WARNING!
This book contains provocative material
not for children or the sexually immature

Body and Tongue Diagnosis

plus (+)

edited by Desiré Dubounet
Disclaimer for Diagnosis

As we study medicine we see we do not have to diagnosis or treat disease to treat or help people. Diagnosis is not an Exact Science and there are always Multiple Problems For Us to Consider. Correcting the health problems and stabilizing biology are more important than symptom reduction.

Diagnosis has been shown to be far less than accurate. There is always a fractal of causes of disease involved with all patients. We do not need to diagnosis to treat or help people. We only need to diagnose to get insurance payment. As that medicine has become a profit industry based solely on the sale of Synthetic drugs. And to prescribe a drug Diagnosis is needed.

This book gives you many medical tips on diagnosis that are not essential for medicine but are insightful in helping your patients. So please study them and realize that diagnosis is not essential for treating and helping patients.

So learn these simple techniques of diagnosis but don’t be too presumptive and don’t be too assumptive and learn to take it easy.

If you are licensed to diagnose then you can use any tool or observation to make your diagnosis within your scope of practice. Please stay within your scope of practice. If you are a licensed biofeedback therapist then you can identify, detect, and recognize stress. You can help your patient deal with stress. The tools in this book can help you see areas where stress has affected your patient. So stick to your scope of practice and resist the urge to diagnose beyond it.
FLOWS OF TREATMENT and CURE

1. Reduce or Remove the Cause of Disease
   Stress           Toxicity
   Lack of Awareness Trauma
   Heredity         Pathogens
   Mental Factors   Perverse Energy
   Allergies        Def or Excess of Nut

2. Treat the Organs effected or diseased
3. UnBlock the Blockages To Flow of Life
4. Reduce Symptoms and all Suffering Naturally
5. Treat Constitutional and Metabolic
   Tendencies to disease patterns or habits

As we study medicine we see we do not have to Diagnosis Disease to treat or Help People

1. Reduce causes of disease
2. Rebuild organs and tissue destroyed by causes
3. Unblock the blockages of flow
4. Treat symptoms NATURALLY
5. Metabolic and constitutional therapy.

Diagnosis is not an Exact Science and there are always Multiple Problems For Us to Consider
So to end Degenerative Disease we must

1. Make Big Tobacco pay for the damages they incur
2. Must stop sales of cigarettes
3. Make Big Sugar pay for the damages they incur
4. Make Big Pharma pay for the damages they incur
5. End Allopathic philosophy and develop a new stressor reducing based medicine
6. Avoid Bad white processed sugars. Eat Good Sugars from fresh fruit. Avoid bad oils cooked or saturated. Eat good oils from fresh and raw vegetable and uncooked low temperature made oils.
8. Safe forms of early intervention medicine such as energetic biofeedback
9. Recognize the powers of the mind such as in the EPFX/SCID system.
10. Recognize the need for an energetic medicine to safely evaluate the body electric and balance the aberrations of the body electric. We need to use a more modern medicine utilizing the body electric without emphasis on synthetic chemistry.
11. Recognize that the SINthetic experiment has failed and we should be using the synthetics only in extreme cases when the natural remedies fail. Quantum Electrodynamics has further proven the problem of synthetic chemistry.
12. Allopathy does not work, we must adapt a safer and more extensive theory of medicine.

With these social changes degenerative disease could be so greatly reduced to allow for an inexpensive medicine.
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If you do not have the money pay what you can, and if you cannot pay anything please pay the cosmos back with good deeds to others. Pass on the good karma by being good to others and helping them the way I am helping you. Pass it on.

Diagnosis is always a guessing game. We want to make our best guess. The average medical doctor is less than 33% accurate in his diagnosis. Here are some observational tips from Traditional and Holistic Medicine, Acupuncture, Ayurveda, and others. If you study these you can learn to become a better doctor and look for sub-clinical trends before they are a crisis. Remember be careful and not too presumptive and also remember you don’t have to diagnose to help

Introduction

The tongue has many relationships and connections in the body, both to the meridians and the internal organs. It is therefore very useful and important during inspection for confirming diagnosis. It can present strong visual indicators of a person’s overall harmony or disharmony. The tongue has a special relationship with the Heart, in that the Heart opens to the tongue. The tongue is said to be an “offshoot” of the Heart, or “flowers” into the Heart. The normal tongue in Traditional Chinese Medicine has a light red or pinkish body with a thin white coating.

Connections

Channels/Meridians Reaching the Tongue

Heart Channel (Hand Shaoyin)
- The Luo connecting channel connects to the root of the tongue.

Spleen Channel (Foot Taiyin)
- An internal branch of the primary channel spreads over the lower surface of the tongue.
- The tongue is penetrated by the Spleen Divergent channel

Kidney Channel (Foot Shaoyin)
- An internal branch of the primary channel terminates at the base of the tongue.

Bladder Channel (Foot Taiyang)
- A branch of the muscle/sinew channel binds to the root of the tongue.

San Jiao Channel (Hand Shaoying)
- A branch of the San Jiao muscle channel links with the root of the tongue.

Tongue areas as they correspond to internal organs in Chinese Medicine
Tongue Diagnosis (Ji-fa)

Conditions: A discoloration and/or sensitivity of a particular area of the tongue indicates a disorder in the organ corresponding to that area (see diagram). A white tongue indicates kidney deficiency and moisture accumulation, a red or yellow-green tongue indicates heart disarrangement, and a black or brown coloration indicates spleen derangement. A dehydrated tongue is symptomatic of a decrease in the Alum Blood (plasma), while a pale tongue indicates a decrease in the Alum Blood (red blood cells).

Colors and Coats

<table>
<thead>
<tr>
<th>Colors and Coats</th>
<th>Indications</th>
</tr>
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<tbody>
<tr>
<td>Pale</td>
<td>The pale tongue is less red than a normal tongue. It indicates syndromes of deficiencies of qi, blood or yang.</td>
</tr>
<tr>
<td>moist</td>
<td>Spleen and Kidney yang deficiency prevents the proper transformation of water and so creates dampness</td>
</tr>
<tr>
<td>dry</td>
<td>qi deficiency fails to distribute body fluids</td>
</tr>
<tr>
<td>no coat</td>
<td>Spleen and Stomach impairment with qi and blood deficiency</td>
</tr>
<tr>
<td>Red</td>
<td>The red tongue is a deeper red than the normal pink tongue. It indicates various heat syndromes.</td>
</tr>
<tr>
<td>dry</td>
<td>excess heat or yang qi excess</td>
</tr>
<tr>
<td>scanty coat</td>
<td>Yin deficiency heat</td>
</tr>
<tr>
<td>Crimson</td>
<td>The crimson tongue is a further exasperation of the red tongue. It indicates pathogenic heat invasion in the nutritive or blood level. Latent heat in the Heart and Stomach, or heat transmission into the pericardium.</td>
</tr>
<tr>
<td>dry</td>
<td>Yin deficiency leading to hyperactivity of fire</td>
</tr>
<tr>
<td>Purple</td>
<td>The purple tongue indicates blood stagnation caused by a variety of pathogenic factors.</td>
</tr>
<tr>
<td>dark red</td>
<td>stagnation due to yin exhaustion; drying the blood; stagnation alone or due to an accumulation of excess cold; stagnation with chronic cold or deficiency of blood</td>
</tr>
<tr>
<td>blue</td>
<td>Liver blood stagnation</td>
</tr>
<tr>
<td>pale</td>
<td>excess cold accumulation; Liver blood stagnation</td>
</tr>
</tbody>
</table>

Note: This diagram is used to look at and study tongue in a mirror. It is a mirror image.
Tongue Body Color
Indicates the state of Blood, Yin organs, and Ying (Nutritive) Qi.

Normal Tongue Body
• Pink or light red in color

Bluish Purple or Reddish Purple Tongue Body
• Purple can indicate both Heat and Cold conditions.
• A reddish purple tongue indicates Heat and Blood Stagnation.
• A dark reddish purple tongue that is dry usually indicates depleted fluids due to Excess Heat.
• A light purple, bluish purple, or greenish purple tongue body color can indicate Cold and Blood Stagnation.

Red Tongue Body
• A red tongue body is darker than the normal red, which is pinkish in color. It indicates either Deficient or Excess Heat.
• A red tongue body with a thick yellow coating or swollen buds indicates Excess Heat.
• A red tongue body with a bright shiny coating, little coating, or no coating indicates Deficient Heat.

Red Tip
• Heat in the Heart Zang

Scarlet Tongue Body
• A scarlet tongue that is also peeled or shiny indicates Yin Deficiency, usually of the Heart and/or Lung depending on the area of swelling.

Dark Red Tongue Body
• The red is darker and more crimson in color.
This tongue body can indicate internal injury such as trauma (De Da), invasion of external evil in the Ying (Nutritive) and Xue (blood) levels, or it can indicate Blood Stagnation.

- If there are red spots with a thin coat, this usually indicates damage to the Ying or Xue level.
- If the tongue body also has cracks and there is little or no tongue coat, this usually indicates Deficient Heat due to internal injury.

**Pale Tongue Body**
- Indicates the quality of Blood, reflecting Blood and/or Qi Deficiency or Cold.
- If the tongue body is also moist, tender, and swollen, this can indicate Yang Cold.
- A pale thin tongue body usually indicates Qi and Blood Deficiency.

**Green Tongue Body**
- A green tongue body usually indicates Excess Yin Cold or the presence of a strong Excess evil with weak Zheng Qi. The Yang is not properly moving Blood and Fluids and there is Stagnation in the body.
- Internal Wind may also present with a green tongue body.

**Tongue Body Shape**

The body shape reflects the state of Blood and Ying (Nutritive) Qi, and indicates Excess or Deficiency. Constitution can also affect the shape of the tongue body.

**Stiff**
- A stiff or rigid tongue is difficult to move (protrude, retract, side to side). This may cause speech abnormalities such as slurring or mumbled speech. A stiff tongue is an indication of Excess, and often one of Internal Wind.
- If a stiff tongue is accompanied by a bluish purple tongue body, this usually indicates potential or impending Wind-Stroke.
- If a stiff tongue is accompanied by a bright red tongue body, this usually indicates heat in the Heart and Pericardium disturbing the Shen (Spirit).
- If a stiff tongue is accompanied by a thick sticky tongue coating, this usually indicates “Phlegm Misting the Heart”.

**Flaccid**
- The flaccid tongue is the opposite of the stiff tongue. It is weak and lacks strength. It usually indicates Deficiency. When heat has consumed and damaged body fluids, they can not rise to nourish the tongue. This can indicate Yin Deficiency, Qi Deficiency and/or Blood Deficiency.
- A flaccid tongue that is also pale usually indicates Qi and Blood Deficiency.
- A flaccid tongue that is also dark red, dry, and has cracks usually indicates extreme heat injuring fluids.
- A flaccid tongue body with a scarlet tongue body usually indicates Exhaustion of Yin.

**Swollen**
- This is a very large tongue body and can indicate both Excess and Deficiency.
- A swollen tongue that is also pale can indicate Qi Deficiency
- A swollen tongue that is also bright red and painful can indicate Heart and Spleen Heat. This could also be due to excess alcohol consumption.

**Big or Enlarged Tongue**
- An enlarged tongue can indicate Phlegm, Damp, or Water Stagnation.
- An enlarged tongue with a pale body and a moist coat may indicate Spleen and Kidney Yang Deficiency
- An enlarged tongue with a red body and a greasy yellow coat may indicate Spleen and Stomach Damp-Heat.

**Half the Tongue is Swollen**
- A half swollen tongue may indicate general weakness of the Channels.

**Hammer Shaped**
- This is where the front half or third of the tongue is enlarged at the sides.
- A hammer shaped tongue usually indicates Spleen, Stomach, and Kidney Deficiency
- This tongue is almost always indicative of a serious condition, and may indicate mental illness.

**Local Swelling on One Side**
- Localized swelling of tongue with a normal tongue body color indicates Qi Deficiency
- Localized swelling of tongue with a red tongue body color indicates Qi and/or Blood Deficiency

**Swollen Edges**
- This tongue may indicate Spleen Qi or yang Deficiency.
- If Spleen Yang is Deficient, the edges will also be wet.

**Swollen Tip**
- When the very tip of the tongue is swollen, it usually indicates Heart problems.
- If the tongue is also deep red, this may indicate Heart Fire.
- If the tongue is normal in color or pale, this may indicate Heart Qi Deficiency.

**Short and Contracted**
- When the patient can not show the entire tongue, it usually indicates a more severe disease.
- If the tongue is also moist and pale, this indicates stagnation of Cold (bluish/purple) in the meridians or Spleen Yang Deficiency.
- If a contracted tongue also has a sticky tongue coating, this may indicate Turbid-Phlegm blocking the channels.
- If the tongue is also deep red and dry, excessive heat has consumed Body Fluids and stirred up internal Wind.
- A short, swollen, tender, and pale tongue usually indicates Qi and Blood Deficiency.
- A short or small frenum may be inherited and is normal.

**Long**
- There is difficulty in retracting the tongue.
• This indicates interior Excess Heat, Heart Fire, or Phlegm-Fire Misting the Heart.

• There may be numbness which is associated with

Front Swollen
• Swelling towards the front one-third of the tongue may indicate Phlegm retention in the Lungs.

Thin
• This can indicate that Qi and Blood are deficient and not able to properly nourish and moisturize the tongue. The tongue body will also usually be pale in color with Qi and Blood Deficiency.

• A thin tongue that is also dark red and dry may indicate Yin Deficient Fire.

Tongue Body Features

Rough or Tender Texture
• A tender tongue that appears smooth, delicate, and is possibly swollen indicates deficiency.

• A rough tongue that appears wrinkled and rough indicates Excess.

Red Spots
• Red spots may indicate Heat Toxins in the Blood or Heat Toxins attacking the Heart.

• Red spots can indicate the presence of Damp-Heat in the Xue Level, where the internal organs are accumulating toxins.

• Red spots on the Tip (Lung/Heart area) is usually not severe and may present in the beginning stages of illness.

• Red spots on the entire tongue may indicate a more severe illness.

• Red spots on the sides of the tongue (Liver/Gallbladder area) may also indicate a more severe illness.

• Red spots on the back of the tongue (Kidney area) may indicate the advanced stage or chronic nature of an illness.

White Spots
• White spots are usually due to Spleen and Stomach Qi Deficiency together with excess heat accumulating in the body. In this case, the tongue may also have sores and pus.

Black Spots
• Black spots usually indicate Qi and Blood Stagnation or heat in the Blood.

UlcERATED Tongue Body
• Suspect acid alkaline imbalance, vitamin K deficiency, iron excess,

Numb Tongue Body
• Manganese deficiency, Tardive Dyskinesia

Loose Tongue Body
• Manganese deficiency, Tardive Dyskinesia, loss of muscle tone, dystonia

Deviated Tongue Body
• This is where the tongue tends toward one side of the mouth

• This is due to Wind, either from exterior Pathogenic Wind or internal Wind-Damp patterns.

Moving, Lolling, Wagging, playful Tongue Body
• This usually indicates heat in the Heart and Spleen channels stirring up internal Wind.

• In children, this may indicate developmental problems.

Rolled Tongue Body
• Reaction to insecticides.

Teeth Marks on Tongue Body (Scalloped)
• If the tongue body has normal color, this usually indicates Spleen Qi Deficiency.

• If there are teeth marks together with a swollen tongue, this may indicate Spleen Yang and/or Qi Deficiency.

• If the tongue is also pale and moist, it is more likely Spleen Yang Deficiency or a Cold-Damp pattern.

Quivering or Trembling Tongue Body
• Trembling of the tongue that can not be controlled may be due to external febrile disease or excess heat consuming Yin. The excess heat stirs up Internal Wind. The tongue body will be a deep red color and the pulse will be rapid.

• If the tongue body is pale and trembling, this usually indicates a chronic condition of Qi and Blood Deficiency, where the tongue is not being nourished.

• Side effects of some western medications (pharmaceuticals) may cause trembling of the tongue.

Sore Covered Tongue Body
• Side effects of some western medications

Tongue Body Moisture
Reveals the state of Yin and Fluids in the body.

Dry Tongue Body
• Dehydration, lymphatic drainage disorder

Slightly Dry Tongue Body
• Same progressive

Tongue Coating
Indicates the state of the Yang organs, especially the Stomach.

White Tongue Coat
• A thin white tongue coating is normal.

• A thin white tongue coating can also indicate external Cold patterns when the appropriate clinical symptoms are present.

• With a moist and pale tongue, a thicker white coating can indicate Damp-Cold.

• A dry white coating can indicate Cold turning to Heat and starting to dry body fluids.

White Like Powder Tongue Coat
• A white and thick tongue coating like powder indicates turbidity and external pathogenic heat. This coating will usually change to yellow after a short time if the patient is not treated.

• If the tongue body is dark red, interior toxins may be present.

White Like Snow Tongue Coat
• This may indicate exhaustion of Spleen yang with Damp-Cold in the Middle Jiao

Yellow Tongue Coat
A slightly yellow coating indicates Wind-Heat or Wind-Cold turning to Wind-Heat

• A yellow tongue coat indicates an interior heat pattern. The deeper the color of yellow, the more severe heat. A burnt yellow indicates further accumulation of heat in the body.

• If the coating is yellow and moist and the tongue body is swollen and tender, this indicates interior Damp-Heat or Yang...
Both Gray and Black tongue coating can indicate extreme Cold (wet tongue) or extreme Heat (dry tongue).

Western drugs such as antibiotics can also cause a black tongue coating.

Half Yellow, Half White (Longitudinally)
This coating may indicate Heat in the Liver and Gallbladder

Yellow Root With A White Tip
This may indicate that exterior Pathogenic Heat is penetrating more deeply into the interior of the body.

Black in the Center, White and Slippery on the Sides
This may indicate Spleen Yang Deficiency with interior Damp-Cold

Tongue Coat Thickness

Thin Coating

Normal
In disease, it indicates the disease is either external or an internal disease that is not severe.

If the tongue coating changes from thick to thin, this indicates pathogens are moving to the exterior of the body and the disease is waning.

Thick Coating
A thick coating usually indicates more of an internal disease that is more severe.

It may also indicate that exterior pathogenic factors have penetrated more deeply into the body.

A thick tongue coating may also indicate retention of food.

If the tongue coating changes from thin to thick, this indicates pathogens are penetrating deeper into the interior of the body.

Peeled, Mirrored, Shiny, No Coating
With a mirrored tongue, there is no coating on the tongue. In less severe cases, there may be a partial coating on the tongue.

If the body of the tongue is also red, it usually indicates that Stomach Qi and Yin is severely damaged.

If the tongue body is also light in color, this may indicate that Qi and Blood of the Spleen and Stomach is damaged and Deficient.

If the tongue body is also red or dark, Stomach and Kidney Yin is damaged (body fluids dried up) due to heat.

Tongue Body Cracks

Short Horizontal Cracks
Vitamin B6 Deficiency

Long Horizontal Cracks
Vitamin B6, B12, B2 Deficiency.

Transverse Cracks On the Sides of the Tongue
Vitamin B6, B12, B3 Deficiency.

Very Deep Ventral Cracks With Other Smaller Cracks
Vitamin B6, B12, B3, B5 Deficiency.

Tongue Coat Root

The normal tongue coating has Root, which means that is “rooted” or attached to the surface of the tongue body. It cannot be easily scraped off or removed.

Tongue Coat Has No Root

A coating without root rests on the surface of the tongue, but can easily be removed or scraped off.

A coating without root usually indicates impairment of Spleen, Stomach, and Kidneys.

Gray Tongue Coat
This tongue coating usually indicates an internal pattern of either Heat or Damp-Cold.

A dry gray coating can indicate internal Excess Heat scorching Body Fluids or Yin Deficient Fire.

A wet or moist gray coating usually indicates Cold-Damp Stagnation or Damp-Phlegm retention.

Black Tongue Coat
Similar to the Gray coating above, but more severe.

The black coating usually develops from gray or a burnt yellow coating.

A dry black coating (usually with cracks) may indicate excessive Heat burning body fluids.

A moist black coating and a pale tongue body may indicate Yang Deficiency, Internal Excess Cold, with or without the presence of Dampness.

Deficiency. In the case of Yang Deficiency, the tongue is showing false heat signs, as the Yin has forced the Yang to the surface of the body.

