

AWARENESS

As expressed in my previous volume, *Concepts*, we seek to discover, diagnose, and return to health an individual with a condition, and help him learn to maintain his health through a different Lifestyle. The rest of this book describes the fundamental concepts behind the process that constitutes the main body of this text: the acquisition, assessment, and management of a single individual. The engagement of a mutual working relationship - spiritually as well as physically - with the patient is fundamental to the success of these goals. To accomplish this, practitioners must experience, see, hear, and understand the authentic person by Asking, Looking, Listening, Touching, and Intuiting the patient.

The underlying purpose of the Acquisition process is to create an environment within which another human being can feel safe enough, and encouraged enough, to be able to express who he really is. Since it is rare in life for anyone to feel safe enough to do this, most people are not aware of their inner being, and the experience of the Acquisition process can become a revelation, and an awakening of self-awareness. I found, from the beginning of my career in Chinese Medicine nearly fifty ago, that the needles enhance awareness: self-awareness especially, and also that of others.

AWARENESS & AWAKENESS IN CHINESE MEDICINE

RATIONAL

It is my thesis that self-awareness (awakening) is the primary goal, and potential accomplishment, of Chinese Medicine. Indeed, this is the opinion of most of the patients I have encountered therapeutically in my many years in practice. The awakening comes in all areas of life, from the most intrinsic knowledge of self, to changes in Lifestyle.

which spawned the original Chinese medicine, have begun to show consistencies in pulse diagnosis. The ‘ceiling dripping’ Scattered pulse of Aids, the various Qi Wild pulses related to Multiple Personality Disorder and Sexual Abuse, the massive increase in the appearance of the Choppy quality in conjunction with the rise in environmental toxicity, and the Leather-Hard quality so consistent with exposure to radiation, are among the recently-identified syndromes which seem to have characteristic pulse pictures. Hopefully, with a thorough knowledge of the pulse gained through dedicated study, practitioners will be equipped to explore new worlds, expand the purview of Chinese medicine, and serve future generations.

THE NORMAL PULSE

The Normal pulse is a sensitive and precise measurable standard of health; it is our “gold standard”. It enables us to detect early deviations from health, and in doing so, provides us with a preventive medicine. These capabilities are almost entirely lacking in our modern health care system. Deviations from the Normal pulse can reveal a huge amount of detailed information about a patient, but it is essential that we do not lose sight of the overall picture in all of this detail.

PULSE PERSPECTIVE: BROAD

I cannot overemphasize the importance of concentrating first on large segments of the pulse, in order to access and understand the most immediately significant issues for the patient. Of course, one must always remember that each patient is an individual, with conditions and symptoms similar, but not identical, to those of any other individual.

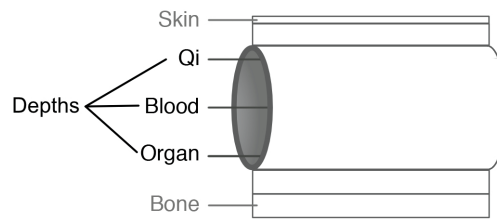
Therefore, please be prepared for exceptions to the following.

The broader segments of the pulse include the Rhythm, Rate, Stability, as well as uniform qualities found on the entire pulse, at one or another Burner or on one whole side (left wrist or right wrist). They also include the Qi, Blood, and Organ Depths on the entire pulse.

THE DEPTHS

In Chinese medicine, we could consider that there are two main 'styles' of radial pulse diagnosis (although many variations): one involving two depths, and another involving three (or more). There is no need to change from whichever style you use in order to make use of the material in this book.

As far as this introduction goes, an understanding of the depths of the pulse is a necessary starting point. The ability to evaluate the various depths of a pulse means we can discern, for example, whether or not a pulse is Deep, Superficial, or Empty.



