

I N T R O D U C T I O N

(S E C O N D E D I T I O N)

1.1 The Importance of Tongue Diagnosis in Clinical Practice

This new edition of *Atlas of Chinese Tongue Diagnosis* combines, and to some extent reconfigures, the content of the two volumes in the original edition of this work into one new volume. The many photographs in the first volume of different tongue shapes, colors, and coatings that are commonly seen in the clinic have been combined with a number of case histories from the second volume. The sequence of the tongue photographs within a chapter shows the increasing degree of imbalance among the body's energies. The book seeks to enhance awareness of the importance of tongue diagnosis in assessing the energetic condition of the patient.

In each chapter, detailed case histories are presented in order to facilitate the step from theory to practice. By analyzing several different case histories related to a particular organ system, the diagnostic procedures and treatment strategies become clearer. The cases serve to illustrate the integration of the tongue signs, symptoms, and other clinical findings in the process of diagnosis and defining an appropriate treatment.

I have added a few photographs that are particularly good examples of a specific tongue color or tongue sign. At the same time, some of the case histories in the original edition have been removed to enhance the readability of the book and thus make it more useful as a reference book for tongues. During the last ten years I have personally arrived at the conclusion that the overall appearance of the tongue, especially the tongue body shape and color, are of greater significance than a single crack or a distinctive marking on the tongue. This understanding is reflected in this new edition.

The analysis of the case histories in this volume, and especially the evaluation of certain signs and symptoms, reflects thirty years of clinical practice. In many respects, my approach to treatment, especially the application of Chinese herbal medicine, 7

changed and became clearer as a result of the training I received at various hospitals in Tianjin, Chengdu, and Kunming. I encountered many physicians who took pride in their years of experience, reputation, and individual styles of treatment. Physicians, especially those with decades of experience, impressed on me the need to read and study the classics and to learn classical prescriptions by heart in order to really understand their functions and workings. A few Western practitioners of Chinese medicine also influenced my style of practice in certain areas, for example, Steve Clavey in gynecology and Mazin Al-Khafaji in dermatology. Finally, besides the work with my patients, it was the feedback as well as the problems my students encountered in clinical practice that forced me to become clearer in my own work.

The case histories here reflect these various influences. Based on my experience, I believe in the importance of a discussion that clearly narrates the steps used to formulate treatment strategies and that allows practitioners to share their findings. I have found that this process increases and improves the awareness of the participants by helping them synthesize all the signs and symptoms while incorporating the 'nature' of the patient in the formulation.

Practicing Chinese medicine for three decades has inevitably changed my understanding of illness and how I treat it. My experience has been shaped by many successes as well as failures. I have observed that even after a course of treatment, a patient may be free of pain but still feel unwell; there remains an inner tension, a sense of restlessness, or an inner emptiness. In stark contrast, symptoms associated with a chronic illness may linger, but the patient suddenly feels that he, or she, can endure the ensuing problems and even feel better. I have come to the conclusion that the underlying constitution of a patient, their vitality, and the harmony of their spirit, must not be ignored; all of these factors contribute to the healing process and help shape the treatment. With regard to tongue diagnosis in particular, I am convinced that the color and shape of the tongue body are of greater importance than a single crack, a slight swelling, etc.

1.2 Tongue Diagnosis and the Patient's Constitution

In cases of chronic disease, tongue diagnosis helps enormously in discerning the underlying constitution¹ of the patient in relation to the condition of the blood, qi, yin, and yang. The constitutional strength of a patient will contribute to the progression of a disease and may allow a prognosis for the healing process. Having specialized in the treatment of cancer, I have found, for example, that the effect of chemotherapeutic drugs on the body's energies and therefore on the tongue color and coating are drastic, yet at the same time most instructive for the practitioner of Chinese medicine. The majority of those drugs have a hot nature that injures the blood and yin. In contrast to the normal progression of illness and its subsequent reflection on the tongue, here the changes occur within days or weeks. Because most patients with the same cancer, say an estrogen positive tumor, receive basically the same chemical agents, it is the constitution of the particular woman that determines how she will cope with the treatment. Here, the tongue color and coating prior to chemotherapy may give an indication about the tolerance of this treatment and be very helpful in providing the patient with specific advice based upon her constitution. In my experience, the pulse qualities also change based upon a particular treatment, but they seem not to differ much from person to person.

A strong constitution does not automatically guarantee a long life. Its quality does, however, influence a person's ability to cope with physical or mental illness and with other threatening situations. The constitution encompasses an individual's charisma and physique as well as more medical qualities, such as susceptibility to illness and infectious disease and the course taken by these maladies, including the healing process.

The *Divine Pivot* devotes several chapters to the subject of the human constitution. A passage in Chapter 6 states that the build of the body, the strength of the muscles, the elasticity of the skin, and the quality of the pulse make up the constitution of an individual.² In Chapter 72, five different types of people are analyzed with respect to their character, individual attributes, and constitution. For example, a person in whom the yin and yang are balanced is presented as quietly self-confident,³ and a person in whom the power of yin is dominant may exhibit a relaxed and reflective manner. Those who have this type of constitution often prefer calm activities, like reading, as opposed to physical activities, and their tongue bodies will be pale and swollen.⁴ Those in whom the power of yang is dominant often have an urge to move physically. A dominance of yang, with a tongue body that is often reddish or unusually long,⁵ can lead to headaches or inner restlessness. If someone with this constitution suffers from blazing Heart fire, denoted by a deep red tip of the tongue, he may present with inner restlessness and irritability. On the other hand, if the individual has a yin constitution and a red tongue tip, while the body of the tongue is pale and swollen, then the injury from Heart fire will not be as severe. Thus it is possible to deduce a person's disposition by referring to the tongue body color and shape, and this evidence can then be used to evaluate the course or outcome of an illness and to provide prophylactic action to strengthen a particular constitution or conserve the balance of energies. For this reason, the constitution is frequently mentioned in the case histories.