Dirty Yellow Tongue Coat
This tongue coating may indicate Stomach and Intestinal Damp-Heat

Simultaneous White and Yellow Tongue Coating
Can indicate a Shaoyang pattern
Can indicate a simultaneous Heat and Cold pattern, or a Cold pattern turning to Heat
Can indicate a simultaneous Interior and Exterior pattern

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Deficiency. In the case of Yang Deficiency, the tongue is showing false heat signs, as the Yin has forced the Yang to the surface of the body.
Different areas of the tongue are believed to reflect the health of the different organ systems. If there is an unusual color, coating, and/or shape in a certain area, special attention is paid to the corresponding organ system.

As with any assessment method, the doctor doesn’t rely on tongue diagnosis alone, but uses it to provide a complete picture of a person’s health.

Below are some of the guidelines Chinese medical practitioners use to assess the tongue. This is only a selection of many different types of patterns.

### What is the Tongue Color?

Normal tongue color is light red, indicating that a person’s vital energy (called qi) is strong. It also reflects the health of the internal organs and blood circulation. Changes in the tongue color usually reflect chronic illness.

<table>
<thead>
<tr>
<th>Tongue body color</th>
<th>May be a sign of</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pale</td>
<td>Excess cold, especially if thick white coating.</td>
</tr>
<tr>
<td></td>
<td>Spleen qi deficiency, especially if thin white coating.</td>
</tr>
<tr>
<td></td>
<td>Blood deficiency, especially if dull, pale face and lips.</td>
</tr>
<tr>
<td>Red</td>
<td>Excess heat, especially if there is a thick yellow tongue coating.</td>
</tr>
<tr>
<td></td>
<td>Yin deficiency, especially if tongue body is thin and coating is thin, absent or peeled.</td>
</tr>
</tbody>
</table>

### What is the Tongue Shape?

Normal tongue shape is not too thick or thin, and the tongue body is smooth with no cracks. Changes in the tongue shape usually reflect chronic illness involving blood, qi, or body fluids.

<table>
<thead>
<tr>
<th>Tongue shape</th>
<th>May be a sign of</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swollen or puffy</td>
<td>Spleen qi deficiency, especially if teeth marks on the sides</td>
</tr>
<tr>
<td></td>
<td>Damp heat</td>
</tr>
<tr>
<td>Thin</td>
<td>Blood deficiency</td>
</tr>
<tr>
<td></td>
<td>Fluid deficiency</td>
</tr>
<tr>
<td>Trembling</td>
<td>Spleen qi deficiency</td>
</tr>
<tr>
<td>Elongated</td>
<td>Heart heat</td>
</tr>
<tr>
<td>Sides curled up</td>
<td>Liver qi stagnation</td>
</tr>
<tr>
<td></td>
<td>If the sides are swollen and red, it may indicate Liver Fire</td>
</tr>
<tr>
<td>Cracks</td>
<td>Excess heat or yin deficiency</td>
</tr>
<tr>
<td></td>
<td>Heart imbalance, especially if there is a crack down the middle of the tongue to the tip</td>
</tr>
</tbody>
</table>

### What does the Tongue Coating Look Like?

Different areas of the tongue are believed to reflect the health of the different organ systems. If there is an unusual color, coating, and/or shape in a certain area, special attention is paid to the corresponding organ system.

As with any assessment method, the doctor doesn’t rely on tongue diagnosis alone, but uses it to provide a complete picture of a person’s health.

Below are some of the guidelines Chinese medical practitioners use to assess the tongue. This is only a selection of many different types of patterns.

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<tbody>
<tr>
<td>Purple</td>
<td>Stagnant qi</td>
</tr>
<tr>
<td></td>
<td>Stagnant blood if dark purple tongue body and/or red spots on the tongue</td>
</tr>
</tbody>
</table>
Normal tongue coating is thin and white. A pale yellow and slightly thicker coating at the back of the tongue may also be normal. The tongue coating often indicates the health of the spleen and stomach. It also provides a good indication of acute illness, such as colds and digestive problems.

**Tongue self diagnosis**

**Question:** Which aperture of the body reflects the internal organs related to excretion and assimilation? Anus, urinary tract, ears, nose, or mouth?

**Answer:** Mouth.

Your tongue accurately reflects the state of your digestive system- from rectum to esophagus, including the stomach, small intestines, colon (large intestine), pancreas, spleen, liver and gall bladder.

Imagine, you don’t need a battery of tests to find out what part of your digestive tract is in stress. You can diagnosis the whole GI tract and corresponding organ integrity all in one easy view- just stick your tongue out and take a good look at it.

As a whole the tongue reflects the condition of the digestive system and the organs associated with blood, nutrient assimilation, and excretion. You can also see how ‘hot’ or how ‘cold’ your internal organs are. Therefore it has a high value as a diagnostic tool.

Specific sections of the tongue mirror the condition of particular parts of the digestive system and the digestion related internal organs.

The following correspondences exist in this relationship:

| A - the tip area reflects the rectum and the descending colon. | width: a wide tongue reflects an overall balanced physical and psychological disposition. |
| B - the peripheral area reflects the large intestine. | a narrow tongue reflects a lack of physical adaptability with pronounced strengths and weaknesses. Mentally, thinking may be sharp but tend toward seeing a narrow view. |
| C - the middle region corresponds to the small intestine. | a very wide tongue reflects a generally loose and expanded physical condition and a tendency toward more psychological concerns. |
| D - the back edge region relates to the liver, gallbladder, duodenum, and pancreas. | Tip: a rounded tip reflects a flexible yet firm physical and mental condition. |
| E - the near back region corresponds to the stomach. | a pointed tip reflects a tight, perhaps even rigid physical condition and an aggressive or even offensive mentality. |
| F - the back region (‘the root of the tongue’) reflects the esophagus. | a very wide tip reflects an overall weakness of the physical body and a flaccid or even “spaced out” mental condition. |
| G - the underside of the tongue reflects the quality of blood and lymph circulation in each corresponding area. | a divided tip reflects a tendency toward physical and mental imbalances with the possibility of sharp fluctuations in thinking and mood. |

**Structural characteristics**

Like each particular area of the body, the tongue can be used to evaluate one’s overall condition.

Zetsu Shin as it is called in Japanese, is one of the most important forms of diagnosis used in Chinese medicine. Two main aspects are considered in tongue diagnosis. First is the structure of the tongue. Is it wide or narrow, thick or thin, pointed or rounded? Such qualities convey information concerning the individual’s basic constitution and overall strengths and weaknesses of body and mind.

Qualities to look for include:

- a flat tongue reflects a balanced condition and the ability to flexibly adapt to circumstances.
- a thin tongue reflects a more mental orientation, with a tendency to be more gentle and easy going.
- a thick tongue reflects a more physical orientation, with the tendency to be assertive or even aggressive.
- In comparison to structure, the condition of the tongue is influenced more by daily lifestyle and provides information about an individual’s current state of health.

**Are there any Specific Problem Areas?**

Each area of the tongue is connected to specific internal organs.

- sides of the tongue - liver
- tip of the tongue - heart
- center of the tongue - spleen
- back of the tongue - kidney

**Other Tongue Tips**

Some disorders don’t show up on the tongue.

Tongue is usually examined for no longer than 15 seconds at a time. If it’s extended for longer, the tension may alter the shape or color.

The tongue should be examined under natural light.

Before examination, don’t eat foods that may discolor the tongue, such as coffee, beets, vitamin C, and foods made with artificial food coloring.
tongue.
• a stiff, tense, or inflexible tongue.
• a loose or lolling tongue.
• a tongue with a pronounced slant to the left or right when it is extended.
Pimples or projections of the tongue’s surface indicate the discharge of fat, protein, and sugar. Where in the body this discharge is coming from can be determined by the specific area of the tongue on which it appears. You can find the correlation between the areas of the tongue and the digestive tract.
The second major aspect considered in tongue diagnosis is the coating, or moss, as it is called in Chinese medicine, on the tongue’s surface.
Qualities are again divided into antagonistic pairs, and include moist and dry, excessive and deficient, thick or thin. The color of the coating reveals a precise information concerning specific internal conditions.
The guidelines explained above, particularly concerning the aspects of location and color, can be used for a general understanding of the different qualities of coating found on the tongue.
They are especially extremely useful when fasting, cleansing or when one is ill. A precise understanding of the nature of the problems can be achieved in seconds.

Color:
• Dark red: indicates inflammation; lesions or ulceration; and sometimes a degeneration of the related organ.
• White: indicates stagnation of blood; fat and mucus deposits; or a weakness in the blood leading to such conditions as anemia.
• Yellow: indicates a disorder of the liver and gallbladder, resulting in an excess secretion of bile; deposits of animal fats, especially in the middle organs of the body; and possible inflammation.
• Blue or Purple: indicates stagnation of blood circulation and a serious weakening of the part of the digestive system that corresponds to the area of the tongue where the color appears.
The color on the underside of the tongue can also be used to determine the internal condition. In general, the colors and their indications listed above are the same, with the following exceptions:
• Blue or Green: In excess, either of these colors reflect disorders in the blood vessels and in blood quality and circulation.
• Purple: In excess, this color reflects disorders of the lymphatic and circulatory system. It indicates a weakening of the immune ability and of the blood vessels.

Texture:
• a swollen or enlarged tongue: indicates a Jitsu, or full state.
• a shriveled or withered-looking tongue: indicates a Kyo, or empty state.

Movement:
The flexibility of the tongue also reflects the condition of the digestive system. Characteristics to look for include:
• a flexible, supple, smoothly moving tongue.

Below you will find detailed information about tongue diagnosis and the clinical significance of the examination:
• Common Tongue Geography and Meridian Correlations
• Body Colors and Indications
• Body Shape and Indications
• Tongue Coatings and Indications
• Sources
• Acupuncture Theory Related Resources
• Discuss Acupuncture Theory

Which Tongue Are You?

Common Tongue Geography and Meridian Correlations
Lower Jiao
The Base of the tongue corresponds to the Kidney, Urinary Bladder, Large Intestine and Small Intestine Meridians.

Middle Jiao
The sides of the tongue correspond to the Liver and Gall Bladder meridians. Some theories place the Gall Bladder on the patients left side and the Liver on the patients right side. The Middle of the tongue corresponds to the Stomach and Spleen Meridians.

Upper Jiao
The Tip of the tongue corresponds to the Lung and the Heart Meridians.
### Tongue Body Colors and Clinical Indications

<table>
<thead>
<tr>
<th>Body Color</th>
<th>Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pink</td>
<td>normal or mild disorder</td>
</tr>
</tbody>
</table>
| Pale                | yang, blood a/or qi def  
                      Deficiency Cold  
                      + thin & dry = blood def  
                      + wet = qi def  
                      + swollen = qi def  
                      + swollen & wet = yang def |
| Red                 | heat  
                      + no coating = yin def empty heat  
                      + yellow coat = excess heat  
                      + wet = damp heat  
                      + dry = injured fluids |
| Dark Red (Scarlet, Cardinal) | extreme heat  
                      more severe conditions than red |
| Purple              | stagnation lv qi stagnation is likely + pale = cold |
| Blue                | severe internal cold stagnant blood |

### Tongue Body Shapes and Clinical Indications

<table>
<thead>
<tr>
<th>Body Shape</th>
<th>Indications</th>
</tr>
</thead>
</table>
| cracked                     | if develops during illness indicates chronic and severe, otherwise normal  
                      location of cracks relates to organ pathology  
                      + red = empty heat consuming fluids  
                      + pale = blood & qi def  
                      crack runs from center to the tip = ht disorder  
                      or congenital ht problems  
                      horizontal cracks = yin def |
| deviated (crooked)          | deficiency heat  
                      + pale = blood & qi def  
                      + dark red = yin collapse |
| flaccid                     | deficiency heat  
                      + pale = blood & qi def  
                      + dark red = yin collapse |
| long                        | heat in the ht  
                      stroke or early signs of stroke |
| short (contracted)          | serious conditions  
                      blood deficiency  
                      ht deficiency  
                      + pale or purple = cold or yang def  
                      + swollen = damp or hilegm  
                      + red = heat consuming the fluids |
| stiff                       | heat in the ht  
                      ht/sp heat  
                      phlegm obstructing the ht qi  
                      + normal & pale = wind, stroke |
| swollen                     | deficiency  
                      + pale & wet - yang def + teethmarks & pale =  
                      qi def or excess fluids + dark red = excess heat  
                      usually ht/sp |
| thin                        | blood or fluid def  
                      empty heat consuming fluids  
                      + pale = blood & qi def  
                      + red = yin def |
| thorny (strawberry, granular) | heat  
                      congealed blood  
                      + on tip = ht fire  
                      + on edges = lv/gb fire  
                      + on center = st a/or intestines heat |
| trembling (quivering)       | wind  
                      + pale = qi def  
                      + red = heat producing internal wind |
Tongue Coatings and Clinical Indications

<table>
<thead>
<tr>
<th>Tongue Coat</th>
<th>Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>thin</td>
<td>normal</td>
</tr>
<tr>
<td></td>
<td>exterior condition, wind-cold</td>
</tr>
<tr>
<td>thick</td>
<td>excess damp/phlegm</td>
</tr>
<tr>
<td></td>
<td>food stagnation</td>
</tr>
<tr>
<td>dry</td>
<td>heat consuming yin</td>
</tr>
<tr>
<td></td>
<td>excess yang or fire</td>
</tr>
<tr>
<td></td>
<td>deficiency fluids</td>
</tr>
<tr>
<td>moist</td>
<td>normal or mild imbalance</td>
</tr>
<tr>
<td>wet</td>
<td>excess fluids from yang def</td>
</tr>
<tr>
<td></td>
<td>dampness</td>
</tr>
<tr>
<td>sticky (greasy, creamy)</td>
<td>dampness or phlegm</td>
</tr>
<tr>
<td></td>
<td>retention of food</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coat Coloration</th>
<th>Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>white</td>
<td>internal or external cold</td>
</tr>
<tr>
<td></td>
<td>if coat looks like cottage cheese = ST heat</td>
</tr>
<tr>
<td></td>
<td>+ thin coat &amp; body aches = exterior wind-cold</td>
</tr>
<tr>
<td></td>
<td>+ thin coat &amp; thorny = wind-heat</td>
</tr>
<tr>
<td>yellow</td>
<td>internal or external heat</td>
</tr>
<tr>
<td></td>
<td>effected by coffee, tea a/or smoke intake</td>
</tr>
<tr>
<td>gray</td>
<td>hot or cold internal condition</td>
</tr>
<tr>
<td></td>
<td>retention of phlegm heat</td>
</tr>
<tr>
<td></td>
<td>+ dry = heat consuming body fluids</td>
</tr>
<tr>
<td></td>
<td>+ moist = damp cold</td>
</tr>
<tr>
<td>black</td>
<td>severe condition involving hot or cold</td>
</tr>
<tr>
<td></td>
<td>+ pale = excessive cold from yang def</td>
</tr>
<tr>
<td></td>
<td>+ dry &amp; possible thorny = consumption of body fluids</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coat Rooting</th>
<th>Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>rooted</td>
<td>strong st/sp qi</td>
</tr>
<tr>
<td>rootless</td>
<td>st/sp qi def</td>
</tr>
<tr>
<td>moss appears to float on the surface</td>
<td></td>
</tr>
<tr>
<td>peeled</td>
<td>sp qi def</td>
</tr>
<tr>
<td></td>
<td>deficient yin or fluids</td>
</tr>
</tbody>
</table>

The tongue coat is a good indicator of the state of the Stomach and Spleen. It also shows the strength, depth and temperature of pathogenic factors.

A normal tongue coat is thinnest at the edges, thicker in the center and thickest at the root. It is thin and white, slightly moist and has a root.

Learning Examples
- **Body colour**: Reddish-Purple.
- **Body shape**: Swollen and cracked.
- **Coating**: peeled.

A Reddish-Purple tongue body colour usually indicates Blood stasis deriving from or associated with Heat (whereas a Bluish-Purple colour generally indicates Blood stasis deriving from Cold). In this case, the tongue colour is consistent over the whole tongue so


**Example 1 - NEW**

- **Body colour:** Reddish-Purple, Bluish-Purple in the chest area on the right.
- **Body shape:** Stiff, slightly Swollen.
- **Coating:** sticky coating without root.

The overall body colour of this tongue is Purple, indicating Blood stasis. It is predominantly Reddish-Purple, which indicates Blood stasis deriving from or associated with Heat but the chest area on the right of the tongue is Bluish-Purple which indicates that there is also some Cold which has lead to Blood stasis in the chest.

The tongue is also Stiff. A Stiff tongue indicates either severe Blood stasis or internal Wind. As the tongue is also Purple, in this case it is most likely that it indicates Blood stasis.

The sticky consistency of the coating simply indicates that there is Dampness (or together with the Swollen tongue body Damp-Phlegm), but the fact that it is rootless reflects a deficiency of Stomach-Yin. A rootless coating reflects the beginning stages of Stomach-Yin deficiency.

**Example 2 - NEW**

- **Body colour:** Slightly Red but Pale on the sides.
- **Body shape:** Swelling in the Spleen area on the sides, Stomach cracks.
- **Coating:** Peeled.

This tongue shows clearly a relatively common condition of Stomach-Yin deficiency (leading we cannot determine from the tongue alone where the Blood stasis is located. The pulse and the symptoms can tell us this. However, the most likely pattern is that of Liver-Blood stasis. The tongue body is also Swollen which indicates the presence of Phlegm. The Lung and Heart areas of the tongue are especially swollen which points towards the fact that the Phlegm is predominantly in the Upper Burner. Phlegm and Blood stasis are often seen existing side by side, especially in older patients, as they interact with and “promote” each other. Blood stasis stops fluids from being transported around the body smoothly therefore encouraging the production of Phlegm, while Phlegm blocks the smooth flow of Qi and Blood leading to stasis.

The tongue is totally peeled (without coating) and with many cracks, both signs of chronic Yin deficiency. It is likely that the Yin deficiency preceded the Blood stasis. Chronic Yin deficiency leads to Empty-Heat and we know in this case that the Blood stasis derives from Heat as the tongue is a Reddish-Purple colour. Although we cannot tell conclusively from the tongue only, the Yin deficiency is most likely of the Stomach and Kidneys.

Therefore, in conclusion, we can say that this many suffers from Yin deficiency with Empty-Heat, Blood stasis and Phlegm in the Upper Burner.

**Example 3 - NEW**

- **Body colour:** Slightly Red but Pale on the sides.
- **Body shape:** Swelling in the Spleen area on the sides, Stomach cracks.
- **Coating:** Peeled.

This tongue shows clearly a relatively common condition of Stomach-Yin deficiency (leading
to some Heat] and Spleen-Yang deficiency. The cracks in the Stomach area indicate Stomach-Yin deficiency and the overall colour of the tongue is slightly Red showing that this Yin deficiency has lead to some Heat, but the sides of the tongue in the Spleen area are Swollen and Pale. This reflects Spleen-Qi and Yang deficiency leading to Dampness.

It is important to distinguish between the Liver and the Spleen areas on the sides of the tongue. The Liver area is a longer and thinner strip, covering nearly the whole side of the tongue, whereas the Spleen area is shorter and fatter and in the middle of the side of the tongue.

In the case of this patient, it would therefore be necessary to treat both Yin deficiency (of the Stomach) and Yang deficiency (of the Spleen). Even though the Yin deficiency (and Empty-Heat) seem predominant because the main area of the tongue body is Red and it is peeled, it is likely that the Spleen deficiency came first. As the Spleen and Stomach are so closely connected, a long-standing case of Spleen-Qi and/or Yang deficiency may lead to a deficiency of the Stomach (which has a tendency to become Yin deficient).

A suitable remedy for this condition might be Shen Ling Bai Zhu San (Central Mansion in the Three Treasures remedies).

**Example 4 - NEW**

- **Body colour:** slightly Red.
- **Body shape:** Swollen, especially in the chest area with a Heart crack.
- **Coating:** sticky coating.

This tongue is slightly unusual in that it clearly shows us the exact location of a pathogenic factor. The chest area is clearly more Swollen than the rest of the tongue indicating the presence of Phlegm in the Upper Burner.

As a general rule, the tongue body shows more the presence of Phlegm and the coating reflects the presence of Dampness. When the tongue body is Swollen and the coating is sticky, as in this case, it normally indicates the presence of Damp-Phlegm, in this case clearly in the Lungs.

**Example 5 - NEW**

- **Body colour:** slightly Red.
- **Body shape:** Swollen, especially in the chest area with a Heart crack.
- **Coating:** sticky coating.

The Reddish-Purple coating is more distinct on the sides in the Liver area which points specifically towards Liver-Blood stasis. The Liver area on the sides is also Swollen which usually indicates severe or chronic Liver-Heat. The Liver area being Red and Swollen simply indicates a more severe degree of Liver-Heat than if the Liver area is just Red. The strips of a slightly thicker, white coating on either side of the tongue indicate a Gall-Bladder pathology, most usually Dampness in the Gall-Bladder.

