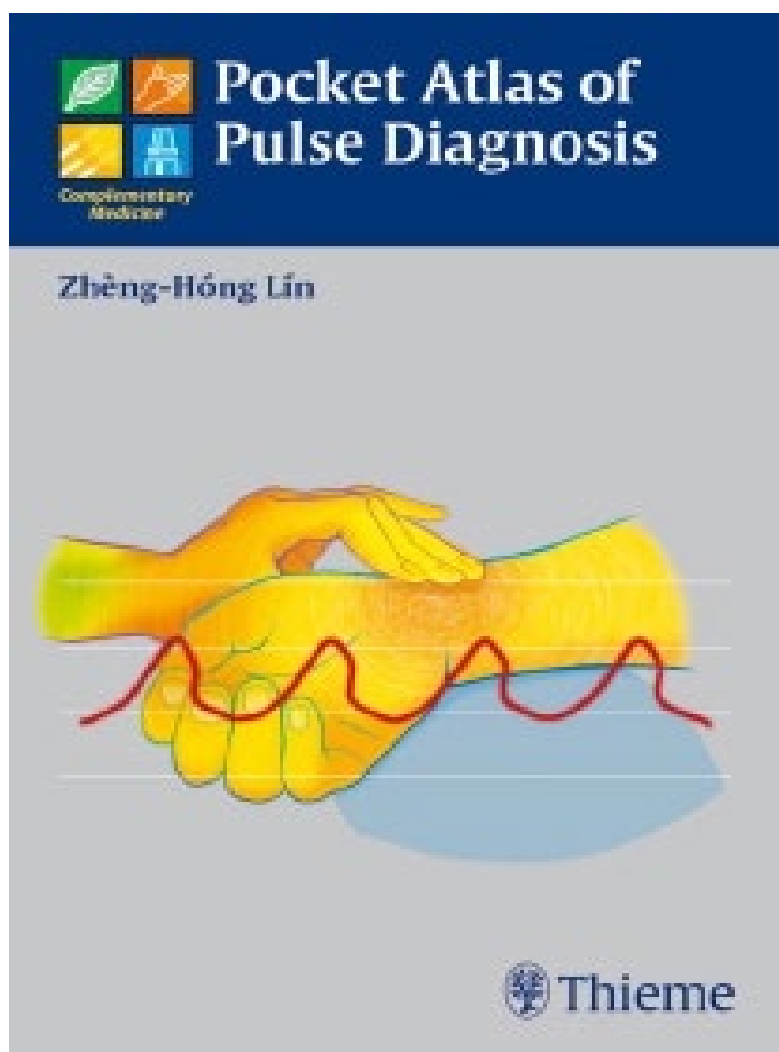




Zhèng-Hóng Lín Pocket Atlas of Puls Diagnosis



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Preface

Palpation is an extremely important component of Chinese medical diagnosis. The four diagnostic methods comprise the combination of “Inspection, Listening and Smelling, Inquiry, and Palpation.” According to many years of experience, I have found in clinical diagnosis that palpation can be likened to having the effects of “adding the final touches that bring a work of art to life” (*huà lóng diǎn jīng*, 畫龍點睛) and “heading straight for the goal” (*lín mén yì jiǎo*, 臨門一腳). In other words, if one can use “palpation” to confirm what one has deduced from inspection, listening and smelling, and inquiry, one can avoid making erroneous diagnoses as well as increase diagnostic accuracy.

The idea that the pulse alone enables the practitioner to arrive at an accurate diagnosis is a misconception. Throughout history, however, scholars have misled people into believing that some physicians possessed such miraculous abilities as to be able to feel a patient’s pulse and divulge everything about the person’s illness, without having to go through the other three methods of examination (i.e., inspection, listening and smelling, and inquiry). This is, indeed, a misunderstanding of Chinese medicine.

Objectively speaking, in certain classical disease patterns, for instance, in liver blood deficiency patients, the left bar (*guān*, 關) position of the pulse will be either soggy (*rú*, 濡) or vacuous (*xū*, 虛). In this situation, one can certainly acquire some useful knowledge from the pulse palpation; however, this does not mean that there is liver blood deficiency whenever one encounters a soggy or vacuous pulse in the left bar position.

