prickles and dryness, this is severe heat damaging the yin. Prickles on the sides of the tongue indicate exuberance of liver and gallbladder fire. Prickles in the center of the tongue indicate stomach and intestine heat exuberance. A pointed and red tongue tip with prickles indicates upflaming of heart fire.

If on the tongue surface there are green-blue or purple or purple-black macule dots of varying size and varying shape, which do not protrude from the tongue surface, these are stasis macules and stasis dots.

The Bian She Zhi Nan states: 'The tongue commonly has prickles. Prickles that are large and profuse means evil qi repletion ...' Ye Tian Shi said: 'When prickles are generated on the tongue, then there is extreme heat in the upper burner ...' Zhang Xu Gu said: 'If prickles are generated on the tongue, the fur must be burnt yellow or black ... if [it] is pure red or fresh red and prickles arise, this is gallbladder fire and heat scorching the construction aspect.' This explains how a tongue with prickles governs heat flourishing.

D. FISSURES

A fissured tongue is a tongue with either shallow or deep cracks. These may be shallow as scratches, or deep as a bowl or a knife cut. They are commonly seen on the front half of the tongue surface and on the two sides of the tongue tip.

If the tongue customarily has fissures, and the patient's body is healthy, it may not be a pathology. Hence when there are fissures it is necessary to investigate the tongue body and fur and the various signs and manifestations of the disease, and add them to the knowledge on which differentiation is based. In general a tongue has fissures due to yin depletion. If the tongue body is red and crimson, with little fur, and is dry and fissured, this is heat exuberance damaging the yin. It can be seen in heat diseases

and dehydrated patients. A tongue body that is pale red and tender with fissures is due to an insufficiency of kidney yin or blood vacuity and yin depletion. If the tongue develops fissures like borneol bing pian, this is a tongue image often seen in the elderly with yin vacuity. The Bian She Zhi Nan states: 'When the tongue is red, the fur is slimy and thick and there are fissures, there is heat repletion in the viscera and bowels ... if fur and spots are absent and there are fissures, this is upflaming of yin vacuity fire ... if the tongue is crimson, glossy and fissured, this is great damage to the yin humor.' One can see that the development of fissures is mostly due to yin liquid consumption damage. Clinically one must pay attention to the differentiation between repletion heat damaging the yin and yin vacuity fire effulgence.

E. TOOTH IMPRESSIONS

When the sides of the tongue body have impressions made by the teeth, these are called 'tooth impressions' or 'dental impressions.' They are commonly seen together with an enlarged tongue.

A tongue with tooth impressions governs vacuity. It is generally ascribed to qi vacuity and spleen vacuity. If the tongue color is pale red, the tongue is enlarged, tender, and has tooth impressions, this is spleen vacuity and water-damp not being transported. If the tongue body is pale white, the tongue fur is white, damp and moist and there are tooth impressions, this is cold-damp encumbering the spleen.

F. TONGUE SORES

Tongue sores can appear on any location on the tongue. In general they appear more often on the tongue sides and the tongue tip. If their form is like millet kernels, on top there are yellow dimples; after a long time they erode and create ulcerations, and the area is red and painful, this is due to the exuberance of heat toxin in the heart channel. If the sores do not protrude from the tongue surface, and the redness and pain is

relatively mild, this is lower burner yin vacuity and upflaming of vacuity heat.

G. NETWORK VESSELS BELOW THE TONGUE

If you take the tongue tip and curl it upward, then the green-blue purple network vessels on either side of the bottom of the tongue can be inspected. Normally the network vessels are appropriately rough and appropriately fine. If the network vessels are rough, large and tortuous, or are accompanied by stasis macules or stasis dots on the tongue, this is due to blood stasis.

4. INSPECTION OF THE TONGUE BEARING

When inspecting the tongue bearing, it is most important to investigate changes in the stretching and contracting and the movement of the tongue body, including limpness, stiffness, trembling, deviation, contraction, and protrusion and worrying. Abnormalities in the bearing of the tongue are generally due to yin and blood vacuity depletion and an inability to nourish the tongue body, or to the arisal of wind or heat. They are often seen in relatively critical disease conditions.

A. LIMPNESS

A tongue that is floppy, soft and without strength, is unable to turn naturally or move and does not extend or curl with flexibility is called a 'limp tongue.' It is generally seen in severe conditions. A limp tongue has the distinctions of vacuity and heat. For example, in enduring disease when the tongue is limp and the tongue color is pale white, this is ascribed to dual vacuity of qi and blood and a lack of nourishment to the sinew vessels. If it is limp, crimson and without fur it is dessication of liver and kidney yin humor. If it suddenly becomes limp and is dry and red this is heat scorching the yin humor. If the tongue is limp and contracted, the

filtrum is full (swollen) and the lips are turned over, this is spleen channel qi expiry.

B. STIFFNESS

If the tongue is hard, stiff and straight, movement is not flexible, stretching and retraction is not easy and language is not clear, this is called 'tongue stiffness.' Tongue stiffness is a severe pattern of a lack of stomach qi, generally due to the arrival of wind, heat or phlegm turbidity. If the tongue is stiff and dry, and the tongue color is red or crimson, generally this is due to repletion heat. It commonly is seen in externally contracted heat diseases where the heat enters the pericardium and exuberant heat damages the liquids. If the tongue color is pale red, and the tongue is stiff and deviated, this generally is seen in wind stroke pattern; at the same time deviated mouth and eyes can be seen and there may be hemilateral paralysis. If the tongue is gray, enlarged and stiff, this generally is due to obstructing stagnation of phlegm turbidity. The Bian She Zhi Nan states: 'a tongue that is stiff, no matter what color, it is not commonly cured.' Hence, in general a stiff tongue is a critical sign of impending expiry of stomach qi.

C. TREMBLING

When the tongue is extended or retracted, and there is uncontrollable trembling, this is called a 'trembling tongue.' If the tongue color is red or crimson and the trembling is obvious and like a gentle wind, this is usually due to extreme heat engendering wind. If the tongue is pale white, and trembles slightly, this is qi vacuity or blood vacuity wind movement. If the tongue color is red and the trembling is such that it is difficult to speak, this is heart and spleen vacuity or, if there is sweating, yang collapse.

D. DEVIATION

If the tongue is extended out of the mouth and the tongue tip points toward the left or toward the right, it is called a 'deviated tongue.' A

deviated tongue is generally seen in wind stroke patterns. It is due to wind evil striking the channels and network vessels, causing obstructing stagnation of wind phlegm in the vessels and networks. It may be accompanied by a wind stroke pulse, and other signs.

E. CONTRACTION

If the tongue is contracted and unable to extend out of the mouth (the tongue is unable to pass the teeth), this is a critical sign. Occasionally individuals may be seen for whom this is congenital, since the tongue system is short and extension is difficult.

If the tongue is contracted, red and dry, it is ascribed to extreme heat damaging the yin and causing the vessels and networks to lack nourishment. A contracted tongue that is pale white, damp and moist is sudden desertion of yang qi with cold congealing in the channel vessels. If the tongue is enlarged, sticky, slimy and short, this is phlegm obstructing the tongue root, which is generally seen in wind stroke patterns.

F. PROTRUSION AND WORRYING

A tongue that is extended out of the mouth and not retracted for a long period of time is called a 'protruding tongue.' Conversely, a tongue that is extended and licks the lips and then is quickly retracted is called a 'worrying tongue.' A tongue body that is red and protruding or worrying indicates heat in the heart and spleen. A tongue that is purple or crimson and protruded or worrying is a serious sign of epidemic toxin attacking the heart. A worrying tongue in children is often a heralding sign of fright wind or a critical sign of enduring disease. In some children, because the before-heaven is not sufficient, intelligence may be lowered and a worrying tongue may be seen.

G. TONGUE DOUBLING

When the blood vessels underneath the tongue

swell up and become round like an extra small tongue, this is called 'tongue doubling.' Often swelling can be seen under the lower jaw or a hard kernel can be felt within it. This is often due to upward surging of fire heat through the heart channel owing to the movement of external evils.

H. PALSY OF THE TONGUE

A tongue that is numb and does not turn or move flexibly is called 'palsy of the tongue.' Generally it is due to qi and blood not rising to luxuriate the tongue, and it is seen in internal stirring of liver wind due to blood vacuity or internal wind combined with phlegm patterns.

I. PROTRACTED TONGUE

A tongue that extends outside of the mouth and is difficult to retract is called a 'protracted tongue.' If the protracted tongue is also numb it indicates qi and blood vacuity; if the tongue is protracted, the tongue color is deep red, there is drooling from the corners of the mouth and the mouth and eyes are deviated, this is wind phlegm or phlegm-fire harassing the heart. If the tongue is protracted and is unable to contract, the tongue is dry, withered and without fur, and speech is rough and slurred, this is generally attributable to a critical sign.

Tongue fur

In inspecting the tongue fur, the production of the tongue fur must be paid attention to. Especially important is inspection of the fur body and the fur color.

THE PRODUCTION OF THE TONGUE FUR

The Bian She Zhi Nan states: 'The fur of the tongue is engendered by the upward tide of the stomach's steaming of spleen damp.' The Shang

Han Lun Ben Zhi: Bian She Tai states: 'Tongue fur is a manifestation of the engendering of qi within the stomach, and stomach qi is produced in the heart and spleen, hence individuals without disease normally have a thin fur.' A normal tongue fur is thin, white and evenly distributed, in between dry and damp. It is generated by stomach qi. That is, it is created by the upward tide of the spleen and stomach yang qi evaporating and transforming damp turbidity.

Abnormal tongue fur is engendered by evil qi. The more replete the evil, the thicker is the fur. Zhang Xu Gu said: 'the tongue root communicates with the qi and blood of the heart and spleen ... the spleen and stomach are the center [of the body]. Evil that enters the stomach causes the engendering of fur.' External evil entering the inside or food accumulation and stagnation cause the turbid qi of the spleen and stomach to rise upward and so the fur thickens. Therefore, exuberant heat causes the fur to be yellow and thick.

PRIMARY DISEASES OF THE FUR MATTER

1. THICKNESS

When the tongue can be seen underneath the fur, the fur is thin. When the tongue cannot be seen, the fur is thick. So-called 'seeing underneath' is when, passing through the tongue fur, one can indistinctly see the tongue body. The thickness of the fur matter explains the shallowness and depth and the mildness and severity of the disease evil. The Bian She Zhi Nan states: 'When the fur is thin and grimy this is the appearance of insufficient qi, when the fur is thick and grimy the diseased qi is in surplus, when the fur is thin [one] is seeing the onset of external evil, when the fur is thick, [the disease] is internal, stagnant and deep.'

a. Thin fur. Thin fur is the normal form of tongue fur. Seen in the sick it indicates the onset or beginning of disease, that the evil is still in the exterior, and that the disease is mild and the evil is shallow. This often is seen in the beginning stages of external contraction patterns. Hence, thin fur governs external contraction and exterior patterns.

b. Thick fur. Thick fur means that the disease is in the interior, that the evil has entered the viscera and bowels, and that the disease is relatively severe and the evil is relatively deep. For example, in accumulation and stagnation in the intestines and stomach or phlegm-damp obstructing internally a thick tongue fur can be seen.

Tongue fur that changes from thin to thick indicates that the strength of the disease is increasing. A change from thick to thin indicates that the right qi is recovering and the evil qi is moving out.

2. MOISTNESS

Tongue fur that is enriched and moist with liquids is a moist tongue. Fur whose surface is dry and without liquids, which produces a rough sensation when patted by the hand, is dry tongue fur. The moistness and dryness of the tongue fur explain the existence or collapse of fluids.

a. Moist. Normal tongue fur is in between moist and dry; there are fluids, moistness and sheen. In patients, if the fur is moist this indicates that the fluids have not been damaged and that the disease is relatively mild. But, if it is too moist then the reflection from the tongue surface is strong or when looking at an extended tongue it is as if there are water drops. This is moist with profuse liquid and is called 'glossy.' Glossy tongue fur governs damp and cold. In general, it is water retention due to yang vacuity.

b. Dry. Dry fur indicates consumption damage to the fluids. In heat diseases it denotes dry heat damaging the fluids; in miscellaneous diseases it denotes depletion or lack of yin, blood or fluids. But there also is dry fur due to yang qi vacuity causing an inability to transform humor and moisten. Here the tongue body is generally pale white, and although the mouth is dry there is no thirst, or there is thirst but no desire to drink. This may be accompanied by other yang qi vacuity pattern signs.

The Bian She Zhi Nan states: 'Enriched and moist, [the tongue] is normal. Dry and rough, [the tongue] has changed. Moist sheen means no damage to the fluids. Dry and rough means the fluids have already been consumed. In damp patterns the tongue is moist. In heat patterns the tongue is dry ... however, if there is damp evil entering into the blood aspect, the qi does not transform the liquid and conversely [the tongue] is dry. If heat enters the blood aspect then the tongue is moist.' In general, moistness and dryness can differentiate whether the fluids have been damaged or not, but it also is necessary to differentiate closely any false images.

3. BEANCURD AND SLIMY

Tongue fur that is like relatively rough, large pellets that are formed like heaps of soybean residue, or fur that is relatively thick and loose and easily scraped away, is called 'beancurd fur'; tongue fur that has relatively small pellets, is sticky like honey with thick fur in the center and thin on the sides, and does not disappear with scraping or patting, is called 'slimy fur.' Beancurd or slimy tongue fur means damp turbidity.

a. Loose beancurd. Loose beancurd fur is due to repletion heat evaporating and transforming turbid damp in the spleen and stomach. It can be seen in serious infections or transformation of heat by food accumulation phlegm turbidity. Thick beancurd fur generally is ascribed to a surplus of evil heat.

Loose beancurd fur includes moldy beancurd and purulent beancurd. For example, moldy beancurd fur manifests as a white coating like the emergence of mold, which develops over the entire tongue, or the generation of rotten spots with an appearance like rice seeds (cracked rice residue). Called oral putrescence, this is due to the transformation of fluids into rotten turbidity owing to rotting of the stomach body. If there is a purulent beancurd fur accompanied by pale red discharge, or the beancurd is sticky and thick like purulent sores, this is due to internal welling abscesses. If there is lung welling

abscess, it is white beancurd. Stomach welling abscess is yellow beancurd.

b. Sticky and slimy. Tongue fur that is sticky and slimy is due to spleen yang that has been repressed and water-damp not being transformed, hence it governs phlegm-damp. It can be seen in patients with phlegm-rheum, damp-heat or cold-damp. If the fur is thick and slimy and the color is yellow, this is damp-heat or phlegm-heat. If the fur is glossy, slimy and the color is white, this is cold-damp.

The Bian She Zhi Nan states: 'Beancurd does not remain. When wiped it is all gone, indicating the right qi is about to be transformed into evil. Slime has form. When wiped it is not removed, indicating that the turbid and dirty have forcibly occupied the central palace.' This statement points out the differences between loose beancurd fur and sticky slimy fur.

Simply stated, the fur matter governs disease by taking its thickness and thinness to differentiate the shallowness and depth of the disease evil. If the evil is mild and shallow, the fur is thin. If the evil is deep and severe, the fur is thick. Moistness and dryness differentiate the presence or absence of fluids. No matter what color the tongue fur is, if it is moist the fluids have not been damaged, whereas if it is dry the fluids have been damaged. Beancurd and slimy fur mean damp turbidity in the intestines and stomach. Loose beancurd fur is a surplus of evil heat. Sticky, slimy fur is water-damp not transforming.

DISEASES GOVERNED BY FUR COLOR

Changes in the color of the tongue fur can elaborate hot and cold, vacuity and repletion and the progressive development of the disease. The most important fur colors are white, yellow, gray, black and mixed colors, which are differentiated as follows.

1. WHITE FUR

This is the most commonly seen. In general it governs exterior conditions. Generally, where

there is white fur, there is an exterior condition. It also governs cold and damp patterns.

In the Zhong Ding Tong Su Shang Han Lun: Liu Jing She Tai, He Lian Chen made this correction: 'white fur governs exterior ... thus, when it is seen that the tongue fur carries an element of whiteness, then the disease also carries an element of exterior.' The Shang Han Lun Ben Zhi: Bian She Tai states: 'If the fur is grimy and the color is white, this is cold.' These statements explain the diseases governed by white fur.

a. Thin white fur. Thin white fur itself is normal tongue fur; however, when the disease evil is in the exterior, and when the disease is mild, the tongue fur generally changes very little and so a thin, white fur is seen. Thus, it is simultaneously a sign of a normal condition and an exterior condition. If the tongue body is normal, and the tongue fur is thin, white and glossy, this governs externally contracted wind-cold. If the tongue body is red, and the fur is thin, white and moist, this is externally contracted wind-heat or externally contracted wind-cold transforming into heat. Thin, white and dry fur is external contraction transforming into heat and damaging the fluids.

b. Thick white fur. Thick, white and glossy fur governs internal exuberance of damp turbidity and cold-damp phlegm-rheum, and is often accompanied by a pale white tongue body. Thick, white and dry fur is damp turbidity transforming into heat and damaging the fluids.

White, glossy, sticky and slimy fur governs phlegm-damp. Under certain circumstances, white fur also governs heat. If the fur covers the entire tongue, is white like powder and the tongue body is red, this is damp-heat brewing internally, trapped damp and hidden heat or the beginning of a warm epidemic. Also if the fur is white, dry and fissured, this is commonly due to warm disease with internal exuberance and scorching of heat suddenly damaging the fluids. It is seen in warm diseases after taking supplementing and warming medicinal agents.

2. YELLOW FUR

Yellow fur occurs because an external evil has entered the interior and been transformed into heat and because of the scorching of heat evil. Hence, it governs interior patterns and heat patterns. There are the distinctions of phlegm yellow, tender yellow, deep yellow, burnt yellow, etc. The deeper the yellow color, the stronger the heat evil. Sometimes yellow fur can be seen with white, gray or black fur. Also, the tongue color is often red or crimson.

a. Thin yellow fur. Fur that is thin and yellow generally comes from white fur that is gradually transforming. Thin yellow fur often is due to wind-heat in the exterior or wind-cold in the exterior transforming into heat. If it is thin, yellow and moist, then this is external evil transforming into heat and entering the interior, but not damaging the fluids. Thin, yellow and dry is heat evil damaging the liquids. If the fur is yellow and glossy and the tongue body is pale, enlarged and tender, this is water-damp not transforming owing to yang vacuity.

b. Thick yellow fur. This is fur that is relatively thick and is true yellow. Thick, yellow and glossy fur means damp-heat accumulation and stagnation in the spleen and stomach. If accompanied by a pale white, enlarged and tender tongue body, then spleen and stomach vacuity with water-damp not being transformed ought to be considered. Thick, yellow and dry fur is heat evil damaging the fluids.

c. Slimy yellow fur. Fur that is yellow and sticky and slimy is spleen and stomach damp-heat or phlegm-damp food stagnation.

d. Burnt yellow and fissured or with prickles. This means extreme heat and heat consuming the qi and yin.

e. White and yellow fur together. When there is an exterior pattern, this is simultaneous exterior and interior disease. If there is no exterior pattern, then this is internal damp-heat.

3. GRAY FUR

Tongue fur that is light black with pale green-blue is gray fur. It generally comes from fur that is turning and transforming, and sometimes it is seen with yellow fur. It governs phlegm-damp, interior cold patterns or interior heat patterns.

Gray, moist and glossy tongue fur. This is a pattern of cold-damp obstructing internally or phlegm-rheum collecting internally. Tongue fur that is gray and dry, often seen accompanied by a red tongue body, is heat scorching the fluids or yin vacuity fire effulgence.

The Bian She Zhi Nan states: 'When the tongue seen is gray, the disease is not mild and it must be an interior pattern, not an exterior pattern. It may be a repletion heat pattern, but not a vacuity cold pattern, or it may be a pattern of evil heat turning inward.'

4. BLACK FUR

The tongue fur is brown-black or burnt black. It generally comes from the transformation of gray fur or burnt yellow fur. It can be seen in cold, heat, vacuity and repletion patterns. Black fur governs interior patterns and is generally seen when disease circumstances are relatively severe.

Repletion heat. When cold evil turns inward and transforms into fire or when repletion heat develops internally the tongue fur is black, dry and burnt and the tongue body is red. If the fur is black, dry and fissured, the tongue body is crimson and there are prickles, this is extreme heat withering the liquids. Here the black is usually from white changing to yellow changing to black and the heat evil has gone from mild and shallow to deep and severe.

Vacuity cold. Tongue fur that is thin and black, moist and glossy and a tongue body that is pale white or pale purple and tender is yang vacuity with cold exuberance.

If the tongue fur is black and there are prickles and, on inspection, although it is dry there is

thirst but not much drinking, white fur on the tongue sides and the tongue body is pale white and tender, then this is false heat and true cold.

If there is dry black fur or black fur with prickles in the center of the tongue, the stools are hidden and bound, and the abdomen is distended, full and painful, then this is dry feces in the large intestine.

Black, dry fur on the tongue root indicates heat in the lower burner. If it is black and hard with burnt prickles like lychees, this is hyperactivity of yang with exhaustion of yin and astriction of spleen and kidney humor.

Dry black fur on the tip of the tongue is internal deflagration of heart fire.

If the tongue fur is black and like burnt bean-curd, this is expiry of both heart and kidney. Tongue fur that is black and a tongue that is contracted is a critical sign of liver expiry.

With poor digestion in children and food accumulation transforming into heat, or at the beginning of heat diseases in adults with phlegm-heat encumbering and harassing, occasionally there is black fur. Because there is extreme heat, therefore, occasionally black fur will be seen. Also, black fur can be seen in summerheat patterns.

5. MOLDY SAUCE FUR

Tongue fur that is yellow, red and black and appears like the color of moldy sauce indicates enduring brewing of heat and damp-heat complicated by summerheat. If the fur is sauce colored and glossy, as if there is soy sauce on the tongue, this governs internal collection of phlegm turbidity.

6. TURBID FUR

Fur that is white and yellow together, that appears yellow but is not yellow or that appears white but is not white, where the color is grimy and turbid, governs phlegm turbidity.

7. COMBINED COLOR FUR

During the course of disease, the tongue fur will change according to the disease conditions and

its color often will have combined colors. Commonly seen combinations include the following:

White combined with yellow. White fur governs the exterior. In external contraction entering the interior, the fur goes from white to yellow; however, when looking at the tongue it may have a white part – that is, an exterior aspect, and it may simultaneously have a yellow part, an interior aspect. The tongue fur must have no white, only yellow, for the disease evil to have been removed from the exterior and gone interior. Hence, if white is combined with a slight bit of yellow, this is the evil beginning to enter the yang brightness. The exterior pattern is not resolved. If the fur on the tongue tip is thin and white, while in the center and back sections the fur is yellow and slightly thick, this indicates that the exterior evil has already transformed into heat and entered the interior; the exterior evil is less and the interior evil is more. If the tongue center and root sections both have thin white fur but the tongue tip is yellow, then the heat is in the upper burner.

a. White combined with black fur. White fur with black dots or with black lines, and sticky and slimy, is damp evil encumbering the spleen.

b. White combined with yellow and black. White fur that goes from white to yellow and yellow to black, that does not leave when scraped, and is not moist, is cold evil going interior and transforming into heat with extreme heat damaging the yin. In extreme cases it is also accompanied by prickles and dry, burnt depressions and fissures.

c. Yellow, black and white fur mixed together. With either a dry center and glossy sides or dry tip and moist root, this is a complicated disease, a combined disease of cold and heat not harmonized.

d. White combined with gray fur. White combined with gray and glossy fur is ascribed to cold-damp. Tongue fur that is white accompanied by gray and glossy fur on the sides is half-exterior, half-interior cold damage pattern.

e. White combined with gray and black. White combined with gray and black, and sticky, slimy, floating and glossy, is spleen damp.

f. Yellow combined with gray fur. Yellow tongue fur with black within it, that is glossy and slimy, is damp-heat binding internally. Yellow fur on the sides and burnt black in the center with prickles is yang brightness interior repletion pattern. If the fur is burnt black and withered yellow with prickles, this is extreme internal heat.

g. Black combined with gray fur. This indicates that there is undigested food stored internally.

THE SECTIONS OF THE TONGUE FUR

Under normal conditions there is thin white fur distributed evenly over all sections of the tongue, with the center section and the root section being relatively thick, manifesting the fact that there is stomach qi. Under circumstances of pathological change the sections of the tongue each have their own kind of changes, delineated as follows.

1. COMPLETE FUR, PEELED FUR AND PARTIAL FUR

Tongue fur that fully covers the entire tongue is called 'complete fur.' Fur that covers a particular section of the tongue is called 'partial fur.' Fur that occasionally peels and deserts from parts of the tongue is called 'peeled fur.' Complete fur and partial fur in general describe the circumstances of growth and decline of evil and right.

a. Complete fur. Complete fur governs phlegm-damp obstructing and stagnating in the middle burner. The Bian She Zhi Nan states: 'Being complete, when the fur covers the entire tongue, this is damp phlegm stagnating in the center.'

b. Partial fur. There is partial inside, partial outside, partial left or partial right. When there is partial outside fur then on the outside there is fur and on the inside there is none. Although the evil has entered the interior it is not deep, but

the stomach qi is the first to receive detriment. When there is partial inside fur then, inside there is fur and outside there is no fur, indicating that although the internal evil is diminished, heat is still stagnating in the stomach. Or there can be partial inside fur due to phlegm-damp. Partial fur on the left or on the right is generally ascribed to the liver and gallbladder or half-exterior and half-interior patterns.

c. Peeling fur. Peeling fur in the center of the tongue indicates qi and yin vacuity. Extensive peeling of the fur in undefined pieces is called 'flower peeling fur,' and is due to insufficient stomach yin. Scattered peeling of tongue fur with borders that are raised above the surface is called 'geographic fur' and is generally seen in worm accumulation patterns in children. A glossy peeled tongue with a tongue body that is crimson and like the surface of a mirror is the right not prevailing over the evil, liver and kidney yin vacuity and heat evil sinking internally.

2. PRESENCE AND ABSENCE OF FUR

Over the course of a disease the development and retreat of the tongue fur indicate the presence and absence of stomach qi. It is a positive sign if the growth and decline of the tongue fur is gradual. If there is a sudden retreat of the tongue fur so that there is none, this indicates stomach qi vacuity; if there is already no fur, and gradually a thin fur is generated, this indicates that the stomach qi is gradually recovering.

3. PRESENCE OF ROOT AND ABSENCE OF ROOT

Tongue fur that is tightly attached to the tongue surface and is relatively difficult to scrape off means that the fur has root; it is also called 'true fur.' If the fur is floating on the surface of the tongue and can be scraped off, this is tongue fur without root, also called 'false fur.' The presence and absence of root have a close relationship with the strength and weakness of the disease and the presence and absence of stomach qi.

a. With root. This indicates that there is stomach qi. It also governs repletion heat patterns. If there is thin fur with root covering the tongue surface, then there is stomach qi. Thick fur with root may indicate exuberance of evil qi, and also may indicate that the stomach qi is not exhausted.

b. Without root. In general this indicates right qi vacuity debilitation. Even if the fur is thick, if after it is scraped off the tongue surface is clean and glossy, and there is no sign of the regrowth of the fur, then this means that the stomach qi is unable to rise and create fur. It is ascribed to vacuity debilitation of right qi. But if, after scraping the fur, the tongue surface can recover a thin fur, this indicates that the stomach qi still exists.

The Bian She Zhi Nan states: 'As for the root of the fur, thin fur must cover and be tightly attached to the tongue surface, thick fur must have thin fur that is tightly attached on all four sides, they both must appear to be growing out of the tongue surface to be said to have root. If there is thick fur and on one of the four sides it is clean like lacquer or it is as if there is nothing attached to the tongue, it is not grown from the tongue itself, this is without root.' This clearly describes the differences between fur with root and that without root.

Diseases governed by the tongue image

The signs manifested by the tongue body and the tongue root are called the 'tongue image.' When observing the tongue, one ought to combine closely the investigation of the spirit, color, form and bearing of the tongue body and the form and color of the tongue fur. Generally speaking, the signs of exterior and interior, cold and heat, vacuity and repletion of the tongue body and the tongue fur are the same. But when the disease circumstances are relatively complicated, such as when cold and heat or vacuity and repletion are combined together,

then the manifestations of the tongue body and the tongue fur are also relatively complicated and they must be combined with the four examinations, closely examined and truly distinguished.

1. When the signs manifested by the tongue body and the tongue fur are the same, the primary disease is determined by combining them. For example, a crimson tongue body governs heat, and tongue fur that is yellow and dry with prickles indicates internal heat damaging the liquid. Hence the tongue image is governed by the scorching and exuberance of internal heat damaging the liquid. Another example is, if the tongue body is pale white and tender this is vacuity cold, and if the tongue fur is thick, white and moist this is an internal cold pattern. Hence, the tongue image is internal vacuity cold pattern. The tongue body and tongue fur of commonly seen clinical diseases can be seen in Table 1.5.

2. When the disease circumstances are relatively complicated, the manifestations of the tongue body and the tongue fur may not be compatible; that is, the governing disease may be heat and cold together or vacuity and repletion combined. For example, when the tongue body is pale white and tender (governing vacuity), and the tongue fur is yellow and dry (governing internal heat damaging the fluids), this is a tongue image of vacuity and repletion combined (right vacuity and evil repletion). Again, for example, when the tongue body is withered and red (governing repletion heat) and the fur is thin, white and moist (wind-cold in the exterior), the tongue image is heat and cold together, exterior cold and internal heat. The former may be seen in spleen qi vacuity with phlegm-damp brewing internally, transforming into heat and damaging the fluids. The latter can be seen in phlegm-heat in the lung recovering from wind-cold.

3. Critical Tongue Images are as follows:

a. Glossy crimson tongue that is dry and like the surface of a mirror, and no fur on the tongue surface and with a dark red color like a pig's lumbus, are both patterns of consumption exhaustion of yin fluids with stomach qi approaching expiry.

Table 1.5 Diseases governed by commonly seen tongue images

Tongue body	Tongue image	Governing disease
	Tongue fur	
Pale red	Thin, white	External wind-cold pattern, generally normal tongue image
Pale white	Thin, white and glossy Thin, white and dry Thin, white, peeled center Thick, white Yellow, slimy Gray, black and glossy Without fur	Yang vacuity, dual vacuity of qi and blood, yang vacuity water flood Yang vacuity, dual vacuity of qi and blood, qi vacuity and diminished liquid Dual vacuity of qi and blood, insufficient stomach yin Cold-damp phlegm-rheum Vacuity weakness of spleen and stomach, collecting of damp-heat Yang vacuity internal cold, phlegm-damp collecting internally enduring disease with yang vacuity, dual vacuity of qi and blood
Pale red (or red on the tip and sides)	Red tip with white fur White and yellow White and slimy White beancurd Thick, white (powder-like accumulations) Yellow and dry Yellow and slimy	External wind-heat pattern, heart fire exuberance Exterior pattern present: simultaneous exterior and interior pattern Exterior pattern not present: internal damp-heat Phlegm-rheum damp turbidity, food stagnation Internal collection of phlegm and food, stomach turbidity with heat Onset of warm epidemic, with internal pain, internal exuberance of evil toxin Enduring disease with fluid dessication and blood dryness, dry binding of the stomach and intestines without movement Damp-heat in the interior, phlegm turbidity collecting internally and transforming into heat
Red	White Thin yellow/pale yellow Yellow and slimy Thick, yellow and glossy Thick, yellow and dry Gray, black and dry Without fur	Warm disease going from shallow and defense to construction Heat brewing in the qi aspect, wind-heat or wind-cold Transforming into heat and entering the interior Damp-heat in the qi aspect. Damp-heat accumulating and stagnating in the spleen and stomach Deep entering of evil heat, already formed internal heat Exuberance of internal heat damaging the liquid or yin vacuity fire effulgence Dual vacuity of qi and yin
Crimson	Burnt yellow Black and dry with either dry fissures or with prickles Without fur	Binding heat in the stomach and intestines, internal repletion Extreme heat damaging the yin, extreme heat withering the fluids Heat entering the blood level, yin vacuity fire effulgence
Blue-green and purple	Yellow and dry White and moist	Withering astriction of yin and blood, internally exuberant vacuity fire Extremely strong internal cold, congealing and stagnating of qi and blood

b. A rough tongue with prickles like shark skin, as well as dry, withered and fissured, is a critical sign of withering exhaustion of fluids.

c. A coarse, contracted tongue like dry lychee meat, dry and without liquid, is a serious sign of extreme heat withering the fluids.

d. A dusky tongue body that is green-blue or purple and dry, like the color of pig's liver, or extremely red like the color of fiery persimmons, is a critical sign of ruined qi and blood.

e. A contracted tongue and contracted testicles indicate imminent liver qi expiry.

f. Tongue color that is purple and crimson with black is imminent kidney expiry.

g. The arisal of white fur like snowflakes on the tongue is a critical sign of the imminent expiry of spleen yang.

h. When a white covering like moldy fur, or erosion spots, appears on the tongue and the entire mouth, this is a vanquished stomach.

i. When the bottom of the tongue is dry, the fur is white or yellow and formed like

beancurd or crushed rice kernels (rice flower fur), this is extremely serious.

j. When the tongue points directly forward with strength and does not move or turn freely or flexibly, and language is rough and broken, this is extremely severe.

k. A dry, withered and toneless tongue without spirit indicates death.

Critical tongue images can be one way of diagnosing disease and determining the prognosis, indicating that the disease circumstances are extremely critical. The so-called 'expiry pattern' or 'death pattern' of the ancient people is not absolute. It is necessary to combine the four examinations and completely distinguish them.

Disease conditions and pathological changes in the tongue image

Abnormalities in the tongue image always follow changes in the disease conditions. The tongue body reflects the conditions of the viscera, bowels, qi and blood. The growth and decline of the tongue fur reflect the course of the battle between right and evil. Hence changes in the tongue image can determine the advance and retreat of disease conditions and the auspiciousness and inauspiciousness of the prognosis.

1. THE TONGUE IMAGE FOLLOWS THE ADVANCEMENT AND CHANGE OF THE DISEASE CIRCUMSTANCES

Tongue body. If the tongue color goes from normal pale red color to red to crimson to purple, this indicates that heat evil is changing from mild and shallow to deep and severe. If the tongue color goes from pale red to pale white, this indicates a gradual vacuity of qi and blood.

Tongue fur. If the fur color goes from white to yellow to gray to black, this indicates that the disease is going from the exterior into the interior, and the heat evil is gradually becoming exuberant. If the fur form (fur matter) goes from

thin to thick, this indicates that the disease has changed from light to strong, from shallow to deep. Fur that goes from damp and moist to dry indicates a change from the fluids not being damaged to consumption damage of the fluids.

2. AS THE DISEASE IMPROVES, THE TONGUE IMAGE GRADUALLY RETURNS TO NORMAL

When the disease begins to turn toward recovery, the tongue body also gradually turns toward a normal form. The tongue fur first transforms and then recedes; then gradually new, thin white fur is generated. Finally, it is normal.

The Bian She Zhi Nan states: 'No matter what pattern, if medicinals are used as they ought to be, it [the tongue fur] goes from yellow to white and from white it recedes. From receding it recovers and generates new thin white fur, then there is complete healing and a correct image.'

3. THE DECLINE AND GROWTH OF TONGUE FUR

The tongue fur follows the disease circumstances. When the disease is strong, the fur increases, and follows the disease circumstances toward recovery by declining and receding. Its growth and decline both ought to be a gradual change toward recovery. If the tongue fur increases or decreases suddenly, this is a sign of sudden change in the disease conditions. For example, thin fur that suddenly increases and becomes thick indicates that the right has not been victorious over the evil and that the disease evil has suddenly and quickly entered the interior. Again, for example, if thick fur suddenly decreases and recedes this is a sign of debility of stomach qi.

The decline and growth of the tongue fur also has the distinctions of true decline and false decline. The Cha She Bian Zheng Xin Fa states: 'True decrease and true transformation of tongue fur: true decrease, it [the tongue fur] must first transform and then recede. If the fur goes from thick and recedes to thin, and from solid to becoming soft, from dense it becomes loose,

from existing, gradually it is not, from the tongue root moving outward toward the tongue tip, from the tip it gradually changes to loose and thin, this means that the internal stagnation is decreased; this is true decline. From declining, if it then generates new, thin white fur, this indicates that the stomach qi is gradually recovering, a positive sign that food qi is gradually entering it [the stomach].¹ This means that, for true decline, the fur must first transform and then decline, and if it goes from thick and recedes to thin, and from solid to becoming soft, from dense to loose, from existing to not, from receding from the tongue root outward toward the tongue tip and from the tip it gradually becomes loose and thin, then this is true receding of the fur, indicating that the disease evil is already diminished, and that the disease conditions are improving. And if, after receding, a new, thin white fur is generated, this indicates that the stomach qi is gradually recovering and the disease conditions are moving toward recovery. If it is not true decline but is false decline, then the fur will decline and decrease but there will not be growth of new fur, and the tongue surface will be glossy like a mirror. This is a manifestation that there is stomach qi vacuity and debilitation and that the stomach yin has been consumed and damaged. If the tongue fur peels in many places and the remaining fur is like patches of beancurd on the tongue surface, this is usually because of incorrect use of offensive precipitating, or food dispersing medicinals or dispersing the exterior too much, causing dual vacuity of stomach qi and yin. If the tongue fur declines without any sort of regular rules, and after 1 or 2 days a thick coat is generated again, this means that the disease evil has not diminished.

ADDENDUM: Song of Tongue Examination

*Tongue fur thin and white is exterior pattern light;
Fur color completely yellow is interior pattern;
Half interior, half exterior is yellow combined with white;
With fur and without fur, one knows the turns of the disease.*

*Red tongue is heat, pale is cold;
Tongue that is crimson, fresh and bright, the evil has entered the construction;
When the entire tongue is glossy without fur, the yin fluids are exhausted;
Green-blue and purple with stasis dots is blood stasis;
Dry, moist, enlarged and shrunken all examine carefully
Withered, tender, vacuous and replete also clearly differentiate
Form, color, spirit, and bearing all indicate changes in the growth and decline of the disease.¹³*

Eight methods for observing the tongue (compiled from Cha She Bian Zheng Xin Fa)

1. Observe the fur color.
2. Observe the tongue body. The body has color; it also has size, moisture and heat. When the tongue is large and fills the mouth, the sides have tooth impressions. In blood heat pattern the body is purple.
3. Observe the tongue tip. If there is white fur all over the tongue, with red prickles on the tip, do not use medicinal agents that warm and dry.
4. Observe the center of the tongue. Do the sides have fur, and the center not, or does the center have straight fissures, or are there straight and crooked or horizontal fissures?
5. Observe the moisture. Using the hand to wipe it, does it feel slippery and moist or dry with prickles, does it appear moist and feel dry, or does it appear dry and feel slippery?
6. Observe the sides of the tongue. Is the border of the fur color neat, or not?
7. Observe the tongue root. Continue to observe whether or not the root has fur color and whether or not there are tumors.
8. Observe the variations. Investigate what changes and what does not change.

Summary of inspection examination

Inspection examination includes the content of three aspects: one is inspection of the circumstances of the entire body, the second is inspection of the circumstances of parts of the body and the third is inspection of the tongue. These three aspects are combined and from inspection examination one can investigate the

various manifestations of the signs of the disease and determine the pathological changes and circumstances of the viscera and bowels.

Inspection of the entire body includes inspection of the spirit, color, form and bearing, and takes inspection of the spirit as primary. In inspecting the spirit one must understand the manifestations of spiritedness and spiritlessness and their clinical significance. By examining the changes in a patient's eye spirit, facial color, body form, inhalation and exhalation, spirit, will, reflection, knowledge, etc., one can differentiate spiritedness and spiritlessness. Among these, the eye spirit especially can reflect pathological changes in the spirit. Spiritedness is auspicious; spiritlessness is inauspicious. False spirit is a critical sign of the impending separation of yin and yang.

Inspection of color requires the grasping of changes in the color and sheen of the face and the diseases governed by the five colors. On the face, a flourishing, moist qi color is taken as a positive color, and a withered, dusky one as a poor color. The five colors ought to change according to changes in the five viscera. For example in liver disease, the face is generally green-blue. In lung disease the face is generally white. In heart disease the face is generally red. In spleen disease the face is generally yellow, and in kidney disease it is generally black. Disease colors sometimes manifest only on certain parts of the face. Sometimes it is relatively simple to know and differentiate, sometimes it is relatively difficult to sense and investigate; therefore one must investigate very carefully. When inspecting color it is necessary to pay attention to differences in each individual's skin color and to go through every kind of reason and influence in order to avoid an incorrect diagnosis. In inspection of the body form, in general healthy is strong and upright, while sick is weak and emaciated. In inspection of form, take yang as governing movement and yin as governing quiet, and differentiate the important points.

When inspecting parts of the body, each part can be investigated according to the disease circumstances and the important points, because there are some areas in which signs of patho-

logical change will not occur. For example, skin macules and papules will be seen only in certain disease patterns. Investigation of the veins of the finger is also done only in children of 3 years of age or less. Inspection of the anterior and posterior yin or inspection of the excretions, etc., is also done according to the requirements of the disease conditions.

The content of tongue inspection is relatively large. First it is necessary to understand well the methods of inspection and their meanings, and then it is necessary to understand a normal tongue image and the various manifestations of pathological tongue images. The basic outline is as below:

1. Normal tongue image. The tongue body is normally pale red with thin white fur. In some healthy individuals, sometimes the tongue fur is thin and slightly yellow.

2. Tongue body. The luxuriance and withering of the tongue body indicate spiritedness and spiritlessness. A tongue that is luxuriant, moist and spirited is auspicious; a tongue that is dry, withered and spiritless is inauspicious. Pale white tongue color governs both vacuity and cold. Red and crimson tongue color governs heat. Green-blue and purple tongue color governs exuberant and scorching heat toxin or internal exuberance of yin cold; it also governs stasis. A withered and tender tongue form differentiates vacuity and repletion. In general, swollen, enlarged and tender indicates vacuity, while hard and withered is repletion. A tongue that is enlarged governs heat and governs damp. A tongue that is thin in general governs vacuity. A tongue that has pathological fissures is generally seen to be insufficient in yin fluids. A tongue that has tooth impressions governs vacuity. A tongue that has prickles indicates exuberance and scorching of fire heat. Changes in the bearing of the tongue are rarely seen. Usually it is only in a wind pattern, a heat pattern or some other serious disease pattern that changes in the tongue bearing manifest.

3. Tongue fur. Changes in the tongue fur include changes in the fur color and in the fur matter. The major fur colors are white, yellow,

gray and black. White fur governs exterior patterns, cold patterns and damp patterns. Yellow fur governs internal patterns and governs heat. Gray and black fur governs internal patterns and disease circumstances that are relatively deep, serious and complicated. If combined fur colors are manifested, it is necessary to differentiate them precisely.

Aspects of the changes in the form of the tongue fur are as follows. The thickness of the fur indicates the depth and strength of the disease. Beancurd fur or slimy fur indicates circumstances of damp turbidity; for example, loose beancurd fur is evil heat phlegm turbidity accumulating in the spleen and stomach. Slimy fur indicates water-damp not transforming, and governs damp patterns, white and slimy is cold-damp, yellow and slimy is damp-heat. The moisture of the fur differentiates the existence of

fluids. No matter what color the fur is, take moist fur as meaning no damage to the fluids and dry fur as consumption damage to the fluids.

The tongue body and tongue fur together create the tongue image, and the tongue image can be taken as an important consideration in the diagnosis of disease because changes in the tongue image are always the reflection of changes in the disease condition.

Inspection examination is an essential step in the four examinations. The statement 'inspection is knowing the meaning and the spirit' explains the important nature of inspection examination. But inspection examination is only one part of the four examinations and when diagnosing disease it is essential to combine the four in order to determine definitely the correct nature of the disease.

NOTES

1. Sè zé, Öslit.: color and sheen; denotes complexion.
2. Qì sè 气色: qì color.
3. Zhǐ shí 枳实.
4. Gāo gǔo 缟裹: gao is a form of very fine white silk; guo is to wrap or bind.
5. Dài yáng.
6. Zhèng 正.
7. 'A disease of infancy or childhood characterized by emaciation, dry hair, heat effusion of varying degree, abdominal distention with superficial veins, yellow face and emaciated flesh and loss of essence spirit vitality.' Wiseman N, Feng Ye 1998 *A Practical Dictionary of Chinese Medicine*, Paradigm Publications, Brookline, MA
8. Gǔ zhàng 臌胀: drum distention = tympanites or distention of the abdomen caused by accumulation of gas or fluid due to dysfunction of the lung and spleen.
9. The translation given here reflects what appears in the text itself; however, other diagnosis texts, and at least one version of the *Su Wen: We Se Pian*, give a slightly different description. 'Ting reflects the circumstances of the head and face. Above the heart of the eyebrow reflects the circumstances of the throat. Between the two eyebrows reflects the circumstances of the lung. Between the two eyes reflects the circumstances of the heart. Directly below between the two eyes reflects the circumstances of the liver. The left side of the section governed by the liver reflects the circumstances of the gallbladder. The tip of the nose reflects the circumstances of the spleen. The alae nasi reflect the circumstances of the stomach. The section at the center of the cheek reflects the circumstances of the large intestine. The outer side of the section governed by the large intestine reflects the circumstances of the kidney. On the body, the kidney and the navel are opposite each other and so the place below the section governed by the kidney reflects the circumstances of the navel. The upper part of the outer edge of the apex of the nose reflects the circumstances of the small intestine. Ren Zhong (Human Center, GV-26) below the tip of the nose reflects the circumstances of the bladder and uterus.' This differs slightly from the description in the text. (Zong Quan He, *Modern Language Version of the Ling Shu Classic*. Spring and Autumn Publishing House: Beijing, 1988: pp. 192-3; Guo Ai Chun, Huang Di Nei Jing Ling Shu. Tianjin Arts and Sciences Publishing House: Tianjin 1991: 356.)
10. Thrush.
11. It has now been entirely eliminated.
12. Erections that cannot be controlled.
13. As always, the rhyme and simplicity of Chinese characters cannot be directly translated into English, making the song somewhat bulky.

Listening and smelling examination



Listening and smelling comprises listening to patients' voices, language, etc., and smelling their odors so as to investigate the disease circumstances. The *Nei Jing* first mentioned the theory of the five voices, five notes and five viscera, and the *Nan Jing* states: 'Listening and smelling is used to know it [the disease]. By listening to the five voices, the disease can be distinguished.' Hence, in ancient times the most important aspect of listening and smelling was the 'five voices and five notes' and their correspondence with the five viscera to distinguish pathological change. The liver has the note of 'jiao' and the voice of shouting. The heart has the note of 'zhi' and the voice of laughing. The spleen has the note of 'gong' and the voice of singing. The lung has the note of 'shang' and the voice of crying. The kidney has the note of 'yu' and the voice of groaning¹. This is understood according to the theory of the five phases, that is, the five notes, the five voices, the colors, the five tastes, etc., and their congruence with the five viscera. Differentiation of pathological change is arrived at from these relationships and frequently disease patterns can be deduced from the congruence between the five notes, five voices and five viscera, especially pathological changes caused by emotional aspects.

The *Nei Jing* also has statements about the use of the five notes and language to differentiate disease. For example, the *Su Wen*: *Mai Yao Jing*

Wei Lun states: 'If sound seems to be coming from within a room, it is damp in the center qi. If the voice is faint, taking the entire day to recover the voice, this is qi retrenchment. Failure to keep clothing and bedding tidy, kind and malicious language, regardless of the individual, is derangement of the spirit brightness.' Zhang Zhong Jing took the patient's language, respiration, panting, coughing, vomiting, hiccoughing, intestinal rumbling, groaning and moaning as the content of listening and smelling examination. Later scholars also took abnormal odors of breath, nasal odors, phlegm odors and various other excretions, such as stools, as examples of the scope of listening and smelling examination. The content gradually became more full and more concrete.

Listening and smelling examination is one of the four examinations and cannot be omitted. The physician must be patient, and attentively investigate the patient. When doing inquiry examination and inspection examination with patients, simultaneously conduct listening and smelling examination, paying attention to listening to the sound of the voice, language, respiration, cough, etc., and smelling the odors of the breath, the body and other excretions. When conducting listening and smelling examination, it is important to pay attention to eliminating any complicating sounds or smells in the environmental surroundings.

Listening examination

Listening to the sound of the voice

Sounds are emitted from the mouth, and vocalization is produced from the coordinated use of the mechanisms of the lips, teeth, tongue, throat, windpipe, lungs and nostrils. The sound of the voice expresses the form of people's thoughts or emotions, hence a normal voice can have differences of large or small, high or low, rapid or slow because of individual body structure or because of emotions. Typically, men's voices are relatively low, deep, strong and turbid, women's voices are relatively high, modulated, clear and bright, children's voices are relatively rapid, rough, light and fragile, and voices of the elderly are relatively slow and thick. When angry, the voice becomes loud, sonorous, stern and severe. When grieving the voice becomes low, deep and discontinuous. But, generally speaking, when normal the voice should be natural, balanced and smooth. A pathological form to the sound of the voice has a relationship to pathological changes in the entire body, and the relationship to the above-mentioned vocalization mechanisms is especially close. The following paragraphs describe commonly heard pathological changes in the sound of the voice and the important points of pattern differentiation.

DIFFERENTIATING COLD, HEAT, VACUITY AND REPLETION BY LISTENING TO THE VOICE

Repletion patterns, heat patterns. The voice is heavy, turbid and rough, loud, sonorous and grand, and there is vexation or agitation with a great deal of speech. For example, patients with repletion heat patterns may have a high fever, clouded spirit and delirious speech, and the voice will be thick, turbid and grand.

Vacuity patterns, cold patterns. The voice is light, clear, small, low and weak, and there is a preference for quiet and a reluctance to speak. For example, patients with enduring or serious

illnesses may have a low voice, weak breath and be reluctant to speak.

DIFFERENTIATING EXTERNAL CONTRACTION AND INTERNAL INJURY BY LISTENING TO THE VOICE

A voice that is heavy and turbid or sounds as though it is coming from within an urn, accompanied by nasal congestion, a running nose and cough in general is external contraction; this is caused by evil qi entering through the nose and causing the qi of the nose to become obstructed and not flow.

A hoarse voice, if seen in a new disease, arises because of non-diffusion of the lung qi, which is caused by externally contracted wind-cold fettering the lung or by wind-heat invading the lung. If in enduring disease the form is thin, the body weak and the voice hoarse, there is lung and kidney yin depletion and this can be seen in vacuity taxation, consumption, etc.

DIFFERENTIATING NEW DISEASES AND ENDURING DISEASES FROM LOSS OF VOICE

New diseases. At the beginning of an illness, when the course of the disease has been relatively short, in general there first is a hoarseness of the voice and then suddenly no sound comes out. This is often seen in externally contracted wind-cold or wind-heat, or in patterns where, after contracting the evil, there also is damage to food intake, etc. Loss of voice in new diseases is generally ascribed to repletion patterns.

Enduring illness. Here the disease occurs gradually, or the course of the disease is relatively long. Gradually it becomes more and more difficult for the voice to come out until there is complete loss of voice. This is commonly seen in internal damage due to lung and kidney yin vacuity, causing an inability for the body fluids to rise, or vacuity fire scorching and damaging lung metal, causing fluid withering and lung dryness. Loss of voice in enduring illness is

generally ascribed to vacuity patterns. If there is loss of voice at the end of pregnancy, this is commonly due to the influence of the fetus on the essence qi of the kidney, causing an insufficiency and an inability to luxuriate and moisten.

LISTENING TO THE CRYING AND CALLING OF CHILDREN

Children emitting intermittent frightened cries, in a sharp and loud voice, with a fearful expression on the face, green-blue around the lips and sometimes convulsive spasms of the hands and feet is generally due to fright wind pattern. Intermittent crying, refusal of food and restlessness in children are generally due to abdominal pain. Night-time crying in children may be fear, worm accumulation, unregulated hunger and fullness, or it may be due to poor habits.

LISTENING TO GROANING

The persistent groaning or shouting of patients is often due to bitterness that is difficult to bear, or there is relatively intense pain.

LISTENING TO SNORING

A clouded spirit, staring eyes, raucous snoring, open hands and enuresis are often a critical sign of wind stroke.

Listening to speech

Language is the sound of the heart, thus language problems often have a relationship with disease patterns of the heart. Quietness and a reluctance to speak are usually ascribed to vacuity patterns and cold patterns. Vexation and agitation with excessive speaking are usually ascribed to heat patterns and repletion patterns. In addition there are the following disease patterns and language abnormalities.

1. DELIRIOUS SPEECH

Absurd language and deranged speech, illogical speech, or speech whose meanings change, and a thick, strong voice is called 'delirious speech.' It is due to a repletion pattern of heat evil harassing and deranging the heart spirit. It often is accompanied by a fever, clouded spirit-orientation, vexation and agitation. It is commonly seen in patterns of warm disease evil entering the pericardium or cold damage yang brightness bowel repletion patterns.

2. MUSSITATION

When the spirit-orientation is not clear, the voice is fine and faint, and speech is muffled, sometimes continuing and sometimes ceasing, this is due to a vacuity pattern with great damage to the heart qi.

3. TALKING TO ONESELF

This refers to muttering and mumbling to oneself and stopping when coming upon people. This is a vacuity pattern of insufficient heart qi.

4. MANIC RAVING AND DERANGED SPEECH

If the essence-spirit is abstracted and the speech is deranged, this is due to yin pattern withdrawal. If there is manic speech and deranged language that continues in public this is yang pattern mania.

5. SLURRED SPEECH

A hard, strong tongue, and slurred, rough speech is often seen in wind stroke pattern.

Listening to respiration

Listening to respiration includes the abnormal

respirations of panting, wheezing, qi ascent, shortness of breath, shortage of qi and sighing.

1. RESPIRATION

Respiration involves the lung and the kidney. The lung governs qi, the kidney grasps qi, the lung is the governor of qi, the kidney is the root of qi. If in disease the breath is normal, the form has disease, but the qi does not. If the breath is abnormal, then the form and the qi both have disease. It also has a relationship to pathological changes in the lung and the kidney. Listening to respiration can differentiate vacuity and repletion.

Repletion patterns, heat patterns. The sound of respiration is loud, the breath is rough and distressed and acute onset is generally seen in a surplus of external contraction of evil or phlegm-heat invading the lung.

Vacuity patterns, cold patterns. The sound of respiration is low, the breath is faint and slow, the onset of disease is relatively slow; this is generally seen in internal damage causing insufficient right qi and kidney and lung qi vacuity. If respiration is rapid and coarse and there is fine, weak sighing, frequently this is a critical sign of great damage to the original qi. If, in enduring illness, the qi of the lung and kidney is near expiry, the breath is rough and the respiration is uneven or discontinuous, this is a critical sign.

2. PANTING

Rapid, irregular respiration, extreme to the point that the nostrils move, with an uneven entrance and exit of the breath, opening of the mouth and raising of the shoulders and difficulty lying down is called 'panting.' There are the differentiations of vacuity and repletion.

Repletion panting. The onset is relatively acute, respiration is panting and irregular, the chest is full, the sound is loud and the breath is rough, the exit of breath is irregular and exhalation

is uneven. This is the disease evil obstructing the lung.

Vacuity panting. The onset is relatively slow, respiration is panting and irregular, the breath is timid and the voice is low, inhalation is diminished and exhalation increased, and inhalation is rapid. The breath is not continuous and the panting is more severe with movement. This is due to kidney vacuity causing the kidney to be unable to absorb the qi, or lung vacuity causing the lung to be unable to govern the qi.

3. WHEEZING

During periods of panting if there is a wheezing, a ringing sound in the throat (like the sound of a water bird), this is called 'wheezing.' Wheezing patterns frequently come and go, but are difficult to treat. There are the differentiations between cold wheezing and hot wheezing. Cold wheezing is accompanied by cold signs (e.g. in the pulse), and hot wheezing is accompanied by heat signs.

4. QI ASCENT

Sighing, rapid and rough breath, coughing, and qi counterflow to the throat is called 'qi ascent.' It can be due to phlegm-rheum, yin vacuity fire inflammation, or external evil entering the lung causing blockage of the airways.

5. SHORTNESS OF BREATH

Here respiration is rapid, short and irregular, like wheezing but without raising the shoulders and like groaning and moaning, but without the pain. If the breath is rapid but there is no phlegm sound, this is called 'shortness of breath.' It is commonly seen in repletion patterns; it also can be seen in vacuity patterns. It is necessary to investigate the other symptoms in order to differentiate.

6. SHORTAGE OF QI

If respiration is faint and weak, the sound is low and there is shortness of breath (but no panting), and the qi is insufficient to sigh, this is called 'shortage of qi.' It is commonly seen in vacuity patterns; it often is a manifestation of a body that is vacuous and weak. Shortage of qi is also called 'qi faintness.'

7. SIGHING

The occasional appearance of the sound of a long sigh or short sigh or inhaling breath for the purpose of sighing is called 'sighing.' Generally it is due to emotional depression, and the liver not coursing and draining. There is an uncomfortable feeling in the rib-side. If sometimes there is frequent inhalation of breath in order to exhale deeply, then this is generally ascribed to qi vacuity pattern.

Listening to cough

Cough is due to the lung not diffusing and downbearing, lung qi rising counterflow, and phlegm and qi flooding the airways. Sound without phlegm is called 'unproductive cough' (ké 咳); phlegm without sound is called 'productive cough' (sòu 嗽); both phlegm and sound together is called 'cough' (ké sòu 咳嗽).

Differentiating cold and hot cough in general is done according to the form of the phlegm. The amount of phlegm is the important element of pattern differentiation. Listening to the sound of the cough also aids in differentiating patterns.

Vacuity and repletion can be differentiated from the sound of cough. In general the sound of a sudden cough with hoarseness is lung repletion. Unproductive cough with diminished qi, low sound and without force is generally a vacuity pattern. If there is an enduring unproductive cough with loss of voice it is lung vacuity. Dry cough that is clear and fragile generally is dry heat. Cough that sounds deep

and oppressed generally is cold-damp. If the sound of an externally contracted cough is heavy and turbid and there is an itchy throat, this is cough with phlegm and sound.

The sound of a cough also can be used to differentiate patterns of whooping cough and diphtheria. If the cough is intermittent, when coughing the breath is rapid and there is no sound until the end, when there is a whooping shout (the sound of the inhalation of breath), and the cough is sometimes accompanied by a red face and ears, the flowing of tears and nasal mucus and the spitting of phlegm-drool, this is called 'pausing cough,' 'ringing cough' or 'whooping cough.' It is ascribed to repletion patterns and is often seen in children. If the sound of the cough is hoarse like barking, one ought to pay attention to whether or not the patient has diphtheria. It is necessary to investigate whether or not there is a white membrane in the patient's throat, because sometimes throat impediment patterns also manifest a hoarse cough and it is important to differentiate the two.

Listening to the sound of vomiting

Those pathological changes that cause the upward counterflow of stomach qi can all cause the generation of vomiting. Vomiting has the two aspects of the presence of sound and the presence of material exiting from the mouth. For example, sound without material is dry retching and material without sound is vomiting. Listening to the sound of vomiting can aid in the differentiation of cold, heat, vacuity and repletion.

Vacuity patterns, cold patterns. The vomiting comes slowly and the sound of retching is relatively low, faint and without force.

Repletion patterns, heat patterns. The vomiting comes relatively suddenly and the sound of retching is relatively loud and forceful.

Differentiation of patterns according to vomiting often requires the addition of the four examinations.

Listening to hiccough

Hiccoughs were traditionally called 'yūe' 嘔 until after the time of Dan Xi when 'yue' became dry retching. Today, hiccoughing refers to the upward counterflow of qi out through the throat, emitting a kind of uncontrollable pounding sound, 'e, e,' commonly called hiccup. It is caused by the upward counterflow of stomach qi. Hiccoughs can be differentiated as cold, heat, vacuity and repletion.

Vacuity patterns. The sound of the hiccough is low, deep and long, the breath is weak and without force.

Repletion patterns. The sound of the hiccough is repetitive, loud, sonorous, short and forceful.

When hiccoughs appear in a new illness and the sound is forceful, generally it is because the evil has settled in the stomach and so the stomach qi is rising counterflow. When hiccoughs manifest in enduring illness, the sound is low and without force and the breath is timorous. This is ascribed to a serious pattern, and it is an inauspicious sign of the debilitation of stomach qi. If the hiccoughs manifest suddenly, it is due to eating food rapidly and swallowing it relatively quickly. Sudden onset of hiccoughs can often be controlled and stopped.

Listening to belching

Belching is due to air in the stomach exiting up to the throat and emitting a sound. It may be caused by cold qi attacking the stomach, by liver and stomach disharmony, by food stagnation or by stomach vacuity qi counterflow. The four examinations must be combined to differentiate the pattern.

Listening to sneezing

Sneezing is the lung qi ascending, flooding the nose and emitting a sound. It is commonly seen

at the onset of externally contracted diseases, accompanied by sniveling. Sometimes, sneezing can occur suddenly owing to smelling an abnormal odor, but this is not a pathological condition.

Smelling odors

Listening and smelling examination also includes the smell of odors. Normally, in the smooth flow of people's qi and blood, there ought to be no abnormal odors. If the viscera, bowels, qi, blood or body fluids have contracted disease, then there may be abnormal odors. Smelling odors includes the following aspects.

Breath odors

Sour breath is food accumulation in the stomach. Foul breath is heat in the spleen and stomach or poor digestion; it also is seen with tooth decay, not brushing the teeth and mouth, etc. Rotten and foul breath is tooth gan or internal pain.

Sweat odors

Whether a patient is sweating excessively can be known from inspection examination. If there is only slight sweating, the hand can be used to wipe the moisture from the skin in order to know its odor. In general if sweat has a goatish smell it is due to the evaporation of damp-heat. Some people often have a foul sweat odor in their armpits; this is called a 'fox-like smell.'

Phlegm and nasal mucus odors

A cough with turbid, purulent or bloody phlegm with a fishy smell is lung welling abscess. Turbid nasal mucus that is yellow and has a fishy smell is lung heat and deep source nasal congestion. Relatively clear nasal mucus without a fishy odor generally is externally contracted wind-cold.

Urine and stool odors

A sour odor of the stools is heat accumulation in the large intestine. Sloppy and fishy stools is intestinal cold. Extremely smelly qi loss (flatulence) is food stagnation in the stomach and intestines. Smelly, turbid, yellow and red urine is damp-heat. Clear, long, white and odorless urine is vacuity cold.

Menstrual and vaginal discharge odors

In general these are known from inquiry examination. If the odor of the menses and vaginal discharge is foul, this is generally damp-heat. Clear, thin vaginal discharge with a fishy smell generally is vacuity cold.

Sickroom odors

The odor of the sickroom is frequently acquired from the odors of the patient's body, secretions or excreta and should be smelled as above. But, if there is a rotten odor, the smell of a corpse or the smell of urine, then this is the vanquishing and debilitation of the viscera and bowels. Blood that smells fishy is a blood pattern. The smell of rotten fruit is a serious pattern of wasting and thirsting.

Summary of listening and smelling

'The sage is one who knows by listening and smelling' points out that the good use of listening and smelling examination in clinical situations is an important aspect of the diagnosis of disease. Today, because of the broad use of many modern diagnostic aids, listening and smelling

examination is often left out. Actually though, in order to grasp completely the art of the four examinations, the listening and smelling examination is one step which cannot be diminished. In 'listening to the voice,' one must grasp the important differentiations between cold, heat, vacuity and repletion in order to understand whether the changes in the voice are from external contraction or internal damage, a new disease or enduring illness. In 'listening to speech' one must understand the differences between delirious speech, murmuring and talking to oneself, and differentiate whether they are ascribed to vacuity or to repletion. In 'listening to respiration' it is necessary to grasp and differentiate the important points of vacuity and repletion in order to understand qi ascent, shortness of breath, shortage of qi, sighing, etc. In 'listening to cough' it is important to understand the differentiation of whether there is cold, heat, vacuity or repletion, but in general one ought to combine the form of the phlegm in order to differentiate more precisely. Also there are the special sounds of individual cough sounds, like whooping cough, barking cough, etc., all of which must be differentiated. The sound of vomit, hiccup, etc., can also be used as a reference for pattern differentiation. Simply stated, the aspects of listening examination in general are: if the sound is rough and sonorous and its form is strong, then it is a repletion pattern; if the sound is low and weak and the breath is timorous then it is a vacuity pattern.

The smelling of odors includes abnormal odors emitted from the patient's body, excretions and secretions. From this patterns of cold, heat, vacuity, repletion, welling abscesses, flat abscesses, concretions and conglomerations can be differentiated. Generally speaking, smells that are rotten or foul are ascribed to repletion heat patterns, and smells that are fishy are generally ascribed to vacuity cold patterns. If the smell is foul like rotten eggs or like the evil smell of a rotten corpse, then it generally is an inauspicious omen of the vanquished debility of the viscera and bowels.

NOTES

1. These five sounds do not have a particular meaning. They are the names of the five notes in the Chinese musical scale.

Inquiry examination



Inquiry refers to the physician asking questions of the patient or the patient's companion. The method has a number of steps, and the purpose is to elucidate the disease circumstances. It is necessary to ask about and understand the circumstances relating to the onset of the disease so as to provide a foundation for pattern identification and treatment differentiation. Inquiry is an important step in diagnosing disease. Ancient and modern physicians both emphasize it. The *Ling Shu: Shi Zhuan Pian* states: 'When examining [and treating] a patient, [one should] ask the appropriate [questions].' Having been augmented by ancient physicians' experience, the content of inquiry diagnosis has become even more complete than previously, making it an important component of the four diagnostic methods. The *Jing Yue Quan Shu* holds that 'inquiry is essential to examination and treatment and it is a primary task of pattern assessment.' The *Yi Men Fa Lu* also states: 'Treating disease without asking questions of the patient, without obtaining the circumstances, without meticulous diagnosis, using medicinal agents without a basis, causing further damage, this is an error on the part of the physician.' All of these explain the important nature of inquiry examination.

A physician can only understand some of a patient's suffering (conscious sensations or subjective symptoms) and the circumstances of the onset of the disease by depending upon the

patient's own account. During inquiry, the physician's manner must be kind and patient. He (or she) must inspire and induce the patient to describe his (or her) symptoms and disease circumstances. The language used by the physician should be simple and easy to understand; questions should have a purpose and a point and they should be asked in order. Using unnecessarily complicated medical terms to ask questions should be avoided. One must be careful not to make the patient feel tired or annoyed.

If the patient is a child, is in a coma, has a mental disorder, or is deaf or mute and so is unable to give an account of the symptoms and signs, it is necessary to ask the companion about the medical history, asking for exhaustive details and a reliable account.

When faced with a critical patient, the physician should remain calm and be quick of mind. The important elements of the case may be obtained through inquiry; however, one must not be flurried or hold up emergency treatment for questioning. At the same time, the disease circumstances obtained through inquiry should be organized and recorded in the patient's record.

Inquiry examination includes the general circumstances, the history of the present disease, the history of previous diseases, personal life circumstances and family history. When recording these in the record, the order listed above should be followed.

General circumstances

General circumstances include the patient's name, age, sex, marital status, heritage, profession, birthplace and address. All of these should be written down accurately on the first page of the medical record.

Name. The patient's name should be asked and written down correctly so as to avoid the possibility of malpractice.

Age. Correctly recording the age can help in diagnosis and the use of medicinal agents. For example, children's bodies are composed of immature yang and immature yin, therefore their defense against disease is relatively lacking and it is easy for them to suffer from infectious disease. The qi and blood of the bowels and viscera in the elderly are weak, and so they easily suffer from vacuity diseases. In addition, there are often differences in the treatment of children, young, middle-aged and elderly people and the strengths of prescriptions for medicinal agents will also be different.

Sex. The physiology of men and women is different, and there are differences in their diseases. Women often suffer from menstrual or childbirth diseases.

Marital status. Marriage can be taken as a reference for the diagnosis of disease because it often has a relationship to diseases of the seven emotions, and it is directly related to diseases of the fetus and childbirth. Therefore asking about marital status, especially in cases of female disorders, becomes even more important.¹

Heritage, profession, birthplace, address. Individual living habits and environment are all closely connected with the occurrence of disease. Asking the race, occupation, birthplace and address of the patient can help in understanding the patient's living habits and working environment. This will benefit in diagnosing endemic, environmental or hereditary diseases that have a relationship with occupation, neighborhood or cultural heritage. The patient's address can also be a guide in observing the foundation for the

disease circumstances as it gives an idea of the socioeconomic circumstances.

Present disease history

First, one wants to understand clearly the chief complaint of the patient. In other words, when the patient comes for the first visit, determine the main trouble and its duration. For example, the chief complaint of a patient with external contraction may be headache and fever for 2 days; that of a patient with diarrhea may be abdominal pain and diarrhea for 1 day, etc. Following this, center on raising more questions about the chief complaint. One wants to ask about both the time of onset and the process of the disease. The aim is to understand whether the onset of the disease was acute or gradual, of short or long duration, any factors that induced the disease, any changes in the disease circumstances, whether or not the patient has received any earlier diagnoses or treatment, and if so what treatment was received and what the results were, etc. Questions should clearly cover the course of the disease from the time of onset and how it began to the time of visiting the physician.

Additionally one wants to raise detailed questions concerning the manifestations of any symptoms that followed or arrived after the onset, namely the presenting symptoms. This is an important point of inquiry. The Shi Wen Pian, written in the Ming Dynasty by Zhang Jing Yue, used a 'Ten Questions Song' to explain simply the need to include questions about the content of presenting symptoms. Having been modified and supplemented by later physicians, it has been used up to the present day as an outline for inquiring about these symptoms. This is the modified content of the 'Ten Questions Song.'

*First ask hot and cold, second ask sweat,
Third ask head and body, fourth ask stools and urine,
Fifth ask food and drink, sixth ask chest,
Seventh ask hearing, eighth ask thirst,
Ninth ask old diseases, tenth ask cause.
In taking medicinals, what changes appear.
Women especially ask the time of menses, slow, fast,
block or flood.*

For children add experience with measles and chicken pox.

There follows a breakdown of the content and important differential diagnosis points of the 10 questions.²

1. Inquiring about cold and heat

When disease evils invade the body, there is a struggle between the right and the evil, causing aversion to cold and fever. In general, differentiation can be made according to whether the evil is cold or hot. Cold evil generally manifests as aversion to cold, heat evil generally manifests as heat. Distinctions can be made according to the strength or weakness of the yin and yang of the body. Yang exuberance causes heat, while yin exuberance causes cold; also yang vacuity causes cold, while yin vacuity causes heat. Hence inquiring about cold and heat can help to distinguish external contraction and internal damage, and to separate interior, exterior, yin and yang.

KEY POINTS IN INQUIRING ABOUT COLD AND HEAT

1. ASKING ABOUT THE PRESENCE OR ABSENCE AND STRENGTH OR WEAKNESS OF COLD AND HEAT

Cold. Cold is divided into aversion to wind, fear of cold, aversion to cold and shivering³. For example, when a person fears wind, with the appearance of wind the hair on the skin begins to stand up, but by adding clothes or avoiding wind, then there is no aversion to wind. This is called 'aversion to wind.' If the patient's form is cold or the extremities are cold, and he (or she) likes to add clothes or to be near a fire, this is called 'fear of cold.' If the patient feels cold, but wearing heavy clothes or a strong fire does not thoroughly remove the cold, this is called 'aversion to cold.' Relatively severe cold when the entire body is huddled and trembling is called 'shivering.'

Heat. Heat can be differentiated as slight fever, fever and strong fever⁴. For example, if the fever is slight and low, the patient may or may not feel it him- or herself. After examination, however, sometimes the body temperature is higher than normal, and this is called a 'slight fever.' If the patient feels the fever or if the physician, using his (or her) hand to pat the patient's forehead, also feels that the temperature is relatively high, or if a thermometer determines that the temperature is higher than normal (normal body temperature is 37°C), this is called 'fever.' If the patient feels hot, is vexingly thirsty and likes to drink, and to throw off clothes, if touching the skin burns the hand, and the measure of the body temperature is high (about 39°C), this is called a 'strong fever.'

2. INQUIRING ABOUT THE MANIFESTATION AND DURATION OF COLD AND HEAT

Cold and heat may occur at the same time, or they may be separate and appear singly (fever with no cold or cold with no fever). Fever and cold may also occur at special times, during the day, or at night, or be light or strong. If cold and fever alternate, one time cold, another time hot, this is called 'alternating cold and fever.' If the fever is like tidal water, arriving in accordance with the time of day, often manifesting after noon, and generally occurring over a long period of time, this is called 'tidal fever.'

3. INQUIRING ABOUT ACCOMPANYING SYMPTOMS

Accompanying the differential diagnosis of patterns are the symptoms occurring before, after or at the same time as the cold and fever.

THE DIAGNOSTIC SIGNIFICANCE OF INQUIRING ABOUT COLD AND FEVER

1. DIFFERENTIATING EXTERNAL CONTRACTION FROM INTERNAL DAMAGE

External contraction. The disease generally

has a sudden onset, but the duration is relatively short. Often there is first an aversion to wind and a fear of cold. Gradually there is fever that is often accompanied by aversion to cold. During the fever, the back of the hand is generally hotter than the palm and the back is hotter than the chest and abdomen. In addition, there are some external contraction pattern signs.

Internal damage. Diseases caused by internal damage generally are marked by a slow onset and a lingering course. Aversion to cold and fever come at times and stop at times, often manifesting as slight fever or tidal fever. In general the palm of the hand is hotter than the back, and the chest and abdomen are hotter than the back. There are also some symptoms of internal damage but there is no exterior pattern.

2. DIFFERENTIATING EXTERIOR PATTERNS FROM INTERIOR PATTERNS

Exterior patterns. The distinguishing feature of exterior patterns is aversion to cold and fever appearing simultaneously. This is caused by external contraction of the six environmental excesses causing fever and aversion to cold. If aversion to cold is strong and fever is light, this is wind-cold exterior pattern. If aversion to cold is light and fever is strong, this is wind-heat exterior pattern.

Interior pattern. In general, aversion to cold and fever are separate and manifest singly. If fever occurs with no fear of cold (only heat, no cold) this is an interior heat pattern. If there is aversion to cold or fear of cold but there is no fever (only cold, no heat) this is an interior cold pattern.

Half exterior and half interior pattern. The distinguishing feature of this is alternating aversion to cold and fever.

3. DISTINGUISHING YIN AND YANG, VACUITY AND REPLETION

Vacuity heat. There is no aversion to cold, but a slight fever or afternoon tidal fever, and vexing

heat in the five hearts. The course of disease is of long duration, and lingers without respite. Additionally, yin vacuity symptoms are seen.

Vacuity cold. There is no fever, but there is a fear of cold, a cold body and cool limbs, and spontaneous sweating. Additionally, yang vacuity symptoms are seen.

Repletion heat. At the onset, aversion to cold and fever are relatively strong, signs of internal heat gradually appear such as a strong fever with no fear of cold (only heat, no cold), profuse sweat, no resolution of fever with sweating, vexing thirst with a desire to drink, constipation, yellow urine, etc. Because damp retains and hides heat it can be the case that the heat of damp-warm patterns often manifests as tidal fever, usually occurring in the afternoon, with unsurfaced fever. In yang brightness internal repletion pattern, because there is dry heat binding internally, it manifests as late afternoon tidal fever.

Repletion cold. Here there is no fever, or there is a slight fever, and a strong aversion to cold (only cold, no heat). Accompanying this may be signs of an internal cold pattern such as a bland taste in the mouth, absence of thirst, abdominal pain, diarrhea, etc.

4. DIFFERENTIATING YIN AND YANG DISEASE

Disease in yang. If the fever is strong during the day and light at night, in general the disease evil is in the qi aspect.

Disease in yin. If the fever is strong at night and light during the day, in general the disease evil has entered the construction blood.

Epidemic disease. There is a sudden onset of disease circumstances that are strong and deep, aversion to cold and high fever, in addition to a variety of symptoms of epidemic diseases.

2. *Inquiring about sweat*

Sweat fluids are created by yang qi steaming and transforming yin fluids, which emerge on the outside of the body from the sweat pores. Sweating depends upon the body's regulation of the construction and defense, especially the defense qi. The defense yang manages the opening and closing of the sweat pores. If the opening and closing of the sweat pores is appropriate, then the sweat has boundaries. If the yang qi is overly hyperactive or insufficient, it causes abnormal opening and closing of the sweat pores and sweat emerges without limits. Also, external evils can block the sweat pores, and then there is no sweating; or, because the defensive yang cannot secure the exterior, there can be sweating without limits. If the construction blood is vacuous, the yin does not astringe the yang, and this also can cause abnormal sweating. Hence, by asking about sweat one can differentiate if the evil or the right is exuberant or weak and whether the sweat pores are coursed or blocked. Also, the lung governs qi, courses and spreads body fluids, connects externally to the skin and body hair; the heart governs blood; blood and fluid are of the same source, therefore, as sweat is transformed out of body fluids, sweat is a fluid of the heart. Hence, by asking about sweat one also can know about the repletion and vacuity of the qi and blood.

KEY POINTS IN INQUIRING ABOUT SWEAT

Questioning includes inquiring about the presence or absence of sweat, the location of the sweat, the time, the nature and the quantity of the sweat. Normal sweat often has a relationship with hot weather, emotional excitement and rapid movements, hence when asking about sweat one must pay attention to conditions of overexertion and excited emotions. This is the only way to differentiate normal appearance from abnormal appearance.

THE DIAGNOSTIC SIGNIFICANCE OF INQUIRING ABOUT SWEAT

1. *DISTINGUISHING EXTERNALLY CONTRACTED VACUITY PATTERNS FROM REPLETION PATTERNS*

External vacuity. Because the evil has invaded the defensive exterior, the defense qi is vacuous and weak, and the sweat pores are relaxed, hence there is sweat. The sweat is generally seen on the head and face and on the trunk.

External repletion. Because wind-cold makes a surprise attack on the exterior, and cold governs contraction, the sweat pores are blocked, hence there is no sweat.

2. *DIFFERENTIATING THE EXUBERANCE AND DEBILITATION OF THE EVIL AND THE RIGHT*

In general, from the location of the sweat and the quantity of the sweat, these can be differentiated.

Sweat over the entire body. Profuse sweating over the entire body, high fever and vexing thirst, liking fluids, bound stools and yellow urine, all represent interior repletion heat. Profuse sweat dribbling out, faint pulse and cool limbs are signs of collapsed yang syndrome causing yang qi desertion from the exterior and the separation of yin and yang.

Sweat over the head and face. Sweat over the head and face accompanied by cool limbs, shortage of qi, white, glossy tongue fur and a deep pulse is caused by qi vacuity and yang vacuity. This is frequently seen in elderly people, people with weak constitutions, or in cases of prolonged illness causing yang vacuity. Sweat on the head and face accompanied by vexing thirst, yellow tongue fur and a floating, rapid pulse is exuberant heat in the upper burner; accompanied by a heavy body, fatigue, yellow slimy tongue fur and inhibited urine is damp heat in the middle burner. If, in cases of severe disease or enduring disease, profuse sweat suddenly appears on the forehead, this is caused by stray floating of vacuity yang, a critical sign

of the separation of yin and yang. When infants are entering sleep, the appearance of sweat on the forehead, head and neck is considered normal if the quantity is small. Because children's bodies have immature yin and yang and their pores are usually loose, they sweat easily. However, if the sweating is profuse, there is generally a vacuity syndrome.

Sweat over half the body. Sweat over one-half of the body is caused by vacuity of qi and blood in half of the body, or it is wind phlegm obstructing and stagnating the vessels and networks, with qi and blood not being regulated, causing hemilateral withering.

Sweat in the palms and soles. Some people normally have a small amount of sweat on the palms and soles. This individual physiological circumstance is not considered pathological. However, if when sick the hands and feet sweat more, and this is accompanied by a dry mouth, dry throat, yellow urine, constipation and a fine pulse, this is heat stasis in the yin channels.

Shiver sweating. Shivering followed by sweat is called 'shiver sweating.' It is the manifestation of the struggle between the evil and the right. If the sweat abates the fever slightly, and the pulse is tranquil, this is the right being able to surpass the evil. The fever will be resolved following sweating, the evil will be dispelled and the right will be quiet. If after shiver sweating the fever does not abate, the pattern is not diminished and the pulse is agitated, this is the right being unable to surpass the evil, and the disease could become serious.

Yellow sweat. If the sweat is yellow and stains the clothes, it is damp encumbering the skin and hair pores internally, and the heat evil is stagnating and steaming inside, causing yellow sweat.

3. DIFFERENTIATING YIN AND YANG, VACUITY AND REPLETION

Spontaneous sweat. Frequent spontaneous sweating during the day without such causes as movement, sunshine, heavy clothing, etc., or

exceptionally easy, frequent profuse sweat with no aversion to cold or fever, is called 'spontaneous sweating.' If the exterior defense does not secure, this pertains to qi vacuity and yang vacuity. Frequent moving may cause the sweat to increase, and this will often be accompanied by a variety of qi vacuity or yang vacuity signs.

Night sweat. Sweating after falling asleep that stops on waking, and a bland taste in the mouth, is called 'night sweat.' It pertains to yin vacuity, or yin being unable to astringe yang. It is often accompanied by other yin vacuity signs.

Expiring sweat (also called 'desertion sweat'). Profuse sweat dribbling out over the entire body, especially on the front of the head and forehead, and sweat which is like pearls and like oil, is yang qi desertion, with the fluids following the draining of qi; it is a critical sign of the separation of yin and yang.

In addition, when asking about sweat, attention should be paid to cold sweat and hot sweat. Generally, cold sweat indicates yang vacuity pattern and hot sweat indicates external contraction of evil qi or heat evil steaming internally.

3. Inquiring about the head and body

The head is the meeting place of yang. It stores the brain marrow and most of the 12 channels and eight extra channels have a connection with it. The essential qi of the bowels and viscera also rises and pours into the head. The ears, the nose, the eyes, the mouth and the clear orifices are situated in the face and head. These are the openings of the five viscera, and external evils often invade through the mouth and nose. Thus, inquiring about the head can differentiate the vacuity or repletion of the viscera and bowels, the channels and networks, or internal damage from external contraction.

The lumbar region is the residence of the kidney. The tendons, bones and muscles of the entire body are all governed by the liver, kidney and spleen. If the qi and blood of the bowels and

viscera are fortified and effulgent, the body is correctly fortified and the lumbus, back and four limbs are flexible. Hence, asking about the body can differentiate the exuberance or debilitation of the qi and blood of the viscera and bowels. If external evils invade and block the moving flow of qi and blood of the viscera and bowels, the lumbus, back and four limbs are painful and movement is not very flexible. Hence, by asking about the lumbus, back and four limbs one can know the circumstances of the evil and the right.

KEY POINTS IN INQUIRING ABOUT THE HEAD AND BODY

It is most important to ask about the circumstances of the head and lumbus, the back and the four limbs.

1. Ask about the presence or absence of dizziness and shaking, the special characteristics of the signs, the duration of the signs, etc.
2. Ask about the presence or absence of pain in the head and body, the location and nature of the pain, the time of occurrence, whether or not there is sometimes heat or aversion to cold, whether or not the pain is related to weather changes and body movement, etc.
3. Ask about the presence or absence of sensations of heaviness and numbness in the head and body, and whether the lumbus, back and four limbs can move flexibly.

THE DIAGNOSTIC SIGNIFICANCE OF INQUIRING ABOUT THE HEAD AND BODY

1. DIZZINESS AND SHAKING DIFFERENTIATE VACUITY AND REPLETION

Generally prolonged dizziness pertains to vacuity and sudden dizziness pertains to repletion.

Vacuity pattern. This pattern usually arises slowly and its course is comparatively long. Often it breaks out repeatedly. During the attack, there is a sensation as if the sky and earth are turning, the vision is blurry and dim, and the

pattern is often accompanied by other vacuity signs. This is usually due to kidney essence depletion and vacuity, or insufficient qi and blood. But also, there is dizziness and shaking caused by phlegm-damp collecting and lodging, the clear yang not rising and evil harassing the clear orifices. One must refer to the pulse, the tongue and other signs in order to differentiate.

Repletion pattern. This usually develops suddenly and its course is short. It is like the dizziness and blurred vision of sitting in a boat or car. It is often seen with upward harassment of wind-heat, wind phlegm, liver fire or liver wind. Ancient medical books say: 'Without phlegm there is no dizziness,' and 'All wind shaking and dizziness, these pertain to the liver.'

2. DIFFERENTIATING VACUITY AND REPLETION HEADACHE

Vacuity pattern. The head hurts continuously, and the disease is relatively long; sometimes there is pain, and sometimes it stops. It occurs because qi and blood are depleted and vacuous, the luxuriant marrow is unable to ascend and there is head pain. If there is yang vacuity, the head has cold pain with an aversion to cold and liking of warmth, palpitations, cumbersome fatigue, a deep, fine pulse, etc. If there is yin vacuity the headache is indistinct, and sometimes there is ringing in the ear, visual dizziness, lumbar pain, etc.

Repletion pattern. The disease arises relatively suddenly. It is exceptional because it is of relatively short duration and the pain is very clear. Often the headache is caused by evil qi of the six excesses, turbid phlegm stagnating, blood stasis, or liver wind/liver fire harassing the clear yang. If it arises from external contraction, the headache is often relatively extreme on both sides of the head at tai yang extra point, the pain radiates to the neck and back and there also are exterior symptoms. If it is caused by phlegm-damp encumbering internally, the head is heavy and painful (the pain is like a heaviness wrapping the head). If it arises because of blood stasis, there is stabbing pain, and the pain has a

definite location. If there is ascendant hyperactivity of liver yang or upflaming liver fire the head has pain from swelling, which is accompanied by a red face, red eyes, etc.

Headache with dizziness and shaking, or sudden clouding collapse, red face and eyes are the signs of wind stroke resulting from internal moving of liver wind. Headache, clouding inversion and vomiting phlegm-drool is caused by phlegm reversal. Both of these are severe repletion patterns.

3. DIFFERENTIATION OF HEADACHE ACCORDING TO THE SIX CHANNELS

Greater yang channel headache. Headache radiating to the neck and back.

Yang brightness channel headache. Pain in the forehead, eyebrows, etc.

Lesser yang channel headache. Pain in both temples or in the neighborhood of tai yang point.

Greater yin channel headache. The head is painful and heavy, and there is abdominal fullness and spontaneous sweating.

Lesser yin channel headache. The headache radiates to the brain and teeth; the fingernails are slightly green-blue.

Reverting yin channel headache. The pain is in the vertex and radiates to the sides of the head. There is a subjective sensation of qi rising counterflow, or nausea.

THE DIAGNOSTIC SIGNIFICANCE OF INQUIRING ABOUT THE BODY

Exterior pattern. There is headache and body pain, the pain has no definite location, or the pain radiates to the neck and back. There also are signs of an externally contracted pattern such as aversion to cold, fever, etc.

Interior pattern. If there is heaviness and numbness of the lumbus, back and limbs this is a repletion pattern of phlegm-damp blocking and stagnating the channels and networks. If there is numbness of the limbs and the limbs are

relatively withered and weak, or forceless, this generally pertains to qi and blood vacuity weakness, a vacuity pattern in which the vessels and channels lack nourishment. If the lumbus and legs are perpetually sore, painful and without strength and this becomes worse with exertion, it is kidney vacuity, and will often be accompanied by a kidney vacuity pulse pattern. After giving birth, if women have pain without an exterior pattern this is generally because of blood vacuity or because of static blood obstructing the channels and networks.

Blood stasis. The body pain is like a piercing drill. It has a fixed location, which is swollen and resists pressure. This is static blood obstruction.

Impediment pattern. The entire body may be painful; the pain is especially seen in the lumbus, the back or the joints of the four limbs. It comes and goes, and appears each time there is a change in the weather. Usually wind, cold, damp and heat evils cause the pattern. If the pain moves and flows without definition, and the joints hurt successively, this is called 'moving impediment' (wind evil causes the suffering). If the location of the pain does not move, and is accompanied by general heaviness of the body and cumbersome fatigue, this is called 'fixed impediment' (damp evil causes the suffering). If the pain is violent and persistent, and is slightly reduced with warmth, this is called 'painful impediment' (cold evil causes the suffering). If the pain is accompanied by fever, redness and swelling of the painful area and is slightly reduced with cold, this is called 'heat impediment' (wind-heat causes the suffering).

4. Inquiry about the urine and stool

The spleen and stomach govern the reception of water and food, transport and transform water and food essence, upbear the clear and downbear the turbid. The clear goes from the spleen up to the heart and lung from where it is distributed to the whole body; the turbid goes to the small intestine, turns and enters the large intestine. The large intestine governs the con-

version of matter, causing the turbid matter to become feces and be eliminated through the posterior yin (anal gate). Hence, by inquiring about the stool one can know about cold or heat, and the vacuity or repletion of the spleen, stomach and large intestine.

In order to disperse through the entire body, the body fluids depend upon the transportation and transformation of the spleen, upon passing freely through the diffusion and downbearing of the lungs and upon the transformative action of the qi of the triple burner. Some of the body fluid pours down to the urinary bladder. It passes through the transformative action of the qi of the kidney and urinary bladder and, as urine, is eliminated to the outside from the anterior yin (the urinary opening). Hence, by inquiring about urine one can know about the pathological changes of the lung, spleen, kidney and urinary bladder.

The kidney manages the urine and stools and opens into the two yin. It governs opening and closing. If the kidney qi's securing and astringing of opening and closing has limits, then urination and defecation are normal. Hence, by inquiring about the urine and stools one can know even more about the exuberance and debilitation of the kidney.

KEY POINTS IN INQUIRING ABOUT THE URINE AND STOOLS

Inquire about the frequency of urination and defecation, the quantity of urine and stool, the nature and form, the color, and the smell as well as the presence or absence of pain during defecation or urination, the presence of blood, whether or not there is pain or soreness in the lumbar region or abdominal pain, etc.

THE DIAGNOSTIC SIGNIFICANCE OF INQUIRING ABOUT URINATION

Generally, from the color and the quantity of the urine, heat, cold, vacuity and repletion can be differentiated. If the urine is yellow-red, short and sparse, this generally pertains to a heat

pattern. If the urine is white, clear and long, this generally pertains to a cold pattern.

1. PROFUSE URINE

If the quantity of urine is profuse, the urine is clear and long, and night urination is frequent, this usually is a vacuity pattern and a cold pattern. It is caused by an insufficiency of yang qi. Because there is qi vacuity, there is an inability to secure and astringe, hence the greater quantity of urine. If one drinks and urinates a great deal (drink once, urinate once), this is wasting and thirsting pattern.

2. FREQUENCY OF URINATION

When the number of times one urinates is many, this is called frequent urination. If the frequency of urination and the quantity of urine are great, and the color is white, this is vacuity cold of the lower burner. If the frequency of urination and the quantity are small, the color is red, sometimes with blood, and urination is painful, this is damp-heat in the urinary bladder. If urination is frequent but rough and scanty, often this is yin vacuity internal heat.

3. ENURESIS

Enuresis in children during sleep (bed wetting) generally occurs because the kidney qi is not sufficient, and so it cannot limit the urinary bladder. In general, this does not pertain to a pathological condition. But severe enuresis or enuresis at an older age is often due to kidney vacuity or the development of bad habits. Night-time enuresis or urinary incontinence in adults is in general caused by vacuity cold of the lower burner or vacuity detriment to the original qi after a severe illness. If during illness there is clouding of the spirit and enuresis, this is outward desertion of the yang qi and exhaustion of the essential qi.

4. INHIBITED URINATION AND DRIBBLING URINARY BLOCK

Elimination of urine that is impeded is called 'inhibited urination.' Elimination that is hesitant, rough and drips is called 'dribbling urination'; if the drips do not emerge, this is blockage (urinary blockage). If the urine is short and red, elimination is inhibited, and when urinating there is a sensation of heat or pain, this is damp-heat in the urinary bladder. If urination is frequent but inhibited or there is stoppage when urinating, and sometimes lumbar pain, this is generally sand strangury. Blood in the urine is blood strangury. In the elderly, if the urinary bladder is distended and there is inhibited urination or dribbling urinary block, this is usually due to kidney qi vacuity. (It could also be accompanied by blood stasis, damp-heat, etc.) In pregnant women, inhibited urination or urinary block usually is due to insufficient center qi causing the fetus to press down upon the lower opening of the urinary bladder, resulting in difficult elimination of urine. Urinary block after delivery is often due to blood stasis or a swelling of the uterus, which causes pressure on the urinary bladder and urethra. During illness, dribbling urinary block or the absence of urine is a sign of kidney qi debilitation.

THE DIAGNOSTIC SIGNIFICANCE OF INQUIRING ABOUT STOOLS

1. CONSTIPATION

In general, dry, bound stools are seen in repletion patterns. For example, if the frequency of defecation is extremely small, one time in several days, and the stools are dry and difficult to eliminate, this is constipation. Constipation is divided into cold, hot, vacuity and repletion.

Repletion heat pattern. Constipation, abdominal fullness and distention with pain that refuses pressure, fever, thirst and thick yellow tongue fur is a pattern of exuberant heat evil and bowel qi not being free.

Repletion cold pattern. Constipation, abdominal pain that refuses pressure, and accompanied by

cold signs such as aversion to cold, cold limbs, etc., is a pattern of cold evil obstructing the flow of yang qi and bowel qi not being free.

Vacuity pattern. Constipation or extremely dry, bound stools like sheep feces, and defecation that is relatively difficult, is a pattern of insufficiency of blood and depleted fluids, and vacuity of both qi and yin. It is often seen with enduring illnesses, in the elderly, in pregnant women or in women who have just given birth. It is a pattern of qi vacuity, yin and blood depletion, or 'lack of water to move the boat.'

2. DIARRHEA

This is increased frequency of defecation, several times in one day, or over 10 times a day, the stools being sloppy and soft or watery.

Damp-heat diarrhea. This is of sudden onset, frequency is relatively great (fulminant diarrhea), stools are foul smelling, there is abdominal pain and gurgling in the intestines, and the anal gate is burning hot.

Heat bind with circumfluence. This is elimination of a small quantity of loose, yellow, watery stools, which are abnormally foul smelling, accompanied by extreme abdominal pain, abdominal distention and fullness. It is caused by repletion heat blocking the intestines. By breaking through the dry heat, the fluids can come down along the sides and be eliminated.

Cold-damp diarrhea. The diarrhea is like water, with scanty fecal matter, the color of the stool is pale yellow, its smell is foul, the tongue is white and there is a bland taste in the mouth.

Food stagnation diarrhea. Above there is vomiting, and below there is diarrhea. The vomit is sour and foul; the diarrhea is foul and dirty. There is also abdominal pain and fever. Often this pattern is due to food matter not being clean or to dietary irregularity.

Cholera pattern. There is a sudden onset of illness with severe vomiting and diarrhea, cramps and convulsive spasms, all of which are

quickly followed by emaciation. This is a critical condition.

Spleen yang vacuity diarrhea. The stools are thin, soft and sloppy or not completely transformed. Every day the frequency of elimination is relatively great and this continues for several days (enduring diarrhea)

Kidney yang vacuity diarrhea. This is diarrhea at dawn every day (fifth watch diarrhea).

3. PUS AND BLOOD IN THE STOOLS

Dysentery. There is pus and blood in the stools, the diarrhea is red and white, and there is abdominal pain, abdominal urgency and rectal heaviness (tenesmus).

Distal bleeding and proximal bleeding. First stool, then blood, then thin dark purple blood, loose stools, epigastric and abdominal pain, is distal bleeding. Generally it is seen with stomach or intestinal hemorrhage or internal blood stasis. First blood, then stool, then fresh, red blood, is proximal bleeding. Generally this is seen in heat damaging the vessels and networks. Here the stools are often smelly, dirty, dry and bound.

4. FECAL INCONTINENCE

When the feces expel themselves and cannot be controlled, this is spleen and kidney yang vacuity. In enduring or serious illness, when there is a clouding of spirit and fecal incontinence, this is an ominous sign of spleen earth debilitation.

5. Inquiring about drink, food and taste

Food and drink that are consumed are received, transported and transformed by the spleen and stomach. The spleen and stomach are the root of after-heaven, the source of the engendering and transformation of essence and blood. The five viscera and six bowels depend upon food and

water essence for nourishment. Hence the saying: 'Man has stomach qi as his root.' Inquiring about food, drink and taste can differentiate the presence or absence of stomach qi, the vacuity or repletion and heat or cold of the viscera and bowels.

KEY POINTS IN INQUIRING ABOUT FOOD, DRINK AND TASTE

Ask about the appetite (stomach intake), the quantity of food, the taste in the mouth, food preferences, and preference for, or aversion to, cold and hot. Ask about the circumstances of the swallowing of food, whether or not there is stomach reflux or vomiting, etc.

THE DIAGNOSTIC SIGNIFICANCE OF INQUIRING ABOUT FOOD AND DRINK

1. When food and drink have taste, and when the quantity of food is normal (stomach intake is correct), this means that the spleen and stomach functions are fortifying and transporting, and that there is stomach qi. During an illness, if the appetite gradually improves, and the food intake gradually increases, this indicates that the stomach qi is gradually being restored.
2. When there is no thought of food, food intake without taste, and a decreased quantity of food, this is generally due to internal damage. Acid upflow, desire for hot food or feeling of fullness and distention after eating generally indicates spleen and stomach vacuity cold.
3. Large food intake with rapid hungering, and preference for cold food is stomach fire exuberance. Stomach yin will definitely be injured. This can be seen in wasting and thirsting pattern.
4. Knowing hunger but eating little (hunger without appetite), accompanied by a dry mouth, is insufficiency of stomach yin. It can be seen in the later stages of febrile diseases.
5. Vomiting after eating generally pertains to stomach repletion fire counterflow. Vomiting in

the evening of food eaten in the morning, or vomiting in the morning of food taken in the evening, is generally caused by spleen and stomach vacuity cold. It is called 'reflux stomach.'

6. Difficulty in swallowing, abnormal sensation of obstruction and choking when eating, obstruction of the chest and diaphragm, and wishing to spit the food out again not long after eating, is generally esophageal constriction pattern.

7. Indulgence by children in raw rice, earth, etc. (abnormal materials), is often caused by malnutrition due to parasites or due to impairment of the spleen and stomach. For pregnant women, indulgence in any kind of food is not pathological.

8. In enduring or serious illnesses when there has been a long period of forcing food or being unable to eat, and suddenly there is thought of food, asking for food or overeating, this is the eliminated center pattern of the spleen and stomach qi, and pertains to a manifestation of the 'last radiance of the setting sun.'

9. Abdominal distention, with a sour, rotten taste in the mouth, desire to vomit, no desire to eat, is food retention and stagnation.

THE DIAGNOSTIC SIGNIFICANCE OF INQUIRING ABOUT TASTE

1. Bitter taste in the mouth is usually seen in heat patterns. Stomach heat, liver and gallbladder damp-heat or externally contracted fevers all may produce a bitter taste in the mouth.

2. Bland taste in the mouth is often seen in cold patterns. Spleen stomach vacuity cold, water-damp stagnation or external contraction of cold prior to transformation to heat may all result in a bland taste in the mouth.

3. Sweet taste is often seen in spleen and stomach damp-heat.

4. Sour taste is often seen in liver and stomach disharmony.

5. Salty taste is often seen in kidney vacuity internal heat.

6. Greasy taste is often seen in damp encumbering the spleen and stomach.

7. Hot taste is often seen in yin vacuity internal heat.

8. Foul breath is often seen in exuberant stomach fire or food stagnation in the intestines and stomach.

9. Fishy taste is often seen in damage to the lung network or stomach network, causing coughing of blood or vomiting of blood.

10. A taste of urine in the mouth is seen in urinary toxin attacking the heart (urinary toxin pattern).

6. Inquiring about the chest, rib-side, stomach duct⁵ and abdomen

The chest, lower and lateral costal region, stomach duct and abdomen are the residence of the viscera and bowels. The heart and lung are in the chest. The heart governs blood; the lung governs qi. They are the pivot of the movement of qi and blood. Below the chest is the abdomen. Above the umbilicus is the large abdomen; the center of the large abdomen is the stomach duct. Below the umbilicus is the small abdomen; the two sides of the small abdomen are the lesser abdomen. The liver, gallbladder, spleen, stomach, and large and small intestines are all located in the abdomen. The channels of the liver and gallbladder run along the rib-side. The large abdomen is the home of the foot greater yin spleen channel. The lesser abdomen is the place where the foot reverting yin liver channel travels and passes. The stomach is in the area of the stomach duct, the intestines wind around the center of the abdomen, and the urinary bladder and uterus are in the small abdomen. Hence, by inquiring about the chest, the rib-side, the stomach duct and the abdomen, one can differentiate the cold and heat, vacuity and repletion of the viscera and bowels.

KEY POINTS IN INQUIRING ABOUT THE CHEST, STOMACH DUCT, RIB-SIDE AND ABDOMEN

1. Inquire about the presence or absence of lumps in the abdomen, oppression, distention and fullness. Inquire also about the presence or absence of pain, the location of the pain and the nature and duration of the pain.
2. Inquire about the circumstances of related symptoms, like respiration, cough, palpitations, etc.

THE DIAGNOSTIC SIGNIFICANCE OF ASKING ABOUT THE CHEST AND RIB-SIDE

1. CHEST OPPRESSION

Chest oppression, shortness of breath and coughing without strength are usually caused by lung qi vacuity; distention and fullness of the chest and diaphragm, panting, and cough with phlegm fluids are generally due to lung qi counterflow; chest oppression and pain, fever, cough with phlegm accompanied by contraction of an external pattern are caused by wind-heat invading the lung; oppressive chest pain, cold in the chest and cough with foamy drool and spittle are cold evil invading the lung.

2. CHEST PAIN

Insufficient yang qi, external evil invasion, phlegm-heat obstructing, static blood stoppage, fire heat damaging the networks, etc., can all cause the qi mechanism of the chest to be inhibited and painful. If there is oppressive chest pain, glomus and fullness, fever and cough and panting, cough with spittle and phlegm drool, generally this is phlegm-rheum. If there is pain and oppression in the front of the chest, radiating to the shoulder, back and inner arm, which sometimes appears and sometimes stops, and which may be accompanied by heart palpitations and shortness of breath, this is generally devitalization of heart yang, phlegm

and blood stasis obstruction. If there is a stifling oppression in the front of the chest, shortness of breath, heart palpitations, sudden chest pains like needles cutting, sometimes with a gray complexion, cold limbs and sweat, this is true heart pain.

3. RIB-SIDE PAIN

Fullness, distention, glomus and oppression in the chest and rib-side, a tendency to sigh, and traveling pain are generally due to binding depression of liver qi. Stabbing pain in the chest and rib-side, and pain which comes and goes, with a fixed location, is generally blood stasis. Rib-side pain with fever or alternating fever and aversion to cold, chest oppression, bitter taste in the mouth, etc., is generally damp-heat in the liver and gallbladder.

THE DIAGNOSTIC SIGNIFICANCE OF INQUIRING ABOUT THE STOMACH DUCT AND ABDOMEN

The stomach duct and abdomen are the residence of the spleen, stomach, liver, gallbladder, large and small intestines, urinary bladder and uterus. Because the locations are different, by inquiring about the stomach duct and abdomen one can differentiate pathological changes of the viscera and bowels. In general, stomach duct pain is a pattern of the spleen and stomach, pain on both sides of the large abdomen is a pattern of the liver and gallbladder, pain in the small abdomen is a pattern of the intestines or urinary bladder, and pain in the lesser abdomen is a pattern of the testicles or uterus. From the nature of the pain one can also differentiate the nature of the pathological change: pain that likes pressure is a vacuity pattern; pain that refuses⁶ pressure is a repletion pattern. Pain that improves with heat is a cold pattern; pain that improves with cold is a heat pattern. Pain that has a fixed location, stabbing pain or pricking pain that is complicated by swelling and distention, creating lumps, is blood stasis; distending pain that moves within a definite area is qi pain.

1. REPLETION PATTERN AND HEAT PATTERN

The distinguishing features of repletion and heat pain in the stomach duct or abdomen are that it is stabbing pain or burning pain, it is relatively severe, it refuses pressure, the body is hot and likes coolness, and the pain improves with cold. These are commonly seen in the following patterns.

Stomach and intestinal accumulation and stagnation. Relatively severe stomach and stomach duct pain, dry mouth and a bitter taste in the mouth, acid regurgitation, belching, dirty, foul stools, and abdominal distention.

Congesting blood stasis. The pain is like a stabbing knife with a fixed location, possibly accompanied by swollen lumps at the site of the pain, which becomes more severe with pressure.

Intestinal pain. This is twisting abdominal pain, pain that is more severe on the right side, abdominal tightness, resistance to pressure, accompanying fever and nausea.

Parasitic accumulation. There is intermittent wandering pain with no fixed location; generally there is pain around the umbilicus. When there is pain, the abdomen refuses pressure; when there is no pain the abdomen has a normal soft feel.

2. VACUITY PATTERN AND COLD PATTERN

The distinguishing features of vacuity and cold stomach duct and abdominal pain are swelling pain, dull pain, and lingering pain that likes pressure, is intolerant to cold, likes heat, and improves with heat. These are commonly seen in the following patterns.

Vacuity cold of the spleen and stomach. Lingering stomach duct pain that likes pressure and improves with food and warmth, with a bland taste in the mouth, vomiting of clear fluid and loose stools.

Cold settling into the abdomen. Pain in the umbilicus or around the umbilicus; with pressure the pain is reduced, and with warmth comfort is obtained.

7. Inquiring about the ears and eyes

The ear manages the sense of hearing and is the orifice of the kidney. Normal hearing depends upon the proper nourishment of the essence qi of the kidney. It is said: 'The kidney qi freely passes through the ear; when the kidney is in harmony, the ear can hear the five notes.' The ear is also the gathering place of the vessels and the place through which the lesser yang channels pass. The eyes manage the sense of sight and are the orifices of the liver. The essence qi of the five viscera and six bowels flows up to the eye. When the qi and blood of the viscera and bowels are in harmony, the ears are acute and the eyes are bright. Hence, by inquiring about the ears and eyes one can differentiate the vacuity or repletion of the viscera and bowels (especially the liver and kidney).

KEY POINTS IN INQUIRING ABOUT THE EARS AND EYES

1. Inquire about the presence or absence of ringing in the ear, whether it is on one side or both sides, its level and nature, and whether it occurs continuously or intermittently.
2. Inquire about the presence or absence of hearing impairment or deafness. When the hearing strength is reduced or sounds are not heard clearly, this is called 'hearing impairment.' If the sense of hearing lacks spirit, that is if one listens but does not hear, this is deafness.
3. Inquire about the presence or absence of pain in the eyes, whether or not the vision is clear, the presence or absence of visual dizziness, aversion to light, tearing, and whether or not there is redness, swelling, distention or secretion.

THE DIAGNOSTIC SIGNIFICANCE OF INQUIRING ABOUT THE EAR

1. DIFFERENTIATING VACUITY AND REPLETION BY EAR RINGING

Vacuity pattern. Ear ringing begins gradually, and the sound is fine like the ringing of a cicada.

When the hand is pressed against the ear, the ringing sound is reduced or stops. This is generally due to insufficient kidney yin.

Repletion pattern. Sudden onset of loud, intermittent sounds and when using the hand to cover the ear the ringing sounds are louder. This is often due to exuberant hyperactivity of liver fire.

2. DIFFERENTIATING VACUITY AND REPLETION OF IMPAIRED HEARING AND DEAFNESS

Vacuity pattern. Gradual hearing impairment or deafness after a long illness is generally due to kidney vacuity. The degree of deafness corresponds to the severity, and the increase or reduction in the illness. Deafness in the elderly is generally due to qi vacuity and essence depletion.

Repletion pattern. This is sudden reduction in hearing strength or loss of hearing, often accompanied by a bitter taste in the mouth and rib-side pain. It is generally due to exuberant evil and inactive qi or liver gallbladder counter-flow fire misting the clear orifices.

THE DIAGNOSTIC SIGNIFICANCE OF INQUIRING ABOUT THE EYES

1. Red eyes and painful eyes are often considered to be repletion heat pattern. Stabbing pain of the eyes and red canthus, accompanied by headache and visual dizziness generally, is heat toxin in the heart channel; red eyes, hot and distending pain of the eyes, aversion to light and indistinct vision are often caused by wind-fire in the liver channel; red eyes without pain generally is hyperactivity of liver yang or liver and kidney yin vacuity.

2. Clouded vision generally is a vacuity pattern. Clouded or flowery⁷ vision, or vision that is not clear, often is due to liver and kidney vacuity. Blindness at the end of the day or blurred vision at night without swelling or pain is called 'night blindness.' It is due to insufficient liver blood. Unclear spirit-disposition during an illness with

dull vision is a dangerous sign of essence qi already being retrenched (lack of spirit).

8. Inquiring about thirst and intake of beverages

The presence or absence of thirst often reflects the circumstances of the build-up or depletion and distribution of body fluids. Heat evils can easily consume body fluids and when there is an insufficiency of body fluids there often is thirst and a desire for beverages. Therefore, by inquiring about thirst and beverages, one can differentiate heat and cold.

KEY POINTS IN INQUIRING ABOUT THIRST

Inquire about the presence or absence of thirst, preference for or dislike of beverages, preference for hot fluids or cold fluids and the quantity of beverages consumed.

THE DIAGNOSTIC SIGNIFICANCE OF INQUIRING ABOUT THIRST

1. Absence of thirst, balanced taste in the mouth and no desire for beverages belong to cold pattern.
2. Thirst with no desire for beverages is in general due to trapped damp and deep-lying heat. Dry mouth but with only the desire to hold water in the mouth, not to drink it down, is blood heat with stasis.
3. Thirst with a desire for beverages, drinking many cold beverages, and desire for cold beverages is generally a heat pattern. Thirst with a desire for beverages in external contraction patterns is the evil already transforming into heat and turning inside. Great thirst with a desire for cold beverages, delirious speech, and bound stools is interior heat repletion. Great thirst with desire to drink but beverages not resolving the thirst is heat evil damaging the

fluids or depletion of stomach yin. Thirst with a desire for hot beverages, small fluid intake, or beverage intake causing vomiting is yang vacuity and body fluids not being distributed, damp evil obstructing internally, or a pattern of true cold and false heat. Thirst with large beverage intake and a large quantity of urine (one drink, one urination) is wasting and thirsting syndrome.

4. Thirst and drinking followed by vomiting, first drinking and then vomiting, or vomiting immediately after taking in beverages generally is water collecting in the stomach. First vomiting and then having thirst and drinking is the stomach fluids already being consumed and damaged and so drinking beverages is of benefit.

9. Inquiring about sleep

Sleep is a requirement for the body's normal physiology. Except for work or some other special circumstance, generally the normal circumstances are that one is awake during the day and asleep at night. Also, there is a clear time for going to sleep. The Ling Shu: Kou Wen Pian says: 'When yang qi is at its limit and yin qi is exuberant, one's eyes are closed. When yin qi is at its limit and yang qi is exuberant, one is awake.' If yin and yang are in harmony, one's sleep is normal. During sickness, yin and yang lack regulation and sleep lacks normality. By inquiring about sleep one can know about the exuberance or the debilitation, the evil and the right and the vacuity or the repletion of the body.

KEY POINTS IN INQUIRING ABOUT SLEEP

1. Inquire about the time of sleep and the quantity of sleep. Lying down and being unable to fall asleep, feeling like sleeping and then not sleeping, too little sleep or not sleeping all night, are all called 'insomnia or sleeplessness.' Sleeping too much, cloudy and deep essence-spirit, and closing the eyes and sleeping while sitting or lying, are all called 'somnolence.'

2. Inquire about whether or not sleep is sound, whether there are many dreams, if (the patient) is easily woken by fear, whether or not there is vexation and agitation, and about palpitations or other signs.

THE DIAGNOSTIC SIGNIFICANCE OF INQUIRING ABOUT SLEEP

1. DIFFERENTIATING VACUITY AND REPLETION INSOMNIA

Vacuity pattern. Often yin vacuity or blood vacuity causes the yin to fail to enrich the yang and the yang to fail to enter yin, and therefore there is no sleep. If sad thoughts damage the heart and spleen, there is heart and spleen blood vacuity causing insomnia. This pattern manifests as essence-spirit trance, fright palpitations and impaired memory, an inability to sleep deeply, excessive dreaming and easily waking. If there is insomnia due to heart and kidney vacuity, with heart fire hyperactivity and fire and water failing to interact, here one will see vacuity vexation, internal heat, difficulty entering sleep for a long time or even not sleeping for the entire night, dry throat, night sweating and ringing in the ears. Qi vacuity causing a lack of sleep in the elderly manifests as delayed ability to fall asleep at night, and awaking before dawn.

Repletion pattern. This is often caused by yang heat such as phlegm-fire, heart fire, liver fire or food stagnation harassing the heart-spirit. The commonly seen symptoms are tossing and turning with difficulty falling asleep, fullness below the heart, bitter taste in the mouth and heart vexation. This is called 'phlegm-fire harassing the heart,' 'disharmony between the liver and stomach' or 'restless sleep due to stomach disharmony.'

2. SOMNOLENCE

Somnolence is often caused by yang vacuity and yin exuberance sickness. If there is damp evil encumbering internally, the clear yang does not

rise and there can be generalized heaviness of the body, somnolence, dizziness, fatigued limbs and a moderate pulse. If somnolence is caused by heart and kidney yang vacuity, one sees a fatigued spirit, weak pulse, fatigue with excessive lying down, sleeping immediately upon sitting or lying down, or waking immediately upon being called but remaining dozy and blurry. If, after illness, there is somnolence with a feverish body then this is residual heat; if, after an illness, there is no fever but a preference for lying down and somnolence then this is lack of recovery of the right qi. If there is somnolence or clouded sleep with a high fever in acute febrile diseases this is generally caused by heat entering the pericardium or phlegm-heat clouding the heart-spirit.

Inquiring of women

The penetrating vessel is the sea of blood and the conception vessel governs the uterus and fetus. If, in adult women, the conception vessel is free, and the great penetrating vessel is exuberant, menstruation will flow according to time (menstruation arrives tidally) and pregnancy will foster a fetus in the uterus. On the basis of these distinguishing characteristics of female physiology, in addition to the above topics, inquiry examination must include inquiry about the circumstances of the menses, vaginal discharge, fetus, delivery, etc.

KEY POINTS IN INQUIRY EXAMINATION OF WOMEN

1. Inquire about the menstrual cycle, whether the color of the menses is deep or light, the quantity of the menses and whether or not there is pain during menstruation.
2. Inquire about the quantity of vaginal discharge, its color and its smell.
3. Inquire about pregnancies and childbirth, the circumstances of previous deliveries, and whether or not there have been miscarriages or abortions.

THE DIAGNOSTIC SIGNIFICANCE OF INQUIRING ABOUT MENSTRUATION, VAGINAL DISCHARGE, FETUS AND DELIVERY

1. MENSTRUATION

A normal menstrual cycle covers about 30 days with the characteristic flow lasting from 3 to 7 days. The quantity of the menses is moderate (but there can be differences among individuals and also what is meant by a lot or a little varies). The menses should be red, not watery nor thick, and not mixed with blood clots.

Abnormal menstrual cycle. Early menstruation refers to a shortened menstrual cycle that begins one or more weeks early. This is usually ascribed to a heat pattern or repletion pattern caused by heat evil forcing the blood to move frenetically. However, one can also have a vacuity pattern in which, because there is qi vacuity, there is an inability to secure the blood. Late menstruation refers to a cycle that is lengthened a week or more. Generally this is ascribed to a vacuity cold pattern. It is commonly seen with blood vacuity, or kidney vacuity. A disordered menstrual cycle refers to menses that arrive at an undefined time, sometimes early and sometimes late, often because the liver qi is bound and depressed or the spleen and kidney are vacuous and depleted.

Dysmenorrhea. Pain in the small abdomen during menstruation is called 'dysmenorrhea.' Pain prior to or during the period, and dark red menses complicated by the presence of clots, is generally caused by qi stagnation and blood stasis. Pain during or after the menstrual period accompanied by lumbar soreness that likes pressure and warmth is generally caused by qi and blood vacuity. Cold pain in the small abdomen that is reduced with warmth is attributed to cold pattern.

Menstrual block. If the menses are stopped in married, healthy women of childbearing age, this is often pregnancy. Menstrual stoppage in elderly women is often attributable to normal menopause. Menstrual block is menstrual stoppage in young and middle-aged women who are not pregnant. It is generally caused by desiccated

blood, vacuity consumption pattern or binding depression of liver qi.

Flooding and spotting. Profuse menstruation that flows without stopping is called 'flooding'; several days delayed menses with continuous dribbling is called 'spotting.' If the flooding or spotting is of a purple-red color or has blood clots and is accompanied by abdominal pain, this is generally attributed to repletion heat; if the menses are light and pale red, without blood clots and accompanied by soreness in the lumbar region, general fatigue and a weak pulse, this is generally attributed to vacuity cold causing vacuity of the penetrating and conception vessel, or spleen qi vacuity failing to control blood.

2. VAGINAL DISCHARGE

White fluid that drips out of the anterior yin (genitals) of women is called 'vaginal discharge.' If the vaginal discharge is copious, clear and thin, like mucus and with a fishy smell, this is usually vacuity cold (spleen and kidney yang vacuity); if the discharge is yellow and is thick and sticky, with a foul smell, this is yellow vaginal discharge, which is generally due to repletion heat (damp-heat).

3. PREGNANCY AND DELIVERY

Pregnancy accompanied by frequent and severe vomiting or vomiting after eating is called 'morning sickness.' Pregnancy accompanied by water swelling of the feet, dizziness and trembling, or in severe cases convulsive spasms and stupor, is known as eclampsia. In pregnancy, a tight, distressed sensation in the small abdomen, lumbar soreness and blood flowing from the anterior yin are usually the first signs of impending miscarriage. If, after delivery, there is persistent flow of lochia and abdominal pain that resists pressure, this is generally caused by blood stasis. If there is a high fever after delivery, and there is a large amount of smelly lochia, this is puerperal fever.

Inquiring of children

Children's bodies are composed of immature yin and immature yang, the organs are fragile and delicate, they are easily invaded by exterior evils and they are easily damaged by food and drink. Illness may be due to vacuity or repletion, cold or hot. A child's life dynamic is effulgent and exuberant, growth and development are rapid, and so diseases change easily and are easily healed. Hence, inquiry diagnosis should pay attention to these special characteristics.

KEY POINTS OF INQUIRY EXAMINATION OF CHILDREN

For infants, one wants to inquire about whether or not there was a normal, full-term pregnancy and delivery, the feeding circumstances and whether or not the mother is healthy. With young children one must inquire about the history of infectious diseases, what sorts of preventive inoculations have been received, and whether or not they have suffered from measles, chicken-pox, etc.

THE DIAGNOSTIC SIGNIFICANCE OF INQUIRY EXAMINATION OF CHILDREN

1. CONGENITAL CONDITIONS AND CONSTITUTION

If the mother was sick during the pregnancy or gave birth after an insufficient number of months, it is easy for the child to have a congenital insufficiency and a relatively weak constitution. Normal development of the child denotes a relatively good constitution; if development is not normal (five retardations, five limpnesses) this denotes a weak constitution.

2. UNREGULATED DIET AND CONTRACTION OF EXTERNAL EVILS

Improper nourishment, unlimited hunger or overeating and unclean food and drink may injure the spleen and stomach and cause food

accumulation and stagnation. When there is a lack of appropriate care for the regulation of cold and warmth, the result is often external contraction of the six excesses and fever and cough.

3. MEASLES, CHICKENPOX, FRIGHT WIND, GAN⁸ AND OTHER INFECTIOUS DISEASES

Measles, chickenpox, fright wind and gan are the diseases commonly seen in the department of pediatrics. One must investigate, question and differentiate whether or not the child has suffered from these and other diseases.

Previous history

Disease history clearly has a cause and effect relationship with current disease patterns. For example, wind stroke patients may have had a history of ascendant hyperactivity of liver yang or liver and kidney yin vacuity. Those with blood in the stools may have had a history of stomach duct pain or hemorrhoids. Those with malarial disease may have a history of many similar occurrences. Typically, those who suffer repeatedly from disease have a weak and vacuous constitution. Hence, inquiring about disease history can help in the diagnosis of current diseases.

Individual life circumstances

Individual life circumstances include the circumstances of diet and food preferences, of daily life and the balance of activity and rest, of the living environment, etc. These circumstances have an extremely large influence on one's health. A preference for food of one of the five tastes more often than not has a relationship with the exuberance or vacuity of the yin and yang of the viscera and bowels. If one likes heat and has an aversion to coolness, this is generally yin exuberance; if one likes coolness and has an

aversion to heat, this is generally yang exuberance. Those who have frequent hunger or overeat generally suffer from stomach and intestinal diseases. Those who are addicted to cigarettes or alcohol often have phlegm-damp diseases. Abnormal daily life, unregulated balance of activity and rest, sexual desires lacking regulation, anxiety and thought passing their limits – all of these can cause the qi and blood of the viscera and organs to lack regulation.

For children, one must inquire about the circumstances of birth, nourishment, growth and development. For women, one must inquire about the circumstances of menstruation, the fetus and delivery (refer to the above mentioned '10 questions').

Family history

Inquiring about family history usually concerns only the disease history of close relatives. Sometimes though it can also include disease history of those who have close contact in daily life. Family history can help to diagnose many kinds of hereditary and infectious diseases, for example mania and withdrawal pattern, wasting and thirsting disease, consumption, epidemic diseases, etc. One must inquire especially clearly about the circumstances of health or death of the patient's parents. For those who are married, one must inquire about the health circumstances of the spouse and children.

Brief summary of inquiry examination

Inquiry examination is an essential step for the physician to understand the disease circumstances. From the patient (or his companion's) statements regarding the course of the disease circumstances, the physician can gradually grasp the points of differentiation. Inquiring about the history of the present illness is an important point of inquiry diagnosis; one must make detailed inquiries concerning the appearance,

development, appearance of symptoms, previous diagnoses, etc. One must especially ask the content of the 10 questions clearly. This provides an important basis for differentiation. At the same time, while inquiring the physician can acquire important points for the diagnostic examinations of observation, listening and smelling and palpation. By inquiring about history, personal history, family history, etc., one can go a step further in understanding the reasons for the disease and in arriving at a

more accurate diagnosis and treatment of the disease.

Methods of inquiry are relatively easy to grasp. However, one should use a manner of raising questions that is caring and sympathetic to the patient, is extremely patient and has a purpose and proper arrangement. Only in this way will one be able to relieve the patients' apprehensions and cause them to express the disease circumstances, achieving the desired result of inquiry examination.

NOTES

1. Clearly this statement speaks to the Chinese moral code, which does not condone premarital sex of any sort and which would not presume that individuals involved in same-sex relationships would be open about these relationships. The practice of Chinese medicine in other parts of the world (and perhaps also in China) requires inquiry about sexual activity and the nature of a patient's sexual relationships in order to answer the questions that the Chinese presumed could be answered by asking about marital status.
2. The content of the text does not precisely follow the content of the 'Ten Questions Song' – the song is an older representation, while the discussion is greatly expanded and includes more information than the song.
3. See Chapter 23, p 410 for definitions of each type of cold.
4. See Chapter 22, p 403 for definitions of each type of fever.
5. Stomach duct: Wéi wǎn: lit. = 'stomach duct.' This term is commonly translated as 'epigastrium'.
6. Pain that 'refuses' pressure refers to pain that is exacerbated with pressure.
7. Flowery vision is a general term that includes various kinds of visual disturbance, including blurring, floaters, nearsightedness, etc.
8. Gan This term is sometimes translated as 'malnutrition,' 'malnutrition accumulation' or 'childhood nutritional impairment' but none of these precisely fits the single character used here.

Palpation examination



PULSE EXAMINATION

Pulse examination is an important part of palpation examination. The physician's fingers palpate and press the pulsation of the radial artery of the patient, so as to examine the pulse

image. Of the diagnostic methods used to understand the disease conditions, it is one of the special examination methods of Chinese medicine.

The meaning of pulse examination

The relationship between the pulse, the heart and the blood is extremely close. The Nei Jing states: 'The heart governs the blood and vessels.' The blood depends upon the heart qi to push it forward through the vesselways around the body, within the viscera and bowel channels and networks and out to the four limbs and hundred bones. Therefore, the pulse image can reflect the physiological and pathological changes in the mechanisms of the body's yin, yang, qi, blood, viscera, bowels, channels and networks. The Si Yan Ju Yao states: *The vessels are the blood vessels, the ancestor of qi and blood, the tunnel of blood and the breath of qi. Its image is modeled after earth, it is the palace of blood, in accord with the heart and located in the skin. Begun in the kidney, engendered in the stomach, the yin within yang, the source of construction and defense. The construction is yin blood, the defense is yang qi. Construction travels within the vessels, defense travels outside the vessels. The vessels do not move autonomously, but follow the qi. The qi stirs the vessels*

and is the meaning of yin and yang. Qi is like the bellows, blood is like great waves, the qi breathes within the blood vessels, up, down, out and around. Within the 12 channels, all have pulsating vessels. Only the hand greater yin is decided at the inch opening. Its channel is ascribed to the lung, whose upper system is the throat, the great meeting of the vessels ...

This means that the pulse is the palace of blood, it is governed by the heart and is commanded by qi. Qi stirs the vessels, producing the pulse breath. The Su Wen: Ping Ren Qi Xiang Lun states: 'The heart stores the qi of the blood vessels.' This means that the movement of blood humor is dependent upon the pushing and stirring of heart qi. When heart qi is effulgent and exuberant, blood moves normally and the pulsations are balanced and have force. When heart qi is vacuous, the pushing and stirring are forceless and the pulse arrives slowly and without force. The presence or absence of force in the pulsations can reflect the strength or weakness of heart qi and the exuberance or

debility of qi and blood. For example, in the Ling Shu: Ni Shun, it is written that: 'the exuberance or debility of the pulse is a sign of the vacuity, repletion, surplus and insufficiency of blood and qi.' This means that the vessels convey the qi and blood around the entire body, and the movement is unceasing, supplying nourishment to the tissue and organs of the entire body and continuing the movement of life. It can be seen that the production, movement and function of qi and blood depend upon the function and movement of the viscera and bowels, and the functioning and movement of the viscera and bowels also require the nourishment of qi and blood. Thus, physiologically the existence of the two is interdependent and, in pathology, they influence each other.

In sum, whatever the causes of disease, whether abnormalities or pathological changes in the body's yin and yang, qi and blood, viscera and bowels or channels and networks, all can be reflected in the blood vessels, and from this arise changes in the pulse image. Therefore, according to changes in the location, speed, form and strength of the pulse, there can be an objective understanding of the location, form and nature of the disease as well as the exuberance and debility of evil and right, the mildness or severity of the disease and the prognosis.

Slow and rapid differentiate cold and heat

The slowness and rapidity of the pulse beats are influenced by factors within and outside of the heart viscera. In normal individuals at rest, in one breath the pulse beats approximately four to five times or, in 1 minute, 60–80 times. Taxing movement, exercise, nervousness, fever, etc., can all influence the speeding up of the pulsations. The Su Wen: Jing Mai Bie Lun states: 'fear, fright, labor, movement and relaxation, all can change it [the pulse].'

The rate of the pulse beats can differentiate the nature of the disease. Fast indicates excess¹ and is ascribed to yang heat. Yang governs stirring, heat causes movement, and so if the body has heat its qi and blood move quickly and

the pulse quickens. The ancient people said: 'Rapidity is heat.' The Su Wen: Ping Ren Qi Xiang Lun states: 'If, in one inhalation the pulse stirs three times and in one exhalation the pulse stirs three times, then there is heat, called warm disease.' This explains that a rapid pulse is generally seen in warm heat disease. A pulse that beats slowly and slackly generally governs vacuity and cold. As is written in the Jin Gui Yao Lue: Zhong Feng Li Jie Bing Mai Zheng Bing Zhi: 'When the wrist pulse is slow and slack, slowness is cold, slackness is vacuity.'

Floating and deep differentiate the location of disease

If the pulse is floating, the disease is in the exterior. If the pulse is deep the disease is in the interior. Floating and deep therefore indicate exterior and interior. As is written in the Jin Gui Yao Lue: Fei Wei Fei Yong Ke Sou Shang Qi Bing Mai Zheng Bing Zhi: 'When there is cough and floating pulse, hou po ma huang tang [Magnolia Bark and Ephedra Decoction] governs. Deep pulse, ze xie tang [Alisma Decoction] governs.' When there is cough and a floating pulse this is external evil confining the internal fluids. Because the pulse is floating, it indicates that the disease evil is in the exterior. Using hou po ma huang tang [Magnolia Bark and Ephedra Decoction] diffuses and scatters the external evil. Cough with a deep pulse indicates that the disease evil is in the center or in the interior. Using ze xie tang [Alisma Decoction] downbears fluid and expels evil. When the disease symptoms are the same, but the pulse is floating or deep, the disease location is different and so the treatments are widely disparate.

Strength and weakness differentiate new and enduring

In a new disease, the evil qi is exuberant, but the right qi has no detriment, there is a surplus of yang qi, qi and blood have not been damaged and the pulse generally appears as floating,

slippery and rapid. In enduring disease, the evil qi is debilitated, the right qi is damaged and the pulse generally appears as deep, fine and weak. As is written in the Su Wen: Ping Ren Qi Xiang Lun: 'a pulse that is small, weak and rough, this is enduring disease; a pulse that is slippery, floating and racing, this is a new disease.'

The congruence of the pulse and pattern differentiates prognosis

Generally speaking, in a new disease the pulse is replete, and in enduring disease the pulse is vacuous. If the pulse is congruent with the pattern this is favorable. It is easily treated and the prognosis is generally good. If a new disease manifests a yin pulse or an enduring disease manifests a yang pulse, this is a lack of congruence between the pulse and the pattern and is an unfavorable sign. It is difficult to treat and the prognosis generally is not good. As the Jin Gui Yao Lue: Tan Yin Ke Sou Bing Mai Zheng Bing Zhi states: 'In enduring cough for many years, if the pulse is weak, it can be treated; if [the pulse is] replete, large and rapid, [the patient will] die.' If in enduring cough for many years, the right is vacuous and the evil is debilitated, a weak pulse is a favorable sign of congruence with the pattern; hence it can be treated. If the pattern itself is one of vacuity and a replete, large and rapid pulse is manifested, this is right vacuity and evil exuberance, an unfavorable sign of a yin pattern manifesting a yang pulse, and it is difficult to treat. Supplementing the vacuity hinders the expelling of the evil, and eliminating the evil also damages the right. Since the disease is critical neither attacking nor supplementing can be done, hence the prognosis is not good.

The positions of pulse examination

According to the different methods of pulse examination, the location at which the pulse is examined is different.

Overall examination method

According to the Su Wen: San Bu Jiu Hou Lun, there are nine locations that are used to reflect the pulse. In the upper portion 'heaven' is palpated at the artery on both sides of tai yang point, to reflect the qi of the head; the upper section 'man' is palpated at the artery in front of the ear at er men point (Ear Gate, TB-21), to reflect the qi of the ears and eyes; the upper portion 'earth' is palpated at the artery on both sides of the nostrils at ju liao point (Great Bone Hole, ST-3), to reflect the qi of the mouth and teeth. In the center portion, 'heaven' is palpated at the qi opening artery, at the wrist pulse (at the point 'Inch Opening') to reflect the lung qi; in the center section, 'man' is palpated distal to the palm at the ulnar styloid process, at the point shen men (Spirit Gate, HE-7) to reflect the heart qi; in the center section, 'earth' is palpated at the artery between the bones, at he gu point (Union Valley, LI-4), to reflect the qi of the chest and center. In the lower section, 'heaven' is palpated at the femoral artery, at wu li (Zu) point (Five Li (Foot), LIV-10) or at the big digit of the foot, in between the bones at tai chong point (Great Thoroughfare, LIV-3) to reflect the liver qi; in the lower section, 'man' is palpated at the artery 8 cun above the knee at ji men point (Winnower's Gate, SP-11), or at the artery on the dorsum of the foot at chong yang point (Surging Yang, ST-42) to reflect the qi of the spleen and stomach; in the lower section 'earth' is palpated at the artery behind the medial malleolus at tai xi point (Great Ravine, KI-3) to reflect the kidney qi. Owing to the detail required to examine the nine points of the body at the head, the hands and the feet, the overall examination system was not widely used by later generations, but the overall examination method still has significance for many diseases today. (See Table 4.1 and Fig 4.1.)

Three-section examination method

Besides the overall examination method, the Nei Jing also emphasizes the examination method at

Table 4.1 The locations of pulse reflections according to the overall examination system

Section name	Actual pulse location	Reflected qi
Upper section (head)		
Heaven	Artery on both sides of the forehead; approximately at tai yang point	Qi of the head corner
Man	Artery in front of the ear; approximately at er men (Ear Gate, TB-21)	Qi of the ears and eyes
Earth	Artery on both sides of the nostrils; approximately at ju liao (Great Bone Hole, ST-3)	Qi of the mouth and teeth
Middle section (hand)		
Heaven	Hand greater yin; approximately at cun kou (wrist pulse)	Lung
Man	Hand lesser yin; approximately at shen men (Spirit Gate HE-7)	Heart
Earth	Hand yang brightness; approximately at he gu (Union Valley, LI-4)	Qi of the chest and center
Lower section (foot)		
Heaven	Foot reverting yin; approximately at wu li (zu) (Five Li (foot), LIV-10) or tai chong (Great Surge, LIV-3)	Liver
Man	Foot greater yin; approximately at ji men (Winnower's Gate, SP-11) or chong yang (Surging Yang, ST-42)	Spleen and stomach
Earth	Foot lesser yin; approximately at tai xi (Great Ravine, KI-3)	Kidney

ren ying (Man's Prognosis, ST-9) and cun kou radial artery at the styloid process. The belief is that ren ying governs the exterior and reflects yang, and cun kou (the wrist pulse) governs the interior and reflects yin. Some feel that 'ren ying' refers to the position on either side of the ren ying location at the artery on both sides of the throat and that 'cun kou' (wrist pulse) refers to the radial artery or the cun kou (wrist pulse) location. But there are also people who believe that the left cun kou (wrist pulse) is the ren ying location and the right cun kou (wrist pulse) is the cun kou position.

Zhang Zhong Jing took a step forward in putting forth the three location examination method according to the ren ying and cun kou examination method. His three locations for examining the pulse were: ren ying (Man's Prognosis, ST-9), cun kou (wrist pulse) and fu yang (Instep Yang; located at chong yang (Surging Yang, ST-42)). Ren ying and fu yang reflect changes in the stomach qi, and cun kou reflects changes in the 12 channels. In general circumstances the cun kou pulse method is used, but when the disease circumstances are critical, examination of ren ying and fu yang are added (see Table 4.2).

Cun kou (wrist pulse) examination method

The source of the cun kou examination method is the Nei Jing Su Wen: Yin Yang Ying Xiang Da Lun where it states: 'Press on cubit and inch,² investigate, floating, deep, slippery and rough and know the engendering of disease and its treatment.' Here inch and cubit are first mentioned, but there is no mention of the bar location (see Fig 4.1). It is the Nan Jing, which first speaks of using only the cun kou, which also puts forward that the location 1 cun and 9 fen between inch and cubit is what is called bar. The Mai Jing goes one step further in clearly stating the three positions: inch, bar and cubit, and determining, based on the Nan Jing, the three different methods of floating, center and deep. Modern pulse examination takes the position horizontally in front of the styloid process, proximal to the palm on the inner side as the bar. One finger in front of bar is inch, one finger behind bar is cubit, three locations on each hand, making six positions altogether. This is the same as the statement in the Mai Jing that 'between yu ji (Fish Border, LI-10) to the high bone (styloid process), move back 1 cun, this is called the inch opening (cun kou). From the inch to cubit is called cubit marsh, hence there is inch and cubit. Behind inch and in front of cubit is called bar' (see Fig 4.2).

Chinese medicine believes that each of the six pulse positions is ascribed to a viscera and bowel

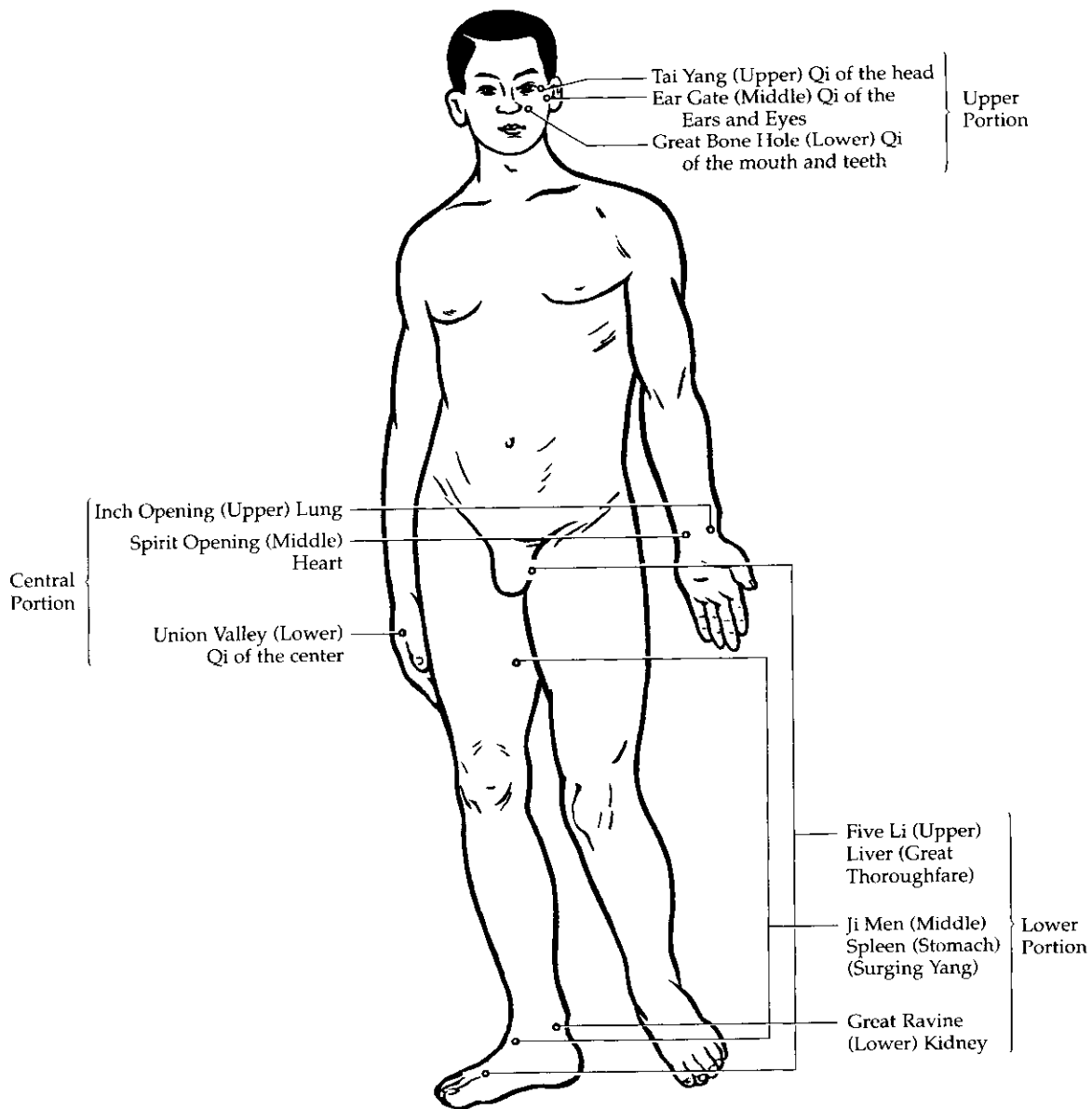


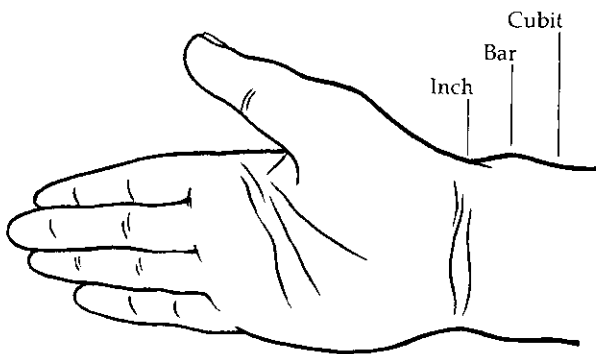
Fig. 4.1 The nine locations that reflect the pulse.

and can reflect pathological changes in them, but, as for the attribution of the six pulses to the viscera and bowels, physicians throughout history have not been in agreement. The Nan Jing takes the left inch as accompanying the heart and small intestine and the right inch as accompanying the lung and large intestine. The left bar accompanies the liver and gallbladder and the right bar accompanies the spleen and stomach. The left cubit

accompanies the kidney and bladder and the right cubit accompanies the kidney and life gate. The Mai Jing is basically the same as the Nan Jing, but varies in that it states that the right cubit accompanies the kidney and the triple burner³. Several later physicians, according to theories of yin and yang, qi and blood, viscera and bowels, exterior and interior, put forth other, different systems of accompaniment; representative of them

Table 4.2 Three location examination method and pulse reflection location

Section name	Actual location of pulse examination	Reflected qi
Upper section Ren ying	The pulsations of the carotid artery at the point ren ying (Man's Prognosis, ST-9)	Stomach qi
Middle section Cun kou	The radial artery, at the position horizontally in front of the styloid process, where the pulsation is felt	The qi of the 12 channels and their related networks, and bowels
Lower section Fu yang	At the pulsations of the artery on the back of the foot, at the point chong yang (Instep Yang, ST-42)	Stomach qi

**Fig. 4.2** Pulse examination method.

are Gao Yang Sheng, Zhang Jie Bin and Wu Qian. However, if the right is yang and the left yin, the lung governs qi, which is ascribed to yang, and is internally and externally connected with the large intestine; thus both accompany the right inch. The left is yin, so the heart governs blood, which is ascribed to yin, and is externally and internally connected to the small intestine; thus both accompany the left inch. The spleen resides in the center state, qi transformation is in the right and it is internally and externally connected to the stomach; thus both accompany the right bar. The liver stores blood, and resides on the right, its qi transformation is on the left, it is internally and externally connected to the gallbladder; thus both accompany the left bar. The kidney resides below and accompanies both cubit positions.

The above heterodoxy is basically accepted, but there are other very different ascriptions – for example, according to the exterior and interior relationship, putting the large and small intestine at the inch location, or, according to the Su Wen: Mai Yao Jing Wei Lun statement that: ‘the outer side of the cubit reflects the kidney, the inner side of the cubit reflects the abdomen,’ taking the small intestine and triple burner and placing them at the cubit position. In general, however, most physicians chose the correspondences of Zhang Zhong Jing and the Yi Zong Jin Jian. As for the discrepancies in the accompaniment of the six pulses and the viscera and bowels, and the arguments therein, each had their own ideas. Li Shi Zhen himself put forth an opposing view. He said: ‘The six places on the two hands all are of the lung channel, whose specialty is merely reflecting the qi of the five viscera and six bowels; it is not the residence of the five viscera and six bowels.’

Modern physicians disagree about the location of the viscera and bowels of the inch, bar and cubit positions; some agree with traditional descriptions and others disagree. Those who disagree argue that perpetual knowledge is not reliable, while those who agree cannot produce objective evidence. Some confuse the issue by using the viewpoint of the anatomical dissection of the pulse to criticize the attribution of the six pulse positions according to the viscera and bowels. We believe that the attribution of the six pulses to the viscera and bowels is based upon the traditional experience of Chinese medicine over many years and that it ought not to be easily agreed with nor disagreed with, but that a further step should be taken in deeper research of the topic (see Table 4.3).

Pulse examination methods

Time of pulse examination

The best time for pulse examination is at daybreak, when the internal and external environments of the patient are relatively calm and it is relatively easy to reflect a pulse picture that is excessive or insufficient. The physician must have a calm heart

Table 4.3 Chart of the various organ arrangements of the cun kou pulse method

Text title	Left side			Right side		
	Inch	Bar	Cubit	Inch	Bar	Cubit
Nan Jing	Heart, small intestine	Liver, gallbladder	Kidney, bladder	Lung, large intestine	Spleen, stomach	Kidney, life gate
Mai Jing	Heart, small intestine	Liver, gallbladder	Kidney, bladder	Lung, large intestine	Spleen, stomach	Kidney, bladder
Mai Jue	Heart, small intestine	Liver, gallbladder	Kidney	Lung, large intestine	Spleen, stomach	Life gate
Bin Hu Mai	Heart, tan zhong	Liver, gallbladder	Kidney, small intestine	Lung, chest center	Spleen, stomach	Kidney, large intestine
Jing Yue	Heart, pericardium	Liver, gallbladder	Kidney, bladder, large intestine	Lung, tan zhong	Spleen, stomach	Kidney, life gate, triple burner, small intestine
Yi Zong Jin Jian	Heart, small intestine	Liver, gallbladder	Kidney, bladder	Lung, large intestine	Spleen, stomach	Life gate, pericardium, triple burner

and harmonized breath, must assemble the essence and gather the spirit, must place the concentration below the fingers, and conscientiously know and clearly differentiate; this is the only way that the appropriate state of the pathological pulse can be ascertained.

The time required to take the pulse once, figured according to the beat, at the minimum is 50 beats. Ancient people believed: within 50 beats, if there were no abnormality, this indicated that the functions of the five viscera were healthy, and the essence and qi were sufficient. If in 50 beats there were abnormalities, this indicated that the function of the five viscera was less than normal. If in 40 beats there was a stop or skip once, this represented an abnormality in the function of one of the internal viscera. Hence, in the *Ling Shu: Gen Jie Pian* it is written: '[If] in 50 beats not one is skipped, all five viscera receive qi. [If] in 40 beats [there is] one skipped [beat], one viscera receives no qi.' Zhang Zhong Jing criticized the pulse taking of physicians of his time. He said: 'the breath count of the movements cannot be less than 50. A shorter time [and one] cannot know a definite diagnosis, nor whether the nine reflections seem increased or absent ... moreover, the desire to differentiate [patterns] is truly difficult.'

In sum, to feel the pulse once, it is necessary to have 50 beats; sometimes it is necessary to press for several multiples of 50 beats in order to be clear. Figured according to time, this is at least 1

minute or more; 3 minutes is average. Only in this manner can the pathological pulses of repletion and vacuity be discovered and the goal of 'differentiating [patterns] of deaths and life' be achieved.

The position of the patient

When examining the pulse, the patient should be either sitting or lying, the hands and the heart should be close to the same level, the palms should face upward and the forearms should be even. Place a soft pillow under the wrists and remove any objects that block the flow of blood, such as a watch, etc. In this manner, with the blood flowing freely and without hindrance, the pulse image will reflect the true condition of the body.

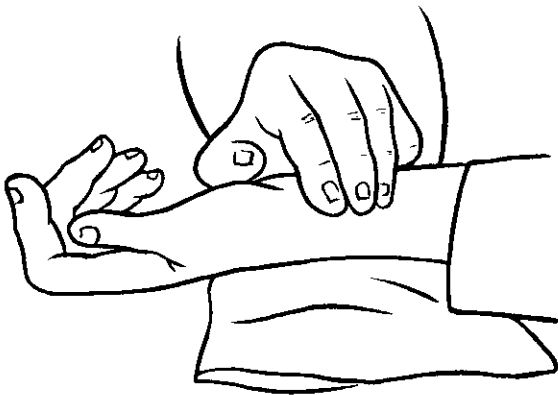
Finger method

The physician's method of feeling the pulse includes the arrangement of the fingers, the adjustment of the fingers, the force of the fingers, single pressing, combined pressing, etc.

1. ARRANGEMENT OF THE FINGERS

After having the patient sit upright or lie down, raising the palm and straightening the forearm,

the physician should sit upright off to the side and use the left hand to examine the patient's right hand and the right hand to examine the patient's left hand. As for the location of the three fingers, with adults first use the middle finger and place it on the inner aspect of the high bone (horizontal to the styloid process of the radius) to determine the bar position. Then, using the index finger in front of the bar position, determine the inch position and the finger without a name (the ring finger) is placed behind the bar position to determine the cubit position. The length of different patients' forearms will not all be the same. The three fingers should widen or narrow according to the patient's circumstances. As the Zhen Jia Shu Yao points out: 'If the forearm is long, spread the fingers; if the forearm is short, narrow the finger' (see Fig 4.3).



A



B

Fig. 4.3A,B Use of the fingers in pulse examination.

2. ADJUSTMENT OF THE FINGERS

After the locations of the fingers have been determined, the physician's middle finger must bend like a bow, causing the level of the three fingers to be even and the pressure to be the same. The fingers should press on the body of the vessel at a 35° angle because the belly of the fingers is relatively more sensitive.

3. STRENGTH OF THE FINGERS

Using the sensations of the belly of the finger, and using different finger forces to press the vessel body, begin seeking and pressing to investigate changes in the pulse image and to understand the depth of the disease, the nature and the vacuity or repletion. The four aspects of the method are: lifting, seeking, pressing and pushing. Lifting is when the fingers are placed lightly upon the skin. Pressing is when the fingers press heavily. Seeking is when the pressure is neither light nor heavy, but shifting and searching. Pushing is pushing and moving the location of the fingers, seeking out the pulse body and investigating the pulse image. As is written in the Zhen Jia Shu Yao: 'Light finger pressure is called raised, heavy finger pressure is called pressing, neither light nor heavy pressure but shifting and searching is called seeking. Lifting, seeking and pressing are the three signs of floating, middle and deep. Each time the pulse is felt, at the very least, press in three places, feeling nine reflections.'

4. SINGLE PRESSING AND COMBINED PRESSING

After determining the location of the three fingers, a single finger adding pressure and palpating the pulse image or three fingers divided and feeling the pulse from first to last is called 'single pressing.' Three fingers applying pressure, palpating and pressing simultaneously is called 'combined pressing.' Single pressing breaks the wrist pulse down into three parts and determines which channel or organ is diseased. Combined pressing examines the condition of the five viscera, six

bowels and entire body. First use combined pressing and then single pressing, pressing slowly and evenly and using single (pressing to determine the specific) disease. For example, if in combined pressing it is discovered that only the bar pulse is deep and floating, this generally is food stagnation.

Pulse examination precautions

The pulse image is very closely connected with the internal and external environment of the patient, and varies according to age, sex, body form and essence-spirit conditions. Clinically, when changes in the pulse image are discovered, it is necessary to pay attention to the following points.

1. Maintain a quiet, peaceful environment inside and out

When beginning pulse examination, attention should be paid to maintaining quiet inside and outside the room. For those patients living in the hospital, the best time to examine the pulse is at daybreak. Outpatients who have arrived from far away must rest first before beginning. The physician must have a calm heart and quiet breath, and the entire spirit should be focused under the fingers, carefully investigating. To feel the pulse one time requires feeling the three positions and the nine reflections, for 50 beats or at least 1 minute.

2. Pay attention to physiological abnormalities in the vessel location

There are two which are commonly seen:

1. *'Pulse on the back of the wrist.'*⁴ At the location of the wrist pulse there is no pulse but, on the dorsal aspect of the wrist, pulsations can be clearly felt under the fingers. There may be a

one-handed 'pulse on the back of the wrist,' or it may be on both hands.

2. *Oblique running pulse.* This is so named because from the cubit position, the pulse runs obliquely toward the tiger's mouth of the wrist⁵; again this may occur on one hand or on both hands.

The above are both ascribed to physiological abnormalities of the blood vessels. As is written in the San Zhi Chan: 'The wrist opening is the great meeting of the vessel. Diagnosticians use it to reflect a prognosis of life or death. Sometimes the pulse does not move and goes up to the finger; this is called a pulse on the back of the wrist.'

3. Pay attention to the congruence between the pulse and the pattern

Beginners may first palpate and then inquire, avoiding making the pattern fit the pulse or the pulse fit the pattern. When palpating, the essence and spirit must be gathered and centered, and the entire spirit should be focused beneath the fingers, carefully investigating. It is best to use first combined pressing and then single pressing, taking the combined to reveal the single and taking the single as the disease. After examining, combine the color, the pattern and the pulse. After becoming familiar with feeling the pulse, one ought to go according to the common standard, first inquiring and then palpating.

4. Consider individual abnormalities

Individual bodies are all different; forms include tall, short, fat and thin and bodies may be strong or weak. The pulse will follow these in its abnormalities. Thus when examining the pulse one cannot fail to pay attention to these differences.

Zhang Zhong Jing said: 'To grasp the principle of the pulse, [one] must understand [that it] frequently changes. Within the pulses of humanity [there are those that are] usually large or usually small or usually yin or usually yang.

This is [because of] the endowment of the congenital constitutions each creating a specific situation.' In general, if the body is strong, the qi and blood are effulgent and exuberant, and the pulse arrives full, exuberant and with force. If the body is weak and qi and blood are vacuous and debilitated, then the pulse arrives weakly and without force. This is as it ought to be. If it is contrary to this, it is relatively difficult to treat. A tall body will have a pulse position that is long; a short body will have a pulse position that is short. A thin body with thin muscles will have a somewhat floating pulse; a fat body with thick layers will have a somewhat deep pulse. These cannot generally be taken as pathological.

Besides these, one also must pay attention to differences of sex and age. In general, the pulse of men will be somewhat large and women will be relatively weak, slightly fine and somewhat fast. The qi and blood of elderly people are vacuous and weak, and the pulse is vacuous and without force. The qi and blood of young, strong people are effulgent and exuberant, and the pulse arrives replete and with force. The pulse of athletes generally is slow. The younger the age of children, the faster will be the pulse. At birth, a child's pulse will beat 120–140 times per minute; at 5 to 6 years old 90–110 beats per minute. Just as Wang Shu He said: 'for a child's pulse eight beats in one breath is normal, nine is damage and ten is encumbering.'

5. Eliminate emotional affect and harassment

Emotional changes can cause congruent changes in the pulsations of the vessel, and they must not be eliminated. As the *Yi Xue Ru Men* states: 'happiness damages the heart and the pulse is vacuous; when extreme, the heart pulse may become deep. Overthinking damages the spleen and the pulse is bound; when extreme, the spleen pulse may become string-like. Anxiety damages the lung and the pulse is rough; when extreme, the liver pulse may become surging. Anger damages the lung, and the pulse is soggy; when extreme, the liver pulse may become rough. Fear damages the kidney and the pulse is

deep; when extreme the kidney pulse may become soggy.'

In addition, taxation, inactivity, food and drink, etc., may all influence changes in the pulse. In general, rapid walking causes a racing pulse, and violent sports or activity a surging pulse. After drinking the pulse is rapid, after eating the pulse is surging and with prolonged hunger the pulse is weak and without force.

6. Combine the analysis of the four seasons

Changes in the pulse are influenced by the environment both inside and outside the body. People live within the natural world and have a close relationship with the natural world. They have the innate ability to adapt to changes in the environment and to protect the unity between self and the natural environment. In summer, the pores open and there is more sweat, the sweat emerges and scatters heat. In winter the pores close and there is less sweat, protecting the body warmth. This is a physiological phenomenon of the body's adaptation to the weather. The seasons include changes in the warmth of spring, the heat of summer, the dryness of autumn and the cold of winter, and the living organisms of the natural world respond with the engendering of spring, the growing of summer, the contracting of autumn and the storing of winter. Man's responses to the weather can be followed in the changes in the pulse, which is more string-like in spring, surging in summer, downy in autumn⁶ and stony in winter.⁷ These are physiological phenomena and are ascribed to normal pulse images. Their causes are as follows.

Spring. In spring the weather is warm, all things give birth, grow and flourish. A person accommodates by engendering qi, and the yang qi moves toward the outside. Hence, a pulse that arrives like a fish that is swimming in waves, light, vacuous and slippery, lengthens and is string-like, harmonious and moderate, is the normal pulse of springtime.

Summer. In summer the weather is hot, all things grow and flourish, yang qi is extremely exuberant, blood and qi are especially exuberant, and the vessels are full. A pulse that arrives like a hook, arriving exuberantly and departing debilitated, is a balanced pulse of summertime.

Autumn. In autumn the weather is cool and gradually deepens, the yang qi is gradually debilitated, the grass and trees are withered and yellow, the varieties of bugs all retreat, and a person responds by contracting his or her qi. Hence a pulse that arrives at the surface, slightly vacuous and floating, that arrives quickly and departs slowly, is called 'downy' and is a balanced pulse of autumn.

Winter. In winter the weather is very cold, the earth is frozen and all things are hidden. A person responds with the closing and storing of qi; the yang qi is hidden. Hence, a pulse that arrives at the bone, is deep and harmonized, but without force, is called a 'stone' and is a balanced pulse of winter.

The pulse responds to the four seasons with changes. When the pulse and the seasons do not correspond, it is a pathological pulse, and so it is said that: 'to normalize with the four seasons is life, to go counter to the four seasons is death.'

Normal pulse image

The pulse image is the image and form, felt with the fingers, of the pulsations of the artery when the physician presses it. It reflects whether the pulse position is deep or shallow, whether the rate is slow or fast, whether the rhythm is even, whether the form is large or small, long or short, whether the force is strong or weak and whether the arrival manner of the pulse is smooth, etc. The task of pulse examination is to examine changes in the position, rate, rhythm, form, strength and nature, and to arrive at a differentiation of the disease pattern's position and nature and the fundamental exuberance or debility of the right and evil.

A normal pulse image (Fig 4.4) is also called a 'balanced pulse' or 'average pulse.' The basic form

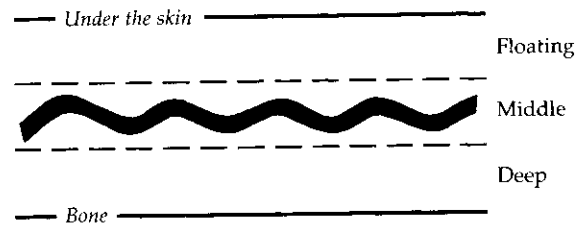


Fig. 4.4 Normal pulse image.

and picture of a balanced pulse is: not floating and not deep, not slow and not rapid, four to five beats per breath (or 70–90 beats per minute), not large and not small, not long and not short, even and moderate with an even rhythm. The distinguishing features of a balanced pulse are: it has stomach qi, namely it is even and calm; it has spirit, namely the pulse image is even and moderate with force; it has root, namely the cubit pulse is deep in response to the touch, even and moderate and forceful.

Chinese medicine believes that the stomach, spirit and root of the pulse determine the exuberance or debility of the right and the evil and this is the basis for a positive or negative prognosis. A pathological pulse that has stomach qi is favorable and the prognosis is good. Lack of stomach qi is unfavorable, and the prognosis is poor. Thus there is the saying that: 'having stomach [qi] is life, lacking stomach [qi] is death.' The Zhen Zong San Wei writes that: 'Of the needs of palpation, knowing favorable and unfavorable is precious. If unfavorable and favorable are not clear, then yin and yang, vacuity and repletion, life and death cannot be differentiated.' The favorable and unfavorable and the differentiation spoken of here are, in fact, the investigation of the presence or absence of the stomach, spirit and root of the pulse image.

Stomach

The pulse takes the stomach qi as its root, and stomach qi is original qi. A pulse with stomach qi is calm, even and moderate, and the rhythm is regular, with four beats in one inhalation and

one exhalation. If a pathological pulse comes and goes calmly, evenly and moderately, then it has stomach qi.

The amount and the presence of stomach qi are the basis for differentiating the entrance and retreat of the evil and the right. As Zhang Jing Yue said: 'stomach qi is right qi, pathological qi is evil qi. Evil and correct do not both stand upright. One is victorious, one is defeated. If evil qi is victorious, the right qi is vanquished. If right qi is victorious, the evil qi retreats.' If a pathological pulse goes from being even and moderate to string-like and racing, this is the evil entering and the disease becoming stronger. If it goes from string-like and racing to calm and moderate, this is the evil retreating and the disease improving.

The amount and the presence of stomach qi are a mark of the differentiation of the balanced pulse of the five viscera in each of the four seasons, of a pathological pulse and of a morbid pulse. Ancient people believed: 'In the spring, a stomach pulse that is faintly string-like is balanced. If the string-like quality is greater than the moderate and even quality then there is liver disease, if it is string-like and lacks stomach qi, then it is a morbid pulse. In the summer, a stomach pulse that is slightly surging is balanced. If the surging quality is greater than the moderate and even quality, then there is heart disease. If it is surging and lacks stomach qi, then it is a morbid pulse. During long summer [autumn], a pulse that is slightly soggy is balanced. If the soggy quality is greater than the moderate and even quality then there is spleen disease. If it is soggy and lacks stomach qi then it is a morbid pulse. In a winter pulse, if the stomach pulse is slightly deep it is balanced. If the deep quality is greater than the moderate and even quality, then there is kidney disease, but deep and lacking stomach qi is a morbid pulse.'

A pulse that lacks stomach qi is a true visceral pulse. It has no stomach, spirit or root. No matter what the pulse image, it is always hard and completely lacks moderation and evenness, and the rhythm is chaotic and incomplete. This is the yin and yang being partly exuberant and partly debilitated and moving toward separation and expiry. It is very difficult to treat.

Spirit

A pulse with spirit is very valuable. Li Dong Gao believed: 'If in the pulse there is force, then there is spirit.' In the *Si Zhen Jue Wei* it was written: 'besides having force under the finger, a pulse with spirit ought to have a form that is full and lively.'

A pulse image with spirit, no matter whether it is floating or deep, slow or rapid, slippery or rough, large or small, when pressed will be orderly, there will be a natural order, not chaotic, and it will be moderate and even. A pulse without spirit is felt when, upon pressing, the pulse is scattered or chaotic. It may be sometimes present and sometimes absent, it may be sometimes forceful and sometimes forceless, it may be present with light pressure but not with heavy pressure, it may be hidden or floating, but in all these pulses there is a lack of order. These are all pulses without spirit.

Root

Root refers to the foundation of the right qi of the body. The kidney is the root of the pre-heaven, the source of life, the motive force of the circulation of the 12 channels and qi transformation of the triple burner. As long as the kidney qi does not expire, then there is a life dynamic. Therefore, the kidney pulse is the root pulse. The presence or absence of the root pulse is the basis for differentiation between the existence or collapse of right qi.

To determine the pulse, one method is to consider the reflection of the kidney at the cubit position. The cubit position should be deep, even and moderate. The second method is the deep reflection of the kidney in which, with heavy pressing, the six pulses ought to be even and moderate.

Even if the disease circumstances are critical, if the cubit position can be felt then there is a life mechanism. As the *Si Zhen Jue Wei* writes: 'A man who has cubit, like grass that has roots, although the branches and leaves may be withered,

the root may live. As trees have roots, man has original qi, hence it is known that he will not die.' If the cubit position has no pulse, then the kidney qi is moving toward expiry and this is a critical manifestation of the life. As is written in the Nan Jing: Ba Nan: 'In case the vessel [movement] at the inch opening displays a condition of normal balance and yet [the respective person] dies, that is due only to an internal cutting off of the vital influences'⁸ and 'Hence, the [moving] influences [between the kidneys] constitute a person's root and foundation. Once the root is cut, the stalk and leaves wither.'⁹

If there is no cubit pulse, it may be because of evil qi blocking and obstructing in the lower burner. As Zhang Qi said in his *Mai Xue Chu Yi*: 'If there is a pattern of repletion accumulation and obstruction of evil qi in the lower burner, often the cubit pulse cannot be seen. [One] should not immediately presume that there is no root. After expelling the evil qi, the pulse will independently return. In gynecology also if there is cold qi blocking and binding the uterus and the cubit position lacks a pulse, when the cold evil obtains warmth and is transformed the pulse will return independently. If treating infertility and the pulse is deep and the cubit pulse cannot be seen, using *wen jing tang* [Warm the Channels Decoction] to warm the cold and transform damp the cubit pulse will reappear and pregnancy may become possible.'

If the pulse arrives floating, large, scattered and chaotic, and on heavy pressing is absolutely gone, this is called 'a pulse that darts about like fat on a thick soup,' 'a pulse that is tangled like the thread of a spider web' or 'a pulse that is continuous like the flowing of lacquer.' All are pulse images in which the source of the root is withered or there is no root. When palpating the root pulse, the inch, the bar and the cubit positions and the floating, middle and deep positions should all be combined and, according to this, the pulse pattern should be closely examined.

In summary, the stomach, spirit and root are three aspects of one body. If it has stomach, it must have spirit and root. A pathological pulse that has any level of stomach qi is a favorable pulse; lacking stomach qi it is an unfavorable pulse.

Besides this, there also are 10 other odd pulses, all of which are true visceral pulse images that have no stomach, spirit or root.

Abnormal pulse images

Throughout history in order to understand abnormal pulse images, physicians have taken the several kinds of abnormal pulses and categorized them in different ways so as to make them more clinically useful. The *Nei Jing* took every kind of pulse image and classified it as yin or yang, taking either moderate, rapid, large, small, slippery and rough, or large, small, slippery, rough, floating and deep, as the principal ones. The *Nan Jing* also divided them according to two categories of yin and yang, taking floating, deep, long, short, slippery and rough as the principal ones. The *Shang Han Lun* also divided them according to the two categories of yin and yang, taking floating, large, rapid, stirring and slippery as yang, and deep, weak, stringlike and faint as yin. The *Mai Jing* divided them by taking similar pulses and putting them together. The *Mai Jue* divided them into seven exterior (floating, scallion stalk, slippery, replete, tight, string-like and surging), eight interior (faint, deep, moderate, weak, scattered, rough, slow and hidden) and nine pathways (thin, soggy, rapid, stirred, vacuous, skipping, bound, regularly interrupted and confined). However, this method of categorization was subject to error and received criticism. *Chen Xi Yuan* took floating, deep, slow, rapid, large, fine, long and short as the principles. He said: 'Floating and deep, these two pulses require a light or heavy hand to obtain; slow and rapid, these two pulses require even breathing to differentiate. Fine and large, these two pulses are differentiated by breadth and narrowness, and long and short, these two pulses are differentiated by exceeding or not reaching the location. Taking these eight pulses as the principals, other pulses all are within these eight.' The *Hui Xi Mai Xue* takes floating, deep, slow, rapid, vacuous and replete as the principals, which complements eight principle pattern identification, making it a

relatively suitable system⁹. The Zhong Yi Mai Zhen Yan Jiu also uses this method to advance research. The Gui Zhou Provincial Hospital of Chinese Medicine takes the theory of cardiovascular fluid dynamics to categorize the pulses into three kinds. They use the strength of the fingers on the pulse, the presence or absence of force under the fingers and the rhythm and rate of the pulse to divide them into the three categories of floating and deep, slow and rapid, and vacuous and replete, with floating, deep, slow, rapid, vacuity, repletion, stringlike and slippery as the principles.

We believe that disease includes the differentiations of exterior and interior, cold and heat, repletion and vacuity and that the pulse differentiations of floating, deep, slow, rapid, vacuous and replete complement these and benefit pattern identification. Therefore, we use this method of

principle differentiation. We also combine the categories of depth of the pulse location, rate, rhythm, size, length and strength. Each pulse image is discussed in terms of the content of five categories: form, comparison, clinical indications, pulse analysis and examples of application (see Tables 4.4, 4.5 and 4.6).

Pathological pulses that are based on changes in the pulse depth

FLOATING PULSES

1. FLOATING PULSE

Shape under the fingers

In this pulse (Fig 4.5), the location is shallow and exterior, directly underneath the skin. By lightly

Table 4.4 Comparison of various texts pulse image categories

	Shang Han Lun	Mai Jing	Mai Jue	Zhen Jia Shu Yao	Zhen Jia Zheng Yan	Pin Hu Mai Xue	Jing Yue Quan Shu	Zhen Zong San Wei	San Zhi Chan	Si Zhen Jue Wei
Floating	+	+	+	+	+	+	+	+	+	+
Deep	+	+	+	+	+	+	+	+	+	+
Slow	+	+	+	+	+	+	+	+	+	+
Rapid	+	+	+	+	+	+	+	+	+	+
Slippery	+	+	+	+	+	+	+	+	+	+
Rough	+	+	+	+	+	+	+	+	+	+
Vacuous	+	+	+	+	+	+	+	+	+	+
Replete	+	+	+	+	+	+	+	+	+	+
String-like	+	+	+	+	+	+	+	+	+	+
Moderate	+	+	+	+	+	+	+	+	+	+
Surging	+	+	+	+	+	+	+	+	+	+
Faint	+	+	+	+	+	+	+	+	+	+
Tight	+	+	+	+	+	+	+	+	+	+
Weak	+	+	+	+	+	+	+	+	+	+
Long	+			+	+	+		+	+	+
Short	+			+	+	+		+	+	+
Large	+		+					+		
Small	+		+					+		
Scallion stalk	+	+	+	+	+	+	+	+	+	+
Soggy		+	+	+	+	+		+	+	+
Stirring	+	+	+	+	+	+		+	+	+
Hidden	+	+	+	+	+	+	+	+	+	+
Fine	+	+	+	+	+	+		+	+	+
Racing	+			+	+			+		+
Confined	+		+	+				+	+	+
Drumskin	+	+		+	+	+		+	+	+
Skipping	+	+	+	+	+	+		+	+	+
Bound	+	+	+	+	+	+	+	+	+	+
Regularly intermittent	+	+	+	+	+	+		+	+	+
Scattered	+	+		+	+	+		+	+	+
Clear								+		
Turbid								+		

Table 4.5 Comparison of various pulse image categories

Text name	Concrete method of principle differentiation
Su Wen	Yin and Yang
Ling Shu	Moderate, rapid, large, small, slippery, rough
Nan Jing	Floating, slippery, long = yang deep, rough, short = yin
Shang Han Lun	Floating, large, rapid, stirring, slippery = yang; deep, rough, weak, string-like, faint = yin
Mai Jing	Floating, slippery, long = yang deep, rough, short = yin
Mai Jue	Seven exterior, eight interior, nine pathways
Zhen Jia Shu Yao	Floating, deep, slippery, rough
Pin Hu Mai Xue	Floating, deep, slow, rapid
Jing Yue Quan Shu	Floating, deep, slow, rapid
Yi Zong Jin Jian	Floating, deep, slow, rapid, slippery, rough
Hui Xi Mai Xue	Floating, deep, slow, rapid, vacuous, replete
Si Zhen Jue Wei	Floating, deep, slow, rapid, slippery, rough
Zhong Yi Mai	Floating, deep, slow, rapid, vacuous, replete
Xue Yan Jiu	Floating, deep, slow, rapid, vacuous, replete, stringlike, slippery
Xin Xue Guan Liu	
Dong Li Xue	

pressing on the skin, one can clearly feel the pulsations. If the pressing is somewhat heavier, then the pulsations ought to become indistinct. As the Mai Jing states: 'With light touch there is surplus; press it and it is insufficient.'

