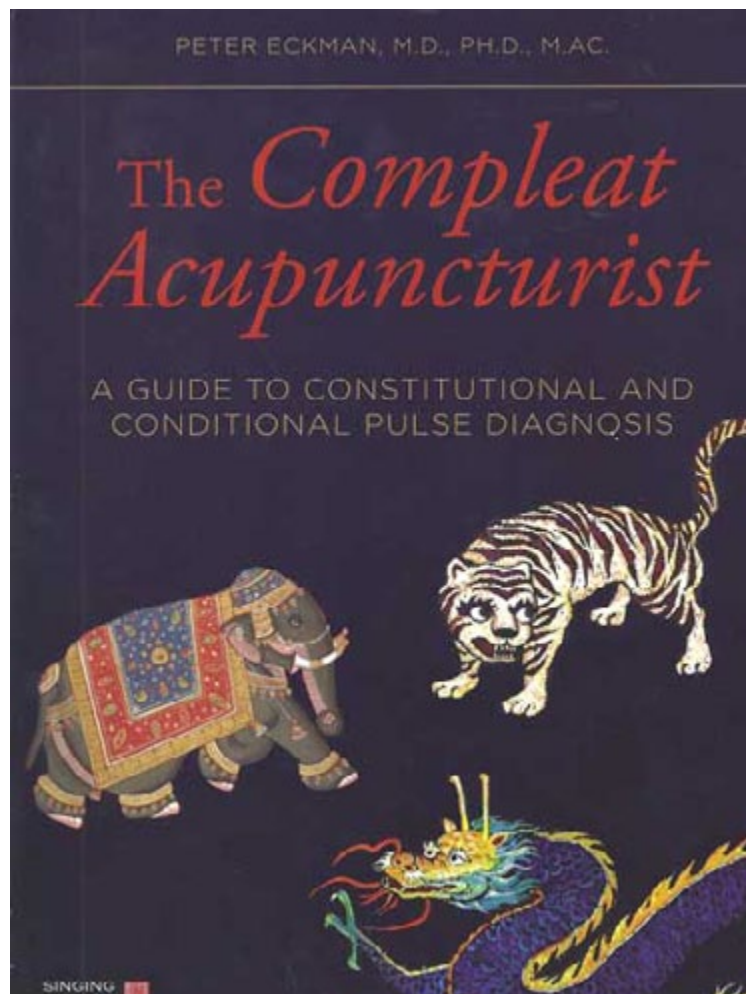




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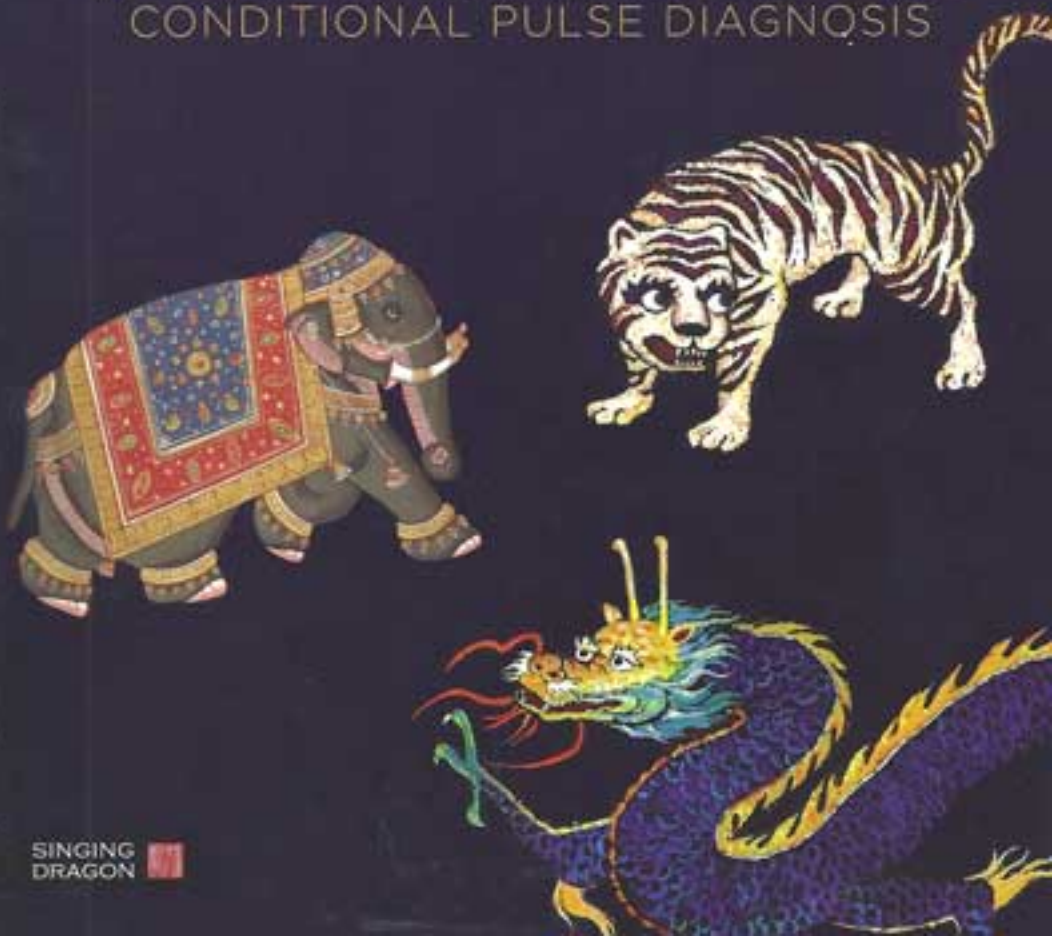
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The *Compleat* *Acupuncturist*

