

# CHAPTER ONE

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## **Pattern identification as a basis for determining treatment requires skilled mastery of the four examinations.**

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In clinic, when conducting pattern identification to determine treatment, the physician must skillfully and accurately utilize the principles of the four examinations: inspection, listening and smelling, inquiry, and palpation. Physicians also need to be able to collect accurate and useful information so as to develop a comprehensive understanding of the patient's illness. Only then can a good foundation be laid for treatment based on pattern identification. Proficiency in conducting the four examinations is essential. To illustrate this point, I present here five case studies together with short discussions based on my personal experience.

### CASE STUDIES

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#### **CASE ONE**

CONCRETION AND CONGLOMERATION MOUNTING PAIN  
(TWISTED OVARIAN CYST)

癥瘕疝痛(卵巢囊肿蒂扭转)

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The patient was a 67-year-old woman whose first examination date was April 17, 1961.

## CHIEF COMPLAINT

Severe pain in the lower abdomen that had persisted for ten days.

## INQUIRY EXAMINATION

The patient had a large swelling on the right side of her abdomen that was painful and resisted pressure. Five days earlier, she had gone to her local hospital, where she received a diagnosis of “twisted ovarian cyst” and was told that her condition needed surgery. Refusing this option, she came to my hospital for diagnosis and treatment.

Her chief complaint was severe lower abdominal pain and swelling that resisted pressure. She exhibited fidgetiness when sitting or lying down and experienced disquieted sleep. Her food and drink intake were reduced, she experienced oppression and distention in her stomach duct after eating, and her mouth was dry but she was unable to drink much. She had dry bound stool and experienced vexing heat in the five hearts at night.

## INSPECTION EXAMINATION

The patient appeared to be in a state of acute pain and suffering. Although she was fidgety while sitting and lying down, she did not move freely. Her tongue was red with white fur.

## LISTENING AND SMELLING EXAMINATION

She exhibited subtle groaning and a low voice, and her breathing was relatively weak.

## PALPATION EXAMINATION

The lower abdomen was bulging and distended, and slightly to the right below the umbilicus was an eggplant-shaped lump the size of a child’s head. The lump was painful, resisted pressure, and was relatively hard. The pressure pain was (+++); abdominal muscle tension was (++); rebound pain was (+). All six pulses were slightly rapid and stringlike, especially in the bar and cubit positions. Her body temperature was 37.8 C.

## PATTERN IDENTIFICATION

I knew that the illness was located in both the liver and kidney channels because her chief complaint was pain in the lower abdomen and the swelling affected the right side below the umbilicus. As for the tension of the abdominal flesh, Chinese medicine calls this abdominal sinew tension. The liver governs the sinews, and disharmony of the sinews results in tension. The *Huáng Dì Nèi Jīng* (“The Yellow Emperor’s Inner Canon”) states:

“Disease arises when foot reverting yīn liver [channel] is stirred... In men this causes mounting [pain], in women lesser-abdominal swelling... In severe cases, dry throat is present.”

The *Jīn Guì Yì* (“The Wings of the Golden Coffin”) further explains:

“Women also suffer from mounting qì; whenever there are symptoms such as blood desiccation with absence of menstruation and clots in the lesser-abdomen, this surely indicates disease in the liver channel.”

According to this explanation, the liver channel was the primary location of this disease. The *Zhèng Zhì Huì Bǔ* (“Collected Supplement to Patterns and Treatments”) elaborates:

“Whenever mounting endures, it can form accumulations shaped like a dish that attach above, below, and to the left and right of the umbilicus. These can be either concretions or conglomerations and cause endless pain.”

On the basis of this, in conjunction with the fact that the onset of abdominal pain was rapid, I knew that this illness belonged to the category of concretion and conglomeration mounting disease. The stringlike pulse in both hands indicated liver channel disease, as well as mounting-conglomeration, accumulation, and gathering with tension and pain in the abdomen. The *Mài Jīng* (“The Pulse Canon”) says: “In the diagnosis of mounting-conglomeration, accumulations, and gatherings in women, the pulse will be stringlike and urgent.” The correlation of the four examinations supported the diagnosis of concretion and conglomeration mounting pain.

#### TREATMENT METHOD

The swelling in the abdomen that refused pressure indicated repletion evil, but the patient was over sixty years of age, the illness had continued for ten days, and eating and sleeping were irregular. The patient also demonstrated qì timidity, low voice, and a long history of fatigue, so there were symptoms of vacuity within the repletion. Consequently, the treatment used the method of moving qì and quickening the blood while regulating the liver and relaxing tension to alleviate pain. After right qì had been gradually restored, a prescription was given to disperse the lump and eliminate the concretion.

#### PRESCRIPTION

The patient received two packets of the following prescription:

wū yào (乌药 <i>lindera</i> , <i>Linderae Radix</i> ) 12.5 g
dāng guī (当归 <i>Chinese angelica</i> , <i>Angelicae Sinensis Radix</i> ) 12.5 g

*bái sháo yào* (白芍药 white peony, *Paeoniae Radix Alba*) 25 g  
*wú zhū yú* (吴茱萸 evodia, *Evodiae Fructus*) 3.5 g  
*chǎo chuān liàn zǐ* (川楝子 stir-fried toosendan, *Toosendan Fructus Frictus*) 12.5 g  
*lì zhī hé* (荔枝核 litchee pit, *Litchi Semen*) 9 g, crushed  
*chǎo jú hé* (橘核 stir-fried tangerine seed, *Citri Reticulatae Semen Frictum*) 9 g  
*hú lú bā* (胡芦巴 fenugreek, *Trigonellae Semen*) 6 g  
*chǎo xiǎo huí xiāng* (炒小茴香 stir-fried fennel, *Foeniculi Fructus Frictus*) 9 g  
*qīng pí* (青皮 unripe tangerine peel, *Citri Reticulatae Pericarpium Viride*) 6 g  
*mù xiāng* (木香 costusroot, *Aucklandiae Radix*) 4.5 g  
*rǔ xiāng* (乳香 frankincense, *Olibanum*) 6 g  
*mò yào* (没药 myrrh, *Myrrha*) 6 g  
*yán hú suǒ mò* (延胡索 powdered corydalis, *Corydalis Rhizoma Pulveratum*) 4.5 g (divided into two portions and taken drenched)

#### FORMULA EXPLANATION

This formula is a modification of *wū líng tōng qì tāng* (*Lindera* and *Poria* Free the Qì Decoction) in combination with *huí xiāng jú hé wán* (Fennel and Tangerine Pill). In this formula, *wū yào* (*lindera*) acts as the chief medicinal by moving stagnant qì in the abdomen, normalizing counterflow qì in the kidney channel, and treating mounting pain by moving qì.

The support medicinals, *dāng guī* (Chinese angelica) and *bái sháo yào* (white peony), nourish the liver, quicken the blood, relax the sinews, and relieve tension.

Acting as the assistant medicinals, *jú hé* (tangerine seed), *xiǎo huí xiāng* (fennel), *lì zhī hé* (litchee pit), *hú lú bā* (fenugreek), and *mù xiāng* (costus root) warm and dissipate stagnant qì in both the liver and kidney channels, for when the qì moves, the blood also moves. *Rǔ xiāng* (frankincense), *mò yào* (myrrh), and *yán hú suǒ* (corydalis) quicken stasis and soothe the sinews, and disperse swelling and settle pain. By regulating the physiological functions, the assistant medicinals enhance the treatment effect.

