

Directional Pulses

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Lineage/Influences

- Jeffrey Yuen
- Mai Jing
- Wang Shu-he
- Li Shi-zhen

Wang Shu-he

- Mai Jing: 10 scrolls: Scroll 1, Ch.1: 24 pulses. By depth, speed, textures, qualities... deep, rapid, slow, wide/big, thin/small, choppy, hidden, etc.
- 4 tools of evaluating pulses
 - First issue is depth/height (amplitude).
 - Second, is speed/rate (rapid, slow)
 - Third, width/size (thin, big)
 - Fourth, texture/qualities, etc..
 - Some add strength as 5th. These are static pulses.
- Dong: moving pulses.
- Ding: stable/static pulses

Li Shi-zhen

- Other book is in Ming dynasty: Li Shi-zhen's Mai Jing.
- Li's Mai Jing: 27-28 pulses are given. Many are similar to Wang Shu-he.
 - Li tries to simplify pulse taking.
 - Only focuses on the static pulses.
 - This is what has influenced modern CM practice.
 - Static qualities as representing different phenomenon, and Dynamic pulses representing the process and movement of that phenomenon.
 - Compare to Shen-Hammer and 90 pulse qualities based on sensation.
 - Complexity and number of Shen-Hammer qualities allows us to see process as well, e.g., Thin Choppy Changing Rate at Rest and blood defic and HT qi defic as creating blood stasis. Choppy in and of itself doesn't give the why...

Pulse as cultivation

- Pulse is a cultivational art in addition to technical.
 - Cultivation means not looking for anything; being present with who you are and developing confidence/trust/faith/sense of peace. Allowing message to come to you without bias or lens. Difficult in beginning...
- Pulse as a dialogue.
 - If you feel it as negative, see if you can feel it as something more positive.
 - If pulse is too fast, tell it to slow down.
 - If too tight, tell it to relax, etc....
 - if too relaxed, tell it to consolidate.
 - See if pulses change b/c you are touching the person. If they do, you have initiated the healing process even before the needles or herbs, etc.
 - Diagnosis as part of treatment process. Connection and communication between you and patient initiates the healing.
 - See also Dr. Hammer's Patient-Practitioner Relationship book by Thieme

Cultivation

- Gan Dong: Wang shu he: part of pulse taking was to stir up your client and make them move in a particular way; move their soul
 - What clinician tries to do. Tries to bring sensation/feeling/mood, becomes moving, poignant. Spiritual light tries to affect the physical light, the jing's light, the ming men fire. Idea of Triple Heater assoc on the right chi. Fire into one's deepest aspects. Right side keeps the memories/records of all the thing that the essence has experienced. Try to move them and stir them up.
- As you feel chi: trying to give patient spiritual light. And pay attention to your own spirit. Do you see them as separate or the same. How would you overcome the patient's difficulty? Impart an imprint of your own intentionality to initiate healing.
- When you take pulses, you are invoking shen men. Give them the light. Part of the cultivation.

4 Pillars

- Pulse dx influenced by number of factors:
- 4 diagnostic components: Gang. A net. Throwing out a net and reel it back in, and what did you catch.....? Net involves:
 - looking: gives us impression of person
 - listening and smelling: one's expression
 - asking: suppression: not generally told to others necessarily, e.g., menstrual issues, GI/bowels, etc.
 - palpating: repression. Feeling for things that are hidden.
- Always engaging the dialogue

DIRECTIONALITY

- Communication b/w organs. We are speaking of a process of movement and interrelationships between the organs
- Don't linger as you take pulse, do it quickly b/c practitioner can affect pulse. Like doing qigong on pulses. See quickly before you change it. How quickly will depend on lots of factors, including one's cultivation, stability of the patient, how much information and detail you are looking for (i.e., assessing constitution can take longer than checking for sinew meridian activity for example)
- Pulse Neutral: all fingers at ying/moderate/blood level. Starting point..
- Do right hand first: SP governs post-natal qi. If SP not healthy, can't have long-term systemic health.