Although the tongue points towards the Blood stasis being especially in the Liver, treatment of this patient should focus equally on moving Blood in the Heart. The presence of a Heart crack indicates a constitutional tendency to Heart patterns.

**Example 6**

- **Body colour:** pale.
- **Body shape:** Swollen, central Heart crack, transverse Spleen cracks on the sides.
- **Coating:** thin-white (normal), slightly yellow in the centre.

The pale tongue-bocolour indicates Yang deficiency (it may also indicate Blood deficiency, but in a man, it is more likely to be Yang deficiency). It is not possible from the tongue only to establish which organ is mostly affected in this case by the Yang deficiency: however, since the tongue body is also swody llen, which usually indicates Phlegm, it is more likely to be Spleen-Yang deficiency. The central crack in this case correlates with the Heart.

A “Heart crack” is rather thin and long, extending from near the root of the tongue to near the tip: a “Stomach crack” is rather wide and is situated only in the middle section of the tongue, in the Stomach area. What does a Heart crack indicate? It depends on its depth and on the colour of the tongue tip. Generally speaking, a Heart crack indicates a constitutional propensity to Heart patterns and to emotional problems: the deeper the crack, the stronger this propensity. If, in the presence of a Heart crack, the tongue tip is red, it indicates that there already is a Heart pattern usually from emotional problems. In other words, a change in colour of the tongue body indicates that that particular constitutional tendency to Heart patterns has manifested itself and generated an actual Heart pattern. If we compare two people both with a red tip of the tongue, one with a Heart crack and the other without, the presence of a Heart crack indicates that that person has a constitutional tendency to Heart patterns and that his or her condition is deeper and more difficult to treat than that of the person without a Heart crack.

The small, transverse cracks on the sides usually indicate severe, chronic Spleen deficiency. Thus, we can conclude that this man suffers from a chronic Spleen-Yang deficiency and Phlegm.

**Example 7**

- **Body colour:** dark red, redder on the sides.
- **Body shape:** Swollen on the sides, Stomach crack.
- **Coating:** white, rootless.

The dark red body colour clearly indicates intense Heat and the redder colour and swelling on the sides shows that the Heat is in the Liver. Thus, this patient has suffered from
Liver-Fire for a long time (we can deduce it is a long time from the dark-red colour) and the intense Fire has begun to injure Yin.

We know this from the fact that the coating is rootless:

- this indicates the beginning of Yin deficiency and, since the tongue is dark-red and there is a coating, we can deduce that it is the Fire that is injuring Yin rather than deficient Yin giving rise to Empty Heat.

**Example 9**

- **Body colour:** red, tending to purple
- **Body shape:** very swollen, Stomach crack.
- **Coating:** yellow, rootless, dry.

The red body colour indicates Heat while its slightly purple hue indicates that there is some Blood stasis. The very swollen body shape indicates the presence of Phlegm. The red colour, together with the Stomach crack and the yellow coating, indicates that the Heat is located in the Stomach.

This is confirmed by the rootless coating which indicates the beginning of Stomach-Yin deficiency, presumably from the Heat injuring Yin. The dryness of the coating confirms both the Heat and the Yin deficiency (it could be due to either).

This tongue has a rootless but relatively thick coating: this is doubly bad. Why? The rootlessness of the coating indicates that there is the beginning of Yin deficiency but the relative thickness of it indicates that there is a pathogenic factor, in this case, Stomach-Heat: thus, this patient suffers from a Full condition occurring against a background of chronic Spleen deficiency.

The red body colour indicates Heat while the slightly purple hue indicates that there is some Blood stasis. The red tip indicates Heart-Fire and the swelling of the tip and its curling up confirm and reinforce this diagnosis.

The presence of the Heart crack indicates that this patient had a constitutional tendency to Heart patterns and to emotional problems. The small patch without coating indicates the beginning of Stomach-Yin deficiency.

**Example 8**

- **Body colour:** red slightly tending to purple, redder tip.
- **Body shape:** swollen tip, tip curling up, Heart crack.
- **Coating:** normal but there is a slightly peeled patch without coating on the left side towards the root.

The red body colour indicates Heat and the slight purple colour indicates that there is some Blood stasis. The red tip indicates Heart-Fire and the swelling of the tip and its curling up confirm and reinforce this diagnosis.

The general swelling of the tongue body indicates Phlegm while the partial swelling on the left side often indicates a weakness of the channels on that side. Such weakness may derive either from a febrile disease with high temperature or from an accident to that side of the body.

The rootless coating indicates Stomach-Qi or Stomach-Yin deficiency, but its thickness indicates the presence of a pathogenic factor, probably Dampness. A thick-rootless coating is doubly bad because, on the one hand Stomach-Yin is deficient, but, on the other, there is a pathogenic factor.

It is better for a rootless coating to be thin (indicating Stomach-Qi deficiency but no pathogenic factor) or for a thick coating to have a root (indicating the presence of a pathogenic factor but also intact Stomach-Qi).

**Example 10**

- **Body colour:** reddish-purple, red sides
- **Body shape:** very swollen, swollen sides, Stomach crack
- **Coating:** sticky-yellow, sticky-dry-rough-yellow inside the Stomach crack.

The reddish-purple colour of the tongue body indicates Blood stasis deriving from or associated with Heat. The redness on the sides indicates Heat in the Spleen and/or Stomach; in this case, the redness on the sides is not related to the Liver because it occupies a wider area than the Liver are and also because it is associated with a Spleen-type of swelling on the sides.

The general swelling of the tongue body indicates the presence of Phlegm, while the swelling on the sides is related to the Spleen and it indicates Dampness occurring against a background of chronic Spleen deficiency.

The sticky-yellow coating confirms the presence of Dampness while the Stomach crack, together with the sticky-dry-rough-yellow coating inside the Stomach crack indicates Phlegm-Heat in the Stomach.

In conclusion, the main location of the disharmony in this case is in the Middle Burner with Stomach and Spleen Heat, Damp-Heat and Phlegm-Heat in the Stomach. The Blood stasis probably derives partly from the Heat and partly from the chronic retention of Phlegm.
Healthy membrane potential and adequate body voltage makes all of the functions of the cell work better.

Factors that influence the body voltage and membrane potential are fatty acids in the cell membrane, minerals, especially sodium, hydration water, oxygenation, stress, toxins and life style.

The SCIO has been proven in tests to increase the electrical potential of the body. Increased cellular membrane potential makes osmosis increase, which increases detoxification, nutrient transfer and absorption, hydration, oxidation, and all cellular functions in general.

Example 12

- Body colour: reddish-purple
- Body shape: swollen sides
- Tongue coating: thin-white-rootless coating, pealed in patches.

The reddish-purple colour indicates Blood stasis with Heat. The swelling on the sides indicates chronic Spleen deficiency and the rootless coating missing in patches indicates Stomach-Yin deficiency.

This patient too suffers primarily from a disharmony in the Middle Burner with chronic Spleen-Qi deficiency and Stomach-Yin deficiency. Both the swelling on the sides (related to the Spleen) and the rootless coating missing in patches (related to Stomach-Yin) indicate a chronic condition because this type of swelling and the lack of coating develop over a long period of time.

It is not possible to tell from the tongue only which other organ (apart from the Stomach), if any, is affected by the Blood stasis and the Heat.

Example 13

- Body colour: red, red tip
- Body shape: short.
- Tongue coating: thin-white.

This slide is presented here mainly as an example of a short tongue body. The patient could not stick the tongue out more than that. The red tip indicates Heart Heat.
issue. In particular TCM has a detailed map of the face including lines, organ zones and colour indications. Using TCM facial analysis principles with relation to skin conditions, the map and colours of the face can help indicate the underlying causes and support the choice of treatment.

Skin conditions that affect the face such as eczema, psoriasis, rosacea and acne don’t usually affect the entire surface of the face. The affected areas are often confined to particular areas or zones so just by looking at your face you can find out more about the underlying cause of any skin condition. This technique is not confined to skin conditions. It can also be used as a tool to assess wellbeing or to improve skin tone in general.

Face Head Feet Body Diagnosis

Do you ever wonder why no matter how much sleep you get, the dark circles under your eyes never seem to get any better? Or why your cheeks are flushed even in winter? Or even why you seem to get blackheads on your nose and can’t get rid of them no matter what topical creams you use? These issues are actually signs that your body is giving you, and using facial analysis, you can work out what the root cause of your dark circles and flushed cheeks and finally do something about it.

From Greek medicine to Ayurveda and Traditional Chinese Medicine (TCM), facial analysis has been used as an indication of the health of the organs or to provide useful clues as to the systems involved in any health
Facial Zone | Organ or System
--- | ---
Forehead | In descending order down the forehead: Bladder, Large Intestine, Small Intestine. Usually lines across the forehead reflect an imbalance. Congestion or acne in this area represents digestive congestion and possibly poor detoxification. Red and dry or flaky skin is an indication of lack of fluids in the digestive tract.
Between the Eyes | This is the liver zone. A red patch between the eyes is a possible indication of poor liver detoxification and even heavy metal toxicity (particularly mercury). Vertical lines in this zone indicate Liver imbalance.
Under the Eyes | The top of the eye and directly below the eyes is the kidney zone. Puffiness and fluid retention in this area is a sign the body is holding on to too much fluid (watery and swollen with a blue tinge) or is mucus congested (fatty and swollen with a yellow tinge). Salt intake should be monitored, as should excessive sugary drinks such as fruit juice and soft drink. To reduce mucus congestion, reduce fat and dairy consumption. Blue circles or white under the eyes indicates tiredness or even exhaustion. A yellow tinge shows the liver and gallbladder are working too hard. Dry, flaky or red skin in the creases above the eye shows liver stress.
The Nose | The nose tip corresponds to the lungs while the bridge reflects the health of the stomach. Congestion in the form of blackheads usually represents poor stomach digestion and possibly low hydrochloric acid levels. If the nose is red or has broken capillaries, this usually indicates excessive intake of heating liquids including alcohol, coffee and tea.
The Cheeks | Represent the respiratory & circulatory systems. Pimples or congestion in this area are often the result of a high fat and mucus forming diet (simple sugar, dairy and processed foods). Pale cheeks may be a sign of low iron levels whereas overly flushed cheeks show poor circulation and the consumption of too many hot foods such as alcohol, coffee and spices and poor elimination. A greenish tinge indicates liver congestion.

Facial Zone | Organ or System
--- | ---
The Mouth | Generally represents the digestive function. White or very pale lips may indicate low iron levels and poor circulation. Dry flaky skin or wrinkles can indicate dehydration. Cracks or sores in the corners of the mouth are signs of low B vitamin or iron levels. Red, hot or bleeding gums are a sign of a hot or over-acidic stomach and so animal fats, simple sugars and heating food & drink needs to be avoided.
The Chin | Corresponds to the kidneys and digestive system. Once again congestion in this area can be a sign of a diet high in processed foods, sugars and fats. It can also indicate unbalanced kidney function, which is usually the result of pushing the body by working too hard, stress or going beyond normal physical endurance.
The Jaw and under the jaw line | Often a hormonal influence, particularly if worsens in accordance with monthly cycles. Cysts rather than pimples may indicate lymphatic toxicity, which may result from medications, environmental toxins or a highly processed and sugar rich diet.

As a guide, go over each zone of the face and look for any changes in colour (from your normal skin tone), deep lines (that aren’t part of the normal aging process), congestion (pimples, blackheads, milia, whiteheads) or puffiness. Below is a guide to the key areas of the face and their associated organs. Included are key indications about lines and colours that provide additional information. Bumps on the top of the head can be related to diagnosis.
**Phrenology**

Phrenology (from Greek: φρήν, phrēn, “mind”; and λόγος, logos, “knowledge”) is a hypothesis stating that the personality traits of a person can be derived from the shape of the skull. It is now considered a pseudoscience. Developed by German physician Franz Joseph Gall in 1796, the discipline was very popular in the 19th century. The principal British centre for phrenology was Edinburgh, where the Edinburgh Phrenological Society was established in 1820. In 1843, François Magendie referred to phrenology as “a pseudoscience of the present day.” Phrenological thinking was, however, influential in 19th-century psychiatry and modern neuroscience.

Phrenology is based on the concept that the brain is the organ of the mind, and that certain brain areas have localized, specific functions or modules (see modularity of mind). Phrenologists believed that the mind has a set of different mental faculties, with each particular faculty represented in a different area of the brain. These areas were said to be proportional to a person’s propensities, and the importance of the given mental faculty. It was believed that the cranial bone conformed in order to accommodate the different sizes of these particular areas of the brain in different individuals, so that a person’s capacity for a given personality trait could be determined simply by measuring the area of the skull that overlies the corresponding area of the brain.

As a type of theory of personality, phrenology can be considered to be an advance over the old medical theory of the four humours. Phrenology, which focuses on personality and character, should be distinguished from craniometry, which is the study of skull size, weight and shape, and physiognomy, the study of facial features. However, researchers of these disciplines have claimed the ability to predict personality traits or intelligence (in fields such as anthropology/ethnology), and are alleged to have sometimes comprised a sort of scientific racism.

**History**

A definition of phrenology with chart from Webster’s Academic Dictionary, circa 1895. The first attempts to measure skull shape scientifically, and its alleged relation to character, were performed by the German physician Franz Joseph Gall (1758-1828), who is considered the initiator of phrenology. Gall was one of the first researchers to consider the brain to be the source of all mental activity.
Brain in Particular, with Observations upon the possibility of ascertaining the several Intellectual and Moral Dispositions of Man and Animal, by the configuration of their Heads. It was not published until 1819. In the introduction to this main work, Gall makes the following statement in regard to his doctrinal principles, which comprise the intellectual basis of phrenology:

- That moral and intellectual faculties are innate
- That their exercise or manifestation depends on organization
- That the brain is the organ of all the propensities, sentiments and faculties
- That the brain is composed of as many particular organs as there are propensities, sentiments and faculties which differ essentially from each other.
- That the form of the head or cranium represents the form of the brain, and thus reflects the relative development of the brain organs.

Through careful observation and extensive experimentation, Gall believed he had established a relationship between aspects of character, called faculties, to precise organs in the brain. Gall’s most important collaborator was Johann Spurzheim (1776-1832), who disseminated phrenology successfully in the United Kingdom and the United States. He popularized the term phrenology (from the Greek word “phrenos” meaning “brain”; compare with the word “schizophrenia”).

Other significant phrenologists included the Scottish brothers George Combe (1788-1858) and Andrew Combe (1797-1847), who initiated the Phrenological Society of Edinburgh. This Edinburgh group included a number of extremely influential social reformers and intellectuals, including the 1848 edition of American Phrenological Journal published by Fowlers & Wells, New York City.

In the Victorian age, phrenology as a psychology was taken seriously and permeated the literature and novels of the day. Many prominent public figures such as the Reverend Henry Ward Beecher (a college classmate and initial partner of Orson Fowler) promoted phrenology actively as a source of psychological insight and self-knowledge. British Prime Minister David Lloyd George was known to have a keen interest in the subject, once contriving a meeting with C.P. Snow after noticing that the author had “an interestingly shaped head.” Thousands of people consulted phrenologists for advice in various matters, such as hiring personnel or finding suitable marriage partners. As such, phrenology as a brain science waned but developed into the popular psychology of the 19th century and functioned in approximately the same way as psychoanalysis permeated social thought and relationships a century later. Beginning during the 1840s, phrenology in North America became part of a counter-culture movement evident in the appearance of new dress styles, communes, mesmerism, and a revival of herbal remedies. Orson Fowler himself was known to have a keen interest in phrenology.

Throughout, however, phrenology was rejected by mainstream academia, and was for instance excluded from the British Association for the Advancement of Science. The popularity of phrenology fluctuated during the 19th century, with some researchers comparing the field to astrology, chiromancy, or merely a fairground attraction, while others wrote serious scientific articles on the subject. The last phrenology book in English to receive serious consideration by researchers comparing the field to astrology, chiromancy, or merely a fairground attraction, while others wrote serious scientific articles on the subject. The last phrenology book in English to receive serious consideration by mainstream science was The Brain and Its Physiology (1846) by Daniel Noble, but his friend, William Carpenter, wrote a lengthy review article that initiated his realization that phrenology could not be considered a serious science, and his later books reflect his acceptance of British psycho-physiology.

Phrenology was also very popular in the United States, where automatic devices for phrenological analysis were devised. One such Automatic Electric Phrenometer is displayed in the in the Science Museum of Minnesota in Saint Paul. During the early 20th century, a revival of interest in phrenology occurred on the fringe, partly because of studies of evolution, criminology and anthropology (as pursued by Cesare Lombroso). The most famous British phrenologist of the 20th century was the London psychiatrist Bernard Hollander (1864-1934). His main works, The Mental Function of the Brain (1901) and Scientific Phrenology (1902) are an appraisal of Gall’s teachings. Hollander introduced a quantitative approach to the phrenological diagnosis, defining a method for measuring the skull, and comparing the measurements with statistical averages.

In Belgium, Paul Bouts (1900-1999) began studying phrenology from a pedagogical background, using the phrenological analysis to define an individual pedagogy. Combining phrenology with typology and graphology, he coined a global approach known as psychognomy. Bouts, a Roman Catholic priest, became the main promoter of renewed 20th-century interest in phrenology and psychognomy in Belgium. He was also active in Brazil and Canada, where he founded institutes for characterology. His works Psychognomie and Les Grandes Destinées individuelles et humaines dans la lumière de la Caractérométrie et de l’Evolution cérébro-cranienne are considered standard works in the field. In the latter work, which examines the subject
of paleoanthropology, Bouts developed a teleological and orthogenetical view on a perfecting evolution, from the paleo-encephalical skull shapes of prehistoric man, which he considered still prevalent in criminals and savages, towards a higher form of mankind, thus perpetuating phrenology's problematic racializing of the human frame.

Bouts died on March 7, 1999, after which his work has been continued by the Dutch foundation PPP (Per Pulchritudinem in Pulchritudine), operated by Anette Müller, one of Bouts' students.

During the 1930s, Belgian colonial authorities in Rwanda used phrenology to explain the so-called superiority of Tutsis over Hutus.

Empirical refutation induced most scientists during the 1930s, Belgian colonial authorities in Rwanda used phrenology to explain the so-called superiority of Tutsis over Hutus.
Phrenology was a complex process that involved feeling the bumps in the skull to determine an individual’s psychological attributes. Franz Joseph Gall first believed that the brain was made up of 27 individual ‘organs’ that created one’s personality, with the first 19 of these ‘organs’ believed to exist in other animal species. Phrenologists would run their fingertips and palms over the skulls of their patients to feel for enlargements or indentations. The phrenologist would usually take measurements of the overall head size using a caliper. With this information, the phrenologist would assess the character and temperament of the patient and address each of the 27 “brain organs”. This type of analysis was used to predict the kinds of relationships and behaviors to which the patient was prone. In its heyday during the 1820s-1840s, phrenology was often used to predict a child’s future life, to assess prospective marriage partners and to provide background checks for job applicants.

Gall’s list of the “brain organs” was lengthy and specific, as he believed that each bump or indentation in a patient’s skull corresponded to his “brain map”. An enlarged bump meant that the patient utilized that particular “organ” extensively. The 27+ areas were varied in function, from sense of color, to the likelihood of religiosity, to the potential to commit murder. Each of the 27+ “brain organs” was located in a specific area of the skull. As a phrenologist felt the skull, he could refer to a numbered diagram showing where each functional area was believed to be located.

The 27 “brain organs” were:

- The instinct of reproduction (located in the cerebellum).
- The love of one’s offspring.
- Affection and friendship.
- The instinct of self-defense and courage; the tendency to get into fights.
- The carnivorous instinct; the tendency to murder.
- Guile; acuteness; cleverness.
- The feeling of property; the instinct of stocking up on food (in animals); covetousness; the tendency to steal.
- Pride; arrogance; haughtiness; love of authority; loftiness.
- Vanity; ambition; love of glory (a quality “beneficent for the individual and for society”).
- Circumspection; forethought.
- The memory of things; the memory of facts; educability; perfectibility.
- The sense of places; of space proportions, of time.
- The memory of people; the sense of people.
- The memory of words.
- The sense of language; of speech.
- The sense of colours.
- The sense of sounds; the gift of music.
- The sense of connectedness between numbers.
- The sense of mechanics, of construction; the talent for architecture.
- Comparative sagacity.
- The sense of metaphysics.
- The sense of satire; the sense of witticism.
- The poetical talent.
- Kindness; benevolence; gentleness; compassion; sensitivity; moral sense.
- The faculty to imitate; the mimic.
- The organ of religion.
- The firmness of purpose; constancy; perseverance; obstinacy.
effects of Foot Reflexology... the therapist’s healing touch provides improvements in structure (helping to streamline the body’s lines), increases flexibility (producing healthier feet), and lowers stress and relaxes the body (which releases stored toxins and restores the body’s chemical balance).

