

## Ayurvedic Pulse Diagnosis in Acupuncture Practice

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### ABSTRACT

Pulse evaluation has traditionally been the most esteemed diagnostic method in Oriental Medicine, but there has never been a successful integration of Indian methodology with the more commonly taught Chinese approaches.

The author has developed a concordance between these practices, which is presented here. *Tridosha* theory can be translated into Yin Yang, *Wu Xing*, and Meridian terminology by applying the Three Constitutions theory of Korean Hand Acupuncture. The integration of Ayurvedic pulse diagnosis into the broader field of Oriental medical diagnosis allows for a more exact understanding of the energetic states of the Organ systems and thereby a more accurate approach when using acupuncture to provide harmonizing treatments.

**Key Words:** Ayurveda, Korean Hand Acupuncture, Pulse Diagnosis, Five Elements, Yin Yang, Oriental medicine, Doshas, Subdoshas

### INTRODUCTION

**T**RADITIONAL ORIENTAL MEDICINE (TOM) may be likened to a tree with a branching root system, a solid trunk of fundamental concepts, and a set of limbs that take many forms determined by the times and places of their origins. It is a common practice to limit the purview of TOM to East Asian countries including China, Korea, Japan, and neighbors such as Vietnam. Acupuncture is a practice common to all of these places, and traditional practitioners use pulse diagnosis as the most important diagnostic modality in each of these countries, although, in terms of specific techniques, there is a broad range of different applications. Despite these differences, there is universal agreement on Yin Yang and *Wu Xing* (Five Phase, or Five Element) theory as fundamental organizing concepts. Learning pulse diagnosis is far from an easy endeavor, and many Western practitioners have developed styles of acupuncture practice that do not include pulse diagnosis. It is the aim of this article to introduce material that the current author has been researching for a number of years in an attempt to link the procedures and conclusions of pulse diagnosis more closely to Yin Yang and

*Wu Xing* theory to provide a more rational and systematic approach to this valuable diagnostic modality, thereby, it is hoped, encouraging its return to a place of prominence in Western acupuncture practice.

The key discovery that enabled the author to develop the ideas presented in this article was the observation that there was a meaningfully high degree of concordance between the *Tridosha* theory of Ayurveda from India and the Three Constitutions theory of Hand Acupuncture from Korea, a finding that was first reported by the current author in 1995.<sup>1</sup> In pursuit of understanding this novel observation, the current author began studying Ayurvedic pulse diagnosis (2003–2008 under Mary Jo Cravatta, DC, a teacher of the oral lineage of J.R. Raju, brought to the United States by Maharishi Mahesh Yogi), which led to not only a confirmation of the concordance mentioned but also opened a path to a much more detailed understanding of the relationship of pulses to Yin Yang and *Wu Xing* theory. This discovery should not really come as a surprise, given that traditional medical concepts were widely shared between India and China over the “Silk Road” during the time when both systems of medicine were in their formative stages.<sup>2</sup> Thus, it

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is actually proper to include Ayurvedic medicine as one of the branches of TOM, although acupuncture was never developed in India as a popular modality of treatment.

## AYURVEDA AND KOREAN HAND ACUPUNCTURE

Before focusing on pulse diagnosis, it makes sense to give a brief resume of the basic concepts in Ayurveda that are related to Korean Hand Acupuncture's Three Constitutions theory, as neither of these subjects are ordinarily taught in acupuncture-training programs, be they medical or non-medical. Ayurveda is an ancient medical system, while Korean Hand Acupuncture is a twentieth-century innovation, but the current author has seen no evidence that the latter system borrowed any concepts from the former system, so the similarities discovered by the current author are most likely a result of an independent convergence of clinical observations.

For practical purposes, the most important concept in Ayurveda is *Tridosha* theory. While this theory is not the deepest level of analysis in Ayurveda, it is the level at which most clinical observations and treatment decisions are made. Actually, Ayurveda does have a Five Element theory underlying *Tridosha* theory, but it is crucial not to conflate the Ayurvedic Elements with the Chinese Elements (Phases). These are quite different conceptualizations, although some of the Element names are common to both systems.