Comparison and differentiation

Floating and deep are opposites. That which is obtained with light pressing is floating, its location is exterior and shallow and it is ascribed to yang. That which begins to be felt with heavy pressing is a deep pulse, its location is deep and it is ascribed to yin.

Floating, scallion stalk, scattered, soggy, surging and drumskin pulses are in the exterior and shallow and so in the same category, but each has its own characteristics. A floating pulse is neither large nor small, it is sufficient with a light touch, but insufficient with pressing. A scallion stalk pulse is floating and large, and empty in the center; it has sides but no center. A scattered pulse is floating and lacks root. A surging pulse is exuberant, large and full. A drumskin pulse is like a scallion stalk and string-like pulse

combined. Li Zhong Zi said: 'Floating, exuberant and large is surging. Floating, soft and large is vacuous. Floating and fine is soggy. Floating and without root is scattered. Floating, string-like and scallion stalk is drumskin. Floating and with an empty center is scallion stalk.'

Clinical disease patterns governed

A floating pulse was also called by ancient people a 'downy pulse.' It is ascribed to yang, it ought to appear in autumn and it is ascribed to the lung. In autumn, a floating pulse is balanced because it is the time when the 10 000 things are gathered, when the yang qi gradually downbears and is slightly vacuous and floating. Man changes to accommodate this and so the pulse ought to be calm, light, vacuous and floating to be balanced. As the Su Wen: Ping Ren Qi Xiang Lun states: 'A balanced lung pulse, tranquil and whispering, like falling elm leaves, is called a balanced lung.' Also in the Su Wen: Yu Ji Zhen Lun it states: 'An autumn pulse is the lung ... hence, its qi arrives light and vacuous because it is floating. [It] arrives rapidly and departs scattered, hence it is called floating.' In thin people, whose muscle is thin, there also ought to be a floating pulse. This is normal.

A floating pulse governs exterior, and the presence or absence of strength differentiates vacuity and repletion. Floating and with force is exterior repletion. Floating and without force is exterior vacuity. It is often seen at the beginning of externally contracted exterior patterns and hot-natured infectious disease.

Under normal circumstances, a floating pulse is seen in exterior conditions, but clinically it is necessary to pay attention when, in cases where the qi of the patient is weak and debilitated, there is an insufficiency of qi and blood, a listless resistance to evil, the reflection of the body mechanism is not strong and there is an indistinctly floating pulse image. If it appears that the pulse and the pattern do not tally, then it is necessary to decide whether to enter treatment by abandoning the pulse for the pattern or abandoning the pattern for the pulse.

A floating pulse sometimes indicates interior vacuity. The pulse is the palace of blood. If the

Table 4.6 Comparison of the categories of the 28 pulses

Category	Principle	Characteristic	Pulse name	Pulse image	Governed disease
Abnormal depth	Floating	Obtainable with light pressing	Floating	Clearly felt with light pressing, somewhat weak with heavy pressing	Exterior patterns
			Scallion stalk	Floating and large with an empty center, like a scallion stalk	Blood loss, yin damage
			Soggy	Floating, fine and soft	Vacuity, damp
			Scattered	Floating, scattered without root, disappears with pressing	Scattering of original qi, imminent expiry of viscera and bowel qi Essence blood vacuity cold
	Deep	Begin to obtain with heavy pressing	Deep	Not clear with light pressing, clear with heavy pressing	Interior pattern, depression pattern, water swelling
			Hidden	Clear with heavy pressing, finally obtained when the bone is found	Blocked evil, reverting pattern extreme pain, yang debility
			Confined	Replete, large, string-like and long with heavy pressing	Internal exuberance of cold accumulation, mounting, accumulations and conglomerations
Abnormal rate	Rapid	Pulse arrives rapidly	Rapid	Four beats in one breath (racing is seven or more beats per breath)	Heat pattern (racing pulse governs extreme heat, yin exhaustion floating yang)
			Stirred	Pulse jumps like a bean, slippery, rapid and with force	Pain pattern, palpitation pattern
			Slippery	Arrives smoothly, the fingers feel roundness and slipperiness	Phlegm food accumulation, repletion heat
	Slow	Pulse arrives slowly	Slow	In one breath, the pulse does not come four times	Cold pattern
			Moderate	Four beats in one breath, pulse arrives leisurely	Spleen vacuity, damp pattern
			Rough	Arrives roughly, slowly and stagnating, like a light knife scraping bamboo	Essence damage, blood depletion, qi stagnation, blood stasis
Abnormal arrival force	Vacuous	Pulse arrives without force	Vacuous	Lacks force, empty and vacuous with pressure	Dual vacuity of qi and blood
			Faint	Extremely fine, extremely soft, sometimes present, sometimes not	Slightly critical case of yang qi debility
			Weak	Deep, fine, without force	Insufficient qi and blood
	Replete	Pulse arrives with force	Replete	Forceful with touching and pressing	Repletion pattern, heat pattern
			Tight	Pulse arrives tightly and with force, like a twisted rope	Cold, pain, food storage
			Surging	Pulse arrives like waves, arriving flourishing, departing debilitated	Exuberant heat
Irregular rhythm	Stopping within beats	Skipping	Pulse arrives rapidly, sometimes there is a stop, stops are irregular	Exuberant yang repletion heat, phlegm exuberance, food stagnation	
		Bound	Pulse arrives moderate to slow, sometimes there is a stop, stops are irregular	Yin exuberance, qi bind	
		Regularly intermittent	Stops in the middle of moving, stops are regular	Slight debilitation of viscera qi, wind pattern, pain pattern palpitations	

Table 4.6 (Cont'd)

Category	Principle	Characteristic	Pulse name	Pulse image	Governed disease
Abnormal form			Large	Pulse is large and full, location is broad	With force: governs the entrance of disease; without force: the outward floating of yang vacuity
			Fine	Pulse is fine like thread, clearly felt	Vacuity taxation detriment with yin vacuity as primary, damp
			Long	Tail is long and straight, longer than the original location	Surplus of yang qi, repletion pattern
			Short	Tail is short, does not reach original position	With force: qi depression; without force: qi injury
			String-like	Straight and long, like pressing on the string of a 'qin'	Liver or gallbladder disease, pain pattern, phlegm-rheum

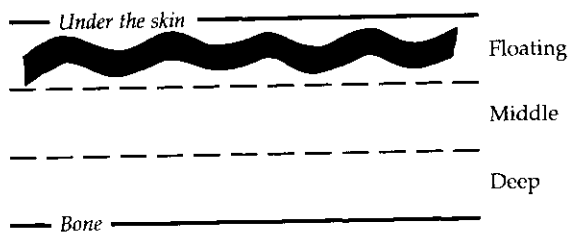


Fig. 4.5 Floating pulse image.

blood is vacuous then the pulse is vacuous and, in patients with enduring disease and weak bodies, a floating pulse without force is a sign of vacuity detriment of qi and blood.

Diseases governed by pulse combinations. A floating pulse often appears accompanied by other pulses. As floating determines the location of disease, the other pulses can be taken to differentiate the nature of the disease. Often seen are floating and moderate, which indicates wind-damp, floating and slow, which indicates wind strike, floating and tight, which indicates wind-cold, floating and vacuous, which indicates summerheat damage, floating and slippery, which indicates wind phlegm or food retention, floating and rapid, which indicates wind-heat, floating and scallion stalk, which indicates blood loss, floating and scattered, which indicates extreme taxation, floating and short, which indicates qi disease, or floating and rough, which indicates blood damage.

Analysis of pulse logic

1. Exterior pattern floating pulse. Here the external evil invades and harasses the muscles and exterior, the defense yang and the evil battle, the qi and blood amass in the exterior, and the vessel qi goes to the exterior, hence the pulse is floating. In general, when there is fever and sweating the capillaries and arterioles widen, hence the pulse image appears floating.

2. Vacuity pattern floating pulse. This is generally due to exhaustion of yin and yang. The vessel qi cannot hide inside, it floats and scatters outward and when pressed it is floating, large and without force. This is a serious sign of vacuity. Therefore, the ancient people said: 'If a floating pulse is obtained in autumn, know that there is nothing to fear. If it appears in enduring disease however it is frightening.'

Examples of application

1. Exterior pattern floating pulse. A floating pulse governs the exterior, and accompanying pulses are taken to determine the nature of the disease. A floating pulse accompanied by a tight pulse is wind-cold, which is generally accompanied by signs such as an aversion to cold, fever, lack of sweating, and pain and soreness in the muscles. Treatment is often with ma huang tang (Ephedra Decoction), which is warm and acrid, promotes sweating and resolves the exterior. As the Shang Han Lun: Bian Tai Yang Bing Mai

Zheng Bing Zhi Zhong states: 'When the pulse is floating, the disease is in the exterior; [and if] one can promote sweat, ma huang tang is appropriate (Ephedra Decoction).' If a floating pulse is accompanied by a rapid pulse this is wind-heat, in which pattern is seen as a light aversion to cold with a strong fever. In an exterior heat disease in which the throat is swollen and sore use yin qiao san (Lonicera and Forsythia Powder), which is acrid and cool and resolves the exterior. If accompanied by a moderate pulse, it is wind damage; this pattern manifests as aversion to wind, body heat and spontaneous sweating. Using gui zhi tang (Cinnamon Twig Decoction) to regulate and harmonize the construction and defense is often effective. In an external condition, the pulse is floating and the evil is in the muscles and exterior. To help the right qi expel the evil to the outside, treatment should be used to help resolve the exterior. If the treatment uses cold or cool, this will block the evil qi from exiting and the disease will not be resolved. As the Shang Han Lun: Bian Tai Yang Bing Mai Zheng Bing Zhi Xia states: 'In cold damage with a pulse that is floating, fever and no sweating, the exterior has not been resolved and one cannot give bai hu tang [White Tiger Decoction].'

2. Vacuity pattern floating pulse. This is often due to yin failing to restrain yang and yang qi floating upward. As the Jing Yue Quan Shu: Mai Shen Zhang states: 'If [the pulse] is floating, forceless and empty, this is an insufficiency of yin. When there is an insufficiency of yin then there will be signs of water departing or blood not nourishing the heart, or essence not transforming into qi causing center vacuity.' In the Jin Gui Yao Lue: Xue Bi Xu Lao Bing Mai Zheng Bing Zhi, it is said: 'In a man, a pale complexion is governed by extreme thirst from collapse of blood, panting, palpitations and a floating pulse, which are interior vacuity.' When a floating pulse manifests in a chronic vacuity pattern disease, generally it is due to a dual insufficiency of yin and blood, which is treated by enriching, supplementing and nourishing yin.

3. Interior pattern floating pulse. This is an incongruence of the pulse and the pattern, and the prognosis is not good. The Su Wen: Tong

Ping Xu Shi Lun states: 'What is the prognosis for intestinal afflux¹⁰ with white droplets? Qi Bo replied: if the pulse is deep, life; if the pulse is floating, death.'

Clinically, a vacuity pattern floating pulse can be seen in patterns such as anemia, pulmonary heart disease, ascites due to hardening of the liver, cancer, etc.

2. SCALLION STALK PULSE

Shape under the fingers

Scallion stalk is the name of a plant and also refers to the emptiness inside of the plant. The Ben Cao Gang Mu states: 'A scallion stalk, within the grass there is an aperture.'

The pulse is given the name scallion stalk because its shape is comparable to a scallion (Fig 4.6). The pulse form is floating and large. It arrives softly and when pressed the center is empty and the two sides are replete, like the feeling of pressing a scallion. The Si Yan Mai Jue states: 'Scallion stalk is given the name of a plant because it is similar. It has both the floating and deep positions, only the center is empty.'

Comparison and differentiation

The scallion stalk is like the drumskin pulse in that the center is empty, but the difference is: with a scallion stalk pulse the center is empty, but with both light pressure and heavy pressure it is present, and the blood vessel is soft and limp, not hard; a drumskin pulse is floating, string-like and large, like pressing a tightly bound drumskin, the blood vessel is relatively hard and with pressure the center is empty.

The scallion stalk is like a vacuous pulse in that they are both floating, large and have empty

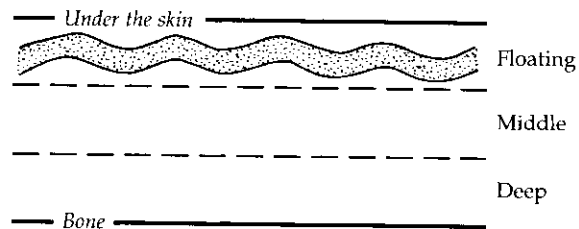


Fig. 4.6 Scallion stalk pulse image.

centers. But a scallion stalk pulse is relatively forceful and a vacuous pulse absolutely lacks force. A scallion stalk and string-like pulse combined create a drumskin pulse and a vacuous pulse absolutely cannot combine with other forceful pulses to create another pulse image.

Clinical disease patterns governed

The vessels are the home of blood, a scallion stalk pulse has an empty center; this is the image of blood desertion. Whether vomiting blood, nosebleed, coughing blood, blood in the feces, blood in the urine, uterine bleeding or some other type of bleeding is the cause of the excessive blood loss, in all cases a scallion stalk pulse may appear. With loss of essence, summerheat disease, damage to liquid and collapse of humor, a scallion stalk pulse may also appear.

In general a scallion stalk pulse is seen in sudden loss of blood, although the Mai Jing states: 'scallion stalk pulse in the third position, if it is obtained in enduring illness, then there will be life. If obtained in sudden illness, then death,' which does not correspond with what is seen clinically. The Mai Jue states: 'scallion stalk pulse at the inch position is blood accumulation in the chest, and in the bar position it is intestinal welling abscess.' Blood accumulation and intestinal welling abscess pulses are generally replete, therefore this statement also does not tally with clinical patterns. The Mai Jue Hui Bian states: 'The construction flows within the vessels, the vessels are the form of blood. A scallion stalk pulse has an empty center, this is the image of blood desertion.' This tallies with patterns seen clinically.

Diseases governed by pulse combinations. Scallion stalk and rapid pulse means vacuity heat. Scallion stalk and slow means blood loss vacuity cold. Scallion stalk and skipping or bound both mean blood stasis binding internally.

Analysis of pulse logic

A scallion stalk pulse governs blood loss and the vessels are the home of blood. When qi and blood are full and sufficient, the vessels are full and the pulsations should be round, moist and

balanced. When blood is reduced then the vessels are empty, the qi does not return, the yang is not attached but floats and scatters to the outside and the pulse that arrives is floating and large with an empty center, soft and lacking force. As the Jing Yue Quan Shu: Mai Shen Zhang states: 'A scallion stalk pulse is a sign of solitary yang and yin desertion, it is blood loss and desertion of blood, it is qi not returning, it is yang not attached.'

Examples of application

1. Blood loss. The vessels are the home of blood; when blood departs, the vessels are empty. In acute cases of blood loss the pulse is generally scallion stalk. In slow blood loss disease, the pulse is deep, thin and moderate, not floating, large or rapid. If the pulse is both scallion stalk and rapid this is unfavorable and indicates death. The Nan Jing Shi Qi Nan states: 'If the patient spits blood, and [if he suffers from] repeated sniffles and nose-bleeding, the [movement in the] vessels should be deep and fine. If it is, in contrast, at the surface, strong and firm, that is [a sign of] death.'¹¹

2. Blood vacuity. The pattern of vacuity detriment of qi and blood manifests as a bright pale face, dizziness, palpitations, shortness of breath, lack of strength and pale white lips and tongue. The pulse may appear as scallion stalk. The Mai Jue Kan Wu: Dai Qi Zong states: 'Construction travels within the vessels, it is moved by the blood within the vessels, the vessels are the form of blood, ... hence a scallion stalk pulse has an empty center, the blood has deserted.' Clinically, a scallion stalk pulse is most often seen in acute cases of blood loss, but with serious blood vacuity a scallion stalk pulse may also appear.

3. Loss of essence. When the kidney yin is depleted and vacuous, the kidney qi is not secure and essence is lost through emission and draining. The signs seen are sore lower back, weak legs, dizziness of the head and eyes, hair loss and scallion stalk pulse. As the Jin Gui Yao Lue: Xue Bi Xu Lao Bing Mai Zheng Bing Zhi states: 'A man suffering from seminal loss, experiences extreme pain in the lower abdomen, cold in the testicles, eye blurring, loss of hair and an extremely

vacuous scallion stalk and slow pulse. This is swift digestion with blood collapse and loss of essence.'

4. Heat disease damaging the liquids. With high fever and a great sweat, the fluids can be damaged and a scallion stalk pulse may be seen. As the Wen Bing Tiao Bian states: 'When, in greater yin warm disease, there is a pulse that is floating, large and scallion stalk, great sweating issues and there is mild panting or, in severe cases, nasal flaring, bai jia ren shen tang [White Tiger plus Ginseng Decoction] governs.

A scallion stalk pulse first appeared in the Jin Gui Yao Lue and Shang Han Lun as a complex pulse. Later, the Mai Jing said of the pulse image of a scallion stalk pulse: 'A scallion stalk pulse is floating, large and soft; when it is pressed, the center is empty and the two sides are replete.' In the Sung dynasty, Liu San Dian said: 'A scallion stalk pulse is like this, similar to a scallion; under the fingers there are levels, there are sides, but no center.' According to these two sources, the image of a scallion stalk pulse is clear and not lost nor cloudy. The vessels are the home of blood; the image of blood desertion clearly is emptiness. When yin and blood leave, the yang qi scatters and rises, its pulse is large and soft, the center is empty and the sides are replete. The Mai Jue's statement, 'The two heads present, within there is nothing,' refers to the two heads as above and below, thus the pulse is present above and below but within there is nothing. This is a sign of expiry of yin and yang. The Zhen Jia Shu Yao states: 'scallion stalk at the bar position governs qi and blood causing pain in the rib-side, or blood stasis in the abdomen ... at the left inch, scallion stalk is blood accumulation in the chest, ... at the bar position it is intestinal welling abscess or blood stasis.' Li Shi Cai said: 'The Mai Jue states: "At the inch position a scallion stalk [pulse] is blood accumulation in the chest, at the bar position it is intestinal welling abscess." This takes the scallion stalk [pulse] as a repletion pulse of accumulation and conglomeration of blood, not as the blood vacuity pulse image of an empty pulse.' This statement is worth considering. Wang Shu He in the Mai Jing states: 'Scallion stalk [pulse] at all three positions, if obtained in enduring

illness is life, if obtained suddenly is death.' This does not tally with that which is seen clinically.

3. SOGGY PULSE

Shape under the fingers

The location of a soggy pulse (Fig 4.7) is very exterior and shallow. It can be obtained with light pressure, and is extremely soft, floating and fine. It is felt with light pressure but gradually disappears as pressure deepens. The Mai Jing states: 'A soft pulse is extremely soft, floating and fine. It is said that under pressure it is not present ... It is said that it is extremely small and soft. Softness is taken as soggy. A soggy [pulse] is like cotton in water, [therefore] light fingers are suitable [to feel it].

Comparison

A soggy pulse is the opposite of a confined pulse. A soggy pulse is exterior, shallow, fine and soft. A confined pulse is deep, large and replete. The two are easily differentiated.

A soggy pulse and a scattered pulse are in the same category of lacking root. With pressure, a soggy pulse is not present and is ascribed to pulses that lack root, as is a scattered pulse. But a scattered pulse is floating and large and disappears when pressed. A soggy pulse is floating, small and forceless, is clear with light pressure and gradually disappears with pressure. Li Zhong Zi said: 'The lack of root of a soggy pulse and a scattered pulse are of the same category, but a scattered pulse goes from floating and large to expiry on deeper pressure, while a soggy pulse goes from floating and small to gradually not being seen any more.'

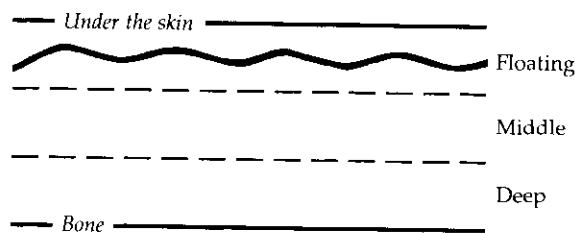


Fig. 4.7 Soggy pulse image.

Clinical disease patterns governed

A soggy pulse is ascribed to yin pulses. It governs vacuity taxation detriment. It is seen in collapsed blood yin vacuity, like uterine bleeding, post-partum bleeding, etc. It is also seen in taxation detriment with damage to essence and blood, like steaming bone, night sweats, spontaneous sweating, enduring disease, essence damage, vacuity cold of the spleen and stomach, etc. It also can be seen in external damp patterns. Hua Bo Ren said: 'A soggy pulse is a sign of patterns of insufficiency of qi and blood, such as decreased blood, taxation detriment, spontaneous sweating, cold below and impediment.'

Analysis of pulse logic

When a soggy pulse appears, there are two causes:

1. Qi and blood depletion vacuity. When qi vacuity fails to restrain, the pulse becomes loose, slack and soft. When yin is vacuous and fails to restrain, vacuous yang rises upward, causing the pulse to be floating. When there is yin blood vacuity detriment, the vessels are not full, thus the pulse is fine.

2. Damp evil invading and harassing. Here the body mechanism resists the evil, the qi and blood hasten to the surface and the pulse becomes floating. The damp evil oppresses the vessels, causing the pulse to be fine and soft.

Examples of application

1. Vacuity taxation detriment. When enduring taxation detriment damages the yin and blood, causing shortness of breath and lack of strength, steaming bone, night sweats, reduced food intake and sloppy stools, a soggy pulse may be seen. As Zhang Deng said: 'In individuals with inner damage vacuity taxation, diarrhea, reduced food intake, spontaneous sweating, panting, essence damage and weakness, the pulse will be soggy, soft and lacking force.'

2. Spleen and stomach vacuity cold. When spleen yang is vacuous and debilitated, the duty of transformation and transportation is not ful-

filled, causing abdominal distention, loose stools, reduced appetite, shortness of breath and sluggish speech, generally a soggy pulse is seen. Zhang Deng said: 'Soggy is the image of insufficiency of stomach qi.'

3. Warm-damp disease. When damp evil obstructs the defensive qi, the signs seen are low fever that is more extreme in the afternoon, headache, aversion to cold, body aches, glomus and fullness in the chest and stomach duct, white greasy tongue fur and a soggy, moderate pulse.

A soggy pulse, called a 'soft pulse' in ancient times, first appeared as a 'simultaneously occurring' pulse, as is seen in the Su Wen: Mai Yao Jing Wei Lun discussion of the five visceral pathological pulses, 'Soft and scattered' and the diseases governed by them. The Mai Jue, beginning to describe the pulse image of a soft pulse, states: 'A soft pulse is extremely soft as well as floating and thin. When pressing it is not present. In the floating position it is fine and thin. Soft is also called soggy, like spun silk in water, lightly felt under the hand.' Li Shi Zhen compared it to 'bubbles floating on water.' Hua Bo Ren compared it to 'cotton cloth floating in water.' He also explained that when lightly touched under the fingers it is clear; with heavy touch, it disappears. Li Zhong Zi said: '[It] is felt at the floating [position] as fine and soft, if not obtained at the middle or deep, then [a soggy pulse] is seen.' In summary, the pulse image of a soggy pulse is floating, fine and soft; when pressing with light finger force, the pulsations are clear; at the middle position with heavier pressing it either is not seen or is not very clear.

The Zhong Yi Mai Yan Jiu believes: 'A soggy pulse is due to change in vascular tension. When vascular tension is low, the pulse is soft.' The vascular tension of a pulse is the level of filling of the blood vessels at the time of pulsation, or the pressure required for a pulsation.

4. SCATTERED PULSE

Shape under the fingers

A scattered pulse (Fig 4.8) is floating, large and scattered, obtained with light pressing, gradually

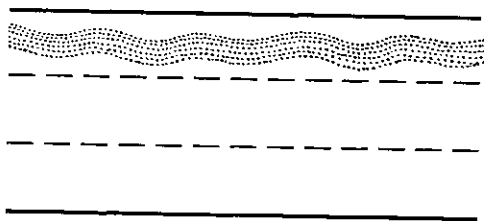


Fig. 4.8 Scattered pulse image.

becoming empty at the middle level and completely expiring with pressure, which is called 'exterior presence, interior absence.' In addition it has an incomplete rhythm and there is a sensation of scattering and chaos. The Mai Jing states: 'A scattered pulse is large and scattered, ... present in the exterior, not in the interior.' The Zhen Jia Zheng Yan states: 'Scattered has two meanings, one is the image that there is a gradual disappearance, the other is the image of an incomplete rhythm that is scattered and chaotic.'

Comparison and differentiation

Scattered is the opposite of tight and in the same category as soggy, vacuous and scallion stalk. For comparison, see the tight pulse (p. 127) and the vacuous pulse (p. 121).

Clinical disease patterns governed

A scattered pulse is a sign of the floating and scattering of yang qi, qi and blood vacuity detriment and organ qi debility. It governs heart palpitations, racing of the heart, counterflow qi ascent cough, dizziness and trembling, etc. A scattered pulse seen in pregnant women is a sign of delivery. A scattered pulse seen in enduring disease indicates a critical disease.

Analysis of pulse logic

Scattered is the original qi scattering, which is caused by debilitation of viscera qi and depletion consumption of qi and blood. When yin blood is not sufficient, it is unable to constrain yang, and so the vacuous yang floats and scatters, causing the pulse to arrive floating, scattered and without root with uneven and chaotic beats. In severe

cases, the yin does not link with the yang, the yin is exhausted and the yang deserts. Separation of yin and yang has a critical impact on life.

Examples of clinical application

1. Vanquished and debilitated kidney qi. Enduring disease or chronic disease can cause depletion injury to qi and blood. When the kidney qi is debilitated the original qi is scattered, the disease lingers and the prognosis is poor. The Su Wen: Mai Yao Jing Wei Lun states: 'If the kidney pulse is soft and scattered, the disease is one of lack of recovery of diminished blood.' As the ancient people said: 'Scattered is a sign of vanquished kidney.'

2. Warm disease. In warm disease with high fever, large sweat damaging the liquids, and slight panting, or in severe cases of difficulty breathing, there also may appear a scattered pulse. The Wen Bing Tiao Bian states: 'When in greater yin warm disease ... if the pulse is scattered and large, urgently give bai hu jia ren shen tang [White Tiger Decoction plus Ginseng] with double the amount of ren shen [Ginseng].'

A scattered pulse appears as a combination pulse in the Nei Jing. The Su Wen: Mai Yao Jing Wei Lun states of the heart pulse: 'if it is soft and scattered, in a period of time it may disappear by itself'; of the lung pulse: 'if it is soft and scattered this indicates that the disease is forcing sweat'; of the liver pulse: 'if it is soft and scattered, and the color has luster, the disease is spillage rheum'; of the spleen pulse: 'if it is soft and scattered and the color has no luster, the disease is swelling of the feet and legs'; of the kidney pulse: 'if it is soft and scattered the disease is diminished blood.' The Nan Jing: Si Nan states: 'In case of a red complexion, the respective [movement in the vessels] should be at the surface, strong and dispersed.¹² Also, the Shi San Nan states: 'Floating, large and scattered is the heart',¹³ which is a balanced pulse. The Mai Jing states: 'A scattered pulse is large and scattered, scattered is qi repletion and blood vacuity, present on the exterior, absent on the interior.'

The Bin Hu Mai Xue states: 'A scattered pulse is large and scattered, present on the exterior, absent on the interior, wide and scattered, not contracted, without utility, without restraint, the rhythm is not even, either arriving frequently and departing less or departing frequently and arriving less, wide and scattered, not contracted, like the image of undisciplined flowering.' The Zhen Jia Shu Yao states: 'Scattered is not tight. It contains yang but not yin, when pressed there is fullness, scattered and not tight, the arrival and departure is not clear, there is no root or bottom, this is injury scattering of the qi and blood, and expiry of the viscera and bowel qi.'

Li Zhong Zi said: 'Scattered has two meanings, the first is that gradually there is no image and the other is that there is an image of incompleteness, scattering and chaos.'

In summary, the pulse image of a scattered pulse is floating, large and scattered, clear with light pressing, absent with greater pressing, an uneven rhythm that beats in different sizes and it is ascribed to pulses without root. Root is ascribed to the kidney; the kidney pulse itself is deep. If it is floating, large and scattered, this is debility of the original qi. Clinically, there ought to be close investigation of the changes in the disease circumstances.

5. DRUMSKIN PULSE

Shape under the fingers

A drumskin pulse (Fig 4.9) is floating, string-like, large, tight on the outside and empty within. With light pressing the form is clear, it ought to be hard and straight; with heavy pressing there is a feeling of emptiness within, as if pressing on the skin of a drum; the outside is tight and the

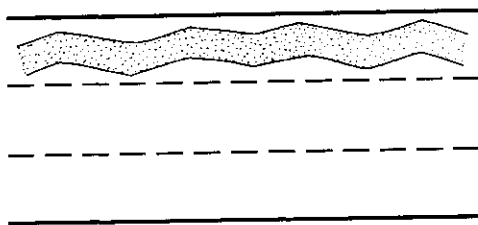


Fig. 4.9 Drumskin pulse image.

inside is empty. The Zhen Mai Zheng Yan states: 'Drumskin is large, string-like and urgent, obtained at the floating level, empty when pressed, like a drum.'

Comparison and differentiation

See scallion stalk pulse (p. 100) and string-like pulse (p. 143).

Clinical disease patterns governed

A drumskin pulse is a yin pulse within yang; it governs blood collapse, loss of essence and uterine bleeding. When qi floats to the outside and there is blood vacuity internally, this is the image of urgency outside and internal vacuity. Vacuity taxation blood collapse, miscarriage and uterine bleeding, and depletion vacuity of essence and blood can all manifest a drumskin pulse. The Jin Gui Yao Lue states: 'In women [a drumskin pulse] is miscarriage or uterine bleeding, in men [it] is blood collapse or essence loss.'

If a drumskin pulse is felt, and after pressing for a long time it remains small and without a sign of a moderate beat at all three positions, this is a true visceral pulse due to lack of stomach qi, which indicates a serious condition. The San Yin Fang states: 'A drumskin pulse is like a drumskin, secure and bound without changing its strength, and if all three positions are like this, this is a critical pulse.'

Analysis of pulse logic

A drumskin pulse is the image of the skin of a drum, as a drumskin's exterior is tight and tense, and its interior is empty and vacuous. The vessels are the residence of the blood. Blood is the mother of qi, and qi is the commander of blood. The two have the same existence and the same root. When yin blood is exhausted, then blood is vacuous and the vessels are vacuous. When yin does not restrain yang, then yang qi floats outward. The blood is vacuous in the interior and the qi floats to the exterior, thus the pulse form is a tight exterior and vacuous interior, like the form of a drumskin.

Examples of application

1. Blood collapse and essence loss. In vacuity taxation blood loss and essence and blood depletion vacuity, a drumskin pulse can be seen. The Mai Xue Chu Yi states: 'When this kind of pulse image is seen in aplastic anemia, the pulse form is wide and large, when pressed the center is empty, this is highly severe anemia.'

2. Insufficiency of kidney yang. Cold and painful lower back and abdomen, frequent nocturnal emission and loss of essence can also manifest with a drumskin pulse. As is written in the Jin Gui Yao Lue: 'In men this is blood collapse and loss of essence. In women it is miscarriage or vaginal bleeding. In men there is construction vacuity or nocturnal emission.'

The descriptions of a drumskin pulse provided by the ancient people were not all the same. The Mai Jing had a drumskin pulse but not a confined pulse, the Qian Jin Fang took the drumskin as the confined pulse, and the Mai Jue had drumskin but not confined. Hence Li Shi Zhen said: 'Several scholars of pulse books mistake a drumskin pulse for a confined pulse, either they contained drumskin but not confined, or they contained confined but not drumskin, which blurred the distinction, and so they did not know that a drumskin pulse is floating and a confined deep, a drumskin is vacuity and a confined repletion; the form and the patterns both are different.' According to the Jin Gui Yao Lue concerning the form and patterns of a drumskin pulse, it is written: 'The pulse that is string-like and large, the string-like is reduced, the large is scallion stalk. The reduced is cold, the scallion stalk is vacuity; vacuity and cold complicated together, this is called drumskin.' According to this, Li Shi Zhen felt: 'when the scallion stalk and the string-like are combined, this is a pattern of blood collapse and essence loss.' Zhang Zhong Jing did not compare the pulse to pressing a drumskin. It was not until after the Ming Dynasty that pulse books added that image. However, the patterns governed by the pulse remained similar to those of Zhang Zhong Jing. Clinically, when patients with miscarriage, uterine bleeding, blood collapse and essence loss are seen, generally there is a scallion

stalk pulse; very rarely is there a drumskin pulse, which feels like pressing on the skin of a drum.

DEEP PULSES

6. DEEP PULSE

Shape under the fingers

The locations of deep and floating pulses are opposite. The location of a deep pulse (Fig 4.10) is in the deep section of the muscle, near to the location of tendon and bone. With light pressure it is not felt, but with heavy pressure the pulsations are extremely clear. The Bin Hu Mai Xue states: 'Like stones thrown into water, which must reach the bottom, when pressed there is surplus, when raised, it is insufficient.' The form and strength of the pulse beats can be different according to the patterns, and can manifest as complex pulses.

Comparison and differentiation

A deep pulse and a hidden pulse are of the same type. The location of the two are both at the deep section of the muscle, only the extent of the depth is different. A deep pulse is near the sinew and bone, and it ought to be clearly felt with strong pressure. A hidden pulse, when compared with a deep pulse, is even deeper, within the sinew and bone. With heavy pressure it is not felt. It is necessary to push the sinew and bone to begin to feel it clearly. Also, a deep pulse may appear in one section; with a hidden pulse all six sections will be hidden.

Clinical disease patterns governed

A deep pulse is ascribed to yin. Because winter is ascribed to the kidney, the appearance of a

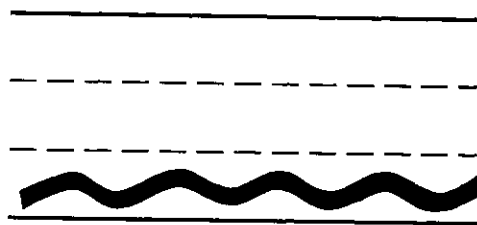


Fig. 4.10 Deep pulse image.

deep pulse in winter is normal. Because the weather in winter can kill, all living things go into hibernation. The freezing cold weather of winter causes the shallow and exterior blood vessels to shrink, and so the pulse is deep. Also, in bodies that are fat, or in which there is an abundant and thick amount of muscle under the skin, the pulse may be deep. Individuals whose nature is to be calm, cool and secretive, whose yang qi is hidden and stored within, may have a deep pulse. Pulse images like this are all considered to be normal. The San Zhi Chan states: 'If there is disease, a deep pulse is combined with other pulses. There are many [people] with a deep pulse and no disease.' He Meng Yao said: 'the pulse of the scholar who is cool and calm is often deep, as is the pulse of a fat person.'

The diseases governed by a deep pulse are ascribed to interior. Whether the pulse occurs with force or without force differentiates vacuity and repletion. A deep pulse without force is interior vacuity. A deep pulse with force is interior repletion. A deep pulse governs the patterns of yang qi debility or depressed qi. For example, in patterns of enduring dysentery, puffy swelling, phlegm or food accumulation and stagnation a deep pulse is commonly seen. The Jing Yue Quan Shu: Mai Shen Zhang states: 'Although deep is ascribed to interior, it also is necessary to investigate whether it has force or lacks force so as to differentiate vacuity and repletion. A deep pulse and repletion generally are stagnation of qi. Therefore, it is said, in the case of a deep pulse that is known to be qi stagnation and accumulation, it is appropriate to disperse and attack ... deep and vacuous is due to yang qi failing to out-thrust ... the yang is vacuous and the qi is falling; it is appropriate to warm and supplement.'

Diseases governed by pulse combinations

A deep and slow pulse indicates interior cold. Deep and rapid indicates interior heat. Deep and moderate indicates water-damp. Deep and confined indicates cold accumulations. Deep and string-like indicates swelling with pain. Deep and tight indicates cold pain. Deep and hidden indicates choleraic disease. Deep and slippery

generally means phlegm and food accumulation. Deep and rough means depression of qi.

Analysis of pulse logic

Qi moves the pulse. When qi moves, blood moves. When the yang qi is debilitated, the pushing movement lacks force and is unable to move the construction blood to the exterior, thus the pulse moves at a deep level. This is a deep pulse that lacks strength. As Zhang Deng said: 'Deep is a reflection of the viscera, bowels, sinew and bone. Because the yang is lacking, it is unable to move the construction qi to the exterior, and so the pulse is a clear yin image and deep.' If evil qi attacks the interior, the right and the evil fight in the interior, the qi and blood gather inside and the pulse qi moves toward the inside, hence the pulse is deep and has strength.

Examples of clinical application

1. Vacuity cold. When yang is vacuous and yin is exuberant, there is clear food diarrhea, reverting cold of the four limbs, pain of the limbs and body and a clearly deep pulse image. This is treated with warming and supplementing. As the Shang Han Lun, item 305, states: 'When in lesser yin disease [there is] generalized pain, cold extremities, joint pain and a pulse that is deep fu zi tang [Aconite Decoction] governs.' Other than the governing symptoms of a thin, fine pulse and desire for sleep of lesser yin disease, it may be complicated by vomiting and diarrhea, reverting cold of the four limbs, etc., yang vacuity signs. In addition, if a pulse is deep and also thin and fine it is caused by yang qi debility. There is an inability to warm the limbs and body and reverting cold of the four limbs. When there is internal exuberance of yin cold, there is stagnation in the channels and vessels causing pain in the body and joint pain. Fu zi tang (Aconite Decoction) is used to warm the channels and expel cold.

2. Water swelling. Water swelling is due to abnormal functioning of the spleen, the lung and the kidney, causing water fluids to collect and accumulate, flooding the muscle and skin.

Because the water has collected within the muscle and skin, the vessels and networks are under pressure and so the pulse qi hides internally, causing the pulse to be deep. As the *Jin Gui Yao Lue*: *Shui Qi Bing Mai Zheng Bing Zhi* states: 'When there is internal water, the body, face and eyes are yellow and swollen and the pulse is deep' as well as 'When the pulse is deep, there ought to be water swelling and heaviness of the body.' Clinically, according to the combination of the pulse and the symptoms, this should be treated with either the sweating method, the method of disinhibiting urine or the method of expelling and precipitating water.

7. HIDDEN PULSE

Shape under the fingers

Hidden has the meaning of extremely hidden. The hidden pulse (Fig 4.11) is in the deepest section of the muscle, the pulse moves within the tendon and bone and it requires heavy pressing and pushing of the tendon and bone to begin to feel it clearly. The *Mai Jing* states: 'A hidden pulse: extremely heavy finger pressing, and finding the bone, and then it is obtained.' *Li Zhong Zi* even more clearly stated: 'Hidden is extremely hidden, even lower than deep; push the sinew and find the bone, and then begin to feel its form.'

Comparison and differentiation

See confined pulse (p. 109) and deep pulse, (p. 106).

Clinical disease patterns governed

Hidden and forceful generally governs the

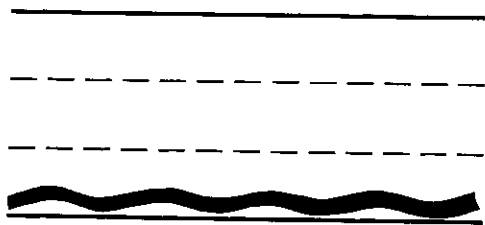


Fig. 4.11 Hidden pulse image.

patterns of repletion evil hiding internally and obstructing stagnation of qi and blood. For example, in patterns of vomiting, diarrhea, fright spasm, sudden pain, reverting heat, reverting cold, and phlegm food obstructing and stagnating, a hidden pulse is commonly seen. As the *Zhen Zong San Wei* states: 'Depression of qi and binding of blood, mounting, conglomerations, retention of food and water, cholera, vomiting and diarrhea, all generally manifest a hidden pulse, which is due to obstruction and stagnation of the channels and vessels not allowing communication between construction and defense.' Also, the *Jin Gui Yao Lue*: *Wu Zang Feng Han Ji Ju Bing Mai Zheng Bing Zhi* states: 'As for accumulations, if the pulse arrives fine and hidden within the bone, this is accumulation.' If internally there are hard, swollen accumulations, the disease is in the viscera, the pain has a definite location and when pushed the accumulations do not move, the pulse of accumulation disease will be deep, hidden and fine.

Hidden and lacking force generally is vacuity due to enduring disease – for example, patterns such as qi and blood depletion injury and yang qi debility, seen accompanied by serious vomiting and diarrhea, cold mounting and inversion.

Diseases governed by pulse combinations. With yin exuberance and reverting cold the pulse is hidden and slow. With internal accumulation of fire evil the pulse is hidden and rapid.

Analysis of pulse logic

A hidden pulse may be caused by yin and blood vacuity detriment, with yang qi debility tending toward expiry. Here, the pulsations lack the force of qi pushing outward and so the pulse is deep, hidden and lacking force. The other cause is internal repletion evil binding, gathering, obstructing and blocking. Here the qi dynamic is depressed and stagnant, and the yang qi is deep and secretive, thus the pulse is hidden and has force. This is commonly seen in sudden onset of disease and fright spasms.

Examples of clinical application

1. Water swelling. Water-damp collecting internally causing qi and blood obstruction pattern is

seen with hardness and fullness under the heart, constipation, puffy swelling and a hidden pulse. As the *Jin Gui Yao Lue*: *Shui Qi Bing Mai Zheng Bing Zhi* states: 'Patients with water swelling under the eyes have bags under the eyes, the face and eyes have a fresh luster and the pulse is hidden. If the individual has wasting and thirsting disease and the water disease causes abdominal distention, inhibited urine and a pulse that is deep and expiring, then the precipitation method can be used to eliminate the water.'

2. Depressed evil. Hidden is extremely deep. Because cold and hot evil qi bind internally, the channels and vessels are obstructed, the yang qi is deep and secretive and thus the pulse is hidden. In general, cold is more frequent and heat is relatively less frequent, but one cannot, because of this, ignore signs of heat and fire. Li Shi Zhen said 'With cold damage, [a pulse] that is hidden on one hand is called a single hidden. [A pulse] that is hidden on two hands is called a paired hidden. [One] cannot take this as a diagnosis of a yin pulse seen in a yang pattern because internally depressed fire evil that is not able to express itself will increase, and extreme yang will become yin, hence the pulse will be hidden.' Depressed fire heat evil causing a hidden pulse is also commonly seen, but often there is an incorrect diagnosis. The *Wen Yi Lun* states: *When there is a pattern of internal epidemic disease, lacking other strange signs and suddenly the six pulses are like silk; slight, fine and soft, one hand or both may lack a pulse or one hand may be hidden. Investigate because this person should not have this pulse. The reason [is that one] ought to have used the precipitation method but did not and so there is internal block and obstruction, the construction qi counters and flows to the inside and is unable to thrust out to the four limbs and the pulse is reverting. Thus when the evil is bound, the pulse is unable to move and the physician sees a pulse that is slight and about to expire and mistakenly believes that there is a yin pulse in a yang pattern and so does not treat it and thus, incorrectly, many people are not saved. Furthermore, if [the physician] uses ren shen [Ginseng] to produce a pulse, disaster will not be averted. [One ought] to choose cheng qi [Qi Infusing*

Decoction] to moderately precipitate [the evil] and then the six pulses will recover of their own.

3. Vomiting and diarrhea. Violent vomiting and diarrhea injure and damage the yin fluids causing yin exhaustion and yang desertion as well as a hidden pulse. As the *Mai Jing* states: 'A hidden pulse is choleraic disease.' Li Shi Zhen also says: 'Hidden is choleraic disease with severe vomiting.'

4. Sudden stroke. In hyperactivity of yang due to yin vacuity causing sudden clouding collapse, loss of consciousness, closed eyes, open mouth, relaxed hands and enuresis, a hidden pulse may be seen. Clinically this can be seen in sudden stroke due to cerebral hemorrhage.

5. Intense pain. Any kind of intense or violent pain, such as extreme spasms of the tendons and vessels, can cause qi and blood to obstruct and stagnate, and the yang qi to go deep so the pulse arrives deep and hidden. Zhang San Xi said: 'When the pain is extreme, the pulse must be hidden. This is so with sudden pain of the heart, abdomen, stomach and stomach duct.'

The diseases governed by a hidden pulse are, for the most part, located deep within the yin. If it is internally depressed fire evil, extreme yang becomes yin and the pulse is hidden and rapid. This must be resolved with a large sweat. If it is yin qi exuberance and yang qi debility, then there is reverting cold of the four limbs and the six pulses are all deep and hidden. This requires sheng jiang (Ginger) and fu zi (Aconite) as well as moxibustion on guan yuan (Origin Pass, GV-4) in order to recover the yang qi and cause the pulse to return.

8. CONFINED PULSE

Shape under the fingers

Confined is hard, confined and fixed. It also has the meaning of being located deep inside. The confined pulse (Fig 4.12) travels within the deep muscle layer, and is felt with neither light nor moderate pressure. Only with heavy pressing is it obtained clearly. The pulse beats ought to be replete, large, string-like and long, hard, confined

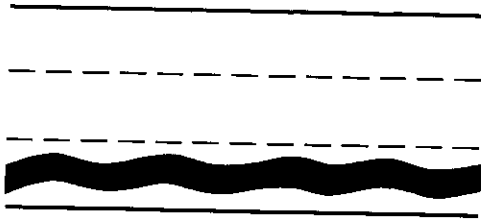


Fig. 4.12 Confined pulse image.

and fixed. The Mai Jing states: 'Drumskin pulse¹⁴ [sic] is like deep and hidden, it is replete, large and long and slightly string-like.' The Zhen Jia Shu Yao states: 'Confined is hard and confined, deep and yet with force, beating and yet not moving.' The Zhen Jia Zheng Yan states: 'Confined has two meanings: the meaning of hard, secure, confined and replete, and also the meaning of deeply located in the interior.' To sum up the above images of a confined pulse: one, it is a pulse that has a deep position; two, the pulse body is replete, large, string-like and long; and three, it is hard, confined and not moving.

Comparison and differentiation

See replete pulse (see p. 125).

Clinical disease patterns governed

A confined pulse is replete, large, string-like and long and it governs replete patterns. It is generally due to diseases of an obstinate nature and diseases that are difficult to treat. The pathological qi is confined and secured, and the course of the disease is relatively long. Because the disease evil is deep and hidden internally, the pattern is one of binding, gathering, obstructing and stagnating. For example, in patterns of mounting qi, panting counterflow, hypertonicity or pain, a confined pulse can manifest. Zhu Shu He said: 'Confined indicates that pathological qi is confined and secured. In vacuity patterns this pulse will not appear; only if there is damp tetany or hypertonicity, cold mounting with sudden counterflow, or hard masses hidden internally will there be this pulse.'

Analysis of pulse logic

The appearance of a confined pulse arises from internal exuberance of yin cold gathering, obstructing and stagnating, and hard masses hidden internally causing the yang qi to hide deeply. Yin and yang struggle internally causing the pulse qi to hide deeply and the pulse body to be replete, large, string-like and long, hard, confined and fixed.

Examples of clinical application

1. Abdominal pain. When there is internal exuberance of yin cold, because the nature of cold is contracting, this causes the sinews and vessels to contract, and so the qi dynamic is blocked and obstructed, and an inability to move freely causes pain. Thus, when there is sudden violent pain, a confined pulse is manifested. As Li Shi Zhen said: 'When cold manifests as confined and hard, there is an interior surplus. When there is cold pain in the abdomen and heart, wood is overwhelming the spleen.'

2. Repletion patterns. A confined pulse is yang within yin. In a repletion pattern a confined pulse is appropriate and can be treated. In a vacuity pattern a confined pulse is unfavorable and difficult to treat. Clinically, one cannot simply see a confined pulse and immediately employ precipitation methods, as in this way it is easy to cause a vacuity to become even more vacuous and a repletion even more replete; this is the so-called 'treating repletion and vacuity without thinking of danger.' The Zhen Zong San Wei states: 'If [one] takes a confined pulse as internal repletion and does not ask about the conditions, and moves presumptuously in fixing it, [one] can cause repletion to become more replete and vacuity to become more vacuous! In general, a confined pulse indicates hard masses internally and exhaustion expiry of stomach qi; hence it can be taken as a critical image.'

The confined pulse described in the Bin Hu Mai Xue is the same as the drumskin pulse in the Mai Jing. Wang Shu He mistakenly took the drumskin pulse as the confined pulse, and so among later medical scholars some had a confined pulse but lacked a drumskin and others had a

drumskin but lacked a confined. For example, the Jin Gui Yao Lue has a drumskin and lacks a confined pulse; the Mai Jue has a confined and lacks a drumskin; the Bin Hu Mai Xue combines drumskin and confined. Clinically the two pulses can both be seen; therefore, we believe that the existence of both pulses is necessary.

Pathological pulses that are based on changes in the pulse rate

RAPID PULSES

9. RAPID PULSE

Shape under the fingers

Rapid refers to fast. A rapid pulse (Fig 4.13) refers to a pulse in which the pulsations are normally fast. Five beats or more in one breath is fast. Hua Bo Ren said: 'Rapid is too fast, six beats in one breath surpasses the normal pulse by two beats.'

Comparison and differentiation

Rapid and racing are of the same type. Racing pulse (Fig 4.14) is more extreme than rapid – seven beats or more in one breath, or 120–140 beats per minute. A racing pulse generally indicates a

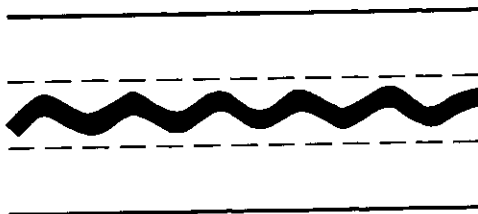


Fig. 4.13 Rapid pulse image.

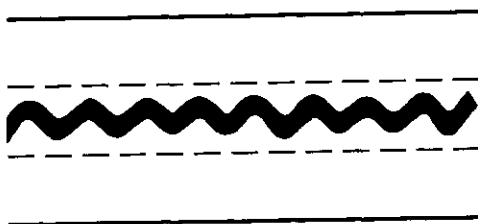


Fig. 4.14 Racing pulse image.

pattern of extreme exuberance of yang heat with yin qi exhaustion and original qi desertion. Besides this a racing pulse can be seen in a pregnant woman at the time of birth. A rapid pulse is similar to a tight pulse, a slippery pulse, a skipping pulse and a stirred pulse; therefore it is necessary to pay attention to their differentiation. Li Zhong Zi said: 'Rapid and string-like is a tight pulse. Rapid and smooth flowing is a slippery pulse. Rapid with stops is a skipping pulse. Rapid to the point of extreme is a racing pulse. Rapid like a spinning bean is a stirred pulse.'

Clinical disease patterns governed

Rapid indicates yang heat. It is ascribed to fire and governs heat patterns. The presence or absence of force differentiates vacuity and repletion and accompanying pulses differentiate exterior and interior. Li Shi Zhen said: 'With force [it is] repletion fire, without force [it is] vacuity fire. Floating and rapid is exterior heat, deep and rapid is interior heat.'

Diseases governed by accompanying pulses. A surging and rapid pulse generally means exuberant yang repletion heat, if there are sores and welling abscesses. Vacuity with internal heat is rapid and fine. Phlegm-fire repletion heat is rapid and string-like. The pulse image of pulmonary wilting is rapid and vacuous. Yin and blood injury and exhaustion are rapid and rough.

Analysis of pulse logic

A rapid pulse is yang. There are times when it is ascribed to yin, then it is yin within yang. The patterns governed by a rapid pulse are divided into replete and vacuous. To be replete, the pulse must have force. This is caused by heat evil stirring, causing the qi to be exuberant and the blood to surge; the movement of the qi and blood becomes more rapid and thus the pulse beats quickly. If the pulse is rapid and lacks force, this is because the essence and blood are depleted and vacuous and so vacuity yang hyperactivity increases, causing the blood to move more rapidly, hence the pulse is rapid and lacks force.

Examples of clinical application

1. Stomach heat. When there is heat evil in the stomach, it dārnages the fluids and causes the humor to become dry and the stools bound. Urination is frequent, but rapid, short and red. Heat can also cause swift digestion and rapid hungering. As the Jin Gui Yao Lue: Xiao Ke Xiao Bing Bu Li Lin Bing Mai Zheng Bing Zhi states: 'A rapid instep yang pulse indicates heat in the stomach, causing swift digestion and rapid hunger, hidden and hard stools and rapid urination.' Also, the Shang Han Lun: Bian Tai Yang Bing Mai Zheng Bing Zhi Zhong states: 'If the patient's pulse is rapid, rapid is heat, there should be rapid digestion and hunger.' The instep yang pulse reflects the stomach qi. Rapidity here is heat. Heat evil in the stomach can damage the fluids and can speed up digestion, hence there is rapid hungering, dry stools and rapid urination.

2. Transmission of disease through the channels. Rapidity is fire heat governing the exuberance of yang. When the patient's pulse is extremely rapid, this indicates that the disease is advancing. As the Shang Han Lun: Tai Yang Bing Mai Bing Zhi Shang states: 'On the first day of cold damage, greater yang contracts the disease. If the pulse is tranquil this means no passage. A strong desire to vomit, if there is agitation and vexation, and the pulse is rapid and urgent, means passage.'

3. Yin depletion. When yang is exuberant it damages the yin. In a new disease, if the pulse is rapid, this generally is yang exuberance damaging the yin, which generally is caused by repletion heat pattern of external evil. Enduring disease vacuity detriment is generally due to the internal production of vacuity heat. As Zhang Jie Bin said: 'Suddenly rapid, this is generally external evil. Enduring rapid, this must be vacuity detriment.'

Li Zhong Zi believed: 'If [a rapid pulse] is seen in the lung position, this is a pulse of stolen metal. If it occurs in the autumn months, it is an inauspicious sign of the season causing restraining.' This means that if, in the autumn, a

rapid pulse is seen in sufferers of lung disease, it is a sign that the disease circumstances are advancing.

Also, after the disease has improved, the pulse may be rapid. There are two reasons for this. One is that surplus heat has not been completely cleared, causing the pulse to be rapid with force. The second is that the heat disease has damaged the yin, causing yin vacuity internal heat. Here the pulse is rapid without force. If a rapid pulse is seen after recovery from diphtheria, wind-damp heat (rheumatic fever), scarlet fever, etc. (other heat patterns), it should be considered whether there has been damage to the heart, such as myocarditis, etc.

If damp and heat invade the body together, then the damp may obstruct and the heat hide, causing unsurfaced fever, skin that when first touched is not hot, but after touching for a long time burns the hands, and fever that is lighter in the morning and worse at night. When heat is obstructed by damp, the pulse moves quickly, but the damp evil obstructs and stagnates in the vessels. The qi of the pulse is gradually overcome by the obstruction and, although the pulse arrives rapidly, it cannot be coordinated with the rise in body temperature. In modern medicine this is known as a relatively moderate pulse appearing in cold damage disease. On the contrary, if the temperature suddenly drops, there is cold sweat and the pulse is extremely rapid, this is a sign of development of vacuity desertion. Other than these, a rapid pulse can be seen in sinus tachycardia, hyperthyroidism, febrile diseases, etc.

4. Heat. This refers to a rapid pulse of diseases of a hot nature. Rapidity and heat are related; when the heat increases, the rapidity also increases. Li Zhong Zi said: 'The more rapid the pulse, the more heat in the pattern.'

Attention must be paid to differentiating the physiologically rapid pulse. For example, a rapid pulse seen in children after exercise, after eating, or during times of excitement is considered a normal pulse image.

ADDENDUM: Racing pulse

Wang Shu He's *Mai Jing* does not contain a racing pulse. Information about the pulse image and diseases governed by a racing pulse first appeared in the Yuan Dynasty text *Zhen Jia Shu Yao*. A detailed description was given in the Ming Dynasty text *Zhen Jia Zheng Yan*.

Shape under the fingers

In this, the pulse arrives racing. It is an extremely fast rapid pulse, with seven, eight or more beats in one breath, or approximately 120–140 beats per minute. The *Zhen Jia Zheng Yan* states: 'Racing is very racing, it is an extremely rapid pulse; there are seven or eight beats, and the flow is thin and racing.'

Analysis of pulse logic and clinical disease patterns governed

One cause of a racing pulse is extreme exuberance of yang caused by yin qi reaching exhaustion and hyperactivity of yang without control. Here the pulse arrives racing, and has force when pressed. This can be seen when there is extreme heat in cold damage or warm diseases. Another cause of a racing pulse is when true yin is exhausted below on the lower part of the body, leaving only yang hyperactivity above. The yin is exhausted and the yang is floating. Here the pulse arrives racing, and there is no force on pressing. This is a pattern of the original qi reaching expiry. If seen in individuals with tuberculosis it is a dangerous sign.

In yin-yang transmission disease (an old pattern name referring to incomplete recovery from cold damage disease, and thus transmitting the disease)¹⁵ the pulse is often seven or eight beats; this is called an 'anomalous pulse.' The prognosis is poor and it generally indicates death.

In women approaching delivery the pulse is also anomalous. It must reach seven or eight beats to have this name. It is so called because it is separated from the normal pulse. It appears with abnormalities such as floating yesterday, deep today, large yesterday, small today, slow yesterday, rapid today, slippery yesterday, rough today. Clinically this is a sign of imminent parturition and it is called an anomalous pulse.

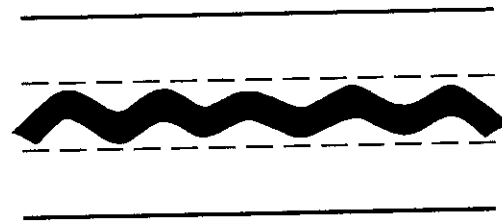


Fig. 4.15 Stirred pulse image.

10. STIRRED PULSE

Shape under the fingers

A stirred pulse (Fig 4.15) refers to a pulse that beats like a bean rolling. It is slippery, rapid and has force and is most clear in the bar position. The *Shang Han Lun: Bian Mai Fa* states: 'If a rapid pulse is seen at the bar position, with neither a head above or a tail below, like a bean turning, this is called a stirring pulse.'

Comparison and differentiation

Stirring and hidden are opposites. A hidden pulse is deeply hidden between the sinew and bone and requires deep pressing and pushing of the sinew to locate the bone. When its form begins to be felt it is not at either the floating or the center position. A stirred pulse is rapid and has force and it ought to be clearly felt under the fingers at all three levels.

Stirring and short are in the same category. The difference between the two is: a stirred pulse feels round and slippery under the fingers, like a bean spinning around and around, rapid and with force; a short pulse is sunken at either end and protrudes in the middle, and it is not round, slippery nor rapid. *Li Zhong Zi* said: 'A stirred pulse is so named for its movement around and around, with rapidity and force, the two heads dip down and it protrudes in the center, resembling a short pulse. But a short pulse is yin; it is not rapid, nor hard nor slippery.'

Clinical disease patterns governed

A stirred pulse is a sign of struggle between yin and yang. It governs pregnancy, fear, pain and also fever and spontaneous sweating. The *Su*

Wen: Ping Ren Qi Xiang Lun states: 'When the hand lesser yin pulse of a woman is extremely stirred, she is pregnant.' The kidney governs the storage of essence, and the heart governs blood, hence when the pulse is stirred at these two locations there is a child. Li Zhong Zi said: 'a stirred pulse governs pain, a yang stirred pulse is spontaneous sweating, a yin stirred pulse is fever.'

Disease governed by pulse combinations. A stirred and slippery pulse generally means phlegm-damp. Stirred and rapid is generally a heat pattern. Stirred and replete is an impediment pattern. Stirred and weak generally means fright palpitations. Stirred and floating is an exterior pattern.

Analysis of pulse logic

A stirred pulse is created from counterflow of the upbearing and downbearing of qi, from the struggle between yin and yang and from the surging movement of qi and blood. As the Si Zhen Jue Wei states: 'Wang Yu Tai said: [When] yang is about to downbear and yin counterflows [or when] yin is about to upbear and yang counterflows, upward and downward [movement] does not occur. A striking force suddenly arises and a stirred pulse is formed.' The Mai Jue Hui Bian also states: [When there is] yin and yang disharmony, the qi struggles then [there is] pain. The qi bursts forth, then [there is] fright. These texts show that discordance between yin and yang and struggle between qi and blood cause a stirred pulse, hence it generally governs fear and pain.

Examples of clinical application

1. Governs fear and palpitations. Sudden fear or fright can cause the heart spirit to be agitated, harassed and not settled, manifesting as heart palpitations and a stirred pulse. As the Mai Xue Ji Yao states: 'He Meng Yao said: Rapid and sudden jumping is called stirred. Thus, the meaning of stirred is that it is generally seen with extreme fright. Fright can cause the heart and chest to suddenly jump and the pulse also refers to rapid beating of the heart.'

2. Pain. When there is qi stagnation and blood stasis, the blood does not flow smoothly, and lack of free movement causes pain. When this occurs, and the pain is in a defined location, a stirred pulse can be seen.

3. Panting. Distressed rapid panting, with an inability to lie flat, can also manifest a stirred pulse.

4. Blood patterns. A stirred pulse can also be seen when there is damage or detriment to the penetrating and conception vessels, static blood obstructing and stagnating and persistent bleeding.

As for the question of the location of the manifestation of a stirred pulse, later texts often say that it occurs only in the bar position. However, ancient physicians did not think this way. As the Nei Jing states: 'When the hand greater yin pulse of a woman is extremely stirred, this indicates pregnancy.' The hand greater yin pulse refers to the inch location. Also, the Shang Han Lun: Bian Mai Fa states: '[The pulse that results from] the struggle between yin and yang is called stirred. Yang stirred refers to spontaneous sweating. Yin stirred refers to fever.' At the front of the bar is yang; at the back of the bar is yin. Yang refers to the left inch, which is ascribed to the heart; sweat is the humor of the heart. The right inch is ascribed to the lung; the lung governs the skin and body hair and the opening and closing of the pores, therefore it is said that yang stirred indicates spontaneous sweating. Yin refers to the cubit position. When stirring is seen in the left cubit it is an insufficiency of kidney water. When stirring is seen in the right cubit it is vacuity flaming of ministerial fire; therefore there is fever. The above explains how a stirred pulse can manifest on all six positions on both hands. Based on this theory, Li Zhong Zi believed that: 'the saying that a stirred pulse is seen only on the inch position is incorrect.' Clinically, a stirred pulse can be seen on the inch, the bar and the cubit position together, or it can be seen singly on any one of the positions.

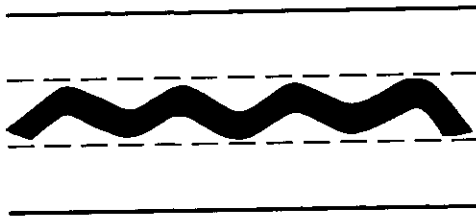


Fig. 4.16 Slippery pulse image.

11. SLIPPERY PULSE

Shape under the fingers

A slippery pulse (Fig 4.16) arrives and departs smoothly and is round and slippery. Like pearls rolling on a plate, the movement is flowing and smooth. As Li Zhong Zi said: 'A slippery pulse arrives and departs smoothly. Its form is like a plate of pearls, or dewdrops on a lotus.'

Comparison and differentiation

Slippery and rough are opposites. A slippery pulse indicates full and exuberant qi and is a sign of blood flowing freely. When the pulse arrives its flow is round and slippery under the fingers. A rough pulse means that qi and blood are debilitated and reduced. The pushing movement has no force, the blood movement is uneven and rough; when the pulse arrives under the fingers it is rough and stagnant, slow, fine and short.

Clinical disease patterns governed

A slippery pulse is a sign of abundant and exuberant qi and blood; thus it governs exuberant heat, food stagnation, etc. The Mai Jing states: 'Slippery is phlegm or food retention, slippery and dry is the presence of heat.' Zhang Zhong Jing said: 'Slippery is a sign of surging and exuberant qi and blood; it indicates phlegm counterflow, food stagnation, vomiting and nausea, fullness and oppression. Slippery and large or slippery and fast is internal heat.'

A slippery pulse also can be seen in vacuity patterns. As the Su Wen: Da Qi Lun states: 'A pulse which is slippery like balls under the fingers and disappears with pressure is due to an insuf-

ficiency of qi in the large intestine.' This explains that a slippery pulse which flows smoothly but which has no root under pressure is a sign of insufficiency of qi of the large intestine. Zhang Deng also said: 'When a disease is due to vacuity detriment, often there is a string-like and slippery pulse. This is due to yin vacuity.'

A slippery and moderate pulse in the average person is exuberance of the defense qi and exuberance of the qi and blood, and is a sign that the body is healthy. When the pulse is slippery and the menses stop in young women, this indicates pregnancy. As Zhang Zhong Jing said: 'In women, when the pulse is slippery and the menses cease, there is pregnancy. If a normal man's pulse is slippery and moderate, this is an auspicious sign of abundance of defense and repletion.'

Diseases governed by pulse combinations. A floating and slippery pulse is wind-phlegm. Deep and slippery is phlegm-rheum panting and coughing or food stagnation. Slippery and rapid is generally damp-heat, or it can also be phlegm-fire food damage. Slow and slippery generally means dysentery.

Analysis of pulse logic

A slippery pulse is a sign of abundance and exuberance of qi and blood. When blood is exuberant the amount of blood flow is great. When qi is sufficient its pushing movement of blood has force, thus the level of blood circulation is relatively fast. In this way, the blood vessels expand and the flexibility of the vessels increases resulting in the creation of a slippery image. When blood moves freely and without obstruction, its arrival and departure are smooth and it feels round and slippery under the fingers. In the average person when qi and blood are effulgent and exuberant the pulse arrives slippery and moderate. If there is a slippery pulse in disease this is exuberance of evil qi, and also exuberance of right qi. The resistance of the evil is strong, and the qi and blood are abundant, the movement of blood is rapid and so the pulse arrives slippery and rapid. In patterns such as fever, damp-heat, food stagnation and phlegm-rheum panting and coughing, often there will be a slippery and rapid pulse.

A slippery pulse is also a surplus of yin qi. Phlegm and damp are yin humors and, as yin becomes effulgent when it meets with yin, such as yin blood, this indicates that there is a surplus of yin. Similarly with qi and blood: exuberant blood creates a sufficiency of qi, hence in phlegm and damp patterns the pulse is clearly slippery. As Zhang Zhi Cong said: 'When the evil enters to the yin, then the channel blood boils, hence the pulse is slippery.'

When the pulse of a pregnant woman is slippery it is an auspicious sign of exuberant blood nourishing the fetus. As Hua Bo Ren said: 'The vessels are the home of the blood. When blood is exuberant, the pulse is slippery, hence, it is appropriate for pregnancy.'

Examples of application

1. Pregnancy. When, after the menses of a married woman stop and a slippery pulse appears, one can consider the early stages of pregnancy. Recently, 130 women in the early stages of pregnancy were investigated for the appearance of a pulse of pregnancy (including slippery and rapid, moderate and slippery, and equally floating and deep at all three positions): 79.23% were either slippery at all three positions, slippery at the bar and cubit or slippery at the inch and bar; 20.77% did not have a pregnant pulse (these included deep and moderate or deep and fine). The accuracy rate of a pregnant pulse for women between the ages of 20 and 30 for the first-to-third pregnancy was relatively high.

2. Damp-heat. When damp evil and heat evil combine and invade the body, there is fever, but the pattern alters with variations in the location of the disease. For example, in downpour of damp-heat the pulse is generally slippery. As the Jin Gui Yao Lue: Fu Ren Za Bing Mai Zheng Zhi Pian states: 'If the lesser yin pulse is slippery and rapid, then sores have been engendered in the yin [genitals], if the sores within the genitals are shedding, lang ya tang [Agrimony Decoction] can be used to wash them.'

3. Heat patterns. When heat evil is smoldering internally and the yang qi is unable to thrust to

the outside, there is reverting and the pulse is slippery. As the Shang Han Lun says: 'When in cold damage the pulse is slippery and [there is] reversal [there is] heat in the interior and Bai Hu Tang [White Tiger Decoction] governs.'

4. Food retention. When the abdomen is distended and full and the pulse is slippery and rapid, this is a repletion pattern, appropriate for offensive precipitation. As the Jin Gui Yao Lue: Fu Man Han Shan Su Shi Bing Zhi Bing Pian states: 'When the pulse is rapid and slippery, there is repletion due to food retention. To eliminate it effectively precipitate using da cheng qi tang [Major Qi-Infusing Decoction].'

5. Phlegm panting. In patterns of phlegm turbidity blocking the lung, causing inhibition of the qi dynamic and an inability of the lung qi to diffuse and downbear, manifesting with symptoms such as panting and coughing, with profuse sticky and greasy phlegm that is difficult to expectorate, and fullness and oppression in the abdomen, the pulse is generally slippery. As the Jin Gui Yao Lue: Tan Shi Ke Sou Bing Mai Zheng Bing Zhi Pian states: 'When the pulse is floating, fine and slippery, there is damage due to rheum.'

6. Determination of prognosis. The Su Wen: Tong Ping Xu Shi Lun states: 'What about cold qi suddenly rising, fullness and repletion in the abdomen? Qi Bo replied: Replete and slippery indicates life, replete and unfavorable indicates death. Also: What about intestinal afflux with pus and blood? Qi Bo replied: Slippery and large indicates life, suspended and rough indicates death. And what about madness? Qi Bo replied: If the pulse beat is large and slippery over time it will resolve itself. If the the pulse is small, hard and hurried, then it is incurable.' Zhang Deng also said: 'In cold damage, damp-heat, seasonal diseases, etc., as long as the pulse is floating, slippery and soggy, [the patient] can be treated.' Clinically, in commonly seen acute and chronic conditions when the pulse is either a slippery pulse or a slippery pulse accompanied by other pulses, the prognosis is generally good.

Clinically, liver and gallbladder damp-heat, stomach and intestinal damp-heat dysentery and

lower burner damp-heat all generally manifest a slippery and rapid pulse image. Phlegm-rheum panting and coughing with a string-like and slippery pulse is also commonly seen.

SLOW PULSES

12. SLOW PULSE

Shape under the fingers

Slow is spoken of in reference to rate. It is when the beat is one less than normal, the normal being four beats per breath. A slow pulse (Fig 4.17) then refers to three beats per breath, or one less than normal. When the pulse beats less than 60 times per minute the arrival and departure are relatively slow. The Mai Jing states: 'A slow pulse: three times per breath; the departure and arrival are extremely slow.'

Comparison and differentiation

Slow and rapid are opposites. A slow pulse is three beats per breath; a rapid pulse is fast, six beats per breath. Rapid indicates heat; slow indicates cold.

Slow and moderate are in the same category. The difference between the two is that slow is spoken of in reference to rate: one breath, three beats. Moderate is spoken of in reference to form and bearing, slightly faster than a slow pulse; it is balanced and moderate: one breath, four beats.

Clinical disease patterns governed

Slow is the governing pulse of cold patterns, and the accompanying pulses determine exterior or interior and repletion or vacuity. As the Zhen Zong San Zhu states: 'Floating and slow is exterior cold, deep and slow is interior cold.' Also, the Bin Hu Mai Xue states: 'Slow and with force is

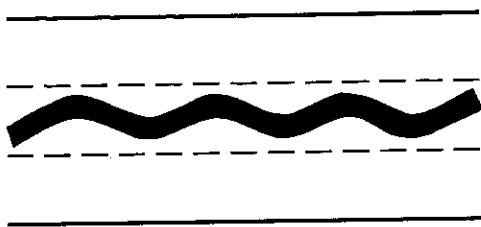


Fig. 4.17 Slow pulse image.

cold pain, slow and without force indicates vacuity pain.' In addition, it can be seen in jaundice, concretions and conglomerations, chest bind and similar patterns.

Diseases governed by accompanying pulses. If accompanied by floating it is exterior cold. If accompanied by deep it is interior cold. If accompanied by slippery it is phlegm food. If accompanied by fine it is yang debility. If accompanied by string-like it is accumulation pain. If accompanied by a moderate pulse it is cold-damp.

Analysis of pulse logic

A pulse that is slow and without force is generally due to debility of yang qi causing a lack of force to move the blood, thus the pulse arrives slowly and moderately. If the pulse rate has force but arrives and departs slowly, this is generally due to cold-damp obstructing and stagnating or repletion evil binding internally, causing the qi and blood to become blocked and the movement of transportation to be slow, and thus the pulse is slow.

Examples of application

1. Jaundice. In jaundice, the body is hot and cold; there is also torpid intake, spinning of the head, uncomfortableness in the heart and chest, yellow color of the entire body and a slow pulse. As the Shang Han Lun states: 'When in yang brightness disease, the pulse is slow, [there is] difficulty eating to satiation and after satiation [there is] mild vexation and dizzy head, there will be difficult urination and this means grain jaundice is about to occur. Although precipitation [has been used there is] abdominal fullness, as before, and it is this way because the pulse is slow.' This indicates that in conditions of cold-damp accumulations blocking the qi mechanism, although precipitation unblocks the accumulations, the abdominal fullness remains.

2. Yang brightness bowel repletion. When the disease manifests with tidal fever, a heavy body, shortness of breath, abdominal fullness with panting, and a slow pulse, offensive precipitation can be used. As in the Shang Han Lun: 'When, in yang brightness disease, the pulse is

slow, even though [there is] sweating and no aversion to cold, there will be generalized heaviness, shortness of breath, abdominal fullness, panting and tidal fever which means the exterior is about to resolve and one can attack the interior. Streaming sweat from the extremities means [that] the stool is already hard and [therefore] *da cheng qi tang* [Major Qi Infusing Decoction] governs.' This explains that when the yang brightness bowel is replete, the bowel qi does not move, the vessels are blocked and inhibited and so the pulse is slow. This slow pulse must have force.

3. Slow pulse with diarrhea. When there is abdominal pain and diarrhea, and a slow and slippery pulse with force, this is an internal repletion pattern, and offensive precipitation can be used. As is stated in the *Jin Gui Yao Lue*: *Ou Tu Yue Xia Li Bing Mai Zheng Bing Zhi*: '[If] the diarrhea is not yet about to cease, urgent precipitation is appropriate with *da cheng qi tan* [Major Qi Infusing Decoction].'

A slow pulse governs cold syndromes ascribed to the interior. Cold patterns can manifest a slow pulse, but the manifestation of a slow pulse is not necessarily a cold pattern; it also can be seen in a hot pattern. As in the *Shang Han Lun*: 'When in yang brightness disease, the pulse is slow, even though [there is] sweating and no aversion to cold, there will be generalized heaviness, shortness of breath, abdominal fullness, panting and tidal fever which means the exterior is about to resolve and one can attack the interior.' In yang brightness disease, damp-heat is scorching and exuberant, depressing and binding internally, so the bowel qi is not free. The vessels, blocked and stagnant, are not free and so the pulse is slow and has force. Other than this, the pulse of athletes or manual laborers may be slow and moderate with force. Also, those suffering from bradycardia will manifest a slow or moderate pulse.

13. MODERATE PULSE

Shape under the fingers

A moderate pulse (Fig 4.18) is neither fast nor

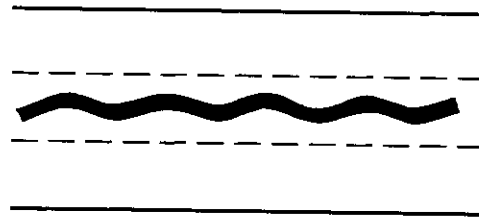


Fig. 4.18 Moderate pulse image.

slow, four beats in one breath, even and balanced, neither floating nor deep, but gathered in the center. The *San Zhi Chan* states: 'Not floating, not deep, gathered in the center section; not slow, not fast, just at four beats; joyful, leisurely, copious and balanced.'

Comparison and differentiation

See Tight pulse (p. 127) and Slow pulse (p. 117).

Clinical disease patterns governed

Moderate is the root pulse of the spleen and stomach. Harmonious, moderate and with spirit is a sign that the spleen qi is fortified and effulgent, and the body is healthy. Hence, a moderate pulse does not govern disease. If, in the course of disease, a pulse is seen to turn and become balanced and moderate, this is an omen of the disease becoming favorable – as in the *Shang Han Lun*: '[In] greater yang disease [that has lasted] eight or nine days, resembling malaria in which [there is] heat and aversion to cold (with the heat more pronounced than the aversion to cold) and in which the person does not retch, the excretions are still normal, and [episodes] occur two or three times per day, then [the following rule applies]: if the pulse is slightly moderate this means [that there is] about to be recovery.' After 8 or 9 days of greater yang disease, if there is fever and aversion to cold with more fever and less aversion to cold and no vomiting, then there is no lesser yang pattern. If the urine and bowels are normal, then there is no yang brightness pattern. A pulse that is slightly moderate indicates that the evil is already debilitated and the right qi is moving toward recovery, although there is fever and aversion to cold two to three times per day, still the pattern will resolve.

Diseases governed by accompanying pulses. A moderate pulse must be accompanied by other pulses in order to govern disease. For example, a clearly moderate pulse that is weak means spleen vacuity. Moderate and slippery means repletion heat. Moderate, slow and fine means spleen and stomach vacuity cold. Moderate and floating means damage to the defense. Moderate and deep means cold-damp. Moderate and fine means damp impediment. A moderate pulse is often seen in damp patterns, thus the ancient people said 'a damp pulse is moderate.'

Analysis of pulse logic

Moderate is the pulse of the stomach qi. The classics say: 'if there is stomach qi, there is life, if there is no stomach qi, then there is death.' A pulse with stomach qi is a normal pulse. As is stated in the San Zhi Chan: 'At four beats, the hundred vessels are regulated, and the original qi permeates the body from head to foot,' also 'The pulse of the four seasons is balanced and moderate, indicating the presence of stomach qi.' When the original qi is abundant, then the hundred vessels are regulated. A moderate pulse arriving in balance and moderately, located in the center, neither small nor large but in the middle, is a sign of health.

The nature of damp is to be sticky, stagnating and heavy, blocking the qi mechanism and so the flow of qi and blood is not free, causing the pulse to arrive slowly and moderately. Hence, a moderate pulse is commonly seen in damp patterns.

Examples of application

1. Wind stroke. The pattern of contraction of wind evil manifests with fever, sweating and aversion to wind, and the pulse is often moderate. As is written in the Shang Han Lun: 'When in greater yang disease [there is] fever, sweating, aversion to wind, and a pulse that is moderate; it is called wind stroke.'

2. Warm-damp. When damp and warm evil combine and invade the body mechanism, the dampness obstructs and the heat steams, causing aversion to cold, unsurfaced fever that is worse in the afternoon, fullness in the chest and stomach

duct and a soggy and moderate pulse. This is damp-warm disease pattern.

3. Esophageal constriction stomach reflux. When the evil qi invades and damages the spleen and stomach, blocking the qi dynamic, the stomach does not harmoniously downbear, causing stomach reflux vomiting. Here the pulse is generally moderate and slippery. The San Zhi Chan states: 'Whenever there is esophageal constriction stomach reflux, the pulse must be moderate.' Also, the Za Bing Guang Yao states: 'The most favorable pulses when there is vomiting are floating, moderate and slippery. The most unfavorable is a rough pulse.' It also says: 'Having a vacuous and moderate [pulse] is easy to treat. Tight and rough is difficult to treat.'

4. Diarrhea. When there is spleen and stomach vacuity cold with an inability to fortify and transport, the stools are like sloppy diarrhea with undigested food, there is oppression in the stomach duct and diminished food intake, and the pulse is generally moderate and weak. As the Jing Yue Quan Shu states: 'If there is vacuity cold, [the pulse] must be moderate, slow and fine. This is yang vacuity, with an aversion to cold, lack of movement of food and drink, and duckstool diarrhea.'

14. ROUGH PULSE

Shape under the fingers

A rough pulse and a slippery pulse are opposites. The rough pulse (Fig 4.19) arrives very roughly and its departure is not smooth; it should feel slow and uneven, fine, small, short and rough, like using a light knife to scrape bamboo, the knife is light and short, making it difficult. As Li Zhong Zi said, 'A rough pulse is stagnant, like a blade scraping bamboo. Slow, fine and short, these three images all are obstruction.'

Comparison and differentiation

Rough and bound are in the same category as they both take the pulse as arriving slow and moderate. A rough pulse is slow, fine and short

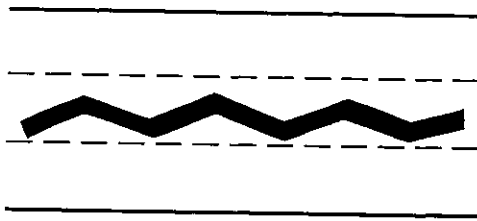


Fig. 4.19 Rough pulse image.

as there are uneven nodules. A bound pulse is slow and moderate, but a bound pulse arrives with stops within the beats and the time of the stops is not determined, thus it is ascribed to the category of irregular rhythm. As Li Zhong Zi said: 'A rough pulse arrives slowly and with difficulty, appearing as if it is stopping, but not actually stopping. Also, if the floating aspect is greater and the deep aspect is less, then it appears as if it is scattered, but it is not actually scattered'.

Clinical disease patterns governed

Distinctions of vacuity and repletion are made based upon the strength or lack of strength of the pulse. If there is strength, then generally there is evil qi blocking and stagnating in the vessel passages, and the movement of the qi and blood is not smooth. This is seen in heart pain and phlegm or food stagnation. It also can be seen in concretions, conglomerations, accumulations and gatherings.¹⁶ A lack of strength generally indicates diminished fluids and blood being unable to fill the vessels. This is seen in essence depletion and fluid damage. If accompanied by floating then it indicates exterior vacuity. If accompanied by weakness, then it indicates qi vacuity.

Diseases governed by pulse combinations. If accompanied by a string-like pulse, this means qi stagnation and blood stasis. If accompanied by a deep pulse, this means interior vacuity and yin debility. If accompanied by a floating and fine pulse, this means exterior vacuity with large amounts of sweating damaging the fluids. If accompanied by floating, this means exterior vacuity. If accompanied by weakness, this means qi vacuity.

Analysis of pulse logic

A rough pulse indicates a pattern of debility of

yin fluids. When yin fluids are exuberant, then the blood flow in the vessels is harmonious and uninhibited. When the yin fluids are debilitated or diminished, then the blood flow in the vessels is rough and stagnant. If the blood is diminished, it cannot nourish the heart. If the heart vessels do not receive moisture and nourishment, then the movement of qi and blood is impeded. If the movement is not free, then there is pain, which can even be paroxysmal heart pain. Lack of blood, collapse of fluids and damage to essence can all cause yin blood to become depleted and vacuous. Because blood is the mother of qi, if blood is diminished then qi is debilitated. If qi is debilitated then blood is static; if the blood movement is arduous, then the pulse arrives rough and with difficulty.

Examples of clinical application

1. Loss of blood and collapse of fluids. Damage or consumption of fluid and blood and reduction in the amount of blood and the concentration of the blood fluid can all manifest a rough pulse. Liu Wan Su said: 'sweat, diarrhea, vomiting, excessive bleeding or extreme heat consuming fluids and creating dryness, although [there is] heat, [the pulse] instead is rough.'

2. Essence collapse. Seminal emission or too much sex over several days can cause vacuity and depletion. The life gate fire is debilitated, the essence and blood are debilitated and diminished and the pulse arrives roughly. The Jin Gui Yao Lue states: 'a man whose pulse is floating, weak and rough indicates infertility due to cold essence-qi.'

3. Heart pain. Clinically, coronary heart disease is often due to cold evil, qi stagnation or phlegm bind, etc., obstructing the qi mechanism. From this, the chest yang is not roused, causing the warming and moving function of the heart to lack strength, and the blood movement to be stagnant and blocked, thereby resulting in a rough pulse. The signs are: heart pain radiating to the back, hands and feet, which are not warm, and a pulse that arrives roughly and without force. As the Su Wen: Mai Yao Jing Wei Lun states: '[A pulse that is] rough is heart pain.' The Si Zhen Jue Wei states: '[When the] left inch is rough, the

heart spirit is vacuous and consumed to the extent that it is not peaceful, and cold qi is causing heart pain. [When the] bar pulse is rough, this means liver vacuity and scattering of blood, causing fullness in the rib-side and distending heart pain.' Wang Shu He said: '[When the pulse] is rough, this is an insufficiency of blood.' When there is insufficient blood, there is stasis and obstruction, or if there is cold congealing causing obstruction and stagnation, then there is a lack of nourishment to the heart causing pain.

4. Phlegm stagnation and food accumulation. Any source that causes damage to the yang qi of the spleen and stomach resulting in a loss of fortification and movement, and stagnation and obstruction in the middle, can cause the pulse to be rough. As the *Jin Gui Yao Lue* states: '[When] the inch pulse is floating and large, but becomes rough with pressure and the middle [level] of the cubit [pulse] is faint and rough, the reason is food accumulation.' And '[If] the instep yang pulse is floating and rough, the floating means vacuity and the rough means spleen damage. When the spleen is damaged, there is no digestion, and there is vomiting, and vomiting of food, which has not been transformed. This is called stomach reflux. When the pulse is tight and rough, these diseases are difficult to treat.'

5. Concretions and gatherings. Over a long period of time, accumulations in the abdomen, concretions and conglomerations may cause blood stasis and blockage of the networks. These disease conditions are relatively serious. Tumors or lumps caused by chronic adnexitis, tuberculosis inflammation, etc., can all manifest a rough pulse.

Pathological pulses that are based on abnormal changes in pulse strength

VACUOUS PULSES

15. VACUOUS PULSE

Shape under the fingers

Vacuuous is insufficient. The vacuous pulse (Fig 4.20) arrives slowly; the form is large but without

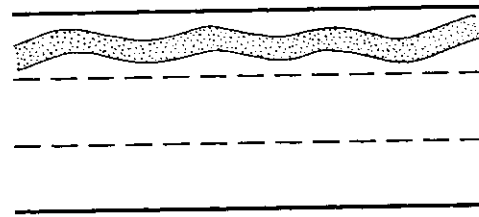


Fig. 4.20 Vacuous pulse image.

strength. With light pressure it is obtained; with heavy pressure it is empty and vacuous. The *Si Zhen Jue Wei* states: 'Vacuous combines four forms: floating, large, slow and soft. With light touch it is slow and large; with pressure it is loose.'

Comparison and differentiation

Vacuuous and replete are opposites. One is insufficiency; one is superabundance. Vacuuous is vacuuous, large and without force, obtained with light pressure but empty with heavy pressure. Replete is large and full, and the floating, middle and deep positions all have strength.

Vacuuous, scallion stalk, scattered and soggy are similar in that the pulse position is shallow and exterior and the pulse arrives without force. The differences are: vacuuous is floating and large without force, and with heavy pressure it is empty. Soggy is floating, fine and without force; with heavy pressure it is as if it is not there. Scattered is floating and scattered, without root; with slight pressure it disappears. Scallion stalk is floating and large; the center is empty and the sides are replete, and it occurs gradually, after a long time of pressure.

Clinical disease patterns governed

A vacuuous pulse is an image of an insufficiency of qi and blood, and it governs vacuity patterns. The accompanying pulses are employed to differentiate the patterns. It is commonly seen in blood vacuity and vacuity taxation, and similar patterns. It also is seen in damage by summerheat. As the *Jin Gui Yao Lue* states: 'In a normal strong man, a large pulse is taxation; an extremely vacuuous pulse is also taxation.'

Diseases governed by pulse combinations. A vacuuous and floating pulse means qi vacuity. Vacuuous and rough means blood vacuity.

Vacuous and rapid means yin vacuity internal heat. Vacuous and slow means yang vacuity.

Analysis of pulse logic

Vacuous is an image of an insufficiency of qi and blood. When the qi is vacuous, it does not constrain, and thus the vessels are relaxed, loose and large. When qi is vacuous, there is no force to push and move the blood, thus the pulse arrives slowly. When blood is vacuous it is unable to fill the vessels, thus the pulse body is empty, vacuous, light and floating. Hence, the pulse image of a vacuous pulse is floating, large, slow, slack and empty with strong pressure.

Examples of clinical application

1. Blood vacuity. The pulse takes the blood as its form. The form and the interior comply with each other. When the blood is vacuous, then the pulse is vacuous, as the changes are corresponding. As the *Shang Han Lun: Bian Jue Yin Bing Mai Zheng Bing Zhi* states: 'When in cold damage [that has lasted for] four or five days [there is] no chest bind, the abdomen is soggy, the pulse is vacuous and then [there is] reversal, one cannot precipitate [because] this[is] blood collapse and precipitation [will cause] death.'

2. Damage by summerheat. Summerheat heat damages the fluids. The symptoms manifest as severe heat, thirst with a desire for cold fluids, headache and a vacuous pulse.

The *Ling Shu: Zhong Shi Pian* states: 'Vacuity: the pulse is large, and it is not strong.' The *Su Wen: Tong Ping Xu Shi Lun* states: 'A vacuous pulse is not an image of yin.' The former statement explains that a vacuous pulse is large and slack. The meaning of the latter statement is that floating is yang, and deep is yin. A vacuous pulse is without force and floats to the exterior. This is not like the deep stone of a yin pulse. The above clearly point out that a vacuous pulse is floating, large and slack. The *Mai Jing* does not speak of floating, but it states: 'a vacuous pulse is slow, large and slack; with pressure it is insufficient; with great pressure it becomes empty.' The implied meaning here is clear: a pulse that is large generally lives in the floating position. It also states that: 'with pressure it is

empty.' Also, the *Nei Jing* speaks of a vacuous pulse as 'floating, large and slack.'

Taking a further step in explanation, the accompanying pulses have a slow image; therefore, a vacuous pulse combines four forms: floating, large, slow and slack. About this, later physicians did not raise disagreement, but regarding the statement 'with pressure it becomes empty,' there was discussion. For example, the *San Zhi Chan* states: 'Taking a vacuous pulse and calling it empty, [one] can differentiate "confined," but it is difficult to differentiate "scallion stalk."' This problem turns around the word 'empty.' Wang Shu He said: 'A scallion stalk pulse is empty in the center and replete on the two sides.' This explains the difference between a vacuous and a scallion stalk pulse. A vacuous pulse is slack and without force. A scallion stalk is empty in the center and replete on both sides, and, oppositely, it has force. As Li Zhong Zi said: 'A vacuous [pulse] is different from a scallion stalk [pulse]. A vacuous pulse, the more it is pressed, the slacker it becomes. A scallion stalk, with strong pressure, [it] is still seen.' Hua Bo Ren said: 'Vacuous has no repletion. [It] is scattered, large and slack.' This is a scattered pulse, not a vacuous pulse. Although a vacuous pulse is slack and without force, still it maintains the form of the vessel. A scattered pulse, with pressure, does not exist.

Although the individual nature of a vacuous pulse is floating, large, slow and slack, clinically it is seen accompanied by pulses indicating the pattern. Thus, it is a general term for pulses without force.

16. FAINT PULSE

Shape under the fingers

A faint pulse (Fig 4.21) is extremely fine and extremely slack. It ought to be felt with light

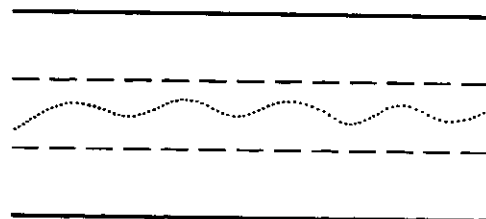


Fig. 4.21 Faint pulse image.

pressure, but still, sometimes it is present and sometimes it is not. With heavier pressure, sometimes it can be discerned and sometimes not. The Mai Jing states: 'Extremely fine and soft, when [one] desires to obtain it, sometimes it is present and sometimes it is not.'

Comparison and differentiation

See Surging pulse (p. 129), Fine pulse (p. 138).

Clinical disease patterns governed

A faint pulse governs such serious diseases as loss of blood, vomiting, diarrhea, profuse sweating, yang collapse, reverting counterflow, hypertonicity, etc. Patterns such as qi and blood depletion and vacuity or debilitation of the yang qi, can all manifest a faint pulse. The Jing Yue Quan Shu: Mai Shen Zhang states: 'A faint pulse ... indicates a pattern of qi and blood both being vacuous, a fear of cold, extreme fear, timidity, shortage of qi, cold in the center, distention and fullness, vomiting, diarrhea, vacuity sweating, poor digestion, pain in the lower back and abdomen, damage to essence and blood loss, dizziness and reverting. These all follow from vacuity of both qi and blood, but the most severe symptoms of vacuity cold indicate depletion of original yang.'

Diseases governed by pulse combinations. A faint and rough pulse means blood collapse. A faint and slow pulse means cold damage. A faint and rapid pulse means an insufficiency of construction qi.

Analysis of pulse logic

A faint pulse is debilitation of yang qi or debility and depletion of qi and blood. The vessels are the home of the blood and qi is the commander of blood. Thus when the pulse qi is soft, scattered and without force, if heavy pressure is inadvertently applied it will be as if the pulse has expired. When blood is debilitated, then it is unable to fill the vessel passages, hence the pulse arrives thin and faint, sometimes present and sometimes not. As is stated in the Mai Jing: 'The pulse is a sign of qi and blood; when qi and blood are weak, then the pulse also is weak.'

Clinically this can be seen in failure of peripheral circulation, heart attack or shock.

Examples of application

1. Yang vacuity. Although the disease is one of fever with aversion to cold, where the fever is great and the aversion to cold less, the pulse is faint and weak. This is a pattern of debilitation of yang qi and so sweating cannot be induced. The Shang Han Lun: Bian Tai Yang Bing Mai Zheng Bing Zhi Shang states: 'When in greater yang disease there is fever and aversion to cold [with] more heat and less cold, a pulse that is faint and weak means that [there is] no yang and one cannot promote sweating.'

2. Yang collapse. A pattern of damage to liquids and collapse of fluids or, in severe cases, exhaustion of yin and desertion of yang caused by severe sweating, vomiting and diarrhea, can manifest a faint pulse. As the Shang Han Lun: Bian Tai Yang Bing Mai Zheng Bing Zhi Xia states: 'When in cold damage, vomiting and precipitation [are used] and then sweating is promoted, [there is] vacuity vexation and the pulse is extremely faint.' Also, the Shang Han Lun: Bian Shao Yin Bing Mai Zheng Bing Zhi states: 'When the vomiting has ceased and the diarrhea has stopped [but there is] sweating and reversal, unresolved hypertonicity of the limbs and a pulse that is faint and about to expire, tong mai si ni jia zhu dan zhi tang [Vessel Freeing Counterflow Cold plus Pig's Bile Decoction] governs.' This is often seen in serious cases of gastroenteritis or desertion patterns, which manifest after serious vomiting and diarrhea.

3. Diarrhea. Extreme exuberance of yin cold and debilitation of yang qi may cause diarrhea and a faint pulse. The Shang Han Lun: Bian Shao Yin Bing Mai Zheng Bing Zhi states: 'When in lesser yin disease, [there is] diarrhea and the pulse is faint, give bai tong tang [Scallion Yang Freeing Decoction].' The diarrhea and faint pulse are due to yang debility; therefore, using bai tong tang (Scallion Yang Freeing Decoction) frees the yang and restores the pulse.

A faint pulse also can be seen in severe yang turning to yin and extreme heat generating cold, as in toxic shock or extreme heat toxins

damaging the right qi of the body mechanism. Under especially high fever circumstances, a sudden drop in the body temperature can cause pale white facial color, ice cold limbs, a pulse that is faint as if about to expire, and other serious yin cold symptoms. The Shang Han Lun: *Bian Jue Yin Bing Mai Zheng Bing Shi* states: 'When in cold damage [that has lasted for] six or seven days, the pulse is faint, [there is] reversal cold of the extremities and vexation and agitation, use moxibustion on reverting yin [and if] the reversal is not restored [to normal, the person will] die. Wanton yin evil and yang qi that has suffered a setback and cannot settle can cause the pulse to be faint and the limbs cold. Vacuity yang rising causes vexation and agitation. Moxibustion to the reverting yin can rescue the deserting yang. If the reverting cold of the limbs is restored to normal, then the yang has returned. If the reverting cold of the limbs is not restored to normal, then the yang has expired and there will be death.

4. Vacuity consumption detriment. This disease manifests as a weak and debilitated body, a pale white facial complexion, diminished qi and lack of strength, a cold body and cold limbs, watery discharge, diminished appetite and a faint and fine pulse. The *San Zhi Chan* states: 'A faint pulse is present as if absent. It is difficult [to maintain the feeling] through one breath. The yang is faint and about to expire. Superlative supplementation without hesitation and a clear, single minded diagnosis are necessary. Huang lian [Coptis] and bai zhu [Ovate atractylodes] boost the qi and return the original [Yang]. Fu zi [Aconite] and gan jiang [Dried Ginger] return the yang and restore the root.'

When a faint pulse appears, it is generally due to patterns of debility of yang qi or dual vacuity of qi and blood. Yang qi debilitation can be seen in acute patterns such as shock, vacuity desertion, lack of fluids, etc., for example, heart failure or acute myocarditis, and other acute cases with a fine pulse. If treatment is timely, recovery is relatively quick. With chronic diseases or enduring diseases with a faint pulse, however, recovery is relatively difficult. Li Zhong Zi said: 'When it [a faint pulse] is obtained in enduring disease,

generally [the patient] cannot be saved, because the right qi has moved toward expiry. In new diseases, generally [the patient] will live because the evil qi has not strongly entered the deep [level of the body].'

17. WEAK PULSE

Shape under the fingers

The form of a weak pulse (Fig 4.22) is fine and small, and the pulse position is deep. It is not felt with light searching, but with heavy pressure the fingers ought to feel it as fine, soft and without force. As Li Zhong Zi in the *Zhen Jia Zheng Yan* said: 'A weak pulse is fine and small, seen in the deep level; with light touch it is not there, with pressing, [one] obtains it.'

Comparison and differentiation

See String-like pulse (p. 143), Fine pulse (p. 138).

Clinical disease patterns governed

A weak pulse is depletion vacuity of qi and blood, caused by consumption of the original qi. It governs vacuity patterns. If a weak pulse appears with yin vacuity, yang debility or weakness of essence or blood, the disease is generally prolonged cough, loss of blood or vacuity taxation. If there is vacuity cold of the spleen and stomach with poor digestion, this pattern manifests with abdominal distention, diminished appetite and watery stools, a tired body and lack of strength, and a pulse that arrives weakly. Besides these, a weak pulse is also often seen in enduring illnesses where the body has become weak, after giving birth and in the elderly. As the *Zhen Jia*

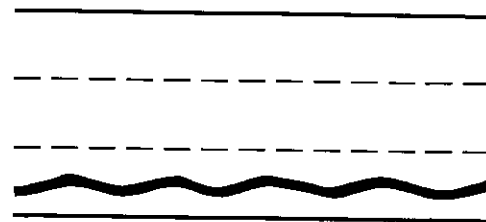


Fig. 4.22 Weak pulse image.

Shu Yao states: 'Weak ... Essence and qi are insufficient, therefore the pulse is weak and is not roused. This is vacuity consumption of original qi, wilting weakness, intractable frigidity, internal heat, spermatorrhea or vacuity sweating.'

Diseases governed by pulse combinations. A weak and rough pulse means blood vacuity. A weak and rapid pulse governs seminal emission, as well as uterine bleeding. A weak and moderate pulse generally means spontaneous sweating. A weak and rough pulse may also mean essence cold or infertility.

Analysis of pulse formation

The mechanism for the creation of a weak pulse and a faint pulse is the same. A weak pulse is also debilitation of qi and blood; however, it is relatively more mild. When the yang is debilitated and the qi vacuous, warmth travels without strength, thus the vessel qi is unable to reach the exterior, causing the pulse to arrive deeply and without force. When the yin blood is vacuous, it cannot fill the vessel passages, causing the pulse to be fine. Therefore, a weak pulse cannot be separated from the causes of vacuity of yin blood and debility of yang qi.

Examples of application

1. Vacuity taxation. This refers to vacuity debilitation of yang causing clear cold essence qi and infertility, or it is vacuity taxation with a long term cough. Both display a weak pulse. The Jin Gui Yao Lue: Xue Bi Xu Lao Bing Mai Zheng Bing Zhi states: 'In men, a pulse that is floating, weak and rough is infertility [due to] cold essence qi,' also 'In an average man, a pulse that is vacuous, weak, fine or faint means [he is] apt to have night sweating.'

2. Spleen and stomach vacuity cold. When the center qi is vacuous and debilitated, and unable to transport and fortify, the symptoms seen are abdominal distention, abdominal pain, torpid intake, loose stools, oppression in the chest and retching, and the pulse is generally weak. The Shang Han Lung: Bian Tai Yin Bing Mai Zheng Bing Zhi states: 'When, in greater yin disease,

the pulse is weak, the person is about to have spontaneous diarrhea.' Greater yin disease is spleen vacuity with a failure to transport. The spleen is the source of the engendering and transformation of qi and blood. Since the source of engendering and transformation is insufficient, this causes vacuity debilitation of qi and blood and so a weak pulse manifests. The treatment principle is to fortify the spleen and expel cold. When the spleen and stomach are fortified and can transport, then the symptoms are relieved and the pulse also can recover.

3. Loss of blood. Any sort of chronic blood loss manifesting as a vacuity pattern with a weak pulse generally has a favorable prognosis. The Za Bing Guang Yao states: 'A pulse that is obtained as rough, soggy and weak is blood collapse.' Also, Zhang Deng, in the Zheng Zong San Wei said: 'Only in blood impediment vacuity taxation, enduring cough with blood loss, directly after giving birth, in the elderly and with enduring disease is a faint, or weak pulse auspicious.'

During disease, if a pulse is weak and slippery, this indicates that there is stomach qi, thus it is easily treated. As the Su Wen: Yu Ji Zhen Zang Lun states: 'The pulse that is weak and slippery, is [that which] has stomach qi. Thus it is easily treated.' In chronic diseases and the elderly, a weak pulse is auspicious. In new diseases and those of a young age, a weak pulse is inauspicious. Zhang Zhong Jing said: '[For a weak pulse] seen in enduring disease and debility due to age, there is aid. When [a weak pulse] is obtained in new diseases and the young, [they must] peacefully await death.'

REPLETION PULSES

18. REPLETE PULSE

Shape under the fingers

A replete pulse (Fig 4.23) arrives dynamically, it is hard and full, and its movement is large and long. With light touch it remains; with heavy pressure it has force. Its arrival and departure are both exuberant, and it can be perceived at all three levels. The Mai Jing states: 'A replete pulse

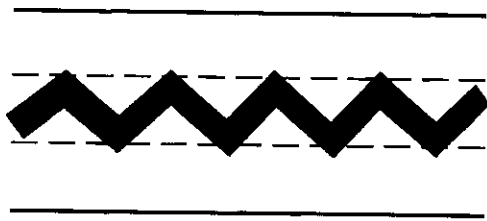


Fig. 4.23 Replete pulse image.

is large and long and slightly string-like. It is distinctly perceived with palpation.'

Comparison and differentiation

A replete pulse and a surging pulse, in terms of pulse dynamic, are the same; both are full, replete and forceful. The difference between the two is in the pulse form. A surging pulse is floating and rapid. Described as 'like surging water,' it is exuberant, and large and full under the fingers, but it arrives exuberantly and departs debilitated. A replete pulse is strong, large, hard and replete, perceived at all three levels, and its arrival and departure are both exuberant. Li Shi Zhen said: 'on arrival, the beat of the surging pulse is perceived. Its departure is debilitated, its arrival exuberant, like billowing waves. [Those] desiring to know the references of difference of a replete pulse feel the string-like, long and hard qualities.'

A replete pulse is also similar to a tight pulse in its arrival dynamic; however, the form of the two pulses is different and easily distinguished. Li Zhong Zi said: 'A tight pulse is string-like and tense, like palpating string, which seems to flick the hand. A replete pulse is large and long, with force at all three levels. A tight pulse is due to cold fettering heat, hence the pulse arrives tight, tense and not relaxed. A replete pulse is caused by fire evils; hence it arrives dynamically, hard and full, and is not peaceful or soft.'

Clinical disease patterns governed

Repletion is the image of exuberant evil qi, or fire and heat. In a new disease, the evil is exuberant and the body mechanism is fighting the disease with force, hence the pulse is clearly replete. Heat toxin and fire evil causing extreme fever and delirious speech, pain and swelling of sores

and welling abscesses, food stagnation and pain in the rib-side or repletion of the bowels with bound stool can all manifest a replete pulse. One must confirm whether a replete pulse is correspondent or if there is an enduring illness or vacuity pattern manifesting a replete pulse, which does not tally with the pattern, presenting the image that the true qi is straying outward. Thus it is said: 'If the evil qi is exuberant, this is repletion; it is not that the right qi itself is full.'

A replete pulse seen in a normal individual is an auspicious sign that the right qi is full and exuberant and the functioning of the viscera and bowels is good.

Diseases governed by pulse combinations. A replete and deep pulse means internal repletion. Replete and floating means exterior repletion. Replete and slippery means phlegm or food retention or stagnation. Replete and tight means damage by cold evil. Replete and rapid means bowel heat.

Analysis of pulse logic

When blood is replete, the pulse is replete; when qi and blood are effulgent and exuberant, the pulse pathway is full. The Su Wen: Tong Ping Xu Shi Lun states: 'If the evil qi is exuberant this is repletion.' The right and evil are fighting each other, the evil qi is exuberant, and the right qi is not debilitated, but is fighting the evil with force. The struggle is violent, the qi and blood are gushing and exuberant, the pulse pathway is hard and full, and the pulse beat is hard, replete and forceful.

A replete pulse is also a general term for forceful pulses.

Examples of application

1. Repletion patterns. This is illness in which heat and cold come and go (alternating fever and aversion to cold) and are more severe in the afternoon. There is heart vexation, the pulse is replete and one may use offensive precipitation. The Shang Han Lun states: 'When the patient has vexation heat that resolves after sweating and then has signs like malaria [such as] late afternoon

fever, this pattern belongs to yang brightness. If the pulse is replete, it is appropriate to precipitate. Vexing heat with aversion to cold and a floating pulse is ascribed to an exterior pattern, therefore sweating is effective. If it is like vigorous malaria, with alternating fever and aversion to cold, fever that appears at a fixed time in the late afternoon, and a replete pulse, this is ascribed to yang brightness repletion heat binding internally. Use *da cheng qi tang* (Major Qi Infusing Decoction) to drain the repletion heat.

2. Food accumulation vomiting and counterflow. When damage caused by food stagnation and accumulation causes inhibition of the qi dynamic, and abnormal transportation and transformation, a pattern may be seen with distention and pain in the abdomen, vomiting and counterflow and a replete pulse. As the *Mai Jing* states: 'When examination yields a stomach pulse, what is the form of the disease? When the stomach [pulse] is replete, [there is] distention. [When it is] vacuous, [there is] diarrhea.' Also, the *Zhen Jia Shu Yao* states: 'Replete ... moving, but with strength, not racing nor slow, a sign of fullness of qi in the triple burner, of vomiting, of pain, of cold qi, qi accumulation, food accumulation or diarrhea.'

3. Critical illness. Determining that a replete pulse is a sign of repletion is an auspicious sign. If it is a pattern of vacuity with a replete pulse, this is an inauspicious sign of the true qi straying outward. The *Shang Han Lun: Bian Jue Yin Bing Zheng Mai Bing Zhi* states: 'When in cold damage [there is] diarrhea more than 10 times a day, but the pulse is replete, [the person will] die.' This means that for a patient who has diarrhea that occurs 10 or more times in a day, a replete pulse is a manifestation of a critical disease, and attention must be paid to changes in the disease condition.

In general, when there is diarrhea more than 10 times in a day, a pulse that is deep, thin, vacuous and weak is good. A replete pulse is inauspicious and hence governs death. In the *Mai Jing* it also states: 'If, in enduring disease, a pulse in which all three pulse positions are replete and large is obtained, this means death. If, in enduring disease, that which is obtained is

replete and slippery, this is life. If obtained in sudden illness, this is death.' In the *Jin Gui Yao Lue: Tan Yin Ke Sou Bing Mai Zheng Bing Zhi*, it is stated: 'Chronic cough for many years with a pulse that is weak can be treated. If [the pulse] is replete, large and rapid, then [the patient] will die.' Phlegm-rheum cough is ascribed to yang vacuity and a weak pulse is ascribed to vacuity. Here the right is vacuous and the evil is vacuous, and the pulse and pattern are the same; therefore it can be treated. If, in enduring disease, a replete, large and rapid pulse is seen, the yin aspect has been consumed and damaged, the heat evil is exuberant, and the phlegm and the heat are both binding. Using warm medicinal agents to transform fluids can aid the evil, and using cool medicinal agents to dispel the evil can damage the right. Thus, this pattern of exuberance of the evil and vacuity of the right is difficult to treat.

19. TIGHT PULSE

Shape under the fingers

On arrival, a tight pulse (Fig 4.24) strikes tightly, and with force. Its strength is like a tightly twisted rope, unevenly stretched, and snapping back and forth. *Li Zhong Zi* said: 'A tight pulse has force, it snaps left and right, like a large twisted rope, or a tight, cutting string.'

Comparison and differentiation

A tight and a scattered pulse are opposite. A tight pulse is tight and fettered; under the finger there is obvious force. A scattered pulse is floating and scattered, without root; with pressure, it is not present.

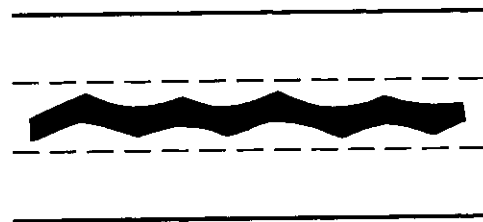


Fig. 4.24 Tight pulse image.

Tight, slippery and rapid pulses are all in the same category in terms of rate. The differences are as follows. A tight pulse strikes tightly and snaps; its strength is like a cutting string. The arrival of a slippery pulse is smooth, like pearls moving in a dish. The arrival of a rapid pulse is hurried, six beats in one breath. The Mai Jue Hui Bian states: 'Rapid and smooth, this is a slippery pulse. Rapid and with force, this is a replete pulse. Rapid and twisted, this is a tight pulse.' The Zhen Jia Zhi Jue states: 'The form of tight is small and firm. It has power and hardness and it also shakes, snapping left and right.' Tight is ascribed to cold patterns. The nature of cold is contracting. In diseases caused by cold evil, the blood vessels are tightly contracted and the pulse becomes small and firm: 'Shaking is a trembling movement, snapping back and forth, with a force like a twisted rope; with pressure it is like rolling, not even, but with bumps.' Clinically it can be seen in the elderly and in arteriosclerosis.

A tight pulse and a string-like pulse are similar in terms of strength and tenseness, but a tight pulse is even tenser than a string-like pulse. The Su Wen: Wu Zang Sheng Cheng Pian states: '[A tight pulse is] long and snaps to the right and left.' Zhang Zhong Jing said: 'A pulse that is tight is like an abnormally twisted cord.' Wang Shu He said: 'A tight pulse is rapid and has the strength of a cutting string.' Zhu Dan Xi said: '[It] is like a thread, as if two or three strands have been combined to create a cord, twisted together and turned; when first obtained it is tight, like a cord.' Combining the above statements, the special characteristics of a tight pulse are: its form is as if it is twisted and turned, it is not even, and it snaps to the right and left of the finger. Also, it has strength and tenseness as a string-like pulse.

Is the rate of a tight pulse rapid? The ancient people did not discuss this. The 'rapid' mentioned by Wang Shu He refers to the pulse strength. Li Shi Zhen said: 'Tight is caused by cold fettering heat [internally], hence it is tight and rapid.' Li Zhong Zi said: 'Heat is stagnant internally and cold is fettering externally, hence the image of tight, urgent and twisted.' They both were speaking of the strength of the pulse. The Mai Jue Hui Bian states: 'Rapid and twisted, this is

tight.' In general, speaking of the rate of a tight pulse, most people consider it to be the same as a normal pulse, and only when there is a complex pattern does a complex pulse appear.

Clinical disease patterns governed

A tight pulse governs cold patterns. It also governs pain, cough, fright wind, the common cold, sore throat, diarrhea, food stagnation, cold phlegm, mounting conglomeration, etc. The Mai Jue Hui Bian states: 'Tight is the image of contraction, just as, in nature, are autumn and winter. Hence it governs cold evil, yang encumbrance and yin, hence it governs all [patterns of] pain.'

Diseases governed by complex pulses. A floating and tight pulse means cold damage to the greater yang. Deep and tight means cold accumulation and abdominal pain. String-like and tight means mounting accumulation and abdominal pain.

Analysis of pulse logic

Tight is the image of contraction. Cold patterns, pain patterns, hypertonicity, spasms, etc., can all cause contraction of the vessels, thus manifesting a tight pulse. Zhang Deng said: 'Tight is the image of all cold contraction; also, there can be heat due to cold fettering or vexation heat or hypertonicity or pain, for example in the pattern of greater yang cold damaging the construction. However [in this case] ren ying [Man's Prognosis, ST-9] pulse must be floating and tight. This is the definitive sign of an exterior pattern. If the qi opening (wrist pulse) is tight and hard, this is a sign of internal damage by food stagnation.' Therefore, the Jin Gui Yao Lue states: 'A tight pulse and headache, this is wind-cold with food stagnation in the center.'

Examples of clinical application

1. Wind-cold common cold. In this the cold evil is fettering the exterior, the defensive yang has become depressed, and the vessels are contracted. There are symptoms such as an aversion to cold, fever, headache, body aches, etc. As the

Shang Han Lun: Bian Tai Yang Bing Mai Zheng Bing Zhi Shang states: 'Greater yang disease, whether or not there is fever, as long as there is aversion to cold with generalized pain, retching counterflow, and yin and yang [pulses] both tight, is called cold damage.'

2. **Sore throat.** There are two types of sore throat symptoms: one is cold evil fettering the exterior, with the lung qi not diffusing. The Shang Han Lun: Bian Tai Yang Bing Mai Zheng Bing Zhi Zhong states: 'When in greater yang disease, precipitation is used ... if the pulse is tight, there will be sore throat.' The other is lesser yin sore throat. The Shang Han Lun: Bian Shao Yin Bing Hai Zheng Bing Zhi states: 'When the person's yin and yang pulses are both tight, but there is sweating, it means yang collapse, and belongs to lesser yin. There should be sore throat and then vomiting and diarrhea.'

3. **Food stagnation.** When there is food stagnation, there is abdominal fullness, distention and pain, and there may be headache and a tight pulse. As the Jin Gui Yao Lue states: 'A tight pulse and headache, there is wind-cold and food that is not transformed in the center.'

4. **Phlegm and food.** If phlegm and food evil qi depresses and binds in the interior, the yang qi is congested and trapped, and cannot reach the exterior of the body. Hence there is reverting cold of the hands and feet and a tight pulse. As the Shang Han Lun Bian Tai Yang Bing Mai Zheng Bing Zhi Zhong states: 'When the patient has reversal cold of the extremities and the pulse is suddenly tight, the evil is bound in the chest. Fullness below the heart and vexation and hunger with inability to eat [means that] the disease is in the chest and one should use vomiting; [therefore] gua di san [Melon Stalk Powder] is appropriate.'

5. **Wind epilepsy.** If the liver wind is stirring internally, the symptoms seen include numbness of the limbs, or convulsions, or patterns such as child fright wind, any of which can manifest a tight pulse. As the Jin Gui Yao Lue: Jing Shi He Bing Mai Zheng Zhi Di Er states: 'A tetany pulse with pressure is tight as if string-like, it moves up and down.' Also, the instep yang pulse should

be hidden. If on the contrary it [the instep yang pulse] is tight, then the patient has cold, mounting accumulation, or pain in the abdomen. The latter is cold evil congealing and binding with the yang qi being trapped. The signs are mounting accumulations, abdominal pain and a tight pulse.

20. SURGING PULSE

Shape under the fingers

The form of a surging pulse (Fig 4.25) is loose and extremely large. On pressing, it is floating, exuberant and full under the fingers. Like the strength of surging water, it arrives exuberant and departs debilitated, it arrives large and departs long, gushing against the fingers with force. The Bin Hu Mai Xue states: 'A surging pulse is extremely large under the fingers; it arrives exuberantly and departs debilitated, it arrives large and departs long.'

Comparison and differentiation

A surging and a faint pulse are opposites. The form of a surging pulse is broad, it arrives exuberant and departs debilitated and it is forceful. The form of a faint pulse is extremely fine and forceless. It has the characteristic of sometimes being present and sometimes not.

Clinical disease patterns governed

A surging pulse is a yang pulse, therefore it is ascribed to summer and to the heart. 'In summer, the qi of the heavens and of earth is full and easy and its flow is uninhibited. The pulse is the first sound of the weather, hence it should be surging.' In summer, when healthy people manifest a surging pulse, this is ascribed to normal pheno-

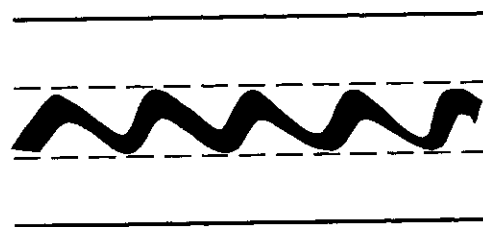


Fig. 4.25 Surging pulse image.

mena. Clinically, a surging pulse is often seen in yang brightness diseases, a phenomenon where there is exuberant heat evil in the qi aspect or scorching in the qi and blood aspects. The pulse arrives surging, large and with force. Other symptoms include a high fever, vexing thirst with a desire for fluids, a dry mouth and tongue. There may be prickles on the tongue, yellow fur, large amounts of sweating, manic agitation, inhibited stools and urine, etc.

When a surging pulse arrives without force, this governs vacuity patterns. This pattern is generally due to yin vacuity not constraining the yang, causing the yang to float upward and the qi to fail to return to the source. A vacuity pattern with a surging pulse is an abnormal manifestation of an unfavorable pulse sign, governing a serious disease. Attention must be paid to sudden changes in the disease conditions.

When the pulse is surging, large and forceless, it is necessary to differentiate whether it is a surging pulse or a scattered pulse. If there is yin vacuity false heat or yang vacuity sudden desertion, and the pulse appears surging, large, slippery and exuberant, and it is forceless with pressure, this is a condition that is caused by sudden desertion of the true qi to the exterior and exhaustion of the yin qi. In this condition the yang qi is scattered and expiring, and emergency treatment must be used immediately.

Diseases governed by pulse combinations. A surging and large pulse means exuberant heat. Floating and surging means exterior heat. Deep and surging means internal heat. Surging and tight means distention and fullness, and surging and slippery means phlegm-heat.

Analysis of pulse logic

Surging is surging and large. The name surging is a metaphor for water. Another metaphor, with the surging forth of branches and leaves in the summer, can also be made. In the summer all things are flourishing and growing. In the human body, the qi and blood are like the weather of summer days. When the qi and blood are full and exuberant, the pulse may arrive surging and

large. At this time, during the summer, this is an average pulse.

A pathological pulse that is surging and exuberant is exuberant heat evil combined with the right qi fighting the evil with force, and a violent struggle creating heat. The exuberant heat causes the qi and blood to flourish and to travel quickly. The heart qi pushes and moves with force. If the condition of the blood vessels is good, the internal pressure on the vessels rises rapidly, with large rises and large drops, creating a pulse that arrives broad and large, passes under the fingers with force and departs debilitated. The fingers should feel it arrive exuberantly and depart debilitated, arrive large and depart long. Surging without force is vacuity debilitation of yin blood causing the upward floating of yang qi. This causes the vessel qi to be broad and large at the outer aspect. Its form is large, as if it is surging, but actually this is not a surging pulse. Clinically it is important to pay attention to the differentiation.

Examples of clinical application

1. Exuberant yang brightness heat. With yang brightness heat evil exuberance, there manifests a high fever, vexing thirst, large sweat and a surging and large pulse. As the 26th clause of the Shang Han Lun: *Bian Tai Yang Bing Mai Zheng Bing Zhi Shang* states: 'When, after *gui zhi tang* [Cinnamon Twig Decoction] is taken and a great sweat has issued, [there is] great vexation and unquenchable thirst, and the pulse is surging and large, *bai hu sig ren shen tang* [White Tiger Decoction plus Ginseng] governs.'

2. Abdominal pain due to worm accumulation. When there are roundworms, accompanied by abdominal pain, severe vomiting or vomiting of roundworms, the pulse also can be surging and big. As the *Jin Gui Yao Lue* states: 'In abdominal pain, the pulse ought to be deep or string-like; if, paradoxically, it is surging, then there are worms.'

3. Purulent welling abscess. Intestinal welling abscesses due to binding of evil toxins will cause qi and blood congestion and gatherings. The

muscle becomes purulent and the pulse is surging and big. As the *Jin Gui Yao Lue* states: 'Intestinal welling abscesses ... when the pulse is surging and rapid, and [there is] already pus, one cannot precipitate.'

4. Exuberant yang surging pulse. If the pattern is one of repletion, a surging pulse is appropriate. The disease is serious, but easy to treat. The *Mai Jing* states: 'When the patient's disease is severe and the pulse is surging, this is easily treated.'

Pathological pulses that are based on abnormal changes in rhythm

21. SKIPPING PULSE

Shape under the fingers

A skipping pulse (Fig 4.26) arrives as urgent and skipping. Sometimes there is a pause, skipping a beat, but the movement of the pulse does not have a definite rule. It simply stops without a definite beat. As *Li Shi Zhen* said: 'A skipping pulse arrives and departs rapidly,' sometimes there is a pause in its arrival.' Clinically, this can be seen with heart palpitations, shortness of breath, or heart organ diseases such as fearful throbbing.

Comparison and differentiation

A skipping and bound pulse are opposites. A skipping pulse stops within a rapid rate; a bound pulse stops within a moderate rate. Other than rapid and slow, the similarity is that both have stops. The *Shang Han Lun: Bian Mai Fa* states: 'A pulse that arrives moderately, and some-

times stops for a moment in its arrival, is called "bound." A pulse that arrives rapidly and sometimes stops for a moment in its arrival is called "skipping".'

A skipping and a rapid pulse are both rapid. The difference between the two is that one does not have pauses. Skipping means that there are stops that occur with a rapid rate. This is ascribed to an irregular rhythm. Rapid takes its name from its speed, in one breath it beats five or six times; the rhythm is regular.

Clinical disease patterns governed

A skipping pulse that is forceful governs yang exuberance, which is a pattern of repletion evil blocking the vessel qi. Symptoms seen include fullness in the chest, qi counterflow, blood stasis macular eruptions, swelling and pain due to repletion heat, etc. *Hua Bo Ren* said: 'A skipping pulse is due to the yang only being exuberant, while the yin is unable to be in harmony [with the yang], or it is the counterflow rising of anger qi. A skipping pulse also can be due to rough breathing, chest oppression, or blood stasis macular eruptions.'

A skipping pulse that is forceless governs heart palpitations, panting and cough. A skipping pulse that stops less frequently is a sign that the disease is moving toward recovery. When the stops increase, this indicates that the disease condition has been aggravated. If it suddenly appears in a fulminant disease, it may resolve itself. If seen in serious disease or enduring disease, this indicates poor prognosis.

Diseases governed by pulse combinations. A skipping, floating and forceful pulse means heat exuberance in the exterior. Skipping and surging means heat exuberance in the yang brightness.

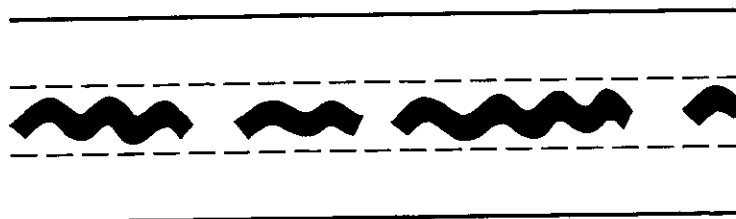


Fig. 4.26 Skipping pulse image.

Skipping and slippery means phlegm-rheum or food accumulation. Skipping and fine or faint means debilitation of organ qi.

Analysis of pulse logic

Rapidity governs heat; a skipping pulse has stops with a rapid rate, and this is a sign of heat exuberance or evil repletion. A skipping and forceful pulse means evil qi obstructing and stagnating. Skipping and forceless means vacuity depletion of organ qi. Both can cause the vessel qi to be discontinuous, manifesting with pauses. Clinically, evil qi obstructing and stagnating causing a skipping pulse is often seen. As Li Zhong Zi said: 'When there is a skipping pulse, 60–70% of the time it is obtained when the organ qi is obstructed; 20–30% of the time it is obtained when the true qi is debilitated. Whether due to qi stagnation, or to blood stasis, or to phlegm obstruction, or to food stagnation, or to an external cause such as the six excesses, or to the seven emotions, any one of these can cause obstruction of the movement dynamic and create a skipping pulse.'

Examples of clinical application

1. *Complex pattern of internal and external.*

When in the exterior there is aversion to wind and cold, and fever, and in the interior there is unceasing diarrhea, the pulse is skipping. As in the Shang Han Lun: 'When in greater yang disease *gui zhi tang* [Cinnamon Twig Decoction] pattern, the physician, contrary [to what is proper] precipitates and, [as a result there is] persistent diarrhea and a pulse that is skipping, it means that the exterior has not resolved [and] when [there is] panting and sweating, *ge gen huang lian huang qin tang* [Pueraria, Scutellaria and Coptis Decoction] governs.'

2. *Chest fullness.* If there is improper treatment causing damage to the yang qi, the heart yang is not settled and this causes chest fullness and a skipping pulse. As the Shang Han Lun states: 'When in greater yang disease, after precipitation the pulse is skipping and [there is] fullness in the chest, *gui zhi qu shao yao tang* [Cinnamon Twig Decoction minus Peony] governs.'

3. *Yang exuberance and repletion heat.* When the disease manifests fever, rough breathing, dry and bound stools, a skipping pulse may be seen. If, in wind stroke patients, the pulse is string-like, slippery and rapid, and sometimes there are stops, the tongue fur is yellow and dry, and there is no bowel movement for several days, giving *da cheng qi tang* (Major Qi Infusing Decoction) can cause the symptoms to dissipate and the pulse to regulate.

4. *Phlegm accumulation and counterflow panting.*

Here, phlegm accumulation stagnates and obstructs, and so the lung qi cannot diffuse and downbear, and the vessel qi is unable to circulate. Signs include panting and coughing and a skipping pulse.

5. *Vacuity debilitation of the true origin.*

When the true origin is debilitated, the symptoms seen are heart palpitations, shortness of breath, chest oppression, and a pulse that arrives urgently and rapidly, sometimes with pauses in its arrival and without force. This is the manifestation of vacuity debilitation of the true origin. As Li Zhong Ze said: 'If the true origin is debilitated, the symptoms are serious.' Clinically this can be seen in heart disease, such as atrial fibrillation. Generally, reduced frequency of the pauses indicates recovery from the disease, and increase in the frequency of the pauses indicates advancement of the disease. Suddenly occurring with the new onset of disease it indicates a favorable prognosis; seen in enduring or serious disease it indicates a poor prognosis.

There are many different perspectives on the stops in a skipping pulse. The Su Wen: Ping Ren Qi Xiang Lun states: 'When the inch opening pulse is skipping under the fingers, this indicates shoulder and back pain.' The Shang Han Lun states: '[When] the pulse arrives rapidly, with an occasional stop and then recovers, this is called skipping.' Some people believe that this statement was not written by Zhang Zhong Jing. Zhang Lu believes that the skipping pulse of the Shang Han Lun and of the Nei Jing are the same 'meaning that there are no stops.' Wang Shu He said: 'A skipping pulse arrives and departs rapidly. Sometimes there is a stop and then it recovers and arrives.' This refers to a pulse that

is rapid and stops. Li Shi Zhen said: 'The arrival and departure is rapid. Sometimes there is a stop and then it recovers, like recovery after a fall, [it is] slower than normal.' His statement is the same as Wang Shu He's. Both refer to the characteristic of indeterminate speed.

Summing up the above statements, there are two types of 'skipping.' The first is one in which the rate is rapid, tense and skipping; there is no resting stop. This governs yang exuberance repletion heat. The second is that the pulse is rapid and within it there are resting stops. When a stop arrives, the speed is unsettled. This governs debility of the true origin, qi stagnation, blood stasis, phlegm collection or food stagnation and retention.

22. BOUND PULSE

Shape under the fingers

A bound pulse (Fig 4.27) arrives idly, with occasional stops, which occur without a definite pattern. The stops are not regulated, and the period of time for the stop is relatively short; generally there is one stop before the normal beat is restored and the pulse can be felt at all levels. The Shan Han Lun states: 'The pulse that arrives moderately, occasionally stops and then is restored is called bound.'

Comparison and differentiation

In that a bound and a slow pulse both arrive slowly, they are in the same category, but a bound pulse has stops within its slowness. A slow pulse has three beats within a breath and does not have stops.

Clinical disease patterns governed

The diseases governed by a bound pulse are differentiated as vacuity or repletion according to whether the pulse is forceful or forceless. Forceful governs repletion patterns, seen in patterns such as qi and blood stagnation, phlegm bind, food accumulation, concretion accumulations, mounting pain, binding depression of the seven emotions, etc. As Hua Bo Ren said: 'Bound, only the yin is exuberant and yang is unable to enter yin, such as concretion bind or depression of the seven emotions.' Bound and forceless govern vacuity patterns, seen in blood stasis, mounting pain, diarrhea, heart palpitations, etc.

Diseases governed by complicated pulses. A bound and floating pulse means cold evil stagnating in the channels. Bound and deep or rough means stasis accumulation. Bound and slippery means phlegm evil accumulating and stagnating. Bound and string-like means binding depression of the seven emotions.

Analysis of pulse logic

There are two causes for a bound pulse that is forceful. One occurs because evil qi congests and stagnates, blocking the vessels so that the qi is unable to continue – for example, the blood amassment pattern or repletion of the yang brightness bowel. The other is a pattern of yin exuberance binding and gathering, causing cold to congeal, block and stagnate. When the vessel is blocked, the qi is unable to continue. Again, as Hua Bo Ren said: 'only the yin is exuberant, and the yang is unable to enter.'

A bound and forceless pulse is generally due to vacuity debilitation of the right qi. The yin

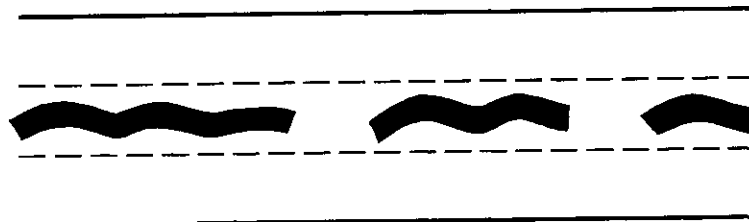


Fig. 4.27 Bound pulse image.

evil is exuberant, the yang qi is vacuous and weak, the qi and blood are vacuous and debilitated, movement is not smooth and the qi is unable to continue through the vessel. Zhang Jing Yue said: 'A bound pulse usually is due to debility of the qi and blood. The essence force is not continuous, therefore it breaks and then continues, continues and then breaks. This is commonly seen in enduring disease or vacuity taxation.'

If there is suddenly a stop in the pulse, resulting in a bound pulse, this generally has no relationship with disease; rather it has to do with the constitution. Zhang Jing Yue said: 'Also there can be the development of a bound pulse without disease. This is constitutional and not an abnormality; it is not unusual.'

Examples of clinical application

1. Yang brightness bowel repletion. When there is fever, delirious speech, internal binding of the urine and stools, a bound pulse may manifest.

2. Blood amassment. Symptoms seen include a yellow body, fullness and hardness of the lower abdomen, inhibited urine and a deep and bound pulse. As the Shang Han Lun: Tai Yang Bing Mai Zheng Bing Zhi Shang states: 'When in greater yang disease [there is] generalized yellowing, a pulse that is deep and bound, hardness in the lesser abdomen, and inhibited urination, [this] means that [there is] no blood [amassment]. [When] urination is uninhibited and the person is as if manic, [the previous signs mean] a true blood pattern, for which di dang tang [Dead on Decoction] governs.'

3. Yang vacuity. When there is yang vacuity heart blood is insufficient and heart yang is not aroused, therefore the pushing movement has no force and the vessel qi is unable to continue and so the pulse arrives moderately and occasionally there are stops. Symptoms seen include heart palpitations, shortness of breath, fatigued spirit, lack of strength etc. As the Shang Han Lun: Bian Tai Yang Bing Mai Zheng Bing Zhi Xia states: '[For] cold damage with a pulse that is bound and regularly interrupted, and stirring palpitations, zhi gan cao tang [Honey-fried Licorice Decoction] governs.' Use zhi gan cao tang

(Honey-fried Licorice Decoction) to free the yang and boost the yin, to supplement the qi and blood so as to recover the pulse.

A bound pulse is due to yin cold. When yang is debilitated and yin is exuberant, the exuberant yin results in cold. The cold evil congeals and binds and the pulse arrives moderately with occasional stops, stopping and then recovering. Li Zhong Zi's metaphor was: 'Like very serious winter weather, when running water hardens to ice ..., bound and without force, it is debility and weakness of true qi, violating its normal movement. Only a taste that is warming and supplementing is the correct treatment.' Clinically, heart palpitations and a bound or regularly intermittent pulse are often due to pathological changes in the heart organ mechanism, such as heart disease of a rheumatic nature or arteriosclerotic cardiopathy. Often zhi gan cao tang is used with good results.

As for differentiating the diseases governed by a bound pulse by whether it is forceful or forceless, Li Zhong Zi said: 'Bound and forceful is caused by accumulation and gathering. Bound and forceless is debility weakness of the true qi, causing a violation of its normal movement.' In fact, this is true.

The standard for the definition of the shape under the fingers of a bound pulse is the statement in the Mai Jing that: 'a bound pulse arrives moderately, occasionally it stops and then recovers.' Historically, physicians all agreed with this except Zhang Deng, who believed that: 'stops are seen frequently and the pulse rarely recovers a normal beat.' Clearly he felt that the stops under the fingers were many and the time between them short. Li Zhong Zi, following the Mai Jing, used the metaphor: 'vacillating like a paralyzed person, sometimes leaving, sometimes remaining, abnormally gathering and scattering.' He believed that: 'when the stops are frequent and the beat is irregular, this is a pattern that cannot be treated.' Here he is in agreement with Zhang Deng about the frequency of the stops, but the irregularity only he spoke of. Ancient physicians rarely discussed the frequency of the stops or the irregular nature of the pulse.

Clinically, the bound pulses that are seen have a regular beat. If in a given minute a bound

pulse stops frequently, this indicates pathological changes in the heart organ. If a bound pulse suddenly stops for a moment, this is normal. There also are people whose body and heart are completely healthy yet who manifest a bound pulse. In addition, drugs may also influence and manifest a bound pulse.

23. REGULARLY INTERMITTENT PULSE

Shape under the fingers

A regularly intermittent pulse (Fig 4.28) should feel moderate and weak under the fingers. There are stops in the pulse beat, the length of the stops is relatively long, and the stops have a definite rule. For example, the pulse may beat three times and then stop once, and after this it is continually three beats and one stop, extremely regular. Li Zhong Zi said: '[A] regularly intermittent [pulse] is constant and regularly intermittent, the stops are normal and frequent, they cannot be self-controlled, there are long stops and then a recovery of movement.' He also said: 'The meaning of constant and regularly intermittent is that, within the regularity of four beats, there is no transgression of timing.' This explains that a regularly intermittent pulse stops at definite times, the stops are relatively long and that the pulse arrives with little force, moderate and weak.

Comparison and differentiation

A regularly interrupted pulse, a bound pulse and a skipping pulse are in the same category, in that they all have stops within their beats. The differences are as follows. With a bound pulse and a skipping pulse there are no rules to the

stops, the length of the stops is relatively short and after one stop it recovers. A regularly intermittent pulse is continually two beats or three beats and then a stop, and it is extremely regular. The length of the stops is relatively long. Also, the beat of a bound and a skipping pulse has force under the fingers, whereas a regularly intermittent pulse is moderate, weak and forceless.

Clinical disease patterns governed

Generally, the disease governed by a regularly intermittent pulse is debilitation of visceral qi. However, it also can be seen in extreme pain patterns, fright, trauma, etc. If it is seen in women who have been pregnant for 100 days it is not spoken of as pathological. As Li Zhong Zi said: 'Regularly intermittent governs visceral debilitation. It is a critical sign of the failure of spleen earth due to vomiting and diarrhea ... However, with heart palpitations due to cold damage, pregnancy of over 3 months, excess of the seven emotions, severe trauma or pain patterns in persons who suffer from wind, this is not an abnormal regularly intermittent pulse.'

Analysis of pulse logic

There are two reasons for the development of a regularly intermittent pulse. One cause is visceral debilitation. Here the qi and blood are vacuous and debilitated and the movement has no force. Hence, the qi of the pulse cannot continue, and the pulse arrives moderate to slow, with stops within it, manifesting as a regularly intermittent pulse without force. The other cause is damage from fear or trauma blocking the qi mechanism. Here, the pulse qi cannot move smoothly, causing stops in the beating so the pulse arrives

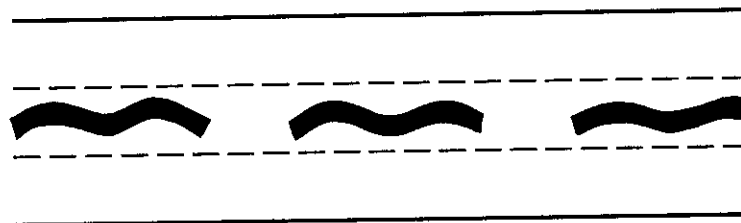


Fig. 4.28 Regularly intermittent pulse image.

regularly intermittent with force. Li Shi Zhen said: 'Regularly intermittent governs visceral debilitation. If in 50 beats there is not a stop, the body has no disease. If there are stops in the counting, it is important to know when. On the fourth beat it is expiry of the viscera, ... if there are two beats and one stop, there remain 3 or 4 days, if three or four beats and one stop, there ought to be 6 or 7.' The ancients believed that if the pulse beat 50 times without a stop, then the functions of the five viscera were good. If a regularly intermittent pulse appeared, this indicated debilitation of the visceral qi.

If the pulse beats twice and then stops or three or four times and then stops, then this is the same as modern medicine's bigeminal or trigeminal rhythm.

Examples of clinical application

1. Visceral debilitation. The ancient people believed that the frequency of missed beats in the pulse was a diagnostic sign of the lack of qi of the five viscera. For example, the Ling Shu: Gen Jie Pian states: 'If there are no regular stops in 50 beats, the five viscera all have qi. One regular stop in 40 beats indicates one viscera has no qi. One regular stop in 30 beats indicates two viscera have no qi, ... one regular stop in 10 beats indicates the five viscera have no qi.' Li Zhong Zi also said: 'Regularly intermittent governs visceral debilitation. It is a critical sign of the failure of spleen earth due to vomiting and diarrhea. The signs are not eating due to cold in the center and severe abdominal pain. It is difficult to treat.' This explains that when a regularly intermittent pulse appears, it is a sign of the failure of spleen earth.

2. Debility and exhaustion of qi and blood. When qi and blood are vacuous to the extent that the qi of the pulse cannot circulate continuously, causing the pulse to arrive with occasional stops whose length is relatively long, and then recover its movement, it is very difficult to treat with success. As the Shang Han Lun: Bian Tai Yang Bing Mai Zheng Bing Zhi Xia states: 'When the pulse arrives stirring and stops, [but] is unable to return [to normal] because it is again stirring, this is called intermittent, [which is a] yin

[pulse]. When one obtains one of these pulses, [the disease] is difficult to treat.' If there is a regularly intermittent pulse in enduring diseases or serious diseases where the constitution is weak, this is a sign of a critical condition.

Concerning the pulse image and diseases governed by a regularly interrupted pulse, the Nei Jing refers to a pulse that does not have a stop within 50 beats as an indicator that the functions of the viscera and bowels are good. The Nei Jing considered that a pulse that had stops within the 50 beats could indicate a poor prognosis. If the number of stops is high, then the qi of the five viscera is extremely debilitated.

Concerning the diseases governed by an intermittent pulse, the Su Wen: Xuan Ming Wu Qi Pian states: 'The spleen pulse is regularly intermittent.' Also, the Su Wen: Ping Ren Qi Xiang Lun states: 'In the long summer a stomach pulse that is slightly weak is normal, but a regularly intermittent pulse without stomach [qi] is death.' This means that if there is a regularly intermittent pulse during the long summer, and the form and strength of the spleen and stomach pulse is slightly regularly intermittent and weak, this is not ascribed to a pathological pulse. The ancient people said: 'Regularly intermittent governs visceral debilitation.' The Mai Jing says: 'A pulse that is bound can recover; a pulse that is regularly intermittent means death.' Li Shi Zhen said: 'The prognosis for a bound pulse is life; for a regularly intermittent is death.' This means that, although a regularly intermittent pulse governs death, it does not absolutely have to mean death.

Pathological pulses that are based on abnormal changes in form

24. LARGE PULSE

Shape under the fingers

Large pulse (Fig 4.29) means that the form of the pulse is thick and large, about twice as large as a normal pulse, and full under the fingers. As Zhang Deng, in the Zhen Zong San Wei said: 'A large pulse feels full under the fingers and is twice the size of normal.'

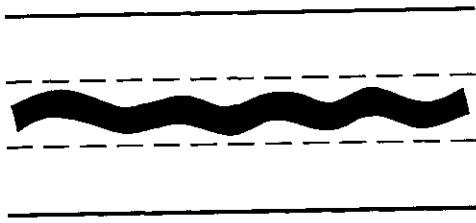


Fig. 4.29 Large pulse image.

Comparison and differentiation

Large and small are opposites. Large feels large and full under the fingers, and is twice as large as a normal pulse. Small feels thin and small, like a thread, and is smaller than a normal pulse.

Large, surging and replete are in the same category; however, each has its special characteristics. A large pulse takes its name from its large form. Force and lack of force differentiate vacuity and repletion. Surging is surging, exuberant and large, with force under the fingers; it arrives exuberantly and departs debilitated. It is often combined with a rapid pulse, and it takes its name from the strength of its form and the force of its arrival. It governs repletion patterns and heat patterns. A replete pulse is large and long and it is replete and forceful. It takes its name most importantly from its force of arrival, and it governs repletion patterns.

Clinical disease patterns governed

Healthy people may have a large pulse, but this is seen as a pulse that arrives and departs evenly, is neither rapid nor slow and is felt as large at all three positions. For a sick person with a large pulse force and forcelessness are used to differentiate vacuity and repletion. Clinically it is seen as follows.

1. Governing of repletion heat. A large pulse that is forceful is heat evil exuberance, indicating that the right qi is not debilitated, and the exuberant evil has strength. As the Shang Han Lun states: 'In cold damage [that has lasted] three days, the yang brightness pulse is large. When heat evil is exuberant and goes from the exterior to the interior, then the pulse is large.' This is large and forceful.

2. Governing of vacuity heat. A large pulse that is forceless is vacuity debilitation of yin blood. Yin vacuity and yang exuberance generate vacuity heat. When there is yin vacuity, there is internal heat. The Su Wen: Mai Yao Jing Wei Lun states: 'When the pulse is thick and large, the yin is not sufficient, the yang has a surplus and so there is heat inside.'

Diseases governed by complicated pulses. A large and string-like pulse means heat. Large and moderate means damp-heat. Large and rapid means repletion heat. Surging and large means stomach repletion. Large and replete means accumulation of qi. Large and forceless means debility of yang qi.

Analysis of pulse logic

When evil qi is exuberant, yang heat is intense, the qi and blood are exuberant and the vessels are full, causing the pulse to arrive large and forceful, but not having the strength of a surging pulse. In enduring diseases where the yin blood is vacuous or there is a loss of blood, this is the yin not restraining the yang and the yang qi floating outward, causing the pulse to be floating, large and forceless, or empty. This is a critical sign of the separation of yin and yang.

Examples of clinical application

1. Heat. When the pulse is large and forceful, this is repletion heat. This is seen in yang brightness diseases. There is exuberant heat, delirious speech, constipation and stomach repletion. As Zhang Deng said: 'Whenever [the pulse] is large, rapid and exuberant, this is repletion heat.' When the pulse is large and forceless or large and soggy, then one can see vacuity heat. As the Za Bing Guang Yao: Wu Han Fa Re Pian states: 'Taxation fatigue with fever, accumulation taxation creating fatigue or yang qi failing to sink are the internal generation of vacuity heat. The symptoms are body heat, heart vexation, headache, aversion to cold, lazy speech, aversion to food, a pulse that is surging, large and empty. Although similar to cold damage, one cannot use diaphoresis or precipitation. How-

ever, one or two packages of *bu zhong yi qi tang* (Center Supplementing, Qi Boosting Decoction), will produce a small amount of sweat and resolve it.'

2. Damp-heat dysentery. Patterns governing damp-heat accumulations and stagnation, or smoldering, bound intestines manifest as abdominal pain, abdominal urgency, fulminant distressing downpour, scorching sensation of the anus and a pulse that is often large and slippery. As the *Jin Gui Yao Lue* states: 'Dysentery ... when the pulse is large, it will be unceasing.'

3. External damp. When damp evil invades through the fleshy exterior, the symptoms seen are headache or heaviness of the head, nasal congestion, a heavy voice, a heavy body, fever and a pulse that is often large and moderate. The *Jin Gui Yao Lue* states: 'In those with damp diseases, the body hurts and there is fever, the face is yellow and there is panting, the head hurts, there is nasal congestion and vexation, the pulse is large, but the patient can eat by himself.'

4. Vacuity taxation. When, in enduring diseases or among the elderly, the body is vacuous and weak, the qi and blood are vacuous and debilitated, there is dizziness, numbness of the back and four limbs and a pulse that is large and string-like, this generally is a pattern of internal wind caused by liver and kidney insufficiency, with the blood not nourishing the tendons. The *Jin Gui Yao Lue*: *Xue Bi Xu Lao Bing Mai Zheng Bing Zhi* states: 'In people of age 50, whose pathological pulse is large, where there is impediment to the movement of the vertebrae, gurgling intestines, saber lumps and goiter, this obtains from taxation.'

Separate discussion of a large pulse and a surging pulse was first seen in the *Su Wen*: *Yu Ji Zhen Zang Lun*: 'The pulse of the summer is the heart, the southerly direction and fire, the ten thousand things all are exuberant and growing. Hence, the qi arrives exuberantly and departs debilitated. This is called "hook".¹⁷ Arriving exuberantly and departing debilitated, a form like surging water, this is called 'surging.' The *Su Wen*: *Wu Zang Sheng Cheng Pian* states: 'The pulses that can be differentiated by the fingers

are small, large, slippery, rough, floating and deep.' This means that a large pulse is a manifestation of one of the principal pulses. The *Su Wen*: *Mai Yao Jing Wei Lun* states: 'Large means that the disease has advanced.' This speaks to the diseases it governs. Zhang Zhong Jing's school of the *Nei Jing* takes these two pulses and divides them as they are used clinically. The classification of 24 pulses in the *Mai Jing* does not include a large pulse; but instead has complex pulses such as a surging and large pulse, a replete and large pulse and a scattered and large pulse.

As for physicians after this time, some believed that a surging pulse was the same as a large pulse. For example the *Zhen Jia Zheng Yan* and *Bin Hu Mai Xue* both state that there is a surging pulse but there is not a large pulse. When the fingers feel a surging pulse, this is a large pulse. The *Zhen Zong San Zhu* and the *Zhen Jia Shu Yao* state that the surging pulse and the large pulse are separate. In the Qing Dynasty, *Chen Xiu Yuan* took the surging pulse and the large pulse and separated them into two pulses. He said: 'A large pulse and a surging pulse are not surging. Surging, complicated by its broad form, is not identical. [It] definitely does not have a bearing that resembles dancing or cotton batting.' Some people criticized him saying: 'he does not know and speaks nonsense' – from which we can see there is a discussion about whether a surging pulse and a large pulse are one pulse. Or are they two pulses? Different opinions exist. Modern scholars of the pulse are the same as the earlier physicians. Some say that there is a surging pulse and not a large pulse, believing that a surging pulse can be called a large pulse. For example, the book *Zhong Yi Mai Xue Yan Jiu* has surging and not large. The *Mai Zhen* differentiates the two pulses. In fact, the two are in the same 'large' category, but each has its specific characteristics and the diseases each governs also vary. Therefore, allowing both of them to exist allows for further research into the problem.

25. FINE PULSE

Shape under the fingers

Fine is also called 'small.' A fine pulse (Fig 4.30)

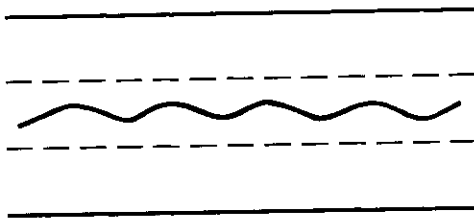


Fig. 4.30 Fine pulse image.

is fine and small, it should be clear under the fingers, fine, and straight, like a thread. The pulse is located in the center. It is clearly felt with light pressure. As Li Zhong Zi said: 'Fine is straight and soft, like a silken thread, it is larger than a faint pulse.'

Comparison and differentiation

Fine, faint, soggy and weak all can be taken as in the category of fine. The differences are as follows. A fine pulse is fine and straight, like a thread. It should be clearly felt with light pressure and it is located in the center so that it is felt with stronger pressure. A faint pulse is extremely fine and soft, sometimes present and sometimes not; with pressure it is indistinct. A soggy pulse is floating, fine and soft; with light pressure it is obtained. A weak pulse is deep, fine and soft, beginning to be felt with strong pressure.

Clinical disease patterns governed

A fine pulse relates to an insufficiency of qi and blood, vacuity taxation damage and also damp patterns. Clinically it is often seen with yin vacuity signs such as vomiting blood, coughing blood, vomiting, and diarrhea. If there is an enduring disease whose nature changes to become depleted and debilitated, with weakness and lack of strength, a fine pulse may appear accompanying other pulses.

Diseases governed by complicated pulses. A fine and deep pulse means damp impediment. Fine and faint usually means yang vacuity. Fine and rapid means vacuity heat. Fine and tight means cold damage. Fine and string-like means liver yin vacuity. Fine and rough means blood vacuity and qi stagnation.

Analysis of pulse logic

Fine is the image of vacuity debilitation of qi and blood. Qi is the commander of the blood, and blood is the mother of qi; the two coexist. When blood is diminished, it causes qi to be debilitated, and so the qi and blood are insufficient and unable to fill the vessels. Hence, the pulse arrives thin and straight, like a thread. As Hua Bo Ren said: 'Arriving like a thread, this is blood and qi vacuity, such an insufficiency causes the vessels not to be full.' Also, pressure caused by damp-heat obstructing the vessels may manifest a fine pulse.

Examples of clinical application

1. Vacuity cold. When yang is vacuous and yin exuberant, then the warming movement has no force, the symptoms are a cold body, cold limbs, somnolence, fatigue, a curled up lying posture, clear and long urine stream and a pulse that arrives fine and faint. As the Shang Han Lun: Bian Shao Yin Bing Mai Zheng Bing Zhi states: 'In disease of the lesser yin the pulse is faint and fine, and [there is] a desire only to sleep.'

2. Vacuity taxation night sweats. When yin and blood are depleted and vacuous, the symptoms seen are tidal heat, night sweating, fatigued spirit, vomiting blood, and a pulse that arrives fine and weak, without force. As the Jin Gui Yao Lue: Xue Bi Xu Lao Bing Mai Zheng Bing Zhi Di Liu states: 'In a healthy man, a pulse that is vacuous, fine and faint means night sweating.' Also, Zhang Deng said: 'In a healthy person, a pulse that arrives fine and weak, means too much anxiety or thinking causing damage to the true origin.'

3. Diarrhea. When the life gate fire is debilitated, the spleen yang is not settled, and there is fifth watch diarrhea. Or from eating raw or cold food or drink, the cold evil strikes the spleen and stomach, damaging the yang qi. Here also a deep, fine pulse can appear. The Za Bing Guang Yao states: 'When there is damage from cold, there is cold diarrhea. Also there can be sudden turmoil vomiting and diarrhea. Here the pulse is fine, weak and tight. Choose li zhong wan

[Center Rectifying Pill], ping wei san [Stomach Calming Powder], and tiao zhong tang [Center Regulating Decoction] in order to warm and supplement.'

The Mai Jing states: 'Fine is diminished blood and debilitation of qi; when this pattern is present, this is favorable; when this pattern is not present, this is unfavorable.' When a fine pulse manifests in patterns of damage to qi and blood or vacuity taxation loss of essence, due to vomiting, diarrhea, loss of blood or too much anxiety or taxation, this is a congruence of the pattern and the pulse, which is favorable. It also is congruence when it is seen in the fall or winter, in the elderly or when the body is weak. If a fine pulse is seen in the spring or summer, or in youth, then the age and the body form are not congruent. Here there is disease with a poor prognosis.

In vacuity taxation, a fine pulse and enduring low fever is caused by yin vacuity internal heat. The pulse arrives fine and also rapid. Medicinal agents for treatment must be chosen with great care: avoid using cold or cooling medicinal agents to attack the evil. As Li Zhong Zi said: 'When seeing a person with vacuity detriment, and the pulse is already fine and the body is often hot, if the physician does not carefully investigate its source, and uses a cooling formula, is this not like forcing a drunkard to drink more alcohol?'

26. LONG PULSE

Shape under the fingers

A long pulse (Fig 4.31) is not large and not small. The body of the vessel is long and straight. Exceeding its original length, it is straight from head to tail. It is straight and long like a pole;

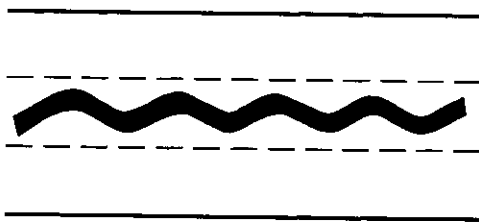


Fig. 4.31 Long pulse image.

and like a long pole it is soft and flexible, yet forceful. It can be felt at the three positions and with pressure at all levels.

Exceeding its original location means that it exceeds the positions of inch, bar and cubit, it exceeds inch and it exceeds cubit.

Comparison and differentiation

Long and short are opposites. The form of a long pulse is straight, resembling a long pole, and it exceeds the location of the three positions. The form of a short pulse is short and contracted, not reaching its original location.

Long, string-like and tight are similar as to length, but each has its special characteristics and is easily distinguished. (See String-like pulse, p. 143, Tight pulse, p. 127.)

Clinical disease patterns governed

A long pulse, which is long and moderate, like the qi engendered in the spring, is of the liver and is ascribed to wood. The appearance of a long pulse during the spring is a normal phenomenon.

When the five viscera are healthy and vigorous, the qi and blood are abundant and exuberant, and the 100 channels are regulated and harmonious, and so the pulse arrives moderately and softly, exceeding its original location. This is a sign that the body is healthy and vigorous. As the Su Wen: Ping Ren Qi Xiang Lun states: 'When a normal liver pulse arrives, it is soft, and slightly weak, flexible like a strong long pole. This means that the liver is normal.'

When, in sickness, a long pulse arrives, this is a sign in the direction of improvement. As the Shang Han Lun states: 'When in greater yin wind stroke [there is] vexing pain in the limbs, and the pulse [in its] yang [aspect] is faint and [in its] yin [aspect] is rough, and is long, this means [there is] about to be recovery.' Greater yin wind stroke is attack by wind evil of a person with spleen and stomach vacuity cold. The pulse originally should be floating. If a long pulse, which at the yang is minute and at the yin is rough, is seen, then this is a sign that the evil has not prevailed and the right is not debilitated. Hence it is known as a good omen.

Long governs surplus and insufficiency. Long, hard and full, with a form like a long pole, is ascribed to excessiveness, meaning there is surplus. It governs repletion patterns and is seen in liver fire, heat exuberance, phlegm turbidity, withdrawal, mania and epilepsy, etc. If a long pulse is soft and scattered, it indicates insufficiency. It governs vacuity patterns and is seen in liver disease, panting counterflow, coughing blood, taxation disease, spleen and stomach vacuity cold, etc. The Su Wen: Mai Yao Jing Wei Lun states: '[If] the liver pulse strikes the fingers firmly and forcefully, and is long, [but the facial] complexion is not green-blue, the disease should be a fall, as if [the person has been] beaten, and because there is blood below the rib-side, this causes the person [to experience] panting counterflow.' Li Zhong Zi also said, 'Long, hard and full, this is ascribed to hyperactivity of fire.'

Diseases governed by pulse combinations. Exuberant evil in the exterior is indicated by a long and floating pulse. A long pulse combined with a slippery pulse means phlegm-heat exuberance. Long combined with string-like is often related to liver diseases. Surging, large and long means yang brightness heat. Long combined with a confined pulse means concretions and gatherings.

Analysis of pulse logic

Long is a pulse phenomenon indicating that there is surplus and exuberance. When the body is healthy, the qi and blood are abundant and exuberant, the blood moves smoothly, the blood vessels are disinhibited, and the pulse arrives moderate and long, like a long pole without a tip. This is a balanced pulse of harmony between yin and yang. If the evil qi is exuberant, then there is a loss of the regulation of yin and yang, and there is qi counterflow and blood congestion, but the vessels are full and so the pulse is long, exceeding its original position. With a form like a long pole, it arrives forcefully, hard and full. This is a pathologically long pulse.

Examples of clinical application

1. Liver disease. String-like has been designated

the liver pulse. It is the pulse that is governed by the spring, and in liver disease generally the pulse is string-like and long. As the Mai Jing states: 'If the pulse is long and string-like, the disease is in the liver.' The Za Bing Guang Yao states: 'when there is damp-heat that creates depression and jaundice, the pulse is surging and large; however, it is not string-like, but soft and long. [Here] it is suitable to disinhibit the small mansion.'¹⁸

2. Epilepsy and mania. This is caused by exuberance and congestion of phlegm and phlegm-fire counterflow harassment manifesting as epilepsy and mania with repletion signs such as manic agitation, yellow tongue fur, bound stools, etc. The pulse here is generally long and forceless. The Za Bing Guang Yao states: 'The pulse of epilepsy is floating, surging, large and long. Floating and surging are yang pulses; when obtained in yang mania, this is a good sign as there is a congruence with the pattern. When obtained in yin mania, this is a change from yin to yang, a sign of movement from the interior to the exterior, also a good omen.'

3. Steaming bone taxation disease. In taxation disease, vacuity fire depressing internally can cause a repletion pattern and the pulse is often complicated by being long. The Za Bing Guang Yao states: 'In steaming bone taxation heat the pulse can be string-like, long, hard and replete, floating rapid and forceful. This is repletion due to internal fire depression. It cannot be supplemented.'

4. Lung heat hemoptysis. When heat evil is intensely exuberant in the lung area, it can scorch and damage the lung networks, or extreme coughing can damage the networks, manifesting as coughing blood or expectoration of blood. Here the pulse seen is generally long, and also rapid and forceful. The Su Wen: Mai Yao Jing Wei Lun states: 'When the lung pulse is hard and long, the disease is spitting of blood.'

5. Spleen and stomach vacuity cold. When the yang qi is vacuous and there is failure to transport fortification, the symptoms seen are abdominal distention, vomiting, diarrhea, gurgling intestines, limbs that are cold and swollen, and a

pulse that is floating, large and long. The Za Bing Guang Yao states: 'In spleen accumulation: the pulse is floating, large and long, there is reduced appetite; after eating, there is a diminishing of downbearing, and there is a sensation of a plump pit below the heart. There is abdominal fullness, vomiting, diarrhea and gurgling of the intestines, the four limbs are heavy, there is swelling of the lower legs, an inability to lie down, injury to the governing of the flesh and the color is yellow.'

When a long pulse is seen in vacuity conditions, it is generally a complicated pulse. It is commonly seen in surplus or repletion patterns. Li Zhong Zi said: 'Since repletion pulses such as confined, string-like and tight are often accompanied by a long pulse, therefore a long pulse governs diseases of surplus.'

27. SHORT PULSE

Shape under the fingers

The shape of a short pulse (Fig 4.32), as opposed to a long pulse, is that the beats felt under the fingers do not fill the three positions. The bar pulse is clear but the inch and cubit are deep, and it is not easy to touch a short pulse. As Li Zhong Zi said: 'a short pulse is rough and small, its head and tail are both hidden; it protrudes at the center, but cannot fill the positions.'

Comparison and differentiation

See Long pulse (p. 140), Stirred pulse (p. 113).

Clinical disease patterns governed

Short indicates an insufficiency. It governs qi vacuity; it also governs qi stagnation. If there is force, it is qi stagnation; if no force, there is

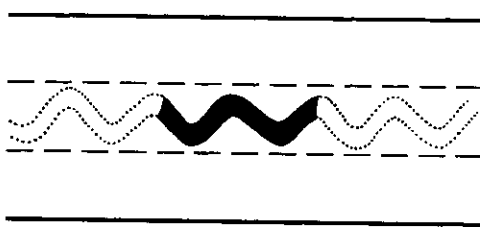


Fig. 4.32 Short pulse image.

vacuity. The Su Wen: Mai Yao Jing Wei Lun states: 'Short indicates a disease of qi.' Li Zhong Zi said: 'Qi is ascribed to yang, it governs sufficiency and abundance. If a short pulse is seen by itself, or if a pulse is short and moderate, then the qi can be treated.' If at other times a short pulse appears, then this is a pathological pulse.

Disease governed by pulse combinations. A floating and short pulse means lung qi vacuity. Short and rough means heart qi vacuity. Short and deep means glomus qi. Short, slippery and rapid means spirit damage. Short and skipping or bound means phlegm and food stagnation.

Analysis of pulse logic

Short means diseases of qi and it has two causes. The first is qi vacuity. There is no strength to push and move the blood. The blood flow is rough and stagnant and so the pulse arrives short and without force. The second is qi stagnation, either from phlegm qi, from evil qi or from food accumulation blocking the qi pathway. The blood is unable to move freely, which causes the pulse to arrive short and forcefully.

Examples of clinical application

1. Yang collapse. When yang qi is vacuous and debilitated, then the transportation of warmth has no strength and the blood flows slowly. The symptoms seen are counterflow cold of the four limbs, and a pulse that arrives short and forceless. If there is profuse sweat then the disease is dangerous and the prognosis is not good. As the Shang Han Lun: Bian Yang Ming Bing Mai Zheng Bing Zhi states: 'When copious sweating is promoted, if sweating is again promoted, [there will be] yang collapse and delirious speech. If the pulse is short, the person will die.' When a short pulse indicates qi and blood vacuity and the fluids are desiccated, then it governs death.

2. Stagnation of phlegm or food. When phlegm-rheum or food accumulation blocks the qi pathways, then the blood cannot move smoothly. This pattern can manifest with a pulse that is short and rough, skipping or bound. As Zhang

Deng said: 'When the stomach qi is blocked and cannot regulate the 100 channels, whether due to phlegm qi or food accumulation blocking the qi pathways, then the pulse will be short, rough, skipping or bound.'

3. Palpitations and angina. Short, indicating an insufficiency, governs qi vacuity. Qi is the commander of blood; blood is the mother of qi. In terms of physiology, the two are interdependent. In terms of pathology they mutually influence each other. If there is qi vacuity, then there is no force to circulate the blood, and so the blood does not rise to the heart, causing palpitations and shortness of breath. If there is qi vacuity causing the blood not to flow freely, this can cause stasis and obstruction. When there is stoppage there is pain. Here there may be angina. When the pulse pathway is rough and stagnant, then the pulse will arrive short, rough and without force. Clinically this is seen in repletion evil obstructing internally and inhibition of the qi mechanism of the viscera and bowels causing blockage – for example, in pericarditis (with fluid accumulation).

Long and short are opposite pulses. A long pulse is ascribed to liver and to the spring. A short pulse is ascribed to the lung and to autumn. Thus, during the spring and autumn, if the inch and the bar pulse appear long or short respectively, this is a normal pulse image. If the season is not spring or autumn and the short or long pulse does not appear at the lung or liver positions, then the individual must have a disease pattern of qi and blood vacuity.

28. STRING-LIKE PULSE

Shape under the fingers

The physical form of a string-like pulse (Fig 4.33) is long and straight, and stiff under the fingers. Its form is like touching the strings of a *qin*,¹⁹ thin, straight and long with energy and force. As Li Zhong Zi said: 'String-like is like the strings of a *qin*, with light force felt on the surface, yet straight and long, and stiff under the force of the fingers.'

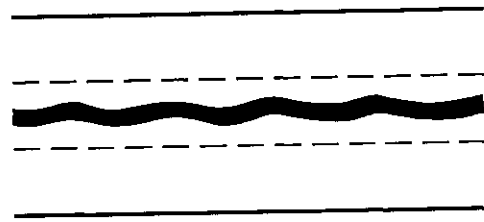


Fig. 4.33 String-like pulse image.

Comparison and differentiation

String-like and weak are opposites. A string-like pulse is straight and long, with the form of the strings of a *qin*, with energy and force. Its particular characteristic is that it is stiff under the fingers. A weak pulse is deep, thin, soft and forceless. That it is obtained only with strong pressure is its characteristic.

String-like and tight are both long pulses. The three pulses (string-like, tight and long) are in the same category in terms of length. A string-like pulse is straight and long, like the form of the strings of a *qin*, it has energy and force, and the pulse is relatively narrow. A tight pulse has a twisted form, like a rope, moving from side to side, arriving strongly and with force. A long pulse exceeds its original location; it is soft and flexible, like the end of a pole and is broader than a string-like pulse.

Clinical disease patterns governed

String-like is the pulse of the liver. Liver qi that is depressed and bound, liver and gallbladder qi running counterflow, liver wind stirring internally, liver fire rising, etc., all can manifest a string-like pulse. It also governs phlegm-rheum, food stagnation, malaria, concretions and gatherings, pain patterns, mounting cold, etc.

A string-like pulse is ascribed to the liver and spring. When a string-like pulse is seen in a healthy individual in the spring, if the string-like quality is only slight, and the pulse is moderate, then this is normal.

A string-like pulse that arrives replete and strong is often seen in patients with high blood pressure. As the Su Wen: Yu Ji Zhen Zang Lun states: 'If the qi arrives replete and string-like,

then this is excessive ... if it is excessive, then the patient is forgetful, often has veiling dizziness and diseases of the head.' This is the form that the ancient people used to describe high blood pressure.

The breadth of diseases governed by a string-like pulse is broad. Clinically, it is the most commonly seen pulse. As Zhang Shi Wan said: *In my experience of pulse diagnosis, a string-like pulse is seen in 20–30% of cases where there is an exuberant evil, and a string-like pulse is seen in 60–70% of cases where there is vacuity of the right; for example, abdominal pain, drum distention, stomach reflux, chest impediment, concretions and gatherings, blood amassment, summerheat stroke, wind damage, cholera, vaginal discharge, binding depression of liver qi, glomus fullness due to cold or heat, etc. – all of these are due to the center qi lacking power or the earth being stolen by wood. Whether the pulse is string-like and replete, or string-like and vacuous, depends upon whether the evil qi is vacuous or replete. Whether string-like and floating, or string-like and deep, depends upon whether the evil is external or internal ... no matter what the disease or what the pulse is combined with, if the pulse is moderate, has spirit and has not lost the stomach qi, then it can be treated.*

Diseases governed by pulse combinations. A string-like and rapid pulse generally means heat in the liver channel. String-like and slow generally means vacuity cold in the spleen and stomach. Floating and string-like means propping rheum. Deep and string-like generally means pain due to suspended rheum. String-like and large without force generally means a vacuity pattern. In acute tetanic spasm, the pulse is string-like and fine. A string-like pulse combined with slippery generally means phlegm-rheum, and with concretions and gatherings the pulse is string-like and tight.

Analysis of pulse logic

There are two principles for the formation of a string-like pulse: (1) String-like is the pulse image ascribed to the liver and gallbladder. If the liver qi is depressed and bound, or if the liver yang is exuberant, then the yin and yang are not

harmonized and the qi runs counterflow rather than correctly. This can cause hypertonicity of the channels and vessels, contraction of qi and blood or congestion of qi and blood, all of which can cause the pulse to arrive tense, straight and long. As Li Dong Yuan said: 'A string-like pulse is generally a disharmony of yin and yang with liver evil rising counterflow.' With liver qi exuberance, then there is congestion of qi and blood causing a string-like pulse. If the disease is in the lesser yang, lesser yang is wood and so its pulse is string-like. For example, malaria is in the lesser yang and its pulse is string-like. Hence, the ancient people said 'the pulse of malaria is string-like.' (2) When a string-like pulse is due to cold congealing and qi binding, then the channels and vessels are tense, and the qi and blood also contract, causing a string-like pulse. As Hua Bo Ren said: '[a string-like pulse] is contraction of qi and blood. It is yin hiding within yang or it is cold stagnating in the channels and networks.'