(LU dispersing/diffusing wei qi to exterior)

- pulse neutral.
- put intention on SP and write down quality
- then put intention on LU and write down quality
- Press down on right proximal, then right middle and release pressure from LU slowly from moderate level: should float to skin
- Making sure LU has integrity to bring wei qi to surface to eliminate pathogens. If this pulse is not present, clearing an EPF or externalizing and clearing an IPF will be compromised.
- Factors to consider:
 - Amplitude at which LU can diffuse; can it reach the surface?
 - Width of RMP and quality/quantity of fluids available to rid pathogen (need fluid discharge, ie sweat, nasal discharge, etc.)
 - Integrity of KI yang and yang qi in general: source of wei qi
 - If LU cannot diffuse, where does pathogen go? Towards organ? Latency to LM, DM, 8x
 - If LU qi can't diffuse, is wei qi being trapped in M.J.? Is ST floating tight? Need to release to free up wei qi

(SP ascends to LU)

- Pulse neutral
- add pressure to SP (visit yuan level or deeper moderate level) and lift LU: LU should pop up into your finger
- Assessing earth's ability to engender metal. Earth's boundaries and bonding allow for metal's individuation (See Dr. Hammer's DRRBF).
- Assessing ascension of pure yang of ST. Pure yang of ST must ascend to allow for conversion of pure and turbid to wei qi as well as nourishing the portals/senses. Quality of one's perceptions; dry eyes, nose, poor hearing/smell, etc.
- Assessing ascension of red substance to the chest for final conversion into blood. Blood deficiency, palpitations, etc.
- Assessing ascension of red substance to chest to cool off desires. Anxiety, palpitations, mania, panic, etc.

(SJ Floats)

- Pulse neutral
- Go to yuan level
- put attention on KI yang and write down quality from yuan level. Slowly let up pressure to make sure it doesn't float. Should lose it before moderate level
- Assessing latency and loss thereof. Can look to assess which DM are most active and where pathogen is/was being held/lost. Can search for area/position that demonstrates heat/infection/pathogen. Can search to see which humors are most responsible and which are most abundant to utilize to regain latency.

(ST descends)

- pulse neutral
- bring KI back to yuan level and add pressure to SP pulse while you release KI (deep to less deep/moderate): should feel KI pop up
- Alternate:
 - From wei level, pressure to proximal and pump down on right middle and release proximal.
 - **ST descending to intestines**
- Assess ST emptying and proper harmonization in M.J. (ST descension and SP ascension). Also, does ST get stronger as press from 3-6 beans?
- Assess assistance via RDP in descension
 - LU to KI
 - LU getting stronger as push from 3-6 beans

(KI grasping LU qi)

- pulse neutral
- deep into KI. Press on LU (to moderate level to slightly deeper) and release KI: KI should pop up
 - if KI not deep, go to where it is strongest
- Assessing strength of descension of LU to KI.
- Factors to consider:
 - Movement of qi and blood from upper to middle/lower burner
 - Oxygen fanning the fire of mingmen to allow for proper SJ dissemination of yuan qi to back shu points
 - Descension of jin-thin fluids to support KI and proper hormonal functioning
 - Descending of upper burner qi to allow for rooting in lower abdomen and dantian. (Major practice of qi gong and vitality/longevity). Also allows for proper relaxation and calming of nervous system and hypervigilance (hyperadrenaline). Prevents stagnation of qi (and eventually blood) in upper jiao/chest/HT.

(HT expressing shen)

- Pulse neutral
- write down quality for LR
- write down quality for HT
- Pressure on proximal, then middle and release distal: should rise up to wei level
- Assessing capacity of individual to manifest and express one's shen and inner nature.
- Allows for proper qi dynamic in chest and peripheral circulation
- Factors to consider:
 - LDP quality: tight, wiry showing stagnation? Muffled, Sticky showing chest oppression? Slippery showing phlegm misting the orifices?
 - LMP and lack of nourishment from blood; stagnation, nervous system tension: any or all can prevent LR blood from nourishing HT qi
 - LPP and one's self esteem/worth; fear, guilt, willingness to share of oneself with the world; depression (endogenous depression and deep proximals)
 - Excessive expression: anxiety, mania, scattering of shen.
 - Also assess RDP and LU diffusing: excessive LU diffusion in upper jiao can impact HT expression

