

# BODY PALPATION AND DIAGNOSIS

by Hugh MacPherson

A remarkably high proportion of our patients come to us with physical sensations of discomfort, tension, weakness, numbness and pain. When these physical sensations are chronic, then they are clearly manifestations of some disharmony and imbalance. It is in the context of such bodily felt sensations that I want to explore the role of body palpation in diagnosis and treatment with acupuncture.

Initially I want to identify some cultural and medical perspectives which colour our perception of the body itself, from the point of view both of the patient and the practitioner. I will then look at the role of body palpation in experientially involving our patients in their diagnosis, in deepening the therapeutic relationship, in increasing our patient's somatic awareness, and in bridging the divide between mind and body. I will then discuss how we as practitioners can develop our skills in this area of touch and physical contact, and explore what qualities of awareness and sensitivity are prerequisites for this work. From here I will discuss a range of palpation techniques that can give us information on diagnosis. When considering treatment and selection of points, I will outline the crucially important role of palpation in matching the treatment to the patient. While the phrase "patient-centred" is much used these days, appropriate palpation will also ensure that the treatment is "body-centred".

My interest in this work is based not only on a recognition of my desire to heal my own mind-body separation but also on the recognition that such a separation is of epidemic proportions in the West. I hope to offer an outline of some very practical ideas that can help our patients reclaim their mind-body wholeness, where mind and body are a flowing continuum of experience.

## Body Awareness

For acupuncturists, the role of body palpation can be explored in the larger context of our learned cultural responses to body awareness. The Cartesian dualism of the separate mind and body is generally coming to be seen as an artificial yet institutionalised construct in the West. The implications of this are enormous in terms of our relationship to our bodies. The most common manifestation that I see in the acupuncture clinic is the great number of patients who live in their minds, driven by thoughts and beliefs that say "I should", "I ought to", "I have to". And these patients have driven themselves to

the point where chronic physical sensations of pain, tension, tightness and discomfort are the norm. This separation of mind and body has inevitably involved a separation from one's inner being, from the *De* or inner potential that is central to Lao Tsu's *Dao De Jing*. Such a separation is a disharmony that, when taken far enough, will manifest in symptoms and signs.

The medical profession in the West has been built on the concept first elaborated by Descartes of "the body as a machine". This was reinforced by Bacon who wrote: "We must put the body on the rack and make it reveal its

secrets". The body became an object of experiment and investigation. One legacy of this, seen in the medical profession, is the low value accorded to the patient's own physical experience of themselves, and this is particularly true of chronic pain.

Symptomatic are the inadequate diagnostic labels of arthritis, rheumatism and fibrositis. So too is the all-too-common risk a patient with chronic pain has of being given the derogatory label 'psychosomatic', or being referred for psychiatric treatment. This bias away from body experience is also evident in the very limited range of palpation skills taught to or used by doctors in general practice.

While the traditional theories that underlie Chinese medicine view the mind and body as a continuum, there exists a bias in what is currently called Traditional Chinese Medicine away from body awareness. There are a number of factors at play here. One is the traditional taboo around physical contact and touch in China. Another is the high status of the herbal tradition where the design of the herbal prescription placed little emphasis on precise locations of tenderness, soreness, etc. For example, we hear stories of the superior doctor who needs do little more than look at the tongue and feel the pulse before prescribing. The systematisation of Chinese medicine in post-revolutionary China resulted in a dominance of zangfu differentiation at the expense of an understanding of channel pathology. Consequently palpation of the body's surface has had a reduced role in modern China. This is reflected in the scant attention paid to diagnosis by body palpation in most modern translated texts from China<sup>1</sup>.

In the past, however, body diagnosis has at times had a significant role in Chinese medicine. For example, the *Nan Jing* talks about palpation of a "moving qi" (*Dong Qi*) in the abdomen and relates this to the Five Element diagnostic patterns. The Japanese traditions of acupunc-

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ture derived their abdominal diagnosis from the *Nan Jing*, and their approach to acupuncture has tended to include a greater somatic awareness, in part because of less significant taboos against physical touch. This grounding of acupuncture in bodily experience is seen not only in abdominal palpation but also in the Japanese focus on channel pathology.