Depending on the nature of the issues being addressed, the sensation will vary widely from stretching to a nerve-like pinch to needle-like sensations where it might feel like fingernails are being stuck into your feet. These are simply stress reactions of your body and will change dramatically as your feet become healthier.

Many of my foot Reflexology clients start by needing to address foot pain. Over time, I’ve modified the approach for those clients to incorporate some elements of Rolfing to more effectively and more holistically correct underlying issues.

Those Reflexology clients have almost always tended to migrate to regular Reflexology sessions even after the primary issues were resolved because during the early therapy, Reflexology clients generally also experience the benefits of lower stress and higher levels of relaxation throughout themselves.

Foot reflexology is an effective method of addressing specific areas of aches and pains and is a wonderful way of relaxing. It will keep your feet flexible and in great health, minimizing the chances that the original issues will recur and supporting a lower stress level in your day to day living.

Naples Rolfing — Certified Advanced Rolfing and Nationally Licensed Deep Tissue Massage Therapy now in Madison Wisconsin.

Many people believe that Reflexology dates back to ancient Egypt and China. There are many references back to an old Egyptian hieroglyph depicting someone manipulating another person’s foot. The hieroglyphics roughly translate to “Don’t hurt me” with a response of “I shall act so you praise me.” However, there hasn’t been any direct explanation of what was being done to the foot.

Modern day Reflexology, as best we can trace it, appeared to have been formalized by a Physiotherapist named Eunice Ingham who, through observation, created a mapping of different areas of the feet to organs of the body, proposing that underlying issues could be helped by working the “reflected” organ in the feet. Today, Reflexology is primarily performed on the feet and hands and involves the application of pressure to specific points.

There have not been many clinical studies on Reflexology but people appear to unequivocably benefit from some fundamental
measures

Vols and Oscillations (EMG, EEG)
Amps and Oscillations (ECG)
Resistance (GSR)
Hydration
Oxidation (Redox potential)
PH acid vs alkalinity
Reactivity evoked potential to voltammetric fields of substances (TVEP) over 228,000 measures a second of these energetic factors

measures

Brain wave and emotions with (MCES)
Pain with (MENS) (TENS)
Trauma or wounds (EWH)
Electro Weakness PH,
Redox disorder (VARHOPE Correction)
Trickle charge the body electric

measures

The SCIO Universal Electrophysiological Biofeedback System can safely measure over the skin (transcutaneous) skin electro-potential down to the micro-volt range. Virtual and mathematical calculations of the attained data can provide CNS (Central Nervous System) biofeedback data, so as to include simple EEG (electroencephalography), 3-pole ECG (simple stress electrocardiography), global transcutaneous EMG (electromyography).

The system can measure the transcutaneous skin resistance by application of a medical safe micro-current voltammetric pulse, so as to measure GSR (galvanic skin response) and TVEP (transcutaneous voltammetric evoked potential).

The system is designed for the detection of stress and reduction of stress through CNS biofeedback data or stress lifestyle questionnaires. The stress and lifestyle questionnaires provide educational feedback through library referenced functions. And the device can be used for the treatment of muscular re-education from injury, muscle weakness, sport muscular enhancement or various dystonias. The applied voltammetric pulse can be used to detect and affect in established modalities such as pain (TENS [transcutaneous electro nervla stimulation]), trauma/wound healing, change in balance, reorgan potential and electrophysiological reactivity.

The device after 20 years of use is quality tested, clinically evaluated and scientifically validated as safe and effective.

All designed to detect + reduce Electro-stress and Balanace the Body Electric Automatically
Methods of Treatment
The easiest and most common form of treatment is to apply pressure on sore points with the pad of a finger, the thumb, with a knuckle or with a blunt instrument (for example, the blunt end of a pencil or a pen).

If it is quite sore, press straight down, with only light pressure at first. Gradually increase the pressure as the pain lessens. Finally, when even strong pressure can be tolerated, you may apply the pressure in a slow circular motion in order to relax the deeper muscles and ligaments.

For self-treatment underneath the feet, it will usually be more convenient to press or roll the sore points on a golf ball, a stone or another suitable object. To press reflex areas in the palms of the hands, it is usually more convenient to use a knuckle or a suitable blunt instrument than the pad of the thumb.

Usually, the pain begins to subside after a few minutes of pressing. If this happens, increase the pressure for a while, but if the pain instead increases, stop the treatment. The effect on related body parts can be surprisingly quick. Pain in the ears, shoulders or back often disappears within minutes.

If there is a serious or acute problem, use reflexology several times a day. However, this treatment may stimulate a chronically weak organ to increased activity and it may become tender for a while together with its reflex areas. Generally, deep, strong and slow pressure is sedating and pain relieving, while light, quick tapping or circling is stimulating. Select whichever is appropriate. For some points a so-called C-clamp is effective: press with the thumb from underneath the foot and with the index finger from the top. This may be used for the liver, spleen and thymus.

Another method of applying pressure to fingers and toes is to put tight rubber bands around them or to use clothes pegs to clamp the digits. Rubber bands should never be left on for more than a few minutes at a time. In addition, you may firmly grasp a metal comb, pressing its teeth into the palm or the fingers. A metal comb or a brush may also be used to sweep the backs of the hands and lower arms up to the elbows in quick upward strokes. Five minutes of this will stimulate the circulation and invigorate the body.

Further effective areas for treatment are the tongue, the inside wall of the mouth, especially the palate (top), under the tongue and the back of the mouth (pharynx). You may press with the pad of a finger or thumb or use a suitable instrument.

Pressure on the tongue may be applied by biting or pressing with the handle of a spoon. This is effective for treating problems in other areas of the body belonging to the same zone.

In addition, the tongue may be pulled out for several minutes by grasping it with a cloth and moving it around. Alternatively, you may poke it out as far as possible and hold it in place with your teeth. You may also work around the angles of the jaw and chin.

Because of the sensitivity of the mouth, this treatment is often more effective than hand and foot reflexology, especially for all problems related to the head and throat.

Important Areas to Treat
The foot and hand charts will give you a good indication of where to find suitable points for treating specific complaints. For best results work on all the major reflex areas: hands, feet, ears and mouth. Always treat in the same zone in which the problem arises. Your left inner ear, for example is in zone 4. Therefore, to treat it you will manipulate the left ring finger the third toe including its root on the left side, the ear points of the left ear and the outer left side of the tongue and palate.

Work frequently around the joints of fingers and toes, especially digging underneath the lowest joints of the thumbs and big toes. Rubber bands or clothes pegs may be placed for five to 10 minutes on the tips of the digits, or on or between the joints, depending on where there is more sensitivity. Lymph drainage can be improved by press-massaging the area of the upper chest on top of the feet just below the toes.

Generally, treat a sensitive area for five to 10
by Dr John Whitman Ray it is recommended to work in a certain sequence for regenerating the body. Start with the so-called STO-point: press into the valley between the muscles from both sides of the spine and then up under the skull (occiput). This is to improve the nerve transmission to all parts of the body. Then start working on points in the following order: pineal gland, hypothalamus, pituitary, medulla, thyroid, thymus, heart, solar plexus, pancreas, adrenals, spleen, gonads (uterus, ovaries, prostate, testicles), liver, kidneys, gall bladder, bladder, small intestine, large intestine.

The Brain

For general health improvement and regeneration work frequently on the brain, especially the pituitary gland, the pineal gland, the hypothalamus and the medulla (oblongata).

The pituitary reflex often feels like a sharp bone protrusion; press it in the direction of the tip of the toe. The hypothalamus and medulla are pressed from the insides of the big toes. For general health improvement it is best to start with activating these parts of the brain and then continue with the other glands and organs.

In the system of Body Electronics as developed...
PRACTICE OF CHINESE MEDICINE

INTRODUCTION

The changing setting in which Chinese medicine is practiced in modern versus ancient times, especially with the advent of advanced technological medical diagnostics, has raised questions as to the value of pulse diagnosis. Should its use be limited to confirming a diagnosis reached by other means? Or, does one get the desired information under such circumstances?

Several years ago, an acupuncturist in the U.S. wrote to me saying:

I’ve been practicing for over five years now and have a busy practice; but, I’m totally disheartened about my abilities. The biggest difficulties are diagnostic. I graduated school as one of the best students in my class, yet neither I nor any of my classmates had any clear sense of tongue or pulse diagnosis. I’ve gone to endless seminars, but theory isn’t doing it for me. All the theory is useless if you’re unsure of your diagnosis. What I need is an experienced practitioner to work with who can and will tell me if what I’m seeing on the tongue and feeling in the pulse is correct. Otherwise, I feel as if I’m fantasizing all the time. Is that what Chinese medicine is all about?

This practitioner has recognized something that many others, who feel more confident despite limited training, may ignore: there is a great potential to simply “fantasize” the diagnostic signs, that is, to read into it something that is not really present. But, this is not what Chinese medicine is about; rather, there is a clearly defined method of pulse taking (and tongue examination, as well as other important diagnostic techniques) that can lead to reasonably well-defined syndrome determination.

The information presented below is aimed at examining the traditional and modern roles of pulse diagnosis, the techniques for taking the pulse, the interpretation of various pulse forms, and some of the controversies that exist regarding the use of pulse diagnosis.

THE ORIGINAL PLACE OF PULSE DIAGNOSIS IN THE CHINESE TRADITION

Pulse diagnosis is one of the original set of four diagnostic methods that are described as an essential part of traditional Chinese medical practice (1). The other three diagnostic methods are:

- **inspection:** general observations of the patient, including facial expression; skin color and texture; general appearance, and the shape, color, and distinctive markings of the tongue and the nature of its coating; and smelling (noting any unusual smell of the body, mouth, or urine);
- **listening:** to the quality of speech (including responsiveness to questions, rapidity of talking, volume of the voice); to the respiration; and to sounds of illness, such as coughing, gurgling from the intestines; and
- **inquiring:** obtaining information about the patient’s medical history and their symptoms and signs, such as chills/fever, perspiration, appetite and dietary habits, elimination, sleep, and any pains; also, for women inquiring about menstruation, pregnancy, leukorrhea and other gyno-obstetric concerns.

All of these diagnostic methods yield information that helps to determine the syndrome and constitution to be treated. While the Chinese pulse and tongue diagnosis methods, because of their frequent mention and somewhat unique quality among traditional medical systems, receive much attention, the other aspects of diagnosis cannot be ignored or downplayed.

The Chinese term indicating a blood vessel or a meridian (which are two interlinked concepts; see Drawing a concept: jingluo) is mai, and the same term is used to describe the pulse. Pulse feeling is called qiemai, which is part of the general diagnostic method of palpating or seeing (noting any markings of the tongue and the nature of the complexion and principles of the complexion...
and pulses... Doctors today should eliminate their bad habits and ignorance, open their minds, and learn the essence of pulse and color diagnosis (i.e., analysis of facial colors). Only by doing so will they ever succeed in reaching the level of the ancient sages.... There is one other important thing. That is the interrogation of the patient, the inquiry.... Select a quiet environment; close all doors and windows; gain the trust of your patient so that the patient can completely convey everything that is pertinent to the condition. Be thorough and differentiate the truth.

In the Huangdi Neijing (3), the pulse is mentioned briefly and simply among a list of symptoms that would indicate a particular disease stage or category; thus, for the taiyang disease, the pulse is floating, for a yangming disease, the pulse is large, and for the jueyin disease, the pulse is feeble. In the companion volume Jingui Yaolue, there is more description of the pulses and some explanation of their meaning. For example, it is said that: A pulse too strong or too weak denotes illness. A minute pulse on the cun site and a chordal pulse on the chi site portends thoracic debility and aching because it reflects an extremely weak condition of yang in the upper warmer. Heart pain follows the thriving yin evil as characterized by the deep chordal pulse. The presentation of diagnostic information in these works of Zhang Zhongjing confirms the importance of inquiry, since it is by this means that one learns the essential features described throughout most of the text, such as location of pain, duration of disease, and other factors that determine the selection of herbs (thirst, mental conditions, urination, etc.). In his preface to the Huangdi Neijing, Zhang continues the complaint expressed in the Neijing about practitioners in his time, a century or more after the Neijing was produced in the form we have currently: Physicians today do not thoroughly study the medical classics before they begin to practice, but merely follow their predecessors with no attempt to improve age-old forms.... They take the front pulse, but not the rear; check the hands, but not the feet; and do not make a diagnosis of the complete upper, middle, and lower parts of the body. How can a pulse alone and careless observation tell about all the syndromes and diseases?

The concern is about incomplete and careless diagnosis, particularly where the pulse is the primary diagnostic method (omitting or minimizing the others), and failure to carry out the full pulse taking (front and rear pulses). This is a theme that persists throughout Chinese medical history, and applies to modern medical diagnostics as well (where medical doctors are chided for having missed a diagnosis by not performing all necessary tests or by carelessly interpreting the test results). The proclaimed failings in the Han Dynasty times, an era regarded by subsequent authors as one of the high points of Chinese medicine, illustrate that the reverence for the past is aimed at the wise instructions of the Mai Jing, a broad spectrum of applications for pulse diagnosis is delineated, including etiology of disease, nature of the disease, and prognosis. As an example of etiology and disease development, it is said that: “If the pulse is bowstring, tight, choppy, slippery, floating, or deep, these six point to murderous evils which are capable of causing disease in various channels.” As an example of disease analysis, the following pulse characteristics and implications are given:

If its emerging and submerging are equal, this is a normal state; if its submerging is twice as long as its emerging, this is shaoyin. If its submerging is three times as long as its emerging, this is taiyin. If its emerging is twice as long as its submerging, this is shaoyin. If its emerging is three times as long as submerging, this is yangming. If its emerging is four times as long as its submerging, this is jueyin. If its emerging is three times as long as submerging, this is shaoyin. If its emerging is four times as long as submerging, this is jueyin. If its emerging is three times as long as submerging, this is shaoyin. If its emerging is four times as long as submerging, this is jueyin.

As to prognosis, an example with great specificity is: “If, on the seventh or eighth day, a febrile disease exhibits a pulse which is not grasping-like but beating rapidly at a constant pace, there ought to arise a disease of loss of voice. Perspiration is expected to come in three days. If it fails to come then, death will occur on the fourth day.” As before, the main prognostic value of the pulse was in relation to impending death (or, if the pulse is favorable, recovery from the disease).

After the production of the Mai Jing, many different conceptions of pulse diagnosis arose and led to a great deal of confusion about interpreting what was being felt by the physician. Xu Dachun (1693-1771) produced a chapter on the Mai Jing in his book Yixue Yuanliu Lun (12), commenting that: Those experts who discussed the pulse through the ages have all contradicted one another, and they all differed in what they considered right and wrong. They all cling to their specific doctrine, and their advantages and errors balance each other.... Students reading the Mai Jing must consult the Neijing, the Nan Jing, and the doctrines of Zhang Zhongjing [Huangdi Neijing, Jingui Yaolue]. In other words, the classic texts of the Han Dynasty have the basic doctrines of importance, and they must all be studied in order for the Mai Jing to be fully meaningful. The digressions in the theory and practice of pulse diagnosis that were made later should, according to Xu, be ignored, because they introduce confusion rather than clarification. All the books mentioned by Xu in the above quote are now available in English translation (see: Some selected Chinese medical texts in translation), reflecting the common view that they are essential to the study of Chinese medical doctrines.

**AIM AND METHOD OF PULSE DIAGNOSIS**

The aim of pulse diagnosis, like the other methods of diagnosis, has always been to obtain useful information about what goes on inside the body, what has caused disease, what might be done to rectify the problem, and what are the chances of success. According to the Chinese understanding, the pulse can reveal whether a syndrome is of hot or cold nature, whether it is of excess or deficiency.
The most standard inconography involves basic set of pulse categories. In his book reviewing pulse diagnosis [5], Bob Flaws emphasizes the importance of learning the basic pulse categories in order for pulse diagnosis to be conducted effectively. He says:

In my experience, the secret of Chinese pulse examination is exactly this: One cannot feel a pulse image unless one can consciously and accurately state the standard, textbook definition of that pulse image.

In support of this contention, he also quotes Manfred Porkert [6]:

This, precisely, is the critical issue: there is no point in attempting practical training in pulse diagnosis unless all pertinent theory and, more important, the complete iconography [set of image categories] of the pulse has previously been absorbed intellectually.

Chinese medical texts do not describe what the practitioner experience is (or should be) during pulse diagnosis; this is left to be passed on from accomplished practitioner to student. In contrast, these Western scholars are trying to relate to their Western readers, in written form, the steps by which one can master the diagnostic method. The basic premise outlined by Flaws and Porkert—that one must master the categories first—appears to be supported in the Chinese literature by the almost universal practice of introducing pulse diagnosis by listing and describing the basic set of pulse categories.

The most standard inconography involves from 24-28 different pulse forms, depending on the recitation (sometimes a pulse type is subdivided into two; sometimes a complex pulse type is not included), though simplified sets are often given in less formal presentations. Despite the numerous descriptions of pulse forms in the lengthy Mai Jing, the practitioner is really being asked to become familiar with this modest sized and basic set of pulse categories, which were first outlined in the opening chapter of the Mai Jing. In the English language translation of the book, the description of these fundamental pulse categories take up just 3 pages out of 360.

PULSE CATEGORIES

In a recent article describing the standard pulse categories by terminology expert Xie Zhufan [7], 26 basic pulse types were outlined and given updated English language interpretations (two of the types have the same Chinese name but different descriptions). Table 1 presents these pulse categories.

In the table, the English translation term is given first; in a few cases, alternative English names are given for the same traditional category indicated by a single Chinese term (given in pinyin). The naming and interpretation of the pulse is taken directly from the article Selected terms in traditional Chinese medicine and their interpretations [7]. The comments are added here by the current author, with reference also to information from the Dictionary of Traditional Chinese Medicine [8]. The 7 pulses presented first (scattered, intermittent, swift, hollow, faint, surging, and hidden) are ones that may have little relevance to practice of traditional medicine in the modern setting. The other 19 pulses appear more likely to help the practitioner determine imbalances that relate to the selection of traditional style therapeutics (i.e., acupuncture points and individual herbs). Several of the pulses listed in the table represent pairs depicting yin/yang opposites, such as: floating vs. sinking (surface/interior); slow vs. rapid (cold/hot); weak vs. replete (deficiency/excess); and short vs. long (also indicating deficiency/excess). There are three additional pulse types reported in the Dictionary [8]: gemai (hard and hollow pulse), is large and taut yet feels hollow like touching the surface of a drum, indicating loss of blood and essence; it may also occur with hypertension; laomai (a forceful and taut pulse) is felt only by hard pressure, usually seen in cases with accumulation of cold pathogenic factors yielding formation of a firm mass; and damai (large pulse), is a high pulse wave that lifts the finger to a greater height then normal. Damai is either forceful (has a large mass behind it, indicating excess heat with damaged internal organ function) or weak (indicating little force, seen in cases of general debility, with “floating yang”). Many authors regard these pulses as composites of two or more basic pulses rather than unique pulse types.

Table 1: Pulse Categories in Translation.