As couriers, *wú zhū yú* (evodia) and *qīng pí* (unripe tangerine peel) primarily enter the liver channel to course the liver and open depression and to rectify qì and break binds. *Chuān liàn zǐ* (toosendan) soothes the sinews and moves qì, which makes it an important medicinal for treating mounting pain. Since its nature is bitter and cold, it can clear heat from the small intestine, the urinary bladder, the liver, and the kidney. Therefore, it is a useful medicinal in

the treatment of mounting pain in this formula and is a paradoxical support medicinal to prevent overheating from warm medicinals.

### FOLLOWUP TREATMENT

Second visit, April 19: The abdominal pain was alleviated, urine and bowels were uninhibited, and the patient was able to sleep at night for more than an hour at a time. The abdominal wall had already softened, and the tenderness of the concretion lump was also relieved. She was still unable to eat or drink much; she had weakness in the entire body and a low voice, and she demonstrated qì timidity. Her tongue appeared unchanged, and the pulse was slightly stringlike. The diagnostic tests had revealed a leukocyte count of  $19,700/\text{mm}^3$ , 82% neutrophil granulocytes, 16% lymphocytes, and 2% basophils.

Keeping with the original method, I removed *wú zhū yú* from the previous formula and added *xī yáng shēn* (American ginseng, decocted separately and then added) 4.5 g and *zhì huáng qí* (mix-fried astragalus) 9 g to assist the right qì. The patient received two more prescription packets.

Third visit, April 24: The patient experienced very good results after taking the above-mentioned formula and had taken two more preparations of this formula in the meantime. By now, the abdominal pain was completely gone; she was sleeping well and her food intake had increased. Her essence-spirit had improved, and she could sit, lie down, and walk with a cane. Urination was normal, but her bowels had not moved in five days. Palpation of the abdomen revealed that the abdominal wall had softened, and there was a distinguishable, slightly moveable swelling approximately the size of a child's head in the lower abdomen on the right side. The pain with pressure was (+). The six pulses were slightly rapid, stringlike, and slippery. The tongue fur was white and thick. The diagnostic tests revealed a leukocyte count of  $9,200/\text{mm}^3$ , 79% neutrophil granulocytes, 20% lymphocytes, and 1% basophils. A routine urinalysis revealed a glucose level of (++) , and further inquiry into her health history showed that she was diabetic. Therefore, the previous formula was modified, and two packets were given as follows:

*rén shēn* (人參 ginseng, Ginseng Radix) 6 g  
*bái zhú* (白朮 white atractylodes, Atractylodis Macrocephalae Rhizoma)  
 6 g  
*fú líng* (茯苓 poria, Poria) 6 g  
*zhì gān cǎo* (炙甘草 mix-fried licorice, Glycyrrhizae Radix cum Liquido  
 Fricta) 4.5 g  
*chén pí* (陈皮 tangerine peel, Citri Reticulatae Pericarpium) 6 g  
*chuān liàn zǐ* (川楝子 toosendan, Toosendan Fructus) 9 g  
*chǎo xiǎo huí xiāng* (炒小茴香 stir-fried fennel, Foeniculi Fructus  
 Frictus) 6 g

*lì zhī hé* (荔枝核 litchee pit, Litchi Semen) 9 g  
*xiāng fù* (香附 cyperus, Cyperi Rhizoma) 9 g  
*zhì huáng qí* (炙黄芪 mix-fried astragalus, Astragali Radix cum Liquido Fricta) 12 g  
*rǔ xiāng* (乳香 frankincense, Olibanum) 3 g  
*mò yào* (没药 myrrh, Myrrha) 3 g  
*guā dì* (瓜蒂 melon stalk, Melonis Pedicellus) 19 g (mixed with *yuán míng fěn* (元明粉 refined mirabilite, Natrii Sulfas Exsiccatus) 1.5 g)  
*yán hú suǒ mò* (延胡索 powdered corydalis, Corydalis Rhizoma Pulveratum) 3.5 g (divided into two portions and taken drenched)

Fourth visit, April 26, and fifth visit, May 3: All symptoms were alleviated, and the bowels were unobstructed. The patient was moving without impediment, food and drink intake had doubled, and her complexion was lively and lustrous. The urinary glucose level was still at (++) . *Guā dì* (melon stalk) and *yuán míng fěn* (refined mirabilite) were removed from the formula, and the following medicinals were added to clear heat from the qì and blood and to disperse the center:

*zhī mǔ* (知母 anemarrhena, Anemarrhenae Rhizoma)  
*shēng shí gāo* (生石膏 raw gypsum, Gypsum Crudum)  
*huáng qín* (黄芩 scutellaria, Scutellariae Radix)  
*dān shēn* (丹参 salvia, Salviae Miltiorrhizae Radix)  
*qīng pí* (青皮 unripe tangerine peel, Citri Reticulatae Pericarpium Viride)

Sixth visit, May 8: The patient was symptom-free. Her complexion had luster and her essence-spirit was good. Palpation of the abdomen revealed a swelling the size of an apple on the right side of the lower abdomen, but she reported no pain during her daily activities and no tenderness when her abdomen was pressed. Both the bar and cubit pulses were still slightly stringlike, and the tongue fur was thin and white. Accordingly, I changed the prescription to support the right qì and to disperse the accumulation at the same time. This was a method of concurrent attack and supplementation. The prescription was administered in pill form. *Huáng qí* (astragalus) was removed from the formula and the following medicinals were added:

*sān léng* (三棱 sparganium, Sparganii Rhizoma)  
*é zhú* (莪朮 curcuma rhizome, Curcumae Rhizoma)  
*táo rén* (桃仁 peach kernel, Persicae Semen)  
*hóng huā* (红花 carthamus, Carthami Flos)  
*bīng láng* (槟榔 areca, Arecae Semen)  
*wū yào* (乌药 lindera, Linderae Radix)

*bái sháo yào* (白芍药 white peony, *Paeoniae Radix Alba*)  
*jiāo shān zhā* (焦山楂 scorch-fried crataegus, *Crataegi Fructus Ustus*)  
*jiāo shén qū* (焦神曲 scorch-fried medicated leaven, *Massa Medicata Fermentata Usta*)  
*jiāo mài yá* (焦麦芽 scorch-fried barley sprout, *Hordei Fructus Germinatus Ustus*)

These medicinals were ground into a fine powder and then formed into water pills the size of mung beans. The dosage was 3–6 g taken twice a day with warm boiled water.

Sixth visit, September 19, 1961: The complexion of the patient was still lustrous, her daily activities were normal, and she could manage her own household activities. The urinary glucose tests were negative. Palpation of the abdomen revealed a small swollen mass on the right side which was the size of an apricot. She was advised to continue with the prescription pill.

Seventh visit, May 17, 1962: The patient was in good health, and the urinary glucose test was still negative. The abdominal swelling had completely disappeared.