A GUIDE TO CONSTITUTIONAL AND
CONDITIONAL PULSE DIAGNOSIS



SINGING
DRAGON



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PART ONE

CONSTITUTIONAL PULSE DIAGNOSIS

CHAPTER 4

SASANG CONSTITUTIONAL MEDICINE (SCM)

Throughout the history of Oriental medicine, various teachers have adopted opposite points of view regarding the wisdom of treating oneself with herbs or acupuncture. Professor Worsley, in a homily against self-treatment, recounted the case of one of his senior protégés, who died at an early age from cancer, following a prolonged period of self-treatment.¹ On the other hand, the literature is replete with accounts of famous individuals who began their study of Oriental medicine by successfully treating themselves after experiencing a failure to be helped by the practitioners of their era. I have always felt inspired by such stories, and am pleased to introduce a dramatic example here.

¹ J. Worsley, personal communication.



Figure 4.1 Lee Je-Ma, originator of *Sasang Constitutional Medicine*²

Lee Je-Ma (1836–1900) was a Korean Neo-Confucian philosopher who was plagued by health problems throughout his life. As a child, he began to suffer from episodes of vomiting and difficulty swallowing, together with lower body weakness resulting in difficulty walking. Over the years, these symptoms intensified despite treatment by the most famous doctors, shamans, and other healers that Lee could find. It was at this point that he began to study the classics of Oriental medicine, and to experiment with novel herbal strategies, which ultimately led to a cure.³ The principle that guided his self-treatment was the recognition that people fall into four different constitutional types, and that the herbs which work for one type are often counter-productive for the same symptoms in individuals of other constitutions. Lee's bases for this four constitutions theory, apart from his observation of its clinical efficacy, were the philosophical principles codified in the Confucian and medical classics.

2 Image: Neal White. Based on Lee Je-Ma, *Longevity and Life Preservation in Oriental Medicine*. Seoul: Kyung Hee University Press, 1996.

3 Kim, J., *Compass of Health*. Franklin Lakes, NJ: Career Press, 2001, pp.16–17. The editor in the Lee, 1996, text cites the *Linghu*, *Shanghanlon*, and *Zhongyong* as Lee's main sources, although obviously the *Yijing* is an even deeper root.

