7.3 Questioning

Questioning is an examination method whereby various questions that may be of help in determining the pattern of imbalance are asked of the patient. Questioning is a very important and fundamental part of an examination, but many beginners are uncertain what to ask. Many are also poor questioners and ask irrelevant questions or ask questions in a rote manner, such that the patient feels uncomfortable or offended.

Some patients, for instance, who come for a fairly simple low back treatment, may think it intrusive to be asked for information beyond the basics of name, address, and age, such as profession, previous illnesses, home and family environment, and family medical history. To them, such seemingly overly detailed questioning can make them dislike the practitioner. Questioning, in a sense, involves eliciting some secrets from the patient, so appropriate discretion should be used while asking only those questions that are related to the symptom pattern.

Poor questioners usually get poor answers from their patients. Some patients may really dramatize their situation and others may go on and on about their condition. This can reach the extent that some practitioners even think the patient is telling nothing but lies. But all these problems arise from unskilled questioning.

In order to be a competent questioner it is essential to have a wealth of knowledge about numerous diseases—both from the contemporary medical perspective and the traditional medical point of view. It is of course even better to have experience examining and treating those diseases.

7.3.1 Basic Questions

① Name, Address, Age, and Occupation

This is the bare essential information to be asked. Sometimes it may be necessary to ask the patient’s gender if it is not apparent.

Some patients may not wish to reveal their occupation. Depending on the circumstances, the question may be phrased in a general manner such as, “Do you do office work?” Or, you may ask in a chatty manner while giving the treatment.
② Family Structure and Family Medical History

Some patients may dislike being asked in a formulized manner for this information if they have only come for treatment of something like low back pain or stiff shoulders. On the other hand, some patients may develop a sense of mistrust if they are not asked for this information when they know it is relevant to their illness and should have been asked for it up front.

It is essential to ask about family structure if you are giving advice to parents with a child having a psychological block about going to school or are treating patients who have had a nervous breakdown.

While conducting the pulse diagnosis it may be good to ask questions concerning family medical history to confirm any suspicions gathered from the pulse, such as, “Would either of your parents happen to have high blood pressure?” Other common conditions to which family medical history is relevant include diabetes, asthma, and atopic dermatitis.

③ Previous Illnesses

It is also best, if possible, to ask about any previous illnesses based on insights gained while conducting the pulse diagnosis or abdominal diagnosis. Or, if you do not perceive anything through these examinations you may ask, “Have you ever had any serious illnesses?”

Liver deficiency or Spleen deficiency Liver excess are common when the patient has previously had diseases such as hepatitis, cholecystis, or cholelithiasis (gallstones). Spleen deficiency Liver excess or Kidney deficiency are common when there has been a case of gastric or duodenal ulcer. Spleen deficiency is common when there has been an intestinal disease. Patients who have had lung diseases tend to develop Lung deficiency or Lung heat.

Therefore, asking about previous illnesses can give useful information for helping to determine the pattern of imbalance. However, it should be kept in mind that this information is first and foremost only for reference, and that mistakes can be made due to diagnoses based on preconceived ideas. Acute conditions in particular almost always are unrelated to previous illnesses.
7.3.2 Chief Complaint

The chief complaint refers to the symptoms that cause the most suffering. Questions pertaining to the chief complaint include such things as its location, when the patient contracted the illness, its progression since then, what the patient thinks might be the cause, and times or seasons when the symptoms become aggravated.

① Confirming the Localized Area of Illness

All illnesses stem from a deficiency of essential ki of the zang organs. Localized symptoms appear when heat and cold arise due to a deficiency of ki, blood, and fluids (pathological deficiency) caused by the combination of any of a number of possible factors in combination with the underlying deficiency. The majority of localized symptoms that patients convey as their chief complaint are the areas affected by cold and heat. That is to say, it is common for the area of the chief complaint to lie along the meridian(s) that should be used for the local treatment.

For instance, suppose that a patient presents with a complaint of stiff shoulders due to age (i.e., fifty-year-old’s shoulder). This ailment is commonly caused by Liver deficiency. Blockage of the meridians in the area of the shoulder joint gives rise to it being the specific area of the chief complaint. So, first of all you should diagnose whether or not the problem is due to Liver deficiency, and at the same time you must assess which meridian(s) have blockage that may be causing the difficulty in raising the arm. In order to do that you should palpate each of the channels and have the patient raise the arm. But, before having the patient raise the arm, ask exactly where the pain is felt. This should be done with precision, politeness, and gentleness. This information will help in determining the meridian(s) and points to be used for the local treatment.

Obviously one must learn the flow of the meridians in order to be able to confirm the specific locations of complaint, but this should also be thought about together with yin and yang theory and the five phases theory when determining the pattern of imbalance.

