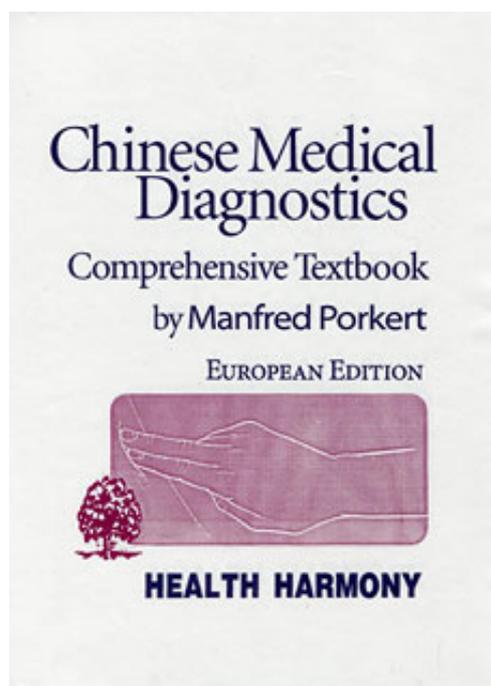


Manfred Porkert

Chinese Medical Diagnostics

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Preliminary Considerations

rational access to and application of the store of knowledge systematised in this science.

Chinese medicine is an exact science. In fact, by its methodology it may be seen as the paradigm of all life science. Chinese diagnostics, the gate to its practical application, and one of the most mature and most brilliant parts of the system, is accessible only to such scholars or physicians perfectly cognisant of the conventional standards guaranteeing its exactness and universal validity. So, here again, these standards, to the extent that they are used and required in the statements of Chinese diagnostics, constitute the indispensable tools for tapping and applying this store of scientific knowledge.

2. What Chinese Diagnosis is about

Chinese medicine constitutes a rational science in the narrow and modern sense of the term. Medical diagnosis then, different from what laymen and even many physicians, accustomed as they are to the limitations of Western medicine, are wont to believe, is not merely a very intricate and painstaking description of symptoms.

Symptoms, the signs of disease, to be sure, must constitute the point of departure of any serious and positive diagnosis. Not a few of these symptoms are directly described by the patient, others are evident even to a casual observer, some changes constitute symptoms only to the keen discernment of an experienced diagnostician. Symptoms constitute the facts, the reality, the actual and positive evidence of disease, of pathological change — yet only the foundations, the basic layer of medical diagnosis.

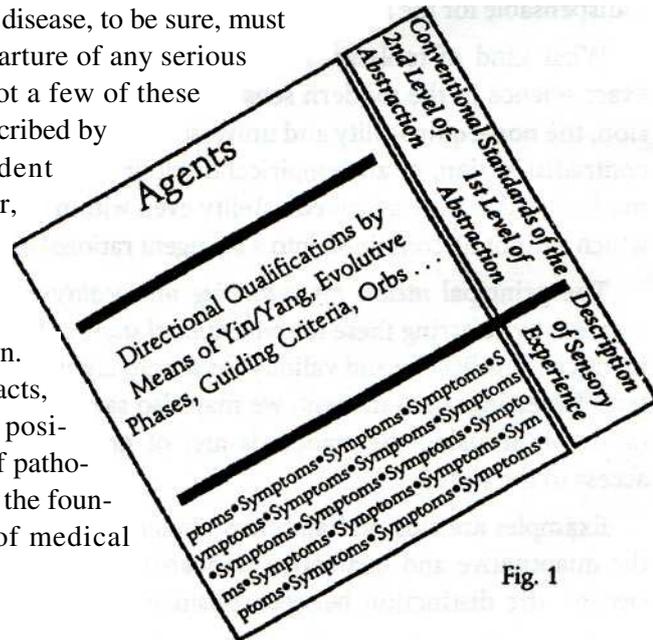


Fig. 1

(Cf. Fig. 1)

So, to be sure, an accurate description of symptoms surely is indispensable to any diagnosis; yet it rarely will be sufficient to guide proper treatment or optimum treatment. This is so because there is an enormous discrepancy between the number of influences or factors liable to produce disturbances of health, and the comparatively small number of symptoms that a patient may perceive by his senses, and an observer may duplicate by his observation: pain (not to be duplicated objectively), deficiency or excess of fluids, excitement, restiveness or the lack of impulse, force . . . This is why it is very difficult to suggest any treatment on the mere basis of symptoms, and impossible to propose any treatment of clearly predictable outcome.

