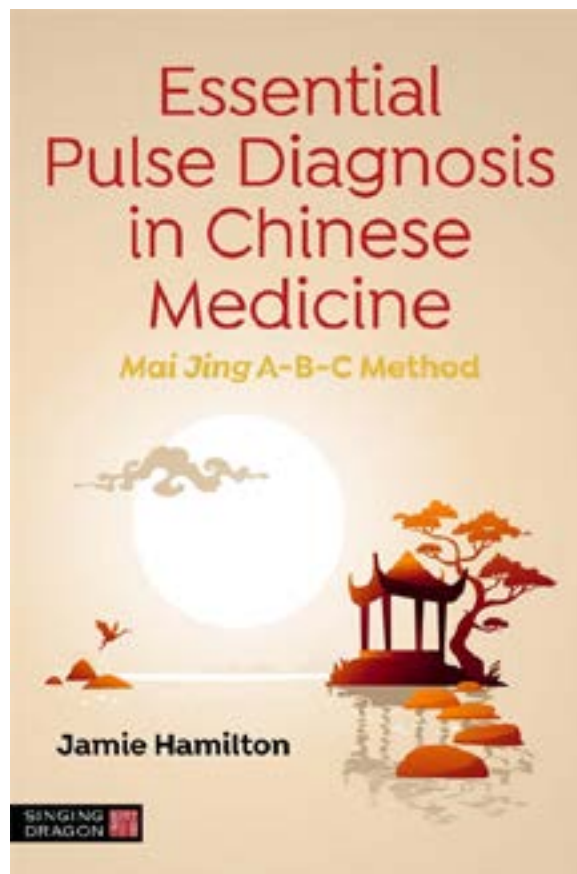




# **Jamie Hamilton**

## **Essential Pulse Diagnosis in Chinese Medicine**

### **Mai Jing A-B-C Method**



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# INTRODUCTION

The *Mai Jing* A-B-C Method was created with three main goals in mind for practitioners:

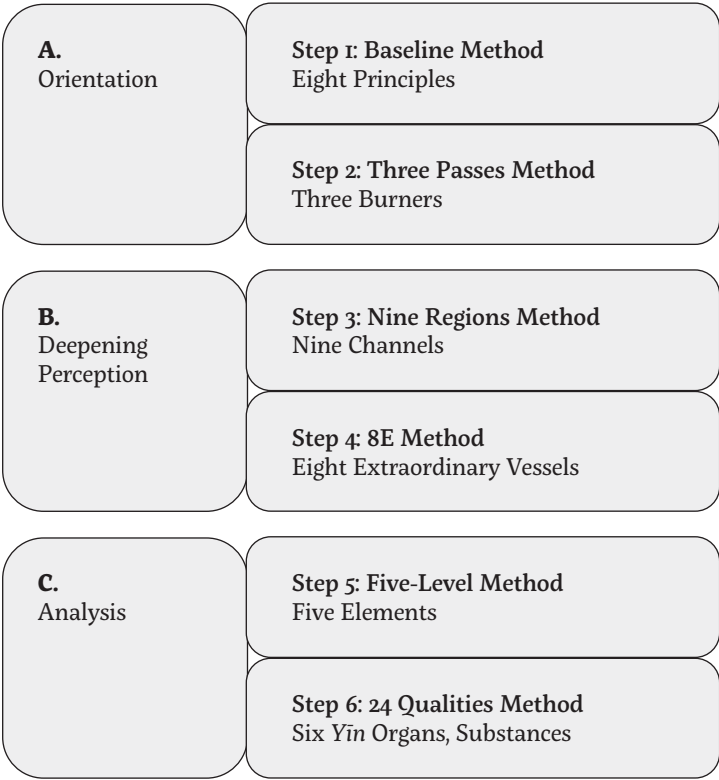
1. To make the process of diagnosis easier to do.
2. To obtain more certainty in its result.
3. To give more useful information to the practitioner.

Standard TCM approaches chiefly use the correct identification of 28 pulse qualities. These inevitably seem to focus on the state of the organs and the substances (e.g. blood deficiency, spleen *qì* deficiency). In contrast, the A-B-C Method looks mainly in other directions: to the balance of *qì* across the burners, the channel system, the extraordinary vessels, and the five elements. It is only at the last stage that we return to the familiar ground of the state of individual organs and the substances.

In a wider sense, this pulse diagnosis method acts as a major part of one of the “four pillars of diagnosis”, that of “diagnosis by palpation”. As a result, it sits alongside the other three pillars: observation, asking and hearing.