For instance, pain and indurations focused near LI-15 on the shoulder might be due to the appearance of a disharmony of the Large Intestine channel caused by Lung deficiency, since the Large Intestine channel and Lung channel are in a paired yin-yang relationship. Or, the Large Intestine channel disharmony could be caused by Spleen deficiency because of the
Spleen channel’s association with the yang brightness channel, of which the Large Intestine channel is a part. Or, the cause could lie in the controlling cycle relationship so that Liver deficiency causes deterioration in the flow of the Lung and Large Intestine channels.

② Ask About Conditions that Aggravate the Symptoms

Acute problems are aggravated in relation to the time of day and physical posture, and chronic problems are aggravated in relation to the seasons. A simple listing of conditions is as follows:

<p>| Table 7–13: Seasonal and Temporal Aggravations and Associated Patterns or Indications |
|---------------------------------------------------------------|---------------------------------------------------------------|</p>
<table>
<thead>
<tr>
<th>Aggravation</th>
<th>Pattern or Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggravation in the afternoon, during the rainy season, or from overeating</td>
<td>Spleen deficiency</td>
</tr>
<tr>
<td>Aggravation in the spring and difficulty moving in the morning</td>
<td>Liver deficiency</td>
</tr>
<tr>
<td>Aggravation in the nighttime</td>
<td>Liver excess or any of the heat patterns</td>
</tr>
<tr>
<td>Aggravation in the summer</td>
<td>Kidney deficiency heat pattern or a Spleen deficiency cold pattern</td>
</tr>
<tr>
<td>Aggravation in the autumn</td>
<td>Lung deficiency heat pattern or a Spleen deficiency cold pattern</td>
</tr>
<tr>
<td>Aggravation in the winter</td>
<td>Liver deficiency cold pattern or a Spleen deficiency cold pattern</td>
</tr>
<tr>
<td>Aggravation caused by warming up or applying heat</td>
<td>Heat pattern</td>
</tr>
<tr>
<td>Improvement from cooling off or applying cold</td>
<td>Heat pattern</td>
</tr>
<tr>
<td>Aggravation caused by cooling</td>
<td>Any of the cold patterns</td>
</tr>
</tbody>
</table>

Moreover, it is possible to surmise which meridians are afflicted according to the worsening of pain felt with certain movements.

③ Classification of the Chief Complaint by Yin/Yang, Deficiency/Excess, and Cold/Heat

Yin & Yang: Classification of the symptoms of the chief complaint by yin and yang means differentiating whether the disorder is chronic and unchanging or acute and varying in its symptom pattern.

For instance, treatment should focus on tonification of the yin channels with retained needles, moxa-on-the-handle needles, and direct moxibustion for chronic conditions in which
there is little change in the symptom pattern. On the other hand, rapid insertion and removal with shallow needling is necessary when there are acute symptoms such as fever or asthma.

**Deficiency & Excess:** Classification by deficiency and excess means differentiating whether the area to be given the local treatment is deficient or excess.

Suppose, for instance, that you have tonified a deficient Kidney for low back pain. Next you must tonify or disperse the localized area of pain (e.g., the Bladder channel) depending on whether that area is deficient or excess.

However, it should be noted that palpation and the pulse qualities are used in addition to the symptom pattern for making the final determination of whether the local area is deficient or excess.

**Cold & Heat:** Classification by cold and heat means to differentiate the patient’s chief complaint by whether it is a cold pattern or a heat pattern.

For a patient with low back pain and Liver deficiency, for example, it would be important to differentiate whether the pain is caused by a Liver deficiency cold pattern or a Liver deficiency heat pattern. At the same time, you should think about which meridian (i.e., the area of local treatment) is being affected by the cold or heat. Cold should be treated by tonification, and heat should be differentiated by whether it needs to be reduced by tonification or dispersion. It is imperative to reduce heat by tonification if there is no excess.

### 7.3.3 Etiology

When talking with patients concerning when their illness began, one usually asks if they know the cause of their illness. If this can be ascertained, it often leads to knowing which yin channel deficiency caused the illness. In other words, you can surmise which meridian is to be used for the root treatment. This demonstrates the importance of etiology. For more details, please refer to the chapter on etiology.

### 7.3.4 Questions Related to Particular Areas and Conditions

It should be no surprise that, depending on the chief complaint, there are questions that should be asked and those that are not necessary to ask. Below is a list of general things to ask about and information related to particular areas of the body and certain conditions.
Complaints include headache, heavy-headed feeling, dizziness, and faintness upon standing.

Question whether the pain is chronic or acute.

If the pain is chronic, ask the specific location. Migraine headaches (pain on the lateral sides of the head) are related to the Gallbladder channel. Pain in the occipital region is related to the Bladder channel. Pain in the prefrontal region is related to the yang brightness channel. Pain in the region of the parietal bone is caused by either Liver deficiency or Liver excess. Pain in the nighttime and pain that feels like the head is being squeezed is caused by Liver excess.