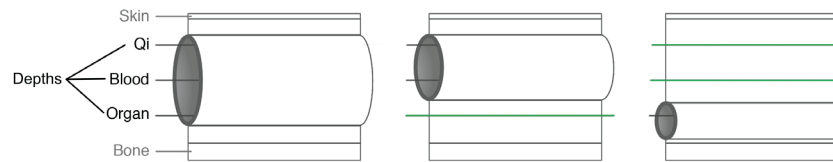
The pulse system I use has, in modern times, been called Contemporary Chinese Pulse Diagnosis (CCPD), but is sometimes known as the Shen-Hammer system. It originates from the famous Menghe-Ding lineage in China and is a pulse system comprised of eight depths. For the purposes of this book we will consider three of those - Qi, Blood, and Organ - and also mention a fourth that is above the Qi Depth and is often referred to as simply that: 'Above the Qi Depth', or sometimes the 'Floating Depth' and 'Cotton Depth'.

A Depth Can Have No Qualities

Dr. Shen taught that each Depth is found at a predetermined location, using a predetermined amount of finger pressure (adjusted by tiny wrist movements). This approach allows for a specific Depth to have no qualities at all.

For example, in the diagram below, the third pulse picture is considered a Deep pulse because, when using the correct amount of finger pressure to access the Qi and Blood Depths, nothing can be felt there; it is only when pushing deeper, in

order to access where the Organ Depth is located, that a pulse can be felt.



In the second picture, a pulse can be felt at both the Qi and Blood Depths, but at the Organ Depth no pulse can be felt; we call this a stage I (early stage) Empty pulse. Were the Blood Depth also absent (meaning we could only feel the pulse at the Qi Depth), we would consider it to be a stage II Empty pulse. This configuration, the Empty pulse, is a sign of the 'Separation of Yin and Yang' indicating serious pathology-disharmony in the Organ represented by that position, or a much more serious condition if found in many or all positions (Qi Wild). This quality appears in several places on the pulse of the patient whose case is described in the following chapters.

The fourth Depth worth mentioning for the purposes of this book is more superficial than the Qi Depth. It is found by resting the fingers lightly on the skin, with no pressure. Referred to simply as 'Above the Qi Depth', this Floating Depth is a very important source of diagnostic information.

SEEING THE TREES AND THE WOOD

The tendency to focus on individual positions and qualities, rather than to look at the pulse in terms of the larger divisions, is an understandable, but regrettable, error in the teaching and practice of pulse diagnosis. The qualities of the smaller segments are less reliable signs until the larger picture is addressed clinically. It is, of course, vital to study in detail the individual positions and the individual qualities, but understanding and heeding the larger aspects of the pulse as a diagnostic tool is the key to therapeutic success.

If a practitioner is not able to encounter and deal with these broader aspects of the pulse and their messages, he may not be considering what is most immediately important to the patient. The larger focus is the most immediate

manifestation of a person's condition, and usually the most significant in terms of its effect on the entire organism.

With regard to the larger picture, Rhythm, Rate, and other parameters of Stability are clinical issues, which take precedence over any other quality, or combinations of qualities, in terms of diagnosis, management and treatment. Deviations from the normal range of these parameters of the pulse are generally the most critical of all signs in terms of seriousness of disharmony and order of treatment.

Any other finding will prove to be enduring despite treatment if Regularity, Stability and a normal Rate are not achieved first. Once an Irregular pulse is regulated, the other qualities and findings will probably change automatically.

STABILITY

By Stability, I mean the capacity of an organism to return easily to equilibrium after stress, and its capacity to maintain operational parameters within the limits of optimum function over time. In addition to being associated with the regularity of the pulse, Stability is also related to the steadiness of the amplitude and that of the pulse qualities themselves, as well as with the balance of yin and yang and the balance between pulse positions.

In terms of Stability, qualities in which yin and yang are in contact, and those in which they are not, need to be considered. One way of understanding deficiency is to distinguish between deficiency that occurs when yin and yang are in contact, and that which is more severe: those deficiencies that occur when yin and yang have separated. The qualities that fall under these two categories can occur on the entire pulse, or in one position.

An example of a quality in which yin and yang are still in contact is the Feeble-Absent quality. This is a sign of significant deficiency wherever it is found, whether in one position or on the entire pulse. A quality in which yin and yang are out of contact, or have separated, is the more-significant Empty quality (described above in 'The Depths').

