

On the Matter of the Pulse

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My recent book, Contemporary Chinese Pulse Diagnosis, presents teaching that was passed on to me by Dr. John Shen, an innovative and venerable master of pulse diagnosis. In the 27-year period of our acquaintance, this teaching occurred during a period of eight years when I sat with him and his patients, taking pulses two or three days a week. It is based on 70 years of Dr. Shen's work, and 30 years attempting to feel, understand, and codify what he taught, while adding substantially from my own observations, which sometimes differ from his.

Soulie De Morant, author of *l'Acupuncture Chinoise*, the work that led to the first successful European acculturation of acupuncture in the 1950s, stated the case for pulse diagnosis concisely when he wrote, "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."

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 and fruitless pursuit of symptoms, and keeps us focused on the reality of the individual's condition and being.

In addition, the pulse gives information about the events in a person's life that create this deviation from the Normal, allowing our patient the opportunity to change his life and 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 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 patients, one with themselves, one with the diagnostic process, and perhaps one with the universal forces that are expressed through the pulse.

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 has been 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 for the decline is that the world has changed in remarkable ways since the eighteenth century, and Chinese pulse diagnosis has not kept pace. 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 called *homo sapiens*, which has evolved in a remarkably stable, slowly changing cultural environment for at least the last ten thousand years,

until about three hundred years ago.

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 and drought and famine, the need for adequate food and shelter for which it might be necessary to fight, these were the unchanging stresses to which we were subject and to which we adapted for eons of time. Our medicine evolved to meet these exigencies according to the culture of the time, as described in detail by Paul Unschuld in “Medicine in China, A History of Ideas.”

While the human organism, the genus and species, is relatively constant over the past fifty thousand years, 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 that is almost incomprehensible to the 20th 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 mainland Chinese experiment

In the late 1950s, 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 as a result pulse diagnosis was judged 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 systems, in which 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 as well as each different pulse system is correct, providing not contradictory information, but different information.

One aspect of the totality of living organisms is their function as broadcast systems, which can be accessed on an infinite number of bands of the electromagnetic spectrum, and that messages can be linked in endless ways. There are systems of the pulse that leave out the part of the pulse we use entirely, beginning further up the arm. Who knows how many models have come and gone, and what accidents of history have retained some and lost others? There is strong evidence that the ancient Hebrews had a very sophisticated pulse system based on sound, as did the Iranians. They probably exchanged information when the Jews were exiled in Babylonia.

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 model 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.

Each individual system is providing us with different but equally valid information, and that collectively, pulse diagnosis is a reliable source of vital diagnostic data and a profoundly effective system of preventive medicine.

Symtoms, signs and diagnosis

The human organism has a limited reservoir of symbols with which to express its internal anguish. We call these symptoms. This limitation of the expression of dysfunction and misery calls for, and is the genesis of, the art and science of diagnosis. Likewise, the pulse 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 the ability and sensitivity to perceive more sensations than others, the qualities themselves do not change, and are the same as always. What has changed are the causes for these qualities, the ability to distinguish them from one another, and the language with which to communicate them.

To meet this need, my pulse model includes considerably more than the standard 28 qualities, which can be read in eight 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 seem associated with deeply entrenched “retained pathogens” and “latent heat.” Some of these qualities vary slightly in sensation at different positions, and some have different meanings in different positions. These qualities are accessed at the six Principal Positions and 22 Complementary Positions. This picture becomes more detailed if we include the Hidden and Firm qualities below the Organ Depth, which are found only rarely under extreme conditions.

Over the eight years that I spent with Dr. Shen, “sitting” with 30 patients a day for two to three days a week, I was taught the necessity of “rolling the fingers” in order to access two of the six Principal Positions, and most of the Complementary Positions. This has been confirmed by Soulie de Morant’s material, given to me by Dr. Dick Van Buren in 1972 and partially recorded in a recent translation of his book, *Acupuncture Medicine*.

Throughout the book I have attributed new interpretations of qualities commensurate with the stresses of our time, and I have aspired to create a modern language of qualities based on easily recognizable sensations. “A feather floating in the wind” or “the pulse of the heart should sound like the blows of a hammer (continuous)” from the *Nei Jing*, is poetry that 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 21st century practitioner from any contemporary culture who is conversant primarily in a modern language.

While drawing from the vast reservoir of past wisdom, *Contemporary Chinese Pulse Diagnosis* 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. The only issue is whether or not it works.

The teaching-learning experience

My experience in teaching, during which 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 500 years ago by Li Shi-zhen, or 1900 years ago by Wang Shu-he, 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.

To paraphrase J. 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.”

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.” To 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 that encourage short-term vision and short-term investment of all positive human attributes. This methodology is meant 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 that are the rites of passage to all that is worthwhile.

Senses, humanity and the machine

The human condition is a house divided against itself; awareness is 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.

In *The Pulse in Occident and Orient: Its Philosophy and Practice in Holistic Diagnosis and Treatment*, Reuben Amber wrote that "The Chinese use sounds to describe their pulse findings: the music of the lute the rustles of the reeds." Though the sound associations of a 21st century person will most likely be different from those of a 2nd 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, "The Unani physician (of ancient Persia) 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 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 their senses, and those who trust their senses, but disbelieve the machines."

As the 21st century begins, those of you who have chosen to practice this profession are relatively unique in this culture, inasmuch as you have undertaken a task which 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.

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 that is 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 can reply, "I offer awareness."

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