## CASE TWO

COUGH AND PANTING (CHRONIC GERIATRIC BRONCHITIS, PULMONARY EMPHYSEMA, CARDIOPULMONARY DISEASE, AND CARDIAC FUNCTIONAL INSUFFICIENCY [LEVEL II–III])  
 咳喘(老年慢性支气管炎；肺气肿；肺心病；心功能不全 II–III 度)

The patient was a 67-year-old woman whose first examination date was December 12, 1969.

### CHIEF COMPLAINT

Cough, panting, and inability to lie flat for the last two weeks.

### INQUIRY EXAMINATION

The patient had suffered from cough and panting for many years, but with the recent onset of cold weather her complaint had worsened. She had gone to the local hospital for examination, and she had received a diagnosis of chronic geriatric bronchitis, pulmonary emphysema, cardio-pulmonary disease, and cardiac functional insufficiency (Level II-III). Since her biomedical treatment had not brought good results, she requested treatment with Chinese medicine. At the time of the examination, the coughing and panting were quite obvious, and she also presented with the following symptoms: flusteredness and shortness of breath, inability to lie flat and difficulty going to sleep, profuse clear

thin phlegm that was easy to expectorate and contained white froth, and puffy swelling in the lower limbs. Urine was scant, bowels were still regular, but her food intake had diminished and she had no desire for liquids. She suffered from blockage in the stomach duct, slight pain, and nausea and retching.

### **INSPECTION EXAMINATION**

Her complexion was yellowish-white without luster, and her lower eyelids were slightly puffy and swollen. She leaned back when sitting. The phlegm was like clear water and contained white froth. The tongue fur was white and glossy.

### **LISTENING AND SMELLING EXAMINATION**

She was repeatedly coughing with urgent panting; she spoke in a low voice and had intermittent shortness of breath.

### **PALPATION EXAMINATION**

There was glomus and oppression below the heart that resisted heavy pressure, and puffy swelling in both lower limbs that pitted when pressure was applied. All six pulses were slippery and rapid; the inch pulses were fine, slippery, and somewhat stringlike, the right bar pulse was slippery, the left bar stringlike and slippery, and both cubit pulses were sunken, slippery, and slightly stringlike.

### **PATTERN IDENTIFICATION**

I knew that yáng qì was insufficient because her complexion was yellowish-white and lacked luster, her voice was low, and the illness was exacerbated by seasonal cold weather. In this elderly patient, yáng became vacuous; the spleen and lung function was depleted, the spleen failed to transform, and the depurative downbearing of the lung was impaired. When damp-cold was not transformed, it engendered phlegm-rheum. Rheum evil ascended and intimidated the heart and lungs; thus, there were symptoms such as cough and panting, hasty breathing, and flusteredness. The patient could not lie flat and had difficulty falling asleep at night. When rheum evil was present, it presented in phlegm that was clear and thin, easy to expectorate, profuse, and contained white froth. When damp evil stagnated, the center burner did not transform; thus, the stomach duct was blocked, and the patient had no desire for fluids. The tongue fur was white and glossy. When damp evil poured downward, it caused water swelling in the lower limbs. Furthermore, when water-rheum intimidated the heart at the same time that chest yáng was devitalized, the water-rheum shot into the lung, and the lung had difficulty with its functions of depurating and downbearing, spreading and transforming. As a result, the lung could not “govern regulation of the waterways or the downward transportation of water to the urinary bladder.” Therefore, urine was scant, but water swelling increased daily.

Because both inch pulses appeared fine, slippery, and slightly stringlike, I knew that water-rheum was ascending and intimidating the heart and lung. The stringlike and slippery bar pulses indicated stagnant water-rheum that was not transformed. From the sunken, slippery, and slightly stringlike cubit pulse I knew that water-rheum was amassing in the lower burner and causing water swelling in the lower limbs. The correlation of all four examinations resulted in the diagnosis of phlegm-rheum intimidating the heart and lung.

### TREATMENT METHOD

The method of downbearing qì and eliminating phlegm while assisting yáng and transforming rheum to treat root and tip simultaneously is based on these principles: “In acute conditions, treat the tip; in moderate conditions, treat the root”; and “In phlegm-rheum disease, harmonize with warming medicinals.”

### PRESCRIPTION

The patient received three packets of the following prescription:

*chǎo sū zǐ* (炒苏子 stir-fried perilla fruit, *Perillae Fructus Frictus*) 10 g  
*chǎo lái fú zǐ* (炒莱菔子 stir-fried radish seed, *Raphani Semen Frictum*) 9 g  
*zhì bàn xià* (制半夏 processed pinellia, *Pinelliae Rhizoma*) 10 g  
*huà jú hóng* (化橘红 Huazhou pomelo rind, *Citri Grandis Exocarpium Rubrum*) 10 g  
*zhì gān cǎo* (炙甘草 mix-fried licorice, *Glycyrrhizae Radix cum Liquido Fricta*) 6 g  
*fú líng* (茯苓 poria, *Poria*) 15 g  
*zhū líng* (猪苓 polyporus, *Polyporus*) 15 g  
*guì zhī* (桂枝 cinnamon twig, *Cinnamomi Ramulus*) 8 g  
*zé xiè* (泽泻 alisma, *Alismatis Rhizoma*) 10 g  
*zhēn zhū mǔ* (珍珠母 mother-of-pearl, *Margarita*) 30 g (pre-decocted)  
*huò xiāng* (藿香 patchouli, *Pogostemonis Herba*) 10 g  
*yán hú suǒ* (延胡索 corydalis, *Corydalis Rhizoma*) 9 g

### FORMULA EXPLANATION

This prescription modified three classical formulas: *sān zǐ yǎng qīn tāng* (Three-Seed Filial Devotion Decoction), *èr chén tāng* (Two Matured Ingredients Decoction), and *wǔ líng sǎn* (Poria Five Powder). The chief medicinals are *zǐ sū zǐ* (perilla fruit), which downbears qì and disinhibits the lung to disperse phlegm, and *bàn xià* (pinellia), which fortifies the spleen and dries dampness to transform phlegm.

As support medicinals, *lái fú zǐ* (radish seed) and *jú hóng* (red tangerine peel) regulate qì and eliminate phlegm, and *guì zhī* (cinnamon twig) and *fú líng* (poria) warm yáng and transform rheum.

As assistant medicinals, *zhū líng* (polyporus) and *zé xiè* (alisma) combine with *guì zhī* to transform *qì* and disinherit water and thereby reduce swelling; *gān cǎo* (licorice) combines with *bàn xià*, *jú hóng*, and *fú líng* to eliminate phlegm and transform dampness while fortifying and moving the center burner. *Huò xiāng* (patchouli) and *yán hú suǒ* (corydalis) combine with *lái fú zǐ* to regulate the center and transform stagnation and thereby eliminate fullness and dispel pain.

As the courier, *zhēn zhū mǔ* (mother-of-pearl) benefits the heart and subdues *yáng*; it also settles timidity and quiets the spirit.

Since the stomach duct was blocked and slightly painful, *bái zhú* (white atractylodes) was removed from *wǔ líng sǎn* and *bái jiè zǐ* (white mustard) was removed from *sān zǐ yǎng qīn tāng*. *Huò xiāng* and *yán hú suǒ* were the substitutions. Each of these three formulas has its own particular emphasis, and when combined, they complement each other. Together they are able to downbear *qì*, eliminate phlegm, assist *yáng*, and transform rheum; in addition, they are effective for benefiting the heart and quieting the spirit.