<table>
<thead>
<tr>
<th>Pulse Type</th>
<th>Interpretation</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered pulse</td>
<td>An irregular pulse, hardly perceptible, occurring in critical cases showing</td>
<td>These are cases where the patient is critically ill, perhaps near death; such patients are normally hospitalized (or sent home to die) and their diagnosis is usually well-established. The pulse only tells that the patient is severely debilitated; it diffuses on light touch and is faint with heavy pressure.</td>
</tr>
<tr>
<td>[samnai]</td>
<td>exhaustion of qi.</td>
<td></td>
</tr>
<tr>
<td>Intermittent pulse</td>
<td>A slow pulse pausing at regular intervals, often occurring in exhaustion of</td>
<td>As with the scattered pulse, this pulse type is usually only seen in cases where the person is hospitalized or otherwise in an advanced disease stage. It is expected to occur, for example, with those having serious heart disease.</td>
</tr>
<tr>
<td>[daimai]</td>
<td>zangfu organs, severe trauma, or being seized by terror.</td>
<td></td>
</tr>
<tr>
<td>Swift pulse</td>
<td>A pulse feeling hasty and swift, 120-140 beats per minute, often occurring</td>
<td>This pulse is so rapid (twice the normal speed) that it is easily detected; the acute febrile disease involves an easily measured high temperature and is usually subject of pathogen testing. Consumptive conditions with such high pulse rates are generally under emergency medical care.</td>
</tr>
<tr>
<td>[jimail]</td>
<td>in severe acute febrile disease or consumptive conditions.</td>
<td></td>
</tr>
<tr>
<td>Pulse Type</td>
<td>Interpretation</td>
<td>Comments</td>
</tr>
<tr>
<td>-----------------</td>
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<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Hollow pulse [koumai]</td>
<td>A pulse that feels floating, large, soft, and hollow, like a scallion stalk, occurring in massive loss of blood.</td>
<td>Massive blood loss can easily be reported. This pulse is felt lightly at the superficial level and lightly at the deep level, but barely felt at the intermediate level. The light pulse is like the flexible scallion material, with a hollow center. It means that there is still some flow of qi at the vessel surface, but not much blood.</td>
</tr>
<tr>
<td>Faint pulse [weimai]</td>
<td>A pulse feeling thready and soft, scarcely perceptible, showing extreme exhaustion.</td>
<td>Extreme exhaustion is obvious to both the patient and the practitioner. The pulse, lacking substance, volume, and strength, simply reveals the exhaustion of the body essences. It is weaker than the thready (faint) pulse.</td>
</tr>
<tr>
<td>Surging pulse [hongmai]</td>
<td>A pulse beating like dashing waves with forceful rising and gradual decline, indicating excessive heat.</td>
<td>Excess heat syndromes are rarely difficult to detect, so this pulse type adds little information. The force of the pulse indicates that the condition is pathologically excessive, the gradual decline shows that the syndrome is primarily one of heat (qi excess) rather than fluid excess. The pulse is sometimes described as a “full pulse” indicating the excess condition.</td>
</tr>
<tr>
<td>Hidden pulse [fumai]</td>
<td>A pulse that can only be felt by pressing to the bone, located even deeper than the sinking pulse, often appearing in syncope or severe pain.</td>
<td>This pulse is quite extreme, in that one can barely detect it except by applying deep pressure; it gives the sense that the pulse is hidden in the muscles. If there is little musculature, it is as if it is resting on the surface of the bone. The conditions for which it is typical, syncope (fainting) and severe pain, can easily be determined without taking the pulse.</td>
</tr>
<tr>
<td>Knotted pulse [jiemai]</td>
<td>A slow pulse pausing at irregular intervals, often occurring in stagnation of qi and blood.</td>
<td>Qi and blood stasis represents a traditional diagnostic category that does not have a direct correlation with modern diagnostics. In this pulse, the irregularity and slowness is due to obstruction.</td>
</tr>
<tr>
<td>Choppy pulse [semai]</td>
<td>A pulse coming and going choppy with small, fine, slow, joggling tempo like scraping bamboo with a knife, indicating sluggish blood circulation due to deficiency of blood or stagnation of qi and blood.</td>
<td>This has a more irregular pattern than the knotted pulse that also shows stagnation of qi and blood. The severity of the blood disorder is greater. As the knife scrapes across the bamboo, it vibrates and irregularly moves forward, yielding a choppy sensation with brief hesitations or interruptions in movement.</td>
</tr>
<tr>
<td>Fine pulse [ximai] or Thready pulse [ximai]</td>
<td>A pulse felt like a fine thread, but always distinctly perceptible, indicating deficiency of qi and blood or other deficiency states.</td>
<td>Although the deficiency can be easily detected by other means, some patients can show an artificially robust exterior appearance, while having notable deficiency. Essence deficiency, the result of chronic illness, can give rise to this pulse type.</td>
</tr>
<tr>
<td>Hurried pulse [cumai]</td>
<td>A rapid pulse with irregular intermittence, often due to excessive heat with stagnation of qi and blood, or retention of phlegm or undigested food.</td>
<td>This is the excess version of the knotted pulse. It is sometimes called the “running” or “abrupt” pulse. The rapidity indicates heat and the irregularity indicates the blockage caused by stagnation and/or accumulation.</td>
</tr>
<tr>
<td>Long pulse [changmai]</td>
<td>A pulse with lengthy extent and prolonged stroke. A long pulse with moderate tension may be found in normal persons, but a long and stringy pulse indicates excess of yang, especially liver yang.</td>
<td>Particularly in young people, the pulse is felt rather easily across all three finger positions, as is characteristic of the long pulse. The prolonged stroke shows that the vessels are both strong and flexible. A stringy quality indicates a certain level of tension, that corresponds with a liver syndrome. In cases of acute disease, a long pulse will occur when there is a strong confrontation between the body’s resistance and the pathogenic factor.</td>
</tr>
<tr>
<td>Short pulse [duanmai]</td>
<td>A pulse with short extent. A short and forceful pulse is often found in qi stagnation and a short and weak pulse implies consumption of qi.</td>
<td>The short pulse seems to deteriorate from the central pulse position towards the two adjacent pulse positions. It strikes the middle finger sharply and leaves quickly. On the one hand, this can represent contraction of the qi, as in liver qi stagnation, or it can represent deficiency of the qi.</td>
</tr>
</tbody>
</table>

Comments:

- Extreme exhaustion is obvious to both the patient and the practitioner. The pulse, lacking substance, volume, and strength, simply reveals the exhaustion of the body essences. It is weaker than the thready (faint) pulse.
- Excess heat syndromes are rarely difficult to detect, so this pulse type adds little information.
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- This pulse is quite extreme, in that one can barely detect it except by applying deep pressure; it gives the sense that the pulse is hidden in the muscles. If there is little musculature, it is as if it is resting on the surface of the bone. The conditions for which it is typical, syncope (fainting) and severe pain, can easily be determined without taking the pulse.
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</tr>
</thead>
<tbody>
<tr>
<td>Slippery pulse [huamai]</td>
<td>A pulse like beads rolling on a plate, found in patients with phlegm-damp or food stagnation, and also in normal persons. A slippery and rapid pulse may indicate pregnancy.</td>
<td>While use of the pulse to indicate pregnancy is no longer of value (as more reliable tests are readily available), and while this pulse, like the long pulse is often normal (occurring especially in persons who are somewhat heavy), it is a good confirmation of a diagnosis of phlegm-damp accumulation. It is sometimes referred to as a &quot;smooth pulse.&quot;</td>
</tr>
<tr>
<td>Relaxed pulse [huanmai] or Loose pulse [huanmai]</td>
<td>A pulse with diminished tension, occurring in dampness or insufficiency of the spleen.</td>
<td>The pulse has a softness or looseness that is due to the weakness of the qi and the obstructing effect of dampness. The dampness differs from phlegm-damp in having no solidity.</td>
</tr>
<tr>
<td>Moderate pulse [huanmai]</td>
<td>A pulse with even rhythm and moderate tension, indicating a normal condition.</td>
<td>This is similar to the loose pulse, above (and the Chinese name is the same), except that it has a better tension, showing that the qi is adequate. As a normal pulse, it indicates that the disease condition being treated is localized and has not disturbed or been caused by disturbance of the viscera.</td>
</tr>
<tr>
<td>Tense pulse [jinmai] or Tight pulse [jinmai]</td>
<td>A pulse felt like a tightly stretched cord, indicating cold or pain.</td>
<td>This is similar to the wiry pulse, but not as long. While pain can be easily reported, a cold syndrome is sometimes disguised by localized heat symptoms; this pulse can indicate either exterior or interior chill.</td>
</tr>
<tr>
<td>Stringy pulse [xianmai] or Wiry pulse [xianmai]</td>
<td>A pulse that feels straight and long, like a musical instrument string, usually occurring in liver and gallbladder disorders or severe pain.</td>
<td>This is similar to the tense pulse, but longer and more tremulous. While severe pain can be easily reported, the wiry pulse confirms the liver and/or gallbladder as the focal point of the internal disharmony.</td>
</tr>
<tr>
<td>Replete pulse [shimai] or Forceful pulse [shimai]</td>
<td>A pulse felt vigorously and forcefully on both light and heavy pressure, implying excessiveness.</td>
<td>This pulse gives relatively little information other than that the condition is one of excess; one must further determine the nature of the excess in order to select a therapeutic strategy. This pulse, however, generally rejects the use of tonification strategies, as it indicates that the body resistance is undamaged.</td>
</tr>
<tr>
<td>Weak pulse [ruomai]</td>
<td>A pulse feeling deep and soft, usually due to deficiency of qi and blood.</td>
<td>This pulse is similar to the fine pulse, but has a softer quality. Usually, this indicates a weakness of the spleen qi, leading to deficiency of both qi and blood. In the system of pulse taking, it serves as the opposite of the replete pulse.</td>
</tr>
<tr>
<td>Soggy pulse [rumai]</td>
<td>A superficial, thin, and soft pulse which can be felt on light touch like a thread floating on water, but grows faint on hard pressing, indicating deficiency conditions or damp retention.</td>
<td>This pulse is similar to the fine and weak pulses. The thready pulse sensation felt on light touch gives the impression of being easily moved, as if floating on water; hence, it tends to indicate spleen-qi deficiency with accumulation of dampness. It is sometimes referred to as the &quot;soft pulse.&quot;</td>
</tr>
<tr>
<td>Feeble pulse [xumai]</td>
<td>A pulse feeling feeble and void, indicating deficiency of qi and blood or impairment of body fluid.</td>
<td>This pulse is similar to the weak, fine, and faint pulses. It occurs when the deficiency of blood is more severe than in the case of weak and fine pulses, but not so deficient as with the faint pulse.</td>
</tr>
<tr>
<td>Rapid pulse [shoumai]</td>
<td>A pulse with increased frequency (more than 90 beats per minute), usually indicating the presence of heat.</td>
<td>The rapid pulse is quite a bit more rapid than a normal pulse, and usually occurs only when there is a serious illness and mainly when there is a fever. The pulse can become rapid from activity prior to pulse taking.</td>
</tr>
<tr>
<td>Slow pulse [chimai]</td>
<td>A pulse with reduced frequency (less than 60 beats per minute), usually indicating endogenous cold.</td>
<td>A slow pulse may also indicate a person at rest who normally has a high level of physical activity, so must be interpreted in light of other diagnostic information.</td>
</tr>
</tbody>
</table>
Single-feature pulse conditions are already numerous enough and the additional nomenclature adds even more names which have little clinical significance but add to the difficulties for beginners. Therefore, it is advisable to simplify the categories of pulse conditions by omitting the names of those confusing multi-feature pulse conditions. If more than one feature has to be described, the doctor can simply put those single features together. With this in mind, I would recommend the following list of simplified pulse conditions:

- superficial vs. deep;
- slow vs. rapid;
- empty vs. full;
- overflowing vs. thready; and
- minute, rolling, choppy, wiry, scattered, hasty, knotted, and intermittent.

Gao De, a diagnosis specialist at the Academy of Traditional Chinese Medicine, cautioned that pulse taking has become obscured by a multiplication of pulse categories (13). He wrote:

The types of pulses that have been listed are too numerous and great disparity exists in the ways in which they have been recorded. Beginners often find them confusing. There are two major reasons for such confusion:

1. The difference between some categories is not so sharp, such as that between overflowing and large, thready and small, rapid and fast (hurried), and deep and hidden.

2. Additional nomenclature is given to the multi-feature pulse conditions. For example, the leathery pulse is the combination of hollow and wiry; weak superficial is another name for both weak and superficial; firm (or hard) means the combination of deep, full, wiry, and long.

Single-feature pulse conditions are already numerous enough and the additional nomenclature adds even more names which have little clinical significance but add to the difficulties for beginners. Therefore, it is advisable to simplify the categories of pulse conditions by omitting the names of those confusing multi-feature pulse conditions. If more than one feature has to be described, the doctor can simply put those single features together. With this in mind, I would recommend the following list of simplified pulse conditions:

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<tr>
<td>Sinking pulse</td>
<td>A pulse that can only be felt by pressing hard, usually indicating that the illness is located deep in the interior of the body.</td>
<td>The circulation of qi and blood from the internal viscera to the surface is weak; it is usually confined to the interior as part of the body's attempt to deal with a serious disorder threatening the viscera. Sometimes referred to as the deep pulse.</td>
</tr>
<tr>
<td>Floating pulse</td>
<td>A pulse that is palpable by light touch and grows faint on hard pressure, usually indicating that the illness is in the exterior portion of the body.</td>
<td>The circulation of qi and blood is focused in the body's surface to deal with an external pathogenic agent. The internal circulation is temporarily sacrificed to assure that the pathogen is eliminated before it can enter more deeply and cause serious problems at the visceral level. Debilitated patients may show a floating pulse that is feebly, indicating the inability to retain the qi and yang in the interior due to the deficiency of the vital organs.</td>
</tr>
</tbody>
</table>
Mastery of these 16 basic single-feature pulse conditions, together with their possible combinations and their indications, is sufficient to meet the needs in clinical differentiation of syndromes.

In the text Chinese Acupuncture and Moxibustion (15), there is a listing of 17 pulses to know, all of which are said to represent the abnormal conditions. The same paired pulses as listed above by Gao De are included, but the list of additional pulses varies slightly. Compared to the list of 28 pulses in Table 1, the categories that have been disregarded in order to yield the shorter list of abnormal pulses include several of those that are indicating severe deficiency diseases (scattered, hollow, faint) and those that indicate a relatively normal condition (long, relaxed, moderate). In Essentials of Chinese Acupuncture (20), 12 basic pulses are listed, with the same paired pulses given above, plus the wiry pulse and three of the irregular pulses.

Similarly, in the book Chinese Herbal Science (17) by Hong-yen Hsu, the pulses of importance are limited in number. The author states: “In traditional Chinese patients, the diagnosis is not based on the number of pulses, but on the quality of the pulse. The same quality may be found in the pulse of a normal person, in the pulse of a sick person, or even in the pulse of a healthy person. The importance of the pulse lies in the way it is felt, and in the way it is taken.”

In the presentation on Chinese diagnostics (18), the author gave a more detailed listing of pulses that depict five basic viscera; the kidney yang pulse. This classification is consistent with the five element system that depicts five basic visceras; the kidney yang pulse.

The interpretation of which pulse position corresponds to which organ has changed over time; the assignments commonly relied upon today are attributed to Li Shizhen (1518-1593), who is most famous as the author of the Bencao Gangmu. He wrote Binhu Maixue (The Pulse Studies of Binhu), in which the pulse taking method was elaborated, for which 27 categories of pulse were listed.

The various outcomes of the pulse diagnostics are outlined succinctly and in table form in Ted Kaptchuk’s book The Web that Has No Weaver (14). Here is an example for one pulse type, the choppy pulse:

• Combination pulses: choppy and wiry indicates constraining liver qi, coagulated blood; choppy and frail indicates qi exhausted; choppy and minute indicates deficient spleen qi and blood; choppy and thin indicates dried fluids.
• Pulses by position: first position pulse being choppy indicates deficient heart qi and chest pain; if only on the left side, heart pain and heart palpitations; if on the right side, deficient lung qi, cough with foamy sputum; second position pulse being choppy indicates deficient spleen qi and deficient stomach qi, painful, distended flanks; if just the left side, it means deficient liver blood; on the right side it means weak spleen and inability to eat; third position pulse being choppy indicates essence and blood are injured; constipation or dribbling urine, or bleeding from the anus; if just on the left side, it means lower back is weak and sore; if just on the right side, it means a weak menstruation and/or essence injury.

A variety of sites for pulse taking have been mentioned in the traditional literature. For example, in the Neijing Suwen, it is mentioned that the yang pulses can be felt at the carotid artery (next to the Adam’s apple on the neck), while the yin pulses can be felt at the radial artery (above the wrist). Under healthy circumstances these pulses should be the same, but they differ with disease. Feeling the pulse at more than one site is said to improve the diagnosis. Other pulse taking methods include using the head and upper and lower limbs, and use of different pulse locations at arteries under certain acupuncture points to assess individual organs (e.g., at tialyang, ermen, dicang, daying, shenmen, Hegu, wuli, taichong, qimen, chongyang, and tai).

Despite the availability of more than one site for pulse taking, standard Chinese medical diagnosis almost always is limited to the wrist pulse. It is felt by placing three fingers at the radial artery (see Figures 1 & 2), testing each arm one at a time. The classic Chinese pattern of pulse taking is based on touching the wrist with three levels of pressure: superficial palpation (almost no pressure, to feel the bounding of the pulse up to the skin surface); intermediate palpation (light pressure, to feel the basic pulse form); and deep palpation (somewhat heavy pressure, to feel how the pulse is able to emerge from the physical constraint). In addition, the changes in pulse feeling as one moves from less to more pressure, and again from more to less pressure, can also give some information about the resilience of the pulse. In essence, there are nine pulse readings on each wrist: one for each of the three pulse taking fingers at each of the three levels of pressure. However, the system of pulse taking can be divided into two parts:

• The general sensation of the pulse at the two wrists overall: instead of distinguishing each pulse position (cun, guan, chi), the quality of the pulse is categorized generally, as felt under the three fingers. In this case, there are just three pulse readings at each wrist, with superficial, intermediate, and deep pressure. The results of this type of pulse reading are then categorized as in Table 1, with combinations of two (or infrequently more than two) pulse categories being possible.

• Feeling the pulse at each of the individual positions on the wrists, to assess the condition of each of the internal organs. The association of individual pulse positions with internal organs has changed over time and varies from one traditional system to another (illustrating a lack of consistency in interpretation). The current understanding is that the left wrist presents information for the heart, liver, and kidney yin, while the right wrist presents information for the lung, spleen, and kidney yang. This classification is consistent with the five element system that depicts five basic visceras; the kidney is subdivided to make the sixth. However, one can alternatively incorporate the pericardium/triple burner system in place of the kidney yang pulse.

The general implication of the literature on pulse is that there are about two dozen pulse types to be learned in detail, but that there are only a few of them (sometimes grouping similar pulses together) that are critical for the everyday utilization of this diagnostic technique used in combination with other methods of diagnosis. Therefore, pulse diagnosis should be within the grasp of all practitioners of traditional Chinese medicine. Those who have limited training and abilities must learn about 8-17 fundamental pulse types; those who wish to make greater use of this technique must be able to distinguish more subtle variations, but the number of different pulses to learn is still limited.

TRADITIONAL PULSE TAKING METHODS

A variety of sites for pulse taking have been mentioned in the traditional literature. For example, in the Neijing Suwen, it is mentioned that the yang pulses can be felt at the carotid artery (next to the Adam’s apple on the neck), while the yin pulses can be felt at the radial artery (above the wrist). Under healthy circumstances these pulses should be the same, but they differ with disease. Feeling the pulse at more than one site is said to improve the diagnosis. Other pulse taking methods include using the head and upper and lower limbs, and use of different pulse locations at arteries under certain acupuncture points to assess individual organs (e.g., at tialyang, ermen, dicang, daying, shenmen, Hegu, wuli, taichong, qimen, chongyang, and tai).
FACTORS TO CONSIDER BEFORE AND DURING PULSE EXAMINATION

In the well-known study guide, Acupuncture: A Comprehensive Text (15), it is said that: “Diagnosis by pulse is a subtle art and, even more than other diagnostic procedures, requires a tremendous amount of attentiveness and experience in order to acquire the sensitivity necessary to do it well.” Proper pulse taking involves accounting for a number of factors that can affect the ability to feel the pulse and interpret it properly. These factors include several that affect the traditional practitioner in China, but some that present new problems for the modern practitioner:

1. The patient must be relaxed and have not undertaken any vigorous activity for some time prior to the pulse taking. It is generally thought that the pulse should be felt in the morning to get the best reading. Unfortunately, most modern patients rush through traffic to arrive at an appointment that takes place later in the day, after many activities have influenced the quality of the pulse.

2. The patient’s arm, wrist, and hand must be relaxed, with the hand supported on a small pillow or other object; the hand is below the heart, at about the location of the navel as the person sits. The physician is calm and able to concentrate; the physician’s hand that is performing the diagnosis is also in a relaxed position. As described in Chinese Acupuncture and Moxibustion: “The three fingers are slightly flexed, presenting the shape of an arch. The finger tips are kept on the same horizontal level.” In many rushed modern practices, the pulse is taken whenever it seems convenient, with the position of patient and practitioner often being less than ideal, thus distorting the pulse reading.

3. The placement of the physician’s fingers are at the cun ("inch"), guan ("bar"), and chi ("cubit") positions. The middle finger is placed over the eminent head of the radius and the other two fingers are placed adjacent to that one, but usually not touching one another. The separation of fingers depends on the size of the patient, being greater in those who are tall and have long arms, and less in patients who are relatively smaller, along the artery. The wide range of body types that are encountered in the modern practice make it more difficult to place the fingers properly to feel the pulse.

