TIBETAN AND CHINESE PULSE DIAGNOSTICS: A COMPARISON—WITH SPECIAL REFERENCE TO LOCATIONS FOR PULSE TAKING

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The palpation of pulse represents one of the most important diagnostic techniques in traditional Asian medical systems. Tibetan sphygmology is very sophisticated and shows strong cultural characteristics. When comparing Tibetan and Han-Chinese sphygmologies, one can detect both similarities and differences. To probe these from a historical and philological perspective is an interesting subject in the study of Tibetology. This chapter aims at clarifying some of the relevant features, especially the controversies over the real nature of the locations for pulse taking, i.e. (Tib.) (m)txon-kan-chag and its relationship with (Chin.) cun-guan-chi, and pulse manifestations in Tibetan and Chinese medicine respectively.¹

A BRIEF HISTORICAL PERSPECTIVE

The knowledge of pulse palpation has a long history in Chinese medicine. Thus, simple descriptions on the location and methods of pulse taking are found in a fragment that was called Mai fa (Method of Mai) by modern scholars. This collection of manuscripts written before 168 BCE was excavated from the Mawangdui Han tomb near Changsha.² Some of the texts indicate that physicians practised pulse taking, for instance:

For examining mai (the pulse), place the left hand five cun from the (medial) malleolus and press on it; and place the right hand right above the (medial) malleolus and palpate it.³

¹ We thank Dr Elisabeth Hsu for the encouragement and critical comments which helped to bring this paper into being. Our thanks also go to Dr Mona Schrempf and Olaf Czaja for their thorough reading, corrections and comments on earlier drafts of this chapter, even though there might still remain some controversies.
However, the evidence for pulse diagnostics in this document is very fragmentary.

In the 105th chapter of the Shi ji (Records of the Historian) from about 90 BCE, entitled Bian que cang gong lie zhuan (Memoir of Bian Que and Cang Gong), it is said: “Due to his examination of mai [in particular], Bian Que became famous”.\(^4\) Though the Bian que zhuan does not report on him having examined mai (pulse), Bian Que still is seen as the father of pulse taking in Chinese medical history. Among the 25 medical case histories of Cang gong zhuan, the first ten contain extensive records on pulse diagnostics. These ten records contain the first extant text that relates the viscera to the mai (pulse) and reports on qi in the mai, typically it is qi coming from one of the viscera.\(^5\)

The Huang di nei jing (Huangdi’s Inner Canon), which was compiled in a long course of time from the Warring States to the Western-Han dynasty (475 BCE-8 CE), contains an elaborate and diverse knowledge of pulse taking. It compiles and juxtaposes many theories and methods of sphygmology. It testifies to a variety of different lineages in sphygmology, however, exactly how many lineages there were, and how their knowledge and practice were transmitted is difficult to ascertain.

The Nan jing (Classic of Questioning), which dates to around the 2nd century CE, proposes one particular viewpoint, namely that of ‘the cun kou position’ (‘inch-outlet’ or ‘inch-gate’, i.e. ‘wrist pulses’). This suggests:

Pulses (dong mai) exist in all the twelve channels. Only the position of cun kou is adopted as an appropriate position for determining the prognosis of the five viscera and six bowels.\(^6\)

The reason for this is that the cun kou is the congregation of all vessels including the ‘artery pulse’ (dong mai) of Hand Taiyin (‘lung’-) channel. Having said this, other viewpoints are also put forth in the Nan jing, which testify to continuities with the Huang di nei jing and the Mai jing, discussed below.

In the 3rd century, Wang Shuhe’s Mai jing (Pulse Canon) became the first monograph almost exclusively dedicated to sphygmology (it con-

\(^4\) Our translation, see Sima Qian 1959: 2785.

\(^5\) For a study of pulse diagnostics in the Cang gong zhuan, see Hsu 2001a and Hsu 2001b.

\(^6\) Our translation, see Ding Jin 1959: 1.