In this article, whenever Elements are mentioned, the reference is to the Chinese system (*Wu Xing*), unless specified otherwise. *Tridosha* means three *Doshas*, which are named *Vata*, *Pitta*, and *Kapha*. *Dosha* literally means imperfection, although, in practice the *Doshas* are used to classify both physiologic as well as pathologic phenomena. *Vata* is commonly translated as Wind, *Pitta* as Bile, and *Kapha* as Phlegm. Thus, it is easy to see how these categories relate to pathology, but Wind also implies movement, Bile implies Heat, and Phlegm implies inertia, all of which are important aspects of normal physiology. In a state of health, the *Doshas* should be "balanced," while an unhealthy state is manifested by "unbalanced" *Doshas*. The reason these terms are placed in quotation marks is because the author believes that the actual state of balance is unique to each individual. Human beings all have differing constitutions (*Prakriti* in Ayurveda), so that the prevalence of each *Dosha*, when one is healthy, varies depending on the person's constitution. Ideally, in a state of health a person's *Doshic* presentation (current condition; *Vikruti* in Ayurveda) should match the *Doshic* makeup of that person's constitution—but this concept is a personal conviction of the author's that is not necessarily confirmed by all references to Ayurvedic theory. This issue is too large a topic to cover in the present article, but interested readers are referred to the author's 2014 publication, which explores this subject in

great detail, in addition to presenting a more complete exposition of the use of Ayurvedic pulse diagnosis in acupuncture practice.<sup>3</sup>

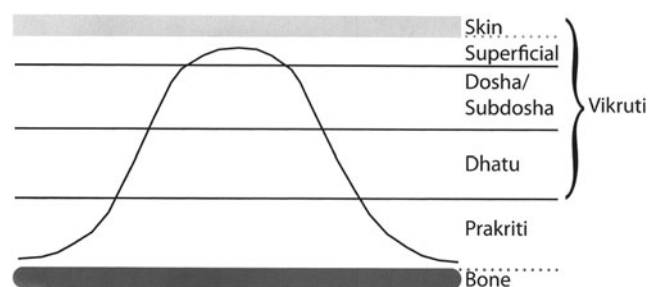
## PULSE EXAMINATION IN BOTH SYSTEMS

The *Doshas* manifest in different ways on pulse examination and may appear singly or in different combinations. As mentioned, the concept of *Doshas* can be applied to either an individual's constitutional energetic makeup, or to the person's present energetic state. Both of these applications of *Doshic* theory are addressed in this article.

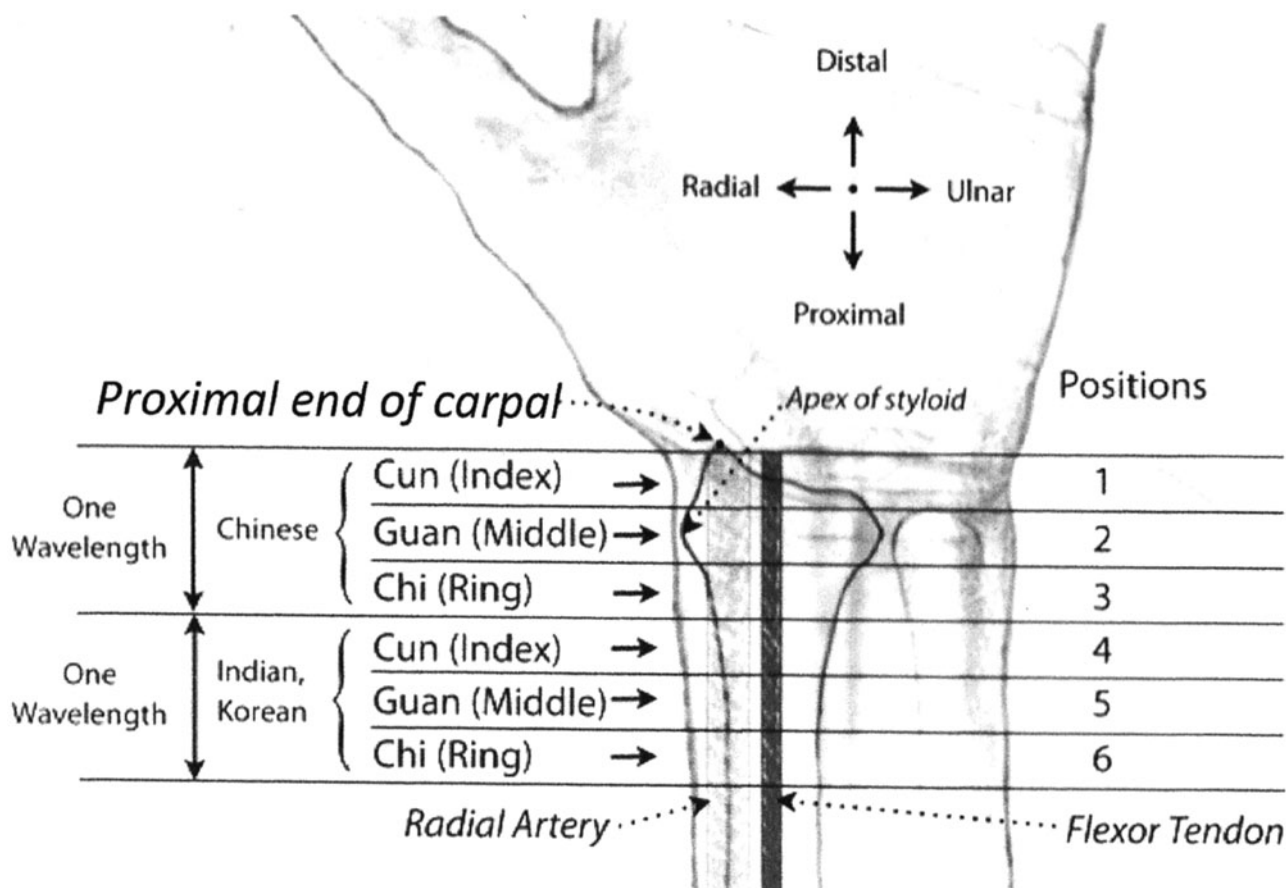
The connection between constitutional state and present condition is manifested on the radial pulses by the depth at which the pulse is being examined (Fig. 1). While both Chinese and Indian pulse diagnosis involve radial pulse examination, the locations for the examiner's fingers are different. For ease of explanation the current author numbers the positions from the wrist crease proximally as 1 through 6. Chinese pulses are examined at positions 1, 2 and 3 (respectively, *Cun*, *Guan* and *Chi*), while Ayurvedic pulses are examined at positions 4, 5 and 6 (Fig. 2). In both systems, the index finger is in the most distally placed position, while the middle and ring fingers are placed adjacently.