4. The physician, through training and experience, applies the appropriate amount of pressure. Gao De, in his review of pulse diagnosis, commented: “Doctors exerting different forces in pulse-taking get different conclusions regarding both the depth at which the pulse beating is felt and the strength of the pulse; hence, also different conclusions of the overall pulse condition arise.” Having applied pressure properly, the doctor must be familiar with the different categories of pulse conditions so as to be able to classify that which is detected into the category that most closely describes what is felt. As described above, this is the essential feature of pulse taking, one that Western writers must emphasize because it is not necessarily taught that way in the standard training programs.

5. Adequate duration of pulse diagnosis is allowed to assure that the pulse description holds true over many pulsations, and that both arms are checked in order to give a full evaluation. Often, there is not enough time available to perform a complete pulse diagnosis. As stated in Acupuncture: A Comprehensive Text: “The doctor must refrain from quick pulse-taking in a hurried frame of mind. If this precaution is not observed, the resulting pulse readings will be misleading.”

6. One must take into account the season. Although there is great detail in describing seasonal influences on the pulse in traditional texts, a most general depiction is: the spring pulse is slightly taut (bowstring); the summer pulse is slightly full and surging; the autumn pulse somewhat floating and fine or soft; and the winter pulse somewhat sinking and slippery or hard. If the pulse type is consistent with the season, that indicates a normal condition, while if it differs markedly, it suggests a pathological condition. There is some question, however, as to how this seasonal influence might be modified by modern living habits, including rising and going to bed out of synch with the sunrise and sunset, use of central heating and air conditioning, and eating foods out of season.

7. One must take into account patient characteristics that influence the pulse. According to Acupuncture: A Comprehensive Text:

- In a healthy person, the front position tends to be floating, while the rear position is usually submerged. . . . Athletes often have a slow pulse, young children have quick pulses. Fat people have deep pulses, while thin people have pulses with a tendency to be bigger than normal. Woman’s pulses are usually softer and slightly quicker than men’s. Also, women’s right pulses are usually stronger than their left, while the opposite is true of men.

- Gao De commented: A doctor must be aware of the fact that as numerous changes can take place within a man’s body under natural physical condition, so can variations of normal pulse condition. Such variations will be within certain limits and still bear the basic features of the normal pulse condition. Theoretically speaking, the demarcation line between variation of normal pulse condition and diseased pulse condition is not clear cut. . . . Diseases pulse conditions: 1) are attended with symptoms and signs corresponding to the pulse conditions; 2. cannot be explained by the external factors that may affect pulse condition [e.g., age, sex, physical constitution, season, etc.]; and 3) remain abnormal after the external factors seemingly affecting the pulse are removed unless effective treatment is applied.

- In addition to these factors based on traditional and natural considerations, one must take into account new factors that may influence the pulse, such as use of drugs, including nicotine products, pharmaceutical drugs, and illegal drugs.

The numerous factors to be taken into consideration and the associated difficulties in interpretation mean that pulse taking in the modern setting is rarely as informative as it is depicted in the historical texts. Nonetheless, despite the problems that can arise, modern pulse taking can usually reveal most of the 24-28 basic categories. The pulse taking may not as easily reveal the more numerous indications depicted in the Mai Jing or in some other texts. Of course, a practitioner who specializes in pulse diagnosis and spends years studying the theory and categories and carefully takes the pulse of many hundreds of patients could still master the system, but the impetus to do so seems muted: there are too many interferences of modern society that
make the pulse less informative and there is plenty of other diagnostic information available. Yet, those involved with modern Chinese medicine should not dismiss the pulse simply because a variety of factors necessitate to become aware of these factors and give adequate time and attention so as to limit their potential for confusing the interpretation.

**PULSE AS AN AID TO OTHER DIAGNOSTICS**

During the development of Chinese medicine, there appears to have arisen, from time to time, an understanding that a well-trained physician was able to make a diagnosis almost entirely by pulse taking, while asking virtually no questions of the patient. As a result, pulse analysis sometimes took on a certain mystical aura and was a major focus of doctor-patient interaction. Aside from the complaints about this in the historical literature as already cited, Gao De mentions it as a continuing problem in the practice of Chinese medicine up to the modern era: “Some even applied pulse diagnosis in clinical practice in a completely isolated way, disregarding the other three, namely inspection, smelling, and asking, thus having led the development of pulse diagnosis astray.” In Acupuncture: A Comprehensive Text, the authors still allude to the possibility of using the pulse as a sole method of diagnosis by saying: “While most Chinese doctors would agree that the pulse is best used in conjunction with the other diagnostic methods, doctors well-skilled in pulse diagnosis can discover an enormous amount of information about their patients by this method alone.”

The utility of pulse diagnosis may be more properly viewed as belonging to the realm of confirming a diagnosis attained by other means, including modern medical testing, or implying that something is missing from the diagnosis when the pulse does not agree, setting off a series of questions or investigations for additional information. This application of pulse as confirmation is one that Bob Flaws has argued against having modern practitioners rely on, even though he observed it as a common situation in China. He wrote in the introduction to his book on pulse:

This Western ambivalence toward and pervasive lack of mastery of the pulse examination is, I believe, exacerbated by a somewhat similar attitude towards pulse examination current in the People’s Republic of China at least in the 1980’s. When I was a student in China during that time, the importance of pulse examination was deliberately played down by many of my teachers and clinical preceptors....I never had a teacher tell me a pulse was anything other than wiry, slippery, fast, slow, floating, deep, or fine...it seems that many modern Chinese TCM practitioners relegate pulse examination to a minor, confirmatory role....I believe that mastery of pulse examination is vitally important to making a correct TCM pattern discrimination. And, I believe the pulse examination is, perhaps, even more important to Western practitioners than for our Chinese counterparts.

Indeed, the set of pulses that Flaws mentioned hearing repeatedly in China is the most basic set that must be learned and is similar to what was described above by several authors as the key categories. He has relayed a group of opposing pairs that help assure that the treatment is consistent with the underlying pattern and unlikely to cause adverse effects by reinforcing an imbalance. In the opening chapter of The Heart Transmission of Medicine (9), by the famous 19th Century physician Liu Yiren, he states: “Four kinds of pulse are the key criteria in examination: the floating, deep, slow, and rapid. The floating and deep can be discerned by light and heavy pressure of the fingers. The slow and rapid may become the moderate and the racing. This can be identified by respirations [i.e., counting the number of pulses per respiration].” While Liu then goes on to give a somewhat more complex system of diagnosis, with attention focused on the three pulse positions of each radial artery to discover ailments of the major internal organs, even that is greatly simplified compared to what is found in the Mai Jing. Overall, Liu aims his comments on pulse at helping the practitioner to integrate pulse information with other diagnostic methods, mainly rational inquiry.

In his book, Flaws goes on to argue that the importance of the pulse in modern practice lies with the complexity of chronic conditions suffered by many patients who turn to acupuncture in the West. The idea is that these patients typically present a picture that is difficult to sort out, and that the pulse can provide information that resolves the dilemma. I would argue, contrarily, that this complexity of the patients makes pulse diagnosis more difficult to rely on, rather than more valuable.

One can come to this view by reading the indications of the pulses in the Mai Jing, in which the interpretations are very succinct and focused: this pulse is common in the spring, this pulse means taiyin disease, this pulse means a fever, etc. By contrast, the complexity of modern patients, especially those who are older and suffer from numerous diseases, means that within one individual there is a complex of deficiencies and excesses, of internal and surface disorders, of stagnation and looseness, and influences of drugs, surgery, and daily habits that don’t fit any traditional pattern. The resulting pulse is more difficult to analyze and less informative. According to Chinese Acupuncture and Moxibustion: “As the process of disease is complex, the abnormal pulses do not often appear in their pure form, the combination of two pulses or more is often present. The condition of a number of pulses present at the same time is called complicated pulse. The indication of a complicated pulse is the combination of indications of each single pulse.” The complexity depicted in this textbook statement is applied to ordinary cases that have occurred throughout medical history in China.

Today, the influence of surgery, powerful modern drugs that are taken chronically, and extreme variability in life style means that the complexity can be even greater. Thus, the physician who wishes to rely on the pulse under such circumstances must become familiar not only with several basic pulse types, but must develop the ability to detect and interpret very complex pulse forms, teasing out multiple pulse types within the sensation under the fingers. Some physicians have argued, instead, that the pulse diagnosis should have a relatively limited role. Xu Dachun commented: “In my own view, the doctrine of the pulse only includes examining whether a patient’s qi and blood are present abundantly or insufficiently, and through which meridian or through which organ cold, heat, or other evil influences flow. This has to be compared to the patient’s symptoms...”

Clearly, the role of pulse within the full framework of diagnosis will remain an area of some contention. Advocates of pulse diagnosis having a central role can point to the large amount of information contained in the pulse that can lead one to an improved understanding of the disease process affecting the patient; critics will point to the wide variation in results of pulse taking, being dependent on so many factors, and will emphasize, instead, the essential...
role of examining the medical history and current symptoms as revealed by inquiry. However, few proponents of pulse diagnosis today would suggest downgrading the other diagnostic techniques and few critics of pulse diagnosis propose eliminating it. So, a certain level of consensus arises.

THE POTENTIAL ROLE OF PULSE DIAGNOSIS IN MODERN PRACTICE OF TCM

In modern medicine, the traditional style of pulse diagnosis, which was also practiced in a slightly different form in Western medicine until the 19th century, is replaced by a number of other tests. Tests by stethoscope and blood pressure cuff are routinely performed as pulse diagnostic techniques. The stethoscope reveals pulse rate and, at a low level of inference, irregularities in the structure and function of the heart, which must be evaluated further. When deemed necessary, additional testing is performed via various heart monitors, such as an electrocardiogram.

The non-invasive sonograms as well as the more invasive testing (e.g., insertion of monitors into the body) allow modern physicians to examine the interior of the arteries and the heart. The information from these tests is generally understood to reflect only the conditions of the heart and major vessels (the cardiovascular system); it is not thought of as a means of examining other aspects of health. Unlike the traditional concept, the pulse form or information obtained by examining the vessels is not thought to provide useful information about, for example, the liver, kidney, lung, or spleen conditions.

Modern medicine has numerous other kinds of tests, including blood tests, urine tests, and a variety of scans and biopsies, that reveal a tremendous amount of information about what goes on inside the body, so as to produce a diagnosis. Such tests reveal much about the functions of the internal organs; for example, inflammation of the liver or malfunction of the kidney filtration system is readily detected with a simple blood test. Most of these testing methods have been utilized only in recent decades and add a new dimension to the practice of Chinese medicine.

While patients in China have come to rely on the traditional medical practitioners to simply carry out their diagnosis in silence and prescribe a therapy to be taken without question, modern patients in the West prefer to talk about their diseases. They usually demand to have explanations given for every step of diagnosis and for every factor that goes into a determination of a therapy. In fact, one of the main complaints raised by Westerners who visit Chinese immigrant doctors is that there is no significant discussion of their case, even when language is not a major barrier. For the Western patient, the focus is shifted towards the concerns that can be verbally expressed and away from the more mysterious diagnosis attained by pulse taking.

The complex condition of many modern patients may require one to rely heavily on modern medical diagnostics as a primary resource, making it the essential fifth diagnostic method for the practitioner of Chinese medicine. This is not a matter of the traditional practitioner deciding that this is the desired route, but a reflection of the extent to which modern lifestyle and modern medicine imposes itself on people who might have an interest in a traditional and natural approach.

It is not uncommon for a patient to come to a traditional practitioner with Western medical test results and diagnosis and to want to know what is going to be done specifically...
about this situation as defined by those tests. A response that the therapy will rectify qi and blood and resolve the dysfunction of an organ system not mentioned in the modern test results may prove unsatisfying to the patient. Yet, it is precisely in this area-of measuring traditional-style indicators—that pulse diagnosis is employed in order to make corrections.

The question arises: does the old system of pulse diagnosis still have a value to practitioners of traditional medicine given the wealth of information derived from modern tests? In particular, in Western countries where extensive testing is readily available, can the traditional practitioner either ignore the information from those tests in favor of traditional style diagnostic methods or even gain any additional information from traditional pulse diagnosis once the modern tests have been conducted? This is answered in favor of retaining pulse diagnosis because of the nature of the therapeutic to be employed by the traditional practitioner.

For the most part, the indications and applications of acupuncture and herbal therapies are not described in terms that correlate with the results of modern medical tests. They are described in terms of effects on qi and blood, hot and cold, and the zangfu organs. Even with the more limited use of pulse diagnosis that has been advocated by many authorities—relying on only about half of the basic pulse categories to get the fundamental differentiation—the results of the pulse taking can be applied to determining the therapeutic strategy. Regardless of whether one considers pulse taking a central and key part of a traditional style diagnosis or relegates it to a more minor confirmatory role, it still belongs to the modern practice of traditional medicine and requires the practitioner to be familiar with the major pulse categories.

**ALTERED USE OF PULSE DIAGNOSIS**

Many acupuncturists trained in the West have pursued a type of pulse diagnosis that is not described in the traditional Chinese literature. While the original Chinese pulse taking is utilized to arrive at both a diagnosis and at prognosis, many Western acupuncturists utilize a pulse analysis to determine whether or not they have properly inserted the needles. This is done by feeling the pulse after the needles have been inserted, either immediately or after they have been in place for several minutes. It is claimed that a properly conducted treatment yields correction of the pulse to a normal, or more normal, condition which is detected at the time of the treatment. Presumably, what is being detected is the improvement in the flow of qi and blood under the influence of the acupuncture needles.

The source of this method and application of pulse diagnosis remains unclear, but it was described by He Honlao, a Chinese acupuncturist working in the U.S., in an article published in 1987 (10). He stated: “By clinical practice, I noticed the fact: There are changes in the pulse condition after acupuncture.” In explaining the observation, he conjectured that this use of the pulse analysis was a means of detecting the “arrival of qi” with acupuncture (see: Getting qi). From the modern perspective, he referred to research carried out in China during the 1950’s that indicated a short term contraction followed by a longer-term expansion (dilation) of the blood vessels as a response to acupuncture therapy. In his article, he evaluated the pulse changes in 400 patients who had a string-like pulse (in which he included wiry, tense, solid, and firm pulse types), which indicated a tension syndrome. Accordingly, if acupuncture successfully dilates and relaxes the vessels, the pulse will change so that it is not as string-like (or taut). He claimed that in those patients whose pulse changed (softened immediately, as well as eventually, after several treatments) with acupuncture, nearly all had their symptoms relieved; of those whose pulse did not change with acupuncture, or those that showed immediate changes that promptly reverted after treatment, the symptoms were usually not relieved (in 3 out of 4 cases).

Dr. He indicated that, ideally, the pulse would return to normal or markedly calm down after the needle insertion and this improved pulse condition would continue until the needle was withdrawn; the pulse would stay calm at least for a time afterward. In some cases, the pulse returned to its former condition immediately after needle removal; and in other cases, the pulse was not altered by acupuncture at all. In rare cases, the pulse would actually become stronger, or more tense. He also noted that over several treatments the majority of patients had their pulse gradually becoming more normal, while others took several treatments before this response developed at all; some patients continually returned to pretreatment pulse conditions after every acupuncture session.

In the introduction to the article, Dr. He describes his observation as a “discovery,” therefore not something belonging to the Chinese tradition and not something that he was aware of being relied upon by other acupuncturists at the time. In his discussion, he cites one statement from the Jingui Yaolue that he believes supports his contention and method. The quotation, taken here from a published translation (11), states: “If the pulse is minute and harsh on the cun site and thin and tense on the guan site, it is appropriate to activate yang qi by acupuncture in order to soften the harshness and to relax the tenseness, thus bringing about recovery.” Dr. He has assumed, perhaps correctly, that the softening and relaxing effect described in this text applies to the immediate change in the described pulse, as opposed to merely suggesting a change in the patient’s overall tense condition. It is difficult to know what was meant in the ancient text, but the lack of further reference to the spontaneous pulse changes in the traditional Chinese medical literature suggests that this was not a major means of utilizing pulse evaluation.

It would not be surprising that acupuncture would alter the pulse sensation detected in some or even most individuals (see: An introduction to acupuncture and how it works). More research would be needed to determine how widespread this phenomena is, since Dr. He described only one very broad type of pulse and did not indicate anything about the nature of the treatments given (for example, whether needles were inserted proximate to the artery on which the pulse was measured). Such research might help to confirm or deny whether such pulse changes were truly valuable indicators of the success of a long-term treatment. Certainly, this method has a potential for good use in the modern setting where some people are asked to pursue acupuncture for many sessions over several weeks in order to determine if it is ultimately going to alleviate their condition. The immediate pulse response or lack thereof, if truly informative as Dr. He suggests, might help the practitioner and patient determine the likelihood of success after only a couple of sessions. While this type of diagnosis may be valuable for its primary purpose as a means of confirming the desired reaction from acupuncture therapy, it is not the same as the pulse taking method that is used for basic diagnosis and should not be assumed to replace the traditional style and application of pulse diagnosis. Rather, it can be regarded as an added technique which may be of value for the modern practitioner.
One of the serious objections to reliance on pulse diagnosis is that the pulse form determined by a practitioner is very subjective. It relies on how the physician places fingers on the wrist, what pressure is applied, and how the physician’s mind interprets the sensations. Several physicians feel the pulse of the same patient consecutively may report differing pulses. In China, researchers hoped to illustrate the value of the wrist pulses as a diagnostic method and also to aid in standardizing their measurement by devising modern devices for getting an objective pulse form. The result of such a measurement, using devices to detect the pulse, is a printed version, called a sphygmogram.

In his article on pulse diagnosis, Gao De said that: “The most pressing need in our study on pulse taking diagnosis is to devise an instrument to assist doctors when they take pulse with their fingers so as to get an objective judgment of the patient’s pulse condition.” Such instruments were soon developed. At a 1987 traditional medicine conference in Shanghai (19), several doctors reported on methods of measuring the pulse by pulse detecting devices. They further proposed that such measuring devices could assist students of Chinese medicine in learning pulse diagnosis, since the accuracy of the students’ pulse determinations could be verified by the sphygmogram. Indeed, one author described the use of a device to reproduce the measured pulse which could then transmit the pulse to the student. By this means, the different kinds of pulses, having been prerecorded and stored in a computer, could be imitated for the student to experience so that each of the pulse categories could be learned. Just as simulators are used today to train pilots learning to fly, these pulse simulations are deemed a means of training practitioners to perform the diagnosis, which is to be mastered with actual pulse feeling after learning the basics. Fei Zhaofu and his colleagues at the Shanghai College of Traditional Chinese Medicine commented about the pulse-imitating devices used for this purpose:

Imitating the pulse actually means that the abstract descriptions and images [of the traditional system] are changed to specific figures signifying digital senses directly felt and stored. During the process of investigation, the device has been affirmed by many veteran practitioners of TCM, with repeated correction for improvement leading to its final approval by TCM circles. The device is therefore considered to have effectively inherited TCM sphygmology theory and preserved the pulse feeling experience of TCM. Medical personnel may use it to gradually promote the standardization of pulse diagnosis.

RECENT INVESTIGATIONS OF PULSE

Chinese researchers have pursued the question of how often certain pulse types are found, particularly with frequently occurring serious diseases, such as cancer and hepatitis. For example, it was reported by researchers working at several institutions in mainland China that (21):

Studies indicate that wiry, slippery, and rapid pulse, or simply wiry and rapid pulse, often denotes exacerbation of the illness [cancer]. When slippery and rapid pulse, wiry and rapid pulse, or weak and rapid pulse appears post-operatively in patients with carcinoma, one should seriously consider the possibility of an incomplete operation. Owing to difficulty in inspection of tongue features of patients with oral or facial neoplasms, physicians often resort to pulse-taking to follow-up the patient, and it is found that the chi pulse is weakened in 50%, and absent in 25% of the patients, which is statistically significant in comparison with the pulse of normal subjects.

In a study of advanced hepatitis patients with cirrhosis or liver cancer carried out in Taiwan, it was reported that most of the patients had a weak pulse on the left wrist at the cun and chi positions, compared to normal subjects (22).

In a broad evaluation conducted in Hong Kong, it was reported that specific pulse categories are more commonly found with the initial stage of illness, versus more developed and advanced stages of an illness (23). The common pulses were:

- Original pulses (initial stage of illness): floating, deep, slippery, uneven, long, short, taut, soft, large, small;
- Changing pulses (serious disease develops): rapid, tense, slow, moderate, full, hollow, indistinct, thready, firm, weak; and
- Very abnormal pulses (critical illness): tremulous, running, knotted, intermittent, tympanic, scattered, deep-sited, replete, feeble, no pulse.

