

Tradition and Revision

By Leon Hammer, MD

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This paper can be summed up in a small story.

"A little girl once asked her mother why she cut off one end of the roast before putting it into the oven. The mother said, 'Because that's the way my mother, your grandmother, used to do it. We'll have to ask her'."

Off they went to grandmother's house, only to find that grandma did it because her mother did it. The three generations then traipsed off to great-grandmother's house in order to seek the wisdom of the ages. When posed with the question great-grandma simply chuckled, 'Why, dear, the pan was too small'."

Chinese medicine needs a new pan for a roast that has grown since ancient times in size and shape, a metaphorical roast that we call the industrial and information revolution. Man has not changed, but the forces that impinge on him have enormously, and the signs which had particular meanings at one time in history are no longer the same. The Tight pulse is no longer a sign of internal cold, in our time it is a sign of an overworking nervous system.

I. Introduction

With the initiation of the new PhD programs sweeping through the acupuncture community has come the need to create new programs to fill the additional hours which will be required. **Special positions are being filled in these schools to create and manage these programs.**

One of the tracks being developed for the PhD programs is the study of the classics. I have recently been a participant-observer in dialogues involving this seemingly innocent development in one area of Chinese medicine with which I am well versed, Chinese pulse diagnosis, and about which I wish to share my concerns. The following comments are restricted to the classics and Chinese pulse diagnosis. It is my impression that the following remarks are relevant as well to other aspects of the classics.

Before I continue, let me introduce myself. I have written Chinese Pulse Diagnosis: A Contemporary Approach published in November of 2001 by Eastland Press, which contains references to all known works in English available to me during the past ten years. I do not claim to be an academician. Therefore, these references have been reviewed by one editor who has advanced degrees in ancient Chinese language, which I believe makes him qualified to judge their accuracy and relevance.

My position on the classics is that they should be carefully studied. I have never discouraged anyone from this course. In fact it was my plan ten years ago before I was caught up with writing the pulse book to devote my old age to the quiet contemplation of my navel and all the classics

available in English, and perhaps carry forth concepts from my first book, DRRBF, based both on what I read and my own thoughts.

It would seem as difficult to assume a critical posture towards the study of the classics as it would to motherhood and apple pie. And yet there are dangers lurking there for the uninitiated which I wish to explore in this article.

What are the hazards? They fall into two principal categories.

II. The Dangers

A. The Classics Themselves

My first concern is with the classics themselves. There are two ancient paths in Chinese medicine. One involved the abstract and highly theoretical court medicine that spawned the books that come down to us through the ages as the classics. These have never reflected the second, the common practice of the time which was based on experience and that could not be recorded for posterity by the written word unless approved by the Emperor's court physicians.

In fact, the practitioners of the actual clan medicine that was handed down from one generation to another preferred the spoken, not the written word. Thus they jealously guarded the secret and pragmatic Chinese medicine which has served the Chinese people for several thousand years largely independent of the classics.

It is interesting that this distinction between practice and theory existed at every level of Chinese society. While the naïve, especially in the West, have always identified Chinese civilization with Daoism, Confucianism and later Buddhism, under this dignified and exotic outer crust, the actual guiding principles of Chinese culture and life, according to Joseph Campbell, was embodied in a very different philosophical approach to life. Beginning around the same time as the idealized and lofty Lao Zi and Confucius and culminating in the dominance of the Chin dynasty in 221 B. C., were the Legal Pragmatists. They eliminated chivalry from feudal China and to this day have ruled the Far East with the basic principal that he who gives a sucker an even break deserves what he gets. Pearl Harbor and the depredations of the Japanese Empire in China and the Pacific are the best most recent examples of this philosophy. These are acts for which the Japanese have steadfastly refused to apologize, for the simple reason that Legal Pragmatism teaches that the wrong doer is not the destroyer, but those who allow themselves to be destroyed. To ignore a chance to ravage an enemy, using any method, is an unforgivable dishonor.

With regard to the verbal lineage outside of the clan, Dr. Shen remarked to me that when a Chinese doctor teaches, only sixty percent is true, "forty percent not true". Another Chinese doctor told me "Chinese do not teach everyone". Few outsiders were admitted until our time. Even now, and often at a high price, we are not certain how much of what these lineages share with the public is complete or correct. Torture by the mainland communists evoked some of these secrets, Yunnan Bai Yao for example, and more are coming because the price now is right.

Of course, some of these lineages, were familiar with the 'classical' writing, but for the most part they were guided by experience. Today there are in our midst a number of well respected teachers who come down through these ancient verbally transmitted paths who still refuse to

write. Clinically there is no contest between the efficacy of these verbally transmitted traditions and often mystifying classics.

This mystification led one observer, James Ramholz *O.M.D., Dipl.Ac.*, in an unpublished paper, “AN INTRODUCTION TO Advanced Pulse Diagnosis Theory and Clinical Practice in Light of *the Nan Jing, Li Shi Zhen and Mai Jing*” [Personal Communication, June ‘00]] to state:

“Unfortunately, the classics are actually poor teaching tools. They often mention things without clear details or explanations. Commentaries sometimes sound as if they’re about completely unrelated topics. Even if when we read the original text in Chinese, its meaning, translation, and interpretation are frequently in dispute. The classics are actually the starting point for study and research, not the accumulation or final arbiter of what can be known.”

Nevertheless, there is no one way to successful diagnosis and treatment. A sincere person who has spent years mastering a proven methodology will heal independent of the method. There is no question in my mind that there are some through the ages and now who practice with great skill according to the classics. To the best of my knowledge they are few and far between.

III. The Neo-Classicists

The second concern is with a new class of people who publicly purport themselves to be masters and teachers of the classics.

The classics are a precious aspect of our heritage and potentially a repository of wisdom, which, when carefully sifted and considered, can evoke new insights on old ideas.

However, the classics are an enigma, for which the meaningful reading is subject to the greatest scholarship as with Needham, Unschuld, Father Larre and Elizabeth Rochat de Lavalley, and the lesser known Dr. Chueng, Dan Bensky and Robert Johns.

Instead of these worthy scholars, I find a new breed without such credentials claiming similar status who instead lack purpose, training, experience and maturity.