Table 8.1 Kuon's original Constitutional Formulae (1973)*

	Fundamental	Zang	Fu	Vitality	Infection	Paralysis	Psyche
LI+	UB 66, LI 2-	UB 66, SI 2-	LI 1, GB 44-	KI 10, HE 3-	LU 8, LV 4-	KI 10, LU 5-	SI 1-
	SI 5, LI 5+	GB 41, SI 3+	SI 5, GB 38+	LV 1, HE 9+	HE 8, LV 2+	HE 8, LU 10+	SI 3+
LV-	LU 8, LV 4-	SP 3, LU 9-	LU 8, SP 5-	ST 36, LI 11-	LI 1, ST 45-	LI 1, GB 44-	PE 7-
	KI 10, LV 8+	LV 1, LU 11+	KI 10, SP 9+	GB 41, LI 3+	UB 66, ST 44+	UB 66, GB 43+	PE 3+
ST+	LI 1, ST 45-	LI 1, GB 44-	ST 36, UB 40-	LU 8, LV 4-	SP 3, KI 3-	LU 8, SP 5-	TH 1-
	GB 41, ST 43+	UB 66, GB 43+	GB 41, UB 65+	KI 10, LV 8+	LV 1, KI 1+	LV 3, SP 3+	TH 3+
KI-	SP 3, KI 3-	HE 8, SP 2-	SP 3, HE 7-	SI 5, ST 41-	ST 36, SI 8-	ST 36, UB 40-	HE 7-
	LU 8, KI 7+	KI 10, SP 9+	LU 8, HE 4+	UB 66, ST 44+	LI 1, SI 1+	LI 1, UB 67+	HE 3+
LI-	ST 36, LI 11+	LI 1, SI 1+	ST 36, GB 34+	LU 8, HE 4+	SP 3, LV 3+	SP 3, LU 9+	SI 1+
	SI 5, LI 5-	GB 41, SI 3-	SI 5, GB 38-	LV 1, HE 9-	HE 8, LV 2-	HE 8, LU 10-	SI 3-
LV+	LU 8, LV 4+	SP 3, LU 9+	LU 8, SP 5+	ST 36, LI 11+	LI 1, ST 45+	LI 1, GB 44+	PE 7+
	HE 8, LV 2-	LV 1, LU 11-	LV 1, SP 1-	SI 5, LI 5-	GB 41, ST 43-	SI 5, GB 38-	PE 3-
ST-	SI 5, ST 41+	ST 36, GB 34+	SI 5, UB 60+	SP 3, LV 3+	HE 8, KI 2+	HE 8, SP 2+	TH 1+
	GB 41, ST 43-	UB 66, GB 43-	GB 41, UB 65-	KI 10, LV 8-	LV 1, KI 1-	LV 3, SP 3-	TH 3-
KI+	SP 3, KI 3+	HE 8, SP 2+	SP 3, HE 7+	SI 5, ST 41+	ST 36, SI 8+	ST 36, UB 40+	HE 7+
	LV 1, KI 1-	LV 1, SP 1-	KI 10, HE 3-	GB 41, ST 43-	UB 66, SI 2-	GB 41, UB 65-	HE 3-

CHAPTER 13

REINTERPRETING CLASSICAL CHINESE PULSE DIAGNOSIS (YIN/YANG)

This chapter is essentially a review of material already presented, but as it deals with a core step in both conditional diagnosis and treatment planning, it is worth describing once again. Let me remind the reader that I am primarily discussing pulse volume, rather than pulse quality; however, there are instances where Excess pulses will be smaller than expected, but wiry or tight and hard feeling. Contrarily, it is possible for Deficient pulses to feel large and forceless. These situations are the exception, rather than the rule, but the reader should keep such possibilities in mind, and use all the diagnostic indicators together before drawing a conclusion.

The Yang pulses are taken in the standard position, with the middle finger over the peak of the styloid process, and the index and ring fingers placed adjacently (see Figure 13.1).

Following the Shen/Hammer tradition, the index finger is placed at the base of the thenar eminence. The distance between index and middle fingers should be the same as that between the middle and ring fingers. This protocol will allow for differences in size and shape between individuals, and should result with the ring finger being placed in a definite depression proximal to the styloid process. The pulses felt at these three positions reflect the Yang Qi of the corresponding Zang and Fu Organs associated with each location. I typically use the *Nanjing* five depth analysis here to see if any of the Elements are out