For the Ayurvedic positions, each finger has a natural resonance with one of the three *Doshas*. The index finger, being most distally placed, resonates with *Vata*, because Wind is the most mobile of the *Doshas* and travels the furthest. The middle finger resonates with *Pitta*, as Heat travels more slowly than Wind. The ring finger resonates with *Kapha*, as its inherent inertia results in the slowest movement away from the source of pulsations in the heart. A *Dosha* is said to be "vitiated" or out of balance if the pulse on its corresponding finger is either more or less prominent than the pulse on the other fingers. In practice, most Ayurvedic pulse analyses refer to more prominent pulses, which imply overactivity of their corresponding *Doshas*.

The current author offers information transmitted via an oral tradition, while almost all the published literature on Ayurvedic pulse diagnosis differs by simply evaluating the pulse quality at these three locations (positions 4, 5, and 6)



**FIG. 1.** Levels of the Ayurvedic pulse. (From: *The Compleat Acupuncturist*, 2014,<sup>3</sup> used with permission.)



**FIG. 2.** Positions for examining the pulses from China and India. (From: *The Compleat Acupuncturist*, 2014,<sup>3</sup> used with permission.)

in terms of the qualities felt in the utmost superficial aspect of the pulse, comparing them to the movements of different animals: snake for *Vata*, frog for *Pitta*, and swan for *Kapha* being the most common examples (Fig. 3.).

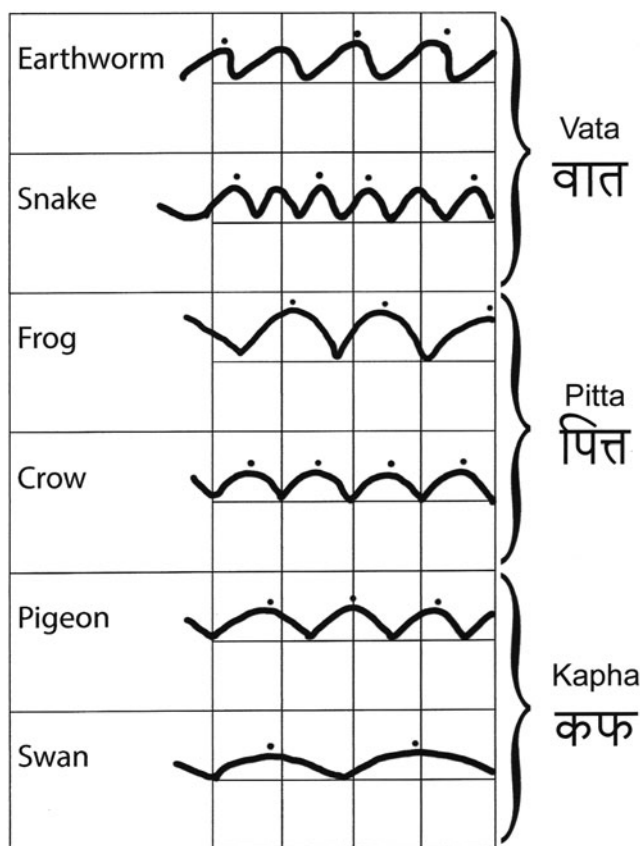
### AYURVEDIC PULSE DIAGNOSIS

As a first step in diagnosis, the pulse at any depth can be classified by which finger or fingers feel the strongest pulsations. There are six common patterns seen, in which either one or two fingers at a time feel a strong pulsation. These findings correspond to the classifications: *Vata*, *Pitta*, *Kapha*, *Vata/Pitta*, *Vata/Kapha*, and *Pitta/Kapha*. When two fingers feel strong pulsations (for the purpose of this presentation), the order of the *Doshas* enumerated is arbitrary, so that *Vata/Pitta* is the same as *Pitta/Vata*, etc.