Many people see an opportunity in the newly conceived Phd. programs concentrating on the classics an occasion to make a name for themselves in the TCM world without the qualifications of sincere purpose and years of hard training.

Beyond the few mentioned above, and perhaps a handful more, how many people in this world are truly classical Chinese medical scholars? Who is going to competently teach it? **It is a great tradition in America to “take one, do one and teach one”, and pass it off as erudition to the uninitiated.**

With seventy years of experience, perhaps Dr. Shen, who studied the classics, has earned the right to say, which he often did, “book wrong”, or parenthetically, if he chose, to say “book right”.

1. Wang Shu-he and the Choppy Pulse

a. Introduction

Let me illustrate my point with a discussion of Wang Shu-he and his recent interpreters regarding a subject with which I am familiar.

No single contributor to the literature on pulse diagnosis is better known or has had a greater impact than Wang Shu-he who wrote in the second century AD. Almost every commentator on the pulse since has repeated his descriptions of pulse qualities with little deviation. It is therefore important to examine at least one example of his work and see where and whether it is relevant to Chinese medicine in the twenty first century.

Wang Shu He [Pulse Classic, P. 4]¹ describes the Choppy pulse as follows: “it is fine and slow, coming and going with difficulty and scattered or with an interruption, but has the ability to recover. (Other versions of the Mai Jing describe it as short and floating or another version describes it as short with interruption or scattered). When the arrival or departure is slow, there is a greater likelihood of disturbance in the flow of the fluids.” He never refers to the Nei Jing’s description of “scraping bamboo”.

As mentioned above, this mantra has been repeated word for word for 1900 years, at least by the following translated writers [into English] available to me: Kaptchuk, P. 309; Wu Shui Wan P. 20; Deng P. 119-121; Li Shi Zhen P. 70, though Li then offers some significant dissent as we shall see.

A recent commentator on Wang states, [paraphrasing but exactly the same message], that ‘since there are differing etiologies and pathologies related to blood stagnation, there must be differing qualities related to the condition of blood stagnation.’

Within that statement is the kernel of the loose logic I have found characteristic of the neo-classicists with whom I have come in contact. Each "differing etiology" of blood stagnation, and there are many, is represented on the pulse by a distinct and separate quality. And while these qualities may appear simultaneously with signs of blood stagnation, they are not in themselves the sign of that condition. As stated above, the signs of the etiology and the signs of the condition with which they are causally related are distinctly different. In fact, even more often, these signs appear with none of the accepted criteria required to diagnose blood stasis.

b. Blood Stagnation

i. Definition of Blood Stagnation

What then are the criteria, and when do we know we have blood stagnation? Where is the threshold? Wang does not give a definition. Neither do the neo-classicists to whom I will be referring in the following pages find it necessary to provide this foundation for their thesis.

Kaptchuk [204] discusses “Patterns of Congealed Blood”

He states “this is an excess Blood pattern and is the most important example in that category. It may be preceded by trauma, hemorrhage, Stagnant Qi [which cannot move the Blood, or cold obstructing the blood]. The primary sign of congealed blood is pain. This pain is different from that of stagnant qi because it tends to remain fixed and is a stabbing pain. Other common signs of

Congeaed blood are tumors, lumps and hard, relatively immobile masses. Recurring, frequent hemorrhages [because blood flow is blocked, causing “spillage”], hemorrhages with clots of a dark, purple tinge, the color of congestion, a dark complexion, dark purple tongue material with red spots and a choppy pulse all point to the pattern of Congeaed blood.”

Since all pathology causes some blood stagnation, and that therefore all qualities are inevitably inadvertent signs of this condition, where do we draw the line when we make the diagnosis and say, `this is a sign of, and this is not a sign of blood stagnation`. Surely that line is not Wang and his protagonists “*fine and slow pulse, coming and going with difficulty and scattered or with an interruption etc.*”.

ii. Clinically Tested Types of Blood Stagnation

There are several types of Blood stagnation classified by location and by etiology. None have the “*fine and slow pulse, coming and going with difficulty and scattered or with an interruption*” features.

A. By Location

i. Blood Stagnation in the Tissues

This is the only one of which is signaled by a Choppy [“scraping bamboo”] quality.

ii. Blood stagnation in the blood

There is Blood Heat and Thick, Hollow Full-Overflowing, Ropy and Liver Engorgement.

B. By Excess and deficiency

In this regard, there are two kinds of blood stagnation recognized in the literature [Kaptchuk P. 309], that due to excess and that due to deficiency.

Kaptchuk stated that “a choppy pulse can have aspects of either Deficiency or Excess. If a choppy pulse is also weak or thin, it is a sign of insufficient Blood or Jing to fill the Blood Vessels. If it is strong, resisting the fingers, it is generally a sign of Congeaed Blood Obstructing Movement.”

Up to this point Kaptchuk is making a useful distinction between the sign, the Choppy quality, and the etiology, “that due to excess and that due to deficiency”.

He then joins Wang Shu He and his apologists and muddies the distinction between etiology and the signs of a resultant condition by saying, “On rare occasions, a choppy, strong pulse can even point Dampness Obstructing Movement, which is the same signification carried by its opposite type of pulse [i.e. slippery]”.

He further contributes to the muddle by associating the Choppy quality, a sign of blood stasis, with another quality when he says “Some sources include an irregular pulse, [“the three and five not adjusted”] under this type of pulse”. Here he repeats Wang’s error of including the Interrupted pulse in his definition of Choppy.

Here we see the ongoing confusion of identifying the etiology of blood stagnation with the result, beginning with Wang, perpetuated through the ages and continuing with his current justifiers. But the quality that represents the cause is not the same quality that represents the consequence.

Naturally the signs of the etiology will appear with the signs of the consequence. We still require proof of the consequence. The presence of a possible cause in no way is evidence of a preconceived result. All of the qualities mentioned by Wang She-hu and his descendants appear frequently with no clinical sign or symptom of blood stagnation.