Scientific medicine, as all science, takes its point of departure and permanent reference in experience, in empirical facts — here in the perception and description of symptoms. Yet it must immediately strive to rise above this experience in order to overcome the quite accidental, unpredictable, aleatory character of every singularised event ('symptom') *detached from the holistic context of present effects*. So in scientific diagnosis symptoms, after having been properly ascertained, must be evaluated, rationally qualified. And, it is essential to note, such evaluation corresponds to an abstract and/or abstracting judgement about the symptoms, it no longer constitutes or is part of their simple description and perception. (Cf. again Fig. 1). This second step of diagnosis, hence, is undertaken separately. In this process, distinct ratiocination about sensory (or instrumental) information constitutes a first layer or level of abstraction (cf. Fig. 1.)

Purely empirical medicine does not even attain to this degree of abstraction; and many still incomplete attempts at scientific medical methods (protoscientific methods) stop here. Yet, as we shall see presently, this first layer of abstraction does not, under all circumstances, provide the information needed in order to propose and conduct a completely rational treatment of the symptoms at hand; and, completely rational in medicine means clearly articulate in the choice of means needed, and assured of the outcome of the steps taken (prognosis of very high probability, bordering on certainty). Scientific medical diagnosis — and this is what Chinese diagnosis always and Western medical diagnosis under certain conditions corresponds to — must ascend to a second degree of abstraction, where the finite number of evaluations abstracted from the infinite number of symptoms and the real factors actually producing these — is reduced to a quite small number, sometimes to just one or two, basic factors. If these abstract factors are thought to constitute

the historical antecedents of present symptoms, they are termed 'causes' (the results of the causal analysis of Western medicine); or if they are conceived as actually operative factors as 'agents' (as perceived and defined by inductive synthesis used in Chinese medicine).

If we speak of the tools of Chinese diagnostics, this expression refers specifically to the rational instruments, that is concepts, terms facilitating or permitting that the abstractions of levels 1 and 2 can actually be attained and consistently maintained until the ultimate end of all medicine, effective treatment, has been attained to.

3. Health and Disease as they Appear to Chinese Diagnosis

Chinese diagnosis, as all of Chinese medicine, is conditioned by its fundamental premise, inductive synthesis. Inductive synthesis *focuses perception upon present* phenomena, *present* reality, *present* movements and their mutual imbrication, interaction, as well as their interaction with the observer who, by definition, must be "in their presence", "share their presence".

It is the very essence of the concept of 'present' or 'presence' that effects are being deployed, enacted "within such presence".