1.3 Tongue Signs as Aspects of an Energetic Whole

One purpose of this book is to dispel dogmatic thinking about the interpretation of tongue signs, an approach that is inappropriate in Chinese medicine. For example, a red tongue does not automatically indicate Kidney yin deficiency, nor does a rootless coating always imply Stomach or Kidney yin deficiency, any more than hot feet always denote Kidney yin deficiency. It should therefore be apparent that, in Chinese medicine, one sign or symptom is not enough to establish a diagnosis or treatment strategy. The relationship among the vitality, nature, and emotional background of the patient, as well as the various signs and symptoms, must all be considered as a whole. The tongue signs are but one element of the diagnosis in that they often reflect the contours of the energetic structure of the body.

Most of the case histories in this book, especially those involving chronic and/or serious illnesses, clearly demonstrate that many different patterns can appear simultaneously. These patterns influence the pathology in varying degrees. Clinical practice shows that a 'pure' pattern rarely exists. For example, it is unusual for a patient to suffer from a pattern of Spleen qi deficiency alone. Rather, it is more likely that they will also have, for example, Heart blood deficiency and an accumulation of heat toxin, both of which may play an important role in the patient's illness. Evaluating diverse disease mechanisms often poses a challenge for the practitioner, and it is here that

tongue diagnosis becomes an important aid in reaching a more precise diagnosis. Thus an additional purpose of presenting the case histories is to show the various facets of the overall pathomechanism and to demonstrate the different layers of the disease process.

It is noteworthy that during an acute illness, the localization, color, and consistency of the tongue coating is more significant than the color and shape of the tongue body. These findings are especially important when an externally-contracted pathogenic factor is responsible for the illness, an issue that is discussed at greater length in Ch. 9.

Each case history includes a diagram that identifies the proposed patterns of disharmony that have contributed to the energetic imbalance, that is, the overall pathomechanism. The diagrams show the individual patterns of disharmony—with the dominant pattern or patterns clearly demarcated in bold type—and their interrelationships. This is followed by an analysis of the primary disease-inducing mechanisms, which explores their relationship to the findings on the tongue.

Several case histories are included here where a patient's progress could not be followed after the initial treatment, or where the patient declined to continue treatment. There are also examples of patients whose complaints have not been treated successfully, which, of course, is part of everyday life in the clinic, but I have chosen to include these histories because of remarkable tongue signs or unusual pathomechanisms.

In the treatment strategy section of the case histories, Chinese herbal prescriptions and combinations of acupuncture points are mentioned in order to show the actual steps that were taken to deal with the pathomechanism. Because they are not included for instructional purposes in the practice of Chinese pharmacology or acupuncture, they are not explained in much detail.

1.4 The Limitations of Tongue Diagnosis

It must be emphasized that tongue diagnosis represents just one of the diagnostic techniques in Chinese medicine. Occasionally, findings based on tongue diagnosis have less meaning than other signs. This is also true of pathologies originating from an accumulation of phlegm, the presence of which is sometimes difficult to detect by tongue diagnosis. In this case, pulse diagnosis is often more accurate. Occasionally, the tongue bears signs of injury to the yin or fluids from a previous illness, but these signs do not play an important role in the new or acute illness.

In addition, tongue diagnosis cannot be used to identify the specific location of damp-heat in the lower burner. The posterior third of the tongue reflects the energetic state of the lower burner, which includes the Kidneys, Bladder, and Small and Large Intestines. A yellow, thick coating on the posterior third of the tongue reflects damp-heat in one or more of these organs. The coating denotes the strength and quality of the existing damp-heat. However, its precise location can only be determined from the symptoms. Pulse diagnosis, in this case, is much more accurate since the individual pulse positions will reflect the state of each of the above-mentioned organs.

Nor is the gravity of an illness always discernible on the tongue. The frequently asked question about why seriously ill people can have a 'good' tongue or seemingly healthy people can have a 'bad' tongue cannot always be answered satisfactorily. In the elderly, a very red tongue body is not unusual. Here the tongue body color does

not always signal a serious pathology, but instead reflects the physiological decline of yin in old age. In addition, blue, distended sublingual veins, or bluish spots on the tongue body, are common in those over the age of seventy. They are less meaningful than they would be if presented in a younger person, since the elderly have a tendency to develop blood stasis due to the physiological weakening of qi and blood that comes with age.

In this context it is worth mentioning the relationship between blood stasis and cancer. Many practitioners equate distended sublingual veins or blue spots on the tongue body with a tendency to form knots or cancerous lumps. This is not so! By themselves, these signs merely signal that the circulation of qi and blood in the body has slowed down. Again, a pattern of blood stasis can only be properly diagnosed based on *all* the signs and symptoms.

It is important to note that Chinese medicine is extremely accurate when diagnosing patterns of disease and constitution but is inferior to Western medicine in diagnosing cellular processes. This would suggest that practitioners of Chinese medicine are unable to diagnose illnesses defined by biomedicine using tongue and pulse diagnosis. But surely, over time and with plenty of experience, it should be possible to make an educated guess at the corresponding diagnosis.