In cases of acute headache, ask whether there is an aversion to cold or fever. Regardless of whether there is an aversion to cold or fever, a splitting headache with nausea may indicate a serious condition such as a subarachnoid hemorrhage.

A headache with a puffy, swollen feeling upon touching the head is caused by Kidney deficiency. A heavy-headed feeling is often caused by Spleen deficiency. Dizziness upon standing is commonly caused by Liver deficiency.

Illnesses of the eyes are usually treated as Liver deficiency, and the Large Intestine channel is commonly used for the local treatment.

Many patients have complaints such as a ringing in the ears, difficulty hearing, sudden deafness, and inner ear infections.

Ringing in the ears is treated as Kidney deficiency with attention given to the Triple Warmer. Chronic hearing difficulty is treated as Kidney deficiency. Sudden deafness is treated as a Spleen deficiency Liver excess pattern with attention given to TW-17. Inner ear infections also indicate a Spleen deficiency Liver excess pattern, and either the Triple Warmer channel or the Small Intestine channel is used for treatment.
### Mouth and Tongue
Patients may come with chief complaints such as stomatitis, angular cheilitis, herpes labialis, or ulceration of the mouth. Most of these are caused by heat in the Stomach. The Stomach heat could in turn result either from Spleen deficiency or Kidney deficiency.

Stomatitis can be caused by Behcet’s Syndrome, in which there will also be ulceration of the genitals and erythema nodosum (red and painful nodules on the legs). A Liver deficiency cold pattern is commonly seen with Behcet’s Syndrome.

### Nose
Patients may have chief complaints such as rhinitis or empyema (sinus infections).

A runny nose, sneezing, itchy eyes, and seasonal occurrence indicate allergic rhinitis. It is treated as Spleen deficiency using the Large Intestine channel.

A heavy or oppressed feeling around BL-2 and in the occipital region, and a stuffy nose with occasional thick mucus discharge indicates an empyema. It is treated as Lung deficiency with heat in the yang brightness channel or Spleen deficiency with heat in the yang brightness channel.

Rhinitis symptoms with an aversion to cold or fever should be considered as Lung deficiency and treated using the yang brightness channel.

### Throat
Patients may have a sore throat as the chief complaint. Confirm whether there is an aversion to cold and fever, or only an aversion to cold, or neither an aversion to cold nor fever. Next, confirm whether the pain is on the Conception Vessel (anterior midsagital line) or the yang brightness channel.

Pain along the Conception Vessel with mainly an aversion to cold and little fever is treated as Kidney deficiency.

A swollen and painful yang brightness channel with an aversion to cold, a subjective feeling of fever, and a high fever that is measured with a thermometer indicates tonsillitis. This condition is treated as Lung deficiency or Spleen deficiency by dispersing the yang brightness channel.
### Throat (cont.)

Kidney deficiency or the disharmony known as *running piglet* (in which there is an explosive upsurge of yang ki from the Lower Warmer to the Upper Warmer) may be indicated if there is a clogged feeling in the throat that is unrelated to an aversion to cold or fever. Confirm whether the patient has the sensation of something welling up from below the navel. Melancholy is indicated if this sensation is absent, but there is still a choked-up feeling in the throat. This is treated as Spleen deficiency Liver excess or as Lung deficiency Liver excess.

### Face

The main facial complaints are trigeminal neuralgia and Bell’s palsy. In either case they are quite obvious, and if given as the chief complaint they do not require any special questioning. However, finding out how long the patient has had the disorder and the possible cause can help determine the prognosis. Bell’s palsy is treated as Liver deficiency, and trigeminal neuralgia is treated as Lung deficiency Liver excess.

### Shoulder Joint

Liver deficiency is common when there is a limited ability to elevate the arm at the shoulder joint. You should ask common questions such as whether or not there is spontaneous pain, the exact location of pain when moving, and to what extent the patient can move the arm. A case of Spleen deficiency is sometimes seen when the patient can raise the arm but feels pain in the joint.

### Stiff Shoulders

Stiff shoulders can accompany any patterns of imbalance, and thus are not a decisive factor for determining the pattern of imbalance based on questioning. Nonetheless, it can be useful to inquire about the type of work the patient was doing at the time of onset of stiff shoulders. Stiffness in the shoulders that accompanies work that uses the extremities can indicate Spleen deficiency, and stiffness in the shoulders that accompanies doing something with unremitting diligence can indicate Liver deficiency.
### Chest

Chief complaints include such things as coughing, asthma, shortness of breath, palpitations, oppressed feeling in the chest, and heart pain.

Disorders of the Lung are often caused by Lung deficiency or by heat in the Lung (Lung heat) that spread from a Liver deficiency heat pattern or Spleen deficiency heat pattern. If heat has spread to the Lung, the throat will be dry and the patient may bring up sticky sputum. The mouth could be dry and there may be constipation. Or, there could be coughing with blood rushing to the head. Symptoms that are aggravated by cold indicate Lung deficiency. Likewise, Spleen deficiency is indicated if coughing or asthma is aggravated by high humidity.