Examples of clinical application

1. Ascendant liver yang. Clinically this is seen in liver wind stirring internally or liver fire flaming upward. The symptoms are dizziness, falling forward, hypertonicity and tenseness of the hands and feet, red face and eyes, headache and a pulse that is generally string-like and replete. Often these patients have high blood pressure.

2. Liver depression. When the affect-mind is not comfortable, there is binding depression of liver qi. The symptoms are oppression and pain of chest and hypochondrium, distention and pain, fullness and oppression of the stomach with reduced appetite, fatigue, lack of strength, and a pulse that is generally string-like. This is often seen in hepatitis patients.

3. Malaria. When fever and aversion to cold arrive at a definite time, then the disease is in the lesser yang. The pulse of lesser yang disease is string-like. As the Jin Gui Yao Lue: Nue Bing Mai Zheng Bing Zhi Yi states: 'The pulse of malaria is string-like. String-like and rapid is more heat. String-like and slow is more cold. If it is string-like and tight, precipitate it. If it is string-like

and slow, it can be warmed.' Malaria patterns are divided into cold and hot. Its pulses also have the divisions of slow and fast.

4. Phlegm-rheum. In phlegm-cold patterns, the symptoms are coughing and panting, rib-side pain, shortness of breath, heart palpitations and a string-like pulse. Clinically this is seen in lung qi swelling (pulmonary emphysema), chronic bronchitis, asthma, hydrothorax, ascites, etc. If the pulse is string-like and slippery this is favorable. If string-like and rapid, this is difficult to treat. As the Jin Gui Yao Lue: Tan Yin Ke Sou Bing Mai Zheng Bing Zhi states: 'In patients with cough, when the pulse is string-like, there is water and shi zao tang [Ten Jujube Decoction] governs.' Also: 'if the pulse is string-like and rapid, and there is cold phlegm, in the winter and summer this is difficult to treat.'

5. Vacuity patterns. A string-like pulse is often seen in patterns of spleen stomach vacuity cold where the liver wood overwhelms the spleen earth. As the Jin Gui Yao Lue states: 'When the pulse is string-like, this is vacuity. When the stomach qi has no surplus, and food eaten in the morning is vomited in the evening, this is a transmutation to stomach reflux. The cold is in the upper [burner], but the physician precipitated, which instead makes the pulse string-like; hence this is called vacuity.' When the cold evil is in the upper burner, using cold and cooling medicinal agents to attack it will damage the yang qi of the spleen and stomach causing the stomach to lose harmony and downbearing and the spleen to lose transportation and fortification. Consequently there will be a pattern of earth being overwhelmed by wood.

6. Pain. Whenever there is a pain pattern, a string-like pulse can be seen. For example, headache, costal pain, body pain, abdominal pain, pain in the limbs, etc., can all manifest with a string-like pulse. As the Shang Han Lun states: 'When in greater yang - lesser yang dragover disease, [there is] rigidity and pain of the head and nape, or veiling dizziness, [if] sweating is promoted [it will] cause delirious speech and a pulse that is string-like.' Sweating can damage the yin. When the liver yin is

consumed, the wood fire soars upward manifesting as delirium and a string-like pulse. Treatment using formulas to diffuse and balance the liver wind and clear heat can be very effective.

There are different theories concerning the location of a string-like pulse. The Mai Jing states: 'There is no string-like pulse on the surface.' Li Dong Yuan says. 'A string-like pulse can be seen at the floating level. If it is deep and string-like, it is confined.' The Zhen Jia Zheng Yan says: 'It is not clear with pressure, it must be felt softly, like the string of a *qin*.' This does not determine its location. The Mai Zhen states: 'On the surface it is felt; it is unclear with pressure.' This means that it is seen in the floating level, it may be seen at the deep level, but it is not stated whether its position is in the middle level or not. The pictorial representations place the pulse in the center. In sum, the form of a string-like pulse is like the string of a *qin*, from whence the name is derived; as for its location there are questions and so this is not determined. From clinical experience, a string-like pulse may appear at the floating, middle or deep positions. Clinically it is often seen.

Unusual²⁰ pulses

Ancient people called unusual pulses 'true visceral pulses' or 'dead visceral pulses.' In later times, they were also called 'vanquished pulses,' 'dead pulses' or 'unusual pulses.' The earliest reference to unusual pulses is in the Nei Jing. Later, in the Yuan Dynasty, in Wei Yi Lin's text Shi Yi De Xiao Fang, they were arranged into 10 unusual pulses, all of which are pulse images which are without stomach, spirit or root. They can be seen in seriously sick individuals and are an omen of impending death.

The dead visceral pulses can be seen in the Su Wen: Ping Ren Qi Xiang Lun. It says: 'When a dead heart pulse arrives, first it is curved, and then fixed, like a fishhook. This is called death of the heart ... When a dead liver pulse arrives, it is urgent, and strong, like a newly wound bow string. This is called death of the liver ... When the dead pulse of the spleen arrives it is sharp and hard, like the beak of a bird, like the spur of

a cock, like a leak in a room, like flowing water. This is called death of the spleen ... When the dead pulse of the lung arrives, it is like floating matter, like feathers blowing in the wind. This is called death of the lung ... When the dead pulse of the kidney arrives, it is like a broken rope, incisive, like a sharp stone. This is called death of the kidney.'

The so-called 'dead pulse' image of the heart is without stomach qi. With light pressure it is hard and replete, and does not move; with strong pressure it is confined and replete and does not move. It is the same as pressing on a fish hook. The dead pulse image of the liver is fine, small, tense and strong, extremely fine and without stomach qi. The dead pulse image of the spleen is sharp and hard and does not yield, like the beak of a bird or the spur of a cock. It is fine, small and hard, without stomach qi. The dead pulse image of the lung is floating and scattered without root. The dead pulse image of the kidney is hard and replete, like snapping a stone with the fingers.

True visceral pulses were seen in the *Su Wen: Ping Ren Qi Xiang Lun*, where it states: 'The true pulse of the liver in the center and outer [portions] is tense, like the straight edge of a knife, like pressing on the unyielding string of a qin, ... the true pulse of the heart, is hard and throbbing, like yi yi zi [coix seed], ... the true pulse of the lung is large and vacuous, like fine feathers floating within the skin ... the true pulse of the kidney is throbbing and expired, like snapping a stone through the fingers ... The true pulse of the spleen is weak and rapid or slow. When these true visceral pulses are seen, this indicates death and treatment is not possible.'

The so-called 'true pulse' image of the liver is fine, small, string-like and strong, like pressing the strings of a qin, completely without the qi of moderation. The true pulse image of the heart is hard, replete and throbbing, like pressing the seeds of coix, and also short, small, hard and replete, without flexibility, like pressing rolling pearls. The true pulse image of the spleen is soft and weak, indeterminately fast or slow, with a chaotic rhythm. The true pulse image of the lung is floating and large, without root. The true pulse image of the kidney is discontinuous, like a

broken twisted rope, and as hard and replete as snapping a stone in the fingers. When a true visceral pulse is seen, it governs death.

THE PULSE IMAGE OF AND DISEASES GOVERNED BY THE 10 UNUSUAL PULSES

1. SEETHING CAULDRON PULSE

This pulse arrives floating, scattered and extremely rapidly, so rapid that the number in one breath cannot be counted, and it is also without root. It is like water seething in a cauldron; there is an exit but no entrance and it cannot be counted. This governs extreme heat in the three yang with a lack of yin; it is generally seen in imminent death.

2. WAVING FISH PULSE

This pulse position is floating on the surface; it arrives faint and weak, sometimes present and sometimes not, and its rate is not clear. It is like the waving of a fish; the pulse beats on the exterior surface and is sometimes imperceptible. It governs extreme cold in the three yin with the absence of yang and when seen is extremely dangerous.

3. FLICKING STONE PULSE

This pulse is beneath the tendons and muscle, between the tendons and bones. It is hard and replete, like a finger tapping on stone. It is fine and yet has no harmonious qi; sometimes it has the image of skipping. This is the true visceral pulse of the kidney and so it governs death.

4. UNTYING ROPE PULSE

This pulse arrives scattered and chaotic, sometimes smooth and rapid, sometimes slow and indeterminate. Its rhythm is chaotic. It has a form like an untied rope, scattered, chaotic and lacking order. It governs the expiry of qi of the kidney and the life gate.

5. LEAKING ROOF PULSE

This pulse arrives extremely slowly and without force, with a single beat arriving only after a very long time; the time between beats is indeterminate. Its form is like water leaking through a roof, one drop at a time, lacking force and qi. This governs expiry of the qi of the spleen and stomach.

6. PECKING PULSE

This pulse arrives extremely tense and rapid, sharp and hard, with an irregular rhythm, stopping and recovering its beat. It is completely without stomach qi. Its form is like a bird pecking its food with irregular intervals, sharp and hard, stopping and starting. This governs expiry of spleen qi.

7. UPTURNED KNIFE PULSE

This pulse arrives string-like, fine, hard and tense. On the surface it is hard, small and tense; with pressure it is hard, large and tense. It is without stomach qi. This is the true visceral pulse of the liver. It governs death.

8. SPINNING BEAN PULSE

This pulse beat is spinning and moving, it is hard and throbbing, tense, but without root and its rate is unclear. Its form is like spinning coix seeds or like rolling pearls, tense, skipping, hard and replete, yet without stomach qi. It governs expiry of heart qi.

9. FRENZIED SESAME SEED PULSE

This pulse arrives extremely fine and faint; it is tense, skipping and chaotic, like a sesame seed. Governing exhaustion of the construction and defense, it is a critical sign.

10. DARTING SHRIMP PULSE

This pulse location is shallow and on the exterior, the pulse beat is moving, yet faint and weak, and the rate is unclear: sometimes there are beats, and sometimes none. It is like a darting shrimp, coming and then suddenly disappearing. It is a sign that governs death.

The 10 unusual pulses described above for the most part can be divided into two categories. The first category is pulses that beat extremely rapidly, are tense, skipping, scattered and chaotic, and whose rhythm is indeterminate, varying from fast to slow. For example, the flicking stone, untying rope, seething cauldron, pecking, frenzied sesame seed, etc., can be seen in dangerously sick patients, when there is serious arrhythmia of the heart. The other category is pulses whose beat is slow, whose rhythm is irregular, which are sometimes present and sometimes not, and with a single beat arriving only after a very long time, for example the leaking roof, waving fish and darting shrimp.

The 10 unusual pulses can be seen in various kinds of serious organic diseases, for example various kinds of heart disease, heart failure, arrhythmia, toxic infections, etc. The disease circumstances here are extremely serious and the chances of death very high; therefore, the ancient people called them 'expiry pulses.' Today, the standard of treatment methods is developing and rising daily, and the mortality rate for serious conditions is dropping; therefore the 'unusual pulses' do not necessarily mean death. However, emergency care is necessary.

Diseases governed by combined pulse images

A pulse image is the formal image of the pulse. Its manifestation includes the aspects of location, rate, rhythm, form and force. For example, the pulse image of a normal pulse is: the pulse location is generally in the center; the pulse rate is neither rapid nor slow, with four beats in one breath; the pulse form is neither large nor small, long nor short, in correspondence with the shape

of the body; the strength of arrival of the pulse is moderate and forceful; the rhythm is regular. A pathological pulse is generally named according to the prominent irregular manifestation. For example, a pulse whose position is shallow is called 'floating,' and one whose position is deep is named 'deep.' A pulse whose rate is faster than normal is 'rapid'; if slower than normal it is 'slow.' A pulse that arrives with great force is 'replete'; if without force it is 'vacuous.' A pulse whose body is larger than normal is 'large'; if smaller than normal it is 'fine.' If exceeding its original location it is 'long'; if not meeting its original location it is 'short,' etc. This means that pathological pulses represent only one aspect of the pulse, without involving other aspects.

Another aspect is the development of diseases, the cause of which has different natures, the rate and force of development of which varies and which may have two of the above kinds of evil qi combined together. The location of the disease is differentiated according to internal and external. The nature of the disease is differentiated by cold and heat. Whether the evil and the right are exuberant or debilitated differentiates vacuity and repletion. Changes in the pulse image arise following these aspects; therefore, the pathological pulses seen clinically are often two or more of the above pathological pulses seen at the same time. For example, the combinations of floating and rapid, or deep, fine and rapid, may manifest. This kind of pulse image is called a 'combination pulse.' Within the 28 pulses, some of the pulses themselves are in fact combination pulses – for example, floating, fine and soft is a soggy pulse; deep, fine and soft is a weak pulse; a surging pulse is large and rapid; a stirred pulse is short, slippery and rapid with force, etc. However, there are principles to combined pulses, such as: a pulse may not be combined with its opposite; for example, deep and floating, slow and rapid, vacuous and replete, slippery and rough, large and small, long and short, etc., definitely cannot be combined.

DISEASES GOVERNED BY COMBINED PULSES

Floating, stirred and rapid. This governs wind

damage exterior patterns and relatively strong headaches.

Floating, vacuous and rough. This governs wind-cold exterior patterns, defensive yang vacuity, stagnation of the construction and defensive.

Floating, faint and rough. This governs loss of blood.

Floating, weak and rough. This governs yang vacuity, debilitation of essence and diminished blood.

Deep, slow, small and tight. When the inch pulse is deep and slow and the bar pulse is small, tight and rapid, this slow and rapid is the fingers feeling the dynamic state of the pulse, not differences in rate. The inch pulse governs the upper, and when the yang of the upper burner is faint, then the inch pulse is deep and slow, and somewhat exhausted. When there is phlegm-rheum accumulation, and the yang qi is not settled, the bar pulse is stirred and agitated, causing it to feel slightly tight and rapid.

String-like, floating and large. This governs combined diseases of the three yang.

String-like, fine, scallion stalk and slow. This governs vacuity of both yin and yang.

Faint, large, and slow. The faintness is not a combined pulse; it is that faint has a large image when it governs blockage.

Faint, fine and deep. This governs lesser yin disease, the pulse is faint, thin and deep, and there is a desire to lay down.

Fine, weak and rapid. This governs diarrhea and dysentery. It also is an auspicious sign of the debility of the evil and recovery of the right.

Vacuous, deep and string-like. This governs vacuity taxation and dual vacuity of yin and yang.

Deep, slippery and rapid. This governs phlegm-heat in the interior.

Deep, fine and rapid. This governs yin vacuity or blood vacuity with internal heat.

Favorable and unfavorable pulses and the precedence of the pulse or the signs

1. FAVORABLE AND UNFAVORABLE PULSES

The relationship between the pulse and the signs is extremely close. Together they are the outer manifestations of the pathological changes of the course of disease of the body mechanism. Under most circumstances, the pulse and the signs are in agreement. If a given pulse is present, given signs will present; the two will be mutual manifestations, mutually symbolic, indicating a favorable pattern that is easily treated. If the pulse and the signs are not similar or are opposite, this indicates that the pathological changes are complex, governing an unfavorable pattern that is difficult to treat. The Zhen Zong San Wei states: 'The essential of pulse palpation is [understanding if the pulse is] favorable or unfavorable. If favorable and unfavorable are not clear, then whether yin and yang are vacuous or replete and whether [the patient] will live or die cannot be determined. So, for example, a cold damage yin disease in which a yang pulse is seen indicates life, a yang disease in which a yin pulse is seen indicates death.' In general, the transformation of a cold damage disease is regular: it goes from exterior to interior, from yang it enters yin. Under conditions where the right is recovering and the evil is becoming debilitated, it can go from the interior to the exterior, from yin to yang. For example, the Shang Han Lun states: 'In reverting yin wind stroke, a pulse that is slightly floating means [the person is] about to recover. [If the pulse] is not floating it means [there will] not yet be recovery.'

Under most circumstances, if the disease is ascribed to a pattern of surplus, then a pulse that is surging, floating, rapid or replete is in congruence with the pattern, which is an auspicious sign, indicating that the evil is prevailing, yet the right is effulgent and fighting the evil with force. If the opposite is seen, that is, deep, fine, faint and weak pulses, which are opposite to the

pattern, this is an unfavorable sign, indicating that the evil is prevailing and the right is debilitated and is fighting the disease without force, allowing the evil to fall inward. The Jing Yue Quan Shu: Mai Shen Zhang states: 'When there is an internal pattern of insufficiency, [one] fears seeing a yang pulse, such as floating, surging, tight or rapid. In a pattern of exterior entering the interior with surplus [one] fears seeing a yin pulse, such as deep, fine, faint or weak. When these types of pulses [are seen] these are the most difficult patterns to treat.'

In addition, in the onset of a new disease or a sudden illness, a floating, surging, moderate and replete pulse is auspicious. In enduring disease, if the pulse arrives faint, weak or choppy this is auspicious. For example, the Su Wen: Ping Ren Qi Xiang Lun states: 'If the pulse is small, weak and choppy, this is a pulse of enduring disease. If the pulse is slippery, floating and rapid, this is a new disease.' If the pattern is one of surplus and the pulse is insufficient or the pulse is one of surplus and the pattern is one of insufficiency, these are both inauspicious signs. In mild cases the disease may linger and be difficult to treat, in severe cases then it is an inauspicious sign of serious disease. As is stated in the Jin Gui Yao Lue: Tan Yin Ke Sou Pian: 'Enduring cough for years, accompanied by a pulse that is weak, can be treated: [if the pulse is] replete, large and moderate, then it indicates death.' If there is cough for a number of years, the right qi is vacuous and weak, and so a pulse that is vacuous is congruent with the pattern, thus easily treated. If, to the contrary, the pulse is replete, large and moderate, this is exuberance of the evil and vacuity of the right, and the disease conditions are serious. To attack the evil may damage the right, and to support the right may retain the evil; therefore one can neither supplement nor attack, and this pattern governs death.

2. PRECEDENCE OF THE PULSE OR THE SIGNS

When diagnosing a disease, it is necessary to investigate the root source of the disease, to identify the disease conditions precisely and to

differentiate correctly. If a sign that is inconsistent or a pulse that is inconsistent is present, one need not stick to convention. Under most circumstances, the pulse and the pattern manifest congruently; however, there may be images that are abnormal. For example, a vacuous pulse may be seen in a repletion pattern, or a replete pulse may be seen in a vacuity pattern. A pattern has its yin and yang, its cold and heat, its true and false. Clinically it is necessary to differentiate carefully, and to be clear about whether the pulse or the signs are true or false. It is only after determining this that medicinal agents can affect the disease prognosis. As the *Mai Jue Hui Bian* states: 'First decide whether the pulse felt by the fingers is auspicious or inauspicious. Then there is a more satisfactory mechanism, a more lively examination. Whether the pulse takes precedence over the pattern or the pattern takes precedence over the pulse, this must be clear or the medicinal agents will not be suitable.'

The pulse is in the blood vessels. The pulse beat, rhythm and rate are the manifestation of the movement of qi and blood. Essentially, symptoms are caused by the movement or blockage of qi and blood, or they are the external reflection of the vacuity or debilitation of qi and blood. The pulse and the symptoms appear when the body develops disease or when there are pathological changes in the qi and blood. When the pulse and the symptoms are in congruence, this is a reflection of normal physiology or of pathological change that is following normal patterns; but if there are manifestations that are not normal, such as when the pulse and the pattern are not in congruence, then within each there is true and false, and it is necessary to differentiate clearly so as to eliminate the false and retain the true. This is known as the 'theory of precedence, and abandoning.'

A. PRECEDENCE OF SIGNS OVER THE PULSE

If the pattern is true and the pulse false, then the pulse can be abandoned and the pattern retained. For example, in general a floating pulse governs an exterior pattern, which is treated by promoting sweat and resolving the exterior. However, if

there is an abnormal occurrence, such as in the *Shang Han Lun: Ping Mai Fa*, where it states: 'If the pulse is floating and large, there is hardness below the heart and heat. This is ascribed to the viscera. So one must offensively precipitate and not promote sweating.' In fact the 'viscera' character used here is mistaken and ought to be 'bowels,' because the viscera are the mechanism for storing essential qi and they cannot be treated by attacking. That there is hardness below the heart and also heat means that there is evil heat binding and accumulating internally, and that the bowel qi is impeded. If one promotes sweating the bound heat evil will become more severe. Attacking precipitation will eliminate the evil and free the bowel qi, dispersing and eliminating the symptoms. This is the treatment theory of the precedence of signs over the pulse.

Or, if the pulse is deep, it is ascribed to the interior. Interior repletion patterns are treated by appropriate clearing, or appropriate draining, but also the sweating method is used. As the *Shang Han Lun: Bian Shao Yin Bing Mai Zheng Bing Zhi* states: 'When in lesser yin disease, at the beginning, [there is] instead, fever and the pulse is deep, *ma huang fu zi xi tang* [Ephedra, Aconite and Asarum Decoction] governs.' Fever does not appear in lesser yin disease; therefore, if there is fever, it is caused by externally contracted cold evil. The fever of an individual with lesser yin disease will be vacuity heat. Because there is no force to fight the disease, the manifestations of the body mechanism are not strong, and so the floating pulse image is not manifested. Therefore one ought to abandon the pulse and retain the pattern, using *ma huang* (ephedra) to promote sweating and resolve the exterior, *xi xin* (asarum) to dissipate cold and *fu zi* (aconite) to warm the channels. When the yang qi is roused, the cold will dissipate and there will be recovery.

That a slow pulse governs cold patterns is a general rule of pulse and pattern congruence. But also a slow pulse can be seen in repletion heat patterns. For example, the *Shang Han Lun: Bian Yang Ming Bing Mai Zheng Bing Zhi* states: 'When in yang brightness disease the pulse is slow, even though [there is] sweating and no aversion to cold there will be generalized heaviness, shortness of breath, abdominal full-

ness, panting and tidal fever, which means the exterior is about to resolve and one can attack the interior. Streaming sweat from the extremities the stool is already hard and [therefore] *da cheng qi tang* [Major Qi Infusing Decoction] governs.' Yang brightness disease is an externally contracted disease that has progressed to the extreme stage where the heat evil is exuberant and scorching. The disease is ascribed to interior repletion heat. The yang brightness bowel pattern includes glomus, fullness, dryness and repletion as its characteristics, and a slow pulse is not congruent with the pattern. Therefore the signs are true and the pulse is false and treatment should abandon the pulse and retain the signs. Use the attacking method and choose *da cheng qi tang* (Major Qi Infusing Decoction) to precipitate the evil.

In the above disease examples, the signs are in accordance with the pathological changes, reflecting the outer manifestation of the disease. The pulse, whether due to the condition of the sufferer or to the influence of the evil qi not following normal rules, forms a symptom that is abnormal, and a form that is a false image. The signs are true, therefore treatment retains the signs.

B. PRECEDENCE OF THE PULSE OVER THE SIGNS

When the pulse is true and the signs are false, then the signs can be abandoned and the pulse retained. Generally an external pulse is seen in exterior patterns; however, an exterior pattern may also manifest an internal pulse. For example, the Shang Han Lun says: '[When] in illness [there is] fever and headache, but the pulse is deep, and [if] [after taking *ma huang fu zi xi xin tang* (Ephedra, Aconite and Asarum Decoction)] [there is] no recovery, and [there is] generalized pain, one should relieve the interior and [therefore] *si ni tang* [Counterflow Cold Decoction] is appropriate.' If there is fever and headache, as in an exterior pattern, but an interior pulse is seen, and promoting sweating and resolving the exterior has no effect, then there is interior vacuity with strong cold and one should first warm the interior and then rouse the yang. When the defense qi is full, then the exterior

pattern can resolve itself. This is retaining the pulse and abandoning the signs.

Also, another example of the lack of congruence between the pulse and the pattern is in the Shang Han Lun: 'When in yang brightness disease the pulse is floating, and [there is] no sweating, and panting, the promotion of sweating will bring about recovery; [therefore] *ma huang tang* [Ephedra Decoction] is appropriate.' Yang brightness disease is an internal heat pattern, but floating is an exterior pulse. The symptoms seen are a lack of sweat and panting, which are due to an external evil blocking the skin and hair. The skin and hair are governed by the lung; the evil has come from the exterior to attack the lung, causing the lung qi to fail to disseminate, resulting in panting. One ought to abandon the signs and retain the pulse to treat and use *ma huang tang* (Ephedra Decoction) to promote sweat and resolve the exterior.

In the examples above, the pulse and the signs are not in congruence: in an exterior pattern an interior pulse is seen, or in an interior pattern an exterior pulse is seen. The pulse appearance, however, is in accordance with the internal pathological reaction and the signs are not very clear; therefore the pulse is given precedence over the signs.

There are many reasons why the pulse and the signs might not be in congruence. Sometimes it is because of abnormalities in the patient's constitution reflecting oddities – for example, an individual where the yang is hyperactive and the yin is vacuous. Although the disease is cold, the pulse is floating and surging. In a patient where the yin is exuberant and the yang vacuous, although the disease is hot, the pulse is deep and fine. Sometimes it is due to external damage or evil qi blocking and oppressing. The pulse may suddenly become extremely hidden or unable to be found, but when the symptom is resolved the pulse returns. Sometimes there are new diseases, in which the disease location or the disease strength is shallow and mild. Here the qi and blood do not have chaotic changes and the pulse is unchanged. Sometimes the evil qi suddenly appears, manifesting clear symptoms, but the pulse does not change. Sometimes, in

chronic disease, the qi and blood change chaotically, the pulse has clear changes, but the symptoms do not change drastically. This is called a 'pathological pulse but not a pathological form.' Often there are sudden changes. Also there may be an original disease in the body and then contraction of a new evil; under such circumstances the pulse image may be difficult to differentiate, therefore the signs should be treated. The pulse and the signs are influenced by a variety of things, and the changes are complex and difficult to differentiate clearly.

He Meng Yao in Yi Bian states: *If the pulse and the signs are not congruent, there must be one that is true and one that is false and it is necessary to differentiate them carefully. For example, although there may be vexation heat on the exterior, yet the pulse is faint and weak, [and so] this must be vacuity fire; although the abdomen is distended and full, yet the pulse is faint and weak, this must be stomach vacuity. Vacuity fire, vacuity distention, how can they endure attack? This [must be treated] on the evidence of the true vacuity of the pulse, not from the false pattern. If there is no vexation heat, yet the pulse is surging and rapid, there is no heat evil; if there is not distention or fullness yet the pulse is string-like and strong, there is no internal repletion. Lack of heat and lack of distention, how can [the body] endure draining? This [must be treated] on the evidence of the true vacuity of the signs, not from the false repletion of the pulse. If there is cold evil damaging the interior, or food stagnation blocking the qi, and the heart and abdomen are extremely painful, yet the pulse is deep and hidden, or skipping or bound, this is due to evil blocking the channels and networks. Because there is distention, the evidence is for the repletion pattern and the vacuity of the pulse is a false vacuity, and it ought [to be treated] from the signs and not from the pulse. Or, if there is cold damage and reverse flow of the four limbs, and trembling, yet the pulse is rapid and slippery, this is due to internal heat dividing the yin. How is this known? Because the disease gradually entered through the channels, and did not directly strike the yin channels. Since there is a rapid and slippery pulse, the vacuity of the external pattern is a false vacuity and [it should be treated] from the pulse, and not from the signs.*

This theoretical discussion is well worth contemplation.

The fact that the pulse may be retained or aban-

doned explains that clinically pulse examination is only one aspect, and not the only manifestation of the patient. Although pulse examination is an important part of the four examinations, still it cannot replace the other examination methods. Therefore, the clinical significance of the pulse should not be overemphasized. Clinically the four examinations must be used together, they must be investigated together. Only in this way can a correct diagnosis be made.

Examination of the pulses of women and children

Examining the pulse of a woman

Women have the physiological and pathological characteristics of menstruation, vaginal discharge, pregnancy and delivery and the pulse image will reflect changes that arise in these. Generally speaking, in comparison to a man's pulse, a woman's pulse will be soggy and weaker. Under normal circumstances, taking left and right and dividing them as yin and yang, the left is ascribed to yang and the right is ascribed to yin, male is left and female is right, Therefore, for the left to be larger on men is correct and for the right to be larger on women is correct.

Using normal to judge transmutations, abnormal means disease. When taking the pulse, on a male patient first feel the left hand, on a female patient first feel the right hand. During the course of a disease, if the right pulse of a male patient is more full and exuberant than the left, this means that there is stomach qi. This is because the man takes qi as his governor, the lung governs qi and is situated on the right, and the right pulse is taken as the root, hence take the right pulse as indicating stomach qi. Similarly, women take blood as their governor, the heart governs blood and is located on the left, hence take the left pulse as the pulse of stomach qi. For example, the Si Zhen Jue Wei states: 'When examining a man, first do the left; when examining a woman, first do the right. Men use qi to create a fetus, thus qi serves as the governor; women use blood to create a fetus, thus

blood serves as the governor. When men are sick, if the right pulse is more full than the left, this means that there is stomach qi, and although the disease may be serious, it can be treated. When women are sick, if the left pulse is more full than the right this means that there is stomach qi and although the disease may be serious it can be treated. If it is opposite to this, then the vacuity is extreme.'

The Nan Jing: Shi Jiu Nan states: 'The cubit pulse on a man is always slow, the cubit pulse on a woman is always exuberant; this is normal.' Hua Bo Ren also said: 'In women, the cubit pulse is often exuberant and the pulse on the right hand large. This is normal.' This means that if the pulse image of a woman is larger on the right and exuberant on the cubit position, this is a normal image.

1. MENSTRUAL PULSE

When women entering the week prior to their menses experience heart vexation, and sores on the face, and the pulse arrives slippery and moderate or string-like and slippery, with the left pulse relatively more distinct, this is a sign that the menses will arrive. When the menses arrive, the pulse image is usually moderate, but it may be slow and relatively weak. For a patient, when the pulse arrives moderately on the inch and bar positions but is relatively deep and weak on the cubit position, this generally means irregular menstruation. Or, if the pulse arrives surging and large or slippery and rapid, this is advanced menstruation with copious blood due to heat in the penetrating and conception vessels. Or, if the pulse arrives deep and fine or weak, this indicates delayed menstruation with scanty menstrual blood due to yang vacuity with internal cold or insufficiency of the sea of blood. When there is menstrual block and the pulse arrives fine and choppy or fine and weak or the cubit pulse is faint, this is vacuity weakness of the essence and blood, diminished blood in the penetrating and conception vessel and empty vacuity in the sea of blood. Or, if the pulse arrives deep and string-like or deep and choppy, or deep and slippery and the cubit pulse is distinct, this is inhibition of the penetrating

and conception vessels due to evil qi blocking and stagnating. When there is profuse uterine bleeding without cessation, the pulse is generally scallion stalk. When there is spotting uterine bleeding, the pulse is generally fine and weak. If it is different than this then the disease may be serious and attention should be paid to it.

2. PULSE OF VAGINAL DISCHARGE

When women have pathological vaginal discharge and the pulse arrives moderate and weak, this is a result of damage to the penetrating and conception vessels caused by water-damp flowing downward, and impairment of fortification and transformation due to spleen yang vacuity debilitation. Here the discharge is white, copious and sticky, without a foul odor, and generally there are symptoms of spleen vacuity. If the two cubit pulses are deep, slow, faint and weak this is due to the girdling vessel lacking restraint and insecurity of the conception vessel due to internal exuberance of yin cold caused by kidney yang vacuity. Here the pathological vaginal discharge is copious, clear and cold, and dribbles incessantly. It also may be accompanied by signs of kidney yang vacuity. If the pulse arrives slippery and rapid, this is damp-heat brewing internally, damaging the penetrating and conception vessels and damp-heat draining downward. The vaginal discharge is yellow or purulent or turbid like rice water, with a foul odor, and is accompanied by other signs of damp-heat.

3. PULSE OF PREGNANCY

The pulse image of pregnancy was discussed early on in the Su Wen: Fu Zhong Lun: 'The body has disease, but no evil pulse' means that, although the body has blocked channels, an abnormal taste in the mouth, and other symptoms, yet the pulse image is normal, so the body has the image of pregnancy. In the Su Wen: Ping Ren Qi Xiang Lun it states: 'When the hand lesser yin pulse is extremely stirred, then there is pregnancy.' The hand lesser yin is the heart and it governs the exuberance of the vessels and the nourishment of the fetus; hence the left inch pulse is extremely

stirred. The *Su Wen: Yin Yang Bie Lun* states: 'When the yin beats differently from the yang, then there is a child.' Both of the cubit pulses are ascribed to the kidney, which is ascribed to yin, and the kidney governs the fetus; hence the two cubit pulses beat slippery and rapid under the fingers, and the inch position is the yang pulse and is the sign of the qi movement of the fetus. The *Mai Jing: Juan Jiu* states: 'If all three positions of the pulse are equal in terms of depth, and on palpation there is no difference between them, then there is pregnancy.' The *Zhen Jia Shu Yao* adds to this, saying: 'If all three positions of the pulse are equal in terms of depth, there is no disease and no menstruation, then there is pregnancy.'

Summing up the above statements, if the menses of a married²¹ woman have ceased, she is not sick and yet she has an abnormal appetite and taste and the pulse is slippery, rapid and forceful and of equal depth at all three positions; or if the left inch pulse is slippery, rapid and forceful; or if the cubit pulses are slippery, rapid and forceful, and all are very distinct, then pregnancy can be diagnosed.

If a married woman has not menstruated in 3 months and is not sure whether she is pregnant, then it is very important to ascertain whether there is menstrual block or pregnancy. Menstrual block can be divided into vacuity patterns and repletion patterns. In the vacuity pattern, the pulse must arrive without force and the pulse of pregnancy must be slippery, rapid and forceful. In the repletion pattern generally there is phlegm-damp blocking and stagnating of the channels and networks causing the movement of the qi and blood to not be smooth and inhibiting the penetrating and conception vessels. Here the pulse also arrives slippery, but generally will also be accompanied by a string-like image, or it is slippery and soft and there will be other signs of phlegm-damp. The pulse of pregnancy is slippery but also must be rapid and forceful, moving, lively and flexible.

Since early times there has been discussion of differentiating a male or female fetus by using the pulse. For example, the *Mai Jing* states: 'In the fourth month of pregnancy, there is a method for knowing [whether a fetus] is male or female.

If the left is faster, it is male. If the right is faster, it is female. If both are fast, then there will be two children.' Also, it states: 'If the left hand is deep and replete, it is male. If the right hand is floating and large, it is female,' and 'if the cubit pulse of the left is somewhat larger, it is male; if the right is somewhat larger it is female.' The *Si Zhen Jue Wei* quotes *Wang Zi Heng* who says: 'During pregnancy, at all three positions the pulse is slippery, large and rapid. If more on the left, it is male; on the right it is female.' In sum, distinguishing the sex of the fetus does not depart from the principle of male on left, female on right. The pulse of pregnancy is slippery, rapid and forceful. If the left pulse is more exuberant than the right, this indicates a male. If the right pulse is more exuberant than the left, this indicates a female. This theory is only for clinical reference.

4. PARTURITION PULSE

When a woman is nearing labor, the pulse image is anomalous. As *Wang Shu He* in the *Mai Jing* states: 'When a pregnant woman's pulse is anomalous, if the pulse is floating, and pain from the abdomen shoots to the back, then this is a good sign that she is about to give birth, and the anomaly is not sickness.' Also: 'a good sign of giving birth is if, in the middle of the night, the pulse is anomalous, then in the middle of the day there will be birth.' The so-called 'anomalous pulse' is a pulse image that departs from the normal. The *Zhu Bing Yuan Hou Lun* states: 'When examining the pulse of a pregnant woman, if it becomes tense, like a taut rope or rolling pearls, then this is labor,' and the *Yi Xue Ru Men* states: 'An anomalous pulse of six beats indicates the coming of labor.' All of these statements indicate that the pulse image of parturition is rapid and the form changes under the fingers.

5. PULSE OF A DEAD FETUS

Taking the pulse image can help to distinguish whether the fetus is alive or dead. The *Mai Jing*

states: 'When the pulse is surging and rough, surging is qi and rough is blood. The qi moves in the cinnabar field; its form is warming. The roughness is underneath, the fetus is like ice.' The meaning of this is: the area 3 cun below the umbilicus is the cinnabar field, this is the residence of the fetus. The uterus nourishes the fetus and when the construction blood is full and exuberant the fetus is nourished, the fetal qi moves, the yang qi flourishes, the body of the fetus is warmed and the pregnant pulse arrives surging and exuberantly. If the fetus is dead and does not move, the yang qi is finished, the yin qi is exuberant, the body of the fetus is cold like ice and the construction blood stagnates causing the pulse to arrive deep and rough. Hence, if a pulse that was surging and slippery becomes deep and rough and there is vaginal bleeding, one ought to suspect that the fetus has died within the abdomen. However, this suspicion should be combined with modern methods of investigation to make a determination.

Examining the pulse of a child

When a child is about to be examined, it is often frightened and crying. Fright causes the qi to become chaotic and when the qi is chaotic the pulse also is chaotic. When the pulse is chaotic it is difficult to examine. Also, the wrist pulse of a child is extremely small and difficult to divide into three sections. Therefore, for children under 3 years old, one finger feels all three positions. Using the left hand to grasp the child's hand, the thumb of the right hand is placed above the styloid process and the pulse of the child is not divided into three positions. At the same time, the fingerprint, the form and color, and the sprout and orifices, should be examined. In children over 4 years old, the line of the styloid process can be taken as the bar, and one finger can be rolled to the left and right aspect to investigate the three positions. Over 7 or 8 years old, the finger can be shifted to feel the three positions. At 9 or 10 years old, the three positions can be felt as in an adult.

The kidney qi of a child is not yet full and exuberant. The qi of the pulse is at the middle

level, it is felt with medium strength, and is not felt if too much pressure is exerted. If it is felt with strong pressure, then it is similar to the confined or repletion pulse of an adult.

Disease governed by pulse images. Under normal circumstances, six beats per breath is normal for a child of 5 to 6 years. Eight or nine is rapid and four or five is slow. Under 3 years old, eight beats is normal. You You Xin Shu states: 'In children 3 to 7 years old, a pulse that is eight beats per breath is normal, eight to ten beats is excessive and the disease is yang exuberance. Not reaching five to six beats is insufficient and the disease is yin exuberance.' The pathological pulses felt include only floating, deep, slow, fast, strong, weak, moderate and tense, which differentiate yin and yang, cold and heat and the exuberance or debilitation of the right and the evil. The 28 pulses are not differentiated. The diseases governed are: floating and rapid is yang, deep and slow is yin, strong and weak differentiate vacuity and repletion, and moderate and tense differentiate the evil and the right. A rapid pulse indicates heat, which is generally ascribed to the bowels. Slow means cold, which is generally ascribed to the viscera. Deep and slippery means food stagnation. Floating and slippery means wind phlegm. Tight governs cold, and moderate governs damp. Changes in size mean stagnations. Floating and string-like means phlegm-rheum. String-like and tight means wind-cold. Vacuous and choppy means chronic fright and deep and string-like means abdominal pain.

PRESSING EXAMINATION

Pressing examination is the physician using pressure to examine the patient's skin, hands, feet, chest, abdomen and other areas for pathological changes. By this examination, the physician knows whether the area is cold or hot, slippery or rough, soft or hard, hurts with pressure, or has lumps or other abnormal changes, and from this information can add to the diagnosis of the location and nature of the disease. Pressing examination is equally as important as pulse examination or

tongue examination, and is important in all aspects of clinical diagnosis. Its content includes: pressing the forehead, pressing the hands and feet, pressing the chest and abdomen, pressing acupuncture points, etc.

Pressing the forehead

When doing pressing examination, the hands of the physician should be warm, the force of the hands should be appropriate and the mind should be focused. According to the statement of the Su Wen: Ci Re Pian: 'In patients with liver heat, the left cheek reddens first. In patients with heart heat, the forehead reddens first. In patients with spleen heat, the nose reddens first. In patients with lung heat, the right cheek reddens first. In patients with kidney heat, the area under the cheekbone reddens first.' This is to say: red color governs heat diseases and heat diseases in the five viscera manifest red in specific locations on the face. For example, the forehead is ascribed to the heart, pressing on the forehead and feeling cold or warmth can differentiate whether the heart yang is exuberant or debilitated. The yang qi governs warmth and a variety of reasons can cause the yang qi to lack its normal warming functions, so that cold would be felt on the forehead. Exuberant yang causes heat; yang vacuity causes cold. When investigating a patient, the physician, using the palm of his or her own hand, presses on the forehead to determine whether or not the patient has heat and whether the heat is high or low. At the same time, the palm of the patient should be felt. If the palm of the patient is hotter than the forehead, then this is a sign of vacuity heat. If the forehead is hotter than the palm, then this is a sign of externally contracted heat. This kind of method is often used in children.

Pressing the head and neck

When pressing an infant's fontanel, attention should be paid to changes in whether it protrudes or is sunken. If it protrudes, liver wind is stirring

internally and this is an inauspicious sign of epilepsy. If the fontanel is sunken, this is depletion of fluids and is a sign of debilitation of the yin fluids.

When pressing the neck, attention should be paid to the presence or absence of swellings and lumps. If swelling and lumps are felt, then it is necessary to investigate further whether the lumps are painful, their size, whether they are soft or hard, whether there is adhesion in the areas surrounding the lumps, etc. Attention should simultaneously be paid to whether it is a subcutaneous nodule, scrofula, cancer, inflammation of lymph nodes, etc.

Pressing the skin

Cubit skin

The Mai Yao Jing Wei Lun states: *The inner aspect of both of the cubit [areas], can be used to diagnose the rib-side, the outer aspect serves as a sign of the kidney, while the middle aspect serves as a sign of the abdomen. On the middle area, the lateral side of the left arm serves as a sign of the liver, while the medial aspect serves as a sign of the diaphragm. On the right, the lateral aspect serves as a sign of the stomach and the medial serves as a sign of the spleen. On the upper area, on the right the lateral aspect serves as a sign of the lung, and the medial aspect serves as a sign of the chest. On the left the lateral aspect serves as a sign of the heart, and the medial aspect serves as a sign of dan zhong.*²² *The front [area] is a sign of the front [of the body]; the back [area] is a sign of the back [of the body]. The upper border is the upper [part of the body], and matters of the chest and throat; the lower border is the lower [part of the body], and matters of the lesser abdomen, the waist, the knees, the lower legs and feet. This section of literature, later physicians believed, referred to the cubit, bar and inch locations of the pulse. Wang Bing, however, believed: "Within the cubit" referred to within the area of chi ze [Cubit Marsh, LU-5]' and he called this 'cubit skin examination method.' The sections go from within chi ze to the wrist crease and are*

divided into inner cubit, middle section and upper section respectively. The principle that the upper part serves as a sign of the upper body and the lower part serves as a sign of the lower body governs the designations of each of the three areas (see Fig 4.34).

Ancient physicians emphasized examination of the cubit skin, combining the examination of the pulse with examination of the cubit skin to aid in understanding the depth of the disease, the development of the disease circumstances, and whether the pattern was cold or hot, vacuous or replete. Believing that disease caused changes in the pulse, the cubit skin would also reflect changes. For example, the Nan Jing: Shi San Nan states: 'If the pulse is rapid, the skin of the cubit should also be rapid; if the pulse is tense, the skin of the cubit should also be tense; if the

pulse is moderate, the skin of the cubit should also be moderate; if the pulse is rough, the skin of the cubit should also be rough; if the pulse is slippery, the skin of the cubit should also be slippery.'

Sections of the cubit skin. The inner aspect of the wrist crease to the inner aspect of the elbow crease is taken as the area of cubit skin examination. It is divided into distal, middle and proximal sections. The area near the 'inch opening' is the distal, the area near chi ze (Cubit Marsh, LU-5) is the proximal, and the area between the two is the middle. From the area proximal to yu ji (Fish Border, LU-10) up to the elbow crease or chi ze is the lateral aspect, from the area distal to the ulnar styloid process up to the elbow crease is the medial aspect.

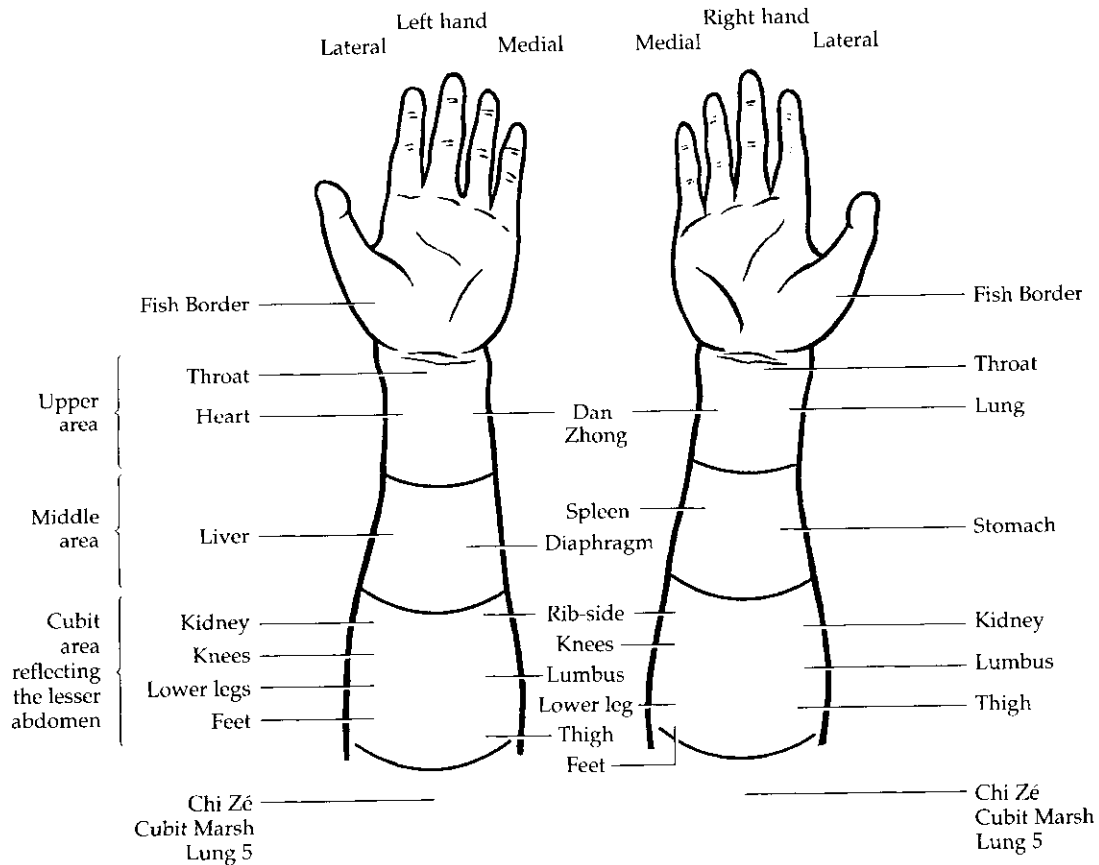


Fig. 4.34 Divisions of the cubit area.

Disease governed. Upper serves as a sign of the upper, lower serves as a sign of the lower, front serves as a sign of the front and back serves as a sign of the back. The upper portion governs suffering from the chest up. The middle portion governs suffering in the spleen/stomach and liver/gallbladder sections. The lower portion governs suffering from the lumbus and abdomen, and below.

In general, when the cubit skin is slippery, soft and moist, this is due to externally contracted wind evil. Dry, rough and coarse generally means vacuity of fluids and blood. Swollen, full and slippery generally means spillage rheum. Icy cold with a pulse that is fine means diarrhea or qi vacuity. Extremely hot with a large, surging pulse means heat disease. If, at first touch, the skin is burning hot, but after time it gradually becomes cold, or if, at first touch it seems cold, but over time it gradually becomes hot, both are complicated patterns of hot and cold. If the cubit skin distal to the elbow is hot, generally this is a sign of parasites in the intestines.

Body skin

Investigating whether the skin is cold or hot, moist or dry, or swollen can differentiate the exuberance or debilitation of the evil and the right, the depth of the disease and the existence or loss of body fluids. When the body is hot, this indicates yang exuberance; when the body is cold, this indicates vacuity debilitation of yang qi. If the body is hot, and on first touching seems to burn the hand, but then over time gradually decreases, this is due to heat in the exterior. If on first touching, there is extreme heat, and over time it becomes even hotter, this is a manifestation of heat evil scorching internally and steaming outward. If, on first touch, there does not seem to be heat, but after time it seems to scorch the hand, this is a manifestation of damp blocking heat hidden in the interior.

Pressing to feel whether the skin is slippery or rough and whether or not there is sweat can differentiate whether or not the body fluids have been damaged. For example, skin that is slippery,

soft and moist indicates that there is no damage to the fluids. If the skin is desiccated and rough or like a carapace, this indicates that the yin blood has already been damaged or that there is blood stasis. If the skin is swollen or distended and upon pressure it sinks inward and does not rise, this is water swelling. If the skin is swollen or distended and tight, and upon pressure there is no depression, this is ascribed to qi swelling.

Pressing the hands and feet

The warmth and coolness of the hands and feet can make clear the exuberance or debility of yang qi. If the temperature of the hands and feet is normal, this means that the functioning of the yang qi is normal. If the hands and feet are hot, this is due to hyperactivity of yang heat. If the body and limbs are cold this is caused by vacuity of yang qi. If there is reverting cold of the four limbs, generally this is exhaustion of the yang qi. Therefore, feeling the warmth and coolness of the hands and feet can differentiate the nature of the disease, the exuberance and debility of the evil and the right, and whether the prognosis is good or poor.

When pressing the palmar and dorsal aspects, if the back of the hand is hot, the patient states that the body is continually hot, and if at the same time the forehead also feels hot, this generally means externally contracted wind-cold, with evil qi exuberance. If the palm of the hand is hot and the body is not hot, generally this is due to yin vacuity internal heat. In a child, if the palm of the hand is hot, generally this is from food damage or food accumulation.

When the hands and feet are both cold, this is a sign of debility of yang qi. When there is diarrhea, if the hands and feet are warm this means that the yang qi is not debilitated and that the disease conditions are relatively light. If the hands and feet are both cold, this means spleen stomach yang qi vacuity, and the disease conditions are relatively strong. In children with high fever, if the fingers are cold one must prevent convulsions. If only the middle finger is cold, generally this is a sign of the development

of measles. If the palm of the hand is cold and the hands are limp or tightly clenched, generally this is a serious disease that is difficult to treat.

When there is diarrhea due to vacuity cold, pressing the hands and feet of the patient for warmth or coolness can differentiate the tendency for the development of the disease and the prognosis. The Ling Shu: Lun Ji Zhen Chi Pian states: 'If there is diarrhea with red stools, the pulse is small and the hands and feet are cold, it is difficult to treat. Diarrhea with warm hands and feet and a small pulse is easily treated.' Diarrhea that is bloody throughout and where the pulse is small and the hands feel cool indicates yang qi vacuity, and that the disease is difficult to treat. Diarrhea where the pulse is small and the hands and feet warm means that the yang qi is plentiful and this is easily treated. The Shang Han Lun: Bian Shao Yin Bing Mai Bing Zhi also has a similar statement: 'When in lesser yin disease, [there is] aversion to cold, a curled-up body [position], diarrhea and counterflow cold of the extremities, [this] cannot be treated.' Also: 'In lesser yin disease with diarrhea, if the diarrhea spontaneously ceases, and [there is] aversion to cold, a curled-up body [position] and the extremities are warm, [this] can be treated.'

Pressing sores

Touching the location of sores to determine whether they are hot or cold, soft or hard and whether they are painful can differentiate whether they are ascribed to yin or to yang, whether there is pus or no pus, etc. The Jin Gui Yao Lue: Chuang Yong Chang Yong Jin Yin Bing Mai Zheng Bing Zhi states: 'If there is pain and swelling, to know whether there is pus or not, place the hand on top of the sore; if it is hot, there is pus; if it is not hot, there is no pus.' If upon touch the swelling protrudes, there is heat, and extreme pain that is increased with pressure, this is a yang pattern. If the swelling is level with the skin, is not hot and is only slightly painful, this is a yin pattern. If with pressure it is hard and extremely painful, this indicates it has not developed pus; if with pressure there is a sensation of movement, this indicates that pus has already formed.

Pressing the chest and abdomen

Body placement and method

The patient should lie supine, with the two legs stretched out, although, depending upon the needs of the palpation, the legs may be bent at a later point. The physician stands to the side of the patient. If the weather is cold the physician's hands should first be warmed in order to avoid causing the patient to contract and influence the accuracy of the examination. Then lightly press from the chest to the abdomen. If the patient says that there is a painful area on the abdomen, first investigate the areas that are not painful, then investigate the painful area. This will avoid causing the patient to feel afraid and to tighten the abdomen in a protective manner, which creates difficulties in palpating.

Areas and reactions

1. CHEST AND COSTAL AREA

The 'chest and costal area' refers to the two sides of the chest and the area of the free ribs, namely the area below the axilla to the 12th rib (see Fig 4.35 for the different sections of the chest and costal region and the abdomen). This area is the area of the foot reverting yin liver channel and the foot lesser yang gallbladder channel. If, when pressing the chest and costal area, there is resistance and the patient feels discomfort or pain, or feels that the chest and costal area is extremely full and oppressed or painful, like a rope wrapping the chest, and in addition there are symptoms of a bitter mouth, dry throat, torpid intake, etc., this is the pattern of xiao chai hu tang (Minor Bupleurum Decoction). If the patient feels distending pain and discomfort on both sides of the chest and costal area, simultaneously accompanied by signs of heart vexation without peace, etc., this is the pattern of xiao yao san (Free Wanderer Powder).

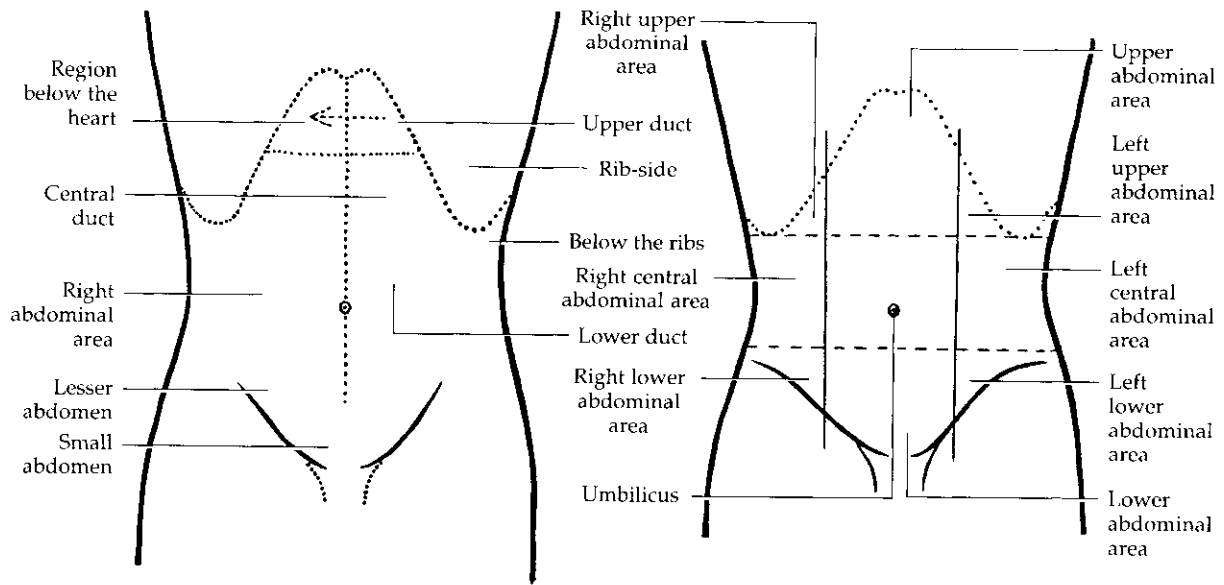


Fig. 4.35 Divisions of the abdominal area.

2. APICAL PULSE

When pressing the chest area, it is important to check the apical pulse, just under the left breast, the location of the apical artery. Here it can be felt whether the artery is too strong, or the area is too broad or the beat is irregular, all of which generally indicate heart organ disease.

3. AREA BELOW THE HEART

The broad meaning of the 'area below the heart' is the stomach duct area, namely from the lower edge of the zyhoid process to the umbilicus. The stomach duct area also is divided into the upper, middle and lower areas; the narrow meaning of the term refers to the upper area only. If there is a sensation of resistance when this area is pressed, the patient feels pain and there are no lumps, this means hard glomus below the heart. Glomus is blockage of the qi dynamic, and the patient has symptoms of fullness and oppression under the heart, simultaneously accompanied by intestinal rumbling, nausea, diarrhea, etc. This is the pattern of ban xia xie xin tang

(Pinellia Heart Draining Decoction).

If, when the area below the heart is pressed, there is hardness and repletion, extreme pain that is worse with pressure, accompanied by abdominal fullness and constipation, this is due to dryness binding in the stomach and intestines and is ascribed to the pattern for cheng qi tang (Qi Infusing Decoction).

If the area below the heart likes pressure, and feels soggy and soft, or on the surface there is a feeling of resistance to pressure but at a deeper layer it is vacuous and soft, this is caused by stomach qi vacuity cold, which indicates a pattern for li zhong tang (Center Rectifying Decoction).

If, when it is felt, the area is soggy and soft, and sounds of water splashing appear, and when pressing the back around wei shu (Stomach Transport, BL-21) there is pressing pain at the point and accompanying symptoms including heart palpitations, dizziness of the head and eyes, qi rising and penetrating to the chest, disquieted heart spirit and inhibited urination, this means water-damp blockage due to heart and kidney yang vacuity, which is a pattern for ling gui zhu gan tang (Poria, Cinnamon Twig and Licorice Decoction).

4. ABDOMINAL AREA

Division of the abdominal area. The area below the ribs on both sides is called the 'rib-side'; the two sides of the umbilicus are called the 'left and right abdomen'; the two sides under the umbilicus are called the 'lesser abdomen'; and the area under the umbilicus is called the 'small abdomen.'

Feeling the abdomen particularly investigates whether or not there is swollen matter, pain, distention and fullness, etc. For example, if the patient's abdomen is full and painful, pressing examination can differentiate whether the pattern is one of repletion or vacuity. The Jin Gui Yao Lue: Fu Man Han Shan Su Shi Bing Mai Zheng Zhi states: 'If the patient's abdomen has fullness, and pressing it there is no pain, this is vacuity. If there is pain, this is repletion, and can be precipitated.'

If, when pressed, there is a lump in the abdomen, it is necessary to investigate further whether the lump is soft or hard, its nature and form, and whether or not its location is secure and determined. If the swollen matter is soft with pressure, if it can be dissipated with extreme pressure and if its location is not fixed, this is called a 'conglomeration' (jia) or a 'gathering' (ju) and is generally ascribed to qi stagnation. If the swollen matter is hard under pressure, its location is fixed and not changing, this is called a 'concretion' (zheng) or 'accumulation' (ji) and is generally ascribed to blood stasis, phlegm water, etc., patterns of repletion evil binding and gathering. For example, if the swollen lump is beneath the ribs all the way to the area below the heart, has sharp boundaries and a fixed location, this is ascribed to swelling enlargement of the liver or spleen. As the Jin Gui Yao Lue: Shui Qi Bing Mai Zheng Bing Zhi states: 'Hardness below the heart, large like a plate, with hard boundaries.' If rope-like matter is found in the lesser abdominal area, and the patient feels pain with very light pressure, which simultaneously radiates up and down, this is generally ascribed to stasis of blood and is a pattern of tense binding in the lower abdomen indicating tao ren cheng qi tang (Peach Kernel Qi Infusing Decoction).

Abdominal pain that decreases with pressure is ascribed to a pattern of vacuity cold. If there is pain on pressure and it becomes worse with more pressure, this is ascribed to a repletion pattern. Zhang Shi Wan said: 'If there is pain that is worse with pressure, this is blood repletion. If pressure relieves the pain, this is qi vacuity and blood dryness.'

Abdominal fullness, heat when touched, and hardness and fullness in the abdomen that is aggravated by pressure or a hard lump on the left lower abdomen accompanied by abdominal pain, constipation, a deep and forceful pulse is a pattern for da cheng qi tang (Major Qi Infusing Decoction). If it is vacuous and soft with pressure, and no pain, this is vacuity fullness. The jin Gui Yao Lue: Fu Man Han Shan Su Shi Bing Mai Zheng Zhi states: 'Abdominal fullness that is not painful with pressure, this is vacuity. If there is pain this is repletion. It can be precipitated.' If there is distention and repletion with pressure, there is the sound of water and the sensation of movement, and simultaneously there is inhibited urination, this is drum distention.

Pressing transport points

Chinese medicine believes that the internal mechanisms of the body are mutually connected, therefore a given area of the body can be a reflection of the entire body. In addition the essential qi of the five viscera and six bowels can also travel to the transport points; therefore, when there is disease of the viscera or bowels, often the transport point reflects this through pain on pressure, or there may be sensations of an abnormal nature.

The channels and networks are ascribed to the viscera and bowels, thus that which is internal must have external form. If there is pressure pain on the ascribed channels or networks of a viscera or bowel, then a diagnosis of disease in the viscera or bowel could be made. For example, for stomach disease, pressing the stomach transport point or the spleen transport point can often elicit pain. When there is intestinal pain (acute appendicitis), the point lan wei (appendix) is often clearly painful, etc.

Pressing ear points

When pressing ear points not only can one understand the existence of the disease, but also one can know the location of treatment. In general a probe, match or ear probe is used to palpate. The yang nature (positive nature) of the ear point illustrates the location of pathological change, and the level of pain points to the depth and seriousness of the pathological change. In general, if the pain on pressure is light the disease is also shallow and moderate. If the pain on pressure is extreme, this indicates that the disease is also serious and acute. If there is a positive reaction with extreme pain in the points for the stomach area, sympathetic nerve (end of inferior antihelix crus), Spirit Gate (shen men),

spleen, etc., generally this means acute gastritis. Moderate pain is generally chronic gastritis. If there is a strong positive reaction at the points for the large intestine, small intestine, sympathetic (end of inferior antihelix crus), Spirit Gate (shen men), spleen, etc., this generally means poor digestion or acute intestinal inflammation. If the pain is light, this is generally chronic intestinal inflammation.

When using pressure on ear points diagnostically, one must pay attention to the other examination methods and combine them to avoid an incorrect diagnosis. For example, a patient with suspected appendicitis did not have distinct pain at the appendix point, yet there was pain at the front of the ureter area. X-rays proved that there were stones in the ureter, which needed to be considered in the diagnosis.

NOTES

1. Tàì Guò 太過: passing the extreme. This is not the same as 'shí': 實, which in many textbooks is translated as 'excess.'
 2. Chi = cubit; cun = inch.
 3. This is an interesting representation for Deng to make. The 18th Difficulty of the Nan Jing specifies the right cubit position to be assigned to the triple burner and pericardium. The 36th Difficulty assigns the life gate to the right kidney. Subsequent commentators on the Nan Jing and the Mai Jing link the right cubit position to the life gate and kidney.
 4. Fān guān mài 反关脉.
 5. The area between the first and second metacarpal bones.
 6. Qiū máo 秋毛: lit = autumn down (as in bird feathers).
 7. Dōng shí 冬石: lit = winter stone.
 8. Unschuld, Paul U. (trans) 1986 *Medicine in China: Nan-ching: the classic of difficulties*. UC Press, Berkeley, p. 130.
 9. Ibid.
 10. Cháng Pí 1. dysentery 2. bloody stool due to intestinal stasis.
 11. Unschuld, 1986 p. 237.
 12. Unschuld p. 170.
 13. Actually this text has the two difficulties mixed up. The first statement concerning the red complexion is in the 13th difficulty and the second statement is in the 4th difficulty.
 14. Recall that in an earlier discussion of the drumskin pulse it was stated that the Mai Jing described a confined pulse as a drumskin pulse and did not describe a drumskin pulse as it is used today at all.
 15. Today, yīn yáng yì 阴阳移 or yin-yang transmission disease, refers to the transmission of febrile disease from men to women, or vice versa, through sexual intercourse; transmission from male to female is called 'yang transmission' and transmission from female to male is called 'yin transmission.'
 16. Zhēng jiā jī jù 瘕瘕积聚: refers to all types of masses – hard and fixed, and soft and unfixed, in either the middle or upper jiao. Each term refers to a particular kind of mass in a particular location. They are also referred to as 'concretions' and 'gatherings.'
- Each word indicates a slightly different kind of mass:
- Concretions: chiefly occur in the lower burner. Definite form and fixed location. Pain of fixed location. Stem from diseases in the viscera and blood aspect.
 - Conglomerations: chiefly occur in the lower burner. Indefinite form, gather and dissipate at irregular intervals. Pain of unfixed location. Attributed to diseases in the bowels and the qi aspect.
 - Accumulations: chiefly occur in the middle burner. Definite form and fixed location. Pain of fixed location. Stem from diseases in the viscera and blood aspect.
 - Gatherings: chiefly occur in the middle burner. Indefinite form, gather and dissipate at irregular intervals. Pain of unfixed location. Attributed to diseases in the bowels and the qi aspect.
17. Gōu 钩: hook – this is an alternative name for a surging pulse.
 18. Xiǎo fǔ 小府: small mansion – lower abdomen.
 19. A qín is a traditional Chinese stringed instrument.
 20. Guài 怪 – translated variously as 'strange' or 'bizarre,' but I have chosen the term 'unusual' to indicate that these pulses are recognized as pulses that occur but are not considered part of the 28 conventionally recognized pulses.
 21. It is important to remember that this is a Chinese book, which incorporates Chinese morality, and so an unmarried woman would be unlikely to be pregnant because under the Chinese moral code she would not be engaging in sexual intercourse.
 22. Dàn zhōng is the Chinese name for CV-17; however, it also implies a broader area in the chest and a relationship to the pericardium.

Pattern identification

5. Eight principle pattern identification 165
6. Disease cause pattern identification 185
7. Six channel pattern identification 211
8. Defense, qi, construction and blood pattern identification and triple burner pattern identification 230
9. Qi, blood and body fluid pattern identification 253
10. Viscera and bowel pattern identification 268
11. Twelve channels and networks pattern identification 305

'Pattern identification and administration of treatment'¹ is one of the primary distinguishing features of Chinese medicine diagnosis and treatment. 'Pattern identification' refers to the gathering of data with the four examinations and the use of the eight principles or some other pattern identification method to determine and differentiate the pattern of the disease. 'Administration of treatment' is the treatment method determined as a result of the pattern identification. Hence, the principles of examination and of the treatment of disease must be such that the physician can accurately examine and investigate the manifestation of every sign and symptom of the disease and simultaneously precisely summarize, analyze and pursue the root nature so that the treatment can be in accordance with the pattern.

In order to better understand, it is necessary to explain the concept of symptom/sign (症 zhèng), pattern (证 zhèng) and disease (病 bìng). The characters 症 and 证 in general can be used interchangeably; however, when used in Chinese medicine diagnosis and treatment they are differentiated to aid in making the content of diagnosis more precise.

症 refers to the manifestation of any kind of symptom or sign. Some major signs include, for example, fever, cough, shortness of breath, abdominal pain, diarrhea, etc. 证 refers to the pattern complex; it includes any or all of the symptoms or signs that manifest at a given stage of the disease. It includes the cause of the disease, the location of the disease, the nature of the disease and the circumstances of the evil and the right. It is the complete reflection of the nature of the disease. Hence, the symptoms/signs (症) are the basis for the identification of the pattern (证), and the pattern is the compilation of the signs/symptoms. Diagnosis is the process of combining the internal relationships of the signs/symptoms, so as to arrive at a differentiation of the pattern. In this process, the four examinations, the eight principles and other methods of pattern identification are used.

病 (bìng) is the name of the disease; for example, dysentery, drum distention (ascites), wind stroke, gan accumulation, measles, etc., are all included as disease names. Over the course of the disease, because of differences among individuals, and differences in the progression of the disease (i.e. the strength of

the body to fight the evil and the depth the disease evil invades), there may be differences in the manifestation of the disease, indicating a different pattern categorization. Hence the principles of pattern identification and the administration of treatment include the methods of 'same disease, different treatment' and 'different disease, same treatment.'² From this we can understand the complex nature of the diagnosis and treatment of disease and the importance of pattern identification. Therefore, the basic principle for the correct diagnosis of disease is a complete understanding

of the four examinations and flexible use of the variety of rules and methods regarding pattern identification.

Each of the methods of pattern identification takes the eight principles as the guiding principle. The other methods include: disease cause pattern identification³; six channel pattern identification⁴; defense, qi, construction, blood,⁵ and triple burner pattern identification; qi, blood and fluid pattern identification; viscera and bowel pattern identification; and 12 channels and networks pattern identification. They are each described below.

NOTES

¹ Biàn Zhèng Shī Zhì 辨证施治: identify patterns and administer treatment; administer treatment according to pattern.

² Tòng Guī Yì Zhì 同病异治: same disease, different treatment.

Yì Bìng Tóng Zhì 异病同治: different disease, same treatment.

³ Bìng Yīn Biàn Zhèng 病因辨证: disease cause pattern identification.

⁴ Liù Jīng Biàn Zhèng 六经辨证: six channel pattern identification.

⁵ Wèi Qì Yíng Xùe 卫气营血: defense, qi, construction, blood.

Eight principle pattern identification

5

The eight principles refer to eight categories of pattern identification, namely yin, yang, exterior, interior, cold, hot, vacuity and repletion. These are the basic methods and principles of Chinese medicine pattern identification. The Ming Dynasty author, Zhang San Xi, in the book *Yi Xue Liu Yao* wrote: 'The ancient physicians treated on the basis of eight methods. These were called, yin, yang, exterior, interior, cold, hot, repletion and vacuity. In addition, qi, blood, phlegm and fire also were included within these.' Therefore, based on clinical experience, the eight principles can aid in understanding the location and nature of pathological change, the course of the disease and the strength of the evil and the right.

The eight principles are important in pathology, pattern identification, diagnosis and treatment. The content of the eight principles was discussed early on in the *Nei Jing*. Zhang Zhong Jing used them even more concretely in the diagnosis and treatment of cold damage and miscellaneous diseases. The *Jin Gui Yao Lue* includes chapters titled 'Yin Yang Chapter,' 'Six Transmutations Chapter,' etc., which take the eight principles one step further in their development. In the Qing Dynasty, Cheng Zhong Ling raised the level of their importance again. Consequently, the eight principles became an important element of the study of diagnosis. In the Ming Dynasty, Wang Zhi Zhong, in the book *Dong Yuan Xian Sheng Shang Han Zheng Mai*: Juan Yi, wrote: 'In the treatment of disease, there are eight words: vacuity, repletion, yin, yang, exterior, interior,

cold, hot. If [the physician] does not vary from these eight words, then people will not be killed.' Therefore, one must master the eight principles well; only then, when faced with a complicated disease, will the diagnosis come easily.

In the analysis of any disease, eight principle differentiation can be used to grasp the situation. For example, when speaking of the disease category, if it is not ascribed to yin, then it is ascribed to yang; when speaking of the depth of the disease, if it is not in the exterior, then it is in the interior; when speaking of the nature of the disease, if it is not ascribed to cold, then it is ascribed to heat; when speaking of the exuberance and debility of the evil and the right, if it is not that the right is vacuous, then it is that the evil is replete. Therefore, eight principle differentiation can serve as the guiding principle for all pattern identification. And yin and yang, these two principles, serve as the guiding concepts of the eight principles so that exterior, heat and repletion are ascribed to yang, and interior, cold and vacuity are ascribed to yin. In this way, the principles of yin and yang can be used to analyze the nature of the disease more carefully and understand it more deeply. As Zhang Zhong Jing said: 'When using pulse examination in the administration of treatment, it is necessary first to grasp yin and yang as these are the principles of the path of medicine; without yin and yang, treatment is inadequate.'

The eight principles reflect various important aspects of the contradictions within the course of disease. However, when used clinically they are combined together and cannot be separated. For example, when differentiating exterior and interior, it is necessary to combine this with cold and hot and vacuity and repletion, and, when differentiating vacuity and repletion, it is necessary also to combine this with exterior and interior and cold and hot. Pathological changes are rarely single changes; rather they usually manifest as complex conditions of interior and exterior, cold and heat, vacuity and repletion combined together. In addition, there are also circumstances such as an exterior pattern entering the interior, an interior pattern moving to the exterior, a cold pattern transforming into heat, a heat pattern turning into cold, mutual changes between vacuity and repletion and true and false cold and heat, etc. When using eight principle differentiation, not only is it necessary to grasp the individual characteristics of the eight categories of patterns, but it is also necessary to pay attention to their mutual interactions and to use them flexibly. It is only in this way that one can thoroughly and completely understand a disease. The eight principles are the fundamental principles of pattern identification and the application of treatment and are suitable for use in any clinical specialty.

Exterior and interior

Basic concept

Exterior and interior are the two principles that determine the severity of the depth of the disease and its location. At the same time, they can also indicate the path and the category of the disease. Generally speaking, if the disease is in the skin, hair or flesh, it is ascribed to an exterior pattern; if the disease is in the viscera and bowels it is ascribed to an interior pattern. When the disease is in the exterior, the disease evil is shallow and the disease is light; when the disease is in the interior, the disease evil has already moved deep and the disease strength is relatively strong. Because the disease evil of externally

contracted disease invades through the exterior of the body, or the mouth and nose, step by step, it can move inward and continue to develop. As the *Su Wen: Pi Bu Lun* states: 'At the beginning of the hundred diseases, first entry is through the skin and hair; when the evil has entered, the skin pores open. When they are open, [the evil] can enter the network vessels. If [the evil] remains and is not expelled, it turns and enters the channels. If it remains and is not expelled, it turns and enters the viscera, and finally it enters the intestines and stomach.'

Exterior patterns

The development of a disease pattern in which the evil of the six excesses invades, through the skin and hair and the mouth and nose, the exterior flesh, the channels and networks is an exterior pattern. Exterior patterns are generally seen at the beginning of externally contracted febrile disease. The *Jing Yue Quan Shu* states: 'Exterior patterns; the evil qi of the outside enters.'

Signs

These include fever, aversion to wind or cold, thin white tongue fur and floating pulse, and are often accompanied by headache, body aches, nasal congestion and runny nose, itching or pain of the throat, etc.

Analysis

When the evil of the six excesses invades the skin, hair, flesh and pores, the right and the evil fight each other and there is fever. When the function of warming the flesh and fatty pores is blocked, the flesh is unable to reach its normal temperature; therefore the symptom of aversion to wind and cold manifests. The lung governs the skin and hair, the nose is the orifice of the lung and the throat is the passageway of the lung qi. When the skin and hair receive an evil, there is damage to the lung system, which causes the lung to fail to diffuse and downbear.

This results in nasal congestion, cough and scratchy or sore throat, etc. When the evil qi blocks, the construction and defense do not diffuse or pass freely. Without free movement, there is pain. Hence, there are head and body aches. The right and the evil struggle in the exterior, hence the pulse is floating. The disease is light and shallow, hence there are no clear changes in the tongue except a thin white fur.

This pattern is generally acute, the course is short and the strength is light and shallow. Treatment is relatively easy.

Treatment method

The method is to resolve the exterior with dissipating acidity. The Nei Jing says: 'If it [the disease] is in the exterior, use sweating to resolve.'

Interior patterns

An interior pattern is a category of pattern in which the disease evil is located inside (in the viscera and bowels, the qi and blood, the marrow, etc.). From its name, it is the opposite of an exterior pattern yet, speaking inclusively, anything that is not an exterior pattern is ascribed to an interior pattern. The Jing Yue Quan Shu states: 'An interior pattern, the disease is in the inside, in the viscera.'

Signs

These include high fever, no aversion to cold despite the presence of fever, sweating, thirst, yellow-red urine, dry and bound stools, yellow tongue fur and rapid and forceful pulse. This is the pattern most commonly seen when fever of external contraction has invaded to the interior. But often, the disease of an interior pattern is already in the viscera and bowels and so the manifestations are complex. For example, with heart disease there are palpitations and insomnia; with liver disease there is dizziness and pain in the rib-side; with spleen and stomach disease

there is poor appetite, vomiting and diarrhea; with lung disease there is cough and shortness of breath; with kidney and urinary bladder disease there is seminal emission, enuresis, or painful, rough and hot urination, or urinary block, etc. For further details, refer to the section on viscera and bowel pattern identification (p. 268).

Analysis

The scope of interior patterns is very broad. The cause of disease may be due to one of three circumstances.

1. When an exterior pattern is not resolved, it turns inward and enters the interior, invading the viscera and bowels or the channels. For example, the six channel pattern identification greater yang pattern can convert into yang brightness repletion heat pattern; within defense, qi, construction and blood pattern identification, the defense aspect can convert into qi aspect, construction aspect or blood aspect pattern. All of these are ascribed to interior patterns.
2. When an external evil directly invades the viscera and bowels and develops into disease, this is called 'direct strike.' For example, if the abdominal area contracts cold, or if there is overconsumption of raw or cold food causing cold-damp evil qi to damage the spleen and stomach, and there is the development of abdominal pain, vomiting and diarrhea, this is the creation of an internal cold pattern.
3. Emotions, food and drink, fatigue, sexual intemperance, etc., causes of internal damage, can directly influence the qi and blood of the viscera and bowels, causing a disruption in function and the development of internal damage disease due to lack of regulation of yin and yang. This is the beginning of an interior pattern – for example, if the spleen qi is vacuous and weak, the transportation and transformation are not normal and then there is an interior vacuity pattern, which manifests as reduced appetite, abdominal distention and sloppy stools.

Treatment method

As the content of interior patterns is extremely broad, so too are there many kinds of treatment. However, the underlying principle is to 'harmonize the interior.' Use the basic treatment principles of: 'if there is cold, warm it,' 'if there is heat, cool it,' 'if there is vacuity, supplement it,' and 'if there is repletion, drain it.'

Distinguishing exterior and interior

The distinctions between exterior and interior primarily are found in whether the fever is accompanied by aversion to wind or cold, whether the tongue fur is white or yellow and whether the pulse image is floating or deep (see Table 5.1).

The relationship between exterior patterns and interior patterns

Due to the unceasing struggle between the right and the evil, the disease circumstances never cease to change. As for the relationship between exterior and interior patterns, this too is not unchanging; often they are mutually converting or there is simultaneously an exterior and interior pattern. The circumstances of the three patterns described below are commonly seen.

1. CONVERSION OF EXTERIOR AND INTERIOR

Conversion of exterior and interior is the exterior pattern entering the interior, or the

interior pattern exiting to the exterior. The conversion of exterior and interior patterns depends upon the strength of the struggle between the right and the evil. If the evil qi is overly exuberant, the resistance of the body is lowered, or the force of resistance of the right qi is reduced owing to delayed or incorrect treatment or lack of treatment. All of these can cause the evil qi to be able to invade the interior and convert into an interior pattern.

Thus, the conversion of exterior and interior patterns is a change in the location of the disease. Generally speaking, an exterior pattern entering the interior is a manifestation of the abatement of the right and the exuberance of the evil in the struggle between right and evil, indicating the advancement of the disease. An interior pattern exiting to the exterior is a manifestation of the recovery of the right and abatement of the evil, indicating that the disease is moving toward resolution. Therefore, mastering the signs of change in the entering and exiting of exterior and interior patterns has important meaning for understanding the development and conversion of disease.

The following are examples for clarification.

Exterior pattern entering the interior. If the disease is an exterior pattern, then there is fever and aversion to cold; however, if the aversion to cold disappears of its own accord, and there is no aversion to cold, but rather an aversion to heat, and simultaneously there is vexing thirst with copious drinking, a red tongue with yellow fur, and red urine, etc., this indicates that the disease has developed interiorly, the exterior has entered the interior and converted to an interior heat pattern.

Table 5.1 Exterior and interior patterns

Symptoms	Cold and Heat	Pulse Image	Tongue Image (Fur)
Exterior Pattern	Aversion to cold and fever seen simultaneously	Floating	Usually thin and white
Interior Pattern	Cold without fever, fever without cold, or neither fever nor cold	Not floating	Different according to the individual pattern

Interior pattern exiting to the exterior. For example, in an interior pattern with internal heat and vexing dryness, cough and counterflow, chest oppression, if the symptoms change to fever with sweat, reduction in vexing thirst or the eruption of papules, this is a sign that the disease evil is moving from the interior to the exterior.

2. SIMULTANEOUS EXTERIOR AND INTERIOR PATTERN

If, over the course of a disease, both an exterior and an interior pattern manifest, this is called 'simultaneous exterior and interior pattern.' At the onset of disease, if there is an exterior pattern and also an interior pattern, generally this is incomplete resolution of an exterior pattern, which has gone interior; or, there has not yet been recovery from an original disease and then this is complicated by another disease. For example, if originally there was internal damage and then there is external contraction, or first there was external contraction and then there is damage from food or drink.

3. HALF EXTERIOR-HALF INTERIOR PATTERN

When an external evil turns toward the interior but has not completely reached the interior, or when an interior pattern exits to the exterior but has not completely reached the exterior, this is a sign that the fight between the right and the evil is in between the exterior and the interior. This is called 'half exterior-half interior' pattern (in six channel pattern identification it is called lesser yang disease). Its signs manifest as alternating cold and heat, bitter fullness of the chest and rib-side, bitter taste and dry mouth, dizzy eyes, heart vexation with a desire to vomit, dislike of eating and drinking, and a string-like pulse, etc. At this stage simply resolving the exterior or treating the interior is insufficient. It is necessary to use a harmonizing method so as to harmonize the exterior and interior.

Comment

Exterior and interior. Exterior here refers to the location on the exterior of the body and the location in the flesh where the early struggle between evil and right is reflected. In exterior patterns, the exterior of the body contracts detriment. Although the entire body reflects the signs, in general the systems of the inside of the body do not contract serious damage. Interior refers to the location on the interior of the body, the location where struggle occurs in the later stages of external patterns or where the development of internal pathological change is reflected. In interior patterns the entire body reflects the signs, and the systems inside the body have already contracted detriment.

Cold and heat, vacuity and repletion in exterior and interior patterns

Exterior patterns have manifestations of cold and heat, vacuity and repletion. Essentially these can be distinguished by the manifestation of the pulse image, whether or not there is sweating and the strength of the cold and/or heat.

Exterior cold and exterior heat. If the aversion to cold is relatively strong, the fever is relatively light, and the pulse is floating and tight, this indicates an exterior cold pattern, which is generally due to contraction of wind-cold evil. If the aversion to cold is light or there is only aversion to wind, the fever is relatively strong and the pulse is floating and rapid; this is exterior heat, which is generally due to contraction of wind-heat.

Exterior vacuity and exterior repletion. Exterior vacuity pattern is a distinct aversion to wind, sweating, and a floating and rapid pulse. Generally this is due to a relatively weak resistance to disease, and the opening and draining of the pores, resulting in exterior vacuity. Exterior repletion pattern is a distinct aversion to cold, lack of sweating, and a floating and tight pulse. Generally this is due to a relatively strong resist-

ance to disease, cold evil fettering the exterior and blockage of the pores resulting in exterior repletion.

The circumstances of interior pattern cold and heat, vacuity and repletion are discussed below.

Cold and heat

Basic concept

Cold and heat are the two principles that differentiate the nature of disease. Cold patterns and heat patterns reflect the relative exuberance and debility of the yin and yang of the body. For instance, the manifestations of yin exuberance or yang vacuity indicate cold patterns, and the manifestations of yang exuberance or yin vacuity indicate heat patterns. The *Su Wen: Yin Yang Ying Xiang Da Lun* states: 'Yang exuberance causes heat; yin exuberance causes cold.' The *Su Wen: Tiao Jing Lun* states: 'Yang vacuity causes external cold; yin vacuity causes internal heat.' Zhang Jing Yue of the Ming Dynasty wrote: 'Heat and cold, these are yin and yang.'

Cold patterns

A cold pattern is a pattern that manifests diminished function and movement of the body mechanism owing to yang vacuity, yin exuberance or a contraction of cold evil.

Signs

Commonly seen features are an aversion to cold and liking for warmth, absence of taste in the mouth, lack of thirst, pale white facial color, cold limbs, desire to lie down and curl up, clear and long urination, thin and sloppy stools, pale tongue with white fur that is moist and glossy, and a pulse that is slow or tight, etc.

Analysis

Whether because of an insufficiency of yang qi or damage from external cold, the body is

unable to maintain its warmth, hence there is an aversion to cold and liking of warmth, the limbs are cold and there is a desire to lie down and curl up. The yin cold is exuberant, but the fluids are not damaged; therefore there is tastelessness in the mouth, but no thirst. Because of yang vacuity, there is an inability to warm and transform water and fluids, causing excretions such as urine, phlegm snivel, saliva, etc., all to be profuse, clear and cold. Because of yang vacuity, there is no transformation, therefore cold-damp is generated internally causing the tongue to be pale and the fur to be white, moist and glossy. When the yang qi is vacuous and weak, the force of blood moving in the vessels is not sufficient, hence the pulse generally arrives with a slow image.

Treatment method

The general principle is to warm and eliminate the cold.

Heat patterns

A heat pattern is a pattern that manifests hyperactivity of the body mechanism owing to yang exuberance, yin vacuity or contraction of heat evil.

Signs

Commonly seen features are fever with a preference for coolness, thirst for cold fluids, red face and red eyes, vexation, short and red urine, dry and bound stools, a red tongue with yellow and dry fur, a pulse that is rapid, etc.

Analysis

Heat pattern is generally due to external contraction of heat evil, excessive stimulation of the seven emotions transforming into fire, dietary irregularities stagnating and causing heat, or sexual taxation fatigue seizing the yin essence and causing yin vacuity and yang hyperactivity.

When yang heat is exuberant, it causes the body to be hot and prefer coolness. Fire heat damages the yin and the yin fluids are consumed, hence the urine is short and red. Fluid damage requires water to aid it, therefore there is thirst with a preference for cold fluids. The nature of fire is scorching and rising, hence a red face and red eyes are seen. Heat harasses the heart and spirit, causing vexation. If there is heat in the intestines and the fluids are depleted, then the bowels must be dry. The red tongue body with yellow fur is a heat image and the dry fur is from damage to the yin. Yang heat hyperactivity and exuberance cause the blood to flow more quickly, hence there is a rapid pulse.

Treatment method

The general treatment method is to clear the heat.

Distinguishing cold and heat patterns

When differentiating a cold pattern and a heat pattern, one cannot depend solely upon one symptom or sign as a determining factor. It is necessary to investigate the manifestations of the disease in its entirety; only then can a definite conclusion be made. Cheng Zhong Ling, in his *Yi Xue Xin Wu*, states: 'The cold or heat of a disease is in whether or not there is thirst, whether or not there is a desire for fluids, whether there is a preference for hot or cold food and drink, whether there is vexation or reverting cold, whether the urine is long or short, red or white, whether the stools are sloppy or bound, and whether the pulse is slow or rapid. For example, if there is thirst and an ability to drink with a preference for cold fluids and food, vexation, urine that is short and red, bound stools and a rapid pulse, this is heat. If the hands and feet are cold, the urine is clear and long, the stools are sloppy and the pulse is slow, this is cold.'

The relationship between cold pattern and heat pattern

Although cold pattern and heat pattern have the basic difference of yin and yang exuberance and debility, still they can be mixed and manifest simultaneously in the course of a disease, or they can transform into one another.

1. MIXED COLD AND HEAT

There are four patterns, each described below.

A. PATTERN OF HEAT ABOVE AND COLD BELOW

If there is foul breath, thirst with a desire for fluids, swelling and pain in the teeth, this is stomach heat above. Simultaneously, there may be abdominal pain that likes warmth, and loose stools; this is intestinal cold below. The Shang Han Lun states: 'Cold damage in the chest with heat, evil qi in the stomach and pain in the abdomen with a desire to vomit, huang lian tang [Coptis Decoction] governs this.' Within the discussion it speaks of vexing heat in the chest and vomiting, which mean heat above and evil qi in the stomach, and of abdominal pain that prefers warmth, and thin sloppy stools, which mean cold below (intestines). Use huang lian tang to regulate the cold and heat.

B. PATTERN OF COLD ABOVE AND HEAT BELOW

When there is stomach cold above, then one can see cold pain of the stomach duct and vomiting of clear sputum. Simultaneously there may also be signs of damp-heat in the lower burner such as frequent, painful urination, short and red stools, etc. As the *Jin Gui Yao Lue*: *Ou Tu Yue Xia Li Bing Mai Zhong Bing Zhi* states: 'Dry retching with diarrhea, huang qin tang with ban xia and sheng jiang [Scutellaria Decoction with Pinellia and Fresh Ginger] governs this.' This is

because there is stomach cold with dry retching and intestinal damp-heat with diarrhea; hence using *huang qin tang* with *ban xia* and *sheng jiang* will treat this.

C. PATTERN OF EXTERIOR COLD AND INTERIOR HEAT

If there is internal heat in the system and also contraction of wind cold; externally there is fever, aversion to cold and body aches, while internally there is vexation and thirst. For example, when a child first has internal heat due to food accumulation and then the evil of externally contracted wind cold, clinically one will see abdominal pain, vexation, thirst and yellow tongue fur due to the internal heat of the food accumulation, but also a rise in body temperature, aversion to cold, body aches, etc., can be seen. This is ascribed to exterior cold and interior heat pattern.

D. PATTERN OF EXTERIOR HEAT AND INTERIOR COLD

This is also a manifestation of mixed cold and heat and interior and exterior. For example, if there is spleen and stomach vacuity cold, with torpid intake, abdominal distention and sloppy stools, and also external wind heat with heat pattern signs such as fever, aversion to cold, thirst and sweating, this is ascribed to this pattern.

2. CONVERSION OF COLD AND HEAT

The conversion of cold and heat is the same as the conversion of exterior and interior. Over the course of development of the disease, under certain circumstances heat and cold signs, whether due to unsuitable treatment or to various internal reasons such as the exuberance or debility of the body's right qi, can mutually transform.

Just as the above described exterior cold pattern converting into interior heat pattern is the conversion of exterior and interior, so too is

the transformation of a cold pattern into a heat pattern the conversion of cold and heat.

An example of the conversion of heat pattern into cold pattern is a patient with a high fever, where, owing to unceasing sweat, the heat drains through the sweat. Or, if there is excessive vomiting and diarrhea, the yang follows the consumption of fluids. These manifest as a sudden drop in temperature, reverting cold of the four limbs, pale white facial complexion and a deep and thin pulse or an extremely faint, almost expired pulse. This is caused by the original heat pattern transforming into a cold pattern of yang vacuity and desertion.

There are certain requirements for the mutual transformation of cold pattern and heat pattern, most importantly the strength of the evil and right. When cold transforms into heat there is generally fullness and repletion of the right qi of the body and hyperactive exuberance of yang qi. Hence the evil qi is able to act upon the yang only by transforming into heat, and so it becomes a heat pattern. If the result of the struggle between right and evil is such that the right does not overcome the evil, then the yang qi is consumed and damaged, which causes a heat pattern to be able to transform into a cold pattern.

3. TRUE AND FALSE HEAT AND COLD

Over the course of the development of a disease, especially when the disease circumstances are at a dangerous stage, signs of true heat and false cold or true cold and false heat can also appear.

True heat and false cold is when the heat pattern is extremely strong and so images of false cold appear. True cold and false heat is when the cold pattern is extremely strong and so false heat appears. These types of image are generally seen when the disease is relatively dangerous. It is divided as below.

A. TRUE HEAT AND FALSE COLD (EXTREME HEAT APPEARING AS COLD)

This is when internally there is true heat and externally there is false cold. The *Gu Shi Yi Jing*

states: 'When yang is extremely exuberant, frequently it can revert to yin. The hands and feet display reverting cold, there is uncontrolled sweating, hiccups, and the body lies as if it is a doll. The six pulses are fine and faint, and it appears as if it is a yin pattern. However, with careful examination of the internal pattern, there is qi that spurts like fire, a dry throat, foul breath, the tongue fur has prickles, there is thirst with a desire for cold fluids, delirious speech, a preference for cold and aversion to heat, heart vexation, distention and fullness, and pain upon pressing, short, diminished, yellow-red urine, and abnormally foul-smelling stools. If this is mistakenly warmed, it is as if fire is added to fire.'

Clinically, this pattern manifests as: reverting cold of the four limbs, a deep pulse, etc., which are seemingly cold pattern signs. But the arms and legs are cold and the body is hot, there is no aversion to cold, but rather an aversion to heat; although the pulse is deep it is rapid and forceful, and simultaneously there is thirst, vexation, a preference for cold fluids, a red tongue with yellow fur, short and red urine, dry stools, etc., which are heat signs. This type of cold of the hands and feet and deep pulse are images of false cold. Because the internal heat is excessively exuberant, the yang qi is blocked and depressed and so it is unable to thrust to the exterior. The original cause of the disease is heat and the signs of cold that are seen are images of false cold. This is internal yang exuberance keeping the yin on the exterior, which is also called 'exuberant yang repelling yin' or 'extreme yang appearing as yin.'

B. TRUE COLD AND FALSE HEAT (EXTREME COLD APPEARING AS HEAT)

This is true internal cold with false external heat. The Gu Shi Yi Jing states: 'When yin is extremely exuberant, frequently it can revert to yang. The body is hot, the face red, there is thirst with a desire for cold, the hands and feet are harassed and the spirit is not tranquil, although the language is delirious, the voice is faint, the pulse is surging and large and there is no force with

pressure, and if it is mistakenly cleared, it is as if water is added to water.'

Clinically, this pattern manifests as: body heat, thirst, a red face, a large pulse, etc., that is, seemingly heat signs. However, careful investigation shows that, although the body is hot, there is a desire to be covered; although there is thirst, there is a desire for hot fluids, the pulse is large but with pressure it is forceless and simultaneously there also are cold limbs, clear urine, sloppy stools, a pale tongue with white fur, etc., which are cold signs. This is internal yin exuberance repelling yang to the exterior, caused by cold and heat repelling each other. As the Shang Han Lun says: 'If the patient's body is very hot, yet there is a desire to be covered with clothes and blankets, the heat is in the skin, the cold is in the bone marrow.'

C. THE DISTINCTIONS OF TRUE AND FALSE COLD AND HEAT

The false image is the manifesting image of the disease; the true image is the root nature of the disease. When differentiating it is necessary to pass through the manifesting signs to see the root nature and not be mistaken by false signs. Hence, as the differentiation of true and false cold and heat is important in pattern identification, the following two aspects should be considered.

The first is that the manifestations of false images are usually in the four limbs, the skin or the face. If the manifestation is in the viscera and bowels, the qi and blood, or the body fluids, then this is the root nature of the disease. Hence, the images of the pulse and tongue, etc., are crucial for diagnostic differentiation.

The second is that eventually the false images differ from the true images. For example, with a red face, the red face of false heat is only on the cheekbones, and the color is light red and tender, as if floating on the exterior of the skin, sometimes present and other times not. The red face of true heat is complete redness of the entire face. With coldness of the limbs, if this is a false sign, the chest and abdomen are extremely hot, or the entire body may be cold yet there is no

desire for clothes and blankets. If it is true cold, the body lies curled up and there is a desire for clothes and blankets.

Comment

On true cold and false heat, true heat and false cold, the *Jing Yue Quan Shu*: Chuan Zhong Lü states: 'False heat ... although the mouth is dry and thirsty, there must be a dislike of cold, or, if there is liking of cold, then that which is drunk is not much, or, the stools are not hesitant, or first there is defecation, and then slop.' The *Shang Han Lun* states: 'If the patient's body is extremely hot, yet there is a desire for clothing and blankets, the heat is in the skin and the cold is in the bone marrow. If the body is extremely cold yet there is no desire for clothes or blankets, the cold is in the skin and the heat is in the bone marrow.' 'The body is hot yet there is a desire for clothing and blankets' and 'the body is cold yet there is no desire for clothing and blankets' are signs of true cold and false heat and true heat and false cold.

Vacuity and repletion

Basic concept

Vacuity and repletion are the two principles that differentiate the strength and weakness of the body's right qi and the exuberance and debility of the disease evil. Vacuity refers to right qi vacuity. Most importantly, this refers to an insufficiency of the right qi (including the essence, qi, blood, body fluids, etc.) of the body. Repletion refers to a surplus of hyperactive, exuberant evil qi. Therefore, the production of signs of right qi vacuity is ascribed to vacuity patterns and the production of signs of a surplus of hyperactive and exuberant evil qi is ascribed to repletion patterns.

Generally speaking, in vacuity patterns the evil qi is also not exuberant, and in repletion patterns the right qi is not vacuous and weak. However, mixed vacuity and repletion are often seen clinically and so it is important to pay attention to differentiation.

Vacuity patterns

When the right qi is vacuous, weak or insufficient, this is a pattern where the physiological functions are insufficient, causing the ability of the body mechanism to resist evil to be diminished. This is called a 'vacuity pattern.' In enduring diseases and diseases of a consumptive nature, because the right qi of the body is already vacuous, there is diminished ability of the viscera and bowels, hence they generally manifest as vacuity patterns.

Signs

These include listless essence-spirit, white facial complexion or malar flush after noon, bodily fatigue and lack of strength, emaciated and weak bodily form, heart palpitations, shortness of breath, physical cold with cold limbs or five hearts vexing heat, spontaneous sweating or night sweating, loose stools, diarrhea or slippery desertion, frequent urination or urination that lacks restraint, a tongue body that is pale and tender or a red tongue with diminished fur or no fur, a vacuous pulse without force or a fine, rapid pulse without force.

Analysis

If yang qi is vacuous, this causes a lack of force in the warming, transporting, securing and containing, hence there is a pale white facial complexion, physical cold with cold limbs, a fatigued spirit, shortness of breath, spontaneous sweating, etc. If yin is vacuous and unable to restrain the yang, then yang heat is generated internally or, in other words, yin vacuity generates internal heat, hence there is heat in the palms and soles, heart vexation, heart palpitations, afternoon malar reddening, night sweating, etc. If there is dual vacuity of qi and blood, the channel vessels are unable to fill and the blood movement lacks force, hence the pulse is vacuous. If there is yang vacuity, there is an inability to steam and transform the water fluids, the yin fluids become depleted and vacuous and unable to rise, therefore the tongue is red with extremely diminished fur or no fur.

An insufficiency of essential qi causes the production of a vacuity pattern. The essential qi refers to the right qi of the body. When the level of the right qi is excessively depleted or consumed, this causes the body's ability to resist the strength of the evil to be diminished, and so a vacuity pattern is produced. The creation of vacuity patterns is caused by an insufficiency of either before-heaven or after-heaven.

The first cause is an insufficiency of before-heaven. For example, if an expectant mother is sick, has insufficient nourishment or has received trauma, this can cause insufficiency or consumption damage to her qi, blood, yin and yang, which leads to poor growth of the fetus. Early labor or other reasons, can also cause the child's body to be weak and often sick after birth.

The second cause is an insufficiency of after-heaven. For example, dietary irregularities, lack of regulated work and rest, lack of exercise, damage to the seven emotions, excessive sex, excessive loss of blood or a serious or enduring illness can all cause consumption damage to the qi, blood, yin and yang and produce vacuity patterns. Clinically, most vacuity patterns are caused by after-heaven.

Vacuity patterns can generally be differentiated into the four categories of qi, blood, yin and yang. When the disease course is relatively short, generally the damage is to qi and blood. There can be qi vacuity, blood vacuity or dual vacuity of qi and blood. When the disease course is relatively long or the disease circumstances are relatively serious, then the yin or yang becomes damaged. There can be yin vacuity, yang vacuity or dual vacuity of yin and yang. When disease is serious, there can be vacuity of yin, yang, qi and blood altogether. At the beginning of a disease, the vacuity may be in only one viscera or one bowel. In enduring diseases, however, it has generally already affected additional viscera or bowels (e.g. dual vacuity of heart and spleen, liver and kidney yin vacuity, spleen and stomach qi vacuity, etc.).

Treatment method

The method is to supplement the vacuity and support the right (warm the yang and boost qi, nourish the blood and enrich yin).

Repletion patterns

Signs due to the manifestation of a surplus of hyperactive and exuberant evil qi or internal disease of the body producing matter that blocks flow are called 'repletion patterns.' Generally speaking, although caused by excessive exuberance of evil qi, the level of the resistance of the right qi may also be depleted. Hence, repletion patterns frequently show the location and level of violence of the struggle between evil and right.

Signs

These include excitation or vexation and agitation of the essence-spirit, hasty breathing, distention and fullness of the chest, rib-side and abdomen, pain that increases with pressure, rough and painful urinary strangury or dribbling or inhibited urination, hidden and bound stools, withered tongue body and a pulse that is replete and forceful.

Analysis

The causes for the formation of a repletion pattern have two aspects. The first is invasion into the body of an external evil. The second is lack of regulation of the functions of the internal viscera causing phlegm-rheum, water-damp, blood stasis, etc. Diseases caused by the production of matter within the body block flow.

When evil qi is excessively exuberant, the right qi resists and struggles with it and the yang heat becomes hyperactive and exuberant. Hence, there is fever. When the repletion evil harasses the heart or deceives the heart spirit, then there is extreme vexation and agitation to the extent that the spirit becomes clouded and there is delirious speech. When the evil is blocked in the lung, its ability to diffuse and downbear is abnormal and so there is chest oppression, panting and hasty breath, and, if phlegm is exuberant, then there may be the sound of rattling phlegm. If the repletion evil accumulates in the intestines and stomach, then the bowel qi is not free, and hence there is abdominal distention, fullness and pain

that is worse with pressure and hidden and bound bowels. If there is water-damp blocking internally, then the qi transformation does not move and so the urine is inhibited. The mutual struggle of the evil and the right is reflected in the pulse; hence the pulse is exuberant and forceful. Water turbidity steams and rises; hence the tongue fur is generally thick and greasy.

Treatment method

The method is to drain the repletion and expel the evil.

The distinction between vacuity and repletion

The distinctions between vacuity patterns and repletion patterns are for the most part in the aspects of length of the disease, the withering and excitement of the spirit, the strength or weakness of the voice and breath, whether the areas of pain like pressure or are exacerbated by pressure, whether the tongue body is fat and tender or withered, and whether the pulse is forceless or forceful. If the pattern seen is of long duration, the essence-spirit is withered and not aroused, the voice is low and the breathing is short and faint, the areas of pain like pressure, the tongue body is fat and tender and the pulse is fine, weak and forceless, this is a vacuity pattern. If the pattern seen is of short duration, the essence-spirit is aroused, excited, or vexed and agitated, the voice is loud, the breath is strong and hasty, the areas of pain are worse with pressure, the tongue body is withered and the pulse is replete and forceful, this is ascribed to a repletion pattern.

The relationship of vacuity patterns and repletion patterns

Although vacuity patterns and repletion patterns have the difference of an insufficiency of the right qi and excessive exuberance of evil qi, still

within the vacuity and repletion of the evil and the right there is also a mutual relationship, a mutual influence. Its clinical manifestations have the following circumstances.

1. MIXED VACUITY AND REPLETION

Repletion within a vacuity pattern, vacuity within a repletion pattern, and vacuity and repletion appearing together are all mixed vacuity and repletion patterns. Examples are exterior vacuity and internal repletion, exterior repletion and internal vacuity, vacuity above and repletion below, repletion above and vacuity below, etc.

The signs of mixed vacuity and repletion are due to the vacuity and repletion being mixed and seen together; therefore, when treating, it is necessary to use the methods of offensive treatment and supplementation combined together. However, within the offensive treatment and supplementation it is also necessary to differentiate whether it is the vacuity or the repletion that is greater and to use lighter or stronger medicinal agents based on this differentiation. For example, in a woman with blood dryness consumption, the pattern is a pallid, thin appearance, a body that is thin and flesh that is like a carapace, vexing heat of the five hearts and diminished thought of food and drink; all of these are clearly images of vacuity. But other coexisting signs such as a dull purple tongue body with stasis dots on the edges, stopped menses that have not arrived for a long time and a pulse image that is rough and forceful, show there is repletion within the vacuity and the treatment is to eliminate stasis and generate new blood. Another example is a patient with drum distention, where the abdominal area is inflated and large, the veins are clear within the flesh and there is constipation and inhibited urination, etc., which are repletion images, but there also are several vacuity images such as a thin form of the body, a diminished appetite, short and forceless breath and a pulse image that is string-like and fine.

Besides these examples, there is water swelling due to heart yang vacuity, phlegm turbidity blocking the lung owing to spleen and lung qi

vacuity, etc., which are also ascribed to patterns of mixed vacuity and repletion.

2. REPLETION PATTERN TRANSFORMING INTO VACUITY

If the root of the disease is ascribed to yang, but due to lack of treatment or incorrect treatment, etc., the course of the disease is lingering, then the evil qi is gradually expelled, but the right qi is also damaged and so gradually it becomes a vacuity pattern.

For example, a high fever, sweating, thirst and a large pulse show a repletion heat pattern. Because of an unsuitable treatment, for many days there is no recovery causing the fluids and qi to be damaged. Hence, the flesh becomes emaciated, the facial color goes pale white, there is no desire to drink or eat, marked vacuity emaciation, shortness of breath, diminished fur on the tongue or a complete lack of coating and a pulse that is fine and forceless. This indicates that the repletion pattern has transformed to a vacuity pattern, and so treatment should take supplementation as primary.

3. REPLETION DUE TO A VACUITY PATTERN

Here the root of the disease is a vacuity pattern but, due to insufficiency of right qi, there is an inability to transport and transform, causing the production of repletion evil. Suitable treatment takes the qi of the spleen and lung as primary. For example, wind stroke pattern frequently breaks out suddenly owing to phlegm and stasis, but researching the cause of its arising often reveals that a lack of regulation of yin and yang and inhibited qi and blood due to internal vacuity cause the phlegm to stagnate.

4. TRUE AND FALSE VACUITY AND REPLETION

Vacuity patterns and repletion patterns also have the differentiations of true and false. For example, the so-called 'large repletion with

marked emaciation and vigor being a pattern of vacuity with exuberance.' Vacuity and repletion both have patterns of true and false and so extreme care must be taken with pattern identification.

A. TRUE REPLETION FALSE VACUITY

Here the root of the disease is repletion. For example, intestinal and stomach heat bind, caused by phlegm and food stagnation with large accumulations and gatherings, causes blockage and stagnation in the channels and networks and an inability for the qi and blood to move freely, and yet vacuity pattern images such as silence of the essence-spirit, coldness of the body and limbs, and a deep and slow or hidden pulse, manifest. But careful investigation of the patient shows the sound of the voice is raised, there is shortness of breath and, although the pulse is deep and slow, yet with pressure it is forceful, all of which means that the internal phlegm food heat bind is the true root of the pathological change and the vacuity images are false. This is a pattern of true repletion and false vacuity.

B. TRUE VACUITY FALSE REPLETION

Here the root of the disease is vacuity. An example is a lack of force in transportation and transformation due to an insufficiency of qi and blood in the internal viscera, and yet seemingly repletion signs such as abdominal fullness, abdominal distention, abdominal pain or a string-like pulse manifest. But, although there is distention and fullness of the abdomen, sometimes the pain is moderately resolved and it is not unceasing; although there is abdominal pain, the pain is not worse with pressure but rather pressure causes the pain to diminish; although there is a string-like pulse, with heavy pressure it is forceless. From these latter circumstances, it can be seen that a lack of force in the transportation and transformation due to an insufficiency of qi and blood is the root of the pathological change, and that the fullness and

pain, etc., are false images. This is a pattern of true vacuity and false repletion.

The differentiation of true and false vacuity and repletion lies in the existence of careful examination of the pulse, tongue, symptoms and signs. These must be thoroughly investigated; from them the root of the pathological change can be found. For example, in the pulse investigate the presence or absence of spirit, the presence of absence of force and whether the pulse is floating or deep. Whether the tongue is withered or tender, whether the disease is enduring or new, whether the body constitution is strong or weak, etc., all must also be considered in differentiation. Only in this way can the true circumstance of pathological change be found from any given image.

The relationship of vacuity and repletion and cold and heat

Vacuity and repletion and cold and heat are frequently mixed, creating vacuity cold, repletion cold, vacuity heat or repletion heat patterns.

Vacuity cold pattern is generally due to long term internal damage created by consumption damage of the yang qi. This is called 'yang vacuity causing cold.' Repletion cold pattern is generally due to external contraction of yin cold evil. This is called 'cold evil disease' or 'yin exuberance causing cold.' Vacuity heat pattern is generally due to loss of yin essence from sexual taxation fatigue or chronic disease of yin fluids, both of which will cause the internal generation of vacuity fire. This is called 'yin vacuity causing heat.' Repletion heat patterns are generally due to external contraction of fire heat evil or excessive excitement of the seven emotions causing stagnation and transforming into heat, or dietary irregularities or food stagnation transforming into heat. This is called 'heat evil disease' or 'yang exuberance causing heat.' The primary signs of each pattern are differentiated in Table 5.2.

Analysis

The Su Wen: Tong Ping Xu Shi Lun states: 'Exuberance of evil qi results in repletion. Despoilation of essential qi results in vacuity.' And the Tong Su Shang Han Lun: Qi Xue Xu Shi

Table 5.2 Table of vacuity and repletion and cold and heat patterns

	Vacuity (vacuity caused by despoilation of qi and blood)		Repletion (repletion caused by exuberance of evil qi)	
Pattern	Vacuity cold	Vacuity heat	Repletion cold	Repletion heat
Disease mechanism	Cold caused by yang vacuity	Heat caused by yin vacuity	Exuberance of cold evil Cold due to yin exuberance	Exuberance of heat evil Heat due to yang exuberance
Primary symptoms and signs	Pale white face Physical cold and cold limbs Shortness of breath Spontaneous sweat Bland taste in the mouth Preference for warm fluids Clear, white urine Sloppy stools or stools with undigested food	White face with red cheekbones Vexing heat of the five hearts Emaciation Night sweating Dry throat and mouth Yellow, short urine Dry stools	Green-blue-white face Chills with no fever, Preference for warmth Little or no sweat Bland taste in the mouth No thirst Clear, long urine Diarrhea	Red face and eyes Fever without chills Physical heat Copious sweating Vexing heat Preference for cold fluids Short, red, rough and painful urine Bound stools
Tongue image	Fat and tender White, moist fur	Red or crimson Dry Diminished fur or no fur	White and thick fur or white and moist fur	Withered red or crimson Thick, yellow fur
Pulse image	Deep, slow, forceless	Fine, rapid	Slow or tight	Surging and rapid or floating and rapid

Zhong by Yu Gen Chu states: 'Repletion within vacuity, although the images freely expressed in the body are vacuity, still in one or two places can be seen the repletion pattern. Usually these repletion signs are critical. Vacuity within repletion, although the images freely expressed in the body are repletion, still in one or two places can be seen the vacuity pattern. Usually these vacuity signs are critical.' In *Bian Zheng Shi Zhi Yan Jiu Qi Jiang*, edited by Fang Yao Zhong, the discussion of the nature of 'vacuity' and 'repletion' is worth consideration.

1. VACUITY PATTERNS

A. DETERMINING FROM THE CLINICAL CHARACTERISTICS

According to the knowledge of Chinese medicine, the word 'vacuity' most importantly refers to an insufficiency of essential qi. The *Nei Jing* states: 'Despoilation of essential qi results in vacuity.' The so-called 'essence' refers to all kinds of refined material necessary for the normal physiological movement of the human body. Qi is the normal regulative and compensative function of the human body. Therefore, any disease in which there is a lack or insufficiency of the necessary normal physiological movement, or in which the functions of the body's normal regulatory and compensatory actions are reduced, can be ascribed to a vacuity pattern. That which is ascribed to a lack or insufficiency of the matter necessary for physiological movement is called 'essence vacuity' or 'yin vacuity.' That which is ascribed to a reduction or insufficiency of the physiological regulatory and compensatory functions is called 'qi vacuity.'

B. DETERMINING THE CHARACTERISTICS FROM THE EMERGENCE OF DISEASE AND THE COURSE OF DISEASE

According to the knowledge of Chinese medicine, the important characteristics of the emergence and the course of a vacuity pattern are that the disease emerges moderately to slowly, and the

course is relatively long, no matter whether due to an insufficiency of before-heaven, poor regulation of after-heaven, development after a heat pattern or repletion pattern, or incorrect or delayed treatment, such as incorrect sweating, incorrect ejection, incorrect precipitation, excessive use of warming, drying, bitter or cold herbs, etc. Therefore, when there is suffering with characteristics of the above-described emergence and course of disease, first consider a vacuity pattern.

2. REPLETION PATTERNS

A. DETERMINING FROM THE CLINICAL CHARACTERISTICS

According to the knowledge of Chinese medicine, the word 'repletion' most importantly refers to a surplus of evil qi in the human body. The *Nei Jing* states: 'Exuberance of evil qi results in repletion.' The so-called 'evil' refers to the adverse effect on the normal physiological movement of the human body by any kind of disease factor or the body's own production of disease factors. Therefore, whether due to the great strength of a disease factor or any kind of adverse matter within the body causing stagnation or retention, with such signs as, for example, high fever, clouded spirit, delirious speech, abdominal fullness, bound stools, abdominal water and chest water, this can be determined to be a repletion pattern.

B. DETERMINING THE CHARACTERISTICS FROM THE EMERGENCE OF DISEASE AND THE COURSE OF DISEASE

According to the knowledge of Chinese medicine, the characteristics of the emergence and course of a repletion pattern are that the disease emerges quickly and violently. The disease may emerge from an exterior pattern or mistakes or delays in treatment. Therefore, when there is suffering with the characteristics of the above-described emergence and course of disease, it can be considered to be a repletion pattern.

Yin and yang

Concept

Yin and yang are the general principles of the differentiation of the nature of disease. The medicine of China uses the theory of yin and yang to explain the relationship of opposition and unity within human physiology and pathology. Within eight principle pattern identification, yin and yang also can be used to draw inductive conclusions concerning the six principles of exterior, interior, cold, heat, vacuity and repletion. Namely, exterior, heat and repletion patterns are ascribed to the scope of yang patterns and internal, cold and vacuity patterns are ascribed to the scope of yin patterns. Therefore, the *Su Wen: Yin Yang Ying Xiang Da Lun* states: 'He who is good at diagnosis observes the color and feels the pulse, and first differentiates yin and yang.' The *Lei Jing: Yin Yang Lei* states: 'The diseases of man ... must have their root; whether the root is yin or the root is yang, the root is the number one cause.' This points out that although a pattern may be complex with many changes, still it does not depart from the two greater categories of yin and yang, and when diagnosing disease it remains necessary first to differentiate whether it is ascribed to yin or ascribed to yang. Thus it can be said that yin and yang are the general principles of the eight principles.

Yang patterns reflect the hyperactivity of the body's functions and are a sign of an increase in the body's metabolism. Yin patterns reflect an insufficiency of the body's abilities and are a sign of a decrease in the body's metabolism. Therefore, when the eight principles are used clinically, in general the concept of a yang pattern refers primarily to repletion heat patterns and the concept of a yin pattern refers primarily to vacuity cold patterns. Besides this, there are some disease patterns that, according to their different characteristics, can also be differentiated and ascribed to the categories of both yin and yang. For example, a disease of qi is ascribed to yang, while a disease of blood is ascribed to yin; viscera disease is ascribed to yin, while

bowel disease is ascribed to yang, etc. These all are spoken of in terms of the characteristics of the pathological change and the opposition of pathological change. This is not to say, however, that these diseases are all due to or caused by pathological changes in yin and yang themselves; therefore, they are not ascribed to the scope of pathological change of yin and yang themselves.

The pathological change of yin and yang themselves, or pathological change that arises from damage to the opposing balance of yin and yang, in addition to the above-introduced cold pattern and heat pattern, includes yin vacuity and yang vacuity, which respectively are patterns of yin not restraining yang and yang not restraining yin, caused by depletion detriment of the yin and yang of the body.

Yin patterns

These are due to vacuity debilitation of the yang qi of the body; nevertheless the manifestation of signs of internal exuberance of yin cold is ascribed to a yin pattern. Vacuity cold can be taken as representative of this.

Signs

These include cold body and limbs, pale white or dark and somber facial complexion, withered essence-spirit, shortness of breath and a disinclination to speak, a bland taste in the mouth, lack of thirst or a desire to drink warm fluids, clear and long urine, sloppy diarrhea-like stools, a pale tongue body with white and moist fur, a deep, slow and forceless pulse, etc.

Analysis

There are four disease factors for yin patterns. The first is cold evil turning to the interior. The second is excessive intake of cold or cool foods, medicinal agents, etc. The third is vacuity detriment (taxation, including sexual and emotional, and enduring disease). The fourth is old age, weak constitution and insufficiency of pre-heaven.

When there is yang vacuity, this causes an opposing arisal of a tendency to exuberance of yin cold, manifesting as a debilitated or diminished ability of the viscera and bowels, etc.

The characteristic manifestation of this pattern is that yang vacuity causes cold, hence in a yin pattern the images of cold and vacuity must be seen, and the disease must be in the interior.

Treatment method

The method is to warm the yang and disperse the cold.

Yang patterns

These are due to hyperactive exuberance of the yang qi of the body. Hyperactivity of the functions of the viscera and bowels causes exuberance and congestion of yang heat and manifests signs of these. This pattern is generally seen as repletion heat pattern.

Signs

These include fever (strong fever), no aversion to cold but rather an aversion to heat, red face and eyes, vexation and agitation, copious movement, hasty breath, loud voice, bitter taste in the mouth, thirst with a desire for cold fluids, red urine, bound stools, red tongue body, yellow and dry (scorched black) fur, a surging, rapid and forceful pulse, etc.

Analysis

There are three disease factors for this pattern. The first is the transformation of exterior evil to heat, which then turns inward. The second is excessive intake of acrid, spicy, dry and hot substances. The third is a tendency toward hyperactivity of the yang qi of the viscera and bowels.

When there is exuberance of yang, whether due to active exuberance of yang qi during the hyperactive stage of the struggle between right and evil after the contraction of an external evil,

or to a tendency toward hyperactivity of the yang qi of the viscera and bowels both can cause the arisal of exuberant yang heat, and manifest as signs of repletion heat.

The characteristic manifestation of this pattern is that 'exuberance of yang results in heat,' hence in a yang pattern the images of heat and images of repletion must be seen.

Treatment method

The method is to clear the heat and dispel the evil.

Yin vacuity

This is the manifestation of signs that are due to an insufficiency of the yin fluids of the body (including blood, humor and essence).

Signs

These include a thin body, a wan and sallow facial complexion, dizziness of the eyes and ringing in the ears, a dry mouth and throat, a tender, red tongue body with diminished or no fur, and a fine pulse. If there is vexing heat of the five hearts, tidal heat, night sweating, red cheeks, a red-crimson tongue body and a fine, rapid pulse, this is a pattern of yin vacuity with internal heat, also called 'vacuity heat pattern.' After a warm heat disease the yin fluids are consumed and damage signs manifest such as vexation and sleeplessness or dazedness with a desire for sleep, involuntary movement of the hands and feet, or sometimes convulsions.

Analysis

There are four disease causes for yin vacuity. First is exuberance of heat in warm disease which depletes and damages the yin fluids. Second is excessive loss of blood, sweating, vomiting or diarrhea which depletes and disperses the yin fluids. Third is vacuity detriment (enduring disease, taxation fatigue, sexual intemperance, or emotions damaging the yin

fluids). Fourth is excessive intake of warm, dry medicinal agents or foods robbing the yin.

The above disease causes can all result in consumption detriment to the yin fluids, creating an insufficiency of yin to restrain yang and manifesting as signs of yin vacuity.

When there is an insufficiency of yin, the vacuity yang floats upward; hence we see red cheeks and lips. Vacuity heat is generated internally; hence there is tidal fever, night sweating and vexing heat of the five hearts. Vacuity heat harasses the heart and spirit; hence there is heart vexation and sleeplessness or a dazedness with a desire for sleep. There is an insufficiency of yin fluids; hence the body is thin. The water does not rise; hence there is a dry mouth and throat, or dry lips and tongue. There is yin fluid detriment, and the tendons lack nourishment; hence the hands and feet move involuntarily, or sometimes there are convulsions. The tongue is crimson without fur; the pulse is fine and rapid. All of these are images of yin vacuity.

Treatment method

The method is to clear the heat and enrich the yin. Characteristics of this pattern, because the basis of yin vacuity is an insufficiency of yin fluids, are manifestations of 'heat' (vacuity heat), but the primary aspect of the contradiction is not heat but rather yin vacuity. Because the yin fluids are not sufficient, the yin is not sufficient to restrain the yang. Hence the yang qi has a tendency toward hyperactivity and internal vacuity heat is generated. The emphasis of treatment is on enriching the yin. If there is yang hyperactivity, then subdue the yang. If there is vacuity heat, then clear the heat.

Yang vacuity

Signs due to the manifestation of an insufficiency of yang qi are called 'yang vacuity.'

Signs

These include a bright white facial complexion, fatigue and a lack of strength, a shortage of qi,

laziness in speaking, fear of cold, cold limbs, lying curled up, spontaneous sweating, bland mouth lacking taste, clear and long urine, extremely sloppy stools, a pale, fat and tender tongue body with white and moist fur, a slow, forceless pulse, etc.

Analysis

Whether this pattern is due to delay of treatment of internal damage by cold causing the yang qi of the viscera and bowels to be whittled away, to excessive intake of cold or cool medicinal agents or raw, cold food damaging the spleen yang, to excessive levels of taxation detriment damaging the yang qi, or to old age weakening the body causing yang qi vacuity debilitation, the effect is consumption detriment to the yang qi, creating an insufficiency of yang qi and the production of a yang vacuity pattern.

Treatment method

The method is to warm the yang, and dispel the cold.

There are two special characteristics to this pattern. (1) The fundamental pathology of yang vacuity is an insufficiency of yang qi, creating an abnormal exuberance of yin. Hence the treatment must emphasize warming the yang. Recovery of yang can be the goal of restraining the yin. Simultaneously, accompany this treatment with dispelling cold herbs. (2) The heart, spleen, stomach and kidney all have yang vacuity patterns. Among these, the most commonly seen are spleen and kidney yang vacuity.

Collapse of yin and collapse of yang

Collapse of yin and collapse of yang are signs of critical disease. Pattern identification that is at all incorrect, or a delay in life-saving treatment, can result in immediate death. Within the course of the development of a disease, the collapse of yin and the collapse of yang are critical signs of the manifestation of debility and exhaustion of

the yin fluids and yang qi. Because yin and yang have the same root, when the yin fluids are consumed, the yang qi frequently lacks support and so it scatters. Hence in collapse of yin, the yang qi must scatter, and in collapse of yang, the yin fluids must receive detriment. But the governing factors are different, and the treatment method is different.

1. COLLAPSE OF YIN

This is the manifestation of signs of debility exhaustion of yin fluids.

Signs

These include exiting of large amounts of sweat, sweat that is hot and sticky, hot skin and flesh, warm hands and feet, thirst with a desire for cold fluids, hasty breath, a red, dry tongue a fine, rapid and forceless pulse and tidal red facial complexion. This pattern is generally seen in patients with serious loss of fluids or blood.

Analysis

There are three disease factors for this pattern. The first is high fever, copious sweating, copious vomiting, copious diarrhea, large loss of blood, etc., causing rapid separation of the yin fluids. The second is yin depletion over several days, gradually causing desiccation and exhaustion. The third is yang vacuity over many days, perversely causing exhaustion of the yin fluids.

All of the above can create debility exhaustion of yin fluids and produce yin collapse pattern.

Characteristic of the pattern is the manifestation of extreme heat, that is, 'yin vacuity resulting in heat,' but the primary contradictory aspect is yin exhaustion; hence it is necessary to rescue the yin.

Treatment method

The method is to rescue the counterflow and supplement the yin. For example, use sheng mai san jia wei (Modified Generate the Pulse Powder) or san jia fu mai tang (Triple Armored Pulse-restorative Decoction).

2. COLLAPSE OF YANG

This is the manifestation of signs of debility exhaustion of yang qi.

Signs

These include dribbling of profuse sweat, sweat that is cold and clear, cool flesh and skin, reverting cold of the hands and feet, a bland taste in the mouth, lack of thirst or a preference for warm fluids, faint breath, a pale, dusky tongue and a faint or expiring pulse.

Analysis

There are three disease factors for collapse of yang. The first is extreme exuberance of evil qi damaging the yang qi. The second is yang vacuity over many days gradually causing yang desertion. The third is collapse of yin perversely causing collapse of yang (mutual root of yin and yang).

The characteristics of this pattern are that the manifestations are a series of cold images, but the primary aspect of the contradiction is yang desertion. Treatment must therefore rescue yang.

Treatment method

The method is to rescue the counterflow and return the yang. For example, use si ni tang (Counterflow Cold Decoction), ren fu tang (Ginseng and Aconite Decoction), si ni jia ren shen tang (Counterflow Cold with Ginseng Decoction).

Comment

1. The meaning of collapse of yin pattern and collapse of yang pattern. When disease reaches the critical stage, differentiation of yin collapse and yang collapse can cause the physician to move a step further in diagnosis and management. In addition, identification of yin collapse and yang collapse requires understanding the use of returning yang and rescuing counterflow, and supplementing yin and rescuing counterflow.

2. Important points in the differentiation of yin collapse pattern and yang collapse pattern. When there is yin collapse pattern, because 'yin vacuity results in heat,' therefore there is the manifestation of violent heat images. But investigation ascribes it to a vacuity pattern, hence, although the pulse is fast, with pressure it must be forceless. When there is yang collapse pattern, because 'yang vacuity results in cold,' therefore there is the manifestation of violent cold. But if investigation ascribes it to vacuity pattern, then the pulse is faint as if about to expire.

Yin and yang refer to the nature of matter and images. Clinically, in order to advance even further in pattern identification, often yin and yang can be used to grasp the circumstances of the disease according to the characteristics of the

patient's constitution and body. From this can be brought forth essential similarities and differences. Therefore, manifestations such as excitement, movement, hyperactivity and brightness are all ascribed to yang. Manifestations such as lying supine, deep quietude, regression and darkness are all ascribed to yin. The Yi Xue Xin Wu states: 'Knowing the yin and yang of a disease is the language of the six words, which includes the breadth of all. Heat is yang, repletion is yang, on the exterior is yang. Cold is yin, vacuity is yin, on the interior is yin.' In this way, the two principles of yin and yang can connect the other six principles. From this idea, it can be said that yin and yang are the general principles of eight principle pattern identification.

Disease cause pattern identification

6

Disease cause refers to the reasons for the development of disease. There are many kinds of causes of disease, for example the six excesses, epidemic pestilence,¹ the seven emotions, dietary taxation fatigue, external damage and parasite damage, as well pathologically produced matter such as phlegm-rheum, blood stasis, etc., all of which can cause the generation and development

of disease. Disease cause pattern identification in Chinese medicine requires analysis of the symptoms and signs and bodily evidence of the disease as well as any objective reasons in order to grasp the disease cause, differentiate the nature of the pattern and determine the treatment method. This process is called 'identifying patterns and seeking disease causes.'

Pattern identification of the six excesses

The six excesses are wind, cold, summerheat, damp, dryness and fire: six kinds of pathological evil. The source of the six excesses is in the six qi. The six qi are six kinds of normal manifestations of change in weather. The human body has definite abilities to adapt to the six excesses and, in general, they are unable to cause disease. The reasons the six qi become able to create disease are generally vacuity weakness of the body, insufficiency of right qi or insecure exterior defense allowing an external evil to overwhelm a vacuity and invade. Or, abnormal changes in the weather, at inappropriate times for that weather condition, can cause the emergence of disease. When the six qi cause disease, they are called the 'six excesses' or the 'six evils.' The six excesses are the cause of any kind of externally contracted disease.

Disease caused by the six excesses generally has a relationship to seasonal weather, work or living circumstances. For example, in the spring there generally is wind disease. At this time wind damage or wind warmth is often seen. In the summer there is often summerheat disease, such as summerheat stroke, summerheat warmth, etc. During the long (late) summer there is often damp disease. In the autumn there are generally dry patterns, and in the winter there is generally cold damage. Because there is a relationship between the generation of disease and the time of the contraction of the evil, these diseases also are called 'seasonal disease.' Work and living environment can also create the emergence of six excesses disease. For example, working in a high temperature can cause heat disease or fire disease; living in damp areas, fog or dew, and working in the water, can easily cause damp diseases, etc.

The path of invasion of the six excesses. The six excesses enter through the skin, mouth and nose. Because of invasion of the body from the outside, they also are called 'externally contracted six excesses.' The six excesses disease evils can arrive alone; the evils can also combine to cause disease, for example wind damage, wind-cold- or wind-damp-heat impediment, etc. Due to the differing natures of the characteristics of the six excesses disease evils, and also the fact that the evils can unite to create disease, and that the strength or weakness of the right qi of the body varies, the emergence, development, transformation and trends of each disease will vary. After the six excesses invade the body, under certain circumstances they can transform into each other. For example, wind-cold invading the interior can transform into heat; damp depression can also transform into heat; fire heat can transform into dryness and damage the yin; extreme heat can transform into fire, etc.

Wind evil disease pattern

Wind is the governing qi of the spring, but it is present in all four seasons. Wind is a yang evil, its nature is opening and draining, moving without resting, changing and transforming without settling. It tends to rise, to move outward and to govern movement. Hence, wind evil easily invades the higher locations of the body, such as the exterior of the skin, emerging as acute disease, rapidly changing and without fixed location. Diseases caused by wind evil are generally seen in the springtime, but can emerge in all four seasons. Wind is the chief of the hundred diseases. The evils of cold, summerheat, damp, dryness and fire (heat) all depend upon wind to invade the body. Therefore wind is the guide of the externally contracted six excesses. The Su Wen: Gu Kong Lun states: 'Wind, it is first among the hundred diseases.'

Signs

These include fever, aversion to cold, sweat, dizziness, headache, nasal congestion, sniveling,

an itchy throat, cough and a floating and moderate pulse. There may be soreness of a wandering nature in the joints, or there may be diffuse itching of indeterminate location.

Analysis

When wind evil invades the exterior of the flesh, the defense qi resists the evil. The evil and the right struggle, resulting in fever and aversion to wind. The nature of wind is opening and draining, thus the pores relax, the defense cannot secure the exterior, the yin and blood cannot defend the interior and so there is sweating. Wind evil harasses the upper, causing dizziness and headache. The lung opening is the nose. The throat is the entry and exit gate of the breath. When wind evil invades the skin, internally it affects the lung. The lung qi fails to diffuse, hence there is nasal obstruction and dribbling, itchy throat and cough. The wind evil is in the exterior, hence the pulse is floating and moderate. The above signs indicate a pattern of wind damage or, as the Shang Han Lun calls it: 'greater yang wind stroke.' The nature of wind is to like movement and rapid change. Wandering pain of the joints is called 'wind impediment.' When there is a sudden appearance of itchy wind marks on the skin that come and go from time to time, this is called 'dormant wind papules' or 'dormant papules.' It is also called 'nettle rash' or 'urticaria.' If the rash is red, occurs suddenly, is reduced with cold, worse in summer and lighter in winter, the tongue is red with thin yellow fur and the pulse is floating and rapid, this is wind-heat. If the rash is white, emerges with exposure to cold or the blowing of wind, warmth can somewhat resolve it, it is more severe in the winter and lighter in the summer, the tongue fur is thin and white and the pulse is floating and tight, this is wind-cold.

Treatment method

For wind damage, diffuse and course the wind and resolve the exterior, harmonize the construction and defense; a representative formula is *gui zhi tang* (Cinnamon Twig Decoction). For wind impediment, take dispelling the wind and freeing

the networks as primary; a representative formula is fang feng tang (Ledebouriella Decoction). For wind nettle rash ascribed to wind-heat, diffuse the wind, clear the heat and disinhibit the damp; a representative formula is xiao feng san (Wind Dispersing Powder). If it is ascribed to wind-cold, diffuse the wind, resolve the exterior and disperse the cold; a representative formula is jing fang bai du san (Schizonepeta and Ledebouriella Toxin Vanquishing Powder) or gui zhi jia wei tang (Modified Cinnamon Twig Decoction).

Cold evil disease pattern

Cold is the governing qi of the winter, hence cold diseases are more commonly seen in winter. Cold is a yin evil, it easily damages the yang qi. The nature of cold is congealing and stagnating, it governs contraction and it governs pain. There are three characteristics of diseases caused by cold evil. First, it can cause a cold sensation to arise over the entire body or over an area of it. Second, excreted matter will be clear and cold. Third, there is often pain (congealing stagnation of qi and blood, contraction and hypertonicity of the channel vessels). Disease patterns caused by cold evil can be divided into the settling of cold evil in the exterior and direct strike of cold evil. Cold evil settling in the exterior is a pattern caused by cold evil invading the exterior of the flesh. It is called 'cold damage.' Direct strike of cold evil is a disease pattern of cold evil directly striking the viscera and bowels. It is also called 'cold strike.'

Signs

Seen together with cold evil settling in the exterior are: aversion to cold, fever, no sweating, pain in the head and body, pain of the joints, a thin, white tongue fur and a pulse that is floating and tight. With direct strike of cold evil, there is cold pain of the abdomen, intestinal rumbling, vomiting and diarrhea, a pale tongue with white fur, and a pulse that is deep and tight or deep and slow. This is often accompanied by aversion to cold and pain in the body.

Analysis

When there is cold evil fettering the exterior, the defense qi is damaged and the sweat pores are tightly closed; hence there is aversion to cold, lack of sweating and depression of the defense yang causing fever. The nature of cold is congealing and stagnating; it governs contraction. When there is contraction of cold evil, the channels, networks and blood vessels contract, qi and blood congeal and stagnate and so are not free, hence there is pain in the head and body and pain in the joints. Tongue fur that is thin and white and a pulse that is floating govern the exterior, and tight governs cold; hence the above signs are ascribed to an exterior cold pattern. The Shang Han Lun calls it 'greater yang cold damage.' Direct strike of cold evil on the viscera and bowels or excessive intake of cold or raw food damages the yang qi of the spleen and stomach, hence there is cold pain of the abdomen. When the spleen does not fortify and transport, and the stomach does not downbear properly, this causes intestinal rumbling and clear cold vomit and diarrhea. A pale tongue, white tongue fur, and a deep and slow or tight pulse all govern interior cold.

Treatment method

When cold settles in the exterior, resolve the exterior by diffusing with acrid and warm; a representative formula is ma huang tang (Ephedra Decoction). When there is direct strike of cold evil, diffuse and warm the center and disperse the cold; a representative formula is li zhong tang (Center Rectifying Decoction).

Summerheat evil disease pattern

Summerheat is the qi of fire heat, it is the qi of the summer. The Su Wen: Wu Yun Xing Da Lun states: 'When in the skies there is heat, and on the earth there is fire ... its nature is summerheat.' This means that fire, heat and summerheat have the same nature. Diseases caused by summerheat evil have a distinct seasonal nature;

they are seen only in the summer. The *Su Wen: Re Lun* states: 'At the beginning of summer, this is warm disease, at the end of summer, this is summerheat disease.' Hence, for the most part, summerheat diseases refer to hot-natured diseases occurring in the summer. There are many names for these, for example: summerheat damage, yin summerheat, yang summerheat, summerheat warmth, summerheat-heat, summerheat-damp, summerheat diarrhea, summerheat dysentery, summerheat reversal, summerheat stroke, summerheat tetany, summerheat-wind, summerheat consumption, etc. Here summerheat warmth, summerheat-damp, summerheat-damp complicated by cold and summerheat stroke will be emphasized.

Summerheat is a yang evil. Inflamed heat upbears and scatters and easily damages the fluids and consumes qi. Often it is simultaneously accompanied by damp. Characteristics of diseases caused by summerheat are that the arisal of the disease often manifests signs of exuberant hyperactivity of yang heat such as fever, sweat, vexation, thirst, etc. In addition, it often is combined with signs of damp or of qi vacuity.

1. SUMMERHEAT WARMTH

Summerheat warmth is a disease pattern caused by invasion into the body of summerheat-heat disease evil. During the summer season, the weather is extremely hot, and so if the right qi is depleted or there is excessive taxation fatiguing the fluids and qi, then the evil of summerheat-heat can overwhelm the vacuity and invade, causing disease. If, over the course of the disease, signs of dizziness or convulsions are seen, this is called 'summerheat-wind' or 'summerheat tetany.'

Signs

These include high fever, copious sweating, heart vexation, thirst, headache, a red face, hasty breath, short and red urine, a red tongue with yellow fur, and a surging and rapid pulse; or, fatigued spirit, fatigued limbs, shortness of breath,

and a vacuous and forceless pulse; or, convulsions of the four limbs, a tightly closed jaw, with, in extreme cases, arched-back rigidity, clouding of the spirit, or phlegm obstruction in the throat and a string-like and rapid pulse.

Analysis

Summerheat is the qi of fire heat with rapid changes. *Ye Tian Shi* said: 'Summerheat emergence in the summer is yang brightness.' The nature of summerheat is upbearing and dispersing, it damages the fluids and qi, and easily enters the heart and construction and causes the movement of liver wind. Summerheat-heat is the blazing and scorching of yang brightness steaming to the outside, causing heat signs. Internal harassing of summerheat-heat causes heart vexation. Upward steaming to the head and face causes headache, and red face and eyes. Fluid distress and external draining cause copious sweat. Heat damaging the fluids causes thirst, and short, red urine. A red tongue with yellow fur and a surging and rapid pulse govern yang brightness heat exuberance. Summerheat damaging the qi causes spirit fatigue and fatigue of the limbs, shortness of breath and a vacuous, forceless pulse. When summerheat causes the movement of liver wind, then there are convulsions of the four limbs, a tightly closed jaw and, in extreme cases, arched back rigidity, and a string-like, rapid pulse. Heat harassing the spirit brightness causes clouding of the spirit. Wind phlegm rising and obstructing causes gurgling phlegm in the throat.

Treatment method

The method is to clear the summerheat, and drain the heat. A representative formula is *bai hu tang* (White Tiger Decoction). If it is accompanied by qi vacuity, *ren shen* (ginseng) is added and the formula becomes *bai hu jia ren shen tang* (White Tiger with Ginseng Decoction). If the exuberant hyperactivity of summerheat-heat causes the movement of liver wind, diffuse and clear the heat, cool the liver and extinguish the wind. A representative formula is *ling jiao gou teng tang* (Antelope Horn and Uncaria Decoction) or *qing ying tang* (Construction

Clearing Decoction) with ling jiao (Antelope Horn) and gou teng (Uncaria).

2. SUMMERHEAT-DAMP

Summerheat-damp is a disease pattern caused by the combination of summerheat-heat and damp evils invading the body.

If, in the summer, the weather is extremely hot and there is a large amount of rain, then the heat steams and the damp moves, causing people to feel oppressive heat and to seek coolness and drink cold liquids; hence, it is easy to contract summerheat-damp. Clinically, the three kinds of summerheat-damp commonly seen are summerheat-damp encumbering and obstructing the middle burner, summerheat-damp filling the three burners and summerheat-damp complicated by cold.

A. SUMMERHEAT-DAMP ENCUMBERING AND OBSTRUCTING THE MIDDLE BURNER

This pattern is summerheat-heat exuberance in the yang brightness complicated by signs of greater yin spleen damp.

Signs

These include vigorous fever, vexing thirst, copious sweating, decreased urination, oppression in the stomach duct, a heavy body, a red tongue with slimy, yellow fur, and a surging and large pulse.

Analysis

The middle burner is the region of the spleen and stomach. Here the summerheat exuberance is in the yang brightness, causing vigorous fever, vexing thirst, copious sweat and a surging and large pulse. Summerheat-heat damages the fluids causing thirst and short, red urine. Dampness obstructs the greater yin and the spleen fails to fortify and transport; hence there is stomach duct glomus and body heaviness. A red tongue with yellow fur governs heat; when accompanied by slime, it is ascribed to damp.

Treatment method

Clear the yang brightness stomach heat, and transform the greater yin spleen damp. A representative formula is bai hu jia cang zhu tang (White Tiger Decoction plus Atractylodes).

B. SUMMERHEAT-DAMP FILLING THE THREE BURNERS

This pattern is one of summerheat-heat combined with damp filling the qi aspect of the upper, middle and lower burners.

Signs

These include a hot body, a red face, deafness, chest oppression, stomach duct glomus, water-like diarrhea, short and red urine, coughing of blood-tinged phlegm, and a red tongue with yellow, glossy fur.

Analysis

Summerheat-heat steaming to the outside causes a hot body. Steam rising to the head and face causes a red face and deafness. When damp-heat fills the upper burner, the heat damages the lung network and the damp obstructs the qi mechanism, causing chest oppression and coughing of blood-tinged phlegm. Summerheat-damp obstructing the middle burner causes oppression and glomus of the abdomen and stomach duct. When damp-heat binds in the lower burner, there is a failure to divide the clear and the turbid, causing the urine to be short and red and the stools to be clear and watery. A red tongue with glossy, yellow fur is a sign of summerheat complicated by damp in the qi aspect.

Treatment method

Clear heat, disinhibit damp, diffuse and free the three burners. A representative formula is san shi tang (Three Stones Decoction).

Comment

The difference between this pattern and summerheat-damp obstructing the middle burner is

that the earlier pattern had only signs of middle burner spleen and stomach involvement and this pattern, besides spleen and stomach signs, also has upper burner and lung area signs, such as chest oppression and blood-tinged sputum, and lower burner signs of failure to divide the clear and the turbid, such as short and red urine and clear, watery stools. The deafness seen in this pattern and that seen in lesser yang pattern are not the same. Lesser yang disease is accompanied by alternating chills and fever, a bitter mouth and a dry throat. The difference between the watery diarrhea and the heat bind with circumfluence of yang brightness organ pattern is that heat bind with circumfluence must be accompanied by abdominal distention and pain that worsens with pressure.

C. SUMMERHEAT-DAMP COMPLICATED BY COLD

Summerheat-damp complicated by cold is a disease pattern caused by extreme heat in the summertime and the blowing of a cool wind or by not limiting cold fluids. Because this contraction of cold occurs in the summer, it also is called 'yin summerheat.' This has the differentiations of cold assailing the exterior flesh and cold damaging the viscera.

Signs

These include fever, aversion to cold, headache, no sweating, pain and soreness of the limbs, stomach duct oppression, heat vexation and thin, white and slimy tongue fur. Possibly there is also abdominal pain, vomiting, diarrhea, etc.

Analysis

This pattern is summerheat-damp smoldering internally accompanied by external fettering of cold evil. First there is the contraction of the summerheat-damp. Subsequently, because of the flourishing of cold due to cold fluids or contraction of cold evil, the summerheat-damp is checked by the cold evil. When cold fetters the exterior, the defense qi is not free, hence there is

fever with aversion to cold and no sweating. Cold governs congealing and stagnation and contraction. When the channel vessels contract, the movement of the qi and blood is impeded, causing headache, pain and soreness of the limbs and body. Summerheat-damp internally depressing causes stomach duct oppression and heart vexation. White, slimy tongue fur indicates cold-damp. The cold damages the spleen and stomach; the stomach fails to downbear and the spleen fails to fortify and transport, causing abdominal pain, vomiting and diarrhea.

Treatment method

Resolve the exterior and disperse the cold, clear the summerheat and transform the damp. A representative formula is *xin jia xiang ru yin* (Newly Supplemented Escholtzia Beverage).

Comment

The essential points in the identification of this pattern are that it emerges in the summer. In addition to the stomach duct oppression and heart vexation of internal depression of summerheat-damp, there also is the aversion to cold, lack of sweating, and headache of cold evil fettering the exterior. It is different from the exterior repletion patterns of simply summerheat-damp or simply external contraction of wind-cold. Summerheat-damp pattern lacks the signs of an external cold pattern such as aversion to cold with fever, head and body aches and lack of sweating. And it lacks the signs of external contraction of wind-cold repletion pattern such as stomach duct oppression and heart vexation.

3. SUMMERHEAT STROKE

Summerheat stroke occurs in the season of summerheat qi. It is an acute disease pattern that emerges owing to the contraction of summerheat evil. If one partakes in taxing work or other activities for a relatively long time when the summer heat is violent, then summerheat stroke can suddenly emerge. It can emerge in an

extremely warm workshop or at an oppressively hot public place, or when internally, the body has difficulty dispersing heat.

Signs

These include (mild): sudden dizziness, headache, chest oppression, nausea, vomiting, dry mouth, thirst, fatigue with a lack of strength, etc.; (strong): sudden clouding collapse, loss of consciousness, hasty panting, a hot body, vexing thirst, copious sweating or no sweating, reverting cold of the hands and feet, and a surging and large pulse; or it may be combined with convulsions of the four limbs, arched-back rigidity and a rapid, string-like pulse.

Analysis

The nature of summerheat is upward dispersing of inflamed heat. When summerheat-heat rises and harasses, this causes dizziness and headache. When heat harasses the yang brightness, the stomach qi rises counterflow causing chest oppression, nausea and vomiting. Summerheat-heat damaging the fluids and qi causes a dry mouth and thirst, and fatigue with a lack of strength. If the summerheat-heat blocks the clear orifices, this causes a sudden clouding collapse and unconsciousness. Yang brightness summerheat-heat steaming distress causes body heat, a red face, panting and hasty breath, vexing thirst, copious sweating and a large, surging pulse. If the summerheat-heat is internally depressed, then there is a disharmony of the construction and defense, causing a lack of sweating. If the summerheat-heat is blocked internally, then the yin and yang qi are not mutually cooperating, causing the appearance of reverting cold of the hands and feet. Summerheat-heat stirring wind causes convulsions of the four limbs or, in severe cases, arched back rigidity and a rapid, string-like pulse.

Treatment method

Summerheat stroke patients should immediately vacate the summerheat stroke environment and go to a cool location with a breeze. In mild cases rubbing clear cooling oil or a dose of several

pieces of ren dan (Human Elixir) can bring about recovery. In severe cases, ren zhong (Human Center, GV-26), shi xuan (Ten Diffusing Points), he gu (Union Valley, L1-4) and other points can be needled, or use zi xue dan (Purple Snow Elixir), an gong niu huang wan (Peaceful Palace Bovine Bezoar Pill) or similar types of cooling and opening medicinal agents. After revival, continue with a dose of a prescription to clear the heat, resolve the summerheat, boost qi and generate fluids. The representative formulas would be the same as for summerheat warmth.

Comment

Summerheat stroke is the name of a disease in Chinese medicine. In the Jian Ming Zhong Yi Ci Dian, there are three meanings given. (1) The first refers to contraction of summerheat evil owing to inflamed heat of the summer season and giving rise to an acute disease pattern. (2) The second refers to summerheat wind; the Yi Bian states: 'Summerheat stroke, also called summerheat wind, is similar to wind stroke.' (3) The third refers to yin summerheat. The Shi Bing Lun states: 'Jie Gu said: "Obtained when quiet, this is summerheat stroke." Dong Yuan said: "When summerheat is overwhelmed by cold, this is called summerheat stroke." The statements of these two refer to the pattern of yin summerheat.'

Damp evil disease pattern

Damp is the governing qi of long summer (the sixth month of the agricultural calendar). Within the course of a year, damp evil is most exuberant in the long summer. The weather then is extremely damp, the fog and dew advance dampness, and homes and the ground are both wet. All of this can cause contraction of damp evil. Damp is a yin evil. It is heavy, turbid, sticky and stagnating and it easily damages the yang qi and blocks the qi mechanism. The characteristics of diseases caused by damp are as follows. (1) There are signs of heaviness and stagnation, such as heavy head and body, fixed pain and heaviness of the joints, cumbersome fatigue of

the limbs and body, and stagnation and inhibition of the stools, like sticky diarrhea or stools with sticky fluid, pus and blood, also rough and painful or turbid urination and vaginal discharge. (2) The spleen is averse to damp and damp easily encumbers the spleen causing torpid intake, chest oppression, nausea, abdominal distention, sloppy stools, etc. (3) Stagnant water-damp can cause phlegm-rheum and water swelling. (4) The course of the disease is long and it is difficult to recover.

Signs

These include a heavy and painful head, fatigue of the limbs and body, and heavy, painful joints. There is stomach duct oppression and reduced intake, bland or no taste in the mouth, distention and fullness of the stomach duct and abdomen, and sloppy diarrhea, which may be combined with sticky fluids or pus and blood. Urination is stagnant, rough and inhibited or cloudy and turbid. There may be general swelling and in women there may be vaginal discharge. The tongue fur is white and slimy. With external damp there often also is an aversion to wind, fever, and sweating that does not resolve the heat.

Analysis

Damp is a yin evil, heavy, turbid, sticky and stagnating, hence when damp evil invades the exterior flesh there is aversion to wind and fever. Also, damp blocking the channels and networks causes signs such as heaviness and pain of the head, fatigue of the limbs and body, and fixed, heavy pain of the joints etc. Because the nature of damp is sticky and stagnating, the fever is not resolved by sweating. Hence there often is the manifestation of fever and sweating with no resolution of the fever. When damp evil damages the spleen, the spleen is unable to fortify and transport and so stomach duct oppression, torpid intake, a bland or no taste in the mouth, stomach duct and abdominal distention and fullness, and sloppy diarrhea, which may be combined with sticky fluid or pus and blood, can be seen. When damp turbidity pours

downward, the qi mechanism of the bladder is inhibited, causing the urine to be rough and painful or cloudy and turbid. When the girdling vessel is unable to restrain, this causes vaginal discharge. When damp evil floods the flesh and skin, there is general swelling. A white, slimy tongue fur governs damp evil.

Treatment method

When there is exterior damp, diffuse and resolve the exterior and dispel the damp. A representative formula is *huo xiang zheng qi san* (Agastache Qi Righting Powder). With damp impediment, take disinhibiting damp as primary, assisted by dispelling wind and dispersing cold. A representative formula is *yi yi ren tang* (Coix Seed Decoction).

Comment

The important points of pattern identification of this pattern are the characteristics of diseases caused by damp evil. (1) There are signs of heaviness and stagnation. (2) There are signs of damp encumbering the spleen. (3) There are signs of damp evil stagnating flow. (4) The disease evil is lingering and difficult to treat. When accompanied by an exterior pattern, this is exterior damp. When the primary sign is heaviness and pain of the joints, this is called 'damp impediment.' Exterior damp can cause interior damp.

Dryness evil disease pattern

Dryness is the governing qi of the autumn. In the autumn, the weather is restrained and the environment is dry. When there is a pattern of contraction of dryness evil, it can be divided into either warm dryness or cool dryness. At the beginning of autumn, there is a tendency for there to be a surplus of the qi of summer, or long periods without rain, hence the emergence of disease generally is warm dryness. Deeper into autumn, when the weather turns cool, dryness and cold bind together to invade the body,

therefore generally the manifestation is cool dryness.

The knowledge of the ancient people about dryness evil was based on the natural dryness of the weather. When things manifest dryness there are wrinkles and lines, and in extreme cases cracks open and there is an image of desiccation and roughness. From this they understood the pathological signs of dryness pattern. The *Su Wen: Yin Yang Ying Xiang Da Lun* states: 'When dryness prevails this causes dryness.' Hence, diseases caused by dryness evil easily damage the fluids. The lung is a delicate viscera. It governs qi and manages breathing and it communicates with the qi of the external world. Hence, dryness easily damages the lung.

Signs

At the beginning of the arising of cool dryness there is an aversion to cold, fever, lack of sweating, a slight headache, nasal congestion, dry nose and mouth, cough with little phlegm and tongue fur that is thin, white and dry. With warm dryness there is fever, slight aversion to wind and cold, slight sweating, a dry nose and throat, a sore throat, thirst, heart vexation, and a dry cough or a small amount of sticky phlegm. The phlegm often has threads of blood, the cough causes pain in the chest, the qi is counterflow, the urine is short and red, the stools are dry and bound, the tongue body is red and the tongue fur is slightly yellow and dry.

Analysis

When dry evil and cold evil bind together and invade the flesh and exterior, the cold evil fettering the exterior causes an aversion to cold, fever, a slight headache and a lack of sweat. Dryness evil damages the fluids and the diffusing and downbearing of the lung, hence there is a dry mouth and nose, cough with little phlegm, and tongue fur that is thin, white and dry. If dryness evil and warm evil bind together and invade the body, at the beginning there can be fever with a slight aversion to wind and cold.

Warmth and dryness together damage the fluids, causing the dry mouth, nose and throat, thirst, sore throat, short, red urine and dry, bound stools to be even more severe. When the fluids are damaged, the source of sweat is insufficient, hence there is diminished sweating. Dryness heat damages the lung. When the lungs lack moisture they fail in their job of diffusing and downbearing, hence there is dry cough, cough that causes pain in the chest and qi counterflow. A small amount of phlegm with threads of blood is a sign of phlegm dryness. A red tongue and fur that is slightly yellow and dry govern heat and an insufficiency of fluids.

Treatment method

For cool dryness, use acrid and warm substances to resolve the exterior, diffuse the lung and moisten dryness. A representative formula is *xing su san* (Apricot Kernel and Perilla Powder). For warm dryness, use acrid, cool, sweet and moistening substances. A representative formula is *sang xing tang* (Mulberry Leaf and Apricot Kernel Decoction).

Comment

Cool dryness and warm dryness are differentiated primarily by combining the time and the weather with the signs and taking these as the entrance into an analysis of the pattern identification. The two both must have the dryness pattern sign of an insufficiency of fluids, but cool dryness is combined with cold evil fettering the exterior and the dryness signs are relatively light, whereas warm dryness is combined with warm heat and so there is heat exuberance and the signs of dryness damaging the fluids are clearer.

Fire evil disease pattern

Fire is extreme heat. The heat image of fire is even more obvious and the characteristic nature of fire is upward flaming. The nature of fire and heat are the same, hence they are often called 'fire-heat.' The emergence of a fire pattern can be

caused by direct contraction of warm heat disease evil and it also can transform from the five qi of wind, cold, summerheat, damp and dryness, which is called 'five qi transforming into fire.' Also, it can be produced by a lack of regulation of the yin and yang of the viscera and bowels, or excessive emotion causing qi depression to transform into fire, which is called 'five emotions transforming into fire.' Usually, external contraction is called 'warm heat' and fire patterns are generally ascribed to internal generation. Here, there will be a discussion of externally contracted fire heat pattern.

Fire is a yang evil; its nature is inflamed heat. Fire has a tendency to rise, to scorch fluids, and it easily generates wind stirring the blood. Characteristics of diseases caused by fire are: (1) exuberant hyperactivity of yang heat with obvious heat images; (2) red face and red eyes; (3) depletion injury of the fluids; and (4) clouded spirit, tetanic reversal or bleeding, and eruption of macules.

Signs

These include high fever, aversion to heat, heart vexation, thirst, sweating, a red face and eyes, short and red urine, dry and bound stools, a red crimson tongue with dry yellow fur, possibly with prickles, and a rapid and forceful pulse. There may be swelling and pain of the throat and swelling and pain of the gums. Or, there may be high fever, clouded spirit, delirious speech, staring upward of the two eyes, convulsions of the four limbs and arched-back rigidity. Or, it may be accompanied by many kinds of bleeding, like vomiting blood, nose bleeding, bloody stools, bloody urine, maculopapular eruptions of the skin, etc. Also, if there is protrusion and swelling of sores and abscesses, red thread clove sores, etc., all of these have a relationship to the external contraction of wind evil.

Analysis

Fire is extreme heat, hence with contraction of five evil there is a high fever with aversion to heat. Heat harassing the heart spirit causes heart

vexation. Fire heat distressing the fluids and causing outside drainage causes sweat. Fire scorching and damaging the fluids causes a dry mouth with a preference for cold fluids, short, red urine and dry, bound stools. Fire heat steaming upward causes redness of the head and face. A red-crimson tongue and yellow dry fur, possibly with prickles, and a rapid, forceful pulse govern exuberant hyperactivity of fire heat. Lung and stomach fire heat inflammation causes swelling and pain of the throat or the gums. Fire evil misting and closing the heart orifice causes clouded spirit and delirious speech. Fire exuberance stirring wind or wind and fire fanning each other causes convulsions of the four limbs, upward staring and arched back rigidity. Fire heat distressing the blood and causing frenetic movement can cause various types of bleeding or maculopapular eruptions. Red, swollen and protruding sores and welling abscesses and red thread clove sores are caused by fire evil combined with toxins.

Treatment method

The method is to clear the heat and possibly drain the fire combined with resolving toxins. A representative formula is bai hu tang (White Tiger Decoction) or huang lian jie du tang (Coptis Toxin Resolving Decoction).

Comment

Externally contracted fire evil, commonly seen in warm heat diseases, in the beginning causes fever, slight aversion to wind and cold, and headache. As it continues, and the heat is not cooled, then there is high fever, aversion to heat, vexing thirst and copious sweating. Heat entering the construction blood then causes high fever, heart vexation, clouding spirit, delirious speech and the generation of wind stirring the blood. With internally generated fire heat pattern, generally there is no fever. The yang exuberance is ascribed to repletion fire and can be seen in heart, liver, lung, stomach, etc., fire patterns. In addition to the general heat signs, heart fire exuberance generally manifests with vexation and insomnia, manic agitation and

frenetic movement, and ulcers of the mouth and tongue. Liver fire exuberance generally manifests as rashness, impatience and irascibility, red face and eyes, and headache. Stomach fire exuberance generally has the signs of vexing thirst, and swelling and pain of the gums. In lung fire exuberance there is generally a sore throat, cough, coughing up of thick, yellow phlegm or phlegm with pus and blood. Yin vacuity fire exuberance is ascribed to vacuity fire and generally there is vexing heat of the five hearts, tidal fever, night sweats, red cheeks, a crimson tongue without fur, and a fine, rapid pulse.

Pattern identification of the seven affects

The seven affects are joy, anger, anxiety, thought, sorrow, fear and fright. They are seven kinds of emotional transformation. Different emotional transformations have different effects upon the internal viscera. Under normal circumstances, the seven affects are a person's different reflections of objective reality. The normal movement of the seven affects cannot cause disease. There are two kinds of circumstances that are the primary reasons the seven affects can create disease. First is a sudden violent reaction of the essence-spirit. Second is the influence of exceptionally long term or repeated essence-spirit reactions. Both can cause the viscera and bowels, qi, blood and yin and yang of the body to lose regulation, and chaotic counterflow of the qi dynamic causing the emergence of disease.

On the relationship of the seven affects and the internal viscera, the Su Wen: Yin Yang Ying Xiang Da Lun states: 'Man has five viscera which transform the five qi and generate joy, anger, sorrow, anxiety and fear.' This means that changes in emotion-affect take the essence-qi of the five viscera as their basis. It also says: 'Anger damages the liver ... Joy damages the heart ... Thought damages the spleen ... Sorrow damages the lung ... Fear damages the kidney.' The Su Wen: Ju Tong Lun also says: 'The hundred diseases are generated in the qi. Anger causes qi

to rise, joy causes qi to slacken, sorrow causes qi to disperse, fear causes qi to descend ... fright causes qi to become chaotic ... anxiety causes qi to bind.' This means that different affects have different influences on the five viscera. Most importantly they influence the qi dynamic of the viscera and bowels, causing the emergence of disease.

Disease caused by the seven affects is different from the six excesses. The six excesses cause disease by entering through the skin or the mouth, while the effect of the seven affects in the emergence of disease is related to a direct influence on the internal viscera. Hence, it is called 'internal damage of the seven affects.' Of the disease patterns of damage of the seven affects, the three most commonly seen patterns are those of the heart, liver and spleen; although any of the other viscera or bowels may also be influenced.

Joy damage pattern

Joy damage pattern refers to a disease pattern in which excessive joy damages the heart and spirit.

Signs

After excessive joy, the essence-spirit is abstracted; there is incoherent speech and erratic behavior. The pulse is fine and faint.

Analysis

The heart governs the blood and stores the spirit. Normal joy can relax and calm nervousness, causing harmonization of the qi and blood, freeing of the construction and defense, and comfortable movement of the heart affect. However, excessive joy can also cause the heart qi to disperse and the spirit to fail to settle inside, manifesting as abstraction of the essence-spirit, incoherent speech and erratic behavior. When the heart qi is vacuous, the pumping movement lacks force, the blood vessels are insufficiently filled and so the pulse is fine and weak.

Treatment method

The method is to nourish the heart and calm the spirit. A representative formula is yang xin tang (Heart Nourishing Decoction).

Anger damage pattern

Anger damage pattern refers to a disease pattern caused by anger damaging the liver, in which the liver lacks coursing and discharging and the qi dynamic is depressed and stagnant.

Signs

With exuberant anger, the qi rises counterflow, the face and eyes are red and there is dizziness. In extreme cases there can be sudden clouding reversion or vomiting of blood. After the anger, there often is emotional depression, a tendency to be easily angered, chest oppression and a predilection for sighing, distention and pain of the chest and rib-side or the breast and the lesser abdomen. The pulse is string-like, or string-like and rapid.

Analysis

The liver stores blood and governs coursing and discharging. Anger causes the qi to rise, hence when there is exuberant anger, qi rising counterflow can be seen. The blood follows the qi counterflow causing a red face and red eyes and dizziness. Extreme cases cause the blood to rise and block the clear orifices so that there is sudden clouding reversion. The Su Wen: Sheng Qi Tong Tian Lun states: 'Great anger causes counterflow movement of qi and causes blood to rise creating sudden reversal.' Or, the liver qi flows counterflow distressing the blood and causing frenetic movement of the blood and producing vomiting of blood, etc. After the anger, the liver fails to course and discharge, the liver qi becomes depressed and bound and the qi dynamic is not free, so that there are even more manifestations of emotional depression, a tendency to be easily angered, chest oppression and sighing. The liver channel follows the lesser

abdomen, wraps the rib-side, passes through the diaphragm and enters the lungs, hence binding depression of liver qi and blockage of qi and blood of the liver causes distention and pain of the rib-side, the breasts and the lesser abdomen. With exuberant anger or binding depression of liver qi, the liver qi loses softness, hence the vessels become tense and there is a string-like or rapid and string-like pulse.

Treatment method

When there is exuberant liver fire, diffuse, clear and drain the liver fire. A representative formula is long dan xie gan tang (Gentian Liver Draining Decoction). When there is binding depression of liver qi, diffuse and course the liver and resolve the depression. A representative formula is xiao yao san (Free Wanderer Powder).

Anxiety damage pattern

Anxiety damage pattern is a disease pattern that refers to excessive anxiety damaging the lung organ, and entering and influencing the spleen.

Signs

These include deeply depressed affects, cough, shortness of breath, copious, thin phlegm, a diminished appetite, abdominal distention, sloppy stools, lack of strength in the four limbs, and a vacuous and forceless, or rough, pulse.

Analysis

The lung governs qi and manages breathing. When anxiety damages the lung, the anxiety causes the qi to become deep and the qi dynamic to be blocked, hence there is deep emotional depression. Because the disease of the son affects the mother, the spleen loses its ability to fortify and transport, the lung loses its ability to diffuse and downbear and so damp creates phlegm, which blocks the lung, resulting in cough and thin, white phlegm. When the spleen is unable to fortify and transport, this causes diminished appetite, abdominal distention and sloppy stools.

When the spleen is vacuous and the qi weak, this causes shortness of breath, lack of strength in the four limbs and a vacuous, forceless pulse. When anxiety damages the lung and causes the qi to become deep, then the pulse is rough.

Treatment method

This is to fortify the spleen, dry the damp, and transform the phlegm. A representative formula is chen xia liu jun tang (Six Gentlemen Decoction).²

Thought damage pattern

Thought damage pattern is a disease pattern that refers to excessive thought and pre-occupation damaging the heart and spleen.

Signs

These include fatigue and lack of strength, diminished appetite and torpid intake, abdominal distention after eating, sloppy stools, heart palpitations, shortness of breath, insomnia, forgetfulness, a thin and emaciated form, lack of luster in the facial color or withered yellow facial color, and a deep and fine, or bound, pulse.

Analysis

Thought emerges in the spleen and is created in the heart, hence excessive thought and pre-occupation can damage the heart and spleen. When the spleen qi is damaged, it fails in its duty of transportation and transformation resulting in diminished appetite, torpid intake, abdominal distention after eating and sloppy stools. When the spleen qi is vacuous, the source of the production of blood is insufficient and, adding to this excessive anxiety and pre-occupation, the heart blood is depleted and the heart lacks nourishment, hence there are heart palpitations, shortness of breath, insomnia and forgetfulness. When the spleen is vacuous, it is unable to transport and transform water, grains, essence and qi to fill and nourish the body, hence the form is thin and there is fatigue and

lack of strength. When qi and blood are vacuous, they are unable to rise and luxuriate the face, resulting in a facial color without luster or a withered yellow complexion. When qi and blood are insufficient, the qi binds in the interior, hence the pulse is deep and fine or bound.

Treatment method

The method is to supplement and boost the heart and spleen. A representative formula is gui pi tang (Spleen Returning Decoction).

Sorrow damage pattern

Sorrow damage pattern is a disease pattern that refers to excessive grief damaging the heart and lung.

Signs

These include shortage of qi, lack of strength, laziness in speaking, spontaneous sweating, deep and dispersed reflection, sorrow with a tendency to cry easily, a pale, miserable complexion and a fine, weak pulse.

Analysis

The lung governs qi; the heart governs blood and stores spirit. The Su Wen: Ju Tong Lun states: 'Sorrow results in qi dispersal.' The Ling Shu: Kou Wen Pian states: 'Sorrow and anxiety result in stirring of the heart.' The Su Wen: Ju Tong Lun states: 'Anxiety results in tenseness of the heart system and pressure on the lung. The upper burner is not free, the defense cannot dissipate and there is heat in the center, hence the qi is dispersed.' The Ling Shu: Ben Shen Pian states: 'When the heart qi is vacuous, the result is sorrow.' When there is sorrow damage over a long time, the lung qi is damaged, which results in diminished qi and lack of strength, a laziness in speaking and spontaneous sweating. When the lung qi is vacuous it causes the functioning of the ancestral qi to be reduced, which can cause heart qi vacuity with results such as the manifestation of deep and dispersed reflection,

and sorrow with a tendency to cry easily. Sorrow damage to either the heart or to the lung causing qi vacuity can result in damage to the other organ. When qi is vacuous it is unable to push and move the blood fluids to rise and luxuriate, which results in a miserable, white facial complexion. When the blood-moving pump has no force, this results in a fine, weak pulse.

Treatment method

Supplement and boost the heart and lung. A representative formula is *bao yuan tang* (Origin Preserving Decoction) or *sheng mai san* (Pulse Engendering Powder).

Fear damage pattern

Fear damage pattern is a disease pattern that refers to excessive fear damaging the heart and kidney.

Signs

These include apprehensiveness and lack of peace, often closing the door as if someone were coming to seize or arrest the person, urinary and fecal incontinence and a deep pulse.

Analysis

Excessive fear results in dispersal of the spirit qi. The *Ling Shu*: *Ben Shen Pian* states: 'Fear: the spirit is swaying and in dread and is not settled.' Hence when there is fear damage there is often apprehensiveness and unsettledness, leading to keeping the door shut as if someone were coming to seize or arrest the person. Excessive fear also can cause to kidney qi to fall. The *Su Wen*: *Ju Tong Lun* states: 'Fear results in qi lowering,' which manifests with the image of kidney qi not securing and containing, resulting in urinary and fecal incontinence. When qi falls, the pulse is deep.

Treatment method

Nourish the heart, calm the spirit and secure the kidney. A representative formula is *yang xin*

tang (Heart Nourishing Decoction) with medicinal agents for securing the kidney.

Fright damage pattern

Fright damage pattern is a disease pattern that refers to receiving excess fright, hearing a fearful noise, or hearing of a fearful matter, seeing a frightening event or thing, or unexpectedly experiencing temporary danger causing failure of the heart spirit to confine itself and failure of the kidney to secure and contain.

Signs

These include heart palpitations, flusteredness, panic, staring of the eyes without turning, an inability to call out, chaotic spirit-mind, uncontrollable talking of nonsense and a stirred pulse.

Analysis

The *Su Wen*: *Ju Tong Lun* states: 'Fright results in chaotic qi ... fright results in the heart lacking support, the spirit lacking a home or a place to settle.' Hence, when there is excessive fright there are heart palpitations, flusteredness, panic, staring of the eyes without turning, chaotic spirit-mind and uncontrollable talking of nonsense. A stirred pulse governs fright.

Treatment method

The method is to settle the fright and calm the spirit. A representative formula is *ci zhu wan jia wei* (Modified Lodestone and Cinnabar Pill).

Pattern identification of diseases due to food, drink and taxation fatigue

Food, drink and exercise are essential conditions for human protection of health and maintenance of life. Normal food and drink and suitable

levels of exercise aid in the generation, growth, development and health of the human body. But inappropriate food and drink or lack of exercise or taxing exercise can also cause disease. Clinically they are divided into the two categories of damage from food and drink, and taxation fatigue damage.

Food and drink damage disease pattern

Food and drink damage disease pattern refers to a disease pattern of damage to the spleen and stomach caused by dietary irregularities. The Su Wen: Bi Lun states: 'Overeating or overdrinking, the intestines and stomach will be damaged.' Clinically, commonly seen food and drink damage includes food damage, food accumulation and food reversal. Other than these, unclean food can cause the emergence of dysentery, cholera, intestinal cold damage and parasitic disease. Eating food such as meat that is rotting, globefish, poisonous mushrooms, etc., can cause toxicosis. Having a predilection for food or drink that is cold, hot, excessively fatty, sweet or greasy can produce the generation of phlegm, the generation of damp, transformation into heat, and other disease patterns. Here the three commonly seen patterns will be introduced.

1. FOOD DAMAGE

Food damage refers to a disease pattern caused by damage to the spleen and stomach by food and drink. Within the texts on Chinese medicine, 'food vomiting,' 'food accumulation vomiting,' 'food diarrhea' and 'food stagnation stomach duct pain' are all ascribed to food damage.

Signs

These include sour and rotten vomit, distention and fullness of the abdomen, rotten and malodorous belching, aversion to food, abdominal pain, intestinal rumbling, diarrhea, diminishing

of abdominal pain after discharge, and then return of the pain, rotten and malodorous fecal matter, a thick, slimy tongue fur and a slippery and replete pulse.

