

1. On [the Possibility of] Determining [a Patient's] Death or Survival Through Investigating the [Movement in His] Vessels

Life and death are important for man, and [to state that] one is able to determine at locations on both hands, of the size of a square inch, and on the basis of some weak movements, whether [a patient] will die or survive, does this not border on false claims?

In ancient times, the people [who treated patients] generally did not lose one in a hundred. How could that be? The most important [principles of predicting a patient's death or survival are the following].

One considers the influences of the stomach as the basis [of life]. Human life is based on beverages and food. The *Ling-shu* states, "The grains enter the stomach, whence they are transmitted to the lung. From there all the five viscera and six bowels are supplied with influences."¹

The inch opening belongs to the conduit [associated with the] lung. It is a meeting point of [the movement through] all the vessels. Hence, among [all the influences] arriving there, there are also vital influences [sent out by the stomach]. If the influences arriving [at the inch opening] are mild and unimpeded, and if they contain the essence of the center² and of the [phase of] soil, that is a sign that stomach influences are present. As long as they are present, [the patient] will survive. If they are lost, [the patient] will die. That is a general rule.

Second, one investigates whether [the movement in the vessels] follows or contradicts the course of heaven. The influences in man and the influences of heaven reflect each other. For example, the influences of spring are associated with [the phase of] wood. [During spring, the movement in] the vessels should be stringy. The influences of summer are associated with [the phase of] fire. [During summer, the movement in] the vessels should be surging — and so on. If the [movement in the] vessels is contrary [to what it should be], then it does not reflect the influences of heaven.

Thirdly, the [successful healers of ancient times] examined the influences [emitted by the] viscera in terms of the [relationships of] mutual generation and destruction [among the phases]. For instance, in case of an illness in the spleen, they feared a stringy [movement in the vessels because] wood overcomes soil; and in case of an illness in the lung, they feared a surging [movement in the vessels, because] fire overcomes metal. However, when [they diagnosed movements] contrary [to those they feared], no harm [was to be expected] for the influences of the viscera.

Fourthly, one differentiates among those [movements in the] vessels that fit the illness [of the patient], and others that do not. For instance, after one has lost blood, [the movement in the] vessels should be calm and fine. If it is, in contrast, surging and large, this [indicates that not only blood, but] also influences have been lost to the outside. In case of a cold-hot condition, the [appropriate movement in the] vessels is surging and rapid. If it is, by contrast, fine and weak, one's true and original [influences may also have been affected].

[Movements in the] vessels [indicating the presence of] the true influences of a viscus occur when the [flow of the] influences of the stomach has already been cut off, and hence fails to circulate through all the five viscera. Consequently, only a [movement in the] vessels related to the particular viscus that is affected by an illness appears.

All [that I have outlined now] is treated clearly and in great detail in such books as the *Nei-ching* and *Nan-ching*. Anyone who studies [these works] with diligence and joy will acquire a good knowledge [of all this]. This, then, is what can be determined [with respect to whether a patient will die or survive]. When it is said, though, that through investigating the [movements in the] vessels one can diagnose [in all instances] what kind of an illness [someone has], and when it is said, furthermore, that it is always possible to know beforehand whether a person will die or survive, then this is just not true.

The fact is that the variations of [the movement in the] vessels are not regular. Someone may suddenly have been struck by evil [influences], but these [influences] may have not yet penetrated into his conduits and network [vessels]. Hence, the [movement in the] vessels will show no change for the time being.

Or an illness may be minor to a degree that it does not appear in the [movement in the] vessels.

Or an illness may be located in the depth [of the body], where it has become chronic. After a long time has passed, [the influences associated with the illness] may have merged with the [normal] influences and the blood [circulating in the body. In this case,] it will be difficult, for the time being, to distinguish whether [the problem] is minor or severe.

Or [an illness] may be transmitted through, and undergo transformations in, the [different] conduits, moving here and there, without any [location to settle in] for good. Hence it is impossible to grasp [a specific movement in] the vessels at a specific moment and to identify it in a correct way.

Finally, the designations for illnesses are innumerable, yet they are reflected in merely a few dozens of [movements in the] vessels; and In the course of one single illness, those few dozens of [movements in the] vessels may all appear.

How could anyone know what kind of an illness [affects a patient] just by investigating [his movement in the] vessels? This would be entirely guesswork, with only accidental success — employed to cheat people! If, for example, even shortly prior to death, the true [influences of a] viscus do not yet appear, how could one determine [that that person will die]?