A Kidney deficiency heat pattern is indicated when climbing stairs causes palpitations and shortness of breath. The sensation of something welling up from below the navel to the chest causing palpitations also indicates a Kidney deficiency heat pattern. To confirm this it is usually necessary to ask the patient, as they seldom mention this. You must refer the patient to a medical specialist if they have a feeling of oppression in the chest and palpitations for no apparent reason with accompanying pain and difficulty breathing. It is even more critical if the pain has sudden onset and is intense.

### Upper Abdomen

Disorders of the upper abdomen include such things as cholecystitis (inflammation of the gallbladder), cholelithiasis (gallstones), gastric and duodenal ulcers, and inflammation of the pancreas. Many patients come for acupuncture treatment after having been diagnosed with these conditions by medical specialists. Because these disorders are treated as many different patterns of imbalance, you must ask questions to determine whether there is pain or not, when the pain is felt, whether the mouth is dry, whether there is appetite or nausea, the condition of the bowel movements, whether there is full body fatigue or not, and whether there is fever.

### Lower Abdomen

Lower abdominal pain is often seen in small children, and it is almost always due to a Spleen deficiency heat pattern.
| **Lower Abdomen (cont.)** | If the pain is in the ileocecal area, you must be careful to ask about the progression of the pain, as it could be appendicitis. A Spleen deficiency Liver excess pattern is often seen when there is appendicitis.  

Pain in the lower left part of the abdomen is possibly constipation or a buildup of gas. The problem will go away after having a bowel movement. Ileus (intestinal obstruction) may be suspected if there is abdominal pain but no excretion of stool or gas.  

A Liver deficiency cold pattern is common with serious illnesses of the intestines.  

Abdominal pain coming from coldness of the feet is common in women. It is usually due to Kidney deficiency or Liver deficiency.  

Pain in the area of the uterus that is unrelated to menstruation may be inflammation of the uterine tubes or other parts of the uterus. |
| **Back** | Stiffness and pain in the interscapular area and around BL-20 can appear in any pattern of imbalance. It is useful to ask about the condition of the bowel movements and urination to help in determining the pattern of imbalance. |
| **Lower Back** | Pain from below BL-23 down to the buttocks is seen in lower back problems and sciatica. Determine the pattern of imbalance by confirming any cold areas and the cause of the pain. It is also important to confirm the exact location of the pain for purposes of giving precise local treatment. When the patient has acute low back pain you should also confirm which particular movements elicit pain. |
| **The Four Limbs** | Patients may not mention a feeling of fatigue in the extremities unless asked, but such a condition unmistakably indicates Spleen deficiency. However, weak legs indicate Kidney deficiency. Cold hands and feet indicate the cold pattern of Liver deficiency or Spleen deficiency, and rushes of blood to the head with onset of coldness of the feet indicates Liver deficiency, Kidney deficiency, or a Lung deficiency Liver excess pattern. |
### The Four Limbs (cont.)

Rheumatism throughout the joints of the whole body commonly indicates a Spleen deficiency heat pattern or a Spleen deficiency cold pattern. Joint pain of the knee could be due to Liver deficiency, Kidney deficiency, or Spleen deficiency. You should also ask about any other symptoms before determining the pattern of imbalance.

### Fever

This fever refers to the subjective feeling of fever and not to fever that is measured by taking the patient’s temperature with a thermometer. If it is accompanied by an aversion to cold it indicates a Lung deficiency heat pattern, but if there are symptom patterns related to the internal organs it indicates Spleen deficiency.

A Spleen deficiency Stomach excess heat pattern is indicated if a thermometer shows a high fever and the patient has delirious speech and constipation in addition to having the subjective feeling of fever.

A Liver deficiency heat pattern is indicated if there is no fever shown on a thermometer but the patient has the subjective feeling of sudden alternations between getting very hot and then becoming very cold.

A Spleen deficiency Liver excess heat pattern is indicated when there is a fever shown on a thermometer as well as the subjective feeling of alternating fever and chills.

### Aversion to Cold

The cold pattern of Lung deficiency or other such deficiencies is indicated when there is only the subjective feeling of an aversion to cold even though a fever temperature registers on a thermometer gauge.

### Defecation

People who suffer from even a single day of constipation tend to have a Spleen deficiency heat pattern.

The heat pattern of any pattern of imbalance tends to cause constipation.

Lung deficiency Liver excess and Spleen deficiency Liver excess tend to cause constipation in which the stool will be firm and dark.
### Defecation (cont.)