Analysis

When there are dietary irregularities, such as voracious eating or drinking, or eating excessive amounts of fatty, greasy, raw or cold foods, etc., these can damage the spleen and stomach, causing food stagnation and a lack of transformation and accumulation in the stomach and intestines. Or, damage can be caused by a vacuous spleen not transporting, causing food stagnation in the center. When food and drink damage the spleen and stomach, the stomach fails to downbear, causing sour and rotten vomit, rotten and malodorous belching and aversion to food. When the qi mechanism of the middle burner is blocked or stagnated, this results in distention and pain of the epigastrium and stomach, intestinal rumbling and diarrhea. After discharge, the turbid qi has been poured downward and so the pain is reduced, but generally after recovery it recurs. If there is excessive intake of meat, fatty or greasy foods, then the fecal matter generally carries a foul and malodorous odor. Fur that is thick and slimy and a slippery, replete pulse govern food stagnation.

Treatment method

This is to disperse the food and abduct the stagnation. A representative formula is *bao he wan* (Harmony Preserving Pill).

2. FOOD ACCUMULATION

Food accumulation is a disease pattern that is generally due to abnormal transportation and transformation by the spleen and stomach causing food matter to accumulate and stagnate. The *Zhong Guo Yi Xue Da Ci Dian* states: 'Food accumulation: food damage creating accumulation.' This pattern is due to excessive intake of food matter, with an inability to disperse and

transform it, causing collection and stagnation in the center.

Signs

These include glomus oppression in the chest and stomach duct, or hardness with glomus lumps, abdominal pain that is worse with pressure, bound stools, torpid intake, reduced appetite, rotten belching, acid regurgitation, thick, slimy tongue fur and a slippery and rapid pulse.

Analysis

This pattern is food damage creating accumulation. When food accumulates, collects and stagnates, the qi mechanism is not free, which results in glomus oppression of the chest and stomach duct or hardness with glomus lumps. Food accumulation, collection and stagnation is a repletion evil, hence the abdominal pain is worse with pressure. Food accumulation transforming into heat results in bound stools. When food accumulation collects and stagnates, the stomach is unable to downbear, which results in diminished appetite, belching and acid regurgitation. A thick and a slimy tongue fur and a slippery and rapid pulse govern food accumulation.

Treatment method

The method is to disperse the accumulation and abduct the stagnation. A representative formula is *zhi shi dao zhi wan* (Unripe Bitter Orange Stagnation Abducting Pill).

ADDENDUM: Gan accumulation

Gan accumulation refers to a type of chronic disease in children that is due to a lack of appropriate food and drink, unclean food and drink or lack of regulation after disease, causing vacuity detriment of the spleen and stomach impeding the reception of nourishment.

Signs

These include a thin and emaciated body, a withered yellow complexion, lusterless hair, listless spirit or vexation, agitation and crying, disquieted sleep, unsettled intake of food or indulging in eating abnormal matter, irregular stools, distended and large abdomen with prominent abdominal veins or a sunken abdomen, like a ship, slowed development and possibly a low fever. The tongue fur is slightly yellow and dry or slimy, and the pulse is fine and rapid or fine and weak.

Analysis

The viscera and bowels of children are tender; their form and qi have not been filled. If food and drink are in excess, or there is too much fatty, sweet, raw or cold foods, or the food and drink are not clean, this can damage the spleen and stomach, or if there is a lack of regulation after an illness and there is vacuity detriment of the spleen and stomach, then the stomach's functions of receiving, rotting and ripening and the spleen's functions of transportation and transformation are diminished and weakened, hence the food does not settle. If there is an intake of abnormal matter, the abdomen is large and distended and the bowels are not regulated. If there is vacuity detriment of the spleen and stomach, the transformative source of the qi and blood is insufficient and the body and viscera and bowels lack nourishment, hence the body is thin, the abdomen is sunken like a boat, and growth and development are slowed. When the qi and blood are unable to rise and luxuriate the face, the facial complexion is a withered yellow. When qi is vacuous, the movement of blood is obstructed, which results in prominent abdominal veins. Hair is the surplus of blood; when blood does not nourish the hair there is no luster. When qi and blood are unable to nourish the spirit, the essence-spirit is listless and unsettled. When yin blood is insufficient, yin vacuity generates internal heat, liver fire has a tendency to exuberance and this results in vexation, agitation and crying, disquieted sleep or a low fever. Fur that is slimy and a fine, weak pulse indicate spleen vacuity with accumulation stagnation. If the tongue is red and the fur slightly yellow and dry and the pulse is fine and rapid, this is yin vacuity heat.

Treatment method

Disperse the food and abduct the stagnation, fortify the spleen and disperse the accumulation. If there is

spleen and stomach qi vacuity, also fortify the spleen and boost the qi. If there is yin vacuity with heat also enrich the yin and clear the heat. A representative formula is fei er wan (Chubby Child Pill).

Comment

Physicians have historically placed gan accumulation as one of the four major patterns of pediatrics. The scope of food accumulation is extremely broad, including diseases of many names that were identified according to the original cause and their clinical manifestation. The Xiao Er Yao Zheng Zhi Jue divides them into: 'internal and external gan signs of the five viscera' while simultaneously pointing out that most importantly the disease is in the spleen and stomach. It says: 'Gan is a disease of the spleen and stomach, which occurs as a collapse of the fluids.' The Xiao Er Wei Sheng Zong Wei Lun Fang divides it into the five categories of: liver gan, heart gan, spleen gan, lung gan and kidney gan. The Ying Tong Bai Wen has two questions about gan accumulation and gan damage and, besides the discussion of the five gan, in the chapter on gan damage the discussion is divided into 13 types of gan signs. The Yi Zong Jin Jian lists 19 types. Customarily it is differentiated according to the different signs seen in the five viscera, which indicate liver gan, heart gan, spleen gan, lung gan or kidney gan. Among the five types of gan, spleen gan is the most commonly seen and the next most common is liver gan.

3. FOOD REVERSAL

Food reversal, also called 'food stroke,' is ascribed as one of the reversal patterns. It is generally due to excessive drunkenness and fullness, combined with contraction of wind-cold, or exacerbated by anger causing food stagnation in the center, lack of movement of the stomach qi, and qi counterflow rising and obstructing and closing the clear orifices.

Signs

These include sudden clouding reversal after eating one's fill, stifling or suffocating breathing, distention and fullness of the stomach duct and abdomen, an inability to speak, an inability to raise the limbs, thick, slimy tongue fur and a slippery and replete pulse.

Analysis

Excessive drunkenness and fullness, combined with contraction of wind-cold or exacerbated by anger, causes qi counterflow and food rising and obstructing and closing the clear orifices, which results in reversal counterflow clouding, stifling breathing, an inability to talk and an inability to raise the limbs. Food stagnating in the center results in abdominal distention and fullness. Thick, slimy tongue fur and a slippery, replete pulse govern food stagnation.

Treatment method

First use the ejection method to induce vomiting then, according to the different causes, either resolve the exterior and harmonize the center or rectify the qi and harmonize the center. A representative formula is huo xiang zheng qi wan (Agastache Qi Righting Pill) or ping wei san jia wei (Modified Stomach Calming Powder).

Comment

Food reversal is so named because there is sudden emergence of reversal counterflow clouding due to eating. It is named food strike from its similarity to signs of wind stroke, but there are no signs of hemiplegia or wryness of the mouth and eyes, etc. Hence, it is ascribed as one kind of wind stroke and the pattern caused by food is called 'food stroke.' The disease cause and disease dynamic of food reversal and wind stroke are basically the same. The emergence of the disease is closely related to food and drink. After much vomiting, the patient awakes. After awakening usually there is glomus and oppression in the chest and diaphragm or sour vomit and acid regurgitation. However, when the length of time of food stroke clouding is long, after waking there may be wryness of the mouth and eyes, hemiplegia and inhibited speech.

Taxation fatigue damage disease pattern

Taxation is taxation detriment; fatigue is languor.

Taxation fatigue refers to a group of diseases that are caused by vacuity detriment. Usually they are referred to as 'damage by the five taxations.' The Su Wen: Tiao Jing Lun states: 'When there is taxation fatigue, the form of the qi is debilitated and diminished, the grain qi is not exuberant, the upper burner has no movement, the lower stomach duct is not free, the stomach qi is hot, hot qi swelters in the chest, hence there is internal heat.' The Yi Jia Si Yao states: 'Incorrect transportation of the spirit mechanism results in heart taxation, exhausting the heart with concern results in liver taxation, accidentally thinking excessively results in spleen taxation, affairs with sorrow result in lung taxation, excessive indulgence in sex results in kidney taxation.' The Yi Xue Gang Mu states: 'What are the five taxations? Heart taxation is blood consumption, liver taxation is spirit detriment, spleen taxation is food detriment, lung taxation is qi detriment, kidney taxation is essence detriment.' The Su Wen: Xuan Ming Wu Qi Pian states: 'Looking for a long time damages the blood, lying down for a long time damages the qi, sitting for a long time damages the flesh, standing for a long time damages the bones, walking for a long time damages the sinews. These are the damages of the five taxations.' Therefore, taxation fatigue damage refers to an imbalance of activity and rest or excessive sexual taxation, which causes detriment damage to the viscera and bowels, qi, blood, yin and yang, which results in vacuity detriment taxation damage pattern due to insufficiency and vacuity of the five viscera. It does not refer to the fatigue experienced after normal exercise. Below are the signs of the five taxations according to the Zhong Yi Ming Ci Shu Wu Xuan Shi.

Heart taxation is due to taxation detriment of the heart blood. The primary signs are heart vexation, insomnia, palpitations, and being easily frightened.

Liver taxation is due to stimulation of the essence-spirit damaging the liver qi. The primary signs are dim vision, pain of the two rib-sides and chest, slack and relaxed sinews and vessels, and difficulty in moving.

Spleen taxation is due to irregular eating or anxiety and thought damaging the spleen. The

primary signs are emaciation, fatigue of the four limbs, diminished appetite, distention and fullness caused by eating, sloppy stools, etc.

Lung taxation is either (1) due to vacuity detriment of the lung qi; primary signs are cough, fullness of the chest, back pain, fear of cold, thin and pale face without luster, and withered and dry skin and hair; or (2) due to pulmonary consumption.

Kidney taxation is due to excessive sexual desire damaging the kidney qi. The primary signs are seminal emission, night sweating, steaming bones and tidal fever. In extreme cases there is lumbar pain as if the bones are broken, and withering of the lower limbs with an inability to stand.

Besides the primary signs of the organs described above, taxation fatigue is also combined with the pattern identification of the viscera and bowels, qi, blood, yin and yang. Usually it manifests as qi vacuity, blood vacuity, dual vacuity of qi and blood, yin vacuity or yang vacuity. It also is important to consider the areas of relationship in qi, blood and body fluid pattern identification and viscera and bowel pattern identification.

Pattern identification of external injury and damage by insects, snakes and other animals

External injury includes falls, attacks, incisions, knife wounds, gunshots, contusions, fractures, strains from carrying extremely heavy loads, burns, frostbite, insect and animals bites, etc.

Falls, contusions and incisions

Important points for pattern identification are as follows.

1. Is the injury caused by a fall, contusion or incision?

2. Does the injured area have stagnation, swelling and pain or is there blood flowing from the mouth of the wound?
3. Is the function impaired or the form damaged (for example, fractured bones or joint dislocation)?
4. If there is serious injury to the internal organs, excessive blood flow or extreme pain, then yang collapse and yin collapse may manifest.

Treatment method

If the mouth of the injury is bleeding, then first it is necessary to stop the bleeding. If the mouth of the injury is relatively shallow, and the blood is flowing slowly, then stop-bleeding powders such as yun nan bai yao (Yun Nan White Medicine) or tian qi mo (notoginseng) and tao hua san (Peach Blossom Powder) can be spread on the mouth of the injury to stop bleeding. Also, wan hua you (Ten Thousand Blossoms Oil) or hong hua you (Carthamus Oil) may be placed on the mouth of the injury. Then dress the injury. If the mouth of the injury is relatively large and the blood is relatively copious, there should be immediate clearing and suturing of the injury. If, at the time, there is no possibility of clearing and suturing, then first bind the wound and apply pressure and then proceed with further treatment.

ADDENDUM: Tetanus

Tetanus is also called 'incised wound tetany.' Tetanus in newborn children is also called 'umbilical wind.' This is a type of disease pattern with convulsions caused by an area on the skin being damaged and contracting wind evil (*Bacillus tetani*, *Clostridium tetani*). Because it is due to incision damage, hence it is called 'incision damage wind.' The incubation period is usually 4 to 14 days; however, it can be 24 hours or 1 or 2 months. The shorter the incubation period, the stronger the disease circumstances.

Signs

In the early stages there is tension and spasm at the

area of the injury and in the masseter muscle of the face. As it progresses, there is difficulty in speaking, swallowing and urinating and stiffness of the neck. Typical signs are muscular spasms and clonic convulsions. The spasms begin in the muscles of the head and face and then advance to the entire body. Other signs include a forced, bitter smile on the face, a tightly closed jaw, neck stiffness, arched-back rigidity, difficulty in breathing, green-blue or purple lips, difficulty in urinating, a string-like, rapid pulse, etc.

Analysis

In this pattern, first there is an incision or puncture wound and then wind evil invades through the mouth of the wound and convulsions develop. The convulsions are muscular spasms and clonic convulsions.

Treatment method

This is to dispel the wind and settle the tetany, clear the heat and resolve the exterior. A representative formula is yu zhen san (True Jade Powder) or wu hu zhui feng san jia wei (Modified Five Tigers Chasing the Wind Powder).

Burn damage

Important points of pattern identification

1. Is there burn damage or scalding damage?
2. Is the area of the injury red, swollen, hot or painful? Have water blisters arisen, or is there leather-like skin around the wound; is it burnt yellow or charred? In serious injuries there is damage to the flesh, tendons and bones as well as consumption of the yin fluids.
3. If the face of the burn is extremely large, covering more than 30% of the body's exterior, or if there are third degree burns on more than 11% of the body, this often causes internal fire heat, manifesting as fever, vexation and agitation, clouded spirit, delirious speech, panting and hasty breathing, dry mouth, thirst, diminished urine, red-crimson tongue, etc. In extreme cases there may be yin exhaustion and yang desertion resulting in death.

Treatment method

Burns are similar to warm heat disease evils and the pattern identification and treatment principles follow the same rules as warm heat disease diagnosis and treatment. In general, medicinal agents that clear heat, resolve toxins and cool blood are used. Also, four aspect pattern identification can be considered. If the area of the burn is small, then use wan hua you (Ten Thousand Blossoms Oil) and then advance further in treatment.

Frostbite

Important points of pattern identification

1. History of frostbite: has there been exposure to extreme cold causing frostbite of the limbs or body, or did remaining in icy and snowy weather for a long period of time cause frostbite to the body?
2. When the area of frostbite is relatively small, this is called 'chilblains.' This manifests as numbness, swelling, purple skin and itchy pain. Or if the entire body has frostbite then there is inflexible movement, icy cold skin and grayish white or purple skin. Serious cases cause the area of the frostbite to become purple-black and then die. If the area is broken by scratching, this results in erosion of the area and scarring.
3. If there is frostbite of the entire body, this is called 'cold stiffening.' There may be signs of congealing and stagnating blood such as a drop in body temperature, faint breathing, gray-white or green-blue-purple facial complexion, green-blue-purple lips, reverting cold of the four limbs, and a deep, fine and weak pulse. In serious cases, the yang qi may be debilitated, resulting in a severe situation.

Treatment method

If there is frostbite of the entire body or cold stiffening, it is necessary to leave the cold environment immediately and protect with suitable warmth. In mild cases give drinks such as

jiang tang cha (Ginger and Sugar Tea). In more severe cases, it is necessary to warm the yang and disperse the cold, and harmonize the construction and defense. A representative formula is gui zhi tang (Cinnamon Twig Decoction) with dang gui (tangkuei/radix angelicae sinensis), or dang gui si ni tang (Danggui Counterflow Cold Decoction). If there is just an isolated area of frostbite, then medicinal agents that move qi and quicken the blood may be decocted and used to wash the area.

Damage by snakes and animals

Damage by insects and animals includes bites by poisonous snakes, fierce animals, rabid dogs and bee stings. In mild cases there is only swelling and pain of the area or perhaps bleeding. In serious cases there can be signs of toxin stroke of the entire body, which can be critical and even result in death. Those that have the greatest influence on human life are poisonous snakes and rabid dog bites.

1. POISONOUS SNAKEBITE

After being bitten by a snake, first it must be ascertained whether or not the snake was poisonous.

If the snakebite was not poisonous, the area is slightly painful but not red or swollen and the teeth marks are small and lined up like the teeth of a saw (see Fig 6.1). There is no pain or swelling in the nearby lymph nodes.



(A) Various teeth marks of toxic snakes



(B) Teeth marks of non-toxic snakes

Fig. 6.1 (A) Various teeth marks of toxic snakes. (B) Teeth marks of non-toxic snakes.

If the snakebite was poisonous, then the mouth of the injury is numb or painful, there is swelling and distention, it becomes purple, and there may be necrosis. The teeth marks are relatively large and deep. The nearby lymph nodes become swollen and painful. Clinically the patterns are divided into three types: wind toxin, fire toxin and wind and fire toxin.

A. WIND TOXIN (NERVE TOXIN)

This is seen in bites from silver-ringed snakes (*Bungaro*), gold-ringed snakes (*Bungarus fasciatus*) and sea snakes.

Signs

These include toxic teeth marks, with numbness at the mouth of the wound, no pain or slight pain, and no swelling, but numbness and impediment to use gradually developing upward; the nearby lymph nodes may swell and become tender. About 1–3 hours after the bite there is dizziness and headache, vomiting, chest oppression, drooping of the eyelid, blurred vision, inflexible movement of the eye in the socket, and finally cessation of breathing and death.

B. FIRE TOXIN (BLOOD TOXIN)

This is seen in bites of vipers, *Agkistrodon halys* (blue-green bamboo snake), *Agkistrodon acutus*, etc.

Signs

These include toxic teeth marks: the mouth of the wound first oozes blood and then pours blood, there is pain like a knife wound, and it is extremely red and swollen or there are water blisters. The nearby lymph nodes are swollen and painful. There is bleeding under the skin or in the viscera (vomiting blood, nose bleeds, bloody stools and bloody urine can be seen), jaundice, etc. Accompanying symptoms are chills and fever. In serious cases there can be difficulty

in breathing, reduction and weakness of the heartbeat or water swelling, green-blue-purple lips and nails, and a skipping and forceless pulse. This often results in death.

C. WIND AND FIRE TOXIN (MIXED TOXINS)

These are signs of wind toxin and fire toxin together. They are seen in cobra or great cobra bites.

Signs

These include toxic teeth marks: the mouth of the wound is purple-red colored or purple-black colored, while the center of the wound is numb and there is hot, red swelling on the edges or water blisters, or blood blisters, often quickly changing to black edges or necrosis and ulcerations. There is accompanying dizziness and headache, chills and fever, nausea, vomiting, pain and tenderness of the entire body, shrinking of the eye sockets, jaundice, etc. In serious cases, there is generally death.

Treatment method

In cases such as the ones described above, it is necessary to use emergency treatment such as the burning method, expanding the wound method or the sucking method to remove the toxin. It is possible to bind the proximal end of the wounded limb temporarily so as to diminish the absorption of toxins. Then, as soon as possible, use medicinal agents to treat snakebite such as she shang jie du pian (Resolve Toxic Snake Bite Tablets) or she shang jie du zhu she ye (Resolve Toxic Snake Bite Injection).

2. RABID DOG BITES

Rabid dogs refer to dogs that have rabid toxin disease. Rabies is a disease that is caused by being bitten by a rabid dog, a dog or some other animal such as a wolf or a cat carrying the rabies toxin, or by the saliva of such animals entering a pre-existing wound. The shortest incubation period is 10 days and the longest, according to

reports, is $9\frac{1}{2}$ years. In general, the disease develops within 3 months.

The form and bearing of rabid dogs includes an extended tongue, dripping saliva, lowered head, drooping ears, red eyes, tucked tail, and nervous walking without direction.

Signs

At the beginning of the disease, the essence-spirit is withered, there is a lack of strength, and an unsettled appetite, nausea, headache, insomnia, etc. The healed wound may experience a recurrence of pain and numbness, or there may be a sensation of ants walking over the skin. As it continues, there is excitement, fearfulness, vexation and agitation, fear of light, fear of sound, fear of wind and fear of water. The most significant is the fear of water. The patient is extremely thirsty and desires fluids, but when the water glass is near there are spasms of the throat and convulsions. In extreme cases, upon hearing the sound of water, or seeing water, the throat spasms and full body fright reversion manifests, with the face taking on a fearful expression. There is sweating and more saliva than normal. This continues for 1–3 days, and then, finally, there is paralysis and the breathing and heartbeat gradually diminish and weaken until death.

Treatment method

The method is to dispel the wind, resolve the toxins and calm the tetany. A representative formula is fu wei san (Support the Critical Powder) or jing fang bai du san (Schizonepeta and Ledebouriella Toxin Vanquishing Powder).

Pattern identification of worm damage

Worms refer to diseases caused by any type of worm within the stomach and intestinal tract of the body. Commonly seen worms are roundworm, pinworm, inch whiteworm, etc. The

pattern is generally due to eating unclean food or food products with worm eggs.

Roundworm

Roundworm is a kind of large threadworm, with different shapes of the male and female body and commonly emerging in the small intestine. The male worm is relatively small (15–31 cm) with a curled tail. The female worm is relatively large (20–35 cm) with an extended tail. Roundworm disease is a kind of infectious disease commonly seen in children, although it can also be seen in adults.

Signs

These include abdominal pain around the umbilicus, which has no defined time of occurrence, sometimes occurring and sometimes recovering, and desire for abnormal foods, aversion to food, a voracious hunger or irregular appetite. There may be nausea and vomiting, light diarrhea or constipation and worms appearing in either the vomit or the stool. The face is yellow and the flesh thin; there is slow development, and impaired learning ability. There may be listlessness of the essence-spirit, or vexation and agitation, susceptibility to crying, susceptibility to anger or grinding the teeth during sleep. Or there may be dormant itchy papules or white patches on the face, blue patches in the sclera or small kernels protruding in the membrane of the lower lip. Examining the stools shows roundworm eggs. If there is sudden severe pain in the abdomen and pressing it reveals masses, or if there is extreme pain in the right upper abdomen, vomiting, sweating and reverting cold of the limbs, this is called 'roundworm reversal.'

Analysis

This pattern is due to ingesting or being infected by roundworm eggs. The internal causes are vacuity detriment of the spleen and stomach or damp-heat creating a growth environment for

the roundworms. Qi Xiao Liang Fang states: 'If the viscera and bowels are not replete, the spleen and stomach are vacuous, and there is intake of raw, cold, fatty, sweet, oily or greasy food, or eating fruit and the internal organs of domestic animals, [these] can cause worms to remain and grow.'

When the roundworms harass internally, this results in pain and discomfort of the abdomen, or there may be clamoring stomach. Movement of the worms results in pain. When the worms are quiet, the pain stops, hence the pain of worms often has no definite time, sometimes recovering and sometimes occurring. Roundworms live within the small intestine, influencing the functions of reception, digestion, transportation and transformation of the spleen and stomach, resulting in aversion to food, voracious hunger or abnormal hunger, or nausea and vomiting with light diarrhea or constipation. If there is vacuity cold in the viscera and bowels, this is not suitable to the existence of roundworms and so roundworms can be seen in the vomit or stools. The disturbance of the roundworms influences the spleen and stomach's digestion, reception and transportation of the essence of food and water. Add to this the consumption of the essential qi of food and water by the roundworms, and the source of the transformation of qi and blood becomes insufficient, resulting in thin, yellow flesh, slow development and listless essence-spirit. When the yin blood is insufficient, vacuity fire is engendered internally resulting in vexation and agitation, a tendency to anger or grinding the teeth during sleep. Heart qi vacuity results in sorrow and a tendency to cry. Roundworm toxins moving out to the flesh and skin can manifest in dormant itching or stubborn dormant papules (similar to measles). If the worms become wrapped together, this blocks the intestinal path and can create roundworm intestinal obstruction with severe abdominal pain, distention and fullness or masses felt when pressed. If the roundworms enter the biliary duct this can create biliary roundworm signs such as intense pain of the upper right abdominal quadrant accompanied by vomiting, sweat and reverting cold of the four limbs.

Important points of pattern identification.

These include: (1) abdominal pain around the umbilicus, pain with an unfixed time, sometimes occurring and sometimes recovering; (2) desire to eat abnormal food, aversion to food, voracious hunger or irregular hunger; (3) worms in vomit or stools; (4) roundworm eggs found in the stools.

Treatment method

Expelling the roundworms is of primary importance. A representative formula is hua chong wan (Worm Transforming Pill). If the pain is extreme, first calm the worms, then expel the worms. A representative formula for this is wu mei wan (Mume Pill).

Pinworm

Pinworms live in the large intestine. The body of the worm is fine and small, like a thread. The male worm is 2–5 mm long and the female worm is 8–13 mm long. They generally invade children. In fact, they are the most commonly seen worm in children.

Signs

These include itching of the anus and the perineum, especially during the night. The anus often has clear papules. After sleeping, small white worms can be seen in the anus. It can be accompanied by poor appetite, abdominal pain or vomiting. Sleep is not peaceful. Worm eggs can be found in the stools.

The external cause of this pattern is eating pinworm eggs or being infected through the anus. The internal cause is vacuity weakness of the spleen and stomach accompanied by damp-heat, creating an environment for the pinworm to exist and reproduce. During the night, it is the adult worm, laying eggs in the anus and perineum, that causes the itching of the anus and perineum, influencing sleep. Pinworms in the intestinal tract influence the functions of the spleen and stomach manifesting as poor appetite, abdominal pain or vomiting.

Important Points for Pattern Identification. These include itching of the anus and perineum, small white worms in the anus and perineum during sleep, and pinworm eggs found in examination of the stool.

Treatment method

Take expelling the worms as of primary importance. A representative formula is hua chong wan (Worm Transforming Pill).

Inch whiteworms (Taeniasis)

Inch whiteworms, also called 'tapeworms,' live in the small intestine. As the disease is caused by tapeworm, it is also called 'tapeworm disease.' There are both pork tapeworms and cow tapeworms. The body of the pork tapeworm is 2–4 m or longer, with under 1000 body segments. The body of the cow tapeworm is 4–8 m or longer with between 1000 and 2000 body segments. The human is the final host of the tapeworm. Its eggs and pregnant body segments are excreted in the feces, eaten by pigs and cows and then invade the flesh, creating encysted larvae (cystercus). When humans eat undercooked pigs or cows with encysted larvae, they become infected.

Signs

These include pieces of tapeworms appearing in the stools, and there may be abdominal distention or pain, diarrhea, or itching of the anus. Over many days the face will become yellow and the flesh thin, and there is fatigue and dizziness. Eggs or pieces of the tapeworm can be found in the stools.

Analysis

The external cause of this pattern is eating half-raw, or not completely cooked, pig or cow with encysted larvae, and the encysted larvae enter the small intestine and grow. The internal cause is vacuity weakness of the spleen and stomach with damp-heat brewing a suitable medium for the existence and reproduction of worms. Worms

living in the small intestine influence the functions of the spleen and stomach, manifesting as abdominal distention and pain, or diarrhea. The body of the worm moving toward the anus causes anal itching. Segments of the worm desert and exit with the feces, resulting in one being able to see worm segments in the feces. Worms harassing the spleen and stomach influence digestion, intake and transportation of food and water essence and the source of the transformation of qi and blood is insufficient, resulting over time in a yellow face and thin flesh, fatigue and dizziness.

Important points for pattern identification. These include body segments of the worms seen on the clothes or bedding, or in the stools, worm eggs in the stools, and occasional pain or distention of the abdomen.

Treatment method

Take expelling the worms as of primary importance. A representative formula is qu tao tang (Tapeworm Expelling Decoction) (also pumpkin seeds and areca nut).

ADDENDUM: Worm accumulation

Due to infection of the intestinal duct by worms, over a long period of time the digestive functions are hindered. In general, when clinically this manifests as vacuity detriment of the spleen and stomach, there is desiccation of the body fluids, depletion detriment of qi and blood, yellow face, thin flesh, protruding abdominal veins, slow development, etc. This is called 'worm accumulation.' In children it is called 'gan accumulation.' Clinically, the large body of signs can be divided into the two categories of vacuity weakness of the spleen and stomach and yin vacuity internal heat.

1. VACUITY WEAKNESS OF THE SPLEEN AND STOMACH

Signs

Besides the signs described above, simultaneously there is poor appetite, abdominal distention, intestinal

rumbling, diarrhea, spirit fatigue and body fatigue, and lack of warmth of the four limbs. There may also be floating swelling, pale lips and tongue, and peeled or greasy white tongue fur.

Treatment method

This is to fortify the spleen and disperse the accumulation. A representative formula is *fei er wan* (Chubby Child Pill).

2. YIN VACUITY INTERNAL HEAT

Signs

Besides the general manifestations of worm accumulation, there is simultaneously vexation and agitation, a tendency to cry and a tendency to become angry. It is often accompanied by low fever, a dry mouth with thirst, dry skin, short, red urine, or blurred vision and night blindness, and a fine, rapid pulse.

Treatment principle

This is to nourish the yin and clear the heat, balance the liver and disperse the accumulation. A representative formula is *liu wei di huang wan* (Six Ingredient Rehmannia Pill) with medicinal agents to balance the liver and disperse the accumulation.

Phlegm-rheum and blood stasis pattern identification

Phlegm-rheum and blood stasis are both pathological products of the process of disease, but, at the same time, can directly or indirectly affect the mechanism of some viscera and bowels and tissues, causing various diseases. Hence, they also are one of the causes of disease. Phlegm-rheum and blood stasis have distinct clinical manifestations, thus going through an analysis, differentiating clinical signs, 'identifying patterns and seeking disease causes,' and 'ascertaining the cause and determining treatment' have important meanings.

Phlegm-rheum

Phlegm-rheum is the pathological product pro-

duced by hindrance to the body's fluid metabolism. Although phlegm and rheum are often together, still the two have differences. In general, that which is thick and turbid is called 'phlegm' and that which is clear and thin is called 'rheum.' Together, they are called 'phlegm-rheum.' Phlegm-rheum can be differentiated both broadly and narrowly. In a broad sense, phlegm-rheum not only refers to the phlegm that is spit out, but also includes several characteristic signs of internal pathological patterns. The narrow meaning of phlegm-rheum refers only to the former.

1. CHARACTERISTICS OF PHLEGM-RHEUM PATTERNS

Speaking from the location of the emergence of disease, rheum is generally seen in the chest, abdomen and four limbs, and its relationship with the spleen and stomach is relatively close, while phlegm follows the flow of qi, has no location and no path. Zhang Jing Yue said: 'Rheum only collects and accumulates in the intestines and stomach and phlegm has no place nor path. Fluid created by the collection and lack of transformation of food and water: the disease is in the spleen and stomach. Phlegm is created anywhere; damage of the five viscera all can cause it.' Because the locations of phlegm and rheum are different, the clinical manifestations are not the same.

With phlegm turbidity of the lung, there is panting cough with phlegm. With phlegm misting in the heart there is clouded spirit, mania and withdrawal. With phlegm collecting and accumulating in the stomach there is nausea and vomiting, and glomus fullness of the stomach duct. With phlegm in the channels, networks, tendons and bones there is scrofula, phlegm nodes, numbness of the limbs and body, hemiplegia or yin flat abscesses and streaming sores. With phlegm-rheum rising and assailing the head there is dizziness and vertigo. Phlegm qi congealing and binding in the throat can cause blockage in the throat, called 'plum-pit qi.' Phlegm qi accumulating in the neck can manifest as scrofula.

Rheum above the diaphragm can manifest as chest oppression, panting cough and an inability to lie flat. Rheum in the chest and rib-side results in chest and rib-side distention and pain; cough may cause pain. Rheum within the intestines results in intestinal rumbling with sound. Rheum in the flesh and skin can cause water swelling of the flesh and skin.

2. COMMONLY SEEN PHLEGM PATTERNS AND COMMONLY SEEN RHEUM PATTERNS

(See Body Fluid Pattern Identification in Chapter 9, p. 260–67).

Blood stasis

Blood stasis refers to blood fluids collecting and stagnating inside the body. This includes blood spilling out from the vessels and accumulating within the body, and inhibited movement of blood blocking and stagnating in the channels, vessels and viscera and bowels. All of these are called blood stasis. Blood stasis itself is a product of pathology, but it also becomes a disease cause. For example, stasis and accumulation for a long time can form concretions and gatherings. For treatment of the pattern, refer to Chapters 8, 9 and 10 (pp. 230, 253 and 268).

NOTES

1. Although listed as one of the causes of disease, epidemic pestilence is not discussed in the source text. This is perhaps because today most epidemic diseases are treated early on with biomedical pharmaceuticals in order to diminish the spread of the disease. Also, public health measures taken in China at the time of publication greatly diminished the incidence of epidemic disease.
2. Literally this would be translated as 'Tangerine Peel and Pinellia Six Gentlemen Decoction'; however, since Six Gentlemen Decoction already contains tangerine peel and pinellia, this would seem to be an alternate name for Six Gentlemen Decoction.

Six channel pattern identification

7

General introduction

The concept of six channel pattern identification

The six channels are the principles of pattern identification discussed in the Shang Han Lun. The Shang Han Lun is a monograph that discusses many types of externally contracted diseases. Therefore, six channel pattern identification is a method and guide for the pattern identification of externally contracted diseases.

Six channel pattern identification is an analysis based on the relative strength or weakness of the body's resistance, the advance and retreat of the disease, and the moderate or urgent nature of the disease. It investigates the manifestation of the signs of change over the course of an externally contracted disease. The six channel disease patterns are greater yang, yang brightness, lesser yang, greater yin, lesser yin and reverting yin. From these are taken characteristics such as changes in the location of disease, tendencies toward cold or heat, the exuberance and debilitation of the right and the evil, and then diagnosis and treatment are based on these. For example, wind-cold residing in the exterior and the skin, and manifesting signs of a disharmony of the construction and defense, is a greater yang pattern. Evil qi that has moved from the exterior

into the interior, reflecting signs of dryness and heat of the stomach and intestines, is a yang brightness pattern. It should be pointed out that the six channels are not simply six patterns; rather they interact with the viscera and bowels (primary) and their location of advancement is in the channels and networks (secondary); they cannot be separated from the qi transformational effects of the related viscera and bowels and channels and networks. This is to say that pathological changes in any of the six channels, in fact, includes various signs of loss of function of the related viscera and bowels and channels and networks.

The names of the six channels were first seen in the Nei Jing, Ling Shu: Jing Mai Pian and the Su Wen: Re Lun. The Ling Shu discussion of the six channels gives the beginning and ending of the 12 channel vessels, the location of their course and the ascribed relationship of the networks in order to guide acupuncture therapy. The Su Wen discussion of the six channels is a discussion of the contraction of disease of the channels and networks and its treatment; however, it speaks only of heat patterns and repletion patterns, and not of vacuity patterns or cold patterns, and the treatment methods are limited to the two methods of sweating and precipitating. Also, it lacks herbal prescriptions. The Shang Han Lun uses

only the names of the six channels as given in the Nei Jing, but their meaning is different.

The meaning of six channel pattern identification

1. DIFFERENTIATING THE LOCATION OF DISEASE

Six channel pattern identification can distinguish whether the disease is in the exterior or interior, the bowels or viscera. For example, greater yang disease is ascribed to exterior patterns, lesser yang disease is ascribed to half exterior-half interior patterns, while yang brightness patterns and the three yin patterns are all ascribed to interior patterns. Also, the three yang channels reflect pathological change of the six bowels and the three yin channels reflect pathological change of the five viscera.

2. DIFFERENTIATING THE NATURE OF THE DISEASE

Disease is caused by the effect of external evils and the clinical reflection of the struggle between right and evil. The growth and decline and exuberance and debility of the struggle between right and evil determine the development and the nature of the signs of the disease. When used clinically, six channel pattern identification can distinguish the particular nature of disease. For example, pathological changes in the three yang channels are generally ascribed to yang patterns, heat patterns and repletion patterns. Pathological changes in the three yin channels are generally ascribed to yin patterns, cold patterns and vacuity patterns. Each channel's disease pattern can be further differentiated – for example, the greater yang exterior pattern has the differentiation of exterior vacuity and exterior repletion, and lesser yin disease also has the differentiations of cold transformation pattern and heat transformation pattern.

3. DIFFERENTIATING THE TRENDS OF DEVELOPMENT AND THE CHANGES IN DISEASE

The process of disease is a constantly changing process. Changes in cold damage to the six channels are interconnected and develop in relation to each other. For example, greater yang disease often develops into yang brightness disease, lesser yang disease or lesser yin disease, and greater yin disease, in the process of the recovery of yang qi, can also manifest signs of yang brightness. This kind of shift between the six channel disease patterns is determined by the circumstances of the struggle between right and evil, including the strength and weakness of the right and of the evil, the mildness or heaviness of the contraction of the evil and the suitability of the treatment method. For example if, in the course of greater yang disease, the fluids are damaged, the pattern will generally transform to yang brightness or lesser yang. If the yang qi is damaged, the disease may change to one of the three yin. Generally speaking, in terms of the trends of development of disease, from the exterior to the interior indicates that the disease is becoming stronger. From the interior to the exterior is a good sign.

4. DIFFERENTIATING THE TREATMENT PRINCIPLES OF DISEASE

When six channel disease patterns are in the three yang channel stages, they are generally ascribed to repletion patterns or heat patterns, hence the treatment takes expelling the evil as primary. With greater yang exterior pattern caused by wind-cold invading the exterior, the physician resolves the exterior and disperses the evil. The bowel pattern is due to the inhibition of the qi transformation of the bladder and the collection of water qi; therefore one should transform the qi and disinhibit the water. Yang brightness disease has a channel pattern and a bowel pattern. The channel pattern is due to a formless evil heat flooding in the inside and outside; therefore the physician uses the clearing

method. The bowel pattern is due a heat evil with form binding in the stomach and intestine, therefore it is best to use the precipitating method. When the evil enters the lesser yang, the pivoting mechanism is inhibited and the disease is half internal and half external; treatment therefore takes harmonizing and resolving as the primary concerns. The three yin diseases are generally ascribed to vacuity patterns and cold patterns, therefore treatment takes supporting the right as the primary concern. Greater yin disease is ascribed to cold-damp pattern; treatment therefore uses warming the center, drying the damp and dispelling the cold. Lesser yin disease is generally ascribed to heart and kidney vacuity debilitation and an insufficiency of qi and blood. For cold formation pattern it is best to support the yang and repress the yin. For heat formation pattern it is best to foster the yin and clear the heat. Reverting yin pattern is ascribed to a mixed cold and heat pattern; the best treatment therefore uses cold and warm simultaneously. If there are two channel patterns that manifest simultaneously, again, according to the circumstances, choose an appropriate strategy. For example, for simultaneous internal and external diseases, there are the different methods of 'first exterior, then interior,' 'first interior then exterior' or 'simultaneous interior and exterior.'

Greater yang disease pattern

Greater yang pattern is the beginning stage of the course of externally contracted disease. Here the disease circumstances are shallow. Greater yang rules and contains the construction and defense. The skin is where the defense and construction circulate. The construction circulates within the vessels; the defense circulates outside the vessels. Of primary importance is the defense qi. The defense qi, with the assistance of the construction qi, warms the flesh, fills the skin, regulates the pores and manages the defense of the openings to external influence. Hence, greater yang governs the exterior of the entire body, protecting it from invasion by

external evils, serving as the fence of the six channels. Greater yang governs the skin and connects the construction and defense; therefore, after an external evil is in the skin, it can cause a disharmony between the construction and defense. This is the creation of greater yang disease. In order to resist the evil, the defense qi collects in the exterior of the body, hence the pulse is floating and there is fever. Simultaneously the defense qi also is not able to defend the exterior as normal, nor warm the flesh, hence there is an aversion to cold. Since the foot greater yang vessel arises at the inner canthus of the eye, runs up to the forehead and vertex, down the neck and travels along the back of the body, when the greater yang channel qi contracts cold it fetters the exterior, and there is severe head and neck ache. These are the vessel signs that must be seen in a greater yang exterior pattern. Because of the strength or weakness of the body and the mild or strong nature of the contracted evil, greater yang exterior pattern is divided into the two categories of wind strike and cold damage. Greater yang wind strike pattern takes sweat and a floating, moderate pulse as the important points in its pattern identification. Greater yang cold damage pattern takes a lack of sweat and a floating and tight pulse as the important points in its pattern identification. The above-described greater yang exterior patterns are also called 'greater yang channel patterns.'

If the greater yang exterior pattern is not cured, the disease evil can follow the channel into the interior, influencing the qi transformation of the bladder and causing internal collection of water qi and inhibited urination. This is greater yang bowel pattern, also called 'greater yang water amassment pattern.' Due to differences in a pre-existing tendency toward exuberant or debilitated visceral qi, or unsuitable treatment, greater yang disease also can be complicated by other patterns, transmute into another pattern or shift its channel. The general rules of shifting and change are yang exuberance generally shifts to enter the bowels of the three yang; yin exuberance generally shifts to enter the viscera of the three yin.

Greater yang channel patterns

1. GREATER YANG WIND STROKE PATTERN

Signs

These include aversion to wind, fever, sweat, strong pain in the head and neck, a floating, moderate pulse and thin white tongue fur.

Analysis

This pattern is often due to insecurity of the pores allowing external invasion of wind-cold. Hence, it is called an 'exterior vacuity pattern.' Aversion to wind, fever, extreme pain in the head and neck and a floating pulse are signs of wind-cold fettering the exterior and loss of regulation between the construction and defense. Sweating is caused by insecurity of the defense qi and an inability of construction yin to guard the interior. The moderate pulse is due to sweat emerging and coursing the flesh.

Treatment method

This is to resolve the flesh and expel the wind, and harmonize the construction and defense. The governing formula is *gui zhi tang* (Cinnamon Twig Decoction).

2. GREATER YANG COLD DAMAGE PATTERN

Signs

These include aversion to cold, fever, lack of sweating, panting, strong pain in the head and neck, soreness of the body and pain in the lumbus, pain in the joints, thin white tongue fur and a floating and tight pulse.

Analysis

This pattern is often due to wind-cold invading the exterior in individuals whose pores are securely closed. Hence, it is called an 'exterior repletion pattern.' The pathological mechanism

of the aversion to cold of this pattern and the aversion to wind of the exterior vacuity pattern is the same. They vary only in terms of the strength of the disease evil. The pathological mechanism of aversion to cold, fever, strong pain of the head and neck is also the same as in the exterior vacuity pattern. But, in individuals with exterior repletion, the wind-cold is fettering the exterior, the pores are tightly closed and the lung qi does not diffuse, hence there is panting and no sweat. The construction yin is depressed and stagnant, and the flow of the channel qi is blocked, hence there is a sore body, painful lumbus and pain in the joints. Wind-cold is fettering the exterior and the pores are tightly closed, hence the pulse is tight.

Treatment method

The method is to promote sweating and resolve the exterior, diffuse the lung and calm panting. The governing formula is *ma huang tang* (Ephedra Decoction).

Greater yang bowel pattern

Signs

These include fever, aversion to wind, sweating, inhibited urination, distention and fullness of the lesser abdomen, heart vexation and thirst; in severe cases there is thirst with a desire for water, but when the water is taken there is vomiting and a floating pulse.

Analysis

This pattern is generally due to lack of resolution of a greater yang exterior pattern allowing the disease evil to follow the channel and enter the bowel, resulting in the qi transformation of the bladder not being performed. The fever, aversion to cold, sweating, white tongue fur and floating pulse represent the remaining exterior pattern. The inhibited urination and fullness of the lesser abdomen are caused by inhibition of the qi transformation of the bladder and loss of regulation of the water passages causing water qi to

collect in the lower burner. Because the bladder is unable to transform qi and move water, the fluids are not disseminated, hence there is thirst and heart vexation. When the amassment of water is heavy, there can be counterflow rising of water qi, with the stomach not downbearing, resulting in thirst with a desire for fluids but vomiting after the water enters.

Treatment method

This is to transform qi and move the water, accompanied by resolving the exterior. The governing formula is wu ling san (Poria Five Powder).

Complicated and transmuted greater yang patterns

1. EXTERIOR REPLETION COMPLICATED BY INTERNAL HEAT PATTERN

Signs

These include aversion to cold, fever, painful body, lack of sweating, vexation and agitation, yellow tongue fur and a floating and tight pulse.

Analysis

This pattern is due to depressed wind-cold in the flesh. It is seen in individuals with a strong constitution and a tendency toward exuberance of yang qi. The fever, aversion to cold, painful body, lack of sweat and tight, floating pulse indicate a greater yang exterior repletion pattern. Owing to the wind-cold fettering the exterior, the pores are tightly closed, and the yang is depressed and transforms to heat, causing a lack of sweating with the heat unable to move to the outside and harassing the heart and spirit. Hence there is vexation and agitation. The pattern is ascribed to external contraction of wind-cold with internally depressed heat. The important points of its pattern identification are the lack of sweat and the vexation and agitation. Although the vexation and agitation are the crux of the pattern, they are present not only in this pattern; there-

fore it is the simultaneous manifestation of vexation and agitation and lack of sweating, aversion to cold, fever, painful body and floating pulse that indicate that it is exterior repletion complicated by internal heat. If vexation and agitation are seen simultaneously with no fever, aversion to cold, a deep, faint pulse, reverting cold of the four limbs, and clear diarrhea with food, this is lesser yin disease, which is ascribed to debility of yang and exuberance of yin. It is important to pay attention to differentiating these.

Treatment method

The method is externally to dissipate wind and cold, and internally to clear the depressed heat. The governing formula is da qing long tang (Major Green-blue Dragon Decoction).

2. EXTERIOR REPLETION COMPLICATED BY INTERIOR RHEUM PATTERN

Signs

These include aversion to cold, fever, headache, lack of sweat, cough, retching, copious thin white phlegm, white tongue fur and a floating or string-like and tight pulse.

Analysis

This pattern is due to wind-cold invading the exterior in individuals with constitutional water rheum collecting internally. The aversion to cold, fever, headache and lack of sweating are signs that indicate wind-cold fettering the exterior. Because there is constitutional collection of rheum, and also because of the wind cold, the rheum congests in the lung and so the lung is unable to depurate, which results in cough and panting breathing, with copious thin white phlegm. When water rheum collects in the stomach, the middle burner is unable to do its job of raising and downbearing, the stomach qi rises counterflow and so there is retching.

Treatment method

On the exterior this is to resolve the wind-cold. On the interior it is to eliminate the water

rheum. The governing formula is xiao qing long tang (Minor Green-blue Dragon Decoction).

3. LUNG HEAT PANTING COUGH PATTERN

Signs

These include fever, sweating, panting, cough, thirst, a yellow tongue fur and a rapid pulse.

Analysis

This pattern is generally due to a greater yang disease where the evil is not resolved at the exterior, but enters the interior and transforms to heat, which obstructs the lung. Due to the evil heat obstructing the lung, the lung qi cannot diffuse and downbear, hence there is a panting cough. When there is internal exuberant heat evil, the fluids emerge to the outside, hence there is fever and sweat. Heat damages the fluids, hence there is thirst. Yellow tongue fur and a rapid pulse are also images indicating internal heat.

Treatment method

The method is to clear the heat and perfuse the lung, downbear the qi and stabilize the panting. The governing formula is ma xing shi gan tang (Ephedra, Apricot Kernel, Licorice and Gypsum Decoction).

4. COMPLEX DYSENTERY PATTERN

Signs

These include fever, dysentery, panting, sweating, burning sensation of the anus, yellow urine, yellow, slimy tongue fur and a slippery, rapid pulse.

Analysis

This pattern is due to an unresolved exterior pattern with the exterior evil transforming into heat and entering the large intestine, or to incorrectly using the precipitation method for greater yang disease. Owing to the heat entering the large intestine, the body fluids are forced down-

ward, hence there is diarrhea and a burning sensation of the anus. The fever, thirst, panting, sweat, yellow urine, yellow tongue fur and slippery rapid pulse are all images of internal heat.

Treatment method

This is to clear the heat and stop the dysentery, accompanied by resolving the exterior. The governing formula is ge gen huang qin huang lian tang (Pueraria, Scutellaria and Coptis Decoction).

5. SPLEEN VACUITY WATER COLLECTION PATTERN

Signs

These include counterflow fullness beneath the heart, qi rising and drenching the chest, vomiting of clear water and phlegm-drool, dizziness, shortness of breath or heart palpitations, white, glossy tongue fur and a deep, tight pulse.

Analysis

This pattern is generally due to incorrect use of ejection and precipitation with greater yang disease, damaging the spleen yang. Because the spleen yang does not transport, this causes the water rheum to collect and gather in the middle, and attack the upper; hence there is counterflow fullness beneath the heart and qi rising and drenching the chest. When there is spleen vacuity water collection, the stomach fails to downbear, hence there is vomiting of clear water and phlegm-drool. When water rheum obstructs the center, the clear yang does not rise, hence there is dizziness. When water qi rises and intimidates the heart, this results in heart palpitations and influences the lung, resulting in shortness of breath. White and glossy tongue fur and a deep and tight pulse are images that indicate water qi collecting internally.

Treatment method

This is to fortify the spleen and disinhibit the water. The governing formula is ling gui zhu gan tang (Poria, Cinnamon Twig, Ovate Atractylodes and Licorice Decoction).

6. CHEST BIND PATTERN

A. MINOR CHEST BIND

Signs

These include fullness and oppression beneath the heart, which is painful with pressure, yellow tongue fur and a floating and slippery pulse.

Analysis

This pattern is due to external evil transforming into heat and sinking inside, and phlegm-rheum binding below the heart. Because phlegm and heat bind together, there is fullness and oppression below the heart, which is painful with pressure. A floating and slippery pulse and yellow tongue fur are also caused by phlegm heat.

Treatment method

This is to clear the heat, transform the phlegm and open the bind. The governing formula is xiao xian xiong tang (Minor Chest Bind Decoction).

B. MAJOR CHEST BIND

Signs

These include hard fullness below the heart, which is like a stone when pressed, and pain of the chest and rib-side; in severe cases there is pain and hard fullness from below the heart to the lesser abdomen, which is worse with pressure, and bound stools; there may be tidal fever, shortness of breath or panting with an inability to lie supine, anguish within the heart, thirst, sweat emerging from the head, thick, yellow tongue fur and a tight or deep, slow and forceless pulse.

Analysis

This pattern is generally due to external evil entering the interior, an unresolved exterior, or incorrectly using the precipitation method causing evil heat to overwhelm and sink internally. This creates the mutual binding of water rheum

in the chest and rib-side. When water and heat mutually bind in the chest and rib-side the qi dynamic is blocked and stagnant, hence there is pain of the chest and rib-side, hard fullness under the heart and, in extreme cases, there is pain and hard fullness that goes from below the heart to the lesser abdomen and is aggravated by pressure. When there is a repletion evil obstructing within the chest, then the lung qi is inhibited, hence there is shortness of breath or panting breath with an inability to lie supine. Heat evil rises and harasses, hence there is sweat emerging from the head and anguish within the heart. Heat exuberance damages the fluids, which results in tidal fever, thirst, constipation and yellow tongue fur. When repletion evil obstructs and stagnates internally, the flow of qi and blood is inhibited, hence the pulse is deep and tight or deep, slow and forceless.

The scope of this pattern is relatively large and its degree is relatively serious. The pain below the heart is violent, and in extreme cases there is pain and hard fullness from below the heart all the way to the lesser abdomen that cannot be touched by the hands. The scope of minor chest bind is relatively narrow and the disease circumstances relatively mild. There is only fullness and oppression below the heart, and pain with pressure but no pain without pressure.

Treatment method

This is to drain the heat, expel the water and break the bind. The governing formula is da xian xiong tang (Major Chest Bind Decoction).

7. GLOMUS PATTERNS

A. HEAT GLOMUS

Signs

These include full glomus below the heart, which is soft and painless with pressure. It may be accompanied by vexing heat, yellow tongue fur and a rapid pulse.

Analysis

This pattern is due to incorrect use of sweating and precipitation with greater yang exterior pattern, with the external evil overwhelming the vacuity and sinking internally. Formless evil heat obstructs and stagnates below the heart and the qi dynamic is impeded, hence there is full glomus below the heart, which is soft and painless with pressure. There is internal exuberance of heat evil, hence there is vexing thirst, yellow tongue fur and a rapid pulse.

In this pattern there is full glomus below the heart, which is soft and painless with pressure. In the chest bind pattern, there is hard fullness and pain below the heart, in the chest and rib-side and the pain is worse with pressure. It is important to differentiate the two.

Treatment method

This is to drain the heat and disperse the glomus. The governing formula is *da huang huang lian xie xin tang* (Rhubarb and Coptis Heart Draining Decoction).

B. MIXED COLD AND HEAT GLOMUS**Signs**

These include full glomus or hard fullness below the heart, no pain with pressure, nausea, vomiting, rumbling intestines and diarrhea.

Analysis

This pattern is due to cold and heat evils mixed in the center; it is caused by unresolved external evil with the heat evil entering the interior, or incorrectly using precipitation and damaging the spleen and stomach allowing the heat evil to sink inside. Because the spleen and stomach are unable to raise and downbear, the qi mechanism is impeded, hence there is glomus fullness below the heart. Because it is not a repletion evil blocking and obstructing, it is soft and there is no pain with pressure. Because the stomach qi rises counterflow, there is vomiting. The movement of the spleen is abnormal, hence there is intestinal rumbling and diarrhea.

Treatment method

The method is to harmonize the center, downbear the counterflow and disperse the glomus. The governing formula is *ban xia xie xin tang* (Pinellia Heart Draining Decoction).

Yang brightness disease pattern

Yang brightness disease is the period, when, in the course of disease, the yang qi is exuberant, the heat evil is scorching and the struggle between the right and the evil is violent. Yang brightness includes the hand and foot yang brightness channels and the two bowels, the large intestine and small intestine and the stomach. This is inherited from the *Nei Jing*, where the small intestine and the large intestine are both spoken of as being ascribed to the stomach. Together, the stomach, large and small intestine complete the functions of reception, digestion absorption and excretion. Food and drink enter the stomach and, subordinate to the spleen, the stomach and intestines digest, transform and absorb, and then produce the essence of food and water. This is in turn transformed, engendering fluids and yang qi. Hence, yang brightness is also called the 'storehouse of fluids and qi.' Since it is the channel with copious qi and copious blood, when an external evil invades the yang brightness, transforming into dryness and heat, the heat scorches in the interior, steams to the exterior and manifests as a series of repletion patterns or heat patterns.

Yang brightness disease may be caused by damage to the fluids owing to incorrect treatment or lack of treatment of greater yang disease or lesser yang disease, allowing the heat evil to sink internally, and transform into heat and dryness. It also may be due to constitutional heat and the contraction of external evil transforming into heat and entering the interior.

The characteristic sign of yang brightness disease is repletion heat of the intestines and stomach. It is divided into the two large categories of channel patterns and bowel patterns according to whether or not there are dry feces bound

internally. The channel pattern is formless evil heat spreading throughout the body, distressing the fluids and steaming toward the exterior. Therefore the body is hot and there is sweat, and no aversion to cold; rather aversion to heat governs this pattern. The bowel pattern is heat evil with form binding in the stomach and intestines, or heat evil stagnating in the stomach and intestines manifesting as food stagnation. In addition there is binding of feces and urine and fluid damage, with heat evil hiding internally manifesting as abdominal fullness and constipation. The channel pattern is the beginning stage of yang brightness disease, and so the heat-clearing method is used to treat it, using the principle of 'when there is heat, cool it.' The bowel pattern is the end or extreme stage of yang brightness disease and so the precipitation method is used to treat it, using the principle of 'where there is retention, attack it.'

Yang brightness and greater yin are internally and externally connected. When yang brightness heat evil is not resolved, it may combine with greater yin spleen damp, causing the steaming of damp, which influences the discharging and coursing functions of the liver and gallbladder. The gallbladder juices spill out causing the body and eyes to become yellow and urination is also inhibited. This is damp-heat jaundice pattern, the primary combined pattern of yang brightness disease.

Yang brightness channel pattern

Signs

These include a great heat in the body, no aversion to cold but aversion to heat, great sweating, great thirst with a desire for fluids, heart vexation, possibly a slight aversion to cold on the back, yellow and dry tongue fur and a surging and large or slippery and rapid pulse.

Analysis

When evil enters the yang brightness, hyperactive and exuberant dryness and heat in the interior are driven to the outside and the dis-

tressed fluids emerge to the outside, hence the body is hot and there is spontaneous sweating. The outside has no exterior evil and the interior heat is already exuberant, hence there is no aversion to cold, but rather an aversion to heat. Exuberant heat damages the fluids, hence there is a great thirst. Heat harasses the heart and spirit, hence there is heart vexation. When there is heat exuberance, there is copious sweat. This not only damages the fluids, it also can consume qi, hence there may be slight aversion to cold on the back. Dry yellow tongue fur and a large and surging or slippery and rapid pulse are images of exuberance of the right and repletion of the evil and hyperactivity of dryness and heat.

Treatment method

The method is to clear the heat with cold and acidity; this may be combined with boosting the qi and generating fluids. The governing formula is bai hu tang (White Tiger Decoction) or bai hu jia ren shen tang (White Tiger Decoction with Ginseng).

Yang brightness bowel pattern

1. DRYNESS REPLETION PATTERN

Signs

These include steaming fever, sweating, thirst, heart vexation, abdominal fullness and pain, no defecation; in severe cases there may be delirium. The tongue fur is yellow and dry and the pulse is slippery and rapid.

Analysis

This pattern takes repletion dryness as primary. No aversion to cold, but an aversion to heat, a steaming fever, sweat, thirst, yellow tongue fur and a rapid pulse are images indicating yang brightness internal heat steaming and soaring. Heat evil and repletion dryness of the intestinal tract bind internally and the bowel qi is impeded, hence there is abdominal fullness and pain and no defecation. When heat evil rises and harasses, the heart is not quiet, hence there is heart vex-

ation, and, in extreme cases, clouded spirit and delirious speech.

Treatment method

The method is to drain and precipitate the repletion dryness, and harmonize the stomach qi. The governing formula is tiao wei cheng qi tang (Stomach Regulating Qi Infusing Decoction).

2. GLOMUS AND FULLNESS PATTERN

Signs

These include tidal fever, sweating, abdominal distention with fullness, hardness and pain, no defecation or heat bind with circumfluence; in extreme cases there may be clouded spirit and delirious speech. The tongue fur is thick, yellow and dry; the pulse is slippery and racing.

Analysis

Here the yang brightness internal heat scorching and exuberance steam and soar to the outside, hence there is tidal fever and sweat. Dry heat and feces blocking in the intestinal tract obstructs and stagnates, hence there is no defecation, but abdominal distention, fullness, hardness and pain. Also there is dryness and heat harassing the fluids, which may lead to fecal impaction with elimination of watery fluids; this is the so-called heat bind with circumfluence. When the evils of heat and dryness combine with turbid qi rising and attacking, the heart and spirit are harassed, hence there is clouded spirit and delirium. Heat exuberance damages the fluids and there is heat repletion in the interior, hence the tongue fur is yellow and dry and the pulse is slippery and racing.

Treatment method

The method is to drain the heat and free the bowels, break the stagnation and eliminate the fullness. The governing formula is xiao cheng qi tang (Minor Qi Infusing Decoction).

3. GLOMUS FULLNESS AND REPLETION DRYNESS PATTERN

Signs

These include tidal fever, delirious speech, impeded defecation or heat bind with circumfluence, distention, fullness, hardness and pain of the abdomen or pain around the umbilicus, which is aggravated by pressure, and sweating of the hands and feet; in extreme cases there is panting to the point that it is impossible to lie supine, clouding spirit and continuous delirious speech. The tongue fur is old and yellow or burnt dry with prickles, while the pulse is deep and replete or deep, slow and forceless.

Analysis

This pattern is a serious bowel repletion pattern in which there is both glomus and fullness and dryness repletion. The mechanism for the development of this pattern is exactly the same as for the previous two patterns, but the abdominal fullness, hardness and pain, the lack of defecation, etc., are more serious than in the glomus fullness pattern while the tidal fever, delirious speech and tongue fur with prickles, etc., are more clearly developed than in the repletion dryness pattern. If the pulse is deep and replete, this is a reflection of repletion dryness obstructing internally and evil repletion and right exuberance. If the pulse is slow and forceless, this is related to impeded bowel qi and impeded flow of qi and blood. It is necessary to differentiate this pulse from the slow and forceless pulse of vacuity cold pattern.

Treatment method

The method is drastic precipitation of the heat bind. The governing formula is da cheng qi tang (Major Qi Infusing Decoction).

Damp-heat jaundice pattern

Signs

These include yellow eyes and skin, fresh yellow

color, yellow-red and diminished urine, fever, thirst, heart vexation, uncomfortable stomach duct glomus, no desire to eat or nausea and vomiting, bound stools, incomplete emergence of sweat, yellow and slimy tongue fur and a string-like and rapid, or slippery and rapid, pulse.

Analysis

This pattern is generally due to exuberant yang brightness heat combined with damp evil. The damp and the heat combine and steam in the interior, influencing the coursing and discharging functions of the liver and gallbladder. The gallbladder juices do not follow their normal path but spill to the entire body, hence the body, eyes and urine are yellow. The damp-heat obstructs in the middle burner and the rising and down-bearing are not normal, hence there is stomach duct glomus, no desire for food, and nausea with a desire to vomit. When the depressed damp-heat steams, the qi transformation of the triple burner is not normal, hence there is incomplete emergence of sweat. Because it is combined with internal repletion, there is thirst, heart vexation, constipation, etc. Yellow and slimy tongue fur and a pulse that is string-like and rapid or slippery and rapid are both images of damp-heat.

Treatment method

This is to clear and disinhibit the damp-heat. The governing formula is yin chen hao tang (Capillaris Decoction).

Lesser yang disease pattern

Lesser yang disease is the stage, over the course of an externally contracted disease, in which the evil qi invades the interior and binds in the gallbladder and triple burner and the struggle between right and evil is between the exterior and interior. Under physiological circumstances, the triple burner governs keeping the sluices clear and regulating the water passages, main-

taining a free road for the construction and defense qi dynamic to travel. Internally, the gallbladder stores essential juices and governs coursing and discharge. When the gallbladder is clear and uninhibited, the liver qi is orderly and the spleen and stomach are harmonious. When an external evil invades the lesser yang, the gallbladder qi becomes depressed and bound. The depressed qi transforms into fire. The nature of fire is to flare upward and its rising dries the orifices, hence there is a bitter taste in the mouth, a dry throat and dizziness of the eyes. When the pivotal mechanism of the triple burner does not move, the channel qi is inhibited, which further influences the spleen and stomach and so there may be alternating fever and aversion to cold or alternating cold and heat, bitterness and fullness of the chest and hypochondriac region, silence of the spirit-affect, no desire for food or drink, heart vexation, frequent retching, a string-like pulse, etc. These are the primary clinical manifestations of lesser yang disease.

In the process of the transmutation of an externally contracted disease, it can frequently be seen that the disease may have already entered the lesser yang, and yet the greater yang pattern is not finished, or, when a lesser yang pattern has not yet finished, a yang brightness pattern also may arise. Hence the pattern circumstances are often combined, either with greater yang exterior patterns or yang brightness interior patterns. It is necessary to differentiate them carefully as the prescription might cause the pattern to change further.

Governing pattern of lesser yang disease

Signs

These include alternating aversion to cold and fever, bitterness and fullness of the chest and rib-side, silence of the spirit-affect, no desire for food or drink, heart vexation, frequent retching, a bitter taste in the mouth, a dry throat, eye dizziness and a string-like pulse.

Analysis

This pattern is due to an unresolved greater yang evil transmuting into the lesser yang. It also can be caused by insecurity of the pores and an overwhelming of the evil qi emerging directly in the lesser yang or by reverting yin emerging into the lesser yang. When the evil invades the lesser yang, the pivotal mechanism is inhibited, and the struggle between right and evil is half exterior and half interior. When the evil is depressed, this results in aversion to cold, and when the right is overwhelmed there is heat, hence there is alternating fever and aversion to cold. When the qi mechanism lacks its pivot, the channel qi is inhibited, hence there is bitterness and fullness of the chest and rib-side. When the gallbladder qi invades the stomach, the qi dynamic is impeded and the raising and down-bearing are not normal, hence there is silence of spirit-affect, heart vexation, frequent retching and no desire for food or drink. Gallbladder fire flaring upward results in a bitter taste in the mouth, dry throat and eye dizziness. When the qi is depressed, this results in a string-like pulse.

From the above analysis, it can be seen that this pattern is neither a greater yang exterior pattern nor a yang brightness interior pattern. Hence it is called 'half exterior and half interior.'

Treatment method

This is to harmonize and resolve the exterior and interior. The governing formula is xiao chai hu tang (Minor Bupleurum Decoction).

Combined lesser yang patterns**1. LESSER YANG COMBINED WITH GREATER YANG PATTERN****Signs**

These include fever, slight aversion to wind and cold, headache or dizziness, neck stiffness, vexing soreness of the joints of the four limbs, slight nausea, propping binding or hardness below the heart, white tongue fur and a floating or string-like pulse.

Analysis

This pattern can be due to an unresolved greater yang pathogen invading the lesser yang or to both channels contracting the evil at the same time. The disease enters the lesser yang, hence there is dizziness, neck stiffness, slight retching and hardness or binding below the heart. The greater yang evil is also not finished, hence there is fever, slight aversion to cold and wind, pain of the head and neck and vexing soreness of the joints of the four limbs. This is a combined pattern of greater yang and lesser yang, hence the pulse can be floating or string-like.

Treatment method

This is to effuse the exterior, and harmonize and resolve. The governing formula is chai hu gui zhi tang (Bupleurum and Cinnamon Twig Decoction).

2. LESSER YANG COMBINED WITH YANG BRIGHTNESS PATTERN**Signs**

These include alternating fever and aversion to cold, bitterness and fullness in the chest and rib-side, a bitter taste in the mouth, blurred vision, incessant vomiting, tenseness and pain or hardness and glomus in the upper abdominal area, depression and vexation, bound stools, possibly tidal fever or diarrhea, generally dry, yellow or thick, white and dry tongue fur and a string-like, forceful pulse.

Analysis

This pattern is due to an unresolved lesser yang disease in which the evil heat goes interior and transmutes to yang brightness with dryness repletion of the stomach and intestines, thus creating signs of simultaneous lesser yang and yang brightness disease. As long as the lesser yang disease is present, there will be alternating fever and aversion to cold, bitterness and fullness of the chest and rib-side, a bitter taste in the mouth, dry throat, blurred vision, a string-like

pulse, etc. When the evil combines with and enters the yang brightness, then dryness blocking and binding in the stomach and intestines causes the bowel qi to be impeded, hence there is incessant vomiting, depression, oppression and vexation, tenseness and pain or glomus hardness of the upper abdominal area, and bound stools. If there is heat distressing the yang brightness, there will be diarrhea. Dry, yellow or thick, dry and white tongue fur and a forceful pulse beat are all signs of yang brightness bowel repletion.

Treatment method

The method is to harmonize and resolve the lesser yang, and free and precipitate the interior heat. The governing formula is da chai hu tang (Major Bupleurum Decoction).

Greater yin disease pattern

Greater yin disease is the beginning stage of the later period of externally contracted diseases. It is due to yang transforming into yin and the right qi beginning to become debilitated and retreat. In terms of the complete circumstances of six channel patterns, the three yang are the first stage of the six channels. During this time the body's strength of resistance is relatively strong. The three yin are the final stage of the six channels. During this time the body's ability to resist disease has already diminished. Because greater yin is the beginning of the three yin, in general the virulence of the disease is not extremely dangerous and, if properly treated, then the prognosis is very good.

When disease enters the greater yin, the spleen yang is damaged. Under physiological circumstances, the spleen governs transportation and transformation, raising the clear yang and guiding the stomach in moving its fluids. When the water and food are transformed into minute essence, the crucial usage of normal transportation and water metabolism is apparent. Whether in the course of an externally contracted disease, when cold evil directly invades

the middle burner, or when there is incorrect or no treatment of diseases of the three yang, all of these can injure the spleen yang and thus cause it to fail in its job of transportation and transformation, creating internal exuberance of cold-damp, which manifests as abdominal fullness, vomiting, inability to swallow food, diarrhea, occasionally spontaneous abdominal pain, white tongue fur and a moderate, weak pulse. These are the primary clinical manifestations of greater yin disease.

When the spleen yang is insufficient and there is a new contraction of external evil, an unresolved exterior pattern or incorrect use of the precipitation method, this can further damage the spleen yang, and they all can manifest with the simultaneous exterior and interior diseases of greater yin and greater yang patterns. Besides this, if there is vacuity weakness of the center yang and cold-damp blocking internally, this can influence the coursing and discharging of the liver and gallbladder and cause the gallbladder juices to not follow their normal path and manifest cold-damp jaundice. This must be differentiated from the yang brightness tendency toward damp-heat jaundice.

Greater yin vacuity cold

Signs

These include abdominal fullness, vomiting, an inability to swallow food, sometimes spontaneous abdominal pain, diarrhea, no thirst, white, slimy tongue fur and a moderate, weak pulse.

Analysis

This is the primary pattern of greater yin disease. It is due to an insufficiency of center yang. There is cold-damp blocking internally causing the spleen to be unable to fortify and transport and thus abnormal raising and downbearing. Cold evil damages the spleen and damp blocks, causing qi to stagnate, which results in abdominal fullness. When cold-damp pours downward, there must be spontaneous diarrhea. When cold-damp encumbers the inside, the qi mechanism is im-

peded, hence there is abdominal fullness. Spleen disease also affects the stomach, which is unable to receive, hence food cannot be swallowed and there is vomiting. As for the lack of thirst, white and slimy tongue fur and moderate and forceless pulse, these are all images of cold-damp blocking and stagnating.

Treatment method

This is to warm the center and fortify the spleen. The governing formula is *li zhong tang* (Center Rectifying Decoction).

Greater yin combined with greater yang pattern

Signs

These include diarrhea, distention and oppression of the abdomen and stomach duct, lingering abdominal pain, fever, aversion to cold, headache, white tongue fur and a floating and moderate pulse.

Analysis

This pattern is generally due to damage to the spleen yang caused by not expelling an exterior evil over the course of an externally contracted disease, to incorrect use of the precipitation method, or to simultaneous exterior and interior disease when an individual with a tendency toward spleen vacuity contracts a new exterior evil. The evil invades the greater yang, hence there is aversion to cold, fever, headache and a floating pulse. The spleen yang does not move and the qi mechanism is blocked and stagnating, hence there is abdominal distention and oppression and lingering abdominal pain. The clear yang does not rise, hence there is diarrhea. As for the white tongue fur and moderate pulse, these are signs of greater yin cold-damp collecting inside.

Treatment method

The method is to warm the center and resolve the exterior. The governing formula is *gui zhi*

ren shen tang (Cinnamon Twig and Ginseng Decoction).

Cold-damp jaundice

Signs

These include yellow eyes and skin, a dark and dusky yellow color, yellow urine, fear of cold, a huddled body, oppression in the stomach duct and abdominal distention, a reduced appetite, sloppy stools, a pale tongue body, with white and glossy tongue fur, and a deep and slow pulse.

Analysis

This pattern is generally due to devitalized spleen yang and internal exuberance of cold-damp, which advance and influence the liver and gallbladder's functions of coursing and discharging. Because the gallbladder juice does not follow its normal path, there is a yellow body, yellow eyes and yellow urine. Because the spleen fails to fortify and transport, the qi dynamic is blocked, hence there is stomach duct oppression and abdominal distention, diminished appetite and sloppy stools. As for the fear of cold, huddled body, dark and dusky yellow color, pale tongue, white tongue fur and deep and slow pulse, these are all images of cold-damp encumbering the spleen and an insufficiency of center yang.

This pattern must be differentiated from damp-heat jaundice. With damp-heat jaundice the body and eyes are yellow, but the color is a fresh yellow, the urine is yellow but also diminished, there is fever, thirst, bound stools, sweat that does not completely emerge, yellow and slimy tongue fur and the pulse is generally slippery and rapid. This is called 'yang jaundice.' The characteristics of cold-damp jaundice are a dark and dusky yellow color seen simultaneously with images of cold-damp. This is called 'yin jaundice.' The two are entirely different.

Treatment method

The method is to warm the center and dispel cold, and to fortify the spleen and expel cold.

The governing formula is yin chen zhu fu tang (Capillaris, Atractylodes and Aconite Decoction).

Lesser yin disease pattern

Lesser yin disease is a more critical disease circumstance of the later stage of externally contracted disease. When the disease enters the lesser yin, there is injury to the heart and kidney, the yang qi is debilitated and weak, the yin blood is insufficient and the entire body's ability to resist disease has clearly declined. The heart is ascribed to fire, it governs the blood vessels and it governs the spirit brightness. The kidney is ascribed to water, it governs the storage of essence and the true yin and true yang depend upon residing within it. Under physiological circumstances, the heart fire descends to hibernate within the kidney and the kidney water rises to attend to the heart, thus causing the heart fire heat not to be hyperactive and the kidney water to move and not to be fatigued. Under pathological circumstances, such as a disease evil directly invading the lesser yin, other channel diseases transmuting or incorrect treatment or lack of treatment causing the heart and kidney to be damaged, there may be pathological change of vacuity debility of the heart and kidney. A faint and fine pulse and a desire to sleep are taken as the primary pulse and symptom. Due to the different causes of the disease and differences in the body's constitution, there will be different manifestations, which are divided into many different categories of patterns. If the heart and kidney yang qi are vacuous and debilitated, this manifests a set of vacuity cold symptoms. If the kidney yin is insufficient and only the heart yang is hyperactive, this results in manifestations of yin vacuity and yang hyperactivity. The former comes from the lesser yin cold pattern of yin transforming into cold. The latter comes from the lesser yin heat pattern of yang transforming into heat. Because cold evil damaging the yang is primary, and the kidney also governs the yang qi of the entire body, among the two the yang vacuity cold pattern is taken as the primary

pattern of lesser yin disease. Yang vacuity cold pattern also has many manifestations, hence it can be divided into the different patterns of yang vacuity and yin exuberance pattern, yin exuberance repelling yang pattern, yin exuberance and upward yang pattern,¹ yang vacuity water flooding pattern and yang vacuity body pain pattern.

Lesser yin cold formation patterns

1. YANG VACUITY AND YIN EXUBERANCE PATTERN

Signs

These include aversion to cold, lying huddled, listlessness of essence-spirit, reverting cold of the four limbs, clear diarrhea with food, vomiting, no thirst or thirst with a desire for warm fluids, clear stools, a pale tongue body with white and glossy fur, and a deep and faint pulse.

Analysis

This is internal exuberance of yin cold caused by lesser yin yang debility. Because the yang is debilitated it is unable to warm the body, hence there is aversion to cold, huddled lying and reverting cold of the four limbs. The vacuity debilitation of the heart and kidney, and also the insufficiency of right qi indicates evil encumbrance, hence the essence-spirit is listless, as if asleep yet not asleep. The kidney is the root of the pre-heaven, and when the kidney yang is insufficient there is injury to the center yang, which is then unable to rot and ripen food and water or transport and transform fine essence, hence there is clear diarrhea with food. When the qi of yin cold rises counterflow, the stomach is unable to downbear, hence there is vomiting. The pattern of yang vacuity and yin exuberance generally has the image of a lack of thirst, but there also may be yang debility of the lower burner, causing it to be unable to transform and raise fluids and, if the diarrhea is relatively heavy, then the fluids are damaged even more and there will be thirst with the characteristics of a desire for

warm fluids or only a small amount of fluid. Clear urine, a pale tongue body with white and glossy tongue fur and a deep and fine pulse are all images of yang debility and yin exuberance.

Treatment method

The method is to strengthen the yang and repress the yin. The governing formula is si ni tang (Counterflow Cold Decoction).

2. YIN EXUBERANCE REPELLING YANG

Signs

These include reverting cold of the four limbs, clear diarrhea with food, no aversion to cold, sweating, possibly a red face, dry retching, abdominal pain, possibly contraction and tenseness of the four limbs, white and glossy tongue fur and a pulse that is faint as if about to expire, or no pulse.

Analysis

This pattern is due to lesser yin yang debility and internal exuberance of yin cold causing the vacuity yang to travel to the outside. The reverting cold of the four limbs and clear diarrhea with food indicate great debility of the yang qi caused by true cold internally. That the individual is sweating, and has no aversion to cold, indicates that the internal yin cold is distressing the vacuity yang and forcing it outside and so there are images of false heat on the outside. From this there is the creation of the dynamic of yin and yang refusing and repelling each other. If the vacuity yang rises and floats, then a red face can be seen. If there is cold exuberance on the interior, then the cold congeals and the qi stagnates and there is pain in the abdomen. If there is yang debility causing an inability to warm the body, and there is diarrhea causing an exhaustion of yin so that it is unable to moisten and nourish, this may result in contraction and tension of the four limbs. White and glossy tongue fur, a faint pulse that is about to expire or no pulse all are images of yang debility and yin exuberance.

Treatment method

This is to break the yin and return the yang. The governing formula is tong mai si ni tang (Vessel Freeing Counterflow Decoction).

Comment

There also is another kind of yin exuberance and upcast yang pattern, which is similar to the yin vacuity repelling yang pattern. Both are serious patterns of lesser yin and yang qi vacuity and debilitation. The disease mechanism of both is internal yin exuberance, with the true yang being unable to contain itself and creating a refusal and repelling of yin and yang. But the difference here is that the yang may be repelled to the outside or repelled upward. Both of these have signs such as clear diarrhea with food, reverting cold of the limbs, faint pulse, etc. The pattern of repelling yang to the exterior takes fever but not aversion to cold as its characteristic. The upcasting of yang pattern of repelling yang upward takes a red face as its characteristic. Its governing formula is bai tong tang (Scallion Yang Freeing Decoction).

3. YANG VACUITY BODY PAIN PATTERN

Signs

These include aversion to cold on the back, lack of warmth of the hands and feet, pain of the body and joints, no thirst, a pale tongue with moist fur and a deep pulse.

Analysis

This pattern is lesser yin yang vacuity caused by yin cold congealing and stagnating and inhibiting the construction and blood. Because the path of the governing vessel runs along the back, the governing vessel is yang and the four limbs are the end of the flow of yang. When the yang qi is vacuous and debilitated it is unable to be thrust fully out to the limbs, hence there is an aversion to cold on the back and a lack of warmth on the four limbs. When yin cold congeals and stagnates in the channel vessels and joints, the qi and

blood do not flow smoothly, hence there is pain of the body and joints. No thirst, white, moist tongue fur and a deep pulse, all are images of yang vacuity and cold exuberance.

Treatment method

The method is to warm the channels and support the yang. The governing formula is fu zi tang (Aconite Decoction).

4. YANG VACUITY WATER FLOOD PATTERN

Signs

These include palpitations, dizziness, jumping and stirring of the muscles of the entire body, shaking and tremors with frequent falling, abdominal pain, diarrhea, deep heaviness and pain of the four limbs, possibly puffy swelling of the limbs, a pale tongue with white and glossy tongue fur and a deep pulse.

Analysis

This pattern is due to systemic vacuity cold of the lower burner causing the water qi to not be transformed. When the spleen and kidney yang is vacuous, the water qi floods and overflows, rises counterflow and intimidates the heart, hence there are palpitations and stirring below the heart. It rises and assails the clear yang, hence there is clouding and dizziness of the head and eyes. The spleen governs the muscles of the four limbs, and so when the yang is vacuous and is unable to warm and nourish the muscles this adds to the soaking of the water qi and results in deep heaviness and pain of the four limbs and simultaneous feeling that the muscles of the entire body are jumping and stirred, and there is shaking and tremors with frequent falling. When there is spleen and kidney yang vacuity, then transformation and transportation are abnormal and water-damp collects internally and soaks into the large intestine, hence there is abdominal pain and diarrhea. Because the water qi is not transformed, the urine is inhibited, and there is puffy edema of the limbs. Owing to water rheum collecting

internally, along with the unstable rising and downbearing of the qi dynamic, there is cough or vomiting.

Treatment method

This is to warm the yang, transform the qi and disinhibit the water. The governing formula is zhen wu tang (True Warrior Decoction).

Lesser yin heat pattern

Signs

These include heart vexation, insomnia, a dry mouth and throat, redness of the tongue tip or a red-crimson tongue with diminished fur, and a deep, fine and rapid pulse.

Analysis

This pattern is systemic lesser yin kidney yin depletion causing the heart fire to rise hyperactively. In individuals with yin vacuity, when the evil enters the lesser yin it is easily transformed to heat. The heat scorches the true yin, which results in an inability of the kidney water to rise and help the heart fire. When the heart fire is hyperactive above and the kidney water is depleted below, then there is heart vexation and an inability to lie peacefully, a dry mouth and dry throat, a red or crimson tongue and a deep, fine and rapid pulse.

Treatment method

The method is to foster the yin and clear the heat. A governing formula is huang lian e jiao tang (Coptis and Ass Hide Glue Decoction).

Lesser yin combined with an exterior pattern

Signs

These include fever, aversion to cold, headache,

lack of sweating, cold feet, a pale tongue body with thin, white fur, and a deep pulse.

Analysis

This pattern is due to a contraction of wind-cold evil by an individual with systemic yang vacuity. The aversion to cold, fever, headache and lack of sweat are all greater yang exterior pattern. The cold legs are caused by lesser yin yang vacuity being unable to warm and nourish the four limbs. The deep pulse is vacuous yang lacking the strength to resist evil and the pulse being unable to float as it should. If there is only greater yang exterior pattern, there should not be cold legs or a deep pulse. If there is only lesser yin yang vacuity pattern there should not be fever or aversion to cold. That the disease has fever, aversion to cold, lack of sweat and cold feet and a deep pulse at the same time means that this pattern is actually yang vacuity with external contraction, or the simultaneous contraction of disease of the greater yang and lesser yin channels. Hence it is also called 'contraction of both greater and lesser.'

Treatment method

This is to warm the interior and thrust out the exterior. The governing formula is ma huang fu zi xi xin tang (Ephedra, Aconite and Asarum Decoction).

Reverting yin disease pattern

Reverting yin disease is the final stage of externally contracted disease. Reverting yin includes the two viscera of the liver and the pericardium (primarily the liver). Because the liver and the pericardium both store the ministerial fire, they are ascribed to yang within yin. This yang within yin remains under cover and does not grow. Under pathological circumstances, this yang within yin can become evil fire and manifest as a heat pattern. If it is dispersed and does not grow, it may manifest as a pattern of yin cold. Therefore, reverting yin disease does not

resemble greater yin disease appearing by itself and ascribed to a spleen vacuity cold pattern, nor does it resemble lesser yin disease cold or heat patterns, which appear separately. Rather, it is frequently the simultaneous presentation of cold and heat, creating a mixed cold and heat pattern.

When disease evil invades the reverting yin, it manifests as debility weakness of the right qi and chaotic regulation of yin and yang. When the qi of yin and yang does not communicate, then the sign of reverting cold of the four limbs is manifested. Hence reverting yin disease generally has the characteristic of reverting limbs. With reverting yin disease, the struggle between right and evil and the process of growth and decline of yin and yang will manifest reversion and heat alternately, indicating a pattern of the prevailing and relapsing of reversal cold and heat.

Mixed cold and heat pattern

Signs

These include wasting thirst, qi rising and dashing into the heart, pain and heat in the heart, hunger with no desire to eat and vomiting of roundworms after eating.

Analysis

This pattern is heat in the upper burner and cold in the middle burner. Because reverting yin disease takes pathological changes of the liver as primary, the liver will generally influence the rising and downbearing functions of the spleen and stomach. When liver disease assails the stomach, this results in stagnation of stomach qi and a lack of harmonious downbearing. Stomach heat rises counterflow and manifests as signs of heat above. When liver disease affects the spleen, this results in spleen vacuity qi fall, and manifests as signs of cold below. Because there is heat in the upper burner the fluids are dispersed and consumed, hence there are signs such as unceasing thirst, qi rising and dashing into the heart, pain within the heart, clamoring stomach

as if hungry, etc. Because there is cold below, there is an inability to take in food and vomiting caused by eating. Also, because of stomach vacuity food stagnation, if roundworms are contracted, they are able to survive. The roundworms follow counterflow rising of the stomach qi, hence there is vomiting of roundworms.

Treatment method

The method is to dispel the cold with acidity and warmth, and clear the heat with bitterness and cold. Also to calm the stomach and restrain roundworms. The governing formula is wu mei wan (Mume Pill).

Alternate prevalence and relapse of reversal cold and heat patterns

Signs

Its primary characteristic is alternating reversal cold and heat of the four limbs.

Analysis

The alternation of the prevalence and relapse of reversal cold and heat is the external manifestation of the growth and decline of yin and yang over the course of development of reverting yin disease. When evil enters the reverting yin, the struggle between right and evil can have the following conditions. (1) Reversal cold and heat are the same; this is a recovery of yang qi and an

indication of healing conditions. (2) Greater heat and less reversal cold is the right being able to prevail over the evil; the disease is taking a good turn. (3) Greater reversal cold and less heat is the right not prevailing over the evil; this is disease advancing. (4) Heat with a relapse into reversal cold; this indicates that the recovery of the yang is not complete. The disease has relapsed again. (5) Reversal cold without heat represents yin exuberance and yang debility; the disease is critical. (6) Retreat of reversal cold but unceasing heat represents too much recovery of yang; the disease has transformed into heat. In addition, the location of the damage from heat evil may vary, and the signs will be different. If the heat dynamic tends to rise and damages the throat, then there is the emergence of throat impediment. If the heat dynamic tends to fall and damages the yin networks, this results in pus and blood in the stools.

Treatment method

For heat reversal the method is to clear and discharge interior heat. The governing formula is bai hu tang (White Tiger Decoction). For cold reversal it is to support the yang and repress the yin. The governing formula is si ni tang (Cold Counterflow Decoction). If there is throat impediment with mixed heat and cold, then warm, cool, supplement and disperse together. The governing formula is ma huang sheng ma tang (Ephedra and Cimicifuga Decoction). For purulent and bloody stools, clear the heat, cool the blood and resolve toxins. The governing formula is bai tou weng tang (Pulsatilla Decoction).

NOTES

1. This pattern is not thoroughly discussed in the text but rather as a commentary following the pattern of yin exuberance repelling yang.

Defense, qi, construction and blood pattern identification¹ and triple burner pattern identification

Basic concepts

The concept of defense, qi, construction and blood pattern identification

Defense, qi, construction and blood pattern identification is the primary method of warm disease pattern identification. Warm disease is the name for several types of acute heat diseases caused by the contraction of different warm heat disease evils during the four seasons.

The Nei Jing has a position concerning defense, qi, construction and blood, which refers to the physiological functions of the body and indicates that within the human body the four aspects are divided into layers of different depths. In the Shang Hang Lun, Zhang Zhong Jing has a theory concerning the disease mechanism and pattern identification of the construction and defense. Ye Tian Shi extended the meanings of exterior and interior as presented by the Nei Jing and Zhang Zhong Jing, and used them to clarify the pathomechanism of warm disease theory, simultaneously establishing the method of defense, qi, construction and blood pattern identification.

The meaning of defense, qi, construction and blood pattern identification

1. DIFFERENTIATING THE LOCATION OF PATHOLOGICAL CHANGE

The defense aspect governs the exterior. The pathological change here is located in the lung and the skin and body hair. Ye Tian Shi in the Wen Re Lun said: 'Warm evil, contracted above, first invades the lung.' And Wu Ju Tong also said: 'At the onset of warm disease, it begins in the upper burner hand greater yin lung.' They both considered that when a warm heat disease evil invaded the human body, first the lung contracted the evil. Because the lung governs qi, is ascribed to defense and its opening is the skin and body hair, hence it is at the exterior (defense aspect). Qi aspect patterns govern the interior. The pathological change here is in the lung, chest and diaphragm, spleen and stomach, intestines, gallbladder, triple burner, bladder, etc. The construction aspect pattern is heat evil entering the heart construction. The disease here

is in the heart and pericardium. The blood level pattern is heat evil already having entered the heart, liver and kidney. It is important to pay attention to the consumption and stirring of blood.

2. DIFFERENTIATING THE STAGE OF THE DISEASE

Defense, qi, construction and blood summarize the four categories of warm heat disease patterns. They also represent the four stages of the depth of development of warm heat disease. Ye Tian Shi said: 'From a general outlook, the rear of the defense is called qi and the rear of construction is called blood.' This points out that disease evil, from defense, enters qi, from qi enters construction, and from construction enters blood, representing the steps of the disease evil; from shallow the disease conditions go deeper and become stronger.

3. EXPLANATION OF THE RULES OF PATHOLOGICAL CHANGE OF THE DISEASE EVIL

When warm evil invades the body, in general it goes from exterior to interior. Beginning in the defense aspect, it gradually, and in order, advances to the qi aspect, the construction aspect and the blood aspect. Also, because there often is latent qi in warm diseases, there are diseases that emerge from the interior, that from the interior thrust out to the exterior, and that begin at the construction aspect or the blood aspect and then move outward to the qi aspect. If the disease thrusts out to the exterior from the interior, this represents a turn in the disease conditions from severe to mild. Over the course of the transmutation of disease, if a defense aspect evil is not fully resolved but is combined with qi aspect or construction aspect, this indicates simultaneous disease in the defense and qi or simultaneous disease in the construction and defense. If a qi aspect evil is not fully resolved, and there are signs of construction aspect or blood aspect, this is simultaneous disease of qi and construction or blazing of both qi and blood. There also is defense evil, not passing through the qi aspect stage, but

abnormally passing through and entering the construction or blood. This is the so-called 'abnormal passage to the pericardium' of which Ye Tian Shi spoke. The rules of the transmutation of warm disease are not absolute and unchanging. Whether it transmutes or not depends upon the category of the disease, the strength of the contracted evil, the strength or weakness of the body constitution and whether or not the treatment is suitable.

4. DETERMINING A SUITABLE TREATMENT PRINCIPLE

Ye Tian Shi said: 'At defense, sweating can be done. When qi is reached, qi only can be cleared. When entering the construction, thrust out heat and turn it to the qi ... when entering blood, only fear the consumption of blood and stirring of blood. Directly cool blood and dissipate blood.' These are the major treatment methods for treating warm heat disease evil invading the body at different levels. If the evil is at the defense aspect, the necessary method is sweating and resolving to expel the evil to the outside. If the evil is at the qi aspect, the best method is to clear heat and generate fluids, but not to sweat and resolve, also not to use medicinal agents for the construction or the blood so as to avoid causing the evil to enter the yin. If the heat enters the construction aspect, use methods for clearing construction and out-thrusting heat so as to turn it back to the qi aspect. If the evil is in the blood aspect, it is best to use the methods of cooling the blood and dissipating blood. The theory of Ye Tian Shi took the study of the diagnosis and treatment of warm disease and broadened its usage, but in later years it was continually supplemented.

Defense, qi, construction and blood pattern identification

Defense aspect patterns

Defense aspect patterns are warm heat disease

invading the flesh and exterior that manifest as loss of normal functioning of the defense qi. They are commonly seen at the onset of externally contracted heat diseases. Because the lung governs qi, is ascribed to the defense and connects with the skin and body hair, hence defense aspect patterns also often have signs of pathological change of the lung channel. Fever, slight aversion to wind and cold, thin white tongue fur and a floating rapid pulse are taken as characteristic clinical signs. Treatment uses the method of resolving the exterior with acidity and coolness.

As for the relationship with the season, there is not just one nature of the disease evil. In particular the following three patterns have been identified.

1. WIND-WARM EXTERIOR PATTERN

Signs

These include fever, slight aversion to wind and cold, cough, headache, a dry mouth with slight thirst, no sweating or a small amount of sweating, possibly swelling and pain of the throat, possibly chest oppression and pain, red on the sides and tip of the tongue, a thin white fur and a floating and rapid pulse.

Analysis

This pattern is generally due to direct contraction of external wind-heat evil, which causes abnormalities of the defense qi, and impeded lung defense. It is commonly seen in the winter and the spring. Because in the spring the wind qi ought to be in command, the weather is warm and there is great deal of wind. If an individual's right qi is not sufficient, then the ability to resist disease is diminished and he or she will easily contract external evil. Although, in the winter, cold qi ought to be in command, if the weather is abnormal, and warm instead of cold, it is also possible to contract out-of-season wind-warm evil and become sick. Hence, Ye Tian Shi, in the *San Shi Fu Qi Wai Gan Pian* said: 'If it is windy and warm, and disease is contracted in the spring, its nature is already warm.' Also, Wu

Kun An in the *Shang Han Zhi Zhang* said: 'If the weather is clear and dry, and warm wind is excessive, the contracting qi is wind-warm evil.' Both of these refer to the proper season for the emergence of this disease. Externally contracted wind-warm disease evil generally enters through the mouth, nose, flesh and skin; hence, at the onset of disease, there is a pattern of lung defense. If, when the evil raids the flesh and exterior, the defense qi is depressed, the evil is not drained outward, which results in fever. The defense yang is trapped, the defense qi is congested, and the flesh and skin lack their warmth and nourishment, hence there is aversion to cold. Warmth is a yang evil, therefore the fever is heavy and the aversion to cold mild. Yang heat rises and harasses the clear orifices, hence there is headache. The defense qi is depressed, which results in inhibited lung qi, hence there is cough, or chest oppression and pain. The throat serves as the door to the lung; when the warm heat raids the lungs this results in swelling and pain of the throat. The evil of warm heat easily injures the fluids, hence there is thirst and the tip and sides of the tongue are red. White tongue fur and rapid, floating pulse are signs of wind-warm evil in the exterior.

Treatment method

Resolve the exterior with acidity and coolness, perfuse the lung and discharge heat. The governing formula is yin qiao san (Lonicera and Forsythia Powder).

Comment

The signs of this pattern, such as fever, aversion to cold, lack of sweat or sweat, headache, cough, thin white fur, etc., are the same as those of greater yang wind stroke pattern and greater yang cold damage pattern. The differences are as follows. Greater yang wind stroke pattern is caused by wind evil damaging the exterior and disharmony of the construction and defense. Greater yang cold damage pattern is caused by cold evil raiding the exterior, fettering the defense yang and depression and stagnation of the construction yin. These two patterns both have a

mild fever and a relatively strong aversion to cold, there is no thirst and the pulse is floating and moderate or floating and tight. Wind-warm exterior pattern results in a strong fever and a mild aversion to wind and cold; there must be slight thirst, the tongue tip and sides are red and the pulse is floating and rapid. This clinical differentiation must be made.

2. SUMMERHEAT-DAMP EXTERIOR PATTERN

Signs

These include aversion to cold, fever, lack of sweat, headache, an extremely fatigued body, oppression of the stomach duct, heart vexation and thin and slimy tongue fur.

Analysis

This is a pattern of summerheat dampness brewing inside and cold evil fettering outside. Although summerheat is a yang evil, the disease is often mixed with dampness. In the summer the commanding qi is summerheat and it is exuberant, but dampness is also strong; hence the disease of summerheat evil often is combined with damp evil. If, in the summer, first there is a contraction of summerheat, and then, during recovery, it is overwhelmed by coolness and cold drinks, there can be contraction of cold evil, which can cause the emergence of disease in which the summerheat-damp is trapped by the cold evil.

In this pattern there is cold fettering the exterior, the defense qi is impeded, and the skin and hair pores are closed; hence there is aversion to cold, fever, lack of sweating and headache. The dampness stagnates in the channel vessels, blocking the qi dynamic, hence the body is heavy and fatigued. Internal depression of summerheat-damp results in stomach duct oppression, heart vexation and slimy tongue fur. This is the concurrent contraction of the three qi of summerheat, damp and cold, which is clearly different from only wind-cold fettering the exterior.

Treatment method

Course the exterior and dissipate the cold, clear the summerheat and transform the dampness. The governing formula is *xin jia xiang ru yin* (Newly Supplemented Elsholtzia Beverage).

3. AUTUMN DRYNESS EXTERIOR PATTERN (WARM DRYNESS)

Signs

These include fever, slight aversion to wind and cold, headache, a small amount of sweating, cough with slight phlegm that is sticky and difficult to expectorate, a dry nose and throat, thirst, possibly cough that results in chest pain, a red tongue with thin, white and dry tongue fur and a large and rapid pulse on the right.

Analysis

This pattern is caused by contraction of warm dryness evil in the autumn. The evil invades the lung defense and consumes and damages the lung fluids. Dryness is the governing qi of autumn, its nature is dry and desiccating, and the disease caused by it easily damages the fluids of the body. The *Su Wen: Yin Yang Ying Xiang Da Lun* states: 'When dryness prevails, it is dry.' When dryness evil damages an individual, it generally enters through the nose and mouth, and most easily damages the lung. Moreover, if in the summer the individual sweats a great deal then, after the fluid qi is consumed, it is possible to contract this evil, and there will be lung dryness injuring the fluids. Hence, *Ye Tian Shi*, in *San Shi Fu Qi Wai Gan Pian* said: 'If there is autumn contraction, consider that in the summer months, after much sweating, the body has differences in its vacuity and repletion. If there is contraction of warmth, then dryness rises and damages; internally it is the same. Both are the contraction of disease by the lung.'

At the onset of dryness evil, the evil assails the lung defense, which results in fever, slight aversion to wind and cold, slight sweating, etc.; these are signs of dryness heat in the exterior.

When dryness evil assails the lung and the fluids are damaged, then the lung loses its mechanism for clearing and depurating, hence there is cough with a small amount of phlegm that is difficult to expectorate, the nose and throat are dry and there is thirst. When the lung qi is impeded, this results in chest pain. A red tongue, with thin, white and dry fur, and a rapid and large pulse on the right are all clear signs of dryness heat in the lung defense.

Treatment method

Moisten with acidity, coolness and sweetness, and mildly thrust out from the lung defense. The governing formula is sang xing tang (Mulberry Leaf and Apricot Kernel Decoction).

Comment

This pattern describes the onset of warm dryness, a pattern with the evil in the lung defense. But dryness qi has the aspects of both warm dryness and cool dryness. The different changes occur primarily based on whether the autumn weather tends to be warm or tends to be cold. Yu Gen Chu said: 'Deep autumn is the onset of coolness; the west wind blows. Contraction at this time is generally wind dryness, which is ascribed to cool dryness. Relative to winter wind-cold, it is mild. If there has been no rain for many days, and the autumn yang is at its peak, contraction at this time is generally warm dryness, which is ascribed to dryness heat. Relative to late spring wind-warmth, it is strong.' From this it can be known that dryness with a tendency toward heat is warm dryness and dryness with a tendency toward cold is cool dryness. The signs of cool dryness exterior pattern are fever, aversion to cold, no sweat, dry nose, throat and lips, a cough with thick phlegm, etc. When compared with warm dryness exterior pattern, there are clearly differences. The nature of the former pattern is relatively warm, therefore the heat image is stronger, and the nature of cool dryness is relatively cold, therefore at the onset the aversion to cold is strong and the fever mild.

Also, this pattern is similar to wind-warm exterior pattern. In both, the systemic evil is in the lung defense, but the contraction of evil and the seasonal emergence of the diseases are not the same. Wind-warm exterior pattern is caused by wind-heat evil and generally emerges in the spring. This pattern is caused by dryness heat evil and generally emerges in the autumn. In terms of signs, besides the similar signs of wind-warm in the defensive exterior, this pattern also has the characteristic of dryness heat damaging the fluids.

Qi aspect patterns

A qi aspect pattern is an interior heat pattern of hyperactive and exuberant yang heat caused by the turning inside to the viscera and bowels of warm heat disease evils. The right is exuberant and the evil is replete, and the struggle between them is violent. Generally this is due to unresolved defense aspect disease with the evil heat turning inside and entering the qi aspect, or by warm heat evil directly entering the qi aspect. When the exterior pattern is completed and the interior heat is scorching and exuberant, then the disease has already entered deeply. At this time, the heat evil invades the qi dynamic of the entire body and stirs the interior yang qi, increasing the strength of the hyperactive evil and creating evil qi exuberance. Because the right qi also is sufficient, the inside and outside are both hot. If the body is blazing, then there is vigorous fever and no aversion to cold but an aversion to heat. The Ling Shu: Ci Jie Zhen Xie Pian states: 'If the yang qi has a surplus, this results in heat outside. If simultaneously the outside comes in and contends with internal heat, then the heat is as hot as fire caused by charcoal.' This serves to explain the meaning of yang exuberance with an aversion to heat. The tongue fur is created by the upward steaming of fluid and qi. When heat enters the qi aspect, the lung qi does not diffuse, and the stomach fluids are scorched and so there must be a transformation of the tongue fur. Yellow tongue fur is the image of heat in the qi aspect and exuberance

of interior heat. Due to the exuberant heat dissipating and consuming the stomach fluids, the fluids must save themselves, which results in thirst. Therefore, qi aspect disease takes vigorous fever, no aversion to cold but aversion to heat, thirst and yellow tongue fur as primary signs.

When evil enters the qi aspect, although there are primary signs that can be found, because the location or viscera and bowel at which the evil invades the qi aspect differs, the strength of the contracted evil differs, and each area has its own set of signs, therefore not all qi aspect diseases necessarily have all of the primary signs. However, if there are no exterior signs and also no construction or blood signs, then it can be considered to be ascribed to the scope of qi aspect disease. As Ye Tian Shi said: 'Qi diseases that have not turned to the blood aspect and in which the evil is in the burners, also are like the lesser yang diseases of cold damage. When discussing evil in the three burners that cannot be resolved to the outside, it must cause interior bind. When there is interior bind, it is in the yang brightness stomach and intestines.' The triple burner serves as the passage for the travel of water and qi, it governs the flow of qi, raising and downbearing, entering and exiting, upward and downward, and left and right. According to the six channels, this pattern is ascribed to lesser yang, and serves as the half interior and half exterior qi dynamic. If warm evil lodges here, this results in alternating cold and warmth. If the evil of the three burners is not dissipated then there will internal binding of the chest and diaphragm, evil harassing and counterflow qi, creating a rising dynamic that results in vomiting. When evil heat obstructs the diaphragm, the qi is depressed and cannot thrust outward, which results in anguish. When qi is hot, the spleen is damp and damp-heat depresses and steams, which results in unsurfaced fever, heaviness and aching of the body and head. If the evil heat is detained in the stomach and intestines, it steams the fluids and binds the waste matter so that the bowel qi is impeded, which results in constipation or heat bind with circumfluence. From this it is clear that the signs of qi aspect disease are broad and complex. The commonly seen patterns are described below.

1. QI ASPECT HEAT EXUBERANCE

Signs

These include high fever, copious sweating, thirst with a preference for cold fluids, a red face, heart vexation, a red tongue with dry, yellow fur and a surging, large and rapid pulse.

Analysis

This pattern is due to hyperactivity and exuberance of yang brightness internal heat. The evil is exuberant and the right is effulgent, the struggle of evil and right is violent and the internal heat is steaming and distressing, hence there is high fever, a large sweat, a red face and heart vexation. Because the evil is in the qi aspect and not in the defense aspect, there is no aversion to cold, but an aversion to heat. With the steaming of internal heat, besides a red face and heart vexation, in extreme cases the eyes may also be red. Because the internal heat is exuberant and there is a great deal of sweat, the damage and consumption of the fluids may be severe, hence there is thirst with a desire for cold fluids. A red tongue with yellow, dry fur and a surging, large and rapid pulse are all images of hyperactivity and exuberance of internal heat.

Treatment method

Clear the heat and engender fluids. The governing formula is bai hu tang (White Tiger Decoction).

Comment

Because yang brightness qi aspect heat exuberance damages the fluids, the best treatment is to clear and engender fluids. If there is great heat and the fluids and qi are consumed and injured, then, besides the above-described signs, there also will be a floating, large and scallion stalk pulse. Here, the best treatment is to clear the heat, boost the qi and engender fluids. Here bai hu jia ren shen tang (White Tiger with Ginseng Decoction) can be used. Wu Ju Tong said: 'When

the pulse is floating, large and scallion stalk, then there is dissipation. The yin is vacuous and the yang is not secure, but supplementing yin herbs have a false effect. Only White Tiger can cause the yang heat to retreat and ginseng will secure the right qi, causing the yang to be able to engender yin. This is an excellent method to save the transformative source from expiry.'

2. HEAT EVIL OBSTRUCTING THE LUNG

Signs

These include body heat, sweating, a vexing thirst, panting, yellow, sticky phlegm that is difficult to expectorate, possibly chest oppression and pain, a red tongue with yellow fur and a rapid pulse.

Analysis

This pattern is generally due to an unresolved evil in the lung defense with heat congesting the lung qi. The lung heat is depressed and steaming, which results in body heat and sweat. The heat damages the fluids, which results in vexing thirst with a desire to drink. The evil heat congests the lung and the lung qi is unable to diffuse, which results in cough, panting, chest oppression or chest pain. The fluids have been steamed by the yang heat, which condenses the fluids, creating phlegm. This results in yellow, sticky phlegm that is difficult to expectorate. Yellow tongue fur and a rapid pulse are both images of internal heat. This pattern and the wind-warm exterior evil pattern raiding the lung defense are clearly differentiated by aversion to cold, thin white tongue fur and a floating and rapid pulse.

Treatment method

Clear the heat and perfuse the lung. The governing formula is ma xing shi gan tang (Ephedra, Apricot Kernel, Gypsum and Licorice Decoction).

3. HEAT SCORCHING THE CHEST AND DIAPHRAGM

Signs

These include incessant body heat, vexation and agitation, scorching heat of the chest and diaphragm, constipation, burnt lips, a dry mouth with a desire for fluids, dryness in the center of the tongue and red sides, yellow and white tongue fur and a rapid pulse.

Analysis

This pattern is due to wind-heat congesting in the chest and diaphragm transforming into heat and damaging the fluids. Wind and heat are both yang evils. If both types of yang evil combine to create disease, their transformation into heat is rapid. Wind and heat have moved from the exterior to the interior and there is internal exuberance of heat; hence there is incessant body heat. Heat scorching the chest and diaphragm results in heart vexation and scorching heat of the chest and diaphragm. Upper burner wind-heat transforms into dryness and damages the fluids; hence the mouth is dry and thirsty for fluids, the lips are burnt and the throat is dry. Heat evil below scorches the stomach fluids, and the bowel qi is not free, which results in constipation, but the abdomen is not hard, full, distended or painful and the pulse is not deep and replete, which are signs of yang brightness heat bind with bowel repletion.

Treatment method

Course wind and discharge the heat (clear above and discharge below). The governing formula is liang ge san (Diaphragm Cooling Powder).

4. BINDING HEAT IN THE STOMACH AND INTESTINES

Signs

These include fever, late afternoon tidal fever, vexation and agitation; sometimes there is delirium, and in extreme cases there may be lack

of clarity of the spirit-mind or picking at the bedclothes, fear and lack of peace, bound stools or water-like diarrhea, abdominal distention, fullness, hardness and pain that refuses pressure, tongue fur that is yellow and dry or burnt yellow with prickles, and a deep, replete pulse.

Analysis

This pattern is generally due to unresolved evil heat of the lung channel, turning to the stomach and intestines causing internal dry heat bind and creating signs of yang brightness bowel repletion. When internal heat is scorching and exuberant, it steams to the outside and results in fever. Because late afternoon is the time when the yang brightness channel qi is effulgent, and the yang brightness bowel is replete with internal dryness heat bind, there is late afternoon tidal fever. When the evil of dryness and heat combine with turbid qi and attack above, the heart and spirit are harassed, which results in vexation and agitation; sometimes there is delirious speech and in extreme cases there may be lack of clarity of the spirit-affect or picking at the bedclothes, and fear and lack of peace. When heat evil and the waste in the intestines bind internally, the bowel qi is not free, hence there are bound stools, abdominal distention, fullness, hardness and pain that refuses pressure or water-like diarrhea with fecal impaction, the so-called heat bind circumfluence. Tongue fur that is yellow and dry or burnt yellow with prickles and a deep replete pulse are both signs of interior repletion heat bind.

Treatment method

Soften hardness, attack, precipitate and discharge heat. The governing formula is tiao wei cheng qi tang (Stomach Regulating Qi Infusing Decoction).

Comment

When warm disease qi heat is not resolved, the bowel qi cannot downbear, which creates internal bind. If the heat accumulation is already severe,

the precipitation method also ought to be used. Although this pattern and the discussion on cold damage both used the precipitation method, they have their differences. The point with cold damage is to precipitate bound feces, and the point in warm disease is to precipitate bound heat and, because warm diseases more easily damage the yin, therefore there are differences when choosing a formula and herbs. For example, as Wu Ju Tong pointed out, when precipitating warm disease use da cheng qi tang (Major Qi Infusing Decoction) but reducing the amount of hou po (Magnolia Bark) and zhi shi (Unripe Bitter Orange) can avoid having its warm and slightly drying nature damage the fluids and will protect the yin from becoming vacuous.

5. YIN VACUITY DRYNESS BIND

Signs

These include tidal fever, constipation, a dry mouth, cracked lips, a red tongue with little fur and a vacuous and rapid pulse.

Analysis

Warm disease, which easily damages the yin, or sweating, vomiting or precipitating a warm disease and consuming the yin fluids, or systemic insufficiency of yin fluids, all can result in stomach fire dryness exuberance and cause intestinal dryness constipation. When the yin fluids are consumed, vacuity heat is engendered internally, which results in afternoon fever. Intestinal dryness causes abnormal management, which results in constipation whose characteristic is bound stools with no pain or bitterness of the abdomen or only slight distention of the abdomen. When yin fluids are insufficient, the fluids do not rise to infuse, hence the mouth is dry and the lips are cracked. A red tongue with slight fur or no fur is the image of yin vacuity internal heat. If accompanying this there is body fever and abdominal fullness, this is bowel repletion accompanying yin fluid injury.

Treatment method

Enrich yin and moisten dryness. The governing formula is zeng ye tang (Humor Increasing Decoction).

6. DAMP-WARM AT THE QI ASPECT

Damp-warm is a disease caused by damp and heat enshrouding. It is commonly seen in the summer when there is relatively exuberant rain and damp. Damp is the governing qi of long summer. In the summer, yang heat distresses below, enshrouding and steaming and water qi soars upward. Hence, within a year, this is the season of the strongest damp qi. At its onset, latent fever, heaviness of the body and fatigue of the limbs, chest glomus, stomach duct oppression, slimy tongue fur and a moderate pulse are the primary signs. Also, because damp is a yin evil, and its nature is heavy, turbid, sticky and stagnating, and it is combining with heat brewing, steaming and not transforming, together they are difficult to resolve. Hence, the characteristics of the disease are that it emerges slowly, the disease dynamic is lingering, the course of the disease is relatively long and it easily emerges as malaria alba. As Wu Ju Tong said: 'The disease is difficult to treat quickly.'

The reason for the emergence of the disease is often the brewing of spleen damp and recovery from contraction of external evil or contraction of the evil of damp and heat. Xue Sheng Bai, in the *Shi Re Bing Pian*, said: 'When the greater yin is damaged internally, damp-rheum collects and gathers. When this evil is present, inside and outside are both affected, hence the disease is damp-heat.' Wu Ju Tong also said: 'When the inside is unable to transport and transform water and food there is damp, and when the outside is recovering from contraction, it is controlled by damp.' From this it can be seen that the emergence of damp-warm disease generally is caused by combined evils of inside and outside. The center of the pathological change primarily is in the spleen and stomach of the middle burner. Because the spleen is the viscera of damp and earth and the stomach is

the sea of food and water, Zhang Xu Rong, in *Zhu Jie Wen Re Lun*, said: 'The qi of earth and damp is of the same category, hence, although the evil of damp-heat begins as external contraction, in the end it enters the spleen and stomach.' The spleen serves as yin earth and is subject to damp. The stomach serves as yang earth and is subject to dryness, and so, when the evil of damp-heat invades the middle burner, its disease mechanism is different according to the strength and weakness of the center qi. When the center qi is vacuous, the disease is generally in the spleen and the damp is stronger than the heat. When the center qi is replete, the disease is generally in the stomach and the heat is stronger than the damp. Therefore, Xue Shang Bai said: 'Warm heat disease is generally ascribed to either the yang brightness or the greater yin channels. When the center qi is replete, this results in disease in the yang brightness; when the center qi is vacuous, this results in disease at the greater yin.' But, no matter whether it is damp or heat that is more or less, the depression and steaming last many days and so can transform into heat, damage the yin and enter the construction. They can also consume qi and damage yang.

A. DAMP STRONGER THAN HEAT**Signs**

These include headache, aversion to cold, heaviness and pain of the body, a pale, yellow facial complexion, chest oppression, latent body heat or afternoon tidal fever, a dry mouth with no desire for fluids, white and slimy tongue fur and a soggy and moderate, or string-like, fine and soggy pulse.

Analysis

This pattern is the onset of damp warmth. In it the damp depresses and the heat steams. Because the damp is stronger than the heat it stagnates the qi dynamic. The lung governs the qi of the entire body, and when the lung contracts damp obstruction it fails to manage the qi transformation and so there is chest oppression. When damp traps the yang qi, this results in pain and heaviness of the body. When damp-

heat enshrouds, there is no transformation, hence the facial color is pale yellow. When heat brews within the damp and there is damp where there is heat, this results in latent body heat. Damp is a yin evil and yin evils become effulgent during the yin aspect.² Over the day, the time of clouding yellow is taken as yin within yang, hence there is afternoon fever. Damp is the evaporation of heat, which rises and soars to the mouth. This results in slimy tongue fur and no thirst. A soggy and moderate pulse or a string-like, fine and soggy pulse are both images of systemic damp-heat.

Treatment method

Transform dampness with aroma, and clear and disinhibit with bland percolation. The governing formula is san ren tang (Three Kernels Decoction).

Comment

This pattern should be distinguished from cold damage and yin vacuity pattern. Wu Ju Tong said: 'Headache, aversion to cold, heaviness and pain of the body, white tongue, no thirst, string-like, fine and soggy pulse, pale yellow facial color, chest oppression, afternoon body fever are vigorous if there is yin vacuity and the disease is difficult to treat quickly. This is called damp warmth.' This statement about the onset of damp warmth contains the primary differentiations of its diagnosis. Damp warmth is similar to the signs of cold damage, for example headache, aversion to cold and pain and heaviness of the body. But the string-like, fine and soggy pulse is different than cold damage. Damp warmth also has signs similar to yin vacuity pattern such as afternoon tidal fever, but the pain and heaviness of the body, the white tongue and lack of thirst are different than yin vacuity. In addition, the course of disease of warm damp is relatively long.

B. HEAT STRONGER THAN DAMP

Signs

These include high fever that does not retreat, a

red face, hasty breathing, thirst, sweating, heaviness of the body, chest glomus, yellow and slightly slimy tongue fur and a surging, large and long pulse.

Analysis

This pattern is heat stronger than damp, caused by yang brightness yang exuberance combined with damp brewing in the greater yin. Xue Sheng Bai said: 'Heat with thirst and spontaneous sweating is yang brightness heat, and chest glomus and heaviness of the body is damp of greater yin! From the surging, large and long pulse, we know that the damp-heat is stagnating in the channel of yang brightness, ... and these are signs that the heat is more and the damp less.' When yang brightness heat is exuberant, then internal heat brews and floods to the outside, thus there is a high fever, red face and hasty breathing. Heat distresses the fluids and discharges them outside, which results in sweat. Sweat emerges and the fluids are unable to stop, which results in thirst with a desire for fluids. Chest glomus and heaviness of the body are signs of greater yin spleen damp. Yellow and slightly slimy tongue fur and a surging, large and long pulse are manifestations of heat being stronger than damp.

Treatment method

Clear heat and transform damp. The governing formula is bai hu jia cang zhu tang (White Tiger Decoction Plus Atractylodes).

C. DAMP-HEAT CRITICAL PATTERN

Signs

These include fever, steaming, sweating, thirst, headache, body heaviness, fatigue, soreness of the limbs, chest oppression, abdominal distention, possibly rib-side pain, short and red urine, possibly swelling of the lower cheeks, sore throat, yellowness of the body and eyes and yellow and slimy tongue fur.

Analysis

This pattern is damp and heat steaming together and sending turbidity up, down, inside and out. Damp brewing in the inside blocks the clear yang, and so the middle burner cannot manage the qi dynamic of raising and downbearing; therefore there is chest oppression and abdominal distention. Damp-heat steaming results in fever, thirst and sweat. Heat brewing below results in red and short urine. Turbidity that is steamed by hot qi soars upward, which results in swelling of the lower cheek and sore throat. Damp and heat together steam the liver and gallbladder so that the coursing and discharging are abnormal, which results in rib-side pain, and gallbladder juice traveling abnormally results in yellowness of both the body and eyes. Yellow and slimy tongue fur is an image of exuberance of both damp and heat.

Treatment method

Clear heat toxins, and transform damp turbidity. The governing formula is gan lu xiao du dan (Sweet Dew Toxin Dispersing Elixir).

7. WIND WARMTH SEASONAL TOXINS**Signs**

At the onset, there is aversion to cold, fever, scorching swelling of the head and eyes, swelling and pain of the throat, swelling in front of and behind the ears, swelling of the cheeks, true redness of the face, thirst and yellow tongue fur. In extreme cases, there also may be deafness.

Analysis

This pattern is caused by externally contracted wind warmth seasonal toxins. Generally emerging in the two seasons of winter and spring, the disease is acute. The head and face redden and swell abnormally quickly. The onset of the pathological disease transformation arises in the defense aspect, and then continues and results in warm toxins flooding the lung and stomach.

The head is the gathering place of yang. The evil of warm toxins follows the lesser yang channel vessels to rise and congest the head, brewing and binding above, which results in scorching swelling of the head and face, a swollen and painful throat, swelling in front of and behind the ears and swelling of the cheeks. The truly red face is the color of toxic fire rising and flaming. Thirst and yellow tongue fur are signs of warm toxins flooding the lung and stomach. If the warm toxins are excessively exuberant it also can manifest as deafness and, if the warm toxins rise and soar, in serious cases there can be such critical signs as clouded spirit and delirious speech.

Treatment method

Clear the heat and resolve the exterior, course the wind and thrust out the toxins. The governing formula is pu ji xiao du yin (Universal Salvation Toxin Dispersing Beverage).

8. SIMULTANEOUS DISEASE OF DEFENSE AND QI**Signs**

These include fever, slight aversion to wind and cold, headache, no sweating or slight sweating, thirst, yellow urine, a red tongue with yellow fur and a rapid pulse.

Analysis

This is an unresolved defense aspect evil heat turning and entering the qi aspect, thereby creating signs of simultaneous disease of the defense and qi. 'When there is aversion to cold, then there is an exterior pattern.' When there is evil heat in the defense, then there is fever, slight aversion to wind and cold, headache and no sweat or slight sweating. When there is evil heat in the qi aspect then there is thirst, yellow urine, yellow tongue fur and a rapid pulse.

Treatment method

Resolve the exterior and clear the heat. The governing formula is yin qiao san (Lonicera and

Forsythia Powder) with shi gao (Gypsum) and zhi mu (Anemarrhena).

Construction aspect patterns

The construction aspect pattern is a deeper and more serious stage of warm heat disease that is caused by evil sinking inside. Generally it is due to unresolved qi aspect disease turning inside to the construction. It also can be due to counterflow turning of defense aspect disease or, in other words, contraction of evil by the lung defense not being resolved out and also not traveling down, but rather entering the pericardium directly. Since the lung and the pericardium both reside in the upper burner, their locations are closely connected and the evil can go from the lung defense directly into the heart construction. This is the so-called 'abnormal passage to the pericardium' of which Ye Tian Shi spoke. This pattern may also result from latent evil emerging into the construction aspect or summerheat evil directly entering the construction aspect. The construction serves as the front body of the blood, and it is internally connected to the heart; hence construction aspect disease is injury to the construction yin, and its characteristic sign is pathological change caused by harassment of the spirit. Clinically, the important points of differentiation are extreme body fever at night, heart vexation and sleeplessness, the appearance of maculopapular eruptions, a red-crimson tongue without fur and a fine and rapid pulse. Serious cases result in internal sinking of the pericardium. Because the construction aspect is in between the qi aspect and the blood aspect, if the disease goes from the construction to qi this indicates an improvement in the disease circumstances and if it goes from the construction and enters the blood this indicates that the disease circumstances are going deeper and becoming more serious.

1. HEAT DAMAGING THE CONSTRUCTION YIN

Signs

These include severe fever at night, heart

vexation and sleeplessness; sometimes there is delirious speech, the appearance of maculopapular eruptions, no thirst, a crimson and dry tongue and a fine and rapid pulse.

Analysis

This pattern is due to evil heat sinking inside to the construction aspect manifesting as consumption damage of the construction yin and harassing of the heart and spirit. When heat evil enters the construction, it blazes and scorches the construction yin, the construction yin is consumed and this results in severe fever at night and a fine and rapid pulse. Construction heat steaming and soaring results in a dry and red-crimson tongue. When heat penetrates the blood networks this results in the appearance of faint maculopapular eruptions. This is different from the clear out-thrusting of maculopapular eruptions when heat enters the blood aspect. When evil heat steams and soars, the construction qi rises, hence there is no thirst. Wu Ju Tong said: 'Warmth is the disease that causes thirst, yet here there is no thirst, nourishing people's feelings of doubt. But the tongue is crimson and dry; this is systemic warm disease. If evil heat enters the construction, it steams and soars and the construction qi rises, hence there is no thirst. Do not believe that because there is no thirst, there is not a heat disease.' The construction qi is connected to the heart and so when the construction aspect has heat, the heart and spirit are harassed, hence there is heart vexation and sleeplessness and in extreme cases there is delirious speech. This can be differentiated from the clouded spirit and delirious speech of yang brightness bowel repletion heat exuberance by whether or not the bowels are bound, whether or not there is hardness and pain of the abdomen and whether or not there is fur on the tongue.

Treatment method

Clear construction and thrust out heat. The governing formula is qing ying tang (Construction Clearing Decoction).

2. HEAT BLOCKING THE PERICARDIUM

Signs

These include scorching fever, clouded spirit, delirious speech, possibly clouding with an inability to speak, a retracted tongue, reversion of the limbs, and a tongue body that is fresh crimson or crimson, dry and dusky, without spirit.

Analysis

This pattern is generally due to an unresolved defense evil turning counterflow and entering the pericardium or construction heat sinking inside to the pericardium. When evil heat sinks inside, it scorches the fluids and produces phlegm. Phlegm-heat inside blocks the pericardial network and the spirit-mind is clouded, resulting in a clouded spirit and delirium or clouding with an inability to talk. When heat evil is blocked and trapped, this results in scorching body heat and reverting cold of the hands and feet. If the heat is blocked relatively shallowly, then the limb reversal is also mild; if the heat is blocked deeply then the limb reversal is serious. This is the so-called 'deep heat, deep reversal; slight heat, slight reversal.' Because the tongue is the sprout of the heart, when the heart orifice is blocked by phlegm-heat this results in a retracted tongue and inhibited speech. According to the experience of Ye Tian Shi in tongue differentiation, if the color is fresh crimson then the evil is hyperactive, and if it is crimson, dry and dusky and lacking spirit, this is internal deficiency³ of right qi directly affecting the control of the evil heat. The prognosis is inauspicious.

Treatment method

Clear the heart and open the orifices. The governing formula is qing gong tang (Palace Clearing Decoction) taken with an gong niu huang wan (Peaceful Palace Bovine Bezoar Pill) or zi xue dan (Purple Snow Elixir) or zhi bao dan (Supreme Jewel Elixir).

Comment

This pattern and heat damaging the construction

yin both have clouded spirit and delirious speech, but the disease mechanism is not the same and the severity of the disease is also different. The clouded spirit and delirious speech of heat damaging the construction yin are due to heat in the construction aspect harassing the heart and spirit, but there is no phlegm turbidity blocking inside, therefore the clouded spirit and delirious speech are relatively mild and sometimes there is clear awakening. In this pattern there is phlegm-heat blocking and obstructing the heart orifice, therefore the spirit-mind clouding and the delirium are relatively serious. In addition, heat damaging the construction yin does not have retraction of the tongue or limb reversal and so the second pattern can be differentiated using these.

3. SIMULTANEOUS DISEASE OF THE DEFENSE AND CONSTRUCTION

Signs

These include fever, slight aversion to wind and cold, headache, slight sweating, a dry mouth, no thirst, heart vexation and a crimson tongue without fur.

Analysis

This pattern is seen at the onset of construction aspect disease, when the evil of the defense aspect has not been fully resolved and so there is simultaneous disease of the construction and defense. The heat evil is in the defense, hence there is fever, slight aversion to cold and wind, headache and slight sweating. And the evil heat is in the construction aspect, which results in dry mouth, no thirst, heart vexation and a crimson tongue without fur.

Treatment method

Resolve the exterior and clear the construction. The governing formula is yin qiao san (Lonicera and Forsythia Powder) with sheng di (Dried Raw Rehmannia Root), mu dan pi (Moutan), chi shao (Red Peony) and mai dong (Ophiopogonis).

Blood aspect patterns

Blood aspect pattern is the last stage of defense, qi, construction and blood pathological change. It is also the relatively more serious stage of the course of development of warm heat disease. Blood aspect patterns arrive from the development of construction heat or from the emergence of evil heat from the blood aspect. The heart governs the blood and the liver stores the blood, hence when heat evil invades the blood aspect the dynamic must influence the heart and the liver viscera. In addition, when evil heat remains for a long time, it causes consumption damage to the true yin, yin collapse and loss of fluids, and disease in the kidney. Besides relatively severe construction aspect signs, the clinical manifestations include stirred blood, consumption of blood, yin damage and stirred wind as characteristic. Therefore, when warm disease reaches the blood aspect, the disease is deep and recovery is complex. There is vacuity and repletion which, clinically, must be clearly differentiated. Take fever, harassing agitation, maculopapules, blood loss, blood amassment, clouding and mania as extremely exuberant heat, or as blood heat repletion pattern; take dry, dusky crimson tongue, dry mouth, palms and soles that are hotter than the back of the hands and feet, spirit fatigue, in extreme cases burnt tongue, burnt teeth and cracked lips as evil diminishing and injuring the yin, or as a vacuity pattern.

1. BLOOD HEAT REPLETION PATTERNS

A. BLOOD LOSS

Signs

These include high fever, agitation, clear emergence of maculopapular eruptions, vomiting of blood, nosebleeds, blood in the stools, in the urine and in the sweat, and, in extreme cases, clouding mania and delirious speech, a deep crimson tongue and fine and rapid pulse.

Analysis

These are the signs of blood heat distressing and

causing frenetic movement of the blood. This is generally due to unresolved construction heat entering the blood aspect or evil heat emerging from the blood aspect itself. When there is heat evil deep within the blood aspect, it steams the blood fluids, causing them to soar and distress the blood, causing frenetic movement; hence there is vomiting of blood, nosebleeds, blood in the stools, in the urine and in the sweat and thrusting out of maculopapular eruptions. Blood heat is scorching and exuberant, hence there is high fever. The heart governs blood and the spirit brightness. When heat harasses the heart and spirit, this results in agitation, and in severe cases clouding mania and delirious speech. When heat is exuberant, it consumes the blood so that it is unable to fill the vessels, hence the pulse is fine and rapid. A deep crimson tongue is a sign of scorching exuberance of blood heat.

Treatment method

Cool the blood and resolve toxins. The governing formula is *xi jiao di huang tang* (Rhinoceros Horn and Rehmannia Decoction).

B. BLOOD AMASSMENT

Signs

These include hard fullness and pain in the lesser abdomen, uninhibited urination, constipation, a spirit-mind that is manic and chaotic, but sometimes clear, stasis macules on the tongue and a deep and replete pulse.

Analysis

This pattern is a pattern of blood amassment in the lower burner. It is generally due to evil heat deep in the blood aspect, where the heat and the blood bind and the blood amasses in the lower burner. Hard fullness and pain in the lesser abdomen are due to stasis heat amassing and binding in the lower burner. But heat binding in the lower burner blood aspect does not obstruct the qi dynamic, hence the urine is uninhibited. However, because the urine is uninhibited, this results in dryness in the large intestine, hence

there is constipation. The heart governs the blood and so when there is static heat in the blood aspect it harasses the heart and spirit, hence the spirit-mind is manic or chaotic, but sometimes clear. A deep and replete pulse is due to repletion evil in the interior. There is static blood obstructing internally; hence there are stasis macules on the tongue. From all of the above together it can be known that this is blood amassment repletion pattern.

Treatment method

Attack, precipitate and discharge heat, quicken the blood and expel stasis. The governing formula is tao ren cheng qi tang (Peach Kernel Qi Infusing Decoction).

C. MACULES AND PAPULES

Signs

These include high fever, vexation and agitation, chest oppression, clear eruptions of macules and papules on the chest, abdomen and four limbs or over the entire body, a deep crimson tongue and a fine and rapid pulse.

Analysis

When macules and papules occur in warm diseases, generally this is due to depressed heat evil inside, invading the construction blood. The emergence of macules is due to heat depressing the yang brightness. When there is exuberance and scorching of stomach heat, and internal distress of the construction blood, it emerges from the flesh and muscles, creating macules. The emergence of papules results from systemic wind-heat depressing the lung and internal penetration of the construction aspect, which causes papules to emerge from the blood networks. Zhang Xu Gu said: 'Heat blocks in the construction, hence it easily creates macules and papules. Macules are due to heat in the stomach emerging from the flesh and muscles; papules are due to heat in the lung emerging from the blood networks.' Heat depressing the lung and the stomach results in high fever, vexation and

agitation and chest oppression. Heat distressing the construction blood results in the distinct emergence of macules and papules. A deep crimson tongue and a fine and rapid pulse are signs of heat entering the construction blood.

In addition to the different pathomechanisms, macules and papules are also differentiated by the differences in their form. Macules are large dots that form patches and they are generally not raised above the skin. When there is a patch of macules, rubbing it does not block the hand, and the color does not recede with pressure. Papules are small dots like millet, which emerge above the skin and block the hand when rubbing. When inspecting macules and papules, it is important to examine their form as well as their distribution and changes in the sheen and color. If the color and sheen are red, lively and moist, there is even distribution, their density is appropriate and their form is loose and floating, this is mild and shallow heat toxins thrusting outward. This is a favorable pattern with a good prognosis. If the color and sheen are a deep red like the color of a cock's comb or a purple-black color, they are distributed throughout the body and create patches, their form is tight and dense and there are roots and the color does not recede with pressure, this is due to scorching exuberance of heat toxins or extreme heat toxins. This is an unfavorable pattern and the disease is relatively serious. If the color is pale red or pale purple, the distribution is uneven or they are not uniformly distributed or they appear and then sink, generally this indicates an insufficiency of right qi or slight debility of yang qi. This is a sign that the disease evil is sinking inside.

Treatment method

Clear heat and resolve the exterior, cool blood and transform the eruption of macules and papules. The governing formulas include, for emergence of macules, hua ban tang (Macule Transforming Decoction), for emergence of papules, yin qiao san (Lonicera and Forsythia Powder); omit the dan dou chi (Fermented Soybean) and add xi sheng di (Thin Dried Rehmannia), mu dan pi (Moutan), da qing ye (Isatis Leaf) and xuan shen (Scrophularia).

*D. HEAT STIRRING LIVER WIND***Signs**

These include vigorous fever, dizziness, distention and pain of the head, agitation of the hands and feet, in extreme cases clonic convulsions, mania, tetanic reversal, a crimson and dry tongue and a string-like, fine and rapid pulse.

Analysis

This pattern is due to scorching exuberance of blood heat causing stirring of liver wind. The liver is the viscera of wind and trees, it governs the sinews and it governs the storage of blood. When blood heat scorches the liver channel, the sinews and vessels lose nourishment and wind is stirred.

Evil heat is internally exuberant, hence there is a vigorous fever. Extreme fever engenders wind, which rises and harasses the clear openings. This results in dizziness and distending pain of the heart. Transverse penetration of the channel vessels results in vexation of the hands and feet, or in extreme cases clonic convulsions. Rigidity of the limbs, tightly closed jaw, upward gazing eyes and arched back rigidity are manifestations of stirred wind. When heat harasses the spirit brightness, this results in mania. The exuberant scorching of blood heat damages the yin, which results in a dry and crimson tongue. A string-like, fine and rapid pulse is a sign of exuberant heat stirring wind.

Treatment method

Cool the blood and extinguish wind. The governing formula is ling yang gou teng yin (Antelope Horn and Uncaria Decoction).

Comment

This pattern and yang brightness heat exuberance stirring wind are both ascribed to repletion. The two patterns are relatively commonly seen clinically; therefore, it is necessary to distinguish them. In yang brightness heat exuberance stirring the wind, the tongue fur is yellow and dry or burnt yellow or burnt black, and there

must be thirst with a desire for cold fluids. In blood heat stirring the wind there must be a chaotic spirit, limb reversal and a crimson and dry tongue. These signs should be taken to differentiate the two patterns.

*E. BLAZING OF BOTH QI AND BLOOD***Signs**

These include vigorous body fever, thirst, vexation and agitation, possibly maculopapular eruptions, in extreme cases vomiting of blood and nosebleeds, a crimson tongue with yellow fur and a rapid pulse.

Analysis

This pattern is due to unresolved qi aspect evil heat and blood aspect heat evil already being exuberant, creating blazing of both qi and blood. Vigorous body heat, thirst and yellow fur are images that indicate heat at the qi aspect. A crimson tongue, vexation and agitation, maculopapular eruptions, vomiting blood and nosebleeds are signs of heat evil deep in the blood aspect.

Treatment method

Clear qi and cool blood. The governing formula is yu nu jian (Jade Lady Brew); omit niu xi (Achyranthes) and shu di (Cooked Rehmannia) and add xuan shen fang (Scrophularia Formula). If there are macules, use hua ban tang (Macule Transforming Decoction).

*F. HEAT AT THE DEFENSE, QI, CONSTRUCTION AND BLOOD (HEAT IN ALL FOUR ASPECTS)***Signs**

These include aversion to cold, fever, splitting headache, clouding and blurring of the eyes, possibly clouding mania and delirious speech, a dry mouth, a sore throat, vexing pain of the joints, lower back pain, possibly vomiting of blood or nosebleeds, possibly purple-black

maculopapular eruptions, prickles on the tongue, possibly tongue fur like slimy powder, a floating, large and rapid pulse, or a deep and rapid pulse, or deep, fine and rapid at the six pulses.

Analysis

This is a serious pattern that is caused by contraction of summerheat dryness with excessive heat. The heat toxin floods the exterior and the interior, spreads to the inside and outside of the viscera and bowels and presents as heat in the defense, qi, construction and blood. The heat toxin invades both the greater yin and the yang brightness channels, which results in aversion to cold, fever, splitting headache, dizziness and blurring of the eyes and possibly fainting. When the heat evil goes deeper and enters the construction and the blood, then the heart and spirit are harassed, which results in clouding mania and delirious speech. Scorching exuberance of blood heat distresses the blood and causes frenetic movement, which results in vomiting blood, nosebleeds and maculopapular eruptions. When a heat toxin forcibly occupies the stomach, it rises and harasses the throat, which results in a dry mouth and sore throat. The kidney governs bone and the waist is the residence of the kidney. When the qi of excessive heat penetrates to the kidney channel, this results in pain of the joints and lower back. Strong heat toxins consume the yin, which results in prickles on the tongue. Severe accumulation and binding of heat toxins and turbidity result in tongue fur like slimy powder. If the pulse is floating, large and rapid, this indicates that, although the heat toxins are deep, the tendency is toward the outside. If the pulse is deep and rapid, then the toxin dynamic is very deep and hidden and difficult to thrust out. If it is deep, fine and rapid at the six pulses, this is caused by hidden and especially deep heat toxins.

Treatment method

Clear the heat, downbear the fire, cool the blood and resolve the toxins. The governing formula is qing wen bai du yin (Scourge

Clearing, Toxin Vanquishing Beverage) taken at frequent intervals.

2. YIN VACUITY PATTERNS

A. LIVER AND KIDNEY YIN DAMAGE

Signs

These include body heat that is not severe but lingers and does not recede, with palms and soles hotter than the back of the hands and feet, a dry mouth and throat, possibly spirit fatigue, ringing in the ears, a crimson and dry, or dark purple and dry, tongue, and a vacuous and large, a bound, or a regularly interrupted, pulse.

Analysis

This pattern is the end stage of warm disease. The heat evil has remained for a long time. It has consumed and damaged the true yin creating a diminished evil but also a great deal of vacuity. Warm disease easily damages the yin fluids. When the heat evil remains for a long time and is deep in the lower burner it scorches the yin of the liver and kidney, causing the evil to be diminished and the vacuity to increase, which results in body fever that is not severe but lingers and does not recede, and palms and soles that are hotter than the back of the hands and feet. Dry mouth and throat and a dry crimson or dry and dark purple tongue are caused by damage to the liver and kidney yin. When the yin essence is depleted and consumed and the right qi is vacuous and debilitated, this results in spirit fatigue. The opening orifice of the kidney is the ear; when the yin essence cannot rise and infuse the ear this results in ear ringing or deafness. When there is internal despoilation of essence and blood, the visceral qi is debilitated and weak, hence the pulse is vacuous and large. When the vessel qi is uneven, the pulse is bound or regularly interrupted.

Treatment method

Enrich yin and nourish fluids. The governing formula is jia wei fu mai tang (Modified Pulse Restorative Decoction).

B. VACUITY WIND STIRRING INTERNALLY**Signs**

These include deep heat and deep reversal, a dry tongue, black teeth, cracked lips, a deep, fine and rapid pulse, wriggling and stirring of the hands and feet, stirring of the heart and possibly tetanic reversal and a clouded spirit, a short tongue, vexation and agitation, possibly spirit fatigue or clonic convulsions, a vacuous pulse, a crimson tongue with little fur, and possibly desertion.

Analysis

This pattern is due to heat scorching the yin of the liver and kidney and vacuity wind stirring internally. When the true yin is depleted and consumed and the evil is diminished but the vacuity great, then the qi of yin and yang is not mutually integrated; this results in reverting cold of the limbs. When there is yin vacuity internal heat, this results in a dry tongue, black teeth, cracked lips and a deep, fine and rapid pulse. When the true yin is depleted and consumed, then the liver loses its nourishment causing the stirring of vacuity wind, which results in wriggling and stirring of the hands and feet and stirring of the heart. If the yin essence is depleted and consumed or exhausted, then the vacuity wind is more fierce, which results in spirit fatigue, clonic convulsions and tetanic reversal. A short tongue, vexation and agitation are serious signs of yin vacuity heat closure, yin exhaustion and yang lacking a residence, hence there may be desertion.

Treatment method

Enrich yin, subdue yang and extinguish wind. The governing formula is san jia fu mai tang (Triple-armored Pulse Restorative Decoction) or da ding feng zhu (Major Wind Stabilizing Pill).

Comment

Although both this pattern and heat-stirring

liver wind are ascribed to the internal stirring of liver wind, they differ both in terms of vacuity and repletion and also in the circumstances of the disease. Heat-stirring liver wind is generally seen in the extreme stages of heat exuberance, indicating that extreme heat is engendering wind. This is ascribed to a repletion pattern and is commonly seen with heat exuberance signs such as forceful convulsions of the hands and feet and a severe and violent disease dynamic, and is accompanied by high fever, limb reversal, clouded spirit, etc. Vacuity wind stirring internally is generally seen in the late stages of warm disease, indicating that blood vacuity is engendering wind. It is ascribed to a vacuity pattern and the accompanying signs are wriggling and stirring of the hands and feet or clonic convulsions, a dry tongue, black teeth, cracked lips, spirit fatigue, a vacuous pulse and, in extreme cases, desertion. One is repletion and one is vacuity, and they must be carefully differentiated.

Triple burner pattern identification

Triple burner pattern identification is also a method of pattern identification of warm disease. It was promoted by Wu Tang of the Qing Dynasty. This theory emerged by adopting the concept of the three burners presented in the Nei Jing, and combining the general principles of change of warm heat diseases, and the fundamentals of defense, qi, construction and blood patterns as presented by Ye Tian Shi in the Wen Re Lun. Wu Tang took the triple burner as the guiding principle in the pattern identification of warm heat disease, and used the defense, qi, construction and blood patterns to clarify how the triple burner was ascribed in the pathological changes that occur to the viscera and bowels over the course of warm heat diseases. Thus he created a general outline of pattern identification and treatment. In addition, he explained the transformation of warm heat diseases by pointing out the rule of transmission

that warm heat diseases begin in the upper burner. If upper burner disease is not resolved, this results in transmission to the middle burner spleen and stomach and, if the middle burner disease is not resolved, this results in transmission to the lower burner liver and kidney. From this it can be seen that triple burner pattern identification and defense, qi, construction and blood pattern identification supplement and advance each other.

Upper burner disease patterns

This primarily includes hand greater yin lung and hand reverting yin pericardium patterns.

1. UPPER BURNER WARMTH DISEASE

Signs

These include fever, aversion to wind and cold, headache, no sweating or slight sweating, cough, red tip and sides of the tongue, thin, white tongue fur and a floating and rapid pulse; or high fever, thirst, sweating, panting, hasty breathing, yellow tongue fur and a rapid pulse; or scorching body fever, clouded spirit and delirious speech, or clouding and an inability to speak, a retracted tongue, reversal of the limbs, and a fresh crimson tongue body.

Analysis

According to Ye Tian Shi's statement that: 'when warm evil is contracted above, it first invades the lung. If there is abnormal passage then it affects the pericardium,' Wu Tang put forth the idea that: 'If the disease is warm, it begins in the upper burner in the hand greater yin.' Because, at the onset of warm disease, the disease evil enters through the mouth and nose, the damage is to the hand greater yin lung channel. Because the lung governs qi, is ascribed to defense, opens into the nose and skin and hair, therefore, when warm evil assails the lung defense, on the outside the defense qi is

trapped and on the inside the lung qi is unable to diffuse.

Therefore, at the onset of warm diseases there is fever, slight aversion to wind and cold, headache, cough, slight thirst, no sweating or sweating, thin white tongue fur and a floating and rapid pulse. Wu Tang also said: 'Disease of the greater yin where the pulse is not moderate, nor tight, but stirred and rapid, or only the two inch positions are large, at the cubit region of the skin there is heat, there is headache, slight aversion to wind and cold, body heat without sweat, thirst, or possibly no thirst but cough and afternoon fever, this is called warm disease.' This statement summarizes the primary pulse of the onset of warm disease and also summarizes the differences between it and the two patterns of wind stroke of greater yang disease and cold damage. If the evil of the lung defense enters the interior, then the evil heat congests the lung and the lung is unable to diffuse and downbear, which results in high fever, thirst, sweating, panting, yellow fur and a rapid pulse. If the evil of the lung channel abnormally passes into the pericardium, then it closes and obstructs the heart and spirit and so there is scorching body fever, clouded spirit and delirium or clouding and an inability to speak, limb reversal, a retracted tongue and a fresh crimson tongue body.

Treatment method

If the evil assails the lung defense, treat it by resolving the exterior with acidity and coolness and perfusing the lung. A representative formula is sang ju yin (Mulberry Leaf and Chrysanthemum Beverage). If the heat evil congests the lung, treat it by clearing the heat and perfusing the lung. A representative formula is ma xing shi gan tang (Ephedra, Apricot Kernel, Gypsum and Licorice Decoction). If the heat is closing the pericardium, treat it by clearing the heart and opening the orifices. A representative formula is qing gong tang (Palace Clearing Decoction) accompanied by zhi bao dan (Supreme Jewel Elixir), zi xue dan (Purple Snow Elixir) or an gong niu huang wan (Peaceful Palace Bovine Bezoar Pill).

2. UPPER BURNER DAMP-HEAT

Signs

These include aversion to cold, fever or afternoon fever, chest oppression, cough, a slimy mouth, no thirst, heaviness of the head, cumbersome heaviness of the limbs, abdominal distention, sloppy stools, white, slimy tongue fur and a soggy and moderate pulse.

Analysis

Upper burner damp-heat is the initial stage of damp-heat when the disease is in the lung and the skin. Because of the close relationship between damp and the spleen and stomach, upper burner damp-heat is frequently combined with brewing damp of the spleen and stomach. Generally owing to contraction of damp evil, the damp depresses in the flesh, and the evil traps the upper burner lung qi and internally encumbers the spleen qi. Hence there is a strong aversion to cold and a mild fever or afternoon fever, chest oppression, cough, slimy mouth, no thirst, heaviness of the head, cumbersome heaviness of the limbs, abdominal distention, sloppy stools, white and slimy tongue fur and a moderate and soggy pulse.

Treatment method

Warm and scatter the exterior damp. A representative formula is *huo xiang zheng qi san* (Agastache Right Qi Powder). If the heat image is distinct, treat it by diffusing and transforming the damp-heat. A representative formula is *huo po xia ling tang* (Agastache, Pinellia and Poria Decoction).

Middle burner disease patterns

The primary patterns are patterns of the foot greater yang stomach and the foot greater yin spleen. The spleen and the stomach live together in the middle burner and they are internally and externally connected. The stomach is the yang earth and it governs dryness. When upper

burner diseases are not resolved and if they are not mixed with damp, they transmit to the yang brightness and transform into dryness; this results in yang brightness warm diseases. The spleen is the yin earth and governs damp. When evil enters the greater yin and it is transformed into damp, this results in a damp warm disease pattern. Therefore, in terms of the middle burner, the two primary patterns are warm heat and damp warmth.

1. YANG BRIGHTNESS WARM DISEASE

Signs

These include vigorous fever, no aversion to cold but aversion to heat, great thirst, sweating, red eyes and face, yellow and dry tongue fur and a surging and rapid pulse. Or there may be late afternoon tidal fever, abdominal distention, fullness, hardness and pain that refuses pressure, constipation, yellow-black, burnt dry tongue fur or prickles arising on the tongue, and a deep and replete pulse.

Analysis

Yang brightness warm disease may be due to exuberant heat at the qi aspect (yang brightness channel pattern), or heat binding in the stomach and intestines (yang brightness bowel pattern). Wu Tang said: 'When the face and eyes are both hot, the voice is heavy and turbid, the inhalation and exhalation are both hasty, the bowels are constipated, urination is rough, the tongue fur is old yellow, or in severe cases black with prickles, but there is aversion to heat and no aversion to cold, and late afternoon fever, this is yang brightness warm disease. If the pulse is floating, surging and extremely agitated, then *bai hu tang* [White Tiger Decoction] governs it. If the pulse is deep, rapid and forceful, and in severe cases the pulse is not small but replete, then *da cheng qi tang* [Major Qi Infusing Decoction] governs it.' This is the principle of yang brightness warm disease. When the disease enters the yang brightness, the internal heat is scorching and exuberant, flooding to the outside; hence there is vigorous fever and a red face. When heat

distresses, the fluids discharge outside, which results in a large sweat. When there is sweat and the fluids are unable to stop, this results in a large thirst. Heat exuberance damages the fluids, hence the tongue fur is yellow and dry. Yang heat is hyperactive and exuberant, hence the pulse is surging and rapid. If the yang brightness interior heat binds with dryness, then the bowel qi is not free, hence there is constipation, abdominal distention, fullness and pain that refuses pressure. Late afternoon tidal fever refers to the time at which the qi of the yang brightness channel is effulgent, when the channel qi and the evil qi struggle together, hence there is tidal fever. Dryness repletion binding internally results in yellow-black, burnt dry tongue fur or prickles being engendered on the tongue and a deep, replete pulse.

Treatment method

If there is exuberant heat at the qi aspect, the best treatment is to clear heat and protect the fluids. A representative formula is *bai hu tang* (White Tiger Decoction). If there is heat bind in the stomach and intestines, the best treatment is to flush binding dryness. A representative formula is *da cheng qi tang* (Major Qi Infusing Decoction).

2. MIDDLE BURNER DAMP WARMTH

Signs

These include unsurfaced fever, sweating with no resolution of heat, glomus oppression in the chest and stomach duct, abdominal distention, sloppy stools, extreme body fatigue, upflowing nausea with a desire to vomit, slimy tongue fur and a soggy and moderate pulse.

Analysis

Middle burner damp warmth is the middle stage of damp-warm disease. It takes damp-heat encumbering the spleen as the primary pathology, and it can be due to upper burner damp-warm entering, or contraction of the evil of summerheat-damp. It also can be created by an irregular diet

transforming and engendering damp-heat. When there is heat within damp, the damp-heat depresses and steams, hence there is unsurfaced fever. Damp-heat is lingering and is not easily resolved, hence although there is sweat the heat is not resolved. When damp-heat encumbers and depresses, the qi dynamic is impeded, and raising and downbearing is abnormal, hence there is glomus oppression of the chest and stomach duct, upflowing nausea with a desire to vomit, and hunger but no desire to eat. When damp-heat is brewing in the middle burner, the spleen is unable to fortify and transport, which results in abdominal distention and sloppy stools. Slimy tongue fur and a soggy and moderate pulse are both signs of damp-heat.

Treatment method

Transform dampness with aroma and clear and disinhibit with bland percolation. Representative formulas are *san ren tang* (Three Kernels Decoction) or *wang shi lian po yin* (Wang's Coptis and Magnolia Bark Beverage).

Lower burner disease patterns

The primary patterns are patterns of the foot lesser yin kidney and the foot reverting yin liver. If there is damp-heat in the lower burner, then the disease is located in the large intestine and bladder.

1. LOWER BURNER WARMTH DISEASE

Signs

These include vexation in the heart, an inability to lie down or sleeplessness, a red-crimson tongue with yellow tongue fur, and a fine and rapid pulse; or low fever, with palms and soles hotter than the back of the hands and feet, a dry mouth and throat, and in extreme cases deafness, black teeth, spirit fatigue, a smooth bare crimson tongue and a vacuous and large or fine and rapid pulse; or evening warmth and morning coolness, fever receding without sweat; or

wriggling and stirring of the hands and feet, or in severe cases clonic convulsions, limb reversal, stirring of the heart, spirit fatigue and a crimson tongue with diminished fur.

Analysis

When warm disease enters the lower burner, it is already the end of the warm disease. The kidney stores yin essence. When evil heat lingers, it scorches and damages the true yin and, when yin is diminished, there can be a pattern of yin reversal or yin vacuity with hyperactive yang stirring wind. However, this can be differentiated into right vacuity with evil remaining or right vacuity with retreat of evil. If there is right vacuity with evil remaining, then there may be lesser yin vacuity vigorous fire rising and scorching, causing vexation in the heart, inability to lie down or sleeplessness, a crimson tongue with yellow fur and a fine and rapid pulse. Or, there may be reverting yin vacuity with evil hiding in the blood aspect. This manifests as evening heat and morning coolness, fever retreating without sweating, etc. If there is right vacuity with a retreat of evil, this may be lesser yin essence consumption, which manifests as low fever, palms and soles hotter than the back of the hands and feet, dry mouth, dry tongue and, in extreme cases, deafness, black teeth, spirit fatigue, smooth bare crimson tongue and a vacuous large or fine and rapid pulse which may be bound or regularly intermittent. Or there may be reverting yin vacuity wind stirring internally, manifesting as wriggling and stirring of the hands and feet, or in extreme cases clonic convulsions, stirring of the heart and possibly even desertion.

Treatment method

Yin vacuity scorching heat is best treated by clearing the heat and fostering the yin. A representative formula is *huang lian e jiao tang* (Coptis and Ass Hide Glue Decoction). Yin essence depletion vacuity is best treated by enriching the yin and nourishing fluids. A representative formula is *ji a wei fu mai tang* (Modified Pulse Restorative Decoction), *jiu ni*

tang (Counterflow Stemming Decoction) or *yi jia fu mai tang* (Single Armored Pulse Restorative Decoction). Yin vacuity with latent heat in the blood aspect is best treated by enriching the yin and thrusting out evil. A representative formula is *qing hao bie jia tang* (Sweet Wormwood and Turtle Shell Decoction). Vacuity wind stirring internally is best treated by enriching yin and nourishing blood, calming the liver and extinguishing wind. A representative formula is *er jia fu mai tang* (Double Armored Pulse Restorative Decoction), *san jia fu mai tang* (Triple Armored Pulse Restorative Decoction) or *da ding feng zhu* (Major Wind Stabilizing Pill).

2. LOWER BURNER DAMP-HEAT

Signs

These include dribbling urinary block, thirst without large fluid intake, possibly constipation, hard fullness of the lesser abdomen, distention and deep clouding of the head, gray-white, yellow and slimy tongue fur and a soggy and rapid pulse.

Analysis

Lower burner damp-heat is generally transmitted from the middle burner. When the evil of damp-heat enters the lower burner, it obstructs and stagnates the urinary bladder and large intestine, causing a loss of management of the urinary bladder qi transformation and impeded qi of the large intestine bowel. When damp-heat is brewing and binding in the urinary bladder, the qi transformation is not managed, which results in dribbling urinary block. When damp gathers in the lower burner, the fluids are not able to rise and infuse, which results in thirst without large fluid intake. When damp-heat obstructs and stagnates in the large intestine, then it cannot perform its job of transmission and the stool is impeded, which results in constipation and hard fullness in the lesser abdomen. When damp-heat is brewing internally, it rises and mists the clear orifices, which results in distention and deep clouding of the head. Gray-white, yellow and slimy tongue fur and a soggy rapid pulse are both signs of damp-heat.

Treatment method

The method is bland percolation, separating and dispersing; a representative formula is fu ling pi tang (Poria Skin Decoction). Or, abduct turbidity and move stagnation; a representative formula is xuan xing dao zhu tang (Diffuse, Clear and Abduct Turbidity Decoction).

Besides these, there also is the pattern of summerheat-damp spreading throughout the three burners. This pattern manifests as alternating fever and aversion to cold, like malaria, but the aversion to cold and fever does not have settled times, the time for the fever is long and the time for the aversion to cold is short, there is chest glomus and stomach duct oppression, short and diminished urination, yellow and slimy tongue fur and string-like and rapid pulse. This is best treated with hao qin qing dan tang (Sweet Wormwood and Scutellaria Gallbladder Clearing Decoction).

From the above, it can be seen that triple burner pattern differentiation and defense, qi, construction and blood pattern identification have their areas of similarity, but they also have differences. For example, at the onset of disease,

upper burner hand greater yin lung disease is similar to evil at the defense aspect. Heat evil obstructing the lung can be ascribed to the scope of the qi aspect. The pathological change of heat blocking the pericardium can be ascribed to a construction aspect pattern, but the disease mechanism is not the same. The former is systemic phlegm-heat blocking internally and the latter is heat damaging the construction yin. Although middle burner spleen and stomach pathologies are all ascribed to qi aspect disease, evil at the qi aspect is not limited to pathology of the middle burner. Rather, anything that does not have exterior signs and also does not have construction or blood signs is ascribed to the scope of the qi aspect. Lower burner liver and kidney pathology is ascribed only to the damage to yin vacuity pattern of the blood aspect. As for damp-warm pattern identification, upper burner damp-warmth is defense qi disease, and middle and lower burner damp-warmth are both ascribed to qi aspect disease. From this it can be seen that defense, qi, construction and blood pattern identification already include most patterns of the triple burner.

NOTES

1. Also called 'four aspect pattern identification.'
2. Yin aspect refers to the time of day associated with yin.
3. Kui 匱: deficiency.

Qi, blood and body fluid pattern identification

9

Qi, blood and body fluid pattern identification is one of the many methods of pattern identification. Based on the signs obtained with the four examinations, combined with the characteristics of the physiological functions of qi, blood, body fluids and the viscera and bowels, and using the analytical method of eight principle pattern identification, the regular pathological patterns of qi, blood and body fluids are found and applied to advance the determination of treatment by the patterns identified.

Qi, blood and body fluids are the fundamental basis for the composition of the body and for maintaining the physiological life and movement of the body. In the human body, they are essential to the functioning of the viscera and bowels, and they are an important component of viscera and bowel theory. The production and the proper use of qi, blood and body fluids depend upon the proper functioning of the viscera and bowels, and the maintenance of the

proper physiological functioning of the viscera and bowels depends in turn upon the help of the pushing movement of qi, the moistening and nourishing of blood and the enriching and moistening of the body fluids. Therefore when there is an abnormality of the functions of the viscera and bowels, there also must be a pathological change in the qi, blood and body fluids. And, pathological change in the qi, blood and body fluids must in turn cause abnormalities in the functions of the viscera and bowels. In terms of physiology, the two coexist in dependence upon each other. Under pathological conditions there is thus a mutual influence. Hence, when qi, blood and body fluid pattern identification and viscera and bowel pattern identification are combined, they can supplement each other, which is especially suitable for the diagnosis and treatment of various internal medicine diseases, gynecological diseases and other disease patterns.

Qi and blood pattern identification

When qi and blood are regulated and yin and yang help each other, then the body is healthy. If yin or yang have a tendency to exuberance or a tendency to debility, this results in lack of regulation of qi and blood, and the production of disease. Qi and blood pattern identification emphasizes differentiating the relative vacuity

or repletion of yin and yang. The classics say: 'If there is despoilation of essential qi, then there is vacuity.' If the production of qi and blood is insufficient or if there is excessive consumption injury to the right qi, this results in a manifestation of qi vacuity, blood vacuity or dual vacuity of qi and blood. It is also said: 'If there is

evil qi exuberance then there is repletion.' For example, external contraction of the six excesses, internal damage by the seven emotions, irregular diet and excessive sex can all cause abnormal spreading movement of qi and blood, obstruction of the entering, exiting, raising and down-bearing of the qi dynamic and the production of qi stagnation, qi counterflow, blood stasis, bleeding, etc. The various manifestations are described below.

Qi disease pattern identification

1. QI VACUITY PATTERN

Signs

These include fatigued spirit and lack of strength, a low voice, laziness in speaking, qi timidity, shortness of breath, dizziness, spontaneous sweating, torpid intake, a pale, fat and tender tongue and a vacuous and forceless pulse. If the pattern is serious and causing qi desertion, this will result in clouded spirit, sweating, limb reversal and a faint pulse verging on expiry.

Analysis

There are many reasons for the arising of qi vacuity. It may be due to a constitutional insufficiency of the before-heaven causing a vacuous and weak constitution. It may be due to excessive taxation fatigue consuming and damaging the right qi. It may be due to an unregulated diet creating an insufficiency of the source of engendering and transformation. It may be due to enduring disease or serious illness injuring the right qi. It may be due to a weak body or old qi (the qi of old age) creating weakness and debility of yang qi. All of these can cause an insufficiency of production or excessive consumption and debility, and thus produce qi vacuity. Because qi is the embodiment of the lively functioning of the viscera and bowels, therefore qi vacuity takes a reduction in the lively functioning of the viscera and bowels as its primary pathological characteristic. All five of the viscera can have vacuous qi, but still we take

the lung, spleen and kidney as primary. The lung governs qi and so when lung qi is vacuous this results in qi timidity and shortness of breath, a lowered voice and laziness in speaking. The lung governs the skin and body hair, and so qi vacuity results in lack of securing and containing. If the defense yang is not secure, then there is no limit on the opening of the pores and so there is spontaneous sweating. The spleen governs transportation and transformation; when qi is vacuous and there is a lack of transportation, this results in torpid intake, fatigued spirit and lack of strength. The kidney is the root of qi; if there is qi vacuity and an inability to fill the brain, then there is dizziness. If there is construction vacuity, it cannot rise and flourish, which results in a pale, fat and tender tongue. When there is qi vacuity then there is an insufficiency of qi to move the blood in the vessels, hence the pulse is vacuous and forceless. If the qi vacuity is serious to the point of qi desertion, then the spirit is dispersed and this results in clouded spirit. If there is debility of the yang qi, then there is sweating, limb reversal and a faint pulse verging on expiry.

Treatment method

Supplement the qi. If the pattern is serious and the yang qi is debilitated, then it is best to return the yang, boost the qi and secure the desertion. The governing formula is *si jun zi tang* (Four Gentlemen Decoction). To boost the qi and secure the desertion, use *shen fu tang* (Ginseng and Aconite Decoction).

ADDENDUM: Qi fall pattern

Signs

Generally there are the manifestations of qi vacuity but, in addition, the abdominal area has a sagging and distended sensation, or the lumbus is sore and painful. Simultaneously this will be accompanied by prolapse of the rectum, the uterus or other internal organ.

Analysis

The center qi governs upraising. If the center qi is

vacuous it can cause the clear yang not to rise, but rather to fall. Hence qi fall pattern generally has qi vacuity patterns accompanied by a sensation of sagging and distention of the abdomen, etc., or, in serious cases, there is prolapse of the internal organs.

2. QI STAGNATION PATTERN

Signs

These include distention and pain of a given location, with the distention being stronger than the pain; the pain is sometimes mild and sometimes heavy, sometimes appearing and sometimes stopping. The location of the distention and pain is generally not fixed, but there can also be pain caused by internal movement at a fixed location. The distention can be diminished by sighing, belching or flatulence.

Analysis

Qi governs general flow, raising, downbearing, exiting and entering, and maintains the coordination of the functions of the viscera and bowels. If the essence-spirit is stimulated, the diet lacks regularity or there is contraction of an external evil, the dynamic can be damaged, all of which can cause a loss of regulation of the qi mechanism in a given area or a given viscera or bowel. When the raising, downbearing, exiting and entering movement of qi is obstructed, this then produces qi stagnation. When there is qi stagnation impeding movement, this results in pain and distention at the given area. Qi sometimes gathers and sometimes scatters, hence the location is not fixed, the pain and distention are sometimes present and sometimes not, and they are sometimes mild and sometimes strong. Sighing, belching and flatulence can cause the obstruction and stagnation of qi to smooth out temporarily, hence the distention and pain can be reduced after sighing, belching or flatulence. Because qi is the moving force propelling the functions of the viscera and bowels, therefore qi stagnation takes a loss of regularity of the qi dynamic of the viscera and bowels and obstruction as the primary pathological characteristics. But, because the liver governs coursing and dis-

charging, the lung governs qi and governs diffusing and depurative downbearing, and the spleen and stomach govern the raising of the clear and the downbearing of the turbid, therefore the presence of a qi stagnation pattern often has a relationship with the liver, lung and spleen and stomach. Clinically, there are often patterns such as binding depression of liver qi, obstruction and stagnation of lung qi and stagnation of spleen and stomach qi (see the chapter on viscera and bowel pattern identification, p. 268).

Treatment method

Rectify and move the qi. Governing formulas are *chai hu shu gan tang* (Bupleurum Liver Coursing Decoction) and *yue ju wan* (Depression Overcoming Pill).

3. QI COUNTERFLOW PATTERN

Signs

Qi counterflow often has a relationship to the lung, liver and stomach, hence the manifestations of signs also differ according to the viscera relationship. When lung qi rises counterflow, this results in panting, hasty breathing and cough. When stomach qi rises counterflow, this results in nausea and vomiting, belching and hiccups. When liver qi rises counterflow, this results in headache and dizziness, or in serious cases there can be vomiting of blood, nosebleeds, etc. Besides these, there is kidney vacuity causing an inability to grasp qi, which results in qi counterflow panting, and there is often shortness of breath, sweating and more severe panting caused by activity, and soreness of the lumbus and knees, etc.

Analysis

Qi counterflow can be due to phlegm turbidity blocking internally, dietary irregularities, damage to the essence-spirit or external contraction of the six excesses, all of which can cause abnormalities of the rising and downbearing of the qi dynamic. When there is excessive upbearing and effusing, then qi counterflow in the upper burner is taken as the characteristic pathology. The lung governs diffusing and downbearing; if

the lung is unable to clear and depurate, this results in the lung qi rising counterflow and there is panting, hasty breathing and cough. The stomach qi governs downbearing; if the stomach qi rises counterflow, this results in nausea and vomiting, belching and hiccups. The liver governs coursing and discharging, and its qi governs upbearing; if the liver qi upbears and effuses too much, this results in headache and dizziness. If the pattern is serious it can cause blood to flood the qi and manifest as vomiting blood or nosebleeds. The kidney governs the absorption of qi; if the kidney is vacuous, then the qi cannot contain the grasping, which results in qi counterflow in the upper burner; hence movement results in panting, hasty breathing and shortness of breath. The kidney governs the bones and the lumbus is the residence of the kidney; hence if the kidney is vacuous there can be soreness of the lumbus and knees. If the kidney not absorbing the qi is accompanied by phlegm turbidity obstructing the lung, then this can create a pattern of vacuity below and repletion above.

Treatment method

Treatment must be based on the disease cause and the disease location. Either perfuse the lung and transform phlegm, downbear qi and settle panting; or harmonize the stomach and downbear counterflow; or course the liver and rectify qi, clear the liver and drain fire; or supplement the kidney to absorb qi. Governing formulas are *su zi jiang qi tang* (Perilla Fruit Qi Downbearing Decoction), *ju pi zhu ru tang* (Tangerine Peel and Bamboo Shavings Decoction) and *si mo tang* (Four Milled Ingredients Decoction) (see the chapter on viscera and bowel pattern identification, p. 268).

Blood disease pattern identification

1. BLOOD VACUITY PATTERN

Signs

These include a white face without luster, or a withered yellow face, pale lips and nails, dizzi-

ness, flowery vision, heart palpitations, insomnia and numbness of the hands and feet; in women there may be abnormal menstrual periods (diminished menses, menstrual block or delayed menstruation). There also is a pale tongue and a fine and weak pulse.

Analysis

Blood vacuity is due to vacuity weakness of the spleen and stomach creating an insufficiency of the source of production, to enduring disease or serious disease slowly dissipating and consuming, to static blood obstructing and stagnating so that new blood is not engendered, or to chronic or acute bleeding. All of these can cause blood vacuity. Blood is an important material for moistening and nourishing the entire body, therefore blood vacuity can influence all areas of the body. But, because the heart governs blood, the liver stores blood and the spleen is the source of the production and transformation of blood, therefore the heart, liver and spleen are taken as primary in patterns of blood vacuity. The primary pathological characteristic is reduction in the functions of the viscera and bowels owing to diminished blood not moistening and nourishing. When blood is vacuous, it is unable to rise and luxuriate, hence the face, lips and tongue are all pale white. When the brain lacks blood nourishment, this results in dizziness and flowery vision. When heart blood is insufficient, the heart spirit is not quiet, which results in heart palpitations and insomnia. When blood does not nourish the tendons, then the nails are pale white and the hands and feet are numb. Blood vacuity causes the penetrating and conception vessels not to fill, hence the menses are not regulated. When blood is diminished, it is unable to fill the vessels, hence the pulse is fine and weak.

Treatment method

Supplement the blood. The governing formula is *si wu tang* (Four Agents Decoction).

2. BLOOD STASIS PATTERN

Signs

These include swelling and distention of a given

area or the creation of concretion and accumulation glomus lumps, piercing pain that refuses pressure and is in a fixed location, a green-blue purplish skin color, a dark and dusky facial complexion, carapace-like skin (i.e. skin that has lost its rich moisture and is rough and dry like scales or a shell), green-blue-purple lips and tongue or stasis macules on the tongue, possibly distended and purple veins under the tongue and a fine and rough, bound, or regularly interrupted pulse. Blood stasis can often be accompanied by qi stagnation signs, or there may be bleeding. The blood is generally dark purple, or there are blood clots. (See the section on blood stasis and qi stagnation pattern, p. 259.)

Analysis

There are many causes for blood stasis. It can be caused by qi vacuity or qi stagnation causing the qi to not move the blood, by evil entering the construction blood causing either evil heat binding with the blood or blood heat frenetic movement, by cold congealing in the blood vessels causing impeded movement of blood, or by trauma causing bleeding or stasis obstructing internally, etc. All of these can cause blood stasis. Whether due to obstruction of the movement of blood causing stasis and stagnation inside the blood vessels or to bleed seepage separating out from the blood vessels and remaining and obstructing inside the body, blood stasis pattern takes impeded movement of blood and stasis obstruction in a given area as the pathological characteristics. Blood stasis obstructing and stagnating results in impeding of the qi dynamic, hence the area is swollen and distended and the pain refuses pressure. Static blood remaining and obstructing and not dissipating results in the possible formation of concretion and conglomeration glomus lumps and pain of fixed location. When there is blood stasis inside, then new blood is not generated, hence the skin color is green-blue-purple, the facial complexion is dark and the skin is like a carapace. Stasis obstructing the vessels and networks results in a green-blue-purple tongue color, or possibly stasis dots or stasis macules, or distended purple veins under the tongue. When static blood obstructs and

stagnates, the movement of qi and blood is impeded, hence the pulse is fine and rough, bound, or regularly interrupted. If the static blood obstructs the vessel networks, then blood seeps out of the blood vessels, which can result in bleeding. Because the qi movement results in blood movement qi stagnation results in blood stasis, hence blood stasis pattern is often seen combined with qi stagnation pattern.

Treatment method

Quicken the blood and expel stasis, and rectify the qi. Formulas should be chosen based on the cause of the blood stasis. For example, if it is due to cold then it is best to warm the channels and quicken the blood; dang gui si ni tang (Tangkui Counterflow Cold Decoction) can be used. If it is due to heat, then it is best to discharge heat and break stasis; da huang mu dan pi tang (Rhubarb and Moutan Decoction) can be used. If it is due to blood vacuity, it is best to supplement the blood and quicken it; tao ren si wu tang (Peach Kernel Four Agents Decoction) can be used. If it is due to qi stagnation, it is best to rectify the qi and transform stasis; xiao yao wan (Free Wanderer Powder) with tao ren (Peach Kernel) and hong hua (Carthamus) can be used.

3. BLOOD HEAT PATTERN

Signs

These include fever, with more severe fever at night, heart vexation, agitation and harassment as if the person is crazy, and possibly bleeding (with women's menses arriving early, a deep red menstrual color, and a copious amount), a red-crimson tongue and a rapid pulse.