(LR blood nourishing HT blood and therefore HT qi)

- Pulse neutral
- press on LR and release from HT: HT should pop up
 - (Ling Shu says SP ascends LR blood to HT)
- Assessing proper relationship b/w LR and HT and whether LR blood storage is ample to support nourishing of HT qi.
- Assessing whether circulation from LR to HT is unimpeded...
- Factors to consider:
 - LMP and lack of nourishment from blood (thin, tight); stagnation (tense, tight, wiry), nervous system tension (thin tight; tense pounding): any or all can prevent LR blood from nourishing HT qi
 - Diaphragm: Shen-Hammer diaphragm inflated? Blocking movement between middle and upper jiao?
 - LPP: quality of LPP. Tight/Wiry/Thin? Does LR need to prioritize converting LR blood to KI yin instead?
 - DM activity? Is LR blood holding pathogen in latency?

(LR blood nourishes KI yin)

- Pulse neutral
- press KI deep, pressure to LR and KI pops up as release
 - if reversed ie press on KI and LR and LR pops up it's pathological. This is KI yin-jing breaking down to finance LR blood)
- Assessing whether there is sufficient LR blood to support KI yin-jing.
- Factors to consider:
 - LMP: thin, tight or choppy: yin, blood deficiency or stagnation?
 - Dai mai? Any blockage?
 - DM activity?

(HT communicates with KI)

- Pulse neutral
- press KI deep, press HT and release KI to moderate: KI should pop up
 - (self esteem pulse/ self conquest pulse)
- Assessing proper relationship b/w fire and water: communication b/w shen and jing. Comfort with who one is.
- Factors to consider:
 - Bao mai?
 - Dai mai?
 - LDP: excess scattering of shen? Rapid pulse reflecting too much heat/desire; slippery and phlegm misting; muffled and sticky with chest oppression blocking
 - LPP: floating from nervous system tension and hypervigilance; lack of water to root fire; guilt/fear (rvib) preventing rooting in lower jiao

KI to HT

- Pulse neutral
- press HT and more to KI and release from HT:
if HT pops up
- **(pulse of divine grace; person surrenders to life challenges with grace and understands part of person's curriculum)**
 - (Jeffrey doesn't take this pulse; says it's not his business)

Refusal

- if pulse you are pressing on pops up it is called Refusal
- --if happens with HT/KI it means PC is refusing message/jing/unfolding of curriculum
- if upper and lower jiao not communicating bilaterally it means Shen disturbance
- bilaterally if pulse superficial in cun and chi and nothing underneath (empty) and pulse is deep in guan and nothing on top, means ghost invasion possible.

Blockage

- if nothing happens w/ organ popping up but diaphragm bulges b/w fingers that is a diaphragm blockage; Bao mai
- if bulges b/w lower two fingers it is a Dai mai blockage

Notations

- LU ↗ _____
 - ↑
 - SP _____
 - ST ↓
 - KI _____
 - SJ ⊘
 - SJ FLOATS
- HT ↗ _____
 - ↑
 - LR _____
 - ↓
 - KI _____

Diagnostic Relationships

- LU qi deficiency:
 - Assess quality in right distal position
 - Assess SP movement to LU (support from ying qi and middle burner)
 - Assess quality as lift: thin, tight (yin-fluid defic?)
 - Assess KI movement to LU (support from yuan qi and lower burner)
- HT qi deficiency:
 - Assess quality in left distal position
 - Assess LR movement to HT (LR blood converting to HT qi)
 - Assess quality in LR (thin, tight: yin, blood defic not sufficient to convert to HT qi)
 - Assess KI movement to HT (KI yang supporting HT qi)
- KI qi deficiency:
 - Assess quality in right proximal position
 - Assess LU movement to KI
- KI yin deficiency:
 - Assess quality in left proximal position
 - Assess LR movement to KI
 - Assess quality in LR (thin, tight, choppy: blood insufficient to nourish, qi/blood stag, etc.)
 - Assess HT movement to KI
 - Assess quality in HT (thin, tight: HT qi agitation, HT yin defic; HT fire burning yin....?)

Other relationships

- Left distal to Left middle: PC sending blood to be stored in LR. (e.g., ovulation time)