<table>
<thead>
<tr>
<th>People with copious urination due to a Kidney deficiency cold pattern will develop constipation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Spleen deficiency heat pattern is indicated when diarrhea gives relief.</td>
</tr>
<tr>
<td>A Spleen deficiency cold pattern is indicated when diarrhea is physically tiring.</td>
</tr>
<tr>
<td>Diarrhea accompanied by abdominal pain indicates Spleen deficiency, and diarrhea that is not painful indicates Kidney deficiency.</td>
</tr>
<tr>
<td>Abdominal pain that does not cease upon defecating indicates a Spleen deficiency heat pattern with excess-type heat in the Intestines or a Spleen deficiency cold pattern.</td>
</tr>
<tr>
<td>Diarrhea that afterwards leaves a dull ache in the lower abdomen and rectum indicates a Spleen deficiency Stomach excess heat pattern.</td>
</tr>
<tr>
<td>Defecation soon after eating indicates a Spleen deficiency Stomach deficiency heat pattern.</td>
</tr>
</tbody>
</table>

### Urination

<table>
<thead>
<tr>
<th>A cold pattern of any of the patterns of imbalance is indicated when there is frequent and copious urination.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequent urination, even though the amount is small, indicates a Kidney deficiency heat pattern, and often appears as urination during the nighttime.</td>
</tr>
<tr>
<td>Infrequent and small amounts of urination (i.e., urinary difficulty) indicate a Spleen deficiency heat pattern and heat in the Bladder or Kidney. This condition is common with nephritis.</td>
</tr>
<tr>
<td>Pain on urination and the feeling of having residual urine may indicate such things as cystitis, urethritis, prostatomegaly, prostatitis, or kidney stones.</td>
</tr>
<tr>
<td>Dark-colored urine indicates internal heat, and whitish urine indicates coldness due to deficient yang ki.</td>
</tr>
</tbody>
</table>

### Appetite

<table>
<thead>
<tr>
<th>Overeating indicates Kidney deficiency with heat in the Stomach or Spleen deficiency with heat in the Stomach.</th>
</tr>
</thead>
<tbody>
<tr>
<td>An upset stomach immediately following overeating indicates a Spleen deficiency heat pattern.</td>
</tr>
</tbody>
</table>
**Appetite (cont.)**

A small appetite indicates a Spleen deficiency cold pattern.

Inability to distinguish the flavors of foods indicates that there is heat in one of the organs. Having an ability to clearly distinguish the flavors of foods indicates a cold pattern.

A complete lack of appetite or nausea and vomiting commonly indicate a Spleen deficiency Liver excess heat pattern.

People who do not feel like eating but who can eat if they sit down to a meal, or those who must force themselves to eat tend to have Liver deficiency.

Getting full almost immediately upon starting to eat even though one had the feeling of an empty stomach indicates a Kidney deficiency cold pattern.

The five tastes were introduced in the chapter on etiology. It is important to ask about any likes or dislikes of the five tastes.

**Menses**

Menstrual cramps indicate a Liver deficiency cold pattern or a Spleen deficiency Liver excess pattern. The menstrual cramps of multiparous women indicate a Spleen deficiency Liver excess pattern. A woman may experience menstrual cramps after a menstrual period that came during a fever, or if a fever induced a menstrual period. Such a condition also indicates a Spleen deficiency Liver excess pattern.

Generally, late menses indicate a Liver deficiency cold pattern or Liver excess, and early menses indicate a Liver deficiency heat pattern.

Profuse bleeding and discharge during menstruation indicates a Liver deficiency cold pattern, and light bleeding indicates a Liver excess pattern.

**Sleep**

Difficulty falling asleep indicates a Spleen deficiency heat pattern.

Waking up in the middle of the night is caused by an abundance of heat in the chest—either heat in the Lung or heat in the Heart.

Inability to sleep is caused by blood deficiency and indicates a Liver deficiency cold pattern.

Excessive dreaming with the feeling that one has not slept properly indicates a Liver deficiency heat pattern.

Waking up early indicates a Kidney deficiency heat pattern. Oversleeping indicates a Spleen deficiency cold pattern.
Dry Mouth

It is difficult to confirm a dry mouth, so it should be examined in relation to the tongue.

A dry mouth and tongue indicate a Spleen deficiency Liver excess heat pattern or a Spleen deficiency Stomach excess heat pattern.

A dry mouth with a moist tongue usually indicates the heat pattern of a disharmony such as Liver deficiency.

Teeth marks around the perimeter of the tongue in a mouth that is not dry indicate phlegm retention. This condition is common in people with a Spleen deficiency heat pattern.

Not drinking even though one has a dry mouth indicates a Liver excess pattern.

The complete lack of a dry mouth even though in actuality one does not drink anything indicates one of the cold patterns.

Abundant saliva in the mouth indicates a Spleen deficiency cold pattern.

7.4 Palpation

Palpation is the method for examining the patient through touching. It includes pulse diagnosis and palpation of the abdomen, back, and meridians. As was previously mentioned, pulse diagnosis will be covered in a separate chapter. This section will cover the other palpation methods.