### A Body-Centred Approach

As I said at the outset, our patients are often so out of touch with their bodies, that an important role we can play is in helping them become more aware of their bodily felt sensations of tightness, weakness, tension, flaccidity, achiness or pain. By letting our patient know these sensations are real, we can validate their subjective experiences. In this way body palpation can be seen to have an educational role, whereby the patient learns to give weight and value to the subjective sensations of their body.

For our patients, this palpatory process is inherently empowering because the patient's experience is at the centre of the diagnosis. Essentially, through dialogue and continuous feedback, the patient is directly involved in generating the diagnostic information. Not only can we as acupuncturists learn so many vital clues (more on this later), but importantly the patients have a bodily felt sense that we know what is going on. We will therefore be so much better placed to match the treatment to the unique experience of the patient.

### Developing Palpatory Awareness

When developing our ability to palpate, there are three aspects to be aware of. First, there is the patient's relationship to, and awareness of, their own body. Second, as practitioners, there is our relationship to, and awareness of, our own bodily sensations. And third, there is the interaction between practitioner and patient. These three are always involved in body diagnosis. Palpation is a delicate and intimate activity. It involves a subtlety in the nuances of experience in all three of the above aspects. It is a mutual exploration across the boundary between oneself and someone else, an exploration that can lead to discovery and understanding.

Such a subtle interaction requires that we keep a relaxed posture and focused attention. Without these two qualities, we will get much less information from the palpation, and we will miss the messages that our patient's body wants to tell us. Also the patient will be aware of any insensitivity or unintended roughness which will therefore reduce trust and rapport.

As practitioners who work with Qi, we can focus our awareness on the aliveness and vitality of both body appearance and body sensations. This is the Shen or spirit of the body. With touch we are engaging with our patient's energy field, and with practice and a relaxed concentration we can tune in to the quality of energy (Qi) within. This interaction can happen easily and naturally as we develop our bodily felt rapport and build a somatic resonance between ourselves and our patients. Here we are no longer the disinterested and objective observer, rather we allow ourselves to be with our patients and from this place of merger, our sense faculties and our intuition can be wide open.

How do we learn to trust what we feel and sense by touch? The meaning of subjective palpatory sensations lies in the differences that we can experience. It is the difference between cold and warm skin that stands out, or the differences between tight and relaxed muscles, or moist and dry skin. This fundamental Yin-Yang continuum offers a framework for understanding the sensations we experience.

Our hands, and particularly our finger tips, are extraordinarily sensitive, and through practice this sensitivity can be enhanced. An exercise used by osteopaths is to place a human hair under a page of the telephone directory and then palpate for it with the eyes closed. Then do likewise with two pages, then three pages and so forth as one's sensitivity increases.

As with any practical skill, there is only way to learn body palpation and that is by doing it. In a way, what I am writing about is only my cerebral description, and what you read is your cerebral understanding, but what I am really interested in is the bodily felt experience. So with this in mind (and through practical application, in body too) I will now discuss palpation of the body's surface before moving on to deeper palpation.

### Palpating the Surface

When palpating the surface, we should be aware that the surface of the body has an energy (which we know as the Wei Qi) and that this energy is both external and internal to the skin boundary. While I personally do not palpate the external energy field, or aura, of the body, it is worth noting that it does exist and contains useful information, particularly about the flow of Qi. Both in the East, for example among Qi Gong practitioners, and in the West, for example among practitioners who follow Dr. Dolores Kreiger's method of Therapeutic Touch<sup>2</sup>, the remarkable sensations that exist external to the skin are recognised, as well as the healing potential that lies in working with these energies<sup>3,4</sup>.

#### Temperature Variations

While temperature variations can be felt just above the surface of the skin, I find that light contact gives a stronger message. The meaning and hence value of information lies in difference, and here it is the variation between hot or cold, or possibly warm or cool, that we look for. This variation is perceived between one area and another, for example between upper and lower or between left and right. This information is added to the other diagnostic features we know; in other words any single symptom in itself does not indicate a particular pattern of disharmony. It does however add its weight to the additional evidence.