What is the danger? Using Wang's definition, recently promulgated by his current enthusiasts, we would be treating a person with a pulse that is "*fine and slow pulse, coming and going with difficulty and scattered or with an interruption etc.*" with herbs and acupuncture, especially herbs, for blood stagnation, when all that their condition calls for are nourishing and stabilizing treatment. In such a person blood moving herbs can do great harm.

c. Detailed Critique

Let us examine the thesis of many qualities for one condition which Wang, parroted through the ages and revived by current proponents, are prepared to place before you as fact.

i. Formal and Structural Problems

The interpreters of Wang are taking words with different meanings and imposing one meaning on the other because the word is spelled the same. This is not logical and is an opportunist use of the English language. It is a syntactical error to confuse a defined pulse quality, one of the 28 or more depending on the source, with the same term used in a different context, one here which refers to something entirely different as I shall illustrate.

a). The Words are the Same and the Meaning Different

For example, one commentator takes `scattered', which is defined in the dictionary as:

"To throw here and there or strew loosely: sprinkle; To separate and drive in many directions; rout; disperse; scatter implies a stewing around loosely [to scatter seeds] or a force driving apart in different directions."

and the same word Scattered, which defines a distinct quality with a specific sensation and meaning. And because they are spelled the same, the analyst imposes the context of the quality Scattered on the term "scattered" used by Wang, which I have just defined.

This commentator draws the conclusion that since Wang uses the word "scattered" in his description of the Choppy pulse, the Scattered quality must be a sign of Blood stagnation.

[Even Wang makes the distinction by describing the quality Dissipated as "scattered", though he never defines the sensation of scattered. We do not know what he means.

The quality Scattered is described in absolute terms as follows:

"This quality is felt only at the qi depth where it is more indistinct than the Empty quality. Instead of feeling continuous, it disperses on pressure into separate pieces, as if divided. This is especially true when the fingers are rolled proximally and distally along the radial artery. With light pressure the quality gradually disappears and is totally indiscernible at the deeper aspects." (See below for more about the Scattered quality).

The Scattered quality is primarily a deficiency of yang, especially Kidney yang. Li Shi Zhen [P. 92] states “the main cause of this pulse is deficiency and damage of yuan qi” and elsewhere speaks only of yang deficiency, of the heart, kidney and spleen. In fact he writes of “scattered yuan qi”. This sounds very similar to the concept of the ‘qi is wild’ that I learned from Dr. Shen and have described in an earlier article in the OMJ [Towards A Unified Theory of Chronic Disease With Regard to the Separation of Yin and Yang and ‘The Qi is Wild’]. There is no hint anywhere by Li Shi Zhen in his discussion of the Scattered quality of it as a sign of blood stasis.

b). Taking incidental similarities between the meanings of words to imply their coincidence.

Another example **of the pervasive confusion of concepts** follows in which terms are employed whose meanings are totally altered to fit an argument. These terms in reality have no relationship to each other in sensation or meaning.

For example: to the bumpy aspect of the rough Choppy quality one commentator attaches ‘Changing Intensity’, a specific quality in my pantheon of qualities, with a specific sensation and interpretation unrelated to blood stagnation except as a possible etiology. They are drawing upon the incidental fact that both qualities vary in height. With one, the Choppy quality, the varying heights are static. With the other, the varying heights are constantly changing.

The Choppy quality is relatively stable and fixed in terms of the vertical movement and has little of the restive wave activity associated with Changing Intensity. The fact that there are bumps of different stationary heights has nothing to do with the quality Changing Intensity and Amplitude described by me and Dr. Shen, as a dynamic movement up and down of the intensity and amplitude of the wave. There is nothing in the terms “scraping bamboo” or “a washboard effect” that suggests the movement that characterizes the oscillation inherent to the qualities Changing Intensity and Amplitude.

With regard to interpretation ‘Changing Intensity and Amplitude’ are signs in individual positions of the separation of yin and yang of the organ represented by that position, and never a clinical sign of blood stagnation. As already mentioned, in the presence of other criteria of blood stasis as outlined above, it could be considered as an etiology.

Again, we see signs of either a genuine thinking disorder or signs of deviousness when the meanings and sensations of terms are distorted to further the argument of multiple qualities for a particular condition, in this case, blood stasis. The contention is that terms describing new qualities with distinct interpretations such as Changing Intensity are really aspects of another quality, the Choppy, pathognomonic of a totally different condition, and therefore are artificially contrived by me.

ii. Medical Problems

Once more and indeed there are many different qualities which signal a wide variety of conditions that lead to blood stagnation, but they are not signs that blood stagnation has actually occurred.

And I repeat, that all conditions will inevitably cause some blood stagnation. Therefore, potentially, all qualities that represent these conditions could erroneously be called signs of blood stagnation. Any combination of qualities with the Choppy quality are possible and occur.

A modern writer from mainland China, Lu Yubin [Pulse Diagnosis; Shandong Science and Technology Press; Jinan, China, 1996 P. 70-74] dissents from Wang Shu He. He states:

“although the uneven pulse is often seen together with the thready pulse, the slow pulse, the short pulse, the scattered pulse, etc. in the clinic, they are not the basic factors constituting the uneven pulse..”[70]

Under "Differentiation of similar pulses" he states: "Since the uneven pulse is felt unsmooth, some doctors in the history have suggested that it has intermissions. But their suggestions are not accepted by most physicians, because the uneven pulse, unlike the pulses with intermissions such as the intermittent pulse, the running pulse and knotted pulse, has not abnormal intermission, although it is felt unsmooth.

The uneven pulse is also different from the slow pulse. The slow pulse is marked by the slowing of the pulse rate, beating three to four times in one respiratory cycle; while the uneven pulse, although felt hesitant, has a normal pulse rate. As the uneven pulse is often seen in critical diseases marked by loss of Blood, consumption of Essence, stagnation of Qi and Blood stasis, it often occurs together with the thready pulse, the slow pulse, the scattered pulse or the short pulse. So, in history, many doctors advocated that the uneven pulse should have the changes of pulse like reduce or increase of the pulse size [Intensity and Amplitude], irregular changes of the pulse rhythm, or abnormal changes of the pulse rate. However, the uneven pulse is only defined based on changes of the pulse in its shape, or the unsmooth feeling on pulse-taking, *so an uneven pulse occurring together with other pulse conditions mentioned above only indicates coexistence of these pulses. In essence, the uneven pulse has not these additional conditions.*" [P. 71]