7.4.1 Abdominal Diagnosis

In abdominal diagnosis the chest and abdomen are palpated to see if there is any dampness or dryness, cold or heat, resistance, depressions, protuberances, pain on pressure, indurations, or palpitations, any of which are used to help determine the pattern of imbalance. The patterns of imbalance found in the abdomen are referred to as abdominal patterns.

Because signs of constitutional and chronic conditions are revealed in the abdominal patterns, an accomplished practitioner can determine not only the present condition, but can also guess past ailments and anticipate possible future illnesses. On the other hand, in the case of an acute febrile disease, such as in what are referred to as external diseases, the pattern of imbalance is determined while ignoring the abdominal patterns.
① Posture of the Patient During the Abdominal Examination

Have the patient lie in a comfortable supine position with the arms and legs naturally extended. Western style medical doctors have their patients bend the knees during palpation of the internal organs. The Meridian Therapy practitioner, on the other hand, is looking for imbalances of ki, blood, and fluids, so the patient is asked to extend the legs in a natural posture during examination.

② Method and Procedure of Abdominal Examinations

The practitioner should stand on the left side of the patient and palpate using the left hand because the left hand is used as the supporting hand while needling, and thus is employed more often as the diagnostic hand. To palpate with the right hand, the practitioner should stand on the right side of the patient. However, it will be more difficult to needle from this position.

The hand used to palpate should be warm and soft.

Step One: Gently slide the whole palm over the skin to see if there is any dampness or dryness, cold or heat, depressions, protuberances, or resistance. The practitioner’s fingers should not be spread apart and there should not be any gaps between the practitioner’s palm and the patient’s skin.

Photos 7–1 A, B, C: Step One Abdominal Palpation
**Step Two:** Press with the whole palm on areas where any of the above mentioned disharmonies were felt in order to check the degree of disharmony.

![Step Two Abdominal Palpation](photos/7-2-a-b-c-step-two-abdominal-palpation.jpg)

**Step Three:** Raise the palm slightly and press the fingers into the body to examine the degree of resistance and condition of depressions, as well as to look for pain on pressure and indurations. If there is any pain on pressure, distinguish whether it is deficient or excess.

![Step Three Abdominal Palpation](photos/7-3-a-b-c-step-three-abdominal-palpation.jpg)
Step Four: For areas that show resistance or indurations, raise the palm further and press deeper into the body in order to ascertain the depth and whether or not there is any pain on pressure.

Photos 7–4 A, B, C: Step Four Abdominal Palpation

A. Palpate from the area near CV-22 to LU-1 on the left and right sides, and down to the area around SP-21.

B. Return to the midline and palpate from CV-17 to the xiphoid process.

C. Palpate with one movement from CV-14 down to below the navel while paying attention to the condition of the area around CV-14, CV-12, the navel, CV-4, and CV-3. Also check the condition of the upper aspect of the pubic bone.

D. Palpate from the top of the pubic bone (CV-2) through the superior aspect of the right inguinal area, then from the ileocecal area up along the Stomach and Spleen channels to below the costal arch (LR-14, GB-24), and then check above and below the costal arch. Next, examine the right side of the abdomen (LR-13, GB-25).
E. Palpate the left side in the same manner through the superior aspect of the inguinal area, from the sigmoid colon up along the Stomach and Spleen channels to below the costal arch, and then check above and below the costal arch. Next, examine the left side of the abdomen.

The order of the examination can be a little different from the one given above, but in order to glide the palm smoothly, you should practice a set order. First the skin is stroked, then the palm is raised and fingers pressed into the body; such that the same areas are examined two or three times. Pay attention to those areas that particularly stand out.

The alarm points must also be examined during the abdominal examination, and as a matter of course the areas around the alarm points must also be examined, not just the points themselves.

7.4.2 Abdominal Patterns of Each Pattern of Imbalance

① Abdominal Pattern of a Liver Deficiency Heat Pattern

There will be resistance below the costal arch on the left side. This is referred to as subcostal tension, and in the Nan Jing as Liver accumulation (shaku 積). There will be no pain on pressure. When it is difficult to determine if there is Liver accumulation, comparing the left and right sides can be helpful.

Pulsations may be felt from the left side of the navel up to CV-9 above the navel, in which case the patient will be irritable and will experience hot flushes in the upper body and have a cold lower body.

There will be resistance and pain on pressure extending from the superior aspect of the pubic bone through the superior portion of the inguinal area. This indicates changes in the Liver channel and appears when there is a Liver deficiency heat pattern, a Liver deficiency cold pattern, a Spleen deficiency Liver excess pattern, or a Lung deficiency Liver excess pattern. Tension will extend from here up through the lateral extremes of the abdomen.
Deficient-type heat is generated in a Liver deficiency heat pattern. This heat will rise up to the chest, causing LU-1 and CV-17 to exhibit pain on pressure and feel hot to the touch.