#### Moisture Variations

With light moving pressure applied to the skin one can detect variations in the skin moisture from dry to moist. I particularly use this technique on the spine to check for the possibility of local stagnation of Qi and blood. I gently slide my fingers up and down either side of the spinous processes to check for variations in skin friction. The places where there is significantly increased skin drag are of particular interest. In Western medical terms, this might be seen as indicating increased sweat gland activity, but I would interpret this as a local disharmony between the defensive Wei Qi which is more dry, and the

nutritive Ying Qi which is more moist. From experience, the increased moisture resulting in skin drag indicates the possibility of local stagnation of Qi and blood. As I understand it, the stagnation is like a dam blocking a river and causing the Wei Qi and Ying Qi to flow outside their normal course. Very often just one or two vertebrae are involved. Deeper palpation at the Huatojiaji points of these vertebra will often, but not always, elicit deeper tightness or tenderness which would provide further evidence of this pattern. I will discuss palpation of the spine in more detail later, particularly in the context of referred pain.

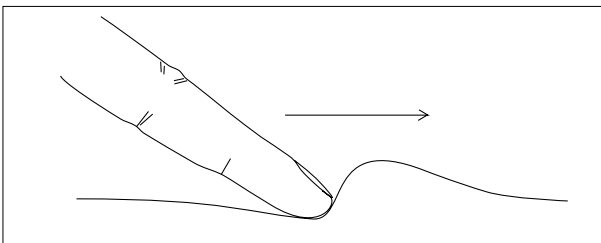
#### Colour Variations

Certain colour variations in the skin can be seen before palpation. There are obvious correlations between skin colour and the pattern of disharmony. For example, red colouration will usually mean stagnation or heat, brown implies more chronic stagnation, purple means stagnation of blood, and pale or even bluish indicates cold. However, what I am interested in discussing here is the skin colour variations that can be elicited as a result of light palpation. The particular technique I use is designed to help with diagnosis of disharmony along the spine. Run your fingers up and down the spine, on both sides of the spinous process, repeating this several times and perhaps with slightly increasing force. Notice the red areas of skin and see which area takes longer to fade. In physical therapies, this is called the 'red reaction' or 'the red line response'. Where the redness lingers longest is the site where the Qi and blood is most stagnant. In this way superficial palpation can help determine at what level of the spine the probable location of the problem is, and whether the left or right side is involved.

#### Stroking Variations

Here I do a light massage stroke to elicit changes in tone at the more superficial levels. What I particularly focus on is the appearance and shape of the mound that elevates ahead of the stroke. In health, we see a smooth rounded wave moving ahead of our pressure, and feel a soft, elastic and responsive quality that flows around and under our fingers. These sensations are staple fare for massage therapists. In disharmony, we will see either no mound in front of our stroke, or perhaps loose folds of skin forming in front of our fingers. We feel resistance, tightness, and lack of fluidity or elasticity under our fingers. These sensations all point to disorders of Qi circulation, whether the impaired flow is due to deficiency, or to excess in the form of stagnation of Qi and blood. When the Qi is healthy and flowing well it is at one with our finger pressure.

At the risk of repetition, it is differences in information that contain meaning. We therefore look for variations in sensation and appearance, and compare left with right, upper with lower, etc.



### Deep Palpation

Whilst I have separated surface and deep palpation into two sections, really we are dealing with a continuum of increasing depth. In this section, I will address the sensations and meanings revealed by deeper palpation of the body. By deeper palpation I mean palpating from the surface to the deeper levels. It may seem trite to say this, but it is not that our fingers actually travel that much deeper; it is rather that we project our sense of touch beyond our fingers.