Li Shi Zhen repeats Wang Shu He's phrases in his opening statement on the choppy pulse, and then goes on to say something totally the opposite, essentially agreeing with Lu Yubin, Shen and me. Under 'Comparisons,' Li states that:

“The choppy pulse must not be confused with the scattered, intermittent or minute pulses”; “The choppy pulse has a “root” and although it seems to scatter, it does not. This is its primary differentiation from a scattered pulse.” The choppy pulse does not stop periodically, unlike the intermittent pulse. “The choppy pulse can be clearly felt at the floating and deep levels, unlike the minute”

Lu, and apparently Li, recognizes the need for a more complete differentiation of qualities to obviate the use of one quality term to describe several different conditions as occurred often in the past and so clearly with Wang She He as we have just seen. Wang Shu He said in the preface to his book, "The Pulse Classic" that "The mechanisms of the pulse are fine and subtle, and the pulse images are difficult to differentiate."²

What is so troublesome is that **undiscerning pretenders to classical erudition** are currently promulgating Wang's errors on students and practitioners **without the background and time to distinguish classical fact from fiction.**

Based on Dr. Shen' work I have attempted to make that differentiation that Wang found obviously so difficult as evidenced by his confused definition of the pulse associated with blood stasis.

a). Attempts to Redefine, Reduce and Trivialize Recent Advancements in the Differentiation Of Pulse Qualities

The following is a response to an attempt by some to equate Wang's qualities as stated in the Pulse Classic to those described in Contemporary Pulse Diagnosis. The attempt was made to demonstrate that Wang's description of the Choppy pulse as variously "thin and slow, coming and going with difficulty and scattered, etc." is quality by quality the same as my own, in different terminology. And the thesis is, therefore, that these specific qualities not directly associated with blood stagnation by me are actually just that, on the authority of Wang's definition. As we shall see below, nothing could be further from the truth or more potentially harmful to patients. Those making the assertions do not wish to be identified. The following are some examples.

1. "Interruption" and `Changing Rate at Rest'

Kaptchuk, referring to Wang Shu-He's "interruption" mentions that "some sources include an irregular pulse, which in any one breath beats a different number of times [the three and five not adjusted']. He says "this is important because there is no other pulse category that includes this irregularity."

The assertion by the neoclassicists is that Wang's "interruption" is identical to what I call `Changing Rate at Rest'. An Interrupted quality misses beats which is not the case with the speeding up and slowing down of the `Changing Rate at Rest'. In my pantheon of qualities `Changing Rate at Rest' is a sign of Agitation of Heart Qi if it is occasional, and a sign of mild Heart Qi deficiency if is constant. Especially with the Agitation, the person has great and mood swings and an unstable life-style [the `grasshopper mind']. The Interrupted quality is a considerably more serious sign of Heart dysfunction, even if only occasional, with greater signs of fatigue. The first error is one of mistaken identity.

What is implied is that I have plucked from the past a sign of blood stagnation and assigned it a new name and interpretation. *The argument they make is that `Changing Rate at Rest' is a sign of blood stagnation rather a sign of Agitated Heart qi.*

Again, it goes without saying that some blood stagnation occurs with every form of pathology. The `Changing Rate at Rest' is a sign of Agitation of Heart Qi, which, while it could lead to some blood stagnation, the accepted criteria for such stagnation must be present. `Changing Rate at Rest' or "the three in five not adjusted" is not in itself an automatic sign of blood stagnation. Once more the etiology is confused with the result. Once more we return to question, what are the clinical criteria for blood stagnation.

2. “Unevenness” and `Changing Amplitude and Intensity`

The Choppy quality has small `hills` and `valleys` as one rolls one’s finger along the pulse. One commentator mentions that since the `hills` or “bumps” are of differing height, this is the equivalent of a quality I describe as `Changing Intensity or Amplitude`, which also varies in height. The argument is, therefore, that Changing Intensity and Amplitude are signs of blood stagnation because like the Choppy quality, there is a variation in height.

As mentioned above, the Choppy quality is relatively stable and fixed in terms of the vertical movement and has little of the restive wave activity associated with Changing Intensity. The `hills` and `valleys` are stationary. `Changing Intensity and Amplitude` are moving & dynamic which you can feel while the fingers are stationary, while with the Choppy pulse one need to roll the fingers to feel the differing heights.

There is nothing in the terms “scraping bamboo” or “a washboard effect” that suggests the movement that characterizes the movement inherent to the qualities Changing Intensity and Amplitude. Another case of mistaken identity.

Again, if the stability of the circulation is compromised there will be some blood stagnation. That does not mean that `Changing Amplitude and Intensity` is a sign of blood stagnation. Endless times I have felt pulses whose Amplitude and Intensity are Changing and simultaneously in the same position have a Choppy grating to the finger like rubbing ones finger across a washboard.

Similarly, even more times, I have felt `Changing Intensity and Amplitude`, signs in individual positions of the separation of yin and yang of the organ represented by that position, and absolutely no clinical sign or symptom of blood stagnation. Again, where, how and when do we determine the threshold of blood stagnation.

3. Scattered

As indicated above, liberties have been taken with the word “scattered” attempting to equate it with the quality Scattered which Wang calls Dispersed. We have already said that the definition of “scattered” in the dictionary is:

To throw here and there or strew loosely: sprinkle; To separate and drive in many directions; rout; disperse; scatter implies a stewing around loosely [to scatter seeds] or a force driving apart in different directions.

The Scattered quality has been described in the literature as an Empty pulse, one found only at the qi depth and not below, which, as one rolls ones fingers on the distal-proximal axis is discontinuous. This is very different from the rough stationary hills and valleys of the Choppy quality. And once again the false assertion is that the Scattered quality is by itself a sign of blood stagnation. This time by using a word with two separate meanings and imposing the meaning of one on the other.

I have heard it called “broken”. Because of its “broken,” discontinuous sensation, some practitioners mistake this quality for the Interrupted pulse. However, with the discontinuous

quality it is the rhythm that is discontinuous. What is a disturbance in the continuity of substance feels like a disturbance in the continuity of cadence.