Analysis

Blood heat pattern can be due to externally contracted evil heat entering the construction blood or binding depression of liver qi transforming into fire, scorching the construction blood and creating heat. Because blood is ascribed to yin and the heat is at the blood aspect, as night falls the fever becomes relatively more severe. Blood

heat harasses the heart spirit, hence there is heart vexation, agitation and harassment, and in extreme cases clouded spirit. When evil heat distresses the blood, it moves frenetically, hence there is bleeding, and in women the menses may be excessive. A red-crimson tongue and a rapid pulse are both signs of blood heat.

Treatment method

This is to clear the heat and cool the blood. The governing formulas are qing gong tang (Palace Clearing Decoction) or xi jiao di huang tang (Rhinoceros Horn and Rehmannia Decoction).

4. BLEEDING PATTERN

Signs

The reasons for a bleeding pattern include anything that can cause the blood to seep out of the blood vessels. Because the reasons for bleeding are many, and the locations can vary, the signs also will vary. Some possibilities are coughing blood, spitting blood, vomiting blood, nosebleeds, blood in the urine, blood in the stools, flooding and spotting (menstrual), external trauma, etc. The causes of these, their patterns and treatment all vary. One differentiation is the color of the blood; this differentiates vacuity and repletion. If there is repletion, the color of the blood is deep red; if there is vacuity cold, the color of the blood is pale red. If there is accompanying blood stasis, the color of the blood is dark purple or accompanied by clots. Copious, acute bleeding can have the critical pattern of qi following the blood and deserting.

Analysis

Blood is originally supposed to move within the path of the channels and vessels. Whether due to qi vacuity being unable to contain the blood, to spleen vacuity being unable to rule the blood, or to evil heat distressing the blood and causing frenetic movement, all of these can cause the blood not to flow within the channels but to seep out of the vessels and emerge as bleeding.

If there is external damage to the blood networks, then there also must be bleeding. Hence, bleeding patterns in general can be due to qi not securing the blood, blood heat frenetic movement, qi stagnation and blood stasis, external trauma, etc. Clinically, the four examinations are used together to investigate the disease cause and combined with viscera and bowel pattern identification in order to easily determine the diagnosis and treatment.

Treatment method

Stop the bleeding. Governing formulas are as follows. To supplement the qi and stop the bleeding, huang tu tang (Yellow Earth Decoction) can be used. To cool the blood and stop the bleeding, shi hui san (Ten Cinders Powder) or si sheng wan (Four Fresh Agents Pill) can be used. To quicken the blood and stop the bleeding, yun nan bai yao (Yunnan White Medicine) or tian qi (notoginseng) powder can be used. To supplement the blood and stop the bleeding, si wu tang (Four Substances Decoction) with herbs to stop bleeding can be used.

Simultaneous qi and blood disease pattern identification

Qi and blood depend upon each other for their existence and these are the substances that are absolutely necessary for the normal physiological functioning of the human body. Qi is yang and blood is yin. Qi moves blood; blood contains qi. Qi is the commander of blood; blood is the mother of qi. Qi has the actions of warming, transforming and engendering, moving and ruling blood. Blood has the actions of moistening and nourishing, and delivering qi. When qi or blood is diseased, the two influence each other, manifesting signs of the simultaneous disease of qi and blood. Their pathomechanism is shown in Fig 9.1. This diagram explains that, under pathological circumstances, qi and blood influence each other. The commonly seen patterns of simultaneous qi and blood disease are described below.

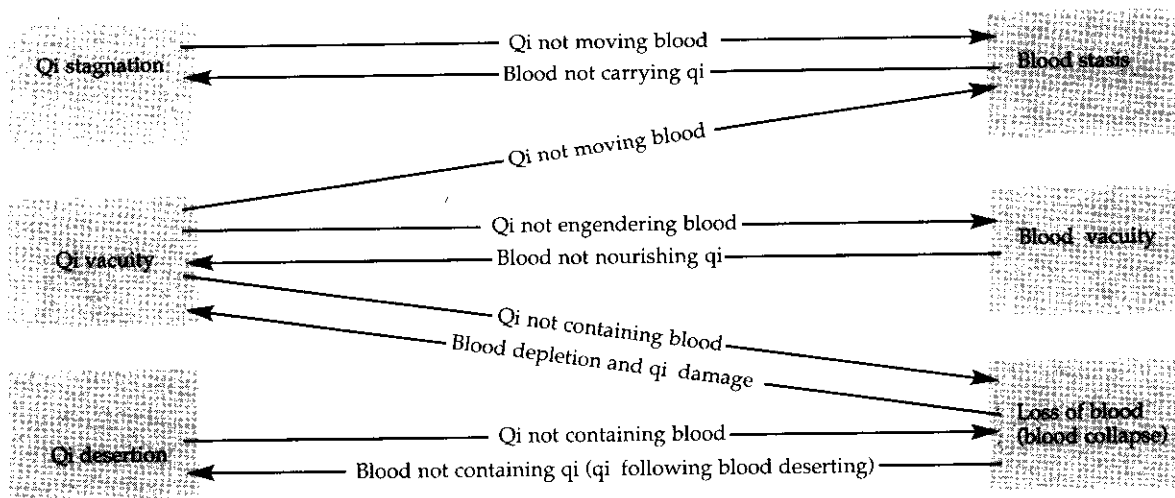


Fig. 9.1 Related diseases of qi and blood.

1. DUAL VACUITY OF QI AND BLOOD

Signs

These are the qi vacuity signs (see p. 254) and blood vacuity signs (see p. 256) seen together.

Analysis

Qi is ascribed to yang; blood is ascribed to yin. Yin and yang have the same root, and qi and blood engender each other. When qi is vacuous it is unable to engender blood. When blood is vacuous it is unable to nourish qi. Thus the two influence each other and thereby can cause a dual vacuity of qi and blood.

Treatment method

Supplement the qi and the blood (boost the qi and supplement the blood). The governing formulas are ba zhen tang (Eight Gem Decoction) or dang gui bu xue tang (Dang Gui Blood Supplementing Decoction).

2. QI STAGNATION AND BLOOD STASIS

Signs

These are the qi stagnation signs (see p. 255) and blood stasis signs (see p. 256) seen together.

Analysis

Qi can move blood, and blood can carry qi, hence there is the saying: 'Qi is the commander of blood and blood is the mother of qi.' When qi moves, then blood moves. When blood moves, qi also moves; hence, under physiological conditions, the circulation environment of qi and blood is continuous. If qi stagnates and does not move, frequently it will cause the flow of blood to be impeded. If blood stasis collects, then it also will frequently cause qi stagnation and lack of movement. Therefore, qi stagnation and blood stasis often exist at the same time, and so there is the saying: 'When there is qi stagnation, then the blood becomes static.' Due to the fact that the liver governs coursing and discharging, it governs orderly reaching and it also governs the storage of blood, therefore, when the liver fails to course and discharge, there is binding depression of liver qi, which results in the commonly seen qi stagnation and blood stasis.

Treatment method

Rectify the qi and move the blood, quicken the blood and dispel the stasis. The governing formula is xiao yao san (Free Wanderer Powder) plus herbs to quicken the blood and dispel stasis.

3. QI VACUITY BLOOD LOSS PATTERN

Signs

These are the qi vacuity signs (see p. 254) seen simultaneously with bleeding (commonly seen are flooding and spotting, blood in the stools, etc.).

Analysis

Qi is the commander of blood; it rules blood and it contains blood. If the qi is vacuous, and unable to rule and contain the blood fluids, this can result in qi vacuity blood loss. The spleen is the source of the production and transformation of qi and blood; it also governs blood. The heart governs the blood vessels and the lung governs qi; therefore qi vacuity blood loss pattern often has a relationship to the spleen, heart and lung. Due to the mutual engendering of qi and blood, the blood can nourish the qi; therefore, excessive bleeding can also cause the qi vacuity to become more severe. Each can be both the cause and the result.

Treatment method

Supplement the qi and stop the bleeding. The governing formulas are gui pi tang (Spleen Returning Decoction) or bu zhong yi qi tang (Center Supplementing Qi Boosting Decoction) plus stop-bleeding herbs. Either of these can also be accompanied by huang tu tang (Yellow Earth Decoction).

4. QI DESERTING WITH THE BLOOD PATTERN

Signs

These are sudden loss of copious amounts of blood accompanied by a pale white complexion without luster, reverting cold of the four limbs, a large amount of sweating and dripping (in extreme cases the sweat will emerge like pearls of oil), abstracted spirit-essence, an indifferent expression, possibly at the outset vexation and agitation and then clouded spirit, a pale white tongue and a scallion stalk pulse, or a fine, weak

and forceless pulse, or a faint pulse verging on expiry.

Analysis

A sudden, relatively large loss of blood can often result in blood desertion. Blood is the mother of qi, and blood can nourish qi, hence the desertion of blood can result in qi having no support and so following the blood and also deserting. When qi and blood desert this results in an inability to warm and secure, hence there is sweating and cold limbs. When qi and blood desert, there is an inability to rise and luxuriate, hence the tongue is pale and the complexion is white without luster. When qi and blood do not nourish the heart and spirit, this results in abstracted spirit-essence or even clouded spirit. When qi and blood are debilitated and diminished, they are unable to fill the blood vessels, hence the pulse is scallion stalk, or fine, weak and forceless. When yang qi collapses this results in limb reversal, sweating and a faint pulse verging on expiry. This pattern is ascribed to a critical condition of collapse of yin and collapse of yang.

Treatment method

Supplement the qi and secure the desertion, return the yang and rescue the counterflow. The governing formula is du shen tang (Pure Ginseng Decoction) or shen fu tang (Ginseng and Aconite Decoction).

Body fluid pattern identification

Body fluid patterns are primarily divided into the two large categories of an insufficiency of body fluids and fluids collecting and stagnating. The engendering, transportation and elimination of body fluids are the result of the coordinated functions of the viscera and bowels. Among them, the lung frees and regulates the water passages, the spleen moves and transforms, while the kidney governs water metabolism. If

the functions of the viscera and bowels are abnormal, this can result in obstruction of engendering, transportation and elimination of body fluids. The relationship between the body fluids and qi and blood is also extremely close. Qi can transform body fluids, and effulgent qi can engender body fluids, which can regulate the transportation and elimination of body fluids. If qi is vacuous or there is qi stagnation, this can result in water collecting and not being transformed, or qi not securing can cause a loss of body fluids through sweating or copious urination. Consumption damage of the body fluids can also damage the qi, causing it to follow the body fluids and desert. The body fluids are a part of the composition of the blood fluids and, under physiological conditions, the two both have nourishing, enriching and moistening actions. Under pathological conditions, the two can mutually influence each other. For example, consumption of blood can result in damage to the body fluids, or desiccation of body fluids can also cause blood dryness. Therefore, body fluid pattern identification returns to and is a part of qi and blood pattern identification, and can also supplement viscera and bowel pattern identification. There are many disease patterns of the body fluids. This text will emphasize the differentiation of insufficiency of body fluids and the phlegm-rheum patterns of the collection and stagnation of fluids.

Insufficiency of body fluids

Signs

These include a dry throat and lips, dry skin or even desiccation and emaciation, heart vexation, thirst, dry cough, hoarse voice, dry and rough nose and eyes, short and red urine, dry and bound stools, dry tongue fur (if accompanied by fever then there will be a red tongue and yellow and dry tongue fur) and a rapid and fine pulse.

Analysis

There are many causes for an insufficiency of

body fluids. It may be due to abnormal functioning of the viscera and bowels causing an insufficient production of body fluids; external contraction of evil heat damaging the body fluids; loss of blood, vomiting, diarrhea or copious urination, etc., consuming the body fluids; incorrect treatment damaging the body fluids; or old age, a weak body and an insufficiency of the source of transformation causing an insufficiency of body fluids. The most important action of the body fluids is enriching and moistening, therefore the primary pathological characteristic is a loss of enrichment and moistening, causing a transformation into dryness. Owing to the mouth, lips, skin and upper orifices not obtaining the moistening nourishment and enrichment of the body fluids, they all become dry and lack moisture. When the fluids are diminished, they are unable to rise and infuse, hence the mouth is dry. When the fluids are diminished, this engenders dryness, which internally harasses the heart and spirit and results in heart vexation. When the stomach fluids are insufficient then there is thirst. When the lung lacks enrichment and moistening, it is unable to diffuse and downbear, hence there is a dry throat and hoarse voice. When the fluids are diminished then dryness and heat steam and scorch, which results in short and red urine. When the stools lack moisture, then the stools are dry and bound. The tongue and pulse are both signs of consumption of fluids and transformation of dryness.

Treatment method

Increase and supplement the body fluids. If there is only an insufficiency of body fluids, then zeng ye tang (Humor Increasing Decoction) can be used. If the stomach fluids are insufficient, then yi wei tang (Stomach Boosting Decoction) can be used. If there is depletion of the fluids and constipation, then ma zi ren wan (Hemp Seed Pill) can be used. If there is lung dryness and depletion of body fluids, then qing zao jiu fei tang (Dryness Clearing Lung Rescuing Decoction) can be used.

Collection and stagnation of body fluids

The collection and stagnation of fluids are caused by abnormal functioning of the viscera and bowels. They can also be due to the influence of cold, heat, qi and fire – disease evils that cause the transportation and elimination of the body fluids to be blocked. Both of these can cause either a part of the body or the entire body to manifest excessive collection and stagnation of fluids. The internal collection and stagnation of body fluids caused by yin cold gathering result in rheum (clear and thin fluids); if there is qi or fire steaming then phlegm is created (thick and turbid fluids). Flooding of the flesh and skin of the four limbs is water swelling, gathering and accumulation in the abdomen is drum distention, while fluids collecting and amassing in the middle burner is water-damp encumbering the spleen. Below are described the phlegm patterns and rheum patterns. (See also viscera and bowel pattern identification, p. 268).

1. PHLEGM PATTERNS

The commonly seen phlegm patterns are wind phlegm, heat phlegm, cold phlegm, damp phlegm and dry phlegm. Together they are called the 'five phlegm.'

A. WIND PHLEGM

In general, wind phlegm can be divided into externally contracted wind phlegm and internally engendered wind phlegm. Externally contracted wind phlegm refers to the contraction of wind and cold causing the lung not to diffuse and phlegm turbidity to assail the lung. The signs of this pattern are aversion to wind and cold, fever, floating pulse, etc., combined with cough and coughing or spitting of phlegm-drool. The best treatment is to resolve the exterior, perfuse the lung and dispel the phlegm. (Consult the chapters on disease cause pattern identification and viscera and bowel pattern identification on

pp. 185 and 268 for further information on this pattern.) This section will take internally engendered wind phlegm as primary.

Signs

These include phlegm gurgling in the throat, dizziness of the head and eyes, insensitivity of the skin, numbness of the hands and feet, hypertonicity of the limbs, possibly deviation of the mouth and eyes, and inhibited speech (stiff tongue and sluggish speech); in extreme cases there may be paralysis of the body. There may be sudden clouding of the spirit and falling down, or accompanying convulsions, vomiting of spittle, etc. In general, the tongue fur is white and slimy and the pulse is string-like and slippery.

Analysis

Internally generated wind phlegm generally refers to suffering caused by liver wind combining with phlegm and causing phlegm exuberance and stirring of wind. It is often seen in wind stroke pattern. Often it is due to an exuberance of fat in the body, or a tendency to eat fatty, sweet and/or greasy foods, all of which gather as damp and engender phlegm; if there is spleen vacuity, then the damp collects and amasses and the exuberance of phlegm stirs the wind, which results in wind phlegm pattern. Or, it may be due to liver and kidney yin vacuity causing binding depression of liver qi, which transforms into fire and plunders the yin, causing water not to moisten wood and liver wind to stir internally, resulting in stirring of phlegm-damp, which can also create wind phlegm pattern. The characteristic pathology is liver wind combined with phlegm-damp rising, harassing the clear orifices and piercing the channels and networks. Wind phlegm rising and harassing results in dizziness of the head and eyes and phlegm gurgling in the throat. When wind phlegm flows into the channels and networks, then the movement of qi and blood is blocked, which results in insensitivity of the skin and numbness of the hands and feet. Wind phlegm misting the heart and spirit results in inhibited speech or, in extreme

cases, clouding and falling. Liver wind stirring internally results in hypertonicity of the limbs and deviated mouth and eyes. If there is sudden falling, convulsions, spitting of white drool and upward staring of the two eyes, this is wind phlegm blocking and obstructing the heart orifice which can be seen in epilepsy patterns. The tongue and pulse are general signs of phlegm-damp obstructing internally.

Treatment method

Dispel the wind and eliminate the phlegm, free the networks and harmonize the construction. The governing formula is dao tan tang (Phlegm Abducting Decoction) or da qin jiao tang (Large Gentian Decoction). If there is clouding and falling, then open the orifices and sweep the phlegm. Here su he xiang wan (Liquid Storax Pill) can be used.

B. HEAT PHLEGM

Signs

These include fever, cough, yellow phlegm that is thick and difficult to spit up, sore throat, chest pain, heart vexation, thirst, yellow-red urine and dry and bound stools. The tongue is red and the fur is yellow and slimy. The pulse is slippery and rapid.

Analysis

Heat phlegm is generally due to contraction of evil heat or hyperactivity and exuberance of yang qi condensing the humor and scorching the liquid, or to damp-heat brewing and accumulating and creating phlegm. The lung is the organ that stores phlegm. When phlegm-heat congests the lung it results in the lung qi not diffusing, hence there is cough. When phlegm and heat bind together, this results in thick, yellow phlegm that is difficult to spit out. Phlegm-heat rising and scorching results in sore throat. When phlegm-heat brews and accumulates in the chest and harasses the heart and spirit, then there is heart vexation. Heat scorching the body fluids results in yellow-red urine, and dry and

bound stools. The tongue and pulse are signs that there is phlegm-heat inside.

Treatment method

Clear the heat and transform the phlegm. The governing formula is qing qi hua tan wan (Qi Clearing Phlegm Transforming Pill) or mu bei gua lou san (Fritillaria and Trichosanthes Powder).

C. COLD PHLEGM

Signs

These include physical cold and cold limbs, fear of cold and preference for warmth, cough, spitting of clear, thin, white phlegm, a bland taste in the mouth, no thirst, clear and long urination, sloppy stools, a pale white or pale red tongue body with white and slimy tongue fur, and a deep and slippery or deep and slow pulse.

Analysis

Cold phlegm can be caused by contraction of cold evil combined with encumbering of phlegm turbidity, or yang vacuity and yin exuberance causing the fluids to congeal and stagnate and gather as cold rheum. When there is yang vacuity then there is exuberance of yin cold inside, hence the body and limbs are cold and there is a desire for warmth. When cold phlegm fetters the lung, then cold and water are not transformed, and the lung is unable to diffuse and downbear, hence there is cough and spitting of clear, thin and white phlegm. When yang is vacuous and does not transform, this results in a bland taste in the mouth and no thirst. The urine and stools, tongue and pulse are all signs that there is cold phlegm inside.

Treatment method

Warm and transform the cold phlegm. The governing formula is san zi yang xin tang (Three Seed Filial Devotion Decoction) or xiao qing long tang jia wei (Modified Minor Green-blue Dragon Decoction).

*D. DAMP PHLEGM***Signs**

These include fullness and oppression of the chest and stomach duct, generalized heaviness and encumbering fatigue, torpid intake, nausea, cough with copious phlegm that is white and easily expectorated, clear urine, thin and sloppy stools, ungratifying defecation, a pale white, fat and tender tongue body with thick, white and slimy or white and glossy tongue fur, and a soggy and moderate pulse.

Analysis

Damp phlegm is generally due to contraction of damp evil, causing the spleen to be unable to fortify and transport thus gathering damp and engendering phlegm. Phlegm-damp encumbers inside, hence there is fullness and oppression of the chest and stomach duct. When phlegm-damp obstructs the lung, the lung is unable to diffuse and downbear, hence there is cough. Internal exuberance of phlegm-damp results in copious, white and easily expectorated phlegm. The nature of damp is heavy and turbid, hence there is generalized heaviness and encumbering fatigue. When phlegm-damp blocks the spleen, the latter is unable to fortify and move, hence there is torpid intake and nausea. When damp turbidity sinks downward this results in thin and sloppy stools and ungratifying defecation. The tongue and pulse are both signs of phlegm-damp encumbering the spleen.

Treatment method

Dry the dampness and transform the phlegm. The governing formula is *er chen tang* (Two Matured Ingredients Decoction).

*E. DRY PHLEGM***Signs**

These include dry cough with little phlegm, phlegm that is thick and difficult to expectorate, or phlegm with threads of blood within it, chest pain exacerbated by cough, dry throat and nose,

heart vexation, thirst, short and red urine, dry stools, a red and dry tongue with little fur, and a fine and rapid, or fine, slippery and rapid, pulse.

Analysis

Dry phlegm is primarily caused by contraction of summerheat-heat dryness fire, which cooks the liquid and scorches the humor. When lung dryness lacks moisture, it is unable to diffuse and downbear, which results in dry cough. When the liquids are damaged they transform into dryness, hence there is little phlegm, but it is thick and difficult to expectorate. When dryness damages the lung networks, this results in threads of blood in the phlegm. Severe cough damages the lung, hence there is chest pain. Dryness and heat harass the heart, which results in heart vexation. The stomach liquids are damaged, hence there is thirst. When the humor is damaged, there is a lack of moisture, which results in dry throat and nose. Dryness in the lower burner results in dry stools and short and red urine. The tongue and pulse are both signs of dryness heat damaging the liquids.

Treatment method

Moisten the dryness and transform the phlegm. The governing formulas are *qing zao jiu fei tang* (Dryness Clearing Lung Rescuing Decoction) or *bai he gu jin tang* (Lily Bulb Metal Securing Decoction).

Comment

Pattern identification of cold phlegm, wind phlegm, heat phlegm, damp phlegm and dry phlegm takes the nature and form of the phlegm as the primary differentiating sign, simultaneously combining it with the pathological characteristics of cold, heat, dryness and damp diseases to produce the basis for clinical diagnosis. (See Table 9.1.)

2. RHEUM PATTERNS

There are four rheum patterns, namely phlegm-rheum, suspended rheum, spillage rheum and

Table 9.1 Chart of the clinical diagnosis of phlegm

Pattern category	Nature of phlegm	Signs	Tongue image	Pulse image	Treatment method
Heat phlegm	Thick, yellow	Vexing heat thirst sore throat red urine bound stools	Red body slimy, yellow fur	Slippery rapid	Clear heat and transform phlegm
Cold phlegm	Thin, white	Fear of cold cold limbs bland taste desire for warmth clear and long urination	Pale body slimy, white fur	Deep and slow, or deep and slippery	Warm and transform cold phlegm
Damp phlegm	Copious, thin, white and easily expectorated	Chest glomus stomach duct oppression nausea generalized heaviness	Pale and fat White, slimy and thick fur	Soggy moderate	Dry damp and transform phlegm
Dry phlegm	Slight and sticky or with blood threads	Dry mouth dry nose possibly dry and sore throat short urine bound stools	Red and dry body	Fine slippery rapid	Moisten dryness and transform phlegm

propping rheum. The broad meaning of phlegm-rheum includes all of the phlegm patterns and rheum patterns; the narrow meaning of phlegm-rheum refers to one of the four rheum patterns.

A. PHLEGM-RHEUM

Signs

These include fullness and distention of the chest and rib-side, panting, shortness of breath, vomiting of phlegm-drool, clear, thin phlegm-drool, gurgling sounds in the intestines, abdominal fullness, reduced appetite, a bland taste in the mouth, no thirst, dizziness of the head and eyes, palpitations and stirring in the heart, thin, sloppy stools, a pale tongue with white and glossy fur and a string-like and slippery pulse.

Analysis

Phlegm-rheum is generally due to devitalized center yang causing a lack of transportation and transformation and the internal collection of water rheum in the middle burner. When phlegm-rheum obstructs in the chest and rib-side, the qi dynamic is impeded, hence there is oppression of the chest and rib-side. When phlegm rheum is retained in the lung, the lung is unable to diffuse, which results in coughing and shortness of breath. Rheum evil rises counterflow, hence there is clear and thin phlegm-drool. Water rheum collects and is retained in the stomach and intestines, hence there is a gurgling sound in the intestines. When center yang is devitalized, there is no transportation or transformation, hence there is abdominal fullness and reduced appetite. Rheum evil in the body results in a bland taste in the mouth and no thirst. Rheum evil seeps into the intestinal tract, hence there

are thin and sloppy stools. When the clear yang is obstructed, the head and eyes lack nourishment, which results in dizziness. Rheum evil intimidates the heart, hence there are heart palpitations. The tongue and pulse are also signs of internal exuberance of phlegm-rheum.

Treatment method

Warm and transform the phlegm-rheum. The governing formula is ling gui zhu gan tang (Poria, Cinnamon Twig, Ovate Atractylodes and Licorice Decoction) or xiao qing long tang (Minor Green-blue Dragon Decoction).

B. SUSPENDED RHEUM

Signs

These include glomus and distention of the chest and rib-side, cough with spittle that causes pain in the rib-side, a dry throat, shortness of breath, hasty breathing, reduced food intake, sloppy stools, white and glossy tongue fur and a deep and string-like pulse.

Analysis

Suspended rheum is water being retained in the rib-side. The name is derived from the fact that it does not rise to the chest and it does not fall to the abdomen. It is generally due to the lack of transformation of water rheum, which then flows and accumulates in the rib-side. The rib-side is the passageway of the upbearing, downbearing, entering and exiting of the qi dynamic of yin and yang. When water rheum is retained and accumulates in the rib-side, the qi dynamic is obstructed, hence there is glomus, distention and pain of the rib-side. When water qi rises counterflow, this results in shortness of breath, hasty breathing, and a dry cough or a cough with spittle. When retained water rheum obstructs, the qi mechanism of the spleen and stomach is blocked, hence there is reduced food intake and sloppy stools. The tongue and pulse are signs that there is no transformation of water rheum inside.

Treatment method

The method is to attack with offensive treatment and expel the water rheum. The governing formula is shi zao tang (Ten Jujubes Decoction) or kong xian dan (Drool Controlling Elixir).

C. SPILLAGE RHEUM

Signs

These include deep heaviness and pain of the limbs, in extreme cases puffy swelling, cough and panting with white phlegm, fever, aversion to cold, but no sweating, inhibited urination, white tongue fur and a floating and tight pulse.

Analysis

When water rheum flows and spills into the flesh of the four limbs, this is called 'spillage rheum.' It is generally due to contraction of the six excesses damaging the viscera and bowels. Or it may be due to lowered functioning of the viscera and bowels during recovery from contraction of an external evil, causing water rheum to collect and amass and then flow and spill into the flesh and muscles of the four limbs. Owing to retention of water rheum in the flesh and muscles of the four limbs, the vessels and networks are not free, hence there is deep heaviness and pain in the limbs or, in extreme cases, puffy swelling. The lung governs the skin and body hair; when water rheum obstructs internally, the lung qi is unable to diffuse, hence there is coughing of white phlegm. When wind and cold fetter the exterior, the defense yang is blocked, which results in fever, aversion to cold and lack of sweating. When the qi transformation of the triple burner is abnormal, this results in inhibited urination. The tongue and pulse are signs of cold and water complicated by an exterior pattern.

Treatment method

Warm the yang and disinhibit the water, resolve the exterior and transform the rheum. The governing formula is wu ling san (Poria Five

Powder) combined with wu pi san (Five Peel Powder) and zhen wu tang (True Warrior Decoction); or, according to the circumstance, xiao qing long tang (Minor Green-blue Dragon Decoction) can be used.

D. PROPPING RHEUM

Signs

These include chest fullness, stomach duct glomus, cough and panting, in extreme cases an inability to lie down flat, copious white phlegm, a swollen-appearing form, vacuity puffiness of the face and eyes (which does not recover for years and emerges with cold), inhibited urination, white and slimy tongue fur, and a string-like and slippery, or string-like and tight pulse image.

Analysis

When water rheum collects in the chest and lungs, this is called 'propping rheum.' It is generally due to latent rheum that is stirred by external cold and then emerges. When water rheum is retained and obstructs the chest and lung, the qi dynamic is congested and stagnates, hence there is chest fullness and stomach duct glomus. Rheum evil rises counterflow and so the lung qi cannot downbear, which results in cough and panting, or in extreme cases an inability to lie flat. Retained rheum evil obstructs, hence there is copious white phlegm. The lung connects with the skin and body hair and when there is qi counterflow, and also water counterflow, then the exterior form appears swollen and there is vacuity puffiness of the face and eyes. Latent

rheum inside results in no recovery for many years. When the lung qi is vacuous and weak it cannot keep out wind and cold; hence when there is cold the pattern emerges. The tongue and pulse are also signs of latent rheum inside.

Treatment method

Drain the lung and expel the phlegm. If it is accompanied by an exterior pattern the best course is to resolve the exterior and transform the rheum. The governing formula is ting li da zao xie fei tang (Tingli and Jujube Lung Draining Decoction) or xiao qing long tang (Minor Green-blue Dragon Decoction).

Comment

The primary clinical differentiation of the four rheums is based on the location of the collection and retention of the water rheum and the differences in the primary signs. For example, phlegm-rheum is water rheum collection and retention in the middle burner, intestines and stomach, and the primary sign is a gurgling sound in the intestines. Suspended rheum is water rheum retention in the rib-side and its primary sign is cough that causes pain in the rib-side. Spillage rheum is water rheum flowing and seeping into the flesh and muscles of the four limbs and its primary sign is pain of the body and deep heaviness, and in extreme cases puffy swelling. Propping rheum is water rheum collection and retention in the chest and lungs, causing the lungs to be unable to diffuse and depurate, and its primary signs are cough, panting and, in extreme cases, an inability to lie flat.

Viscera and bowel pattern identification

10

Viscera and bowel pattern identification uses the methods of the four examinations and the principles of the eight principle pattern identification, combined with the theory of the viscera and bowels and channels and networks, to carry out pattern identification and to judge the patho-

logical change of the viscera and bowels and the severity of the pattern. It is the fundamental basis for other methods of pattern identification and is especially useful in the examination and treatment of complex disease.

Heart and small intestine disease pattern identification

The heart is located within the chest and is protected on the outside by the pericardium. The physiological functions of the heart are to govern the blood vessels, its luster is in the face, the heart stores the spirit-mind, its orifice opening is the tongue and it is internally-externally connected with the small intestine.

The commonly seen pathological characteristics of heart and small intestine diseases are as follows. First, the heart's function of governing the blood vessels may be disordered and the heart's function of governing the spirit-mind may become abnormal. There can also be manifestations of abnormality in the small intestine's function of separating the clear from the turbid. For example, if the heart qi is abundant, and the heart blood is ample, this results in a moist, red facial complexion, a pink, bright and moist tongue, a balanced and forceful pulse and a spirit-mind that is both plentiful and clear. As soon as the heart qi is insufficient, and the heart blood is depleted, this results in a lack of luster

in the facial complexion, a pale white and tender tongue, a vacuous or fine and weak pulse, a disquieted heart-spirit, insomnia and frequent dreaming. Also, if there is fire in the heart channel, then the heat can pass to the small intestine and cause the tip of the tongue to be red, and urination to be short, rough and painful.

The common signs of heart and small intestine disease patterns are heart palpitations, shortness of breath or panting and hasty breathing, in extreme cases a shrouding pain in the anterior chest, possibly stasis in the tongue and a rough pulse, etc., which are signs of heart blood stasis obstruction. In addition, there may be signs of abnormality of the spirit-mind owing to the heart not storing the spirit, such as heart vexation or a tendency to be easily frightened, insomnia or difficulty falling asleep, stupor or agitation.

The primary disease patterns can be separated into vacuity and repletion. The vacuity patterns

include the patterns of heart yin vacuity, heart blood vacuity, heart qi vacuity and heart yang vacuity. Irregularity of the heart vessel is also generally ascribed as a vacuity pattern. Repletion patterns include phlegm confounding the orifices of the heart, phlegm fire harassing the heart, heart fire flaming upward, binding depression of heart qi, heart blood stasis and also small intestine qi pain and small intestine repletion heat patterns.

1. HEART YIN VACUITY PATTERN

Signs

These include heart palpitations, heart vexation, insomnia, tidal fever or low fever, vexing heat of the five hearts, night sweating, dry lips and throat, a bitter taste in the mouth, yellow urine, bound stools, a red tongue with reduced fluids and no fur or thin yellow fur, and a fine and rapid pulse.

Analysis

Anxiety, distress, thought and concern can damage the heart. Damage to the heart results in wearing of the spirit and depletion of the fluids. Summerheat, dryness and fire are yang evils. Yang heat can injure the yin fluids, wind-heat can consume fluids, unresolved depression of wind-cold can transform into heat and depression of damp also can transform into heat, and therefore the previously described six qi can transform into fire and scorch the fluids. The ministerial fire of the liver and kidney can injure the heart yin. Due to the mutual connection of the yin fluids, yin vacuity of the lung, kidney, spleen and stomach can all cause heart yin vacuity. Unsuitable food, drink and medications, such as overeating of acrid, spicy, fried or fatty meat as well as overconsumption of alcohol, can cause damp, which brews and becomes heat, which then dries the fluids. When the body fluids are consumed, the heart yin is lacking. Incorrectly using sweating, vomiting or precipitation treatment methods, or using them too much, can also consume the yin. Or, if the physician over-uses acrid and hot medicinal

agents, they will plunder the yin fluids. Or, if there is originally a yang vacuity, and there is excessive use of warming and supplementing, this can cause an insufficiency of heart yin. When the yin fluids are insufficient, then there is vacuity heat generated internally. Hence, there is tidal fever or low fever, vexing heat of the five hearts, night sweating, dry lips and throat, a bitter taste in the mouth, yellow urine, bound stools, a red tongue with little fluids, thin yellow tongue fur and a fine and rapid pulse. When the heart yin is insufficient, then the yin fluids do not nourish the spirit, and so there are heart palpitations, heart vexation and insomnia.

Besides the above symptoms, if this pattern is combined with head dizziness, rib-side pain, a desire to vomit and slimy tongue fur, this is a simultaneous gallbladder vacuity with phlegm harassing. If the pattern is combined with laziness in speaking and shortness of breath, then it is combined with qi vacuity and called 'dual vacuity of qi and yin.'

Treatment method

Enrich the yin and calm the spirit. The governing formula is bu xin dan (Heart Supplementing Elixir).

2. HEART BLOOD VACUITY PATTERN

Signs

These include heart palpitations, heart vexation, insomnia, forgetfulness, head and eye dizziness, a white face without luster, pale lips and nails, a pale white tongue body and a fine and weak pulse.

Analysis

Heart blood vacuity is generally seen after loss of blood, for example vomiting blood, coughing blood, blood in the stools or blood emerging from the nine orifices. Often it is due to summerheat, dryness, wind-heat, damp-heat etc., which are heat evils damaging the blood networks. Or it may be due to stomach fire, lung fire, liver fire or gallbladder fire distressing the blood and

causing frenetic movement. Or it may be due to the seven emotions or taxation fatigue transforming into fire and damaging the blood. Vacuity detriment of the viscera and bowels can also easily cause a loss of blood – for example, the liver not storing the blood or the spleen not ruling the blood. If the source of the engendering and transformation of blood is insufficient, or the spleen fails to transport and transform, this can cause blood vacuity.

When the blood is vacuous, the face is not red or moist, but white, and the lips, nails and tongue body are pale. When the blood is diminished, it does not fill the vessels and so the pulse is fine and weak. Head and eye dizziness are due to diminished amounts of blood rising to nourish. When there is blood vacuity, the heart and spirit lack nourishment, and so there are heart palpitations, insomnia and forgetfulness.

If there is vexing heat of the five hearts, night sweating and a rapid pulse, then this pattern is combined with yin vacuity.

Treatment method

Supplement the blood and calm the spirit. The governing formula is *si wu tang* (Four Agents Decoction) plus spirit-calming agents.

Clinical differentiation

Heart blood vacuity and heart yin vacuity can both manifest heart palpitations, heart vexation and insomnia, and heart yin vacuity also has forgetfulness. Although the symptoms are the same, the mechanism for each is different. The former is due to blood not nourishing the spirit, and the latter is due to yin not nourishing the spirit. The differences are as follows. In heart blood vacuity, the face is pale; in heart yin vacuity, the cheeks are red. In heart blood vacuity there is dizziness due to diminished blood rising and nourishing; in heart yin vacuity, there are manifestations of yin vacuity engendering internal heat (tidal fever or low fever, vexing heat of the five hearts, night sweating, etc.). In heart blood vacuity, the tongue body is pale; in heart yin vacuity the

tongue is red with little fluid. In heart blood vacuity, the pulse is fine and weak; in heart yin vacuity, the pulse is fine and rapid. Heart blood vacuity can be seen simultaneously with spleen blood vacuity or liver blood vacuity; heart yin vacuity can manifest with kidney yin vacuity, liver yin vacuity and lung yin vacuity.

3. HEART QI VACUITY PATTERN

Signs

These include heart palpitations, a tendency to be easily frightened, difficulty in falling asleep, forgetfulness, a pale white facial color, shortage of qi, laziness in speaking, spontaneous sweating, fatigued spirit and lack of strength, a pale tongue body with white tongue fur and a fine and weak pulse.

Analysis

Qi is attached to the body fluids, and when the body fluids are injured then qi is consumed, hence too much sweating, vomiting or precipitation can injure the fluids and result in qi vacuity. Blood is the mother of qi, blood can carry qi, and in blood collapse or loss of blood the qi follows the fluids in deserting and the heart qi is damaged. Besides this, an extreme excess of the seven emotions can cause the heart to lack support, the spirit to lack a home, and thought to be unsettled, which results in chaotic heart qi. Vacuity detriment of the viscera and bowels, chronic disease, etc., can often cause heart qi vacuity.

Pale white facial complexion, a shortage of qi, laziness in speaking, spontaneous sweating, spirit fatigue and lack of strength, a pale tongue with white tongue fur and a fine and weak pulse are all manifestations of general qi vacuity. The heart governs the blood and stores the spirit. When the heart qi is vacuous, the result is that the heart spirit lacks nourishment and so there are palpitations, a tendency to be easily frightened, difficulty falling asleep and forgetfulness.

When heart qi vacuity is combined with oppression of the stomach duct, a desire to vomit, possibly phlegm in the throat and slimy tongue

fur, this indicates the pattern is complicated by phlegm.

Treatment method

Supplement and boost the heart qi. The governing formula is yang xin tang (Heart Nourishing Decoction).

4. HEART YANG VACUITY PATTERN

Signs

These include heart palpitations, a tendency to be easily frightened, forgetfulness, difficulty in falling asleep despite a desire to sleep, a bright white facial color, spontaneous sweating, fatigued spirit, shortage of qi, laziness in speaking, fear of cold, cold limbs, a pale and moist tongue body with white tongue fur, and a fine, weak and slow pulse. With severe heart yang vacuity, there is copious, dripping sweat, reverting cold of the four limbs, and possibly stupor, and the pulse is faint, verging on expiry, bound or regularly interrupted.

Analysis

In general, heart yang vacuity is due to the development of heart qi vacuity. The disease causes are the same as those of heart qi vacuity. The disease dynamic is a vacuity of true yang of the heart and kidney causing the internal engendering of yin cold. Further progression of heart yang vacuity can cause severe debility of heart yang. However, the most common disease causes for severe heart yang vacuity are sudden, violent pathological changes such as a large amount of sweating causing yang collapse, copious vomiting or copious defecation causing desertion of fluids and yang collapse, or copious blood loss in which the yang follows the blood and deserts.

Due to the heart qi vacuity weakness, there is empty vacuity below the heart and so there are palpitations, fright and timidity, difficulty in falling asleep and forgetfulness. However the desire to sleep, which is like being tired but not sleeping, or rousing when called, but then being

in a very cloudy and unclear state of mind, is a manifestation of heart yang vacuity due to an imbalance between yin and yang. Yang qi vacuity can be due to the development of qi vacuity, hence there may also be spontaneous sweating, fatigued spirit, shortage of qi and laziness in speaking. The fear of cold and cold limbs are signs that always occur with yang vacuity. The bright white facial color, white tongue fur and pale and fat tongue body are manifestations of yang vacuity. Yang collapse results in profuse, dripping sweat and possibly in yang following the fluids and deserting. Because the yang is collapsing, it does not fill the four limbs and so there is reverting cold of the hands and feet and, in extreme cases, stupor. A faint pulse is a sign of severe yang qi vacuity debilitation. If there is yang vacuity and debility of the viscera, then the pulse may be bound or regularly interrupted.

Treatment method

Warm and supplement the heart yang. The governing formula is bao yuan tang (Origin Preserving Decoction).

Clinical differentiation

The points of congruence between heart qi vacuity and heart yang vacuity are that, in terms of the ascribed yin or yang nature, both are ascribed to yang; the disease cause for both can be injury to body fluids, blood desertion or damage from the seven emotions; and both have manifestations of the spirit lacking nourishment, such as palpitations, a tendency to be easily frightened and difficulty in falling asleep. In terms of treatment, both require supplementing the qi.

The points of difference are as follows. In terms of disease conditions, heart qi vacuity arrives gradually, the disease dynamic is moderate and the disease conditions mild. Severe heart yang debility arrives quickly, the disease dynamic is violent and the disease conditions are critical. In terms of signs, heart qi vacuity has manifestations of qi vacuity. Heart yang vacuity may have not only qi vacuity, but

must also have interior cold; therefore, this is the primary point of clinical differentiation. Also, with heart yang vacuity the facial complexion is bright white and not pale white, there is fear of cold and cold limbs, and not just a lack of strength and shortage of qi and, when there is yang collapse, there are the images of a clouded spirit, reverting cold of the limbs and a faint pulse verging on expiry.

5. DEPRESSED HEART QI PATTERN

Signs

These include heart palpitations, heart vexation, insomnia, unregulated joy and anger, sorrow for no reason, fear of light and preference for dim places, chest oppression, frequent yawning and stretching, a pale tongue body and a deep and weak or deep and rough pulse.

Analysis

Excesses of the seven affects can cause depression of heart qi. Lack of management of the upbearing and downbearing of the viscera and bowels, yin blood vacuity, blood stasis, qi vacuity, etc., are disharmonies between qi and blood; all can cause the inhibition of the pivotal dynamic so that the qi is unable to move and thrust out, which manifests as depression pattern. Heart qi depression and stagnation cause the heart not to store the spirit and so there are palpitations, heart vexation and insomnia. When the heart-spirit is harassed, then unregulated joy and anger appear, and sorrow without cause. Long term depression results in a desire for quiet, a fear of light and preference for dim places. Qi depression is in the heart and chest, hence there is heart depression. When the depression lasts for a long time, then the qi is consumed and so there is frequent yawning and stretching. When the disease is prolonged, there is greater vacuity and the tongue is pale. The disease is ascribed to the interior, hence the pulse is deep. A weak pulse indicates vacuity; a rough pulse indicates depression and stagnation.

Depression can injure the yin or damage the blood. Yin damage and blood injury can also cause depression; therefore, there can also be manifestations of consumption of fluids, yin vacuity and blood vacuity. Long term depression damages the qi and so can cause complications of qi vacuity. When there is depression of qi, there is a tendency for phlegm to congeal, hence the pattern may be combined with phlegm.

Treatment method

Nourish the heart and calm the spirit, boost the qi and open the depression. Governing formulas are gan mai da zao tang (Licorice, Wheat and Jujube Decoction) with an shen ding zhi wan (Spirit Quieting, Mind Stabilizing Pill).

6. HEART BLOOD STASIS OBSTRUCTION

Signs

These include a dull and stagnant-looking facial complexion, heart palpitations, shortness of breath, glomus blockage in the heart, or stifling oppression and pain, especially around shan zhong (CV-17), possibly referring to the back and inside shoulder, rising to the neck or descending to the epigastrium and abdomen. The pain is sometimes present and sometimes stops. When the heart pain is severe, then the facial complexion is somber white, and there is sweating and reverting cold of the four limbs. The tongue body is dull red and stasis macules and papules may be seen. The pulse is fine and rough, and bound or regularly interrupted; in serious cases, it is faint and on the verge of expiry.

Analysis

Enduring disease consumes the qi. When qi is diminished this results in roughness and stagnation along the route of movement of the construction and defense, which causes the collection and accumulation of blood, resulting in blood stasis. The action of cold evil on blood is the congealing of blood. Its action on the vessels

is to impede the freedom of the vessels, causing internal collection of blood stasis. If there is damage to the heart network from wind-cold, or the collection of phlegm in the lung or cold accumulation in the spleen, all of these can rise to the heart and cause congealing and stagnation of the blood vessels. When the viscera and bowels are injured and there is qi vacuity and yang vacuity, then the movement of blood is stagnant and rough, causing blood stasis. Internal damage from the seven emotions and disease of the pericardium network cause pain in the heart and chest. Also, unsuitable food and drink or depression of qi engendering phlegm, or phlegm-fire steaming and soaring and obstructing the networks and damaging the blood, can result in heart pain. Besides this, lying down for a long time injures the blood, while heavy, greasy food and alcohol can produce dampness and heat and damage the spleen qi, thus also damaging the blood and injuring the qi, both of which rise to affect the heart qi. Or burning thought taxing the heart can damage the yin and blood, resulting in detrimental consumption of the yin fluids. Excessive sex can injure the liver and kidney and then disease of the lower can affect the upper so the heart yin and heart blood may be injured and disease emerges. Or spleen vacuity causing a lack of transportation of essence to the upper portion of the body can cause heart blood stasis, and lung vacuity and diminished qi can injure the ancestral qi, making it difficult to infuse the heart vessels, causing stagnation of the heart vessels.

Heart palpitations and shortness of breath are manifestations indicating stasis and obstruction damaging the qi and an insufficiency of heart qi. Other signs can also be explained by heart qi stagnation and heart blood stasis.

Because the qi dynamic of the heart and chest is impeded, there is glomus blockage of the heart or stifling oppression causing pain. Shan zhong (CV-17) is the point between the two breasts which unites the breasts directly in the center of the lower section of the chest bone. It is here that the pain is located. The hand lesser yin heart channel rises and connects to the throat and travels on the inner aspect of the shoulder. The hand reverting yin pericardium channel descends

through the diaphragm, connecting to the three burners. Therefore, the pain can rise to the inner shoulder and the neck and descend to the stomach duct and abdomen. When the heart pain is severe, it results in qi reversal, and the yang qi does not obtain transportation, hence the face is white, there is sweating and cold limbs, and the pulse is faint and verging on expiry. Where there is qi stagnation and blood stasis, the pulse is fine and rough and bound or regularly interrupted.

This pattern may be combined with phlegm, or there may be simultaneous qi vacuity, yin vacuity or blood vacuity. Also, there may be a dual vacuity of yin and yang, a dual vacuity of qi and yin, a simultaneous affection of the heart and stomach, a simultaneous affection of the heart and liver, a simultaneous affection of the heart and kidney or a simultaneous affection of the heart and spleen.

Treatment method

Free the yang and transform the stasis. The governing formula is zhi shi xie bai gui zhi tang (Unripe Bitter Orange, Chinese Chive and Cinnamon Twig Decoction) combined with tong qiao huo xue tang (Orifice Freeing, Blood Quickening Decoction).

7. IRREGULARITY OF THE HEART VESSEL

Signs

These include palpitations, shortness of breath, spirit fatigue with a desire to sleep, dizziness of the head and eyes, a pale white facial complexion, a pale tongue and a skipping, bound or regularly interrupted pulse.

Analysis

When cold damages the heart, the heart qi lacks its normal level, and so the pulse is bound or regularly interrupted. Incorrectly using acidity to disperse a warm evil when the viscera and bowels are debilitated and weak, and the qi and blood already damaged, will damage the yin

and result in an irregular pulse; or suffering from the five stagnations of qi, blood, heat, phlegm and food can cause counterflow of qi and blood and so the movement of the heart qi is not smooth and the pulse is irregular.

When heart qi is insufficient, there is shortness of breath, spirit fatigue with a desire to sleep, and a pale white complexion. When heart blood is diminished and does not rise, there is head and eye dizziness. When qi is diminished and blood is consumed, the heart-spirit lacks nourishment and so there are palpitations and the tongue is pale.

This pattern may have a tendency toward yang vacuity, a tendency toward yin vacuity or dual vacuity of yin and yang. Skipping, bound and regularly interrupted pulses can also be seen in phlegm confounding the orifices of the heart, phlegm-fire harassing the heart, heat evil congesting the lung, spleen not ruling blood, binding depression of liver qi, internal stirring of liver wind, hyperactive rising of liver yang, gallbladder vacuity with phlegm harassing, yang vacuity water flood, heart and kidney not communicating, etc.

In normal individuals without disease patterns, skipping, bound and regularly interrupted pulses may occasionally be seen. As Zhang Jing Yue said: 'If the cause [of these pulses] is not a disease, then it is not abnormal.'

Treatment method

Boost the qi and nourish the blood, supplement the yin and free the yang. The governing formula is zhi gan cao tang (Honey-fried Licorice Decoction).

8. PHEGM CONFOUNDING THE HEART ORIFICES

Signs

These include feeble-mindedness of the spirit-affect, somnolence or even stupor, vomiting of phlegm-drool or gurgling phlegm in the throat, a pale tongue body with white and slimy tongue fur and a slippery pulse.

Analysis

When there is suffering of the seven affects, the qi dynamic can become depressed and stagnant, and so the body fluids are not engendered, transformed and transported. They become depressed and collect and accumulate, engendering phlegm. Or, violent anger can transform into fire, or contraction of warm evil, damp evil or fire heat can scorch the fluids, evaporating the fluids and creating phlegm. When there is phlegm confounding the heart orifices, the clear orifices lack sharpness and so there is feeble-mindedness, somnolence and stupor. When there is internal engendering of phlegm turbidity, there is vomiting of phlegm or gurgling phlegm. Slimy tongue fur and a slippery pulse indicate phlegm.

Treatment method

Dispel the phlegm and open the orifices. The governing formula is dao tan tang (Phlegm Abducting Decoction).

9. PHEGM FIRE HARASSING THE HEART

Signs

These include confused essence-spirit, nonsensical speech, manic agitation, frenetic movement, abnormal laughing and crying, a red face, hasty breathing, yellow urine, bound stools, a red tongue body with yellow and slimy tongue fur and a slippery and rapid pulse.

Analysis

Qi depression or great anger can transform into fire, scorch the fluids and engender phlegm. If the phlegm-fire rises and harasses, then the heart-spirit is not stored, hence there are abnormalities of the essence-spirit. The red face, hasty breathing, yellow urine, bound stools, red tongue and yellow tongue fur indicate heat. The slimy tongue fur and slippery pulse indicate phlegm.

Treatment method

Clear the fire and transform the phlegm. The

governing formula is meng shi gun tang wan (Chlorite/Mica Phlegm Rolling Pill).

Clinical differentiation

Phlegm confounding the heart orifices and phlegm-fire harassing the heart both indicate phlegm, both cloud the heart orifices and manifest as changes in the spirit-mind. But phlegm confounding the heart orifices tends toward cold, indicating a repletion pattern or combined repletion and vacuity, and it manifests feeble-mindedness, slimy, white tongue fur and a slippery pulse. Phlegm-fire harassing the heart tends toward heat, indicating a repletion heat pattern, and it manifests as manic agitation, slimy yellow tongue fur and a slippery rapid pulse.

10. HEART FIRE FLAMING UPWARD

Signs

These include a red face and lips, heart vexation, thirst, erosion and scorching pain on the tip of the tongue, a red tongue with yellow fur and a rapid pulse.

Analysis

The aftermath of a warm heat disease, voracious intake of hot, acrid, spicy and fried food and alcohol, excessive use of warm supplementing agents, or the five affects transforming into fire, can cause heart fire to flame upward. The opening orifice of the heart is the tongue, therefore when fire flames upward there is erosion and burning pain of the tip of the tongue. Fire heat results in a red face and lips, heart vexation, thirst, a red tongue with yellow fur and a rapid pulse.

Treatment method

Clear the heart and drain the fire. The governing formula is xie xin tang (Heart Draining Decoction).

11. SMALL INTESTINE REPLETION HEAT

Signs

These include a red face and lips, heart vexation, thirst, short, red, rough and painful urination, a red tongue body with yellow fur and a string-like and rapid pulse.

Analysis

When warm evil, dryness evil, fire toxins, etc., assail the heart, the heart fire is exuberant and so the face and lips are red, there is heart vexation and thirst. The heart and small intestine are externally and internally connected, and so when the heart shifts heat to the small intestine, the small intestine must lose its normal differentiating of the clear and turbid, hence urination is short, red, rough and painful. A red tongue body, yellow fur and rapid pulse indicate heat. Pain results in a string-like pulse.

Treatment method

Clear the heat and abduct the redness. The governing formula is dao chi san (Redness Abducting Powder).

Clinical differentiation

Heart fire flaming upward and small intestine repletion heat are both exuberance of heart fire, both have the manifestations of a red face and lips, heart vexation and thirst and the same type of tongue and pulse. The difference is that heart fire flaming upward manifests above, in the engendering of sores in the mouth and on the tongue, and small intestine repletion heat is the heart shifting heat downward causing red, rough and painful urination. These two patterns can be seen simultaneously.

12. SMALL INTESTINE QI PAIN

Signs

These include mounting qi distention and pain, binding stagnation of the lesser abdomen that is sometimes severe, sometimes moderate, that is

worse with cold and relaxes with heat, white and glossy tongue fur and a deep, string-like and slow pulse.

Analysis

Wading through water in the winter, sitting for a long time in a damp pool, contracting cold-damp or too much heavy lifting can consume qi and congeal coldness; congealing and stagnation of qi and blood create mounting. The creation of mounting results in distention and pain. This pattern tends toward cold, hence the tongue fur is white and the pulse is slow; the pain is worse with cold and relaxes with heat. A deep pulse governs the interior and a string-like pulse governs pain.

Treatment method

Move the qi and stop the pain, soften the hardness and disperse the binds. The governing formula is ju he wan (Tangerine Pip Pill).

Liver and gallbladder disease pattern identification

The liver resides in the rib-side. Its physiological functions are that it stores blood, it governs coursing and discharging, it governs the sinews, its bloom is in the nails, its opening orifice is the eyes and it has an interior–exterior relationship with the gallbladder.

The common manifestations of the pathological characteristics of diseases of the liver and gallbladder are abnormalities of the liver's function of governing coursing and discharge, the liver not storing blood, vacuity of yin and blood, and lack of nourishment to the tendons. In addition, the liver is an unyielding viscus, and so there are tendencies toward stirring of wind and transformation into fire. The gallbladder stores gallbladder juice and, along with the liver, governs coursing and discharging, hence there can also be the pathological change of jaundice due to gallbladder juice not following its normal pathway. The liver governs

coursing and discharging. When the coursing is free and discharging open, then the emotions and mind are smooth, and qi and blood are harmonized. If the liver fails to course and discharge, this may result in binding depression of liver qi, and repression and depression, lack of happiness, and often in suspicion and anxiety; there may be qi stagnation and blood stasis causing a lack of regulation of qi and blood; or the liver qi may travel counterflow, resulting in disharmony between the liver and spleen. The liver stores yin blood; when the yin blood is sufficient then the eyes are bright, the sinews are smooth and the channel blood is regular. If the liver does not store the blood, then the eyes are clouded and flowery, the sinews and vessels are contracted and tense, the nails do not flourish and the channel blood is not regulated. Also, qi depression easily transforms into fire, and blood vacuity easily stirs wind; therefore there can be liver fire flaming upward, or liver wind stirring internally.

The important common signs of liver and gallbladder disease patterns are bitter taste in the mouth, rib-side pain, a string-like pulse – manifestations that indicate the liver is not coursing and discharging; head and eye dizziness, blurred vision, diminished menstrual cycles in women or menstrual block, etc. – manifestations that indicate an insufficiency of yin blood. If there is stirring of liver wind, then there is a green-blue facial complexion, wryness of the eyes, convulsions of the four limbs, etc. Transformation into fire manifests as redness and pain in the eyes, extreme vexation and a tendency to be easily angered, insomnia, many dreams and, in severe cases, nose bleeds and vomiting blood.

The more common disease patterns are excess patterns and heat patterns, including binding depression of liver qi, ascendant hyperactivity of liver yang, liver yang transforming into wind, extreme heat stirring wind, liver fire flaming upward, liver and gallbladder damp-heat, gallbladder heat congesting and stagnating and gallbladder depression with phlegm harassing. The vacuity patterns take yin and blood vacuity as primary, and include liver yin vacuity and liver blood vacuity. Liver gallbladder vacuity vexation and liver yang vacuity are relatively

rarely seen, and are also ascribed to vacuity patterns.

1. LIVER YIN VACUITY

Signs

These include dryness and roughness of the eyes, blurred vision, rib-side pain, tidal fever or low fever, vexing heat of the five hearts, night sweating, dry lips and throat, a bitter taste in the mouth, yellow urine, bound stools, a red tongue with little fluids and no fur or thin, yellow fur, and a string-like, fine and rapid pulse.

Analysis

This can be seen in the period after heat diseases, when heat has eliminated the yin fluids. Or the five emotions may transform into fire and scorch the yin fluids. Or long term disease that has not been treated can cause depletion of the kidney water so that it is unable to enrich and nourish the liver yin. Because the liver opens into the eyes, if the liver yin is vacuous this results in yin fluids not rising, hence the eyes are dry and rough and the vision is blurred. The liver resides below the ribs, and so pain in the ribs indicates liver disease. A string-like pulse is the liver pulse. The other signs are all manifestations of general yin vacuity.

Treatment method

Enrich and supplement the liver yin. The governing formula is yi guan jian (All-the-way-through Brew).

2. LIVER BLOOD VACUITY

Signs

These include dry, rough eyes, blurred vision, possibly night blindness, dizziness of the head, a white face lacking luster, pale white lips and nails, rib-side pain, diminished menstruation or menstrual block, a pale white tongue body and a string-like and fine pulse.

Analysis

This pattern may be caused by excessive loss of blood, insufficient engendering of blood or long term disease injuring and consuming the yin blood. If the liver blood is not sufficient, then the eyes lack luxuriance, hence they are dry and rough, and there may be blurred vision or night blindness. When the blood of the liver channel is diminished then there is empty vacuity of the uterus, which results in diminished menstruation or menstrual block. A string-like pulse governs liver disease. The liver is located below the ribs and when there is liver blood vacuity there is rib-side pain. The remaining signs are in general due to blood vacuity.

Besides the above signs, there may be numbness of the limbs, contracture of the sinew vessels and inhibited stretching. This is liver blood vacuity causing the stirring of liver wind.

Treatment method

Supplement and nourish the liver blood. The governing formula is bu gan tang (Liver Supplementing Decoction).

3. LIVER YANG VACUITY

Signs

These include depression, unhappiness, blurred vision, rib-side fullness or pain, possible hypertonicity below the ribs, tenseness or withering of the sinews, weakness of the feet or an inability to stretch the feet, a bright white facial complexion, fear of cold, cold limbs, pale white tongue fur and a deep, fine, string-like and slow or tight pulse.

Analysis

The cause of the disease may be long term collection of water-damp damaging the yang, or qi vacuity developing into yang vacuity, or insufficiency of kidney, heart or spleen yang transforming. Or it may be enduring disease and body vacuity or an old disease causing a gradual consumption of the true yang. Or it may be ex-

cessive intake of raw or cold foods, or incorrectly using cold or cool medicinal agents, which cause the yang qi to become sparse.

The liver is an unyielding viscus, it opens into the eyes, it is located in the rib area and it governs the sinews, hence liver yang vacuity can manifest with depression and unhappiness, blurred vision, rib-side fullness or pain, possibly hypertonicity below the ribs, sinew tenseness or withering of the sinews, and weak feet or an inability to stretch the feet. Yang vacuity engenders internal cold and so there can be cold manifestations such as a bright white facial complexion, fear of cold, cold limbs, pale white tongue fur and a deep fine and slow pulse. A string-like pulse is the liver pulse and a tight pulse governs interior cold or pain.

Liver yang vacuity can be seen in the liver channel. In the upper aspect there is pain in the vertex of head, dry vomiting and vomiting of clear drool. In the lower aspect there can be mounting pain causing pain in the lesser abdomen; this is known as 'cold stagnating in the liver channel.' There are both repletion cold and vacuity cold patterns of cold stagnating in the liver channel. Repletion cold is not ascribed to liver yang vacuity; there is no vacuity of right qi. Here there is cold pain, pain that refuses pressure, hasty breathing, white tongue fur and a string-like and tight pulse. Vacuity cold is ascribed to liver yang vacuity; the vacuity indicates that the right qi is already vacuous. The breathing is hasty, there is qi timidity, a low voice, pain that does not refuse pressure and the general manifestations of yang vacuity internal cold.

If liver yang vacuity is complicated by damp besides the already described manifestations of liver yang vacuity there also is a smoky yellowness of the body and urinary incontinence. If it is complicated by stasis, besides liver yang vacuity there can be glomus lumps beneath the ribs, or there may be 'crab-like markings' or 'cinnabar hand,' or stasis dots on the tongue.

Treatment method

Warm and supplement the liver. The governing formula is bu gan tang (Liver Supplementing Decoction).

4. BINDING DEPRESSION OF LIVER QI

Signs

These include depression, a tendency to sigh, distention and pain of the chest and rib-side area, distention of the breasts, abdominal pain prior to menstruation, lack of regulation of the time of menstruation, possibly accumulations and gatherings and a string-like pulse.

Analysis

This pattern is often due to the seven affects, for example depressed anger damaging the liver, or burning anxiety causing a lack of coursing and discharging, and so there is depression. When the qi dynamic is obstructed and stagnant, there is a desire to sigh, distention and pain of the chest and rib-side area. When qi stagnates in the liver channel, there is distention of the breasts, pain prior to menstruation, no regular time of menstruation and possibly accumulations and gatherings. A string-like pulse is the liver pulse.

If liver depression is not resolved, it can develop into counterflow of liver qi and can assail the spleen or the stomach.

If liver qi assails the stomach, in addition to the above signs there may be complications of nausea and vomiting, acid upflow, belching, pain and distention of the stomach duct and abdomen. This is called 'liver-stomach disharmony.'

If liver qi assails the spleen, in addition to the above signs there may be complications of torpid intake, abdominal distention, pain of the lesser abdomen, and reluctant defecation. This is called 'liver-spleen disharmony.'

Liver depression assailing the stomach is due to a strong liver and a weak stomach. The liver qi runs counterflow and assails the stomach, causing the stomach to lose its ability to downbear harmoniously. Liver depression assailing the spleen is due to a strong liver and weak spleen. The liver qi runs counterflow and assails the spleen, causing the spleen to be unable to upbear and transport.

Treatment method

Course the liver and resolve the depression. The

governing formula is *chai hu shu gan tang* (Bupleurum Liver Coursing Decoction).

5. ASCENDANT HYPERACTIVITY OF LIVER YANG

Signs

These include tenseness, agitation and a tendency to be easily angered, a red face and eyes, headache, distention of the eyes, possibly dizziness, yellow urine, bound stools, a red tongue with yellow fur and a string-like and rapid pulse.

Analysis

The disease cause for this pattern is the same as that of binding depression of liver qi, that is: liver yin depletion, kidney yin depletion, or liver and kidney yin depletion. Generally it is due to qi depressing and transforming into fire, or liver and kidney yin depletion with yin not restraining the yang and the yang rising hyperactively and causing disease. Liver yang rises counterflow, hence there is tenseness, agitation and a tendency to be easily angered, headache, distention of the eyes and possibly dizziness. Liver qi is depressed and transforms into fire, hence there is a red face and eyes, yellow urine, bound stools, a red tongue with yellow fur and a rapid pulse. A string-like pulse is a liver pulse.

If it is due to liver and kidney yin depletion, then there may be liver and kidney yin vacuity signs such as vexing heat of the five hearts, night sweating, dry mouth, a bitter taste in the mouth, rib-side pain and soreness of the lumbus and knees.

Treatment method

Calm the liver and subdue the yang. The governing formula is *tian ma gou teng yin* (Gastrodia and Uncaria Beverage).

6. LIVER YANG TRANSFORMING INTO WIND

Signs

Usually there is dizziness, headache and heaviness

of the head, numbness of the limbs, tremor of the hands, possibly inhibited speech, possibly an abnormal gait, a red tongue and a string-like and rapid pulse. If there is sudden fainting, then there may be deviation of the mouth and eyes, stiffness of the tongue impeding speech, gurgling phlegm in the throat and hemiplegia. This is called 'wind stroke.'

Analysis

This pattern may have the same disease cause as that of ascendant hyperactivity of liver yang. It also has a relationship with excessive eating of sweet and fatty foods and excessive drinking of alcohol, engendering phlegm and phlegm-heat brewing internally. When there is ascendant hyperactivity of liver yang, the yang rises and infuses the head and face; hence there is dizziness, headache and a heavy sensation of the head. The liver governs the sinews and when liver wind stirs internally there is numbness of the limbs and tremor of the hands. When yang is exuberant above and yin is depleted below, the tendons and vessels lack nourishment, and so the gait is abnormal. When liver yang combines with wind and phlegm to rise and harass, the clear orifices are blocked, hence there may be sudden fainting. When liver qi rises counterflow, the phlegm follows the qi, stagnating in the lung system, and so there is gurgling phlegm in the throat and obstruction and stagnation of the tongue networks causing inhibited speech or stiffness of the tongue impeding speech. If wind-phlegm flows into and stagnates in the channels and networks, this causes counterflow qi and blood and so there is deviation of the mouth and eyes and hemiplegia. A red tongue and rapid pulse indicate heat and a string-like pulse governs the liver.

Treatment method

Settle the liver and subdue the yang, extinguish the wind and dispel the phlegm. The governing formula is *zhen gan xi feng tang* (Liver Settling Wind Extinguishing Decoction).

7. EXTREME HEAT STIRRING WIND

Signs

These include high fever, stupor, scurrying movement or an upward turning of the eyes, tightly closed jaw, a stiffly straight back and neck, agitation or convulsions of the hands and feet, dry lips, a red tongue with little fluid, or a crimson tongue with yellow or black and dry fur, and a string-like and rapid pulse.

Analysis

The evils of summerheat warmth, wind warmth and epidemic pestilence transform into heat or fire most rapidly, and the heat falls into the pericardium causing stupor. The opening orifice of the liver is the eyes; when heat flows in the path of the liver channel and rises to assail, there may be scurrying movement or upward staring of the eyes. The liver governs the sinews and governs wind. When heat scorches the liver it simultaneously causes a stirring of liver wind, hence the jaws are tightly closed, the neck and back are stiff and straight, and the hands and feet are agitated or convulsing. Heat results in a red tongue, yellow fur and a rapid pulse. Extreme heat causes a black and dry tongue. When heat enters the heart construction, then the tongue is crimson. When heat scorches the body fluids then the lips are dry and the tongue has little fluid. A string-like pulse is a liver pulse.

Treatment method

Clear the heat and downbear the fire, cool the liver and extinguish the wind. The governing formula is ling yang gou teng tang (Antelope Horn and Uncaria Decoction).

Clinical differentiation

Liver yang transforms into wind and extreme heat stirs wind. The similar points between the two patterns are the liver wind stirring internally, for example the numbness of the limbs and tremors of the hands, or the agitation of the hands and feet and the string-like pulse. They can both be complicated by phlegm. The dif-

ferences are as follows. With liver yang transforming into wind there is generally a yin and blood vacuity. It is often seen in individuals who are alcoholics, those with a fat body, the elderly and those with hyperactive yang. It arrives gradually, although there can be a sudden emergence. In general there is no high fever. Extreme heat stirring wind is generally seen in the arisal of acute diseases such as summerheat warmth, epidemic pestilence and wind warmth, which transmute quickly. It is often seen in children or adults who contract seasonal evils. There is a high fever. With liver yang transforming into wind, the emphasis is on settling the liver and subduing the yang. With extreme heat stirring wind, the emphasis is on clearing the heat and cooling the liver. When there is phlegm, for both there can be dispelling of phlegm.

8. LIVER FIRE FLAMING UPWARD

Signs

These include a hot, red face, red eyes that are swollen and painful, headache, a tendency to be easily angered, vexing agitation, difficulty in sleeping, a bitter taste in the mouth, a dry throat, short, red urination, bound stools, a red tongue with yellow fur and a string-like and rapid pulse.

Analysis

When there is a surplus of qi, it can become fire, and the six qi can transform into fire. Also, internal depression of the seven emotions can transform into fire. Fire heat surges upward and so the face is red and hot, and the eyes are red, swollen and painful. The nature of the liver is unyielding, its mind is anger, the liver channel rises and passes the front of the forehead and thrusts up to the vertex; therefore, when liver fire is exuberant this results in headache, a tendency to be easily angered, vexing agitation and difficulty in sleeping. When fire scorches the liver channel, there is a bitter taste in the mouth and a dry throat. When fire heat is exuberant, then urination is short and red, the stools are bound, the tongue is red with yellow fur and the pulse is rapid. A string-like pulse is a liver pulse.

Treatment method

Drain the fire and clear the liver. The governing formula is long dan xie gan tang (Gentian Liver Draining Decoction).

9. LIVER AND GALLBLADDER DAMP-HEAT**Signs**

These include a yellow body and eyes, a bitter taste in the mouth, rib-side pain, thirst without a large fluid intake, torpid intake, nausea, fever or alternating cold and heat, yellow, short and turbid urine, yellow and slimy tongue fur and a string-like and rapid pulse. There will possibly be damp papules on the scrotum, swelling, pain and scorching heat of the testicles, or yellow and foul vaginal discharge.

Analysis

This is generally due to contraction of damp-heat or excessive consumption of alcohol or fatty and sweet foods, with dampness transforming into heat. Or it may be due to lack of management of the transportation and transformation of the spleen and stomach thus internally engendering damp turbidity. The dampness is depressed, transforms into heat and rises and steams the liver and gallbladder. When damp heat steams, the gallbladder juices flow abnormally and so the body and eyes are both yellow. When there is heat in the liver and gallbladder, or the gallbladder qi rises counterflow, then there is a bitter taste in the mouth. Binding and brewing of damp-heat cause the liver to fail to course and discharge, hence there is rib-side pain. Damp evil obstructs and stagnates in the middle burner and so the spleen and stomach fail to upbear and downbear, causing torpid intake and nausea. When there is heat, there is fever and thirst, but when there is also damp then there is thirst without large fluid intake. The gallbladder is ascribed to yang, and to half exterior and half interior, therefore when damp heat assails it there is alternating cold and heat. Fever, yellow tongue fur and a rapid pulse indicate heat. Slimy tongue fur indicates damp. Yellow and slimy fur indicates damp-heat. When

damp-heat pours downward, the urine is yellow, short and turbid. The liver vessel networks the genitals and so, when damp-heat pours downward, in men there can be damp papules on the scrotum or swelling, pain and burning of the testicles, and in women there can be yellow and foul vaginal discharge.

Treatment method

Clear the heat and disinhibit the damp, and course and discharge the liver and gallbladder. The governing formula is yin chen hao tang (Capillaris Decoction).

10. VACUITY VEXATION OF THE LIVER AND GALLBLADDER**Signs**

These include blurred and flowery vision, a bitter taste in the mouth, dry throat, vacuity vexation, difficulty in sleeping, gallbladder timidity, a tendency to be easily frightened, frequent dreaming, shortness of breath, lack of strength, laziness in speaking, sweating easily, a pale tongue body with white tongue fur and a string-like, fine and rapid pulse.

Analysis

The pattern is generally due to liver yin and blood injury or insufficiency of liver qi. When liver yin and blood are insufficient, then heat is engendered internally and there is a bitter taste in the mouth, a dry throat and the pulse is fine and rapid. Qi vacuity results in shortness of breath, lack of strength, laziness in speaking and sweating easily. The opening orifice of the liver is the eyes. The gallbladder governs decisions and so when there is dual vacuity of liver and gallbladder qi and yin then there is blurred and flowery vision, gallbladder timidity, a tendency to be easily frightened and frequent dreaming. A string-like pulse governs liver disease and vacuity results in a pale tongue body.

Treatment method

Nourish the blood and calm the spirit, clear the

heat and boost the qi. The governing formula is suan zao ren tang (Spiny Jujube Decoction).

11. GALLBLADDER HEAT CONGESTING AND STAGNATING

Signs

These include fever or alternating cold and heat, a bitter taste in the mouth, unceasing retching, hypertonicity and pain below the ribs, yellow urine, bound stools, a red tongue with yellow fur and a string-like and rapid pulse.

Analysis

When heat evil affects the gallbladder, or there is incorrect treatment of lesser yang and the evil qi enters the interior, the gallbladder heat can cause fever; simultaneously there will be a bitter taste in the mouth. The gallbladder is ascribed to lesser yang and half exterior-half interior, and so there may be alternating cold and heat. When gallbladder qi flows counterflow, there is unceasing retching. The gallbladder resides below the ribs and so when gallbladder heat congests and stagnates this results in hypertonicity and pain below the ribs. Yellow urine, bound stools, a red tongue with yellow fur and a rapid pulse are all caused by gallbladder heat. A string-like pulse governs pain and liver and gallbladder disease.

If it is accompanied by bright yellow eyes and slimy, yellow tongue fur, this indicates damp-heat assailing the gallbladder.

Treatment method

Clear the gallbladder and free the stagnation. The governing formula is da chai hu tang (Major Bupleurum Decoction).

12. DEPRESSED GALLBLADDER WITH PHLEGM HARASSING

Signs

These include dizziness of the head and eyes, fright palpitations, vexing heat, difficulty in

sleeping, fullness and oppression of the chest and rib-side, a bitter taste in the mouth with a desire to vomit, yellow and slimy tongue fur and a slippery and slightly rapid pulse.

Analysis

This pattern is generally due to qi depression generating phlegm, which brews for a long time and transforms into heat. This then overwhelms the gallbladder, causing qi vacuity, and the phlegm and heat harass internally. The gallbladder vessel networks with the head and eyes and so when phlegm-heat rises and harasses there is dizziness of the head and eyes. The gallbladder is the bowel of peace and quiet and it governs decision making; thus when there is gallbladder vacuity and phlegm harassing this results in a lack of peace and in fright palpitations. Depressed heat causes vexation and difficulty in sleeping. The gallbladder resides within the ribs; when phlegm-heat is internally depressed, this results in fullness and oppression of the chest and ribs. Gallbladder heat results in a bitter taste in the mouth. When the phlegm turbidity of the gallbladder assails the stomach, the stomach is unable to downbear, hence there is a desire to vomit.

Treatment method

Discharge the heat and dispel the phlegm, clear the gallbladder and harmonize the stomach. The governing formula is huang lian wen dan tang (Coptis Gallbladder Warming Decoction).

Spleen and stomach disease pattern identification

The spleen resides in the middle burner. Its physiological functions are that it governs transportation and transformation, it governs the controlling of blood, and it governs the flesh and muscles and the four limbs. Its bloom is in the lips, its opening orifice is the mouth and it has an interior-exterior relationship with the stomach. The spleen governs transportation and

transformation, and the stomach governs intake. The spleen qi governs upbearing and the stomach qi governs downbearing. Together they create a complete system of digestion, absorption and transformation of food. Hence the spleen and stomach serve as the root of the after-heaven and the source of the engendering and transformation of qi and blood. The spleen is the yin earth; it likes dryness and dislikes damp. The stomach is the yang earth; it likes moistness and dislikes dryness. Hence, as for the spleen and stomach, one upbears, the other downbears; one likes dryness, the other likes moistness; therefore the two serve together.

The primary aspects of the pathology of the spleen and stomach are as follows. Abnormalities in the governing of transportation and transformation cause a hindrance to the intake and transportation and transformation of food and water, resulting in no source for the engendering and transformation and the collection and amassment of water-damp. All of this results in manifestations of an insufficiency of qi and blood, the engendering of phlegm and gathering of damp. Normally, the transportation of the spleen results in a source for engendering and transformation and then there is a sufficiency of qi and blood, hence the flesh and muscles are replete, the four limbs are forceful and flexible and the lips are red and moist. If the spleen fails to transport, this results in withered and soft flesh and muscles, fatigued and forceless limbs and pale white lips. The spleen likes dryness and dislikes damp, but it easily engenders phlegm and gathers dampness, hence it is said that the spleen is the source of the engendering of phlegm. Therefore, when the spleen does not transport, it also may create phlegm-rheum or water-swelling signs. The stomach likes moistness and dislikes dryness and so disease evil easily consumes and damages the stomach fluids and creates signs of an insufficiency of stomach yin. The spleen also governs the controlling of blood and so if there is an abnormality in its function of controlling the blood this results in the blood not following the channels and vessels and seeping outside of the vessels. This may manifest as many different kinds of bleeding, such as nosebleeds, bloody stools, flooding and spotting,

etc. The spleen and stomach can raise the clear and downbear the turbid, but if the qi dynamic of upbearing and downbearing is disturbed this can cause the spleen qi not to upbear and the center qi to fall. If the stomach qi does not downbear, this results in stomach qi rising counterflow.

The important joint signs of spleen and stomach disease patterns manifest as torpid intake (poor appetite) and abdominal distention. They may be due to dietary irregularities creating accumulation and stagnation, or they may be due to a lack of transportation from the spleen.

The primary category of spleen and stomach disease is vacuity patterns, including spleen yin vacuity, stomach yin vacuity, spleen not controlling the blood, spleen and stomach qi vacuity, dual vacuity of heart and spleen, spleen yang vacuity and spleen and kidney yang vacuity. Stomach cold qi stagnation is also ascribed to a vacuity pattern. Damp-heat in the spleen and stomach caused by food stagnation, heat evil or damp evil, scorching exuberance of stomach heat, food stagnation in the stomach duct and cold damp encumbering the spleen are ascribed to repletion patterns.

1. SPLEEN YIN VACUITY PATTERN

Signs

These include emaciation and lack of strength, torpid intake with no thought of food, abdominal distention with eating, dry lips and mouth, vexing heat of the five hearts, yellow urine, bound stools, a red tongue with little fur and a fine and rapid or rough pulse.

Analysis

For the disease cause, see heart yin vacuity pattern (p. 269) and liver yin vacuity pattern (p. 277). This pattern has yin vacuity internal heat manifestations such as dry lips and mouth, vexing heat of the five hearts, yellow urine, bound stools, a red tongue and a fine and rapid pulse. In addition there is the emaciation, which indicates long term yin vacuity, and the torpid

intake and abdominal distention. If the primary manifestation of spleen yin vacuity is dryness in the intestine and bound stools, then the pulse will be rough. This is called 'straitened spleen pattern.'

Spleen yin vacuity can exist by itself, or it can be simultaneously combined with yin vacuity of other viscera and bowels. For example, if the spleen yin vacuity causes the fluids not to rise, then it can be complicated by heart palpitations, heart vexation and difficulty in sleeping, indicating heart and spleen yin vacuity. Or if complications such as cough with little phlegm or blood-streaked phlegm, or a cough with a hoarse voice, are present, then this is lung and spleen yin depletion. There also can be long term spleen vacuity sapping the liver and kidney. Complications of spleen and kidney yin vacuity could manifest as head dizziness, ringing in the ears, and sore lumbus and knees. Signs of spleen and liver yin vacuity could be dry, rough eyes and blurred vision. If there is dry retching, hiccoughs and thirst with an ability to drink, then this is spleen and stomach yin vacuity.

Treatment method

Enrich the spleen and harmonize the center. The governing formula is *zhong he li yin tang* (Center Harmonizing, Yin Rectifying Decoction).

Comment

Clinically, the common yin vacuity patterns are patterns of the heart, liver, lung and kidney. According to scholars of medicine, there are two views concerning spleen yin vacuity. One is that stomach yin vacuity exists but spleen yin vacuity does not. The *Bian Zheng Lun Zhi Yan Qi Jiang* has this sharp statement to make regarding criticism of this theory: 'The spleen is the yin earth and the damp earth and the stomach is the yang earth and the dry earth. This refers to its [the spleen's] preference for dryness and aversion to damp. Therefore there is no enriching method for the spleen ..., not only does it run counter to the fundamental clinical usage of the theory of yin and yang to confuse yin and damp; but it is also not in accord with clinical conditions. Those

who disagree and believe that there is spleen yin vacuity are wrong.' Also, the statement in the *Qing Dai Ming Yi Yi An Jing Hua* that: 'Yang brightness is the yang earth, it obtains yin so as to calm itself and so the spleen prefers dryness and the stomach prefers damp' is directed at the overuse of *sheng ma* (*Cimicifuga*) and *chai hu* (*Bupleurum*) to raise the spleen yang in contributing to the development of stomach yin vacuity.

Ye Tian Shi originally did not oppose the idea of spleen yin vacuity; the meaning of his formula *ma zi ren wan* (Hemp Seed Pill) was to enrich both spleen and stomach yin vacuity so as to treat intestinal dryness and constipation, and there are records of this that can be investigated. Once the view that spleen yin vacuity pattern exists was stated, other statements followed. The *Pu Fu Zhou Yi Liao Jing Yang* refers to concrete signs of spleen yin vacuity pattern in the statement: 'vexing heat of the hands and feet, a dry mouth with no desire for fluids, vexing fullness, no thought of food.' Also, the Qing Dynasty text *Xue Zheng Lun* by Tang Zong Hai writes about the pathology of spleen yin vacuity: 'When spleen yin is insufficient, then wood and water are not transformed' and 'When spleen yin is vacuous it also is unable to enrich and engender blood in the vessels.' The Qing Dynasty author Wu Deng in the text *Bu Ju Ji* pointed out the critical nature of spleen yin vacuity: 'Ancient formulas that rectified the spleen and fortified the stomach generally tended toward the yang within the stomach and not to the yin within the spleen. But individuals with vacuity damage generally manifest with scorching of yin fire, an insufficiency of body fluids, and a lack of nourishment to the tendons, vessels, skin and bones, resulting in gradual decline of the essence-spirit and engendering of the 100 diseases.' The Ming Dynasty text *Ben Cao Jing Shu* by Miao Xi Yong pointed out the clinical differentiation between spleen yin vacuity and spleen qi vacuity. In the Han Dynasty, Zhang Zhong Jing established the yin-enriching *ma zi ren wan* (Hemp Seed Pill) whose signs included a rough pulse. If the spleen yin is insufficient, it is unable to move fluids to the stomach, causing dryness in the

intestines and bound stools. Using *ma zi ren wan* can moisten the lower burner and relax and free the bowels.

2. STOMACH YIN VACUITY PATTERN

Signs

These include dry mouth and tongue, thirst with an ability to drink, no intake of food or swift digestion with increased appetite, scorching pain of the stomach duct, clamoring stomach,¹ glomus and distention, dry retching and hiccoughs, possibly wasting thirst, dysphagia-occlusion, a red, dry tongue with little fur or a red-crimson tongue that is bare and bright, and a fine and rapid pulse.

Analysis

Generally the aftermath of warm heat or heat scorching the yin fluids causes a depletion of yin. Or this may be due to yin vacuity of the five viscera causing an insufficiency of stomach yin. Or it may be due to excessive hyperactivity of liver yang transforming into fire and robbing the stomach yin. Or it is caused by extremes of the five minds, all of which can transform into fire and damage the stomach yin. Or indulgence in fried, acrid and spicy, or fragrant and dry foods, can disperse and scorch the stomach fluids. Or excessive use of acrid and warm agents or incorrect treatment, or not clearing stomach heat in a timely manner, or not receiving treatment, all can cause stomach yin vacuity.

Because there is yin vacuity internal heat, the mouth and tongue are dry, there is thirst with an ability to drink, the tongue is red with little fur and the pulse is fine and rapid. The stomach is located below the diaphragm; hence when there is stomach yin vacuity there can be scorching pain of the stomach duct, clamoring stomach and glomus distention. Because the stomach manages downbearing, when the stomach yin is vacuous it fails to downbear, but rather rises counter-flow; hence there is dry retching and hiccoughs. When there is severe stomach yin

vacuity, there may be wasting thirst or dysphagia occlusion. Stomach yin vacuity results in no appetite or intake of food. Yin vacuity with stomach heat results in swift digestion with increased appetite. When there is stomach yin collapse, then the tongue is crimson, bare and bright.

If the pattern is complicated by a dry cough and hoarse voice, this is lung and stomach yin vacuity.

Treatment method

Enrich the yin and boost the stomach. The governing formula is *yi wei tang* (Stomach Boosting Decoction).

Comment

Stomach yin vacuity and spleen yin vacuity both have manifestations of yin vacuity internal heat. The differences are as follows. The stomach governs intake and the spleen governs transportation, and so with stomach yin vacuity there is no food intake, or if there is stomach heat then there is swift digestion with increased appetite. With spleen yin vacuity there is no thought of food. The stomach is located below the diaphragm and prefers to downbear, and so with stomach yin vacuity there is scorching pain of the stomach duct, clamoring stomach, glomus distention, dry retching and hiccoughs. The spleen governs transportation, transformation and movement of the body fluids for the stomach. If it does not transport, there is abdominal distention. If the spleen is fettered by stomach heat, it is unable to move body fluids for the stomach, which results in dryness in the intestines and dry and bound stools. In terms of treatment, Ye Tian Shi treats stomach yin vacuity by: 'cooling, moistening, downbearing and freeing,' using several sweet, cool and moistening products. To treat spleen yin vacuity, in addition to enriching the spleen, it is also necessary to supplement qi and harmonize the center because the spleen governs transportation and upbearing.

3. SPLEEN NOT CONTROLLING THE BLOOD

Signs

These include a white face without luster or a withered yellow face, pale white lips and nails, shortage of qi, fatigue, torpid intake, abdominal distention, flooding and spotting, bloody urine, bloody stools, purple patches (purpura), a pale, moist tongue body and a fine and weak pulse.

Analysis

This pattern is due to taxation fatigue damaging the spleen, enduring disease damaging the spleen qi or some other cause that results in vacuity weakness of the spleen qi so that it is unable to contain the blood fluids and the blood does not follow its path but seeps out of the vessels resulting in flooding and spotting, bloody urine, bloody stools and purple patches. Bleeding often results in blood vacuity and so there may be a white face without luster or a withered yellow face, and pale white lips and nails. Blood is the mother of qi and when blood is insufficient then qi also is consumed, hence there is shortage of qi and fatigue. When the spleen qi is vacuous, then transportation and transformation are irregular, hence there is torpid intake and abdominal distention. Blood vacuity causes a pale tongue and the pulse of qi and blood vacuity is fine and weak.

Treatment method

Supplement the spleen and contain the blood. The governing formula is gui pi tang (Spleen Returning Decoction).

4. SPLEEN AND STOMACH QI VACUITY

Signs

These include shortage of qi, laziness in speaking, fatigue and lack of strength, tearing of the eyes, torpid intake and diminished appetite, abdominal distention after eating, sloppy stools, a pale tongue body with white fur and a weak pulse.

Analysis

This pattern may be due to irregular diet, taxation fatigue damage, vomiting or diarrhea injuring the spleen, loss of blood causing weakness of qi or liver disease assailing the spleen, all of which can cause spleen and stomach qi vacuity. The spleen and stomach are the root of after-heaven and they govern the four limbs, and so when food is reduced this results in a lack of the source of engendering and transformation, hence there is shortage of qi, laziness in speaking, fatigue and lack of strength. When spleen and stomach qi is vacuous, the qi is unable to constrain the fluids, hence there may be tearing of the eyes. The stomach governs intake and the spleen governs transportation and so, when spleen and stomach qi is vacuous, intake and transportation are abnormal, hence there is torpid intake, diminished appetite and abdominal distention after eating. When the spleen qi does not transport, this can result in sloppy stools. The tongue in qi and blood vacuity patterns is pale, and the pulse of diminished qi is weak.

If spleen qi vacuity continues to develop, it may become spleen qi fall. In addition to the signs of stomach and spleen qi vacuity, qi fall results in an inability to raise and upbear and so there is diarrhea deserting through the anus, or prolapse of the stomach, kidney or uterus.

Treatment method

Supplement the qi and fortify the spleen. The governing formula is si jun zi tang (Four Gentlemen Decoction) or shen ling bai zhu san (Ginseng, Poria and Ovate Atractylodes Powder).

5. DUAL VACUITY OF HEART AND SPLEEN

Signs

These include a white face without luster or a withered yellow face, pale white lips and nails, dizziness, heart palpitations, heart vexation, difficulty in sleeping, shortage of qi, laziness in speaking, fatigue, lack of strength, torpid intake, diminished appetite, abdominal distention and a weak pulse.

Analysis

This is a complicated pattern of heart blood vacuity and spleen qi vacuity. The disease cause is the same as that described for the above two patterns.

Treatment method

Supplement and boost the heart and spleen. The governing formula is *gui pi tang* (Spleen Returning Decoction).

6. SPLEEN YANG VACUITY PATTERN**Signs**

These include a bright white facial color, physical cold and cold limbs, a bland taste in the mouth, no thirst, torpid intake, diminished appetite, clear urine, sloppy stools, possibly floating edema, diminished urine, possibly clear and thin vaginal discharge, a pale tongue with white, slippery fur and a deep, fine, slow and weak pulse.

Analysis

Generally this pattern is due to excessive eating of raw or cold foods or incorrect use of cold or cool herbs damaging the spleen yang. Or there may first be an insufficiency of kidney yang, which continues and causes spleen yang vacuity. Or it is caused by the further development of spleen and stomach qi vacuity.

The spleen yang depends upon the kidney yang for warmth and nourishment, and so spleen yang vacuity is often due to insufficiency of the life fire, hence there is a bright white facial complexion, the body and limbs are cold, there is a bland taste in the mouth, no thirst, a glossy, white tongue fur and a deep, slow and weak pulse. When spleen yang is vacuous, spleen qi is unable to transport and so there is torpid intake, diminished appetite and abdominal distention after eating. When the spleen yang is vacuous, the transportation and transformation of water-damp are abnormal and so there is floating edema, diminished urine and clear and thin vaginal discharge.

Treatment method

Warm the center and dispel the cold, fortify the spleen and disinhibit the water. The governing formula is *li zhong wan* (Center Rectifying Pill) or *wu ling san* (Poria Five Powder).

7. SPLEEN AND KIDNEY YANG VACUITY**Signs**

These include a bright white facial color, physical cold and cold limbs, a bland taste in the mouth, lack of thirst, torpid intake, diminished appetite, abdominal distention after eating, head dizziness, ringing in the ears, cold pain of the lumbus and knees, fifth watch diarrhea, a pale tongue with white and moist fur and a deep, fine, slow and weak pulse.

Analysis

This is a complicated pattern of spleen yang vacuity and kidney yang vacuity. For the disease cause, see spleen yang vacuity (p. 287) and kidney yang vacuity (p. 299). The kidney generates marrow, the brain is the sea of marrow, the opening orifice of the kidney is the ears, the lumbus is the residence of the kidney and the kidney governs bone and urination and defecation. Hence, when kidney yang is vacuous, there is head dizziness, ear ringing, cold pain of the lumbus and back and fifth watch diarrhea.

If this pattern is complicated by a puffy face and floating edema of the limbs, this indicates yang vacuity water swelling.

Treatment method

Warm and supplement the spleen and kidney. The governing formula is *fu zi li zhong tang* (Aconite Center Rectifying Decoction).

8. DAMP-HEAT OF THE SPLEEN AND STOMACH**Signs**

These include a bright yellow body and eyes, a bitter taste in the mouth, nausea, torpid intake

with no thought of food, distention and oppression of the stomach duct and abdomen, cumbersome fatigue of the limbs, possibly fever, yellow urine, sloppy stools, a red tongue body with slimy yellow fur and a rapid or soggy and rapid pulse.

Analysis

For the disease cause, see liver and gallbladder damp-heat (p. 281). Damp-heat brewing inside the spleen and stomach causes the qi mechanism of the middle burner to fail to upbear and downbear properly. Above there is nausea; below there are sloppy stools; in the center there is distention and oppression of the stomach duct and abdomen and torpid intake. Heat causes fever, a bitter taste in the mouth, a red tongue with yellow fur and a rapid pulse. Damp causes cumbersome fatigue, slimy tongue fur and a soggy pulse. When damp-heat is depressed in the center, it blocks and hinders the liver fire and so the liver is unable to course and discharge; the gallbladder juice seeps out and so the body and eyes are bright yellow.

Treatment method

Clear the heat and disinhibit the damp. The governing formula is yin chen hao tang (Capillaris Decoction).

Clinical differentiation

Because there is damp-heat in both the spleen and stomach and in the liver and gallbladder, there is jaundice, body heat, a bitter taste in the mouth, nausea, yellow and slimy tongue fur and a soggy and rapid pulse in both. The differences between the two patterns are that with liver and gallbladder damp-heat there is generally rib-side pain; and with spleen and stomach damp-heat there is generally abdominal distention and sloppy stools. The liver vessel nets the genitals, and so with liver and gallbladder damp-heat there may be acute inflammation of the testicles, inflammation of the vagina, vaginal discharge, etc. The spleen governs the four limbs and the

flesh and muscle, and so with spleen and stomach damp-heat there may be sores, damp papules or wind papules.

9. COLD-DAMP ENCUMBERING THE SPLEEN

Signs

These include a heavy head, a bland but slimy taste in the mouth, nausea, epigastric oppression, torpid intake, abdominal distention, pain and hypertonicity of the stomach duct and abdomen, preference for warmth, cumbersome limbs and heavy body, possibly smoky yellow skin, inhibited urination, sloppy stools, white and slimy tongue fur and a slow, moderate and possibly soggy pulse.

Analysis

This pattern may be due to being caught in the rain, walking through water, cold-damp invading the interior, excessive eating of raw and cold foods, incorrect use of cold and cooling agents, or constitutional exuberance of damp causing the spleen yang not to be roused. Above, damp causes heaviness of the head, and a bland but slimy taste in the mouth. In the center, damp causes nausea, epigastric oppression, torpid intake, abdominal distention, hypertonicity and pain of the abdomen. Below, damp causes inhibited urination and sloppy stools. Damp in the flesh and skin results in cumbersome limbs and heaviness of the body. Slimy tongue fur and a soggy or moderate pulse indicate damp. A preference for warmth, a slow pulse, a pale and fat tongue and white tongue fur indicate cold. When cold-damp depresses the spleen, the liver is unable to course and discharge and the gallbladder juices seep out, and so the skin may be smoky yellow.

Treatment method

Dry damp and fortify the spleen. The governing formula is wei ling tang (Stomach Calming Poria Five Decoction).

Clinical differentiation

Damp cold encumbering the spleen and spleen and stomach damp-heat both have damp and they are both diseases of the spleen, hence in both patterns there is heaviness and encumbrance of the body and limbs, nausea, torpid intake, a yellow body, sloppy stools, slimy tongue fur and a soggy pulse.

Spleen and stomach damp-heat has signs of heat, hence there is a bitter taste in the mouth, body heat, a red tongue with yellow fur and a rapid pulse. Cold-damp encumbering the spleen has signs of cold, and so there is abdominal pain, a preference for warmth, a pale and fat tongue body with white fur and a slow pulse. Spleen and stomach damp-heat generally indicates a repletion pattern. Cold-damp encumbering the spleen can indicate repletion, but can also indicate a complex pattern of vacuity and repletion; for example, it may be complicated with kidney yang vacuity. When there is cold-damp with jaundice, then *yin chen hao tang* (Capillaris Decoction) as used in the *yi xue xin wu* is appropriate for use in a complex pattern of vacuity and repletion.

10. STOMACH COLD QI STAGNATION

Signs

These include cold pain in the stomach and stomach duct, no thirst but a preference for warm fluids, a liking of pressure, hiccoughs, clear urine, a pale and fat tongue and a deep, string-like and slow pulse.

Analysis

Generally this is due to cold evil assailing the stomach, excessive intake of raw or cold foods, contraction of cold in the stomach and stomach duct, systemic vacuity of spleen and kidney yang, or incorrect usage of cold or cool medicinal agents, all of which can cause stomach cold pattern. When cold assails the stomach, the stomach yang is trapped and so qi stagnates resulting in hiccoughs and cold pain. Vacuity results in a desire for pressure and a pale tongue. Cold results in a preference for warm fluids, no thirst, clear urine, white tongue fur, a fat tongue

and a slow pulse. The pulse of stomach duct pain is string-like. A deep pulse governs internal patterns.

If this pattern is complicated by invasion of the mouth by clear drool, rumbling in the intestines and slippery and slimy tongue fur, this indicates stomach cold with collection of rheum.

Treatment method

Warm the stomach and dissipate cold. The governing formula is *liang fu wan* (Lesser Galangal and Cyperus Pill) combined with *da jian zhong tang* (Major Center Fortifying Decoction).

11. SCORCHING EXUBERANCE OF STOMACH HEAT

Signs

These include scorching pain of the stomach duct that refuses pressure, thirst with a preference for cold fluids, acid upflow, rapid hungering, swelling and pain of the teeth, scorched lips, bad breath, yellow urine, bound stools, a red tongue with yellow fur and a string-like and rapid pulse.

Analysis

This pattern is generally due to heat evil assailing the stomach, excessive intake of acrid and spicy foods, five minds transforming into fire or constitutional yin vacuity, all of which can cause scorching exuberance of stomach heat. When there is stomach heat, then there is scorching pain of the stomach duct. Heat results in a preference for cold fluids. When there is depressed heat in the stomach, the stomach is unable to downbear harmoniously and so there is acid upflow. Fire can dissipate food, hence there is rapid hungering. The teeth are netted to the stomach as the foot yang brightness stomach channel enters the upper teeth and also connects to the mouth and encircles the lips; hence stomach heat causes swelling and pain of the teeth, scorched lips and bad breath. Yellow urine, bound stools, a red tongue with yellow fur and a rapid pulse are all images of heat. A string-like pulse governs pain.

Treatment method

Drain the fire and clear the stomach. The governing formula is qing wei san (Stomach Clearing Powder).

12. FOOD STAGNATING IN THE STOMACH DUCT**Signs**

These include aversion to food, refusal of food, sour vomiting, rotten belching, distention and pain of the stomach duct and abdomen, diarrhea with complete food, yellow and white, thick and slimy tongue fur and a slippery pulse.

Analysis

This pattern develops from unclean food, excessive intake of raw, cold, sweet or fatty foods, voracious eating and drinking, or spleen and stomach qi vacuity causing failure to transport food leading to food stagnation in the stomach duct, aversion to food and refusal of food. Stomach qi rising counterflow results in sour vomit and rotten belching. When the stomach is unable to digest food and water, this results in distention and pain of the stomach duct and abdomen. When the stomach does not downbear, this results in spleen qi not upbearing, which causes diarrhea with untransformed food. Yellow and white, thick and slimy tongue fur indicates food accumulation and a slippery pulse indicates food stagnation.

Treatment method

Disperse the food and abduct the stagnation. The governing formula is bao he wan (Harmony Preserving Pill).

Lung and large intestine disease pattern identification

The lung resides in the chest, it connects with the throat and its opening orifice is the nose. The

lung governs qi, manages breathing, governs diffusion, promotes depurative downbearing and regulates the waterways. Externally it connects with the skin and body hair and it is internally-externally connected with the large intestine.

The pathological characteristics of lung and large intestine disease are as follows. When there is an abnormality in the lungs, governing of qi and management of breathing, then the lung qi does not diffuse and downbear normally and the regulation of the waterways is abnormal. If an external evil invades from the mouth, nose or skin, internally it affects the lung. If the large intestine functions abnormally, then the nature of the stool changes. Because the lung governs the qi of breathing and the qi of the entire body, when the lung qi is in harmony this results in free passage through the qi pathway and regular breathing. When there is pathological change and the lung is unable to govern the qi, then it is unable to diffuse and downbear, which results in manifestations such as breathing without strength, shortage of qi, shortness of breath, qi counterflow coughing, inhibited urination, phlegm-rheum and water swelling. Also, because the relationship between the lung and the heart is that of qi and blood, when the lung qi is vacuous it can cause inhibited movement of the heart blood and so there can be various signs of bleeding.

The lung is a canopy, and it is a tender viscera, therefore it is easily invaded by external evil. The six excesses enter through the mouth, nose, skin and body hair and cause the lung qi not to diffuse and lead to pathological change of wind-cold fettering the lung, and wind-heat or phlegm-heat obstructing the lung, etc. If the lung transfers heat to the large intestine, this results in large intestine repletion heat, which causes the bowel qi to be impeded giving rise to difficult stools or constipation. Or if there is cold-damp or damp-heat this can cause diarrhea, dysentery, purulent or bloody stools, etc.

The primary signs of combined lung and large intestine disease are cough, spitting of phlegm, panting and hasty breathing or shortness of breath. These are due to the lung qi not diffusing and causing cough, panting, etc. Also, because the lung is located in the chest, there may be chest oppression and pain.

The primary category of disease is repletion patterns caused by the six excesses or phlegm turbidity, including wind-cold assailing the lung, heat evil congesting the lung, phlegm turbidity obstructing the lung, water-cold shooting into the lung, large intestine cold-damp, large intestine damp-heat and intestinal welling abscesses. Vacuity patterns are often due to qi and yin vacuity, including lung yin vacuity, lung qi vacuity, heart and lung qi vacuity and spleen and lung qi vacuity. Lung dryness cough results from a complicated pattern of vacuity and repletion.

1. LUNG YIN VACUITY PATTERN

Signs

These include red cheeks, tidal fever, night sweating, vexing heat of the five hearts, a dry mouth, hoarse voice, dry cough without phlegm, with a little phlegm or with blood-streaked phlegm, yellow urine, bound stools, a red tongue with little fur and a fine and rapid pulse.

Analysis

The evil of warm heat can damage the lung and enduring cough or enduring panting can consume and damage lung yin, kidney yin, liver yin, heart yin and spleen yin. It can also cause yin depletion. Excesses of the six qi or extremes of the five minds can also transform into fire and scorch the yin. Indulgence in fried, fragrant or dry food can consume qi and damage yin. Excessive use of warming and supplementing can also damage yin. Sweating, vomiting and precipitation can plunder the yin fluids. Yang vacuity can also turn and transform into yin vacuity. Because there is yin vacuity internal heat, there are red cheeks, tidal fever, night sweating and vexing heat of the five hearts. Owing to fire effulgence scorching the lung yin there is a dry mouth, dry throat, hoarse voice and dry cough. Yin vacuity internal heat can scorch the fluids and create phlegm. Heat scorching the lung networks can result in blood-streaked phlegm. Yellow urine, bound stools, a red tongue with little fur and a fine and

rapid pulse are all signs of yin vacuity internal heat.

If the pattern is accompanied by spontaneous sweating, shortness of breath and lack of strength, this is dual vacuity of qi and yin.

Treatment method

Enrich the yin and moisten the lung. The governing formula is bai he gu jin tang (Lily Bulb Metal Securing Decoction).

2. LUNG QI VACUITY PATTERN

Signs

These include shortage of qi, laziness in speaking, fatigue and lack of strength, frequent spontaneous sweating, low voice, hasty breathing, cough and panting without force, copious thin, clear phlegm, a tendency to contract exterior patterns easily, a pale tongue body with thin white fur and a vacuous and weak pulse.

Analysis

Enduring cough or panting can easily damage the lung qi, spleen qi vacuity can turn and cause lung qi vacuity, an insufficiency of kidney essence results in an insufficiency of essence being transformed into qi to rise and supply the upper burner or, when there is copious sweating, the qi can follow the consumption of fluids, causing lung qi vacuity. Shortage of qi, laziness in speaking, fatigue and lack of strength and frequent spontaneous sweating indicate general qi vacuity. The lung governs qi as well as clearing and depurating, therefore if the lung qi is vacuous then there is a low voice, hasty breathing, and cough and panting without force. When lung qi is vacuous, diffusion and downbearing are not normal and so the water fluids collect internally, creating phlegm. The phlegm is clear and thin, and has a tendency toward cold. The lung governs the skin and body hair, and so when lung qi is vacuous the skin and body hair are not secure, and the pores are relaxed, hence there is spontaneous sweating and a tendency to contract external evils. The lung governs the ancestral qi

and penetrates the heart vessel, thus when lung qi is vacuous the heart vessel is insufficient and so the tongue is pale and the pulse weak.

Treatment method

Supplement and boost the lung qi. The governing formula is bu fei tang (Lung Supplementing Decoction).

3. HEART AND LUNG QI VACUITY

Signs

These include heart palpitations, a tendency to be easily frightened, difficulty in sleeping, forgetfulness, pale white facial color, laziness in speaking, spontaneous sweating, spirit fatigue and a lack of strength, low voice, hasty breathing, cough and panting without force, copious thin white phlegm, a pale tongue body with thin white fur and a fine and weak pulse.

Analysis

This is a complex pattern of heart qi vacuity combined with lung qi vacuity. For the disease cause and the disease dynamic, see the description of the two individual patterns (pp. 270 and 291).

Treatment method

Supplement and boost the heart and lung. The governing formula is ding zhi wan (Mind Stabilizing Pill) with bu fei tang (Lung Supplementing Decoction).

4. LUNG AND SPLEEN QI VACUITY

Signs

These include shortage of qi, laziness in speaking, fatigue and lack of strength, frequent spontaneous sweating, torpid intake, reduced appetite, abdominal distention after eating, low voice, hasty breathing, coughing and panting without force, copious thin, white phlegm, sloppy stools, a pale tongue body with white fur and a weak pulse.

Analysis

This is a complex pattern of lung qi vacuity combined with spleen qi vacuity. For the disease cause and the disease dynamic, see the descriptions of the two individual patterns (pp. 286 and 291).

Treatment method

Supplement and boost the lung and spleen. The governing formula is liu jun zi tang (Six Gentlemen Decoction).

5. WIND-COLD ASSAILING THE LUNG

Signs

These include aversion to wind, fever, headache, body aches, no sweating, nasal discharge with snivel, cough, thin white phlegm, thin white tongue fur and a floating and tight pulse.

Analysis

When wind-cold settles in the exterior, the skin and body hair are closed and fettered and so there is aversion to cold, headache, body aches, white fur, and a floating and tight pulse. Because of the struggle between right and evil, there is fever. When wind-cold assails the lung, the lung qi cannot diffuse, hence there is nasal congestion, snivel and cough with thin white phlegm.

Treatment method

The method is to course and dissipate the wind-cold. The governing formula is ma huang tang (Ephedra Decoction).

6. HEAT EVIL CONGESTING THE LUNG

Signs

These include fever, thirst, chest pain, cough, hasty breathing, flaring nostrils, yellow or blood-streaked phlegm, a bitter taste in the mouth, a dry throat, yellow urine, bound stools, a red tongue with yellow tongue fur and a string-like and rapid, or surging and rapid pulse.

Analysis

'When heat evil is contracted above, it first assails the lung.' Unresolved cold evil can depress and transform into heat, which also can assail the lung. When an exterior pattern is already finished and there is only heat evil affecting the lung, this is called 'heat evil congesting the lung.' There is lung heat, hence there is fever. Heat scorches the body fluids, hence there is thirst, a bitter taste in the mouth, a dry throat, yellow urine, bound stools, a red tongue with yellow tongue fur and a rapid or surging and rapid pulse. Heat steams the body fluids, scorching the humor and creating phlegm, hence there is yellow phlegm. Phlegm obstructs the water passages, hence there is cough. Phlegm-heat depresses the lung, hence there is chest pain. When the qi passage is obstructed, the lung cannot clear, deplete or diffuse, and breathing is inhibited, hence there is hasty breathing. The nose is the exterior sign of the lung and the opening orifice of the lung, hence there is flaring of the nostrils. When heat scorches the lung networks, then there is blood-streaked phlegm.

If the internally depressed heat in the lungs is not resolved, over a long time it can create pus, high fever, and cough with pus and blood. This is called 'lung welling abscess.'

Treatment method

Clear the heat and diffuse the lung. The governing formula is *ma xing shi gan tang* (Ephedra, Apricot Kernel, Gypsum and Licorice Decoction). If there is lung welling abscess, it is necessary to clear the lung and expel pus; the governing formula is *qian jin wei jing tang* (Thousand Gold Pieces Phragmites Decoction).

7. LUNG DRYNESS COUGH**Signs**

These include a dry mouth, nose and throat, cough with a small amount of sticky phlegm or a dry cough, and when the cough is severe there is chest pain, thin, yellow tongue fur, a red

tongue tip with little fluid and a rapid pulse. Or there may be signs of an exterior pattern such as aversion to cold, headache, body heat, thirst, and a floating and rapid pulse.

Analysis

In the autumn, the weather is dry and so it is easy to contract dryness evil and become sick. Also, contraction of warm heat evil can damage the fluids and transform into dryness. When dryness evil damages the lung, the body fluids are plundered and the lung lacks enrichment and moisture, and so there is a dry mouth, nose and throat, and a dry cough or cough with sticky phlegm. When dryness heat depresses the lung, the lung cannot diffuse and deplete and so when the cough is severe there is chest pain. When dryness evil settles in the exterior, there is aversion to wind, headache, body heat, thirst and a floating and rapid pulse.

Treatment method

Clear the lung and moisten the dryness. The governing formula is *sang xing tang* (Mulberry Leaf and Apricot Kernel Decoction).

8. PHEGGM TURBIDITY OBSTRUCTING THE LUNG**Signs**

These include cough, panting, copious, clear, thin and white phlegm, possibly chest oppression or palpitations, white and slimy tongue fur and a slippery pulse.

Analysis

Contraction of wind-cold damp evil causes phlegm-damp to obstruct and stagnate in the lung. Or the lung not diffusing and depleting causes water-damp to collect in the lung and creates phlegm turbidity. Or when the spleen does not transport, then fluids gather and create phlegm, which rises and accumulates in the lung. When phlegm turbidity obstructs the lung, the lung cannot deplete and downbear and so

there is counterflow qi and panting cough. When the spleen does not transport and transform, and the lung does not diffuse and deplete freely, then water-damp gathers in the lung and there is copious phlegm with a tendency to be cold, which results in clear, thin and white phlegm. When phlegm turbidity stagnates the lung then the lung qi is inhibited, which causes chest pain. When phlegm turbidity harasses the heart spirit, this results in heart palpitations.

If the phlegm obstructs for a long time and depresses in the lung, it can then transform into heat, which results in yellow and thick phlegm, a red tongue body, yellow tongue fur and a slippery and rapid pulse.

Treatment method

Rectify the qi, dispel the phlegm and calm the panting. The governing formula is san zi yang qin tang (Three Seed Filial Devotion Decoction).

9. WATER-COLD SHOOTING INTO THE LUNG

Signs

These include cough, panting, copious, foamy phlegm, in severe cases an inability to lie flat, no thirst or little thirst, inhibited urination, white and glossy tongue fur and a string-like and tight pulse. If the pattern emerges with the appearance of cold, then it is complicated by aversion to cold, body aches and a floating pulse.

Analysis

This pattern may be due to the spleen failing to transport, the lung failing to diffuse freely and to deplete, an insufficiency of kidney yang, failure of the qi transformation of the urinary bladder or failure of the triple burner to transport body fluids, all of which can cause water-damp to collect internally and cold rheum to shoot into the lung. This causes counterflow cough and panting, copious foamy phlegm and inability to lie down flat. Internally there is

water rheum, hence there is no thirst, or thirst without drinking much fluid. If the qi transformation of the urinary bladder fails, then the urination is inhibited. Internal exuberance of cold rheum causes white and glossy tongue fur and a string-like and tight pulse. If there is an external cold evil, it may emerge by itself or it can be complicated by exterior cold, hence there is an aversion to cold, body aches and a floating pulse.

Treatment method

Warm the lung and transform the rheum. The governing formula is xiao qing long tang (Minor Green-blue Dragon Decoction).

10. LARGE INTESTINE COLD-DAMP

Signs

These include rumbling intestines, cold pain of the umbilicus and abdomen, clear and thin diarrhea, white and glossy tongue fur and a moderate pulse.

Analysis

Exposure to cold, cold beverages, unclean food, systemic vacuity of spleen or kidney yang or contraction of cold in the umbilicus can all cause large intestine cold-damp. When the stomach and intestine fail to manage upbearing and downbearing, then the clear and the turbid are not separated and the qi dynamic is impeded, hence there is rumbling in the intestines and cold pain around the umbilicus. When cold-damp collects internally, there is clear, thin diarrhea, white and glossy tongue fur and a moderate pulse.

If the pattern is combined with wind-cold fettering outside, then there are fever and chills, headache, a floating pulse, etc.

Treatment method

Dry the damp and harmonize the center, resolve the exterior and rectify the qi. The governing formula is wei ling tang (Stomach Calming Poria Five Decoction) or huo xiang zheng qi san (Agastache Qi Righting Powder).

11. LARGE INTESTINE DAMP-HEAT

Signs

These include abdominal pain, diarrhea with pus and blood, tenesmus (abdominal urgency and rectal heaviness), or abdominal pain followed by diarrhea, fulminant distressing downpour, burning of the anus, foul stools, possibly fever, a red tongue body with slimy and yellow tongue fur and a slippery and rapid pulse.

Analysis

This pattern may be due to summerheat-damp assailing the stomach and intestines, unclean food or indulgence in fatty, sweet, raw and cold foods and fruit. When damp depresses it transforms into heat, and damp-heat brewing and binding in the large intestine causes abdominal pain. When damp-heat damages the qi and blood, this results in diarrhea with pus and blood. When damp-heat distresses internally and qi stagnates, then the large intestine is not properly managed, hence there is abdominal urgency and rectal heaviness. When damp-heat and turbidity pour downward, this results in fulminant distressing downpour, burning of the anus and foul stools. A red tongue, yellow fur and a rapid pulse all indicate heat. Slimy tongue fur and a slippery pulse indicate phlegm-damp.

Treatment method

Clear the heat and dispel the damp. The governing formula is bai tou weng tang (Pulsatilla Decoction).

12. INTESTINAL WELLING ABSCESS PATTERN

Signs

These include pain in the left lower abdomen, lying with a huddled body, pain that refuses pressure, scorching heat and violent pain with pressure; generally there is fever, also yellow, short and red urine, a red tongue with yellow fur and a string-like and rapid pulse.

Analysis

This pattern is due to indulgence in thick, flavorful or heavy-tasting food or raw or cold food, which causes food to stagnate in the middle burner. When damp brews and heat accumulates, this damages the intestines. Lack of regulation of cold and warmth, irregular affects or traumatic injury can injure the intestinal networks causing static blood to obstruct and stagnate, and create pus. When damp-heat accumulates and stagnates, then qi and blood congeal and collect, causing lesser abdominal heat pain pattern. Because this is repletion heat, the pain refuses pressure and is scorching hot and violently painful with pressure. Because it is a heat pattern, there is fever, yellow, short and red urine, a red tongue with yellow fur and a rapid pulse. A string-like pulse governs pain.

Treatment method

Drain the heat and eliminate the stasis. The governing formula is da huang mu dan pi tang (Rhubarb and Moutan Decoction).

Kidney and urinary bladder disease pattern identification

The kidney resides in the lumbar region; the lumbus is the storehouse of the kidney. The physiological functions of the kidney are to store essence, to govern water, to absorb qi, to engender marrow, to govern bone and to connect with the brain. Its luster is the hair, its opening orifice is the ear and the two yin (anal and genital orifices) and it is internally-externally connected with the urinary bladder.

The primary pathological characteristics of disease of the kidney and urinary bladder manifest as abnormal functioning of the kidney's storage of essence, and governing of reproduction, growth and development. The kidney stores pre-heaven and post-heaven essence. The source of pre-heaven essence is the mother and father; it is the fundamental material of growth and reproduction. The post-heaven essence is

transformed and engendered from the essential matter of food and liquid passing through the viscera and bowels and being transported to the kidney for storage. The kidney's storage of essence and its ability to promote the body's reproductive, growth and development functions is called 'kidney qi.' When the kidney's function of storing essence is abnormal, this influences the growth, development and reproductive functions. For example, any sort of infertility patterns, slow development in childhood or loss of hair, loose teeth, or withered and soft tendons and bones.

The kidney is the viscera of water and fire and so it can affect the two aspects of kidney yin and kidney yang. The kidney yin can be damaged by sexual intercourse, damp-heat brewing for a long time in the lower burner, the after-effects of heat disease or the transformation of the five minds into fire. The manifestations include sore lumbus and weak knees, as well as the signs of an insufficiency of kidney yin producing yin vacuity internal heat. Kidney yang vacuity can be caused by constitutional insufficiency, enduring disease causing vacuity of the body, long term collection of water-damp, etc. This manifests as sore lumbus and weak knees as well as signs of an insufficiency of kidney yang, causing yang vacuity internal cold.

The kidney governs water. In terms of the metabolism of body fluids, the primary regulatory aspect depends upon the kidney qi's management of the opening and closing of the kidney gate. When there is yang exuberance of the kidney qi, then the kidney gate is open; when there is yin exuberance, then the kidney gate is closed. When yin and yang are balanced, then the opening and closing are appropriate. If the kidney yang is insufficient, this causes yang vacuity and yin exuberance, which results in more closing and less opening, which causes yang vacuity water flood. If the kidney yin is depleted or injured, this causes yang exuberance and yin vacuity, which results in more opening and less closing, which causes excessive expelling of urine, indicating lower burner wasting disease.

The kidney governs the absorption of qi. Breathing occurs in the lungs, aided by the kidneys, so that the qi can descend and return to

the kidney. This is called 'qi absorption.' If the kidney is depleted and absorption of qi is difficult, this results in more exhalation and less inhalation, and the qi not descending to the kidney. This is called 'kidney failing to absorb qi.'

The kidney and the urinary bladder are internally-externally related. The urinary bladder has the function of storing urine and eliminating urine. The securing and containing of the kidney help the urinary bladder to store urine, and the freeing and disinhibiting of the kidney help the urinary bladder to expel urine; hence it is said that the kidney manages the opening and closing of the urinary bladder. If the qi transformation of the kidney and urinary bladder are abnormal, then pathological changes can manifest in the regulation of the opening and closing. For example, inhibited urinary bladder qi transformation can cause scanty urine, and lack of limitations on the urinary bladder can manifest as enuresis.

The primary common symptoms of kidney and urinary bladder patterns are sore and weak lumbus and knees, head dizziness and ringing in the ears, all of which are caused by kidney yang vacuity and kidney yin vacuity. Also common are signs that reflect pathological change in the expelling of urine, such as copious urine or scanty urine, clear urine or turbid urine. These have a relationship with abnormal opening and closing owing to failure of the kidney and urinary bladder qi transformation.

The primary category of pattern comprises vacuity patterns. These include kidney yin vacuity, lung and kidney yin vacuity, kidney yang vacuity, heart and kidney yang vacuity, insufficiency of kidney essence, insecurity of kidney qi, kidney not absorbing qi and urinary bladder vacuity cold. Only urinary bladder damp-heat is a repletion pattern. Non-interaction of the heart and kidney, kidney vacuity water flood and urinary bladder damp turbidity all are complicated patterns of vacuity and repletion.

1. KIDNEY YIN VACUITY PATTERN

Signs

These include soreness and weakness of the

lumbus and knees, head dizziness, ringing in the ears, seminal emission, a thin and emaciated body, vexing heat of the five hearts, tidal fever or low fever, night sweating, red cheeks, a dry mouth and throat, yellow urine, bound stools, a red tongue with little fur or fluids and a fine and rapid pulse.

Analysis

Enduring illness consuming the body fluids, depletion of body fluids with age, plundering of fluids after a heat disease, excess of the six qi, transformation of the five minds into fire, sexual indulgence, excessive use of warming and supplementing agents, as well as kidney yang vacuity injuring the yin, can all cause kidney yin vacuity.

The lumbus is the residence of the kidney, the kidney governs bone and the generation of marrow, the brain is the sea of marrow and the opening orifice of the kidney is the ears; hence when there is kidney vacuity there is soreness and weakness of the lumbus and knees, head dizziness, and ear ringing or deafness. The kidney governs hibernation and is the root of storage and sealing; thus kidney vacuity results in failure to seal and store, causing seminal emission. With enduring kidney vacuity, there is a thin or emaciated body. Yin vacuity engenders internal heat, hence there is vexing heat of the five hearts, tidal fever or low fever, night sweating, red cheeks, dry mouth and throat, yellow urine and bound stools. The pulse and tongue are manifestations that indicate yin vacuity internal heat.

Treatment method

Enrich and supplement the kidney yin. The governing formula is liu wei di huang wan (Six Ingredient Rehmannia Pill).

Comment

Kidney yin is also called 'original yin' (元阴 yuán yīn), 'true yin' (真阴 zhēn yīn) or 'kidney water.' It has the function of enriching, nourishing and moistening each of the viscera and bowels. Examples are as follows.

Liver. Liver yin depends upon the support of kidney yin in order to maintain its normal functions. The ancient people had the saying: 'The liver and kidney are of the same source.' If the kidney yin is insufficient to nourish the liver yin, then both the liver and kidney yin can become depleted and, besides the manifestations of an insufficiency of kidney yin, there also will be flowery sight, rough eyes, night blindness, rib-side pain and a string-like pulse.

Lung. The lung yin relies upon the enriching and moistening of the kidney yin. For example, when the kidney yin is insufficient, 'the lower can damage the upper' or, if there is a pattern of kidney yin vacuity, there also may be signs of lung yin vacuity such as a hoarse voice, a dry cough with little phlegm or, in extreme cases, coughing of blood.

Heart. Kidney water can rise and help the heart yin to restrict heart fire and the heart fire can descend to help the life fire to cause the kidney water to rise and enrich. Therefore, if the kidney water is insufficient, this results in non-communication between the heart and kidney, manifesting as kidney yin vacuity signs and signs of heart fire flaming upward and heart spirit escaping outside. Signs include a red face, a scorched tongue, heart palpitations, heart vexation, difficulty in sleeping, etc.

Spleen and stomach. The yin fluids of the five viscera communicate with each other, but the kidney water is the root. When the kidney water is insufficient, there is difficulty in moistening the spleen and stomach. This causes an insufficiency of stomach yin, which manifests as thirst with an ability to drink, no appetite or swift digestion with rapid hungering, scorching pain of the stomach duct, dry retching, belching, etc. If there is spleen yin vacuity, then there is torpid intake with no thought of food, and abdominal distention after eating.

Thus, it can be seen that enduring kidney yin vacuity can cause complications of yin vacuity in the other viscera and bowels, for example liver and kidney yin vacuity, lung and kidney

yin vacuity, heart and kidney yin vacuity, spleen or stomach and kidney yin vacuity, etc.

The above are created by kidney yin affecting the yin of the viscera and bowels. On the other hand, yin vacuity of the other viscera and bowels can also influence the kidney yin. For example, first there may be lung yin vacuity. After a long time, this scorches the body fluids and can cause kidney yin vacuity. This is called 'sapping of kidney yin.'

2. LUNG AND KIDNEY YIN VACUITY

Signs

These include red cheeks, tidal fever, night sweating, vexing heat of the five hearts, a dry mouth and throat, hoarse voice, dry cough without phlegm, with little phlegm or with blood-streaked phlegm, soreness and weakness of the lumbus and knees, head dizziness, ringing in the ears or deafness, a thin and emaciated body, yellow urine, bound stools, a red tongue with little fur and little fluids and a fine and rapid pulse.

Analysis

This is a complicated pattern of lung yin vacuity combined with kidney yin vacuity. For the disease cause and disease dynamic, see each of the individual patterns (pp. 291 and 296).

Treatment method

Enrich and supplement the lung and kidney. The governing formula is qing jin zhuang shui wan (Metal Clearing, Water Strengthening Pill).

Clinical differentiation

Liver and kidney yin vacuity is similar to the above – that is, this is a pattern that manifests liver yin vacuity and kidney yin vacuity. For the disease cause and disease mechanism, see each of the individual patterns (pp. 277 and 296). The treatment is to enrich and supplement the liver and kidney.

Spleen and kidney yin vacuity is also as the above pattern. There are simultaneous signs of spleen yin vacuity and kidney yin vacuity. For the disease cause and disease dynamic, see each of the individual patterns (pp. 283 and 296).

Besides these, there is also stomach and kidney yin vacuity pattern. This is stomach yin vacuity pattern and kidney yin vacuity pattern. For the signs, disease cause and disease dynamic, see each of the individual patterns (pp. 285 and 296).

3. NON-INTERACTION OF THE HEART AND KIDNEY

Signs

These include soreness and weakness of the lumbus and knees, head dizziness, ringing in the ears or deafness, seminal emission, a thin and emaciated body, vexing heat of the five hearts, heart palpitations, difficulty in sleeping, tidal fever or low fever, night sweating, red cheeks, heart vexation, thirst, erosion and scorching pain of the lips and tongue, yellow urine, bound stools, a red tongue with yellow fur and a string-like and rapid or fine and rapid pulse.

Analysis

The disease cause of this pattern is both kidney yin vacuity and exuberant hyperactivity of heart fire, but the kidney yin vacuity is primary. Normally, the heart fire should descend and downbear, and the kidney water should rise and enrich so that the fire and water help each other; the yin and yang are regulated and the heart and kidney interact with each other. If the kidney yin is depleted or damaged, then the kidney water fails to rise and enrich, which results in an insufficiency of heart yin. When heart yin is insufficient, the heart fire ascends hyperactively and there is yin vacuity fire effulgence, which manifests as difficulty in sleeping. This is called 'non-interaction of the heart and kidney.' The signs of this pattern can be explained by using the explanation for kidney yin vacuity and heart fire effulgence. However, the kidney yin

depletion is the primary cause. Clinically, not all of the above signs must be seen.

Treatment method

Enrich the yin and downbear the fire, and promote interaction of the heart and kidney. Governing formulas are liu wei di huang wan (Six Ingredient Rehmannia Pill) and jiao tai wan (Peaceful Interaction Pill).

4. KIDNEY YANG VACUITY PATTERN

Signs

These include lumbar soreness, weakness of the knees, ringing in the ears, head dizziness, a bright white facial color, spirit fatigue and lack of strength, preference for lying down, predilection for sleep, physical cold, cold limbs, possibly yang wilt (impotence), clear urine, sloppy stools, a pale, fat tongue with moist, white fur and a deep, fine, slow and weak pulse.

Analysis

This pattern may be due to long term retention of water-damp damaging the yang, enduring illness, sexual intemperance damaging the kidney, constitutional weakness, systemic yang vacuity, excessive use of cold or cooling agents or raw or cold food, or enduring kidney yin vacuity damaging the yang, all of which can cause kidney yang vacuity.

The lumbus is the residence of the kidney, the kidney engenders marrow and governs bone, the brain is the sea of marrow and the opening orifice of the kidney is the ear. Hence, when there is kidney vacuity, there is soreness and weakness of the lumbus and knees, head dizziness and ringing in the ears. Yang vacuity engenders internal cold and yang qi vacuity, hence the facial color is bright white. Spirit fatigue and lack of strength, a desire to lie down, a predilection for sleep, physical cold and cold limbs, possible yang wilt, clear urine, sloppy stools, a pale and fat tongue with moist white fur and a fine, slow and weak pulse are all manifestations that indicate kidney yang vacuity. A deep pulse governs internal patterns.

Treatment method

Warm and supplement the kidney yang. The governing formula is fu gui ba wei wan (Aconite and Cinnamon Eight Ingredients Pill).

Comment

Kidney yang is also called 'original yang' (元阳 yuán yáng), 'true yang' (真阳 zhēn yáng) or 'life fire' (命火 mìng huǒ). It has the effect of engendering transformation, and warming the viscera and bowels. It is the root of the yang qi of the body.

Heart. Kidney yang helps the heart yang to warm and free the blood vessels so that the heart qi and heart yang can be transported by the construction and restrain yin cold. If the heart lacks the warming of the kidney yang, then there may be palpitations, sweating and shortness of breath. In severe or critical cases, there may be dribbling sweat, reverting of the limbs, a cold body, faint breath and a clouded spirit. This is called 'heart and kidney yang vacuity' or 'yang vacuity verging on desertion.'

Liver. Liver yang relies upon the warming of the kidney yang. When it is obtained, the eyes are bright, the limbs flexible, and the sinews are smooth. When kidney yang is insufficient, it easily causes liver yang vacuity, which manifests as blurred vision, fullness or pain in the rib-side, tense or withered sinews, etc.

Spleen. Spleen yang depends upon the warmth and nourishment of kidney yang in order to transport. Without it, there are signs of spleen yang vacuity such as physical cold, cold limbs, torpid intake, reduced appetite, abdominal distention after eating and possibly fifth watch diarrhea of spleen and kidney yang vacuity.

Urinary bladder. The urinary bladder depends upon the kidney yang in order to transform qi and manage opening and closing. If it lacks the warming of kidney yang this results in lack of management of qi transformation and abnormal opening and closing, which manifests as scanty urine, nocturia or enuresis.

Of course, yang vacuity of the viscera and bowels can also cause weakness of the kidney yang; for example, heart yang vacuity can cause insufficiency of kidney yang.

5. HEART AND KIDNEY YANG VACUITY

Signs

These include heart palpitations, a tendency to be easily frightened, sore lumbus, weak knees, head dizziness, ringing in the ears, fatigued spirit and lack of strength, preference for lying down and predilection for sleep, physical cold, cold limbs, clear urine, sloppy stools, a pale and fat tongue with moist white fur and a deep, fine, slow and weak pulse.

Analysis

This is a complicated pattern of heart yang vacuity combined with kidney yang vacuity. For the disease cause and disease dynamic, see each of the individual patterns (pp. 271 and 299).

Treatment method

Warm and supplement the heart yang. The governing formula is *gui zhi jia ren shen fu zi tang* (Cinnamon Twig Decoction plus Ginseng and Aconite).

6. KIDNEY VACUITY WATER FLOOD

Signs

These include soreness and weakness of the lumbus and knees, head dizziness, ringing in the ears, a bright white facial color, physical cold, cold limbs, puffy edema over the entire body, eyelids like sleeping silkworms, distention and fullness of the abdomen, swelling of the lower legs that maintains fingermarks after pressing, heart palpitations, hasty breathing, possibly cough and panting or gurgling phlegm, scanty urine, a pale and fat tongue with glossy white fur and a deep, fine and slow pulse.

Analysis

For the disease cause, see kidney yang vacuity

(p. 299). There is kidney yang vacuity, hence the facial color is bright white. Yang vacuity engenders cold and so there is physical cold and cold limbs. When kidney yang is vacuous, the qi transformation lacks management and so the urinary bladder is more closed than open, hence there is scanty urine. When water fluids collect internally, there is general puffy swelling. In addition, above the eyelids are like sleeping silkworms, in the middle there is abdominal distention and fullness, and below there is swelling of the lower legs, and in severe cases fingermarks after pressure. When water evil rises counterflow, it intimidates the heart and shoots into the lung, causing heart palpitations, hasty breathing and panting cough. Water flooding creates phlegm and phlegm obstructs the qi pathway, and so when breathing the gurgling of phlegm can be heard. Soreness and weakness of the lumbus and knees, head dizziness and ringing in the ears all indicate kidney vacuity. The tongue and pulse are both signs of kidney yang vacuity.

Treatment method

Warm the yang and disinhibit the water. The governing formula is *zhen wu tang* (True Warrior Decoction).

7. INSUFFICIENCY OF KIDNEY ESSENCE

Signs

In children these include slowed development, weak bones, emaciated flesh, delayed closure of the fontanel, slowed movement and lowered intelligence. In adults they include early senility, loss of hair, withered teeth, burnt face, white hair, difficulty in walking, soreness of the lumbus and weakness of the knees, head dizziness and ringing in the ears. In men there may be scanty semen; in women there may be infertility. The tongue body is pale and the pulse is weak.

Analysis

This pattern is due to a constitutional insufficiency, lack of nourishment after birth, or

taxation fatigue or enduring illness damaging the essence. The kidney stores the essence and governs growth, development and reproduction. When the kidney essence is insufficient, in men this results in scanty semen and in women it results in infertility or inability to reproduce; in children development is slowed. The essence can transform into qi and so when kidney essence is diminished, this results in an insufficiency of kidney qi. In adults, this results in early senility, hair loss, withered teeth, scorched face and white hair. The kidney governs the bones and when the essence is diminished, this results in weak bones, delayed closure of the fontanel, difficulty in walking, etc. The kidney engenders marrow and the brain is the sea of marrow, and so when the essence is diminished this results in an insufficiency of the sea of marrow, causing lowered intelligence and slowed movements. Soreness of the lumbus and weakness of the knees, head dizziness and ringing in the ears all indicate kidney vacuity. A pale tongue and weak pulse indicate essence depletion.

Treatment method

Supplement and boost the kidney essence. The governing formula is he che da zao wan (Placenta Great Creation Pill).

8. INSECURITY OF KIDNEY QI

Signs

These include soreness of the lumbus and weakness of the knees, head dizziness, ringing in the ears, seminal emission, premature ejaculation, frequent, clear urination with dribbling after urinating, a pale tongue body with white tongue fur and a deep and fine pulse. In women, there may be bleeding during pregnancy, pain in the abdomen and stirring of the fetus.

Analysis

This is generally due to constitutional insufficiency and lack of nourishment of the pre-heaven, kidney debilitation with age, enduring

illness or excessive sex damaging the kidney qi and causing insecurity of kidney qi. The lumbus is the residence of the kidney, the kidney governs bone and engenders marrow and opens into the ears, and so when the kidney qi is not secure this results in soreness of the lumbus and weakness of the knees, head dizziness and ringing in the ears. The kidney governs hibernation and is the root of storage and so when the kidney qi is vacuous this results in failure to store kidney essence, causing seminal emission and early ejaculation. The kidney governs urination and defecation and also manages the urinary bladder qi transformation, and so kidney qi vacuity results in a lack of limits on the urinary bladder, causing dribbling urine or in severe cases enuresis or dribbling after urination. When the kidney is vacuous, the tongue is pale and the pulse is fine. A deep pulse governs internal patterns. When kidney qi is insecure, the penetrating and conception vessels are vacuous and so there is bleeding in pregnancy, abdominal pain and stirring of the fetus.

Treatment method

Secure the kidney and contain the essence. The governing formula is sang piao xiao san (Mantis Egg-case Powder).

9. KIDNEY NOT ABSORBING QI

Signs

These include soreness of the lumbus and weakness of the knees, head dizziness, ringing in the ears, a pale white or bright white facial color, shortage of qi, laziness in speaking, fatigue and lack of strength, frequent spontaneous sweating, panting, hasty breathing, more exhalation and less inhalation, severe panting with exercise, a pale tongue and a weak pulse.

Analysis

This pattern may be due to debility of the kidney due to old age, enduring illness damaging the kidney, enduring cough damaging the lung, insufficiency of spleen qi and essence creating

difficulty in supplying nourishment to the lung and kidney, or damage to the lung and kidney from taxation or excessive sex, all of which can cause the kidney to fail to absorb qi. The root pattern is lung qi vacuity causing a pale white facial color, a shortage of qi, laziness in speaking, fatigue and lack of strength, and frequent spontaneous sweating. Panting and hasty breathing are related to the lung, but even more to the kidney. When qi does not return to the kidney, then there is more exhalation than inhalation and severe panting with exercise. Qi vacuity causes yang vacuity, which results in a bright white facial color. Soreness of the lumbus and weakness of the knees, head dizziness and ringing in the ears all indicate kidney vacuity. A pale tongue and weak pulse indicate insufficiency of the lung and kidney.

This pattern is often seen with an insufficiency of kidney yang, in which case it is complicated by physical cold and cold limbs.

It can also be complicated by lung heat, in which case there is panting cough, thirst, yellow tongue fur and a rapid pulse.

Treatment method

Supplement the kidney to absorb qi. The governing formula is du qi wan (Metropolis Qi Pill).

10. URINARY BLADDER VACUITY COLD

Signs

These include a bright white facial color, physical cold, cold limbs, frequent, clear urination, possibly enuresis or nocturia, a pale and fat tongue body with moist, white tongue fur and a deep, fine, slow and weak pulse.

Analysis

For the disease cause, see kidney yang vacuity (p. 299) and insecurity of kidney qi (p. 301). When kidney yang is vacuous, there is a bright white facial color, physical cold and cold limbs, nocturia, a pale and fat tongue body with moist and white tongue fur and a deep, fine and slow pulse. When kidney qi is insecure, the kidney

fails to store, it fails to manage the urinary bladder qi transformation and so there is more opening and less closing, causing frequent urination. Failure of the urinary bladder to control urination results in enuresis. Urinary bladder vacuity cold results in clear urination. The original nature of urinary bladder vacuity cold is due to an insufficiency of kidney yang with simultaneous insecurity of kidney qi.

Treatment method

Warm the kidney and reduce the urine. The governing formula is suo quan wan (Stream Reducing Pill).

11. URINARY BLADDER DAMP-HEAT

Signs

These include frequent urination, urgent urination, scorching heat and pain on urination, possibly sand and stone strangury, dribbling urinary block or bloody urine (possibly accompanied by fever and lumbar pain), a red tongue body with yellow and slimy tongue fur and a slippery and rapid or string-like and rapid pulse.

Analysis

This pattern may be due to external contraction of damp-heat brewing and binding in the urinary bladder, unclean foods engendering internal damp-heat, predilection for alcohol, fatty and sweet foods causing damp to transform into heat, being caught in the rain or wading through water, and allowing water-damp to invade inside, to depress and then transform into heat. Damp-heat brewing and binding in the urinary bladder can cause a lack of management of urinary bladder qi transformation, which results in frequent and urgent urination. Heat scorching the urinary passage causes pain upon urination. Damp depressing for a long time transforms into heat, and evaporates the body fluids causing sand and stone strangury. Sand and stone obstructing the urinary passage can cause dribbling urinary block. Heat damaging the blood network or stones injuring the blood network can

cause bloody urine. When damp-heat and right qi struggle together, there is fever. The kidney and the urinary bladder are internally and externally related, and the lumbus is the residence of the kidney, therefore there may be lumbar pain. A red tongue body, yellow tongue fur and a rapid pulse all indicate heat. Slimy tongue fur and a slippery pulse indicate phlegm-dampness. A string-like pulse governs pain.

Treatment method

Clear the heat and disinhibit the damp. The governing formula is ba zheng san (Eight Corrections Powder).

12. URINARY BLADDER DAMP TURBIDITY

Signs

These include turbid urine, like rice-water, rough and painful urination (possibly with slippery or slimy matter), after a long time dribbling that is like oil, emaciation, soreness of the lumbus and weakness of the knees, a pale tongue with slimy fur and a fine and rapid pulse.

Analysis

This pattern is due to excessive taxation fatigue damaging the spleen and kidney, predilection for sweet or fatty foods engendering internal damp-heat, external contraction of cold-damp depressing and transforming into heat, or internal brewing of damp-heat pouring downward into the urinary bladder. When the urinary bladder qi transformation lacks management, the clear and the turbid are mixed together, hence the urine is turbid like rice-water, elimination is rough and painful and there may be slippery and slimy matter. Over many days this can injure the kidney, causing the kidney to fail to store, allowing fatty fluids to flow downward and causing emaciation. The lumbus is the residence of the kidney, the kidney governs bone and engenders marrow and so when the kidney is vacuous there is soreness of the lumbus and weakness of the knees. A pale tongue indicates vacuity, slimy tongue fur indicates damp

turbidity and a fine and rapid pulse indicates insufficiency of kidney yin.

Treatment method

Clear the heat and disinhibit the damp, supplement the kidney and secure the roughness. The governing formula is cheng shi bi xie fen qing yin (Cheng's Fish Poison Yam Clear-Turbid Separation Beverage) with liu wei di huang wan (Six Ingredient Rehmannia Pill).

The primary categories of viscera and bowel pattern identification are vacuity patterns, repletion patterns and complicated vacuity and repletion patterns. Among these, vacuity patterns are predominant. The rule for pattern identification of vacuity patterns is generally that there is a given kind of vacuity (yin vacuity or yang vacuity, qi vacuity or blood vacuity) added to the abnormal functioning of the diseased viscera or bowel. This is called '_____ vacuity of _____ viscera or bowel.' For example, in heart yin vacuity pattern there are yin vacuity signs such as tidal fever or low fever, vexing heat of the five hearts, red cheeks, night sweating, a red or crimson tongue with little fur or no fur and a fine and rapid pulse. In addition, there are signs of abnormalities in the heart's functions of governing the blood vessels and storing the spirit-mind, such as heart palpitations, heart vexation, insomnia, etc. Given this general rule, it is not difficult to grasp the important points of pattern identification of vacuity patterns.

Repletion patterns are relatively more complex and each disease may have a different cause. The commonly seen causes of changes in the viscera and bowels are wind, fire, damp, heat, the seven affects, blood stasis, phlegm and food. Repletion patterns are differentiated according to the characteristics of the cause of the disease added to the pathological transformations of the affected viscera and bowel. For example, if damp-heat is causing disease, there are the characteristic signs of disease caused by damp-heat, such as fever, a bitter taste in the mouth, thirst with no desire to drink, yellow and slimy tongue fur and a soggy and rapid or slippery and rapid pulse. In addition, there are

manifestations of lack of regular functioning of the viscera and bowels. For example, there may be abdominal distention, torpid intake, sloppy stools and jaundice, indicating chaotic functioning of the spleen and stomach, or spleen and stomach damp-heat. If the signs are frequent urination, painful urination, possibly even blood in the urine, then this is pathological change of the urinary bladder's function of expelling urine, indicating urinary bladder damp-heat.

Complex patterns of vacuity and repletion are differentiated according to the clinical signs and symptoms. For example, non-interaction of the

heart and kidney has the 'vacuity' of an insufficiency of kidney yin and also has the 'repletion' of heart fire flaming upward. Kidney vacuity water flood pattern has the 'vacuity' of an insufficiency of kidney yang and the 'repletion' of water-damp flooding and leaking.

Altogether, viscera and bowel pattern identification is guided by the eight principles, and is combined with qi, blood and body fluid pattern identification, disease cause pattern identification and other methods of analysis in order to reach a diagnosis and treat a disease.

NOTES

1. A sensation of emptiness and burning in the stomach duct or heart region, described as being like hunger but not hunger, and like pain but not pain, and accompanied by belching, nausea acid regurgitation and fullness.

Twelve channels and networks pattern identification

11

Basic concept

Channel and network pattern identification is the diagnostic content of the theory of channels and networks. In the past, this aspect of the content of the theory was discussed only in acupuncture and moxibustion texts. However, it is a part of the scope of diagnosis and so is included in this text so as to include the complete contents of Chinese medical diagnostics.

Channel and network pattern identification originated in the *Ling Shu: Jing Mai Pian*, which states: 'The channel vessels are able to determine death and life, to differentiate all diseases and to regulate vacuity and repletion. They cannot be impeded.' This means that the channels and networks have an important function in determining life and death, differentiating all disease and regulating vacuity and repletion. This chapter goes on to explain the pathways of the channels and then differentiates the two patterns of disease arriving 'when this is stirred' and 'produced by this.'¹ Historically, explanations of 'when this is stirred' and 'produced by this' are all very different. In essence, there are several explanations:

1. Qi diseases and pre-heaven diseases are 'when this is stirred'; blood diseases and after-heaven diseases are 'produced by this' (see the *Nan Jing: Er Shi Er Nan*).

2. Diseases in qi, in the skin, the flesh and the muscles are 'when this is stirred'; diseases in the

blood, in the tendons, bones, viscera and bowels are 'produced by this' (see *Hua Shou's Nan Jing Ben Yi*).

3. Diseases in qi and those due to external causes are 'when this is stirred'; diseases in the channels and those due to internal causes are 'produced by this' (see *Zhang Zhi Cong's Ling Shu Ji Zhu*).

4. Diseases of the involved channel are 'when this is stirred'; diseases caused by other channels are 'produced by this' (see *Zhang Zhi Cong's Ling Shu Ji Zhu*).

5. Diseases caused by pathological stirring of the channels and networks are 'when this is stirred'; diseases of the viscera and bowels are 'produced by this' (see *Gang Ben Yi Bao's Shi Si Jing Fa Hui* and *Shi Si Jing Yu Chao*).

6. Diseases of the affected channel are 'when this is stirred'; pathological changes in a channel caused by its ascription to a given viscera or bowel that is diseased are 'produced by this' (see *Zhang Jing Yue's Lei Jing*).

Besides the above, there is also the thought that diseases in yang, in the defense and in the exterior are 'when this is stirred'; while diseases in yin, in the construction and in the interior are 'produced by this.' The sixth explanation is the

one that is relatively more accepted by scholars. However, it is our belief that the ancient people made the distinction of 'when this is stirred' and 'produced by this' so as to benefit practitioners of acupuncture and moxibustion in differentiating the division of disease into branch and root, and before- and after-heaven, and to use in the selection of acupuncture points. The channels and networks are very closely related; in fact, it is sometimes extremely difficult to separate them. Therefore, we believe that, in order to use this theory of channels and networks, it must be combined with the four examinations and the eight principles in order to be relatively complete. In order to advance study and discussion, the section from the Ling Shu: Jing Mai Pian related to 'when this is stirred' and 'produced by this' is included as an appendix at the end of this chapter (p. 320).

In the Shang Han Lun, Zhang Zhong Jing discussed six channel pattern identification. This is a principle of cold damage disease pattern identification, and was discussed in Chapter 7 (p. 211), but it is not within the scope of this chapter.

Channel and network pattern identification primarily explains signs and symptoms that emerge along the course of the channels and networks. Among these signs and symptoms, some will be closely related to the viscera and bowels. Clinically it is necessary to combine the four examinations so as to make a correct diagnosis.

In order to aid in understanding the content of channel and network pathology, it is necessary to understand the physiological functions and pathological changes of the channels and networks. Therefore, we will first briefly discuss this. In addition, the pathway of each channel will precede the identification of each channel.

The physiological functions and pathological changes of the channels and networks

In reference to the physiological functions of the

channels and networks, the Ling Shu: Hai Lun Pian states: 'The 12 channel vessels inside are ascribed to the viscera and bowels, the outside network to limbs and joints.' The Ben Zang Pian also states: 'The channel vessels move qi, blood and construction yin and yang so as to moisten the tendons and bones and disinhibit the joints.' From this it can be seen that the primary physiological function of the channels and networks is to move construction and defense, qi and blood and, understanding both the inside and the outside, to allow all of the organs to obtain moisture, nourishment and warmth; they also connect the inside and the outside of the body, the interior and the exterior, above and below and left and right.

Pathological changes. The question of pathological changes of the channels and networks is relatively broad; here it is discussed in a simple way. When external evils invade the internal viscera, they must pass through the channels and networks. If an external evil directly invades an internal viscera, when it causes pathological change in the internal viscera it also must affect the channels and networks. For example, with liver disease there is pain from the two rib-sides down to the lesser abdomen; in heart disease, there is pain on the inner aspect of the shoulder, etc. This means that after a disease evil invades the body it must cause a pathological reflection in the channels and networks and manifest different signs and symptoms. And, after pathological change emerges in the channels and networks, the tissue or organ systems which a given channel passes or governs, such as the five offices, the nine orifices, the four limbs, the muscles, tendons and bones, will also manifest pathological change. For example, in stomach channel disease there is deviation of the mouth and eyes, the emergence of papules on the lips, pain at qi chong (ST-30, Qi Thoroughfare), the femur, fu tu (ST-32, Crouching Rabbit) and the lateral and dorsal aspects of the foot; in large intestine channel disease there is pain in the teeth, and possibly an inability to use the thumb and index finger. If there are abnormalities of the channel vessel qi, this can manifest as reverting counterflow of the channel qi (counterflow

traveling of qi), which can cause the constriction and defense to be obstructed, or failure of the qi and blood to flow, which can cause the tissues and organs along the course of the channel vessel also to manifest pathological changes.

It is clear, whether due to influence from internal causes or from external causes, that both can cause pathological changes in the channel vessels to emerge, which manifest as pathological images and which can affect the internal viscera, the five offices, the four limbs, the tendons, bones, etc.

Below, the 12 channel vessels are introduced.

Channel and network pattern identification

Hand greater yin lung channel

Course of the channel

Starting in the middle burner (the stomach area), the channel descends to net the large intestine. It returns and passes the upper mouth of the stomach and the diaphragm and homes to the lung. From the lung system (the esophagus and throat), it veers transversely to descend to the axilla. From here it travels along the arterial part of the medial aspect of the arm to the edge of the thenar eminence, *yu ji* (LU-10, Fish Border), and travels along the medial side of the thumb to the end of the thumb. Another branch separates at the styloid process and travels across the back of the hand to the radial side of the index finger to connect with the hand yang brightness large intestine channel.

Pattern identification

The hand greater yin channel homes to the lung, it nets the large intestine and has a relationship with the stomach. When this channel is diseased, the primary manifestations are along the course of the channel; for example, there may be pain in front of the axilla, the back of the shoulder, the anterior part of the medial aspect of the arm, the elbow joint or the thumb, or there may be

obstructed movement. The nature of the disease may vary and the clinical manifestations may vary. The following categories are commonly seen.

1. HEAT PATTERNS

A. REPLETION HEAT PATTERN

This pattern is generally due to externally contracted wind-heat evil, systemic accumulation of heat, or heat in other viscera or bowels influencing the lung channel. In this pattern, there may be pain and sensations of heat along the course of the channel, there may emerge red, swollen, hot and painful sores or welling abscesses, there may be wind papules on the skin or impaired movement of the joints. In the chest there may be a sensation of distention or fullness, and counterflow qi causing panting cough. There may be a dry mouth and sore throat, such as throat impediment or throat wind, affecting one or both of the tonsils (i.e. acute inflammation of the throat, or purulent and swollen throat) and causing redness, swelling heat and pain. It may be accompanied by aversion to cold, fever, a red tongue with thin yellow fur, and a floating and rapid or slippery and rapid pulse.

B. VACUITY HEAT PATTERN

This pattern is due to enduring illness or heat disease damaging the yin and causing yin vacuity fire effulgence. The signs seen include a dry throat that is slightly swollen and slightly painful, with no recovery for a long time (for example, chronic throat inflammation or tonsillitis). There may be pain and sensations of heat along the pathway of the channel, or numbing impediment, wilting and lack of strength and twitching of the thumb. There may be heat sensations in the palm of the hand. This pattern may be accompanied by shortage of qi, tidal fever, night sweating, dry cough, a red tongue with little fur and a fine and rapid pulse.

2. COLD PATTERNS

A. REPLETION COLD PATTERN

This pattern is generally due to externally contracted wind-cold or cold-damp evil. The signs seen are pain or a cold sensation along the course of the channel, or possibly hypertonicity. There also may be cough with thin white phlegm, an itchy throat, qi panting, clear nasal discharge, aversion to cold, slight fever with no sweating, thin, white and moist tongue fur and a floating and tight pulse.

B. VACUITY COLD PATTERN

This pattern is generally due to lung qi vacuity and weakness. The signs seen are shortage of qi with an inability to catch one's breath, weakness and lack of strength or slight pain and sensation of cold along the course of the channel, a pale tongue with white and moist tongue fur, a weak pulse, and possibly accompanied by spontaneous sweating and aversion to cold.

Hand yang brightness large intestine channel

Course of the channel

Arising from the tip of the index finger, the channel travels along the upper part of the inner aspect of the index finger, between the first and second metacarpal bones (he gu, Union Valley, LI-4); it then dips into the depression between the two tendons of the muscle extensor pollicis longus and brevis on the side of the wrist. It continues up the anterior radial aspect of the arm to the anterior border of the acromion, then veers back to da zhui (Great Hammer, GV-14) (the seventh cervical vertebra). It again veers to the front and enters the supraclavicular fossa (que pen, Empty Basin, ST-12) to net the lung, descends through the diaphragm and homes to the large intestine. One branch of the vessel goes from que pen up the neck to the face; it enters the lower teeth and then exits the mouth and

rises to the lips. The left and right channels connect at ren zhong (Human Center, GV-26) where the left vessel travels to the right and the right vessel travels to the left to opposite sides of the nose (where it meets the foot yang brightness stomach channel).

Pattern differentiation

The hand yang brightness large intestine channel homes to the large intestine and nets the lung. When there is disease of the hand yang brightness large intestine channel the primary manifestations are along the path of the channel. For example, there may be pain, the emergence of sores or papules or impaired movement in the lower teeth and gums, the throat, the neck, the upper lips, the sides of the nose, the area in front of the shoulders, the anterior radial aspect of the arm and the index finger. Based on the different causes of disease, the disease patterns will vary. The commonly seen patterns are described below.

1. COLD PATTERNS

These include both vacuity cold pattern and cold-dampness pattern. Vacuity cold pattern is generally due to spleen and stomach yang vacuity or spleen and kidney yang vacuity. Also, contraction of the evils of cold-damp can cause large intestine cold-damp. The signs seen are aversion to cold, a bland taste in the mouth, soreness and pain or a cold sensation along the course of the channel, pain on the radial aspect of the wrist joint, impaired movement of the index finger or wilting impediment. There also may be sloppy diarrhea-like stools or, with kidney yang vacuity, fifth watch diarrhea, rumbling in the intestines or anal desertion. In the vacuity cold pattern the tongue will be pale and the fur thin, white and moist, and the pulse will be deep and fine or fine and weak. In the cold-damp pattern the tongue fur will be white and glossy and the pulse will be fine or fine and slippery.

2. REPLETION HEAT PATTERN

This pattern may be due to externally contracted

cold evil transforming into heat and entering the interior, binding with food retention and drying the feces, or it may be due to unclean food or contraction of damp-heat evil. The signs seen are pain and a sensation of heat along the course of the channel, possibly with redness and swelling or the emergence of sores or damp papules, and impaired movement. Simultaneously there may be a dry mouth, thirst, nose bleeding and a dry or sore throat. The tongue is red and the fur yellow and dry or yellow and slimy, while the pulse is rapid or slippery and rapid.

Besides this, in those suffering from appendicitis, there may be pain with pressure on lan wei point (2 cun below zu san li [Leg Three Li, ST-36]).

Foot yang brightness stomach channel

Foot yang brightness stomach channel 足阳明胃经

Course of the channel

Arising from the lateral side of the alae nasi, at the nasolabial groove (where it meets the hand yang brightness channel at ying xiang [Welcome Fragrance, LI-20]), the channel travels to the inner canthus to connect with the foot greater yang urinary bladder channel. Passing through the inner canthus, it descends through the eyelid, down the cheek and enters the upper teeth. It encircles the lips and connects with the conception vessel point cheng jiang (Sauce Receptacle, CV-24). It then veers to the back and travels down and back toward da ying (Great Reception, ST-5) and jia che (Jawbone, ST-6). From here it rises and travels in front of the ear, following the anterior hairline to the forehead. A branch of the vessel travels down the neck from da ying; it traverses the throat and enters the supraclavicular fossa. At this point, it divides into two branches. One branch passes through the chest and diaphragm, enters the stomach, homes to the organ and nets the spleen. It continues down to the inguinal region. The other branch travels along the nipple line and then passes down the abdomen. The two branches reunite at the inguinal groove (Qi Chong, Surging Qi, ST-30). The channel continues

to travel down the lateral aspect of the upper leg and lateral anterior aspect of the tibia to the dorsum of the foot, where it reaches the lateral tip of the second toe. On the leg, it again divides into two branches: one branch goes from 3 cun below the knee (zu san li [Leg Three Li, ST-36]) to the third toe. The other branch goes from the dorsum of the foot to the medial aspect of the great toe (connecting with the greater yin spleen channel).

Pattern identification

The foot yang brightness stomach channel homes to the stomach, nets the spleen and travels along the front of the body. When the stomach yang brightness channel is diseased it primarily manifests along the course of the channel as different kinds of pain, swelling pain with heat, the emergence of sores or welling abscesses or damp papules, impaired movement or numbness impediment in the inner canthus, the forehead, below the eyelid, the sides of the nose, the lower lips, the upper teeth and gums, the lower angle of the mandible, the throat, the front of the neck, the chest, the breasts, the inguinal groove, the anterior lateral aspect of the leg, the dorsum of the foot and the first, second and third toes. Because there are different causes of disease and different types of disease, the signs will vary. The commonly seen patterns are described below.

1. HEAT PATTERNS

A. REPLETION HEAT PATTERN

This pattern is generally due to an external contraction transforming into heat and entering the interior, or to damage from food, such as excessive intake of acrid, warm or fried foods or heat from another viscera or bowel influencing and transferring to the stomach. The signs seen are pain and a hot sensation along the course of the channel, or the emergence of red, swollen, hot and painful sores or welling abscesses, such as facial sores, mumps, a red, swollen throat, acute tonsillitis or inflammation of the throat, inflammation of the upper teeth and gums, pain

in the teeth, mastitis, pain or inflammation in the inguinal region, redness, swelling and inflammation of the lower eyelid, etc., as well as impaired movement or damp papules (generally ascribed to damp-heat) along the course of the channel, in the joints or the toes. Simultaneously there may be fever in the front of the body, or over the entire body, sweating, thirst, nosebleeds, distention and pain of the stomach duct or swift digestion and rapid hungering. The tongue will be red with dry, yellow fur or, if there is damp-heat, with slimy, yellow fur, and the pulse is slippery and rapid, or surging, large and forceful.

B. VACUITY HEAT PATTERN

This pattern is generally due to the aftermath of a heat disease or yin vacuity internal heat from enduring disease. The signs seen include pain or soreness and weakness and a hot sensation along the course of the channel, possibly slight redness or slight swelling, or possibly wilting weakness without strength and impaired movement. Simultaneously there may be vexing heat of the five hearts, night sweating, a dry mouth with no desire for fluids, a fine and rapid pulse and a red tongue with little fur.

2. COLD PATTERNS (INCLUDING VACUITY COLD PATTERN AND COLD-DAMP PATTERN)

Often these are due to vacuity taxation disease with spleen and stomach yang vacuity, incorrect treatment damaging the stomach yang, excessive intake of raw or cold foods and fruits or contraction of cold-damp evil. The signs seen are pain and a cold sensation along the course of the channel, possibly numbness impediment, heaviness and cold, puffy swelling, impaired movement, glomus fullness and pain of the chest and abdomen, a preference for warmth and for pressure, a cold sensation in the front of the body, puffy swelling of the face, clear nasal discharge, a bland taste in the mouth, etc. There may simultaneously be an aversion to cold, shortage of qi and sloppy stools. The tongue is

pale with thin, white and glossy fur and the pulse is deep and slow or fine and moderate.

Besides these, if there is wind stroke in the lung and stomach channels, there may be deviation of the eyes and mouth, drooling from the corners of the mouth, etc. (i.e. facial nerve numbness impediment).

For those suffering from gastric ulcers, there may be pain with pressure or nodules on the back at pi shu (Spleen Shu, BL-20), wei shu (Stomach Shu, BL-21) or jian jing (Shoulder Well, GB-21).

Foot greater yin spleen channel

Course of the channel

Arising from the medial aspect of the big toe, the channel traverses the medial aspect of the foot along the red and white fleshy border. After passing the medial malleolus, it ascends anteromedially along the medial aspect of the tibia. It rises 8 cun, where it crosses and travels in front of the foot reverting yin liver channel. It crosses the medial aspect of the knee and runs up the anteromedial aspect of the thigh. It penetrates the abdomen to enter its home organ, the spleen, and net the stomach. It rises and passes through the diaphragm, passes ri yue (Sun and Moon, GB-24) on the foot lesser yang channel and qi men (Cycle Gate, LIV-14) on the foot reverting yin liver channel. It continues along the lateral aspect of the breast to zhou rong (All-around Flourishing, SP-20), and then descends again and travels to da bao (Great Embrace, SP-21). From da bao, it rises, connects with the throat and links with the root of the tongue, dispersing over the bottom of the tongue. One branch of the channel goes from the stomach up through the diaphragm to the center of the heart to connect with the hand lesser yin heart channel.

Pattern identification

The foot greater yin spleen channel homes to the spleen, nets the stomach and opens into the mouth. When the foot greater yin spleen channel

is diseased, the primary manifestations along the course of the channel are pain or puffy swelling, the emergence of sores or papules, wilting weakness and lack of strength or impaired movement in the big toe and foot, the anterior aspect of the medial malleolus, the anteromedial aspect of the leg, the abdomen, the chest and diaphragm, the area 6 cun below the axilla, the throat, the root of the tongue, below the tongue, the lips and the upper eyelid. Because the nature of the pathological change and the cause of the disease vary, the manifestations will vary. The commonly seen patterns are described below.

1. REPLETION HEAT PATTERNS

HEAT PATTERN AND DAMP PATTERN

The spleen is damp earth, hence repletion heat pattern is generally seen as damp-heat pattern. It may be due to externally contracted damp evil or heat evil, unclean food or excessive predilection for alcohol. The signs seen are pain and a hot sensation along the course of the channel, possibly with puffy swelling, heaviness and a lack of strength, the emergence of damp papules or red and swollen sores, or impaired movement. For example, erosion of the mouth and tongue, mouth gan in children (including inflammation of the mucous membranes and inflammation of the tongue), sores or damp papules emerging on the mouth and lips, pain and stiffness of the root of the tongue, a puffy red and painful swelling of the upper eyelid, yellowness of the eyes, distention, fullness and pain of the epigastrium and poor appetite. Simultaneously there may be sloppy stools and inhibited defecation, inhibited urination, yellow urine, yellow and slimy tongue fur and a tongue that may or may not be red. The pulse is slippery and rapid or fine and slippery. In women there may be thick yellow vaginal discharge.

2. COLD PATTERNS

A. COLD DAMP PATTERN

Signs include puffy swelling or heaviness and

pain along the course of the channel, white and slimy tongue fur and a deep and fine or soggy and fine pulse. (For more signs see viscera and bowel pattern identification, p. 288).

B. VACUITY COLD PATTERN

This pattern may be due to internal damage by taxation fatigue causing spleen yang vacuity, or excessive use of bitter and cold medicinal agents, or raw and cold food, damaging the spleen yang. The manifestations are soreness, weakness, pain and a cold sensation along the course of the channel, or pain that is reduced with warmth. Or there may be wilting weakness and lack of strength, and numbness impediment, puffy swelling or impaired movement. There may simultaneously be shortage of qi and lack of strength, aversion to cold, distention and swelling of the stomach duct and abdomen that occasionally diminishes, abdominal pain and sloppy diarrhea; in women there may be profuse menstruation that is pale and thin, and clear and thin vaginal discharge. The tongue is pale, fat and tender with toothmarks on the side while the tongue fur is white and moist. The pulse is slow and deep or fine and weak.

Hand lesser yin heart channel

Course of the channel

Arising from the center of the heart, the channel spreads over the heart system and meets with shan zhong (Chest Center, CV-17) on the conception vessel. From shan zhong it veers downward to pass through the diaphragm and net the small intestine. Another branch emerges from the heart system and traverses upward along the esophagus, connecting with the throat and then traveling up to the eye system, uniting at the inner canthus of the eye. The direct pathway goes from the heart system to shan zhong; and then it emerges from the chest and goes to the axilla, (ji quan [Highest Spring, HE-1]). It then travels down the posteromedial aspect of the upper arm to the cubital fossa. From here it

descends along the posterior border of the medial aspect of the forearm to the wrist crease, at the pisiform region. Here it enters the palm and goes to the little finger. It traverses the radial aspect of the little finger to the tip of the corner of the nail, where it connects with the hand greater yang small intestine channel.

Pattern identification

The hand lesser yin heart channel homes to the heart and nets the small intestine. When the hand lesser yin heart channel is diseased, the primary manifestations on the channel and the areas governed by the channel are various kinds of pain, the emergence of sores or impaired movement of the inner canthus of the eye, the tongue, the throat, the axilla, the posteromedial aspect of the arm, the hand and little finger. Because of different causes of disease and disease conditions, the manifestations will vary. The commonly seen patterns are described below.

1. REPLETION HEAT PATTERN

This pattern may be due to the seven emotions transforming into fire, the six excesses transforming into fire and entering the interior, or heat from other viscera and bowels influencing the heart channel. The signs seen are pain and a hot sensation along the course of the channel, and possibly the emergence of red, swollen, hot and painful sores or welling abscesses or impaired movement. For example, there may be inflammation, redness, swelling and pain of the inner canthus of the eye, yellow eyes, a stiff tongue with an inability to talk, sores on the tongue or tongue bleeding. In children, there may be protrusion and worrying of the tongue. There also may be sores and welling abscesses on the back in the area of the heart. There may simultaneously be heart vexation, a sensation of fright, delirious speech and insomnia. In women there may be profuse menstruation that is a fresh red color, and blood strangury. The tongue is red with yellow fur and the pulse is rapid and forceful.

2. YIN BLOOD VACUITY PATTERN

This pattern may be due to overthinking, chronic vacuity damage type disease, depletion and injury of the construction blood or profuse bleeding. The signs seen are heart palpitations, a tendency to be easily frightened, insomnia, soreness, weakness and lack of strength or pain and a hot sensation along the course of the channel, possibly numbness, wilting weakness, impaired movement, trembling, slight redness and swelling (such as chronic inflammation of the throat), a feverish sensation of the palms of the hands, a red tongue with little fur (yin vacuity) or a pale white tongue (blood vacuity), and a fine and rapid or fine and weak pulse.

3. COLD PATTERN

This pattern may be due to incorrect treatment or lack of treatment of a disease damaging the heart yang, or by vacuity taxation disease causing heart yang vacuity. The signs seen are pain and a cold sensation along the course of the channel, and possibly wilting impediment and lack of strength or impaired movement. There is fullness and pain of the chest and rib-side that radiates to the lumbus, back, shoulder, elbow and arm. In typical cases of angina pectoris, the pain can radiate to the medial aspect of the left arm, in accordance with the path of this channel. Simultaneously there may be a fear of cold, heart palpitations, shortness of breath or a panting cough. The tongue is pale with white fur or, if there is phlegm stasis obstructing, the tongue may be dark purple. The pulse is bound and regularly intermittent or fine, weak and rough.

Hand greater yang small intestine channel

Course of the channel

Arising from the tip of the little finger, the channel travels along the ulnar side of the hand and reaches the wrist where it emerges from the

styloid process of the ulna. Traveling straight, it ascends along the posterior aspect of the forearm where it reaches the area between the olecranon of the ulna and the medial epicondyle of the elbow and then continues on the posterolateral aspect of the upper arm, emerging behind the shoulder joint and circling around the inferior and superior fossae of the scapula to connect with da zhui (Great Hammer, GV-14) on the governing vessel. From da zhui it veers forward and enters at que pen (Empty Basin, ST-12). Here it divides, creating two branches: one branch travels toward the chest area where it nets the heart, passes through the diaphragm to the stomach and then descends to enter its home organ, the small intestine; one branch travels from que pen up the neck to the cheek and to the outer canthus of the eye, and then turns and enters the ear. Another branch goes from the cheek area and travels along the infraorbital ridge to the root of the nose and then enters the inner canthus of the eye. Here it meets with the foot greater yang bladder channel.

Pattern identification

The hand greater yang small intestine channel homes to the small intestine, nets the heart and connects with the stomach. When there is disease of the hand greater yang small intestine channel the primary manifestations are pain, or the emergence of sores, the emergence of damp papules or impaired movement along the course of the channel (i.e. in the inner canthus of the eye, the throat, the area in front of the ear, the angle of the mandible, the supraclavicular fossa, above the spine of the scapula, behind the shoulder, the posterior lateral aspect of the arm, the little finger and the right abdomen). Because of different disease causes and the different natures of disease, the manifestations will vary. Commonly seen patterns are described below.

1. HEAT PATTERNS

DAMP PATTERN AND HEAT PATTERN

These can be due to contraction of the evil of damp-heat, damp-heat of the spleen and stomach

influencing the small intestine, or heart fire descending and transferring to the small intestine. The signs seen include pain and a heat sensation on the course of the channel, the emergence of red, swollen, hot and painful sores or welling abscesses, the emergence of damp papules, or heaviness and swelling and impaired movement. For example, there may be inflammation, redness and swelling of the inner or outer canthus, yellowness of the eyes, ringing in the ears or deafness, a red, swollen, hot and painful throat impediment, erosion of the mouth and tongue, short and red urine, dribbling urinary block or blood in the urine, a red tongue tip and sides, yellow and slimy tongue fur and a slippery and rapid pulse.

2. COLD PATTERN

VACUITY COLD PATTERN

This pattern is generally due to spleen or kidney yang vacuity. The signs seen include pain and a cold sensation along the course of the channel, or soreness, weakness and a lack of strength, paralysis, frequent tearing of the eyes, clear, pale urine, sloppy stools, aversion to cold, a pale tongue with white fur and a fine and forceless pulse.

Foot greater yang urinary bladder channel

Course of the channel

Arising from the inner canthus of the eye, the channel rises to the forehead and up the vertex. One branch goes from the vertex to the upper corner of the ear. A vertical branch of the vessel from the vertex enters and nets the brain and then emerges and descends down the back of the nape of the neck, communicating with da zhui (Great Hammer, GV-14) and tao dao (Kiln Path, GV-13). It continues down, running medial to the scapula and parallel to the spine (1.5 cun away from the spine) to the lumbar area. Here it enters the body, following the paravertebral

muscles to connect with the internal viscera, netting the kidney and entering its organ, the urinary bladder.

Another branch from the lumbus descends and travels down the buttocks, passes over the back of the thigh and enters the popliteal fossa.

A third branch from da zhui passes down the medial border of the scapula, running parallel to the spine (3 cun away from the spine) and descends to the gluteal region. It meets with the foot lesser yang gallbladder channel point huan tiao (Jumping Round, GB-30), travels along the posterolateral aspect of the thigh and then meets with the previous branch at the popliteal fossa. From here it continues down the lower leg (through the gastrocnemius muscle), passes behind the external malleolus of the foot and then travels along the dorsum of the foot and along the lateral margin of the fifth metatarsal bone to the tip of the lateral aspect of the little toe, where it intersects with the foot lesser yin kidney channel.

Pattern identification

The foot greater yang urinary bladder channel homes to the urinary bladder and nets the kidney. When there is disease of the foot greater yang urinary bladder channel, the primary manifestations are pain, paralysis, puffy swelling or impaired movement along the channel (i.e. the eyes, the vertex of the head, the nape of the neck, the back, the lumbus, the sacral area, the femoral joint, the posterior lateral aspect of the leg, the popliteal fossa, the external malleolus, the heel, the little toe and the lower abdomen (the area of the urinary bladder). Different disease causes and disease circumstances result in different patterns. The commonly seen patterns are described below.