These six patterns of *Doshic* presentation are the only possibilities and are crucial to comprehend clearly, as they are matched with the six possible patterns disclosed by abdominal examination in Korean Three Constitutions theory. The abdominal pattern, in turn, allows for an understanding of the pattern of Excess or Deficiency in the 12 Meridians or Organ systems, which are important diagnostic

findings for the application of acupuncture treatments aimed at restoring the normal state of balanced functioning in the human organism according to TOM theory (Fig. 4).

Comparable to the three *Doshas* of Ayurveda, there are three “Constitutional” types described in Korean Hand Acupuncture. In this context, “Constitutional” refers to the overall present pattern of Organ system functioning that manifests in specific findings on abdominal palpation. These three patterns are called Yang Excess, Yin Excess, and Kidney Excess, for which the manifestations are as follows: Yang Excess presents as tenderness and muscular spasm at the point ST 25; Yin Excess presents as tenderness without spasm at the point SP 15; and Kidney Excess presents as tenderness with a hard, lumpy accumulation in the region between CV 4 and CV 5. If the whole abdomen is tender and lumpy, then Kidney Excess is the most likely pattern. If there is no demonstrable tenderness or spasm anywhere, then Yin Excess is the most likely pattern. If both ST 25 and SP 15 are tender on the same side of the abdomen, then Yin Excess is the most likely pattern. Using these diagnostic rules, the six possible patterns are Yang Excess, Yin Excess, Kidney Excess, Yang Excess plus Yin Excess, Yang Excess plus Kidney Excess, and Yin Excess plus Kidney Excess.



**FIG. 3.** Common images of the Ayurvedic pulse patterns of the *Doshas*. (From: *The Compleat Acupuncturist*, 2014,<sup>3</sup> used with permission.)

The author's 1995 article<sup>1</sup> posited the following correspondences: Yang Excess is equivalent to *Pitta Dosha*, Yin Excess is equivalent to *Kapha Dosha*, and Kidney Excess is equivalent to *Vata Dosha* (Fig. 5).

As this article is not an indepth presentation of Korean Hand Acupuncture, the associations in Box 1 are presented as givens, without detailed explanation of how these determinations were made. There are several texts available for the interested reader to consult.<sup>1,4,5</sup>

Combining the Ayurvedic and Korean Hand Acupuncture findings into the six possibilities created by imbalances in either one or two *Doshas* together, leads to the conclusions about the relationship of the *Doshas* to the Organs/Meridians in Box 2. This, in itself, is a big help in making a TOM Organ system or Meridian diagnosis of the present condition, but further research on the current author's part has allowed for an even more specific identification of the Organ system or Meridian imbalance present.

Each *Dosha* is, in turn, traditionally a composite of five *Subdoshas*, which can be identified by the part of the examiner's finger where the *Dosha* pulsation is either exaggerated or diminished (Fig. 6). After prolonged evaluation

of the *Subdosha* patterns occurring in clinical pulse examinations, the author discovered that the three sets of five *Subdoshas* themselves correspond to the Five Elements, and follow the Control Cycle (*Xiang Ke*) order (Fig. 7). The most distal *Subdosha* location on each finger corresponds to the Metal Element, and then proceeding in a proximal direction are the corresponding locations for the Wood, Earth, and Water Elements. In the Ayurvedic pulse tradition that the current author learned, the fifth *Subdosha* is implicated if any two other *Subdoshas* are present equally strongly on any finger. This fifth *Subdosha* corresponds to the Fire Element.\* These associations have been confirmed repeatedly in the author's clinic, providing an invaluable key to diagnosing the Five Element states of Excess and Deficiency of their related Organ systems and Meridians.