CONCLUSION

Pulse diagnosis is one method of determining the internal conditions of patients with the aim of deciding upon a therapeutic regimen. In order to make use of this diagnostic, the practitioner must learn the proper method of taking the pulse, the factors that influence the pulse, and the categories into which each patient’s unique pulse form can be fit. Practitioners must remain especially alert to new factors that influence the pulse readings so as to assure that the results of pulse taking are meaningful. Most authorities agree that in the modern era one must be able to detect a relatively limited basic group of pulse forms in order to utilize the information for devising a therapy (i.e., acupuncture, herbs). These requisite forms determine whether the focus of the pathological process is at the body’s surface or interior, is of a hot or cold nature, or is of an excess or deficiency type. The fundamental pulse categories that practitioners are to learn correlate directly with the well-known “eight methods of therapy” (see: Enumerating the methods of therapy). There have been recent attempts to broaden the scope of pulse diagnosis; for example, feeling the pulses immediately after insertion of acupuncture needles has been suggested recently as a means of determining whether the “qi has arrived” as a result of correct point selection and needle manipulation. There have also been attempts to more clearly define the pulse forms; for example, by developing medical equipment that can detect and record the pulse forms, and to develop statistical analysis of pulse types by disease. Pulse diagnosis remains an important part of the practice of traditional Chinese medicine that is still being explored and developed.

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The SCIO device can use the TriVector and Cybernetic Loop to rectify aberrant and disharmonious energy patterns in the body. This has profound effects on all body functions but affects the corpus callosum most intensely.

This means that the ability of the conscious verbal mind to relate to the subconscious is increased with the rectification process. The patient will probably not feel the effect. There will always be a positive effect. If there is a negative effect, it is because there is shielding or covert feelings or memories in the subconscious. These will cause disease if left untreated. A simple release may solve the problem.

The changes include:

1. Activate the innate intelligence to balance the body energies. This is the basic principles of chiropractic, acupuncture, and osteopathy medicine.

2. There is an easier exchange of energy and information from right brain to left brain via the corpus callosum. The corpus callosum is the largest energy form in the body and the rectification process has profound effects on stabilizing it, so it dramatically reduces switching phenomena.

3. The SCIO thereby increases the ability of the conscious to interface with the unconscious. This allows greater knowledge of self and of the higher self.

4. There is a greater memory access, a more true access of memory without emotional clouding.

5. There is a greater flexibility of connective tissue, allowing for more resilience.

6. There is a greater oxygenation and hydration ability of the body.

7. There is a smoother muscle control.

8. There is a general increase in well being that the conscious mind is so often unable to perceive. And thus there are thousands of subtle improvements to be found.
Nail Diagnosis

Nail changes may signify a number of disorders elsewhere in the body. These changes may indicate illness long before any other symptoms appear. Please do REMEMBER-everything you see on the outside of your body, is a reflection of something going on inside. Inside of it. Inside your body.

- Unusually wide, square nails can suggest a hormonal disorder.
- Brittle nails signify possible iron deficiency, thyroid problems, impaired kidney function, and circulation problems.
- Brittle soft, shiny nails with a moon may indicate an overactive thyroid.
- Dark nails and/or thin, flat, spoon-shaped nails are a sign of vitamin B12 deficiency or anemia. Nails can also turn gray or dark if the hands are placed in chemicals (most often bleach) or a substance to which one is allergic.
- Deep blue nail beds show a pulmonary obstructive disorder such as asthma or emphysema.
- Greenish nails, if not a result of a localized fungal infection, may indicate an internal bacterial infection.
- Black, splinterlike bits under the nails can be a sign of infectious endocarditis, a serious heart infection; other heart disease; or a bleeding disorder.
- A half-white nail with dark spots at the tip points to possible kidney disease.
- An isolated dark-blue bank in the nail bed, especially in light-skinned people, can be a sign of skin cancer.
- Nail beading (the development of bumps on the surface of the nail) is a sign of rheumatoid arthritis.
- Nails that chip, peel, crack, or break easily show a general nutritional deficiency and insufficient hydrochloric acid and protein. Minerals are also needed.
- Ridges can appear in the nails either vertically or horizontally. Vertical ridges indicate poor general health, poor nutrient absorption, and/or iron deficiency; they may also indicate a kidney disorder. Horizontal ridges can occur as a result of severe stress, either psychological or physical, such as from infection and/or disease.
- White lines across the nail may indicate a liver disease.
- If the white moon area of the nail turns red, it may indicate heart problems, if it turns slate blue, then it can indicate either heavy metal poisoning (such as silver poisoning) or lung trouble.
- White nails indicate possible liver or kidney disorders or/and anemia.
- White nails with pink near the tips are a sign of cirrhosis.
- Yellow nails or an elevation of the nail tips can indicate internal disorders long before other symptoms appear. Some of these are problems with the lymphatic system, respiratory disorders, diabetes, and liver disorders.
- Downward-curved nail ends may denote heart, liver or respiratory disease.
- Twenty-Nail-Dystrophy definition

- Idiopathic nail dystrophy that appears in early childhood. Despite the term, the nail changes do not necessarily involve all 20 nails. The disorder is characterized by excessive ridging, with longitudinal striations and discolouration. The nails very slowly return to normality. This condition is not seen in adults.

- synonyms: Twenty-Nail-Dystrophy, Trachonychia

This pic shows how many diseases are reflected in the nails
There are various types of nail changes, such as thickening (onychogryposis), thinning, deformity, and separation from the nail bed (onycholysis). Whenever a peculiarity of the nail exists, the mnemonic VINDICATE will help recall all the causes.

V—Vascular disease includes the anoxic (lack of Oxygen transfer) disorders that cause clubbing, iron deficiency anemia that causes spoon nails or koilonychia, Raynaud disease, vasculitis (periarteritis nodosa), and peripheral arteriosclerosis, which causes dystrophy or onychogryposis of the nails.

I—Inflammatory diseases that involve the nail bring to mind fungus infections causing onychia (nail bed inflammation), paronychia, syphilis (which can cause almost any nail change), SBE (sub acute bacteria in the heart or endocardium), and trichinosis, which causes splinter hemorrhages of the nails.

N—Neoplasms do not usually cause nail changes, with the exception of clubbing and pallor from secondary anemia. Chondromas (A chondroma is a benign cartilaginous tumor, which is encapsulated with a lobular growing pattern.), melanomas, and angiomas are a few neoplasms that do. Intestinal polyposis may cause nail atrophy. The N, however, can be used to recall neurologic disorders such as peripheral neuropathy (dystrophy or onychogryposis), syringomyelia, and multiple sclerosis.

D suggests deficiency disease such as avitaminosis (deficiency of B2 and D, but any B vitamin zinc, iron or any mineral deficiency can affect the nails).

I—Intoxication includes arsenic (white lines and transverse ridges across the nails) and radiodermatitis. Chronic radiodermatitis occurs with chronic exposure to “sub-erythema” doses of ionizing radiation over a prolonged period, producing varying degrees of damage to the skin and its underlying parts after a variable latent period of several months to several decades. Clinically, chronic radiodermatitis presents as atrophic indurated plaques, often whitish or yellowish, with telangiectasia, sometimes with hyperkeratosis. It can be caused by Vitamin A deficiency.

Hyperkeratosis: a thickening of the horny layer, usually accompanied by increase also in the granular layer. As the horny layer normally varies greatly in thickness in different sites, some experience is needed to assess minor degrees of hyperkeratosis.

C—Congenital disorders include psoriasis, congenital ectodermal defects, absence of nails (onychia), micronychia, and macronychia.

A—Autoimmune disorders suggest scleroderma, periarteritis nodosa, eczema, and lupus.

T—Trauma causes the familiar sublingual hematoma that causes the nail to turn dark red or black.

E—Endocrine disorders are probably some of the most important causes of nail changes. Hypothyroidism produces nail dystrophy, brittleness, and onycholysis; similar changes, plus spooning of the nails, occur in hyperthyroidism. In hypopituitarism, these may be dystrophy, loss of the subcuticular moons, and spooning. Thickening and transverse grooving of the nails may be seen in hypoparathyroidism.

Some horizontal ridge phenomena include

Beau’s lines are horizontal lines of darkened cells and linear depressions. They may be associated with traumas, acute severe illness, malnutrition, major metabolic condition, chemotherapy or other damaging event, and is the result of any interruption in the protein formation of the nail plate.

Mees’ lines or Aldrich-Mees’ lines are horizontal lines of discoloration which occur on the nails of the fingers and toes after an episode of poisoning with arsenic or thallium or other heavy metals. They can also appear if the subject is suffering from renal failure. They are typically white bands traversing the width of the nail. With growth of the nail, they are displaced upward on the nail and eventually disappear when trimmed.

Koilonychia (“spoon nails”) not exactly a horizontal ridge, this “depression”, but needs to be distinguished.
Nails may exhibit many different abnormalities. In the condition known as koilonychia ("spoon nails"), the nails are flattened and have concavities. This condition may be associated with iron deficiency (but it can simply be a normal variant).

Most source concur that the white striae are caused by trauma to the nail matrix (the growth area or "moon"). For instance, Wikipedia says, "The most common cause is injury to the base of the nail (the matrix) where the nail is formed."

A group of oncologists describe how a patient on chemotherapy developed fingernail anomalies. "Two months into his second-line chemotherapy, he developed multiple, concomitant, transverse and longitudinal black lines in all of his fingernails and toenails. After an interval of 3 months, he presented a complex pattern of nail hyperpigmentation, from combined dense horizontal and longitudinal streaks in some nails to diffuse black discoloration in others (Figure)." The point here is that these doctors had no idea why these disfigurations were occurring.

Leukonychia striata = white striations on the nails.

(These are the sort of white marks people associate with zinc deficiency)

A whitlow or felon is an infection of the tip of the finger. A whitlow or felon is an infection of the tip of the finger.

A whitlow or felon is an infection of the tip of the finger. The cuticle acts as a protective seal but if it is damaged in any way bacteria can enter the skin and cause infection thus paronychia as in the pic above. These infections can be extremely painful as the skin becomes inflamed, hot, red and throbs continually.

Pus is usually present, along with gradual thickening and browning discoloration of the nail plate.

If a large amount of pus has collected, then it may be necessary to see your doctor who will lance open infection in the skin to release it.

Acute paronychia is usually caused by bacteria. This is often treated with antibiotics, sometimes as a cream, other times orally. Chronic paronychia is most often caused by a yeast infection of the soft tissues around the nail but can also be traced to a bacterial infection. If the infection goes on and on then a fungal infection is often the cause and this needs anti-fungal cream or paint to treat it.

Whitlows are common, especially for people who have to repeatedly wash their hands. Excess water weakens the seal, while soaps and detergents remove the protective skin oils leaving the skin dry and more liable to split. Most often, trauma to the cuticle allows infection in. Biting or picking at the cuticle, damage through work and overenthusiastic manicuring are the usual culprits. If someone has a cold sore and puts their finger in their mouth then a herpes infection whitlow may appear.
Symptoms
- Abdominal pain
- Decreased appetite
- Fatigue
- Fever
- Joint aches
- Muscle aches
- Unintentional weight loss
- Weakness

Angiomas
There are many different types of angiomas. An angioma is a benign growth that consists of small blood vessels. These tumors can be located anywhere on the body. Some of the different types include spider angiomas, cherry angiomas, and angiokeratomas. The cause of most types of angiomas is not known. Cherry angiomas and are due to aging and do not have any known significance. Spider angiomas are more common in childhood and during pregnancy, and a few can appear on anyone. When present in large numbers, the may warn of liver damage. Angiokeratomas are an overgrowth of blood vessels and skin cells. They are not dangerous.

Angiomas do not need to be treated unless they bleed or are bothering one. They can be treated with electrodesiccation, liquid nitrogen or laser. All three types of treatment have similar amounts of discomfort and usually give a good cosmetic result. The dermatologist will recommend the most appropriate method if you desired treatment. Electrodesiccation consists of touching the skin with an electric needle and destroying the blood vessels. Liquid nitrogen is a cold gas that is sprayed on the skin with a spray gun or applied with a cotton swab. Laser uses a beam of concentrated light. Angiomas sometimes recur after treatment.

Nail Diseases and Disorders
Our bodies host a variety of microorganisms, some of which are beneficial to us. These microorganisms also include bacteria and fungi. Fungal infections are caused by microscopic plants that live on our skin and on the dead tissue of our hair and nails. The following list contains the more common nail irregularities, diseases and disorders. For information on nail problems not listed here, please refer to the links at the bottom of this page.

Please be aware that Nail Technicians are only licensed to beautify the hands, and not to diagnose or treat nail diseases and disorders. Please seek the advice of your physician or dermatologist for a proper diagnosis and medical treatment.

Paronychia infections of the nail fold can be caused by bacteria, fungi and some viruses. The proximal and lateral nail folds act as a barrier, or seal, between the nail plate and the surrounding tissue. If a tear or a break occurs in this seal, the bacterium can easily enter. This type of infection is characterized by pain, redness and swelling of the nail folds. People who have their hands in water for extended periods may develop this condition, and it is highly contagious.

Pseudomonas bacterial infection can occur between the natural nail plate and the nail bed, and/or between an artificial nail coating and the natural nail plate. Many people have been led to believe that the classic 'green' discoloration of this type of infection is some type of mold. In actuality, mold is not a human pathogen. The discoloration is simply a by-product of the infection and is caused primarily by iron compounds. Pseudomonas thrive in moist places; it feeds off the dead tissue and bacteria in the nail plate, while the...
Tinea Unguis, or ringworm of the nails, is characterized by nail thickening, deformity, and eventually results in nail plate loss.

Onychatrophia is an atrophy or wasting away of the nail plate which causes it to lose its luster, become smaller and sometimes shed entirely. Injury or disease may account for this irregularity.

Onychogryposis are claw-type nails that are characterized by a thickened nail plate and are often the result of trauma. This type of nail plate will curve inward, pinching the nail bed and sometimes require surgical intervention to relieve the pain.

Onychorrhexis are brittle nails which often split vertically, peel and/or have vertical ridges. This irregularity can be the result of heredity, the use of strong solvents in the workplace or the home, including household cleaning solutions. Although oil or paraffin treatments will re-hydrate the nail plate, one may wish to confer with a physician to rule out disease.

Onychauxis is evidenced by over-thickening of the nail plate and may be the result of internal disorders -- seek medical advice.

Leuconychia is evident as white lines or spots in the nail plate and may be caused by tiny bubbles of air that are trapped in the nail plate layers due to trauma. This condition may be hereditary and no treatment is required as the spots will grow out with the nail plate.

Beau's Lines are nails that are characterized by horizontal lines of darkened cells and linear depressions. This disorder may be caused by trauma, illness, malnutrition or any major metabolic condition, chemotherapy or other damaging event, and is the result of any
Pterygium is the inward advance of skin over the nail plate, usually the result of trauma to the matrix due to a surgical procedure or by a deep cut to the nail plate. Pterygium results in the loss of the nail plate due to the development of scar tissue. Cortisone is used to prevent the advancement of scar tissue. Never attempt to remove pterygium - instead, consult a physician for advice and treatment.

Koilonychia is usually caused through iron deficiency anemia. These nails show raised ridges and are thin and concave. Seek a physician’s advice and treatment.

Melanonychia are vertical pigmented bands, often described as nail ‘moles’, which usually form in the nail matrix. Seek a physician’s care should you suddenly see this change in the nail plate. It could signify a malignant melanoma or lesion. Dark streaks may be a normal occurrence in dark-skinned individuals.

Psoriasis of the nails is characterized by raw, scaly skin and is sometimes confused with eczema. When it attacks the nail plate, it will leave it pitted, dry, and it will often crumble. The plate may separate from the nail bed and may also appear red, orange or brown, with red spots in the lunula. Do not attempt salon treatments on a client with Nail Psoriasis. Consult with a dermatologist for diagnosis and treatment.

Brittle Nails are characterized by a vertical splitting or separation of the nail plate layers at the distal (free) edge of the nail plate. In most cases, nail splitting and vertical ridges are characteristic of the natural aging process. This nail problem is also the result of overexposure to water and chemical solvents such as household cleaning solutions. As we age, the nail bed’s natural flow of oils and moisture is greatly reduced. This oil and moisture is the cement that holds the

Pterygium Inversum Unguis is an acquired condition characterized by a forward growth of the hyponychium characterized by live tissue firmly attached to the underside of the nail plate, which contains a blood supply and nerves. Possible causes are systemic, hereditary, or from an allergic reaction to acrylics or solvents. Never use force to ‘push back’ the advancing hyponychium – it is an extremely painful approach, and will result in a blood flow. Consult a physician for diagnosis and treatment.

Psoriasis

MMA Damaged Nails: D. Tuggle, owner of The Nail Academy, Jamaica, Queens, N.Y., submitted this picture of nails damaged by MMA to the BeautyTech Web Site and allowed it to be added to this page. MMA (methyl methacrylate) is a liquid monomer used for acrylic nails by some unscrupulous salons even though it is considered by and prohibited by the FDA to be a poisonous and deleterious substance. According to Dianna Bonn of Indiana, as of May 1, 1999, 23 states have banned this chemical from being used in nail salons. MMA nails are very rigid and do not bend or have the flexibility to break. When MMA does finally break, it will break the natural nail with it, causing severe nail damage.
Vertical Ridges are also characteristic of aging, although are not limited to the aged or elderly. The nail plate grows forward on the nail bed in a ‘rail and groove’ effect, much like a train rides on its tracks. As we age, the natural oil and moisture levels decline in the nail plate, and this rail and groove effect becomes apparent. Rridged nails will improve through re-hydration of the nail plate with twice daily applications of a good quality nail and cuticle oil containing Jojoba and Vitamin E.

A Hematoma is the result of trauma to the nail plate. It can happen from simply trapping your finger or toe in the car door to friction from improperly fitting or ‘too-tight’ shoes, to a sports related injury. A hammer does a pretty good job at causing a hematoma as well! The nail bed will bleed due to this trauma, and the blood is trapped between the nail bed and the nail plate. A hematoma may also indicate a fractured bone. Many people who participate in sports activities experience hematomas because of the constant friction from the shoes against the toenails. Hematomas may result in nail plate separation and infection because the blood can attract fungi and bacteria. If several days have passed and the blood clot becomes painful, the nail plate may require removal so the nail bed can be cleansed.

Nail Patella Syndrome is a rare genetic disorder involving nail and skeletal deformities (among a host of other related anomalies) that occurs in approximately 2.2 out of every 100,000 people. It is transmitted as a simple autosomal dominant characteristic in the ABO blood group (Autosomal dominant means that you only have to inherit one copy of the gene to get it). It also means that there is no such thing as an unaffected carrier, and NPS CAN NOT skip a generation.

In cases where there seems to be no previous family history of NPS, it is thought to be caused by a sporadic gene mutation (which is probably how it began in all families at one time or another). Once NPS is in a family, the risk of transmitting the disorder from parent to offspring is 50% for each pregnancy, regardless of the sex of the child, with females being affected approximately 10% more often.
OCD & HANDS

PDC analyst Arnold Holtzman has described in his book about Psychodiagnostic Chirology a list of 7 hand characteristics that appear to be associated with Obsessive Compulsive Disorder. Let’s see if Megan Fox’s hand meet those characteristics:

NOTIFICATION: Holtzman described in this book very explicitly: “Each of the (7) features noted below must be in evidence for a diagnosis of obsessive-compulsive personality disorder to be valid.”

7 Hand characteristics of Obsessive Compulsive Disorder:

1. Hard & inflexible hands and the palms are never soft, nor dysplastic – No, Megan appears to have flexible hands;

2. Pronounced knuckles – No, Megan has smooth fingers;

3. Nail phalanges of ring- + middle finger are spatulate in shape & always heavier than the base phalanges – Yes, but Megan has only spatulate fingernails; but her ‘famous’ thumb appears to be significant here, for obviously the nail phalange of her thumb is ‘heavy’ (it’s the condition named: brachydactyly type d);

4. Pronounced muscular tonus, including a sharp ‘thumb angle’ (see picture below) – Yes, Megan has the typical thumb angle;

5. Back of the hands: coarse skin with a masculine texture – No, obviously Megan doesn’t have a masculine texture;

6. Ring finger is longer than index finger – Yes, Megan’s ring finger is a bit longer than her index finger (though her finger length appears to be within the range of ‘normal’; see picture below);

7. Palm is square shaped, and never long and narrow – Yes, Megan’s palm appears to be a bit square shaped.

Yellow nail syndrome

Yellow nail syndrome is characterized by yellow nails that lack a cuticle, grow slowly, and are loose or detached (onycholysis). Yellow nail syndrome is most commonly associated with lung disorders, and with lymphedema.
It is scientific fact that when a low level voltage and micro-current pulse is applied to the body osmosis, enzyme activity, and healing are increased. The SCIO will let the patient’s body electric autofocus a harmonic pulse to maximize this effect. This current applied to the cranium has been shown to stimulate the learning process and increase memory retention, and learning. There is published research on these therapies. The new world of energetic medicine can help you to learn twice as much in half the time comfortably and easily.