#### FOLLOWUP TREATMENT

Second visit on December 15: After taking the above prescription, the cough and panting were clearly alleviated, phlegm was reduced, urine had increased, and the swelling had dispersed. She was able to lie flat and sleep well. The tongue fur had become thin, and the pulses were slightly slippery and moderate. After taking three more prepared packets of the above-mentioned prescription, her daughter came to inform me that the patient had clearly recovered, but I advised her to take another three packets to strengthen the therapeutic effect. Two weeks later on a follow-up visit, the patient had experienced no recurrence of symptoms.

### CASE THREE

#### DIZZINESS AND INSOMNIA (LOW BLOOD PRESSURE)

眩晕；失眠(低血压)

The patient was a 47-year-old woman whose first examination date was June 8, 1973.

#### CHIEF COMPLAINT

Dizzy head, insomnia, and low blood pressure for the past two or three years.

### INQUIRY EXAMINATION

During this period the patient had often suffered from dizzy head, insomnia, no pleasure in eating, scant food intake, and dry stools, with bowel movements only once every few days.. She had been to several hospitals for treatment, but without results. Her diagnosis was low blood pressure (78/50 mmHg). She had turned to Chinese medicine for diagnosis and treatment and had received and taken many prescription packets of *bǔ zhōng yì qì tāng* (Center-Supplementing Qi-Boosting Decoction), but the symptoms were not relieved and the blood pressure did not rise.

### INSPECTION EXAMINATION

She had poor essence-spirit, fatigue, and lack of strength. Moreover, she was agitated. Her development was normal, but she was slightly undernourished, and she had a yellowish facial complexion without luster. The tongue fur was normal; the tongue body was moist without any abnormalities.

### LISTENING AND SMELLING EXAMINATION

Her speech and voice were basically normal and her breathing was regular.

### PALPATION EXAMINATION

The pulses all appeared slightly fine, but there were no other abnormalities.

### PATTERN IDENTIFICATION

“All wind with shaking and dizzy vision is ascribed to the liver.” From the symptom of enduring dizziness, I knew that the disease was in the liver. Seeing the yellow complexion, fine pulse, and tendency to agitation, I knew that she suffered from blood vacuity *yáng* effulgence with liver wind harassing the upper body. Because her blood was vacuous and unable to nourish the heart, the heart spirit could not keep its composure, and insomnia resulted. Liver effulgence damaged the stomach, and the center failed to move and transform, thereby devitalizing the appetite and causing bowel elimination to become dry and scant. The correlation of the four examinations resulted in a diagnosis of dizziness and insomnia due to blood vacuity with liver effulgence.

### TREATMENT METHOD

Nourish blood and subdue *yáng*, emolliate the liver and extinguish wind, and foster the heart and quiet the spirit.

The patient received six to ten packets of the following prescription:

<p><i>bái sháo yào</i> (白芍药 white peony, <i>Paeoniae Radix Alba</i>) 12 g  <i>shēng lóng gǔ</i> (生龙骨 crude dragon bone, <i>Mastodi Ossid Cruda</i>)  24 g (pre-decocted)  <i>shēng mǔ lì</i> (生牡蛎 raw oyster shell, <i>Ostreae Concha Cruda</i>) 24 g (pre-decocted)</p>
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*dāng guī* (当归 Chinese angelica, *Angelicae Sinensis Radix*) 9 g  
*gōu téng* (钩藤 *uncaria, Uncariae Ramulus cum Uncis*) 21 g  
*zhēn zhū mǔ* (珍珠母 mother-of-pearl, *Margarita*) 24 g (pre-decocted)  
*lóng chǐ* (龙齿 dragon tooth, *Mastodi Dentis Fossilia*) 21 g (pre-decocted)  
*xiāng fù* (香附 cyperus, *Cyperi Rhizoma*) 9 g  
*chǎo huáng qín* (炒黄芩 stir-fried scutellaria, *Scutellariae Radix Fricta*) 9 g  
*yuǎn zhì* (远志 polygala, *Polygalae Radix*) 9 g  
*chái hú* (柴胡 bupleurum, *Bupleuri Radix*) 3 g  
*gān cǎo* (甘草 licorice, *Glycyrrhizae Radix*) 4.5 g  
*quán guā lóu* (栝楼 whole trichosanthes, *Trichosanthis Fructus Totus*) 30 g

### FORMULA EXPLANATION

The chief medicinals are *bái sháo yào* (white peony), which nourishes the blood and emolliates the liver, and *shēng lóng gǔ* (crude dragon bone) and *shēng mǔ lì* (raw oyster shell), which constrain, absorb, and subdue yáng.

Acting as support medicinals, *dāng guī* (Chinese angelica) supplements blood and nourishes the liver; *gōu téng* (*uncaria*) calms the liver and extinguishes wind; *xiāng fù* (*cyperus*) courses the liver and rectifies qì; and *huáng qín* (*scutellaria*) clears the liver and eliminates heat.

As assistant medicinals, *zhēn zhū mǔ* (mother-of-pearl) and *lóng chǐ* (dragon tooth) foster heart yīn and quiet the heart spirit; *yuǎn zhì* (*polygala*) promotes heart-kidney interaction; *guā lóu* (*trichosanthes*) downbears qì and moistens dryness, thereby freeing the intestines; and the sweet nature of *gān cǎo* (*licorice*) relaxes and regulates the center and harmonizes the stomach.

The courier medicinal, *chái hú* (*bupleurum*), enters the liver and gallbladder channels and upbears clear qì in the lesser yáng.

### FOLLOWUP TREATMENT

Second visit on July 30, 1973: After taking six packets of the above-mentioned prescription, the patient was able to restfully repose at night and the dizziness had disappeared. She continued with the formula and found that her appetite increased and her bowels became normal. After taking 20 more packets, her blood pressure was 100/70 mmHg and her body weight had increased by 9 kilograms. If her work was demanding and she had trouble falling asleep, she would buy several packets of the original formula and take a dose. As soon as she ingested the medicine she was able to sleep normally. Now her essence-spirit was good, and her efficiency at work was clearly enhanced. Her complexion was red and moist, her blood pressure normal, and she seemed to be a different person altogether.

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## CASE FOUR

### LESSER YÁNG (*SHÀO YÁNG*) HEAT DEPRESSION (FEVER OF UNDETERMINED CAUSE)

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The patient was a 30-year-old male, an outpatient from a hospital in Héběi Province; his first examination date was May 29, 1972.

#### CHIEF COMPLAINT

Frequent recurrence of a body temperature of more than 39 °C, which had lasted for close to two years.

#### INQUIRY EXAMINATION

For almost two years now, the patient had suffered frequent fever that was always accompanied by coughing of bloody phlegm and a temperature of more than 39 °C. Antibiotic treatment would bring the fever down after two or three days, but seven to ten days later, the fever and coughing of bloody phlegm would return. He would resort to antibiotics again for relief, only to have the cycle repeat itself. This had been his condition for almost two years, and even though he had sought help at the hospital for diagnosis and treatment several times, he still had not recovered. At the time of the first examination he had experienced relief for six to seven days, but had the feeling that the fever was about to return. Each time before the fever occurred, the patient had a slightly cold sensation followed immediately by the onset of the fever which lasted three to four days or sometimes a week. With the exception of the concurrent coughing of bloody phlegm, the patient had few other symptoms. He had been through many chest examinations, but his heart and lungs appeared normal.