The discovery of this *Subdosha* pattern confirms one of the basic tenets of Yin Yang theory originally discussed in the *Nei Jing*, but which has been both attacked and supported by various schools of TOM in the long span of time since that original classical text. The *Ling Shu* states (Chapter 9) that when GB is Excess, then LR will be Deficient and vice versa, when ST is Excess, then SP will be Deficient and vice versa, etc.<sup>6</sup>

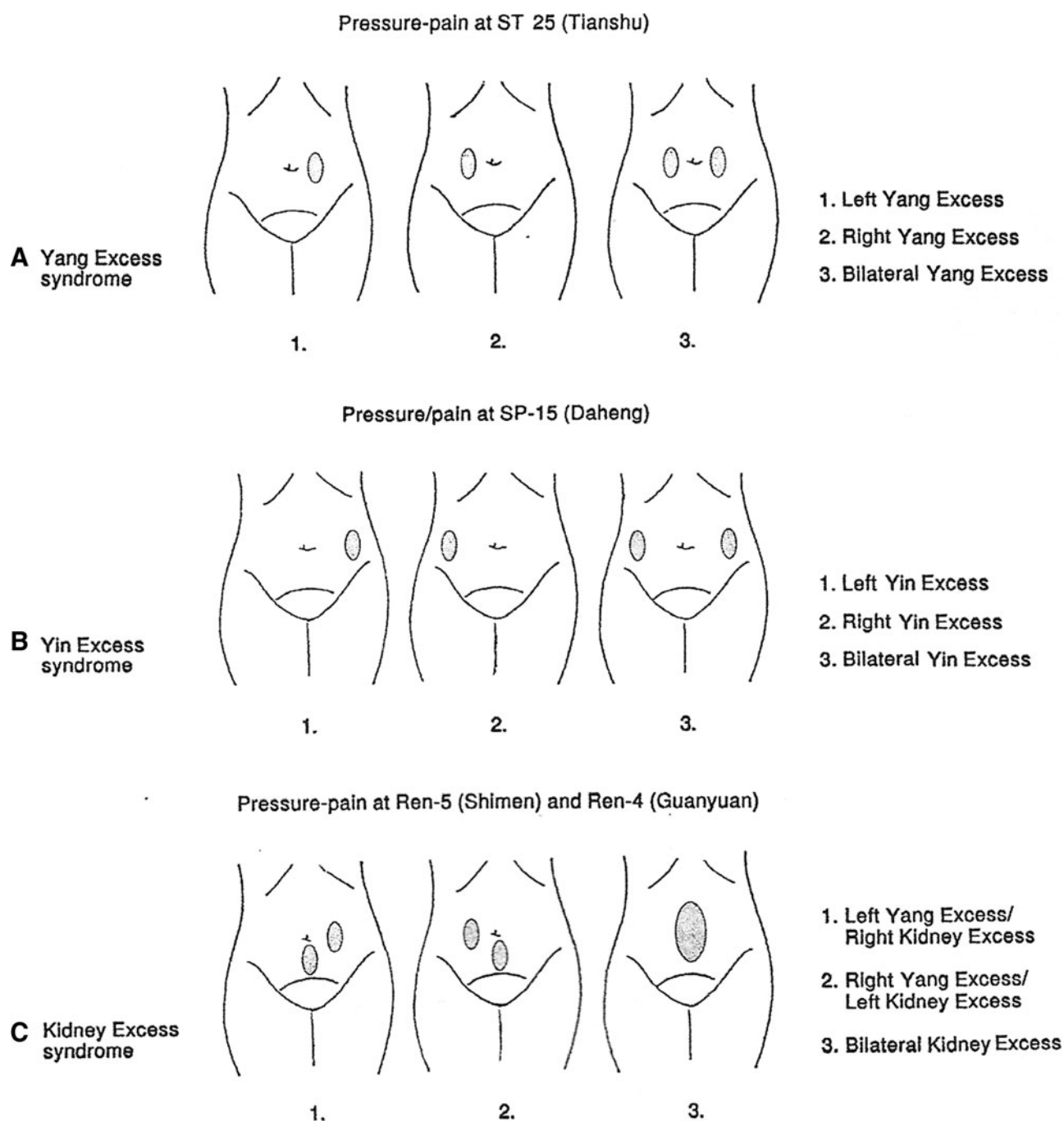
This is verified experientially by *Subdosha* pulse findings, as the following examples below illustrate.

GB Excess (Yin Excess syndrome) shows on the pulse as an exaggerated pulsation under the ring finger, implicating *Kapha Dosha*. On closer examination, it will be found that the second position, corresponding to the Wood Element is where the exaggerated pulse on the ring finger is located (*Avelambaka Kapha Subdosha*). What is most interesting is the finding that in this situation, the second *Subdosha* (Wood Element) on both the index and middle fingers are actually depressed below the pulse level of the other *Subdosha* positions (*Udana Vata* and *Ranjaka Pitta*). Had these *Subdosha* pulses been increased, this would have corresponded to LR Excess, but as they are depressed, the indication is LR Deficiency. Thus, from a purely *Subdosha* perspective, GB Excess and LR Deficiency are always found together.