If you need more information on the SCIO and purchase details please get in touch with us

Maitreya Kft.
tel: +3613036043 | web: www.qsubspace.com | e-mail: info@qsubspace.com

19 images found for this diagnose
Clubbing

In medicine, nail clubbing (also known as "Drumstick fingers," "Hippocratic fingers," and "Watch-glass nails") is a deformity of the fingers and fingernails that is associated with a number of diseases, mostly of the heart and lungs. Hippocrates was probably the first to document clubbing as a sign of disease, and the phenomenon is therefore occasionally called Hippocratic fingers.

Idiopathic clubbing can also occur and in 60% of cases there is no associated underlying disease.

Signs and symptoms

Clubbing develops in five steps:

1. Fluctuation and softening of the nail bed (increased ballotability)
2. Loss of the normal <165° angle (Lovibond angle) between the nailbed and the fold (cuticula)
3. Increased convexity of the nail fold
4. Thickening of the whole distal (end part of the) finger (resembling a drumstick)
5. Shiny aspect and striation of the nail and skin

Schamroth’s test or Schamroth’s window test (originally demonstrated by South African cardiologist Dr Leo Schamroth on himself) is a popular test for clubbing. When the distal phalanges (bones nearest the fingertips) of corresponding fingers of opposite hands are directly apposed (place fingernails of same finger on opposite hands against each other, nail to nail), a small diamond-shaped "window" is normally apparent between the nailbeds. If this window is obliterated, the test is positive and clubbing is present.

Diagnosis

When clubbing is encountered in patients, doctors will seek to identify its cause. They usually accomplish this by obtaining a medical history—particular attention is paid to lung, heart, and gastrointestinal conditions—and conducting a clinical examination, which may disclose associated features relevant to a diagnosis. Additional studies such as a chest X-ray and a chest CT-scan may also be performed.

Disease associations

Although many diseases are associated with clubbing (particularly lung diseases), the reports are fairly anecdotal. Prospective studies of patients presenting with clubbing have not yet been performed, and hence there is no conclusive evidence of these associations.

Isolated clubbing

Clubbing in the fingers of a 33-year old female with Eisenmenger syndrome.

Clubbing is associated with:

- Lung disease:
  - Lung cancer, mainly large-cell (35% of all cases), not seen frequently in small cell lung cancer
  - Interstitial lung disease
  - Tuberculosis

Suppurative lung disease: lung abscess, empyema, bronchiectasis, cystic fibrosis

Mesothelioma

A-V fistula

Heart disease:

- Any disease featuring chronic hypoxia
- Congenital cyanotic heart disease (most common cardiac cause)
- Subacute bacterial endocarditis
- Atrial myxoma (benign tumor)

Gastrointestinal and hepatobiliary:

- Malabsorption
- Crohn's disease and ulcerative colitis
- Cirrhosis, especially in primary biliary cirrhosis
- Hepatopulmonary syndrome, a complication of cirrhosis
- Laxative abuse
- Polyposis
- Esophageal CA

Others:

- Hyperthyroidism (thyroid acropachy)
- Familial and racial clubbing and "pseudoclubbing" (people of African descent often have what appears to be clubbing)
- Vascular anomalies of the affected arm such as an axillary artery aneurysm (in unilateral clubbing)
- Thymoma
- Thalassemia

Nail clubbing

Clubbing of the fingernail. The red line shows the outline of a clubbed nail.

<165°
the fourth chromosome (4q33-q34) coding
for the enzyme 15-hydroxyprostaglandin
dehydrogenase (HPGD); this leads to
decreased breakdown of prostaglandin E2
and elevated levels of this substance.

Pathophysiology
The exact cause for sporadic clubbing is
unknown, and there are numerous theories
as to its cause. Vasodilation (distended
blood vessels), secretion of growth factors
(such as platelet-derived growth factor and
hepatocyte growth factor) from the lungs, and
other mechanisms have been proposed. The
discovery of disorders in the prostaglandin
metabolism in primary osteo-arthropathy
has led to suggestions that overproduction of
PGE2 by other tissues may be the causative
factor for clubbing.

Epidemiology
The exact frequency of clubbing in the
population is not known. A 2008 study found
clubbing in 1% of all patients admitted to a
department of internal medicine. Of these,
40% turned out to have significant underlying
disease of various causes, while 60% had no
medical problems on further investigations
and remained well over the subsequent year.

Expecting a Baby? Expect
Some Changes In Your Hair,
Skin, and Nails

During pregnancy, changes in the skin, hair
and nails are common. The correct diagnosis
and treatment of these conditions during
pregnancy are essential to ensure the health
of both mother and baby.

"The body experiences profound adjustments
during pregnancy, which make pregnant
women susceptible to changes of the skin,
hair and nails," stated dermatologist George
Kroumpouzos, MD, PhD, co-author of
"Dermatoses of Pregnancy" published in the
July 2001 issue of the Journal of the American
Academy of Dermatology. "A careful history
and thorough physical examination by a
dermatologist can relieve anxiety about
the nature of these skin conditions and the
possible fetal or maternal risks associated
with them."

Hair and nail changes during
pregnancy

"Pregnancy affects every area of the skin,
including hair and nails. Undesirable changes
may occur that leave pregnant women feeling
anxious," said Dr. Kroumpouzos. "A discussion
with a dermatologist can put a woman at ease
regarding these changes."

Hirsutism, a condition in which a woman
grows hair in areas where only a man would,
such as the face or chest, can be triggered
by the endocrine changes of pregnancy. This
condition usually regresses within six months
following birth.

Telogen effluvium is the excess shedding of
hair that usually occurs one to five months
following pregnancy. During pregnancy,
an increased percentage of scalp hairs go
into the resting phase that is part of the
normal growth-loss cycle of scalp hair. After
pregnancy, these hairs begin to fall out and
thin. However, this condition does not cause

Hyperpigmentation is common during
pregnancy, affecting more than 90 percent
of pregnant women. Hyperpigmentation is a
skin disorder in which dark spots appear on
the skin. This benign condition is attributed
to an overproduction of melanin, a natural
substance that gives color to the hair, skin, and
iris. Normally hyperpigmented areas, such as
the breasts and nipples, genital skin, and inner
thighs, may become darker in pregnancy.
Freckles, nevi and scars may appear darker as
well. This condition disappears in the months
following pregnancy.

Melasma or chloasma, known as the "mask
of pregnancy," has been reported in up to
70 percent of pregnant women. This common
condition causes an increase of pigmentation
that occurs almost exclusively in sun-exposed areas. "Melasma presents
in three facial patterns. The centro-facial
pattern involves the cheeks, forehead, upper
lip, nose, and chin," said Dr. Kroumpouzos,
Instructor, Department of Dermatology,
Harvard University, Boston, Mass. "The malar
pattern involves the cheeks and nose, and
the mandibular pattern involves the side of
the cheeks and jawline." Melasma can also
develop on the forearms. Dermatologists
encourage the use of proper sunscreen to
prevent this condition as well as treatment
with topical corticosteroids, bleaching agents,
chemical peels or tretinoin. Most cases of
melasma resolve after pregnancy.

Skin, and Nails

"Dermatoses of Pregnancy" published in the
July 2001 issue of the Journal of the American
Academy of Dermatology. "A careful history
and thorough physical examination by a
dermatologist can relieve anxiety about
the nature of these skin conditions and the
possible fetal or maternal risks associated
with them."
permanent hair loss or obvious bald patches. Telogen effluvium resolves slowly beginning six to 12 weeks postpartum. There is no medical treatment available.

Nails, like hair, can change noticeably during pregnancy. Some women find that their nails tend to split and break more easily during pregnancy. Like the changes in hair, nail changes aren’t permanent.

**Ayurveda Diagnosis tips**

**Nail Diagnosis**

Ayurveda considers nails as the waste product of the bones. If the nails are dry, crooked, rough and break easily, it indicated a predominance of the vata constitution. Soft, pink, tender nails that are easily bent are indication of a Pitta constitution. When the nails are thick, strong, soft and very shiny, then Kapha predominates.

Longitudinal lines on the nails indicate mal-absorption in the digestive system. Transverse grooves on the nails may indicate the presence of long-standing illness or malnutrition.

Yellow nails indicate a delicate liver or jaundice. Blue nails are manifestation of a weak heart. Undue redness shows an excess of red blood cells.

**Lip Diagnosis (OSTHA)**

If the lips are dry and rough, it may indicate dehydration or vata imbalance. Pale lips indicate anemia. Repeated attacks of inflammatory patches along the margins of the lips indicates the presence of herpes and a chronic Pitta derangement. Poor digestion of worms in the colon are indicated by the presence of multiple pale brown spots on the lips. A person with jaundice will have yellow lips. Blue lips may signal heart problems.

**Eye Diagnosis**

Vata eyes are characterized by small, nervous, with drooping eyelids and dry, scanty lashes. The white of the eye is muddy, while the iris is dark, gray-brown or black. Pitta eyes are moderate in size. They are sharp, lustrous, and sensitive to light. The lashes are scanty and oily.

The iris is red or yellowish. Kapha eyes are large, beautiful and moist. They have long, thick, oily lashes. The white of the eye is very white. The iris is pale, blue or black. Excessive blinking is a sign of nervousness, anxiety or fear. A drooping upper eyelid indicates a sense of insecurity, fear or lack of confidence. These are all signs of vata imbalance.

Prominent eyes indicate thyroid gland dysfunction. An yellow conjunctiva may signal a weak liver. A small iris indicates weak joints. A white ring around the iris may mean an excessive intake of salt or sugar. If the white ring is very prominent and very white, it is an indication of joint degeneration with potential for arthritis and joint pain.

**Facial Diagnosis**

Ayurveda teaches that face is the mirror of the mind. Disorders and disease is manifested on the face in the form of lines, wrinkles, etc. For example, horizontal wrinkling on the forehead indicates the presence of deep-seated worries and anxieties.

A vertical line between the eyebrows on the right side indicates repressed emotions in the liver. On the other hand, the presence of a vertical line between the eyebrows on the left side will indicate that the spleen is holding in emotions.

A full and fluffy lower eyelids is an indication of impaired kidneys. A butterfly-like discoloration on the nose or on the cheeks may signal mal-absorption of iron or the folic acid and the sign of a low agni (fire).The nose can be used to determine the dosha of a person. Vata persons have crooked nose. Kapha persons have a blunt nose. On the other hand, a sharp nose may denote a person with Pitta dosha.

**Pulse Diagnosis**

Pulse Diagnosis is a very important tool used by all Oriental Medical Practitioners. It is a very important tool used by Chinese and Tibetan Health Practitioners as well as Conventional medical doctors. To a skilled practitioner, taking your pulse is more than counting the beats.

The functioning and health of the entire mind body constitution can be determined from the pulse, including the balance of the doshas, the health of the various organs, advance warning signs of potential problems that may crop up later etc. By detecting early symptoms of imbalance and disease reaction in the body, one can take preventive steps to correct the problem before it manifests into a major one.

Radial pulse is felt with the first three fingers, the index, middle and ring fingers. Pulse from both wrists is taken. To get an accurate pulse, the patient should be as close to his norm as possible. Taking pulse after strong exertion, after exposure to a severe environment etc. will give wrong indications.

The position of the index finger denotes the Vata dosha. When vata is strong in the constitution, the index finger will feel the pulse strongly. The pulse will be irregular and thin moving in waves like the motion of a serpent. This type of pulse is called a snake pulse.

The middle finger denotes the pulse corresponding to the Pitta dosha. When the person has a predominant pitta constitution, the pulse under the middle finger will be stronger. Ayurveda describes this pulse as “active, excited, and move like jumping of a frog.”

This pulse is called frog pulse. When the throbbing of the pulse under the ring finger is most noticeable, it is a sign of Kapha constitution. The pulse feels strong and its movement resembles the floating of a swan. Hence, this pulse is called swan pulse.

**Sound and Odor self diagnosis**

**Question:** Body odor with a sweet tinge to it? Which internal organ does that indicate needs attention?

**Answer:** Spleen/stomach
Listening diagnosis is based on the same principles as visual diagnosis. The difference being that listening deals with a different set of vibrations, or a different type of chee. Visual diagnosis uses light, while listening diagnosis uses the vibration of sound.

The application of this technique is based on the polar relationship between the paired complementary internal organs, which tells us that if there is a problem with one organ in the pair, the other organ will also be affected:

- **Heart/Small Intestine:** Problems with either of these organs are reflected in irregular speech patterns. Speech does not flow smoothly, continuously, or rhythmically. It is punctuated by inappropriate breaks. The individual may often make mistakes in wording as well. If the heart is expanded, a yin condition, the pitch will be high, and interrupted with frequent pauses.

- **Lungs/Large Intestine:** If the energy of the lungs or large intestine is stagnated, the voice will be heavy and stuffy, especially when mucus deposits exist in either organ. In the case of a more yin condition, the voice will be thin or weak, as it is in the case of tuberculosis.

- **Kidneys/Bladder:** Problems in these organs are generally caused by imbalances of liquid or salt. This produces a watery voice, and a low vibration.

I had to use deodorant for over 20 years. Since living on a cleansing-detox-rejuvenation-diet it's over ten years that I have no need for it. Deodorant and all the other fragrant alternatives mask the bad body odor problem, thereby further complicating the real present and future dangers!

Bad body odor is a clear and immediate sign that internally you need to get your health in order.

**Diagnosis by Listening**

Diagnosing an individual through the sense of sound includes two complementary aspects. The first more yang method is by direct questioning to gain information about the symptoms and general condition. As the same time, one needs to pay attention to the patient's manner of speaking. Is the individual bright and cheerful, confident and optimistic, depressed, fearful, hesitant. These and similar characteristics provides clues to the individual's strengths and weaknesses, and to the nature of the particular problem that prompted him to seek help.

The second, more yin method involves assessing the quality of the patient's voice. From this alone, a skilled practitioner can determine not only the cause of a problem but an individual's overall state of mental and physical health.

<table>
<thead>
<tr>
<th>Odor</th>
<th>Energy</th>
<th>Organ Pair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oily, Fatty</td>
<td>Rising</td>
<td>Liver/Gallbladder</td>
</tr>
<tr>
<td>Burnt</td>
<td>Active</td>
<td>Heart/Small Intestine</td>
</tr>
<tr>
<td>Fragrant, Sweet</td>
<td>Downward</td>
<td>Spleen/Stomach</td>
</tr>
<tr>
<td>Fishy</td>
<td>Gathering</td>
<td>Lung/Large Intestine</td>
</tr>
<tr>
<td>Rotten, Putrefying</td>
<td>Floating</td>
<td>Kidney/Bladder</td>
</tr>
</tbody>
</table>

We can also list distinct "voices" each of which relates to one of the five organ pairs. If one of these voices is characteristic of an individual's speech we can suspect an imbalance in the energy of the related organ pair and meridians. By way of review these correlation's are as follows:

**"Voices" and the Five Transformations**

<table>
<thead>
<tr>
<th>Voice</th>
<th>Energy</th>
<th>Organ Pair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shouting</td>
<td>Rising</td>
<td>Liver/Gallbladder</td>
</tr>
<tr>
<td>Talking (excessive)</td>
<td>Active</td>
<td>Heart/Small Intestine</td>
</tr>
<tr>
<td>Singing</td>
<td>Downward</td>
<td>Spleen/Stomach</td>
</tr>
<tr>
<td>Crying</td>
<td>Gathering</td>
<td>Lung/Large Intestine</td>
</tr>
<tr>
<td>Groaning</td>
<td>Floating</td>
<td>Kidney/Bladder</td>
</tr>
</tbody>
</table>
Facial and Body Diagnosis in TCM Acupuncture Theory

The strength of Chinese medicine lies within its ability to look at a variety of signs and symptoms and come to a more precise diagnosis of underlying conditions. While the pulse and the tongue are the two principle diagnostic tools in Traditional Chinese Medicine (TCM), looking at the colors and qualities in a person’s body and face provides valuable diagnostic information.

**Body Diagnosis - Shape, Demeanor and Indications**

<table>
<thead>
<tr>
<th>Body Shape/Demeanor</th>
<th>Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>muscular/strong</td>
<td>tend towards excess</td>
</tr>
<tr>
<td>overweight</td>
<td>tend towards dampness - sp qi deficiency</td>
</tr>
<tr>
<td>abrupt/jerky</td>
<td>wind</td>
</tr>
<tr>
<td>active movements</td>
<td>tend towards yang conditions</td>
</tr>
<tr>
<td>withdrawn/slow</td>
<td>tend towards qi a/or yang def</td>
</tr>
<tr>
<td>hunched over</td>
<td>upper jiao def</td>
</tr>
</tbody>
</table>

**Facial Diagnosis - Colors and Indications**

<table>
<thead>
<tr>
<th>Facial Colors</th>
<th>Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>white</td>
<td>cold or def</td>
</tr>
<tr>
<td>dull white</td>
<td>blood def</td>
</tr>
<tr>
<td>bright white</td>
<td>qi or yang def</td>
</tr>
</tbody>
</table>

Skin Diagnosis - Qualities and Indications

<table>
<thead>
<tr>
<th>Skin Quality</th>
<th>Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>moist and clear</td>
<td>better prognosis</td>
</tr>
<tr>
<td>dry and lifeless</td>
<td>poorer prognosis</td>
</tr>
</tbody>
</table>

Eye Diagnosis - Qualities and Indications

<table>
<thead>
<tr>
<th>Eye Qualities</th>
<th>Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>dull expression</td>
<td>shen disturbance</td>
</tr>
<tr>
<td>unconscious</td>
<td>wind</td>
</tr>
<tr>
<td>movement</td>
<td>lv qi stagnation a/or wind-heat</td>
</tr>
</tbody>
</table>

Sounds (Listening) and Odors (Smelling) in TCM Acupuncture Theory

Listening to a person’s voice and noticing any particular body odors that they may have are a basic part of the “Four Examinations” in Chinese medicine. Along with the more precise diagnostic tools such as pulse and...
tongue diagnosis, listening and smelling provide valuable input to form an appropriate TCM diagnosis.

While used more as a casual observation by most TCM practitioners, listening and smelling form an integral part of the Classical Five Element color, sound, odor and emotion (CSOE) method of diagnosis.

**Listening Diagnosis - Voice and Breath**

<table>
<thead>
<tr>
<th>Quality</th>
<th>Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>sudden loss of voice</td>
<td>wind heat</td>
</tr>
<tr>
<td>gradual loss of voice</td>
<td>lu qi or yin def</td>
</tr>
<tr>
<td>loud</td>
<td>excess</td>
</tr>
<tr>
<td>soft</td>
<td>deficiency</td>
</tr>
<tr>
<td>reluctance to speak</td>
<td>cold or def</td>
</tr>
<tr>
<td>excessive speaking</td>
<td>heat or excess</td>
</tr>
<tr>
<td>shouting</td>
<td>wood - lv</td>
</tr>
<tr>
<td>laughing</td>
<td>fire - ht</td>
</tr>
</tbody>
</table>

**Smelling Diagnosis - Body Odors**

<table>
<thead>
<tr>
<th>Quality</th>
<th>Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>sudden loss of voice</td>
<td>wind heat</td>
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<tr>
<td>gradual loss of voice</td>
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<tr>
<td>loud</td>
<td>excess</td>
</tr>
<tr>
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<td>reluctance to speak</td>
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<td>wood - lv</td>
</tr>
<tr>
<td>laughing</td>
<td>fire - ht</td>
</tr>
</tbody>
</table>

In African Bantu the word for the Angel coming from Heaven to the Earth to save its people is NaHinga. This name was given to Desiré for her work on AIDS. Desiré kicked off project NaHinga in early 2005 in Africa. Desiré is a citizen of Mozambique and is a diplomatic liaison for the country. All because of her work on healing. She taught the natural healers, the Sangoma, to make remedies for AIDS and how to use simple energetic medicine.

Project NaHinga was a multi million dollar task financed solely by Desiré for the purpose of healing the planet.