

7.3 Questioning

Questioning is an examination method whereby various questions that may be of help in determining the pattern of imbalance are asked of the patient. Questioning is a very important and fundamental part of an examination, but many beginners are uncertain what to ask. Many are also poor questioners and ask irrelevant questions or ask questions in a rote manner, such that the patient feels uncomfortable or offended.

Some patients, for instance, who come for a fairly simple low back treatment, may think it intrusive to be asked for information beyond the basics of name, address, and age, such as profession, previous illnesses, home and family environment, and family medical history. To them, such seemingly overly detailed questioning can make them dislike the practitioner. Questioning, in a sense, involves eliciting some secrets from the patient, so appropriate discretion should be used while asking only those questions that are related to the symptom pattern.

Poor questioners usually get poor answers from their patients. Some patients may really dramatize their situation and others may go on and on about their condition. This can reach the extent that some practitioners even think the patient is telling nothing but lies. But all these problems arise from unskilled questioning.

In order to be a competent questioner it is essential to have a wealth of knowledge about numerous diseases—both from the contemporary medical perspective and the traditional medical point of view. It is of course even better to have experience examining and treating those diseases.

7.3.1 Basic Questions

Name, Address, Age, and Occupation

This is the bare essential information to be asked. Sometimes it may be necessary to ask the patient's gender if it is not apparent.

Some patients may not wish to reveal their occupation. Depending on the circumstances, the question may be phrased in a general manner such as, "Do you do office work?" Or, you may ask in a chatty manner while giving the treatment.

Family Structure and Family Medical History

Some patients may dislike being asked in a formulized manner for this information if they have only come for treatment of something like low back pain or stiff shoulders. On the other hand, some patients may develop a sense of mistrust if they are not asked for this information when they know it is relevant to their illness and should have been asked for it up front.

It is essential to ask about family structure if you are giving advice to parents with a child having a psychological block about going to school or are treating patients who have had a nervous breakdown.

While conducting the pulse diagnosis it may be good to ask questions concerning family medical history to confirm any suspicions gathered from the pulse, such as, “Would either of your parents happen to have high blood pressure?” Other common conditions to which family medical history is relevant include diabetes, asthma, and atopic dermatitis.

Previous Illnesses

It is also best, if possible, to ask about any previous illnesses based on insights gained while conducting the pulse diagnosis or abdominal diagnosis. Or, if you do not perceive anything through these examinations you may ask, “Have you ever had any serious illnesses?”

Liver deficiency or Spleen deficiency Liver excess are common when the patient has previously had diseases such as hepatitis, cholecystitis, or cholelithiasis (gallstones). Spleen deficiency Liver excess or Kidney deficiency are common when there has been a case of gastric or duodenal ulcer. Spleen deficiency is common when there has been an intestinal disease. Patients who have had lung diseases tend to develop Lung deficiency or Lung heat.

Therefore, asking about previous illnesses can give useful information for helping to determine the pattern of imbalance. However, it should be kept in mind that this information is first and foremost only for reference, and that mistakes can be made due to diagnoses based on preconceived ideas. Acute conditions in particular almost always are unrelated to previous illnesses.

7.3.2 Chief Complaint

The chief complaint refers to the symptoms that cause the most suffering. Questions pertaining to the chief complaint include such things as its location, when the patient contracted the illness, its progression since then, what the patient thinks might be the cause, and times or seasons when the symptoms become aggravated.

Confirming the Localized Area of Illness

All illnesses stem from a deficiency of essential ki of the zang organs. Localized symptoms appear when heat and cold arise due to a deficiency of ki, blood, and fluids (pathological deficiency) caused by the combination of any of a number of possible factors in combination with the underlying deficiency. The majority of localized symptoms that patients convey as their chief complaint are the areas affected by cold and heat. That is to say, it is common for the area of the chief complaint to lie along the meridian(s) that should be used for the local treatment.