I have already said that the Scattered quality is primarily a deficiency of yang, especially Kidney yang. Li Shi Zhen [P. 92] says that “ the main cause of this pulse is deficiency and damage of yuan qi” and elsewhere speaks only of yang deficiency, of the heart, kidney and spleen. In fact he talks of “scattered yuan qi” which sounds very similar to the concept of the ‘qi is wild’ which I learned from Dr. Shen.

4. Slow

One person asserted that the Slow is a distinct quality of the Choppy pulse as opposed to the Rapid quality of the Slippery pulse. Since a Slow pulse is often a sign of Qi deficiency, especially of the Heart, the assertion was made that the Slow pulse is a distinct sign of blood stagnation, since a qi deficient Heart will cause circulation to decrease and stagnation to increase.

First, in reality, the Choppy pulse is not characteristically Slow or for that matter is the Slippery quality characteristically Rapid. It is just that the Choppy pulse is stationary and the Slippery pulse is moving. Either can and do appear with either Rate.

As for the Blood stagnation associated with excess in the blood, we have accounted for that with the Blood Thick quality which is one kind of blood stagnation mentioned above, [in the blood, not the tissues], but is not Choppy.

Secondly I, and others, have observed a Slow pulse without clinically relevant signs of blood stagnation of any kind. And while they can occur simultaneously, again, the etiology is not the same as the result.

5. Fine

In the literature the term ‘Fine’ is used synonymously with a confusing variety of sensations including Soggy, Faint, Weak, Thin, Thready and Small involving many disparate conditions. Using the term Fine which has so many different meanings is a step backward to confusion. I have replaced ‘fine’ with several qualities each for the many different aspects of what is ‘fine’ in the literature.

There also a great clearly undefined overlap between Deng’s categories of String-like, Tight, Faint, Fine and Small despite his section of ‘Comparison and Differentiation’ with each quality. This confusion runs the gamut of the literature.

The ‘fine’ quality I call Thin because this is how it feels. There are two kinds of Thin pulse, one Thin and Tight [Blood and Yin deficiency], which is referred to in the literature as String-like [Deng]. The other is Thin and Feeble, or Blood and Qi deficient. It is the latter that Maciocia and others identify as ‘fine’, because it is not only Thin but also Yielding as ‘fine’ implies. They claim that this pulse is a sign of only qi deficiency, but clinically it proves to be just one kind of Thin quality, a combination of both Blood and Qi deficiency.

A paradoxical very Thin quality is a common finding in young men with severe chronic disease such as HIV and Aids, who are characteristically treated more for qi deficiency. The pulse says treat blood deficiency at least equally. It is long since known that blood deficiency can lead to blood stasis, but the stasis aspect still feels Choppy. The pulse feels Thin and Choppy. Again, someone is confusing etiology with the consequences. The Thin [fine] quality appears frequently without the Choppy quality, or any other sign or symptom of blood stagnation, as defined above.

6. Changing Qualities

Another commentator makes the argument that each `bump` of a Choppy quality differs from the other bumps regarding width and relative roughness and asserts that this is the same as what I, in a totally different context, have described as `Changing Qualities`.

There is nothing in the literature that states that the many sensations ascribed to the Choppy quality are constantly changing with each other, which this commentator is implying by using the term `Changing Quality`.

`Changing Quality` is a term applied by Contemporary Chinese Pulse Diagnosis when in any one position, Principal or Complementary, the qualities change from one to another. For example, at the right distal position we might have a Tight quality which shifts to an Absent quality and back and forth. This is a sign of simultaneous Yin [Tight] and Qi [Absent] deficiency of the Lung.

Once again, the commentator is confusing an etiology with a quality. The `Changing Qualities` is a sign of separation of yin and yang, often due to severe qi deficiency, and blood stagnation could result, but because it can cause blood stagnation does not mean it is a specific quality for or sign of blood stagnation.

7. Addendum

In a similar vein, with the modern neo-classicists, other qualities not mentioned by Wang or other classical writers have descended upon us as signs of blood stagnation.

a. Qi Stagnation

Another commentator reports that the Taut quality is a sign of blood stagnation. Indeed, qi stagnation does lead to blood stagnation. Again, this does not mean that the Taut quality is a sign of blood stagnation. Another instance of confusing the etiology with the consequence. For us to say that there is blood stagnation according to the Taut pulse, the pulse would Taut and Choppy.

b. Damp Heat

Still another opinion has it that since Damp Heat can cause Blood Stasis, and since Damp is often attended by the Slippery quality, therefore the Slippery quality is a sign of blood stagnation. With Damp Heat where are the signs of heat? Surely one would expect Pounding to be included as a quality in a discussion of heat, and given this curious logic would be counted as another sign of blood stagnation.

The slippage here is in logic, once more with the confusion of etiology and the result. With stagnation of blood in the blood circulation we have the Blood Thick condition and pulse quality,

attended usually by the quality which I have delineated as a sign of turbulence in the blood, the Slippery quality, but only when it appears at the blood depth.

c. Qualities Confused with the Choppy Quality

The sensation of the Choppy quality is sometimes confused with the Vibration quality. The former is a rougher sensation, the latter finer. However, the sensations of the Choppy and of Very Rough Vibration qualities are at times difficult to distinguish. When unable to make a clear distinction I sometimes call the quality Choppy or Rough Vibration depending on the location and the depth.

However, even the roughest Vibration has a more delicate quality than the least coarse Choppy quality. While “buzzing” is closer to the sensation of Vibration, “grating” more aptly captures the feeling of a Choppy quality, [which is the exact opposite of the smooth sensation associated with the Slippery quality].

While there are exceptions, an important distinction between palpating the Choppy quality on the one hand, and the Vibration and Slippery qualities on the other, is that to access the washboard sensation of the Choppy quality one has to roll one’s finger along the position. With the Vibration and Slippery qualities, the movement occurs while one’s finger is stationary on the position.

The contrast between the Choppy and Vibration qualities, in meaning as well as feeling sensation, more than warrants their division into two separate and distinct classifications. The Choppy quality is a sign of stagnation, primarily blood stagnation, and Rough Vibration is often a sign of severe physiological and parenchymal disorganization of the organ in which it is found.

It is my contention, therefore, that Kaptchuk’s and Porkert’s ‘choppy strong’ pulse, by definition, is the same as my Choppy quality, and that their ‘choppy weak’ pulse is partially equivalent to my Vibration quality.