It is with deeper palpation that we may make a common mistake, namely aggressive and insensitive finger pressure. Whilst in most cases this results from lack of awareness or poor concentration, I have occasionally seen an attitude to the patient of "if this hurts it is good for you", leaving me with the suspicion that the practitioner concerned derived unconscious satisfaction from proving a point's tenderness. Given that the palpatory process has in itself the potential for healing, there can sometimes be a fine line between therapeutic and iatrogenic palpation. Deeper palpation is best started gently and softly. Build physical rapport between yourself and your patient and maintain your awareness of the nuances and subtleties. With practice, you can feel a somatic resonance develop, as the Qi begins to flow between you and your patient. This is the sign of readiness for deeper pressure. As you move deeper, keep your hands moving back and forth over the area under investigation. After all, it is difference that we are looking for, difference between pain and no pain, tightness and elasticity, hardness and softness, etc. As I palpate the area, I like to have a dialogue with the patient: "Oh this is tight here!", or "Is this sore?" This is worthwhile on several counts. It demonstrates your thoroughness and the way you value the patient's experience, and it builds trust in the relationship. By your responsiveness to the pain threshold, you ensure you do not cause unnecessary additional suffering, you will learn more about the meaning of the sensations you feel, and you will be able to more accurately match your subsequent treatment to the patient. As a general rule, pain that increases with pressure indicates a Shi condition, such as stagnation of Qi and blood. With Xu conditions, pain will be eased by gentle pressure, though often there may simply not be any pain experienced on pressure. Another general rule is that the Yang channels tend to have an excess of energy and be more liable to local stagnation of Qi and blood than the Yin channels. Experience shows that with trauma and injury, it is so often the Yang channels that are affected.

I will now move on to discuss the meaning of specific sensations of pain and tightness.

#### Painful Spots

Painful spots, known as *Ah Shi* points in Chinese medicine, are unusually tender on palpation when compared to the adjacent region. These spots are often discovered at or near areas of pain. The locating and treatment of *Ah Shi* points is probably the best known and most used aspect of palpatory diagnosis in Chinese medicine, so there is little to add here except to say that they are usually manifestations of local Qi and blood stagnation. In different medical traditions painful spots have different names, different physiological mechanisms and dif-

ferent treatments. These include Travell's "trigger points"<sup>5</sup>, Chapman's "neuro-lymphatic reflex points"<sup>6</sup>, Jones's "tender points"<sup>7</sup>, and Barral's "visceral reflex points"<sup>8</sup>. From my study of the different approaches, I have drawn two conclusions. First, there is a remarkable correlation between points from these categorisations and acupuncture points<sup>9,10</sup>. And second, that the diagnostic process should be integrated with treatment, in other words that diagnosis using one approach will only be useful if you use the corresponding treatment. From these two conclusions, I believe it appropriate for practitioners of Chinese medicine to stay with the traditional approach to diagnosis and treatment of *Ah Shi* points.

Painful spots can also be a manifestation of an underlying zangfu pathology. It is for this reason that palpation of specific acupuncture points has always been a tradition in Chinese medicine. For example the Back-Shu points have been identified in both the *Ling Shu* and the *Su Wen* as being useful in diagnosis of the associated organ. Recent validation for this has come from research that correlates tenderness at Pishu BL-20 and Weishu BL-21 with the presence of gastric or duodenal ulcers. This research also noted that needling of the tender spots at these two points produced beneficial effects for the patients<sup>11</sup>.

The Front-Mu points have historically also been used for diagnostic purposes. Tenderness on or near these points indicates a likelihood of a problem with its corresponding organ. Additional categories of points that are palpated diagnostically include the Xi-Cleft points and the Yuan-Source points. Tenderness or pain at these points indicates a problem with the related zangfu or channel. When palpating acupuncture points, the same general considerations apply as with *Ah Shi* points. That is, go carefully and gently, and make sure you are not trying to prove your case by over eager palpation. Also the meaning of sensations lies in the differences that you discover: differences between nearby points, or differences between left and right. In this way you can add to the weight of your evidence as

you build towards a satisfactory differentiation.

## Referred Pain

Addressing the question of whether pain is referred or

not can be important in terms of diagnosis and treatment. Pain that is referred is felt somewhere other than the site it originates from. Two common areas of referred pain are:

- wrist, arm or shoulder pain referred from the upper back and neck.
- foot, leg or hip pain referred from the lower back.

A research study by physiotherapists showed a high incidence of referred neck pain in patients with carpal tunnel syndrome or elbow pain. Of the 115 patients they assessed, 70% showed "neural lesions of the neck" causing referred pain to the arm<sup>12</sup>.