1. HEAT PATTERN

REPLETION HEAT PATTERN

This pattern may be due to contraction of the evils of damp-heat, the evil of wind-heat or heat in any other viscera or bowel influencing the urinary bladder. The signs seen are pain and a

heat sensation along the course of the channel, or extreme pain and hypertonicity, wilting weakness and lack of strength, the emergence of red, swollen, hot and painful sores or welling abscesses, the emergence of wind papules or damp papules, inhibited joints or impaired movement. For example, there may be yellowness of the eyes, distention and pain of the eyes, extreme pain of the back and lumbus, hot pain of the heel, hypertonicity or pain in the area of the urinary bladder, inhibited and red urination, dribbling urinary block or blood in the urine, a red tongue with yellow or yellow and glossy fur, and a rapid or slippery and rapid pulse, possibly complicated by fever, a dry mouth, etc.

2. COLD PATTERNS

A. REPLETION COLD PATTERN

This pattern is due to contraction of the evil of wind-cold or the evil of cold-damp. The signs seen are pain and a cold sensation along the course of the channel that is relieved by heat, or hypertonicity, stiffness and pain, heaviness and pain, or impaired movement. These are accompanied by a strong aversion to cold, mild fever, clear and long urine, moist, white tongue fur and a floating and tight or floating and slippery pulse.

B. VACUITY COLD PATTERN

This pattern is due to kidney yang vacuity or incorrect treatment damaging the yang. The signs seen are soreness and a lack of strength, pain and a sensation of cold or wilting impediment along the course of the channel. Simultaneously there is aversion to cold, clear and long urination, profuse urination or frequent and long urination, clear and pale urine, a pale tongue with moist white fur and a fine and weak pulse.

Foot lesser yin kidney channel

Course of the channel

Arising from the underside of the little toe, the

channel crosses the sole of the foot obliquely to yong quan (Cushing spring, KI-1). It emerges below the medial malleolus, travels behind the medial malleolus, curves around and enters the heel. It then ascends along the posteromedial aspect of the lower leg, meeting with san yin jiao (Three Yin Intersection, SP-6) of the foot greater yin. It continues to the medial aspect of the popliteal fossa, rises and travels along the posteromedial aspect of the thigh to the base of the spine where it meets the governing vessel at chang qiang (Long Strong, GV-1). It emerges again and passes through the perineum to the area of the lower abdomen around the umbilicus. Here it enters the kidney, and nets the urinary bladder.

A vertical branch rises from the kidney to the liver, crosses the diaphragm and enters the lung area; from here it travels along the throat to the root of the tongue.²

Another branch emerges from the lungs, nets the heart and disperses in the chest.

Pattern identification

The foot lesser yin kidney channel homes to the kidney, nets the urinary bladder, and has a connection with the liver, lung and triple burner organs. When there is disease of the foot lesser yin kidney channel, the primary manifestations are pain, soreness and weakness, wilting weakness and lack of strength or puffy edema along the course of the channel (i.e. the throat, the pupils, the chest [including the heart and lung], the lumbus, the lesser abdomen, the posterior inner aspect of the lower limbs, the heel and the sole of the foot). The diseases will vary according to the different disease causes and natures. The commonly seen patterns are described below.

1. VACUITY HEAT PATTERN

This pattern may be due to kidney yin vacuity weakness caused by diseases of a chronic or vacuity nature, to depletion injury of the yin fluids by diseases of a hot nature, by pre-

existing kidney yin vacuity or by damage from sexual activity. The signs seen are pain and a heat sensation, or soreness, wilting weakness and lack of strength along the course of the channel. For example, there may be soreness and pain of the lumbus and back, weakness and lack of strength in the knees, hot pain of the heel or sole of the foot, impaired movement of the little toe, slight redness, slight swelling and slight pain of the throat (e.g. chronic throat inflammation or tonsillitis), scrofula in the neck, dizziness and pain of the head, flowery eyes, reduced visual acuity (possibly cataracts), deafness or ringing in the ears, qi counterflow panting cough, heart vexation, occasional pain of the chest and rib-sides, insomnia, frequent dreaming, a dark complexion, frequent anger, forgetfulness, yellow-red urine, in women indeterminate menstrual periods with scanty bleeding and red blood, a red tongue with little fur and a fine, rapid and forceless pulse.

2. VACUITY COLD PATTERN

This pattern may be caused by constitutional yang vacuity, enduring disease damaging the kidney yang or excessive sexual intercourse damaging the kidney. The signs seen are pain and a cold sensation, and possibly puffy swelling or impaired movement along the course of the channel. For example, there may be head and eye dizziness, soreness and pain of the lumbus and back, puffy swelling of the posteromedial aspect of the lower limb, cold feet, distention, fullness or hypertonicity of the lesser abdomen, as well as qi rising counterflow with panting cough, chest pain, shortness of breath, a tendency to be easily frightened, a predilection for lying down, and yang wilt. This is accompanied by a fear of cold, clear and long urination, inhibited urination or dribbling urinary block, and fifth watch diarrhea. In women, the amount of the menstrual flow is scanty, the color is pale, and the menses are delayed or irregular. The tongue is pale, tender and fat, the fur is thin and moist and the pulse is deep and slow or fine and weak.

Hand reverting yin pericardium channel

Course of the channel

Arising in the chest, the channel emerges and homes to the pericardium network. It then descends through the area of shan zhong (Chest Center, CV-17), passes through the diaphragm, and nets with the upper, middle and lower burner. Another branch of the vessel goes from the area of shan zhong and branches out, emerging at the rib-side 3 cun below the axilla. Ascending to the axilla, it travels along the arm in the medial midline (between the hand greater yin and hand lesser yin channels) to the tip of the middle finger.

A branch separates from the palm of the hand and travels along the lateral aspect of the fourth finger (the finger with no name) to its tip. Here it communicates with the hand lesser yang triple burner channel.

Pattern identification

The hand reverting yin pericardium channel homes to the pericardium network, which refers to the tissue surrounding the outside of the heart. The heart does not contract evil; rather the wrapper network carries it. In fact, the manifestations of disease patterns of the pericardium and diseases of the heart are the same and the channel and network disease patterns also can influence each other.

When there is disease of the hand reverting yin pericardium channel, the primary manifestations are pain, paralysis or impaired movement along the course of the channel (i.e. the chest center, the area below the axilla, the middle area of the medial aspect of the upper limb, the palm, the middle finger or the finger without a name [the fourth finger]). The patterns will vary according to the different disease causes and the different natures of the diseases. Commonly seen patterns are described below.

1. HEAT PATTERNS

A. REPLETION HEAT PATTERN

This pattern may be due to contraction of seasonal evil disease toxins or the transformation of the five minds into fire damaging the pericardium network. The signs seen are the emergence of red, swollen, hot and painful sores and welling abscesses below the axilla, or pain and a sensation of heat, red, swollen, hot and painful sores and welling abscesses or impaired movement along the course of the channel. For example, there may be redness, swelling and inflammation of the inner and outer canthus of the eye, sores or spontaneous bleeding of the tongue, an inability to speak, intense heat or pain in the heart, heart palpitations, in extreme cases there may be essence-spirit signs such as clouded spirit and delirious speech, or vexation, derangement and a sensation of fright, with crying, swearing or abuse. The tongue is red and the fur yellow while the pulse is rapid and forceful.

B. VACUITY HEAT PATTERN

This pattern is due to yin vacuity fire effulgence. The signs seen are weakness, pain and a hot sensation, wilting impediment and lack of strength or impaired movement along the course of the channel, with possibly a slightly swollen and slightly painful throat, the emergence of heat from the palms, night sweating, insomnia, a red tongue with little fur and a fine and rapid pulse.

2. COLD PATTERN

VACUITY COLD PATTERN

This pattern is due to heart yang vacuity and weakness. The signs seen are pain and cold, paralysis or hypertonicity along the course of the channel. There are simultaneously heart palpitations, panting, aversion to cold, a pale tongue with white and glossy fur and a fine and weak or bound and regularly intermittent pulse.

(For further details, see the hand lesser yin heart channel, p. 311).

Hand lesser yang triple burner channel

Course of the channel

Arising from the ulnar side of the finger without a name (the fourth finger) the channel travels along the dorsum of the hand, passing between the fourth and fifth metacarpal bones to the outside of the wrist. It continues up the dorsal aspect of the forearm between the radius and the ulna, passes through the olecranon of the elbow and then travels up the posterior midline of the upper arm to the back of the shoulder, where it intersects with the hand greater yang channel at *bing feng* (Grasping the Wind, SI-12) and the foot lesser yang channel at *jian jing* (Shoulder Well, GB-21). It winds around the supraclavicular fossa, then spreads between the breasts and intersects with the conception vessel at *shan zhong* (Chest Center, CV-17). Here it separates and creates two branches: one branch nets the pericardium and travels downward passing through the diaphragm and homing to the upper, middle and lower burners of the triple burner; the other branch from *shan zhong* emerges from the supraclavicular fossa and intersects with the governing vessel at *da zhui* (Great Hammer, GV-14) and then veers back and rises up the neck, travels behind the ear, and up to the corner of the head. It then turns down to the cheek and ends below the eye. Another branch separates from behind the ear, enters the ear, emerges again in front of the ear, spreads over the cheek and reaches the outer canthus, where it intersects with the foot lesser yang gallbladder channel.

Pattern identification

The hand lesser yang triple burner channel homes to the triple burner, comprising the upper burner, the middle burner and the lower burner. Because it is related to all of the other viscera and bowels, it is necessary therefore to analyze it

in conjunction with the content of pattern identification of the other channels and networks and viscera and bowels.

When there is disease of the hand lesser yang triple burner channel, there is pain, either acute or dull, puffy swelling, sores or welling abscesses, wind papules or damp papules, impaired movement, paralysis, wilting weakness or hypertonicity along the course of the channel (i.e. in front of or behind the ear, in the finger without a name [the fourth finger], the little finger, the chest and rib-side, the upper abdomen, the lower abdomen, etc.). Patterns will vary according to different disease causes and the different locations of disease. The following are disease changes that occur in the channel itself.

1. HEAT PATTERNS

A. REPLETION HEAT PATTERN

This pattern may emerge owing to external contraction of the six excesses transforming into heat or fire, to damage from the seven affects or to influence from repletion heat patterns in the other viscera and bowels. The signs seen are pain with a hot sensation, red, swollen hot and painful sores, impaired movement or red papules along the course of the channel. For example, there may be ringing in the ear or deafness, painful sores or flowing of pus in the ear (inner ear inflammation or inflamed sores in the passage of the outer ear), throat wind, throat impediment (acute throat inflammation, pus and swelling of the throat, tonsillitis, etc.), hoarse voice, swelling and pain of the cheeks (e.g. mumps), headache, as well as a variety of bleeding patterns, essence-spirit agitation patterns, pox papules, a red tongue with yellow or yellow and dry fur and a slippery and rapid or large and forceless pulse.

B. VACUITY HEAT PATTERN

This pattern can arise from a variety of diseases that injure the yin blood. The signs seen are soreness, weakness and lack of strength, paralysis,

pain or slightly red, swollen and painful sores, or impaired movement along the course of the channel accompanied by vexing heat of the five hearts, night sweating, a red tongue with little fur and a fine and rapid pulse.

2. COLD PATTERNS

A. VACUITY COLD PATTERN

This pattern may be due to systemic yang vacuity, to enduring disease causing yang vacuity or to incorrect treatment damaging the yang. The signs seen are pain with a cold sensation, unbearable numbness, impaired movement, diffuse swelling, or changes in color along the course of the channel. There is simultaneously dizziness of the head and eyes, aversion to cold, sloppy diarrhea, possibly vomiting, a shortness of breath or panting, etc. The tongue is pale with white and moist fur and the pulse is deep and slow or fine and weak.

B. REPLETION COLD PATTERN

This pattern may be due to contraction of the evil of wind-cold, to the evil of wind-damp or to the internal engendering of cold due to yang vacuity. The signs seen are pain with cold, hypertonicity, heavy pain, or puffy swelling along the course of the channel. There is simultaneously an aversion to cold, no sweating, fever or no fever, a floating and tight, floating and slippery or string-like and tight pulse. The tongue fur is white and glossy.

Foot lesser yang gallbladder channel

Course of the channel

Arising from the outer canthus of the eye, the channel rises to the area of the corner of the head, then curves and spreads in front of and behind the ear. One branch, from behind the ear, enters the ear, emerges again in front of the ear and goes to the posterior aspect of the outer

canthus. It then travels from the outer canthus down to the angle of the mandible, turns back up to the infraorbital region and then turns and descends again to the neck through the angle of the mandible. From behind the ear, another branch descends to the shoulder region (jian jing, Shoulder Well, GB-21) and then emerges to intersect with da zhui (Great Hammer, GV-14) on the governing vessel, with da zhu (Great Shuttle, BL-11) on the foot greater yang and bing feng (Grasping the Wind, SI-12) on the hand greater yang. From here it continues on and enters the supraclavicular fossa to intersect with the previous vessel. Here it again divides and creates two branches. One branch enters the chest, passes through the diaphragm, nets the liver and homes to the gallbladder; it then travels along the abdomen to the inguinal region, where it skirts around the genitals and then enters the hip joint. The other branch, from the axillary fold, spreads over the chest and lateral aspect of the abdomen. The two branches intersect at the hip joint and then travel down the midline of the lateral aspect of the leg, passing in front of the external malleolus down to the lateral aspect of the fourth toe. A further small branch simultaneously travels along the dorsum of the foot to the distal aspect of the nail of the big toe where it intersects with the foot reverting yin liver channel.³

Pattern identification

The foot lesser yang gallbladder channel homes to the gallbladder and nets the liver. When there is disease of the foot lesser yang gallbladder channel the primary manifestations are pain, swelling, sores and papules, paralysis, wilting weakness with a lack of strength or impaired movement along the course of the channel (i.e. both sides of the head, the outer canthus of the eye [including the dark of the eye], in front of, behind and inside the ear, the angle of the mandible, the throat, the neck, the supraclavicular fossa, the chest and rib-side, the area below the axilla, the lesser abdomen, the inguinal region, the anterior yin [the genitals], the hip joint, the midline of the lateral aspect of

the leg, the front of the external malleolus and the joints and the fourth and fifth toes). As there are different disease causes and the nature of disease varies, the patterns will vary. The commonly seen patterns are described below.

1. REPLETION HEAT PATTERN (INCLUDING DAMP-HEAT)

This pattern may arise from external contraction of the six excesses, from internal damage by the seven emotions, or from unclean foods. The signs seen are pain and a hot sensation, wilting weakness with a lack of strength, heavy pain, distending pain, the emergence of toxic, red, swollen, hot and painful sores, the emergence of damp papules or impaired movement along the course of the channel. For example, there may be hemilateral headache, yellowness of the eyes, pain of the outer canthus, disease of the dark of the eyes (e.g. keratitis, acute glaucoma), swelling and pain of the throat, ringing in the ear, deafness, mumps, qi fullness within the abdomen, distention, fullness and pain of the chest and rib-side, a bitter taste in the mouth, a tendency to sigh, a red tongue with yellow or yellow and slimy fur, and a pulse that is string-like, slippery and rapid. Simultaneously there is alternating cold and heat.

2. VACUITY HEAT PATTERN

This pattern is due to yin vacuity or yin blood vacuity. The signs seen are soreness, weakness and lack of strength, wilting impediment and numbness or impaired movement along the course of the channel. There is simultaneously dizziness of the head and eyes, slight pain and slight redness of the darks of the eyes, dim vision (e.g. chronic glaucoma, chronic cyclitis), slight redness, swelling and pain of the throat, scrofula, phlegm nodes and saber lumps in the neck, ringing in the ear, deafness, insomnia, a tendency to be easily frightened, hypertonicity and pain on either side of the body, a pale white tongue or a red tongue with little fur, and a fine and weak or fine and rapid pulse.

Foot reverting yin liver channel

Course of the channel

Arising from the lateral aspect of the great toe, the channel travels along the dorsum of the foot to 1 cun in front of the medial malleolus. It rises up 8 cun from the medial malleolus, where it crosses behind the foot greater yin channel. It then rises further and passes through the medial side of the knee and along the inner aspect of the thigh. It enters the pubic region, skirts around the genitals to the lesser abdomen, rises to connect with the stomach, and then homes to the liver and nets the gallbladder. It continues to rise, passing through the diaphragm, scattering over the rib-side, and then traveling to the posterior aspect of the throat to the nasopharynx where it meets the eye system. It then emerges from the forehead and meets the governing vessel at the vertex. One branch of the vessel, from the eye system, descends to the cheeks and encircles the inside of the lips. Another branch of the vessel, from the liver, passes through the diaphragm, runs into the lung and descends into the middle burner to connect with the hand greater yin lung channel.

Pattern identification

The foot reverting yin liver channel homes to the liver, nets the gallbladder and has a relationship with the stomach. When there is disease of the foot reverting yin liver channel the primary manifestations are pain, distending pain, hypertonicity, sores, wilting weakness with a lack of strength, paralysis or impaired movement along the course of the channel (i.e. the vertex of the head, the darks of the eyes, the throat, the chest and rib-side, the area of the stomach duct, the lesser abdomen, the anterior yin [genitals] and testicles, the inguinal region, the posterior medial aspect of the leg, the inner aspect of the dorsum of the foot and the great toe). Because there are different disease causes and the nature of disease varies, the patterns will vary. Commonly seen patterns are described below.

1. HEAT PATTERNS

A. REPLETION HEAT

This pattern may be due to depressed anger or the five minds transforming into fire, to external contraction of the six excesses transforming into fire and turning to the liver channel, or to heat type diseases of the other viscera and bowels influencing the liver channel. The signs seen are pain with a hot sensation, distention and pain, swelling and pain, red, swollen hot and painful sores or welling abscesses, or hypertonicity of the tendons along the course of the channel. For example, there may be distending pain of the vertex of the head, redness of the eyes, redness, swelling and inflammation of the darks of the eyes (e.g. acute purulent keratitis, acute glaucoma, acute iridocyclitis), concretions and conglomerations, swelling and pain of the throat, swelling and pain of the testicles with sagging distention, vomiting and spitting of sour matter, impaired movement or pain of the great toe and menstrual irregularities or menstrual blood that is bright red in color. The tongue is red with yellow fur and the pulse is string-like and rapid; in addition, there is ringing in the ear, deafness, etc.

B. VACUITY HEAT PATTERN

This pattern may be due to enduring disease, to vacuity taxation disease depleting the yin blood, or it may be an aftermath of hot-natured diseases damaging the liver yin. The signs seen are sore pain, pain with a heat sensation, wilting weakness and a lack of strength or hypertonicity, slight redness and slight swelling or impaired movement along the course of the channel. For example, there may be headache, head and eye dizziness, dim vision, dry and painful throat, hypertonicity of the lesser abdomen, a black face, etc. Women will have scanty menstruation that arrives late and is bright red. The tongue is pale white or red with little fur and the pulse is string-like, fine and rapid.

2. COLD PATTERN

This pattern is due to contraction of cold evil or

to cold in the other viscera influencing the liver channel. The signs seen are foxy mounting⁴ or mounting qi pain (acute pain in the lesser abdomen referring to the testicles), pain with a cold sensation, hypertonicity and pain, or impaired movement along the course of the channel, vomiting of drool, headache, moist, white tongue fur and a tight and string-like pulse. In addition, individuals suffering from liver and gallbladder problems may manifest pain, pain with pressure or soreness at qi men (Cycle Gate, LIV-14), ri yue (Sun and Moon, GB-24) and other points.

APPENDIX: Ling Shu: Jing Mai Pian

Hand greater yin lung channel

When there is disease of the lung channel there is distention and fullness, gurgling and panting, pain at que pen (Empty Basin, ST-12). When severe there is crossing of the two arms, which is reversal cold in the arms. If the disease is engendered by the governing of the lung, there is rising qi cough, panting, thirst, vexed heart, chest fullness, pain and reverting cold of the anterior medial aspect of the arm and heat in the palms. If there is qi exuberance with surplus, then there is pain of the shoulder and back. If there is wind-cold, there is sweat, wind stroke and frequent and scanty urination. If there is qi vacuity, there is pain and cold of the shoulder and back, shortage of qi with an inability to catch one's breath, and changes in the color of the urine.

Foot yang brightness large intestine channel

If there is channel disease, there is pain in the teeth and swelling of the neck. If the disease is engendered by the governing of body fluids, there is yellowness of the eyes, dry mouth, clear or bloody discharge, throat impediment, soggy pain of the anterior shoulder and inability to use the index finger. If there is a surplus of qi, then there is heat and swelling along the channel. If there is vacuity, then there is cold that does not recover.

Foot yang brightness stomach channel

If there is disease of the channel, there may be quivering with cold, desire to groan, yawning, (and a

dark color. During the disease, there may be an aversion to people and to fire, fear and fright at the sound of wood,⁵ stirring of the heart, remaining alone in a location with the door and windows closed. When extreme, there is a desire to climb high and sing, to remove clothing, and travel, and gurgling and abdominal distention. If the disease is engendered by the governing of blood, there is mania, malaria, warm excess, sweat exiting, nose bleeding, deviated mouth, lip papules, neck swelling, throat impediment, water-swelling large abdomen, swelling and pain of the knees, pain around the breasts, around qi chong (Qi Thoroughfare, ST-30), fu tu (Crouching Rabbit, ST-32), the lateral aspect of the lower leg, or the dorsum of the foot, or inability to use the middle toe. If qi is exuberant, there is heat along the front of the body and its surplus is in the stomach resulting in swift digestion with rapid hungering; the urine color is yellow. If qi is insufficient, then there is cold over the front of the body, and cold in the stomach resulting in abdominal fullness.

Foot greater yin spleen channel

If there is disease of the channel, then the root of the tongue is stiff, food causes vomiting, there is pain of the stomach duct, abdominal distention, belching, relief after defecation or flatus, disgruntlement and heaviness of the body. If the disease is engendered primarily by the spleen, there is pain in the root of the tongue, the body is unable to move, food does not descend, heart vexation, acute pain below the heart, cold malaria, sloppy diarrhea, water block, jaundice, inability to lie down, forcing standing, swelling and reverting cold inside the thigh and knee, and inability to use the great toe. If there is exuberance, the inch opening (radial pulse) is three times as large as ren ying (Man's Prognosis, ST-9). If there is vacuity, the inch opening (radial pulse) is smaller than ren ying.

Hand lesser yin heart channel

If there is disease of the channel there is dry throat, heart pain, and thirst with a desire for beverages. This is reverting cold of the arm. If the disease is engendered primarily by the heart, there is yellowness of the eyes, rib-side pain, pain and reverting cold of the posteromedial aspect of the arm, and heat in the center of the palms. If there is exuberance, the inch opening (radial pulse) exceeds ren ying (Man's Prognosis, ST-9). If there is vacuity, then the inch opening (radial pulse) is smaller than ren ying.

Hand greater yang small intestine channel

If there is disease of this channel, there is pain in the throat, swelling of the jaw, inability to turn the head, severe pain of the shoulder, and severe pain of the arm. If the disease is engendered primarily by fluids, there is deafness, yellowness of the eyes, cheek swelling, and pain in the nape of the neck, the shoulder, and the back of the elbow and arm. If there is exuberance, then ren ying (Man's Prognosis, ST-9) is larger than the inch opening (radial pulse). If there is vacuity, then ren ying is smaller than the inch opening (radial pulse).

Foot greater yang urinary bladder channel

There is disease of the channel when there is surging headache, eyes that seem as if they are deserting (protruding), neck that seems as if it is stretched, pain of the spinal column, lumbus that seems as if it is broken, inability to stretch the thigh, binding sensation of the popliteal fossa and tearing pain of the calf. If the disease is engendered by the governing of the sinews, there are hemorrhoids, mania and withdrawal, pain of the head and neck, yellowness of the eyes, tearing of the eyes, sniveling and nosebleed, pain of the nape, the back, the lumbus, the sacrum, the popliteal fossa, the calf and the dorsum of the foot, and inability to use the small toe. If there is exuberance, then ren ying (Man's Prognosis, ST-9) is larger than the inch opening (radial pulse). If there is vacuity, then ren ying is smaller than the inch opening (radial pulse).

Foot lesser yin kidney channel

If there is disease of the channel, then there is no desire for food, the face is like dark lacquer, coughing with blood, breathlessness and panting, desire to rise when sitting, eyes that are dim as if they cannot see, the heart seems as if it is suspended, and possibly sensations of hunger. If qi is insufficient, then there is a tendency to fear, and the heart is cautious as if someone is about to plunder it. This is reverting cold of the bone. If the disease is engendered by the governing of the kidney, then there is heat in the mouth, dry tongue, swollen throat, rising of qi, dry and painful throat, heart vexation, heart pain, jaundice, intestinal aggregation, pain on the posteromedial aspect of the thigh, wilting reversal, predilection for lying down, and heat and pain on the bottom of the feet. If there is exuberance, then the inch opening (radial pulse) is larger than ren ying (Man's

Prognosis, ST-9). If there is vacuity, then the inch opening (radial pulse) is smaller than ren ying.

Foot reverting yin pericardium channel

If there is disease of the channel, then there is heat in the hands and heart, hypertonicity of the arm and elbow, swelling of the axilla, if extreme then there is propping fullness of the chest and rib-side, agitation and stirring of the heart, red face, yellow eyes, and a tendency to laugh uncontrollably. If the disease is engendered by the governing of the vessels, then there is heart vexation, heart pain and heat in the palms. If there is exuberance, then the inch opening (radial pulse) is twice as large as ren ying (Man's Prognosis, ST-9). If there is vacuity, then the inch opening (radial pulse) is smaller than ren ying.

Hand lesser yang triple burner channel

If there is disease of the channel, then there is deafness, swelling of the throat and throat impediment. If the disease is engendered by the governing of qi, then there is sweat, pain in the eye socket, swelling of the cheek, pain behind the ear and on the outer aspect of the shoulder, the arm and the elbow, and inability to use the little finger. If there is exuberance, then ren ying (Man's Prognosis, ST-9) is twice as large as the inch opening (radial pulse). If there is vacuity then ren ying is smaller than the inch opening (radial pulse).

Foot lesser yang gallbladder channel

If there is disease of the channel, there is bitterness in the mouth, a tendency to sigh, pain of the heart and rib-side, an inability to turn to the side, if extreme then the face is slightly dusty, the body lacks luster, and there is heat on the outside of the feet. This is yang reverting. If the disease is engendered by the governing of the bone, then there is headache, pain of the mandible, pain of the eye socket, swelling and pain of the supraclavicular fossa, swelling below the axilla, saber and pearl-string lumps, sweating and quivering with cold, cold malaria, pain in the chest, the rib-side, the lateral side of the thigh and knee to the lower leg, in front of the external malleolus and in the joints, and inability to use the small toe. If there is exuberance, then ren ying (Man's Prognosis, ST-9) is twice as large as the inch opening (radial pulse). If there is vacuity, then ren ying is smaller than the inch opening (radial pulse).

Foot reverting yin liver channel

If there is disease of the channel, then there is pain of the lumbus that inhibits stretching, mounting of the scrotum in men, swelling of the lesser abdomen in women, when extreme there is a dry throat, and the face is a dusty, deserting color. If the disease is engendered by the governing of the liver, then there is fullness of the chest, counterflow vomiting, swell diarrhea, foxy mounting and enuresis or dribbling urinary block. If there is exuberance, then the inch opening is twice as large as ren ying (Man's Prognosis, ST-9). If there is vacuity, then the inch opening (radial pulse) is smaller than ren ying.

NOTES

1. 是动病 *shì dòng bìng* 'when this is stirred' refers to disease patterns that arise when the channel in question is affected.
所生病 *sǒ shēng bìng* 'produced by this' refers to disease patterns that are produced by a given bowel or viscus.
2. It is interesting to note that the Chinese texts do not describe the kidney channel as traveling up the abdomen 0.5 cun lateral to the conception vessel and over the chest 2 cun lateral to the conception vessel, but rather describe the area that is covered by the channel. The points may indeed lie at these given distances from the conception vessel; however, the channel is not limited to this area.
3. As with the kidney channel, it is interesting to note that Chinese texts do not describe the channel as traveling behind the ear and then returning back up the head and then turning and descending back down to feng chi (Wind Pool, GB-20), as the pictures draw it. I believe that this convention of thinking about the path of the channel in this way stems from the modern system of numbering the points on the channel and then 'connecting the dots.' It is more appropriate to think of the channel as a larger, broader entity that simply is scattered over the area in front of and behind the ear and that there are points in that area. However, the points do not necessarily follow a numerical sequence that creates two lines, as we have come to understand the gallbladder channel.
4. Hú Shàn 狐疝 'Protrusion of the small intestine into the scrotum. The intestine retracts periodically of its own accord and can be drawn back in by the patient himself in lying posture. The name derives from the sly, unpredictable way in which the intestine slides in and out of the scrotum, resembling the way in which a fox

slyly slips in and out of its lair.' Wiseman N, Feng Ye 1998
A Practical Dictionary of Chinese Medicine. Paradigm
Publications, Brookline, MA, p. 226.

5. This refers to the sound that is ascribed to wood in the
five phases.

Comprehensive application of pattern identification methods

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The seven methods of pattern identification described in the previous section come from a variety of different ways of understanding disease and each one includes rules concerning pattern identification. The methods of pattern identification were created step by step from the clinical experiences encountered by the various theoretical schools and scholars, and they are used to supplement each other. The eight principle method of pattern identification precedes all of the others and also is within all of the others. But, when in front of a patient, how are these many methods of pattern identification used so as to approach the identification of patterns and identify treatment in a concrete manner? This section focuses upon this question.

Looking at the question from the angle of the disease, internal medicine, external medicine, gynecology, pediatrics and other clinical medical departments each had their own characteristics of examination and diagnosis. For example, it is only in external medicine's skin diseases that there is examination and diagnosis of the clinical identification of

welling abscesses, flat abscesses, sores and open sores; it is only in ophthalmology that there is examination and diagnosis of internal obstructions of the eye, external obstructions of the eye and the five wheels of the eye. Each of these is ascribed to the breadth of different disease differentiations, which will be discussed in a later section. Looking at the question from the angle of pattern identification, there are methods of pattern identification that are common to all branches of medicine. In order to simplify the matter, one ought to combine and sum up the various methods of pattern identification. This can be done according to the disease categories of Zhang Zhong Jing – that is, the larger categories of pattern identification according to external contraction and pattern identification of miscellaneous diseases. This is to say, in terms of clarifying and mastering the fundamentals of the previously described seven methods of pattern identification, one should take one's own clinical practice and experience and blend the seven methods of pattern identification while using the guiding

principles of the two large categories. In this way, they will be much more convenient to use and advance in terms of pattern identification and treatment.

Essentials of pattern identification of external diseases

12

In the previous section, pattern identification of external disease was discussed in terms of the disease cause and pattern identification methods of six excesses pattern identification, six channel pattern identification, defense, qi, construction and blood pattern identification and triple burner pattern identification. In terms of historical development, the first was the six channel pattern identification of the damage by cold school. It was in the Qing Dynasty (1644–1911) that the defense, qi, construction and blood pattern identification and triple burner pattern identification were developed by the warm disease school. The six excesses pattern identification was developed after the

founding of China' according to the disease mechanism of the six excesses as they were summed up from clinical experience. The development of pattern identification from the six channel pattern identification to the two methods of pattern identification of warm disease was the result of a direct historical path. All three follow the principles of efficacious pattern identification and all are methods of pattern identification that take the external contraction of disease as their target. Although pattern identification of the six excesses must be known by physicians, within the system of pattern identification and treatment it takes a secondary position.

Pattern identification of externally contracted disease can be unified

In the past, it was generally felt that cold damage and warm disease were as different as fire and water and that the two methods of pattern identification could not be unified. In fact, the Nan Jing states: 'Cold damage, there are five,' already taking warm disease and ascribing it to cold damage. Zhang Zhong Jing continued the essential spirit of the Nei Jing: Re Lun and the Nan Jing and produced the Shang Han Lun. Therefore, within the Shang Han Lun, about the description of warm disease it states: 'Greater

yang disease, fever and thirst, no aversion to cold is warm disease. If there is sweat, and the body is scorching hot, this is called wind warm.' However, due to the limitations of the time, Zhang Zhong Jing's discussion detailed only damage by cold and simply sketched warm disease. The pattern identification and treatment of warm diseases were not developed until a later time, with the development of the scholars of the warm disease school. In the past, the two schools argued incessantly

but, in fact, each had its own form. Therefore it is imperative to take the form of each school and unify them clinically in the scope of external contraction of disease, from the point of view of increasing pattern identification. So as to go a step further in explaining the possibility and necessity of uniting pattern identification, we will begin the analysis from the disease causes and disease mechanisms of externally contracted disease.

Common points of disease cause

Prior to the Jin (Tartar) Dynasty (1115–1234) the beliefs concerning the disease causes for externally contracted disease were: (1) strike of wind-cold occurs during the winter season; (2) contraction and the immediate emergence of disease is cold damage, while no immediate disease but emerging in spring is warm disease; (3) not storing essence in the winter and then disease emerging in the spring is warm disease; (4) the appearance of a given qi (weather) outside of its season can engender seasonal disease. In sum, if an individual's body is not able to accommodate changes in the weather or environment, then an external evil can enter through the skin and body hair and cause externally contracted disease.

In the Ming Dynasty (1368–1644) Wu You Ke believed that the qi of external evil epidemics and miscellaneous qi entered through the mouth and nose and resulted in the emergence of scourge epidemic diseases.

In the Qing Dynasty (1644–1911) Wu Ju Tong summed up the theories of previous individuals in the *Wen Bing Tiao Bian*. Concerning the causes of external contraction, there were: (1) changes in weather and environment (natural disasters, shortage, war, fire, etc.); (2) insufficiency of right qi not refusing evil (damage by cold in winter, not storing essence in winter); (3) damage by disease matter and substances (epidemic qi, miscellaneous qi). This is a relatively complete discussion of externally contracted disease causes.

Common points of disease mechanism

The six channels of cold damage comprise a pathway of transmission of the disease evil from the three yang to the three yin, from exterior to interior. The warm disease aspects of defense, qi, construction and blood and the three burners are also pathways for the transmission of disease evil from exterior to interior. According to the *Shang Han Lun*, heat entering the interior is yang brightness. According to warm disease, going from the exterior (defense, upper burner) and entering the interior is the qi aspect or the middle burner. The governing pattern of the three is the same. It is simply that the warm disease school supplemented the content a great deal.

Disease caused by warm and by cold is not simply created and then unchanging. The theory of Liu He Jian that the six qi all transform into fire has already been accepted by later physicians. Beginning from this, and broadening one's outlook, and looking from the point of view of the classic texts and of clinical experience, warm disease also has patterns of transformation to cold. That the *Wen Bing Tiao Bian* chapters on the middle burner and lower burner both have treatments for cold-damp patterns is proof of this. In sum, the invasions of the evil qi of the six excesses, as far as the human body is concerned, are all pathways of transmission from exterior to interior. To compare the six disease mechanisms of the six channels, the defense, qi, construction and blood and the triple burner, see Fig 12.1.

From the figure it can be seen that the knowledge concerning the pattern identification of the disease evil from the exterior to the interior is the same and that the signs of yang brightness, the middle burner and the qi aspect are also basically the same. However, the three also have their areas of difference, which means that the three methods of pattern identification each have their strengths and weaknesses and so it is necessary to unify them so that they may supplement each other and so as to reach a relatively comprehensive result.

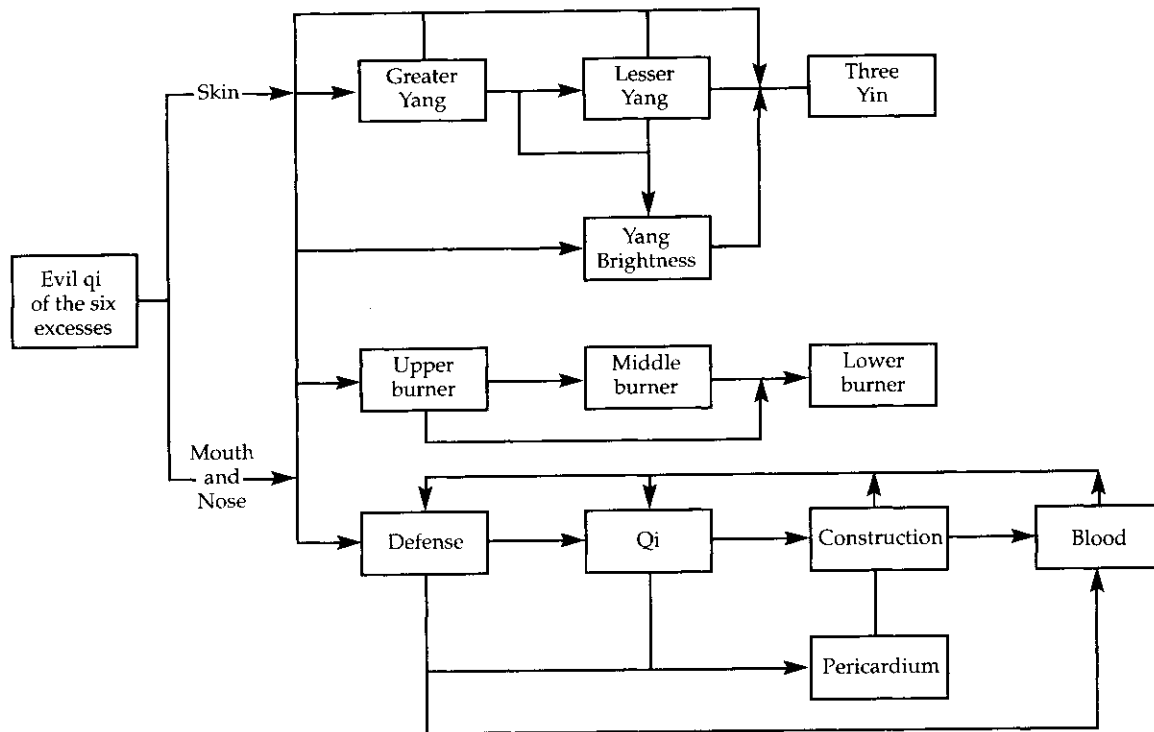


Fig. 12.1 Disease mechanisms of the six channels, four aspects and triple burner.

Unifying principles of pattern identification of externally contracted disease

How can one unify these principles? In the past, there were several strategies for this: (1) take the six channels as the unifying principles; (2) take defense, qi, construction and blood as the unifying principles; (3) take exterior and interior, cold and heat, vacuity and repletion as the unifying principles.

Since the founding of China there have been many reports concerning the success of Chinese medicine pattern identification and treatment for a variety of infectious diseases based on the external contraction of disease. Among these, the majority chose to use the warm disease theory of pattern identification and determination of treatment. The Chong Qing Chinese Medicine Research Institute held a discussion concerning the rules for pattern identification and deter-

mination of treatment of 2391 examples of heat disease in the internal medicine department. They discovered that, among the 2391 cases, in 1896 cases, or 79.29%, it was suitable to use defense, qi, construction and blood pattern identification. In 170 cases, or 7.11%, it was suitable to use six channel pattern identification and in 325 cases, or 13.6%, it was suitable to use viscera and bowel pattern identification. Each of these three methods of pattern identification has its own characteristics that made it appropriate for use among the more than 2000 cases: (1) the cases where it was suitable to use viscera and bowel pattern identification generally were ascribed to secondary infection of basic miscellaneous diseases; (2) the cases where it was suitable to use six channel pattern identification were all ascribed to patterns of the three yang channels and, within the patterns of the three yang, the number of lesser yang patterns was the greatest; (3) there were only eight varieties of infectious disease, which, in fact, is a small number of the total varieties of infectious

disease. However, the majority of infectious diseases are suitable for using warm disease pattern identification. The Shan Xi Province Chinese Medicine Research Institute summarized its experience of the pattern identification and determination of treatment of 657 cases of leptospirosis.² The identification of patterns and determination of treatment were according to one of the following patterns of warm disease: damp-warm, summerheat-warm, latent summerheat, warm-dryness, warm jaundice, warm toxin or summerheat tetany. Clinically, the majority of other infectious diseases, such as encephalitis B, epidemic cerebrospinal meningitis and scarlet fever, also take the warm disease theory to differentiate patterns and determine treatment.

Looking back in history, it can be seen that the perceived dynamics of damage according to the cold school and the warm disease school gradually came closer together. In order to discuss the areas of unity, the strong points and the drawbacks of each, Fig 12.2 represents the unifying principles of pattern identification of externally contracted disease. This is only an outline that is based upon the classical literature, the last 30 years of clinical research and our own clinical experience. It is not comprehensive.

The course of transmission of externally contracted disease follows definite rules, which the ancient people called 'channel passage' or 'shifts.' This is a valuable theory that comes from combining the 'principle of a dynamic state,' the 'principle of correspondence between man and the heavens' and the 'principle of a whole body,' which were developed by China's scholars. The transmission of disease is determined by the following three conditions: (1) the nature of the evil and the influence of the environment, (2) the nature of the sufferer's body, and (3) the obtaining of care and treatment. The influence of the above conditions may cause the manifestation of the pattern or the transmission of disease to take many forms. If one can flexibly grasp the above principles of pattern identification, then everything falls into place. Since the concrete signs of patterns and the analysis of the tongue and pulse have already been explained, they will not be dis-

cussed again here. However, there are several points that should be emphasized.

Combining pattern identification and the identification of disease

In addition to the symptoms, the pulse and the tongue, the identification of disease of externally contracted diseases often also has a very close relationship with the weather. For example, cold damage generally emerges in the winter season. Wind-warm pattern generally develops in the spring. Sudden arisal in the spring of heat emerging from the interior generally indicates spring-warm pattern. In the summer there is generally damp-warm or summerheat-warm. In the autumn there is autumn dryness. Disease that emerges in one location and spreads easily is generally scourge epidemic disease. If there is a scourge epidemic then it is even more necessary to combine the identification of disease with aspects of infectious diseases of Western medicine so as to raise the combined efforts and efficacy. As for the high fever of internal damage disease and the fever of other miscellaneous diseases, all ought to be included within the scope of clinical identification.

Grasping the features of the pattern

The eight principles of exterior and interior, cold and heat, vacuity and repletion and yin and yang each have their own distinguishing features (see p. 165). This is the fundamental basis of pattern identification and it must be mastered. The levels of exterior and interior in externally contracted disease patterns are much more concrete and complicated than the eight principles. Therefore, attention must be paid to grasping the characteristic features of every pattern. For example, evil heat entering the interior at the qi aspect, or what is called the 'yang brightness,' must manifest the signs that are its characteristic features, including a strong fever, aversion to heat, thirst, yellow tongue fur

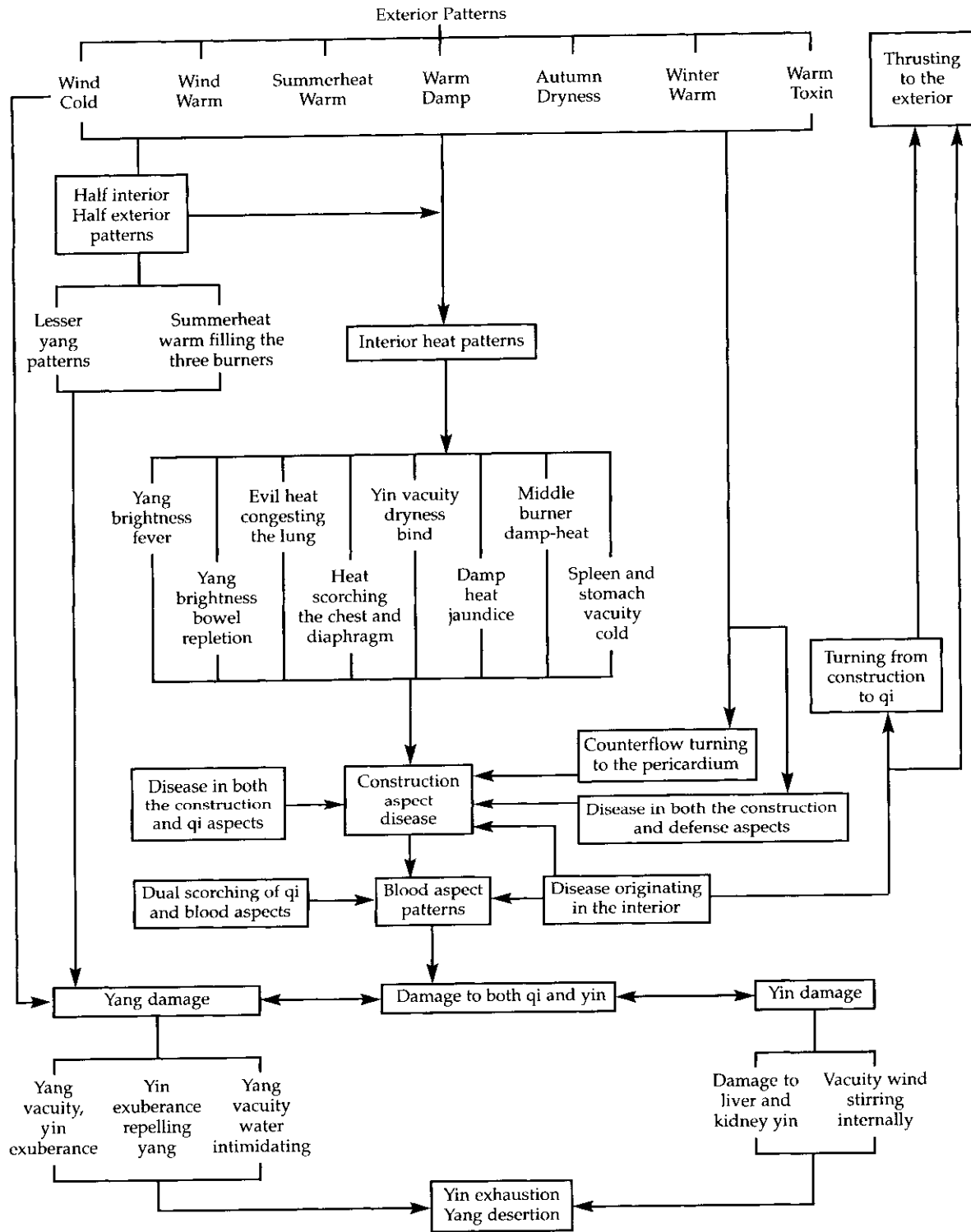


Fig. 12.2 Externally contracted diseases synthesized with pattern identification.

and a surging, replete and rapid pulse. Body heat that is more severe in the evening, heart vexation, clouding and delirium, a red-crimson tongue and a fine and rapid pulse are the characteristic features of a pattern of heat enter-

ing the construction aspect. If one is able first to grasp these characteristic features and then to advance a careful analysis, discussion of treatment is closer and more accurate.

NOTES

1. This refers to the founding of the People's Republic of China (PRC) in 1949.
2. Leptospirosis (Weil's Disease, infectious jaundice, Canicola fever) is 'an inclusive term for all infections due

to an organism of the genus *Leptospira*, regardless of serotype. About 170 serotypes have been identified. A single serotype may cause various clinical features, or a single syndrome (e.g. aseptic meningitis) may be caused by multiple serotype.' (Merck, p. 134).

Essentials of pattern identification of miscellaneous diseases

13

The four methods of pattern identification concerning miscellaneous disease are disease cause pattern identification (except for six excesses pattern identification), qi, blood and body fluids pattern identification, 12 channel vessels pattern identification, and viscera and bowel pattern identification. Each of these four varieties of pattern identification analyzes the pattern from a given aspect, according to one of the aspects of

physiological and pathological characteristics or the manifesting actions of the pathogenic cause. Each of them can be used in any of the clinical branches of medicine for the identification of patterns, and for the pattern identification of all miscellaneous diseases, except for externally contracted diseases. How are the four methods of pattern identification simply and flexibly applied? This is discussed below.

Taking viscera and bowel pattern identification as the primary principle

In examination from the point of view of the theory of visceral manifestation, the qi, blood and body fluids and the 12 channel vessels are in fact ascribed to the five viscera and six bowels. Of course, the pathological patterns of qi, blood and body fluids and the 12 channel vessels also have their own characteristics, and when differentiating a pattern some attention must be paid to these. However, in terms of both pattern identification and the determination of treatment, they all have a relationship with the viscera and bowels. As for disease cause pattern identification, such as damage caused by the seven affects and that caused by food and drink or taxation fatigue, these also must damage the viscera and bowels. Taking damage due to the seven

affects as an example for discussion, joy damages the heart, anger damages the liver, anxiety damages the lung and spleen, thought damages the heart and spleen, sorrow damages the heart and lung, fear damages the kidney and fright damages the heart. Damage caused by the seven affects is not separate from the five viscera and the categories cannot be pulled apart. Hence, miscellaneous pattern identification can take viscera and bowel pattern identification as its primary principle. This is to say that thoroughly grasping viscera and bowel pattern identification and simultaneously supplementing it with other related methods of pattern identification can help to prevent the threads of pattern identification from becoming too numerous and complicated.

Taking the mutual relationships of the viscera and bowels as a guide

The theory of the mutual relationship of the viscera and bowels researches the theory of the engendering, restraining, overwhelming and rebellion of each of the viscera and bowels according to the theory of the five phases. In order to take a great step forward in flexibly grasping viscera and bowel pattern identification, especially the aspect of determination of treatment, it is necessary to apply the method of viscera and bowel pattern identification and determination of treatment under the guidance of the theory of the mutual relationships of the viscera and bowels.

The five viscera form a holistic body and the relationship between them is very close. Although the transmission of miscellaneous diseases in viscera and bowel pattern identification is not as clear, nor as rapid, as the transmission of disease in externally contracted disease, still the miscellaneous diseases do not just remain in one viscera, one channel or one bowel without changing. Rather there are relationships of mutual influence and mutual pathological transmission. Both the Nan Jing and the Jin Gui Yao Lue have a saying that: 'Seeing disease of the liver, [it is] known [that] the liver transmits to the spleen, [and one] ought first to [cause the] spleen to be replete.' This simply reminds us that, when differentiating patterns and identifying treatment, it is necessary to pay attention to the problem of the mutual relationships of the five viscera.

In terms of treatment, the engendering and restraining relationship of the five viscera has an even more excellent use. The Nan Jing has a statement concerning draining the south and supplementing the north. The Nan Jing states: 'When the east is replete and the west is vacuous, drain the south and supplement the north.' The meaning of this is that, if there is a patient who suffers from an exuberance and repletion of liver wood and a vacuity and debility of lung metal, there ought to be three possi-

bilities for the determination of treatment. (1) Calm the liver and supplement the lung. (2) Calm the liver and supplement the spleen (the spleen earth is the mother of the lung metal). (3) Drain the heart fire and supplement the kidney water. According to the idea of the Nan Jing, the third treatment method is good. No matter whether one uses acupuncture and moxibustion or medicinal agents, both can implement this method. Under this representation of a treatment principle in the Nan Jing, later physicians also used the treatment method of 'placing one on top of another.'¹ The treatment of 'placing one on top of another' is simply that, when there is a disease of a given viscera, do not treat that viscera, but rather treat the viscera that has an engendering relationship or a restraining relationship with the diseased viscera.

Below are examples of the mutual relationship of patterns in the five viscera.

Liver

1. Liver wood overwhelming the spleen: the signs seen are rib-side pain, pain of the stomach duct and abdomen, vomiting, diarrhea, etc.
2. Wood fire tormenting metal: the signs seen are coughing blood, spitting blood, chest pain, a tendency to be easily angered, tidal fever, etc.
3. Wood exuberance and scorching fire: the signs seen are bleeding, a tendency to be easily angered, severe headache, and in severe cases mania.
4. Liver vacuity affecting the kidney: the signs seen are head dizziness, dry eyes, soreness and weakness of the lumbus and knees, dry throat, sore throat, night sweating, dream emission in men and irregular menses in women.

Heart

1. Effulgent fire scorching metal: the signs seen are heart vexation, sores on the mouth and tongue, cough, phlegm with blood, etc.

2. Blood not nourishing the liver: the signs seen are heart palpitations, insomnia, dim vision, head dizziness, headache, numbness of the limbs and pulling pain of the tendons.

3. Fire not engendering earth: the signs seen are fear of cold, cold limbs, heart palpitations, flusteredness, qi timidity,² low voice, diminished appetite, fatigue, sloppy stools, puffy swelling, scanty urine, etc.

4. Heart and kidney not communicating: the signs seen are insomnia, night sweating, seminal emission, copious urine at night, etc.

Spleen

1. Spleen–lung vacuity weakness: the signs seen are qi timidity, low voice, shortness of breath caused by activity, a predilection for sighing, encumbering fatigue, reduced appetite, possibly a cough that is not resolved for a long time, or forceless cough and wheezing, copious, thin white phlegm, etc.

2. Congestion of earth and depression of wood: the signs seen are uncomfortable distention and stagnation, reduced appetite, head dizziness, a tendency to be easily angered, fullness of the stomach duct, etc.

3. Spleen vacuity liver overwhelming: the signs seen are reduced food intake, pain of the stomach duct and abdomen, burping of sour fluids, spitting of sour fluids, a tendency to be easily angered, nightmares and possibly irregular menstruation.

4. Dual vacuity of the heart and spleen: the signs seen are fatigued spirit and lassitude, head dizziness, heart palpitations, insomnia, forgetfulness, lack of strength in the four limbs, reduced appetite, sloppy stools, etc.

5. Spleen vacuity causing an inability to restrain water: the signs seen are water swelling, fear of cold, cold limbs, cold pain of the lumbus and abdomen, reduced appetite, sloppy stools, scanty urine, etc.

Lung

1. Lung vacuity affecting the spleen and phlegm-water intimidating the heart: the signs seen are panting, shortness of breath, in extreme cases an inability to lie down, heart palpitations, flusteredness, copious phlegm, cough, etc.

2. Lung vacuity causing the qi not to transform into essence but into water: this causes the kidney water to flood and so the sign seen is water swelling.

3. Lung vacuity affecting the kidney: the signs seen are tidal fever, night sweating, shortness of breath and panting, possibly coughing of bloody phlegm, sore lumbus, weak legs, dream emission and loss of essence, irregular menstruation, etc.

4. Lung vacuity not being able to calm the liver: the signs seen are cough, shortness of breath, vomiting blood, nosebleeds, piercing pain of the chest and rib-side, a tendency to be easily angered, insomnia and possibly irregular menstruation.

Kidney

1. Kidney yin vacuity and liver yang hyperactivity: the signs seen are head dizziness, headache, eye dizziness, ringing in the ears, insomnia, vexation and agitation and a tendency to be easily angered, sore lumbus, heaviness of the head and lightness of the feet, etc.

2. Debility of the life gate fire and non-arousal of the spleen yang: when the signs are mild there is non-arousal of the essence-spirit, a dirty face with little luster, puffy swelling of the face, eyes and four limbs, lassitude, a predilection for lying down, clear and long urination, sore and painful lumbus, yang wilt, seminal efflux, etc. In severe cases, the heart fire is already debilitated and the signs seen are reverting cold of the four limbs and a faint pulse on the verge of expiry.

3. Inability of the kidney water to rise and save the heart fire: the signs seen are vacuity vexation, an inability to fall asleep, sores on the mouth and tongue, short, yellow urine, etc.

4. Yin and yang have the same root, kidney yin and kidney yang are the original yin and original yang of the human body, and the heart organ also is related to life. If the kidney yang below is exhausted, then the yin cannot contain itself. If the yang of the five viscera has already expired, the signs seen are a great dripping sweat, etc. – critical signs indicating yang collapse. If the kidney yin is debilitated and exhausted, then the yang lacks a residence. If the yin of the five viscera is already expired, the signs seen are

sweat emerging like pearls, etc. – critical signs of collapse of yin.

The above-described identification of the mutual relationships of the five viscera includes only examples and is certainly not comprehensive. To draw inferences about other cases from one instance requires further practice. At the beginning, one must grasp the outline of pattern identification and the determination of treatment.

NOTES

1. Ge yi ge er 隔二 .

2. This is incorrectly translated as 'qi temerity' in Wiseman N 1990 *Glossary of Chinese Medical Terms and Acupuncture*

Points. Paradigm Publications, Brookline, MA. It has been corrected in the 1998 *A Practical Dictionary of Chinese Medicine*.

Steps in the identification of patterns and determination of treatment

14

The identification of patterns and determination of treatment are important parts of the systematic theory of Chinese medicine. What, however, is the definition of pattern identification and determination of treatment? A chapter in the Qing Zhu Jian Guo Shi Zhou Nian Yi Xue Ke Xue Cheng Jiu Lun Wen Ji: Zhong Yi Bian Zheng Lun Zhi states: 'The identification of patterns and determination of treatment is the fundamental principle of Chinese medicine clinical therapy. Its general spirit and meaning is simply to differentiate the images of signs, to analyze the causative factor of the disease, its nature, development and dynamic, combined with the conditions of the environment of the area, the season, the weather and the patient's age, sex, profession, etc., so as to determine the root nature of the disease, and from this to decide upon a treatment therapy using medicinal agents and acupuncture and to apply the therapeutic method in a holistic manner.' This is a relatively correct and comprehensive statement.

In the course of identifying patterns and determining treatment, how is one to achieve a correct and definite identification of the pattern and determine a treatment that will have a good effect? In addition to mastering the content of the four examinations and pattern identification discussed in the earlier sections of this book, one also should carefully study the methods of thinking and the steps of pattern identification.

This problem was first discussed by the Qing

Dynasty physician Yu Qia Yan. In the Yu Yi Zhang chapter titled 'Yu Men Ren Ding Yi Bing Shi,' he discussed the entire course of collecting a case history and the thinking necessary for the identification of patterns and determination of treatment as well as conjecturing about the efficacy of treatment of disease. This is a very valuable inheritance. In the modern age, there are also treatises related to this aspect that raise different explanations and give methods for the steps of the identification of patterns and determination of treatment. Some emphasize 3 steps, some 8 steps and some 7 or 12 steps. Each of these methods has its own value.

The identification of patterns and determination of treatment are the clinical mode of thought in Chinese medicine. The 'identification of pattern' and the 'determination of treatment' are two stages of the thought process. The identification of patterns is ascribed to the thought process of diagnosis. The determination of treatment pertains to the therapeutic thought process, which is based on the fundamentals of the diagnostic thought process. But the thought process of the identification of patterns is only one important part of diagnosis; it does not comprise the entirety of the diagnostic thought of Chinese medicine. The identification of patterns must have a basis in objective signs; therefore, there is one important stage that precedes the thought process of the identification of patterns. This stage is none other than the four examinations. Detailed and correct application of the four examinations is

the fundamental basis for the identification of patterns. Therefore, the entire course of pattern identification and determination of treatment ought to be divided into three stages. These are (1) examination, (2) pattern identification and (3) determination of treatment.

Stage one: examination

Examination of the conditions of disease depends upon the four examinations. The important aspects of the four examinations have already been discussed; however, there is an order of precedence to the steps. The concrete steps are: (1) visual examination, (2) listening and smelling examination, (3) inquiry examination and (4) palpation examination. Visual inspection examination is the first step, and the others follow. As this book has already thoroughly described the four examinations, it is sufficient to state that the first stage includes these four important steps.

Stage two: pattern identification

In the previous section, seven methods of pattern identification were described, each with its own characteristics. All of these methods pertain to the important content of pattern identification. So as to simplify the process, this section has generalized the methods into external contraction pattern identification and internal damage pattern identification. Based on this fundamental aspect, the steps of pattern identification are as follows.

The first step is to differentiate externally contracted disease and miscellaneous disease. Having completed the four examinations and gathered the signs and symptoms, it is necessary to determine whether the disease is externally contracted or miscellaneous disease. The first step is to analyze the fundamental aspects of the signs. This will identify whether the disease is externally contracted or miscellaneous.

The second step is to identify the pattern. The patterns of externally contracted diseases are identified according to the principles of externally contracted pattern identification, and the patterns of miscellaneous diseases are identified according to the principles of viscera and bowel pattern identification. These are the compilation of the principles of pattern identification of previous scholars; they allow us to form a rapid and accurate identification of the pattern.

The third step identifies the branch and the root, the primary and the secondary aspects and the moderate and the acute aspects. Disease is often complicated and generally changes; therefore, in order to treat the variety of disease patterns, it is necessary to identify the branch and root, the primary and secondary and the moderate and acute. It is only in this way that the determination of treatment can achieve good results. For example, if the pattern identification is ascribed to a wind-cold external contraction where the exterior pattern has not been resolved and yet an interior heat repletion pattern also arises, at this time the decision as to whether one should first resolve the exterior and then attack the interior, or first attack the interior and then resolve the exterior, or resolve both the exterior and interior, must be weighed according to the branch and root, the primary and secondary and the moderate and acute. This is to say, if there are two contradictions within a disease, it is necessary to identify and differentiate which is the primary contradiction so as to clarify the sequence, and then the determination of treatment is based on the sequence of the disease. It is only in this way that a relatively good effect will be achieved.

Stage three: determination of treatment

The content of the determination of treatment is extremely rich. It includes theory, principles, methods and compilation of medicinal agents. In a broad sense, the determination of treatment is the study of Chinese medicine treatment methods. This includes an emphasis on the dis-

cussion of the methods of treatment and the steps of treatment. This stage can be divided into three steps.

The first step is to select a method of treatment and the principle of treatment. How is a method selected? This is simply the selection of which method of treatment to apply: should one opt to use medicinal agents, massage, or acupuncture and moxibustion? Or, should all be used together? This is the first question that must be considered. For example, if there is a patient with a dislocation, if the pattern identification reveals no other damage to the internal viscera then one ought first to use hand methods to remedy the problem and then to use suitable fixing techniques, or a medicinal decoction. This is the selection of treatment measures. The question of the treatment principle is simply the establishment of corresponding treatment methods. For example, for patients with a wind-cold exterior repletion pattern choosing to use the method of warm acridity for promoting sweat is correct. As for the treatment of patients using tui na massage or acupuncture and moxibustion therapeutics, these also include a choice of hand techniques and of supplementing and draining techniques.

The second step is to choose a medicinal formula. After determining the treatment method, the question of whether to choose a formula created by previous physicians or according to one's own experience must be considered. At the same time, the method of modulating and the frequency of administration must be determined. In the same way acupuncture and moxibustion, and massage and other external treatment methods, also have questions concerning the determination of location, the selection of points, etc.

The third step is the regulation of nutrition. Nutrition comprises the choices made concerning food and beverages. The regulation of nutrition is a matter of paying attention to one's life and circumstances. Based on the requirements of the disease, the physician ought to render guidance so as to cause the treatment to be complete and to place emphasis on its use. This is a principle that is worth emphasizing in the determination of treatment. The treatment of

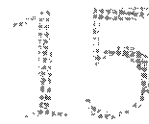
disease cannot depend only upon attacking the evil; one also must pay attention to fostering and adjusting the patient's ability to defend against disease and to recover function.

The 10 steps of the above three stages of pattern identification and the determination of treatment are a general routine. Therefore, they cannot be taken as unchanging. They must be grasped flexibly and it is important to know when to follow them and when to change them. For example, in most cases one first travels through the four examinations and then identifies the pattern. But when the disease is relatively complex and, in the course of identifying the pattern, some suspicious points are discovered, then, sometimes, it is necessary to travel through the examination again. Another example is if the disease is relatively simple; then it is possible to do the examination and determine the pattern at the same time so that, when the examination is complete, a conclusion concerning the identification of the pattern has already been determined. Or if, after having passed through the determination of treatment, the result is not successful, then it is necessary to turn around and rethink the identification of the pattern. Dr Pu Fu Zhu described a case that caused people to think very deeply. He said: 'I was at hospital XX examining a 15-year-old girl. She had a high fever and had had painful joints for at least half a year. She had stayed at the hospital three times already, and taken many kinds of antibiotics, hormones and also some Chinese medicinal agents, yet altogether none of these had resolved the problem. After detailed examination, I knew: at the beginning of spring there had been rain, her clothes had become thoroughly damp, and it was after this that the disease arose. Combining the painful joints, the vaginal discharge, the blocked channels and the white and slimy tongue fur, it became clear that the disease was due to the settling and depression of cold-damp blockage, which had transformed into heat and was coming to the surface. Determining the treatment in terms of cold-damp, the principle was to free the yang, diffuse the impediment and expel the damp. This resolved the problem.' This case reveals how, although the first dose of Chinese

herbs was given based on the identification of the pattern and determination of treatment, although there was not a large mistake in the pattern identification and treatment, there were no results until Dr Pu questioned the patient in detail about the onset. Obtaining the knowledge

about the spring rains, he was able to take this information, create a new identification of the pattern, determine the treatment and so resolve the case. This type of experience of previous physicians is worth studying.

Identification of patterns and identification of disease



Chinese medicine emphasizes the identification of patterns, but it also pays attention to the identification of disease. Zhang Zhong Jing's *Shang Han Lun* could be considered a treatise on the identification of disease due to cold damage. In the *Zhu Bing Yuan Hou Lun*, the *Bei Ji Qian Jin Yao Fang* and the *Wai Tai Mi Yao*, all by Scholar Chao, there is a great deal of content concerning the identification of diseases. During the Ming and Qing dynasties, there appeared many treatises that discussed only one or two types of diseases, such as the *Bai Hou Ji Biao Jue Wei*, the *Dou Zhen Xin Fa* and the *Shu Yi Quan Shu*. Besides this, the knowledge of all of the clinical medicine departments concerning disease has increased more and more, and the clinical differentiation of disease has become more and more precise. The efficacy of treatment has also become better and better. It must be said that this is the result of raising the level of the identification of disease. Recently, there have been people who believed that: 'due to the fact that many modern physicians of Chinese medicine emphasize the identification of patterns and do not place much emphasis on the identification of disease, therefore, there are many comrades who are not too familiar with the names of diseases in Chinese medicine.' This is also true. Modern physicians of Chinese medicine have conducted a great deal of research concerning the differentiation of patterns. This lays emphasis upon the dynamic development of pattern identification and is a problem to which attention must

be paid in the development of the study of Chinese medicine. Therefore, it is necessary to review the actual names of diseases in Chinese medicine. The *Bian Zheng Lun Zhi Yan Jiu Qi Jiang* has a simple chart of the names of commonly seen diseases, which follows in Table 15.1.

Patterns and diseases are very closely related. When there is a given disease, there is often a given pattern; however, different diseases at a given stage can also have the same pattern and, oppositely, a single disease at different stages can manifest different patterns. Therefore, it is necessary to identify not only the pattern but also the disease. If we speak about identifying the pattern, then it is necessary to combine everything that is obtained from the four examinations, to analyze whether the cause of the disease is external or internal and the location of the disease, and to determine comprehensively and concretely the characteristics and the nature of the disease at a given stage and the primary contradiction of the disease. The difference between this and the identification of disease is that, according to the identification of the pattern obtained and the additional consideration of the characteristics of various types of similar diseases, the desire is to verify the symptoms of a patient.

During the course of verification, it is also possible to go a step further in guiding the identification of patterns. One can see whether or not a given sign is a characteristic of one disease or another, and, finally, one can eliminate one disease after another and arrive at a final conclusion.

After obtaining the final conclusion, the physician will already have an idea of the disease mechanism, and, with this basis, can advance the differentiation of the pattern as well as understand the auspicious and inauspicious signs of the disease. Even more important than this is that, after passing through the identification of the disease, it is possible for the treatment method and medicinal formula used for the pattern to be identified and the possible disease to be combined even more closely, which should raise the level of efficacy. For example, signs such as stupor and convulsions can be seen in wind stroke, tetanus, epilepsy, eclampsia and warm diseases entering the construction.

Recently there was a case as follows. A female patient after a cesarean section delivery began having convulsions, her eyes were staring upward and she was unaware of people or things. During the convulsions her breathing was low and weak and following this there was hasty breathing and then profuse sweating. Her face was a pale green-blue, her liver pulse was string-like and thin and the other pulses were faint and weak; her tongue was dim with moist fur. Through inquiry, we knew that she had no history of epilepsy in the past. The hospital that had done the cesarean section showed no record of opisthotonos, nor was there any record of infection, hence it was possible to eliminate tetanus. The patient did not have a high fever, nor any other signs of externally contracted disease, and so it was also possible to eliminate warm disease entering the construction. This left either wind stroke or eclampsia. Because the convulsions

emerged prior to parturition and became worse after the cesarean, hence the identification of the disease was eclampsia. Eclampsia is generally due to liver wind stirring internally, causing stirring of the heart fire and the emergence of convulsions. But the patient's face was a pale green-blue, her breathing was low and weak or it was hasty and distressed and there was profuse sweat, therefore the identification of the pattern ought to be liver wind stirring internally and yang qi debility and exhaustion. A large dose of ren shen (Ginseng) was used to return the yang and stem counterflow and an infusion of ling yang jiao (Antelope Horn) powder was used to extinguish the liver wind. The final diagnosis was eclampsia disease due to a pattern of liver wind stirring internally and yang qi debility and exhaustion. From this, it can be seen that the identification of disease often comes from the identification of the pattern and then, from the basic identification of the disease, the identification of the pattern can be advanced.

The path: pattern identification → disease identification → pattern identification is a path of deeper and deeper diagnosis of disease. We absolutely cannot be satisfied with only the identification of the pattern. We must include the pattern identification and the disease identification, and then from the disease identification we can again advance the pattern identification. As for the methods of the differentiation of disease, these must be learned from the clinical study of each of the departments of medicine.

Table 15.1 summarizes the commonly seen diseases and their clinical characteristics.

Table 15.1 Commonly seen diseases and their clinical characteristics

Disease name	Clinical characteristics
<i>1. Infectious Diseases</i>	
Wind stroke	Fever, sweat, aversion to wind pulse: moderate
Cold damage	Fever, aversion to cold, no sweat, body aches, retching, pulse: floating and tight
Warm disease (spring-warm, summerheat-warm, autumn dryness, winter-warm, wind-warm, damp-warm)	Fever, sweat, thirst, and no aversion to cold indicate warm disease. If disease emerges in the time after the spring and before the summer, this is called 'spring-warm.' If disease emerges between the slight heat (11th solar term) and the great heat (12th solar term) this is called 'summerheat-warm.' If disease emerges in the autumn, this is called 'autumn dryness.' If the disease emerges in the winter, this is called 'winter-warm.' Clouded spirit, delirious speech and fright epilepsy or convulsions are called 'wind-warm.' Fever with no thirst, heaviness of the head and dullness, chest oppression and heaviness of the body, lingering and difficult to resolve, and in extreme cases blood in the vomit and stools, is called 'damp-warm'

Table 15.1 (Cont'd)

Disease name	Clinical characteristics
Tetany disease (hard tetany, soft tetany)	Fever, aversion to cold, rigidity of the neck, convulsions and lockjaw is called 'tetany.' Fever, aversion to cold and no sweat is called 'hard tetany.' Fever, no sweat and no aversion to cold is called 'soft tetany'
Malign nodules	Nodules that suddenly appear within the flesh, and are like plums or small bean kernels, painful skin, high fever, aversion to cold, sudden onset and rapid death
Malaria (right malaria, warm malaria, pure-heat malaria, female malaria, taxation malaria, miasmatic malaria)	Alternating cold and heat, which arrives at a given time, possibly once a day, possibly with a day in between, or possibly every third day, is categorized as 'right malaria.' First heat and then cold is called 'warm malaria.' Heat without cold is called 'pure-heat malaria.' Cold greater than heat is called 'female malaria,' intermittent malaria is called 'taxation malaria.' Blockage of the spirit-mind during outbreaks and commonly occurring in the Ling Nan area ^a is called 'miasmatic malaria'
Dysentery (red dysentery, white dysentery, food-denying dysentery, intermittent dysentery, enduring dysentery, epidemic dysentery)	Abdominal pain, heaviness below, dysenteric diarrhea with pus and blood, with or without fever, is called 'dysentery disease.' If there is more blood, it is called 'red dysentery.' If there is more pus it is called 'white dysentery.' If the pus and blood are equal and mixed it is called 'red and white dysentery.' Dry retching with an inability to eat, reverting of the limbs and a faint pulse is called 'food-denying dysentery.' On-and-off dysentery is called 'intermittent dysentery.' Stubborn and unhealing is called 'enduring dysentery.' Acute onset, severe dynamic, fever, aversion to cold, clouded spirit and limb reversal, and a rapid advancement toward death is called 'epidemic dysentery'
Scourge jaundice (acute jaundice)	Fever, aversion to cold and yellowing of the skin is called 'scourge jaundice.' If the onset is acute, the dynamic is severe, there is sudden yellowing, palpitations, panting and rapid expiry of life, this is called 'acute jaundice'
Wind-damp (damp stroke)	Fever, aversion to cold, sweating, heaviness of the body, joint pain, and, in severe cases, possibly an inability to flex and extend
Wind damage	Headache, nasal congestion, cough, running nose, no fever or a slight fever
Common cold	Fever, aversion to cold, aches of the head and body, sore throat, cough, running nose
Measles	Fever in children, skin papules with a form like a sesame seed and the color of peach blossoms. Once it has emerged, it does not come again (in a lifetime)
Pox sores (smallpox)	Fever in children, skin papules with spots within, raised distention, pus, scabbing, emerges once and does not return
Laryngeal sand (scarlet fever)	Fever, swelling and erosion of the throat, hoarse voice, macules and papules on the skin
Cinnabar toxin (erysipelas)	Sudden eruption of spots that are red like the strength of cinnabar on the skin, possibly on the hands and feet or on the four limbs, fever, aversion to cold
Diphtheria	The head of the pharynx becomes white, the whiteness cannot be expelled, strong fever, aversion to cold, or possibly a slight aversion to cold and fever, sore throat, headache and body aches
Mumps	Fever, swelling of the cheeks
Tetanus (umbilical wind)	At the onset, it may be due to broken skin; later there are malign signs, possibly lockjaw, deviated eyes and arched back rigidity. If it occurs after the breaking of the umbilical cord, this is called 'umbilical wind'
Rabid dog disease	A rabid dog bites a human, and then after 7 days the human is manic like the rabid dog; this is rabid dog disease. If, after 3 to 7 days, there is no emergence of disease, then this indicates that there will be no suffering
Pestilential wind (leprosy)	Discoloration and ulceration of the nasal septum, ulcerations of the skin. Pestilential wind has five deaths. The first is called 'skin death,' where there is unendurable numbness. The second is called 'flesh death,' where there is no pain with cuts. The third is called 'blood death,' where there is erosion of sores creating pus. The fourth is called 'sinew death,' where the hands and feet desert and fall. The fifth is called 'bone death,' where there is profuse bleeding from the nasal septum, the eyes fail, the nostrils flare and the voice is hoarse
Consumption	Cough, spitting of blood, tidal fever, emaciated form, discoloration
Roundworms	The length of the roundworm is 1 to 5 or 6 inches; their movement causes pain in the abdomen, there is swelling and accumulation, and the pain moves from above to below and comes and goes. There is a tendency to drool, and copious spitting of clear water

Table 15.1 (Cont'd)

Disease name	Clinical characteristics
Pinworms	Their form is extremely small, their movement causes itching of the anus, and when they move a great deal it can cause hemorrhoids, fistulas, scabs and lichen, welling abscesses, flat abscesses, etc., and pathological sores
Tapeworms	Their length is 1 inch and their color is white, their form is relatively small and their movement injures the essential qi of a human causing pain and weakness of the waist and feet
Sand lice	In mountain water, there are sand lice. These are insects that are so small they cannot be seen. When people bathe in the water and the water dries, the insects are on the body, or when it is overcast and rainy for days and one travels within the grass, they can also get on the body, and then easily enter through the skin pores. To diagnose: when they are first obtained, the skin is red, with a rash like small millet; when the redness is touched with the hands, there is a painful piercing. After 3 days, the joints are extremely painful, there is cold and heat and the redness becomes sore
Water toxin	During the time of the Three Kingdoms (220–280), in the mountains of the east and south, there were mountain valleys at whose source there was toxic water disease, as recorded in the annals of the spring and autumn period. One name is central water, one name is central ravine, one name is central spill, one name is water center disease, and yet another name is ravine warmth. At the onset there is aversion to cold, a slight headache, pain in the eye sockets, vexation in the heart, shaking of the four limbs, rigidity of the lumbus, back and joints and pain in the knees
Food influx	This is due to the evil luck of sitting down to eat and having the qi of an external evil malign toxin follow the food into the five viscera, causing deep heaviness of the limbs and body and gnawing pain of the heart and abdomen
Disastrous influx	When an individual dies from an infectious epidemic, if those left behind breath it in it can pass to children and relatives who will become sick and die in a manner similar to the predeceased
Parturition influx	After delivery, there is extreme vacuity of qi, blood and qi are diminished, the form is thin and the disease is deep and there is difficulty recovering
<i>2. Diseases of the Head and its Associated Organs</i>	
Head wind	Headache that is sometimes present and sometimes is not
Dizziness	Heavy above, light below, like sitting in a boat
Facial sores	Sores arising on the face and head, like large rice kernels
Drinker's nose	Red sores emerging on the nose
Facial sediment	Sediment on the face like rice kernels
White inner obstruction	The pupils become white and there is an inability to see
Clear-eye blindness	The exterior of the eye does not change, but there is an inability to see
Night blindness	During the day there is clear vision, but an inability to see at night
Stye	A small sore arises on the eyelid. As with a sore, take a needle and pierce it
Nasal polyp	There is a polyp in the nose that obstructs the nasal orifice
Nasal abyss	Unceasing downflow of turbid nasal discharge
Brain leak	Similar to nasal abyss, a headache with unceasing downflow of turbid discharge
Earwax	Earwax is created by the binding accumulation of fluids within the ear. It exists in the ears of all people. When it is light, it cannot cause suffering, but if the accumulation creates a nodule that blocks the ear it may cause sudden deafness
Pus in the ear	Earache with a flow of pus
Erosion of the mouth	Eroding sores arising in the mouth
Lip sores	Sores arising on the lips
Wooden tongue	The tongue is swollen and hard
Bone trough wind	Tooth pain, swollen lips, loose teeth

Table 15.1 (Cont'd)

Disease name	Clinical characteristics
Wind tooth	On the exterior of the tooth there is no change, but occasional tooth pain
Tooth worms	Tooth pain and holes on the teeth like wormholes
Gum leak	Swelling of the gums with the emergence of a purulent fluid. It often returns after treatment
<i>3. Diseases of the Neck and its Ascribed Organs</i>	
Nipple moth (single nipple moth, double nipple moth)	The form is like the head of the small finger, arising on the opening of the throat. Only the left or only the right is single nipple moth; on both sides is double nipple moth
Throat impediment	The throat is swollen, blocked, impeded and painful to the extent that it is difficult for water to enter
Welling abscess of the throat	The engendering of sores on the throat
Throat entwining wind	Swelling both inside and outside the throat, with numbness and itching
Diphtheria	Swollen and painful throat, the head of the throat becomes white and the whiteness cannot be scraped off
Scrofula (saber lumps)	Arising on the front of the neck and sides of the nape, binding nodules like a large bean or ginkgo nut. The engendering of scrofula on the chest, rib-side and below the axilla that is hard like stone and has a form like saber lumps is called 'saber lump'
Goiter and tumors of the neck	Sudden swelling within the skin and muscles, with skin that is relaxed, not tense, and drooping, is called 'goiter.' Even, broad and hard, no pain, no itching, bound and not scattering is called a 'tumor of the neck.' In the mountains and rivers, where the earth is black, this is the source and so one cannot live there for a long time as often the food will cause the emergence of goiter disease
Plum pit qi	It is as if there is matter in the throat, but swallowing does not cause it to descend, and retching does not cause it to emerge
<i>4. Disease of the Chest Area and its Ascribed Organs</i>	
Lung distention	Fever, aversion to cold, cough with rising qi, vexation and agitation
Wheezing and panting	Panting with sound, sometimes present, sometimes stopping
Propping rheum	Cough with counterflow rising of qi, urgent breathing with an inability to lie down
Lung wilting	Cough with spitting of foamy drool
Welling abscess of the lung	Chest pain, cough and spitting of phlegm and blood
Lung taxation	Cough, tidal fever, spitting blood, seminal emission, night sweating, vacuity emaciation
Whooping cough (cormorant cough)	Continuous bouts of coughing, with pauses to spit clear saliva and phlegm drool
Chest impediment	Oppressive sensation in the chest, perhaps with fullness or pain
Suspended rheum	Water below the rib-side, pain caused by coughing
True heart pain (reverting heart pain) (angina pectoris)	Heart pain, physical cold and reverting cold of the limbs, green-blue hands and feet, pain that radiates to the back, inability to recover oneself is true heart pain; ability to recover oneself is reverting heart pain
<i>5. Diseases of the Abdominal Area and its Pertaining Organs</i>	
Dysphagia-occlusion (diaphragm food)	Water and beverages can descend, difficulty in swallowing food, vomiting with swallowing of food, constipation
Reflux stomach	Food is taken in and vomited after a long period of time: either vomiting in the morning what was eaten at night, or vomiting in the evening what was eaten in the morning
Sudden turmoil (dry sudden turmoil, damp turmoil)	Vomit above and diarrhea below is called 'sudden turmoil.' When the vomit and diarrhea are copious, this is damp sudden turmoil. When there is a desire to vomit and no vomit, and a desire to expel, but no expulsion, or heart vexation with thought of dying, this is called 'dry sudden turmoil'

Table 15.1 (Cont'd)

Disease name	Clinical characteristics
9 kinds of heart pain: worm pain influx pain	Heart pain is stomach duct pain. If it is due to worms, then it is worm pain. Entering the ancient temples of the mountains and seeing extraordinary beings that cause fright and give rise to pain is called 'influx pain.'
qi pain blood pain	Pain that is due to great anger and the qi of the seven affects is called 'qi pain.' Pain of blood stasis, pain that is like a piercing knife or with accumulations and lumps and black stools, is called 'blood pain.'
palpitation pain	Pain that is intermittent, likes pressure and is slightly relieved by eating food is called 'palpitation pain.'
food pain	Pain that appears with food accumulation and where there is rotten belching and sour spitting is called 'food pain.'
rheum pain	Pain that is caused by the collection of rheum with occasional spitting of clear water, or where there is the sound of fluid under the ribs, is called 'rheum pain.'
cold pain hot pain	Pain in which the body is cool and the pulse is fine is called 'cold pain.' When the body is hot and the pulse is rapid is called 'hot pain'
Chest bind (major chest bind, minor chest bind)	Hardness and pain in the area under the heart, no bowel movement, fullness from below the heart to the lesser abdomen, which cannot be pressed, late afternoon emergence of tidal fever, is called 'major chest bind.' When the symptoms are mild, this is called 'minor chest bind'
Food impediment	When food is eaten there is pain below the heart; after vomiting the food, the pain stops
Concretions and gatherings (deep-lying beam, fat qi, rushing respiration, running piglet, mother of malaria)	Lumps in the abdomen that are secure and unmoving are called 'concretions' or 'accumulations.' Lumps that come and go, are not fixed, are suddenly large or suddenly small, are called 'conglomerations' and 'gatherings.' Swelling lumps that reside in the center are called 'deep-lying beams.' Swelling lumps under the left ribs are called 'fat qi.' Swelling lumps under the right ribs occurring in patients suffering from malaria are called 'mother of malaria.' When the patients themselves feel that there is something coming and going up and down that is not fixed, this is called 'running piglet'
Intestinal wind	Stools with fresh red-colored blood
Visceral toxin	Diarrhea with pus and blood, swelling pain of the anus
Hemorrhoids and fistulas	When there is a small kernel in the anus, this is called a 'hemorrhoid.' When the hemorrhoid has already burst, sometimes there is a fatty fluid and slight itching pain: this is called a 'fistula'
Prolapse of the rectum	The rectum pushes out
Welling abscess of the intestines	Swelling of the small abdomen, tenseness of the abdominal skin, extreme pain with pressure, fever, aversion to cold
Communicating bowels (a fistula between the rectum and bladder or vagina)	Fecal matter emerging within the urine
Straitened spleen	Bound stools
Drum pattern (water drum, qi drum, blood drum)	When only the abdomen is distended and large like a drum, urination is inhibited, and knocking on it (the abdomen) it is like a rock: this is called 'water drum.' Uninhibited urination, and knocking on it (the abdomen) it is like a drum: this is called 'qi drum.' When there are green-blue vessels on the large abdomen and lumps inside the abdomen, this is called 'blood drum'
<i>6. Diseases of the Flesh and Muscle, the Bones and Joints and the Four Limbs</i>	
Wilting pattern (flesh wilting, bone wilting)	Wilting and inability to use the four limbs, wilting of the muscles and lack of strength of the legs is called 'flesh wilting.' No change in the flesh, but an inability to walk is called 'bone wilting'
Paralysis	Slackness of the body with loss of sensation
Hemilateral withering	Half-body paralysis
Impediment pattern: wind impediment	Pain or soreness of the flesh and joints, possibly with numbness, is called 'impediment pattern.' Coming and going, without being fixed, and the pain not fixed in a location, is called 'wind impediment.'

Table 15.1 (Cont'd)

Disease name	Clinical characteristics
cold impediment	Pain with a fixed location is called cold impediment.
damp impediment	Pain and soreness, with swelling and a heavy body, is called 'damp impediment'
Joint running wind	Contracture of the hands and feet, an inability to stretch the hands and feet, swelling as if about to desert, pain affecting both the large and small joints
Pain wind	Severe pain of the joints and flesh, which is sometimes present and sometimes stops
Crane's knee wind	Great swelling of the knee, like a crane's knee
Streaming sore	Sores on the skin that emerge in unfixed locations; when one location is healed, the sore emerges again in another; piercing it does not resolve it
Flat abscess attached to the bone	A fistula is created on the skin with a small and deep opening, with a continuous flow of pus, which does not resolve it
Sloughing flat abscess	Emerging on the toes, called 'sloughing flat abscess,' it is red and black, and death will result if it is not treated. If treatment is not successful, then it is necessary to cut it (the toe) off, or there will be death. The so-called sloughing flat abscess is the sloughing and ulceration of the toe
Whitlow (white flow)	Swelling and pain at the tip of the finger or toe, and then pus developing around the edges of the nail. In severe cases, the nail may fall off
<i>7. Diseases of the Skin</i>	
Sores	At the onset, like a blister, as they progress a fluid is created. They then become purulent, red, swollen and raised as well as hot and painful
Welling abscess	When sores combine to become strips that are red, swollen and raised, hot and painful
Flat abscess	Level, with diffuse swelling, the flesh is rotten and eroding, its form is like a honeycomb
Clove sore	At the onset the head is like a millet kernel; the root is deep and hard and there is swelling around it; it is hot and painful
Boil	The root is shallow and not hard; it is red, swollen and painful
Lichen (dry lichen, damp lichen, stubborn lichen)	Clearly demarcated areas of the skin are withered and frequently itchy. When the skin flakes off with itching this is called 'dry lichen.' When the skin has more juice after scratching, this is called 'damp lichen.' When the condition is prolonged and does not heal, this is called 'stubborn lichen'
Scab (dry scab, damp scab)	There are small sores on the skin that are red, itchy and painful; when the area is scratched a dry scab is formed, this is called 'dry scab.' When juice comes out, it is called 'damp scab'
Cancer	At the onset, the form is like a nodule; later it becomes hard like a stone. After opening, the area begins to flare, its surface is uneven, like craggy cliffs
Warts	The form is small and round, like a bean. When pulled, there is a long strand, like a root
Bald white scalp sore	Sores arise on the head, with white scabs and extreme itchiness; the hair falls out and does not grow again
Demon-licked head	Falling out of the hair, either like a large coin or a fingertip. There is no pain or itching
White patch wind	The emergence of white areas on the skin, with a size like either a fingertip or a palm. There is no pain or itching
Snake body	The skin is like a snakeskin with scales
Continuous body dragon (fire girdling sores)	There is a small rash on the lumbar and waist area that is like fire continuously girdling the body, like a dragon girdling the waist
Prickly heat	Small sores, like needles, arrive on the face, especially around the eyes, of youth
Cinnabar toxin	The sudden appearance of a red area, like the color of cinnabar, emerging either on the hands and feet or on the face
Spontaneous bleeding of the flesh	Green-blue-purple macule patches appearing on the skin
Scrotal wind	Small papules on the scrotal sac, with severe itching that is difficult to control

Table 15.1 (Cont'd)

Disease name	Clinical characteristics
Great foot wind	Both legs are enlarged, and there is numbness
Goose palm wind	The palms of both hands are extremely itchy, sometimes present and sometimes stopping
Jaundice	The skin is yellow like an orange
Water qi (wind water, skin water, right water, stone water, yellow sweat)	Puffy swelling of the skin, painful bones and joints and aversion to wind is called 'wind water.' No aversion to wind, a floating pulse, no fingerprints when the swelling is pressed and an abdomen like a drum is called 'skin water.' A pulse that is deep and slow, with external signs such as spontaneous panting, is called 'right water.' A deep pulse and full abdomen with no panting is called 'stone water.' A deep and slow pulse with fever, chest fullness, and swelling of the four limbs, head and face, is called 'yellow sweat'
<i>8. Diseases of the Anterior and Posterior Yin (Genitals and Anus)</i>	
Five strangury (unctuous strangury, stone strangury, taxation strangury, qi strangury, blood strangury)	Urination is painful, strangled and rough, when there is desire to go, there is no ability to go, when there is desire to stop, it does not stop. Unctuous strangury descends like a fatty paste. Stone strangury is urine with sandy stones and extreme pain when the penis is erect. Taxation strangury is when the urine dribbles out without completion; it occurs with taxation. Qi strangury is urine that is rough and stagnant, the small abdomen is distended and full and often there is a dripping of surplus. Blood strangury is blood within the urine
Seven mounting patterns (cold mounting, sinew mounting, qi mounting, water mounting, blood mounting, foxy mounting, bulging mounting)	Swollen and painful lesser abdomen and scrotum that stops and starts at any time is called 'mounting.' When the yin sacs are cold, hard and painful, this is called 'cold mounting.' When the yang stalk is swollen and distended, or painful with tense and contracted sinews, possibly with white fluid like semen coming out, this is called 'sinew mounting.' When the scrotal sacs are swollen and painful and their form is like rock crystal, this is called 'water mounting.' When the area above and below the kidney is involved as well as the yin sacs, or if there is distention caused by crying or anger that is relieved by dispersing the qi, this is called 'qi mounting.' Swelling like a yellow melon on both sides of the larger abdomen, on both sides of the pubic bone or within the inguinal area, or damage to the scrotal sac causing swelling, are both called 'blood mounting.' When the scrotal sacs enter the lesser abdomen when lying down and exit when walking or standing with swelling, this is called 'foxy mounting.' When the yin sacs are swollen, as if rising in a cup, this is called 'bulging mounting'
Block and repulsion	Either the stools or the urine are impeded, with unceasing vomiting
Dribbling urinary block	Urinary stoppage, descending by dripping, is called 'dribbling.' When there is not even dripping, this is called 'block'
Shifted bladder	Extreme pain below the umbilicus, with urinary stoppage
Yang wilt (impotence)	The yang (penis) is wilted and does not rise
Rigid center	The yang (penis) is raised and does not return. The penis is stiff and painful.
<i>9. Diseases of the Essence-Spirit and Nerves</i>	
Withdrawal	Withdrawal disease begins with a feeling of unhappiness, then continues with lying prostrate and staring straight ahead
Mania	Mania disease begins with sleeping less, lack of hunger, a sense of high self-worth, conceit and arrogance, and then frenetic laughter, singing and happiness and moving or running without resting
Epilepsy	Sometimes occurring, sometimes not, with unconsciousness and convulsions
Generalized fatigue	The muscles are relaxed and dissipated; the sinews do not bind the muscles. It is as if there is cold, but there is no cold, or as if there is heat, but there is no heat. The bones and joints of the four limbs are loose, there is restlessness and vexation and a poor appetite

Table 15.1 (Cont'd)

Disease name	Clinical characteristics
Visceral agitation	Grief with a desire to cry that seems to come directly from the spirit, with frequent yawning
Veiling depression	In general there appears to be no disease; then, suddenly, as if the person is dying, there is an inability to move the body, the mouth is closed and cannot be opened, speech does not come out of the throat, there is aversion to hearing the sound of voices, but, like veiling dizziness, with slight movement there is awakening
Hu Huo ^b	The four limbs are deep and heavy, and there is a desire to close the eyes but the eyes cannot be fully closed, aversion to the smell of food, the face and eyes change to red, white or black; consuming of the throat is called 'huo,' consuming of the genitalia is called 'hu'
Lily disease	A desire to eat, but not eating, a desire to lie down, but not lying down, a desire to walk, but not walking, possible aversion to the smell of food, as if cold, but not cold, or as if hot, but not hot, bitter taste in the mouth, red urination, vomiting of any medicine taken, as if the spirit is enclosed
10. Diseases of the Metabolism	
Wasting-thirsting (upper wasting, middle wasting, lower wasting)	Thirst, rapid hungering, frequent urination, sweet urine. When thirst is primary, this is ascribed to upper wasting. When hunger is primary, this is ascribed to middle wasting. When frequent urination is primary, this is ascribed to lower wasting
Leaking wind	Profuse sweat, and an inability to accomplish taxing matters
Dull luster	The skin lacks luster, and is dry like a carapace
Obesity	Excessive levels of body fat, profuse sweating and lack of strength
Foot qi (dry foot qi, damp foot qi, foot qi penetrating the heart)	There is pain or numbness from the knees to the feet, possibly impediment, possibly wriggling of the legs like worms, possibly a weakness of the feet causing an inability to walk, possibly vomiting at the sight of food and aversion to the smell of food, counterflow rising of qi penetrating the heart. When there is no water swelling, this is called 'dry foot qi.' When there is puffy swelling of the lower limbs, this is called 'damp foot qi.' When the qi rises and penetrates the heart, this is called 'foot qi penetrating the heart.'
11. Gynecological Diseases	
Vaginal protrusion	The vagina pushes outward, like a cock's comb
Flooding	Sudden descending of blood from within a woman's vagina
Postmenstrual spotting	Unceasing dripping of blood when it is not a woman's regular time
Five discharges (green-blue, yellow, white, and black discharge)	The humor that drips from a woman's vagina is called 'vaginal discharge.' When the color is green-blue, it is called 'green-blue discharge.' When the color is red, this is 'red discharge,' when the color is white, this is 'white discharge,' when the color is yellow this is 'yellow discharge' and when the color is black, this is 'black discharge'
Intestinal <i>tan</i>	Lumps in the lesser abdomen that, at the beginning, are like chicken eggs, and after a long time become like a fetus. With pressure they are hard; when pushed, they move. There is normal menstruation
Stone conglomeration	Like intestinal <i>tan</i> but larger
Surreptitious menstruation	Lack of menstruation, but soreness of the back and abdominal pain at the regular time
Prolapse of the uterus	Flesh protruding out of the vaginal opening
Vaginal flatulence	The release of qi from the vaginal opening
Malign obstruction/ morning sickness	Disease occurring during the first 60 days of pregnancy with vomiting, nausea, dizziness, aversion to food, predilection for vegetables, is called 'malign obstruction'
Pregnancy swelling	Puffy swelling during pregnancy
Epilepsy of pregnancy (eclampsia)	Convulsions and unconsciousness of a pregnant woman
Mammary welling abscess	A women's breast becomes painful and there is painful swelling
Suspended breast	One or both breasts are elongated, fine and small like an intestine; it passes over the small abdomen. There may or may not be pain

Table 15.1 (Cont'd)

Disease name	Clinical characteristics
Mammary cancer	Cancer is engendered in the breast. It is also called 'mammary rock'
12. <i>Pediatric Diseases</i>	
Ununited skull	The fontanel is not united, in an older child there is an opening
Turtle back	The back and spine are raised, like a turtle
Soft neck (celestial pillar [neck bone] bending)	The neck is soft and the child is unable to straighten the head
<i>Gan</i> accumulation	Clear thinness, poor appetite, profuse sweating, fatigued spirit, tidal fever, cough. Under 20 years old it is called 'gan.' Over 20 years old it is called 'taxation'
Snow mouth (goose mouth sores)	White-colored sores engendered in the mouth
Fetal jaundice	Yellow skin at birth
Fright wind (acute fright wind, chronic fright wind)	Clouded spirit, straight staring, convulsions and arched back rigidity in children. If it arrives acutely and is caused by a high fever, it is called 'acute fright wind.' If it is due to profuse vomiting or profuse diarrhea, it is called 'chronic fright wind'

^aThe Ling Nan area is the area south of the Five Ridges, or the area that covers Guangdong and Guangxi in the south of China.

^b狐感 hú gǎn This is an old disease name that is not often found in modern texts, except when referring to older texts. The two characters individually mean 'fox' (hú) and 'plight', 'to be puzzled or bewildered' (gǎn), thus one possible translation is fox-like plight. I believe that this and other disease names using the term 'fox' refer to disease of unknown origin that, at one time, were thought to be caused by the fox spirits. At this time, I have chosen to leave the term 'hú gǎn' untranslated.

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Outline of diagnosis in gynecology

16

There are differences in the physiology of men and women and the development of disease also has gender differences; hence when diagnosing disease it is necessary to consider these differences and to pay attention to and grasp the characteristic points of diagnosis in women's diseases.

The characteristics of a women's physiological structure are that there is a uterus, uterine vessels, the birth canal and the yin opening. The uterus, also called the 'child's palace,' is located in the lower abdomen, in the center of the pelvic cavity, behind the bladder and in front of the intestines. Its lower opening connects with the birth canal (yin pathway) and its form is like an inverted pear. The primary physiological function of the uterus is to expel the menses and to nourish the fetus. Via the uterine vessels, the uterus has a close relationship with the heart and kidney. The uterine vessels are ascribed to the heart, they net the uterus and connect with the kidney. The birth canal and the yin opening are the pathway for the exiting of the menses and the child. Due to the fact that women have this characteristic physiological structure, therefore, there are the special physiological functions of menstruation, pregnancy, childbirth, lactation, etc., and there also can be a variety of pathologies of menstruation, vaginal discharge, pregnancy, childbirth, etc.

Menstruation, also called the 'monthly news,' is a result of the cyclic exiting of blood from the uterus. The tidal arrival of menstruation is the

manifestation of a girl's development into adulthood. In general, each menstrual cycle is 25 to 35 days, each flow of the menses is 3 to 7 days, the amount of menses in general is 50 to 100 ml, the color is dark red, neither thin nor sticky, and there is no characteristic odor. In general, a girl begins her menstruation around the age of 14 years. This is called the 'tidal onset' (menarche). Once the menses begin, then there is the ability to engender and nourish a fetus. At approximately 50 years, the menses stop. This is called 'menopause.' After menopause, there is no ability to engender or nourish a child. This is the normal physiological image. As the *Nei Jing* says: 'Girls, at seven years the kidney qi is exuberant, the teeth change and the hair grows. In the second seven the "tian gui"¹ arrives, the conception vessel is free, the great penetrating vessel is exuberant, the monthly affair arrives at its time, hence there are children, ... at the seventh seven, the conception vessel is vacuous, the great penetrating vessel is debilitated and diminished, the "tian gui" is exhausted, and the earthly path is impeded, hence the form is spoiled and there are no children.' (Comment: The second seven is 14 years old and the seventh seven is 49 years old.)

The primary component of menstruation is blood; hence there is the saying that women take blood as primary. The production, movement and assimilation of blood depend upon qi. Qi also depends upon blood for enrichment and engendering. Thus, it is said: 'Qi is the com-

mander of blood, blood is the mother of qi.' In addition, qi and blood are engendered and transformed together in the viscera and bowels, and travel together within the channel vessels. They are the substantive foundation for the physiological actions of menstruation, pregnancy, lactation, etc. Therefore, when the five viscera are harmonious, then the qi and blood are properly regulated and menstruation is normal. The relationship of menstruation to the kidney is especially close. Because the kidney is the root of before-heaven, it governs the storage of essence and it is the root of the body's growth, development and reproduction; hence when the qi of the kidney is abundant and exuberant the menstruation is properly regulated.

Because the qi and blood travel within the channel vessels, the relationship of menstruation and the channels and networks is therefore also extremely close. The vessels named the penetrating (chong), conception (ren), governing (du) and girdling (dai) vessels are especially important. The penetrating and conception vessels both arise from the uterus. The penetrating vessel is the sea of blood. The conception vessel governs the fetus. The penetrating vessel is the place where the qi and blood of the 12 channel vessels converge, and it is the thoroughfare for the circulation of qi and blood. Therefore, when the great penetrating vessel is exuberant, then the menstruation is properly regulated. When the great penetrating vessel is debilitated, then the menstruation is not regulated or it ceases. The conception vessel is the sea of the yin vessels. It governs the yin of the entire body, so that such yin fluids as essence, blood, body fluids, etc., are all managed by the conception vessel. The conception vessel and the uterus are mutually connected and so the conception vessel has the function of nourishing the uterus and the developing fetus. The governing vessel governs the yang of the entire body. It emerges from the perineum (hui yin, Meeting of Yin, CV-1), along with the conception vessel, and the conception vessel travels along the front of the body (directly in the center of the chest and abdomen). The governing vessel travels along the back of the body (directly in the center of the back). The two vessels travel to

the mouth opening and then connect at yin jiao, (Gum Intersection Point, GV-28). The two vessels are continuously circulating, maintaining the balance of yin and yang vessel qi, regulating qi and blood and, together with the functions of the penetrating vessel, maintaining the physiological functions of menstruation, pregnancy, labor, etc.

Besides these, there is the girdling vessel which arises from the region of the free ribs, encircles the waist, and nets and passes through the uterus like a girdle. From here it retains the channel vessels of the entire body, promoting their interconnected relationships. Thus it has a close relationship with the uterus and the uterine vessels. Hence, it is often said: 'The penetrating, the conception and the governing, these three vessels arise together and travel separately.' There is one source, and three forks, all of which net the girdling vessel. All of them have important functions regarding menstruation.

In sum, the special characteristics of the normal physiological functions of women depend upon the functioning, movement and maintenance of the viscera and bowels, the qi and blood and the channels and networks, especially the abundance and exuberance of kidney qi, the proper regulation of the penetrating, conception, governing and girdling vessels, and the harmonious movement of qi and blood, all of which result in normal menstruation, pregnancy and labor. Once there is disease due to debility of the kidney qi, damage to the penetrating, conception, governing or girdling vessels or lack of regulation of qi and blood, this causes the emergence and development of diseases of menstruation, vaginal discharge, pregnancy, labor, etc. In general, women's disease patterns develop only when there is direct or indirect damage to one of the four vessels: the penetrating, conception, governing or girdling vessels. For example, when the penetrating vessel is diseased, it easily causes abnormalities in the amassment and spillage of the sea of blood, which result in irregular menstruation, miscarriage, etc. When the conception vessel is diseased, it easily causes an insecurity of the yin fluids, which results in abnormal vaginal discharge, infertility, concretions and conglomerations, etc. When the governing vessel is

diseased, it easily causes vacuity depletion of yang qi, which results in infertility. When the girdling vessel is diseased, it easily causes a lack of regulation of the vessels, resulting in the emergence of abnormal vaginal discharge, prolapse of the uterus, etc. Therefore, the diagnosis and treatment of diseases of women requires attention to these physiological and pathological characteristics.

Essentials of the four examinations in gynecology

When examining and diagnosing disease in women, it is necessary to be skilled in the art of the four examinations, in addition to emphasizing diagnosis and examination based upon the physiological and pathological characteristics of the various symptomatic manifestations of menstruation, vaginal discharge, pregnancy and labor. If necessary, one can also use methods of gynecological examination to determine the disease circumstances, such as tests that examine the blood fluids or the urine as well as medical instruments for aiding in diagnosis. Below are the special characteristics of the four examinations as they pertain to gynecology.

Inspection examination

Gynecological inspection examination includes paying attention to the characteristics of the following aspects.

1. INSPECTION OF THE FACIAL COLOR

In general, pathological change is understood according to the same method as the previously described method of examination of color; however, it is also necessary to pay attention to important related aspects of menstruation, vaginal discharge, childbirth, etc. If the facial color is green-blue or black and dark purple, generally this is due to blood stasis and so there

may be painful menstruation, menstrual block concretion and conglomerations, etc. If the facial color is pale white or withered yellow, this indicates blood vacuity, which can be seen in scanty menstruation, menstrual block, etc. When the facial color is red, generally this indicates blood heat and can be seen in advanced menstruation, copious menstruation, flooding and spotting, etc. If the facial color is yellow and pale, generally this is ascribed to spleen vacuity with phlegm-damp encumbering internally, which can be seen with leukorrhea. A yellow or dusky complexion indicates depletion of body fluids, and can be seen with scanty menstruation, menstrual block, infertility, etc. If the face is pale and the cheekbones are red, this indicates yin vacuity fire effulgence, which can be seen with vacuity heat menstrual block. When the facial color is dull white and the body is fat, this is generally ascribed to yang qi vacuity and can be seen with excessive menstruation and vaginal discharge with a tendency toward vacuity cold. When the face is white, the color of the lips is pale white and the body is relatively thin, in general this is ascribed to qi and blood vacuity and can be seen with painful menstruation, white discharge, infertility, etc. If the facial color is green-blue and white, and the nails are green-blue, in general this indicates yin cold abdominal pain and can be seen with painful menstruation. If the facial color is black and dusky, this indicates kidney qi vacuity debilitation and can be seen with menstrual block, infertility, vaginal discharge, etc. In sum, gynecological disease patterns can be examined in terms of the diseases governed by the five colors. In addition, during pregnancy, in some women there may appear several macules on the face. These are called 'pregnancy macules.' In general, after delivery they gradually disappear by themselves.

2. EXAMINATION OF THE COLOR OF THE LIPS

The color of the lips is generally in accordance with the color of the face and of the tongue. If the lips are red, this indicates blood heat, while fresh red indicates yin vacuity fire effulgence,

which can be seen with excessive menstruation, advanced menstruation, flooding and spotting, etc. Pale white lips indicate spleen vacuity and blood vacuity, which can be seen with menstrual block or flooding and spotting. Green-blue lips indicate vacuity cold or a pain pattern, which generally can be seen with painful menstruation, concretions and conglomerations, etc.

3. EXAMINATION OF THE TONGUE

Examination of the tongue takes the color and sheen of the tongue body as primary. A pale white tongue indicates blood vacuity; if the pale white is lusterless this indicates dual vacuity of qi and blood. This can be seen with enduring flooding and spotting, menstrual block, scanty menstruation, delayed menstruation, etc. A red tongue governs heat, in general indicating blood heat. This can be seen with excessive menstruation, advanced menstruation, flooding and spotting, etc. A purple-crimson and dry tongue indicates heat at the blood aspect. In general this is yin vacuity fire effulgence, which can be seen with advanced menstruation with a scanty flow. A purple and dusky tongue or green-blue purple with stasis macules or stasis dots generally indicates blood stasis and can be seen with painful menstruation, menstrual block, concretions and conglomerations. It can also be seen with postpartum dizziness or death of the fetus and lack of descending. When the tongue is pale purple and glossy this indicates yang vacuity, which can be seen with such vacuity cold patterns as delayed menstruation, vaginal discharge and infertility. With enduring spleen vacuity vaginal discharge, the tongue body may be puffy and enlarged, with clear teeth marks on the sides. See the the section on tongue examination (p. 33) for further tongue examination details.

4. EXAMINATION OF THE CHEST AND ABDOMEN

When necessary, the breasts of pregnant women may be examined. In general, after becoming pregnant the breasts change following the

progression of the months of pregnancy. The breasts of pregnant women gradually become full and large and the nipple and areola become dark. After delivery, then the breast milk can emerge. According to ancient texts, after the 7th or 8th month of pregnancy the sex of the child can be determined by observing the abdomen. The texts record that, if the abdomen of a pregnant women is large like a cauldron² and the umbilicus is hard, this indicates a male fetus. If the abdomen is large like a winnowing basket³ and the umbilicus is soft, this indicates a female fetus. This inspection experience is for reference only.

5. INSPECTION OF THE YIN AREA

In ancient times, because of the influence of custom and propriety, the lower yin of a woman was rarely examined. Today, the broad clinical scope of gynecology uses examination in order to investigate women's diseases. Gynecological examination has become a method of examination and diagnosis that must be mastered by gynecological physicians. Refer to gynecological texts for information.

Listening and smelling examination

Listening and smelling examination includes the content of listening to the voice and smelling odors. The basic content is the same as that included in Chapter 2 on listening and smelling (p. 56). However, if, after a married woman of childbearing age stops menstruating, there is dry retching or nausea and vomiting at the sight of food without any other disease conditions, this indicates malign obstruction in pregnancy.

Smelling of odors in general takes the odor of the menstruation and vaginal discharge as primary. Normally, both the menstruation and a slight amount of white vaginal discharge have a somewhat fishy odor. If during the time of menstruation the odor is malodorous, this indicates heat. If the odor is fishy and

malodorous, this is cold. In flooding and spotting pattern, if the odor is extremely bad, even rotten and turbid like rotting eggs, generally this is ascribed to an unfavorable pattern. When there is a large amount of malodorous vaginal discharge, this is due to damp-heat pouring downward. If the odor is bad and fishy, this indicates vacuity cold. If the odor of the vaginal discharge is like rotting eggs, this also is an unfavorable pattern. If, after delivery, there is extremely smelly and copious lochia, accompanied by a fever, generally this is childbed fever. Smelling of the menses and discharge is generally discussed during the inquiry examination. Often there is only the patient's own analysis to go on.

Inquiry examination

Emphasis should be placed on inquiry about menstruation, vaginal discharge, pregnancy and delivery.

1. INQUIRY ABOUT MENSTRUATION

Ask the age of first menstruation; the length of time of the monthly menstrual cycle; the length of the time of flow and the quantity of the menstrual flow; whether the color of the menses is light red or dark red; whether the quality of the menses is thick or thin and whether or not there is a foul odor; whether or not they are mixed with blood clots. It is also necessary to know the date of the last menstrual period. Besides this, one should inquire about whether there is lumbar pain, abdominal pain, chest pain or rib pain during menstruation or before or after menstruation, as well as about the diet, the bowels and urination.

The age of menarche will vary according to differences in developmental circumstances. In general it begins at age 14 years, but it may begin between 16 and 18 or at around 13 years of age. If there is relatively early development, then menstruation may begin relatively early. If the age of menarche is too delayed, or if there is

no menstruation, this is generally due to a weak body with blood vacuity, insufficient kidney qi or lack of exuberance of the penetrating and conception vessels. The period of time for each cycle generally is within 25–35 days. If the time between the cycles is too short, often this is due to blood heat. If the period of time is too long, this is often due to blood vacuity. If the time period is not determined, sometimes arriving early and sometimes late, this is generally due to kidney vacuity or liver depression. The length of flow is generally 3–7 days. If the period of flow is too short or too long, or the amount is too little or too much, generally this is due to lack of regulation of qi and blood. Deep red menstrual color indicates heat; paleness indicates vacuity. If the quality is thin, this indicates vacuity; if the quality is thick, this indicates heat. If it is accompanied by blood clots, this is stasis. If there is abdominal distention and pain prior to menstruation, this is often due to qi stagnation or blood stasis. If there is a dull pain of the small abdomen after menstruation, this is generally ascribed to blood vacuity. In a fully developed woman with menstrual block or stoppage with no other symptoms, it is important to pay attention to the possibility of pregnancy. If, in elderly women, after menstruation has stopped there is suddenly menstruation, it is necessary to pay attention to pathological changes of blood patterns or flooding and spotting.

2. INQUIRY ABOUT VAGINAL DISCHARGE

Inquire about the presence or absence of vaginal discharge, the color of the discharge, the amount of discharge, whether the discharge is clear and thin or thick, turbid and sticky, and about the odor. In general, discharge that is thin and white with a fishy smell indicates vacuity and cold. Discharge that is yellow, thick and malodorous generally indicates repletion and heat. Discharge that is yellow and copious is often due to damp-heat pouring downward. Discharge that is red and white, that drips without ceasing and has a slightly foul odor is generally ascribed to damp-heat in the liver channel.

3. INQUIRY ABOUT THE ANTERIOR AND POSTERIOR YIN (GENITALS AND ANUS)

Inquire about whether there is itching, sagging or distention or pain of the two yin. If the anterior yin is sagging, distended and painful, this is often due to qi vacuity downward fall and is seen in vaginal protrusion (uterine prolapse). If there is itching of the yin region, this is often due to damp-heat pouring downward.

4. INQUIRY ABOUT CHILDBIRTH

Married women should be asked about how many times they have been pregnant, as well as such disease conditions as whether or not there is a history of difficult childbirth, whether or not there is a history of miscarriage, whether there is infertility and whether there have been multiple abortions. Pregnant women must be asked about the number of months of pregnancy, whether or not there is lumbar or abdominal pain, whether or not there has been vaginal bleeding, whether or not there is puffy edema, vomiting, etc., so as to understand whether disease conditions appear during the pregnancy. Women who have just given birth must be asked about the delivery, and the circumstances of the blood during delivery, as well as the amount, color and odor of the lochia after delivery. In this way it is possible to understand whether there are patterns such as blood stasis or puerperalism. After delivery, one must inquire about food and drink, the circumstances of the urine and bowels and the amount of breast milk so as to understand whether the stomach qi is strong or weak and whether the fluids are exuberant or debilitated.

5. OTHER INQUIRY EXAMINATIONS

Women's bodies are generally relatively weak and, in addition, there are the physiological and pathological aspects of menstruation, vaginal discharge, delivery, etc. Hence, women must also be asked about any related events that might easily cause illness. For example, during

menstruation a woman should be asked about whether or not she waded through water or lived in an excessively damp or cold environment during menstruation, or whether or not there was excessive intake of cold or raw foods or dry and hot foods. During pregnancy and after delivery, she should be asked about whether or not she taxed herself excessively, etc. Matters that can easily influence the seven affects such as family affairs, marriage or children must also all be understood. At different ages of a woman's life, the emergence of disease patterns will also vary. For example, young women may have irregular menstruation; young married women may have problems with pregnancy and delivery; and older women may have miscellaneous gynecological diseases. Therefore, inquiring about age is also helpful for diagnosis.

In summary, inquiry examination in gynecology requires careful and precise questioning and so it is necessary to pay attention to dispel the patient's misgivings. In this way the disease conditions are revealed.

Pulse examination

Because women take blood as primary, in terms of diagnosing disease palpating the pulse has important meanings; during menstruation and childbirth especially the pulse image can have different manifestations and so it is necessary to differentiate its normal image and its abnormal image. Typically, the pulse of women is relatively weak, the pulse of the right hand is larger than that of the left and the cubit pulse is relatively exuberant. Yet, due to circumstances such as menstruation, vaginal discharge, a fetus and childbirth, the pulse image can manifest both physiological and pathological changes. These are simply explained below.

1. PULSE OF MENSTRUATION

Normally, when a woman is about to menstruate or during menstruation the pulse image is such that the cubit and bar on the left are surging and larger than on the right; or possibly

the two inch pulses are floating and rapid and the two bar pulses are string-like. If a woman has irregular menstruation, then there manifests a pathological pulse. For example, if the pulse is string-like and racing, or the two bar pulses are surging, large, slippery and rapid, this indicates blood heat in the penetrating and conception vessels, which can be seen with advanced menstruation or excessive menstruation. If the pulse is fine and rapid this indicates blood heat damaging the fluids and yin vacuity fire effulgence, which can be seen with advanced menstruation and dribbling and spotting. With menstrual block pattern, in general if the cubit pulse is fine and rough this is a vacuity pattern; if the cubit pulse is string-like and slippery this is a repletion pattern.

2. PULSE OF VAGINAL DISCHARGE

If there is excessive discharge, and the pulse is slippery and rapid, this indicates damp-heat. If the vaginal discharge is clear and thin and the cubit pulse is deep and slow, this is ascribed to yang vacuity debilitation.

3. PULSE OF PREGNANCY

The Nei Jing states: 'Yin beating differently from the yang, this indicates there is a child,' and 'If there is extreme stirring in the hand lesser yin pulse of a woman, she is with child.' 'Yin beating differently from the yang' refers to the cubit pulse (which is ascribed to yin) stirring under the fingers differently from the inch area, which is the yang pulse. This is a pulse image of pregnancy. This is because the cubit pulse is ascribed to the kidney and the uterus is tied to the kidney; therefore, because when a woman is pregnant the qi of the fetus is stirring, thus the cubit pulse manifests as slippery and stirring and is different from the pulse of the inch position. The hand lesser yin refers to the heart pulse. The heart governs the blood and promotes the flow of the hundred vessels. The blood collects to nourish the fetus; therefore with pregnancy the left inch pulse is slippery

and stirring. The stirred pulse referred to here is a beat that is stirred and yet also smooth. It also refers to the slippery pulse of pregnancy. Put another way, if there is no other disease and a woman stops menstruating and there is a slippery pulse, then pregnancy ought to be considered. Or if after menstruation ceases the six pulses are balanced, including the cubit position, or if the left inch is slippery and stirred, all of these can be signs of pregnancy. But if the six pulses of a pregnant woman are deep, fine, short and rough, or the two cubit pulses are weak, generally this indicates a vacuity of qi and blood and an insufficiency of kidney qi, and so it is necessary to pay attention to and look for signs of miscarriage. When there is extremely severe morning sickness and vomiting, there may be a skipping or regularly interrupted pulse. This is due to the acute vomiting, which causes the qi of the pulse to be unable to flow smoothly. However, as the pregnancy progresses and the morning sickness is resolved then the pulse will no longer be skipping or regularly interrupted.

In general, the pulse of pregnancy is a good indicator for diagnosis; however, in order to diagnose early pregnancy, one should not depend solely upon the pulse. It is necessary to combine this with other tests in order to have a definite diagnosis.

4. PULSE OF PARTURITION AND POSTPARTUM

In general it is felt that during parturition the pulse will be different from a normal pulse in terms of speed. This is because during parturition the fetus is moving and stirring in the abdomen and the uterus is contracting, hence the pulse image manifests as rapid. It also has been pointed out that if the middle pulse on both sides has a pulse that is stirring and the beat extends to the tip of the finger, and this is accompanied by periodic pain of the lumbus and abdomen, then this is a sign of parturition. The pulse of parturition may be used as reference; however, today generally the examination of the complete opening of the cervix is used as a basis.

After delivery, a woman's qi and blood are depleted and vacuous and so the pulse image generally becomes small and moderate. Thus a pulse that is vacuous, moderate and balanced is normal after delivery. If the pulse is other than this, then it is pathological and should be combined with the four examinations for a complete diagnosis and to determine treatment.

Essentials of pattern differentiation in gynecology

For the most part the principles of pattern differentiation in gynecology are the same as for internal medicine; however, it is necessary to grasp the characteristics of the four diagnoses in gynecology and then identify patterns and administer treatment according to the physiological and pathological characteristics of women. It is especially important to investigate the pathologies of menstruation, vaginal discharge, pregnancy and labor.

Important points concerning pathological patterns of menstrual and vaginal discharge

1. PATHOLOGICAL MENSTRUAL PATTERNS

Commonly seen pathological menstrual patterns include advanced menstruation, delayed menstruation, menstrual periods that arrive early and late, with no definite cycle, excessive menstruation, scanty menstruation, painful menstruation, flooding and spotting, menstrual block, bloody stools, diarrhea or nosebleeds prior to or during menstruation, as well as menopausal patterns.

A. ADVANCED MENSTRUATION

Menstruation that arrives 8 or 9 days earlier than it should, or even two menstrual cycles in

1 month, is called 'advanced menstruation.' In general this is considered to be ascribed to a heat pattern, which can be divided into repletion heat and vacuity heat. Repletion heat type is blood heat in the penetrating and conception vessels, which manifests as menstruation that arrives early and is copious in amount, purple colored and thick. In addition, there must be such heat images as yellow tongue fur and a pulse that is slippery and rapid or string-like and rapid. With vacuity heat, the menstrual period also arrives early, but the amount is scanty, the color is red and thin, and it is accompanied by such manifestations of yin vacuity fire effulgence as vexing heat in the five hearts and a pulse that is fine and rapid. In addition, there is a qi vacuity pattern, which is generally due to failure to control the blood, resulting in early arrival of the menstruation. Here the amount is also copious, but the color is pale and the quality is thin and it is accompanied by such manifestations of qi vacuity patterns as spirit fatigue, shortness of breath and palpitations. The tongue is pale and the pulse is vacuous.

B. DELAYED MENSTRUATION

Menstruation that follows the time it should arrive by 8 or 9 days, or menstruation every 40 or 50 days, is called 'delayed menstruation.' The Jing Yue Quan Shu states: 'If the blood is cold, then the menses must arrive delayed.' Hence, the cause is often a cold pattern. Cold can be divided into repletion cold and vacuity cold. Repletion cold manifests as delayed menstruation with clear, thin, dark red and scanty menses, and cold pain of the small abdomen, accompanied by the pulse and signs of a pattern of repletion cold. Vacuity cold manifests as dull, scanty and thin menses, with abdominal pain that responds to warmth and pressure accompanied by the pulse and pattern of yang vacuity. Also, blood vacuity and qi stagnation can cause delayed menstruation. Blood vacuity delayed menstruation manifests as scanty, pale menses with lingering abdominal pain after menstruation accompanied by the pulse and pattern of blood vacuity. That due to qi

stagnation is generally caused by binding depression of liver qi resulting in delayed menstruation. The color of the menses is normal, the amount is either scanty or sometimes scanty and sometimes copious, and there is distending pain of the small abdomen accompanied by qi stagnation signs.

C. MENSTRUATION AT IRREGULAR INTERVALS

This is when the time of menstruation is disordered, sometimes early, sometimes late, sometimes advanced, sometimes delayed. This is generally due to liver depression qi stagnation or kidney vacuity. With liver depression qi stagnation, in general the amount of menses is relatively scanty, but it also may be sometimes copious and sometimes scanty. The color and quality of the menses in general are normal, but the flow is impeded. If accompanied by blood stasis, then there may be stasis clots. Also there may be signs such as oppression and pain of the chest and rib-side, and a string-like pulse.

D. PROFUSE MENSTRUATION AND SCANTY MENSTRUATION

When the time of menstruation is basically normal, but the amount of menses is profuse and the period of flow is long, this is called 'profuse menstruation.' This is divided into blood heat and qi vacuity. In general, that due to blood heat is dark red and thick, occasionally with blood clots and accompanied by pulse and tongue signs indicating a heat pattern. The period of flow of that due to qi vacuity is extended, and the color and quality are pale, clear and thin. This is accompanied by a pulse and signs of qi vacuity pattern.

When the time of menstruation is basically normal but the amount of menses is scanty and the period of flow is short, this is called 'scanty menstruation.' There are two pattern types: blood vacuity and blood stasis. With blood vacuity the menstrual blood is extremely scanty, the period of flow is approximately 1 day or

there may be only dripping of menstrual blood, the color is pale and it is accompanied by a pulse and signs of blood vacuity. With blood stasis the arrival of the menses is impeded and the amount is scanty, there is abdominal pain prior to or during menstruation, there are stasis blood clots and after the blood clots have been passed there is some relief of the abdominal pain. The tongue is dark purple and there may be stasis dots or stasis macules, and the pulse is deep and rough.

E. PAINFUL MENSTRUATION

Relatively severe pain of the small abdomen during, prior to or after menstruation is called 'painful menstruation.' This is often accompanied by pain and soreness of the lower back. It can be divided into vacuity and repletion. The *Jing Yue Quan Shu* states: 'With repletion pain, generally the pain begins prior to flow and diminishes as the menses begin to flow. Vacuity pain may begin toward the end of the blood flow and stop when the blood flow is ended, or it may become more severe after the blood flow has ended.' The time period of the pain is used to distinguish vacuity and repletion. In general, repletion patterns include qi stagnation blood stasis type painful menstruation, as well as the pattern of cold-damp congealing and stagnating in the blood vessels causing painful menstruation. The former pattern has signs of qi stagnation and blood stasis and the pain may diminish when stasis clots have been passed. The latter pattern is accompanied by signs indicating cold-damp, such as thick white tongue fur, a deep, tight pulse, and abdominal pain that accepts warmth and is diminished by warmth. In vacuity patterns, the color is pale, the amount scanty and it is clear and thin; there is pain of the small abdomen which accepts pressure. The patterns include qi and blood vacuity and liver and kidney vacuity. In the former pattern, during menstruation or after menstruation there is lingering pain of the abdomen as well as signs of qi and blood vacuity pattern. In the latter pattern often there is soreness and pain of the

lower back. In addition there are signs of liver and kidney vacuity such as dizziness and ringing of the ears.

F. FLOODING AND SPOTTING

When a woman who is not menstruating expels a profuse amount of blood from the yin passage vagina, or there is incessant bleeding or dripping of blood, this is called 'flooding and spotting.' In general if the blood arrives acutely and forcefully and the amount is profuse, this is called 'flooding' (menstrual blood that descends in a downpour is called 'flooding'). If the amount of blood is scanty, but there is unceasing dripping, this is called 'spotting' (menstrual blood that arrives with unceasing dripping is called 'spotting'). The Ji Sheng Fang states: 'The disease of flooding and spotting, at its root is one pattern. That which is light is spotting, that which is severe is flooding.' Clinically, they are difficult to separate and are generally spoken of together. In general, flooding and spotting can be divided into blood heat flooding and spotting, qi vacuity flooding and spotting, and blood stasis flooding and spotting. With blood heat the amount of blood expelled is profuse, acute and forceful, and continues for a long time, and the menstrual blood is deep red. In addition there are heat images such as vexation and agitation, a red tongue with yellow fur and a rapid pulse. With qi vacuity, the blood also may be profuse, or there may be unceasing dripping, the menstrual blood is relatively pale red and clear and there are qi vacuity pattern signs such as a vacuous, weak pulse, a pale, tender tongue, spirit fatigue, etc. With blood stasis, the blood descends with clots, the color is purple-red and there is abdominal pain that refuses pressure. If the flooding and spotting pattern continues for many days, it must lead to vacuity consumption of qi and blood; therefore it is necessary to differentiate whether or not it is a complex situation of both vacuity and repletion. (See Chapter 5 on eight principle pattern differentiation, p. 165, and Chapter 9 on qi and blood pattern differentiation, p. 253.)

For further information regarding menstrual patterns, refer to texts devoted to gynecology.

2. DIFFERENTIATING COLD AND HEAT, VACUITY AND REPLETION ACCORDING TO MENSTRUAL ABNORMALITIES

Menstrual abnormalities include disorders of the time of the cycle, the amount of the menses, the color of the menses, the quality of the menses, etc. The commonly seen disease patterns have been described above. Table 16.1 is a chart that differentiates cold and heat, vacuity and repletion according to the abnormal manifestations.

3. DISEASE PATTERNS OF VAGINAL DISCHARGE

'Dai xia bing'⁴ has both a broad and a narrow meaning. In a broad sense it refers to suffering or disease below the girdling vessel, referring especially to women's diseases. In a narrow sense it refers to abnormal spillage of humor from the vagina. This is commonly referred to as leukorrhea. Under normal physiological circumstances women have a very small amount of white-colored, sticky, thick humor expelled from the vagina. If the amount, color or quality is abnormal, this is a pathological condition. Vaginal discharge diseases are commonly seen diseases in women, hence there is the saying: 'With ten women, there will be nine with leukorrhea.'

The colors of vaginal discharge can be divided into white discharge, yellow discharge, red discharge, red and white discharge, green-blue discharge, black discharge, five-colored discharge, etc. When differentiating patterns of vaginal discharge, it is important to differentiate vacuity and repletion. Vacuity patterns are generally an insufficiency of the spleen and kidney. Repletion patterns are generally liver heat or damp-heat pouring downward.

In general, it can be said that white discharge is ascribed to spleen vacuity or kidney vacuity. The pattern manifests as white-colored vaginal discharge that is clear and thin, and drips without ceasing. There is no itching of the yin

Table 16.1 Differentiation of cold and heat, vacuity and repletion according to menstrual abnormalities

	Heat		Cold		Repletion		Vacuity		
	Repletion heat	Vacuity heat	Repletion cold	Vacuity cold	Liver depression, qi stagnation	Blood stasis	Qi vacuity	Blood vacuity	Kidney vacuity
Monthly cycle	Advanced	Advanced	Delayed	Delayed	Indeterminate menstruation or menstrual block	Indeterminate or flooding and spotting	Advanced or flooding and spotting	Delayed or menstrual block	Indeterminate
Menstruation	Prolonged	Dripping for several days	Shortened	Shortened	Indeterminate	Indeterminate	Prolonged	Shortened	Prolonged
Amount of menses	Profuse	Somewhat scanty	Scanty	Scanty	Scanty, or sometimes profuse, sometimes scanty	Scanty, impeded flow	Profuse	Scanty	Scanty or indeterminate
Color of menses	Fresh red, purple-red	Fresh red	Dull red, pale red	Dark red	Normal or light red	Purple, dull	Pale red	Pale red or yellowish	Pale red
Quality of menses	Thick, sticky	Thick or thin	Clear, thin	Thin	Normal or thick and purulent with congealed clots	With congealed clots and stasis clots	Thin	Thin	Clear, thin
Odor	Foul smelling		Fishy smelling						
Small abdominal pain	Pain before or during menses	Dull pain after menses	Cold pain after menses	Pain that prefers warmth	Distending pain, stronger during menstruation	Pain that refuses pressure before or during menstruation	Pain and bearing down sensation	Lingering dull pain after menstruation	Distending pain of the abdomen
Lower back pain			Soreness and pain of the lower back	Soreness and pain of the lower back	Pain of the chest and rib-side		Lower back soreness and weakness	Lower back soreness	Soreness and pain of the lower back
Facial color	Red	Redness of the cheekbones	Green-blue, white	Bright white	Green-blue, white	Green-blue, black or dull purple	Pale white	Withered yellow or pale white without luster	Dark and dull
Tongue image	Red body, yellow fur	Purple body, scanty fur or thin yellow fur	Pale body, white fur	Pale, tender, glossy white fur	Dull red	Dull purple body with stasis dots or stasis macules	Pale red, white fur	Pale red body, patchy peeling fur	Pale body, white fur
Pulse image	Slippery, rapid	Thin, rapid	Deep, tight	Slow, thin	String-like or string-like and rough	Deep and string-like or deep and rough	Vacuous, weak	Thin, vacuous	Vacuous, weak
Other	Thirst with a preference for fluids, red urine, constipation, possibly fever	Vexing heat of the five hearts, tidal fever after noon, night sweating	No warmth in the hands and feet, preference for warmth, aversion to cold	Physical cold and cold limbs, bland taste in the mouth, sloppy stools	Depressed essence-spirit, a predilection for sighing, heart vexation, breast distention prior to menstruation	Dry mouth with no thirst, possibly scaly skin	Bodily fatigue, low voice, heart palpitations, shortness of breath	Dizziness, heart palpitations, numbness of the hands and feet	Spirit fatigue, shortness of breath with a lack of strength, head dizziness, ringing in the ears, frequent night urination, sloppy stools

area, but there is spirit fatigue and there may be dull abdominal pain or soreness and pain of the lower back.

Yellow discharge is generally ascribed to damp-heat. The pattern manifests as discharge that is yellow colored, like the color of tea water; it is sticky, slimy and foul smelling, and there may be swelling and pain of the yin area and abdominal pain. In addition, there are signs of damp-heat such as a red tongue with yellow, slimy fur, a slippery and rapid pulse, etc.

Red discharge refers to the flowing of reddish brown, sticky humors from the vagina, which looks like blood but is not. At the onset, red discharge is generally ascribed to damp-heat or liver fire. These patterns manifest with profuse discharge that is sticky and malodorous, a bitter taste in the mouth, thirst, constipation, and short and red urination, painful urination or urination with bleeding. Enduring red discharge is generally ascribed to a vacuity pattern, either vacuity heat or vacuity cold. When there is vacuity heat there is red-colored discharge that is thick, sticky and malodorous, head dizziness, flowery vision, heart palpitations and heart vexation, dry mouth, diminished sleep, a red or purple tongue with little or completely peeled fur and a fine and string-like pulse. Vacuity cold manifests as red discharge that is unceasing. Because there is spleen vacuity, there are signs of an inability to manage and secure the blood. Red and white discharge is generally due to damp-heat. This pattern manifests with profuse mixed red and white discharge that is sticky and malodorous, and dampness and itching of the vaginal opening.

Green-blue discharge, black discharge and multicolored discharge are relatively rarely seen. Refer to gynecological texts for further information.

4. DIFFERENTIATION OF VAGINAL DISCHARGE DISEASE ACCORDING TO COLD AND HEAT, VACUITY AND REPLETION

Differentiation of cold or heat, vacuity or repletion can be made according to the nature of the discharge and the signs of the entire body, as well as the manifestations of the tongue and the pulse, as depicted in Table 16.2.

Disease patterns involving vaginal discharge and menstruation may occur simultaneously; thus in diagnosis, the principles of the four examinations and eight principles must be used to differentiate and examine the important points of pattern identification in menstrual disease patterns and disease patterns of vaginal discharge. Only in this way, by grasping the characteristics of the entire body and using the points of pattern differentiation and treatment, can an effective diagnosis and treatment of gynecological disease be completed.

Disease patterns of delivery

Please refer to specific texts on gynecology for information.

Table 16.2 Chart of the differentiation of vaginal discharge disease according to cold and heat, vacuity and repletion

	Repletion heat (damp-heat, liver fire)	Vacuity cold (spleen vacuity, kidney vacuity)
Nature of discharge		
Color	Yellow, red and white or yellow and white	White or pale yellow
Quantity	Profuse	Profuse, unceasing dripping
Quality	Thick and sticky	Clear and thin like saliva
Odor	Malodorous	Not malodorous, but fish-like smell
Other signs	Itching of the vagina, bitter taste in the mouth, dry throat, short and red urination or frequent and painful urination, red tongue with greasy yellow fur, string-like, slippery and rapid pulse	Spirit fatigue, lack of strength, torpid intake, sloppy stools, abdominal pain, soreness and pain of the lumbus, clear and long urination, pale and tender tongue, possibly with teeth marks, string-like, weak and vacuous pulse

NOTES

1. Tian Gūi 天癸 'The principle of reproductive viability, menstruation. Wiseman N 1995 *English-Chinese Chinese-English Dictionary of Chinese Medicine*, Hunan Science and Technology Press, Hunan, People's Republic of China.
2. Fǔ 釜 A type of cauldron used in ancient China.
3. Jī 箕 Wincwing basket or dustpan.
4. Dài xià bìng 带下病 lit. 'diseases under the belt.' Refers both to diseases of vaginal discharge and to diseases that occur beneath the girdling vessel.

Outline of diagnosis in pediatrics

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Children are in the process of constant growth and development; therefore in terms of physiological characteristics they are different from adults, and in terms of the transmission of disease and changes in disease circumstances there are also differences from adults. Therefore, in terms of diagnosis and treatment, there are special characteristics. One cannot make the mistake of taking children as smaller images of adults. Rather, it is necessary to understand completely the characteristics of the physiology and pathology of children and to grasp the important points of the four examinations and pattern identification. Only in this way can one make a correct diagnosis of children's diseases.

The scope of pediatrics refers to the time period from birth to approximately 14 years of age. Under normal circumstances, after birth children are continually developing and growing; therefore during childhood the 'lease on life' is developing and is not complete, hence the viscera and bowels are tender and their form and qi are not full, the channels and vessels are not exuberant and the spirit qi is weak. As the Xiao Er Yao Zheng Zhi Jue states: 'the five viscera and six bowels, are forming but are not complete, ... when complete, they are not vigorous.' Hence there is the saying that children are a body of young yin and young yang. In other words, the body mechanisms of children are tender, and the physiological functions of the viscera and bowels are not yet completed. In addition, because children are

constantly developing and growing, there is flourishing growth of the body mechanisms and characteristic rapid development. The Lu Lu Jing states: 'Under 3 years old, [the child] is pure yang.' Pure yang refers to the flourishing development of the mechanism, like the sun rising in the east or the sprouts of grasses and trees. As the age increases, the yin is engendered and grows, the qi and blood gradually fill, the physical body gradually strengthens, and the physiological functions of the body mechanism increase and become more complete day by day.

Because children have the characteristics of incomplete essence and qi of the internal viscera, an inability of the exterior defense to secure the flourishing and development of the 'lease on life' and rapid development, the diseases they suffer from therefore manifest as a tendency easily to become sick, a tendency for disease to change easily and a tendency to recover easily. Children easily become sick because the body mechanism is still tender and so the six excesses easily invade the exterior, and the interior is easily damaged by food and beverages. Therefore, the ancient medical books all say: 'the intestines and stomach are fragile, and so they are generally damaged by food, the sinews and bones are tender, and so they easily contract wind and cold.' After becoming sick, it is also easy for there to emerge various types of pathological changes. This is because the young yin is not yet grown, and so the disease easily transforms into heat or fire and becomes a

surplus of liver yang. Thus because liver wind is easily stirred by vigorous heat there may be repletion heat patterns such as fright reversal or stupor as well as the emergence of phlegm-heat brewing in the lung. Also, because the young yang is not full it easily creates vacuity cold signs such as a green-blue facial complexion and cold limbs or heart yang vacuity desertion. During the sickness, the transformations of hot and cold, vacuity and repletion are relatively frequent, and the changes are rapid. In addition, because children have stages of development and growth, the visceral qi is clear and flexible and easily recovers. Also, because children are highly reactive, appropriate treatment easily and rapidly shows results. In addition, the causes of disease are relatively simple and the influence of the seven affects is unusual, and so there is uninhibited recovery.

To gain knowledge concerning the key points of pediatric physiology and pathology one must take a step further in grasping the concepts of the four examinations and pattern differentiation, for these are the fundamentals of pediatric diagnosis.

Outline of the four examinations in pediatrics

A nickname for pediatrics is the 'mute medicine,' referring to the fact that children are not able to explain the disease condition because they cannot use words to describe their pain, but can only shout or cry. Hence the four examinations take inspection examination as primary and depend upon the mother and father or accompanying adult to speak for the child in inquiry examination.

Inspection examination

The basic content is the same as in the chapter on diagnostic methods, but it is necessary to pay attention to the following points.

1. INSPECTION EXAMINATION OF THE ENTIRE BODY

Under normal circumstances a child's essence-spirit is lively and vivacious, movement is flexible, the face is red, moist and spirited, the form is strong and replete, the skin is full of luster and the amount of development is appropriate for the age. If a child's spirit is torpid, withdrawn or there is vexing, shouting and crying, and the facial color is dark and dull or sometimes green-blue, sometimes red, or withered yellow and pale white and the development is not appropriate to the child's age, these all indicate a pathology of spirit and bearing. For example, if a child is torpid and stagnant, the development is retarded, form and body are thin and weak, and the muscles and skin are dry and without luster. This is generally seen in childhood gan accumulation patterns. If there is shouting, crying and restless stirring, the sound of crying is sharp, there is a moving to and fro, or sometimes the child is in movement and sometimes stopped. This is generally seen in pain patterns. If when sleeping there is a preference for lying prone, this often indicates food stagnation or parasites.

Besides these, one should also examine whether or not there are abnormalities in the form such as a chicken chest (distended chest), turtle back (hunchback), a pattern like a string of beads on the chest area, crooked legs, etc. As for the aspect of examination of the tongue, normally when a child is born the tongue body is red and without fur. In infants (lit. 'milk children,' i.e. still at the stage of drinking only milk) a tongue that has milky white fur is also normal. If a child's tongue fur is peeled like a map, this is generally ascribed to spleen and stomach vacuity weakness, poor digestion or the presence of parasites. If there is a moldy fur, this is generally due to accumulation of food and lack of digestion.

2. REGIONAL INSPECTION EXAMINATION

In children under 3 years old, emphasis is

placed upon inspection of the fontanel and the network vessels of the index finger. In general, protrusion of the front fontanel indicates a repletion pattern. This can be seen in heat evil rising and harassing or liver wind stirring frenetically. Depression or sinking of the front fontanel indicates a vacuity pattern. This can be seen in loss of fluids due to vomiting or diarrhea or chronic fright wind. Early closure of the front fontanel with a pointed and small head is generally an inauspicious omen of poor intellectual development. Retarded closure of the front fontanel or non-closure with a large, bean-shaped head and downward-staring eyes generally is due to accumulation of water in the brain or rickets. Sometimes inspection of the network vessels of the finger in children 3 years old and under can be chosen instead of pulse examination in order to investigate the disease conditions (see Chapter 1: Inspection examination, p. 25).

One must also inspect the condition of the bowels and urination of a child. If the bowels of an infant are sloppy and loose and there are white congealed clots, this indicates internal damage by milk and food. If there is a downpouring of diarrhea that is slightly yellow and has a profusion of frothy bubbles, this is contraction of the external evil of wind-cold. It is normal for a child's skin to be slightly tender, bright and moist. When a child is suffering from disease, one should pay attention to whether or not there are pathological changes such as sand,¹ papules, cinnabar toxins, macules, pox sores, miliaria, sores, etc. (See Chapter 1, p. 28). Besides this, one must also inspect whether or not there are any pathological changes in any part of the body. For example, if the throat or the tonsils are swollen and large, this generally indicates external contraction of wind-heat. If there is swelling, pain and dripping of pus within the ear, this is generally due to liver and gallbladder wind and intense fire rising. A green-blue and cold ear is generally due to cold pain or fright wind. Also, inspection of the length and hardness of the teeth can aid in understanding a child's development.

Listening and smelling examination

It is important to listen to the sound of the child's crying as well as to the breathing and coughing. Crying is the primary manner in which children express emotions and suffering. For example, when the sound of the crying is high and rapid, or there is a sharp, violent crying that stops and starts, this usually indicates pain. If the crying is accompanied by cough or, in severe cases, vomiting or phlegm-rheum, this is generally due to wind evil harassing the lung, or phlegm-heat in the lung. If the crying sound is hoarse and unclear, this is generally due to wind-heat residing in the throat. In general, crying sounds that are loud and full indicate heat pattern, and crying sounds that are fine, small, low and weak indicate vacuity patterns. Normal breathing in children is even and regular. If the breath is rapid and hasty, and the breath is discontinuous, or in severe cases there is flaring of the nostrils, this is generally due to phlegm-heat congesting the lung. If the breathing is panting and hasty and the breath is faint and weak, this indicates vacuity debilitation of the lung qi. If the sound of a child's cough is strong and turbid, this is generally due to external contraction. If the coughing sound is spasmodic, the ears and face become red when coughing, and there is tearing from the eyes, this is called 'long-bout cough,' 'hundred days cough' or 'whooping cough.' If the sound of the cough is like a bark, then one should pay attention to patterns such as diphtheria or throat impediment.

Inquiry examination

For infants, it is necessary to inquire of the parents or whoever is accompanying the child about the disease. For older children, although they can answer some of the physician's inquiries, sometimes they are not accurate and so their statements should be checked. The principle of pediatric inquiry examination is the

same as that described in Chapter 3 (p. 63). It is necessary to emphasize inquiry concerning the primary complaint, the circumstances of the onset of disease, the history of previous diseases, etc. However, aspects such as diet, sleep, etc., also cannot be omitted. Children are in the process of growing and developing, and the circumstances regarding their nutrition and regulation of food and drink are very important. Hence, one ought to inquire about whether the child was breast fed or fed with synthetic nutrients, as well as whether he or she was fed with appropriate foods and whether or not the amounts were sufficient, whether or not there are dislikes of foods or preferences for unusual foods, etc. Because the spleen of children is often insufficient, they are easily damaged by food and drink. Children fed on 'synthetic' nutrients are especially susceptible to poor nutrition. If food and drink are not regulated, then it is easy to cause food stagnation or warm accumulation.

In healthy children, the sleep should be peaceful and sound. The younger the child, the more time is required for sleeping. If the sleep is unsettled, this is often due to accumulation and stagnation of food. If there is grinding of the teeth while sleeping, this is generally due to depressed heat or worm accumulation. In order to diagnose and treat diseases related to development, such as gan accumulation, the five slownesses² or the five limpnesses³, it is necessary to inquire carefully about the emergence of the teeth, the time when the child began to sit, stand and walk, the circumstances surrounding language acquisition and the strength of the child's intellect. In addition, inquiry concerning contact with infectious diseases and preventive measures cannot be omitted.

Palpation examination

It is difficult to grasp pulse examination in children because the rate of the pulse is often rapid owing to suckling, crying, moving, etc. Hence it is more accurate to examine the pulse during sleep or calm periods. Because the

forearm of a child is small, it is difficult to differentiate the three positions of the pulse; therefore the thumb is often used to cover the three positions. Generally, floating and deep and rapid and slow are taken to differentiate internal and external and cold and hot, and forceful and forceless are taken to determine vacuity and repletion. The rate of the pulse image varies with the age of the child. The younger the age, the more rapid the rate will be. Normally, a newborn child will have about seven beats per respiration, which is approximately 120–140 beats per minute. From 1 to 3 years old there will be six to seven beats per respiration, which is approximately 110–120 beats per minute. From 3 to 7 years old, there will be five to six beats per respiration, which is approximately 110 beats per minute. For children 8 years old and above, there will be four to five beats per respiration, which is approximately 80–100 beats per minute. As the child gets older, the rate of the pulse will reach that of an adult.

Palpation examination also includes pressing examination. Commonly, the skin is pressed to determine cold and heat. Skin that is scorching hot indicates a heat pattern and skin that is cold indicates that there is an insufficiency of yang qi. If, after vomiting or diarrhea, the skin suddenly becomes dry and slack or limp, this indicates depletion and consumption of the body fluids. If the skin gradually becomes rough and dry, this generally indicates gan accumulation patterns. If, when gently palpating both sides of the child's neck, there are pearl-like swollen nodules, this generally indicates scrofula. When the chest bone of a child protrudes, this is called 'chicken breast.'⁴ When the vertebrae of the back protrude, this is called 'turtle back' or 'hunchback.' Both of these are due to an insufficiency of kidney qi influencing development of the form. If the abdomen is distended and hard and there are green-blue veins on it, this is generally due to worm accumulation or gan accumulation.

Pediatrics also requires careful use of the four examinations in order to reach a correct diagnosis.

Outline of pattern differentiation in pediatrics

Five viscera pattern differentiation

Pediatric differentiation and treatment according to the five viscera was first seen in Qian Yi's text *Xiao Er Yao Zheng Zhi Jue*. Later physicians supplemented and further developed the theory. Table 17.1 serves as a reference.

Essentials of the differentiation of the four major diseases of pediatrics

The four major diseases in pediatrics are measles, pox, fright and gan. Measles is also called 'sand'; pox includes smallpox and chicken pox, but today smallpox has been eliminated, hence it primarily refers to chicken pox; fright refers to fright wind and gan refers to gan accumulation. The following is a brief discussion of the important points of pattern identification for measles, pox and fright. (Gan accumulation has already been discussed in the section on pattern identification.)

1. MEASLES, ALSO CALLED 'SAND'

This is one of the most commonly seen acute infectious diseases in pediatrics. It is especially characterized by red-colored dots and papules over the entire body that push the hand when touched and are like sesame seeds. The primary condition is a pattern of heat.

IMPORTANT POINTS OF IDENTIFICATION

1. A history of direct contact with a patient with measles, or traveling in an environment in which there is measles. It generally emerges in children 1–5 years old.

2. There are early signs of the pattern: encumbering fatigue with a tendency to sleep, yawning, sneezing, sniveling, no thought of food, and fever.

3. The symptoms of the disease commonly develop in stages. There is the 'onset heat' period, the 'seeing the form' period and the 'disappearing' period. The onset heat period seems like an exterior pattern of external contraction of wind-heat, but usually there is a red face, tears, red lips, short, yellow urination, red fingerpads and diarrhea. Sometimes on the oral membrane around the back teeth there may be small white macules the size of the eye of a needle; these are called 'measles membranous macules' or 'Koplik macules.' In the period of seeing the form, the papules emerge on the skin. The papules gradually begin to emerge in the area behind the ear and on the neck, and then on the face, chest, abdomen and four limbs. Finally they appear on the palms and soles. They begin as thin, fresh red papules under the skin, in the area between the skin and the muscles, with a variation in size. Gradually they come together to create darker red patches. When the papules are emerging, the fever, cough and other signs are more severe. After the papules protrude, the symptoms become less severe, the fever gradually retreats and the skin becomes healthy, although there remain small brown spots. Finally, the color retreats completely. This is an auspicious pattern.

4. If after the papules emerge the fever does not retreat, or it becomes higher, the papules disappear and suddenly the color of the papules is dark, the cough is violent and there is hoarseness, or in extreme conditions there is vexation and agitation and fright reversion, this is a counterflow pattern of the measles toxin sinking inward. It is necessary to pay attention to the disease condition so as to give preventive treatment.

5. The signs for taking preventive measures are often not clear. It is important to examine the patient carefully.

Table 17.1 The important points of pediatric five viscera pattern differentiation

Viscera	Governance	Symptoms	Color	Pulse image	Pattern differentiation	Manifest nature	
Liver	Wind	Loud shouting, straight staring, yawning, vexation and oppression, extreme neck stiffness, spasms of the four limbs	Green-blue	String-like	Repletion	Staring straight ahead, loud shouting, stiffness of the neck, spasms with strength	Commonly has surplus
					Vacuity	Clenched teeth, frequent yawning, spasms without strength	
					Heat	Extreme heat, drinking water, panting and oppression, hot breath in the mouth, green-blue in the eyes, staring straight ahead, arched back rigidity or spasms of the hands	
Heart	Fright heat	Fright palpitations, extreme heat, crying, thirst, squirming of hands and feet, chaotic and unsettled spirit	Red	Surging	Repletion	Fever, vexing thirst, crying, preference for lying down, fright convulsions	Indicates heat or fire
					Vacuity	Lying down and unsettled palpitations	
					Heat	Extreme heat, heat in the heart and chest, hot breath in the mouth, desire to drink cold, upward staring, red in the eyes, clenched teeth, desire to speak but an inability to speak	
Spleen	Damp	Encumbered and heavy body, tendency to sleep, no thought of food or drink, diarrhea	Yellow	Moderate	Repletion	Encumbered body with a desire to sleep, hot body, drinking water, yellow-red diarrhea, tight closing of the eyes when sleeping	Usually insufficient
					Vacuity	Vomiting, white diarrhea, incomplete closing of eyes when sleeping	
					Heat	Yellow in the eyes, yellow urine	
Lung	Panting	Sneezing sniveling, nasal obstruction, cough, shortness of breath or panting, inhibited breathing, often exhaling, oppression	White	Floating	Repletion with wind-cold	Panting and exuberant qi, cough, fullness and oppression in the chest, thirst with no desire to drink, nasal blockage, sniveling, sneezing	Tender
					Vacuity	Frequent exhaling, panting or shortness of breath, dry skin, white lips	
					Repletion	Rapid panting, inhibited breathing, dry nose or nosebleeds, pinching of the eyebrows, eyes, nose and mouth with the hands	
					Vacuity heat	Red lips	
Kidney	Vacuity cold	Lack of brightness in the eyes, or spirit, cold feet or reverting cold	Black	Deep	Governs vacuity without heat	Facial edema, gray-ashen color, or bright white face, clear, long urine without stopping.	Often vacuous

Note: This chart is an adaptation from 'Pediatrics' published by the Guangzhou College of Traditional Chinese Medicine.

2. CHICKEN POX, ALSO CALLED 'WATER POX'

This is an acute infectious disease seen in pediatrics. Its characteristics include fever, the appearance, in groups, of macules, papules, water vesicles and scabs on the skin and sticky membranes. Because the form of the water vesicles is round, or sort of round, like a pox-sore and there is clear watery fluid inside, it is called therefore 'water pox'.

IMPORTANT POINTS OF PATTERN IDENTIFICATION

1. The nature of the disease is to emerge as an epidemic among children aged 1–6 years.
2. It manifests with signs indicating a heat pattern. In general, there is fever, headache, nasal obstruction, sniveling, cough and poor appetite. These are followed by the emergence of pox. But if there is intense fever, vexation and agitation, a dry mouth, red lips and red face, scanty red urine, thick, dry and yellow tongue fur and a rapid and surging pulse, then pay attention to the severe pattern of internal heat flourishing and scorching.
3. Characteristics of the emergence of the papules include the following: How the papules emerge differs and is irregular. On the skin the papules, water vesicles and dry scars may all be seen at the same time. They are formed like red papules about the size of rice kernels with a round or elliptical form. The papule is slightly raised from the skin and there is a small water vesicle inside, filled with clear fluid. Around the root there is a reddening of the skin. Later papules appear more rapidly and are different sizes, from as large as a pea to as small as a kernel of rice. Later, when the papules gradually dry, the area in the center first sinks inward, binding into a scab. After the scab falls off, there is no scar remaining. If the form of the pox is large and dense, the surrounding skin area is dark red, the color of the pox is a dark purple, the vesicle has turbid fluid inside and there are pox on the membranes of the mouth that easily break and

become small ulcerative sores, and there is extreme flourishing of heat, this indicates a severe pattern of internal heat scorching.

4. The prognosis for chicken pox is generally favorable and, once it has occurred, it will not occur again.

3. FRIGHT WIND

Fright wind, also called 'fright reversal,' is one of the dangerous acute patterns of pediatrics. It takes frequent wind spasms (spasmodic tetany) and unclear will as its characteristics. The name 'fright wind' first appears in Xiao Er Yao Zheng Zhi Jue. Whether the disease is acute or chronic is determined by whether it is vacuous or replete and the urgency of the symptoms. It is divided into the two general categories of acute fright and chronic fright.

IMPORTANT POINTS OF PATTERN IDENTIFICATION

1. This disease generally appears in children aged 1–5 years. If the disease is acute, then the disease conditions change quickly, the symptoms are dangerous and should be treated immediately.
2. Eight symptoms of fright wind include convulsions (stretching and contracting of the arms); grabbing (opening and closing of the 10 fingers); pulling (flapping of the shoulders); tremors (squirming of the hands and feet); arching (arching backward of the body); tautness (opening of the hands); piercing (the eyes staring as if angry); and seeing (lack of quickness in the eyes). These eight symptoms are the manifestation of convulsive tetany. Simultaneously, there must be unclear consciousness.
3. In acute fright wind, the onset is acute. The manifestations are repletion heat signs such as exuberant heart–liver fire, extreme heat engendering wind, and wind and fire stirring each other. The four primary patterns are phlegm, heat, wind and fright. The patterns are phlegm – phlegm-drool congestion; heat – high fever,

clouded spirit, hot qi in the mouth and nose; wind – stiffness of the neck, tightly closed jaws, convulsions of the four limbs; and fright – piercing vision in both eyes, fearful shouting, green-blue face, green-blue color surrounding the lips or partly green-blue, and a partly red face. In infants, there also may be protrusion of the fontanel.

4. In chronic fright wind and chronic spleen wind, the onset is slow; in general it may occur as a result of an enduring disease, or it may be the further development of acute fright wind. It is ascribed to a vacuity cold pattern. Chronic fright wind generally is due to spleen yang vacuity and liver wind stirring internally. The signs seen are fatigued spirit, withered yellow face, and sometimes the spirit-mind is unclear and there are convulsions. Chronic spleen wind is generally ascribed to spleen and kidney yang vacuity. The symptoms seen are withered essence-spirit, a white face, cold breath in the mouth and nose and squirming of the hands and

feet. Chronic fright wind can be due to dual vacuity of qi and yin, which manifests as spirit-fatigue, vacuity vexation, a white face with red cheeks, tetany reversal that is sometimes tense and sometimes flaccid, and sometimes severe and sometimes mild and tight convulsions of the limbs.

5. The clouded spirit and convulsions of fright wind often occur suddenly, and often, prior to the occurrence, there are warning signs such as fearful throbbing, vexation and agitation, staring of both eyes, wagging of the head and worrying of the tongue, and a green-blue-white coloration between the eyebrows and around the lips. After the episode has resolved, there may be sleepiness, spirit-fatigue, and possibly loss of memory.

4. GAN ACCUMULATION

See Chapter 6, p. 200.

NOTES

1. Shā 痧 = Sand.
2. Wū Chí 五迟 Five Slownesses: Five forms of retardation in the development of infants: slowness to stand; slowness to walk; slowness to grow hair; slowness to teethe; slowness to speak.
3. Wū Rǎn 五软 Five Limpnesses: Five signs of poor development in infants. Softness of the head, limpness of

the neck, limpness of the hands and feet, limpness of the flesh, and limpness of the mouth.

4. Chicken breast or pigeon breast is attributed to congenital insufficiency and/or poor nourishment after birth and manifests as spleen-kidney depletion and softness of the bones. Western medical correspondence: pectus carinatum (pectus gallinatum). [Wiseman]

Outline of diagnosis in external medicine¹

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All of those diseases that emerge on the outside of the body, such as welling abscesses (including internal welling abscesses), flat abscesses, boils, clove sores, flowing phlegm, streaming sores, cancer, goiter, tumors, scrofula, anal diseases and skin diseases, are ascribed to the scope of external medicine (burns, frostbite, toxic snake bites, tetanus and acute abdominal disorders are also all ascribed to the scope of external medicine). External medicine diagnosis, just like any other

medical department, uses the four examinations and the various methods of pattern identification; however, the characteristics of external medicine diseases must be added. This chapter delineates the uses of the four examinations in external disease: differentiating the yin and yang nature of sores; differentiating the nature of swelling, pain, itching and pus, and also differentiating the relationships of sores to the channels and networks. Each of these is discussed below.

Outline of the four examinations in external medicine

Inspection examination

It is important to investigate the patient's spirit, color and bearing.

1. OBSERVING THE SPIRIT

In terms of judging the prognosis of sores, observing the state of the patient's essence-spirit has important meaning. If the form is strong and the spirit qi is full, then generally there is a good prognosis. If the form is weak and the spirit qi is debilitated, or the spirit is clouded, then generally there is a poor prognosis.

2. OBSERVING THE COLOR

It is important to observe the color of the skin around the affected area. If the color of the skin or the sore is red, generally this indicates a heat pattern, and is ascribed to yang. White color generally indicates a cold pattern and is ascribed to yin. Black generally indicates death of the flesh. Green-blue and purple generally indicate blood stasis. Yang pattern swelling and sores that are brown colored and suddenly sink and move toward yellow are a sign of inward falling. Yin pattern ulcers and sores are dark purple; often the mouth of the sore has difficulty in closing and the course of the disease is protracted.

3. OBSERVATION OF FORM AND BEARING

Abnormalities in form and bearing can point to the location of the disease. For example, difficulty in walking often indicates pathological change in the muscles, bones or joints of the lower limbs. A hunched back generally indicates pathological change in the vertebrae, for example turtle's back phlegm² or kidney shu vacuity phlegm³ vertebral tuberculosis, spinal tuberculosis), etc. Other examples include a lion-like face indicating leprosy, or a knitting of the eyebrows and bitter expression indicating pain.

Listening and smelling observation

Of primary importance is listening to the sounds of the patient, and observing any foul odor of ulcers or sores.

1. LISTENING TO SOUNDS

Listen to the language, breath, vomit and burping or hiccoughing sounds of the patient.

A. LANGUAGE

Delirious speech or manic raving generally indicates sores due to heat toxin where the toxin has sunk inward and attacked the heart; this is seen in sores turning yellow or flat abscesses sinking inward. The disease is critical. Groaning and shouting generally indicate severe pain and are generally seen when sores are forming pus or ulcerating, or in flat abscesses of the brain⁴, finger clove sores or late-stage cancer patterns.

B. BREATH

Coarse and rapid panting may indicate a critical pattern of toxic evil turning toward the lung as seen in flat abscess toxins sinking inward or clove sores becoming yellow. Faint breath and shortness

of breath are one sign of vacuity desertion due to an insufficiency of right qi.

C. VOMITING AND HICCOUGH

When seen at the onset of swelling and sores, these generally indicate scorching and flourishing of heat toxins. When seen in the period after ulceration, they generally indicate damage to both the qi and yin of the stomach.

2. FOUL ODORS

It is important to pay attention to the smell of the purulent fluids, phlegm and nasal mucus emitted by the patient.

A. PURULENT FLUIDS

If welling abscesses and flat abscesses have already ulcerated and formed pus, and the pus has a fishy odor, this indicates that the disease is shallow and easily healed. If the odor of the pus is fishy, foul and difficult to stand, then the disease is relatively deep and difficult to resolve. If a foul odor is smelled with chest, rib-side or abdominal ulcers, in general this is seen in patterns where there is breaking of the membrane (peritoneum). If welling abscesses and toxic ulcers around the anus have a foul odor, they may easily become anal fistulas.

B. PHLEGM AND NASAL MUCUS

If there is coughing of phlegm with pus and blood and a fishy smell, generally this is lung welling abscess. If there is constant flowing of turbid nasal mucus with a fishy smell, generally this is deep-source nasal congestion.

Inquiry examination

There is a form that can be seen in external medicine diseases; however, there are some

subjective signs, such as pain, itching, etc., which can be known only by inquiring of the patient. Inquiry examination includes the history of the present disease, the current signs and symptoms, family history and inquiry concerning menstruation and pregnancy for adult women.

1. INQUIRY ABOUT COLD AND HEAT

If, at the onset of the sores, there is an aversion to cold and feeling of heat, generally this is caused by fire toxin attacking internally or external contraction of wind evil. If there is enduring fever that does not abate, and the sores are swollen and gradually increase in size, generally this is the image of pus formation. A high fever and severe chills generally indicate heat toxin attacking internally. Sores that have already ulcerated, with continuing cold and heat, in general indicate toxic evil that has not been expelled because the right has not overcome the evil.

2. INQUIRY ABOUT SWEAT

In welling abscess patterns, sweat that emerges while the fever is retreating generally indicates dispersing and dissipating of the evil. Sweat that emerges when the fever does not recede indicates the formation of pus. If there are summerheat-damp streaming sores, with sweat and no reduction of fever, other than the formation of pus, one also ought to consider the possibility of secondary disease. If there are sores combined with tidal fever, and night sweating or spontaneous sweating, this generally indicates an insufficiency of qi and blood.

3. INQUIRY ABOUT STOOLS AND URINE

If a patient with sores has bound stools and turbid urine, this generally indicates internal exuberance of fire toxin and damp-heat. If the stools are sloppy and thin, and the urine is clear and long, this generally indicates internal brewing of cold-damp. If urination is frequent and the mouth is dry with a desire for fluids, but the thirst is not resolved

after drinking fluids, this generally indicates wasting and thirsting disease. If this disease lingers for a long time, it easily causes the eruption of sores. If there is an intestinal abscess and there is frequent defecation that increases in amount with tenesmus (abdominal urgency and rectal heaviness), and there is frequent, dripping urination, this may be a sign of internal ulceration and the formation of pus.

4. INQUIRY ABOUT FOOD AND DRINK

If the patient has a normal appetite and thirst, then the disease is mild. If they are unable to eat, then the disease is serious.

5. INQUIRY ABOUT THE CAUSE OF THE DISEASE

Breast nodules that have accumulated for a long time and not dispersed, and are due to affect damage, can easily become cancerous. If there is contraction of epidemic or animal toxins, this easily develops into epidemic clove sores. If there is piercing damage due to needles, bamboo or fish bones, this engenders clove sores on the hands and feet.

6. INQUIRY ABOUT MEDICAL HISTORY

If, in patients with hemorrhoids, fistulas or scrofula, there is a history of pulmonary consumption, treatment is in general relatively difficult. If there is a history of wasting and thirsting and there are sores, one ought to know that the disease is relatively serious and difficult to treat and can often result in serious consequences.

7. INQUIRY ABOUT FAMILY HISTORY

The patient should be asked about whether or not members of the family have hereditary or infectious diseases. For example, leprosy, scabies, tinea, etc., can be transmitted from family members.

8. INQUIRY ABOUT MENSTRUATION AND PREGNANCY

In external medicine, internally taken medicinal products are generally used to dispel stasis, quicken the blood, move qi and free the connections. Using these without care may cause miscarriage or flooding and spotting. Hence, inquiry about menstruation and pregnancy can prevent the occurrence of these accidents.

Palpation examination

Palpation examination includes pulse diagnosis and palpation of the body (palpating the area and condition of the sores).

1. PULSE EXAMINATION

The Chuang Yang Xuan Cui states: 'Diseases such as flat and welling abscesses have form, the eyes can see and know them. The truth regarding whether the qi is vacuous or replete, whether the treatment should be supplementing or draining may be known only from the pulse.' This means that the pulse has a very important meaning in diseases with sores. In external medicine, the commonly seen pulses are floating, deep, slow, fast, surging, thin, vacuous and replete. Clinically, it is important to pay attention to whether the pulse is forceful or forceless, and whether it has a surplus or is insufficient. In this way, a correct diagnosis can be extracted. In general, if the sores have not ulcerated, the right is effulgent and the evil is flourishing, then the pulse ought to manifest with surplus. If the sores have already ulcerated, the evil is eliminated and the right is debilitated, then the pulse ought to be insufficient. This is agreement between the pulse and the signs. If an insufficient pulse such as a vacuous, weak or thin pulse is seen when the sores have not ulcerated, this indicates that both qi and blood are debilitated and weak, that the toxin is deep and the evil flourishing. If a surplus pulse such as a replete, surging, string-like or rapid pulse is seen when the sores have already ulcerated, this indicates that the evil is

flourishing and that the qi is stagnating and difficult to transform. These are conditions where the pulse and the signs do not agree; this is an unfavorable pattern. If, when the sores have not yet ulcerated, or already ulcerated, a bound, regularly interrupted, scattered or skipping pulse is seen, this is generally an inauspicious sign. However, when the pain is extreme, then there may be a bound or regularly interrupted pulse and this is not necessarily an inauspicious sign. Rather, this is due to the qi of the pulse not being regulated. After the pain is resolved, the bound or regularly intermittent pulse should disappear.

2. PALPATING THE BODY

Use the hands to palpate the area of pathological change so as to understand the cold and heat, the softness and hardness and the presence or absence of pus. If upon palpation there is swelling, heat and extreme pain, this is a yang pattern. On the other hand, if the sores are level, neither hot nor painful, this is a yin pattern. Swollen and soft, like a cotton ball, is qi goiter. Hard, like a stone, indicates a cancer pattern. Also if, upon palpation, the sores are hard this indicates that there is no pus. If upon palpation the sores are soft, this indicates the formation of pus.

Outline of pattern identification in external medicine

Differentiating yin pattern sores and yang pattern sores

The Yang Yi Da Quan says: 'When diagnosing and treating welling abscesses and flat abscesses, one must first identify yin and yang so as to know the guiding principle of treatment. If yin and yang are not differentiated, then the treatment is wrong or poor. Although the path of medicine is difficult, it can take one thought to understand it; this is simply yin and yang.' This means that,

in order to diagnose welling and flat abscesses, it is first necessary to differentiate whether there is a yang pattern or a yin pattern, so as to better understand the treatment path and to judge the results better. Yang patterns are easily resolved; yin patterns are difficult to treat.

CHARACTERISTICS OF YANG PATTERNS

These include sudden onset of sores, exterior, shallow location, fresh red or deep red skin color, raised above the skin, tight root, neither too hard nor too soft, scorching hot, and painful. At the onset there is often aversion to cold and fever, thirst, torpid appetite, bound stools and short and red urine. After ulceration, the pus is thick, the lump gradually dissipates and the other symptoms also gradually dissipate. In general the course of the disease is short, the sores easily ulcerate and the mouth of the sore easily generates flesh to close it.

CHARACTERISTICS OF YIN PATTERNS

The onset of the sores is moderate or slow, the location is deep, between the sinews and bones, the color of the skin is a dark purple or there is no change in the skin color, the sores are level with the skin or sunken and the root is scattered. They are either hard like a rock or soft and pliable like cotton, there is no pain nor heat, or there is a dull pain, sore pain or spasmodic pain. After ulceration, the pus is thin. In general, at the onset the pattern is not clear but during the formation of pus there is often tidal fever, red cheeks, a pale white face and spontaneous sweating or night sweating. After ulceration, the signs become more severe. In general the course of the disease is long, it is difficult to disperse, difficult to ulcerate and there is difficulty growing flesh at the mouth of the sore to close it.

Clinically, it is necessary to differentiate yin patterns and yang patterns so as to determine the general nature of the disease. However, it is necessary to point out that, as the disease develops, the manifestations may become complicated. It is possible that there will be yang within a yin

pattern, or yin within a yang pattern. For example, due to improper treatment over many days the right may become vacuous and a yang pattern can transform into a yin pattern. Therefore, when diagnosing, it is necessary first to grasp the characteristics of yin and yang and then to pay close attention to the location of the sores and the state of the whole body and carefully combine this with the four examinations.

Differentiating favorable and unfavorable sores

Favorable signs include sores that are small at the onset and gradually become large, are raised, slightly red and painful, and a root that is not scattered. When they have already formed pus, then the top is raised and the root is contracted, the skin is tight and thin and ready for sloughing and the discharge of pus. During the discharge of pus, the pus fluid is thick, yellow and white with a slight fishy smell, the rotten flesh easily sloughs, and the swelling and pain reduce. After discharging the pus, the face of the sore is red, fresh and moist, new flesh is easily engendered, and the mouth of the sore closes easily. Then one knows that the sore is recovering normally. Unfavorable signs include the following. At the onset, the form is like a millet kernel, the top of the sore is level, the root is scattered and there is neither pain nor heat. When the pus is formed, the sore becomes swollen, hard and dark purple, there is no sloughing or discharge of pus and the sore gradually sinks inward. After ulceration, the skin and flesh become hard and there is no pus, but there is an occasional discharge of bloody fluid, the swelling and pain do not diminish, or the pus is clear and thin, the rotten flesh has sloughed off but new flesh is not generated, there is a foul smell, the mouth of the sore does not close for a long time and the face of the sore has no sensation of pain or itching (loss of sensation).