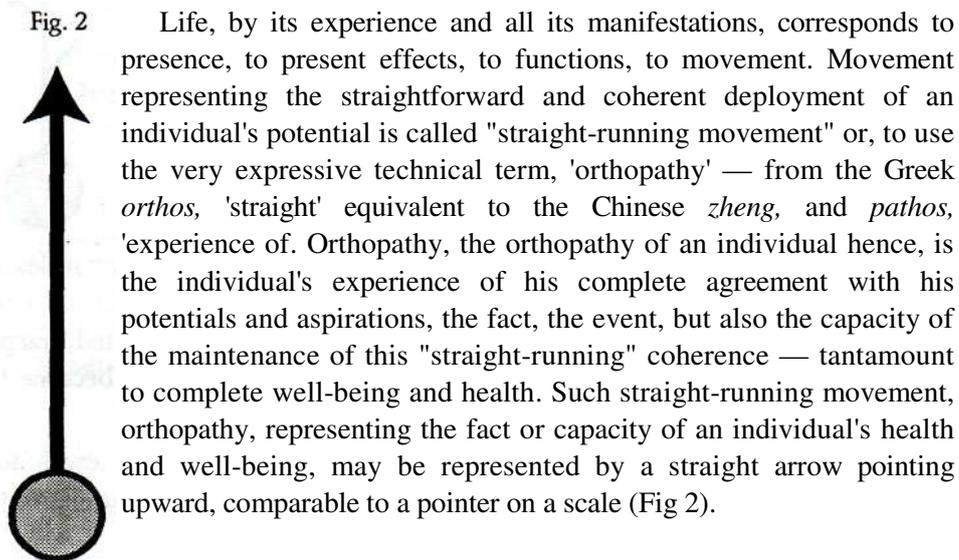
Something that is actually being deployed may be represented symbolically by an arrow. (Fig. 2) This symbol expresses that we may assume or define a point of inception for *any present effect*, yet that *the idea* or notion of *actual deployment* — and the symbol of the arrow — logically and of course practically, *precludes the definition of its end*. Because defining an end means that the action is no longer deployed, that it has been terminated, *turned into a past effect*, an effect sunken back into the past.

Because of these axiomatic premises, no subterfuge or expedient is conceivable to positively define, that is, to measure present effect(s). For measurement implies that there is something positively ended, something accumulated in the past, that can be measured. *Effects actually deployed, effects taking place in the present, have no mass*. To this extent, they escape not only measurement, they completely escape positive perception and definition by any method using causal analysis, that is keyed to past effects. (Inversely it should be recalled, past effects are no longer per-

ceptible in the present. They may only be attained *indirectly* by rational inference and wilful partial re-enactment.¹

How then are similar present, hence synchronous effects not only perceived — which is of immediate sensuous evidence — but also rationally distinguished? The symbol of the arrow is the clue not only for answering this question but also for understanding the perfect appropriateness of the terminology Chinese medicine uses in distinguishing between health and illness.

What distinguishes the infinite multitude of all simultaneous effects present at the same time as the observer or contemporary, is the difference of their "direction", more precisely of their "directionality". This term of 'directionality' implies a complex set of directional relationships: the phenomena we view in the life sciences and hence in medicine, are intricately interrelated, hence moving in a multitude of planes at the same time. The complex "directionality" of such present movement can and must be subsumed, as will be developed in the following chapters, by combining certain groups or clusters of interdependent movements into a standard "directionality" or "quality".



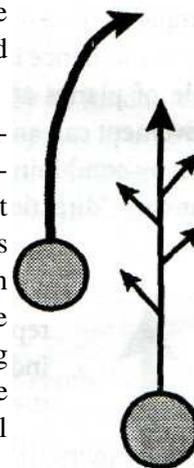
¹ Readers puzzled by these paradoxa may wish to refer to the article *Chinese Medicine, a Science in Its Own Right* in *Chinese Medicine Debased* at PHAINON, or for still more details to PORKERT, *Life Science - s Paradigmatic Outline*, in the press at PHAINON.

Life, the deployment of an individual's unique note and quality, represents the ceaseless interaction, complex relationships with all other individual effects deployed in and sharing the same present, contemporary with the individual. In other words, life in essence corresponds to a permanent challenge to the straight-running, coherent and harmonious deployment of each individual's qualities. So it is inevitable that more or less significant, more or less extensive deflections or inflections of an individual's deployment of its potential may and will occur. In Chinese medicine these inflections or deflections are directly and most appropriately termed "obliqueness", 'deviation', bias or, to use the technical term, 'heteropathy' — from the Greek *heteros* = 'other', 'different', 'deviating' — corresponding to the Chinese *xie*, oblique, 'obliqueness', 'deviation', 'diversion', and *pathos*, 'experience of'.