#### INSPECTION EXAMINATION

His development was normal and his nutrition was average, but he had a slightly anxious expression. The tongue body and fur were normal.

#### LISTENING AND SMELLING EXAMINATION

His speech, voice, and breathing showed no obvious abnormalities.

#### PALPATION EXAMINATION

The abdominal examination was normal, the liver and spleen were not enlarged, and the pulses were stringlike.

#### PATTERN IDENTIFICATION

From observing that all six pulses were stringlike and that the fever occurred at set times, I knew that it was a pathocondition of evil seizing lesser

yáng. When enduring disease entered the blood, evil was depressed in the blood aspect, where it was blocked and not resolved. During every fever attack, heat evil harassed the blood, and the blood failed to stay in the channels. Because of this, it ascended counterflow, resulting in coughing of blood. The correlation of all four examinations led to a diagnosis of heat depressed in the lesser yáng.

### TREATMENT METHOD

Harmonize and resolve lesser yáng, clear heat and cool the blood.

### PRESCRIPTION

The patient received three packets of the following prescription, to be taken as a decoction:

<p><i>chái hú</i> (柴胡 bupleurum, Bupleuri Radix) 22 g  <i>huáng qín</i> (黄芩 scutellaria, Scutellariae Radix) 12 g  <i>bàn xià</i> (半夏 pinellia, Pinelliae Rhizoma) 9 g  <i>dǎng shēn</i> (党参 codonopsis, Codonopsis Radix) 12 g  <i>dì gǔ pí</i> (地骨皮 lycium root bark, Lycii Cortex) 12 g  <i>qīng hāo</i> (青蒿 sweet wormwood, Artemisiae Annuae Herba) 12 g  <i>bái wēi</i> (白薇 black swallowwort, Cynanchi Atrati Radix) 12 g  <i>shēng dì huáng</i> (生地黄 dried rehmannia, Rehmanniae Radix Exsiccata)  12 g  <i>bái jí</i> (白及 bletilla, Bletillae Rhizoma) 9 g</p>
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### FORMULA EXPLANATION

This formula uses *chái hú* (bupleurum) to mildly clear, course, and out-thrust and to harmonize and resolve lesser yáng. It uses *huáng qín* (scutellaria) to clear heat from the lesser yáng. These two are the chief medicinals.

As support medicinals, *bàn xià* (pinellia) opens binds and downbears counterflow; *dǎng shēn* (codonopsis) supports right qì and thereby assists in expelling evil outwards.

As assistant medicinals, *qīng hāo* (sweet wormwood) clears evil that has already penetrated deeply into the bones and the yīn aspect, and conducts evil to the exterior. *Bái wēi* (black swallowwort) treats fever that occurs at set periods of time. *Dì gǔ pí* (lycium root bark) clears heat, drains lung fire, and suppresses bloody cough. *Shēng dì huáng* (dried rehmannia) cools the blood and boosts yīn, and clears heat and stanches bleeding.

As the courier medicinal, *bái jí* (bletilla) stops lung bleeding and quickens stasis. The entire formula harmonizes and resolves lesser yáng, clears heat, cools blood, and stanches bleeding.

After taking the first packet of medicinals on the morning of May 31, the patient had several bouts of diarrhea. He inquired whether he should continue with the formula. I told him that the medicinals were causing an internal adjustment, that the prescription was not meant as a laxative, and that he should continue with the packets and finish all three of them.

#### **FOLLOWUP TREATMENT**

Second visit on June 2: The patient had finished the three medicinal packets. After taking the medicine he felt that his body was lively. His condition was much improved and the diarrhea had stopped. His essence-spirit had improved, and there had been no further fever attacks for over 10 days. The tongue appeared normal; the stringlike quality of the pulse was abating gradually. I prescribed three more packets of the original formula, with the dosage of *chái hú* reduced to 12 g.

On June 10<sup>th</sup>, I saw him on the street and inquired about his condition. He said that he had recovered and no longer had the fever.

Third visit on June 27: I went to his home for a follow-up visit. The patient said there had been no recurrence of the fever, and he had no sense that it would return; he went to work as usual and he was healthy and vigorous.

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## **CASE FIVE**

MENSTRUAL BLOCK WITH BLOOD STASIS ENGENDERING  
MACULES (SUBACUTE LUPUS ERYTHEMATOSUS)  
经闭, 血瘀生斑(亚急性红斑狼疮)

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The patient was a 24-year-old woman whose first examination date was April 15, 1968.

#### **CHIEF COMPLAINT**

Butterfly-shaped red macules on her face and a low-grade generalized fever, both of which had continued for more than a year.

#### **INQUIRY EXAMINATION**

In the previous year, during her menstrual period, the menses had abruptly stopped when the patient became very angry. Subsequently, butterfly-shaped red macules gradually appeared on her face, and red maculopapular eruptions appeared on top of her nose. The palms of her hands and her elbows were also covered with red macules. At night she experienced vexing heat, heat in the heart of the soles and palms, and a constant low-grade fever (37.2–37.8 °C). She sought diagnosis and treatment at a hospital in Hārbīn where she was diagnosed with lupus erythematosus. She was informed that no effective cure

existed, and was given hormones. When she experienced no noticeable results, she sought treatment at another hospital, the Běijīng Chinese Medical Research Institute, where she again received the diagnosis of lupus erythematosus and was given hormone treatment. She returned to Hārbīn and requested a consultation with a Chinese medical doctor. Even though she had been treated many times by both Chinese and Western medical doctors, she had obtained no effective cure. Finally, she came to my hospital in Běijīng for treatment. In addition to the symptoms mentioned above, I found out through inquiry that her menses commonly arrived only once in several months and was extremely scant. Currently, her menstruation was already delayed by seven or eight months.

### INSPECTION EXAMINATION

Her face, tip of the nose, and elbows were covered with red macules as described above, and the palms of her hands were red. Her face and the back of her hands had an aversion to sunlight; the macules worsened if she was exposed to sunlight. She had to use an umbrella to block the sun whenever she went outdoors, and in the summertime she did not dare to wear short-sleeved clothing. Her body development and nutrition were both normal.

### LISTENING AND SMELLING EXAMINATION

Examination revealed nothing abnormal.

### PALPATION EXAMINATION

The pulses were stringlike, fine, and rapid.

### PATTERN IDENTIFICATION

The liver governs the storage of blood. Because her episode of anger caused binding depression of liver qì, stored blood failed to descend, and as a result the menses became blocked. Superabundant qì formed fire, and enduring blood stasis formed heat. When the blood contracted heat, it moved frenetically and spilled into and stagnated in the face, nose, and elbows, where it produced red macules. The macules appeared on the yáng brightness (*yáng míng*) area of the body. Yáng brightness governs the flesh, and its channels travel to the face; thus the majority of the red macules appeared on the flesh of the face and elbows. Enduring depressed fire damaged yīn, and yīn vacuity engendered internal heat; thus, at night there was vexing heat in the heart, and the palms and soles generated heat (vexing heat in the five hearts). Yáng brightness is hot in nature; when the flesh was exposed to sunshine, heat existed both internally and externally and the macules worsened. From palpating her stringlike pulse, I knew that she suffered from liver depression. The fine pulse indicated yīn vacuity, and the fine rapid pulse indicated yīn vacuity with internal heat. The correlation of all four examinations led me to diagnose liver depression menstrual block, yīn vacuity with internal heat, and blood stasis producing macules.