② **Abdominal Pattern of a Liver Deficiency Cold Pattern**

There will be coldness in the chest. Even if the surface feels warm to the touch, when the palm is pressed firmly to the chest it will feel cold.

The whole of the upper abdomen will be tense and feel stiff on the surface, but will not show any resistance underneath.

There will be a little resistance and pain on pressure around ST-25 on both sides of the navel, but not enough to be a defining feature in this pattern of imbalance.

There will be resistance and pain on pressure in the ileocecal area due to the presence of longstanding cold. This cold may extend up as far as the right subcostal area, causing pain on pressure there as well.

There may be tension in both lateral extremes of the abdomen, in which case pain on pressure will be found from there extending through the superior portion of the inguinal area to the superior aspect of the pubic bone.

The whole of the lower abdomen will be soft, weak, and cold.

③ **Abdominal Pattern of a Spleen Deficiency Stomach Excess Heat Pattern**

The entire chest will feel very hot to the touch.

The whole abdomen will be distended to such a degree that it will be difficult to depress the abdomen because of strong resistance. The strongest resistance will be felt in the epigastric region around CV-14.

The patient will feel fullness in the chest and abdomen.
The lower abdomen along the CV line will feel slightly less resistant in most cases due to a deficiency of Kidney fluids caused by heat in the Stomach and Intestines.

Abdominal Pattern of a Spleen Deficiency Stomach Deficiency Heat Pattern

There will be resistance and pain on pressure in the epigastrium, centering on CV-12. A serious illness is indicated if the area of resistance extends out to CV-14.

The Stomach channels on both the left and right sides will be tense from ST-19 to below ST-25.

Moreover, the area around the navel may reveal pain on pressure upon light pressure, in which case the patient has a predisposition to abdominal pain.

Pulsations may be felt at CV-9 in some patients. If they extend up as far as CV-14 the condition will be difficult to cure.

The area around the xiphoid process may feel hot to the touch, in which case the patient will have rumbling intestines and belch a lot.

If heat from a Spleen deficiency Stomach deficiency heat pattern spreads to the Lung, the LU-1 points will reveal pain on pressure.

There will be pain on pressure from ST-25 on the left to the area of the sigmoid colon.

Abdominal Pattern of a Spleen Deficiency Cold Pattern

In a severe cold pattern the whole abdomen will be depressed and will show absolutely no resistance. In extreme cases it is possible to feel the internal organs.

The skin may feel like a thin covering stretched over the internal organs. Such an abdominal pattern carries with it a poor prognosis. This condition may be seen occasionally in elderly patients.
When the cold pattern is relatively light, a little resistance will be felt in the area centering on CV-12. If there happens to be phlegm retention at this time, then resistance and pain on pressure will also appear at CV-14. However, the lower abdomen will be soft, weak, and cold.

6 Abdominal Pattern of a Spleen Deficiency Liver Excess Heat Pattern

There will be edema (water retention) and pain on pressure above and below the costal arch on both the left and right sides, but especially on the right. Below the costal arch there will be resistance that may extend from LR-14 to the area around CV-14. Such a condition is caused by Liver excess heat. If there is only resistance and no pain on pressure, then the Liver excess was caused by blood stasis and not by heat.

There will be resistance and pain on pressure in the epigastric region centering on CV-12, which is caused by the Spleen deficiency.

In the superior portion of the inguinal region there will be pain on pressure as well as spontaneous pain that may radiate to the lower back. This condition is caused by heat in the Liver channel.

7 Abdominal Pattern of a Spleen Deficiency Liver Excess Pattern

Two abdominal patterns are seen in this pattern of imbalance. In the first one there is an area of tension like a rod extending from ST-19 in the subcostal area down to ST-25 at a width of ST-19 to LR-14. There will be no pain on pressure, and the tension will be mainly on the right side. This is also considered subcostal tension, and in the Nan Jing is referred to as Lung accumulation. This condition is caused by blood stasis.

There may be resistance and pain on pressure in the area centered on CV-12.
In the other pattern there is blood stagnation in the lower abdomen. There will be resistance, indurations, and pain on pressure extending from below ST-25 on the left, going under the navel, and over to below ST-25 on the right. New blood stasis will show signs mainly on the left while longstanding blood stasis will show signs extending from just below the navel to the area below ST-25 on the right.

8 Abdominal Pattern of a Lung Deficiency Liver Excess Pattern

There will be subcostal tension on the right side, which corresponds to Lung accumulation.

ST-19 on the right side will manifest resistance and pain on pressure, a condition that is caused by overeating. This condition is especially common in patients who enjoy raw fish or a diet rich in meat.

The superior portion of the inguinal region and the area above the pubic bone will have resistance and pain on pressure, which is due to changes in the Liver channel.

There will be lower abdominal blood stasis just below and to the sides of the navel.

There will be resistance and pain on pressure in the ileocecal area.