For instance, suppose that a patient presents with a complaint of stiff shoulders due to age (i.e., fifty-year-old's shoulder). This ailment is commonly caused by Liver deficiency. Blockage of the meridians in the area of the shoulder joint gives rise to it being the specific area of the chief complaint. So, first of all you should diagnose whether or not the problem is due to Liver deficiency, and at the same time you must assess which meridian(s) have blockage that may be causing the difficulty in raising the arm. In order to do that you should palpate each of the channels and have the patient raise the arm. But, before having the patient raise the arm, ask exactly where the pain is felt. This should be done with precision, politeness, and gentleness. This information will help in determining the meridian(s) and points to be used for the local treatment.

Obviously one must learn the flow of the meridians in order to be able to confirm the specific locations of complaint, but this should also be thought about together with yin and yang theory and the five phases theory when determining the pattern of imbalance.

For instance, pain and indurations focused near LI-15 on the shoulder might be due to the appearance of a disharmony of the Large Intestine channel caused by Lung deficiency, since the Large Intestine channel and Lung channel are in a paired yin-yang relationship. Or, the Large Intestine channel disharmony could be caused by Spleen deficiency because of the

Spleen channel's association with the yang brightness channel, of which the Large Intestine channel is a part. Or, the cause could lie in the controlling cycle relationship so that Liver deficiency causes deterioration in the flow of the Lung and Large Intestine channels.

Ask About Conditions that Aggravate the Symptoms

Acute problems are aggravated in relation to the time of day and physical posture, and chronic problems are aggravated in relation to the seasons. A simple listing of conditions is as follows:

Table 7-13: Seasonal and Temporal Aggravations and Associated Patterns or Indications	
Aggravation	Pattern or Indication
Aggravation in the afternoon, during the rainy season, or from overeating	Spleen deficiency
Aggravation in the spring and difficulty moving in the morning	Liver deficiency
Aggravation in the nighttime	Liver excess or any of the heat patterns
Aggravation in the summer	Kidney deficiency heat pattern or a Spleen deficiency cold pattern
Aggravation in the autumn	Lung deficiency or Lung heat
Aggravation in the winter	Liver deficiency cold pattern or a Spleen deficiency cold pattern
Aggravation caused by warming up or applying heat	Heat pattern
Improvement from cooling off or applying cold	Heat pattern
Aggravation caused by cooling	Any of the cold patterns

Moreover, it is possible to surmise which meridians are afflicted according to the worsening of pain felt with certain movements.

Classification of the Chief Complaint by Yin/Yang, Deficiency/Excess, and Cold/Heat

Yin & Yang: Classification of the symptoms of the chief complaint by yin and yang means differentiating whether the disorder is chronic and unchanging or acute and varying in its symptom pattern.

For instance, treatment should focus on tonification of the yin channels with retained needles, moxa-on-the-handle needles, and direct moxibustion for chronic conditions in which

there is little change in the symptom pattern. On the other hand, rapid insertion and removal with shallow needling is necessary when there are acute symptoms such as fever or asthma.

Deficiency & Excess: Classification by deficiency and excess means differentiating whether the area to be given the local treatment is deficient or excess.

Suppose, for instance, that you have tonified a deficient Kidney for low back pain. Next you must tonify or disperse the localized area of pain (e.g., the Bladder channel) depending on whether that area is deficient or excess.

However, it should be noted that palpation and the pulse qualities are used in addition to the symptom pattern for making the final determination of whether the local area is deficient or excess.

Cold & Heat: Classification by cold and heat means to differentiate the patient's chief complaint by whether it is a cold pattern or a heat pattern.

For a patient with low back pain and Liver deficiency, for example, it would be important to differentiate whether the pain is caused by a Liver deficiency cold pattern or a Liver deficiency heat pattern. At the same time, you should think about which meridian (i.e., the area of local treatment) is being affected by the cold or heat. Cold should be treated by tonification, and heat should be differentiated by whether it needs to be reduced by tonification or dispersion. It is imperative to reduce heat by tonification if there is no excess.

7.3.3 Etiology

When talking with patients concerning when their illness began, one usually asks if they know the cause of their illness. If this can be ascertained, it often leads to knowing which yin channel deficiency caused the illness. In other words, you can surmise which meridian is to be used for the root treatment. This demonstrates the importance of etiology. For more details, please refer to the chapter on etiology.