Empirical experience, years of clinical practice, and intuition are equally important in the formulation of a diagnosis. Applying the four diagnostic techniques of Chinese medicine sharpens the perception when treating energetic disturbances. In my own practice, I have found that tongue analysis alongside other diagnostic techniques accurately reflects not only the pathomechanism of an illness, but also the underlying constitution of the patient. Besides the pulse, tongue diagnosis is, in my view, one of the most important diagnostic techniques in Chinese medicine.

1.5 How to Read This Book

This book is written for the benefit of practitioners of Chinese medicine. Each chapter stands as a self-contained unit, with an extensive discussion of the theory needed to understand the material presented in the case histories. At the beginning the reader will find typical signs of disharmony for a particular *zāng* or *fǔ* organ. The cases at the end of each chapter include a list of signs, symptoms, and background to the disease; the history of the patient; an analysis of the case; and the treatment strategy used to treat the patient.

Items of special interest are highlighted in italics or bold letters.

As noted above, a diagram accompanies many of the case histories which illustrates the pathomechanism in the case. The heavier lines and arrows represent the primary disease factor or pattern. The regular lines represent supporting patterns, or those which develop from the primary pattern, and the broken lines represent patterns which are indirectly related or caused by the other patterns. The underlying causes of the disorder are often highlighted in bold.

- Ch. 1 discusses the fundamentals of Chinese tongue diagnosis: the topography of the tongue and how to do an inspection, as well as the basic elements of tongue body color, shape, and coating.
- Ch. 2 focuses on Spleen qi deficiency, which is denoted by pale and swollen

tongues, leading to blood deficiency, or where Spleen qi deficiency is accompanied by deficiency of Kidney essence, source qi, and/or Kidney yang.

- Ch. 3 focuses on patterns of Kidney yin and/or Kidney essence deficiency that occur either alone or as part of a combined pattern.
- Ch. 4 focuses on disharmonies of the Stomach where yin deficiency plays a major role in the pathomechanism, or where there is blockage of the middle burner as a result of an attack by acute external cold. For the former, additional factors include other patterns of deficiency or patterns of excess such as heat in the Stomach, phlegm-heat in the Stomach, accumulated food, or Liver qi stagnation.
- Ch. 5 focuses on disease patterns of the Lungs. The sequence of the photographs is structured to show the development from a pattern of Lung qi deficiency to one of Lung yin deficiency, not the severity of the condition.
- Ch. 6 focuses on pathologies of the Heart that contain predominantly patterns of deficiency or patterns of excess. There is an additional focus on tongue signs that reflect pathologies of the Heart that are characterized by either a constitutional disharmony or an acquired disease pattern.
- Ch. 7 focuses on various manifestations of Liver pathologies such as qi stagnation, ascending Liver yang, Liver fire, or Liver blood deficiency.
- Ch. 8 focuses on blood stasis. There is also a discussion about the diagnostic use of sublingual veins. The relevance of distended veins to ‘masses’ in the body and to chest pain is also discussed.
- Ch. 9 focuses on the tongue signs associated with heat or damp-heat.
- Ch. 10 focuses on different aspects of tongue coatings, including wet and slippery, greasy, dry and white or yellow, and black or gray.
- Ch. 11 considers a range of special tongue signs, among them cracked, tofu-like, patchy, black and hairy.
- Ch. 12 looks at how the tongue changes over the course of treatment with acupuncture and herbal medicine.
- The index to this book will be most helpful in one’s search for particular tongue signs or combinations of signs, disease patterns or pathomechanisms, specific symptoms, and biomedically-defined disorders.

Endnotes

- 1 The term ‘constitution’ in this book refers to the quality of an individual’s qi, blood, yin, yang, Kidney essence, and source qi. It does not refer to a constitution based on the five elements.
- 2 Anonymous. *Huang di nei jing ling shu yi shi* [Translation and Explanation of the Yellow Emperor’s Inner Classic: Divine Pivot], edited by Nanjing College of Traditional Chinese Medicine, Traditional Chinese Medicine Department. Shanghai: Shanghai Science and Technology Press, 1997: 6:62.
- 3 *Ibid.*, 72:435.
- 4 An imbalance in favor of yin can reduce the activity of yang and impair the circulation of qi and blood to the tongue. This is discussed in Ch. 2.
- 5 An excess of yang can move the blood and fluids too much, resulting in the discoloration and change in the shape of the tongue body.

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4.1.4 Stomach Patterns and Shiny Tongues

These tongues have no coating. The entire tongue body appears very smooth, as if the skin has been peeled off. This gives the impression of a sheen due to the fact that the tongue papillae have atrophied, but in reality the tongue is dry. The tongue body, accordingly, often shows cracks and dryness and may even be contracted. This tongue type is characterized by the fact that the tongue papillae completely disappear, thus making it look like a mirror. The papillae on the tongue depend on the true qi (*zhēn qì*) and the fluids and yin of the internal organs for nourishment. If the fluids and yin dry up, qi also diminishes, and the tongue, particularly the papillae, will not be properly nourished. The papillae become smaller and smaller, and then disappear altogether until the tongue surface is shiny like a mirror.¹⁰

It is thus clear that the origin of this type of tongue is not only a deficiency of fluids and yin, but also of qi. The shiny tongue accordingly represents a combined pattern of qi and yin deficiency. As expected, the tongue body color and coating (if there is one) will then show which pathology predominates.