8. Reflection and Recapitulation:

A. Blood Stagnation Defined

There are four kinds of blood stagnation, that due to excess and that due to deficiency, that in the blood [all excess: Blood Unclear, Heat and Thick, Ropy and Hollow Full-Overflowing etc.] and that in the tissues, excess and deficient. Those in the tissues all have the Rough Choppy aspect, but depending on the type of deficiency they can, for example, also be Thin (fine) [blood deficiency], Scattered [yang deficiency and yin and yang separating] or Slow [qi deficiency] etc., signs of simultaneous deficiency, but not themselves of blood stagnation.

B. Criteria for the Diagnosis of Blood Stagnation

If any of the qualities listed above and attributed to Wang appear without any of the accepted signs of blood stagnation [purple tongue, Choppy quality] or symptom [intractable pain] we do not have blood stagnation. None of the qualities listed by Wang Shu-he, or for that matter any other are essential to the appearance of blood stagnation except as Lu mentions, “the uneven pulse”. And he, referring to Wang’s list, unequivocally states that “*In essence, the uneven pulse has not these additional conditions.*” [P. 71]

C. The Danger

To treat for blood stagnation especially with herbs when there are no other concrete signs other than qualities which inform us only of possible etiologies, contradicts the basic precepts of Chinese medicine. Therefore, and most importantly to this discussion, if we treat using Wang's and some neo-classicists identical list of qualities as if they are signs of blood stagnation with herbs that move the blood when there is no serious clinical sign or symptom of blood stasis, we may do the patient irreparable harm.

D. Purpose

It has been my intention to analyze the thought process of the modern neo-classicists. The purpose is to demonstrate how, among other things, Wang Shu-he's understandable confusion of etiology with consequences is being currently perpetuated and reinforced, thereby setting pulse diagnosis back 1900 years without the benefit of the advances and distinctions made since.

What the traditionalists cannot accept is that this one remarkable man, 1900 hundred years ago, made an error when he was unable to make the distinction between qualities which are potentially associated with the etiology of blood stagnation from those which are actual specific signs of that condition.

For those who have a stake in justifying their investment in the classics it has been incumbent upon them to make them relevant to our time. Some of their attempts, such as those herein catalogued, are confused and dangerous to the unsuspecting who can be easily seduced by flowery metaphors feeding a hunger for tradition which the spiritually starved of our time crave.

This example emphasizes the need for the classics to be studied with a critical eye, tested clinically as well as logically and not be used without great discretion. I have tried to meet this need by re-framing tradition for our time and at least the near future, and make it practically available to modern practitioners. I am referring to Contemporary Chinese Pulse Diagnosis.

III. The Solution

A. Introduction

Soulie De Morant stated the case concisely when he said "The knowledge of the pulses is absolutely indispensable for the practice of true acupuncture, which is based on treating the root condition. Using only memorized formulae and treating only visible problems does not constitute true acupuncture".

1. The decline of pulse diagnosis

Knowledge of Chinese pulse diagnosis has diminished steadily at least since the onset of the Qing dynasty and especially during recent past centuries. Consequently its capacity to perceive the earliest stages of patterns of disharmony and the process of disease is sharply curtailed.

Increasingly, Chinese medicine has lost the ability to serve its highest purposes, especially the power to predict and thereby prevent illness. Explanations have included the influence of the

West and the gradual deterioration of an old civilization weakened and dominated by foreign less highly developed cultures.

However, a much more important reason is that *the world has changed in remarkable ways since the eighteenth century and Chinese pulse diagnosis has not kept pace*. The forces of nature, of hot and cold and wind; of ice ages and vast changes in climate; of volcanoes and earthquakes; of fire, flood, drought and famine; of the need for adequate food and shelter for which it might be necessary to fight. All these were the unchanging stresses to which we were subject and to which we were adapted for eons of time. And our medicine evolved to meet these exigencies according to the culture of the time as described in detail by Unschuld in "Medicine in China".

In the past three centuries, the industrial and information revolutions have made demands on every aspect of our physiology, especially our nervous systems, demands that are remarkably sudden and cataclysmic. This has occurred to a creature, homosapien, who has evolved in a remarkably stable slowly changing cultural environment for at least the last ten thousand years, until three hundred years ago.

The human organism is constant, but the *stresses* to which it is subject have changed exponentially during these past three centuries.

Currently, pulse diagnosis relies on information gathered in a largely agrarian culture expressed in a largely archaic language almost incomprehensible to the twentieth century practitioner. What is available today is material passed down 1900 years from civilizations whose daily life is so variant from our own that the information is often no longer clinically relevant.

The following is a quote from a book by Martin Prechtel, who lived in Guatemala in the 1970's and 80's, and studied with a Mayan shaman there. These words are some thoughts that Martin's teacher, Chiv, spoke to him:

"If God gives us life and we continue as we have, someday when I'm a pile of ashes and the smell of smoke in your memory is all you have left of these days, then you will see situations and sicknesses never seen before. I've no idea what they may be; I have no way of recognizing them with our very old ways and traditional root. But you're the new one who's going to have to find special medicines to deal with them, instead of just using the old things because they're old. You must find new ways to do old things, and new medicines with old roots to cure the bad times made by new things".

2. The mainland Chinese experiment

In the late nineteen fifties the Chinese government set up an experiment in which many well known masters of Chinese pulse diagnosis were asked to examine a patient. Their findings varied widely and pulse diagnosis was therefore considered to be an unreliable scientific diagnostic tool. Others have questioned its reliability because of the wide variety of pulse methods within the Chinese tradition and especially between the Chinese and other pulse systems used by other cultures such as the Tibetan and Ayurvedic where the positions are in great variance from the Chinese.

What is difficult to contemplate and absorb is that *each of the Chinese masters who failed the government test and each different pulse system is correct*, providing not contradictory information, but *different* information.

No one diagnostic system by itself is so highly developed that it can access the myriad messages being broadcast by a human organism. No single theoretical model of existence is capable of encompassing all reality. Each pulse system has developed within the framework of its culture and medical theoretical models to achieve a limited perspective of the whole. A pulse diagnosis based on a 'five element' model will be seeking different information and making different interpretations of what it finds from an 'eight principle' model or one such as the Ayurvedic which is operating within the system of fire, water, earth, air, and ether.