## TREATMENT METHOD

Nourish yīn and cool the blood, quicken stasis and transform macules, and soothe depression and free the menses.

## PRESCRIPTION

*shēng dì huáng* (生地黃 dried rehmannia, *Rehmanniae Radix Exsiccata*) 24 g  
*xuán shēn* (玄參 scrophularia, *Scrophulariae Radix*) 12 g  
*chì sháo yào* (赤芍药 red peony, *Paeoniae Radix Rubra*) 15 g  
*hóng huā* (红花 carthamus, *Carthami Flos*) 9 g  
*kǔ shēn* (苦參 flavescens sophora, *Sophorae Flavescens Radix*) 12 g  
*bái xiān pí* (白鲜皮 dictamnus, *Dictamni Cortex*) 15 g  
*lián qiáo* (连翘 forsythia, *Forsythiae Fructus*) 15 g  
*rěn dōng téng* (忍冬藤 lonicera stem, *Lonicerae Caulis*) 24 g  
*xiāng fù* (香附 cyperus, *Cyperi Rhizoma*) 12 g  
*qiàn cǎo* (茜草 madder, *Rubiae Radix*) 9 g  
*liú jì nú* (刘寄奴 anomalous artemisia, *Artemisiae Anomala Herba*) 5 g  
*shēng lóng gǔ* (生龙骨 crude dragon bone, *Mastodi Osis Fossilis Cruda*) 15 g (pre-decocted)  
*shēng mǔ lì* (生牡蛎 raw oyster shell, *Ostreae Concha Cruda*) 15 g (pre-decocted)  
*chán tuì* (蝉蜕 cicada molting, *Cicadae Periostracum*) 6 g  
*shé tuì* (蛇蜕 snake slough, *Serpentis Periostracum*) 2.4 g

The patient was instructed to take one packet per day, decocted in water. If she experienced no side effects, she was to continue, taking 20–30 packets overall. At the same time, she was to take *fāng fēng tōng shèng wán* (Saposhnikovia Sage-Inspired Pill) in an amount sufficient to free her bowel movements but not cause diarrhea, and to course and clear heat and dispel the toxin in the sores.

## FORMULA EXPLANATION

The yīn-nourishing blood-cooling medicinals *shēng dì huáng* (dried rehmannia) and *xuán shēn* (scrophularia) are the chief medicinals.

As support medicinals, *chì sháo yào* (red peony), *hóng huā* (carthamus), and *liú jì nú* (anomalous artemisia) quicken stasis and transform macules, and *rěn dōng téng* (lonicera stem) and *lián qiáo* (forsythia) clear heat, resolve toxins, and transform macules and papules.

As assistant medicinals, *xiāng fù* (cyperus) soothes liver depression. *Qiàn cǎo* (madder), together with *hóng huā* and *chì sháo yào*, frees the menses. *Kǔ shēn* (flavescens sophora) and *bái xiān pí* (dictamnus) dispel damp heat that is

depressed in the skin. *Lóng gǔ* (dragon bone) and *mǔ lì* (oyster shell) subdue yáng caused by vacuity, thereby treating the vexing heat.

Lastly, *chán tuì* (cicada molting) and *shé tuì* (snake slough) act as courier medicinals by dispersing wind heat and wind toxin from the skin.

### FOLLOWUP TREATMENT

All the symptoms were alleviated after the patient took the formula, so she continued with an additional 40 packets. After taking the remaining packets, she went through two menstrual cycles, and the volume and color of the menses were normal. The red macules on the face, hands, and elbows abated. Moreover, the patient was again able to dress in short-sleeved clothing and did not use an umbrella; even when exposed to sunshine the macules on the face and arms did not reappear. She felt that all of the symptoms had completely disappeared. She had discontinued the hormone treatments while taking the Chinese medicinals. I advised her to take six more preparations of the earlier prescription and afterwards take a pill medicine. This pill prescription was the same as the decoction, but with the addition of:

<p><i>qí shé</i> (蕲蛇 agkistrodon, Agkistrodon) 1.5 g  <i>dāng guī</i> (当归 Chinese angelica, Angelicae Sinensis Radix) 9 g  <i>wū zéi gǔ</i> (乌贼骨 cuttlefish bone, Sepiae Endoconcha) 6 g  <i>zhì shān jiǎ</i> (炙山甲 mix-fried pangolin scales, Manis Squama cum Liquido Fricta) 6 g</p>
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The dosage was tripled, and the ingredients were ground into a fine powder and mixed with honey to form pills that weighed 9 grams each. I instructed her to take one pill twice a day with warm boiled water. The patient was pleased and returned to Hārbīn.

In the beginning of February 1969, the patient sent a letter saying that she had finished the pill formula after returning from Běijīng. She said that her periods were arriving regularly every month, and the color and volume were normal. The red macules had not returned. Her life had resumed without problems.

## EMPIRICAL KNOWLEDGE

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**During inspection, pay attention to physical form, spirit, color, tongue, substances, and environment.**

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“Physical form” refers to the physical appearance and physical condition. “Spirit” refers to the spirit-mind or spirit-affect. “Color” refers to the color of the face, color of the eyes, and the color of macules and rashes. “Tongue” refers

to tongue shape (physical appearance), tongue body, and tongue fur. “Substances” refers to any material that is discharged from the body, such as phlegm, urine and excrement, blood, or vomitus. “Environment” refers to the living environment surrounding the patient, such as living conditions, or their physical location (whether they live in the southern or northern regions of the country, for instance).

For example, in the inspection examination in Case 1, “physical form” and “spirit” refer to the appearance of acute pain. In this case, although the patient was fidgety, she did not move freely due to the pain and the severe sub-umbilical swelling. Accordingly, I knew that the abdominal pain was very intense. I also observed exhaustion of the spirit-mind, qì timidity, and low voice, and thus concluded that her condition was severe.

As far as “color” is concerned, I observed in Case 2 that the patient had a yellowish-white complexion without luster. I knew that this was caused by old age, severe illness, and generalized vacuity, and that it tended to cause disease during the cold season. This provided the basis for my diagnosis of yáng vacuity. In Case 5, the patient had red macules that were aggravated by exposure to sunshine, and red macules that appeared on her hands, allowing me to understand that blood heat was involved with the pattern of blood stasis.

Concerning the “tongue,” in Case 1 a red tongue indicated that the disease had already influenced the blood aspect. This alerted me to include medicinals such as *dāng guī* (Chinese angelica) and *bái sháo yào* (white peony) in the prescription. From the white tongue fur I also knew that although the disease had lasted ten days, it had not transformed into heat; therefore, I used warm dispersing medicinals as the assistants.

Concerning “substance,” I observed white-colored, thin, and slightly foamy phlegm in Case 2. When I combined this knowledge with the inspection of the “physical body,” I knew that the disease was caused by cold phlegm water-rheum.