The *Mai Jing* A-B-C Method is not meant to be the last word on the subject but represents a way of investigating pulse sensations in a logical and systematic way. It simply presents essential aspects of pulse diagnosis that have been left behind, for one reason or another, along the path of history and restores them for use today.

simply intellectualizing the process. It is no good having a wonderful diagnosis but forgetting about the patient’s main condition!



**Figure I.2**  
Method overview.

This is the basic guide to understanding both the *Mai Jing* and the A-B-C Method: the question of whether or not people respond well to the treatment given. They need to both feel better and then get better. Then we *really* know that the diagnostic process has been a good one.

**Overall method context**

The diagnosis of the pulse has traditionally not been meant to be taken as a single means of gaining information but rather sits in an interconnected whole with other diagnostic methods.

is derived from an edited reading of the *Mai Jing*. The understanding that is derived from this selected approach is then tested and honed by longstanding use in the clinic.

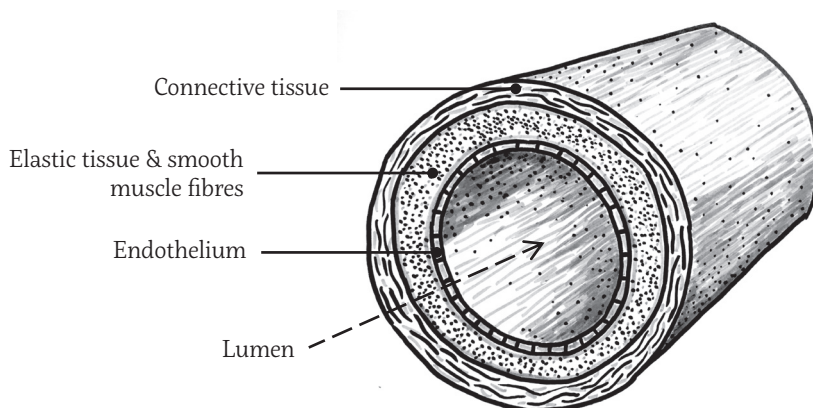
**Mai Jing and Wang Shu-He**

The *Mai Jing* (*Classic of the Pulse*) was written in about 310 C.E., centuries after the drafting of the core classics of Chinese Medicine, the *Su Wen* (*Plain Questions*), *Ling Shu* (*Divine Pivot*) and *Nan Jing* (*Classic of Difficulties*).<sup>14</sup> The author, Wang Shu-He (*Wáng Shū Hē* 王叔和), should be seen primarily as an editor and compiler of the pulse methods described. It is unclear to what extent he himself wrote and used the techniques. However, it seems likely that at least some of the material in the classic was original, or at least original in the meaning of having been written down and preserved for the first time.

**Table I.1:** Timeline of important pulse writings<sup>15</sup>

Title	Date	Author
<i>Case Records of Chunyu Yi</i>	c. 180 B.C.E.	Chunyu Yi
<i>Su Wen (Plain Questions)</i>	c. 100 B.C.E.	Anon
<i>Nan Jing (Classic of Difficulties)</i>	c. 100 B.C.E.	Anon
<i>Shang Han Lun (Classic of Cold Damage)</i>	c. 220 C.E.	Zhang Zhong-Jing
<i>Mai Jing (Classic of the Pulse)</i>	c. 310 C.E.	Wang Shu-He
<i>Mai Jue (Pulse Rhymes)</i>	1189 C.E.	Ciu Jia-Yan
<i>Bin Hu Mai Xue (Lakeside Pulse Studies)</i>	1564 C.E.	Li Shi-Zhen

Wang Shu-He was born in about 265 C.E., in Gaoping, Shanxi province, into a noble family. War and turmoil later sent him some 700 km south to Jingzhou, in Hubei province in Central China. He lived and worked mainly in Jingzhou in the latter part of the 3rd century. His life just overlapped that of Zhang Zhong-Jing, the author



**Figure I.4**

Anatomy of an artery, with three layers.

The connective tissue is a tough outer case.

The elastic tissue and smooth muscle fibres make the artery springy.

The endothelium is a smooth inner layer.

The lumen is the space inside, full of blood.

There is a variety of pasta called *bucatini*, which has a small hole in the centre. When cooked, I have often wondered if it would resemble the radial artery in size and texture. Obviously, a real radial artery would be much tougher – strong enough to repel an acupuncture needle if it was directed towards it (which it does). It is worth having some sort of mental picture in mind as a form of preparation for good pulse palpation.