Tongue signs

- pale shiny or mirror tongue: severe deficiency of blood due to a long-standing deficiency of Spleen and Stomach qi.¹¹ In this case, the Stomach qi is too weak to build a new coating, and the blood deficiency is so severe that the tongue is no longer moistened.
- pale red, dry, and shiny tongue body: deficiency of qi and yin in addition to the presence of heat
- center of the tongue is visibly shiny: Stomach yin deficiency
- red or dark red, shiny tongue: Stomach and Kidney yin deficiency as well as a severe lack of body fluids. This tongue type is often present in the terminally ill, that is, in the terminal stages of cancer, liver cirrhosis, or tuberculosis. This stage of an illness is characterized by severe deficiency of fluids and yin, which is reflected in the shiny tongue. If this type of tongue develops during an illness, the condition of the patient can be expected to deteriorate.
- red and painful mirror tongue: deficiency of yin with blazing fire
- dark and purple mirror tongue: stagnation and obstruction of qi and blood

Tongue description -----

Pale red, *shiny tongue*
 Slightly red, swollen sides
 Tofu-like, thin coating on the left side of the tongue

Chinese diagnosis

Severe Spleen and Stomach qi deficiency with deficiency of fluids
 Heat in the Liver
 Dangerous exhaustion of yin

Symptoms

Shortness of breath
 Severe exhaustion
 Weight loss
 Lack of appetite

Western diagnosis

Breast cancer

Background to disease

Unknown



Fig. 4.1.4.1
 Female
 72 years old

Tongue description -----

Reddish, shiny tongue
 Small cracks in the anterior third
 Tofu-like, thin coating on the left side of the tongue

Chinese diagnosis

Lung qi and yin deficiency, Kidney yin deficiency
 Lung yin deficiency
 Dangerous exhaustion of yin

Symptoms

Shortness of breath
 Dry cough
 Pain in the chest
 Intense thirst
 Night sweats
 Headache
 Exhaustion

Western diagnosis

Bronchial cancer

Background to disease

Cigarette smoking for 40 years



Fig. 4.1.4.2
 Male
 73 years old

Tongue description ----- **Chinese diagnosis**

Reddish, *shiny*, without coating
Swollen anterior third

Severe Stomach and Kidney yin deficiency
Accumulation of phlegm-heat in the Lungs

Fig. 4.1.4.3
Female
75 years old

**Symptoms**

Shortness of breath
Chronic cough with expectoration of scant, thick, yellow sputum
Dry stools
Belching
Lack of appetite

Western diagnosis

Chronic bronchitis
Emphysema

Background to disease

Cigarette smoking for over 40 years

Tongue description ----- **Chinese diagnosis**

Dark red, *shiny*, slightly thin, without coating

Severe Stomach and Kidney yin deficiency

Fig. 4.1.4.4
Male
83 years old

**Symptoms**

Insomnia
Frequent urination at night
Acute back pain

Western diagnosis

None

Background to disease

None known, except perhaps old age

4.1.5 Patterns of Excess Relating to the Stomach and the Tongue

Heat in the Stomach—often caused by an overconsumption of spicy or fatty foods, abuse of alcohol, caffeine and nicotine, or the taking of certain medicinal or hallucinogenic drugs like glucocorticoids, antiphlogistic agents (which counteract inflammation and fever), or cocaine—will injure the fluids in the Stomach. Over the long term, this will injure the Stomach yin (Fig. 4.1.2.5). Stomach heat can evolve into Stomach fire. Both of these injure the fluids in the Stomach and thus the Stomach yin. Intense heat in the Stomach can brew the fluids, promoting the development of phlegm-fire in the Stomach. The formation of this pattern is exacerbated by smoking and frequent eating of hot, spicy foods.

Tongue signs

- thick, greasy, and yellow coating
- very dry, thick, greasy, and yellow coating: If fire is the dominant aspect of phlegm-heat, there will be excessive heat and injury to the fluids. Because of the close connection between the Stomach and Large Intestine, the heat will affect bowel movements, resulting in dry and hard stools and constipation. Excessive heat in the yang brightness Stomach and Large Intestine channels is also responsible for bleeding gums, toothache, and facial pain (Figs. 4.1.5.1 and 4.1.2.8).
- very thick, greasy, and yellow coating: If phlegm is the dominant aspect of the pathology, a feeling of fullness or tightness in the stomach may be experienced, and thirst will be less pronounced. Phlegm-fire in the Stomach can agitate the Heart, which in mild cases will manifest as insomnia and in severe cases as mental illness (Fig. 4.1.5.2).
- midline crack covered by a yellow, dry, greasy coating (Fig. 4.1.5.3).
- furry coating that is either grain-like or thick (Fig. 4.1.5.3) occurs when phlegm and fire combine in the Stomach. The intensity of the phlegm-fire in the Stomach and the ensuing injury to the fluids will be reflected in the nature of the coating.
- greasy, white, grayish, or yellow coating, usually located in the center of the tongue: This type of coating suggests food stagnation.
- a white, thick, and, in more serious cases, black and wet coating reflects the penetration of externally-contracted cold to the Stomach. This sign is generally accompanied by acute digestive problems (Fig. 4.1.5.4). An attack on the Stomach by externally-contracted cold can result in vomiting, diarrhea, and stomach cramps. External cold blocks the normal descent of the Stomach qi, which causes the nausea and vomiting. The resulting stagnation of qi in the middle burner, particularly in the Stomach, causes severe stomach cramps.
- a bluish color at the center of the tongue reflects impaired circulation of the qi and blood in the Stomach (Fig. 8.2.3). It is characterized by a piercing, stabbing pain in the epigastrium.