of their normal state. To reiterate, the most superficial pulse depth correlates with the Metal Element, then successively deeper pulse depths correspond to the Fire, Earth, Wood, and Water Elements sequentially.¹ Both the tips and the pads of the fingers can be used to evaluate these pulses, and it is often helpful to roll the examining finger around the center of the pulse's location in order to find its widest depth level. For example, if the left Yang Chi pulse is Deficient, but biggest at the Qi depth (Metal Element), it suggests a problem with the Kidney or Bladder Yang. In the same example, if the left Yin Chi pulse is relatively normal, and biggest at the Water Element depth (i.e. normal), then we can diagnose a Deficiency of Water Yang, which is usually most effectively treated via the Bladder Meridian, regardless of whether it is a case of Kidney Yang or Bladder Yang Deficiency. Whatever treatment we decide to use, we should expect that afterwards the left Yang Chi pulse will have returned to the Water Element depth. In this example, it would not be unusual to find the right Yang Cun pulse to be biggest at the Water Element depth. Usually in such cases a simple Tonification of UB 67 will be the best treatment. This maneuver transfers Excess Yang Qi from the Large Intestine to the Bladder via the Sheng Cycle. Pulse volumes can be unreliable in the Yang Cun location, because the radial artery naturally narrows as it approaches the wrist. For this reason, it is even more helpful to notice the depth displacement as an indicator of imbalance here. A good way to check if the Large Intestine is in an Excess state is to test for sensitivity at ST 25 (Mo Point) on both sides. Should there be no sensitivity found there, one must consider the possibility that both the Large Intestine and the Bladder are Deficient in Yang Qi. In that case, I would first Tonify LI 1 (Metal Point) and then Tonify UB 67. Once again, the pulses should be rechecked to make sure that the proper depths have been regained at both places.

In addition to using pulse volumes and pulse depths at each position, it is also helpful to consider the Vikruti pulses on both sides before formulating a diagnosis and treatment plan. In the preceding example, where the left Yang Chi pulse was Deficient and Superficial, one might expect a Vata Vikruti on either the left or right wrist, as Bladder Deficiency and/or Kidney Excess show up as Vata. If there is no Vata Vikruti pulse, but there is a Pitta/Kapha Vikruti pulse, then the indication would be Kidney Yang Deficiency which might be better treated by Tonification of KI 3.² In such a case, one might expect

1. However, the proper depth of the right Chi position pulse is at the deepest level, even though it is associated with the Fire Element. Perhaps this is one reason some authorities consider the right Chi position as reflecting the Kidney Yang and the Water Element. In my experience, it is more effective to treat Ministerial Fire than to treat the Water Element, in order to return this pulse to the deep level.
2. When Tonification of the Yang of a Yin Organ, or of the Yin of a Yang Organ, is indicated, the Point to choose is the Grandparent Point, using the Control Cycle. Thus, KI 3 transfers Yang Qi from the Stomach to the Kidney. See Thambirajah, R., *Energetics in Acupuncture*. Edinburgh: Churchill Livingstone, 2010, for a fuller presentation of this doctrine.

to find that the right Yang Guan pulse shows an Excess, reflecting Stomach Yang Excess. The Kidney Yang Deficiency occurs because the Control Cycle operating from Stomach to Kidney is not operating properly, and Tonifying KI 3 is a simple way to restart this mechanism and restore balance to the pulses.