Such divergence, to be sure, corresponds to an impairment, a diminishment of the integrity of being, hence to illness. Translated into the imagery of directed movement expressed by arrows, however, such heteropathy corresponds to what is represented in Figures 3a and b: as long as an individual in any way maintains its unique existence, some hint or shadow of the original orthopathy, "straight-running function", will persist. The heteropathies, in turn, are conceived as excretions, branching out from the principal arrow, diminishing, subtracting from its energy potential, impairing its powerful manifestation. A heteropathy or the heteropathies are developing upon or developing from the potential of the orthopathy. Or, to a certain and very limited degree, the entire orthopathy may be bent, deflected, warped or twisted, thus to stay in the picture, making bias or obliqueness become the apparent essence of that individual (Figures 3).

The task of Chinese diagnosis is clearly and explicitly linked to these fundamental concepts, viz. *to define precisely in which direction and to what degree the*

Figures 3a & b



* This development may be traced back to a decision taken by the Central Committee of the Chinese Communist Party on November 18, 1958. In this, the formal and institutional equality of Chinese and Western medicine yet, at the same time, the methodological supremacy of Western medicine were affirmed — by the usual quote: "Western medicine is science, Chinese medicine is experience."

² Cf. below pp. 16-26.

all-over *functions of an individual have been deflected*, hence are biasing with respect to his "straight-running function", orthopathy. All the tools of Chinese diagnosis, in other words the intellectual or methodological concepts used for the expression of diagnosis, have been devised and honed toward this purpose.

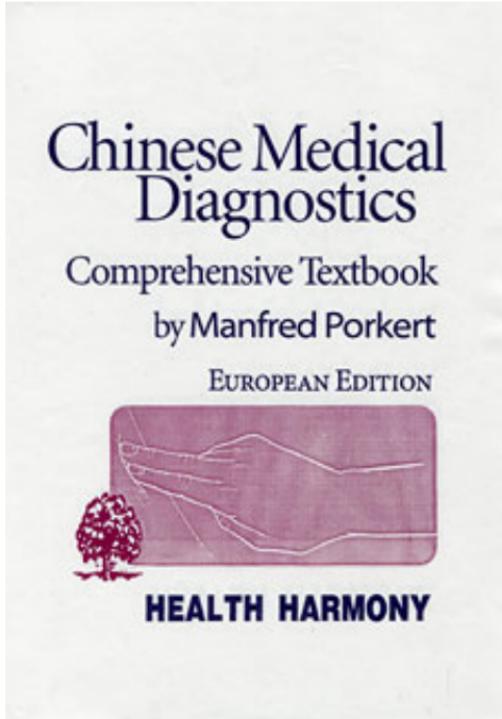
4. Doubts Voiced from and about Presumptive Universal Medicine

Doubts from...

Any introduction to a Textbook meant to present the methodology of Chinese medicine would be defective if its author ignored the most important fact by which to-day, at the end of the 20th century, any student anywhere in the world is faced with if he wants to devote his life to healing people. The fact I refer to is so-called "Western medicine".

This "Western medicine" is also called "school medicine" or academic medicine in a number of West European countries, since the bundle of its curricula, condensed into Schedules for the Licensing of Physicians looms as the supreme criterium for any kind of official recognition of the qualification of a physician. Yet basically the same requirements also apply in all other countries of this earth, they apply especially in China. It is for this reason that for almost four decades all training centres and medical schools teaching Chinese medicine are staffed and directed on all levels by physicians whose principal training has been in so-called "Western medicine" and whose knowledge of "Chinese medicine" had been a more or less significant appendix to their basic medical education.¹

Of course, valid and palpable practical reasons may be adduced for the dominant role of Western medicine in research and education throughout the world: It is perceived as *more effective* and more efficient than any other medical system known in history. This sovereign effectiveness is due to the application of the method of causal analysis. As I have explained at many occasions and as will be done in other sections of this book,² the method of causal analysis directs cognitive perception unto effects piled up in the past, in other words, massed, accumulated effects defined as matter or substratum. In line with this any disorders, diseases manifesting as modifications of the physical body and described as accumulated, massed dysfunctions, are tantamount to true, serious and very often dangerous disease. A medical system capable of defining such disease by a highly precise diagnosis, basically is also capable of treating it; a medicine capable of



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