6.4 Tongues with a Long, Vertical Crack in the Midline

A crack in the midline of the tongue is often seen as an indication of Stomach yin deficiency. The crack appears in the middle third of the tongue and is very often deep and wide. Constitutional weakness of the Heart can also present with a deep midline crack. This crack, however, is much longer than the former. It starts in the posterior third and runs to the tip or just short of the tip. If the tongue body color is pale red or normal, and if the crack is thin, there may be no pathology. The crack may simply indicate that there is possible constitutional weakness of the Heart. If, however, the tongue body is very red and the midline crack is very deep, Heart fire is probably present. In this case there will also be restlessness, irritability, palpitations, and mouth ulcers. If the crack is covered by a yellow, greasy coating, phlegm-fire is agitating the Heart. In this case the patient will exhibit restless agitation, a bad temper, and manic behavior. Finally, a red tongue body with a rootless or peeled coating in conjunction with a long, vertical midline crack indicates deficiency of Heart and Kidney yin.

A constitutional weakness of the Heart does not mean an organic weakness of the Heart. In those with this tongue type there is a tendency toward certain types of mental or emotional discomfort: frequent attacks of melancholy and crying spells, emotional instability, fearfulness since childhood, depression. However, with an appropriate lifestyle, there may be no symptoms at all. Great care must be taken, therefore, when assessing the significance of this crack.

Tongue description

Reddish, slightly swollen
Long, vertical crack in the center with slightly yellow, thin, greasy coating

Chinese diagnosis

Spleen qi deficiency (accumulation of dampness)
Constitutional heat in the Heart with phlegm-heat in the Stomach

Fig. 6.4.1

Female
35 years old



Symptoms

Sudden vertigo
Trembling of the entire body
Numb areas in the extremities
Severe feelings of fear
Tendency to catch colds

Western diagnosis

Chronic fatigue syndrome

Background to disease

Physical and mental demands of competitive sports

Tongue description ----- **Chinese diagnosis**

Reddish
 Red edges
 Long, vertical crack in the center with a red tip
 Yellow, thin, greasy coating

Normal
 Heat in the Liver
 Heat in the Heart
 Accumulation of damp-heat

Symptoms

Inability to stay asleep
 Hot feet at night
 Occasional night sweats
 Headaches
 Tightness of the neck muscles
 Blocked sinuses

Western diagnosis

Uterine fibroids
 Allergic rhinitis

Background to disease

Long-standing emotional problems



Fig. 6.4.2
 Female
 38 years old

Tongue description ----- **Chinese diagnosis**

Slightly pale and thin
 Slight teeth marks
Curled edges
Long, vertical midline crack
 Indentation and reddening of the tip
 Red points on the anterior third

Spleen qi deficiency → blood deficiency
 Spleen qi deficiency
 Liver qi stagnation
 Constitutional disharmony of the Heart
 Heart blood deficiency
 Penetration of acute, externally-contracted wind-heat
 Slight injury to the fluids in the Lung
 Heat in the Stomach and Large Intestine

Whitish, dry, slightly greasy coating
 Light yellow coating in the center

Symptoms

Irritability
 Mental and physical exhaustion
 Restless sleep
 Feeling of tightness in the chest
 Mood swings
 Lack of appetite, constipation
 Itching of the eyes and palate
 Sneezing fits

Western diagnosis

Allergic rhinitis, depression

Background to disease

Difficult separation from husband
 Excessive brooding

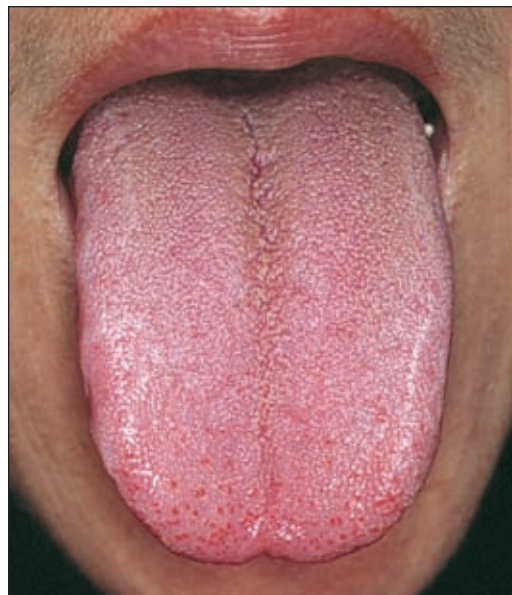


Fig. 6.4.3
 Female
 44 years old

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8.2 Partial Bluish Discoloration of the Tongue

Blood collects in every tissue and organ. Insufficient movement of qi through the organs, especially the Heart, Liver, Stomach, and Womb, contributes to the development of blood stasis. Occasionally, isolated bluish spots or points are visible on the tongue surface. They are a sure sign of blood stasis (Figs. 8.2.1 and 8.2.2). In this context, it is important to note that the location of the bluish spots on the tongue does not necessarily correspond to the area of blood stasis in the body.