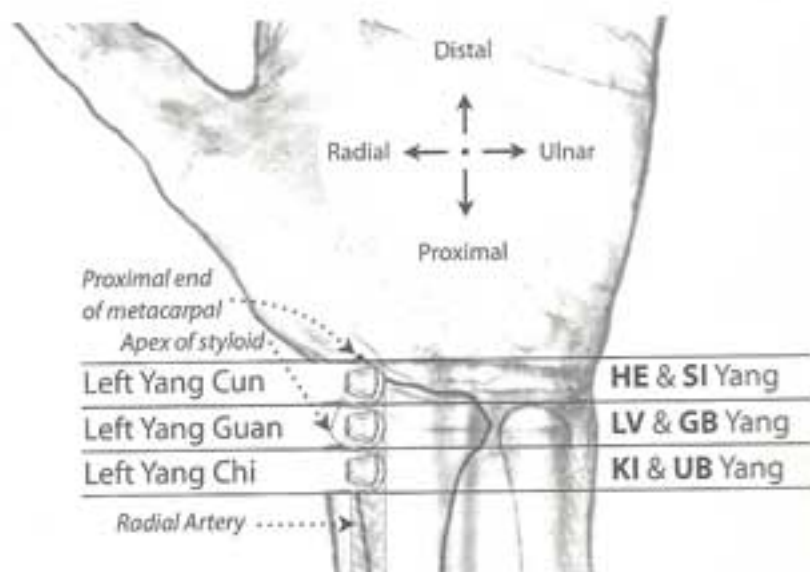


Figure 13.1 Palpating the Yang pulses³

The Yin Cun, Guan, and Chi pulses are examined in an analogous fashion. The only difference is that they are located about one half Cun proximally from the Yang pulses (see Figure 13.2).

The criterion is to have the apex of the styloid process exactly between the index and middle fingers of the practitioner's hand. Once again, the pulse depth method gives important information, but it is about the Yin of the Organs/Meridians, rather than their Yang. An example, frequently found in people of Kidney Deficiency constitution, would be that if the left Yin Chi pulse is Deficient, but widest at the middle depth (Earth), and the right Yin Guan pulse is widest at the deepest level (Water), then we can tentatively diagnose Kidney Yin Deficiency and Spleen Yin Excess. In such a case, typically the right Yin Guan pulse will also be big and feel Excess in quality. The treatment I would use is to first needle KI 7 in Tonification, followed by LU 9 with neutral technique. KI 7 is rapidly Tonified, and then the needles are removed in the same order as they were inserted, with all the holes being closed. This treatment pulls Yin Qi from the Lung Meridian into the Kidney Meridian,

3 Image: Neal White and Elisabeth Waller-White.

CASE HISTORIES

CASE 1

S. I., a 47-year-old man, came for treatment of chronic sinusitis, which had been a problem ever since he was three years old! In his childhood, the main manifestation had been asthmatic attacks, but these had evolved into recurrent episodes of sore throat, earaches, and fatigue, which continued in spite of occasional Western medical treatment (antibiotics), 20 years of Tai Ji Quan practice, meditation, and the self administration of Chinese herbal remedies, including Yin Qiao San and Bi Yan Wan (he is an alternative healthcare practitioner). He had previously been treated by several Chinese acupuncturists who diagnosed his problem as a combination of Yin Deficiency and Damp Heat resulting from Stomach and Spleen imbalances. Treatments typically brought symptomatic relief of varying degree, but no lasting resolution. The symptoms have usually been bilateral, and feel like blocked Eustachian tubes, with tenderness in both cheeks below the eyes, accompanied by a heavy, clouded, lethargic feeling, but a CAT scan of his sinuses was negative for signs of infection.

Systems review revealed that he was otherwise a healthy individual who had been a vegetarian in the past, but has since been an omnivore for more than 20 years. He tends to have a ravenous appetite, and is benefited by almost any kind of exercise. He was recently divorced, but was already involved in a new relationship.

On initial examination he appeared somewhat anxious, with a blood pressure of 138/82 (elevated); his tongue was red without much coat, but was both stickily moist and cracked at the base. Color, sound, odor, and emotion

APPENDIX I

MERIDIAN AND POINT LOCATIONS FOR KHA

In general, the Yin Micromeridians are on the palmar surface and the Yang Micromeridians are on the dorsal surface of the hand. There are two exceptions to this rule for the zone where the Command Points are located on the ring and little fingers of each hand: the Stomach Micromeridian runs on the palmar surface and the Kidney Micromeridian runs on the dorsal surface. The Command Points for these two Micromeridians have their locations in spots analogous to the other Micromeridians on the same surface of the hand. The order of the Points is the same as in body acupuncture. For Yin Meridians, the Wood Point is located just below the fingernail, the Fire Point is located halfway to the DIP joint crease, the Earth/Source Point is located on the DIP joint crease, the Metal Point is located halfway between the DIP and PIP joint creases, and the Water Point is located on the PIP joint crease. The Connecting Point is located halfway between the Earth and Metal Points. For Yang Meridians, the Metal Point is located just below the fingernail, the Water Point is located halfway between the nail and the DIP joint crease, the Source Point is located on the DIP joint crease, the Wood Point is located halfway between the DIP and PIP joint creases, the Fire Point is located halfway between the Wood Point and the PIP joint crease, and the Earth Point is located on the PIP joint crease. The Connecting Point is located halfway between the Wood Point and the DIP joint crease.