7.3.4 Questions Related to Particular Areas and Conditions

It should be no surprise that, depending on the chief complaint, there are questions that should be asked and those that are not necessary to ask. Below is a list of general things to ask about and information related to particular areas of the body and certain conditions.

Head	<p>Complaints include headache, heavy-headed feeling, dizziness, and faintness upon standing.</p> <p>Question whether the pain is chronic or acute.</p> <p>If the pain is chronic, ask the specific location. Migraine headaches (pain on the lateral sides of the head) are related to the Gallbladder channel. Pain in the occipital region is related to the Bladder channel. Pain in the prefrontal region is related to the yang brightness channel. Pain in the region of the parietal bone is caused by either Liver deficiency or Liver excess. Pain in the nighttime and pain that feels like the head is being squeezed is caused by Liver excess.</p> <p>In cases of acute headache, ask whether there is an aversion to cold or fever. Regardless of whether there is an aversion to cold or fever, a splitting headache with nausea may indicate a serious condition such as a subarachnoid hemorrhage.</p> <p>A headache with a puffy, swollen feeling upon touching the head is caused by Kidney deficiency. A heavy-headed feeling is often caused by Spleen deficiency. Dizziness upon standing is commonly caused by Liver deficiency.</p>
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Eyes	<p>Illnesses of the eyes are usually treated as Liver deficiency, and the Large Intestine channel is commonly used for the local treatment.</p>
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Ears	<p>Many patients have complaints such as a ringing in the ears, difficulty hearing, sudden deafness, and inner ear infections.</p> <p>Ringing in the ears is treated as Kidney deficiency with attention given to the Triple Warmer. Chronic hearing difficulty is treated as Kidney deficiency. Sudden deafness is treated as a Spleen deficiency Liver excess pattern with attention given to TW-17. Inner ear infections also indicate a Spleen deficiency Liver excess pattern, and either the Triple Warmer channel or the Small Intestine channel is used for treatment.</p>
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Mouth and Tongue	<p>Patients may come with chief complaints such as stomatitis, angular cheilitis, herpes labialis, or ulceration of the mouth. Most of these are caused by heat in the Stomach. The Stomach heat could in turn result either from Spleen deficiency or Kidney deficiency.</p> <p>Stomatitis can be caused by Behcet's Syndrome, in which there will also be ulceration of the genitals and erythema nodosum (red and painful nodules on the legs). A Liver deficiency cold pattern is commonly seen with Behcet's Syndrome.</p>
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Nose	<p>Patients may have chief complaints such as rhinitis or empyema (sinus infections).</p> <p>A runny nose, sneezing, itchy eyes, and seasonal occurrence indicate allergic rhinitis. It is treated as Spleen deficiency using the Large Intestine channel.</p> <p>A heavy or oppressed feeling around BL-2 and in the occipital region, and a stuffy nose with occasional thick mucus discharge indicates an empyema. It is treated as Lung deficiency with heat in the yang brightness channel or Spleen deficiency with heat in the yang brightness channel.</p> <p>Rhinitis symptoms with an aversion to cold or fever should be considered as Lung deficiency and treated using the yang brightness channel.</p>
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Throat	<p>Patients may have a sore throat as the chief complaint. Confirm whether there is an aversion to cold and fever, or only an aversion to cold, or neither an aversion to cold nor fever. Next, confirm whether the pain is on the Conception Vessel (anterior midsagittal line) or the yang brightness channel.</p> <p>Pain along the Conception Vessel with mainly an aversion to cold and little fever is treated as Kidney deficiency.</p> <p>A swollen and painful yang brightness channel with an aversion to cold, a subjective feeling of fever, and a high fever that is measured with a thermometer indicates tonsillitis. This condition is treated as Lung deficiency or Spleen deficiency by dispersing the yang brightness channel.</p>
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Throat (cont.)	Kidney deficiency or the disharmony known as <i>running piglet</i> (in which there is an explosive upsurge of yang ki from the Lower Warmer to the Upper Warmer) may be indicated if there is a clogged feeling in the throat that is unrelated to an aversion to cold or fever. Confirm whether the patient has the sensation of something welling up from below the navel. Melancholy is indicated if this sensation is absent, but there is still a choked-up feeling in the throat. This is treated as Spleen deficiency Liver excess or as Lung deficiency Liver excess.
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Face	The main facial complaints are trigeminal neuralgia and Bell's palsy. In either case they are quite obvious, and if given as the chief complaint they do not require any special questioning. However, finding out how long the patient has had the disorder and the possible cause can help determine the prognosis. Bell's palsy is treated as Liver deficiency, and trigeminal neuralgia is treated as Lung deficiency Liver excess.
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Shoulder Joint	Liver deficiency is common when there is a limited ability to elevate the arm at the shoulder joint. You should ask common questions such as whether or not there is spontaneous pain, the exact location of pain when moving, and to what extent the patient can move the arm. A case of Spleen deficiency is sometimes seen when the patient can raise the arm but feels pain in the joint.