Tongue signs

- red-blue tip of the tongue or bluish or dark red spots: long-standing heat contributes to blood stasis in the Heart
- pale bluish tongue or bluish or dark blackish spots: Heart yang deficiency leading to Heart blood stasis
- bluish discoloration on the sides of the tongue with a pale or pale red tongue body: long-standing Liver qi constraint leads to Liver blood stasis

Thus, Liver blood stasis can, on the one hand, cause sudden nosebleeds, and on the other hand, a delayed menstrual cycle. The Liver has a close relationship to the Conception and Penetrating vessels. Liver blood stasis may thus affect the functioning of these vessels, which will manifest as intense pain before and during menstrual bleeding. The same mechanism can be found in the formation of uterine fibroids, as these benign tumors correspond in Chinese medicine to congealed and stagnant blood. Distended sublingual veins and a dent at the tip of the tongue (see Section 6.1.2.) are, in my opinion, frequently seen tongue signs in women who suffer from this pathology. Interestingly enough, bluish discoloration of the sides of the tongue appears very seldom in these cases, even though this area does reflect Liver function, and the formation of uterine fibroids is strongly connected to Liver blood stasis and stagnation in the Penetrating vessel.

- red tongue body with bluish sides: heat in the Liver causing Liver blood stasis. In this case, heat thickens and clumps the blood. In patients with chronic hepatitis B or C, the sides of the tongue are frequently red and curled up because of the heat in the Liver. If the sides should take on a dark red or bluish color, the pattern of Liver blood stasis has developed in these patients. One study found that this often coincides with the beginning of cirrhotic changes in the liver cells.⁴

Another investigation showed that blue areas on the side of the tongue point to liver pathology, but it is not possible to deduce from the appearance of blue spots that malignant tumors are present.⁵ Nevertheless, one should note the intensity of the color of the blue spots as well as other signs to garner an indication of the severity of the illness.

- bluish center of the tongue: blood stasis in the Stomach

Tongue description -----

Pale and short
Bluish tongue body
Bluish area at one edge
 Slightly reddish tip
 Light yellow, dry coating

Symptoms

Ulcer in the palate
 Bluish discoloration of the nose and chin
 Yellow-brownish scales inside the auricle with
 itchiness
 Retrosternal pain on exertion
 Exhaustion
 Insomnia
 Lack of appetite
 Soft, smelly stools

Chinese diagnosis

Spleen qi deficiency
 Blood stasis
 Blood stasis
 Heat from deficiency of the Heart
 Retention of damp-heat in the middle burner

Western diagnosis

Systemic lupus erythematosus

Background to disease

Abuse of caffeine, nicotine, and marijuana
 Irregular lifestyle
 Long-standing emotional problems
 Overworked

Fig. 8.2.1

Female
 33 years old



Tongue description -----

Pale red, bluish, slight teeth marks
 Reddish blue sides on the posterior third
Raised, dark red spot

Chinese diagnosis

Heart qi deficiency and blood stasis
 Heat in the Liver with blood stasis
 Liver blood stasis

Symptoms

Constricted feeling in the chest
 Shortness of breath with labored breathing and sweating, aggravated by stress and anger
 Palpitations
 Occasional stomach pains with epigastric fullness

Western diagnosis

Stenosis of the coronaries
 Irregular cardiac rhythm

Background to disease

Excessive consumption of fatty foods
 Repressed emotions



Fig. 8.2.2

Male
 58 years old

Tongue description -----

Reddish, swollen

 Reddish-blue center of the tongue
 Thin vertical crack with small horizontal cracks
 Left half of tongue swollen

Chinese diagnosis

Retention of damp-heat in the middle and lower burners
 Blood stasis in the Stomach
 Slight Stomach yin deficiency
 Stagnation of qi, blood, and dampness in the channels

Symptoms

Heartburn
 Stomach pains
 Constipation or dry stools
 Painful legs
 Sleeping problems

Western diagnosis

Hiatus hernia
 Chronic gastritis
 Arterial obstruction of both lower legs

Background to disease

Excessive worry for many years
 Excessive consumption of sweet and fatty foods

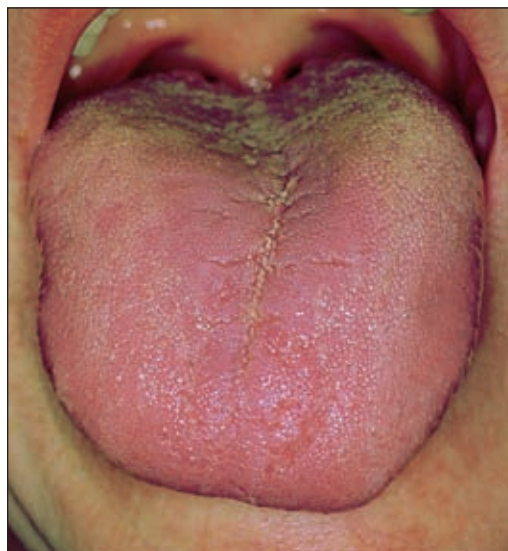


Fig. 8.2.3

Female
 61 years old

| Tongue description ----- | Chinese diagnosis |
|---|-----------------------------------|
| Slightly pale | Spleen qi deficiency |
| <i>Bluish tongue body</i> | Blood stasis |
| <i>Bluish spots on one edge</i> | Blood stasis |
| Curled-up edges | Liver qi stagnation |
| Whitish, light yellow, greasy coating | Retention of phlegm |
| Symptoms | Western diagnosis |
| Stabbing pains in the chest | None |
| Cough with expectoration of thick, whitish phlegm | Background to disease |
| Sensation of heaviness of the body | Long-standing overwork |
| Exhaustion | Improper Chinese herbal treatment |
| Lack of appetite | |
| Hot lower legs and feet | |

Fig. 8.2.4
Male
51 years old



About this case history

This case was chosen not only to illustrate the outcome of improper treatment with Chinese herbs, but for the prominent markings (petechiae) at the edges of the tongue.