Finally, when looking at the “environment” of the patients, I learned in Case 2 that the patient fell ill during the winter, but lived in the north and had a stove heater that kept the interior of his home warm. So, although the pattern was yáng vacuity phlegm-rheum, it was not necessary to use very acrid or very hot medicinals, but rather it was enough to use acrid warming medicinals such as *zǐ sū zǐ* (perilla fruit), *bàn xià* (pinellia), *jú hóng* (red tangerine peel), and *huò xiāng* (patchouli). Moreover, the use of *guì zhī* (cinnamon twig) assisted yáng and transformed qì. This approach obtained good results.

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**In listening and smelling examination, pay attention to breathing, sound, odor, and speech.**

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“Breathing” refers to the way in which the patient breathes, and whether the breath is rough, thin, faint, or weak, and whether panting occurs. “Sound” refers to the quality of the voice, and the sounds made during speaking, breathing, coughing, and groaning. “Odor” refers to flavor, not the flavor of food, but rather the quality of odors. For instance, pay attention to whether the patient’s body, nose, mouth, or discharged substances have any peculiar odor. “Speech” refers to speaking; consider whether the speech is distinct and without delirium, stuttering, or incoherence. Also note if the patient talks to himself or speaks not at all.

For example, in Case 1, I knew from the qi timidity and low voice, together with groaning, that the condition of the patient was acute and severe. In Case 2, the patient presented with shortness of breath and panting, and the voice and speech were shallow; therefore, her illness revealed a vacuity pattern.

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**Of the four examinations, the inquiry examination is especially important.**

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Clinicians should pay attention to the basic characteristics of Chinese medical diagnosis, which focus on the chief complaint, the presentation of symptoms, and the medical history, constitution, and life-style of the patient. Detailed inquiry into these topics provides substance to analyze when determining treatment based on pattern identification.

In Case 1, the chief complaint was severe pain in the lower abdomen, but I also inquired whether she liked or disliked pressure there and determined whether any concretions, conglomerations, or other pathologic lumps were present. In addition, it was important to inquire whether the patient’s dry mouth was accompanied by a desire for liquids, whether she had vexing heat in the five hearts at night, what her bowel movements or food and drink were like, and whether she experienced distention and oppression in the stomach duct after eating. Obtaining this information was relevant to differentiate between vacuity and repletion and between cold and heat.

In Case 2, I inquired into the nature of the chief complaint and found that the phlegm was clear, thin, not sticky, and easy to expectorate. Urine was scant, the stomach duct was blocked and oppressed, and the patient had no desire to drink water. She had experienced nausea and counterflow retching at times, and she had a tendency to contract disease during the cold season. All this information provided a strong basis for identifying patterns to determine treatment and

for selecting the appropriate Chinese formula and medicinals. In Case 3, inquiry revealed that the patient had used *bǔ zhōng yì qì tāng* (Center-Supplementing Qi-Boosting Decoction) frequently for a long period of time without results. Moreover, inquiry concerning the bowels revealed that she had infrequent bowel movements and dry stools. Thus, I knew that this was not a case of qì vacuity, but rather one of blood vacuity. In Case 4, I found out that the patient suffered from a slight sensation of cold before the onset of a fever, and that the fever occurred at a set time, with first the cold sensation and then the fever. This information pointed to a diagnosis of depressed heat in the lesser yàng.

In addition to performing diagnostic inquiry according to the specifics of Chinese medicine, you should also understand how to diagnose and treat with modern medicine. Thereby, you will be able to refer to determining treatment on the basis of pattern identification, while at the same time exploring the partial information gained from integrating Chinese and Western medicine. For instance, in Case 1, the patient was diagnosed with “twisted ovarian cyst” and was advised to have surgery, yet by taking Chinese medicinals internally, she recovered. This can provide accumulated experience for non-surgical treatments in the future. At the same time, it can also demonstrate that Chinese medicine is capable not only of treating functional diseases, but can also obtain excellent results when treating organic diseases.

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## **Palpation of the pulse, the head and feet, and the abdomen**

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In studying diagnostic palpation, we need to pay attention to all the information on palpation found in the basic theory of Chinese medicine. In addition, I think that attention must be paid to two aspects of palpation examination: “head, foot, and abdominal palpation” which means using the hands to examine the entire body by knocking, touching, pressing, and pushing, and “pulse palpation.” In the examination of inch, bar, and cubit positions on both hands, it is important to pay attention to the three positions and nine indicators. At each indicator you should wait for more than 50 beats. The duration of time should not be cut short since it is important to diagnose in combination (such as the quality of the left pulse, the quality of the right pulse, or the overall quality of all six pulses), as well as separately (such as the quality of the left inch, left bar, and left cubit pulses, or the quality of the right inch, bar, and cubit pulses).

Generally speaking, you should be proficient in diagnosing the twenty-eight pulses, and among these you should accurately master those pulses most often seen in clinic: floating, sunken, slow, rapid, vacuous, weak, surging, soggy, stringlike, slippery, fine, large, bound, skipping, and intermittent. The remaining

pulses can be gradually mastered by practice. To study palpation examination, you must emphasize extensive practical experience and repetition. Only then can you accomplish the ideal of “completing bamboo in the mind” (editor’s note: this is a reference to an artist’s ability to visualize a complete picture of bamboo in the mind before being able to draw it) and obtain accurate distinction beneath the finger. Furthermore, each pulse finding should be combined with the results of the other three methods of diagnosis; palpation of the pulse alone is not a recommended diagnostic technique.

In Case 2, the patient had a rapid pulse, yet I treated her with warming medicinals. Even though in this analysis the pulse seemed “rapid,” it was due to blockage caused by water-rheum affecting the heart and lung, not due to a heat pattern. The patient in Case 1 also had a slightly rapid pulse, which was caused by the severe pain and disquietude in sitting and lying. Here I used a warming and freeing preparation. A further important point is that when the condition of the patient is extremely serious, the physician should not only palpate both hand pulses at the inch, bar, and cubit, but also palpate BL-59 (*fū yáng*) and KI-3 (*tài xī*).

The *fū yáng* pulse (located at the highest point on the instep of the foot) reveals the condition of the stomach qì, and the *tài xī* pulse (located on the foot posterior and slightly inferior to the medial portion of the ankle) reveals the condition of kidney qì. People in ancient times called these the root pulses; when these two pulses were interrupted, the condition was critical and difficult to treat. In the cases mentioned above, the palpation examination provided a very strong basis for determining treatment by pattern identification. For example, abdominal palpation in Case 1 revealed a concretion lump the size of a child’s head in the lower abdomen, which was accompanied by aching pain that refused pressure. Thus, I considered this a repletion pattern of qì and blood stoppage. Since the location of the concretion was in the lesser abdomen (the area below the umbilicus), and the pulses were stringlike, I knew that the condition was associated with the liver channel. Since the stringlike quality was especially pronounced in the bar and cubit pulses, I knew that there was severe pain in the lower abdominal area. Also, in Case 2, the puffy swelling in the lower limbs, which pitted when pressure was applied, illustrated the severity of the water-rheum blockage.