I reiterate that each individual system provides us with *different* but equally *valid* information. Collectively, pulse diagnosis is a reliable source of vital diagnostic data and a profoundly effective system of preventive medicine.

B. History of the Contemporary Chinese Pulse Diagnosis model

Contemporary Chinese Pulse Diagnosis presents teaching that has been passed on to me by an innovative and venerable master of pulse diagnosis, Dr. John Shen. In the quarter century period of our acquaintance, this occurred especially during a period of eight years when I sat with him and his patients two or three days a week. It is based on seventy years of Dr. Shen's work and twenty six years attempting to feel, understand and codify what he teaches, while adding substantially from my own observations which sometimes differ from his. In the writing of this book he was consulted at every step of the way. However, the organization, new terminology, delivery and teaching of this work is uniquely mine.

Therefore, this work, Contemporary Chinese Pulse Diagnosis, represents the integration of hundreds of pages of notes from Dr. Shen and from my own often different experience, into a coherent conceptual system to create an evolving method of teaching pulse diagnosis in small groups.

C. Symptoms, signs and Diagnosis

The human organism has a limited reservoir of symbols with which to express its internal anguish. We call these symptoms.

Is abdominal pain from a gastric ulcer or a pancreatic tumor or stagnant qi [gas]? Is chest pain from a strained muscle, pneumonia, angina or indigestion? The body has pain or a rash, or a temperature. The causes for each are legion. The organism is unable by itself to be more precise in identifying the cause. The patient cannot tell you that they have an ulcer, or a tumor. This limitation of expression of dysfunction and misery calls for and is the genesis of the art and science of diagnosis.

The pulse likewise is limited in the variety of sensations that we call qualities, with which to communicate the internal state of the person. And while some students of the pulse have a greater ability and sensitivity to perceive, the qualities themselves do not change and are the same as always.

What has changed is the cause for these qualities, the ability to distinguish them from one another and the language with which to communicate them.

With regard to delineation, my book addresses these changes. We examined Wang Shu He's confusion regarding the Choppy quality and the need to distinguish what is a mistaken dangerous amalgamation of distinctly different qualities into one.

To meet this need, my pulse model includes 120 qualities, which can be read in four depths of the Principal Positions and at least two in the Complementary Positions. Furthermore, the organ depth can be divided into three more depths whose possibilities I am only beginning to explore. Some of these qualities vary slightly in sensation at different positions and some have different meanings in different positions. Since there are six principal positions, and twenty-nine Complementary Positions we have eighty-two positions not including the SLP which can also access different qualities on different parts of the position as well as superficial and deep. This picture becomes more detailed if we include the Hidden and Firm qualities below the Organ Depth which are found only rarely under extreme condition.

Throughout the book I have attributed new interpretations of the qualities commensurate with the stresses of our time, and I have aspired to create a modern language of qualities based on easily recognizable sensation. "A feather floating in the wind" or "the pulse of the heart should sound like the blows of a hammer [continuous]" [Nei Ching P. 209] is poetry which appeals to the soul of a sensitive person. However, it is no longer sufficient to illuminate and communicate the nature of a pulse quality to a twenty-first century practitioner from any contemporary culture conversant primarily in a modern language.

While drawing from the vast reservoir of past wisdom, [herein contains references to all known works in English available to me during the past ten years], this book attempts to bring pulse diagnosis into modern times with all of its inherent power to diagnose and preclude disease. It does not need to justify itself in terms of the classics, only whether or not it works.

D. The Teaching-Learning Experience

1. Investigative and innovative approach

My experience in teaching, during which sessions I see many patients of the participants, is that we are only beginning to understand the implications of the qualities and of their combinations. Each patient teaches me something new, and I have encouraged others to adopt an investigative rather than a passive attitude toward the medicine. Simply repeating what was written five hundred [Li Shi Zhen] or 1900 years [Wang Shu He] ago is inadequate for our time. I foresee some kind of ongoing conduit by which people can exchange information and contribute to a new body of knowledge.

Paraphrasing Krishnamurti with whom I agree, 'Learning is the very essence of humility, learning from everything and from everybody. There is no hierarchy in learning. Authority denies learning and a follower will never learn'.³

2. Learning

Students in my classes tell me that their otherwise competent teachers discourage them from pursuing the study of pulse diagnosis because "it is really not that important". For people who do not know pulse diagnosis, it cannot be very important. Furthermore, the time and patience necessary to master Chinese pulse diagnosis is not synchronous with civilizations such as ours which encourage short term vision and short term investment of all positive human attributes.

This methodology is to be assimilated slowly, by setting aside time separate from current practice, while continuing to use the diagnostic techniques with which you are already familiar and successful. The process, which should not be forced, entails a series of increasing "aha" experiences, interspersed with the confusion, doubt and discouragement which is the rite of passage to all that is worthwhile.

3. Senses, humanity and the machine

As the twenty-first century begins, those of you who have chosen to practice this profession are relatively unique in this culture. You have undertaken a task that operates largely outside of the burgeoning mechanical and electronic technology into which we have become more and more deeply immersed, especially during the past hundred years.

Those who require unity and a deep personal connection to their work through their senses as well as their intelligence, and for whom impersonal detachment is anathema, are people who will be drawn to and gratified by the practice of Chinese medicine. You, the practitioner, are traditionally the only diagnostic instrument. Your intelligence, intuition, experience, common sense and especially sensory awareness are the tools with which you access the inner human world.

One of the gratifying aspects of travelling and teaching is getting to know many of you who have made this choice. It is a privilege, as I get older, to draw upon your sincere energy, your vision of a more harmonious collaboration with nature, and your good will. All this has helped restore my faith in the possibility that the human race can retain its humanity

Amber wrote that "The Chinese use sounds to describe their pulse findings; e.g., music of the lute; the rustles of the reeds." Though the sound associations of a twentieth century person will most likely be different from those of a second century B.C. physician, I find myself saying "I hear" rather than I feel, in reference to a quality on someone's pulse. Amber went on to say that "The Unani physician was required to study music so that he could distinguish the different sound and tones of the pulse". There is a quote from the Torah, "The ten pulse types parallel the types of song (see *Likutey Moharan Tinyana* 24). Therefore, healing requires knowing the pulses, and then knowing what song to use as a remedy (*Likutey Halakhoth, P'ru U'R'vu* 3:1)"

More to our point, Amber added that this is "a glorious symphony of the body to which some people are tragically tone deaf". Each of us is privileged to be born to a receptiveness to one sense in particular, and especially privileged to have the opportunity in our life, and especially through the medium of Chinese medicine, to develop the other senses.