CASE HISTORY The patient, a massage therapist, had a strong build but was overweight. He had been taking Chinese herbs for a year to alleviate the sensation of heat in his lower legs and feet. A colleague had prescribed Six-Ingredient Pill with Rehmannia (*liù wèi dì huáng wán*),⁶ a prescription to enrich the Kidney yin. He took high doses in tablet form for about six months. During this time he felt worse. He developed a loud cough and expectorated profuse amounts of whitish, thick phlegm. He grew more and more tired, his body started to feel heavy, and his appetite declined. At the same time, he began to suffer from stabbing retrosternal pains at fairly regular intervals. There were no discernible factors that triggered the onset of this pain.

The patient's digestion was normal, although he indicated that he ate erratically and that he preferred creamy foods. He worked 14-hour days but loved his job. He would not rest and disliked holidays. He had a relaxed manner, but at the same time, there was an underlying tension. His pulse was slippery and strong.

Analysis. Hot lower legs and feet may develop from underlying Kidney yin deficiency. However, only when other signs and symptoms confirm this pattern of deficiency should Six-Ingredient

| | |
|--|--------------------------|
| Tongue description ----- | Chinese diagnosis |
| Pale | Spleen qi deficiency |
| Swollen sides | Spleen qi deficiency |
| Red edges | Heat in the Liver |
| <i>Yellow, thick, tofu-like coating</i> | Retention of phlegm-heat |
| Symptoms | |
| Bitter taste in the mouth | |
| Insomnia | |
| Irritability | |
| Lack of appetite | |
| Soft stools | |
| Nausea | |
| Western diagnosis | |
| None | |
| Background to disease | |
| Overconsumption of fatty and spicy foods | |



Fig. 10.2.3.5
Male
45 years old

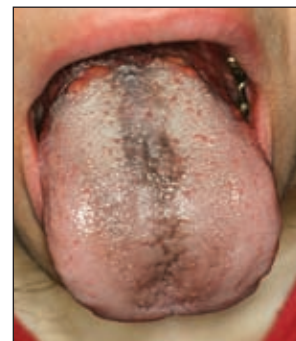
10.2.4 Black (or Gray) Coating

A gray or black coating is often an indication of a serious illness. As a rule, it is the result of a long-standing pathology. It indicates extreme heat as well as cold patterns of disease.

If the black coating is also slippery in appearance, it reflects a deficiency of Spleen and Kidney yang with excessive internal cold. If this type of coating is only visible at the center of the tongue, while the sides show the remains of a white coating, it is indicative of Spleen yang deficiency with the accumulation of cold-dampness.

If the black coating is dry and appears cracked, it can be assumed that there is a serious development in a persisting disorder. This type of coating indicates that the yin is declining, which may lead to its separation from the yang. The patient may be in danger since the black coating reflects the development of extreme heat that can consume the body fluids. The drier and blacker the coating, the more severe the exhaustion of yin and fluids.

A yellow coating at the sides and a black, greasy coating in the center of the tongue are indicative of extreme heat in the Stomach. A persistently yellow coating reflects the long-standing retention of damp-heat. Extreme heat in the Stomach burns the fluids and causes the black, burnt-looking coating. (*See also* Ch. 11, Special Tongue Signs.)



Tongue description ----- **Chinese diagnosis**

Reddish with red sides, contracted tongue body and tip

Black coating in the center and posterior third of the tongue, yellow at the sides

Heat in the Liver, Lungs, and Heart; injury to the yin in the upper burner

Long-standing heat in the yang brightness (*yáng míng*) channel with injury to the fluids

Fig. 10.2.4.1

Male
33 years old

**Symptoms**

Pain in the throat
Dry mouth
Feeling of heat in the nose
Occasional nosebleeds
Blocked nasal passages
Headache

Western diagnosis

Carcinoma of the nasopharynx

Background to disease

Smoked for many years
Possible environmental factors (pollution)

Tongue description ----- **Chinese diagnosis**

Red, swollen

Slightly pale sides

Deviating

Black, thick, greasy coating with dirty yellow coating at the sides

Retention of phlegm-heat

Slight Liver blood deficiency

Movement of internally-generated wind

Retention of phlegm-heat in yang brightness (*yáng míng*) channel

Fig. 10.2.4.2

Female
83 years old

**Symptoms**

Slurred speech
Constipation with hard, dry stools
Loss of memory
Inability to move left arm and leg

Western diagnosis

Apoplexy with left-sided hemiplegia

Background to disease

High blood pressure for 20 years

About this case history

The following case history is a good example of a yellow, greasy coating that thickens toward the root of the tongue. This is seen quite frequently and denotes retention of damp-heat in the lower burner. In relation to the location and severity of the patient's complaints, the color and nature of the coating can contribute to an understanding of the predominance of heat or dampness, which of course will influence the composition of the herbal formula prescribed in treatment.