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Stiff Shoulders	Stiff shoulders can accompany any patterns of imbalance, and thus are not a decisive factor for determining the pattern of imbalance based on questioning. Nonetheless, it can be useful to inquire about the type of work the patient was doing at the time of onset of stiff shoulders. Stiffness in the shoulders that accompanies work that uses the extremities can indicate Spleen deficiency, and stiffness in the shoulders that accompanies doing something with unremitting diligence can indicate Liver deficiency.
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Chest	<p>Chief complaints include such things as coughing, asthma, shortness of breath, palpitations, oppressed feeling in the chest, and heart pain.</p> <p>Disorders of the Lung are often caused by Lung deficiency or by heat in the Lung (Lung heat) that spread from a Liver deficiency heat pattern or Spleen deficiency heat pattern. If heat has spread to the Lung, the throat will be dry and the patient may bring up sticky sputum. The mouth could be dry and there may be constipation. Or, there could be coughing with blood rushing to the head. Symptoms that are aggravated by cold indicate Lung deficiency. Likewise, Spleen deficiency is indicated if coughing or asthma is aggravated by high humidity.</p> <p>A Kidney deficiency heat pattern is indicated when climbing stairs causes palpitations and shortness of breath. The sensation of something welling up from below the navel to the chest causing palpitations also indicates a Kidney deficiency heat pattern. To confirm this it is usually necessary to ask the patient, as they seldom mention this. You must refer the patient to a medical specialist if they have a feeling of oppression in the chest and palpitations for no apparent reason with accompanying pain and difficulty breathing. It is even more critical if the pain has sudden onset and is intense.</p>
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Upper Abdomen	<p>Disorders of the upper abdomen include such things as cholecystitis (inflammation of the gallbladder), cholelithiasis (gallstones), gastric and duodenal ulcers, and inflammation of the pancreas. Many patients come for acupuncture treatment after having been diagnosed with these conditions by medical specialists. Because these disorders are treated as many different patterns of imbalance, you must ask questions to determine whether there is pain or not, when the pain is felt, whether the mouth is dry, whether there is appetite or nausea, the condition of the bowel movements, whether there is full body fatigue or not, and whether there is fever.</p>
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Lower Abdomen	<p>Lower abdominal pain is often seen in small children, and it is almost always due to a Spleen deficiency heat pattern.</p>
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Lower Abdomen (cont.)	<p>If the pain is in the ileocecal area, you must be careful to ask about the progression of the pain, as it could be appendicitis. A Spleen deficiency Liver excess pattern is often seen when there is appendicitis.</p> <p>Pain in the lower left part of the abdomen is possibly constipation or a buildup of gas. The problem will go away after having a bowel movement. Ileus (intestinal obstruction) may be suspected if there is abdominal pain but no excretion of stool or gas.</p> <p>A Liver deficiency cold pattern is common with serious illnesses of the intestines.</p> <p>Abdominal pain coming from coldness of the feet is common in women. It is usually due to Kidney deficiency or Liver deficiency.</p> <p>Pain in the area of the uterus that is unrelated to menstruation may be inflammation of the uterine tubes or other parts of the uterus.</p>
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Back	<p>Stiffness and pain in the interscapular area and around BL-20 can appear in any pattern of imbalance. It is useful to ask about the condition of the bowel movements and urination to help in determining the pattern of imbalance.</p>
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Lower Back	<p>Pain from below BL-23 down to the buttocks is seen in lower back problems and sciatica. Determine the pattern of imbalance by confirming any cold areas and the cause of the pain. It is also important to confirm the exact location of the pain for purposes of giving precise local treatment. When the patient has acute low back pain you should also confirm which particular movements elicit pain.</p>
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The Four Limbs	<p>Patients may not mention a feeling of fatigue in the extremities unless asked, but such a condition unmistakably indicates Spleen deficiency. However, weak legs indicate Kidney deficiency. Cold hands and feet indicate the cold pattern of Liver deficiency or Spleen deficiency, and rushes of blood to the head with onset of coldness of the feet indicates Liver deficiency, Kidney deficiency, or a Lung deficiency Liver excess pattern.</p>
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The Four Limbs (cont.)	Rheumatism throughout the joints of the whole body commonly indicates a Spleen deficiency heat pattern or a Spleen deficiency cold pattern. Joint pain of the knee could be due to Liver deficiency, Kidney deficiency, or Spleen deficiency. You should also ask about any other symptoms before determining the pattern of imbalance.