9 Abdominal Pattern of a Kidney Deficiency Heat Pattern

The CV line will be deficient below the navel due to the Kidney deficiency. At the same time the Stomach channel will feel tight on both the left and right sides, which is due to the spread of deficient-type heat from the Kidney to the Stomach channel.

The CV line below the navel may feel like it has a pencil-sized core, which is literally called in Japanese the pen-case below the navel. This is commonly seen in young people with Kidney deficiency. Moreover, patients who have this condition will have a history of cystitis or urethritis.
When the Kidney is deficient, heat will increase in the chest. If CV-17 reveals pain on pressure and the whole chest feels hot to the touch, special care needs to be taken since this is a precursor to heart disease.

Because ki naturally rises to the Upper Warmer when there is Kidney deficiency, there may be resistance in the epigastric region.

Abdominal Pattern of a Kidney Deficiency Cold Pattern

The whole of the lower abdomen will be protruding yet will lack strength. The patient will be aware of intestinal movements.

When palpating the abdomen of some patients who have very little flesh it may feel like their skin is directly attached to the internal organs, in which case the skin will of course be quite wrinkled.

The whole abdomen will feel rather cold to the touch, which is caused by the lack of sufficient heat to create resistance.

7.4.3 Back Examination

Depressions, protuberances, indurations, pain on pressure, and cold and hot areas on the back, mainly on the back transport points, are used both as examination points and treatment points. However, if a practitioner simply uses these points for treatment without determining the pattern of imbalance, then he will be performing “acupoint therapy” and not Meridian Therapy. If there is pain on pressure, then the practitioner should try to connect these signs with the pattern of imbalance, try to understand why there is pain on pressure, and only then use those points for treatment. The remainder of this section will list important clinical indications that can be gathered from back examinations.

① Lung deficiency is indicated when the skin around BL-13 is rough and cold and the patient has lost flesh in that area.

② There are cases when pain on pressure and indurations appear in the scapular area at points such as SI-14, BL-13, BL-42, BL-14, and BL-43. Stiffness can extend from here up to the neck, making BL-10 and GB-20 stiff. These signs tend to appear when there is an
increase of heat in the Heart or Lung, which indicates a Kidney deficiency heat pattern, a Liver deficiency heat pattern, or a Lung deficiency Liver excess pattern.

③ Many patients with pain on pressure along the governing vessel from GV-12 to GV-9 are afflicted with a neuropsychiatric disorder such as neurosis or emotional depression. The most common symptom among these individuals is insomnia. The pattern of imbalance could be Liver deficiency, Lung deficiency Liver excess, or Spleen deficiency Liver excess.

④ It is common for BL-17 to be puffed up and to reveal pain on pressure when there is cholecystopathy (gallbladder disease), hepatitis, or manifest gastritis. In such a condition the pattern of imbalance is usually Spleen deficiency Liver excess heat.

⑤ Cases in which the area around BL-20, BL-21, and BL-22 protrudes, but turns into a depression when pressed, and even shows deficient-type pain—that is, it feels good when pressed—are seen in individuals with a chronic Spleen deficiency heat pattern or a chronic Spleen deficiency cold pattern.

⑥ People who have pain on pressure or indurations at BL-23 and BL-52 usually have Liver deficiency or Kidney deficiency.

⑦ People in whom there are indurations medial to the line between BL-23 and BL-25—in other words the paravertebral points—usually have chronic low back pain. This condition should be treated as blood stasis with a Lung deficiency Liver excess pattern.

⑧ Indurations and pain on pressure along the superior border of the ilium reaching around to the superior aspect of the inguinal area tend to appear when there is Liver deficiency or Liver excess.

⑨ Gynecological disorders and hemorrhoids are indicated when there are indurations and pain on pressure between BL-25 and the area around BL-30. This condition could be due to various patterns of imbalance, but is commonly seen with Liver deficiency or Spleen deficiency.

⑩ Patients who have pain on pressure on BL-35 have a Liver deficiency cold pattern.
⑪ Patients who have water stagnation in the sacral area and in whom it is difficult to discern the yāo yān point (腰眼穴 yōgan ketsu) have a Kidney deficiency heat pattern.

⑫ If a portion of the governing vessel is hot to the touch and manifests pain on pressure, then the organs associated with the back transport points in that portion have heat in them.

7.4.4 Meridian Palpation

Meridian palpation is an examination method whereby the channels are palpated to find any cold or heat, dampness or dryness, depressions, protuberances, indurations, or pain on pressure, any of which can be used to help determine the pattern of imbalance. Further detail was given about this in the “explanation” subsections of Chapter 3, The Flow of the Meridians.

The method of meridian palpation should be performed the same as that for abdominal palpation. The palpation should not be too rough, nor should the practitioner press too strongly in an attempt to find pain on pressure. Gently stroke the skin, and when necessary lightly press deeper into the body. Pain on pressure tends to appear on the yang meridians and depressions tend to appear on the yin meridians.