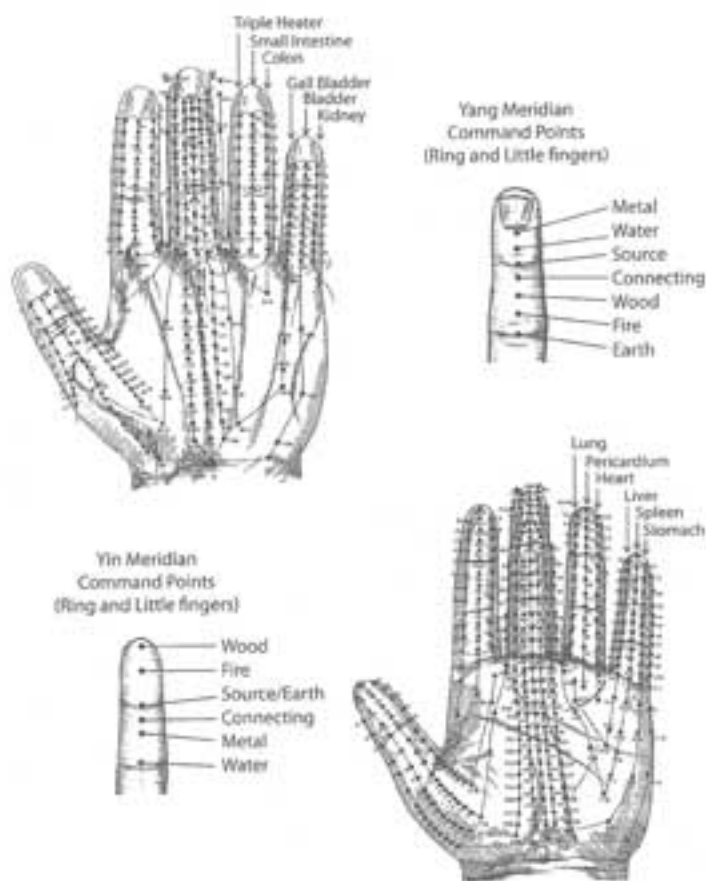


Figure App.1.1 Micromeridian and Point locations in KHA¹

For pre-testing a treatment, place either a gold (Tonifying) or silver (Sedating) press pellet on the Point on the same side of the body as the proposed treatment. Always use only the ring and little fingers for these Command Point pre-tests. It is quite permissible to use multiple pellets at the same time, either of the same color or of opposite colors. For example, when pre-testing any Four Needle pattern, you will always use both gold and silver pellets on the same hand. The modality chosen for feedback as to whether the proposed treatment is desirable or not depends on the practitioner's choice. One can look for improvements in pulses, abdominal pressure sensitivity, O-ring strength, blood pressure readings, or any other abnormal sign or symptom.

1 Image: Neal White and Elisabeth Waller-White. Based on original figures by Yoo Tae Woo.



Figure App. 1.2 Using Press Pellets in KHA²

² Image: Marina Chentsova Eckman. In addition to the pellets on the dorsum of the hand, one can see pellets on the ring finger at Points that correspond to LI 4 and LI 11.

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In this highly original and authoritative book, Peter Eckman takes pulse diagnosis as the common thread that links and integrates the various disciplines of Oriental medicine, and shows that they are related by a common origin going back several thousands of years. He describes the clinical details used in a variety of acupuncture styles, synthesizing them into a coherent whole, and illustrates the usefulness of this model in practice with case histories.

This ground-breaking work presents a wealth of material not commonly available in English publications on Indian (Ayurveda), Korean or Chinese medicine, as well as other traditions of Oriental medicine, and includes the only thorough presentation of Korean Constitutional Acupuncture in English, based on the author's personal study under its originator.

Photo by Marlene Cleveland & Catherine



PETER ECKMAN has been a full-time acupuncturist for 40 years and is an international teacher and published author in the field. He studied under J. R. Worsley, T. W. Yoo and D. W. Kuon, three of the most influential acupuncture teachers of the twentieth century, and currently practices in San Francisco and Palo Alto, California, USA.



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