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Fever	<p>This fever refers to the subjective feeling of fever and not to fever that is measured by taking the patient's temperature with a thermometer. If it is accompanied by an aversion to cold it indicates a Lung deficiency heat pattern, but if there are symptom patterns related to the internal organs it indicates Spleen deficiency.</p> <p>A Spleen deficiency Stomach excess heat pattern is indicated if a thermometer shows a high fever and the patient has delirious speech and constipation in addition to having the subjective feeling of fever.</p> <p>A Liver deficiency heat pattern is indicated if there is no fever shown on a thermometer but the patient has the subjective feeling of sudden alternations between getting very hot and then becoming very cold.</p> <p>A Spleen deficiency Liver excess heat pattern is indicated when there is a fever shown on a thermometer as well as the subjective feeling of alternating fever and chills.</p>
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Aversion to Cold	The cold pattern of Lung deficiency or other such deficiencies is indicated when there is only the subjective feeling of an aversion to cold even though a fever temperature registers on a thermometer gauge.
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Defecation	<p>People who suffer from even a single day of constipation tend to have a Spleen deficiency heat pattern.</p> <p>The heat pattern of any pattern of imbalance tends to cause constipation.</p> <p>Lung deficiency Liver excess and Spleen deficiency Liver excess tend to cause constipation in which the stool will be firm and dark.</p>
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Defecation (cont.)	<p>People with copious urination due to a Kidney deficiency cold pattern will develop constipation.</p> <p>A Spleen deficiency heat pattern is indicated when diarrhea gives relief.</p> <p>A Spleen deficiency cold pattern is indicated when diarrhea is physically tiring.</p> <p>Diarrhea accompanied by abdominal pain indicates Spleen deficiency, and diarrhea that is not painful indicates Kidney deficiency.</p> <p>Abdominal pain that does not cease upon defecating indicates a Spleen deficiency heat pattern with excess-type heat in the Intestines or a Spleen deficiency cold pattern.</p> <p>Diarrhea that afterwards leaves a dull ache in the lower abdomen and rectum indicates a Spleen deficiency Stomach excess heat pattern.</p> <p>Defecation soon after eating indicates a Spleen deficiency Stomach deficiency heat pattern.</p>
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Urination	<p>A cold pattern of any of the patterns of imbalance is indicated when there is frequent and copious urination.</p> <p>Frequent urination, even though the amount is small, indicates a Kidney deficiency heat pattern, and often appears as urination during the nighttime.</p> <p>Infrequent and small amounts of urination (i.e., urinary difficulty) indicate a Spleen deficiency heat pattern and heat in the Bladder or Kidney. This condition is common with nephritis.</p> <p>Pain on urination and the feeling of having residual urine may indicate such things as cystitis, urethritis, prostatomegaly, prostatitis, or kidney stones.</p> <p>Dark-colored urine indicates internal heat, and whitish urine indicates coldness due to deficient yang ki.</p>
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Appetite	<p>Overeating indicates Kidney deficiency with heat in the Stomach or Spleen deficiency with heat in the Stomach.</p> <p>An upset stomach immediately following overeating indicates a Spleen deficiency heat pattern.</p>
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<p>Appetite (cont.)</p>	<p>A small appetite indicates a Spleen deficiency cold pattern.</p> <p>Inability to distinguish the flavors of foods indicates that there is heat in one of the organs. Having an ability to clearly distinguish the flavors of foods indicates a cold pattern.</p> <p>A complete lack of appetite or nausea and vomiting commonly indicate a Spleen deficiency Liver excess heat pattern.</p> <p>People who do not feel like eating but who can eat if they sit down to a meal, or those who must force themselves to eat tend to have Liver deficiency.</p> <p>Getting full almost immediately upon starting to eat even though one had the feeling of an empty stomach indicates a Kidney deficiency cold pattern.</p> <p>The five tastes were introduced in the chapter on etiology. It is important to ask about any likes or dislikes of the five tastes.</p>
<p>Menses</p>	<p>Menstrual cramps indicate a Liver deficiency cold pattern or a Spleen deficiency Liver excess pattern. The menstrual cramps of multiparous women indicate a Spleen deficiency Liver excess pattern. A woman may experience menstrual cramps after a menstrual period that came during a fever, or if a fever induced a menstrual period. Such a condition also indicates a Spleen deficiency Liver excess pattern.</p> <p>Generally, late menses indicate a Liver deficiency cold pattern or Liver excess, and early menses indicate a Liver deficiency heat pattern.</p> <p>Profuse bleeding and discharge during menstruation indicates a Liver deficiency cold pattern, and light bleeding indicates a Liver excess pattern.</p>
<p>Sleep</p>	<p>Difficulty falling asleep indicates a Spleen deficiency heat pattern.</p> <p>Waking up in the middle of the night is caused by an abundance of heat in the chest—either heat in the Lung or heat in the Heart.</p> <p>Inability to sleep is caused by blood deficiency and indicates a Liver deficiency cold pattern.</p> <p>Excessive dreaming with the feeling that one has not slept properly indicates a Liver deficiency heat pattern.</p> <p>Waking up early indicates a Kidney deficiency heat pattern. Oversleeping indicates a Spleen deficiency cold pattern.</p>