It is, therefore, essential to employ [also the other three diagnostic methods of] looking [for changes in the patient's complexion, of] listening [to his voice and of smelling his odors, and of] asking [him for his preferences for specific flavors of his food]. If these three [methods] are taken into account together [with an investigation of the movement in the vessels, contemporary healers, too,] will not lose one patient in a hundred.

Hence one may assume that one can rely on the [movement in the] vessels, but at times it is just insufficient to rely on the [movement in the] vessels. And, there may be situations where one assumes that one should not rely on [movement in the] vessels, while in fact [the movement in the] vessels is very clear and reliable. It is always such that those physicians who have thoroughly studied the doctrines of the [ancient] classics, and who have, through [their own] deep thoughts, perfected themselves, will be successful in all [cases they treat].

The unfounded statements now in fashion are not worth listening to.

Notes

1. See *Ling-shu*, treatise **18**, “Ying wei shen hui.”
2. The term *chung* refers to the stomach.

症脉輕重論

人之患病不外七情六淫其輕重生死之別醫者何由知之皆必問其症切其脉而後知之然症脈各有不同有現症極明而脉中不見者有脉中甚明而症中不見者其中有宜從症者有宜從脉者必有一定之故審之既真則病情不能逃否則不為症所誤必為脉所誤矣故宜從症者雖脉極順而症危亦斷其必死宜從脉者雖症極險而脉和亦決其必生如脫血之人形如死狀危在頃刻而六脉有根則不死此宜從脉不從症也如痰厥之人六脉或促或絕痰降則愈此宜從症不從脉也陰虛咳嗽飲食起居如常而六脉細數久則必死此宜從脉不宜從症也噎膈反胃脉如常人久則胃絕而脉驟變百無一生此又宜從症不從脉也如此之類甚多不可枚舉總之脉與症分觀之則吉凶兩不可憑合

觀之則某症忌某脉某脉忌某症其吉凶乃可定矣又如肺病忌脉數肺屬金數為火火刑金也餘可類推皆不外五行生尅之理今人不按其症而徒講乎脉則講之愈密失之愈遠若脉之全體則內經諸書詳言之矣

If [a person suffers from] a depletion of yin [influences, accompanied by] cough, his consumption of beverages and food, as well as his daily routine of rising and resting may continue as usual. If the [movement in his] six vessels is fine and rapid for an extended period of time, he must die. That is [another example of a situation where] one should follow [the movement in the] vessels, not the pathoconditions.

If [a person is] unable to swallow food, and vomits instead, the [movement in this person's] vessels may be similar to that of a healthy person. If, however, this goes on for long, his stomach will be cut off [from supplies] and the [movement in his] vessels will undergo a violent change. Not one [person] in a hundred will survive this. That, again, is [an example of a situation where] one should follow the pathoconditions, not the [movement in the] vessels.

There are more [examples] like these — too many to enumerate here. In general, though, if one investigates only the [movement in the] vessels or [only] the pathoconditions, any prediction concerning the auspicious or inauspicious [outcome of an illness] must remain unreliable. If both [the movement in the vessels and the pathoconditions] are taken into account, and if [one knows] which pathocondition must not occur together with which [movement in the] vessels, and which [movement in the] vessels must not occur together with which pathocondition, the auspicious or inauspicious [outcome of an illness] can be determined.

For example, an illness in the lung must not be accompanied by a rapid [movement in the] vessels. The lung is [associated with the phase of] metal. A rapid [movement in the vessels] is [associated with the phase of] fire. Fire kills metal. Other [examples] can be deduced from this one; no situation stands outside the principles of the [mutual] generation and destruction of the five phases.

Today, people do not examine the pathoconditions; all they do is discuss the [movement in the] vessels. The closer their discussions focus on the [movement in the vessels, though,] the further it escapes them. The essentials of the [movement in the] vessels are delineated in detail in the various books of the *Nei-ching*.

Note

1. The kidneys are for man what roots are for a tree, namely, sources of continuous nourishment. Hence if no movement associated with the kidneys, i.e., with the “root” of human life, can be felt in the vessels, the patient will soon die.