## Using this book

The focus of this book is on the learning of the specific A-B-C Method. To support the understanding of it, I have extensively used references from the classics and the *Mai Jing*. How much of these classical sources you make use of is up to you. The main understanding of the method is not really affected if you just read the practical sections as a “how to do it” manual. However, for the best comprehension, it is recommended that you jump into the detail. In this way you can appreciate the special qualities of these ancient pulse methods for practice today.

The text is laid out in the order that the pulse method should be

## PART 1

# *MAI JING* A-B-C METHOD

This system is split into three sections or Phases: A, B and C. Phase A is for the orientation of our diagnosis, B is for deepening of the diagnostic view, Phase C is a detailed analysis. Each phase consists of a “visit” to the left and right hand, followed by a pause for notation.

CHAPTER 1

PHASE A – ORIENTATION

Phase A is an introductory stage for the whole method. It allows us to attune ourselves to the nature and meaning of the pulse findings and paves the way for deeper exploration in the rest of the method. In terms of our practical process of “diagnosis by feeling”, it is a process of orientation. We begin to perceive with our fingers the fine structures and movements of the artery. We start tuning into the meaning of what we feel. There is less pressure in this phase to be accurate and definite, so it provides a short space to get used to the nature of the pulse of the patient and then start to get information about what it can tell us.

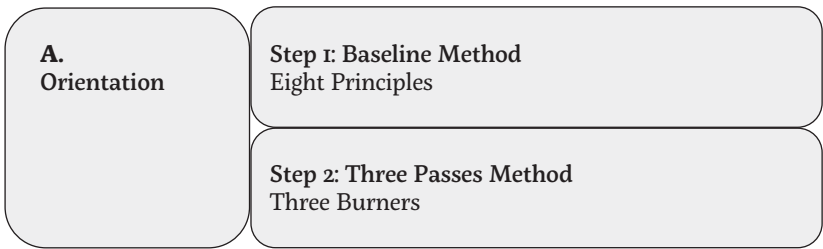


Figure 1.1  
Phase A, overview.

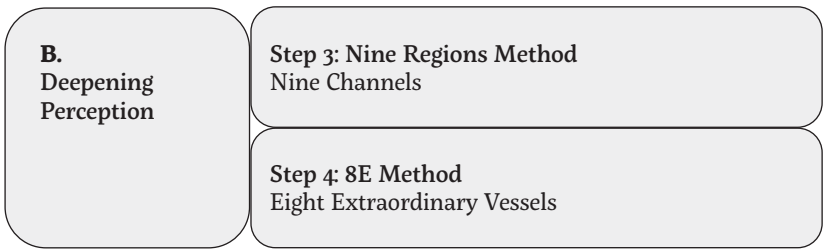
Phase A has two steps:

- Step 1: The Baseline Method** brings out first impressions of the person’s system with a view of the eight principles as expressed by pulse depth, strength and speed.
- Step 2: The Three Passes Method** explores imbalances as found regionally in the three burners.

CHAPTER 2

PHASE B – DEEPENING PERCEPTION

In Phase B we now enter an entirely new set of methods and quite detailed theory to inform the method of Steps 3 and 4. The function of Phase B within the A-B-C Method is that of deepening our palpatory perception. Its goal is to examine signs on the radial pulse that point towards disturbances in the channel system of the body when seen divided into nine regions, and also to detect when extraordinary vessel problems have arisen that need treating.



**Figure 2.1**  
Overview of Phase B.

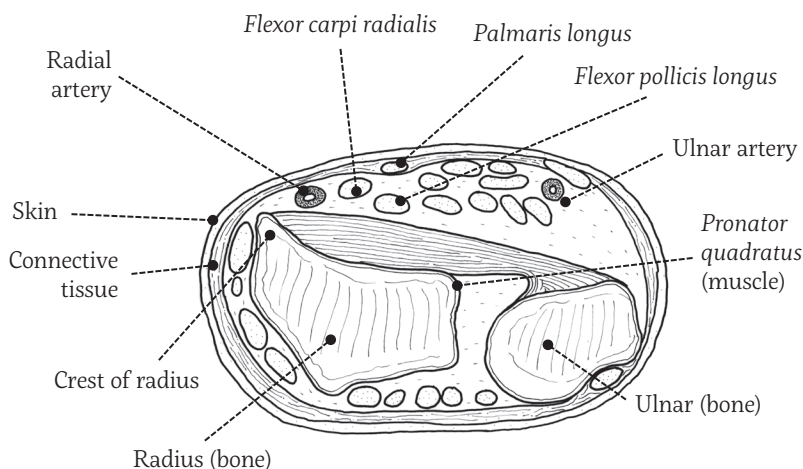
A subsidiary goal of Phase B is to assess very precisely the position of the radial artery within the space in which it normally runs. This then enables Step 5 to be carried out accurately.