Dry Mouth	<p>It is difficult to confirm a dry mouth, so it should be examined in relation to the tongue.</p> <p>A dry mouth and tongue indicate a Spleen deficiency Liver excess heat pattern or a Spleen deficiency Stomach excess heat pattern.</p> <p>A dry mouth with a moist tongue usually indicates the heat pattern of a disharmony such as Liver deficiency.</p> <p>Teeth marks around the perimeter of the tongue in a mouth that is not dry indicate phlegm retention. This condition is common in people with a Spleen deficiency heat pattern.</p> <p>Not drinking even though one has a dry mouth indicates a Liver excess pattern.</p> <p>The complete lack of a dry mouth even though in actuality one does not drink anything indicates one of the cold patterns.</p> <p>Abundant saliva in the mouth indicates a Spleen deficiency cold pattern.</p>
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7.4 Palpation

Palpation is the method for examining the patient through touching. It includes pulse diagnosis and palpation of the abdomen, back, and meridians. As was previously mentioned, pulse diagnosis will be covered in a separate chapter. This section will cover the other palpation methods.

7.4.1 Abdominal Diagnosis

In abdominal diagnosis the chest and abdomen are palpated to see if there is any dampness or dryness, cold or heat, resistance, depressions, protuberances, pain on pressure, indurations, or palpitations, any of which are used to help determine the pattern of imbalance. The patterns of imbalance found in the abdomen are referred to as abdominal patterns.