As a concept, referred pain comes from Western medicine. However if you follow the pathways of the tendino-muscular meridians, you will see that there is some correlation between Chinese channel pathology and Western concepts of referred pain. While the main Large Intestine channel ascends the arm and travels across the top of the shoulder to the neck, a branch of the Large Intestine's tendino-muscular channel encircles the scapula and attaches to the spine from approximately the 6th cervical vertebra to the 4th thoracic vertebra. Using the framework of Chinese medicine, we can therefore, where appropriate, treat pain in the Large Intestine channel of the arm by adding points on the Large Intestine tendino-muscular channel, namely tender Huatojiaji points on the lower cervical or upper thoracic vertebra.

Whilst acupuncture treatments that are directed only to the manifestation of the referred pain, for example in the arm or leg, will be effective, more dra-

matic and speedy recovery results from directing treatment to the source of the referred pain as well. For this reason, palpation of the relevant vertebra at the appropriate level on the spine is diagnostically invaluable. By using a combination of palpation techniques, check for moisture variations, red reactions, and painful and tight spots. Finding differences between left and right that

For three weeks a 35 year old school teacher was laid low with some sort of "virus" and he just wasn't getting any better. Five key symptoms were lethargy, poor concentration, headache, and achy, heavy legs below the knees. His pulse was slippery and his tongue had a sticky yellow coat. While this was clearly an external invasion of Damp, was it Damp-Heat, Damp-Cold or just Damp? The tongue pointed to Damp-Heat. Could body palpation clarify the diagnosis? I felt the skin temperature both above and below the knees to test for a variation. Above the knees was warm, below was cold and slightly clammy. At the level of the channels, this implied a case of Damp-Cold. Alternatively it could mean that Damp was trapping Heat in the interior, leaving the extremities cold. Either way, the implication for treatment was that moxa was indicated on the channels locally below the knees. He had three treatments over three days, and he was back at work within 6 days with his symptoms almost completely cleared.

A woman in her mid-forties has been off work for 6 weeks with right wrist pain. She is a typist at work and the pain came on after a sustained period of knitting at home. My first question is: is this a local (wrist) problem, or is the pain referred from the spine? Now there are a number of approaches here, but one of them is to check the lower cervical and upper thoracic vertebrae for differences between the left and right sides. With gentle and slightly increasing pressure I palpated up and down both sides of the spine in this area. As I half expected, given her job and the potential involvement of chronic postural misalignment, there was a significant red line response. This appeared from the 7th cervical vertebra down to the 3rd thoracic vertebra on the right side, the side of the wrist pain. While further palpation, particularly to the right shoulder, arm and wrist was also undertaken and pointed to a more complex picture, I gave her a successful series of treatments that included needling Huatojiaji points at the above vertebrae.

match the side of the pain (referred pain is usually unilateral, or at least worse on one side) will usually be diagnostically significant. Through experience and trial and error one builds up a sense of roughly which level of the spine one should look to for the source of referred pain. Standard anatomy texts show which areas of the body are related to which segment of the spine, though there is often considerable overlap and variation.

So far I have written about referred pain as having its source at the spine. However it is also possible for referred pain to have other sources. In Western medicine it is known that pain can be referred from sites within the big joints, such as the shoulder and hip and also from trigger points\*. From the perspective of Chinese medicine, I see this as simple blockage of the channel which transmits its effect further along the channel. To take an example, referred pain in the leg could come from pressure by the psoas muscle on the sciatic nerve. In Chinese medicine, this would be stagnation of Qi and blood deep in the buttock area causing stagnation down

either the Bladder or Gall Bladder channels of the leg.

To conclude this discussion of referred pain, I'd like to raise the question of how we know if the source of the pain is local or referred. Although not definitive, it is generally understood by osteopaths that in the case of local pain, palpation will tend to increase sensitivity and tenderness, whilst in the case of referred pain, palpation of the painful site (which is away from the source of pain) will probably not do so. Despite a careful physical examination, and palpatory diagnosis, I sometimes find that I still do not know for sure if the pain is referred or not. In such cases I hedge my bets and treat both the local area and the suspected source. This way both options are covered.

As a general rule with pain referred from the spine, the further away the referred pain is from the vertebra, the more stagnant the local Qi and blood is at the spine, and the longer the expected treatment. My experience with referred pain also shows that with successful treatment, the pain gradually shrinks back towards its source, finally ending up only at the affected vertebra.