Amber notes that there are "physicians of two different schools of thought" with "those who trust their machines, but not the senses and those trust the senses, but disbelieve the machine".

The human condition is a house divided against itself, awareness always struggling with amnesia. History has shown that for most of us the attribute of character required to resist the easy life in favor of preserving our humanity is not substantial, and that the end has always prevailed over the means.

The development of a fine sense of touch through the medium of pulse diagnosis is of course only an infinitesimally insignificant measure against the mighty tide and power of numbing technology anesthetizing our being. Yet acupuncture is a proven medium for the resurrection, heightening and refining of awareness. When people ask me what I do, I reply that "I proffer awareness".

I have written about power. [Dueling Needles: Reflections on the Politics of Medical Models; American J. of Acupuncture Vol. 19, No. 3, 1991] Today, a last few words about technology.

While a machine can be useful, even to develop the senses, my concern is that the tool which is meant to train people's sensibilities will be used by those very people to replace their sensibilities. The temptations are ever already present, and more temptations are always just around the corner. Vigilance, endless vigilance and an ongoing conversation with our soul, are our only safeguards, against, of all things, ourselves, our ego.

With regard to sensory awareness, my goal is to convey a flavor for the potential richness of the pulse technique passed down by my teacher Dr. John Shen, a richness which can be realized only with the endless refinement of our sense of touch. It has become part of my life's work to attempt to develop this exquisite sense of touch for myself, and for as many practitioners who wish to dedicate themselves to this rewarding, though demanding task.

All I can hope to do as a teacher is to open a window onto a remarkable landscape of an infinite varieties of sounds, shapes and hues which constitute this diagnostic terrain.

It is my everlasting concern that you, this chosen group, be not seduced by technology, and struggles for power, from the humanity which has brought you to this profession. I am also increasingly concerned that you are not sucked into the past with the pretensions of academia.

E. In Summary

The Normal pulse is the most sensitive, reliable, existing indicator of good health. Of all diagnostic modalities, the pulse can give us the most precise picture of even the most subtle and complex deviation from this standard of health. The pulse record is an instant picture of the current status of a person's voyage from birth to death. Clinically it preserves us from the distraction of and fruitless pursuit of symptoms and keeps us focused on the reality of the individuals condition and being.

In addition, the pulse gives information about the events in a person's life which create this deviation from the Normal, allowing our client the opportunity to change their life and their habits, or adapt to constitutional deficits, in the direction of health. The precision of the diagnosis permits a rational therapeutic regime for the patient and as importantly is a tool for prognostication and prevention.

When practiced with dedication, quiet patience and consistency, becoming attuned to pulse qualities is an ongoing meditation, a training ground for awakening and awareness, into total focus and concentration. As such, pulse diagnosis is an opportunity for practitioners to obtain the ultimate satisfaction of being one with their clients, one with themselves, one with the diagnostic process and perhaps one with the universal forces which are expressed through the pulse.

F. Caution

For those who have a stake in **justifying their investment** in the classics it has been incumbent to make them relevant to our time. Some of their attempts, such as those herein catalogued, are **confused and** dangerous to the unsuspecting. Who is immune to flowery metaphors feeding our hunger for tradition which the spiritually starved of our time crave? The danger, as we have seen, is passed on to our patients. Once again, this example emphasizes the need for the classics to be studied with a critical eye, tested clinically as well as logically and not be used without great discretion.

Endnotes to I and II.

1. Wang Shu He Pulse Classic: P.4

2. Oddly, The Yellow Emperor [the first to use the term "scraping bamboo"] (Ilsa Veith: P.159-160) does not mention anywhere that I could locate in her volume "*fine and slow pulse, coming and going with difficulty and scattered or with an interruption*".

Wang Shu He [The first to use the term 'Choppy' as far as I am aware.] (P. 4) is the first to use the terms "*fine and slow pulse, coming and going with difficulty and scattered or with an interruption*" which is repeated by rote throughout the centuries.

Kaptchuk: P. 309

"*irregular in rhythm. In this case it is called "the three and five not adjusted sometimes three beats per breath and sometimes five beats per breath"* This is important because there is no other pulse category that includes this irregularity. Note: There is such a pulse category in the Shen-Hammer system called Changing Rate at Rest.

Wu Shui Wan P. 20

The movement of this pulse is felt as rough and choppy. It is not fluent. It is slow and thin. The wave of this pulse is short.

Deng P. 119-121

"it should feel slow and uneven, fine, small, short"

Li Shi Zhen P. 70 [See above for dissent]

“A pulse which feels thin, minute and short and has an uneven flow, beating three and five times with irregular rhythm, is called choppy.”

“It feels like a knife scraping bamboo, rough and jagged. It is easily scattered like rain falling onto the sand. It also moves very slowly and at irregular depths, like an ill silkworm eating a leaf.”

Endnotes to III.

3. J. Krishnamurti; Commentaries on Living 1st series; Edited by D. Rajagopal; A Quest Book; The Theosophical Publishing House, Wheaton, IL 1960

“Truth is the understanding of what is from moment to moment w/o the burden or the residue of the past moment”. Page 20

J. Krishnamurti; Commentaries on Living 3rd series; Edited by D. Rajagopal; A Quest Book; The Theosophical Publishing House, Wheaton, IL 1960

“The ways of tradition lead to mediocrity and a mind caught in tradition cannot perceive what is true. Tradition may be one day old or it may go back 1000yrs”. Page 3

“Everything about us is impermanent in a constant state of flux. Being aware of this the mind craves permanency. There is only one fact: impermanence”. Page 253

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Soulie de Morant; Chinese Acupuncture; Translated by Lawrence Grinnell, Claudy Jeanmougin and Maurice Leveque; Paradigm Publications, Brookline, 1994.

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