As another example, suppose that the *Dosha* diagnosis is *Vata/Pitta*, but the third *Subdosha* on the index and middle fingers show an exaggerated impulse (Earth Element: *Samana Vata* and *Sadhaka Pitta*). This finding indicates ST Excess and SP Deficiency. In this case, the author has found that the third *Subdosha* on the ring finger (*Bodaka Kapha*)

\*The *Subdosha* locations the current author uses are those taught by Cravatta. A different interpretation of the locations of the *Subdoshas* can be found in Lad V. *Secrets of the Pulse: The Ancient Art of Ayurvedic Pulse Diagnosis*. Albuquerque: Ayurvedic Press; 1996. The Control Cycle relationship of the *Subdoshas* would not apply using Lad's schema, so the current author concludes that Cravatta's description is the correct one.





**FIG. 4.** Abdominal diagnostic patterns of the Three Constitutions of Korean Hand Acupuncture. (From: *The Compleat Acupuncturist*, 2014,<sup>3</sup> used with permission.)

will present with a depressed pulsation, once again indicating that SP Deficiency is always an accompaniment of ST Excess.

Such findings might seem to conflict with the usual practices of the Five Element style of acupuncture popularized by J.R. Worsley, DrAc(Taiwan), ND(UK), (1923–2003 AD), in which both Yin and Yang Meridians of the same Element are either tonified or dispersed in

tandem, except where the superficial and deep pulses are discordant (indicating the need for harmonizing their Meridians by use of the *Luo* point of the Deficient Meridian).<sup>7</sup> The current author's understanding of this seeming contradiction is that, with respect to each other, Meridians of the same Element show opposite situations of relative Excess and Deficiency. However, their shared Element as a whole may still be either in a state of

Parameters	Ayurveda	KHA	Ayurveda	KHA	Ayurveda	KHA
	Vata	Kidney Excess	Pitta	Yang Excess	Kapha	Yin Excess
Moisture	dry*	stone forming, constipation	oily	sweat easily	oily	prone to edema
Temperature	cold	dislikes cold most	hot*	dislikes heat	cold	dislikes cold, but insulated
Density	light	thin, ectomorph	light	balanced, mesomorph	heavy*	obese, endomorph
Patterns	irregular	hard to treat	intense	severe spasms/pain	stable	usually healthy
Motion	mobile	ethereal	fluid	athletic	viscous	sedentary
Excretions	thin (gassy)	scanty	malodorous (bilious)	purulent	thick (mucoid)	profuse
Texture	rough	lump forming	liquid	spasm forming	smooth	fat forming
Best Climates Worst	heat	heat	cold	cold	warm (wind, sun)	warm
	cold (wind, dry)	cold (fire, damp)	heat (cold)	heat	damp	damp
Best Season Worst	summer	summer	winter (fall)	winter (fall)	late spr/summer	spring/winter
	fall early winter	winter	late spring summer	summer (spring)	late winter early spring	fall late summer
Best Times Worst	noon	noon	morning	morning	afternoon	afternoon
	dusk (& dawn)	evening	noon & midnight	early afternoon	morning/night	morning (night)

\* Indicates the most characteristic findings for each Ayurvedic type

**FIG. 5.** Table shows the similarity of the *Doshas* with the Three Constitutions of Korean Hand Acupuncture. (From: *The Compleat Acupuncturist*, 2014,<sup>3</sup> used with permission.)

Excess or Deficiency with respect to any of the other Elements, and thus tonifying or dispersing them in tandem can be an understandable treatment approach that establishes a better balance among the Five Elements as a whole, without affecting the relative balance between the Yin and Yang Meridians of that Element itself.

**BOX 1: ORGAN/MERIDIAN TENDENCIES IN EACH OF THE KOREAN HAND ACUPUNCTURE AND TRIDOSHA IMBALANCES<sup>a</sup>**

Yang Excess (Pitta) includes Excess tendencies in the Large Intestine, Stomach, Bladder, Liver, Heart and Pericardium, and inversely, Deficiency tendencies in the Lung, Spleen, Kidney, Gallbladder, Small Intestine and Triple Heater.

Yin Excess (Kapha) includes Excess tendencies in the Spleen, Heart, Pericardium, Lung, Bladder and Gallbladder, and inversely, Deficiency tendencies in the Stomach, Small Intestine, Triple Heater, Large Intestine, Kidney and Liver.

Kidney Excess (Vata) includes Excess tendencies in the Kidney, Lung, Liver, Stomach, Small Intestine and Triple Heater, and inversely, Deficiency tendencies in the Bladder, Large Intestine, Gallbladder, Spleen, Heart and Pericardium.

<sup>a</sup>Adapted from: *The Compleat Acupuncturist*, 2014,<sup>3</sup> used with permission.