### Tight Spots or Zones

While the painful spots may also be tight, there are often tight spots where there is no pain. A healthy muscular tension will be elastic and responsive to pressure. There will be a rebound quality that is often given the name of muscle tone. With tightness, there is a more than average

tension without the elastic rebound quality. In terms of traditional Chinese medicine, an area of tightness is usually the result of local stagnation of Qi and blood in the channel. Commonly, the stagnation is not sufficiently severe to cause pain, indeed tightness can be a precursor to pain. Around Jianjing GB-21 for example, tightness is common not only in people who have neck or shoulder pain but also in people who have not.

Long-term tightness can also manifest in the abdominal region. These spots or areas of tightness are known as *Kori* in Japanese acupuncture and are important in *Hara* diagnosis. In my experience, such abdominal tightness is an important manifestation of problems with the underlying zangfu. For example with Spleen-Qi Xu, tightness (but not pain) at Tianshu ST-25 is common. Liver Qi stagnation with tightness from Xiawan REN-10 to Zhongwan REN-12 is also common. These zones of tightness can be seen as external (channel) manifestations of internal (zangfu) pathology. Treatment of both is best done concurrently whereby the

tightness in the channel is cleared at the same time as the zangfu pathology is addressed.

The more rope-like or cord-like the tightness, the more this is an indication of the chronicity of the problem. This cord-like structure is a combination of both stagnation and deficiency of Qi and blood. The muscle bands have become undernourished as a result of the long-term tension. If this tightness, usually accompanied by stiffness, is more widespread then a diagnosis of Liver-Blood Xu may be appropriate.

### Palpating Lumps

When palpating lumps, it is again important to proceed slowly and gently. Generally the three most common categories of lumps are:

- **Moveable lumps.** These are the sort of lumps that move under finger pressure. Commonly we find them on the abdomen and they can cause considerable pain and discomfort. However they also tend to be transitory, and gentle pressure can result in their sudden dissipation, perhaps with a gurgling sound and perhaps with the passing of wind. These lumps are a sign of stagnant Qi.
- **Hard Stationary Lumps.** Lumps that are tight and hard tend to be fixed in location. Pressure tends to elicit tenderness and pain. These lumps are probably either a sign of Phlegm or stagnation of Qi and blood. From a Western medical perspective, these lumps could be tightly knotted muscle tissue or they could be a cyst or tumour. While most lumps are not malignant, one needs to be aware of this possibility, particularly if the lump is hard

A woman of 48 comes with severe flank pain. She has had this pain for a year. She describes it as a sensation of being "nipped". It is so sore at times that she doubles over with the pain. The area of pain is in a band on both sides around the body from front to back, but is worst on the flanks at Riyue GB-24 and Qimen LIV-14, especially on the left. When bad, the pain also spreads up the back between the shoulder blades. Because of the connection between the flank pain and the back, I suspected that the flank pain was referred from the middle back. So as to check out this possibility, I palpated the spine and particularly the Huatuoji points. Between the levels of thoracic vertebrae T6 to T8 I found a remarkably high sensitivity to palpation. Following this discovery, I decided at the first treatment to focus on these Huatuoji points which I needled bilaterally, and I used no points local or adjacent to the flank pain. Although I went on to treat other aspects of her health at later sessions, one treatment was sufficient to clear the pain from the flanks and back.

\*Trigger points are the exquisitely tender points found in taut muscle bands which have a lumpy or nodular feel to them.

and nodular and/or is steadily growing. In such cases urgent referral for investigation is necessary.

- **Soft Stationary Lumps.** Lumps that are stationary and soft tend to reflect Phlegm stagnation. Unlike the hard and nodular lumps discussed above, there is little risk of malignancy with soft lumps.