In differentiating the prognosis, it is important to consider that unfavorable signs generally indicate a poor prognosis and favorable signs generally indicate a positive prognosis. However, no matter whether the signs are favorable or

unfavorable, early treatment is necessary. If a favorable pattern is not treated, or is treated incorrectly, it can transform into an unfavorable pattern. If an unfavorable pattern receives prompt treatment, and the treatment is correct, it too can transform into a favorable pattern.

Differentiation of sores according to channels

According to the location of the sores, based on the channels and networks on the body, the affected channel and its pertaining viscera or bowel can be identified. With this, treatment can be based upon the channel location of the sore, or medicinal agents may be chosen as guides to the affected area. This aids in achieving an efficacious result. For example:

Sores on the vertex of the head. If they are directly in the center, they are ascribed to the governing vessel. If they are on the sides, they are ascribed to the foot greater yang bladder channel.

Sores on the face and breasts. These are ascribed to the foot yang brightness stomach channel (the breasts are ascribed to the stomach channel, the lateral aspect of the breasts is ascribed to the foot lesser yang gallbladder channel, and the nipple is ascribed to the foot reverting yin liver channel).

Sores in front of and behind the ears. These are ascribed to the foot lesser yang gallbladder channel and the hand lesser yang triple burner channel.

Sores on the neck, chest and rib-side area. These are ascribed to the foot reverting yin liver channel (the lateral costal area is ascribed to the gallbladder channel because the foot lesser yang gallbladder channel traverses the sides of the body).

Sores on the palms of the hands and soles of the feet. The palm of the hand is ascribed to the hand reverting yin pericardium channel. The sole of the foot is ascribed to the foot lesser yin kidney channel.

Sores on the back. These are always ascribed to the yang channels because the back is yang. The

governing vessel governs the center and the two sides are ascribed to the foot greater yang urinary bladder channel.

Sores on the arm. The lateral aspect is ascribed to the three hand yang channels; the medial aspect is ascribed to the three hand yin channels.

Sores on the legs. The lateral aspect is ascribed to the three foot yang channels; the medial aspect is ascribed to the three foot yin channels.

Sores on the abdomen. These are always ascribed to the yin channels because the abdomen is yin; (the conception vessel runs up the center and governs the abdomen).

Sores on the eyes. These are ascribed to the liver channel. Sores inside the ears are ascribed to the kidney channel, sores inside the nose are ascribed to the lung channel, sores on the tongue are ascribed to the heart channel, and sores on the mouth and lips are ascribed to the spleen channel.

Differentiation of swelling, pain, itching and pus

Swelling, pain, itching and pus are the four primary symptoms of sores. The causes for these kinds of symptoms vary, and if they can be clearly differentiated this is very useful for diagnosis and treatment. However, these symptoms do not occur independently. They must be differentiated in combination.

1. DIFFERENTIATION OF SWELLING AND PAIN

Swelling and pain are caused by qi and blood stasis resulting in obstruction of the channels and networks and swelling of the muscles. The Yi Xue Ru Men states: 'evil residing within the channels and networks results in blood stasis. Blood stasis results in flow stoppage. Flow stoppage results in the yielding of the defense qi and an inability to recover. Then, the swelling and flow stoppage results in pain.' This is the mechanism behind the production of swelling and pain.

The commonly seen causes of pain and swelling include fire, cold, damp, wind, phlegm, qi stagnation and blood stasis. Because the disease causes are different, the clinical manifestations vary. With swelling and pain due to fire, the swelling is red, and there is hot pain that is reduced by cold; cold swelling and pain is a diffuse swelling without redness or heat, and sore pain. The pain is somewhat relieved with heat. With the swelling and pain of dampness there is water swelling and numb pain, there is a depression with pressure and a sensation of heaviness and distention. With the swelling and pain of wind, the swelling is more superficial and changes rapidly, and the pain is not in a fixed location. With phlegm, there are lumps that are either hard or soft and there is a sac-like sensation, but in general there is no pain. With qi stagnation there is an oppressive pain which comes and goes and has a relationship to the emotions. With blood stasis there is a stabbing pain in a fixed location and the skin is a green-blue purple color.

2. DIFFERENTIATION OF ITCHING

Itching may be due to wind, damp, heat, insects or blood vacuity. It is a kind of uncomfortable sensation that occurs on the skin, like insects walking on the skin. It is a primary subjective sign of skin disease. It may also occur in the course of sores or the discharge of pus from sores. Its differentiation is as follows.

DIFFERENTIATION ACCORDING TO DISEASE CAUSE

1. Itching due to wind. There is itching over the entire body that goes from place to place, bleeding after scratching, with healing immediately after breaking the skin, no rotting of the skin and generally of a dry nature.

2. Itching due to damp. Commonly invading many areas, with watery yellow dripping, easily rotting the skin or becoming infected. The more rotting, the more itching occurs. It is generally of a damp nature.

3. Itching due to heat. Generally there are dormant papules that become red and begin itching. It may be either in a specific location or over the entire body. In severe cases there may be liquid dripping from the papules, or it may become patchy, but there is no infection.

4. Itching due to insect bites. Generally this is invading and spreading over the body, with a yellowish discharge. If the insects enter the skin, then the itching is extremely violent. This may easily become infected.

5. Itching due to blood vacuity. Generally the skin is dry and there is scaling of the skin with itching.

DIFFERENTIATION ACCORDING TO THE COURSE OF THE DISEASE

1. Itching of swelling or sores. At the onset of the formation of pus from a flat abscess or a clove sore, there is even swelling and the root is scattered; there may be itching. This is the flourishing of toxins and the further development of the disease.

2. Itching of an ulcerating sore. If, after the ulceration of a welling abscess or flat abscess, all of the suffering is gone except for a sensation of heat and itching, this generally is due to improper care, poor cleaning of the pus or the application of mercurial, arsenic or other medicinal plasters, which lead to sensitivity of the skin. If there is a slight sensation of itching between the muscle and skin after the ulcerating sore has been treated, and there is smooth discharge of pus, or after the rotten flesh has been sloughed off and new flesh not yet generated, then this is an auspicious sign that the toxic evil is gradually transforming and that the qi and blood are gradually replenishing and helping to nourish the new flesh so as to close the mouth of the sore.

3. DIFFERENTIATION OF PUS

Pus is formed from heat overcoming and steaming rotten flesh, which is then transformed by qi and blood to engender pus. Hence, the Nei Jing states:

'When heat prevails, then there is rotting of flesh. When there is rotting of flesh, then there is pus.' Also, the Chao Shi Bing Yuan states: 'Wind generally results in itching, heat generally results in pain, when qi and blood are overwhelmed, this results in bloody pus.'

Pus is the primary sign that appears at the stage when the swelling sore is unable to disperse. Generally, in terms of diagnosis, first it is necessary to differentiate whether or not there is pus. If the pus has already formed, then it is necessary to differentiate its nature, color and smell.

A. DIFFERENTIATING THE PRESENCE AND ABSENCE OF PUS

Differentiating whether or not there is pus is a key point in the treatment of sores. Clinically, it is also important for determining whether or not it is important to drain the sore, because if there is no pus and the sore is drained, then the patient may suffer unnecessary consequences.

Presence of pus. Pressure resulting in pain, a sensation of heat, swelling that has become soft, or a sore in which the sides are hard and the top soft, and rebounding of the swelling after pressure with the index finger, all indicate that the pus has already formed. Treat with the drawing method.

Absence of pus. Slight heat upon palpation, pain, but not severe, hard swellings and no rebounding after pressing, all indicate that the pus has not formed. Treat using the dispersing method.

Shallow purulent sores. The swelling is raised or the top is thin and the skin is peeled, the pain is increased with light touch and the skin rebounds.

Deep purulent sores. The swelling is flat, the skin is not hot or red, or only slightly hot and slightly red, and there is pain with heavy pressure and the skin rebounds.

Method for differentiating pus with the fingers. The tip of the index finger of one hand is placed lightly on the affected area, while the index finger of the other hand, at an appropriate distance from

the first finger, presses down with force causing the index finger to have a kind of penetrating sensation. This should be repeated several times and the sensation should be clear. This type of sensation is called 'rebounding.' However, when testing it is important to pay attention that the two fingers are placed opposite to each other and the entire area surrounding the sore should be examined. If the scope of the purulent swelling is relatively small, and it is not possible to use two fingers to examine it, then use one finger to press around the area. If, when there are deep purulent sores, it is difficult to differentiate the pus using the fingers, then a syringe may be used to remove the pus.

B. DIFFERENTIATING THE NATURE, COLOR AND ODOR OF PUS

It is better if the nature of the pus is thick rather than thin. If the pus is thick, then the original qi is relatively full. If it is thin, then the original qi is relatively weak. If first there emerges thick yellow fluid and then there is thin, watery yellow fluid, this is an auspicious sign of closing and constraining. If thin pus transforms into thick pus, this indicates that the body's vacuity is gradually recovering, and is also an auspicious sign of constraint and closing. If thick pus becomes thin pus, this indicates that the right qi is gradually becoming debilitated, resulting in difficulty in constraining and closing. If the pus flows for a long time without ceasing, if the nature of the pus is not like flowing water, the color is not dark and the smell is not foul, this is not a bad sign. However, if the pus is thin like turbid water or it is mixed with rotten matter, the color is dark and the smell is foul or fishy, this is an inauspicious sign of the debility of qi and blood.

The color of pus. Bright and clean is better than turbid. If the color of the pus is yellow-white and its nature is thick, and the color is fresh and clear, this indicates that the qi and blood are sufficient. This is an auspicious sign. A turbid yellow color with a thick nature indicates a surplus of qi and fire. Yellow-white and thin with

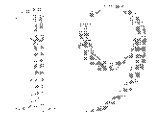
a clean and bright color indicates a good prognosis, despite a vacuity of qi and blood. Thin green and black pus indicates prolonged accumulation of toxins, which may damage the sinew and bone. If there is purple blood mixed with the pus this indicates damage to the blood networks. If the pus is the color of ginger juice, then there may also be jaundice and the disease circumstances are relatively severe.

The smell of pus. In general there is a slightly fishy smell with pus; however, if its nature is thick, then this is generally a good sign. If the quality is thin and the fishy smell is especially foul, this is generally a bad sign, and it almost always is a sign of penetration to the bone. Besides this, if the pus is like the froth of a crab, this indicates that the inner membranes have already been penetrated and this is generally difficult to treat.

NOTES

1. External medicine refers to the branch of medicine that deals with sores, knocks and falls, and bone fractures. The term used (*Wài kē* 外科) is the same term that is used for surgery in the terminology of Western medicine; therefore, it is often translated as surgery in Chinese medicine texts.
2. *Gūi Bèi Tán* 龟背痰 Turtle's Back Phlegm: A type of flowing phlegm disease which may occur when there is depletion of the spleen and kidney combined with excessive taxation which damages the sinews and bone causing severe pain in the lumbus, aversion to cold, fever, reduced appetite, emaciated form and protrusion of the vertebrae.
3. *Shèn Shù Tán* 肾膈痰 Kidney Shu Phlegm: A type of flowing phlegm disease that often emerges along with or after Turtle's back phlegm. It arises in the area of *Shen Shu* (Kidney Shu, UB 23), as a hard, full and white lump causing movement to be uncomfortable. Over time, it becomes painful and exudes pus that is thin and clear. The mouth of the sore does not close easily. It is generally considered to be a cold-type purulent sore.
4. *Nǎo Jū* 脑疽 Flat abscess of the brain: A flat abscess on the back of the neck at the level of the mouth.

Outline of diagnosis in traumatology



Damage to the skin and flesh, qi and blood, sinew and bones, viscera and bowels and channels and networks can all be ascribed to the scope of traumatology. In general, this large subject can be divided into two categories: external damage and internal damage. External damage includes broken bones, dislocation of bones, damage to

sinews, wounds, etc. Internal damage refers to damage caused by pathological change of the viscera and bowels, qi and blood – for example, damage to both qi and blood or qi stagnation and blood stasis. This chapter emphasizes the art of diagnosis of external damage.

Outline of the four examinations in traumatology

For the most part, the four examinations in traumatology take the examination methods previously described as fundamental; however, there are some special characteristics.

Inspection examination

It is necessary to examine the spirit, the bearing and the tongue, but in addition special attention should be paid to examining the area of the damage and that adjacent to the damage. When necessary, measurement methods should be used to examine the circumstances of the damaged area.

1. INSPECTION OF THE SPIRIT AND TONGUE IMAGE

In general, with mild damage the spirit and

tongue image have no clear transformation. If the damage is relatively severe, then the patient may manifest pain and the spirit may be listless, or, in severe cases, there may be stupor or a blank look in the eyes. Severe pain or copious loss of blood can cause the lips to become green-blue and the face white, or, in severe cases, the face may become ashen and the lips and tongue purplish. With copious loss of blood, the tongue body becomes pale white. Qi and blood stagnation obstructing may result in the tongue body having stasis macules, or becoming purple.

2. INSPECTION OF BEARING

Inspection of bearing may point out the location and circumstances of the damage. For example, abnormal outward rotation of one leg or a shortened lower limb after falling generally indicates a fracture of the neck of the femur. Or

if after laughing there is suddenly an inability to close the mouth and a need to support the mandible with the hand, this generally indicates dislocation of the mandibular joint.

3. INSPECTION OF THE CIRCUMSTANCES OF THE DAMAGED AREA

The damaged area will almost always have various external manifestations of the damage. Careful examination of the damaged area is fundamental to diagnosis.

A. LOCAL DEFORMITIES

If a joint has been dislocated, there will generally be a depression in the place of the original joint and a protrusion near the original joint caused by the displaced bone. With fracture of the upper or lower limbs accompanied by displacement of the bone, a shortening of the limb and either a protrusion or a depression around the area of the damage can always be seen. Inspection of the damaged area is very important for diagnosis.

B. INSPECTION OF SWELLING AND DISTENTION

It is important to examine the amount of swelling and distention as well as changes in color. Relatively severe red swelling generally indicates new damage. Swelling that is relatively mild without major changes in coloration generally indicates an older injury.

C. INSPECTION OF THE WOUND

When there is an open wound or when a bone fracture breaks the skin it is important to observe the size of the wound, the depth, and whether the edges are clean or jagged, as well as the degree of infection and the amount of bleeding.

D. INSPECTION OF THE FUNCTIONING OF THE LIMB

This is done in order to understand whether or not the amount of stretch, flexion and rotation is normal.

4. MEASUREMENTS

After inspection of the injured area, one can then use a measuring tape and protractor in order to measure the length and thickness as well as the size of the angle of movement. This should be compared with the uninjured side. Only after comparison can a correct diagnosis be made.

When taking measurements it is important to note previous or congenital deformities so as to avoid mistaking them for injuries. The fixed point of measurement must be accurate. Marks may be made at the starting and ending points as a standard and the measuring tape must be straight.

Conclusions to consider from measuring:

1. *The damaged limb is longer than the undamaged limb.* This indicates a dislocation, e.g. an anterior or inferior dislocation of the shoulder or hip.
2. *The damaged limb is shorter than the undamaged limb.* If the injury is in the body of the limb, this is generally a fracture. If the damage is at the joint, then it is generally a dislocation, for example a posterior dislocation of the hip or shoulder joint.
3. *The damaged limb is thicker than the undamaged limb.* If the size is clearly larger and there is a deformity, this is generally ascribed to a fracture or a dislocation. If there is no deformity, but the size is larger, this is swelling and distention due to damage to the sinews.
4. *The damaged limb is thinner than the undamaged limb.* This may be due to an old injury that was incorrectly treated causing atrophy of the sinews and muscle, or there may be nerve damage or paralysis of the limb.
5. *Range of movement of the limb.* A protractor may be used to measure the angle of stretch, flexion and rotation compared with the

undamaged limb. If the angle is smaller than the healthy limb, this generally indicates impaired function of the joint.

Listening and smelling examination

1. LISTENING TO BONY CREPITUS

Bony crepitus is one of the primary signs of a fractured bone. When the damaged bone is completely fractured, then one can hear the sound of bony crepitus. Not only can bony crepitus diagnose a fractured bone, it also can reveal the type of fracture. For example, with a transverse fracture the sound is clear and short; with an oblique fracture the sound is lower and longer; when the bone is smashed the sound is scattered, like a 'xi xi' sound. If the bone is cracked, or there is an impacted fracture, then either there is no sound of crepitus or the sound is extremely slight and faint.

2. Listening to the sound of the sinew. After being injured, both large and small sinews can, under examination, produce a sound that is either clear and crisp or like the sound of twisting hair. Injury of the semilunar cartilage of the knee joint may make a snapping sound.

Listening examination should be done at the same time as the inspection examination. The primary thing to investigate is the presence of abnormal sounds in the injured area. At the same time, the patient's expression should be noted so as to aid in clearly understanding the location and severity of the damage.

Inquiry examination

1. INQUIRY ABOUT THE TIME OF THE INJURY

With this information one can judge whether there is an old injury or a new injury. In general, new damage is relatively replete and old

damage is relatively vacuous. With a new bone fracture or dislocation, repositioning is relatively easy and the prognosis is relatively good. With an old bone fracture or dislocation, repositioning is more difficult and the prognosis is not as good.

2. INQUIRY ABOUT THE COURSE OF THE INJURY

This refers to understanding the form, the nature and the strength of the object causing injury.

3. INQUIRY ABOUT THE POSITION DURING THE INJURY

This refers to whether or not there was a fall; if there was a fall, this refers to what part of the body first hit the ground and the direction and use of the affected area. For example, falling from a high place with the buttocks hitting the ground may easily cause a fracture of the vertebrae or coccyx. If the feet hit the ground first, this may easily cause a fracture of the heel bone. In the elderly, if they are unable to walk after falling this is generally due to a fracture of the neck of the femur. If there is a mild contusion and an inability to stand or move, this generally indicates acute sprain of the lumbus.

4. INQUIRY ABOUT WHETHER OR NOT THERE WAS LOSS OF CONSCIOUSNESS

This may be after the injury or may occur again after waking. This helps to understand whether there is damage to the central nervous system.

5. INQUIRY ABOUT PAIN

It is important to understand the nature of the pain, for example whether there is numbness, stabbing pain or scurrying pain. In general, with a new injury there is numbness. Damage to the blood generally manifests stabbing pain and damage to qi generally manifests scurrying pain.

It is also necessary to inquire about whether the pain becomes worse, is alleviated or is constant, about whether the range of the pain becomes larger or smaller and about whether any particular movements (i.e. carrying, laughing, coughing, etc.) influence the pain.

6. INQUIRY ABOUT PREVIOUS TREATMENT

It is important to know whether or not there has been previous treatment, and if so what the treatment was and the result.

Palpation examination

1. PULSE EXAMINATION

In traumatology, the commonly seen pulses are as follows.

a. Floating pulse. This is generally seen in new injuries with blood stasis or swelling, extreme pain or at the early stage of concussion.

b. Deep pulse. This is generally seen with internal damage to qi and blood, damage to the lumbus, etc.

c. Slow pulse. This is generally seen with contracture damage to the sinews, blood stasis, etc.

d. Rapid pulse. This is generally seen in hot injuries.

e. Slippery pulse. This is generally seen in damage to the chest area or obstruction of qi and blood.

f. Rough pulse. This is generally seen in depletion of blood and fluids, or qi and blood stasis from an old injury.

g. Surging pulse. This is generally seen with exuberant heat in the channels and networks, or blood stasis generating heat after an injury.

h. Scallion stalk pulse. This is generally seen with wounds or internal damage with excessive loss of blood.

i. Soggy pulse. This is generally seen with taxation damage causing dual vacuity of qi and blood.

j. String-like pulse. This is generally seen in internal damage to the chest or rib-side area, or painful injuries.

k. Fine pulse. This is generally seen with vacuity taxation damage or enduring disease causing weakness of the body.

l. Regularly interrupted pulse. This is generally seen with severe pain or debility of the visceral qi.

2. TOUCHING EXAMINATION

Touching examination is one of the primary methods of diagnosis in traumatology. Commonly used methods include the following.

a. Touching method. Use the fingers to touch the injured area lightly, so as to understand whether the bone is damaged or dislocated and to distinguish the severity of the damage. If the bone is damaged, then feeling the bone will help to determine whether it is fractured or broken and whether it is a transverse or oblique fracture. If it is a dislocation, then feeling it will help to determine whether it is completely dislocated or partially dislocated, in which direction it is protruding and whether there is any fracture. Simultaneously feeling the area can also aid in knowing whether the area is hot or cold as well as any deformities, all of which aids in diagnosis.

b. Pressing method. Using the hands to put pressure above and below, to the left and to the right, in front of and behind the damaged area can help to differentiate whether there is a fracture or a contusion. If there is pain with pressure, this indicates that there is damage to the bone. If there is pressure placed on the chest and ribs, and there is pain, then it is necessary to consider a rib fracture. If both hands are pressed upon the wings of the ilium and there is pain, then it is necessary to consider a pelvic fracture.

c. Percussion method. The percussion method is a method of tapping so as to investigate whether

or not there is longitudinal pressure pain. This helps to understand whether or not there is damage to the bone. If the lower limbs are damaged, then the foot is percussed. If the spine is damaged, then the vertex of the head is percussed. If the area of the pain with percussion and the area of the pressure pain are the same, this generally indicates that this is the place of fracture. If there is no pain with percussion, then it is possible that there is damage to the sinews.

d. Rotation method. Use the hands to hold the distal end of the injured limb. Gently rotate the limb laterally and medially, abduct and adduct it and also raise it and press it down. This is done to investigate whether or not there is obstruction of the joint. Rotation is often done at the same time as flexion and extension of the joint.

e. Flexion and extension method. Use the hands to hold the nearest joint to the injury. The joint is flexed and extended and the amount of flexion and extension possible is measured. This serves as a basis for the measurement of the functional movement of the joint.

When differentiating, the method of comparison is commonly used. For example, with inspection examination a comparison is made between the length of the healthy side and the injured side, as well as between the width and the form. Inquiry examination and the palpation method also make use of comparison. In addition, comparison is made between the injury before and after treatment. For example, if the bone is fractured or dislocated, comparison is made before and after the bone setting or repositioning. This is very helpful for differentiation.

Differentiation of wounds

A wound refers to broken or damaged skin and muscles, rupture of vessels, tearing of sinews or breaking of bones with bleeding. In other words, there is tissue damage and there is also an open cut. In general, wounds manifest bleeding, pain and impaired function, etc. In serious cases, if there is severe loss of blood and pain this may

result in vacuity desertion. The important points of differentiation are described below.

1. MOUTH OF THE WOUND

Generally the nature and severity of the wound are judged by the location, the size and the depth of the mouth of the wound. Also, the cause of the wound may be determined based upon the conditions at the mouth of the wound. For example, if the edges of the wound are irregular, then this is generally damage caused by a dull edge. If the edges of the wound are precise, then this is damage caused by a sharp instrument. If the mouth of the wound is small and deep, then this is damage caused by a piercing instrument. If the mouth of the wound is surrounded by brown burn marks, this is generally damage caused by a gunshot.

2. BLEEDING

Inspection of the bleeding can help to judge the location and severity of the wound. For example, in a wound that is mild and has broken only the small blood vessels, the bleeding is light, easily coagulates and stops quickly. If the wound is severe and the larger vessels are broken, then there may be copious bleeding. When there is copious bleeding it is necessary to differentiate whether the bleeding is from an artery or a vein. With bleeding from an artery, the blood is bright and fresh and pours out rapidly. In severe cases, this may be critical. With bleeding from a vein the blood flows out more leisurely but continuously, and the color is a darker red.

3. PAIN

The severity of the wound and the amount of pain caused by the wound are related. If the wound is severe then the pain is intense. If the wound is mild then the pain is also mild. In addition, if the mouth of the wound is clean then the pain is generally less severe. If the mouth of the wound is infected then the pain is usually stronger.

4. OBSTRUCTION OF FUNCTION

If there is severe pain and the injury to the sinews is relatively severe, this can cause limitations on the correct functioning of the limbs. If there is a perforating fracture (fracture of the bone combined with an open wound) then the obstruction to function is even more obvious.

5. GENERAL BODILY SIGNS

If the wound is serious, there is copious loss of blood, severe pain and nervous tension, as well as poor care of the wound or overstrain, then signs of collapse of yin and yang, such as pale white, wet and cold skin, reverting cold of the four limbs, sweat like pearls or drops of oil, heart vexation, nausea, chest oppression, thirst, uncontrollable vexation and agitation or even clouding inversion, may manifest.

If the mouth of the wound becomes infected, then the area generally is hot, red, swollen and painful. Gradually, these signs will become more severe, and the mouth of the wound will be covered in a gray fur or there will be purulent fluid. The general bodily symptoms will vary with the severity of the infection. For example, there may be fever, aversion to cold, thirst with a desire for fluids, diminished appetite, lack of peaceful sleep, bound stools and short and red urine. The pulse image may be floating and rapid, and the tongue fur will either be thick and greasy or yellow and greasy.

Differentiation of damage to the sinews

If there is damage to the joints, the sinew networks or the muscle from external impact, forceful rotation, pulling or compression, or there is a fall or contusion, but there is no bone fracture, dislocation or skin wound, this is called 'sinew damage.' Clinically, it is important to grasp and differentiate the two categories of sinew breaking (including fascial rupture) and non-breaking of the sinews. In pattern identification of sinew

damage, first it is necessary to eliminate any other serious causes for the damage such as fracture, dislocation or flowing phlegm.¹

Important signs of sinew damage include pain, blood stasis swelling and distention, obstructed function and movement.

Color of the area after sinew damage is as follows. The colors seen include red, green-blue, purple and yellow. In patients with new damage, generally first there is red then green-blue. If the damage is already several days old, then first it is purple and then yellow. The yellow color indicates that the blood stasis is gradually diminishing. If the damage is to the skin and muscle, then generally the color is first red. Damage to the sinews generally manifests as green-blue.

Differentiation of bone fracture

If there is force applied to the exterior of the body that completely or partially breaks the bone, this is called 'bone fracture.' The differentiation of bone fracture is primarily accomplished according to the four examinations; however, it is important to use the 'palpation method' and 'measurement method' as well. In addition to such general signs of damage as clouding inversion, fever, pain, swelling and distention, bleeding and impaired function, bone fracture is marked by the following three characteristics.

1. DEFORMITY

After the bone is broken, the displacement of the bone may cause the form of the damaged limb to change, resulting in clear deformities. For example, the bone may be shorter or thicker owing to the overlap of the injured bone. (However, the joint can also manifest certain deformities due to dislocation, and so clinically they must be differentiated.) When examining the damaged limb, it must be compared with the healthy limb and a decision can be made according to measurements. After a break in the bone, there may be one of

five kinds of displacement. These are 'creation of an angle,' 'lateral displacement,' 'shortening,' 'separation' and 'rotation.'

2. BONY CREPITUS

Bony crepitus that results from the broken ends of the bone bumping into or rubbing against each other can be discerned during examination. Either it is felt by the hand or it is heard when examining the broken bone.

3. ABNORMAL MOVEMENT

Normally, before a bone is broken, the end of the bone (the diaphysis) cannot move. After the break, there may be abnormal movement of the diaphysis.

Deformity, crepitus and abnormal movement are the three features of bone fracture. If, after damage, any one of these three abnormalities appears then one can diagnose a bone fracture. But, it is still necessary to distinguish a fracture from a dislocation or any other deformities or injuries of the area. In addition, there are some fractures (such as impacted fracture or fissured fracture) that do not manifest any of these three features. In this case it is necessary to examine an X-ray film in order to confirm the diagnosis.

Dislocation

Dislocation refers to loss of the connection between two bones in a joint. The formation of a joint depends upon the restriction by tendons, the connection of muscles, the surrounding joint capsule and the integration of the articular surface between the two bones. If there is external force applied to a joint, or if the joint is overstretched, then a dislocation may occur. Of all of the joints in the body, dislocation of the shoulder, elbow, wrist, hip and mandibular joint are the most commonly seen. After a dislocation, besides the general signs of damage such as blood stasis swelling and distention, and pain, there are also two important features as follows.

1. JOINT DEFORMITY

After damage, the normal form of the joint will change. If there is a complete dislocation then an abnormal depression in the original joint position can be felt, while at the same time it is possible to feel the protruding head of the bone in an abnormal location.

2. ELASTIC FIXATION

After injury, the head of the bone slips out of the joint capsule. However, unbroken sinews and muscles continue to secure the bone resiliently in its abnormal location. Based on the features of the dislocation, it can be clinically diagnosed. X-ray pictures can confirm the direction, degree and complications of the fracture.

Differentiation of internal damage in traumatology

External force applied to the body that causes pathological signs in the viscera and bowels, channels and networks or qi and blood, is called 'internal damage' or 'internal damage of traumatology.' This is different from the 'internal damage' caused by the seven affects, taxation fatigue, diet, etc. Clinically the patterns are qi damage, blood damage, and viscera and bowel damage. These can be further divided into damage to the head area, the chest area, the abdominal area and the lumbar area.

1. QI DAMAGE

Qi damage primarily refers to loss of normal movement of the qi mechanism as well as loss of the regulation of upbearing and downbearing owing to clusters that do not dissipate. Its special characteristic is 'pain without form.' Clinically there may be signs such as cough, hasty breathing, fatigued spirit, torpid intake, lack of smooth breathing, referred pain, fullness and oppression of the chest and rib-side causing a distending sensation and a deep pulse.

2. BLOOD DAMAGE

Blood damage primarily implies that 'the blood fluids are unable to flow and circulate, or the pathways of the blood movement [the blood vessels] are unable to to be diffused and freed.' If the injury causes bleeding, the blood may flow out of the body, causing signs such as the vomiting of blood, nosebleeds, blood in the stools, blood in the urine or the coughing of blood. The color of the blood generally is purple or black. If there is blood stasis collecting and accumulating, then the area is generally swollen and distended and green-blue or purple, the point of pain is fixed, there is obvious pain with pressure, and there may be coughing. In general, if there is only blood damage, then there are no symptoms of impaired breathing or qi oppression.

3. VISCERA AND BOWEL DAMAGE

If the injury is located in the anatomical site of

an organ and there is severe pain, then it is necessary to examine the area internally to determine whether there is any rupture of the internal organ. At the time of the injury there may be clouding reversal, or in severe cases there may be clouding without waking (coma) and bleeding from the orifices. For example, if there is damage to the head area, there may be dizziness, vomiting and bleeding from the ears and nose. If there is damage to the chest and rib-side, there may be chest pain, or there may be rupture of the liver or spleen causing bleeding in the abdominal cavity, or vomiting of blood, severe pain of the entire abdomen, pain with pressure and rebound pain, hard abdominal muscles in the early stages and abdominal distention in later stages. If there is injury to the lumbus or kidneys, there may be lumbar pain that feels as if the back is broken, inhibited urination, blood in the urine, etc. Pattern differentiation of internal damage in traumatology is relatively complex, hence clinically great care should be taken.

NOTES

1. Tán Liú (痰流) Flowing phlegm: 'a chronic destructive condition of the joints characterized by the formation of pus that can "flow" or spread to other parts, and that after rupture discharges like thin phlegm. Today, flowing phlegm is considered to be a form of headless flat abscess. It is most commonly observed in children and

adolescents often found to have a history of consumption (pulmonary tuberculosis), and affects most commonly the hip bone or spine and less commonly the knee, ankle, shoulder, elbow or wrist.' (Wiseman N, Feng Ye 1998 *A Practical Dictionary of Chinese Medicine*, Paradigm, Brookline MA)

Outline of diagnosis in ophthalmology

20

Although all of the diseases that occur in the area of the eye are ascribed to the department of ophthalmology, it is still necessary to use the four

examinations along with various other differentiation methods in order to analyze and treat both the signs of the entire body and the area itself.

Outline of examination methods of the eye

Examination of the eye must be done under proper light conditions; for example, the patient may sit facing a window, and the physician may sit with her back to the window. When the light conditions are appropriate, then pathological changes in the spirit, color and form of the eye may be observed. The important points are as follows.

Theory of the five wheels of the eye

Historically, ophthalmologists have presented their ideas concerning the five wheels and location of the eight ramparts¹ of the eye. However, views concerning the eight ramparts have varied greatly, and clinically they are rarely used; therefore they are omitted here.

The theory of the five wheels takes the eye, from the outside to the inside, and divides it into the flesh wheel, the blood wheel, the qi wheel, the wind wheel and the water wheel (see Fig 20.1). These wheels are used to discuss the physiology and pathology of the eye as well as to guide clinical diagnosis and treatment.

1. FLESH WHEEL

This refers to the eyelid, which is divided into the upper and lower eyelid. The eyelashes grow on the upper eyelid, and along with the eyelid itself function to protect the eyeball. Of the viscera, the eyelid is ascribed to the spleen. The spleen governs the muscles, hence it is called the 'flesh wheel.' The spleen and the stomach are internally and externally related, therefore the flesh wheel

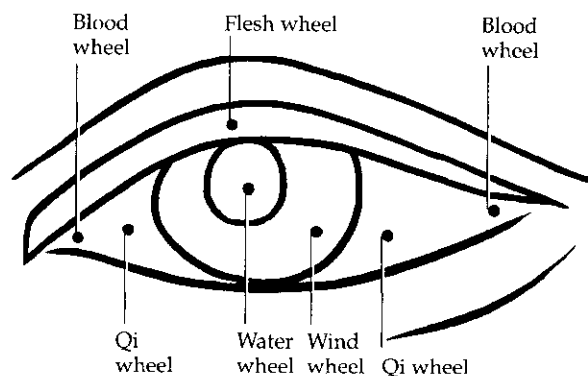


Fig. 20.1 The five wheels of the eye.

has a relationship with and reflects diseases of the spleen and stomach.

2. BLOOD WHEEL

The blood wheel is located along the blood networks of both canthi. (The Nei Jing says: 'The essence of blood is the networks.') The aspect closer to the nose is the large canthus, also called the inner canthus. The lateral aspect is the small canthus, also called the outer canthus. Above and below the inner canthus there are small openings. These are called the 'tear orifices' (also called the 'palace of tears'). These are the openings for the flow of tears. Tears moisten the eyeball; the blood networks disperse essential qi and also nourish the entire eyeball. The two canthi together are ascribed to the heart viscera; the heart governs blood, hence they are called the 'blood wheel.' The heart and the small intestine are internally and externally related; therefore the blood wheel has a relationship to pathological change in the heart and small intestine.

3. QI WHEEL

The qi wheel is located in the white of the eye (the sclera), which has the important function of protecting the inner system of the eyeball. The sclera is ascribed to the lung viscera. The lung governs qi; therefore it is called the 'qi wheel.' The lung and the large intestine are internally and externally related, therefore the qi wheel reflects pathological change of the lung and large intestine.

4. WIND WHEEL

The wind wheel is located in the black of the eye, all the way to the yellow kernel (the iris) of the eye. This has the function of defending the pupil-spirit. The black of the eye is ascribed to the liver viscera. The liver governs wind, therefore it is called the 'wind wheel.' The liver and the gallbladder are internally and externally related, therefore the wind wheel has a relationship to pathological change in the liver and gallbladder.

5. WATER WHEEL

The water wheel is located at the pupil spirit. Within it are the spirit-water, the spirit jelly,² the eye bead³ and the visual system. The pupil-spirit should be clear and completely bright, reflecting the importance of this location to the vision. When there is pathological change of the water wheel, this can influence the vision. The water wheel is ascribed to the kidney viscera. The kidney governs water, hence it is called the 'water wheel.' The kidney and the bladder are internally and externally related; therefore, the water wheel reflects pathological change to the kidney and the urinary bladder.

The five wheels and their relationship to the viscera and bowels have been discussed above; however, there still remains the triple burner and the pericardium network. Although they are not directly connected to the five wheels, within each of the viscera and bowels there are channels and networks that connect them. In addition, these two channel vessels have direct interaction with the eye area; therefore they also have a relationship with the five wheels.

Steps to examination of the eye

When examining the eye, one should go from the outside to the inside. Begin from the flesh wheel. Examine the shape and form of the outer lid, whether or not there is red swelling on the skin, whether or not the eyelashes are straight, whether the eyelid sinks inward or protrudes outward, whether or not the edge of the eyelid is red or eroded, and whether or not the eyelids open and close properly. Next, turn the eyelid inside out and carefully examine whether there are red granules, scars or foreign objects. The next step is to examine the blood wheel carefully, to determine whether or not there is flesh or blood vessels protruding and whether there is sticky fluid in the inner canthus or purulent tears. Then, examine whether or not the qi wheel is bright and moist, whether there is swelling or whether there are red vessels. Continue to examine whether or not the wind wheel is bright, and whether there are red vessels,

spots, clouding, membranes, yellow fluid, etc. Also examine whether the size and color are normal and whether the shape is receding or protruding. Lastly, examine whether the water wheel is clear and bright throughout and whether the spirit-light is strong or weak. (If the eye is bright and piercing and the spirit is clear, this is strong; if the eye is dull, torpid and moves little, this is weak.) The pupil-spirit also should be examined for expansion and shrinking as well as changes in form and color. Besides this, it is also necessary to examine the form of the entire eyeball, whether it is protruding or sinking, and whether the turning movements are lively, paying attention to comparing the two eyes. It is necessary to go through the above examination, to analyze the pathological change in each wheel and then to combine this examination with the pattern identification of the entire body before one can come to a correct diagnosis. In addition, modern diagnostic methods such as a visual acuity test, chromoscopy or fundoscopic examination may also help to come to a diagnosis.

Outline of pattern identification of the eye

Commonly seen signs for pattern identification

1. DIFFERENTIATION OF REDNESS AND SWELLING

Redness and swelling are often seen in diseases of external obstruction of the eye. For example, the flesh wheel may be slightly red and swollen, and itchy with tearing when exposed to wind; this indicates a wind-natured disease. If the flesh wheel is red and swollen, hard, hot and painful, there are profuse sticky tears, the qi wheel is also red and the vision is clouded, this indicates scorching exuberance of heat toxin in the spleen and lung. If the skin of the flesh wheel is red, swollen, ulcerated and rough as well as itchy and sticky, this indicates exuberance of damp-heat toxin

in the spleen and stomach. If the flesh wheel is dark purple and swollen and likes pressure, this indicates cold congealing and blood stasis. If the flesh wheel is red-purple and swollen, painful and refuses pressure, this indicates heat bind and blood stasis. If there is vacuity floating swelling of the flesh wheel, the skin color is pale white and there is no pain or itching, this is generally due to qi vacuity.

2. DIFFERENTIATION OF PAIN AND ITCHING

The nature, time and location of pain in the eye can, when combined with signs from the entire body, serve as the basis for the differentiation of yin and yang, cold and hot, vacuity and repletion. In general, pain during the day is ascribed to a yang pattern and pain at night is ascribed to a yin pattern. Pain combined with vexation and agitation, and fullness and distention of the chest and rib-side, is ascribed to qi stagnation. Pain with an aversion to cold is generally qi vacuity. Slightly red eyes with intermittent, slight pains indicate yin vacuity frenetic fire. Dry and rough eyes that are slightly painful and uncomfortable indicate damage to the body fluids or water depletion and blood vacuity. Red eyes with severe piercing pain, at no particular time, accompanied by constipation and inhibited urination, indicate repletion fire scorching internally. Red and painful eyes with copious secretions and tears indicate exuberant wind-heat congestion. Pain that refuses pressure and likes cold is due to repletion. Pain that likes pressure and warmth is due to vacuity.

The location of the pain has a definite relationship with the pathway of the channels and networks. For example, eye pain that refers to the forehead and vertex of the head indicates the presence of evil in the foot greater yang urinary bladder channel. Pain that refers to the forehead, the nose, the cheek and the teeth indicates the presence of evil in the foot yang brightness stomach channel. Pain that refers to the temples indicates the presence of evil in the foot lesser yang gallbladder channel.

As for itching of the eye, this also is divided into vacuity and repletion. If there is itching

accompanied by redness and swelling of the flesh wheel, this indicates a wind-heat external evil and is ascribed to a repletion pattern. If the canthi are pale white and the itching is intermittent, sometimes severe and sometimes mild, this indicates blood vacuity engendering wind and is ascribed to a vacuity pattern.

3. DIFFERENTIATION OF SECRETIONS AND TEARS

If there is tearing upon exposure to wind accompanied by floating swelling and itching of the flesh wheel, this generally indicates wind and qi patterns. Tears that are relatively sticky and redness of the qi wheel indicate scorching exuberance of wind-heat. Profuse, dry and bound secretions indicate repletion heat in the lung channel. Secretions and tears that are thin indicate vacuity heat in the lung channel. Hot tears and photophobia generally are ascribed to scorching fire of the liver and gallbladder. Cold tears generally are ascribed to liver vacuity. Distended and painful eyes with tearing mean depressed heat in the liver channel. Clouded vision and cold tears mean dual vacuity of the liver and kidney.

4. DIFFERENTIATION OF VISION PROBLEMS

Blurred vision, black flowers, or flying and dancing matter are generally ascribed to dual vacuity of the liver and kidney. Unclear vision accompanied by red, hot and painful eyes, photophobia and tears generally means wind-heat external evil or scorching fire of the liver and gallbladder. Dark or dull vision or clouded vision is due to the inability of the essence and blood to rise and nourish the eye. Clear sight of things that are close and blurred vision of things that are far away is ascribed to qi vacuity. If there is sudden blindness with no indication of eye disease and a normal external appearance of the eye, generally this is ascribed to counterflow qi and blood depression, or damage to both qi and blood. As for other visual abnormalities, such as seeing double, visual distortions, color blind-

ness, abnormal movement of the eye, etc., these must be combined with examination of the entire body in order to correctly determine a diagnosis.

5. DIFFERENTIATION OF EYE SCREENS AND MEMBRANES

Eye screens and membranes are commonly seen signs of external eye obstructions. They both can block the pupil-spirit and influence the eyesight. However, the pathological changes and treatment of each are different, and so it is important to differentiate them carefully.

A. EYESCREENS

Eyescreens generally occur on the wind wheel. Clinically they can be divided into star eyescreens and cloud eyescreens. Cloud eyescreens may be thick or thin patches. The thin patches are like pale smoke and the thick patches are like floating clouds, hence they are called 'cloud eyescreens.' Star eyescreens are large or small patches of dots, hence they are called 'star dots.' In fact, cloud eyescreens begin as complex, white-colored star dots. As the star eyescreens continue to develop, they often merge and become cloud eyescreens.

Star eyescreens. In general, a few spots that are not too large are considered to be a mild pattern. If the star eyescreens come and go at a given time, these are generally ascribed to phlegm-fire damp-heat. If, at the beginning, the star eyescreens occur individually, in groups or scattered about, and, as they progress, quickly sink inward like broken grains of rice, possibly even sinking into the white of the eye, this is a severe case and without treatment it will transform into cloud eyescreens. If there is a single dot of white eyescreen, like a small rice grain or the point of a needle, that arrives quickly, with a nail like root deep inside, this is called 'nail eyescreen.' In general, star eyescreens that are floating and tender and not enlarged are considered mild. Sinking into the sclera is considered serious. Rapid, enlarged eyescreens that erode the wind wheel are critical and generally cannot be reversed.

Cloud eyescreens. In general, cloud eyescreens appear like white, tender floating clouds. If the pupil-spirit can be seen through the screen, it is a mild case. If the screen is deep and thick, and the color is white or slightly yellow, and only light and dark can be differentiated, this is relatively severe. If the entire area is dark and clouded, and there is no ability to differentiate light and dark, this is ascribed to a serious pattern. If the eyescreen is thick and burnt yellow colored and there are red vessels, although the entire wind wheel is not affected it is considered a serious case. If a hard and deep white eyescreen is located on the black of the eye, like the wings of a cicada, this is a case that is severe and very difficult to treat. In addition, if a black screen suddenly arises in the black of the eye with a shape like a bead or bean, with an uneven size and height, this generally cannot be treated.

B. MEMBRANES

A membrane is thicker than an eyescreen. It generally occurs in the qi wheel and gradually spreads to the black of the eye, or in severe cases covers the pupil-spirit. Threads are always seen to precede the course of the spreading. If the threads are red and thick, then it is called a 'red membrane.' If the threads are pale red and thin, then it is called a 'white membrane.' Red membranes generally invade from above into the black of the eye, while white membranes generally invade the black of the eye from both sides. If the membrane is thin and pale and does not cover the pupil-spirit, it is considered mild. If the membrane is thick, the color is deep, and it covers the pupil-spirit, this is a severe case. If the membrane is thick like congested blood and it covers the entire wind wheel, this is a pattern that is very difficult to treat.

In addition, membranes must be differentiated from outcrop (pterygium), which is like a sinuous membrane-like fascia. It affects both canthi and moves inward toward the qi wheel and wind wheel. Its wing-like shape is its special characteristic.

Differentiation of external obstructions and internal obstructions

Eye diseases can be understood to be internal obstructions or external obstructions according to the location of the disease, the disease cause and the characteristics of the signs of the disease. The term 'obstruction' has the meaning of 'to hide from view, cover.' External obstructions are coverings that begin from the exterior and internal obstructions are coverings that begin from the interior. External obstructions refer to the area of the external eye; that is, pathological change of the flesh wheel, the blood wheel and the qi wheel. These are generally due to external evils, show clear pathology of the external area of the eye, and are generally ascribed to repletion patterns and heat patterns. These are relatively easy to treat. Internal obstructions refer to pathological change of the water wheel (the pupil-spirit) and are generally due to internal damage. These are internal eye diseases in which the exterior of the eye appears normal, but there is a gradual reduction in vision to varying degrees or there is a change in the form or color of the pupil-spirit. (These generally require the use of a fundoscope or other diagnostic tool to aid in diagnosis.) They generally are ascribed to vacuity patterns or complex vacuity and repletion patterns, and treatment is relatively difficult. However, it is necessary to point out that there are also external obstruction eye diseases due to vacuity patterns and internal obstruction eye diseases due to repletion patterns, and so one absolutely cannot simply say that external obstruction is ascribed to repletion and internal obstruction is ascribed to vacuity.

1. EXTERNAL OBSTRUCTIONS

External obstructions arise in the flesh wheel, the blood wheel, the qi wheel and the wind wheel. They generally are ascribed to evil toxin of the six excesses invading the exterior. In addition, other causes include food stagnation, damp-heat, phlegm-fire or external damage. There are obvious

signs in the affected region, such as the above-described redness and swelling, pain and itching, secretions and tears, eyescreens and membranes, etc. Occasionally, there may also be signs in the body such as cold or fever, headache, constipation or inhibited urination. Possibly only one eye will be affected, but both eyes may also be. The disease conditions develop relatively quickly and they are generally ascribed to a surplus or evil repletion pattern.

2. INTERNAL OBSTRUCTIONS

Internal obstructions generally develop in the water wheel or inside of the eyeball. Generally they are caused by loss of regulation of yin and yang, qi and blood, the viscera and bowels or

the channels and networks due to damage by the seven affects or consumption of essence and taxation of the spirit. The manifestation of the eye itself is unremarkable, although sometimes there will be a change in color or shape of the pupil-spirit. The important element is the perception of clouded vision. This is as if things are covered in fine silk, one is walking in the fog, or there are black flowers, red flowers or threads in front of the eyes. The entire body will generally manifest an insufficiency of the liver and kidney, dual vacuity of qi and blood, yin vacuity fire effulgence, or complications of phlegm or stasis. Often the problem will first affect one eye and then both eyes will be damaged. The disease conditions develop slowly and are generally ascribed to a pattern of internal vacuity or insufficiency.

NOTES

1. Bā Kùo (八廓) Eight Ramparts: this refers to eight divisions of the eye (water, wind, celestial, earth, fire, thunder, marsh and mountain ramparts), which have correspondences with the five wheels. The water rampart is the pupil, corresponding to the water wheel. The wind rampart is the black of the eye, corresponding to the wind wheel. The fire, thunder, marsh and mountain ramparts (the upper and lower parts of the inner and outer canthi respectively), correspond to the blood wheel. In former times, the eight ramparts were applied in diagnosis; however, there was disagreement about their diagnostic significance.
2. Shén Gāo (神膏) Spirit Jelly: this refers to the vitreous fluid.
3. Jīng Zhū (睛珠) Eye Bead: the eyeball itself.

Outline of diagnosis in ears, nose and throat

21

Differentiation of common signs of the ears

Any diseases that occur in the area of the ear may be ascribed to the clinical scope of the ear department, including such problems as ear clove sores, purulent ears, ringing ears, deafness, etc. Again, it is necessary to use the four examinations along with a variety of differentiation methods and to combine signs in the area with signs throughout the body to differentiate the pattern and come to a diagnosis. Some of the important signs seen on the ear which must be differentiated are as follows.

Differentiation of ear pain

1. In a new disease, if the ear pain is relatively mild, the inside of the ear has a sensation of being mildly obstructed, hearing is slightly reduced and the membrane of the ear is slightly red, this is generally ascribed to wind-heat evil in the exterior.
2. If the disease is enduring, if there is mild pain, discomfort or distending sensation in the ear, possibly combined with ringing in the ear but there is no pus flowing from the ear, this is generally ascribed to an insufficiency of the liver and kidney or spleen qi vacuity with surplus evils retained in the ear orifice. If this is combined with pus flowing from the ear, with a piercing of the ear membrane or with reduced hearing, then

it is ascribed to an insufficiency of the spleen and kidney combined with damp turbidity blocking internally.

3. If there is relatively severe pain inside the ear, possibly influencing the head and face and complicated by alternating fever and cold, this is generally a pattern of exuberant accumulation of liver and gallbladder damp-heat.
4. If the ear pain is extremely severe, there is a large amount of pus in the ear, a severe splitting headache, fever, vomiting and possibly even spirit clouding or delirium, this is ascribed to internal attack of fire toxin with the evil sinking inward to the pericardium.

Differentiating pus of the ear

1. Thick yellow pus in the ear in a new disease generally means damp-heat of the liver and gallbladder rising and steaming the ear orifice. Yellow and copious pus is generally ascribed to damp-heat fuming and steaming in the spleen channel.
2. Clear and thin purulent fluid in an enduring disease generally means vacuity of the right. If the pus is copious, this is generally ascribed to spleen vacuity dampness brewing. If the pus is

scanty, this is generally ascribed to kidney vacuity.

3. If there are tofu-like pieces within the pus fluids and there is a foul odor, this generally is ascribed to dual vacuity of the spleen and kidney with damp-heat evil toxins retained and stagnating in the ear. This is a mixed pattern of vacuity and repletion.

Differentiation of ringing in the ear and deafness

ringing in the ear refers to the individual's perception of a ringing sound inside the ear. In severe cases it may even influence hearing. Deafness refers to different degrees of decrease in hearing. Mild cases are called 'hearing impairment' while severe cases are called 'deafness.' Ringing in the ear and deafness are often seen together; therefore they are discussed together.

1. Sudden ringing in the ear, with a sound like thunder, accompanied by reduced hearing, generally indicates counterflow fire of the liver and gallbladder or phlegm and fire rising together to harass the clear orifices.
2. Gradual onset of ringing in the ears, with a sound like a cicada and a decrease in hearing, generally indicates liver and kidney yin vacuity, vacuity fire rising upward or consumption of qi and blood causing a lack of nourishment of the ear orifices.

Differentiation of common signs of the nose

Diseases that occur in the nasal area are all ascribed to the clinical scope of the nose department; this includes such problems as clove sores of the nose, nosebleeds, nasal polyps and deep source nasal congestion. Examination must include the four examinations as well as a variety of differentiation methods and the local signs must be combined with the signs of the entire body in order to identify the pattern. Here, only a few important

signs of the nose (nasal congestion, nasal mucus, nosebleeds, loss of smell) are differentiated.

Differentiation of nasal congestion

1. If, at the onset of nasal congestion, the nasal membranes are red and swollen and this is accompanied by exterior signs, this is wind evil invading the exterior, which may be further differentiated as wind-heat or wind-cold.
2. If the nasal congestion is already chronic, sometimes strong and sometimes mild, with swollen, distended and pale nasal membranes, generally this is a pattern of lung and spleen qi vacuity. Intermittent nasal obstruction with itching, sneezing, clear mucus and pale white nasal membranes generally is lung vacuity or kidney vacuity with cold evil congealing and collecting.
3. Persistent nasal congestion with swollen, enlarged, uneven and dark red nasal conchae generally is qi and blood stasis.
4. Intermittent nasal congestion, relatively severely swollen and red nasal membranes, thick, yellow and copious nasal mucus and bitter taste in the mouth and a dry throat generally is fire heat in the gallbladder channel.
5. A sensation of congestion in the nose with dry and withered nasal membranes generally is a pattern of lung yin vacuity.

Differentiation of nasal mucus

1. When there is copious and clear nasal mucus, at the onset this is generally due to wind-cold evil invading the exterior. If it is chronic it generally is lung qi vacuity.
2. When there is thick yellow mucus, at the onset this generally is wind-heat evil invading the exterior. If it is chronic, it generally is gallbladder channel fire heat rising and steaming.
3. In enduring illness, if there is yellow-green nasal mucus that is bound into clots or has a foul

odor, generally this is lung and spleen qi vacuity with evil toxins retained and stagnating.

Differentiation of nasal bleeding

1. If the color of the blood is fresh red and there is only a scant amount of dripping, generally this is wind-heat evil invading the exterior. If it is copious, this is commonly due to stomach heat scorching or liver fire rising.
2. If the color of the blood is pale red and scanty, sometimes dripping and sometimes stopping, and this is accompanied by red cheeks and tidal fever, generally this is liver and kidney yin vacuity. If this is accompanied by a pale face and spirit fatigue, with a reduced appetite and sloppy stools, this is spleen vacuity not controlling the blood.

Differentiation of loss of the sense of smell

Loss of the sense of smell generally has a relationship with both the lung and spleen channels. It also may be differentiated according to internal and external, cold and heat, vacuity and repletion; therefore, for differentiation of loss of the sense of smell, refer to these three types of pattern.

Differentiation of commonly seen signs of the throat

Diseases that occur in the throat area, such as sore throat, throat impediment, etc., are all ascribed to the scope of laryngology. Their diagnosis also requires combining local signs with signs of the entire body and using the four examinations to identify the pattern. Here a few important signs (red, swollen and painful throat, ulceration of the throat, change in the voice, itching of the throat and obstruction of the throat) are differentiated.

Differentiation of a red, swollen and painful throat

1. A red, swollen and painful throat in a new disease generally is ascribed to an exterior wind-heat pattern. If it is pale red, not swollen and only slightly painful, generally this is ascribed to an external wind-cold pattern.
2. If the throat is swollen and distended, the color is fresh red, it is extremely painful, and the disease occurred rapidly, generally this is a pattern of obstruction due to exuberant heat toxin of the lung and stomach.
3. If the throat is swollen and distended, the color is pale and the pain is relatively mild, generally this is ascribed to phlegm-rheum damp turbidity congealing and collecting.
4. If there is enduring disease where the throat is slightly red and slightly swollen, mild in the morning and worse at night, generally this is ascribed to lung and kidney yin vacuity with vacuity fire rising upward. If there is swelling but no redness, or the pain is somewhat worse before noon, generally this a pattern of yang vacuity.

Differentiation of ulcerations

1. In a new disease, scattered and shallow ulcerations with surrounding redness is ascribed to a mild heat toxin. If the ulcerations become patches, or begin to sink inward and the surrounding area becomes red and swollen, this is an exuberant fire toxin.
2. If the ulcerations are shallow and scattered, come and go and are surrounded by a pale red area, generally this is ascribed to a pattern of vacuity fire. If the ulcerations sink inward and become patches, and do not heal over a long period of time, generally this is ascribed to a sign of right vacuity with surplus pathogens sinking inward.
3. The engendering of white membranes over an ulceration that are loose and can be scraped

off is a mild pattern. If the membrane is hard and not easily peeled off and there is bleeding with forceful removal or if, after peeling, the membrane is rapidly regenerated, this is a serious sign and it is ascribed to diphtheria.

Differentiation of the voice

1. If in a new disease the voice becomes hoarse, and this is accompanied by exterior signs, this indicates wind evil invading the exterior. This must be differentiated according to wind-heat and wind-cold. If the voice is hoarse for a long time, the cheeks are red and there is tidal fever, generally this is a pattern of lung and kidney yin vacuity.

2. If there is unclear speech, and the throat is red, hot, swollen and painful, this generally is a pattern of exuberant evil toxins or fire heat. If there is difficulty in speaking, and there is panting and phlegm gurgling, this is a serious pattern of phlegm-rheum obstructing the qi pathway.

3. If the voice is extremely low, and the breath is short and lacks strength, generally this is lung and spleen qi vacuity.

Differentiation of itching of the throat and obstruction

1. If the throat is red, hot and itchy, generally this is ascribed to a wind-heat exterior pattern. If the color is pale red and the throat is dry and itchy, generally this is ascribed to lung dryness or lung yin vacuity. If the throat is merely itchy, generally this is a pattern of wind-cold in the exterior.

2. If there is no physical obstruction in the throat, but when swallowing there is a sensation of obstruction, and there is no redness, swelling or pain, generally this is ascribed to a pattern of binding depression of liver qi and obstruction by qi and phlegm. If there is a sensation of something abnormal in the throat, with an occasional dry cough and the throat is dry and slightly painful,

generally this is ascribed to lung and kidney yin vacuity.

3. If the obstruction becomes stronger day after day, it is difficult to swallow food or drink and breathing is irregular, it is necessary to investigate whether or not there is a throat tumor.

Appendix: Characteristics of differentiation of the oral opening

Here, several characteristics important for the differentiation of diseases occurring in the mouth, on the lips and the tongue are presented.

Differentiation of ulcers

1. Ulcerations of the membranes of the mouth that are a turbid yellow color, surrounded by a red area, generally are a pattern of repletion heat. Ulcerations that are a grayish white color and are surrounded by a pale red area are generally ascribed to a pattern of yin vacuity. If the ulcerations become patches that manifest with a porridge-like appearance, generally this is ascribed to a pattern of internal brewing of damp-heat.

2. Splitting and swelling of the lips with ulcerations that drip fluid generally is ascribed to damp-heat of the spleen and stomach.

3. When there is withering of the gums, with ulcerations at the border and exposure of the root of the teeth, if the withering and ulcerations are red, this is kidney vacuity fire rising upward. If the color is pale, this is ascribed to consumption damage of qi and blood.

Differentiation of pain

1. Relatively severe pain of ulcers is generally ascribed to a pattern of repletion heat. Milder pain of ulcers, or a piercing pain when eating or drinking, is generally ascribed to vacuity fire rising upward.

2. Pain of the teeth that diminishes with cold is a pattern of wind-heat. Pain that diminishes with heat is a pattern of wind-cold.

Differentiation of redness and swelling

1. Painful, red swelling of the gums is generally ascribed to wind-heat or repletion stomach fire. Swelling of the gums without redness or pain, or loose teeth with slightly red gums but no swelling, is ascribed to yin vacuity fire effulgence.

2. A red, swollen and enlarged tongue is heat in the heart and spleen channels, blood heat rising counterflow or stagnation of the vessel networks. If wind and fire in the liver channel fan each other, then the tongue is red, stiff and hard

and movement is not flexible.

Differentiation of pus and blood

1. If there is copious, thick and yellow pus with a foul odor, this is a pattern of lung and stomach fire heat. If the pus is thin and without odor, or there is a constant discharge of purulent fluid, this is generally ascribed to a pattern of spleen and kidney yang vacuity.

2. If the gums are red, swollen and bleeding a relatively large amount, this is ascribed to stomach channel repletion heat. If the gums are ulcerated, slightly red and slightly swollen and there is occasional bleeding, this is generally ascribed to kidney yin vacuity.

Diagnosis of commonly seen clinical symptoms

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Symptoms are the relatively pronounced signs of disease or the abnormal sensations of the human body that are the effect of disease evils. They are the objective reflection of the transformation of disease conditions and the concrete material of the complete pattern. From the symptoms, through the four exam-

inations, to the identification of the pattern is the complete course of the diagnosis of disease used by Chinese medicine. In addition, a complete and thorough analysis of the symptoms is an important link that cannot be underestimated. One pattern may include several different symptoms, or the same

symptoms can occur in different patterns. Therefore, in the course of identifying the pattern clinically, it is necessary to examine each symptom carefully, analyze the characteristics of the primary symptoms, pay attention to the accompanying corresponding symptoms, completely understand the history of the disease and carefully examine each of the bodily signs in order to come to a correct diagnosis. In the Sung Dynasty, in the text *Shang Han Ming Li Lun*, *Cheng Wu Ji* discriminately differentiated over 10 important symptoms. Physicians of later dynasties continued to develop these, especially the Ming Dynasty physician *Qin Jing Ming*, who used the pulse and symptoms to seek out the

disease cause and treatment. He wrote: 'Take the symptom first, then seek out its cause. What is the pulse? What is the treatment? If the disease does not follow correctly and the medicine does not correct it, then they have been used incorrectly.' Later, his grandson compiled his writings into a text entitled '*Zheng Yin Mai Zhi*.' This is a specialized text on the differentiation of disease based upon the discrimination of symptoms. From this, it can be seen that from early times the ancient people already placed emphasis upon the differentiation of symptoms for diagnosis.

Clinically, there are innumerable symptoms. Here we have differentiated some of the commonly seen symptoms.

Fever (heat effusion)¹ 22

Fever refers to a body temperature that is higher than the normal range. The normal temperature range for the adult is as follows. In the mouth, it is generally around 37°C (36.3–37.2°C). The level of the rectal temperature in general is 0.3–0.5°C higher than that in the mouth. The level of the axillary temperature is generally 0.2–0.4°C lower than the oral temperature. The normal temperature will vary in individual bodies; however, generally speaking, if the temperature is above 37°C orally or 37.6°C rectally, and if the temperature changes more than 1°C in 24 hours then it can be considered a fever. Prior to the use of the thermometer, Chinese medicine used the hand to press the patient's skin or forehead in order to judge whether or not the patient's body temperature was high. In addition, according to Chinese medicine there may be fever even if the body temperature is not above normal, if the patient feels that the entire body or an area of the body is hot.

There are two causes for fever: external contraction and internal damage. The mechanism of action of externally contracted fever is that the external evil of the six excesses or epidemic evils invade the skin and muscles, resulting in a battle with the defensive yang and thus creating fever. However, if the external evil transforms into heat and enters the interior (the five qi transform into fire), then the evil and the right battle, the yang heat is extremely exuberant and the fever is strong. If the evil heat consumes and damages the yin essence, body fluids and blood of the

body, this causes yang exuberance and yin vacuity, which results in a lingering fever. Fevers due to internal damage are primarily the result of a loss of regulation of the balance of yin and yang. The mechanism for this is hyperactive exuberance of the yang qi resulting in the fever, or the so-called 'yang exuberance resulting in body heat' (Su Wen: Yin Yang Ying Xiang Da Lun). This may be caused by qi depression caused by damage from the seven affects transforming into fire (five minds² transforming into fire); excessive intake of acrid, warm, dry or hot foods; hyperactivity of the functions of the viscera and bowels (when the qi is in surplus, there is fire), etc. Or the mechanism may be an extreme vacuity of yang qi resulting in exterior desertion where the yang qi floats to the exterior. Or there may be internal exuberance of yin cold forcing the yang to the exterior (yin exuberance repelling yang). Any of these may cause fever.

The ancients had the following names for fever, based upon the varying levels and different characteristics of the heat.

Mild heat. When the hand is used to feel the skin of the patient, there is a slight sensation of heat; it may refer to the body temperature being normal but the patient feels that there is heat.

Aversion to heat. This may refer to the actual raising of the body temperature, or to a subjective feeling of heat by the patient. However, in both conditions there is a fear of heat, a desire to

remove clothes and bedding and a preference for lying in cool places.

Heat vexation. This refers to a condition where the patient's body temperature is higher than normal, and there are feelings of heart vexation or vexation and agitation accompanied by a sensation of oppressive heat.

Steaming bone. This describes a situation where the heat seems to effuse out from the bones, yet the skin is not hot.

Tidal fever. This describes a situation where the heat is like the tides of the ocean, arriving at a definite time every day (in general it arrives in the afternoon). The body temperature gradually rises, remains high for a period of time and then gradually recedes back to the normal range. This occurs daily, without variation.

Unsurfaced heat. This refers to a situation where the body temperature is above normal, but when the skin is touched, at first it does not feel very warm. However, if the skin is felt for a longer time then it will feel as if it is scorching the hand.

Scorching heat. This refers to a relatively high body temperature accompanied by a sensation of scorching when the hand is used to feel the skin.

Vigorous heat. This refers to a condition in which the heat is vigorous and exuberant. The body temperature is extremely high and the heat is obvious.

Fulminant heat. This refers to the sudden manifestation of a high fever. Either the disease is relatively new and there is a sudden manifestation of great heat, or the heat appears as a sign of the onset of disease.

Today, because we are able to use a thermometer, it is possible to classify several categories of heat, including low fever, medium fever, high fever, tidal fever and the self-perception of heat.

Fever as a symptom must first be differentiated according to whether it is due to external contraction or to miscellaneous internal disease. If the fever is caused by external contraction of the six excesses, then at the onset of the disease there is fever and aversion to cold at the same

time, accompanied by other exterior signs. As the disease continues, if there are signs of transmutation to the six channels then it is ascribed to disease due to damage by cold. If it manifests as signs of the defense, qi, construction or blood aspects, or as signs of the triple burner, then it is due to warm disease. If there is damage from the seven affects, from food or from taxation fatigue, and the fever occurs without any aversion to cold, there may be no clear transmutation from stage to stage, and there are complex signs of vacuity and/or repletion of the viscera and bowels, then this is a miscellaneous disease. Below are the differentiations of externally contracted fever and fever due to miscellaneous disease.

Differential diagnosis

External contraction fever

According to the outline of pattern identification of externally contracted disease described earlier (Chapter 12, p. 327), first it is necessary to determine the season during which the disease occurs, to identify whether it is ascribed to wind-cold, wind-warm, spring-warm, damp-warm, summer-heat-warm, autumn-dryness, etc. Finally, one should differentiate whether the fever is exterior, interior, half exterior-half interior, at the construction aspect or at the blood aspect.

1. EXTERIOR PATTERN FEVER

The distinguishing features of exterior pattern fever are that it must be seen along with an aversion to cold, and there must be a rise in the body temperature. The rise in temperature is generally not too high, usually it is a mild heat and only occasionally is it vigorous heat. In addition, there often is nasal congestion, nasal snivel, sneezing, aches in the head and body, thin tongue fur and a floating pulse. According to the different characteristics of the fever and the differences in accompanying symptoms,

exterior pattern fever can be further differentiated into different patterns.

A. WIND-COLD EXTERIOR REPLETION PATTERN (GREATER YANG DAMAGE BY COLD PATTERN)

This pattern takes cold evil invading the exterior as its distinguishing characteristic. The nature of cold is congealing, stagnating and contracting and it governs pain, hence the pain manifests as a light fever and strong aversion to cold, head and body aches, no sweating, thin, white and moist tongue fur and a floating and tight pulse. This pattern is generally seen in the winter.

B. WIND-COLD EXTERIOR VACUITY PATTERN (GREATER YANG WIND STRIKE PATTERN)

This takes wind evil damaging the exterior as its distinguishing characteristic. The nature of wind is opening and draining, hence the pattern manifests as fever, aversion to cold, sweating, an itchy cough, nasal congestion, headache, thin white tongue fur and a floating and moderate pulse.

C. WIND-WARM (HEAT) EXTERIOR PATTERN (ASCRIBED TO DEFENSE ASPECT PATTERN)

This takes heat evil invading the lung defense as its distinguishing characteristic. The nature of heat is to flame upward, hence the points of differentiation are fever, mild aversion to wind and cold, headache, a red, swollen and painful throat, thin, dry tongue fur and a floating and rapid pulse. This generally occurs in the spring and summer seasons.

D. DAMP-WARM EXTERIOR PATTERN (ASCRIBED TO DEFENSE ASPECT PATTERN)

This pattern is a combination of damp and heat evil. The nature of damp is sticky, heavy and turbid, hence clinically there is fever that is stronger than the aversion to cold, a hot body with unsurfaced heat, a heavy, fatigued and

painful head and body, glomus in the chest and stomach duct oppression, white and moist tongue fur and a soggy and rapid pulse. This pattern generally occurs in the south, during the rainy season.

E. AUTUMN-DRYNESS EXTERIOR PATTERN (ASCRIBED TO DEFENSE ASPECT PATTERN)

This pattern has a clear seasonal nature; it must occur during the autumn season. As the nature of dryness is dry and rough, and it easily damages the lung fluids, the important points of differentiation are that at the onset there are external signs such as fever, aversion to wind and cold, etc., but there also must be a dry mouth, nose and throat, a dry cough with little phlegm and a floating pulse. In addition, this pattern may be divided into 'cool' and 'warm.' The former is complicated by contraction of cold evil and the latter is complicated by contraction of warm evil. The manifestation of the patterns differs in ways similar to wind-cold and wind-heat.

2. HALF EXTERIOR-HALF INTERIOR PATTERN FEVER

The distinguishing characteristic of half exterior-half interior fever is the alternation of heat and cold: now hot now cold. When there is aversion to cold there is no fever and when there is fever there is no aversion to cold. The aversion to cold and the fever manifest alternately, either at a specific, determinate time or at indeterminate times. It may occur several times in one day, or it may occur once every day, every other day or every 3 days. According to the different characteristics of the fever and the differences in the accompanying symptoms, it is possible to differentiate different patterns of half exterior-half interior fever.

A. LESSER YANG PATTERN

The distinguishing characteristic is the alternating of cold and heat: a moderate rise in body temperature alternates with aversion to cold. In general, there is bitter fullness of the chest and

rib-side area, a bitter taste in the mouth, a dry throat, eye dizziness and a string-like pulse. This generally is due to a transmutation of cold damage greater yang pattern.

B. MALARIA

Because the malarial evil hides in the membrane source of the half exterior-half interior, its distinguishing feature is alternating cold and heat. First there is a period of cold, then there is vigorous heat. Finally, there is sweating, which causes the fever to retreat and a return to normal. This occurs at definite times. It may occur once per day, once every 2 days or once every 3 days. If the heat is relatively severe, then this is hot malaria. The distinguishing features are a relatively long period of heat, a relatively short period of cold, and relatively profuse sweating accompanied by a red face, thirst, bound stools, yellow urine, a red tongue with yellow fur and a rapid, string-like pulse. In severe conditions, there may be clouded spirit, delirium or convulsions. If the pattern is like hot malaria but the strength of the disease is extremely severe, the cold and heat do not occur at determined times but rather in a day may occur once or several times, there is clouded spirit, delirium and convulsions, and this occurs in one geographic area, then this is infectious epidemic malaria. If the period of cold is relatively long, the heat is not severe nor exuberant, there is no profuse sweating and this is accompanied by a white face, fatigued spirit, no thirst, thin white tongue fur and a string-like and slow pulse, this is cold malaria. If there is a slight aversion to cold and a slight fever, the course of the disease continues over many days, and it is accompanied by manifestations of qi and blood and viscera and bowel vacuity, this is vacuity malaria. If the malaria evil is retained then there will be manifestations of damage to the right qi.

3. INTERNAL PATTERN FEVER

A. YANG BRIGHTNESS CHANNEL PATTERN

This is external evil transforming to heat and

entering the interior. The signs of heat exuberance in the interior and fullness in the exterior manifest as great body heat, great thirst, great sweat and a flooding and large (great) pulse. These are the 'four greatnesses.'

B. YANG BRIGHTNESS BOWEL PATTERN

This is caused by internal yang brightness heat drying the urine and binding the stools. The fever is generally an afternoon tidal fever with continuous sweating. Two signs that must be present are constipation and abdominal fullness, and pain that refuses pressure. The tongue is red with extremely dry yellow fur or burnt yellow fur with prickles on the tongue, and the pulse is deep, replete and forceful. In severe cases there may be vexation and agitation, clouded spirit, delirium or picking at the bedclothes.

C. HEAT EVIL CONGESTING THE LUNG PATTERN (QI ASPECT PATTERN)

The fever here is generally vigorous, it must be accompanied by cough, chest and rib-side pain, coughing of thick yellow phlegm or blood-streaked phlegm, and it may be accompanied by other heat signs such as red urine, bound stools, a red tongue with yellow fur and a rapid pulse.

D. SUMMERHEAT-WARM (QI ASPECT PATTERN)

This must occur during the summer season, usually when it is extremely hot. The onset of the disease is rapid. At first there is a vigorous fever, vexation and agitation, profuse sweating and a surging and rapid pulse. This is often accompanied by headache and dizziness, fatigue of the limbs and spirit fatigue. The disease conditions transmute quickly. If summerheat enters the heart construction, then there may be sudden loss of consciousness, body heat, limb reversal and coarse breathing, like panting, tightly shut teeth and a scarlet tongue. This is called 'summerheat reversal.' If the summerheat stirs

wind, this may result in scorching heat, convulsions of the four limbs, and in severe cases there may be arched-back rigidity, tightly shut jaws, clouded spirit, and gurgling phlegm in the throat. This is called 'summerheat-wind.'

E. SPLEEN AND STOMACH DAMP-HEAT PATTERN (DAMP-WARM QI ASPECT PATTERN)

This is characterized by unsurfaced heat where the body heat is hidden, and the heat does not resolve after sweating, or by afternoon tidal fever. Accompanying signs of damp-heat brewing and depressing in the spleen and stomach and lack of management of transportation and transformation must include stomach duct and abdominal glomus fullness, vomiting, torpid intake, thirst with no desire for fluids, sloppy stools and red urine. The tongue fur must be yellow and slimy and the pulse must be slippery and rapid. In addition, signs such as yellowing of the body and eyes, miliaria alba, itchy skin, etc., may be seen.

F. LIVER GALLBLADDER DAMP-HEAT PATTERN

The fever is often an alternating cold and heat, or, in severe cases there may be alternating periods of cold and vigorous fever. This must be accompanied by signs of a lack of coursing of the liver and gallbladder such as yellowing of the body and eyes, pain and distention of the rib-side area, dislike of greasy foods, vomiting and a string-like, slippery and rapid pulse.

G. INTERNAL FALL OF EPIDEMIC TOXIN PATTERN (ASCRIBED TO CONSTRUCTION ASPECT PATTERN)

The fever here is generally alternating periods of cold and vigorous fever at indefinite times. In severe cases this may occur several times in one day. In addition there may be severe headache, nausea and vomiting, profuse sweat, possibly spirit clouding and delirium, or there may be maculae.

H. HEAT FALLING INTO THE PERICARDIUM PATTERN (CONSTRUCTION ASPECT PATTERN)

The fever here is generally fulminant heat or vigorous heat. In addition, there must be such symptoms of heat evil falling inward as clouding of the spirit and delirium or clouding with a sluggish tongue impeding speech or signs of phlegm-heat obstructing the heart orifice. Also, accompanying signs may include limb reversal, a crimson tongue, yellow tongue fur and a fine and rapid pulse, all of which are due to a defense aspect pattern directly transmuting (to the construction aspect) without a qi aspect pattern in between.

I. HEAT ENTERING THE CONSTRUCTION ASPECT PATTERN

Here there is body heat that is more severe at night. This must be accompanied by heart vexation, agitation and harassment; in severe cases there may be signs of construction heat harassing the heart-spirit, such as delirium. In addition, this is often accompanied by a dry throat without any desire for fluids, insomnia, maculae on the skin, a crimson tongue with no fur and a fine and rapid pulse.

J. HEAT AT THE BLOOD ASPECT PATTERN

The fever here is generally vigorous and during the night it is especially harassing. This must be accompanied by such signs of exuberant heat stirring the blood as agitation, possibly clouding, mania and delirium, macules breaking through the skin, bloody vomit, bloody stools, etc. The tongue must be deep crimson and the pulse must be fine and rapid.

K. EXUBERANT HEAT STIRRING WIND PATTERN

The fever here must be vigorous and must be accompanied by signs of liver wind such as head dizziness, distention and pain, severe agitation

of the hands and feet resulting in wriggling (convulsions), stiffness of the neck, arched-back rigidity, staring of both eyes and tightly shut jaws. This pattern may be a complicated qi aspect, construction aspect or blood aspect pattern. Clinically the differentiating signs must be observed.

In addition, fever that is ascribed to externally contracted heat diseases may also include such epidemic diseases as measles, chicken pox, diphtheria, mumps and scarlet fever. Clinically, all of these take fever as one of the primary signs. The important point of differentiation is that, other than the heat being created internally (hidden qi), the course of these diseases may all pass through the defense, qi, construction and blood aspects. However, each has their own individual characteristic manifestations; therefore clinically they are not difficult to differentiate.

Miscellaneous fever

1. LARGE INTESTINE DAMP-HEAT PATTERN

The fever here is generally a mild heat or vexing heat, although vigorous heat may occasionally be seen. In addition, it is accompanied by signs of abnormal large intestine accumulation due to heat invading and qi stagnating such as yellow, turbid diarrhea, or in severe cases fulminant downpouring of diarrhea, a burning heat around the anus, a foul odor to the stools and possibly abdominal pain, blood and pus in the stools, abdominal urgency and rectal heaviness (tenesmus), etc. Also, there may be signs of damp-heat brewing internally such as short, red urine, encumbering fatigue of the body and limbs, vexing thirst, or thirst with no desire for fluids, and a red tongue with yellow, slimy tongue fur.

2. SMALL INTESTINE REPLETION HEAT PATTERN

The fever here is generally mild heat or vexing

heat accompanied by signs of heart fire falling to the small intestine such as a red face, a vexing thirst, redness at the tip of the tongue, or in severe cases sores on the tongue, short and red urine, frequent and urgent urination, rough and painful urination, bloody urine, etc. The tongue fur is generally yellow and thin, but usually not thick and slimy.

3. URINARY BLADDER DAMP-HEAT PATTERN

The fever here generally manifests as mild heat, tidal fever or vigorous heat and must be accompanied by signs of an inhibited qi mechanism of the urinary bladder such as urinary frequency, urinary urgency, rough, scanty and painful urination, yellow-red or turbid urine, possibly bloody urine, or urine with sand or stones. In addition, it is often accompanied by tenseness and pain of the small abdomen or lumbar pain, yellow, slimy tongue fur, and a pulse that is generally string-like, slippery and rapid.

4. WIND-DAMP-HEAT OBSTRUCTION PATTERN

The fever here generally is vigorous heat, although there may be mild heat or tidal fever, and it must be accompanied by signs of heat obstructing the joints and channels such as painful joints, pain that travels and is not determinate, redness, swelling and heat of the affected area, unbearable pain, difficulty moving the joints, etc. In addition, it may be accompanied by a red face, sweating, vexing thirst, heart palpitations, macules on the skin, a red tongue with yellow fur and a rapid pulse.

5. YIN VACUITY HEAT PATTERN

The fever here is generally mild heat, tidal fever or possibly vexing heat, or steaming bone, accompanied by signs of yin vacuity internal heat such as vexing heat of the five hearts, red cheek-

bones, night sweating, a dry throat and mouth, emaciation, a red or crimson tongue body with scanty and dry tongue fur and a fine and rapid pulse, etc.

6. BLOOD VACUITY HEAT PATTERN

The fever here is generally a mild fever, vexing heat or tidal fever, although occasionally there may be vigorous heat. It is accompanied by signs of an insufficiency of blood such as a pale face without luster or a withered yellow face, dizziness, heart palpitations, insomnia, numbness of the limbs, pale lips and nails, a pale tongue with thin white and dry fur and a fine and rapid pulse. This type of fever often occurs after giving birth or in other cases where there has been a great loss of blood.

7. QI VACUITY HEAT PATTERN

The fever here is generally mild heat, lingering heat or possibly tidal fever; the heat is severe during the day and then recedes at night, although in some cases it may be severe at night and occasionally there may be vigorous fever. The fever is stronger after taxation or exertion and is accompanied by signs of an insufficiency of qi such as a pale face, spontaneous sweating, a shortness of breath and a lack of strength. The tongue is pale, fat and has teeth marks, and the fur is white. The pulse is vacuous and large or vacuous and rapid.

8. YANG VACUITY HEAT PATTERN (ASCRIBED TO TRUE COLD AND FALSE HEAT PATTERN)

There is fever here, but also a preference for warmth and a desire to be covered by blankets. This must be accompanied by thirst with a desire for warm fluids or thirst with no desire for fluids, red cheekbones as if wearing make-up, and pale white lips. In addition it may be accompanied by images of vacuity cold such as listlessness of the essence-spirit, fatigue and a lack of strength, thin sloppy stools, clear, long urination and a large and vacuous or forceless pulse, etc.

9. INFANTILE SUMMERHEAT (SUMMER INFIXATION PATTERN)

The fever here generally is scorching heat or tidal fever and the course of the fever may continue for 2 to 3 months. It must be accompanied by the three symptoms of extreme thirst, lack of sweating and profuse urination and the disease must occur during the summer.

Besides these patterns of fever, there may be such fevers as fever after giving birth, or breast welling abscesses, which may be seen in gynecology, and welling abscesses or sores that may be seen after surgery. In addition, clove sore toxins, streaming sores, flowing phlegm, internal welling abscesses (such as intestinal welling abscess, stomach welling abscess, lung welling abscess, etc.) may all cause signs of heat and are all ascribed to the scope of miscellaneous heat and cannot be ignored.

NOTES

1. Fā Rè 发热 lit.: effuse heat. Although the literal translation of this term is to 'effuse heat,' and Nigel Wiseman has recently begun to use the term 'effuse heat,' I have chosen to use the term 'fever' for several reasons. The argument against fever is that fever refers to a specific temperature that is higher than normal and that must be measured with a thermometer, a device that was not available to the ancient Chinese. However, there are numerous examples in English of the term 'fever' being used to describe a sensation of heat effusing from the

body prior to the invention of the thermometer. Given this, and the fact that this is a modern text, I have decided to use the term 'fever.' It should be noted, however, that in this text fever need not refer to a rise in one's body temperature but may also simply refer to sensations of heat in the body. In some circumstances, when the term used is simply rè or 'heat' although the convention has been to use 'fever,' I have chosen to use 'heat' instead.

2. The 'five minds' are: joy, anger, anxiety, thought and fear.

Fear of cold 23

'Fear of cold' is a collective term used to express a patient's subjective sensation of coldness that is difficult to bear.

The onset of fear of cold may originate from either external contraction or internal damage. The mechanisms for the engendering of cold due to external contraction are external evil of the six excesses or epidemic evils lodging in the skin and muscles. This damages or obstructs the defense qi, the muscles are unable to obtain the warmth of the defensive yang and so there is a fear of cold. Or if the external evil turns inward, then the evil and the right struggle. If the yang qi is damaged then the body lacks warmth, hence there is a fear of cold. Besides these, if evil heat is extremely exuberant and falls inward then the yang qi may be obstructed and unable to travel outward to the exterior of the body. Therefore, the body's exterior does not obtain the warmth of the yang qi. This may also cause a fear of cold and reverting cold of the limbs and body. This is called 'severe heat and severe reversal' or 'exuberant yang repelling yin.'

Fear of cold due to internal damage is primarily a result of a lack of balance between yin and yang. The mechanism for the engendering of cold due to internal damage is overconsumption of raw and cold products, allowing cold to accumulate inside the body. The yang qi is blocked, so the exterior of the body lacks warmth and thus there is a fear of cold. This mechanism and the mechanism of fear of cold caused by external

contraction of cold evil are both described in the Su Wen: Yin Yang Ying Xiang Da Lun as: 'when yin is exuberant, the body is cold.' In addition, when there is fulminant disease, enduring disease or damage to the yang qi of the viscera and bowels by the seven affects, food and drink or taxation fatigue, all of these can cause the body mechanism to lack warmth and to develop signs of a fear of cold. This is called 'yang vacuity resulting in cold.'

Fear of cold can be divided into the following categories according to variations in the level and characteristics:

Fear of cold. This refers to an image of the patient feeling cold; however, adding clothes or covers or coming near to a fire can resolve the sensation.

Aversion to cold. This refers to an image of the patient experiencing a fear of cold which is severe enough that although clothes or covers are added and a fire is nearby, still there is an unbearable sensation of cold.

Aversion to cold as after a soaking. This describes patients' sensation of feeling as if their body has been soaked with water, which immediately causes cold chills and goose bumps on the skin.

Quivering with cold. This is also called 'shivering,' and refers to an image of an aversion to cold generating trembling and stirring of the entire body.

Cold shudders and chattering jaws. This refers to an image of aversion to cold with the entire body shivering and the upper and lower teeth constantly chattering.

Aversion to wind. This refers to the patient fearing the feel of wind blowing so that whenever a cold wind arrives there is an unbearable sensation of cold or the cold causes shivering and goose bumps on the skin. However, if clothes or covers are added, or the patient goes to a place where there is no wind, then there is no aversion. (Clinically, aversion to wind and aversion to cold are commonly seen together, and so it may be difficult to differentiate them; hence, they are commonly called 'aversion to wind and cold.')

Fear of cold is most commonly seen in diseases where there is external contraction and fever, although it can also be seen in miscellaneous diseases such as yang vacuity or yang collapse pattern. When differentiating, first it is necessary to pay attention to the characteristics of the aversion to cold – for example, whether or not there is simultaneous fever, or whether or not, over the course of the disease, there have been signs of a transmutation from one stage to another. Finally, it is necessary to understand the circumstances of the accompanying symptoms. If the fear of cold manifests as aversion to cold, aversion to wind or aversion to cold as after a soaking and there is a history of external contraction of disease that, at the onset, manifested simultaneous aversion to cold and fever, or if the aversion to cold appears alone but there is a clear history of cold damage disease of the six channels transmuting, then these are ascribed to a fear of cold due to external contraction of heat disease. If the fear of cold manifests as fear of cold, there is no simultaneous fever and there is no clear history of transmutation of stages and it is accompanied by manifestations of an insufficiency of yang of the five viscera, this is ascribed to miscellaneous (internal) disease fear of cold. Li Dong, in the *Nei Wai Shang Bian Huo Lun*, wrote: 'External contraction results in cold and heat together. Internal damage results in cold or heat occurring, but not together.'

Differential diagnosis

Externally contracted fear of cold

1. EXTERIOR PATTERN FEAR OF COLD

Exterior pattern fear of cold must occur with fever. The fear of cold manifests as aversion to cold, aversion to wind, aversion to wind and cold, or aversion to cold as after a soaking. In addition, it may be accompanied by such signs as nasal obstruction, sniveling, sneezing, headache and body aches, thin tongue fur and a floating pulse. Common symptoms of exterior pattern fear of cold are the same as those of exterior pattern fever. (Please consult Chapter 22, p. 404, for details of differential diagnosis.)

2. HALF EXTERIOR–HALF INTERIOR PATTERN FEAR OF COLD

The characteristic of half exterior–half interior fear of cold is alternating cold and heat. The fear of cold generally manifests as aversion to cold, quivering with cold, or cold shudders and chattering jaws. The commonly seen symptoms of half exterior–half interior fear of cold are the same as half exterior–half interior fever. (Please refer to Chapter 22, p. 405, for details of differential diagnosis.)

3. INTERIOR PATTERN FEAR OF COLD

A. COLD EVIL SETTLING IN THE LUNG PATTERN

Here there is aversion to cold or fear of cold, cough and panting, the sound of the cough is strong and turbid, the phlegm is thin and white, or grayish white and thick, and coughing causes pain in the chest. This is often accompanied by signs of cold evil settling in the lung such as a pale white complexion, a bland taste in the mouth, no thirst, cool limbs, white tongue fur and a slow or tight pulse.

B. COLD DAMP ENCUMBERING THE SPLEEN PATTERN (ASCRIBED TO GREATER YIN PATTERN)

Here there is aversion to cold or fear of cold, nausea, vomiting, abdominal pain and rumbling, and thin, sloppy stools. Generally this is accompanied by reduced intake, distention and fullness of the stomach duct and abdomen, heaviness of the head and bodily fatigue, a bland taste in the mouth, no thirst, a pale tongue with white fur and a slow or soggy and moderate pulse.

C. COLD CONGEALING IN THE LIVER VESSEL PATTERN

Here there is aversion to cold or fear of cold, and the four limbs are cold. This is often accompanied by signs of cold retained in the liver vessel and qi and blood stagnation such as tenseness and contracture of the lesser abdomen causing sagging, distention and pain of the testicles, cold contraction of the testicles, irregular menstruation, painful menstruation, distending or stabbing pain of the chest, or vertex of the head, dry vomiting or vomiting of spittle, which is worse with cold and relieved with warmth, white tongue fur and a slow and string-like pulse.

D. LESSER YIN COLD TRANSFORMATION PATTERN

Here there are signs of yang vacuity and yin exuberance such as aversion to cold, cold limbs, a withered essence-spirit, and a desire for sleep accompanied by body swelling, vomiting, clear diarrhea with undigested food, clear urination and a deep, faint and minute pulse.

E. TRUE HEAT FALSE COLD PATTERN (HEAT REVERSAL PATTERN)

Here the fear of cold generally manifests as aversion to cold, or in severe cases cold shivering,

the spirit-affect is deep and clouded and the pulse is deep. Upon careful inspection, however, there is aversion to cold with no desire for clothes or covers and, upon pressing, the chest and abdomen are scorching hot. Often this is accompanied by signs of internal exuberance of repletion heat such as vexing thirst with a desire for cold, loud and rough breathing, constipation, dark urine, a crimson-red tongue with scorched yellow and dry tongue fur, and a pulse that, although deep, is also slippery, rapid and forceful. Often there is a history of external evil transforming into heat and entering the interior.

*Miscellaneous (internal) disease
fear of cold*

1. HEART YANG VACUITY PATTERN

Here, besides symptoms of yang vacuity internal cold such as fear of cold, cold limbs, a dark complexion and a withered essence-spirit, there must also be signs of heart yang impediment and obstruction and blood congealing and lacking transportation such as heart palpitations, shortness of breath, oppression or pain of the heart and chest, a swollen, tender and slightly dark purple tongue, and a fine and weak or bound and regularly interrupted pulse.

2. SPLEEN YANG VACUITY PATTERN

Here, besides symptoms of yang vacuity internal cold such as fear of cold, cold limbs, a bright white complexion and a withered essence-spirit, there must also be manifestations of a lack of spleen transportation such as reduced intake, abdominal distention, bland taste in the mouth without thirst, cold pain in the stomach duct and abdomen, a preference for warmth and pressure, thin sloppy stools with undigested food, etc. In addition, there may also be signs of an inability to transport and transform water-damp such as scanty urine and body swelling or clear, thin and copious vaginal discharge.

3. KIDNEY YANG VACUITY PATTERN

Here, besides symptoms of yang vacuity internal cold such as fear of cold, cold limbs, a bright white or dark complexion and a withered essence-spirit, there must also be manifestations of vacuity of the kidney source such as cold and sore lumbus and knees, clear, long, and frequent urination, frequent night urination, lack of visual and hearing acuity and a deep, fine and weak cubit pulse on both sides. In addition, this may be accompanied by signs of reduced kidney abilities such as: in men, spermatorrhea, early emission, yang wilt or infertility, and in women, thin, clear vaginal discharge, fetal stirring and tendency to miscarriage, cold womb and infertility, or panting and cough with thin white phlegm, heart palpitations and shortness of breath, or scanty urine and body swelling, especially below the waist.

In addition to these patterns, a commonly seen symptom that accompanies fear of cold is local cold (referring either to self-perception of cold or to a cold sensation when the specific area is touched) – for example, coldness of the brain

(also called ‘vertex cold’), a cold lumbus, a cold back, a cold abdomen, cold limbs, yin cold (referring to a cold sensation in the external genitalia of men and women), etc. The pathomechanism for the development of local cold is essentially the same as that for fear of cold. Both are caused by damage from external evil, obstruction of yang qi or vacuity debilitation of the yang qi of the viscera and bowels, all of which can cause abnormal functioning of the yang qi, which may manifest in the channels lacking warmth. However, with the exception of externally contracted cold, local cold generally has a relationship with yang vacuity of the related viscera or bowel. For example, coldness of the brain, cold lumbus and yin cold have a relationship with kidney yang vacuity; abdominal cold generally has a relationship with spleen and stomach yang vacuity; small abdominal cold generally indicates vacuity cold of the uterus; cold back generally has a relationship to an insufficiency of the defense yang managed by the lung; and yang vacuity of the five viscera can all manifest cold limbs. In terms of differential diagnosis this should be paid attention to.

Abnormal sweating 24

Sweat is created by the yang qi evaporating and transforming the body fluids. The Su Wen: Yin Yang Bie Lun states: 'Yang acting upon yin creates sweat.' In addition, the emitting of sweat also has a very close relationship with the management by the defense qi of the opening and closing of the sweat pores. Normal sweating occurs only when there is a balance of yin and yang, and the defense qi opens and closes the pores appropriately, thus protecting the balance of the body fluids, qi and blood, and yin and yang. Of course, when the temperature of the air is high then there is profuse sweating and when the temperature of the air is low then there is scanty or even no sweating. Because the body temperature rises with heavy exercise or exertion, with too many or too-thick clothes or covers, this will cause the body to emit more sweat, and therefore all of these are considered to be within the scope of normal, physiological sweat. Abnormal sweating is considered to be sweating, or lack of sweating, that falls outside of the parameters of normal physiological sweat.

Abnormal sweating has to do with abnormal functioning of both the yang qi's evaporation of the body fluids and the defense qi's management of the opening and closing of the sweat pores. In addition, evil heat entering and invading, hyperactivity of the functions of the viscera and bowels internally engendering evil heat, or depletion of the yin essence internally engendering vacuity heat, all can cause the yang

qi to appear hyperactive and expel the body fluids. Also, damage to the yang qi, lack of securing by the defense yang, lack of management of the opening and closing or lack of constraining due to qi vacuity may all manifest clinically as excessive pathological sweating. Conversely, evil qi harassing the exterior, or exhaustion of the defense yang creating an inability to travel outward, may cause obstruction of the sweat pores. In addition, vacuity of yang qi causing lack of forceful evaporation of fluids and vacuity of defense yang resulting in poor management of the sweat pores and thus in closure of the sweat pores may both cause the body fluids to be unable to drain outward and result in pathological sweat block.

Abnormal sweating may be categorized as below, according to differences in the time that the sweating occurs, the amount of sweat and the characteristics of the sweat.

Spontaneous sweat. This refers to an image of the body emitting sweat during the day when there has been no taxation or exertion, the sun is not hot, the clothes or coverings are not too heavy and there is no fever.

Night sweat. This refers to an image of unconsciously sweating during the night after going to bed that stops after waking.

Vacuity sweat. This refers to an image of light sweating that occurs at any time and becomes worse with movement.

Cold sweat. This refers to an image of fear of wind, cold limbs and sweating.

Desertion sweat, also called expiry sweat. This refers to an image of dangerous disease conditions when the sweat is like pearls of oil, emitted as dribbles and drips without ceasing.

Shiver sweat. This refers to an image of sweating after shivering. (Its characteristic is that during the course of a fever there is an aversion to cold and shivering, which after a period of time is followed by sweating. This is different from malaria where there is aversion to cold and shivering followed by fever, and then sweating that causes the fever to recede, all of which occur at definite times.)

Great sweat. This refers to an image of excessive sweating, and copious amounts of sweating.

Hot sweat. This refers to an image of sweat occurring during a fever.

Blood sweat, also called spontaneous bleeding of the flesh. This refers to an image of sweat that emerges a light red color, like blood, or blood emerging from the hair follicles.

Half-body sweating. This refers to an image where sweat emerges from one-half of the body. It may be seen on the left side, the right side, the upper aspect or the lower aspect.

Sweating brow. This refers to an image of sweat emerging from the brow but no sweat on the body.

Heart sweating. This refers to an image of copious sweat emerging only from the area in front of the heart.

Yin sweat. This refers to an image of frequent profuse sweating of the external yin (the external genitalia), and the testicles (this includes the area of the inner thigh in the neighborhood of the external genitalia).

Sweat of the hands and feet. This refers to an image of frequent sweating from the palms of the hands and soles of the feet with no sweating of the body.

Sweat block. This refers to an image of no sweat where normally there should be sweat.

The differentiation of abnormal sweating begins with differentiating pathological excessive sweating and pathological sweat block. Excessive sweating is most often seen in externally contracted heat diseases, especially internal heat repletion patterns, where there is fever, a vexing thirst, a red tongue with yellow fur, and a large, surging pulse. Besides this, excessive sweating is commonly seen as a symptom in miscellaneous diseases of qi vacuity, blood vacuity and yang vacuity. With qi vacuity, spontaneous sweating is the most common, with yin vacuity there is primarily night sweating, while yang vacuity results in cold sweat. Collapse of yin or collapse of yang will result in desertion sweat (also called 'expiry sweat'). The key point of differential diagnosis lies in combining the sweating with the other accompanying symptoms. Sweat block is primarily seen in the four patterns of: wind-cold exterior repletion pattern, true heat and false cold pattern, pediatric summerheat and qi vacuity. The symptoms of these four patterns differ greatly and they are not difficult to differentiate clinically.

Differential diagnosis

Excessive sweating patterns

1. WIND-COLD EXTERIOR VACUITY PATTERN (GREATER YANG WIND STRIKE PATTERN)

Here there is hot sweating accompanied by symptoms such as fever, aversion to wind and cold, etc. (See Chapter 22, fever patterns 'wind-cold exterior vacuity pattern,' p. 405.)

2. WIND-WARM (HEAT) EXTERIOR PATTERN (DEFENSE ASPECT PATTERN)

Here there is hot sweating. This must be accompanied by fever and a slight aversion to wind and cold. (See Chapter 22, fever patterns 'wind-warm exterior patterns,' p. 405.)

3. INTERNAL REPLETION HEAT PATTERN

Here there is generally a great sweat and a hot sweat, although occasionally there may be brow sweating or blood sweating. This must be accompanied by fever, thirst with a desire for cold fluids, etc. (See Chapter 22, fever patterns 'internal repletion heat pattern,' p. 406.)

In addition, in externally contracted heat diseases there may sometimes be shiver sweating. This indicates a severe struggle between the evil and the right and the development of the disease circumstances to a turning point. If, after the shiver sweating the fever recedes, the pulse is calm (the pulse arrives peaceful and moderate) and the body is cool, this is an auspicious sign that the sweating is resolved, the evil has departed and the right is peaceful. If, after shiver sweating, there is reversal cold of the four limbs, vexation and agitation, and the pulse arrives racing, this is an inauspicious sign of yang vacuity and desertion, indicating that the evil has been victorious and the right is debilitated.

4. DAMP-HEAT QI ASPECT PATTERN

Here there is generally hot sweating or brow sweating, often accompanied by signs such as unsurfaced fever and the emission of sweat without resolution of the heat.

5. LOWER BURNER DAMP-HEAT PATTERN

Here there is generally hot sweating; occasionally there may be yin sweat. These must be accompanied by manifestations of damp-heat pouring downward such as fluctuating generalized fever, heaviness of the body and fatigue, short and reddish urine and irregular stools. In women there will often be yellow and smelly vaginal discharge and itching of the external yin.

6. QI VACUITY PATTERN

Here there is generally spontaneous sweating, or there may be vacuity sweating. These must be

accompanied by such signs as a pale face, dizziness, shortness of breath and lazy speech, spirit-fatigue and a lack of strength that is worse with exertion. The tongue must be pale and flabby, the fur must be white and the pulse image is generally vacuous.

7. YANG VACUITY PATTERN (INTERNAL VACUITY COLD PATTERN)

Here there is generally cold sweat, or vacuity sweat, although occasionally there may be night sweating or half-body sweating. These must be accompanied by signs of yang vacuity such as a fear of cold, cold limbs and a pale face.

8. YIN VACUITY PATTERN (INTERNAL VACUITY HEAT PATTERN)

Here there is generally night sweating, although there also may be half-body sweating, head sweating or sweating from the hands and feet. These may also be combined with spontaneous sweating. These are generally accompanied by images of internally engendered vacuity heat such as tidal fever, vexing heat of the five hearts, a red tongue with scanty, dry fur and a fine and rapid pulse.

9. YANG COLLAPSE PATTERN

Here there is generally desertion sweating; sometimes there may be brow sweating. The sweat emerges clear, thin and cool. This must be accompanied by signs of a serious pattern such as cool muscles and skin, reversal cold of the hands and feet, weak breath, a weak pulse that is about to expire and either pale moist lips and tongue or green-blue-purple lips and tongue.

10. YIN COLLAPSE PATTERN

Here there is generally desertion sweating; sometimes there is brow sweating. The sweat emerges hot and sticky. This must be accompanied by hot

skin and muscles, warm hands and feet and a fine and rapid or racing and forceless pulse. Often it is accompanied by signs such as red cheekbones as if wearing make-up, spirit fatigue with agitated vexation, a shortness of breath and rough panting, a preference for drinking cold fluids and red and dry lips and tongue.

11. DUAL VACUITY OF HEART AND SPLEEN

Here there is generally spontaneous sweating; occasionally there may be heart sweating. This is often accompanied by signs such as a yellow face, diminished intake, abdominal distention, sloppy stools, fatigue and a lack of strength, as well as heart palpitations, poor memory, insomnia and copious dreaming.

Sweat block patterns

1. WIND-COLD EXTERIOR REPLETION PATTERN (GREATER YANG COLD DAMAGE PATTERN)

This takes lack of sweating accompanied by aversion to cold and fever as its primary characteristics. (See Chapter 22, fever patterns 'wind cold exterior repletion pattern,' p. 405.)

2. TRUE HEAT FALSE COLD PATTERN (HEAT REVERSAL PATTERN)

Here the lack of sweat must be accompanied by such images of cold as aversion to cold or cold shivering, a deep pulse, etc. Simultaneously there is no desire for more clothes or covering and, upon palpation, there is burning heat of the chest and abdomen. In addition, there may be manifestations of repletion heat flourishing internally such as vexing thirst with a desire for cold, a loud voice, rough breathing, constipation, reddish urine, a purple tongue with burnt yellow and dry fur and a deep, slippery, rapid and forceful pulse. Also, there is often a disease history of exterior evil transforming into heat and entering the interior.

Sweat block is often seen in pediatric summer-heat, and it may occasionally be seen in individuals suffering from qi vacuity patterns. Attention must be paid to these possibilities.

In addition, yellow sweat may be seen, although rarely. This pattern is seen as sweat staining the clothing the color of yellow pine sap. It is accompanied by lumbus pain, cold lower legs, heaviness and pain of the body, inhibited urination and a deep and slow pulse. This is caused by the combination of wind, water, damp and heat evaporating and spilling out.

Headache 25

Headache refers to a sensation of pain either in the entire head or in one area of the head. Clinically, it is one of the most commonly seen symptoms. Sometimes it is the only manifestation of the early stages of disease. The disease patterns involved in headache are broad and the causes of headache may be relatively complex; however, they can be divided into two major categories: external contraction and miscellaneous (internal) disease. There may be external contraction of evil qi, such as wind, cold, summerheat, damp, dryness or fire, which rise and harass the clear yang. Or the seven affects, taxation fatigue, damage from food intake, imbalance of yin and yang, internally generated wind fire, dryness harassing the clear yang, phlegm turbidity, or blood stasis obstructing the clear orifices, or depletion injury to qi, blood, yin or essence creating an inability to rise to nourish the sea of marrow, can all engender headache. Therefore, headache is a symptom that is commonly seen in the majority of external contraction heat diseases as well as such miscel-

laneous disease patterns as ascendant hyperactivity of liver yang, liver fire flaming upward, kidney vacuity, qi vacuity, blood vacuity, yin vacuity, yang vacuity, phlegm turbidity, blood stasis, etc. When differentiating, first one must clearly distinguish externally contracted headache from miscellaneous disease headache. Temporary headaches, relatively severe headache pain and unceasing headaches are generally ascribed to external contraction. Headache in enduring disease, milder headaches and headaches that come and go are generally ascribed to miscellaneous diseases. With those ascribed to external contraction, it is necessary to go one step further to differentiate repletion and vacuity and the pathological conditions of cold and heat. With those due to miscellaneous diseases, it is necessary to distinguish clearly whether it is ascribed to qi, blood, yin, yang or the five viscera. If the disease course is relatively long and the pain relatively severe, then it is necessary to consider phlegm turbidity or blood stasis as the cause of the headache.

Differential diagnosis

Externally contracted headache

The characteristic of externally contracted headache is that there must be a history of contrac-

tion of an external evil. The headache must be accompanied by an external pattern such as aversion to cold and fever, a half exterior-half interior pattern such as alternating cold and heat or an

internal pattern with either heat but no cold or cold but no heat. Headache may occur in almost any type of externally contracted heat disease. For detailed differential diagnosis, refer to Section one (Chapters 7 and 8) and Section two (Chapter 12) on externally contracted heat diseases.

Sudden onset of a high fever, severe stabbing headache, a red tongue with yellow fur and a surging and rapid, deep and replete or slippery and rapid pulse, with heat both inside and outside that easily enters the construction blood, most often indicates a pattern of epidemic disease.

Miscellaneous (internal) disease headache

1. BINDING DEPRESSION OF LIVER QI PATTERN

Here the headache generally occurs on one side or in the area of the eyebrow bone and increases or diminishes with changes in the affects. The accompanying signs of liver lacking coursing and draining are generally emotional depression, a tendency to be easily angered, chest oppression, a predilection for sighing, distention and pain of the chest and rib-side area, a string-like pulse, etc.

2. LIVER FIRE FLAMING UPWARD PATTERN

Here the headache is generally distending and painful, with more severe pain on the vertex. Generally it is accompanied by signs of liver fire rising counterflow such as dizziness, insomnia, red eyes, ringing in the ears, rashness, impatience and irascibility, and burning pain of the lateral costal area. In addition, there may be images of fire heat repletion such as constipation, reddish urine, a red tongue with yellow fur and a string-like and rapid pulse.

3. ASCENDANT HYPERACTIVITY OF LIVER YANG PATTERN

Here the headache is distending and is generally

accompanied by manifestations of water failing to moisten wood such as dizziness, ringing in the ears, red cheeks and red eyes, insomnia, frequent dreaming, vexing heat of the five hearts, soreness and weakness of the lumbus, a red-purple tongue with little fur and a string-like, fine and rapid pulse.

4. KIDNEY ESSENCE INSUFFICIENCY PATTERN

Here the headache generally manifests as pain with an emptiness inside the head. It is generally accompanied by signs such as soreness and weakness of the lumbus and knees, forgetfulness and abstraction, a devitalized essence-spirit, hair desertion or early graying of the hair, loose teeth that easily fall out, seminal efflux, early emission or clear, thin vaginal discharge.

5. BLOOD VACUITY PATTERN

Here the severity of the headache is relatively mild and the pain is dull. It is accompanied by manifestations of blood vacuity such as dizziness that is more severe than the pain, as well as a pale complexion without luster, or a withered yellow complexion, pale lips and nails, heart palpitations, insomnia, numbness of the limbs, etc.

6. YIN VACUITY PATTERN (INTERNAL VACUITY HEAT PATTERN)

Here the headache is generally a dull pain, there is emptiness and pain, and sometimes there is distending pain, but it is mild. This must be accompanied by such signs of yin not linking with yang and internally generated vacuity heat as tidal fever, night sweating, vexing heat of the five hearts, red cheekbones, a dry throat and mouth, emaciation, a purple tongue with little fur and a fine and rapid pulse. In addition, it may often be accompanied by five viscera yin essence depletion signs such as heart palpi-

tations, insomnia, forgetfulness, dry cough and hoarseness, dizziness, ear ringing and pain of the waist and knees.

7. QI VACUITY PATTERN

Here the headache is generally mild, and is induced or made worse by taxation fatigue or standing for a long time. It must be accompanied by signs such as a pale white complexion, dizziness, shortness of breath and laziness in speaking, spirit fatigue and a lack of strength, spontaneous sweating that becomes worse on exertion, a pale and enlarged tongue with white fur and a vacuous pulse. In addition, it is often accompanied by signs of insufficiency of the functions of the five viscera such as heart palpitations, torpid intake, abdominal distention and sloppy stools, a panting cough, a low voice and susceptibility to contraction of external evils.

8. YANG VACUITY PATTERN (INTERNAL VACUITY COLD PATTERN)

Here the headache is generally mild or there is cold pain. It must be accompanied by images of vacuity cold such as fear of cold, cold limbs, pale or dusky complexion, a withered essence-spirit, a pale or dark purple and tender tongue and a deep and slow or fine and weak pulse. In addition, there may be signs of unsettling of the yang qi of the viscera such as heart palpitations, pain in the heart and chest, torpid intake, abdominal cold and pain and sloppy stools, or ringing in the ears and cold soreness of the lumbus and knees.

9. PHLEGM TURBIDITY HEADACHE PATTERN

Here there is headache and clouding dizziness. This must be accompanied by signs of phlegm turbidity obstructing the clear yang such as fullness and oppression of the chest and stomach duct, vomiting phlegm-rheum, heaviness and

fatigue of the body and limbs, slimy white tongue fur and a string-like and slippery pulse. If the headache is relatively severe, the dizziness is relatively severe, the eyes are tightly shut and there is no desire to open them, there is vomiting of phlegm-rheum and, in severe cases convulsions of the limbs and body, this indicates a wind-phlegm headache pattern due to wind-phlegm rising upward and phlegm turbidity stirring wind. If there is headache, ringing in the brain, or one-sided headache accompanied by fullness and oppression in the chest and stomach duct, and spitting of phlegm-rheum as well as manifestations of liver fire flaming upward, this is a phlegm-fire headache pattern due to phlegm depression transforming into fire and fire stirring the liver yang. If the headache feels as if the head were breaking, there is dizziness and nausea, spitting of phlegm-rheum and these are accompanied by unsettled heart-spirit, topsy-turvy speech and reversal cold of the four limbs, this indicates a phlegm reversal headache pattern due to phlegm turbidity rising counterflow and blocking the clear orifices.

10. BLOOD STASIS HEADACHE PATTERN

Here there is generally a stabbing pain in one, fixed location that continues for a long time and does not subside. Often this is accompanied by signs of blood stasis obstructing the networks such as a dark complexion, dusky purple lips, a dusky purple tongue or stasis macules and stasis dots on the tongue, and a string-like and rough or fine and rough pulse.

11. HEAD WIND PATTERN

The characteristics of this pattern are a relatively severe headache that comes and goes and lasts for a long time, accompanied by eye pain, and even loss of vision, dripping of foul-smelling nasal mucus, nausea, dizziness and ringing in the ears, numbness of the head or rigidity of the neck. This pattern is marked by severe disease circumstances and a long history of disease. If

the original symptom is one-sided headache, this is called 'one-sided head wind.' If there is pain at tai yang point on both sides and even the brain hurts, this is called 'brain-squeezing wind.' If there is cold and unbearable pain around nao hu (Brain's Door, CV-17) and there is fear of cold on the nape of the neck and back, this is called 'brain wind.'

In addition to these patterns, headache may be due to food stagnation; this is called 'food damage headache pattern.' It may be due to excessive drinking of alcohol; this is called 'alcohol damage headache.' There also is headache that is like thunder, with nodules arising on the head and face or swelling, pain and redness; this is called 'thunder head wind.'

Cough 26

Cough refers to the lung qi rising counterflow, penetrating the throat and exiting. Within the throat there is sound and there may be spitting of phlegm-rheum. Some believe that 'ke' refers to cough with sound but no phlegm and that 'sou' refers to cough with phlegm and no sound (Liu He Jian, Su Wen: Bing Ji Qi Yi Bao Ming Ji). Others believe that 'ke,' 'sou' and 'ke sou' are the same. Although even today there is not one single belief, in clinic most practitioners take 'ke,' 'sou' and 'ke sou' to be the same.

The lung governs qi and manages breathing; its qi takes clearing and depurating as its correct functions. Therefore, cough has the closest relationship to the lung viscera. Besides the lung viscera itself causing cough, it also has close relationships with other viscera and bowels, and, when there is disease in these viscera and bowels, it may transmute to the lung viscera and appear as cough. The preface to the Yi Xue San Zi Jing: Ke Sou Di Si points out: 'The lung takes qi and governs it; thus when qi rises counterflow in the lung, then cough will result. Cough does not stop with the lung, but it never completely departs from the lung.'¹ To summarize all of the above, when the lung viscera has an illness, whether it be contraction of the six excesses, epidemic disease, phlegm-damp invading, blood stasis obstructing and stagnating, damage to the qi and yin of the lung viscera or disease in another viscera or bowel affecting the lung, all of these can cause abnormalities in the dispersing and depurating of the

lung, resulting in the lung qi rising counterflow and emerging as cough.

According to the relationship between cough and the viscera and bowels, the Su Wen: Ke Lun differentiated cough as lung cough, heart cough, liver cough, spleen cough, kidney cough, large intestine cough, small intestine cough, stomach cough, urinary bladder cough, triple burner cough and gallbladder cough. However, clinically the differences are not great, and today these differentiations are rarely used. In addition, the terms below differentiate cough according to the time of occurrence, different characteristics and common types of cough.

Enduring cough. This refers to an image of cough that continues for months or years and does not resolve.

Night cough. This refers to an image of cough that occurs during the night but not during the day.

Fifth watch cough. This refers to an image of cough that occurs every day before sunrise.

Dry cough. This refers to cough without phlegm. In mild cases, after coughing 10 or more times a small amount of sticky phlegm finally emerges. In serious cases, no matter how much coughing there is, there is no phlegm, the sound of the cough is loud and hyperactive, the throat is itchy and dry and there is pain in the chest and rib-side.

Wheezing cough. This refers to an image of cough with urgent breathing and a wheezing sound; it is similar to a wheezing pattern.

Mute cough. This refers to an image of a cough with a hoarse sound or no sound.

Long bout cough, also called whooping cough, spasmodic long bout cough, chicken cough, epidemic cough, congenital panting, etc. This refers to an image of cough that occurs spasmodically, and in which one may cough 10 or more times and then, at the end, there is an extremely characteristic echo or whoop.

In addition to the above categories, it is also necessary to differentiate further between exterior patterns and interior patterns. Patterns such as evil heat congesting the lung, cold evil settling in the lung, dry heat damaging the lung, etc., are all due to externally contracted heat diseases; miscellaneous internal diseases that can cause cough patterns include damp phlegm obstructing the lung, blood stasis cough, propping rheum, water-cold invading the lung, liver fire invading the lung, lung qi vacuity, lung yin vacuity, etc. Clinically, however, cough due to the former, externally contracted causes is more common. For the most part, cough that occurs at the onset of disease or is complicated by exterior signs such as aversion to cold, fever, headache, etc., or that occurs after an exterior pattern has transmitted to the interior, is ascribed to external contraction cough.

Among the evil qi of the six excesses, those that most easily damage the lung and cause cough are wind-cold, wind-heat and dryness, thus when differentiating it is important to pay close attention. In addition, epidemic evils may also easily damage the lung and lung system and engender cough. If the body is normally weak and cough constantly comes and goes or there is enduring cough, and there are no signs such as cold, heat, headache, etc., then it is more likely that internal damage is the cause, and this is ascribed to miscellaneous disease. Those patterns most often seen are depletion vacuity of the qi or yin of the lung viscera itself, or spleen or kidney vacuity combined with lung damage. However, there may also be vacuity

complicated by repletion, such as liver fire invading the lung, damp phlegm obstructing the lung, blood stasis cough, propping rheum, etc. These will all be accompanied by corresponding symptoms to which attention must be paid when differentiating.

Differential diagnosis

Externally contracted cough patterns

1. EXTERIOR COUGH PATTERNS

A. WIND DAMAGE COUGH PATTERN

Here there is cough, an itchy throat and thin, white phlegm, which must be accompanied by signs of wind-cold exterior vacuity pattern such as aversion to wind, fever, sweat, nasal blockage, headache and a floating, moderate pulse, etc.

B. WIND-COLD COUGH PATTERN

Here there is cough, with a heavy, turbid sound and thin white phlegm, accompanied by signs of wind-cold exterior repletion pattern such as aversion to cold, fever, no sweat, headache and generalized body aches and a floating, tight pulse, etc.

C. WIND-HEAT COUGH PATTERN

Here there is cough, with a loud, hyperactive sound, and thick yellow phlegm accompanied by signs of exterior wind-warm such as fever, slight aversion to wind and cold, headache, a red, swollen and painful throat and a floating, rapid pulse, etc.

D. AUTUMN DRYNESS EXTERIOR PATTERN

Here there is a dry cough with little phlegm, or possibly phlegm with streaks of blood within it,

and coughing does not clear the phlegm. This is accompanied by signs such as dry mouth, nose and throat, thirst and a floating pulse, and must occur in the autumn. In addition, this pattern may be differentiated into cool and warm. In the former case there will be some signs of wind-cold and in the latter some signs of wind-heat.

2. INTERIOR COUGH PATTERNS

A. COLD EVIL SETTLING IN THE LUNG PATTERN

Here there is cough with a heavy, turbid sound. In severe cases there may be fifth watch cough, or occasionally there may be night cough. The phlegm is white and may be thick or thin, profuse or scanty. It is often accompanied by such signs of cold flourishing in the interior as a white complexion, cool limbs, a lack of thirst, clear and long urination, white tongue fur and a slow pulse. This often occurs in the autumn or winter season and is commonly due to wind damage cough or wind-cold cough transmuting and transforming.

B. HEAT EVIL CONGESTING THE LUNG PATTERN (QI ASPECT PATTERN)

Here there is a cough with a loud and hyperactive sound. In severe cases there may be panting and rough breathing, and coughing of thick, smelly yellow phlegm or blood-streaked phlegm. This is often accompanied by signs of heat flourishing in the interior such as fever, pain in the chest and rib-side, reddish urine, bound stools, a red tongue with yellow fur and a rapid, forceful pulse. There is often a history of external evil turning inward.

C. SUMMERHEAT DAMAGE COUGH PATTERN

Here there is a dry cough without phlegm or with scanty frothy sputum. This is accompanied

by signs such as rapid breathing, pain in the chest, vigorous fever, vexing thirst, profuse sweat and a surging and rapid pulse. In addition, there are often signs such as headache and head dizziness, fatigued limbs and spirit fatigue. This must occur during the summerheat-heat period of the summer season.

D. DRYNESS EVIL DAMAGING THE LUNG PATTERN

Here there is a dry cough without phlegm or with thick, sticky phlegm like strands of flour that is difficult to expectorate. The phlegm may be blood streaked, or there may be panting with frothy white sputum. This must be accompanied by signs of an insufficiency of lung fluids such as severe cough that results in chest pain, a dry nose and throat, thirst with a desire for fluids, dry skin, dry stools and scanty urine, a dry tongue with thin fur and a fine, rapid pulse.

E. LONG BOUT COUGH PATTERN (100 DAYS COUGH PATTERN)

Here there is whooping cough, which is accompanied by signs such as: when coughing the face becomes red, the hands curl into fists, there is bending at the waist, and the head and neck muscles and vessels become engorged, the eyes are red and swollen and there is tearing of the eyes and dripping of the nose. This pattern is infectious and commonly travels among children in the summer season.

F. DIPHTHERIA (WHITE THROAT PATTERN)

Here there is cough that sounds like a dog barking. This must be accompanied by signs such as a white membrane appearing on and gradually encircling the throat, the white membrane is not easily peeled off and when force is used to peel it this results in bleeding. Often there is fever, nasal obstruction and hoarseness, and a foul odor in the mouth. In

severe cases it is difficult to breathe, there is nasal flaring, the lips become green-blue, and there are heart palpitations. This pattern is infectious and may spread quickly.

G. MEASLES

The cough must be accompanied by fever and tearing of the eyes, and the characteristic feature is the presence of sticky white, millet-like membranous spots in the mouth.

Miscellaneous internal disease cough

1. LUNG QI VACUITY PATTERN

Here there is generally an enduring cough, although occasionally there may be a night cough. There is forceless coughing and panting, with thin white phlegm and signs of insufficiency of the functioning of the lung, such as shortness of breath, a low voice, laziness in speaking and a tendency to contract external evils easily. In addition, there may be signs of qi vacuity such as a pale complexion, dizziness, a fatigued spirit and lack of strength, spontaneous sweating that is worse with exertion, a pale tongue with white fur and a vacuous pulse.

2. LUNG YIN VACUITY PATTERN

Here there is generally a dry cough, hoarseness, an enduring cough with scanty but thick phlegm or possibly blood-streaked phlegm. This may be accompanied by signs of lung dryness such as a low or hoarse voice and dry mouth and throat. In addition, there may be signs of depletion of yin fluids such as red cheekbones, emaciation, vexing heat of the five hearts, tidal fever, night sweating, a red tongue with scanty fluids and a fine and rapid pulse. If this pattern is seen in women during pregnancy, it is called 'pregnancy cough' (also 'child cough').

3. DAMP PHLEGM OBSTRUCTING THE LUNG PATTERN

Here there is an enduring cough with profuse white phlegm, either thick or thin, that is easily expectorated. There may be a wheezing cough. This must be accompanied by images of damp phlegm obstructing internally, such as glomus oppression of the chest and stomach duct, and a pale, enlarged and tender tongue with thick, slimy and greasy tongue fur. Sometimes this also may be complicated by signs of spleen qi vacuity such as torpid intake, abdominal distention, sloppy stools, a pale complexion, spirit fatigue, spontaneous sweating and a lack of strength.

4. WATER-COLD INVADING THE LUNG PATTERN (SPILLAGE RHEUM PATTERN)

Here there is cough, shortness of breath and possibly panting with scanty qi and copious thin white phlegm or frothy rheum. The cough is usually seen with water swelling. It is often accompanied by signs of spleen and kidney yang not transforming water such as a white or dusky complexion, fear of cold, cold limbs, a withered essence-spirit, heart palpitations, scanty urine, soreness of the lumbus and knees, reduced intake and sloppy stools.

5. PROPPING RHEUM PATTERN

Here there is an enduring cough, cough and panting rising counterflow, fullness of the chest, shortness of breath and an inability to breathe when lying down, and profuse frothy white phlegm. This is often accompanied by signs such as floating edema of the head and face, white, slimy tongue fur, a string-like and tight pulse and a tendency to contract wind-cold easily, which induces cough.

6. LIVER FIRE INVADING THE LUNG PATTERN

Here there is spasmodic coughing that creates

rib-side pain. The cough is increased and made more severe with strong affects. In severe cases there may be bloody cough. This is often accompanied by signs of liver fire flaming upward such as impatience and anxiety, a tendency to be easily angered, a red face and eyes, a dry throat, a bitter taste in the mouth, dizziness and a rapid and string-like pulse.

7. BLOOD STASIS COUGH PATTERN

Here there is cough and often a fishy smell in the throat and coughing of dark purple blood.

There may be an ability to lie on only one side as lying on the other causes the cough to become active. This is often accompanied by signs of blood stasis obstructing internally such as a dark complexion, a desire to gargle fluids but not to drink fluids, dusky purple lips and tongue or stasis macules on the tongue. In addition, this may manifest as cough, shortness of breath and white blood-streaked frothy phlegm in severe cases, complicated by signs of impediment and obstruction of the heart vessels such as heart palpitations, dusky purple complexion and lips, pain and oppression of the heart and chest and a bound or regularly interrupted pulse.

NOTES

1. 'Cough does not stop with the lung' – means that cough may be caused by other viscera and bowels, but 'it does not depart from the lung,' means that the lung will always be involved.

Panting 27

Panting, also called 'hasty panting,' 'counterflow panting,' 'qi ascent,' or 'dyspnea,' refers to signs such as qi rising counterflow, and rapid and hasty breathing that, in severe cases, involve breathing with the mouth open, raising the shoulders and an inability to lie down.

The development of panting has a relationship with the lung and the kidney. The lung is the governor of qi and the kidney is the root of qi. The lung manages breathing and the kidney governs the absorbing of qi. Hence, when there is pathological change that causes the lung qi to rise counterflow or the kidney to be unable to absorb the qi, this can result in panting.

Panting tends to occur in such patterns as wind-cold exterior repletion, heat evil congesting the lung, phlegm turbidity obstructing the lung, suspended rheum, propping rheum, water-cold invading the lung, lung qi vacuity, lung yin vacuity, kidney yin vacuity and kidney yang vacuity. When differentiating, first it is necessary to distinguish clearly whether the disease is in the lung or in the kidney. If there is contraction of an external evil causing the panting, then the disease must be in the lung. If

there is internal damage panting complicated by cough with phlegm, then this is usually ascribed to pathological change in the lung. If there is internal damage panting that has a characteristic of more exhalation and less inhalation, and is complicated by soreness of the lumbus, ringing in the ears, etc., then the disease is generally thought to be in the kidney. For those patterns that are ascribed to the lung, it is necessary to go a step further and differentiate whether it is due to external contraction or to miscellaneous internal disease. External contraction is usually due to wind-cold or heat evil, both of which are considered to be repletion patterns. Of the miscellaneous diseases, the primary causes are vacuity patterns, usually either qi vacuity or yin vacuity. In addition, there may be vacuity within repletion, such as water-cold or phlegm-rheum; therefore it is necessary to make clear and careful differentiations. For panting that is ascribed to the kidney, the patterns are more simple; they are all vacuity patterns, but it is necessary to differentiate whether the pattern is kidney yin or kidney yang.

Differential diagnosis

Repletion pattern panting

1. WIND-COLD EXTERIOR REPLETION PATTERN (GREATER YANG COLD DAMAGE PATTERN)

Here there is panting and cough that occur together, with spitting of thin, white phlegm and a sudden onset of the disease. This must be accompanied by an aversion to cold, fever, lack of sweating and a floating, tight pulse.

2. HEAT EVIL CONGESTING THE LUNG PATTERN (QI ASPECT PATTERN)

Here there is panting and cough that occur together, rapid breathing, nasal flaring, a loud voice, spitting of either thick, yellow and smelly phlegm or blood-streaked phlegm, and pain of the chest and rib-side. This is often accompanied by fever, yellow tongue fur and a rapid pulse. Generally there is a history of an external evil turning inward.

3. PHLEGM TURBIDITY OBSTRUCTING THE LUNG PATTERN

Here there is panting and cough that occur together; in severe cases there may be coughing that causes chest and rib-side pain, an inability to lie down, and profuse sticky and slimy white phlegm that is difficult to cough up. This must be accompanied by fullness and oppression in the chest, heaviness and fatigue of the limbs, white and slimy tongue fur and a slippery pulse. When there is a serious attack, then there may be vomiting or constipation. Often the patient may have signs of spleen qi vacuity such as torpid intake, abdominal distention, sloppy stools, a white complexion, spirit fatigue and a lack of strength.

4. SUSPENDED RHEUM PATTERN

Here there are signs of water rheum suspended

in the rib-side and invading the lung causing counterflow ascent of qi which results in hasty panting. This may be complicated by cough, shortness of breath, distention and fullness in the rib-side with or without severe pain.

5. PROPPING RHEUM PATTERN

Here there is counterflow ascent panting and cough, fullness of the chest, shortness of breath, an inability to inhale when lying down and profuse frothy white phlegm. This is often accompanied by floating edema of the face, white and slimy tongue fur and a string-like and tight pulse. This may linger for several years and there may be a tendency to contract external wind-cold easily, which exacerbates the condition. In severe cases there may be cold and fever, panting fullness and spitting cough, pain of the back and soreness of the lumbus, and possibly trembling and stirring of the body.

6. WATER-COLD INVADING THE LUNG PATTERN (SPILLAGE RHEUM PATTERN)

Here there is panting and scanty qi; possibly accompanied by cough and shortness of breath, with either profuse thin white phlegm or frothy drool. The panting cough almost always occurs after relatively severe water swelling and there are often signs of spleen and kidney yang vacuity not transforming water, such as a white or dusky complexion, fear of cold, cold limbs, a withered spirit, heart palpitations, scanty urine, soreness of the lower back, reduced intake and sloppy stools.

Vacuity pattern panting

1. LUNG QI VACUITY PATTERN

Here there is enduring panting, which may be accompanied by cough. The sound of the panting and coughing is low and forceless and there is thin white phlegm. This must be accompanied by signs of insufficiency of the

functions of the lung such as a low voice, laziness in speaking or a tendency to contract external evils easily. In addition, there may be signs of qi vacuity such as a white complexion, dizziness, spirit fatigue and lack of strength, spontaneous sweating that is worse with movement, a pale tongue with white fur and a vacuous pulse.

2. LUNG YIN VACUITY PATTERN

Here there is hasty panting and shortness of breath and a dry cough. This is commonly accompanied by signs of lung dryness such as a hoarse voice and a dry mouth and throat. In addition there may be signs of depletion of yin fluids such as red cheekbones, emaciation, vexing heat of the five hearts, tidal fever, night sweating, a red tongue with little or no fur and a thin and rapid pulse.

3. KIDNEY YANG VACUITY PATTERN

Here there is enduring panting, exhalation that is greater than inhalation and an inability to absorb the qi that is worse with exertion. This must be accompanied by signs of vacuity of the kidney source such as soreness and cold of the lumbus and knees, clear, long and frequent urination, frequent night urination, ringing in the ears or deafness and deep, thin and forceless pulses at the cubit position. In addition, there may be signs of yang vacuity internal cold such as fear of cold, cold limbs, a pale or dark complexion, withered essence-spirit, etc.

4. KIDNEY YIN VACUITY PATTERN

Here there is enduring panting, exhalation that is greater than inhalation and an inability to absorb the qi. This must be accompanied by signs of kidney essence depletion such as sore lumbus and knees, dizziness, ringing in the ears, forgetfulness and insomnia. In addition there may be images of internally generated vacuity heat such as tidal fever, vexing heat of the five hearts,

red cheekbones, dry throat and mouth, emaciation, a purple tongue with little fur and a fine and rapid pulse.

The development of vacuity pattern panting is relatively serious. Often it is due to injury to both the lung and kidney and so there is pathology of both lung and kidney – for example, lung and kidney qi vacuity, lung and kidney yin vacuity, etc. This will manifest as depletion of the yin essence or the yang qi of the two viscera. Especially in cases that have reached a serious stage, not only is there debility of the lung and kidney but the heart yang is also debilitated, which results in critical signs of yang desiring to desert such as severe counter-flow panting, unbearable vexation and agitation, cold limbs, sweating and a floating and large pulse without root. Hence, when differentiating it is also necessary to pay attention to signs of complications of the viscera and bowels, especially in cases where the disease circumstances are critical.

In addition to internal medicine, panting may be seen as a symptom in all of the clinical departments. For example, in gynecology, during pregnancy there may be hasty panting, vexation and irritation and chest oppression and distention, or in severe cases pain, all of which are signs of water failing to moisten wood or the liver qi, confined by the fetal qi, rising counter-flow to the lung. Sometimes there may be signs of critical or life-threatening patterns. For example, throat wind pattern, which is due to the upward invasion of phlegm-rheum, wind and fire evil toxins binding in the throat and causing the lung to fail to clear and deplete, manifests as hasty panting, swelling and pain of the throat and cheeks, phlegm-rheum obstructing, difficulty in speaking, difficulty in swallowing and, in severe cases, clouding spirit. If the onset of the disease is acute, the entire throat is red, swollen and painful and it is difficult to swallow water: this is called 'acute throat wind.' If the inside and outside of the throat passage is red, swollen, painful and large, like a chicken's egg, and the opening is tightly closed, this is called 'throat-locking wind.' Or there is the pattern of 'white throat,' or diphtheria, which,

when severe, may manifest hasty panting, nasal flaring, green-blue lips and a white membrane on the throat that gradually enlarges and is not easy to remove, but if forcefully removed results in bleeding. This is accompanied by an aversion to cold, and a cough that is like the barking of a dog. Clinically, when differentiating the above patterns, each has points to which attention must be paid. In addition, if the nature of the

breath is rapid and hasty and there is an inability to lie down, while simultaneously there is a wheezing sound in the throat, this is wheezing and may be called 'wheezing cough,' 'panting rales' or 'panting cough.' This is not the same as panting and is usually due to phlegm qi obstructing and blocking the airways, causing the lung to fail to depurate and downbear.

Chest pain 28

Above the diaphragm is the chest. Chest pain refers to pain in the anterior portion of the chest. Within the chest are the heart and lung viscera and the chest is traversed by the three yin channels of the hand and foot, the foot lesser yang gallbladder channel and the foot yang brightness stomach channel. Hence, chest pain may have a relationship with the viscera and bowel systems of all of these, although it is especially related to pathological change of the heart, lung and liver. For example, fire heat congesting and scorching, cold evil overwhelming and assailing, static blood obstructing, phlegm turbidity obstructing, insufficient yang qi, etc., can all cause abnormalities in the qi dynamic and result in chest pain. In terms of differentiation, a variety of patterns, including heat evil congesting the lung, cold evil settling in the lung, chest bind, consumption, blood stasis chest pain, heart vessel impediment, binding depression of liver qi and liver fire invading the lung, must all be differentiated.

Chest pain due to lung diseases must be accompanied by cough, panting or phlegm. In addition, it is differentiated into cold and heat, and vacuity and repletion. Heat patterns are due

to heat evil transmuting to the interior, and cold patterns are due to cold evil entering the lung, hence in both conditions there is a history of an exterior evil transmuting to the interior. When the disease course is relatively short, it is ascribed to a repletion pattern; however, in blood stasis repletion pattern chest pain, the course of the disease is relatively long and the symptoms appear to be relieved but then recur; in addition there are signs that are characteristic of blood stasis patterns. Vacuity patterns are generally due to consumption damage of the lung yin; hence there is a disease course of several years without recovery and there are accompanying signs of yin vacuity. Heart disease chest pain is due to heart vessel impediment and obstruction and commonly occurs in the elderly. The disease course is long and the pain is severe. It is accompanied by signs of heart vessel pathology such as heart palpitations, etc. In liver disease chest pain, the disease conditions follow changes in the affects and therefore increase or decrease with the emotional situation. Liver disease chest pain is divided into simple qi depression and repression or transformation of fire rising to invade the lung.

Differential diagnosis

Externally contracted chest pain patterns

1. HEAT EVIL OBSTRUCTING THE LUNG PATTERN

Here the chest pain is distending pain that occurs with coughing, or is more severe when taking a deep breath. This must be accompanied by vigorous heat, coughing and panting, coughing of thick yellow phlegm or blood-streaked phlegm, yellow tongue fur and a rapid pulse. In general there is a history of an external evil transmuting to the interior.

2. COLD EVIL SETTLING IN THE LUNG PATTERN

Here there is chest pain that is especially severe in the cold and a cough that causes chest pain. This must be accompanied by signs of cold flourishing in the interior such as coughing of white phlegm, a pale complexion, cool limbs, a lack of thirst, clear and long urination, white tongue fur and a slow pulse. This generally occurs in the autumn and winter and is often due to the transmuting of externally contracted wind-cold.

3. CHEST BIND PATTERN

Here there is chest pain that refers to the area below the heart, refuses pressure, and in severe cases there is a hard fullness and pain from the area below the heart to the small abdomen. This is accompanied by stiffness in the neck that is like soft tetany, a dry tongue and thirst. Or it may be accompanied by constipation and late afternoon tidal fever. It may be due to incorrect treatment sending a greater yang disease down, cold evil transforming into heat and entering the interior or water rheum binding inside the chest and stomach.

Miscellaneous internal disease chest pain patterns

1. CONSUMPTION PATTERN

Here the chest pain is generally a dull pain. It must be accompanied by signs of yin vacuity internal heat such as cough with scanty phlegm that is either very sticky or blood streaked, red cheeks, tidal fever or steaming bone heat, vexing heat of the five hearts, insomnia, night sweating, a purple-red tongue with scanty fur and a thin, rapid pulse.

2. BLOOD STASIS CHEST BIND PATTERN

Here the chest pain is generally a piercing pain that is fixed in position. It is often accompanied by images of blood stasis obstructing internally such as panting cough, sometimes with spitting of blood, a dark facial complexion, nails and skin, dark purple lips and tongue, possibly stasis macules on the tongue and a fine and rough pulse.

3. HEART VESSEL OBSTRUCTION PATTERN

Here the chest pain is an oppressive pain or piercing pain that radiates to the shoulder and back, and the inner aspect of the upper arm, and may be complicated by pain in the stomach duct (below the heart). The pain comes and goes and must be accompanied by heart palpitations. It is often complicated by images of blood stasis obstructing such as a dark tongue body, possibly with stasis macules, and a fine and rough or bound and regularly interrupted pulse. Or it may be complicated by signs of phlegm turbidity obstructing such as a pale, fat and tender tongue with thick, slimy and white fur, and a string-like and slippery or bound and regularly interrupted pulse. In serious conditions, when the pain occurs it is sudden and violent, the lips are green-blue and there is reverting cold of the limbs, clouding of the spirit and a faint or expiring pulse. This is often seen in middle-aged or elderly individuals who work and think excessively.

4. BINDING DEPRESSION OF LIVER QI PATTERN

Here the chest pain must be accompanied by rib-side pain. There is generally distending pain, although there may be moving and piercing pain or flashes of burning pain. The pain increases or decreases with changes in the emotional circumstances. Often there are manifestations of failure of the liver to course and drain such as emotional repression or depression, a tendency to be easily angered, chest oppression, a tendency to sigh frequently and a string-like pulse.

5. LIVER FIRE INVADING THE LUNG PATTERN

Here the chest pain is generally a distending or burning pain. It must be accompanied by rib-side pain, cough with blood-streaked phlegm or coughing of blood. It is often accompanied by signs of liver firing rising and scorching such as dizziness, red eyes, a tendency to be easily angered, constipation, reddish urine and a string-like and rapid pulse.

Heart palpitations

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Heart palpitations refers to the patient feeling a throbbing of the heart, flusteredness of the heart or stirring palpitations of the heart due to a fright. The heart stores the spirit and governs the blood vessels. However, when disease emerges in the heart, whether due to evils harassing, such as water qi rising and intimidating, phlegm evil obstructing or blood stasis obstructing, or due to vacuity detriment (such as detriment to the qi, blood, yin or yang of the heart), this may cause the heart not to govern properly and the heart-spirit to be restless, resulting in heart palpitations. Clinically, categories of heart palpitations that are similar to the above include the following.

Fright palpitations. This refers to signs of heart palpitations that occur when there is a fright, whether they are palpitations in a patient who is easily frightened or palpitations with severe fright.

Fearful throbbing. This refers to severe throbbing of the heart, which is often felt from the chest down to the umbilicus. Often, it is the further development of heart palpitations or fright palpitations.

Stirring palpitations. This refers to relatively severe stirring of the heart viscera that is felt not only by the patient but can also be investigated and felt at the apical pulse. When especially severe, there may be movement of the clothes from the beating as well. It is essentially a further development of fearful throbbing.

Although there are external causes for heart palpitations, for the most part they are seen in individuals with vacuity weakness of the body, especially with vacuity weakness of the heart viscera. For example, there may be vacuity weakness of the qi, blood, yin or yang of the heart viscera, or due to a vacuity there may be a repletion. For example, heat evil, phlegm, water, blood stasis, wind-cold-damp and other evil qi may overwhelm the vacuity and settle into the heart. Therefore, heart palpitations are most often differentiated as phlegm-rheum internally collecting, water qi intimidating the heart, heart impediment, heart vessel obstruction, heart gall-bladder vacuity timidity, heart qi vacuity, heart yang vacuity, heart yang vacuity desertion, heart blood vacuity, heart yin vacuity, etc. Differentiation generally begins with the differentiation of vacuity and repletion (most important is when there is repletion within vacuity). For those ascribed to vacuity patterns, it is necessary to advance and differentiate whether the vacuity is ascribed to heart qi, heart blood, heart yang, heart yin or yang desertion. With heart qi vacuity, in addition to the heart palpitations there are also manifestations of an insufficiency of qi. With heart yang vacuity, there is the image of complication of internally generated vacuity cold. With heart yang vacuity desertion, there are signs of yang collapse. With heart blood vacuity, in addition to the palpitations there are manifestations of the heart-spirit lacking nourishment. With heart yin vacuity, there may be complications related to the internal

engendering of vacuity heat. For those patterns ascribed to repletion, it is important to differentiate the nature of the disease evil. No matter whether there is phlegm, water, stasis, or wind-cold-damp impediment, each will manifest corresponding signs; therefore they are not difficult to differentiate.

Differential diagnosis

Repletion heart palpitations pattern

1. PHLEGM-RHEUM COLLECTING INTERNALLY PATTERN

Here there are heart palpitations, often accompanied by signs of encumbering of the clear yang such as dizziness, reduced intake, fullness and oppression of the chest and stomach duct, spitting or vomiting of clear and thin phlegm-rheum, a fear of cold on the back, rumbling of the intestines and sloppy stools, which cause the yang to be unable to rise.

2. WATER QI INTIMIDATING THE HEART PATTERN

Here the palpitations are either fearful throbbing or stirring palpitations. They must be accompanied by images of water-damp flooding such as floating edema of the body and limbs and inhibited urination. In addition, this is often complicated by manifestations of yang vacuity internally generating cold such as a pale or dark complexion, fear of cold, cold limbs, a withered essence-spirit and possibly panting, sighing or scanty qi, or green-blue or purple complexion and lips.

3. HEART IMPEDIMENT PATTERN

Here there will be heart palpitations or fearful throbbing that are worse with slight taxation. This must be accompanied by a history of enduring

wind-cold-damp impediment or wind-heat-damp impediment. It is often accompanied by signs of enduring impediment pattern settling into the heart, or qi stagnation and blood stasis, such as joint pain, panting and shortness of breath, chest oppression or spasmodic chest pain, dark purple complexion, floating edema, etc.

4. HEART VESSEL OBSTRUCTION PATTERN

For this, see Chest pain in Chapter 28 (p. 432).

Vacuity heart palpitations pattern

1. HEART AND GALLBLADDER VACUITY TIMIDITY PATTERN (DISQUIETED HEART-SPIRIT PATTERN)

Here there are heart palpitations or fright palpitations that occur every time there is a fright. When there is sudden fright then there is heart fright and spirit trembling that cannot be controlled. This is usually seen in individuals with small gallbladders (little courage) and who are easily frightened, and is accompanied by frequent dreaming and easily waking, little thought of food or drink and a pale tongue. This pattern is more common in women than men and is often seen in children.

2. HEART QI VACUITY PATTERN

Here there are palpitations that are more severe with movement, accompanied by manifestations of an insufficiency of qi such as a pale face, dizziness, scanty qi, laziness in speaking, spirit fatigue and a lack of strength, a pale and fat tongue with white fur and a vacuous pulse.

3. HEART YANG VACUITY PATTERN

Here there are heart palpitations, or fearful throbbing or stirring palpitations that are more

severe with movement. This must be accompanied by signs of yang vacuity internal cold such as a dark complexion, fear of cold, cold limbs, a withered essence-spirit, etc. There also may be signs of cold congealing in the heart vessels such as chest oppression or pain, a pale, fat, tender and pale purple tongue, etc.

4. HEART YANG VACUITY DESERTION PATTERN

Here there are heart palpitations, fearful throbbing or stirring palpitations. Simultaneously there is profuse dripping sweat, reverting cold of the four limbs, green-blue-purple mouth and lips, shortness of breath with faint breathing, a faint pulse on the verge of expiry and, in severe cases, clouded spirit. This pattern generally emerges suddenly in patients where there is heart qi vacuity or heart yang vacuity.

5. HEART BLOOD VACUITY PATTERN

Here the palpitations are accompanied by signs of the heart-spirit lacking nourishment such as insomnia, profuse dreaming and forgetfulness. In addition, there are manifestations of blood vacuity such as a pale face without luster, dizziness, pale nails and lips, a pale, thin and tender tongue with thin, dry and white fur and a fine and weak pulse.

6. HEART YIN VACUITY PATTERN

Here, in addition to the signs of the heart-spirit lacking nourishment, such as insomnia, profuse dreaming, forgetfulness, etc., the palpitations are complicated by images of yin vacuity internal heat such as vexing heat of the five hearts, red cheeks, night sweating, a dry throat and mouth and a fine and rapid pulse.

Insomnia 30

Insomnia refers to difficulty in falling asleep at any time, difficulty in falling asleep at night, easily waking after falling asleep and difficulty in going back to sleep, waking frequently, restless sleep or, in severe cases, not sleeping throughout the night.

Normal sleep is the result of the regulation of yin and yang in the body. As the *Ling Shu: Kou Wen Pian* states: 'At the termination of yang qi, yin qi is exuberant. This results in closing of the eyes. At the termination of yin qi, yang qi is exuberant. This results in waking.' Yang governs awakening and yin governs sleeping; hence, for the most part, when there is a pathological change due to yang exuberance or yin vacuity, this can manifest as insomnia. As the *Lei Zheng Zhi Cai: Bu Mei Lun Zhi* states: 'When the movement of yang qi is quiet, then there is sleep; when the stillness of yin qi moves, then there is wakefulness. When there is sleeplessness, the disease is due to yang not interacting with yin.' Among the five viscera, the heart governs the storage of the spirit, the kidney governs the storage of the essence and rises to connect with the brain, the liver governs coursing and discharging and the gallbladder governs decision making. Hence, yang exuberance or yin vacuity of the heart, kidney, liver or gallbladder all have a close relationship with the development of insomnia. Among these, the relationship of the heart is the most important.

Insomnia is often identified with such patterns of differentiation as heat entering the construction

blood, disharmony of the stomach qi, phlegm-fire, depressed gallbladder phlegm harassment, upward flaming of liver fire, upward flaming of heart fire, heart blood vacuity, liver blood vacuity, insufficiency of kidney essence, yin vacuity, heart and gallbladder vacuity timidity, dual vacuity of heart and spleen, heart and kidney not interacting, etc. Differentiation begins with distinguishing vacuity and repletion. As Zhang Jing Yue stated in the *Jing Yue Quan Shu: Bu Mei*: 'Although there is not one disease that causes sleeplessness, it is governed by the spirit. When the spirit is peaceful, there is sleep; when the spirit is disquieted, then there is sleeplessness. The spirit is disquieted by the harassment of evil qi or by an insufficiency of construction qi. When there is evil, there is generally a repletion pattern. When there is no evil, then there is a vacuity pattern.'

From this, it can be seen that the primary vacuity patterns are a depletion of yin, essence and blood. The primary repletion patterns are generally due to harassment by heat, food stagnation or phlegm turbidity. When there is yin vacuity, there must be manifestations of internally engendered vacuity heat. When there is essence depletion, there must be images of early debility and aging. When there is blood vacuity there must be pale lips and nails and a fine pulse. When there is fire heat, there must be manifestations of a heat pattern. When there is phlegm evil, there must be signs of formless phlegm such as abnormal affect, slimy tongue fur and a

slippery pulse, and when there is food stagnation there must be a history of unregulated dietary habits. For the most part, vacuity patterns occur in the heart, spleen, liver and kidney, and repletion patterns occur in the heart, liver, gallbladder and stomach; therefore, one can differentiate patterns according to the pathological signs of the viscera and bowels.

Differential diagnosis

Repletion patterns of insomnia

1. HEAT ENTERING THE CONSTRUCTION ASPECT PATTERN

Here the insomnia generally manifests as difficulty in falling asleep, or waking easily after sleeping or restless sleep, accompanied by signs of construction heat such as body heat, especially at night.

2. DISHARMONY OF STOMACH QI PATTERN

Here there is difficulty in falling asleep at night, which generally occurs after eating a full meal. This is often accompanied by signs of food stagnation in the stomach such as oppression of the stomach duct, belching, or an uncomfortable sensation in the abdomen, possibly with spitting of sour fluids and a clamoring stomach, or pain and distention of the stomach duct and abdomen.

3. DEPRESSED GALLBLADDER PHLEGM HARASSMENT PATTERN

Here the insomnia is difficulty in falling asleep, easily waking after falling asleep and difficulty in returning to sleep or frequently waking from fright. This is often accompanied by images of phlegm-heat internally harassing such as dizziness, vexation and agitation, fright palpitations,

yellow tongue fur and a string-like and slippery pulse. In addition, there may be images of the gallbladder failing to course and discharge such as chest oppression, a tendency to sigh frequently and a bitter taste in the mouth.

4. PHLEGM-FIRE PATTERN

Here there is difficulty in entering sleep, fearful dreaming, or frequent waking from fright. In severe cases there may be an inability to fall asleep at all. This must be accompanied by signs of phlegm-fire internally harassing such as vexation and agitation, and in severe cases nonsensical talk, or abnormal crying, laughing, scolding or raving. The tongue is red, the fur yellow and slimy and the pulse string-like, slippery, rapid and replete. In addition, this may be complicated by signs of internal heat exuberance such as constipation, reddish urine, etc.

5. UPWARD FLAMING OF LIVER FIRE PATTERN

Here there is insomnia, fearful dreaming and restless sleep. This is often accompanied by images of liver fire rising counterflow such as pain and distention of the head, dizziness, red eyes, ringing in the ears, rashness, impatience and irascibility and rib-side pain. In addition, there may be signs of fire heat repletion pattern such as constipation, reddish urine, a red tongue with yellow fur, and a string-like and rapid pulse.

6. UPWARD FLAMING OF HEART FIRE PATTERN

Here there is difficulty falling asleep at night or easily waking after falling asleep with difficulty falling back to sleep. This is accompanied by such signs of fire harassing the heart spirit as heart vexation, which when severe becomes mania, rashness and delirious speech, a red face, red tongue tip and possibly painful sores or

ulcers on the mouth and tongue. This is often complicated by signs of internal exuberance of heat, such as thirst, reddish urine and a rapid pulse.

Vacuity patterns of insomnia

1. HEART BLOOD VACUITY PATTERN

Here the insomnia is frequent dreaming and restless sleep. This must be accompanied by images of blood vacuity insufficiency such as heart palpitations, forgetfulness, dizziness, a pale, thin and tender tongue and a fine, weak pulse.

2. LIVER BLOOD VACUITY PATTERN

Here the insomnia is frequent dreaming, and easily waking with fright. This must be accompanied by signs of the sinews and eyes lacking blood nourishment such as dry and rough eye sockets, blurred vision and pale nails. In addition, there may be blood vacuity insufficiency signs such as a pale complexion without luster, dizziness, pale lips and tongue and a fine and forceless pulse.

3. KIDNEY ESSENCE INSUFFICIENCY PATTERN

Here the insomnia is frequent dreaming, easily waking and restless sleep. This is frequently accompanied by signs such as lack of luster in the complexion, hair loss or early graying of the hair, loose teeth that easily fall out, poor memory, soreness of the waist and knees and spirit fatigue and lack of strength.

4. YIN VACUITY PATTERN

Here there is insomnia with frequent dreaming that continues throughout the night, or possibly not sleeping at all at night and heart vexation that is especially severe at night. This must be

accompanied by images of internally generated vacuity heat such as vexing heat of the five hearts, a red tongue with scanty fluid and a fine and rapid pulse. In addition, there are often simultaneous signs of heart and kidney yin and essence depletion such as heart palpitations, forgetfulness, dizziness, soreness of the lumbus and knees and seminal emission.

5. HEART AND GALLBLADDER VACUITY TIMIDITY PATTERN

Here there is difficulty in falling asleep at night, fearful dreams and easily waking from fear. This always occurs after there has been a great fright or after the essence-spirit has been disturbed. It is often accompanied by signs such as fright palpitations, heart flutteredness and gallbladder timidity, disquietude of the spirit-thought, no thought of food or drink, and a pale tongue. This pattern is more common in women than in men.

6. DUAL VACUITY OF THE HEART AND SPLEEN PATTERN

Here there is insomnia with frequent dreaming and easily awakening. This is commonly accompanied by images of heart blood and spleen qi vacuity such as heart palpitations, forgetfulness, a yellow complexion, reduced intake, etc.

7. HEART AND KIDNEY NOT INTERACTING PATTERN

Here there is insomnia accompanied by signs of kidney water not upbearing such as heart vexation, heart palpitations, forgetfulness, dizziness, ringing in the ears and soreness of the lumbus. Simultaneously there may be signs of yin vacuity fire effulgence such as a dry throat, tidal fever, dream emission, emaciation, night sweating, a purple-red tongue, etc. Or there may be images of vacuity debilitation of the original yang such as a fear of cold, cool waist and limbs, a withered essence-spirit, a pale tongue, etc. The

former is ascribed to the kidney yin vacuity category of heart and kidney not interacting, and the latter is the heart and kidney not

interacting due to debility of the life-gate fire causing an inability for the latter to rise to the heart.

Spirit-mind abnormalities 31

The spirit-mind includes the person's heart-affect, reflection and thought. When the spirit-mind is normal, then motion should be smooth, reflection clear and thought nimble and acute. When there are abnormal changes in affect, reflection or thought, all of these can be ascribed to the scope of abnormal spirit-mind. Clinically the four primary categories of spirit-mind

abnormalities are: vexation and agitation, depression, delirious raving and clouding stupor. Besides these, other primary manifestations of spirit-mind abnormalities are withdrawal, mania, epilepsy and reversal; however, because these are diseases and not symptoms, they are not addressed here.

Vexation and agitation

Vexation refers to images of depressed heat within the heart or confinement of the emotional state of the heart. Agitation refers to an image of disquietude and harassed movement of the hands and feet. Vexation is a subjective perception; agitation may be perceived by other individuals. Vexation and agitation are manifestations of disquietude of the heart-spirit. This often occurs because of heat evil harassing the heart-spirit; or the heart-spirit may lack nourishment and so tremble and be disquieted when there is a depletion of yin blood or, if the yin is exuberant and repels the yang, the heart-spirit may scatter and float astray. Therefore, vexation and agitation are most commonly seen in the clinical differentiation pattern of repletion heat, blood vacuity, yin vacuity, and yin overwhelming and repelling yang. To differentiate, first one must distinguish vacuity and repletion. The repletion patterns are primarily due to heat

and so clinically there must be manifestation of an internal heat pattern. If the cause is an external contraction, then there must be manifestations of qi aspect, construction aspect or blood aspect patterns. If the cause is internal damage, this commonly manifests as heart fire or liver fire flaring upward. The vacuity patterns always have manifestations of yin, blood, or yang qi depletion. However, it is necessary to determine concretely to which aspect the vacuity is ascribed.

Differential diagnosis

1. REPLETION PATTERNS

A. HEAT ENTERING THE QI ASPECT PATTERN

Here there is vexation and agitation, and the

vexation is more severe than the agitation. This must be accompanied by signs of heat exuberance in the qi aspect such as vigorous fever, thirst with a desire for cold fluids, etc.

B. HEAT ENTERING THE CONSTRUCTION ASPECT PATTERN

Here there is vexation and agitation where the heart vexation is primary and occasionally there is accompanying agitation. This must be accompanied by such signs of construction heat harassing the heart-spirit as body heat that is worse at night, and sometimes delirium.

C. HEAT AT THE BLOOD ASPECT PATTERN

Here there is vexation and agitation where the agitation is more severe than the vexation, and in severe cases it may seem as if there is mania. This must be accompanied by signs of heat exuberance stirring the blood such as body heat, the out-thrusting of macules and papules, spitting of blood or bloody stools.

D. HEART FIRE FLAMING UPWARD PATTERN

Here there is vexation and agitation in which the heart vexation is primary; however, in serious cases, there may also be manic agitation and delirium. This is complicated by other signs of heart fire flaring upward. (See Chapter 30 on Insomnia, p. 438.)

E. LIVER FIRE FLAMING UPWARD PATTERN

Here there is heart vexation, rashness and agitation and a tendency to be easily angered. Complications include other signs of liver fire flaring upward (see Chapter 30, p. 438.)

The above five patterns are all internal repletion heat pattern; however, any pattern that is ascribed to internal heat repletion may manifest as heart vexation – it is simply that clinically the

above five patterns occur most frequently. Besides these, in pediatrics, vexation and agitation are commonly seen in parasite accumulation patterns or gan accumulation patterns, both of which may cause enduring depressed food stagnation to transform into heat and harass the heart-spirit, manifesting as vexation and agitation of the essence-spirit, with crying or shouting and a tendency to be easily angered or to cry easily as well as insomnia. Parasite accumulation is commonly accompanied by a yellow complexion, emaciated muscles and occasional abdominal pain that, when severe, becomes gripping pain, and a history of roundworms. Gan accumulation takes as characteristic a withered yellow face without luster and a withered and emaciated body form with a large, distended abdomen and green-blue veins on the abdomen. The former is ascribed to a repletion pattern, and the latter is a repletion complicated by vacuity. When differentiated, one must pay attention to the differences.

2. VACUITY PATTERNS

A. BLOOD VACUITY PATTERN

Here there is vexation and agitation that takes heart vexation manifesting as vacuity and vexation in the heart as primary. This is complicated by the other signs of a blood vacuity pattern (see p. 256).

B. YIN VACUITY PATTERN (INTERNAL VACUITY HEAT PATTERN)

Here there is vexation and agitation that primarily manifest as vexing heat in the heart with rashness, impatience and irascibility. This is complicated by the other signs of a yin vacuity pattern (see p. 181).

C. LESSER YIN VACUITY WITH IMMINENT DESERTION OF YANG PATTERN

Here there is vexation and agitation that takes agitation and harassment with an inability to

control movement as primary. This is accompanied by signs of yang debility with internally exuberant yin cold such as fear of cold, reverting cold of the four limbs, withered essence-spirit and simultaneous vomiting and diarrhea. In addition, it is complicated by images of vacuous yang scattering and floating astray such as red cheekbones as if they have been made up, spontaneous sweating and a large and vacuous pulse.

Depression

Depression refers to symptoms such as deepness and heaviness of the heart-affect, uncommunicativeness and low spirits. Depression is due to damage to the seven affects, binding depression of liver qi and qi failing to course and discharge, all of which can cause the qi dynamic not to flow smoothly. In addition, yin blood depletion and phlegm turbidity obstructing internally can also cause binding depression of the qi dynamic of the liver and gallbladder and result in depression. It is differentiated as a sign of a pattern of binding depression of liver qi, phlegm depression and qi stagnation, visceral agitation or heart and gallbladder vacuity timidity. Each of the four patterns has its own characteristics. The first takes pain due to the liver failing to course and discharge as primary. Phlegm depression is complicated by images of formless phlegm. With visceral agitation there are often signs of delusions and illusions and heart and gallbladder vacuity timidity is complicated by palpitations, lack of courage, etc. They are not difficult to differentiate.

2. Differential diagnosis

1. BINDING DEPRESSION OF LIVER QI PATTERN

Here there is emotional depression that must be accompanied by such signs as chest and rib-side pain and a string-like pulse. In women there may also be distention and pain of the lesser

abdomen and breasts, menstrual pain or irregular menstruation.

2. PHLEGM DEPRESSION AND QI STAGNATION PATTERN

Here there is emotional depression that is commonly accompanied by signs such as dizziness, heart palpitations and glomus oppression of the chest and stomach duct. There may also be a sensation of obstruction in the throat, though with nothing present, that is not cleared by coughing and cannot be swallowed, slimy tongue fur and a string-like and slippery pulse.

3. VISCERAL AGITATION PATTERN

Here there is emotional depression, grief and sadness with a desire to cry. This is accompanied by signs such as flustered heart-spirit, fidgetiness and delusions such as seeing ghosts or spirits or the future. This is also accompanied by spirit fatigue, constant yawning, a pale tongue and a string-like and thin pulse. This is caused by unresolved worry, which damages the qi and blood and causes the heart-spirit to lack nourishment. It is more commonly seen in women.

4. HEART AND GALLBLADDER VACUITY TIMIDITY PATTERN

Here there is emotional depression, with suspicion and worry. It must be accompanied by signs such as heart palpitations, lack of courage and a tendency to be easily frightened, frequent dreaming and easily waking, little thought of food or drink and a pale tongue. This pattern is more commonly seen in women than in men and is commonly seen in children.

Delirium

Delirium refers to lack of clarity of the spirit-mind. There is clouded reflection and non-

sensical speech. This pattern is often caused by heat evil entering the interior. It must be differentiated from mussionation. Mussionation is a sign of the scattering of the essence-spirit that manifests as unclear spirit. This is a critical sign in which there is repetition of speech, a low and timid voice, discontinuous speech, broken sentences, etc. This is generally due to heart qi vacuity detriment. The Shang Han Lun: Bian Yang Ming Bing Mai Zheng Bing Zhi differentiates delirium and mussionation as follows: 'delirium is due to repletion and mussionation is due to vacuity. Mussionation is more serious.'

Differential diagnosis

1. YANG BRIGHTNESS BOWEL REPLETION PATTERN

Here there is delirium that must be accompanied by the signs, tongue and pulse of yang brightness bowel repletion pattern such as abdominal distention, fullness and pain that refuses pressure, etc.

2. HEAT ENTERING THE CONSTRUCTION ASPECT PATTERN

Here there is occasional delirium that must be accompanied by the signs, tongue and pulse of heat entering the construction aspect such as heart vexation, insomnia, etc.

3. HEAT ENTERING THE BLOOD ASPECT PATTERN

Here there is delirium that must be accompanied by the signs, tongue and pulse of heat exuberance stirring the blood and heat entering the blood aspect.

4. HEAT ENTERING THE BLOOD CHAMBER PATTERN

Here there is delirium that generally occurs at night and a history of contraction of wind-cold

when the tidal menses arrive. This is commonly accompanied by fever, alternating heat and cold, or a cool body after the heat recedes and fullness of the chest and lower ribs.

Clouding stupor

Clouding stupor refers to signs of lack of clarity of the spirit-mind. The pattern may also be called 'loss of consciousness,' 'clouding,' 'veiling,' 'clouded veiling,' 'clouded spirit,' etc. As the Shang Han Ming Li Lun states: 'with depression there is binding depression and qi is not smooth, veiling is clouded veiling and the spirit is not clear. It also is clouded stupor.' The development of clouded stupor has a relationship to the heart and the brain and is generally due to the clear orifices lacking spirit or lack of use of the spirit-brightness. The clear orifices lacking spirit is due to evil heat, phlegm evil, damp turbidity, static blood or wind yang obstructing the clear orifices, causing chaotic yin and yang counterflow and clouding of the spirit-brightness. Lack of use of the spirit-brightness is due to detriment desertion of the qi and blood, or debility collapse of yin and yang, causing the heart-spirit to lack nourishment and the spirit to lose its place above and float astray to the outside.

Clouding stupor commonly occurs in heat falling to the pericardium, heat entering the construction aspect, heat in the blood aspect, yang brightness bowel pattern, heat exuberance stirring wind, damp-heat fuming internally, stasis heat obstructing, yin vacuity with yang wind rising and harassing, phlegm-damp internally obstructing, phlegm-fire clouding the heart, water-damp turbidity rising counterflow, sudden veiling from foul turbidity, qi following blood desertion, yin collapse, yang collapse, etc. According to the development of the above patterns, clouding stupor must first be differentiated as being ascribed to block pattern or desertion pattern. Block patterns are all due to evils blocking the clear orifices and are ascribed to repletion patterns. Clinically they manifest as clouding stupor with tightly closed jaws, both hands made into fists, a red face, hasty breathing

and phlegm rales. Desertion pattern is due to the spirit lacking a place to reside. It is ascribed to vacuity patterns and takes sweating, cold limbs, open eyes and an open mouth, relaxed hands and urinary emission as characteristics.

For those cases ascribed to block pattern, it is necessary to go a step further and differentiate the nature of the evil causing the disease; that is, whether there is heat, phlegm, dampness, stasis or foulness. If it is caused by externally contracted evil heat, it must be accompanied by manifestations of an internal repletion heat pattern. These include heat falling into the pericardium via an abnormal path of transmission (this is defense aspect not passing through the qi aspect, but falling directly to the heart construction), which takes fatigue and clouding of the heart-spirit as primary; heat entering the construction via a normal path of transmission (this is qi aspect transforming and transmuting), which takes construction heat harassing the heart spirit as primary; heat at the blood aspect, which is complicated by the image of heat exuberance stirring the blood; heat in the yang brightness stomach and intestines, which is accompanied by signs of bowel repletion; heat exuberance stirring wind, which must be accompanied by neck rigidity and convulsions; and heat and damp brewing internally, which generally is accompanied by yellowness of the body and eyes. Clouding stupor that is due to phlegm evil takes phlegm rales in the throat or spitting of frothy rheum as characteristic. Phlegm-damp obstructing internally is generally accompanied by chest oppression, reduced intake and lack of heat. That which is caused by phlegm-fire clouding the heart is generally complicated by fever with agitation and harassment and possibly a history of mania. Stasis heat obstruction is generally complicated by a large, hard and full abdomen with green-blue vessels suddenly appearing. Yin vacuity with yang wind rising and harassing is generally complicated by deviation of the mouth and eyes, hemiplegia and a history of hyperactive rising of liver yang. Water-damp turbidity rising counter-flow usually has a gradual onset and must be accompanied by scanty urination and body swelling. Sudden veiling due to foul turbidity

generally occurs suddenly and is accompanied by oppression and distention of the abdomen.

For those patterns ascribed to desertion pattern, it is necessary to know whether the material that is debilitated is qi, blood, yin or yang. When qi follows blood in deserting, there must be a history of a great loss of blood; when there is yin collapse, there must be signs of vacuity heat such as yang floating to the exterior; and when there is yang collapse there must be cold images of internal yin exuberance.

Differential diagnosis

1. BLOCK PATTERNS

All of the patterns described below manifest as block pattern clouding stupor.

A. HEAT FALLING INTO THE PERICARDIUM PATTERN

Here there is sudden clouding stupor that must be accompanied by such manifestations of heat clouding and blocking the heart orifice as vigorous fever, reverting limbs, body heat that is worse at night, agitated movement, delirium and sluggish tongue. This pattern may also be complicated by a red face, hasty breathing, reddish urine, a crimson tongue with yellow fur and a fine and rapid pulse.

B. HEAT ENTERING THE CONSTRUCTION ASPECT PATTERN

This was described earlier (see p. 241).

C. HEAT AT THE BLOOD ASPECT PATTERN

This was described earlier (see p. 243).

D. YANG BRIGHTNESS BOWEL PATTERN

This was described earlier (see p. 218).

E. HEAT EXUBERANCE STIRRING WIND PATTERN

Here there is sudden clouding stupor.

The clouding stupor of the above fire patterns must be accompanied by the tongue, pulse and signs of the particular pattern. Please refer to the specific pattern for details.

F. DAMP-HEAT BREWING INTERNALLY PATTERN

Here the clouding stupor is gradual and is often accompanied by images of damp-heat jaundice such as yellowing of the body and eyes, heavy encumbering of the body and limbs, distention and pain of the rib-side, short and yellow urination, a red tongue with slimy yellow fur, etc.

G. PHLEGM-DAMP OBSTRUCTING INTERNALLY PATTERN

Here the clouding stupor is gradual. At the onset there is sleepiness and laziness to talk. As it progresses there is disturbance of the heart-mind and unclear speech until eventually there is clouding stupor and unconsciousness. After the clouding stupor begins, there is no fever and no vexation but there are signs of the spleen lacking fortification and transportation such as phlegm rales in the throat or spitting of frothy rheum. The tongue fur must be slimy, white or greasy and the complexion dusky, and there is chest oppression and abdominal fullness, torpid intake and spirit fatigue. This pattern commonly occurs in the elderly.

H. PHLEGM-FIRE CLOUDING THE HEART PATTERN

Here there is a gradual clouding stupor. At the outset, there is vexation and agitation and insomnia. As it develops the agitation becomes frenetic and manic and then there is clouding

from which one does not awake. After the clouding, the body and legs are agitated. This is often accompanied by images of internal exuberance of phlegm-heat such as fever, hasty breathing, phlegm rales in the throat, yellow, sticky and thick phlegm, constipation, reddish urine, a red tongue with yellow, slimy fur and a slippery, rapid and forceful pulse. This pattern commonly occurs in the elderly.

I. YIN VACUITY WITH YANG WIND RISING AND HARASSING PATTERN

Here there is sudden clouding and falling to the ground. There is simultaneously deviation of the mouth and eyes, hemiplegia, a stiff tongue and sluggish speech. This must be accompanied by a history of water failing to moisten wood with signs such as dizziness, ringing in the ears, distention and pain of the head, rashness, impatience and irascibility, insomnia with profuse dreaming, vexing heat of the five hearts, red cheeks, a dry throat and soreness of the lumbus and knees. In some cases, prior to the clouding the patient may experience ominous signs of the stirring of wind such as dizziness or vertigo, a grasping pain of the head, numbness and trembling of the limbs, unstable walking, etc. This commonly occurs in middle-aged and elderly individuals, especially those who work too much or whose work makes them very nervous.

J. STASIS HEAT OBSTRUCTION BLOCK PATTERN

Here there is gradual clouding stupor. After the clouding there is often a foul odor to the breath, agitation of the limbs and body, picking at the clothes and taking off the bedcovers. Before the clouding there must be signs of blood stasis accumulating and stagnating such as a hard, full and enlarged abdomen with green-blue veins protruding, a dark facial complexion, red threads on the head, neck, chest and arms (spider veins) and a dark purple tongue with stasis macules. This type of clouding stupor

often manifests when there is fever or loss of blood.

K. WATER-DAMP RISING COUNTERFLOW PATTERN (URINARY TOXINS INVADING THE HEART PATTERN)

Here there is gradual clouding stupor. The patient must have had scanty urination or urinary block for a relatively long time period, as well as signs of water vacuity damp turbidity not transforming such as swelling of the body, a bright white or dark complexion, a fear of cold, cold limbs, etc. Prior to the clouding stupor there are often ominous signs of water-damp rising and intimidating the heart and lungs such as dizziness, nausea, rough panting, heart vexation, frenetic agitation, nonsensical speech, etc.

L. SUDDEN VEILING DUE TO FOUL TURBIDITY PATTERN

Here there is sudden clouding and loss of consciousness. There is lockjaw or delirium and this must be accompanied by images of the blockage of the clear yang such as abdominal distention and oppression, a green-blue face, cold limbs and a fine or faint pulse. This pattern is often seen with sudden foul turbidity of the air and is generally infectious.

2. DESERTION PATTERNS

The three patterns below all have the same manifestation of desertion pattern clouding stupor.

A. QI DESERTING WITH THE BLOOD PATTERN

Here there is gradual clouding that must occur after a great loss of blood. At the onset, there is a green-blue-white facial complexion, reverting cold of the four limbs, profuse dripping of

sweat, faint and weak breathing, a faint pulse on the verge of expiry, spirit vexation and agitated movement. Gradually there is clouding of the heart-mind and then loss of consciousness.