**BOX 2: THE SIX POSSIBLE PATTERNS OF ORGAN/MERIDIAN IMBALANCES IN AYURVEDA<sup>a</sup>**

Pitta (Yang Excess) by itself indicates either Large Intestine Excess or Lung Deficiency.

Kapha (Yin Excess) by itself indicates either Spleen Excess, Gallbladder Excess, Stomach Deficiency or Liver Deficiency.

Vata (Kidney Excess) by itself indicates either Kidney Excess, Small Intestine Excess, Triple Heater Excess, Bladder Deficiency, Heart Deficiency or Pericardium Deficiency.

Vata and Kapha combined (Kidney Excess and Yin Excess) indicates either Lung Excess or Large Intestine Deficiency.

Vata and Pitta combined (Kidney Excess and Yang Excess) indicates either Liver Excess, Stomach Excess, Gallbladder Deficiency or Spleen Deficiency.

Pitta and Kapha combined (Yang Excess and Yin Excess) indicates either Heart Excess, Pericardium Excess, Bladder Excess, Small Intestine Deficiency, Triple Heater Deficiency or Kidney Deficiency.

<sup>a</sup>Adapted from: *The Compleat Acupuncturist*, 2014,<sup>3</sup> used with permission.

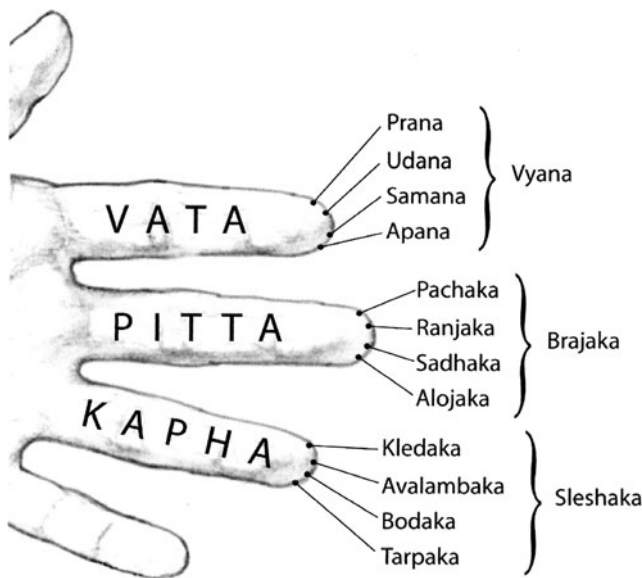


FIG. 6. The 15 Subdoshas. (From: *The Compleat Acupuncturist*, 2014,<sup>3</sup> used with permission.)

Can Ayurvedic pulse diagnosis help clarify whether an identified Element that is presently in need of treatment (as indicated by the *Dosha* and *Subdosha* findings) is treated better with tonification or dispersion techniques (and which Meridian of that Element to choose for treatment)? The answer is, “only partially.” The deepest level of the Ayurvedic pulse reflects the individual’s *Prakriti*, or inborn constitution. Interpreting the *Prakriti* pulse is relatively more difficult in the current author’s experience than is interpreting the *Vikruti* (current condition) pulse, perhaps because the amount of pressure needed to reach the deepest level is more difficult to sustain accurately. The principles are the same: distal impulses resonate with *Vata*; proximal impulses resonate with *Kapha*; and those in between resonate with *Pitta*. The Organ system and Meridian associations with the *Dosha* findings are the same for the constitutional level as for the conditional level of the pulse, described above, so the Ayurvedic constitutional evaluation narrows down the choice to two Elements at most. However, which one of these two Elements is determined to be the constitutional focus often cannot be decided from the Ayurvedic pulses alone.<sup>†</sup>

There are several other pulse diagnostic techniques that the current author has found to provide a satisfactory resolution of this important clinical question as well as also providing overall corroboration of the coherency of the Yin

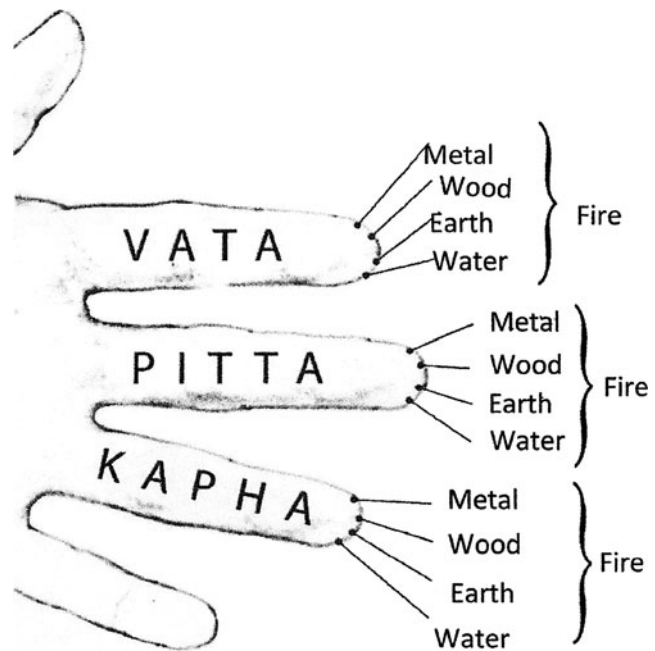


FIG. 7. The Five Elements of the 15 Subdoshas.