### Palpating to Integrate Mind and Body

We know from the traditions of Chinese medicine that mind and body are part of a continuum rather than two independently functioning systems. This means that mental and emotional states have a corresponding physical state and vice versa. Western research is piling up evidence to prove this connection. To quote Hans Seyle MD in his landmark book "Stress of Life": "The lasting body changes (in structure or chemical composition) which underlie effective adaptation or the collapse of it, are after-effects of stress; they represent tissue-memories which affect our future somatic behaviour during similar stressful situations. They can be stored."<sup>13</sup>

Practitioners of Chinese medicine who regularly palpate their patients' bodies will find the above statement obvious, but it is nevertheless reassuring that the interdependence of mind and body is increasingly recognised in modern medicine. A more radical position is taken by many practitioners of bodywork who, following Wilhelm Reich, believe that muscular attitudes and character attitudes are two sides of the same coin. What is interesting to me is how a body-centred approach to acupuncture has definite parallels with the approach of bodyworkers. The US acupuncturist Mark Seem<sup>10</sup> has elaborated on this theme and very much sees his role as working with what Reich called "character armour". Pain is a symptom of a deeper disharmony. In general terms, it can be seen as a message that there is a misalignment between what an individual's current path in life is and what is really right for them. Any treatment of the pain with acupuncture will tend to generate an unconscious yet quite profound movement towards realignment. The role of palpation is valuable here in that it connects a person to the reality of their physical body, tensions, tightness and all. After all, most people continue to live their lives paying as little attention as possible to their bodily felt sensations. The palpatory process then is the first step towards mind-body integration. It also stimulates a greater awareness of the potential for change.

### When Palpation Becomes Therapy

When touch is involved, the boundary between diagnosis and treatment can begin to dissolve. This is because touch is such a powerful healing force. Given that body palpation can be the first step towards healing, these are some of the key factors that can enhance this process:

- A gentle relaxed approach is obviously beneficial.
- Concentration is essential to maintain the sensitive awareness in our touch, while poor concentration inevitably leads to unaware contact which will be immediately sensed by the patient.
- Keep the process simple and relevant by paying attention primarily to the areas of most discomfort or pain.
- With contact, the Qi of the patient and the Qi of the

practitioner merge. This raises interesting possibilities for the movement and transfer of Qi which are very much part of some Oriental healing arts such as Qi Gong.

A final point to mention here is that palpation can soften up some of the tightness and rigidity in a way that prepares the area for needling. In this way, palpation can awaken the Qi both as part of the treatment and also as preparation for what follows.

### Palpation for Monitoring Improvement

One of the most useful aspects of body diagnosis is for monitoring changes at follow-up sessions. For patients who either don't know they are improving or won't admit they are, re-examination of the affected areas gives an independent perspective. Comments such as "Oh this is softer" or "Isn't this less tight?" can help apparent non-improvers acknowledge the somatic changes.

Working with people who have been in chronic pain for years, I usually find a considerable amount of tightness and tenderness around and along the channels extending from the affected area. From a Western perspective, this would be seen as some form of muscular compensation. I notice that as treatment progresses, the area of tightness or tenderness tends to shrink back to the site of the original injury. When we notice this shrinking back, we can sense that the treatment is progressing in the right direction. Treatment of chronic pain, however, may take many sessions, and changes between one session and the next may be small. In these cases careful palpation, and a good memory for what is felt, is invaluable in providing 'objective' feedback to the patient, at each session, about these changing aspects to their condition.

A final reason why repeating the palpatory examination each visit is worthwhile is because it continues to show our patients that we really know about their condition and it keeps us fresh and responsive and liberates us from the boredom of routine treatments.

### In Conclusion

Body diagnosis directly and practically addresses the Western epidemic of a disconnected mind and body. In the West, our culture's over-emphasis on the mind at the expense of the body is so institutionalised that we barely notice. Chinese medicine has an important role to play in reasserting the role of the body, and in doing so it offers us a framework for addressing the mind-body split in a way that we can use with our patients. With our patients we can begin to work out what it means to have some sort of balance between mind and body.

In Chinese medicine, the recent systematisation that is currently called Traditional Chinese Medicine, has resulted in a more central role for zangfu pathology, and a less central role for channel pathology. This shift resulted in a reduced role for body palpation as a diagnostic tool. While the reasons for this are understandable, I believe it is time to reassert the importance of body diagnosis and the palpatory skills that go with it.

To conclude then, body palpation is an invaluable tool to help our patients recover their lost contact with their bodies. We can, to rephrase Bacon's famous dictum, take the body off the rack and trust its secrets. And in doing

so we can help restore the body to its natural role within the body-mind continuum.

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