脈症與病相反論

症者病之發現者也病熱則症熱病寒則症寒此一定之理然症竟有與病相反者最易誤治此不可不知者也如冒寒之病反身熱而惡熱傷暑之病反身寒而惡寒本傷食也而反易飢能食本傷飲也而反大渴口乾此等之病尤當細考一或有誤而從症用藥即死生判矣此其中蓋有故焉或一時病勢未定如傷寒本當發熱其時尚未發熱將來必至於發熱此先後之不同也或內外異情如外雖寒而內仍熱是也或有名無實如欲食好飲及至少進即止飲食之後又不易化是也或有別症相雜誤認此症為彼症是也或此人舊有他病新病方發舊病亦現是也至于脈之相反亦各不同或其人本體之脈與常人不同或輕病未現于脈或痰氣阻塞營氣不利脈象非其所之或一時為邪所閉脈似

危險氣通即復或其人本有他症仍其舊症之脈凡此之類非一端所能盡總宜潛心體認審其真實然後不為脈症所惑否則徒執一端之見用藥愈真而愈誤矣然苟非辨症極精脈理素明鮮有不惑者也

3. On Contradictions between the [Movement in the] Vessels and Pathoconditions [on the One Side], and the Illness [Itself on the Other Side]

Pathoconditions are manifestations of an illness. If the illness is heat, the pathocondition is heat; if the illness is cold, the pathocondition is cold. That is a definite principle. But one should also know that pathoconditions and illnesses may contradict each other — a fact that may very easily lead to a mistaken treatment, and that should be known to everyone.

For instance, the illness is “affliction by cold,” but the body, contrary [to what one might expect], is hot, and one has an aversion to heat. Or, the illness is “harm caused by heat,” but the body, contrary [to what one might expect], is cold and one has an aversion to cold. If one was harmed, originally, by [too much] food, but, contrary [to what one might expect], easily gets hungry and is quite able to eat, or if one was harmed, originally, by drinking [too much], but has, contrary [to what one might expect], great thirst and a dry mouth, such illnesses must be analysed with particular care.

If someone commits a mistake [in treating such illnesses], and follows the pathoconditions in his application of drugs, he will have decided the [question of] death and life. In all these cases there must be a reason [for a contradiction between the nature of an illness and its pathoconditions].

Sometimes, the strength of an illness remains undetermined for some time. For instance, a harm caused by cold should generate heat. At the moment [of the examination] it may not yet have caused heat, but it will definitely reach a state later where it generates heat. Here, now, the earlier and later [stages of the illness] differ.

Or, the internal and external nature [of an illness may] differ. For instance, someone may be cold outside and hot inside.

Or, [an illness] may be such that it has a name but is not accompanied by any tangible reality. For instance, someone longs for food, or would like to drink, but [his thirst or hunger] stop as soon as he consumes even the smallest [portion of food]. And, after he has consumed beverage or food, there follows no digestion.

Or, [the pathoconditions of one illness] are mixed with pathoconditions related to another [illness], and one may mistakenly confuse the pathocondition of one [illness] with that of the other.

Or, someone has had one illness for a long time already, and just at the moment when his new illness breaks out, his old illness manifests itself [through pathoconditions again].

Similarly, there are many different discrepancies between the [movements in the] vessels [and a person's illness]. For instance, a person's [movement in the] vessels may [in the absence of any illness, solely] because of its natural condition, already differ from that of a normal [person].

Or, a minor illness may not appear in the [movement in the] vessels.

Or, phlegm influences may have caused blockages with the result that constructive influences cannot flow freely, while the [movement in the] vessels causes the mistaken image of [constructive influences] proceeding [as usual].

Or, it may be that, at one time, [the passage of one's normal influences] is blocked by evil influences, with the [movement in the] vessels giving an impression of great danger. Then the influences [suddenly] pass freely again, and [the patient] recovers.

Or, a person may display pathoconditions of one [illness], and, yet, his [movement in the] vessels is related to the pathoconditions of a former [illness].

All these [discrepancies] cannot be subsumed under one rule. In general, one should conduct diligent studies and take great pains to gain a thorough understanding. One should examine what is real; then one will not be misled by pathoconditions and the [movement in the] vessels. If one does not [conduct diligent studies, and if one fails to gain a thorough understanding], one will stick to but a partial view, and the more [one thinks one's] use of drugs is correct, the more mistaken it will be. If one does not very clearly distinguish between different pathoconditions, and if one is not perfectly familiar with the principles of the [movement in the] vessels, it will be rare that one is not misled [in one's diagnosis and treatment].