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**During pulse examination, pay careful attention to examination of the pulse “spirit.”**

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Palpation of the pulse is a special characteristic of Chinese medicine. Physicians of the past certainly accumulated an abundance of valuable experience

concerning pulse palpation; this experience is vastly supportive when identifying patterns to determine treatment. For this reason physicians should not only carefully differentiate the various pulse images such as floating, sunken, slow, rapid, slippery, rough, vacuous, and replete, but also carefully examine the pulse spirit. Pulse manifestation refers to the image of the pulse beat, its form and structure. Pulse spirit, on the other hand, refers to the spirit-qì, atmosphere, and spirit-affect within the pulse manifestation. For instance, one person may be tall and have a large body, but the essence-spirit might be listless and the eyes without luster. Another person may be short, but the eyes are bright and shining, and the essence-spirit is very good. This is an indication that the essence-spirit or spirit-qì for these two individuals is different. To clearly distinguish the pulse manifestation, just examine the image of the pulse beat, then very carefully investigate the spirit of the pulse manifestation. When this is understood, you can carefully observe and identify the severity of disease and its current condition. When people in ancient times discussed pulse examination, they emphasized that “the pulse is valuable because it has spirit,” and “the one who has a lifelike pulse will prosper, the one who has a pulse without spirit will die.”

There are two aspects concerning the examination of the pulse spirit that I can discuss from my experience. The first aspect concerns the beat of the pulse manifestation. This should be orderly and not chaotic and feel more or less even in size; it should be strong, but yielding, and soft, but have a root; it should be orderly; it should gently rise and fall and be relaxed; and it should vary in accordance with the climate of the four seasons (for example, in spring it should be stringlike; in summer, surging; in autumn, hair-like; in winter, stone-like). A pulse manifestation such as this is said to have spirit and stomach qì. In a discussion of pulse differentiation, Sūn Guāng-Yù explained it as follows:

“What is called spirit is the spirit that enriches and engenders stomach qì. Within floating or sunken, slow or rapid pulses, there is a portion that is mixed with spirit qì. This is neither too fast nor too slow. Although disease is unpredictable, all the myriad diseases in the four seasons take stomach qì as their root. In general the pulse is neither large nor small, neither long nor short, neither floating nor sunken, neither rough nor slippery; it moves along smoothly and harmoniously, has a thriving purpose, and is nameless because it is [the same as] stomach qì.”

Quoting the *Biàn Zhèng Lù* (“The Record of Pattern Identifications”), the *Mài Xué Jī Yāo* (“Complied Essentials of Pulse Theory”) explains:

“When examining the pulse, you must observe whether it has spirit or not; this is the true secret to success. How do you distinguish whether or not the pulse has spirit? Regardless of whether a pulse is floating or sunken, slow or rapid, rough or slippery, large or small, when you press down, if it is arranged neatly and follows an orderly sequence, this indicates utmost spiritedness. If you press and it is full and has force, this is next in spiritedness. As for other pulses, if the pulse is very lightly agitated when pressed, this also means that it has spirit. A pulse that lacks spirit may be scattered and chaotic when pressed. It may be sometimes present and sometimes not, or may arrive with force, but leave without force. It may be present with light touch but expired and absent with heavy touch. A pulse that lacks spirit may be continuous, then interrupted, or verging on continuity but unable [to be continuous]. It may verge on being palpable yet [its quality] cannot be obtained. A sunken fine pulse may suddenly manifests as vague, or a surging large [pulse may become] dimly discernible. When a pulse gets to the point where it has no spirit, this is a condition to be dreaded.”

The second aspect refers to the tranquility (yīn) or agitation (yáng) of the spirit qì and the atmosphere within the pulse. Generally speaking, if the spirit qì is agitated and disquieted when the pulse arrives, continue to carefully monitor the treatment because the condition of the patient is not yet stabilized, and the illness may continue to pass to the next channel or to the interior, or may relapse or recur. Consider, for example, the patient with a high fever. Even if the body temperature has dropped from 39 °C to 36 °C, as long as the pulse spirit is still agitated, rapid, urgent, tense, and not tranquil, the high fever will most likely return in the afternoon or on the next day. If the high fever has abated, and the examination reveals that the pulse spirit is also peaceful and tranquil, then there is little chance that the fever will recur. The famous Hàn Dynasty physician, Zhāng Zhòng-Jǐng pointed this out long ago in the *Shāng Hán Lùn* (“On Cold Damage”):

“On the first day of cold damage, greater yáng (*tài yáng*) contracts [the disease]. If the pulse is tranquil, this means no passage [to the interior]. A strong desire to vomit, agitation and vexation, and a rapid and urgent pulse [agitation and not tranquility] indicate passage.”

Later generations of physicians commonly used the saying, “tranquil pulse and cool body” to describe the condition of heat disease moving toward recovery. So, we can see that very careful examination of the pulse spirit greatly

assists the diagnosis, treatment, prognosis, and prevention of disease. To be truly able to identify patterns when determining treatment, the clinician must carefully differentiate the pulse manifestations and carefully examine the changes of the pulse spirit simultaneously. The understanding and mastery of the pulse spirit can only be grasped firmly over time on the basis of long-term personal experience.

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### **Pay attention to the correlation of all four examinations.**

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Although palpation of the pulse is a unique characteristic of Chinese medicine, it will not lead to comprehensive pattern identification for determining treatment when it is used alone. There are times when the pulse manifestation and the condition of the patient coincide, and other times when they do not. Take the information obtained from inspection, listening and smelling, inquiry, and palpation (the four examinations) and use it as mutual reference or support to carefully identify symptoms. Only then can you clearly identify patterns, and on the basis of this, determine the correct treatment method, select the correct formulas and medicinals, and obtain prompt recovery from illness. It is exactly as the Míng dynasty physician, Zhāng Jǐng-Yuè, explained:

“Whenever you encounter something doubtful that is difficult to bring into the light, you must use the method of the four examinations. Inquire in detail about the disease cause, while at the same time identify the sound and complexion of the patient. If you just rectify the order between root and tip, and earlier and later conditions, everything else will fall into place. But if you do not observe this and only use one diagnosis as evidence, you will act spontaneously and will treat in confusion. How could you know which of the pulse signs are most true or false? When you observe some that are not true, how can you verify that they are not false? For a person who constantly practices diagnosis, knowing this is extremely easy, but for a beginner, determining this is of utmost difficulty. This is the reason you should not disregard the four examinations. In the *Nàn Jīng* (“Classic of Difficult Issues”), palpation occupies the final place in the four examinations since its meaning is profound.”

In clinic, the four examinations must confirm each other as a precondition for identifying symptoms and patterns comprehensively; then you are able to compare the results to comprehensively identify the disease. Physicians in the past have referred to this kind of diagnosis as “the correlation of

the four examinations,” “the mutual reference of the four examinations,” and “the correlation of pulse and disease.” This is very important in identifying patterns to determine treatment. Sometimes in clinic when examining and treating illness, the pulse takes precedence over the pathocondition, but typically this occurs only under special circumstances and is decided only after first proceeding with the correlation of the four examinations. Do not ever emphasize the precedence of the pulse over the pathocondition, or use it as a pretext for disregarding the correlation of the four examinations. In summary, when studying the four examinations, they can be learned separately, but when they are applied in clinic, you must always correlate the proof from each of the four examinations and integrate them tightly. This is extremely important when identifying patterns to determine treatment in clinic.