*\* “Dào” is left untranslated. In this context it means “knowledge”. Other meanings are “way”, and it is also a measure word for steps in a process. The MJ translator has “portion”, but this for me misses the more interesting aspects of this word.*

This passage introduces the method. It contains an intriguing line, “its centre has five sections”, which seems to suggest that a method of diagnosis exists with the pulse that has five aspects. This may possibly refer to a working Five Elements scheme such as the one presented in Step 5 of this book. In addition, it suggests that nine areas of knowledge – dào – will be discovered on the one hand. We shall now see how this plays out in practice.

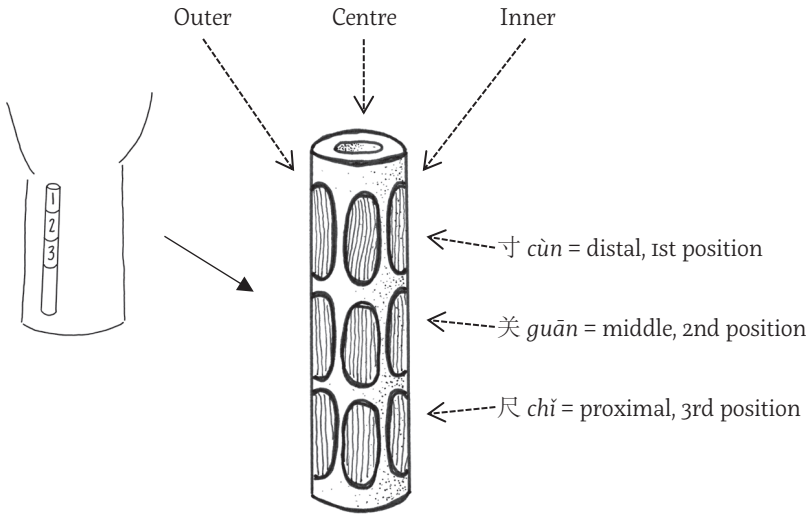
### Practical method of Step 3

This method is unusual in that it uses the concept of the *sides* of the radial artery and is outlined as such in the text of MJ 10, as we will see. To understand this best, we next review the local anatomy of the radial artery to see how the artery itself can be thought of as having sides.



**Figure 2.2**

Local anatomy of radial artery near wrist (view of left hand).



**Figure 2.4**

Nine-fold pulse arrangement made up of the normal *cùn*, *guān* and *chǐ* positions, having three possible aspects relating to the sides and middle of the artery.

*Left:* the usual three pulse positions mapped onto the radial artery (view of left hand).

*Right:* the same artery showing the nine-fold arrangement (view of left hand). The oval shapes indicate the place where the fingertips will palpate.

Following on from this, here are the areas of the radial artery (valid for either hand) with general correspondences:

<b>Outer</b>	Lateral – radial aspect	Three leg <i>yáng</i> channels
<b>Centre</b>	Middle – uppermost aspect	Three arm <i>yīn</i> channels
<b>Inner</b>	Medial – ulnar aspect	Three leg <i>yīn</i> channels

## CHAPTER 4

# INTEGRATION

We have now completed the main study of the A-B-C Method in a step-by-step way. We have generated a good level of detail and can now look at how to make more sense of the findings as a whole in the following process of integration.

People are complex and diseases are complex. To match this, we need a clinical approach with a similar level of detail. The A-B-C Method involves a detailed view, being able to assess not only organ function but elemental factors and imbalance in the overall channel system. However, it is important not to get lost in the details, otherwise we won't know which angle to take in our treatment. It is important to synthesize the findings and know how to zoom out and take a “big picture” view of the situation.

This process of *integration* has two aspects:

1. Integration of all the pulse signs of the A-B-C Method into a coherent whole.
2. Integration of the A-B-C Method findings with the wider diagnostic and clinical picture.

This integrated approach, addressing both aspects, enables a treatment plan to emerge that is able to effectively address the main complaint and the person as a whole.

### **The main complaint**

Everything comes back to the main complaint. Front and centre in the mind of the patient, it is also the yardstick to measure how well we



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