When this quality occurs in only one position, it is a sign of extreme dysfunction of the Organ represented by that position. When the Empty quality is found on the entire pulse, yin and yang are out of contact in the entire organism. This condition is referred to as Qi Wild, and the patient is at

great risk for serious, debilitating diseases such as cancer, or a degenerative disease of the central nervous system.

While the Qi Wild state applies to the entire organism, qualities manifested by the separation of yin and yang' in one Organ will generate chaos throughout the total system, and eventually lead to an ultimate disorder of Stability, such that the 'Qi is Wild'.

The Qi Wild condition and the Separation of Yin and Yang are discussed in Chapters 9 and 10 of the previous volume in this series: *Contemporary Oriental Medicine: Concepts*.

Changing Qualities

Sometimes the pulse qualities literally seem to change under your fingertips: you may feel one quality, then it is replaced with another, then another, all within one instance of taking a pulse. When qualities change in this way, in one pulse position, it can be a sign of extreme dysfunction in the Organ represented by that position. When this phenomenon is palpated in many positions, these Changing Qualities can be a sign of a serious imbalance from which the patient is at great risk. I have often observed the latter in seriously mentally ill patients who are on heavy medications.

I say that they *can be* a sign of serious imbalance because of an experience described in my article "The Pulse and the Individual". In that article, I described a patient whose qualities were constantly changing but who was obviously neither physically nor mentally at risk. She also had a 'Split Pulse': a sign of preoccupation with death. I finally realized that the Changing Qualities were her organism's way of keeping me from knowing her. When confronted, she admitted that, although she did not want me to know, she was contemplating suicide in order to avoid getting old and decrepit like her parents, who had just come to live with her. She had felt the deception to be necessary not only because of me but also because she was a member of a close-knit group of women who she was certain would stop her if they knew of her intentions.

Changing Amplitude

Amplitude is the height to which the pulse is generated from Organ to Qi Depth or beyond, and is a measure of the yang force - which is roughly equivalent to basal metabolic functional heat - of the organism.

A high amplitude reflects a strong yang force, and a low amplitude is a mark of diminished yang force and diminished basal metabolic heat. Changes in Amplitude can feel like the pulse “drops away” from the fingertips and then returns, varying the height to which the beats rise. It can involve the entire pulse or specific areas.

When it is found on the entire pulse, this sign is indicative of Circulatory and/or Heart problems. In brief, we can say that they may be divided into two general categories: one in which the Changes in Amplitude are always present (the result of problems with Blood Circulation and the Heart), and the other, when the Changes in Amplitude are not consistently present (the result of problems with qi circulation and the Liver due to emotional fluctuations).

When found only in one position, Change in Amplitude is usually a sign of qi deficiency of the yin Organ associated with that position. (More rarely such changes are a sign of transition in the energy of that Organ or area, from better to worse, or vice versa.)

Rhythm

Rhythm is the most significant measure of Heart and Circulatory function. Instability in the Emperor (Heart) is tantamount to chaos in the empire, and anarchy among ministers and subjects. Unless Rhythm is attended to first, all other efforts may be in vain.

Irregularity of Rhythm is considered in terms of whether it occurs at rest or following exertion, whether the Rate can be obtained or is too chaotic to count, whether the changes in Rate are small or large, and whether any irregularity occurs constantly or occasionally.

For example, a pulse that misses a beat regularly and frequently, perhaps once every four beats, is a sign of more severe Heart qi, Heart Blood, and Heart yang deficiency than a pulse that regularly misses a beat, but only once every thirty beats, or one that misses beats frequently, but not regularly.

Rate

Classically, Rate has been correlated with internal and external conditions of Heat and Cold. Thus, a uniformly Rapid pulse is interpreted as a Heat condition, or hyperactivity from external Heat or internal Heat, and a uniformly Slow pulse is usually

indicative of a Cold condition and hypoactivity, again from external Cold or internal Cold.

The Rate of the pulse can increase considerably with acute external Pathogenic Heat invasion and with internal Excess Heat, and less with Deficient Heat in generalized yin-deficiency states. Rate decreases with acute External Pathogenic Cold, and decreases more consistently in internal chronic qi - and yang-deficiency conditions.

