There are many models of pulse diagnosis practiced within East Asian Medicine. CCPD employs a 3-depth model, as such; it incorporates earlier models from the Nei Jing, Li Shi Zhen (1564), and Zhang Jie Bing (1624).

Like the Nei Jing Su Wen model, Yin organ energetics are emphasised. Therefore the Yin organs (Heart, Liver, Lung, Kidney Yin and Kidney Yang) and the Stomach are seen as the significant energetic factors and are assigned the 6 pulse positions (Ni 1995, p. 47). Incorporating the three depths, the Qi depth represents the contribution of each Yin organ to the total Qi of the organism; the Blood depth, the blood; and the Organ depth relays information of the organ itself.

Other similarities are found in the organization of pulse positions. The Nei Jing model posits a holographic representation of the physical form at the radial artery, with the distal positions reflecting the chest, the middle positions the epigastrium to the abdomen and the proximal positions the abdomen to the feet. (Ni 1995, p. 69) Li Shi Zhen (1564) views the pulse similarly with his model of the Three Burners (Li 1985, p. 3). Li also describes palpation of the superficial, middle and deep aspects of the pulse (Li 1985, p. 5). These considerations have likewise become the standard model used in contemporary China.

Zhang Jie-Bing’s (1624), location of the sternum at the right distal position anticipates Dr Shen’s diaphragm position (Zhang 1624; Hammer 1993). It is also interesting that Zhang Jie-Bing similarly notes the Large Intestine in relationship to the left proximal pulse and the Small Intestine in relationship to the right proximal pulse, though in a more superficial position (Zhang 1624, Hammer 1993). Dr Shen’s positioning of the Pericardium is also similar to Zhang Jie-Bing. But perhaps the most intriguing aspect of this pulse system lies in the story of the two men associated with its development in modern times. Dr John HF Shen and Dr. Leon Hammer, M.D. are listed in Volume I of the AAAOM’s ‘Pioneers and Teachers AAAOM Historical Project’. Their association lasted for over 28 fruitful years, until Dr Shen died in 2000.

Dr Shen trained in the lineage of the Ding tradition, both as a formal student in the Shanghai College of Chinese Medicine (Scheid 2007, p. 394) and as an apprentice in this important current of medical scholarship. After he joined the intellectual exodus from China prompted by the Communist revolution, he continued to practice in Taiwan and Southeast Asia. Whilst in Vietnam, he is believed to have encountered a pulse tradition passed down from father to son in the Mekong delta. The model documented in Fourth Uncle in the Mountain is strikingly similar to that of Dr Shen. The pulse positions described in this text are nearly identical to that used in CCPD (Quang 2004, pp. 120-122).
Contemporary Chinese Pulse Diagnosis is the result of Leon Hammer's refinement of the pulse system which he inherited through the tutelage of Dr John Shen. With 80 qualities, 6 Principal positions, 22 Complementary positions, and 8 Depths it offers an extraordinary amount of information about a person's past, present and future health. The capacity to realize Chinese medicine in such depth and breadth has inspired many practitioners who seek this realization to master its complexity.

As described by Dr Leon Hammer, “The Normal pulse is a sensitive and precise measurable standard of health. It enables us to detect early deviations from health. It provides us with a preventive medicine. All of these capabilities are almost completely lacking in our modern health care system” (Hammer 1993). The significance of this statement lies precisely in the capacity of the pulse to become a tool for preventive medicine, and as an evolving means of incorporating expanding bodies of knowledge into the rich framework of traditional Chinese Medicine in the service of this ideal. Another point demonstrating the importance of a sophisticated system of pulse diagnosis is the degree to which it renders intelligible even the most knotty, complex and chronic conditions across the entire spectrum of the body-mind. As Zhu Dan-Xi states, “If a physician intends to determine whether the blood and Qi are diseased or not, they have no other way to obtain that knowledge than by palpating the pulse” (Zhu 1994, p. 12).

References


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