B. YIN COLLAPSE PATTERN

Here there is gradual clouding. Prior to the clouding there is profuse dripping of sweat that is hot and sticky, the hands and feet are warm, and the pulse is fine and rapid or racing and forceless. This may also be accompanied by a white complexion with red cheeks, shortness of breath and panting. Sometimes there will be agitation, and dry and red lips and tongue.

C. YANG COLLAPSE PATTERN

Here there is gradual clouding stupor. Prior to the clouding there is profuse dripping sweat that is clear, thin and cool, the skin is cool, there is reverting cold of the hands and feet, and the pulse is faint, on the verge of expiry. This is commonly complicated by a clear gray or dusky complexion, lying down and curling up, faint breathing, and pale and moist or green-blue-purple lips and tongue.

The internal medicine patterns of epilepsy, reversion, wind stroke, wasting and thirsting, miasmatic malaria and scourge epidemic, the external medicine patterns of heat toxins falling inward, yellowing of sores and animal bites, the gynecological patterns of epilepsy in pregnancy and the pediatric patterns of acute or chronic fright wind, as well as central toxins, can all develop at various stages into clouding stupor. Yet each one also has its own manifestations and characteristics. For example, epilepsy pattern is characterized by occurring with a flustered essence-spirit or falling to the ground unconscious, spitting of frothy rheum, staring upward of both eyes, convulsions of the four limbs, crying out with a sound like a pig or sheep, and then awakening and returning to normal. In reversal pattern there is a sudden loss of consciousness, possibly accompanied by

reverting cold of the four limbs, but no convulsions or deviation of the face and then returning to normal after waking. In serious cases, once there has been reversal there is no recovery but only death. In wind stroke there is

sudden clouding and loss of consciousness; this must be accompanied by deviation of the mouth and eyes, hemiplegia and sluggish speech. Wasting and thirsting take excessive thirst hunger and urination as their characteristics.

Bleeding 32

Bleeding refers to blood not traveling within the vessels or to blood flowing out from the body via the visceral systems or the orifices. Normally, the blood fluids travel and flow throughout the body within the vessels, relying for the most part on the regular functioning of the pushing movement of the heart qi, the ruling and dispersal of the lung qi, the ruling of containment by the spleen qi and the storage of blood and coursing and discharge by the liver. If the usage or regulation of one of the functions of the above visceral systems is affected by disease, then this can cause a variety of types of bleeding. For example, if evil heat (repletion heat or vacuity heat) assails the blood and causes it to move frenetically or damages the blood networks, or if, due to qi vacuity, the body is unable to contain the blood, or if there is blood stasis blocking internally then the blood does not follow the channels, or if there is external damage to the vessel networks, etc., all of these can cause abnormal movement of the blood and the outflow of blood from the body.

Bleeding may be differentiated as follows, according to the location and the form of the bleeding.

Spontaneous external bleeding. This refers to bleeding from any external area that is not due to external damage/trauma. For example, there may be spontaneous bleeding from the eye (where blood flows gently out from the eye), external bleeding from the ear (where blood

flows gently or violently out from the ear) and nosebleeding (where blood flows gently out from the nose). If there is incessant bleeding from the nose this is called 'nose flooding.' If there is nosebleeding during an acute heat disease where there is a high fever but no sweating, and after the bleeding the fever retreats and the body is cool, this is called 'spontaneous bleeding' or 'red sweat.' If there is regularly nose bleeding 1 to 2 days prior to the period, during the period or after the period, this is called 'menstrual spontaneous external bleeding' or 'inverted menstruation.' There is also bleeding from the gums (also called 'spontaneous bleeding of the teeth,') which refers to blood coming from the gums or the roots of the teeth, spontaneous bleeding of the tongue (also called 'tongue bleeding,') which refers to bleeding from the top or the bottom of the tongue, spontaneous bleeding from the skin (also called 'blood sweat,') which refers to blood coming out from the hair follicles, etc.

Blood ejection. This refers to blood being spat out from the mouth. There is no sound of vomiting or cough. It includes bleeding from the respiratory tract and the upper digestive tract.

Retching of blood. This refers to blood that comes from the stomach and that comes out when there is vomiting with sound. Within the blood there may be food particles. The color of the blood is generally a dark purple.

Expectoration of blood. This refers to fresh blood within the throat that comes up as clots or fresh red blood as soon as one expectorates.

Coughing of blood. This refers to blood that comes from the lungs and comes up with coughing. It may appear as phlegm mixed with blood, blood-streaked phlegm or only as fresh red blood with froth.

Spitting of blood. This refers to blood that emerges with spittle that is fresh red and mixed with frothy spittle.

Bloody stools. This is also called 'precipitation of blood,' and refers to blood that emerges from the anus. There may be stools first and then blood, or blood first and then stools, or the blood and fecal matter may be mixed together, or there may be only bleeding. (In general, when there is first stool and then blood, this is called 'distal bleeding'; when there is blood first and stools after, this is called 'proximal bleeding'; when there is blood first and then stools and the blood is fresh red, this is called 'intestinal wind'; and when there is stool first and then blood and the blood is turbid and dark purple, this is called 'visceral toxin'.)

Bloody urine. This refers to blood in the urine. The urine is red and it may be accompanied by blood clots. In severe cases there is only blood and no urine, but there is no sensation of pain.

Flooding and spotting. This refers to either a large amount of blood emerging from a woman's vagina or the incessant dripping of blood from the vagina. (In general, if the blood comes quickly and the amount of blood is profuse this is called 'flooding.' If the blood comes leisurely and the amount of blood is scanty this is called 'spotting'.)

Fetal spotting. This refers to a small amount of bleeding after a woman has become pregnant. There is either intermittent bleeding or constant dripping, but there is no lumbar distention, abdominal pain or bearing down and distending sensation of the small abdomen.

Flooding bleeding after delivery. This refers to copious bleeding (over 400 ml) within 24 hours or 24 hours after giving birth.

Umbilical bleeding. This refers to enduring and incessant bleeding from the umbilicus of an infant after the umbilical cord has been cut.

According to the disease cause and disease dynamic of bleeding, bleeding can be differentiated as internal repletion heat, yin vacuity, spleen not managing the blood, blood stasis, or external damage blood loss. That which is due to repletion heat is commonly complicated by signs of heat flourishing internally such as fever, a red face, bound stools, reddish urine, a red tongue with yellow fur and a rapid and replete pulse. That due to yin vacuity must be accompanied by images of internally generated vacuity heat such as vexing heat, red cheeks, a dry throat, emaciation, a crimson-red tongue with little fur and a thin and rapid pulse. That due to the spleen not containing the blood must be accompanied by signs of spleen qi vacuity weakness such as a pale face, fatigued limbs, torpid intake and sloppy stools. That due to blood stasis is generally complicated by images of static blood accumulating internally such as a dusky complexion and lips, pain and swelling, stasis macules on the tongue, etc. That due to external damage blood loss must have a history of external damage to a particular place with an open wound or stasis swelling; this is not difficult to differentiate.

Differential diagnosis

Internal repletion heat patterns

This pattern may be seen in a variety of types of bleeding. The color of the blood is generally fresh red or purple-red, the amount of blood is generally fairly profuse, the bleeding is relatively fierce and the quality is thick and sticky. It is commonly accompanied by manifestations of exuberant heat in the interior such as fever, sweating, red face and eyes, thirst with a desire for fluids, bound stools, reddish urine, a red tongue with yellow fur and a rapid and forceful pulse.

The primary internal repletion heat patterns include all types of interior patterns of externally contracted heat diseases, and all types of miscellaneous heat diseases except vacuity pattern heat, including heart fire flaming upward, liver fire flaming upward, repletion heat of the six bowels, etc. For further differentiation, one can refer to the relevant content in Chapter 22 (on Fever, pp. 406–409). In addition, categorization of the different types of bleeding can help to distinguish the pathological changes in the viscera and bowels. This is as follows.

1. YANG BRIGHTNESS BOWEL PATTERN

Here there is usually spontaneous bleeding and bloody stools. The bloody stools often manifest as stools that, although hard, are easily passed and must be black in color. In addition, ejection of blood, macules and flooding and spotting may be seen.

2. SUMMERHEAT-DAMP QI ASPECT PATTERN

Here there may be coughing of blood.

3. HEAT AT THE QI ASPECT PATTERN

Here there may be spontaneous bleeding, bloody stools, bloody urine or ejection of blood. In addition this is commonly accompanied by the out-thrusting of macules and papules.

4. LIVER GALLBLADDER DAMP-HEAT PATTERN

Here there may be ejection of blood.

5. HEART FIRE FLAMING UPWARD PATTERN

Here there may be bleeding from the tongue or blood in the urine.

6. HEAT EVIL CONGESTING THE LUNG PATTERN

Here there may be coughing of blood.

7. LIVER FIRE FLAMING UPWARD PATTERN

Here there may be signs of counterflow flow of blood such as ejection of blood or spontaneous bleeding. Sometimes there may also be flooding and spotting.

8. STOMACH HEAT PATTERN

Here there is generally retching of blood or bleeding from the gums.

9. LARGE INTESTINE DAMP-HEAT PATTERN

Here there may be bloody stools.

10. SMALL INTESTINE REPLETION HEAT PATTERN OR URINARY BLADDER REPLETION HEAT PATTERN

In both there may be blood in the urine.

Vacuity patterns

1. YIN VACUITY PATTERN

This may be seen in a variety of patterns of bleeding. In general the blood is fresh red or slightly pale, the amount is relatively scanty, the strength of the bleeding relatively leisurely and the consistency is generally thin. This is often accompanied by images of internally generated vacuity heat such as vexing heat of the five hearts, red cheeks, tidal fever, night sweating, a dry throat and mouth, emaciation, a crimson-red tongue with scanty fur and a fine and rapid

pulse. Among the patterns, with heart yin vacuity one may see spontaneous bleeding or expectoration of blood, and this may be complicated by heart palpitations, insomnia, forgetfulness, etc. With lung yin vacuity there may be coughing of blood or expectoration of blood. This is commonly accompanied by a dry cough and hoarse voice. With ascendant hyperactivity of liver yang there may be spontaneous bleeding, expectoration of blood or ejection of blood. This is commonly complicated by dizziness, ringing in the ears, headache, red eyes, insomnia with frequent dreaming, etc. With kidney yin vacuity there may be blood in the urine or spontaneous bleeding of the gums. This will be complicated by dizziness, ringing in the ears, insomnia, forgetfulness, soreness of the lumbus and knees. When the stomach yin is insufficient there may be retching of blood, spontaneous bleeding of the gums or blood in the stools, accompanied by no desire for food, a dry throat, hiccoughs, etc., Finally, flooding and spotting, fetal spotting and flooding after delivery generally have a relationship with liver and kidney yin vacuity.

2. SPLEEN NOT MANAGING THE BLOOD PATTERN

This may be seen in a variety of bleeding patterns, but for the most part there is bleeding in the lower part of the body. For example, there may be bloody stools, blood in the urine, flooding and spotting, etc. The color of the blood is generally a pale red, although it may also be a fresh red. The amount may be profuse or scanty, the strength is generally moderate, although it may be violent, and the consistency is generally thin. This is commonly accompanied by images of spleen qi vacuity such as a pale complexion, fatigue of the limbs, scanty qi, spontaneous sweating, reduced intake, sloppy stools, abdominal distention after eating, a pale tongue with white fur and a vacuous pulse. Sometimes it may be accompanied by purple macules under the skin.

Blood stasis pattern

This often manifests as retching of blood, bloody stools, blood in the urine, ejection of blood, etc. The color of the blood is dark (bloody stools are generally black with luster, like a black lacquer), the amount may be profuse or scanty, the force is generally relatively leisurely and the consistency is generally thick and turbid, often with stasis clots. This is commonly accompanied by images of blood stasis obstructing internally such as a dark, mottled complexion, dusky purple lips, skin and nails, and fixed pain in a given location. Sometimes there may be concretions and accumulations in the abdomen. The tongue is dark purple, possibly with stasis macules.

External damage blood loss pattern

Bleeding may occur from the open mouth of a wound, or trauma to the viscera may cause retching of blood, ejection of blood, expectoration of blood, bloody stools or blood in the urine; however, there must have been a history of external damage and the area must have stasis swelling and pain or an open wound. When the bleeding is severe, there may be images of blood desertion such as a pale complexion without luster, sweating, thirst, heart palpitations, shortness of breath and a fine, rapid and weak pulse.

In addition, damage from an extrauterine pregnancy, bleeding in the chest due to damage, or external damage to the abdominal area, may all have manifestations of bleeding that does not reach the exterior, with the exception of the first, in which there may be a small amount of bleeding via the vagina. However, all three are ascribed to internal loss of blood. In all there will be signs of blood desertion such as a pale complexion without luster, sweating, thirst, heart palpitations, shortness of breath, pale lips and tongue and a fine, rapid and forceless pulse. In severe cases there may be a lack of

clarity of the spirit-mind. This pattern is critical and close attention must be paid when differentiating it. Pelvic bleeding and damage from extrauterine pregnancy must occur in women of child-bearing age in which there has been a cessation of menstruation, and then suddenly there is pain on one side of the lesser abdomen that refuses pressure and a small amount of abnormal uterine bleeding accompanied by the above signs of blood desertion. With damage to the blood vessels of

the chest area, there must be a history of damage to the chest, bleeding into the chest cavity causing chest and rib-side distention and fullness, panting breath, an inability to lie down and the above images of blood desertion. With damage to the abdominal blood vessels there is a history of external damage to the abdominal area, bleeding into the abdominal cavity causing abdominal pain that refuses pressure, and a slightly distended or rigid abdomen accompanied by the images of blood desertion.

Thirst 33

Thirst refers to the symptoms of a dry throat and mouth with a desire for water. It may be due to depletion of the body fluids, abnormal transportation of the body fluids or an inability of the fluids to transform and moisten the upper. In addition, thirst may manifest whenever there is a loss of body fluids, heat evil damaging the fluids, depletion of the yin essence, obstruction of the channel vessels by phlegm-rheum and blood stasis, fluids not rising to moisten the upper, or vacuity cold of the lower origin causing an inability to steam the fluids upward.

Thirst is commonly seen in such patterns as wind-warm (heat) exterior pattern, autumn dryness exterior pattern, internal repletion heat, phlegm-rheum collecting internally, blood stasis, insufficiency of body fluids, wasting and thirsting, yin vacuity, yang vacuity, pediatric summerheat, etc. When differentiating, first one must distinguish vacuity from repletion. Repletion may be due to evil heat damaging the fluids, or phlegm-rheum or blood stasis obstructing the networks. The pulse must be a replete pulse, either rapid, slippery, string-like or rough, and there must be manifestations of evil exuberance in the interior. Vacuity patterns may be due to a depletion of the body fluids, or yin or yang. In general the course of the disease is relatively long and leisurely and there must be a pulse of insufficiency, either fine, weak or slow, accompanied by the appropriate images of vacuity or insufficiency.

Next, for repletion patterns one ought to distinguish the disease evil, among which the most commonly seen is contraction of heat evil. Its characteristic is relatively severe thirst, with a desire to drink copious amounts of cool fluids (examples include heat entering the construction aspect pattern and damp-warm qi aspect pattern) accompanied by exterior signs such as fever, aversion to cold, etc., or signs of heat flourishing in the interior such as fever, a red face, bound stools, yellow urine and a red tongue with yellow fur. Next, when there is phlegm-rheum or blood stasis, there also may be thirst; however, here the characteristic is thirst with no desire for beverages, accompanied by the appropriate signs, which are not difficult to recognize and differentiate.

For vacuity patterns, one must advance a step further and determine the substance that is vacuous. Fluid depletion must follow a pattern where there has been an obvious loss of fluids. Here the disease conditions are relatively sudden. With wasting and thirsting there must be extreme intake of food, profuse urination, etc. With yin vacuity there must be signs of internally engendered vacuity heat, and with yang vacuity there must be the image of yin cold flourishing internally. Pediatric summerheat is a pattern of repletion within vacuity. This must occur in the summer and there must be manifestations such as fever, lack of sweating and profuse urination.

Differential diagnosis

Repletion thirst patterns

1. WIND-WARM (HEAT) EXTERIOR PATTERN

Here there is a slight thirst with a desire for beverages. This must be accompanied by signs such as fever, and a slight aversion to wind or cold, headache, a red, swollen and painful throat, thin and dry tongue fur, and a floating, rapid pulse. This generally occurs in the spring or summer season.

2. AUTUMN DRYNESS EXTERIOR PATTERN

Here there is thirst with a desire for beverages, which must be accompanied by signs such as fever, aversion to wind and cold, a dry mouth, nose and throat, a dry cough with scanty phlegm and a floating pulse. This must occur during the autumn season.

3. INTERNAL REPLETION HEAT PATTERN

Here the thirst is relatively severe and there is profuse drinking of beverages with a preference for cold beverages. This is often accompanied by signs of heat flourishing in the interior such as fever, sweating, a red face and eyes, bound stools, reddish urine, a red tongue with dry, yellow fur and a rapid and forceful pulse.

The primary patterns of internal repletion heat include various types of patterns of interior pattern fever in externally contracted heat diseases, all types of fever patterns in miscellaneous disease with the exception of vacuity patterns, as well as heart fire flaming upward, liver fire flaming upward and repletion heat patterns of the six bowels. The two patterns to which one should pay special attention are heat entering the construction aspect and damp heat at the qi aspect, both of which manifest as dry mouth and throat but no severe thirst, or there

may be thirst but no desire for beverages. The former may be accompanied by images of construction heat harassing the heart-spirit such as body heat that is more severe at night, heart vexation and agitation, occasional delirium, a crimson-red tongue, etc. The latter is generally accompanied by manifestations of brewing depression of damp-heat such as fever with sweat that does not resolve the heat, stomach duct oppression and torpid intake, yellow, slimy tongue fur and a slippery and rapid pulse.

4. PHLEGM-RHEUM COLLECTING INTERNALLY PATTERN

Here there is thirst with a preference for warm beverages, although the amount consumed is not copious, or there may be thirst with a desire for beverages but with vomiting when the water enters the stomach. This is generally accompanied by manifestations of rheum encumbering the clear yang and not allowing it to rise such as dizziness, heart palpitations, reduced intake, fullness and oppression of the chest and stomach duct, retching or vomiting of clear and thin phlegm spittle, coldness of the back, rumbling in the intestines, sloppy stools and a string-like and slippery pulse.

5. BLOOD STASIS PATTERN

Here there is a dry mouth and thirst, with a desire to gargle water but no desire to swallow. This is often accompanied by images of static blood obstructing internally such as a mottled black complexion, dark purple lips, skin and nails, a fixed pain or concretions and accumulations in the abdomen, a dark purple tongue, possibly with stasis macules, and a rough pulse.

Vacuity thirst patterns

1. INSUFFICIENCY OF BODY FLUIDS PATTERN

Here there is thirst and a dry throat with a desire

to drink copious amounts of water. This is often accompanied by images of a shortage or loss of body fluids such as parched lips, a dry tongue and dry or withered skin, vexation and agitation, constipation, short and scanty urination and a fine and rapid pulse. This often follows disease patterns where there is a loss of body fluids such as violent vomiting or diarrhea, persistent vigorous heat, incessant sweating or profuse urination. In serious cases there may be sinking of the eyes into the socket, obvious emaciation, contracture of the sinews, etc.

2. WASTING AND THIRSTING PATTERN

Here there is thirst with a desire to drink extremely copious amounts of water. This is accompanied by signs such as excessive eating, excessive urination, atrophy of the muscles and sweet urine. According to the variations in the three excesses of drinking, eating and urinating, the pattern may be classified as an upper, middle or lower wasting. With upper wasting, thirst is the strongest excess, with middle wasting, eating is the strongest excess and lower wasting takes excessive urination as primary.

3. YIN VACUITY PATTERN

Here there is thirst but in general the desire to drink is not excessive, although in some cases there may be excessive drinking. This is commonly accompanied by images of internally generated vacuity heat such as vexing heat of the five hearts, red cheeks, tidal fever, night

sweating, a dry throat and mouth, emaciation, a crimson tongue with scanty and dry fur and a fine, rapid pulse. In addition, this may often be complicated by manifestations of depletion of the yin essence of the five viscera such as heart palpitations, insomnia, forgetfulness, a dry cough, a hoarse voice, dizziness, ringing in the ears or soreness of the lumbus and knees.

4. YANG VACUITY PATTERN

Here there is thirst where the intake of fluids is not excessive and there is a preference for warm fluids, or thirst with no desire to drink. This must be accompanied by images of vacuity cold such as fear of cold, cold limbs, a bright white or dusky complexion, a withered essence-spirit and a deep and slow or fine and leisurely pulse. The tongue is pale purple, dry, withered and lacking fluids. In addition, this is often complicated by manifestations of unsettled yang qi of the five viscera such as heart palpitations, heart and chest pain or torpid intake, cold pain of the abdomen and sloppy stools, or deafness and cold soreness of the lumbus and knees.

5. PEDIATRIC SUMMERHEAT PATTERN

Here there is thirst with relatively excessive drinking that may be accompanied by three types of symptoms: fever (the course of the heat may develop over 2 to 3 months), lack of sweating and excessive urination. This pattern occurs in the summer.

Torpid intake 34

Torpid intake, also called 'reduced intake,' 'no desire for food,' 'aversion to food,' or 'aversion to the smell of food,' refers to the different levels of unsettled eating habits and reduced appetite. The stomach is the sea of water and grain; it governs the reception, intake, putrefaction and processing of water and food. The spleen opens into the mouth and governs transportation and transformation. Hence the relationship of the intake of food with the spleen and stomach is extremely close. All pathological changes of the spleen and stomach, whether due to external contraction, internal damage, vacuity or repletion, may manifest as torpid intake.

Torpid intake commonly occurs in such differentiated patterns as cold-damp encumbering the spleen, spleen and stomach damp-heat, liver and gallbladder damp-heat, food stagnation in the stomach duct, phlegm-rheum collecting internally, blood stasis, stomach cold, stomach yin vacuity, spleen qi vacuity, spleen yang vacuity, liver spleen disharmony, etc. When differentiating, first one must distinguish vacuity and repletion. Repletion patterns include contraction of cold-damp or damp-heat evil causing yang obstruction in the center, or they may be caused by stagnation of phlegm, food or blood. Vacuity patterns are generally due to damage to the pre- or post-natal essence causing damage to yang qi of the spleen and stomach or to yin fluids in the stomach.

With repletion patterns one must also differentiate the original cause of the disease. Commonly seen factors are damp evil, cold evil or

heat evil, cold-damp encumbering the spleen, which is complicated by cold images in addition to the stickiness, stagnation, heaviness, turbidity and obstruction of the central yang, spleen and stomach damp-heat, which is complicated by heat images as well as the characteristic damp signs, and liver and gallbladder damp-heat, which is complicated by distention and pain of the rib-sides in addition to the images of damp-heat. Food stagnation and phlegm-rheum may also manifest as torpid intake. The course of disease of the former is short and there must be a history of irregular dietary habits with belching, or vomiting of sour food with a putrid odor. The disease course of the latter is relatively long and is commonly accompanied by signs such as vomiting of phlegm and sputum with dizziness and heart palpitations.

When there is torpid intake with blood stasis, it is commonly complicated by signs such as stomach duct pain, black stools, etc. With vacuity patterns, one must differentiate the location of the disease. If it is in the spleen then there is a failure of the spleen to upbear the clear, manifesting as abdominal distention, sloppy stools, etc. Spleen qi vacuity manifests only as the spleen failing to upbear the clear. Spleen yang vacuity is complicated by images of internally generated vacuity cold. If there is disharmony of the liver and spleen, then this is complicated by signs of binding depression of liver qi such as rib-side pain, rashness, impatience and a tendency to be easily angered. If the disease is in the stomach, then

there must be manifestations of stomach qi rising counterflow such as vomiting, belching or hiccoughs. Stomach cold is complicated by cold images. With stomach yin vacuity there is thought of food but no desire to eat, complicated by the characteristics of an insufficiency of fluids including dry mouth, dry stools and scanty urine.

Differential diagnosis

Repletion patterns of torpid intake

1. COLD-DAMP ENCUMBERING THE SPLEEN PATTERN (ASCRIBED TO GREATER YIN PATTERN)

Here there is torpid intake, nausea and vomiting and sloppy diarrhea. This is often accompanied by images of damp turbidity encumbering internally such as distention and oppression of the stomach duct and abdomen, heaviness and fatigue of the head and body, etc., as well as signs of cold evil obstructing the center such as a bland taste in the mouth, lack of thirst, abdominal pain, intestinal rumbling, etc. The tongue fur must be white.

2. SPLEEN AND STOMACH DAMP-HEAT PATTERN (DAMP WARM QI ASPECT PATTERN)

Here there is torpid intake, vomiting and sloppy stools. This is commonly accompanied by images of damp turbidity encumbering internally such as thirst with no desire to drink, slimy tongue fur and a slippery pulse, as well as signs of heat evil brewing internally such as fever, sweat that does not resolve the heat, reddish urine, a red tongue with slimy, yellow fur and a slippery and rapid pulse. In addition, one may see jaundice of the skin and eyes, miliaria alba and itching of the skin.

3. LIVER AND GALLBLADDER DAMP-HEAT PATTERN

Here there is torpid intake and aversion to oily,

greasy food. This is accompanied by images of damp-heat binding together such as a red tongue with yellow slimy fur and a slippery, rapid pulse, in addition to signs of evil brewing in the liver and gallbladder such as distention and pain of the rib-side, alternating cold and heat and a string-like pulse.

4. FOOD STAGNATION IN THE STOMACH AND STOMACH DUCT PATTERN

Here the torpid intake must be accompanied by manifestation of food accumulations not transforming such as sour belching or vomiting with a putrid odor, distending pain of the stomach duct and abdomen, slimy tongue fur and a slippery pulse. In addition there is a history of irregular dietary habits and excessive drinking or eating.

5. BLOOD STASIS PATTERN

Here there is torpid intake that is accompanied by fixed pain or accumulations, sometimes there is spitting of dark purple blood or black, tarry stools, the tongue is dark purple, possibly with stasis macules, and the pulse is string-like and rough. This may be complicated by images of internal amassment of blood stasis such as a mottled black complexion, skin and nails and a desire to gargle water but not to swallow.

In addition to these patterns, torpid intake may also be a symptom of such repletion patterns as externally contracted exterior patterns, malign obstruction in pregnancy, worm accumulation, gan accumulation, etc. In the latter three patterns, torpid intake is the primary symptom and so attention must be paid when differentiating them. Exterior pattern torpid intake must be complicated by aversion to cold, fever, a floating pulse, etc. Malign obstruction in pregnancy must be accompanied by nausea and vomiting and the woman must be of child-bearing age and have stopped menstruating. Worm accumulation is commonly accompanied by a yellow and emaciated complexion, abdominal pain that is sometimes severe or gripping pain, and a history of vomiting

roundworms or worms in the stool. Gan accumulation is commonly accompanied by a withered yellow complexion without luster, an emaciated form with a large, distended abdomen and green-blue veins protruding on the abdomen.

Vacuity patterns of torpid intake

1. STOMACH COLD PATTERN

Here there is torpid intake that is accompanied by manifestations of cold congealing in the stomach and damaging the stomach yang such as cold pain of the stomach duct that is more severe with cold and reduces with warmth, a bland taste in the mouth, a lack of thirst, a pale tongue with white fur and a slow pulse. It may also be complicated by images of counterflow rising of stomach qi such as upflowing of clear fluid or vomiting after eating.

2. STOMACH YIN VACUITY PATTERN

Here the torpid intake manifests as hunger with no desire for food. This is commonly accompanied by signs of counterflow rising of stomach qi such as vomiting, belching or hiccoughs, glomus and impediment of the stomach duct. In addition there may be manifestations of an insufficiency of stomach fluids such as dry mouth and tongue, dry stools, scanty urine, etc.

3. SPLEEN QI VACUITY PATTERN

Here there is torpid intake accompanied by manifestations of reduction in the functioning of the

spleen such as abdominal distention after eating, sloppy stools, pale face, spontaneous sweating, scanty qi, fatigue and a lack of strength in the limbs, a pale and fat tongue with tooth marks and white fur and a vacuous pulse.

4. SPLEEN YANG VACUITY PATTERN

Here the torpid intake must be accompanied by signs of the spleen not fortifying and transporting such as abdominal distention, a bland taste in the mouth, a lack of thirst, cold pain in the stomach duct and abdomen that likes warmth and pressure, sloppy stools, etc. There also may be images of internally generated vacuity cold such as a bright white complexion, fear of cold, cold limbs, a withered essence-spirit, etc. In addition, this is commonly complicated by signs of water-damp not being transported and transformed such as scanty urination, body swelling, clear, thin and copious vaginal discharge, etc.

5. DISHARMONY OF THE LIVER AND SPLEEN PATTERN

Here the torpid intake must be accompanied by symptoms of spleen qi vacuity such as abdominal distention, sloppy stools, scanty qi and fatigue of the limbs, as well as manifestations of binding depression of liver qi such as distention and pain of the rib-side, impatience, rashness and a tendency to be easily angered, emotional depression and a tendency to sigh.

Stomach duct pain 35

Stomach duct pain refers to the symptom of a sensation of pain in the area at the top of the abdomen near the heart. The development of stomach duct pain has a relationship with pathological change in the stomach bowel, either obstruction by evil qi, for example cold, heat, food, stasis, phlegm, etc., obstructing the channel vessels, or stagnation and obstruction of the qi dynamic, or internally generated vacuity cold congealing and blocking the qi dynamic. Therefore, stomach duct pain is common in such patterns as cold evil invading the stomach, depressed heat of the liver and stomach, food stagnation in the stomach duct, liver qi invading the stomach, blood stasis, phlegm-rheum collecting internally, stomach yin vacuity and spleen and stomach vacuity cold.

In the differential diagnosis of stomach duct pain, first it is necessary to distinguish new pain from old pain. With new diseases, stomach duct pain is generally due to cold evil, heat evil, depressed qi or food stagnation, all of which are ascribed to repletion patterns. Here the development of the disease is relatively rapid and it is easily treated. Of the patterns, cold evil invading the stomach is generally complicated by cold images such as fear of cold, preference for warmth etc.; stomach fire (heat) pattern is commonly complicated by heat images such as a red face, a

bitter taste in the mouth, bound stools, reddish urine etc.; liver qi invading the stomach is complicated by signs of binding depression of liver qi such as stomach duct pain that radiates to the rib-side, vexation, agitation and a tendency to be easily angered; food stagnating in the stomach duct will have a history of irregular dietary habits.

With enduring stomach duct pain, there is the differentiation of vacuity and repletion. Repletion patterns are due to phlegm-rheum or to internal amassment of blood stasis. Vacuity patterns are due to damage to the stomach yin or spleen and stomach yang qi. However, both types have the characteristics of a relatively long course of the disease, recurrences and difficulty in treating. The blood stasis pattern is generally accompanied by vomiting of blood and black stools. The internal collection of phlegm-rheum is commonly complicated by vomiting of frothy drool and a rumbling sound in the abdomen. With stomach yin vacuity there generally are images of an insufficiency of stomach fluids such as thought of food but no desire to eat, a mouth that is not dry, but dry stools and scanty urine. Spleen and stomach vacuity cold is accompanied by signs of yang vacuity internal cold such as fear of cold, cold limbs, a withered essence-spirit, etc.

Differential diagnosis

Repletion patterns of stomach duct pain

1. COLD EVIL INVADING THE STOMACH PATTERN

Here there is sudden pain of the stomach duct that is generally a cold pain that refuses pressure, is reduced with warmth and more severe with cold. It is commonly accompanied by cold images such as fear of cold, a preference for warmth, a bland taste in the mouth, a lack of thirst, but a preference for warm beverages, clear and long urination, white tongue fur and a string-like and tight pulse.

2. STOMACH FIRE (HEAT) PATTERN

Here there is severe burning pain of the stomach duct that refuses pressure. It is commonly accompanied by images of fire heat repletion such as a red face, a bitter taste in the mouth, foul breath, thirst with a preference for cold beverages, bound stools, reddish urine, a red tongue with yellow fur and a rapid and forceful pulse. Sometimes, this may be complicated by swift digestion with increased appetite, swelling and pain of the gums, bleeding gums, vomiting blood, etc. If accompanied by vexation, agitation and a tendency to be easily angered, acid regurgitation and a clamoring stomach, then this indicates depressed heat in the liver and stomach pattern.

3. FOOD STAGNATION IN THE STOMACH DUCT PATTERN

Here there is distention and pain of the stomach duct that refuses pressure; this must occur after excessive eating or drinking. It is commonly accompanied by images of food collecting and not transforming such as belching or vomiting of sour and putrid food with a foul odor. After vomiting the pain is reduced. There is torpid

intake, flatulence with an odor like rotten egg, irregular bowels (either sloppy or bound), thick, slimy tongue fur and a slippery pulse.

4. LIVER QI INVADING THE STOMACH PATTERN

Here there is distention and pain of the stomach duct that comes in painful attacks, radiates to the rib-side and occurs or is made worse by the affects. This is commonly accompanied by images of depressed liver qi overwhelming the stomach and stomach qi rising counterflow such as frequent belching of sour foods, clamoring stomach, occasional hiccoughs, vexation, agitation and a tendency to be easily angered, white tongue fur and a string-like pulse. If the pain is relatively mild, attacks occur when there is hunger and are accompanied by a pale complexion, fatigue and lack of strength in the limbs, torpid intake, abdominal distention, sloppy stools, acid regurgitations, clamoring stomach, impatience and agitation, a pale, fat and tender tongue with white fur and a string-like pulse, then this indicates disharmony of the liver and spleen.

5. BLOOD STASIS PATTERN

Here there is stomach duct pain that is either piercing or cutting, refuses pressure, is fixed and does not recover for years. This is commonly accompanied by signs of static blood collecting internally such as a mottled dark complexion, dark purple skin, nails and lips, a dark purple tongue body, possibly with stasis macules, etc. In addition, it may often be accompanied by signs such as vomiting of dark purple blood, tarry black stools and accumulations in the stomach duct.

6. INTERNAL COLLECTION OF PHLEGM-RHEUM PATTERN

Here there is recurrent stomach duct pain that does not recover. This is often accompanied by torpid intake, fatigue, glomus oppression in the stomach duct, occasional spitting of frothy, clear,

thin drool, rumbling sounds in the abdomen, slimy tongue fur and a string-like and slippery pulse. Also, it may be complicated by dizziness and heart palpitations.

Vacuity patterns of stomach duct pain

1. STOMACH YIN VACUITY PATTERN

Here there are attacks of dull pain in the stomach duct that like pressure. This is commonly accompanied by manifestations of an insufficiency of stomach fluids such as thought of food but no desire to eat, a dry mouth and tongue, dry retching or belching, dry stools, scanty urine, a red tongue with scanty fluids and a string-like and fine pulse.

2. SPLEEN AND STOMACH VACUITY COLD PATTERN

Here there is cold dull pain of the stomach duct that likes warmth and pressure. This is commonly accompanied by signs of the center yang not transforming such as upflowing of clear drool, torpid intake, abdominal distention and sloppy stools, possibly with untransformed food. In addition, there may be images of internally generated vacuity cold such as fear of cold, cold limbs, a bright white or dusky complexion, essence-spirit fatigue, etc.

Besides these patterns, stomach duct pain is also a sign of worm accumulation pattern in children, and the surgical pattern of stomach welling abscess. Careful attention must be paid to the individual manifestations so as to differentiate them.

Abdominal pain 36

Abdominal pain refers to the symptom of pain developing in the area below the stomach duct and above the pubic bone (either in one location or in the entire area). The abdominal area is divided into the large abdomen (which includes the area of the stomach duct), the small abdomen and the lesser abdomen. Above the umbilicus is the large abdomen, within which the area surrounded by the rib-sides is the stomach duct area. The large abdomen is ascribed to the spleen and stomach. Below the umbilicus is the small abdomen, which is ascribed to the kidney, large and small intestines, the urinary bladder and the uterus. On the two sides of the small abdomen is the lesser abdomen, which is the area through which the liver and gallbladder channels pass. Therefore the development of abdominal pain may have to do with external evils invading the channels or viscera and bowels, with worm accumulation, with food stagnation obstructing and blocking or with impeded flow of qi and blood.

Abdominal pain is commonly seen in such patterns as direct strike by cold evil, cold accumulation abdominal pain, cold congealing in the liver channel, vacuity cold abdominal pain, yang brightness bowel pattern, spleen and stomach damp-heat, large intestine damp-heat, urinary bladder damp-heat, intestinal welling abscess, qi vacuity abdominal pain, blood vacuity abdominal pain, qi stagnation, food accumulation, blood stasis, worm accumulation, etc. When differentiating, first it is necessary to differentiate clearly whether

the abdominal pain is due to cold or heat and vacuity or repletion.

Cold patterns are due to obstruction of the qi dynamic by external cold invading the abdomen, excessive intake of raw or cold foods accumulating and stagnating in the center, cold evil invading the reverting yin liver channel, or yang vacuity internally generated cold congealing downward and not transporting. The characteristics of cold patterns are that the pain is reduced with warmth and that they are accompanied by cold images such as fear of cold (or aversion to cold), cold limbs, lack of thirst, clear and uninhibited urination and white tongue fur. With direct strike of cold evil there is often a history of the abdominal region contracting cold. This is commonly accompanied by vomiting and diarrhea. With cold accumulation abdominal pain there is generally severe episodic pain of the umbilicus or above the umbilicus, and the bowels may be sloppy or bound. With cold congealing in the liver channel the pain is in the lesser abdomen and there is often pain that radiates to the testicles. Vacuity cold abdominal pain likes warmth and pressure and often is accompanied by signs of unsettled yang qi such as withered essence-spirit and a deep, fine and forceless pulse.

Heat patterns of abdominal pain emerge because of disharmony in the qi dynamic, resulting in abnormal fulfillment of its duty. Heat patterns may be due to external invasion of evil heat, the six excesses transforming into heat and entering

the interior, overeating of spicy or hot foods, or damp-heat accumulation. Heat patterns take heat images such as distention, fullness and pain that is commonly accompanied by fever, thirst, yellow and short urination, a red tongue with yellow fur and a rapid pulse as characteristic. Among the patterns there is yang brightness bowel pattern, which has the symptoms of abdominal fullness and pain that refuses pressure, constipation and vigorous heat. Spleen and stomach damp-heat pain is above the umbilicus and is commonly accompanied by manifestations of damp-heat obstructing the upbearing and downbearing such as glomus oppression of the stomach duct and abdomen, vomiting, torpid intake, thirst with no desire for beverages, etc. Large intestine damp-heat is commonly accompanied by diarrhea or pus and blood in the stools. With urinary bladder damp-heat there must be frequent, urgent and painful urination. With intestinal welling abscess, the pain occurs on the right side of the lesser abdomen and is accompanied by contraction of the right foot.

Vacuity patterns of abdominal pain are due to an insufficiency of qi and blood causing an inability to warm and nourish the viscera and bowels, and impeded flow of the qi dynamic. They take dull pain that likes pressure as characteristic. Qi vacuity abdominal pain is often accompanied by signs of spleen qi vacuity weakness such as a pale complexion, fatigue of the limbs, reduced intake and sloppy stools. Blood vacuity abdominal pain is accompanied by a pale white complexion, lips and nails and a fine pulse. Repletion patterns of abdominal pain are caused by depression and stagnation of the qi dynamic, which is due to food accumulation, static blood or worm accumulation, and they take pain that refuses pressure and the symptoms, tongue and pulse of evil flourishing in the interior as characteristic.

Qi stagnation abdominal pain is generally complicated by signs of binding depression of liver qi such as vexation, agitation and a tendency to be easily angered. With food accumulation pattern there is a history of irregular dietary habits and often there is belching or vomiting of sour and putrid foods. Blood stasis pattern has fixed pain and is often accompanied by signs such as con-

cretions and accumulations in the abdominal area and black stools. With worm accumulation pattern there is pain around the umbilicus and a history of worms.

Differential diagnosis

Cold pattern of abdominal pain

1. DIRECT STRIKE OF COLD EVIL PATTERN (ASCRIBED TO GREATER YIN PATTERN)

Here there is acute and sudden abdominal pain that is above the umbilicus or surrounding the umbilicus, which refuses pressure and which is reduced with warmth and more severe with cold. This is accompanied by vomiting and diarrhea, a bland taste in the mouth, a lack of thirst, aversion to cold and cold limbs, white tongue fur, etc. Generally there is a history of the abdominal area being exposed to cold.

2. COLD ACCUMULATION ABDOMINAL PAIN PATTERN

Here there is severe episodic pain in or above the umbilicus that refuses pressure. The course of the disease is relatively long and episodic and it occurs somewhat more frequently during the cold seasons. It is often accompanied by manifestations of cold congealing in the middle burner such as green-blue and pale complexion, a fear of cold, cold limbs, lack of thirst, clear and uninhibited urination, either sloppy or bound stools, thick, white and slimy tongue fur and a deep and tight pulse.

3. COLD CONGEALING IN THE LIVER CHANNEL PATTERN

Here there is acute contracting cold pain of the lesser abdomen that refuses pressure and there is distending pain that radiates to the testicles; if the cold is severe, there may be cold contracture of the testicles which relaxes with heat. This is

commonly accompanied by manifestations of cold evil collecting and stagnating in the liver channel such as aversion to cold or a fear of cold, cold limbs, possibly irregular menstruation or menstrual pain, possibly vertex headache, a dry throat with frothy drool, white tongue fur and a string-like and slow pulse.

4. VACUITY COLD ABDOMINAL PAIN PATTERN

Here there is mild pain or cold pain in the umbilicus or the small abdomen that is more severe when there is hunger or fatigue and taxation, that prefers warmth and pressure and that comes and goes and has an enduring course. This is commonly accompanied by images of yang vacuity internal cold such as a fear of cold, cold limbs, a withered essence-spirit, a bright white or dusky complexion, a pale or dark purple and tender tongue and a deep, slow, fine and forceless pulse. Sometimes this may be complicated by manifestations of unsettled spleen and yang qi such as torpid intake, sloppy stools, possibly with untransformed food, cold soreness of the lumbus and knees, etc.

Heat patterns of abdominal pain

1. YANG BRIGHTNESS BOWEL PATTERN

Here there is distention, fullness and pain of the entire abdomen, or the area above the umbilicus, that refuses pressure. It must be accompanied by the symptoms, tongue and pulse of yang brightness bowel pattern – for example, fever, sweating and constipation.

2. SPLEEN AND STOMACH DAMP-HEAT PATTERN

Here there is distention and pain above the umbilicus that refuses pressure and comes and goes. It is commonly accompanied by manifestations of damp-heat encumbering such as fever,

torpid intake, vomiting, sloppy stools, glomus oppression of the stomach duct and abdomen, thirst with no desire to drink, reddish urine, a red tongue with yellow, slimy fur and a slippery and rapid pulse.

3. LARGE INTESTINE DAMP-HEAT PATTERN

Here there is acute abdominal pain that refuses pressure. This is commonly accompanied by images of damp-heat brewing such as fever, a heavy body and limbs, a bitter and slimy taste in the mouth, short and reddish urination, a red tongue with yellow, slimy fur and a slippery and rapid pulse. It must be accompanied by signs of damp-heat pouring downward such as violent downpour of diarrhea, burning pain of the anus, possibly blood or pus in the urine and abdominal urgency and rectal heaviness.

4. URINARY BLADDER DAMP-HEAT PATTERN

Here there is acute contracture and pain of the small abdomen, or the lesser abdomen, that refuses pressure. This must be accompanied by manifestations of the inhibition of the qi transformation of the urinary bladder such as frequent urination, urgent urination, rough, scanty and painful urination, yellow, reddish, cloudy and turbid urine, possibly blood in the urine, possibly sand or stones in the urine, etc. It commonly is complicated by fever, lumbus pain and yellow, slimy tongue fur.

5. INTESTINAL WELLING ABSCESS PATTERN

Here there is sudden abdominal pain that first occurs around the umbilicus, or in the upper abdomen, and then is transmitted to the right side of the lesser abdomen. The abdominal pain refuses pressure, the abdominal skin is slightly tense, and the right foot has a predilection for flexion but the pain is more severe when the foot is stretched. This is commonly accompanied by

fever, nausea, vomiting, constipation and a red tongue with white, yellow or slimy fur.

Vacuity patterns of abdominal pain

1. QI VACUITY ABDOMINAL PAIN PATTERN

Here there is dull or mild abdominal pain that likes pressure, is more severe with hunger or taxation fatigue and is somewhat reduced by eating or resting. It is commonly accompanied by images of spleen qi vacuity such as a pale complexion, fatigue of the limbs, scanty qi, spontaneous sweating, reduced intake, sloppy stools, a pale tongue with white fur and a vacuous pulse. Sometimes it may be accompanied by signs of center qi fall such as rectal prolapse or uterine prolapse.

2. BLOOD VACUITY ABDOMINAL PAIN PATTERN

Here there is dull abdominal pain that likes pressure, and sometimes there is dull pain below the heart in the stomach duct. This is often accompanied by signs of an insufficiency of blood such as a pale complexion without luster or a withered yellow complexion, dizziness, heart palpitations, insomnia, numbness of the limbs, pale white lips and nails, a pale tongue with thin, dry and white fur and a fine pulse.

Repletion patterns of abdominal pain

1. QI STAGNATION PATTERN

Here there is distention and pain of the large abdomen that often radiates to the rib-side and in severe conditions to the stomach duct or lesser abdomen. The pain is unfixed, refuses pressure, is somewhat reduced by belching or

sighing and is aggravated by anger. When there is pain in the abdominal area, there may be conglomeration lumps. This is often accompanied by signs of binding depression of liver qi such as emotional depression, impatience, rashness and a tendency to be easily angered, a predilection for sighing and a string-like pulse. In women, there may also be painful menstruation or irregular menstruation.

2. FOOD ACCUMULATION PATTERN

Here there is distention and pain of the large abdomen that refuses pressure and often radiates to the stomach duct, with vomiting and diarrhea. There may be flatulence, which relieves the pain. This is commonly accompanied by images of food accumulating and not transforming such as aversion to food, belching or vomiting of sour and putrid food, irregular bowels and either sloppy or bound stools. There also is a history of irregular dietary habits.

3. BLOOD STASIS PATTERN

Here there is fixed pain in the abdominal area, the pain is relatively severe, like piercing or cutting, it refuses pressure, and in the area of the pain there are often concretion lumps or accumulation lumps. This is generally accompanied by images of internal accumulation of blood stasis such as a mottled black complexion, dusky purple skin, nails and lips, stasis macules on the tongue, etc. In addition, there may be a tarry black color to the stools or blood in the stools, or there may be stasis macules on the skin or impediment pain of the joints.

4. WORM ACCUMULATION PATTERN

Here there is pain around the umbilicus that comes and goes, with a cord-like feeling when pressed, that refuses pressure. This is commonly accompanied by images of worm accumulation such as yellow complexion and emaciated muscles, grinding the teeth during sleep, torpid intake or

predilection for abnormal foods and occasional strips of worms in the stools. In serious cases there may be signs such as gripping pain in the abdomen, wriggling and agitation of the limbs, a green-blue complexion, reverting cold of the limbs, nausea and vomiting. After the pain is stopped then the diet and movement return to normal.

Besides these patterns, abdominal pain may also occur in cholera, dry cholera, sudden abdominal pain pattern, intestinal qi pain pattern, painful menstruation, abdominal pain of pregnancy, stirring fetus, retention of the placenta, abdominal pain after delivery, retention of lochia and persistent flow of lochia. Some of these patterns also take abdominal pain as the primary symptoms. Cholera must be complicated by vomiting and diarrhea that occur simultaneously, and the disease is extremely dangerous. Dry cholera is complicated by a desire to vomit without vomiting and a

desire for diarrhea but no ability to empty the bowels, vexation, agitation and oppression, a green-blue complexion and reversion of the limbs. Sudden abdominal pain pattern is commonly accompanied by contracture of the abdominal skin, possibly with hardness of the stomach duct or fullness of the stomach duct, a green-blue complexion and reversal of the limbs. Intestinal qi pain generally occurs in fat children and is seen with bending at the waist, crying, abdominal distention and constipation. Painful menstruation has a relationship with the timing of the menstrual cycle. Abdominal pain in pregnancy must occur in a pregnant woman. Stirring fetus must occur in pregnancy; if there is severe pain of the small abdomen with stirring fetus and blood flowing from the vagina, then this may indicate a miscarriage. Each of these patterns may be differentiated according to the characteristics, and they are not difficult to differentiate.

Vomiting and retching

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Vomiting and retching refer to the symptoms whereby the contents of the stomach, such as beverages and food, foamy drool, or blood fluids, follow the qi and rise counterflow up from the stomach, passing through the rushing gate (cardia) and the esophagus and emerge out of the mouth. The ancients understood vomiting and retching to have both matter and sound, vomiting to have matter but no sound, and retching to have sound but no matter.

The stomach receives and decomposes food and water and governs downbearing. All of the pathological changes that affect the stomach, such as external contraction of the six excesses, internal damage of the seven affects, irregular dietary habits, excessive taxation fatigue as well as phlegm, worms or static blood obstructions, may cause disharmony in the stomach's downbearing, resulting in qi rising counterflow, causing vomiting and retching. As a symptom, vomiting is commonly seen in such patterns as externally contracted exterior patterns, direct strike of cold evil, cold-damp encumbering the spleen, liver cold rising counterflow, stomach cold, food stagnating in the stomach duct, liver qi invading the stomach, phlegm-rheum collecting internally, blood stasis, roundworms, internal repletion heat pattern, stomach yin vacuity, damage to both qi and yin, spleen and stomach vacuity cold, etc. When differentiating between these, it is necessary to differentiate clearly vacuity and repletion. Because vomiting is a disease of the stomach, the stomach is one of the six bowels and the

bowels take free flow as their function; therefore, all of the patterns in which there is evil qi obstructing and stagnating may result in counterflow rising of the stomach qi causing vomiting. Hence, clinically vomiting is, for the most part, seen in repletion patterns. The commonly seen vacuity patterns of vomiting are the three patterns of stomach yin vacuity, dual damage to qi and yin, and spleen and stomach vacuity cold.

Repletion vomiting may be due to the six excesses, damage from food and drink, obstruction and stagnation of phlegm, worms or blood, and, the most commonly seen, cold-damp food evil. With all of these, the emergence of the disease is relatively rapid and the course of the disease is relatively short. With externally contracted exterior pattern, there is aversion to cold, fever and a floating pulse. Direct strike of cold evil is commonly accompanied by aversion to cold, cold limbs, abdominal pain and diarrhea. Cold-damp encumbering the spleen is generally complicated by torpid intake, sloppy stools and heaviness and fatigue of the head and body. Liver cold rising counterflow primarily manifests as dry retching and vomiting of foamy drool accompanied by a vertex headache. Stomach cold is complicated by cold pain of the stomach duct and retching of clear drool. Food stagnating in the stomach duct must have a history of overeating and overdrinking. Liver qi invading the stomach is accompanied by images of depressed liver overwhelming the stomach such as stomach

duct pain that radiates to the rib-side, belching and acid reflux. With phlegm-rheum collecting internally there must be vomiting of phlegm drool accompanied by stomach duct glomus, dizziness and heart palpitations. With blood stasis, sometimes there is vomiting of dark purple blood, and it is generally accompanied by stomach duct pain, a dark complexion, purple lips, etc. With roundworms there must be gripping pain around the umbilicus or on the right rib-side and a history of worms in the stool (or vomiting of roundworms). Interior repletion heat pattern is commonly complicated by signs of heat flourishing in the interior such as fever, a red face, bound stools, yellow urine and a red tongue with yellow fur.

In vacuity vomiting patterns, vomiting is due to a reduction in the spleen and stomach's function of transportation and transformation causing a loss of harmonious downbearing. In all of these patterns, the onset of the disease is slow and the course of the disease is relatively long. Stomach yin vacuity manifests as dry retching and is accompanied by images of an insufficiency of stomach fluids such as a dry mouth and tongue, dry stools, scanty urine, etc. Dual damage to qi and yin must occur after heat disease and is often accompanied by reduced intake, scanty qi, fever and a dry throat. With spleen and stomach vacuity cold there are signs of yang vacuity internal cold such as fear of cold, cold limbs and a withered essence-spirit.

Differential diagnosis

Repletion patterns

1. EXTERNALLY CONTRACTED EXTERIOR PATTERN

Here there is sudden vomiting and retching of the contents of the stomach. This must be accompanied by signs of wind-cold such as aversion to cold, fever, pain and soreness of the head and body, lack of sweating and a floating pulse. In addition, it is commonly complicated

by images of damp turbidity obstructing the center such as fullness and oppression of the chest and stomach duct, encumbering heaviness of the body and limbs, etc.

2. DIRECT STRIKE OF COLD EVIL PATTERN (ASCRIBED TO GREATER YIN PATTERN)

Here there is sudden vomiting and retching of the contents of the stomach, which must be accompanied by such manifestations as abdominal pain that refuses pressure, and diarrhea. In addition, it is commonly complicated by signs of cold evil striking such as a bland taste in the mouth, lack of thirst, an aversion to cold, cold limbs and white tongue fur. Generally there is a history of the exposure of the abdominal area to cold.

3. COLD-DAMP ENCUMBERING THE SPLEEN PATTERN (ASCRIBED TO GREATER YIN PATTERN)

Here there is nausea and vomiting of the contents of the stomach, which must be complicated by torpid intake, sloppy stools and white tongue fur. In addition, it is commonly accompanied by images of damp turbidity encumbering internally such as distention and fullness of the stomach duct and abdomen, heaviness and fatigue of the head and body, etc. There also may be signs of cold evil obstructing the center such as a bland taste in the mouth, a lack of thirst, cold limbs, abdominal pain and intestinal rumbling.

4. COUNTERFLOW RISING OF LIVER COLD PATTERN (ASCRIBED TO REVERTING YIN PATTERN)

Here there is dry retching as well as vomiting of the contents of the stomach; this is accompanied by images of cold stagnation in the liver channel such as vomiting of clear, thin and foamy drool, vertex headache, a bland taste in the mouth, a lack of thirst, a fear of cold, cold limbs, pain and

tension of the lesser abdomen and a string-like and slow pulse.

5. STOMACH COLD PATTERN

Here there is vomiting of thin, clear matter mixed with rheum and food, but no sour or foul odor, which occurs after eating. The course of the disease is relatively long; it comes and goes and it is often accompanied by images of cold accumulating in the stomach, such as spitting of clear drool, cold pain of the stomach duct that refuses pressure, is more severe with cold and relieved by warmth, rumbling in the abdomen, glossy white tongue fur and a string-like and slow pulse.

6. FOOD STAGNATING IN THE STOMACH DUCT PATTERN

Here there is vomiting of food with a sour, putrid odor; it is often accompanied by signs of food not transforming such as aversion to food, belching, distention and pain of the stomach duct and abdomen, irregular bowels, etc. This must occur after voracious eating or drinking.

7. LIVER QI INVADING THE STOMACH PATTERN

Here there is relatively frequent vomiting of sour and bitter matter that must be accompanied by manifestations of binding depression of liver qi such as belching and acid reflux, pain of the stomach duct radiating to the chest and rib-side, occurring with or becoming more severe with emotional causes. Often there is emotional depression, vexation, agitation and a tendency to become easily angered, a preference for sighing and a string-like pulse.

8. PHLEGM-RHEUM COLLECTING INTERNALLY PATTERN

Here there is generally vomiting of thin, clear phlegm drool. This is often accompanied by signs of rheum collecting such as glomus

oppression of the stomach duct, reduced intake, dizziness, heart palpitations, abdominal rumbling, slimy tongue fur and a string-like and slippery pulse.

9. BLOOD STASIS PATTERN

Here there is vomiting and retching, and sometimes there is vomiting of dark purple blood clots or dry retching and hiccoughs. This is often accompanied by images of static blood obstructing internally such as a mottled black complexion, dark purple skin and nails, a desire to gargle water but no desire to swallow, dark purple lips and tongue, stasis macules on the tongue, etc. There may also be accumulation lumps in the stomach duct.

10. ROUNDWORM REVERSAL PATTERN

Here there is sudden vomiting, first of the contents of the stomach and then of yellow, turbid and bitter water, possibly with worms, and severe gripping pain around the umbilicus or in the right rib-side area. This is accompanied by a green-blue complexion, limb reversal, pain that is relieved by vomiting and followed by normal eating and activities. The patient often has an underlying yellowish complexion and emaciated muscles and there is a history of occasional pain around the umbilicus and worms in the stools.

11. INTERNAL REPLETION HEAT PATTERN

Here there is vomiting and retching with a loud, hyperactive sound and vomiting of the contents of the stomach, which have a foul odor. This is often accompanied by manifestations of heat flourishing internally such as a red face and eyes, bound stools, reddish urine, a red tongue with yellow fur and a rapid and forceful pulse.

The primary interior repletion heat patterns include any type of fever patterns due to externally contracted heat disease striking the interior, any type of heat pattern due to miscellaneous disease, with the exception of vacuity

pattern fever, as well as heart fire flaming upward, liver fire flaming upward, six bowel repletion heat patterns, etc.

Vacuity patterns

1. STOMACH YIN VACUITY PATTERN

Here there is vomiting and retching that recovers and returns and sometimes there is dry retching. This is commonly accompanied by hiccoughs, hunger with no desire for food, glomus oppression of the stomach duct, a dry mouth and tongue, dry stools, scanty urine, a red tongue with little fluid and a fine, rapid pulse.

2. DUAL DAMAGE OF QI AND YIN PATTERN

After a heat disease there may be vomiting that is quiet and weak and is often accompanied by signs of damage to the yang qi such as no desire for food, scanty qi and fatigue, as well as images of detriment to the yin fluids such as vacuity vexation and fever, a dry mouth and throat, a red tongue with scanty fluids and a fine and rapid pulse.

3. SPLEEN AND STOMACH VACUITY COLD PATTERN

In this pattern, the sound of the vomiting and

retching is low and faint and the vomiting and retching easily occur if there is an unsettled diet. There is vomiting of thin and clear matter, or matter that is mixed with untransformed food, with an animal odor. The vomiting comes and goes and is often accompanied by signs of the center yang not transforming such as cold pain of the stomach duct, a preference for warmth and pressure, spitting of clear drool, torpid intake, sloppy stools etc., as well as images of internally generated vacuity cold such as fear of cold, cold limbs, a bright white or dusky complexion, a withered essence-spirit, etc.

In addition, vomiting is a primary clinical symptom of cholera, block and repulsion, malign obstruction of pregnancy, dysphagia occlusion, stomach reflux, etc. However, each of them have their own clinical manifestation. For example, with cholera there is sudden violent and acute vomiting above and diarrhea below. With block and repulsion there is incessant vomiting and retching with simultaneous urinary stoppage or stool stoppage. In malign obstruction of pregnancy, after becoming pregnant the woman is nauseous at the smell of food and vomits after eating. With dysphagia occlusion there is difficulty in swallowing, and vomiting immediately after eating. With stomach reflux there is vomiting of the morning food at night and vomiting of the night food in the morning, and the vomitus is always of undigested food. Therefore, these patterns are not difficult to differentiate.

Constipation 38

When the number of times one defecates is reduced to such a point that there is only one bowel movement in 3 or 4 days, or possibly longer, and the fecal matter is scanty, dry and hard, this is called 'constipation.' If the number of times one defecates is normal but the fecal matter is dry, hard and difficult to expel, this is called 'bound stools.' Also, sometimes there is the desire to defecate, and the stools are not hard, however they are extremely difficult to expel; this is called 'difficult defecation.' All of these belong to the scope of constipation.

Although the direct cause of constipation is abnormal functioning of the large intestine, its development has a very close relationship to the spleen and stomach and the lung and kidney. Internal binding of heat dryness, damage to the body fluids, emotional influences, depressed

stagnation of the qi dynamic, taxation fatigue internal damage, weakness of the body in the elderly and depletion of qi, blood, yin and yang can all cause abnormal functioning of the large intestine resulting in constipation. Therefore, constipation may be differentiated into patterns such as heat constipation, qi constipation, cold constipation, qi vacuity, blood vacuity, fluid insufficiency, yin vacuity, yang vacuity, etc. Heat constipation has the image of repletion heat flourishing internally. Qi constipation is generally accompanied by symptoms of disharmony of the liver and stomach. Cold constipation is complicated by signs of cold evil binding internally. With qi vacuity and yang vacuity the stools are not dry or hard, but they are difficult to excrete. With blood vacuity, insufficiency of fluids and yin vacuity, the stools are generally dry and hard.

Differential diagnosis

Repletion patterns of constipation

1. HEAT CONSTIPATION PATTERN

Here there is constipation with hard, dry and bound stools, and the odor is extremely foul. This must be accompanied by images of repletion heat flourishing internally such as body heat, a red

complexion, short and scanty urination, a red tongue with yellow fur and a slippery and rapid pulse. It is often complicated by signs of bowel turbidity rising counterflow such as abdominal distention, fullness and pain that refuses pressure, a dry mouth, bad breath, dizziness, heart vexation, nausea, etc.

2. QI CONSTIPATION PATTERN

Here there is a bowel movement once every several days that is dry and bound, and possibly rough, stagnant or hesitant. There is a desire to defecate but no defecation. This must be accompanied by signs of disharmony of the liver and stomach such as frequent belching, glomus oppression of the rib-side and abdomen, and, in severe cases, distention and pain of the stomach duct and abdomen, reduced intake and a string-like pulse.

3. COLD CONSTIPATION PATTERN

Here the stools are bound and hard, with a fishy odor. This is accompanied by images of cold evil binding internally such as normal taste, no thirst, clear and long urination, cold limbs, white and moist tongue fur and a deep and slow pulse.

Vacuity patterns of constipation

1. QI VACUITY PATTERN

Here there is a bowel movement once every several days. The bowels are not hard or dry, but although there is a desire to defecate it requires great exertion and force – even to the point of sweating and shortness of breath. After defecating, there is fatigue. This is commonly accompanied by signs of lung and spleen qi vacuity such as a pale complexion, scanty qi, spirit fatigue, fatigued limbs, no distention or fullness in the abdomen, a pale tongue with white fur and a vacuous pulse.

2. BLOOD VACUITY PATTERN

Here the stools are dry, bound and require force to be expelled. This must be accompanied by a pale complexion without luster, or a withered

yellowish complexion, pale lips and nails, dizziness, heart palpitations, a pale tongue with thin, dry fur and a fine pulse.

3. INSUFFICIENCY OF FLUIDS PATTERN

Here there is constipation with dry and bound stools; it is often accompanied by images of loss of body fluids such as a dry throat, thirst with a desire for fluids, parched lips, a dry tongue and skin, vexation and agitation, short and scanty urination and a fine and rapid pulse. Often this follows disease patterns where there is an obvious loss of fluids such as violent vomiting or diarrhea, extremely vigorous fever, incessant sweating or urination, etc.

4. YIN VACUITY PATTERN

Here there is constipation with dry, bound stools, but there is no sensation of abdominal fullness or pain. This must be accompanied by signs of internally generated vacuity heat such as vexing heat of the five hearts, red cheeks, tidal fever, night sweats, a dry throat and mouth, emaciation, a crimson tongue with scanty, dry fur and a fine and rapid pulse.

5. YANG VACUITY PATTERN

Here there is a bowel movement once every several days. Although the stools are not dry and hard they are extremely difficult to expel and require a great deal of strength, to the point where there is gasping and sweating. This is generally accompanied by images of spleen and kidney yang vacuity and internally generated vacuity cold such as fear of cold, cold limbs, a withered essence-spirit, a bright white or dusky complexion, cold pain in the abdomen, with a preference for warmth and pressure, possibly cold pain of the lumbus and back and a deep, slow, fine and forceless pulse.

When the number of bowel movements is increased and the fecal matter is thin and profuse, or in severe cases even drains out like water, this is called 'diarrhea.'

The development of diarrhea is primarily related to the spleen and stomach and the large and small intestines. The spleen governs transportation and transformation and upbearing of the clear, the stomach governs reception and decomposition and downbearing of the turbid, the small intestine separates the clear and the turbid and the large intestine transmits the waste. Therefore, if any of these contracts an external evil, or if there are dietary irregularities, disharmony of the seven affects or damage of the viscera and bowels, all of these may cause abnormalities in the transformation and absorption of food and beverages, the development of obstruction in the transportation, irregular upbearing and downbearing, and lack of separation of the clear and the turbid causing the two to become mixed up and move down to the large intestine, resulting in diarrhea. According to the time of the diarrhea, the characteristics and the nature of the fecal matter, diarrhea may be divided into the following types.

Sloppy diarrhea. This refers to an image of thin stools that are dirty and sticky (yellow-white like paste or sticky and slimy).

Duckstool diarrhea. Also called 'duckstool slop,' or 'cold diarrhea,' this refers to stools that

are like water with a green-blue black color like the fecal matter of ducks.

Swill diarrhea. This refers to an image of diarrhea that is clear and thin and, because there is undigested food in it, it is called 'clear food diarrhea.'

Lienteric diarrhea. Also called 'spotting diarrhea,' this refers to abdominal urgency, rumbling intestines and a need to defecate immediately after eating with relief after draining. This is the image of the so-called non-transformation of food.

Fifth watch diarrhea. Also called 'dawn diarrhea,' or 'kidney diarrhea,' this refers to an image of abdominal pain, rumbling intestines and diarrhea every morning at dawn, with relief after defecation.

Moist diarrhea. Also called 'damp diarrhea,' or 'throughflux diarrhea,' this refers to an image of diarrhea that pours out like water, possibly with a bowel movement several times in one day that is very thin. In addition, stools that are like water may be called 'water diarrhea' or 'outpour diarrhea.'

Efflux diarrhea. This refers to diarrhea that is persistent, both during the day and at night.

Fulminant outpouring. This refers to an image of sudden violent diarrhea that pours out like water.

Diarrhea is often seen in patterns such as wind-cold diarrhea, direct strike of cold evil, cold-damp encumbering the spleen, damp-heat diarrhea,

summerheat-damp diarrhea, heat bind with circumfluence, food stagnating in the stomach and intestines, liver qi exploiting the spleen, phlegm-rheum collecting internally, spleen qi vacuity, spleen yang vacuity, kidney yang vacuity, etc. Although the patterns of diarrhea may be relatively complex, when investigating the disease cause, there is only exterior contraction and miscellaneous disease. With the former, there is generally a history of contraction of the six excesses, especially damp evil, damp and cold or damp and heat; therefore, it has an obvious seasonal nature, the disease occurs acutely and suddenly and the course of the disease is relatively short. As for the latter, there may be a history of irregular dietary habits, damage to the seven affects or taxation fatigue detriment, and in addition the disease emerges relatively slowly and the course is relatively long and recurrent.

With externally contracted diarrhea, it is primarily important to differentiate cold and heat. If the bowels are clear and thin, without a strong odor, generally this is ascribed to a cold pattern. Among these, if it is accompanied by aversion to cold, fever, and head and body aches then it is wind-cold diarrhea. If there is vomiting and diarrhea and sudden abdominal pain, this is ascribed to direct strike of cold evil. If it is complicated by glomus fullness of the stomach duct and abdomen, and encumbering heaviness of the body and limbs, this is ascribed to cold-damp encumbering the spleen. If the color of the stool is yellow, it is smelly and acute and there is scorching heat of the anus, this generally is ascribed to one of the heat patterns. Among these, if there is stomach duct and abdominal glomus oppression, and heaviness and fatigue of the head and body, this indicates damp-heat diarrhea. If it occurs in the summer season and there is vexing thirst and a red face, this is ascribed to summerheat-damp diarrhea. If it is complicated by abdominal distention, fullness and pain that refuses pressure and the stools are thin and watery, this indicates heat bind with circumfluence.

In diarrhea due to miscellaneous disease, differentiating vacuity and repletion is emphasized. If there is diarrhea with abdominal pain that refuses pressure and is reduced after defecating, this is generally ascribed to a repletion pattern. If

there is an obvious history of eating unclean food or dietary irregularities, this is ascribed to food stagnating in the stomach and intestines. If the diarrhea occurs in relation to changes in the affects, this indicates liver qi overwhelming the spleen. If it is complicated by glomus oppression of the stomach duct and abdomen with vomiting and retching of phlegm drool, this indicates phlegm-rheum collecting internally. If the disease course is relatively long, the abdominal pain is not severe and prefers warmth and pressure, generally this is ascribed to one of the vacuity patterns. Diarrhea due to spleen qi vacuity is generally accompanied by manifestations of the spleen failing to fortify and transport. If there is spleen yang vacuity, the diarrhea will be accompanied by signs of internally generated vacuity cold. If there is kidney yang vacuity, the diarrhea must be complicated by such images of vacuity cold of the lower origin as cold pain of the lumbus and knees.

Differential diagnosis

Externally contracted diarrhea

1. COLD DIARRHEA PATTERNS

A. WIND-COLD DIARRHEA PATTERN

Here there is sudden diarrhea; generally it is moist diarrhea or duckstool diarrhea without a very strong odor. This must be accompanied by abdominal pain and intestinal rumbling, as well as signs of wind-cold exterior pattern such as aversion to cold, fever, head and body aches, thin white tongue fur and a floating and tight, or floating and moderate, pulse. Often this occurs in the winter and spring.

B. DIRECT STRIKE OF COLD EVIL PATTERN (GREATER YIN PATTERN)

Here there is sudden diarrhea that is generally duckstool diarrhea or moist diarrhea, although occasionally it may be efflux diarrhea, and the

fecal matter does not have a strong odor. This must be accompanied by vomiting and retching, intestinal rumbling and abdominal pain that refuses pressure. It is often complicated by manifestations of cold evil such as a bland taste in the mouth, a lack of thirst, an aversion to cold, cold limbs, white tongue fur, etc. There is always a history of exposure of the abdomen to cold.

C. COLD-DAMP ENCUMBERING THE SPLEEN PATTERN (GREATER YIN PATTERN)

Here the diarrhea is generally moist diarrhea or duckstool diarrhea, although occasionally it is swill diarrhea. The odor is fishy. This is often accompanied by signs of damp turbidity encumbering internally such as torpid intake, glomus oppression of the stomach duct and abdomen, heaviness of the head and bodily fatigue. In addition there are images of cold evil obstructing internally such as a bland taste in the mouth, a lack of thirst, cold limbs, abdominal pain, intestinal rumbling, etc.

2. HEAT DIARRHEA PATTERNS

A. DAMP-HEAT DIARRHEA PATTERN

Here there is sudden diarrhea that is generally sloppy diarrhea or moist diarrhea or in severe cases is fulminant diarrhea, with a foul odor and scorching heat of the anus. This is commonly accompanied by signs of depressed brewing of damp-heat such as fever, thirst, glomus oppression of the stomach duct and abdomen, heaviness and fatigue of the head and body, short and reddish urine, a red tongue with yellow, slimy fur, and a slippery and rapid, or soggy and rapid, pulse. Generally this occurs in the summer and autumn.

B. SUMMERHEAT-DAMP DIARRHEA PATTERN

Here there is sudden diarrhea that is generally watery diarrhea or fulminant diarrhea with a foul odor and scorching heat of the anus. This is

commonly accompanied by fever, a red complexion, sweating, a vexing thirst, fatigue and a lack of strength, short and reddish urine, etc. This must occur in the summer in order to be ascribed to summerheat.

C. HEAT BIND WITH CIRCUMFLUENCE

Here there is diarrhea that is entirely thin water without any fecal matter, and with a noxious odor. This must be accompanied by manifestations of yang brightness bowel repletion such as abdominal distention, fullness and pain that refuses pressure, fever, a dry mouth and tongue, a red tongue with dry yellow fur, etc.

Miscellaneous disease diarrhea

1. REPLETION DIARRHEA PATTERNS

A. FOOD STAGNATING IN THE STOMACH AND INTESTINES PATTERN

Here there is sloppy diarrhea that must occur after voracious eating and drinking, or eating unclean food. The diarrhea has an odor like a rotten egg and may be accompanied by undigested food. It must be accompanied by images of food collecting and not transforming such as rumbling in the intestines, pain in the abdomen that refuses pressure and is reduced after defecating, glomus oppression of the stomach duct and abdomen, belching or vomiting with a sour and putrid odor and torpid intake.

B. LIVER QI EXPLOITING THE SPLEEN PATTERN

Whenever there is depressed anger or emotional tension there is abdominal pain with sloppy diarrhea. After the pain there is diarrhea, and then after the diarrhea the pain stops. Generally there are images of liver depression exploiting the spleen such as distention and oppression of the chest and rib-side, sighing, belching, reduced intake and a string-like pulse.

C. PHLEGM-RHEUM COLLECTING INTERNALLY PATTERN

Here there is abdominal pain with sloppy diarrhea that comes and goes and may be like liquid amber or egg whites. This is commonly accompanied by signs such as glomus oppression of the stomach duct and abdomen, abdominal rumbling, vomiting and retching of phlegm drool, dizziness, nausea, white and slimy tongue fur and a string-like and slippery pulse.

2. VACUITY DIARRHEA PATTERNS

A. SPLEEN QI VACUITY PATTERN

Here the diarrhea is generally moist diarrhea, duckstool diarrhea or, in severe cases, swill diarrhea. The disease lingers for a long time without recovering and is generally accompanied by manifestations of the spleen failing to fortify and transport such as a pale complexion, spontaneous sweating, scanty qi, fatigue and a lack of strength in the limbs, reduced intake, abdominal distention and oppression after eating, a pale and fat tongue with teeth marks and white fur and a vacuous pulse. If the diarrhea continues for many days without stopping, is sometimes mild and sometimes heavy and in severe cases there is rectal prolapse that does not return, this is a pattern of spleen qi fall.

B. SPLEEN YANG VACUITY PATTERN

Here there is recurrent diarrhea that comes and goes and is generally swill diarrhea, although

occasionally there will be fifth watch diarrhea or lienteric diarrhea. This must be accompanied by signs of the spleen not fortifying and transporting and internally generated vacuity cold such as torpid intake, a bland taste in the mouth, a cold pain in the abdomen that likes warmth and pressure, a bright white complexion, a fear of cold, cold limbs, a withered essence-spirit, etc.

C. KIDNEY YANG VACUITY PATTERN

Here there is enduring diarrhea that is generally fifth watch diarrhea, or it may be swill diarrhea or water diarrhea. This must be accompanied by images of vacuity cold of the lower origin such as cold soreness of the waist and knees, clear, long and frequent urination, a fear of cold, cold limbs, a bright white or mottled dark complexion, a withered essence-spirit and a deep, fine and forceless pulse, especially at the two cubit positions.

Cholera and chronic spleen wind in children also take diarrhea as a primary manifestation. The former has the characteristics of acute fulminant vomiting above and diarrhea below and is a critical condition. In the latter there is spleen and kidney yang vacuity diarrhea in children, which is complicated by frequent convulsions or contracture of the limbs as well as unclear thought processes. When differentiating, it is important to pay attention to these patterns.

Dizziness



The word *xuàn* (宣) is 'eye dizziness'; this refers to a sensation of flowery eyes, blackness in front of the eyes or muddled vision. The word *yun* (晕) is 'head dizziness'; this refers to a sensation of being unsteady or of the outside environment spinning. There may be three types of manifestations of this: (1) a sensation that the world is spinning or trembling around one; (2) a sensation that one's body is spinning or trembling, a sensation of falling or a sensation of spinning in one's head; and (3) a sensation that one is unsteady when standing or walking. Head dizziness and eye dizziness are commonly seen together; therefore together they are simply called 'dizziness.' Dizziness may also be called 'veiling dizziness,' 'falling dizziness,' 'moving dizziness,' 'wind head dizziness,' 'head wind dizziness,' 'dizzy collapse,' etc.; however, since the Qing Dynasty it has generally been called just 'dizziness.'

The head is the meeting of yang, the brain is the sea of marrow, and the qi and blood of the five viscera and six bowels all gather in the head area. The eyes are the orifice of the liver and the essence qi of the five viscera and six bowels all pours up to the eyes. Therefore, external contraction of the six excesses causing evil qi to rise and harass the clear orifices, internal damage to the qi, blood, viscera and bowels causing lack of nourishment to the clear orifices, and phlegm stasis repletion evil obstructing and stagnating in the channels and networks, causing the essence qi to be unable to rise to the clear orifices, can all result in dizziness. However, liver wind, phlegm

turbidity and right vacuity are clinically the most common; hence, it is said: 'When wind causes falling dizziness, this is ascribed to the liver' (Su Wen: Zhi Zhen Yao Da Lun), 'Without phlegm there is no dizziness' (Dan Xi Xin Fa: Tou Xuan), and 'Without vacuity, there is no dizziness' (Jing Yue Quan Shu: Xuan Yun).

Dizziness is commonly seen in patterns such as exterior pattern dizziness, dryness fire dizziness, veiled summerheat dizziness, liver depression and qi counterflow, upward flaming of liver fire, upward hyperactivity of liver yang, internal collection of phlegm-rheum, phlegm-fire, wind phlegm, blood stasis, qi vacuity, blood vacuity or kidney vacuity. Although the patterns are relatively complex, they can be understood by categorizing them as miscellaneous diseases and external contraction, the more common cause being miscellaneous disease. In general, in internal damage dizziness, the course of the disease is relatively long, there is frequent recurrence and treatment is relatively difficult. With external contraction dizziness, the course of the disease is relatively short, the disease circumstances are relatively mild, it is easily treated and there is a clear history of external contraction of one of the six excesses.

With miscellaneous diseases, there are those that are predominantly replete and those that are predominantly vacuous. The predominantly replete patterns may be due to qi, fire, phlegm or stasis rising and harassing or obstructing the clear yang. The most commonly seen patterns are those

due to the liver failing to course and discharge, or phlegm-rheum. All of these patterns are relatively acute and the level of dizziness is relatively severe; however, controlling them is relatively rapid. Liver depression qi counterflow is generally seen with emotional depression and pain and distention of the chest and rib-side. Upward flaming of liver fire is complicated by the image of repletion fire heat exuberance. Ascendant hyperactivity of liver yang must be complicated by signs of liver and kidney yin vacuity. Internal collection of phlegm-rheum is commonly complicated by vomiting of phlegm drool, stomach duct oppression and white, slimy tongue fur. Phlegm-fire is accompanied by reflux vomiting of phlegm drool and a red face and eyes. With wind phlegm the dizziness is so severe that the eyes are closed and there is no desire to open them. In addition, this is commonly accompanied by vomiting of phlegm-drool and contracture of the limbs. Blood stasis must be complicated by headache and other images of static blood amassing internally, or a history of head trauma.

As for the predominantly vacuous patterns, which are the most common clinically, these may be due to qi, blood or kidney vacuity. With all of these, there is a relatively leisurely onset, and the level of dizziness is relatively mild; however, they are relatively difficult to control.

As for externally contracted dizziness, if it is complicated by aversion to cold, fever and a floating pulse, then it is ascribed to exterior pattern dizziness. If it is accompanied by images of internal exuberance of evil heat, then this indicates dryness fire dizziness. If the disease occurs during the summer, then it is ascribed to summerheat dizziness.

Differential diagnosis

Externally contracted dizziness patterns

1. EXTERIOR DIZZINESS PATTERN

Here there is sudden mild dizziness that must be

accompanied by exterior signs such as aversion to wind and cold, fever, nasal congestion, dripping snivel, sneezing, aching pain of the head and body, thin tongue fur and a floating pulse. For further identification and differentiation of this pattern, consult Chapter 22 (p. 404).

2. DRYNESS FIRE DIZZINESS PATTERN

Here there is sudden dizziness that is commonly accompanied by images of internal exuberance of evil heat such as distention and pain of the head, body heat, vexation and agitation, thirst with a desire for fluids, insomnia, constipation, reddish urine, a red tongue with yellow fur, etc.

3. VEILED SUMMERHEAT DIZZINESS (SUMMERHEAT STRIKE DIZZINESS)

During the exuberance of the summer season, there is a pattern of sudden dizziness with a desire to lie down accompanied by signs of summerheat warmth entering the qi aspect such as headache, vigorous heat, a vexing thirst, profuse sweat and a rapid and surging pulse. If it is complicated by contraction of damp evil, accompanied by a grimy facial complexion, a cold back, glomus oppression of the chest and stomach duct, heaviness of the body and fatigued limbs, this is called 'summerheat-damp dizziness pattern.'

Miscellaneous disease dizziness patterns

1. LIVER DEPRESSION AND QI COUNTERFLOW PATTERN

Here the dizziness is sometimes mild and sometimes strong and varies with the affects. It must be accompanied by head distention and ringing in the ears. In addition there are often signs of binding depression of liver qi such as emotional depression, distention and pain of the chest and rib-side, a predilection for sighing and a string-like pulse.

2. UPFLAMING OF LIVER FIRE PATTERN

Here the dizziness is relatively severe and is often accompanied by images of exuberant repletion heat traveling the liver channel such as a red facial complexion, red eyes, rashness, impatience and a tendency to be easily angered, insomnia, constipation, reddish urine, a red tongue with yellow fur and a string-like and rapid pulse.

3. ASCENDANT HYPERACTIVITY OF LIVER YANG PATTERN

Here there is dizziness that is generally accompanied by manifestations of water not moistening wood, such as pain and distention of the head, red cheeks, red eyes, ringing in the ear like a cicada, insomnia with frequent dreaming, vexing heat of the five hearts, rashness, impatience and a tendency to be easily angered, soreness of the lumbus and knees, a crimson-red tongue with scanty fur and a string-like, fine and rapid pulse. If the disease progresses and there is dizziness with a desire to lie down, a headache with a pulling sensation (iron-band headache), numbness and contracture of the limbs, inhibited speech and an unsteady gait, this is called 'liver yang transforming into wind.' This commonly occurs in the elderly, especially those who work in academia or whose work is especially stressful.

4. INTERNAL COLLECTION OF PHLEGM-RHEUM PATTERN

Here there is dizziness and heaviness of the head that is sometimes severe and sometimes mild. This is commonly accompanied by glomus oppression of the chest and stomach duct, vomiting and retching of phlegm-rheum or thin water and heart palpitations. The tongue fur must be white and slimy and the pulse is generally string-like and slippery. This is generally seen in fat people.

5. PHLEGM-FIRE PATTERN

Here there is dizziness that must be accompanied

by distention, pain and heaviness of the head and eyes, heart vexation and palpitations, a red tongue with slimy yellow fur and a slippery and rapid pulse. It may be complicated by images of phlegm-heat harassing internally such as a red face and eyes, distention and fullness of the chest and stomach duct, reflux retching of thick, yellow phlegm drool, insomnia, constipation and reddish urine.

6. WIND PHLEGM PATTERN

The dizziness here is extremely severe with clouding flowers in both eyes, spinning of the sky and earth, closed eyes with no desire to open them and clouding dizziness with a desire to lie down. This is commonly accompanied by signs of wind phlegm stirring internally such as chest oppression, heart palpitations, vomiting of phlegm-drool and contracture of the shoulders, back or four limbs.

7. BLOOD STASIS PATTERN

Here there is dizziness that is accompanied by a fixed headache and often by images of static blood amassing internally such as a mottled black facial complexion, dark purple lips and tongue, stasis macules on the tongue, etc. In some patients, the dizziness will occur after trauma or injury to the head.

8. QI VACUITY PATTERN

Here there are frequent attacks of dizziness, but their level is relatively mild. It is more severe with movement and occurs with taxation fatigue. It must be accompanied by a pale white facial color, scanty qi, laziness in speaking, spirit fatigue and a lack of strength, a pale, fat and tender tongue with white fur and a vacuous pulse. In addition, it is commonly complicated by manifestations of insufficient functioning of the five viscera such as heart palpitations, torpid intake, abdominal distention and sloppy stools.

9. BLOOD VACUITY PATTERN

Here there are frequent attacks of dizziness, but their level is relatively mild. It occurs or becomes more severe with taxation fatigue, and especially when suddenly standing up after sitting when both eyes will be black and standing will be unsteady. This is accompanied by signs such as a pale complexion lacking luster or a withered yellow complexion, pale lips and nails, heart palpitations, insomnia, numbness of the limbs, a pale tongue with thin, white and dry fur and a fine pulse. In some cases, patients may have a history of either an acute or a chronic loss of blood. If the dizziness occurs after excessive blood loss after childbirth or persistent flow of lochia, this is called 'post-partum blood dizziness pattern.'

10. KIDNEY VACUITY PATTERN

Here there is enduring dizziness and an empty sensation of the head and brain; this must be accompanied by manifestations of an insufficiency of kidney essence such as soreness and weakness of the lumbus and knees, forgetfulness and abstraction, loss of hair or early graying, loose teeth that easily fall out, spirit fatigue and lack of strength. If it is complicated by fear of cold, cold limbs, a dusky complexion and a deep, slow, fine and forceless pulse, especially at the two cubit positions, this is ascribed to kidney yang vacuity pattern. If there is vexing heat of the five hearts, red cheeks, tidal fever, dry mouth and throat, a crimson tongue with scanty fluids and a fine and rapid pulse, this is ascribed to kidney yin vacuity pattern.

Yellowing 41

Yellowing refers to the image of the skin of the entire body becoming yellow. It may be due to external contraction of a seasonal evil or to irregular dietary habits causing internal brewing of damp-heat or cold-damp. Or it may be due to vacuity weakness of the spleen and stomach leading to yang qi vacuity debility and internally generated cold-damp that obstructs the middle burner causing the gallbladder juice to be unable to travel its regular pathway, so going outward and emerging in the skin. It may also be due to spleen and stomach vacuity weakness leading to a lack in the source of the generation of qi and blood, which causes a lack of nourishment in the skin. Besides these, yellowing may be a result of ingesting certain medicinal agents or fruits and vegetables.

Yellowing is most commonly seen in jaundice disease, which one must consider first. Next, it may be seen in vacuity yellow pattern or yellowing pattern due to medicinal agents or certain food products. With jaundice, in addition to yellowing of the skin there must be yellow eyes and urine. With vacuity yellowing, only the skin is a pale yellow; the eyes are not yellow and urination is generally clear and long. Yellowing due to medicinal agents or foods generally affects the skin and urine, but the eyes are not yellow. Occasionally, the eyes may be yellow, but generally there is a history of ingesting medicinal agents or foods that may be investigated. If the yellowing is ascribed to jaundice disease, then it is necessary to differentiate yin jaundice and yang jaundice.

Differential diagnosis

Jaundice

1. YANG JAUNDICE PATTERNS

A. SPLEEN AND STOMACH DAMP-HEAT PATTERN

Here there is yellowing of the body and eyes. The color has luster and is fresh and bright like an orange. The urine is short and yellow. This is

commonly accompanied by torpid intake, nausea and vomiting, glomus oppression of the chest and stomach duct, abdominal distention, irregular bowels, yellow and slimy tongue fur, etc. If the heat is stronger than the damp, the color is clear and bright and the color of the urine is a darker yellow. In addition, this may be complicated by images of extreme evil heat such as fever, thirst, heart vexation, constipation, a red tongue, etc. If the damp is stronger than the heat then the color is not as bright as when

heat is predominant, but it is not dark and the urine is turbid yellow. Also, this may be accompanied by signs of damp evil predominance such as heaviness of the head and body, a bland taste in the mouth, a lack of thirst, generally no fever or only a trace of fever, sloppy stools, thick, slimy yellow-white tongue fur, etc.

B. LIVER AND GALLBLADDER DAMP-HEAT PATTERN

Here there is yellowing of the body and eyes. The color has luster and is fresh and bright like an orange. The urine is short and yellow. This must be accompanied by severe right rib-side pain, which often radiates to the back and shoulder, alternating cold and heat, a red tongue with thick yellow fur, etc. In addition, this will often be complicated by manifestations of liver and gallbladder damp-heat overwhelming the spleen and stomach such as a bitter taste in the mouth, a dry throat, nausea and vomiting, torpid intake with an aversion to oily and greasy food, irregular bowels, etc. This pattern often has a history of coming and going. When it develops, the course of its development is relatively quick.

C. EXUBERANT HEAT TOXIN PATTERN

Here the yellowing of the body and eyes develops rapidly, becoming deep yellow or deep yellow mixed with green, the color is not too bright and the urine is a purulent yellow. This is commonly accompanied by images of exuberant damp-heat toxin falling inward to the pericardium or frenetic movement of blood, such as vigorous fever, thirst, abdominal distention and pain of the rib-side, as well as vexation and agitation which, when severe, may become clouded spirit and delirium, throwing off of clothes and blankets, possibly nosebleeds, vomiting blood or bloody stools, urine like thick tea, a crimson-red tongue body with yellow and dry fur, etc.

2. YIN JAUNDICE PATTERNS

A. COLD-DAMP ENCUMBERING AND OBSTRUCTING PATTERN

Here there is yellowing of the body and eyes. The color is dark like an immature orange or a dusky, dirty yellow. The urine is turbid yellow. This is commonly accompanied by manifestations of cold-damp encumbering the spleen and stomach such as torpid intake, stomach duct oppression and abdominal distention, spirit fatigue, fear of cold, a bland taste in the mouth, a lack of thirst, sloppy diarrhea, a pale tongue with glossy, slimy white fur, etc. This pattern is generally seen in patients with a new disease.

B. SPLEEN AND STOMACH VACUITY DEBILITY PATTERN

Here there is yellowing of the body and eyes. The color is relatively shallow or dark without luster. The urine is a turbid yellow or pale yellow. This is commonly accompanied by manifestations of the central yang not transporting such as scanty qi, laziness in speaking, spirit fatigue, weak limbs with lack of strength, torpid intake, abdominal distention, sloppy stools, a pale, fat and tender tongue, etc. When serious, the color of the face is a dark yellow like smoke and it is complicated by manifestations of yang vacuity internally generated cold-damp such as a withered essence-spirit, a fear of cold, cold limbs, a bland taste in the mouth, a desire to vomit after drinking, etc. This pattern is generally seen in enduring disease. It often arrives from a transformation of a type of yang jaundice, or cold-damp internally obstructing yin jaundice.

C. COLLECTION AND ACCUMULATION OF STATIC BLOOD PATTERN

Here there is yellowing of the body and eyes, the color is dark like smoke, or there is yellow and green-blue-purple stagnation color. This is commonly accompanied by accumulation lumps below the rib-side, oppression and pain, possibly

red streaks seen in the skin, possibly black stools like tar, dark purple lips and tongue stasis macules on the tongue. This pattern commonly follows the above two patterns of jaundice if they persist for a long period without treatment.

Clinically the critical patterns of jaundice disease are acute jaundice pattern and scourge jaundice. Acute jaundice pattern generally refers to the yang jaundice pattern of exuberant heat toxins; but it may include exuberant heat toxins, which damage the yang qi and immediately transform into the yin jaundice pattern of spleen and stomach vacuity debility. Scourge jaundice refers to severe infectious acute jaundice or to other epidemic scourge diseases in which there is a manifestation of an acute jaundice pattern. In pediatrics, there is the pattern of fetal jaundice, that refers to yellowing of the face, eyes and skin of a newborn child. If, after the days when it is severe (not more than a week) the yellowing does not diminish, or it becomes deeper, then this is ascribed to the scope of jaundice diseases and should be differentiated according to the yang jaundice and yin jaundice patterns above.

Besides these patterns, ancient physicians also discussed the differentiation of jaundice. The Jin Gui Yao Lue and Zhou Hou Bei Ji Fang each have five types of jaundice. The Shang Han Lun includes a discussion on blood amassment, damp-heat and cold-damp jaundice. The Zhu Bing Yuan Hou Lun differentiates 28 patterns, and there are 9 types of jaundice and 36 types of yellowing in the Sheng Ji Zong Lu. The Jing Yue Quan Shu also mentions 'gallbladder yellowing.' However, these differentiations are excessively complex and do not have a great deal of benefit for the differentiation of patterns; rather they add difficulty. Therefore today, for the most part, we use the above-discussed differentiation methods of yang jaundice and yin jaundice. However, a few of them are abstracted here for reference purposes. Food jaundice primarily manifests as yellowing of the body and eyes that is complicated by head dizziness due to eating, torpid intake, heart vexation, glomus fullness of the stomach duct and abdomen, sloppy stools, inhibited urination and a slow pulse. (This is ascribed to yin jaundice.) A pattern of cold and heat, a lack

of appetite, head dizziness when eating and restlessness of the heart and chest is ascribed to yang jaundice. With alcohol jaundice, the body and eyes are yellow and this is complicated by hot pain of the chest, a dry nose, heat in the soles of the feet, an inability to eat, abdominal fullness, an occasional desire to vomit and inhibited urination. (This is ascribed to yang jaundice.) Sexual taxation jaundice manifests as yellowing of the body and eyes, with darkening of the forehead, afternoon fever and aversion to cold, tense urinary bladder, fullness of the lesser abdomen, free flow of urine and black and sloppy stools, heat in the palms and soles, abdominal water, etc. (This is ascribed to yin jaundice, although it may be related to patterns of yin vacuity, yang vacuity or blood stasis.) With yellow sweat, there is yellowing of the body and eyes and sweat that stains the clothes a color like phellodendron (huang bai) juice. This is accompanied by fever, thirst, fullness and oppression of the chest area, swelling of the four limbs, head and face, inhibited urination and a deep, slow pulse. (This is ascribed to yang jaundice.) With gallbladder yellowing, there is a yellow-green color of the body and eyes accompanied by qi fullness or hardness within the chest, no thought of eating or drinking, and fatigue. This occurs after a great fear or fright or traumatic injury. (This is ascribed to yin jaundice.)

Vacuity yellow

Here the entire body, especially the face, is a withered yellow, pale yellow without luster or yellow and fat without luster, but the eyes are not yellow and the urine is clear, free-flowing and also not yellow. This is commonly accompanied by manifestations of reduced functioning of the five viscera such as fatigue and a lack of strength, dizziness, palpitations, insomnia, torpid intake, sloppy stools, a pale, tender and fat tongue with white fur and a vacuous pulse. This pattern is commonly seen with spleen vacuity or depletion of qi and blood.

Yellowing due to medicinal agents or food matter

1. YELLOWING DUE TO MEDICINAL AGENTS

One of the side-effects of large amounts of the drug atabrine is yellowing of the skin, which occurs in the areas of the body that are exposed. However, for the most part this will not cause yellowing of the sclera although it will occasionally happen. When it does occur, it is characteristically a yellowing closer to the center of the sclera. The urine is yellow. The yellowing will usually disappear spontaneously after 1 to 2 months. It is often accompanied by reduced intake, nausea and vomiting, abdominal pain,

itching of the skin, blurred vision, dizziness, vexation and agitation, insomnia, etc. In addition, taking too much of several Chinese or Western medicinal agents that contain yellow colors may cause yellowing of the skin; however, there will not be yellowing of the sclera.

2. YELLOWING DUE TO FOOD PRODUCTS

Ingesting fresh fruits and vegetables that contain carotene, such as carrots, pumpkins, spinach, tomato, oranges or papayas, may yellow the skin, especially the palms and soles, or areas with abundant sebaceous glands such as the forehead, nose, etc. The urine will also be yellow, but the eyes will not be yellow. Except for some body fatigue, there will be no other discomfort.

Convulsions 42

Convulsions, also called 'tugging wind,' refer to a symptom of contraction and relaxation of the limbs without stopping. Convulsions are a pathology that manifest in the sinew membranes. The liver governs the sinews; therefore heat exuberance damaging the yin blood, wind phlegm harassing and stirring, phlegm-heat congesting and stagnating, static blood obstructing the networks, liver blood depletion, etc., can all cause the sinews to lack nourishment and result in convulsions.

Convulsions are commonly seen in patterns such as heat exuberance stirring wind, summer-heat-wind, vacuity wind stirring internally, wind phlegm, phlegm-fire, blood stasis, blood vacuity engendering wind, etc. When differentiating,

first it is necessary to distinguish the two categories of external contraction and miscellaneous disease. With external contraction there must be contraction of warm heat evil qi and then a history of transformation to a warm disease at the defense, qi, construction or blood aspect. With internal damage there may not be an obvious transformation of aspects; here the convulsions generally develop suddenly and frequently come and go. Convulsions ascribed to external contraction may occur in the three patterns of heat exuberance stirring wind, summerheat-wind or vacuity wind stirring internally. Miscellaneous disease convulsions include the patterns of wind phlegm, phlegm-fire, blood stasis and blood vacuity engendering wind.

Differential diagnosis

Externally contracted convulsion patterns

1. HEAT EXUBERANCE STIRRING WIND PATTERN

Here there are convulsions of the hands and feet that must be accompanied by manifestations of heat stirring liver wind such as vigorous fever, head dizziness, distention and pain, neck rigidity, arched-back rigidity, upward staring of the eyes

and a tightly closed jaw. This is often complicated by corresponding symptoms of qi aspect pattern or of construction blood aspect pattern.

2. SUMMERHEAT-WIND PATTERN

Here there are convulsions of the hands and feet that must be accompanied by pain of the head and neck, vomiting, in severe cases even arched-back rigidity, a tightly closed jaw, phlegm gurgling in the throat, a clouded spirit and a

string-like and rapid pulse. This pattern has a clear seasonal nature and must occur during the exuberance of the summer. It is often transmitted from a summerheat-damp qi aspect pattern.

3. VACUITY WIND STIRRING INTERNALLY PATTERN

Here there is involuntary stirring of the hands and feet, and occasionally convulsions; these must be seen with parched lips, a dry tongue and teeth, great stirring (throbbing) of the heart and a fine and rapid, or deep and weak, pulse. This is often complicated by manifestations of true yin depletion such as dry and emaciated limbs, eyes sunken into the socket, clouding with a desire for sleep, red cheeks, etc. This pattern is seen after a warm disease at the blood aspect.

In addition, external contraction in children, with an unremitting high fever, may manifest clinically as sudden convulsions and neck rigidity. If there are no serious symptoms other than vexation and agitation of the essence-spirit, and the tongue fur remains thin and white and the pulse floating and rapid, then this indicates a depressed external evil transforming into heat and engendering wind. It is ascribed to the scope of a tetany pattern.

Miscellaneous disease convulsion patterns

1. WIND PHLEGM PATTERN

Here there is trembling or convulsions of the hands and feet that must be accompanied by deviation of the mouth and eyes. Often there are signs of wind phlegm harassing internally and clouding the clear orifices such as dizziness or even clouding-spirit unconsciousness, glomus oppression of the chest and stomach duct, spitting of thin drool, slimy tongue fur and a string-like and slippery pulse.

2. PHLEGM-FIRE PATTERN

Here there is trembling or convulsions of the hands and feet that must be accompanied by signs of phlegm and fire binding together and congesting the channel vessels such as deviated mouth and eyes, fever, chest oppression, coughing of copious thick yellow phlegm, bound stools, yellow urine, a red tongue with yellow and slimy fur and a slippery and rapid pulse.

3. BLOOD STASIS PATTERN

Here there are convulsions of the four limbs that must be accompanied by headache, spirit fatigue, dark purple lips and tongue, and possibly stasis macules on the tongue. This will often be accompanied by manifestations of static blood obstructing internally, causing a lack of engendering of new blood and lack of blood nourishment to the body, such as arched-back rigidity, a stiff neck, a mottled dark complexion, emaciation, a dry skin and nails, forgetfulness, a thin and rough pulse, etc. This occurs in patients suffering from enduring diseases, although occasionally it may occur after a patient has suffered an external skull trauma.

4. BLOOD VACUITY ENGENDERING WIND PATTERN

Here there are convulsions of the four limbs that are commonly accompanied by signs of an insufficiency of blood such as a pale complexion without luster, pale lips and nails, heart palpitations, dizziness, numbness of the four limbs, etc. It may also be complicated by insomnia, clouded vision, a pale tongue with thin fur and a string-like and fine pulse. This pattern often emerges after a large loss of blood. If it is complicated by spirit fatigue, a lack of strength, scanty qi, laziness in talking, spontaneous sweating, etc., then this is ascribed to dual vacuity of qi and blood. This is commonly seen in an enduring illness that does not recover where there is damage to the qi and blood.

In addition, there are other diseases that take convulsions as a commonly seen symptom – for example tetany pattern, epilepsy pattern, tetanus, epilepsy in pregnancy, tetany after delivery, umbilical wind, acute fright wind, chronic fright wind, etc. When differentiating, it is necessary to consider the important points of their clinical differentiation.

With tetany pattern, there are primary symptoms such as rigidity of the neck and back, convulsions of the four limbs, and in severe cases arched-back rigidity, etc. This is commonly divided into the patterns of evil congesting the channels and collaterals, extreme heat engendering tetany, qi and blood depletion vacuity, static blood obstructing internally, etc. With epilepsy pattern, the characteristic signs are sudden falling down, clouding unconsciousness, vomiting of foamy drool, upward staring of the eyes, convulsions of the four limbs, possibly calling out with a sound like a sheep bleating, and then re-awakening and behaving as a normal individual. This is commonly divided into patterns of liver wind phlegm turbidity, liver fire phlegm-heat, liver and kidney yin vacuity, spleen and stomach vacuity weakness, etc. With tetanus, also called 'tetany damage,' or 'incised wound tetany,' the characteristic signs, which come and go, are tight jaw, a forced bitter smile on the face, convulsions of the four limbs, neck and back rigidity, or even arched-back rigidity; this must also be seen occurring after a wound.

Epilepsy in pregnancy, also called 'fetal epilepsy' or 'fetal veiling,' is seen after 6 or 7 months of pregnancy. There is sudden dizziness

and falling down or unconsciousness, convulsions of the four limbs, lockjaw, spitting of white phlegm, hanging eyes and then spontaneous walking. Before the attack, there may be a sensation of dizziness, palpitations or floating edema of the lower limbs. Postpartum tetany, also called 'childbed wind,' 'childbed wind stroke' or 'wind tetany,' occurs during the period when a woman is in bed after delivery. There is sudden neck and back rigidity, convulsions of the four limbs, and possibly lockjaw or arched-back rigidity. This is commonly divided into the two categories of 'tetany due to blood vacuity' and 'tetany due to wind evil.' The latter is ascribed to the scope of tetanus. Umbilical wind is also called 'wind convulsions,' '7 day lockjaw,' '7 day wind,' '4 day wind' or '4 to 6 day wind.' At the onset there is infantile tetanus, which occurs after the infant's umbilical cord is broken (generally within 4 to 7 days). There is green-blue around the mouth, lockjaw, a bitter smile locked on the face and, in severe cases, convulsions of the four limbs or arched-back rigidity.

With acute fright wind there are frequent attacks of convulsions in a child, unclear spirit, sudden onset and an image of repletion. This is commonly divided into patterns of externally contracted seasonal evil, phlegm-heat food reversal and fright convulsion reversal. Chronic fright wind takes frequent attacks of convulsions in a child, unclear spirit, slow onset and obvious vacuity signs as characteristic. This is commonly divided into patterns of spleen yang vacuity weakness, spleen and kidney yang debility and dual vacuity of qi and yin.

Lumbar pain 43

Lumbar pain refers to a symptom in which there is a sensation of pain on one side, both sides, or in the center of the lumbus. Because the lumbus is the house of the kidney, therefore the relationship between lumbar pain and the kidney is very close. Retaining the evil qi of the six excesses, stagnation of qi, blood, phlegm or turbidity in the channel vessels and kidney vacuity causing a lack of nourishment to the bone marrow may all engender lumbar pain.

The commonly seen patterns of lumbar pain are wind-damp lumbar pain, cold-damp lumbar pain, damp-heat lumbar pain, qi stagnation lumbar pain, blood stasis lumbar pain, damp phlegm lumbar pain, kidney qi vacuity, kidney yang vacuity, kidney essence vacuity and kidney yin vacuity. Differentiation is based first on vacuity and repletion. Repletion patterns, which are due to evil qi, generally have a relatively acute onset with relatively severe pain. Vacuity patterns, which occur owing to kidney vacuity, generally have a slow development, come and go and have relatively mild pain.

Continuing with the differentiation of repletion patterns, there may be wind-damp, in which there is strong pain in the lumbus and back as

well as a sensation of contracture, which is accompanied by heat aversion and aversion to wind. With cold-damp, there is strong cold pain of the lumbar area accompanied by images of cold. With damp-heat, there is distending pain of the lumbar area accompanied by short and reddish urination. With qi stagnation, there is distending pain of the lumbus that radiates to the abdomen and rib-side, as if there is qi wandering, collecting and scattering. With blood stasis, there is piercing unmoving pain of the lumbus with a purple tongue. With damp phlegm, there is strong pain of the lumbus with white and slimy tongue fur and a slippery pulse.

The vacuity patterns are divided into the different vacuity characteristics of kidney qi, kidney yang, kidney essence and kidney yin. Kidney qi vacuity is generally accompanied by panting, spontaneous sweating and frequent, clear and copious urination. Kidney yang vacuity is complicated by images of internally generated vacuity cold. Kidney essence vacuity is often accompanied by images of early aging and debilitation. Kidney yin vacuity is complicated by signs of internally generated vacuity heat.

Differential diagnosis

Repletion patterns

1. WIND-DAMP LUMBAR PAIN PATTERN

Here there is sudden contracture, soreness and pain of the lumbus and back with inhibited movement. This is generally accompanied by fever, aversion to wind, possibly floating swelling, thin, glossy white tongue fur and a floating and rough pulse. This is often due to lying in a damp place and exposure to wind, or to underlying kidney vacuity with wind-damp overwhelming.

2. COLD-DAMP LUMBAR PAIN PATTERN

Here there is cold pain and heaviness of the lumbar area, as if one is sitting in water, with inhibited rotation of the back that gradually becomes more severe. Lying down does not reduce the pain but may increase it, and the pain is induced or worsened by coming into contact with rain or by cold weather. Heat relaxes it. It is commonly accompanied by images of cold-damp invading such as a bland taste in the mouth, a lack of thirst, a pale complexion, cold limbs, clear and uninhibited urination, white, slimy tongue fur and a slow and leisurely, or deep and tight, pulse.

3. DAMP-HEAT LUMBAR PAIN PATTERN

Here there is distention and pain of the lumbar area, and possibly a sudden attack of gripping pain. The pain is worse with oppressive heat or rainy weather. This must be accompanied by short and reddish urination, a red tongue with slimy yellow fur and a soggy and rapid, or string-like and rapid, pulse. It is often complicated by signs of lower burner damp-heat such as fever, bloody urine, sand or stones in the urine and frequent urgent urination. When there is gripping pain, this is accompanied by nausea and vomiting, sweating and cold limbs.

4. QI STAGNATION LUMBAR PAIN PATTERN

Here there is fullness, distention and pain of the lumbus that radiates to the abdomen and rib-side, like moving qi that collects and scatters. There is also an inability to remain standing in one place for a long time. The pulse is generally deep and string-like. This pattern is commonly due to disappointment, anger, grief or depression. Or it may be due to traumatic injury to the lumbus.

5. BLOOD STASIS LUMBAR PAIN PATTERN

Here the lumbar pain is piercing, fixed and refuses pressure. There is inhibited flexion and extension of the back and, when severe, an inability to rotate. The lips and tongue are dark purple and there may be stasis macules on the tongue. This is commonly accompanied by constipation and a string-like and rough pulse. In some cases, there is a history of external damage to the area.

6. DAMP PHLEGM LUMBAR PAIN PATTERN

Here there is deep, heavy and cold pain of the lumbar area that radiates to the back and rib-side. The pain is worse in rainy and cloudy weather and is commonly accompanied by glomus oppression of the chest and stomach duct, and sometimes there are sloppy stools. The tongue fur is thick, white and slimy and the pulse is slippery. This pattern is due to damp phlegm collecting internally and flowing down to the kidney channel.

Vacuity patterns

1. KIDNEY QI VACUITY PATTERN

Here there is chronic intermittent dull pain of the lumbar area with a sensation of soreness and weakness. It is increased with taxation and decreased with lying down and resting, and it likes pressure. This is commonly accompanied

by panting, spontaneous sweating, spirit fatigue, scanty qi, and frequent, profuse, clear and long urination. There may also be signs such as a lack of luster in the complexion, ringing in the ears or deafness, frequent copious night-time urination or possibly floating swelling with scanty urination. The tongue is pale, fat and tender and the two cubit pulse positions are weak.

2. KIDNEY YANG VACUITY PATTERN

Here there is recurrent cold pain or dull pain of the lumbar area with a sensation of soreness and weakness. The pain is increased by taxation or by cold weather, and decreased by lying down or by obtaining heat and pressure. It is accompanied by images of internally generated vacuity cold such as fear of cold, cold limbs, a bright white or dusky complexion, a withered essence-spirit, etc. In addition, it may be complicated by signs of an insufficiency in the functioning of the kidney such as clear, long and frequent urination, frequent and profuse night-time urination, loss of acuity in the ears and eyes, possibly early emission or yang wilt in men, or clear, thin vaginal discharge, a stirring fetus that easily slips or infertility due to cold in the uterus in women, and panting cough with clear, thin phlegm-drool, heart palpitations or scanty urination with body swelling.

3. KIDNEY ESSENCE VACUITY PATTERN

Here there is enduring pain and soreness of the lumbar area that is increased with taxation and

decreased by lying down or with pressure. This is often accompanied by signs of early aging or debility such as lack of luster in the face, loss of hair or premature graying, loose teeth that easily fall out, forgetfulness, distraction, insomnia, a fatigued spirit and a lack of strength.

4. KIDNEY YIN VACUITY PATTERN

Here there is pain and soreness, or dull distending pain, of the lumbar area that likes pressure, is increased with taxation and decreased with rest. This must be accompanied by signs of internally generated vacuity heat such as vexing heat of the five hearts, red cheeks, night sweating, tidal fever, a dry throat, emaciation, a crimson-red tongue with scanty fluids and a fine, rapid, pulse that is weak in the cubit positions. In addition, it may be complicated by signs of lack of nourishment to the clear yang such as seminal emission, ringing in the ears, insomnia and forgetfulness.

Also, lumbar pain is a primary clinical symptom in such patterns as painful menstruation and traumatic injury of the lumbar region. However, the former is often accompanied by pain of the lesser abdomen or small abdomen, and the pain must occur at the time of menstruation. The latter must have a clear history of external damage, which can be investigated and so is not difficult to differentiate. The former is commonly divided into the patterns of qi stagnation and blood stasis, cold-damp congealing and stagnating, qi and blood vacuity and kidney and liver depletion. The last is due to qi stagnation and blood stasis.

Inhibited urination

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Inhibited urination refers to the symptoms of a reduced quantity of urine, difficulty in eliminating urine and, in severe cases, simply dripping urination. Inhibited urination may occur with heat evil consumption damage, blood and fluid consumption desertion or blockage in the functioning of the lung, spleen, stomach, kidney, urinary bladder or triple burner.

In the differentiation of inhibited urination, first the patterns must be divided into the two broad categories of short and scanty urination and dribbling urinary block. The level of the former is relatively mild, with only a reduction in the amount of urine. The level of the latter is relatively serious, with difficult urination, dribbling urination or, in severe cases, complete blockage of urination. Short and scanty urination is commonly seen in such patterns as internal repletion heat pattern, insufficiency of body fluids, yin vacuity and yang vacuity. Internal repletion heat pattern is commonly accompanied by manifestations of heat exuberance in the interior such as fever, red complexion, bound stools, yellowish urine, a red tongue with yellow fur, etc. Insufficiency of body fluids must follow a clear pattern of loss of fluids and the disease conditions are relatively acute and sudden. Yin

vacuity must have signs of internally generated vacuity heat. Yang vacuity must have images of internally generated vacuity cold and is commonly accompanied by floating swelling of the body and limbs.

Dribbling urinary block is commonly seen in such patterns as lung heat qi congestion, urinary bladder heat accumulation, liver depression and qi stagnation, spleen qi fall, kidney yang vacuity and obstruction of the urinary bladder. Lung heat qi congestion is commonly accompanied by a dry throat, vexing heat and swelling and pain of the throat. Urinary bladder heat accumulation takes reddish, burning urination accompanied by distention and fullness of the small abdomen as primary. Liver depression and qi stagnation are commonly accompanied by emotional depression with a predilection to anger, and distention and fullness of the rib-side and abdomen. Spleen qi fall is commonly accompanied by manifestations of spleen qi vacuity. Kidney yang vacuity is commonly accompanied by pain and soreness of the lumbus and knees. Urinary bladder obstruction takes urination that is sometimes free and sometimes blocked and, when blocked, is accompanied by distention, fullness, tension and pain of the small abdomen as characteristic.

Differential diagnosis

Short and scanty urination patterns

1. INTERIOR REPLETION HEAT PATTERN

Here there is scanty urine with a reddish yellow color, foul odor and heat in the urinary pathway. This is commonly accompanied by manifestations of heat exuberance in the interior such as fever, sweating, a red face and eyes, thirst, bound stools, a red tongue with yellow fur and a rapid and forceful pulse.

The primary interior repletion heat patterns include all types of interior patterns of fever from externally contracted heat diseases, and all types of miscellaneous heat patterns, except for vacuity heat patterns, as well as heart fire flaming upward, liver fire flaming upward and repletion heat patterns of the six bowels. (See Chapter 22; Fever, p. 403, for further discussion of these patterns.)

2. INSUFFICIENCY OF BODY FLUIDS PATTERN

Here there is scanty urination that is either yellow or clear. This is commonly accompanied by images of an insufficiency of body fluids such as thirst with a desire to drink, parched lips and a dry tongue, withered or dry skin, vexation and agitation, constipation and a fine and rapid pulse. This must occur after obvious patterns of loss of body fluids such as fulminant vomiting, fulminant diarrhea, extreme fever, incessant profuse sweating, etc. In serious cases, the eyes may sink into the sockets and there may be obvious emaciation, as well as contracture of the sinew vessels or spasms of the sinews.

3. YIN VACUITY PATTERN

Here there is scanty urination that is somewhat yellow. This must be accompanied by images of

internally generated vacuity heat such as vexing heat of the five hearts, red cheeks, tidal fever, night sweating, a dry throat and mouth, emaciation, a crimson tongue with scanty and dry fur and a fine and rapid pulse.

4. YANG VACUITY PATTERN

Here there is scanty urination that is clear or turbid white. This must be accompanied by images of internally generated vacuity cold such as floating swelling of the body and limbs, as well as a bright white or dusky complexion, fear of cold, cold limbs, a withered essence-spirit and a deep and slow, or fine and soft, pulse. In addition, this is commonly complicated by images of unsettled yang qi of the five viscera such as heart palpitations and pain in the heart and chest, or torpid intake, cold pain of the abdomen and sloppy stools, or ringing in the ears and cold soreness of the waist and lumbus.

Dribbling urination block patterns

1. LUNG HEAT QI CONGESTION PATTERN

Here there is inhibited dripping urination or dripping flow stoppage of reddish yellow urine. This is commonly accompanied by a dry throat, a vexing thirst, possibly swelling and pain of the throat, hasty breathing, a red tongue with thin yellow fur and a rapid pulse. It is commonly complicated by fever, cough, etc.

2. URINARY BLADDER HEAT ACCUMULATION PATTERN

Here there is dripping flow stoppage of urine, or the urine is extremely scanty. It is reddish and hot. This must be accompanied by distention and fullness of the small abdomen and is commonly complicated by a bitter and slimy taste in the mouth, possibly with thirst but no desire for fluids, possibly inhibited bowels, a red tongue with slimy yellow fur and a soggy and rapid, or deep and rapid, pulse.

3. LIVER DEPRESSION AND QI STAGNATION PATTERN

Here there is inhibited dripping urination, or dripping flow stoppage, but the color of the urine is not yellow and the symptoms arise with changes in the affects. For the most part this is seen with manifestations of a pattern of binding depression of liver qi such as emotional depression or vexation and agitation with a tendency to be easily angered, distention and fullness or pain of the rib-side and abdomen and a string-like pulse.

4. SPLEEN QI FALL PATTERN

Here there is bearing down and distention of the small abdomen with occasional desire to urinate but no urination, or possibly only scanty or dripping urination. The color of the urine is clear and pale, or pale and turbid. This is commonly accompanied by manifestations of spleen qi vacuity with failure to upbear such as torpid intake, heavy pressure in the anus as if there were a desire to defecate, a pale complexion, spontaneous sweating, scanty qi, a quiet voice, spirit fatigue and a lack of strength, a pale, fat tongue with teeth marks and white fur and a deep and weak pulse.

5. KIDNEY YANG VACUITY PATTERN

Here there is flow stoppage or dripping urination, urination without force and clear, pale urine. This must be accompanied by images of vacuity cold of the lower source such as cold and soreness of the lumbus and knees, a fear of cold, cold limbs, a bright white or dusky complexion, a withered essence-spirit and a deep, fine and weak pulse, especially at the two cubit positions. It may also be complicated by floating swelling of the body and limbs, dizziness, ringing in the ears and swill diarrhea.

6. URINARY BLADDER OBSTRUCTION PATTERN

Here there is dripping urination that is some-

times unimpeded and sometimes obstructed with a forceless stream. This must be accompanied by fullness and distention of the abdomen, or even acute pain. It may also be seen with heart vexation and agitated movement, a dark purple or pale purple tongue, possibly with stasis dots, and a rough or fine and rapid pulse. This pattern is generally seen in the elderly.

In addition, inhibited urination may clinically be a primary symptom of many diseases such as strangury patterns, block and repulsion patterns, fetal strangury, shifted bladder, urinary stoppage in pregnancy, postpartum urinary stoppage, urinary stoppage in infants, etc. When differentiating, all of these must be considered. Strangury patterns take inhibited urination accompanied by frequent urination, urgent urination and painful urination as characteristic. Block and repulsion patterns take urinary stoppage with simultaneous incessant vomiting and retching, urinary stoppage with bowel stoppage, or first vomiting and retching and then gradual urinary stoppage, as characteristic. In fetal strangury, the woman must be several months pregnant when the dripping urination begins. This is accompanied by characteristic hesitant, painful and rough urination. A shifted bladder is due to forcefully holding in urine, to hot or cold, or to the seven affects causing qi to distress the urinary bladder and resulting in discomfort. Here there is urinary stoppage, and tension and pain below the umbilicus. Urinary stoppage in pregnancy occurs in the 7th or 8th month of pregnancy with distention, pain and tension of the small abdomen accompanied by vexation and agitation, palpitations and shortness of breath. It is due to the obstruction by the fetus pressing on the urinary bladder and blocking the urethra. Postpartum urinary stoppage takes urinary stoppage after delivery, accompanied by distention and pain of the small abdomen that is not relieved by sitting or standing, as characteristic. This is due to qi vacuity or qi stagnation in the urinary bladder after giving birth. Urinary stoppage in infants takes lack of urination within 2 days after birth as its base. This is due to vacuity weakness of the original qi, to heat congesting in the urinary bladder or to the urinary gate not opening.

Excessive urination 45

Excessive urination refers to the symptom of greatly increased amounts of urination, possibly accompanied by frequent urination. In the course of water and fluids reaching the urinary tract, there is a relationship with the viscera and bowels. For example, excessive urination may be caused by pathological change in the lung, spleen, stomach, kidney, urinary bladder or triple burner. It may also be caused by evil heat harassing, causing lack of regulation of the water pathway, or by yang qi vacuity debilitation causing the securing and astriction to be influenced.

Excessive urination is commonly seen in patterns such as vacuity cold lung wilting, spleen yang vacuity, kidney yang vacuity, wasting and thirsting, straitened spleen, or pediatric summerheat-heat. When differentiating, first it is necessary to distinguish cold and heat. Cold patterns of excessive urination take clear urine, which must be accompanied by a bland taste in the mouth, and lack of thirst, as characteristic. Heat patterns of excessive urination take yellow urine, which must be accompanied by thirst with a desire to drink, as characteristic. Clinically, the most commonly seen patterns are vacuity cold, especially kidney yang vacuity.

After clearly distinguishing cold and heat, one

can then go a step further and differentiate the location of the disease. Of the cold patterns, if there is vacuity cold lung wilting then the disease is in the lung. This must be accompanied by vomiting of foamy drool and no cough. If there is a spleen yang vacuity pattern, the disease is in the spleen. Here there are often manifestations of the spleen failing to fortify and transport such as torpid intake and sloppy stools. If there is kidney yang vacuity, then the disease is in the kidney. This is generally complicated by images of vacuity cold of the lower source such as cold and soreness of the lumbus and knees. Among the heat patterns, if there is wasting and thirsting then the disease is in the lung, stomach and kidney; hence the excessive urination must be accompanied by excessive thirst and excessive hunger, as these are the 'three excesses.' With a straitened spleen pattern the disease is in the spleen, hence it must be accompanied by manifestations of an insufficiency of spleen yin such as constipation, as well as other corresponding signs. With pediatric summerheat-heat, because the summerheat damages the lung and stomach, it must therefore be complicated by fever, lack of sweating, profuse thirst, etc.

Differential diagnosis

Cold patterns of excessive urination

1. VACUITY COLD LUNG WILTING PATTERN

Here there is an excessive amount of urine and frequent urination, possibly with enuresis. The color of the urine is clear. This must be accompanied by manifestations of lung qi vacuity cold such as a bland taste in the mouth, a lack of thirst, vomiting of clear, thin, profuse foamy drool, a fear of cold, etc. It also may be complicated by signs of qi vacuity such as dizziness, scanty qi, spirit fatigue, a lack of strength, reduced intake, a pale tongue and a vacuous and weak pulse.

2. SPLEEN YANG VACUITY PATTERN

Here there is frequent urination that is clear and long. This must be accompanied by manifestations of the spleen not fortifying and transporting such as a bland taste in the mouth, a lack of thirst, torpid intake, cold pain of the abdomen or abdominal distention, sloppy stools, etc. In addition there may be images of yang vacuity engendering cold such as a bright white facial complexion, a fear of cold, cold limbs, a withered essence-spirit, etc. If there are no signs of yang vacuity internal cold but only spirit fatigue and lack of strength, scanty qi and spontaneous perspiration, then this is ascribed to a spleen qi vacuity pattern.

3. KIDNEY YANG VACUITY PATTERN

Here there is frequent urination that is clear and long, dribbling after urination, frequent and profuse night-time urination, or possibly uncontrollable enuresis. This must be accompanied by manifestations of vacuity debilitation of the lower source such as a bland taste in the mouth, a lack of thirst, cold soreness of the waist and knees, ringing in the ears or deafness, etc. In

addition, there may be images of yang vacuity engendered cold such as a dusky complexion, a fear of cold, cold limbs, a withered essence-spirit, etc. Or it may be complicated by symptoms such as early emission (in men), or thin and clear vaginal discharge or stirring fetus that easily slips (in women), as well as dizziness or mild, floating swelling in the face or feet. If there are no signs of yang vacuity internal cold, then the pattern is ascribed to kidney qi not securing.

Heat patterns of excessive urination

1. WASTING AND THIRSTING PATTERN

Here there is frequent and profuse yellow urination that manifests as having one drink and then urinating. This must be accompanied by a vexing thirst with a desire for fluids, excessive eating, etc. It may often be accompanied by emaciated muscles, sweet urine, etc. According to the various levels of thirst, hunger and urination, this may be divided into the three patterns of upper, middle and lower wasting. With upper wasting thirst is predominant, with middle wasting hunger is predominant, and with lower wasting urination is predominant.

2. STRAITENED SPLEEN PATTERN

Here there is frequent yellow urination that is relatively profuse. This must be accompanied by signs of hyperactive exuberance of stomach heat and insufficiency of spleen yin such as thirst, profuse sweating, dry and hard stools and lack of bitterness (i.e. lack of abdominal distention, fullness or pain) despite no bowel movement for 10 days. This pattern always has a history of cold damage greater yang pattern.

If, however, there is frequent and long yellow or turbid urination that is accompanied by hard stools, abdominal distention and fullness and pain, as well as heart vexation and thirst, and in severe cases fever and delirium, this indicates a yang brightness bowel pattern of dry heat

creating repletion in the intestines and not a pattern of straitened spleen (where there is no bowel movement for 10 days and yet no bitterness). The important point of differentiation is whether or not there is abdominal distention, fullness and pain.

Excessive urination may also be seen in gynecology and obstetrics. If there is excessive and frequent urination after childbirth, in severe cases to the point of more than 10 times in 1 day or night, possibly with uncontrollable enuresis, this is called 'postpartum frequent urination.' It is generally divided into the two patterns of qi vacuity and kidney vacuity. When differentiating,

attention should be paid to these patterns. In addition, there are some symptoms that clinically are in the same category as excessive urination, such as uncontrollable enuresis or night-time enuresis. Enuresis refers to excessive frequency of urination or to uncontrollable dripping of urine. It may manifest either with a clear mental state or when in a stupor. Enuresis may be seen in patterns such as qi vacuity pattern, kidney vacuity pattern, urinary bladder heat stirring pattern, liver depression binding heat as well as all other patterns with clouding stupor. Enuresis during sleep, also called 'bed wetting,' refers to urinating while asleep and not noticing it until after waking. It is different from excessive urination.

Water swelling

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Water swelling refers to swelling of the head, face, eyes, four limbs, abdomen, back and, in severe cases, the entire body. The skin in the area of the swelling is tight. When the swelling and distention is severe, the skin may be bright and lack its original folds and flexibility. When it is pressed there is inward sinking that does not begin to return to normal for some time. The circulation of water in the body primarily depends upon the regulation of the lung qi, the transportation of the spleen qi and the opening and closing of the qi transformation of the kidney. If there is obstruction of any one of these three viscera (i.e. the lung, the spleen or the kidney), this may cause internal water to collect and flood the skin, causing the generation of water swelling. This may be caused by external invasion of wind combined with heat or cold, causing the lung to fail to depurate and down-bear. Or internal collection of water-damp may obstruct the spleen yang, or taxation fatigue or food damage may injure the spleen earth and cause the spleen to fail to nourish and transport. Or excessive bedroom taxation or enduring illness, damaging the right qi, may consume and damage the kidney source.

Water swelling is commonly seen in patterns such as wind-water flooding, water-damp invading and steeping, damp-heat congesting, qi vacuity, spleen yang vacuity, kidney yang vacuity, dual vacuity of yin and yang, etc. When differentiating, first it is necessary to separate yin and yang. Thus, wind evil harassing the

exterior, rain-damp invading and flooding, irregular dietary habits and other such causes of water swelling are all considered yang water and have the characteristics of a relatively quick onset of disease and a relatively short course, and all are generally ascribed to repletion pattern water swelling. Water swelling created by taxation fatigue internal damage, depletion vacuity of the lung, spleen or kidney, or water fluids collecting internally, are all considered yin water, have the characteristics of a relatively slow onset of disease and a relatively long course, and all are ascribed to vacuity pattern water swelling.

When the pattern is ascribed to yang, it is necessary to differentiate the nature of the disease evil. For example, wind-water flooding is commonly accompanied by aversion to wind and cold and fever, and the pulse is floating. Water-damp invading and steeping is commonly accompanied by images of water obstructing the triple burner such as heaviness and encumbrance of the body and limbs, oppression of the stomach duct, torpid intake, white, slimy tongue fur, etc. Damp-heat congestion is complicated by heat images such as a vexing thirst, short and scanty and reddish urination, yellow tongue fur, etc. When the pattern is ascribed to yin, it is necessary to differentiate the location of the disease. With qi vacuity the disease is in the spleen and lung and is commonly accompanied by scanty qi, laziness in speaking, torpid intake, sloppy stools, etc.

With spleen yang vacuity, the disease is in the spleen and must be accompanied by images of vacuity cold such as torpid intake, sloppy stools, a fear of cold, cold limbs, etc. With kidney yang vacuity, the disease is in the kidney and must be accompanied by images of vacuity cold such as cold pain and heaviness in the lumbar area, a fear of cold, cold limbs, etc. With dual vacuity of yin and yang, the disease is also in the kidney, and in addition to the manifestations of kidney yang vacuity it is complicated by manifestations of kidney yin depletion such as dizziness, seminal emission, a red tongue with scanty fur, etc.

Differential diagnosis

Yang water patterns

1. WIND-WATER FLOODING PATTERN

Here the floating swelling is first seen in the eyes, then advances to the four limbs and finally the entire body is swollen. Its arrival is relatively rapid. This must be accompanied by manifestations such as inhibited urination, aversion to wind and cold, fever, generalized aching, a headache, head dizziness, a floating pulse, etc. Possibly the related symptoms will appear first and the swelling later. If there is swelling and pain of the throat, or sores on the skin, and the urine is short and red with a floating rapid pulse, this is ascribed to the wind-heat type of wind-water flooding, which is frequently seen clinically. If the body and limbs are heavy and painful, and there is a normal taste, a lack of thirst and a floating and tight pulse, this indicates a wind-cold type of wind-water flooding pattern.

2. WATER-DAMP INVADING AND STEEPING PATTERN

Here there is water swelling over the entire body, the skin is bright and fingermarks are left after pressing. This disease arises relatively slowly and its course is relatively long. It must

be accompanied by signs of dampness obstructing the triple burner such as short and scanty urination, encumbering heaviness of the body and limbs, fullness and oppression of the chest and stomach duct, torpid intake, nausea and white and slimy tongue fur.

3. DAMP-HEAT CONGESTION PATTERN

Here there is generalized floating swelling, and the skin is moist, bright and has luster. This must be accompanied by images of heat such as vexing heat, thirst, short and scanty urination that is reddish colored, etc. It is often complicated by glomus oppression of the chest and abdomen, possibly dry, bound stools, and generally a red tongue with fur that must be yellow and greasy. The pulse is rapid or deep and rapid.

Yin water patterns

1. QI VACUITY PATTERN

Here there is mild swelling over the entire body that is more severe on the head and face in the morning, but with movement there is swelling and distention of the lower limbs. The course of the disease is relatively long and it comes and goes. It must be accompanied by signs of lung and spleen qi vacuity such as scanty qi, laziness in speaking, torpid intake, sloppy stools, etc., and it is commonly complicated by a bright white complexion, abdominal distention after eating, spirit fatigue and a lack of strength, relatively scanty but clear urination, a pale tongue with white fur and a vacuous pulse.

2. SPLEEN YANG VACUITY PATTERN

Here there is floating swelling over the entire body that is more severe below the waist. The skin does not have luster, and when pressed, fingermarks remain. The disease is enduring and difficult to treat. It must be accompanied by signs of the spleen failing to fortify and trans-

port such as reduced intake, a bland taste in the mouth, abdominal distention, sloppy stools and scanty urine. In addition, there may be manifestations of yang vacuity internal cold such as a fear of cold, cold limbs, a withered essence-spirit, a bright white or a withered yellow complexion, etc. It may be complicated by stomach duct oppression, nausea, dizziness, heart palpitations, etc.

3. KIDNEY YANG VACUITY PATTERN

Here there is puffiness of the face and swelling of the body that is especially severe below the waist. The skin lacks luster, and sinks in and does not rise again when pressed. The disease is enduring. It must be accompanied by manifestations of debility of the kidney source such as cold pain, soreness and heaviness of the lumbus, reduced and scanty urination or, conversely, long and clear urination. In addition there may be manifestations of yang vacuity internal cold such as a bright white or mottled dark complexion, etc. Also, this may be complicated by dizziness, ringing in the ears or deafness, heart palpitations, hasty breathing, a taste of urine in the mouth, occasional nausea and an itching skin.

4. DUAL VACUITY OF YIN AND YANG PATTERN

In this pattern there is either mild or severe

water swelling of the entire body that is worse below the waist and comes and goes but does not entirely recover. It is accompanied by signs of kidney yang vacuity weakness such as pain and soreness of the lumbus and knees, a bright white or dusky complexion, spirit fatigue, cold limbs, etc. This pattern is also complicated by images of kidney yin depletion and vacuity fire harassing and stirring such as dizziness, ringing in the ears, bleeding teeth, heart vexation, insomnia, seminal emission and a red tongue with scanty fur or no fur, etc.

In addition, water swelling is also commonly seen in pregnancy, where it may be called 'fetal swelling.' The characteristics of pregnancy swelling are that it occurs when the woman is between 3 and 7 months pregnant, there is swelling and distention of the limbs and body, a fingermark remains after pressing and the swelling is more severe in the lower limbs. This disease is generally divided into the three patterns of spleen yang vacuity, kidney yang vacuity and qi stagnation. (For the differentiation between spleen yang and kidney yang vacuity, see pp. 287 and 299.) The characteristics of qi stagnation are that it must be accompanied by headache, head dizziness and distention of the head, chest oppression and rib-side distention. This pattern is often followed by pregnancy epilepsy pattern.

Writing a medical record

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Overview



The medical record or medical history consists of clinical notes. A proper medical record requires that all information pertinent to the patient's disease, diagnosis, treatment and prognosis be recorded, including the chief complaint, history of present illness, history of past illnesses, personal history, marriage history, menstrual and pregnancy history, family history, etc., as well as the differential diagnosis, treat-

ment methods and formulas, necessary nursing care, etc. This can not only represent the disease conditions, it can also represent the course of the physician's thought processes and actions. Ancient physicians all strongly emphasized the keeping of a medical record as a way of recording their diagnostic and treatment experiences. Today, the content of medical records has changed and advanced.

The important nature of the medical record

The medical record as a basis for diagnosis and treatment of disease and for considering prognosis

Because the medical record includes the entire course of the disease, according to these notes the physician can consider and make a diagnosis and can determine treatment and formulas. Also, according to this record a prognosis can be considered based upon the disease conditions and pathological change. From the record the physician is able to grasp the disease conditions thoroughly and so the treatment can be more directly relevant and more effective, resulting in a positive transformation of the disease. In terms of some infectious diseases, by examining the medical record one can understand how the

disease erupted, the path of infection and the course of the disease, which has a great benefit in taking the appropriate preventive measures and putting forward effective therapeutic methods.

The medical record as an index for judging therapeutic quality and academic level

The quality and academic level of the hospital and the physician may be judged by the quality of the medical record. By closely examining the medical record, one can understand the accuracy rate of diagnosis, the cure rate and the rate of mistakes and accidents; therefore the medical record can serve as an index of therapeutic quality and academic level.

The medical record as an important teaching and research tool

By keeping medical records, students can learn to collect data as well as to analyze and sum up medical information, which can support their individual medical thinking and cultivate their own fundamental abilities to make a diagnosis and create a treatment plan. The medical record also provides original materials that can be used to sum up clinical experience and begin scientific research, as well as prove the reality of the clinical experience and the reliability of the research results.

The medical record as the record of the patient's health circumstances

Because each instance of disease is recorded in the medical record, it reflects the entire health circumstances of the patient; this will not only benefit the individual's future health care, but may also aid in the prevention and treatment of work-related illnesses.

In addition, the medical record may also serve as a legal reference, especially when examining mistakes or accidents. The medical record has such important significance that it is necessary to reinforce strongly the need to collect data, write the record, arrange it properly and preserve it appropriately.

Important points in the collection and writing of the medical record

The significance and requirements of collecting a medical history

The first step in writing the medical record is using the four diagnostic methods to collect the

history of the disease and to examine the patient. This also is a key point in maintaining a good record. The medical history must be dependable, and the patient's disease situation and symptoms must be properly examined in order for the medical record to reflect the actual circumstances. Therefore, in taking a medical history, one should pay attention to the following points.

1. The physician must emphasize medical morality. Physicians must have a high level of professional responsibility, be earnest in their responsibility and have an honest and helpful attitude toward the patient. They must investigate the disease conditions personally and not write the medical record simply according to personal opinion.
2. The physician must thoroughly grasp the diagnostic methods of Chinese medicine as well as be proficient in other diagnostic techniques and should accurately use the methods of inquiry, inspection, listening and smelling and palpation in order to examine the disease conditions. When it is necessary and appropriate, modern medical instruments should be used to investigate the patient and to aid in the diagnosis.
3. The physician should inspire the patient to inform him/her of the disease conditions. In order to have a true, reliable and comprehensive medical record that is well organized and emphasizes key points gleaned from collecting the disease conditions and examining the patient, the physician should be good at inspiring and helping the patient to describe the disease conditions.

Important points in writing the medical record

According to the spirit of the Chinese medicine principle of identifying patterns and administering treatment, the medical record should emphasize the four examinations, pattern identification, the principle of treatment and the formula.

1. THE FOUR EXAMINATIONS

The data collected from inspection, listening and smelling, inquiry and palpation should be completely and honestly recorded. Because the data of the four examinations are the basis for pattern identification, it is necessary to have complete information and to differentiate clearly the primary and secondary problems. However, while physicians are required to detect and note down the emphasized areas, they should also systematically, briefly and realistically note data obtained from the four examinations while, at the same time, paying attention to the coherence of the disease conditions. It is not advisable simply to list symptoms without discriminating between primary and secondary complaints and without emphasis on the primary points. (For concrete information on the four examinations, see Chapters 1-4.)

2. PATTERN IDENTIFICATION

Here the data collected from the four examinations must be summed up and analyzed according to the chief complaint, the complicating symptoms, the tongue and pulse, the primary disease and later diseases, as well as other relevant information. This is done in order to detect the cause of the disease, the disease dynamic, the viscera and bowels or channels and networks involved, and the nature of the disease (i.e. yin, yang, vacuous, replete), as well as any possible transformations. At each stage, the analysis should be clear, precise and detailed so as to avoid careless mistakes, differentiation that does not follow the principles of Chinese medicine, or vague and general analysis that does not correspond with clinical reality. The general method is first to reach a general determination concerning the disease pattern and then to differentiate between external contraction and internal damage. If there is external contraction then differentiate cold damage, warm disease, etc. The next step is to distinguish whether the evil is in the three yin or three yang, at the defense, qi, construction or blood aspect or in the triple burner. If there is no external

contraction, then it is necessary to differentiate what the disease is, what primary organ is involved and what secondary organ is involved. After determining the location of the disease, move to the next step and distinguish whether there is cold or heat, vacuity or repletion. This will definitely enable the physician to grasp the disease as well as the pattern and to distinguish clearly the entire problem as well as the key problem.

3. PRINCIPLE OF TREATMENT

The principle of treatment is based upon and comes from the pattern identification, and so it must be very closely related to the pattern identification. The pattern identification should be correct and the principle of treatment must also be accurate. For example, suppose that, according to the pattern identification, it has been determined that a patient has flooding and spotting. Upon further investigation, the pattern is identified as dual vacuity of the heart and spleen. In such a case, the treatment principle should be to 'supplement the heart and spleen, manage the blood and stop the flooding.' In another example, that of stomach pain, the pattern might be determined to be disharmony of the liver and stomach; the treatment principle would therefore be to course the liver, harmonize the stomach and stop pain. If, in addition to the primary disease, there are also complications, then the treatment principle should be determined according to the pattern identification of primary and secondary and the acute and chronic nature of the problems. The treatment principle should be determined by flexibly following the pattern identification and it should be appropriate, and without contradictions or missing points.

4. THE PRESCRIPTION

The prescription should be determined according to the treatment principle. (In this text, the prescription primarily refers to a herbal formula; however, it may also include other treatment methods such as acupuncture and moxibustion,

tui na, etc. In this case, one should note down the acupuncture points used, the hand techniques or any other method in the medical record.) The prescription may be written by modifying a pre-existing formula, or it may be composed entirely by the physician. No matter whether it is a classical formula or a modern formula, it must be done under the guidance of the pattern identification and the treatment principle. The medicinal agents should be prescribed accurately, with proper dosages and directions for adding herbs at the beginning or end of cooking. In addition, the patient should have the method of decoction and administration explained.

There is also the aspect of medical orders. For those patients staying in the hospital, orders concerning nursing or treatment should be carefully written in the medical record so that the nurse can follow them exactly. Requests by the physician for adjunctive treatment may be given orally to the patient or to a family member.

Important points to which to pay attention in writing a medical record

1. The responsibility of writing the medical record must be taken seriously. It must be honest, accurate and timely. In-patient medical records must be entered within 24 hours after admission to the hospital. Out-patient records should be completed at the time of the visit.
2. Symptoms should be described in detail. In general, Chinese medicine terminology should be used and the theory of 'whole-body concept,' pattern identification and treatment should be mentioned.
3. The contents of the medical record should be complete, concise and well organized, with emphasis on key points, and the primary and secondary problems clearly distinguished. Attention should be paid to changes in the disease conditions as well as the systems reflected.

4. The language in the medical record should be appropriate and brief. One should not change, cut out or write over an entry. The record must be written in pen, and it must be written with correct spelling and grammar. Abbreviations may be used according to standard usage, but may not be made up.

5. Every separate note in the medical record and every page should contain the patient's name, hospital admission number and page number. The date should be written 'year/month/day' with Arabic numerals.

6. 'In-patient medical record,' 'Admissions form,' 'Current course of disease,' 'Consultation notes,' 'Transfer notes,' 'Discharge note,' 'Death note,' etc., should all be written beginning on a new line in the record and should be titled on the line above.

7. At the end of the record, the physician in charge must sign his or her name and any attending physicians, after reading the record, should also sign their names, indicating their responsibility for the patient.

8. In general, systematic investigation is done using inquiry, inspection, listening and smelling and palpation. If it is necessary, then Western medical investigation and diagnosis may be used; however, one should not depart from the principle of pattern identification and treatment based upon the whole-body principle of Chinese medicine.

The arrangement of the medical record

Multiple medical records are the initial source for obtaining information concerning therapeutic efficacy and for determining numbers of cases of given disease, both of which are important for clinical research. Classification is done first according to the names of the diseases and patterns. In this way, the number of different diseases and the number of patients suffering from each disease may be determined.

If the goal is to determine the efficacy of treatment for any given disease, then the medical

records of patients with this disease may be pulled and arranged according to category. For example, first one may arrange them by quantity, age, sex, profession, etc., in order to understand the demographics, and then determine the number of days required for treatment and the extent of lessening of primary symptoms. Finally, to determine efficacy results, one must consider the number of medicinal agents given, and the results of follow-up examinations. All of this information may be obtained from the original medical

records, which must be carefully researched so as to reach a true and significant summary of efficacy.

Usually a hospital will have regulations concerning the filing and management of medical records, especially in-patient medical records. After patients are discharged from the hospital or following their death, the medical records should be returned to the administrative case room by the physician in charge for proper handling and filing.

The content and format 48 of the medical record

Medical records may be divided into the two categories of in-patient and out-patient records. In general, out-patient records are relatively simple and concise while in-patient records must

be complete and detailed. However, no matter whether it is an in-patient or out-patient record, there is definite content that must be included and a definite format for writing the record.

Chinese medicine out-patient medical record

The out-patient medical record is taken in a short amount of time during the clinical encounter and is recorded within the limited space available on the out-patient medical card; therefore, in principle, it must be short and concise and should not be overly detailed. Its content includes general notes (name, age, sex, marital status, etc.); disease history and the result of the physician's examination (i.e. the content of the

four examinations); pattern identification, analysis of disease conditions and initial diagnosis; determination of treatment principle and method; herbal prescription, etc. Typically, the general notes should be completed by the patient or a family member. Then the remainder – the four examinations, pattern identification, treatment method, medicinal agents, etc. – should be completed by the physician.

Standard format and content of a Chinese medicine out-patient medical record

OUT-PATIENT MEDICAL RECORD

Page 1

Name:	Sex:	Age:	Marital status:
Profession:	Place of birth:	Address:	
Out-patient number:	Blood type:		
History of drug allergies:			

Page 2

Time of visit:	Date:
Body temperature:	Blood pressure:
Disease history:	
Inspection:	Emphasize and note inspection of the spirit, complexion and tongue as well as inspection of relevant areas of the body.
Listening/smelling:	Simply write a brief account of any data obtained.
Inquiry:	Emphasize the chief complaint and note the important points of the history.
Palpation:	Primarily the pulse image.
Pattern identification:	Determine the pattern and make a diagnosis based upon analysis of the data obtained from the four examinations.
Treatment principle:	Determine the overriding principle of treatment.
Prescription:	Write a prescription, listing the names of the herbs and the amount. Clearly write decoction methods or other directions. Also indicate any other medical instructions such as dietary suggestions or the need for any further medical investigation such as X-rays or any laboratory examinations.
Physician's signature:	

Chinese medicine in-patient medical record

An in-patient medical record includes the first page (as above); the body temperature chart; the temporary medical order sheet; the permanent medical order sheet; the admission record (complete medical history and admission form); notes on the course of the disease; the consultation sheet; the transfer notes; the discharge and summation or death note; the nursing records; and various supplementary examination reports.

The heart of the in-patient medical record is the admission medical records. Therefore, in a broad sense, the in-patient medical record includes all of the notes and forms listed above,

but in a narrow sense it refers only to the admission medical form, the contents of which, in comparison to the out-patient record, are much more complete and detailed.

In-patient medical record notes

First page. The first page of the in-patient medical record contains general admission items, which are completed by the admission office. The specific content includes an abstract of the disease history, the diagnosis (including the diagnosis upon first entering the hospital and the final diagnosis), previous treatment and results, dates for operations and methods of operation, healing of incisional wounds, etc. The classification, filing and preservation of the

record will primarily depend upon the information on the first page of the medical record.

Body temperature chart. This is a pre-made chart for recording the patient's body temperature and pulse rate, respiration rate, blood pressure, and the frequency and amount of urination and bowel movements. In general, each body temperature chart may be used for 7 days; therefore it may also serve as a simple method of determining the number of days a patient has been in the hospital.

Medical order sheet. The long-standing medical order form is completed by the physician. It includes the name, dosage and usage of any medication given for a relatively long period of time. This may also be written in the nursing requirements, along with any therapeutic methods, and given directly to the nurse. The temporary medical record is for medication or treatments that are given only once or for a short period of time such as 1-3 days.

Admission medical record. This includes the medical history taken by the intern as well as the admission form written by the doctor in charge. As this is the heart of the contents of the inpatient medical record, it should provide the basis for treatment and nursing, using data collected from the four examinations and pattern identification to come to a diagnosis.

Course of disease notes. This primarily includes information obtained during the hospital stay such as examinations and diagnostic processes, changes in the disease conditions, treatment remarks for the nursing staff, as well as the determination, amendment or supplementation of the diagnosis. It is generally written once a day, at the same time as the herbal prescription for the day is written. If there is a patient with a critical condition, because the disease conditions may change rapidly then notes should be made at any time. In addition, diagnostic and therapeutic options offered by a higher level

physician should be noted. For patients in the hospital for a long period of time, a summary of the chart should be made at a definite time.

Consultation sheet. The consultation sheet must be completed if physicians from other departments are invited to treat the patient. Generally the doctor in charge will write a brief introduction to the disease conditions, his or her diagnostic opinion and the purpose of the consultation. The attending physician will sign this form and give it to the consulting physician. After the consultation, the consulting physician will note his or her diagnostic and therapeutic opinion on the form.

Transfer note. This includes the two circumstances of transfer out and transfer in. For transfer in, one must clearly show the reason for transfer and the originating department. Other information is the same as that on the admission medical form. On the transfer-out notes, the physician making the transfer should be clearly indicated. The remainder of the information is similar to that on the discharge note, but more concise.

Discharge note (summary). This note is completed at the time the patient leaves the hospital. It briefly and concisely states the date of discharge, the total number of days in the hospital, the condition at admission, the diagnostic and treatment process, the condition at discharge, remarks for the patient's care out of the hospital and the final diagnosis.

Death note. This must be noted immediately after the death of the patient. It includes a summary of the disease conditions during the patient's stay in the hospital, the condition prior to death, the process of emergency treatment, the time of death, the cause of death and the final diagnosis.

Nursing notes. These are notes completed by the nurses and include any nursing measures taken, observations of the disease conditions, general management of the symptoms, etc.

Standard format and content of a Chinese medicine in-patient medical record

IN-PATIENT MEDICAL RECORD

In-patient number:

Name:	Sex:
Age:	Marital status:
Nationality:	Place of birth:
Profession:	Employment work unit:
Address:	Date of admission:
Teller of disease history:	Time of collecting disease history:
Season:	Name and address of family member/contact:

Inquiry

Chief complaint. Note the patient's subjective assessment of the most painful symptoms.

History of present illness. Concerning the chief complaint, detail the onset, development, changes and previous diagnoses and treatment. The primary points to be recorded are the disease circumstances at the onset, the cause, aggravating factors, time of attack, primary symptoms and accompanying symptoms; the transmission and development of the disease, previous examinations, diagnoses and treatment; previously used Chinese or Western medicinal agents, including dosage and time and any other relevant treatment methods used; responses and changes in symptoms after taking medication. (This is all recorded in conjunction with the Ten Questions.)

History of previous illness. Note the general circumstances of health and the time and treatment circumstances of any previous illnesses.

Personal history. Make a note of the place of birth, the place of residence, the residential environment and conditions, the living and work circumstances, dietary customs, special hobbies, the emotional state and the state of the essence-spirit. For children, note their development, maturation and nourishment.

Menstrual, vaginal discharge, pregnancy and childbirth history (female patients). Note the age at menarche, the length of the cycle, the amount, color and consistency of the blood. Note the circumstances of vaginal discharge. Note the age at marriage, and the pregnancy and childbirth history.

Family history. Note the health conditions and diseases of immediate family members and close relatives. If any members are already dead, note the cause of death and the age at death.

Inspection

Spirit, color, form and bearing. This includes the spirit-mind, the essence-spirit, the form and bearing of the body and the qi color.

Inspection of individual areas. This includes the head and face, skin, five offices, throat, neck, chest and abdomen, waist and back, musculature, four limbs, joints, nails, etc.

Tongue image. This includes the tongue fur (the nature, color and moisture of the fur), the tongue body (the form, bearing, body, color, stasis macules, cracks) and the veins below the tongue (color).

Index finger of children. This includes the location of the three bars, the color, the shape and the depth of the veins.

Excretions. This includes vomitus, phlegm-drool, blood fluids, feces and urine.

Listening and smelling

Voice and breathing. This includes the sound of the speech, breathing, panting, vomiting, sighing, yawning, abdominal rumbling, etc.

Qi odors. This includes bodily excretions as well as the breath.

Palpation

Muscle and skin. This includes the amount of moisture, the temperature and the flexibility.

Palpation of various areas. This includes the head and face, the chest and abdomen and the four limbs.

Points. This includes relevant points as well as painful points and sensitive points.

Pulse image. The primary things to note are the pulse image at the inch, bar and cubit positions. If necessary, also palpate ren ying (Man's Prognosis, ST-9) and fu yang (Instep Yang, UB-59).

Abstract of the four examinations

Systematically and completely summarize the data obtained from the four examinations (especially data that have a close relationship to the pattern identification). This provides the basis for pattern identification.

Pattern identification and analysis

Note the important aspects of the four examinations, the disease cause, the disease mechanism, the pattern identification and the tendencies and prognosis of the disease conditions.

Diagnosis

If there are several diagnoses, write the primary one first. Note the pattern in parentheses after the disease name.

Treatment method

Note the concrete method of treatment – for example: 'warm the middle and disperse cold,' etc.

Prescription

If a pre-existing formula is used, write down the name of the formula and any modifications to it. If the formula is written by the physician and no name can be given for it, write four of the ingredients on each line, with special instructions in the upper right corner and dosage in the lower right corner.

Method of decoction

Give instructions for this.

Nursing

This includes administering medications, dietary and life prohibitions, etc.

Physical examination

This includes positive findings and those negative findings that are important or significant to the pattern identification (body temperature, breathing, pulse rate, blood pressure, investigation of the heart, lungs, liver, spleen, kidney, etc.).

Physicochemical examination

This includes X-rays, laboratory tests, EKG (ECG), ultrasound, gastroscopy, and other relevant examinations.

Signatures

Intern signature

Attending physician signature

Physician in charge signature

Date

Note. The above format is the format for a general medical record. Individual departments may modify this format according to their requirements.

Examples of in-patient medical records

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Example 1: Internal medicine medical record

EKG no.:

Ultrasound no.:

Out-patient no.:

X-ray no.:

In-patient no.:

In-patient medical history

Name: Lin XX Sex: Male Age: 50

Place of birth: Guangdong

Marital status: Married

Nationality: Han

Work unit: Gao Zhou County Government

Occupation: Administration

Address: no. 40, Government dorm

Family member: Chen XX

Contact address: same as family address

Date of admission: October 11, 1982, 10:30

Date of collection of history: October 11, 1982

Date of record: October 12, 1982; 9:00

Teller of the history: Patient

Inquiry examination

Chief complaint

Chest oppression in the anterior chest accompanied by head dizziness for over half a year.

History of present illness

The symptoms began in February of this year when, without any precipitating factor, he began to feel chest oppression and a sensation of impact along with head dizziness and lumbar pain. The chest pain manifested as an occasional pain behind the sternum, which was accompanied by heart palpitations and shortness of breath and would last from several minutes to half an hour before being relieved. Sometimes it would occur several times in one day and sometimes just once in several days. Some medications were taken without reducing the attacks. In March of this year, the patient was admitted to the local hospital where an X-ray revealed mild hypertrophy of the L3–L5 vertebrae and stones in the left urethra. He was given an intravenous drip of dan shen (*salviae miltiorrhizae radix*) and an energy mixture. Later he was given oral administration of herbal medicinal agents to disinhibit the urine and a powdered herbal infusion to treat the blocked urination and stones. By the middle of June he had not seen the stone pass, but the chest oppression was better and he was discharged. After discharge he was able to return to work. On July 22, when in Xin Hui County on business, the chest pain occurred again. When it attacked there was a pressing sensation in the area in front of the heart, which radiated to the shoulder and back. He took jiu xin dan (Rescue the Heart Elixir) several times but the symptoms did not resolve. On July 28 he was admitted to the Xin Hui County local hospital for 1 day of observation. Although there was no improvement, he was discharged the next day and returned home. On August 10 he was again admitted to the hospital in his home county. While in the hospital there was an EKG and an exercise test, both of which were normal. However, he was still given an energy mixture as well as rutin, vitamin C,

Hexanicit (inositol hexanicotinate, Hexanicotol), Segontin 654-2 (prenylamine lactate) and Chinese medicinal agents to warm the yang. After this treatment he did not notice much improvement. On September 10 he went to Guang Zhou hospital for further investigation. Today he was referred by the out-patient department and walked to the hospital. Currently he still feels chest oppression, as well as shortness of breath with movement, poor sleep, normal appetite, occasional head dizziness, a feeling of soreness and weakness in the lumbus, a dry mouth at night when sleeping, but no desire to drink, normal bowels, clear and long urination. There is no urinary frequency, urgency or pain and no blood in the urine and there is no gripping pain.

History of past illness

In 1958 his liver was found to be enlarged but not diagnosed as liver inflammation. He recovered after treatment. From 1958–1962 he was admitted to the hospital twice for wind-type joint inflammation. After treatment he still had occasional joint pain. He denies a history of high blood pressure.

Personal history

He was born and grew up in Guangzhou. In 1952 he began working in Gao Zhou County where he has remained to the present. He has been to Dong Bei, Shanghai and other places on business. He smokes about 20 cigarettes per day and does not drink.

Family history

His parents are still alive and healthy at the age of 80. They live in America. His wife and three daughters are all healthy with no hepatitis, TB or other infectious diseases.

Inspection, listening and smelling, and palpation examination (clinical examination)

The patient's spirit-mind is clear and he is cooperative. His speech is clear and his voice

normal. He appears well nourished. His body is fat and the skin of the entire body is slightly cold but the skin color is normal with no yellowing, stasis macules, crab-like lines or water swelling. The head and neck are normal. He has black hair that lacks luster. There is no hair loss. The facial color is slightly bright white. The temporal artery is not crooked or hard. The lips are red, the tongue body is red and slightly dusky, the sides of the tongue appear to have extremely small stasis dots. The five offices are normal. There are no abnormal excretions from the eyes, ears or nose. The throat is not red or swollen and there appear to be no abnormalities. The neck is flexible and movement is normal. On palpation there is no goiter or phlegm nodules. The chest is well developed and symmetrical and no abnormal breath sounds are heard. The apical pulse is normal. On palpation the abdomen is flexible; there is no pressure pain or swollen lumps at any place. There was no examination of the external genitalia or anus. The spinal column and the four limbs are normal. The pulse is deep, leisurely and slightly rough at all positions on both sides.

Other examinations

I Physical examination

Temperature: 36°C
 Pulse rate: 54 beats per minute
 Respirations: 18 per minute
 Blood pressure: 120/90 mmHg

II Adjunctive examinations

1. EKG and ultrasound have been done.
2. X-ray of the abdomen and anterior, posterior and lateral film of the lumbar vertebrae have been done.
3. Routine blood examination:
 Heme: 12 g
 RBC: 3 500 000/mm³
 WBC: 6000/mm³
 Classified neutrophil: 80%
 Lymphocyte: 20%

Pattern identification and analysis

After examining the patient with the four examinations, there are four important characteristics. (1) Chest oppression in the anterior chest has been accompanied by head dizziness for more than half a year. (2) When it occurs there is chest impediment and, in serious cases, the chest pain radiates to the back and there is a sensation of pressure. (3) When there is heart pain it is accompanied by heart palpitations and shortness of breath. (4) The tongue is dusky red with small stasis dots on the side and the pulse is deep, leisurely and slightly rough. Although there were no abnormalities found on EKG, still, according to the clinical observation, this is ascribed to 'chest impediment flooding the farmland.' The chest area is where the clear yang collects and the yang qi is all received in the chest. If the chest yang is not settled, the heart qi is insufficient and the qi dynamic obstructed, then there will be chest oppression, chest screen, a bright white facial complexion, shortness of breath, dry mouth and poor sleep. Also, the heart governs the blood vessels of the entire body and so if there is heart qi vacuity and the movement of the heart blood is impeded, then there will be an image of stasis obstruction in the heart vessels. Therefore, in this pattern there is a dusky red tongue with small stasis dots on the sides of the tongue, the pulse is deep, leisurely and slightly rough and the chest pain radiates to the back. In sum, there is chest impediment due to dual vacuity of qi and yin causing blood stasis and an insufficiency of the heart blood flow.

Primary diagnosis

1. Chest impediment (dual vacuity of qi and yin) and unsettled chest yang with heart blood stasis.
2. Further examination of sand strangury is required to determine whether it has been expelled.
3. Further examination of lumbar pain is required to find the cause.

Treatment plan

1. First, treat the chest impediment according to the treatment principle of boosting the qi and nourishing the yin, diffusing the impediment and freeing the yang, assisted by quickening the blood and freeing the vessels.

Choose the formula sheng mai san (Generate the Pulse Powder) combined with modified gua lou xie bai bai jiu tang (Trichosanthes, Chinese Chive and White Liquor Decoction).

The formula is:

gua lou (fructus trichosanthes)	12 g
xie bai (Chinese chive)	10 g
zhi shi (fructus aurantii)	12 g
fu ling (sclerotium poria cocos)	24 g
shan zha (fructus crataegi)	20 g
jiang xiang (dalbergiae lignum)	6 g

dang shen (radix condonopsis)	20 g
mai men dong (tuber ophiopogonis)	12 g
wu wei zi (fructus schisandrae)	6 g
dan shen (radix salviae miltiorrhizae)	24 g
tian qi infusion (radix notoginseng)	3 g
(one decoction per day)	

2. The patient is advised to rest in a comfortable manner, without upsetting the nerves. Violent movement and fatty, sweet, greasy or spicy foods should be avoided.

3. The patient should be closely observed. It is advisable to have emergency treatment available for attacks.

Physician signature:

Date:

Example 2: Traumatic injury department

EKG no.:

Out-patient no.:

Ultrasound no.:

In-patient no.:

X-ray no.:

In-patient medical history

Name: Mai XX Sex: Female Age: 12

Place of birth: Guang Dong

Marital status: single Nationality: Han

Work unit: Grade 5, Lei Dei Primary School

Occupation: Student

Address: Lei Dei Village, Shun De County

Family member name: Liao XX (mother)

Contact address: Embroidery factory of Lei Dei village

Date of admission: October 31, 1982, 8:00 p.m.

Date history taken: October 31, 1982

Date history recorded: November 1, 1982

Teller: Patient and mother

Inquiry examination

Chief complaint

Swelling and pain of the left thigh due to car accident, with loss of function for 4 hours.

History of present illness

At 4 p.m. in the afternoon on October 31, 1982, while on the back of a bicycle, the patient was knocked down by a car going in the same direction (the position in which she fell was unclear). When she attempted to stand immediately after the accident, owing to pain and lack of strength in the left leg she fell down again and soon lost consciousness. When she later regained consciousness she was able to stand with support. She was first sent to the local hospital for dressing of the injured leg and then, about 2 hours later, to our clinic. Diagnostic examination revealed: (1) comminuted fracture at the middle one-third of the left femur; (2) damage to the left rib-side; (3) concussion of the brain. After splinting the left leg with four long splints and applying gauze prepared with herbal medicine on the left rib-side, the patient was taken to the ward at approximately 8 p.m.

There has been no nausea, vomiting or clouding stupor since the accident. There is still pain in the left thigh, left rib-side and left foot, with the left thigh being the most severe. She is unable to move, the abdomen is slightly distended and full, there has been no bowel movement or flatulence, the mouth is dry with a slight thirst and preference for warm fluids, torpid intake, and clear and uninhibited urine that is pale yellow. There is no cough or sputum or sensation of cold or heat.

History of previous illness

Prior to the injury she was healthy. There is no history of hepatitis, TB or other infectious diseases.

Personal history

She has always lived at home and never traveled to other places. She has no particular hobbies.

There is no history of eating raw fish. Menstruation has not yet begun.

Family history

Both parents are alive and healthy. No siblings. Her parents deny any history of infectious disease or other disorders.

Inspection, listening and smelling and palpation examination (clinical examination)

The patient's mind is clear, her essence-spirit is slightly withered and there is an expression of pain and suffering. Her speech is clear, although hesitant, low and deep, with no desire to answer questions. Her lips are green-blue, her face is white and her sclera, skin and nails are all pale and without luster. She appears moderately nourished and her development is appropriate. There is an absence of stasis macules, swelling, distention or pressure pain in the head, and the five offices are all normal, with no abnormal discharge or blockage. The pupils are equally round and reactive to light. The neck is flexible and moves freely. Respiration is slightly rapid but even. There are no abnormal heart or lung sounds. There is a superficial bruise on the left rib-side, the size of half a hand, caused by abrasion. Both sides of the chest are symmetrical but there is tenderness of the lower edge of the left costal arch. The strength of the costal diaphragm is still present and there is no pronounced pain with squeezing. The abdomen is even but there is slight tension on the left lower abdomen and mild pressure pain. There is mild tympany in the upper abdomen but there is no obvious tenderness or rebound tenderness. There is no shifting dullness. The abdominal sounds are diminished.

The curvature of the spine is normal and movement is fine. Both of the upper limbs and the right lower limb move freely and forcefully. This is some mild blue swelling and tenderness on the posterior aspect of the left elbow. She is unable to raise the left leg and there is a slight

deformity on exterior rotation. The leg is 2 cm shorter than the healthy leg and the hip and knee joint have lost active flexion and extension of the joint. The injured thigh exhibits severe swelling and distention that radiate to the knee. The skin on the injured thigh is warm and there is blood stasis on the middle and lateral aspects of the thigh, as well as sharp pain on rotation, percussion and longitudinal percussion. There is cyanosis with mild swelling and distention on the dorsum of the left foot. On the proximal end of the first metatarsal of the toe on the left foot there is pronounced tenderness, mild longitudinal percussion pain and pain on flexion and extension. The strength of the diaphysis is reduced. There may be bony crepitus, and there are local abrasions to the skin and a thin, dry blood stain. Moderate tenderness was found around the metatarsophalangeal joints of the left foot; this was worse with flexion and extension. Active movement of the ankle joint is normal. Except for the left thigh, the skin of the entire body is warm and smooth. The tongue body is pale with thin, slightly yellow and dry fur. The pulse is string-like, fine and rapid. The left fu yang (Instep Yang, UB-59) pulse is fine, rapid and soggy.

Other examinations

I Physiological examination

Body temperature: 37.5°C
 Pulse rate: 104 beats per minute
 Respiration rate: 22 breaths per minute
 Blood pressure: 110/60 mmHg

II Adjunctive examinations

1. X-ray of the left thigh (November 1, 1982) reveals the following. Great dentate transverse fracture of the middle one-third of the left femur. Displacement of the distal end to the upper posterior medial aspect, overlapping by 2 cm and forming a small angle by protruding to the posterior lateral aspect. Separated triangular bone fragments the size of a hyacinth bean in the medial posterior aspect.

2. Routine blood examination (31 October, 1982, 6 p.m.)

Heme: 8 g

RBC: 2 900 000/mm³

WBC: 16 800/mm³ (DC: N - 87%, L - 13%; DC = differential count, N = neutrophils, L = leukocytes.)

Pattern identification and analysis

The patient's body is strong and healthy. Because of an external force there is swelling and distention of the left thigh with deformity and pain on outward rotation. There is pronounced tenderness around the middle of the thigh, bony crepitus and loss of diaphysis strength. There is clearly fracture of the middle one-third of the femur with displacement. The diagnosis is further confirmed by X-ray, which indicates that it is a comminuted fracture. Because of the direct violent force, the distal end moved medially. Later, the flexion of the lower leg pulled the posterior end and the vastus lateralis muscle contracted to form an angle. Because it is a dentate transverse fracture, if it is properly set it will be stable. Therefore, it should first be treated with manual manipulation. As for the swelling and bluish color of the dorsum of the foot, there is pronounced tenderness on the proximal end of the first metatarsal bone, longitudinal percussion pain and reduced strength of the diaphysis, indicating a probable base fracture of the metatarsal bone. However, judging from the superficial abrasion, the swelling and bluish color and the pain in the metatarsophalangeal joint on movement, it is likely that there is a sprain that occurred during the fall. Although there is currently no displacement of the dorsum of the foot, an eye should be kept on the possibility of backward displacement of the fracture or angling displacement. Since all of the metatarsophalangeal joints move freely, the swelling and pain may be caused only by sprain.

As for the pain in the left rib-side, as the strength of the costal diaphysis is good and there is no chest oppression, distention or full-

ness and no coughing or shortness of breath, this can be diagnosed as soft tissue contusion. In addition, there are abdominal sounds, though reduced, and the abdomen is soft with no shifting dullness, the blood pressure is stable and the pulse is fine but not vacuous. The tightness and tenderness of the left lower abdomen are due to the injury in the left thigh. However, close attention should be paid to possible injury to the internal organs.

The ancient people said: 'Injury to the sinews, inability to stretch. Injury to the bone, inability to bend.' The sinews and bone are closely connected. When there is injury to the bone, there must be injury to the tendon. In this case, the functioning of the left lower limb is impaired, there is swelling and distention of the thigh and severe pain. Besides simultaneous damage to the sinew and bone, there is also injury to the channels and networks and the blood vessels. One may also consider that the blood from the broken blood vessels will collect and accumulate, causing stasis. The qi follows the blood in obstruction and so there is stagnation and lack of free flow. Therefore the pulse is string-like and the pattern is replete.

In addition, there is the bluish color, the green-blue lips and pale face, the pale tongue and pale skin that lacks luster, the voice is quiet and deep and lacks force, there is torpid intake and the qi of the bowels is not moving. This indicates that the damage to the exterior has affected the interior, causing damage to both qi and blood. It is said: 'With qi damage there is pain, with damage to the form there is swelling' and 'With external damage to the body or limbs, there is internal damage to qi and blood causing lack of regulation between the construction and defense and disharmony of the viscera and bowels,' which is what has occurred here. In addition to the trauma, there is a dry mouth, thirst with a desire for warm fluids, a fine and rapid pulse and slightly yellow tongue fur, which are due to consumption damage to the yin blood. This is complicated by signs of stasis and obstruction transforming into heat. Hence, this is a pattern of vacuity within repletion; however, it may change at any time and so close attention must be paid.

As for the temporary clouding stupor after the damage, since this occurred after forcefully attempting to stand despite the pain and fright, and there is no sign of swelling or pain on the head, and no history of falling from a high place, this clouding stupor may therefore be ascribed to a temporary qi block rather than damage to the brain and marrow. The recovery will be much more rapid.

Preliminary diagnosis

1. Fracture to the middle one-third of the left femur.
2. Possible fracture to the base of the left first metatarsal bone (?). Sprain of the 1st through 5th metatarsophalangeal joints.
3. Contusion to the left rib-side. Possible injury to the internal organs (?).

Treatment plan

There is simultaneous injury to the sinews and bone, damage to both qi and blood and vacuity within repletion; however, the first and most pressing treatment is to support the right and expel evil. Since the vacuity and repletion are both the cause and the result, in this case we will treat the root by placing and securing the bones as soon as possible. In this way the qi and blood will be secured and the disease conditions will not advance. At the same time, formulas for supplementing the qi and blood, moving qi and cooling the blood and scattering stagnation and stopping pain will be given. After this, according to the development of the disease conditions, further treatment may be given.

Current measures

1. Manual manipulation of the bone and stabilization of the bone with four long splints and a pad. Later, securing the left leg in the correct position and applying slight traction to the straightened leg.

2. External application of medicinal agents to disperse stagnation, reduce swelling and stop pain.
3. Internal administration of si wu tang (Four Agents Decoction) plus ren shen (radix ginseng), chuan shan jia (squama manitis), tian qi (radix notoginseng), da huang (radix et rhizoma rhei), mu xiang (radix saussureae) and mu dan pi (cortex radice moutan).
4. Application of herbs to the injured foot followed by securing the dorsum of the foot.
5. After the fracture repair has succeeded, the patient should be put in physical therapy right away and taught to do progressive exercises.
6. The patient should be nursed as a severe case and observed for advancement of the disease

conditions, with special attention paid to the spirit-mind, the pulse rate and the conditions of the chest and abdomen.

7. Give a semiliquid diet. Cold, raw, sweet, sour, acrid and fried food are all contraindicated.
8. There should be one more X-ray of the anteroposterior and lateral side of the foot.
9. If necessary, there should be a re-examination of the blood work, a urine work-up and blood typing in order to supplement fluids or give an emergency blood transfusion.

Physician signature:

Date:

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The references listed here are not references used by the translator in rendering the English text, rather, they are texts cited in the actual body of the text by the author. In the original text, no references are given.

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