In my experience, however, alteration from a normal Rate is more often a sign of more significant and far-reaching processes than just Heat and Cold: it is most frequently associated with shock to the Heart and the Circulation.

Hence, changes in Rate at Rest are more often the result of a shock to the Heart. In the very young, it represents a shock to the Heart in utero, at birth, or in very early life. I found this in a patient who was resuscitated following a 'crib death', and who in later life developed a manic-depressive illness, primarily manic, that is very much a Heart-Triple Burner issue. Very often, these shocks are emotional. Children and even young adults who have been sexually abused have changes in Rate at Rest. Rough Vibration on the entire pulse on first impression, a Feeble/Absent Left Distal Position and large changes in Rate at Rest on a fifty-six-year-old Chinese woman led me to believe that she has experienced more than one severe shock. She had been in a building that collapsed during an earthquake, and more seriously was a victim of the Cultural Revolution.

When there are conditions of great deficiency, it is important to remember that the pulse can sometimes be very Rapid, especially with exertion, due to the instability of the qi, particularly the qi of the Heart. With Heart qi-yang deficiency, the rate will vary considerably, even over the period of a prolonged examination.

PULSE PERSPECTIVE: FOCUSED

The pulse system I use may, at first, look complicated, but students and practitioners generally find it easier to assimilate than other systems. It is a system that has developed over many centuries. However, since it is based on the radial arteries, and at its core, is a traditional system mentioned in many classic texts, anyone who already utilizes a different style of pulse diagnosis will recognize many aspects of this one.

MANAGEMENT FORMULATION

MANAGEMENT VS. TREATMENT

There is a very significant difference between what I term Management, and treatment. Treatment is the application of techniques, but Management involves the entire picture of a person's life: all the factors leading to his current conditions. Most importantly, it involves Lifestyle.

Dr. Shen constantly reminded anyone who was listening that “Chinese medicine in the life”. Lifestyle counseling, food diaries, and referrals to other medical practitioners for diagnosis and treatment - including psychological therapy - are all part of Management. However, Dr. Shen was equally capable of implicating conception, pregnancy, birth, and early infancy, and would question serious disharmony in young people by saying, “How can be: brand new?”

Regarding treatment, Dr. Shen and other Asian physicians regard treatment as part of the diagnosis. The greatest Japanese herbalist of the twentieth century, Keisetsu Ōtsuka, wrote in his book *Thirty Years of Kanpō*^{viii} that he sometimes prescribed multiple herbal formulae to patients before finding the correct one. While Dr. Shen was generally very successful, when the patient did not improve, Dr. Shen, speaking of Lifestyle, would point his finger at the patient, lean back and say in a loud voice, “Not my fault, what you do?” Nevertheless, he was not troubled by failure. He reassessed his diagnosis and focused his prescription in a different direction. Treatment is part of the diagnosis.

THE MANAGEMENT PROCESS

During the Acquisition process, we learn of a patient's symptoms and signs. During the Assessment process, we translate those symptoms into Chinese medical conditions, making a Symptom-Condition chart. We then build a Diagnostic Catalogue by organizing those conditions into

familiar Chinese medical patterns (Solid-Hollow Organs, Pernicious Influences, qi, Blood and Body Fluids, Blocks, habits, COM Concepts, etc.). As part of constructing that Catalogue, we demonstrate any links between the Conditions, the Signs, the History, and the Symptoms.

From the Summary of the Diagnostic Catalogue, it is possible to plan a strategy to address all of the pathologies discovered thus far. That strategy is the first part of any Management process, as Management really consists of two stages. The first involves devising a plan: I call this part Management Formulation. The second stage, I call Management Implementation, and it is there that I detail the tactics, or what exactly I, and the patient, will do to implement my strategy.

Management is what we are going to do (how we are going to treat and advise), as such is the third stage in our methodology, after Acquisition and Assessment. This is because we cannot work out what to do, without first learning what the situation is, and second making our assessment of it (as described above).