Because signs of constitutional and chronic conditions are revealed in the abdominal patterns, an accomplished practitioner can determine not only the present condition, but can also guess past ailments and anticipate possible future illnesses. On the other hand, in the case of an acute febrile disease, such as in what are referred to as external diseases, the pattern of imbalance is determined while ignoring the abdominal patterns.

Posture of the Patient During the Abdominal Examination

Have the patient lie in a comfortable supine position with the arms and legs naturally extended. Western style medical doctors have their patients bend the knees during palpation of the internal organs. The Meridian Therapy practitioner, on the other hand, is looking for imbalances of ki, blood, and fluids, so the patient is asked to extend the legs in a natural posture during examination.

Method and Procedure of Abdominal Examinations

The practitioner should stand on the left side of the patient and palpate using the left hand because the left hand is used as the supporting hand while needling, and thus is employed more often as the diagnostic hand. To palpate with the right hand, the practitioner should stand on the right side of the patient. However, it will be more difficult to needle from this position.

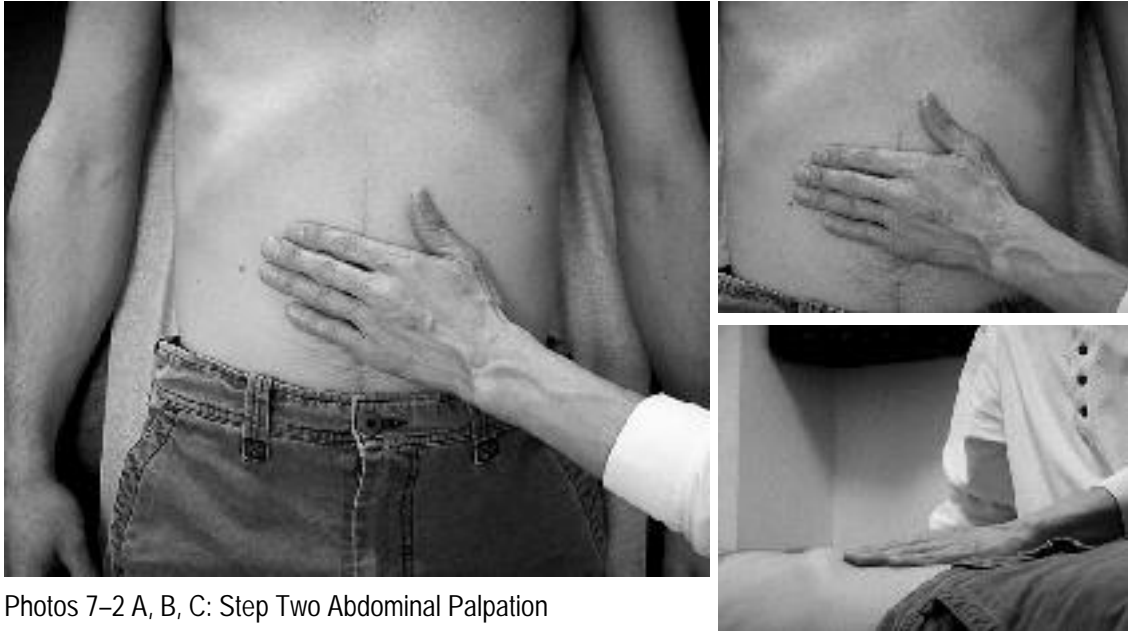
The hand used to palpate should be warm and soft.

Step One: Gently slide the whole palm over the skin to see if there is any dampness or dryness, cold or heat, depressions, protuberances, or resistance. The practitioner's fingers should not be spread apart and there should not be any gaps between the practitioner's palm and the patient's skin.



Photos 7-1 A, B, C: Step One Abdominal Palpation

Step Two: Press with the whole palm on areas where any of the above mentioned disharmonies were felt in order to check the degree of disharmony.



Photos 7-2 A, B, C: Step Two Abdominal Palpation

Step Three: Raise the palm slightly and press the fingers into the body to examine the degree of resistance and condition of depressions, as well as to look for pain on pressure and indurations. If there is any pain on pressure, distinguish whether it is deficient or excess.



Photos 7-3 A, B, C: Step Three Abdominal Palpation