This is because, in disease patterns, there is a differentiation between true, false, vacuity, and repletion. In regard to the relationship between disease patterns and pulse manifestation, there are two types: mutual agreement between the pattern and the pulse, and mutual contradiction between the pattern and the pulse. Because a person’s constitution varies from individual to individual, and the disease condition also differs from person to person, would it not seem too subjective and risky to a responsible doctor with a rational approach to rely solely on palpation as a means of flaunting his or her medical skill, as opposed

to objectively utilizing all four pillars—inspection, listening and smelling, inquiry, and palpation—in disease diagnosis?

For instance, the famous physician, Wáng Shū-Hé (王叔和) of the late Hàn (漢) dynasty, said, in *The Pulse Canon* (*Mài Jīng*, 脈經):

“Those who go on to study medicine, due to ignorance and lack of clarity about the pulse, in addition to prejudices and biases that exist amongst themselves, in order to flaunt their ability, will mistakenly diagnose mild diseases as more severe ones, to the point where they sever their chance of survival (by ruining their own reputation); there definitely is a reason for this.”

Wáng Shū-Hé furthermore stated:

“If the sunken pulse (*chén mài*, 沉脈) is diagnosed as the hidden pulse (*fú mài*, 伏脈), the treatment would be erroneous; if the moderate pulse (*huǎn mài*, 緩脈) is diagnosed as the slow pulse (*chí mài*, 遲脈), a dangerous consequence would immediately follow. Furthermore, one type of disease pattern can often possess several different pulse manifestations, while different diseases can, indeed, have identical pulse manifestations. With that said, how can one not be meticulous and careful?

“Therefore, in ancient times, even if a doctor is as wise and highly-skilled as Biǎn Què (扁鵲), careful consideration is still required during diagnosis. Although Zhāng Zhòng-jǐng (張仲景) excelled at pattern differentiation, he still would carefully examine the disease pattern; if he found any areas he was unclear or uncertain about, he would thoroughly analyze the details to gain more insight.”

The above illustrates, precisely, a rational approach.

If palpation is seen as the highest realm of Chinese medical diagnosis, this is an overexaggeration of its role and results in the casting aside of the other three diagnostic methods (inspection, listening and smelling, and inquiry). It is as ridiculous as wanting to paint a dragon, but painting only the eyes without the body.

This book portrays the shapes of the 28 pulses in detail, cites commonly encountered clinical disease patterns, and extracts text from Volume 8 of *The Pulse Canon* to further explain the application of palpation in diagnosis. In short, the knowledge contained within this book allows the beginner to establish a proper foundation in the study of pulse diagnosis, at the same time re-emphasizing the fact that no matter how important palpation is in diagnosis, it still cannot replace Chinese medical diagnosis as a whole.

Zheng-Hong Lin

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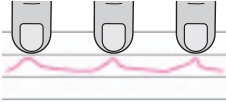



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The Category of the Slow Pulse (*Chí Mài*, 遲脈)

Consists of slow, moderate, rough, and bound pulses, which are all slow.

The characteristic of the slow pulses: The frequency of the pulse beat is slow, causing a reduction in the pulse rate.

As for the depth, the pulse can be felt at all three levels (superficial, middle, and deep).

Floating level Middle level Deep level		
	Inch (cùn, 寸) Bar (guān, 关) Cubit (chǐ, 尺)	Inch (cùn, 寸) Bar (guān, 关) Cubit (chǐ, 尺)
	The slow pulse arrives and departs slowly. It beats three times per respiration.	The moderate pulse is slightly faster than the slow pulse. It beats four times per respiration, and its arrival is leisurely.
Floating level Middle level Deep level		
	Inch (cùn, 寸) Bar (guān, 关) Cubit (chǐ, 尺)	Inch (cùn, 寸) Bar (guān, 关) Cubit (chǐ, 尺)
	The rough pulse is slow, thin, and short. It has a rough onset and recession.	The bound pulse is slow and sluggish, and pauses periodically with an indeterminate rhythm.

The Category of the Rapid Pulse (*Shuò Mài*, 數脈)

Consists of rapid, racing, skipping, and stirred pulses, which are all fast.

The characteristic of the rapid pulses: The frequency of the pulse is fast, therefore causing the rate of the pulse to be excessively high.

This type of pulse can be palpated at all three levels (superficial, middle, and deep).