Tongue description

Slightly pale
Slightly curled-up edges
Light yellow, greasy coating from the center to the root
Light yellow, thin coating with red points at the root

Chinese diagnosis

Spleen qi deficiency
Liver qi stagnation
Retention of damp-heat
Retention of damp-heat in the Bladder

Symptoms

Burning pain before and after urination
Urinary urgency
Dark, sparse urine
Irritability
Tiredness

Western diagnosis

Acute cystitis

Background to disease

Demands of work
Excessive consumption of fruit and salads

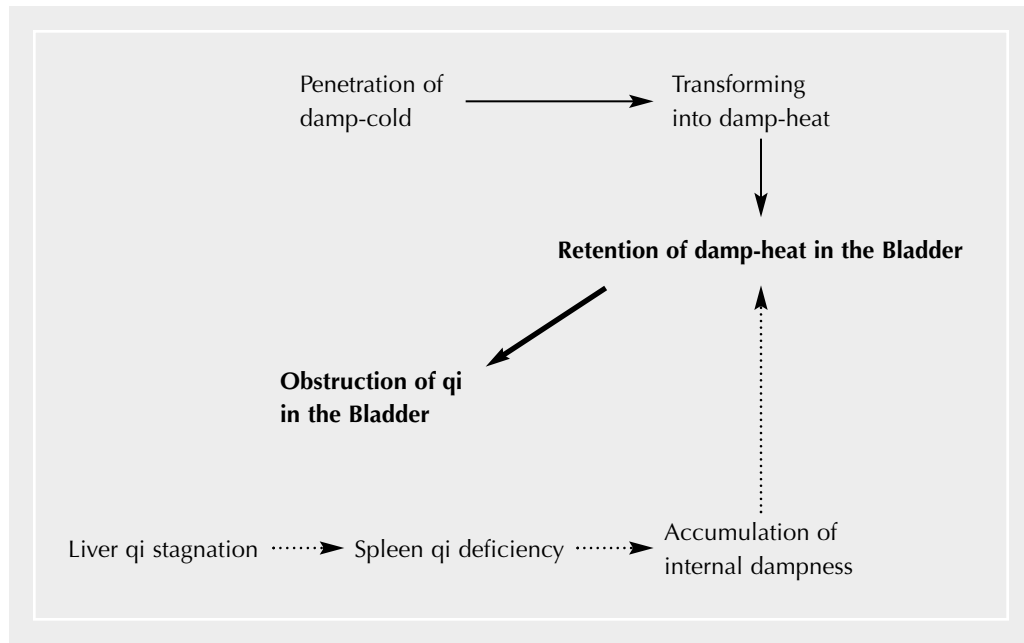
**Fig. 10.2.4.3**

Female
43 years old

CASE HISTORY The patient presented with acute symptoms. The evening prior to visiting the clinic she felt a drawing sensation in her bladder. She woke in the morning with strong pains and a burning sensation before and during urination. She had an urgent need to urinate, which caused pains in her lower abdomen. She passed small amounts of dark, turbid urine. She had no fever. A urine test revealed the presence of nitrates. Although she was not thirsty, she forced herself to drink a large amount of fluids. Her bowel movements were normal. This was her second bout of cystitis within three months, and she could not find a cause for this recent bout. The first infection had been successfully treated with antibiotics; it was triggered by getting cold, wet feet. In general, she felt well, although she was often tired and irritable due to her workload. Her pulse was rapid and slippery.

Analysis. This is an example of heat-induced painful urination syndrome. The acute onset, burning pain, and the urgency to urinate characterize this condition of excess in the Bladder. The degree of yellow discoloration and the greasy texture of the tongue coating implicate both dampness and heat equally in the acute bout of cystitis. The light yellow coating, by itself indicative of both dampness and heat, covers the entire tongue body. This coating has a greasy texture that reflects an accumulation of dampness, possibly caused by overconsumption of fruit and salads. The large, red papillae at the root of the tongue indicate heat in the lower burner, further implicating heat as a major factor in this case.

Pathomechanism



The patient complained of a drawing sensation prior to the onset of the acute infection. This reflects the effect on the movement of Bladder qi by damp-heat. The damp-heat obstructs the qi mechanism in the Bladder. The turbidity of the urine reflects the inability of the Bladder qi to transform the turbid fluids. The damp-heat in the lower burner obstructs the flow of qi, which is responsible for the pain in the lower abdomen. Heat, as reflected in the papillae and in the rapid, slippery pulse, parches the fluids, resulting in sparse and dark urine, in the sense of urgency to urinate, and in the burning sensation.

The curled-up edges of the tongue denote an underlying pattern of Liver qi stagnation. Since the patient's irritability is the only corresponding symptom, this pattern is not considered to be the cause of the acute infection, especially since the first bout of cystitis was caused by damp-cold transforming to damp-heat in the Bladder. Antibiotics, administered three months before, were effective in eliminating acute heat. However, some pathogenic factors, usually dampness and residual heat, often remain behind. In this case, it is possible that the remnants of damp-heat in the Bladder are the cause of the acute condition.

The patient's constitution is good. The tongue body does not show any significant signs apart from the curled-up edges, which indicate constraint of Liver qi. This, in combination with an inappropriate diet, may have slightly impaired the Spleen's transportive and transformative functions. Neither the tongue nor the pulse reflects Spleen qi deficiency.

Treatment strategy. Clear the heat, drain the dampness, regulate the Bladder qi, and regulate the urination.

For two days a modified version of Eight-Herb Powder for Rectification (*bā zhèng sǎn*) was prescribed. *Mù tōng* (Akebiae/Clematidis/etc. Caulis) and *Dianthi Herba* (*qú mài*) were removed from the formula, and *Dioscoreae hypoglaucae Rhizoma* (*bì xiè*) was added. For 12 hours after taking this decoction, the urge to urinate and the burning pain were reduced. However, she did have strong diarrhea. On the third day, she felt a slight drawing sensation in the bladder. A subsequent urine test was negative.

Endnote

- 1 Be aware that brushing one's tongue will eventually lead to a dry and rough tongue surface.