My interest in pulses is deep rooted. When I was very young, my grandmother used to tell me that, in her younger days, Indian doctors diagnosed illnesses just by feeling wrist pulses and that in some cases they could even foretell the illnesses to come. After she died, I never heard about pulses again, until I took a course in acupuncture organised by Julian Kenyon and George Lewith. We were told during the course that we could only learn the pulses through practice, as it was impractical to teach them over one weekend.

With no fellow doctor to guide me, I began to read all the books which detailed the Chinese pulses. I followed Mary Austin's book *Acupuncture Therapy* literally. It was not easy, but I was determined. At the same time, I kept in touch with Dr Lewith and visited Dr Austin in London to show her my treatment cards.

**Pulses**

The chief means of diagnosis employed by Nei Ching is the examination of the pulses. All other diagnostic methods were considered to be secondary to the palpation of the pulse. The system of pulse palpation was believed to be effective in diagnosing the nature and location of any disease. This theory is based upon the various stages of interaction between Yang and Yin and upon the balance of the five elements. It was believed that the pulse actually consisted of three sets of pulses in each hand, each being connected to a particular organ in the body and able to record the most minute changes taking place. Pulses are constantly changing during the day and vary according to the season, with Yang pulses dominant in the first half of the year and Yin in the second half.

To palpate the pulses, first put the index finger on the radial styloid, middle finger below the styloid and ring finger below the middle finger. Let your fingers rest relaxed and then feel the pulses without pressing the artery hard. These are superficial pulses. Feel the quality of the pulses under each finger and make a note of them by writing 'D' for deficiency, 'N' for normal or 'E' for excess. Next, press hard on the radial artery until you feel no pulsation then release very slightly until you feel the pulsation again. Note the quality in each place once more and make notes. At the beginning, you may think that you cannot feel the pulses or note the differences, but you must concentrate hard and keep on practising. Try to feel your own pulses at various times of the day and also before and after meals, before and after bowel and bladder evacuation, and feel the changing pulses. Once you have learned to feel the normal, deficient and excess pulses, you can advance to Chinese numbering.

The Chinese allotted a sort of score to pulses, using 4 as normal.

**Yin or deficient**

On the Yin or deficient side a score of nil indicates serious deficiency demanding action, while a score of 3 indicates deficiency, but not necessarily serious. On the Yang or excess side, a score of 5 is slightly excessive, while 8 is extremely excessive, and both 7 and 8 need urgent attention.

In my practice I use nil as normal and consider -1 to -3 deficient, while +1 to +3 is excessive.

Before you start taking pulses, allow the patient to rest for about 10 minutes in a quiet room and let the hands rest on a table, relaxed. Keep silent and concentrate. Start by feeling left hand pulses in the male and right hand pulses in the female patient. Don't palpate the pulses when you are in a hurry or in a crowded or noisy room. Bear in mind also that the ideal time for taking pulses is supposed to be between 5.00 am and 10.00 am.

There are various types of pulses, but only by practice will you be able to recognise them as: slow or fast, soft or strong, wiry, full or bounding and so on. The reading of the pulses and application of the theory of five elements go hand in hand. Therefore, you must have a fairly wide knowledge of the five elements. Pulses are the indicators of life energies of Yang and Yin.
They are the gateway to an understanding of the pathophysiology, Yang and Yin imbalances, Qi accumulation and so on. In other words, they are very sensitive barometers.

The five elements are: wood, fire, earth, metal and water, in that order. They can be depicted as a creative cycle as seen in figure 2. Thus fire creates earth by making ashes; earth creates metal by making ores; metal creates water by melting; water creates wood by feeding plants and wood creates fire by burning.

![Figure 2 The creative cycle of the five elements](image)

Note: If the energy is equal in all elements, it flows clockwise but if there is excess or deficiency it flows anticlockwise.

The elements can also be depicted in a destruction cycle, in which each element keeps another under control or check, as in figure 3. Thus fire controls metal and is controlled by water; earth controls water and is controlled by wood; metal controls wood and is controlled by fire; water controls fire and is controlled by earth; wood controls earth and is controlled by metal.

![Figure 3 The destruction cycle](image)

The five elements are governed by two laws. Under the 'mother-son' law, each element is in harmony with the one that precedes it and the one that follows it in the circuit of energy. The former is 'mother' and the latter is 'son'. The law states that if an element is deficient you should tonify the 'mother' and if it is excessive sedate the 'son'.

Under the 'husband-wife' law, the right hand is the 'husband' and the left hand the 'wife'. Normally the left hand pulses are slightly stronger than those of the right, so this denotes harmony in the home. If the 'husband' is excessively dominant there is disharmony and if the 'wife' is dominant there is chaos. Thus you should note which hand pulses are excess or deficient.

### Practice

Begin by feeling the pulses of patients diagnosed by traditional Western medicine, note down the qualities of the pulses and study them. Always write down everything you feel about the pulses. There is nobody to guide or correct you and you will make mistakes, but you will win in the end.

After taking the pulses, write down each pulse in its respective position as in figure 4. Here there are imbalances in three elements internally. This can be corrected by tonifying the passage point on the deficient side to bring energy from the excess.