Yang, *Wu Xing*, and Organ system/Meridian diagnoses provided by the methods described in this article. As these other pulse diagnostic methods go beyond the realm of Ayurvedic contributions to pulse diagnosis, they are not addressed in this article, but the current author can state that they are based on passages from the *Nan Jing* and *Mai Jing*—two authoritative classical Chinese medical texts.<sup>8,9</sup> An additional factor responsible for being able to give only a guarded answer to the question above is that, once having identified the constitution by Element, an additional layer of theory is necessary to determine both the constitutional Meridian and the energetic states of the other Elements, the latter often being the ones presently in need of treatment.

In many cases this problem can be resolved by applying a simple rule of Five Element theory: The Mother and Son Elements of the Constitutional Element tend toward the same polarity as the Constitutional Element, while the Grandparent and Grandchild Elements tend toward the opposite polarity, as posited by the medieval Korean originator of the Four Needle Technique, *Sa Am* (personal communication, David Lee, 2014). However, the current author has found enough exceptions to this rule to warrant further theoretical refinement. Other modern innovators in the study of pulse diagnosis have supplied what the current author believes to be pointers toward a satisfactory answer to this puzzling discrepancy, namely via Korean Constitutional Acupuncture and Korean *Sasang* Constitutional Medicine.<sup>10,11</sup> Both of these related systems, which have unique methods of pulse diagnosis, are also unfortunately beyond the scope of the topic being presented, but are discussed in detail in the author’s 2014 publication.<sup>3</sup>

<sup>†</sup>The author has found, however, that in almost all cases, the Subdoshas on either the left or right wrist will correspond to the constitutional Element, while the Subdoshas on the opposite wrist will correspond to the conditional Element with which it is out of balance. Thus often, the constitutional Element might be disclosed by attention to the Ayurvedic pulses alone.

## DISCUSSION

This article expands the current author's 1995 proposal of a concordance between the three Doshas of Ayurveda and the three "Constitutions" of Korean Hand Acupuncture. Various findings in Ayurvedic pulse diagnosis can be translated into corresponding diagnostic categories in terms of Yin Yang, *Wu Xing*, and Meridian terminology using this concordance. There is great value in being able to confirm the conclusions of traditional acupuncture pulse diagnosis by reference to the independent methodology of Ayurvedic pulse diagnosis. This concordance allows the practitioner to confirm not only the current energetic imbalance, but also the constitutional predispositions of the patient, a determination which is central to both the Five Element Acupuncture tradition taught by Worsley, but also the Korean Constitutional Acupuncture tradition originated by Kuon Downon, LicAc(South Korea). The relationship of the *Doshas* and *Subdoshas* to the Organ functions and their Meridians allows for a rational method of point selection for acupuncture treatment.

Regardless of the style of acupuncture being practiced, the new information described in this article can help with decision making regarding point selection and needle technique for supplementing or dispersing individual points. In the current author's experience, this approach has led to improved patient outcomes, and it is hoped that other practitioners can similarly improve their clinical results by learning the material presented here.

## CONCLUSIONS

Ayurvedic pulse diagnosis can elucidate both the conditional and the constitutional energetic states of acupuncture recipients when used in conjunction with the traditional pulse diagnostic findings described in the classics of traditional acupuncture. A concordance between the three *Doshas* of Ayurveda and the three "Constitutions" of Korean Hand Acupuncture provides the basis for integrating these two approaches to pulse diagnosis.

This preliminary report opens the door for new questions to be researched, such as: "If unilateral needling is adopted as a treatment method, can pulse diagnosis using Ayurvedic methodology (which informs the practitioner about the different energetic conditions on each side of the body) determine the optimal side to treat for each point selected?" The insights provided by the methods described in this article regarding constitutional diagnosis appear to present a rational approach to devising effective treatment prescriptions—something that has heretofore been an obscure aspect of both Five Element Acupuncture and Korean Constitutional

Acupuncture. This article supports a more prominent role for pulse diagnosis in the practice of acupuncture.

## ACKNOWLEDGMENTS

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## DISCLOSURE STATEMENT

No competing financial interests exist.

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