If there is a deficiency in the whole element, the method of balancing is complicated to say the least. Here you have to apply the 'mother-son law'. At this point I should point out that some authorities say kidney and stomach pulses are weaker than the rest and that if they are weak they should be considered normal while if strong they indicate excess energy.

If, however, there is an excess in one element and no deficiency anywhere else you will have to create a deficiency artificially. This can be achieved by short starvation to create a deficiency in the stomach, long starvation to create a deficiency in the small intestine or giving an enema to create a deficiency in the large intestine.

While tonifying the passage points or other points, a deficient pulse may normalise within a matter of seconds. Sometimes, however, the pulse does not correct itself even after rigorous tonification, but if you use the source point of the organ meridian concerned for tonifying, the pulse invariably becomes normal.

### To sum up, the advantages of pulse diagnosis are:

1. It is the cheapest means of diagnosis;
2. It can be used anywhere without expensive aids;
3. It can be used successfully as a preventive measure to correct imbalance every three to six months;
4. It can complement modern aids in differential diagnosis;
5. It is harmlessly beneficial for patients and immensely satisfying to doctors.

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Scientific and clinical teaching.

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There is no substitute for going to China and seeing these diseases treated and cured, but not all doctors are able to do so. I saw doctors using acupuncture effectively for conditions like epilepsy, which is not normally treated by acupuncture in Britain. There was no question of this being a show to entertain and impress westerners.

Chinese names and points are used; this is important because not all numbering systems are the same and, secondly, because it is easier to remember the Chinese point by name than by number. The name, when one takes the trouble to discover the meaning, indicates something about that point — where it is situated and what it does — and this knowledge makes acupuncture all the more interesting. It is also a system of communication between the practitioner and the teacher and between the doctors who practise acupuncture and the Chinese, who speak very little English.

**SCHIELDERUP, LASER**

may sometimes be more effective in cases of Bechterew's disease than other acupuncture techniques and it may be of definite value for many disorders of the eyes. However, so far I have not been able to come to definite conclusions as to when laser acupuncture is more effective than more traditional methods.

I believe, however, that the advent of laser acupuncture opens very promising possibilities for acupuncture and bioenergetic medicine. Something very important is happening in Soviet medicine and it is my hope that a proper collaboration may be established between Soviet and western countries to the common benefit of mankind.

**MARCUS, MEDICINE**

mechanistic grounds when to use electrical stimulation and when manual, and which points to stimulate for particular conditions.

A final virtue of acupuncture takes me back to one of the reasons for the increasing popularity of fringe medicine. Patients appreciate regular treatment from a single practitioner who is usually enthusiastic about his technique, often under the leisurely conditions of private practice, which allow time for explanation and general discussion. Acupuncturists are nice people!

In concluding this overview of acupuncture in British medicine I would like to deal with one further subject, which is currently generating a lot of heat but not much light. Who should carry out acupuncture? I had better nail my colours to the mast right away. I think that the practice of acupuncture by lay people is quite wrong. They do not have the necessary training in anatomy, physiology, pathology and microbiology. They do not have sufficient skill to diagnose the condition they are treating or to discern a deterioration or the onset of concomitant pathology. They do not have knowledge of other forms of medical treatment which may be indicated instead of acupuncture or in parallel with it. They cannot prescribe drugs, they have little or no access to diagnostic facilities, and they cannot seek the opinion of other medical specialists. Unfortunately, there is no control over the unqualified practice of acupuncture, and it is particularly galling that lay practitioners, who may or may not have any training, can advertise their services in the local paper or, indeed, by putting up a sign in neon lights outside their house. I really think this is an area where the GMC's code of practice about advertising works to the detriment of patients. If the profession as a whole knew about acupuncture and patients wishing for this form of treatment could readily gain access to a medical practitioner of it, patients would not be driven to consult the lay person who advertises in Yellow Pages or in the back of magazines.

We should not, however, overlook the necessity for training para-medical personnel in the safe use of acupuncture, to provide assistance following diagnosis and prescription by doctors. Many treatments are routine and need to be performed at intervals over some weeks, and there seems no reason why nurses or physiotherapists could not do this under the supervision of doctors, as, for example with TENS. I use physiotherapists for this purpose in my hospital practice. I did not, my waiting list would be unacceptably long.

It is difficult to judge whether physiotherapists, say, should operate independently in initiating treatment. I would much rather a physiotherapist did this than a lay person, but my previous remarks about lack of training apply even to them. Some individuals could be trusted to treat only straightforward conditions and to differentiate between, say, cervical spondylosis and metastatic deposits, referring patients for a medical opinion where necessary. Others, no doubt, could not.

Perhaps the ideal situation would be for acupuncture to be available only under medical supervision. But it would be necessary to train many more doctors, for GPs and hospital doctors to be aware of the indications for acupuncture and where they can find medical practitioners and for us to make adequate provision for initiation and continuation of therapy under our supervision, so it can be widely available. The danger here is of losing our case by default, because events are moving very quickly.

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This information is correct at the time of printing, but individual course organisers may vary fees etc at short notice.

All these courses (except Dr Mann's) have had section 63 approval (zero rated). However this may be withdrawn due to cuts in the NHS Post-graduate training budget.
Chinese pulses: Talk given at the annual general meeting of the British Medical Acupuncture Society held at Stratford-on-Avon on 7th May, 1983

Sid Thalange

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