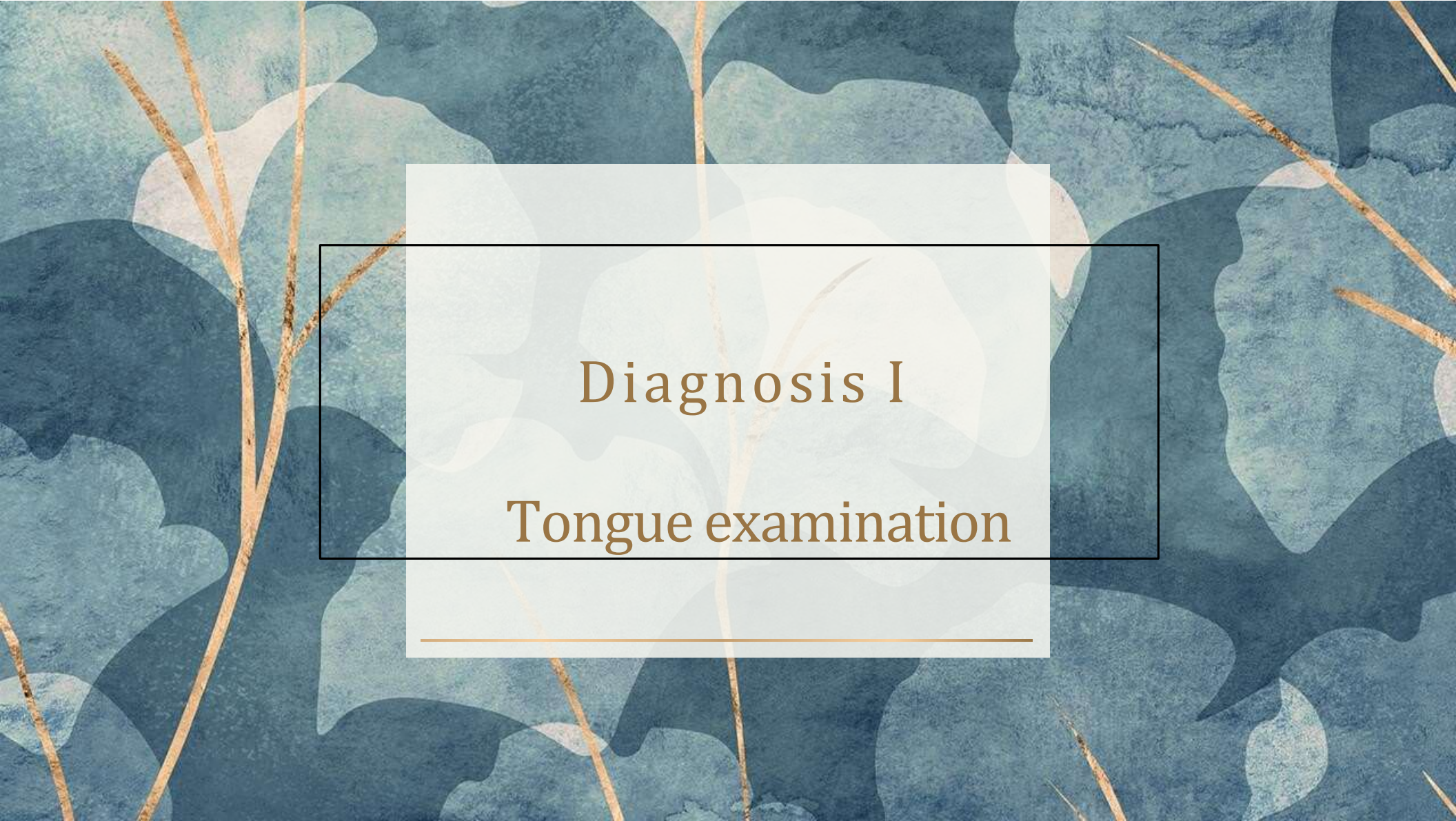




Diagnosis I

Tongue examination

INSPECTION OF THE DYNAMIC STATE OF THE TONGUE

- The normal dynamic state of the tongue should be able to move freely and flexibly, protrude and retract naturally
 - Sufficient qi and blood, harmonious regulation of meridians, healthy functioning zang fu organs
- Pathological dynamic states
 - Atrophic and flaccid tongue
 - Quivering and shaking tongue

INSPECTION OF THE DYNAMIC STATE OF THE TONGUE

- Protruding and wagging tongue
- Short and sunken tongue
- Atrophic and flaccid tongue
 - Too atrophic and flaccid to protrude, retract, rotate at will
 - Qi and blood deficiency, injury to yin



INSPECTION OF THE DYNAMIC STATE OF THE TONGUE

- Atrophic and flaccid tongue with red crimson colour, less coating
 - Heat evil damaging yin in later stages of febrile diseases
 - Fire hyperactivity due to yin deficiency **from long term illness**



INSPECTION OF THE DYNAMIC STATE OF THE TONGUE

- Atrophic, flaccid, lustreless tongue with withered, pale colour
 - Qi and blood deficiency in chronic diseases, weak constitution
- Lack of nourishment to muscle and collaterals of tongue



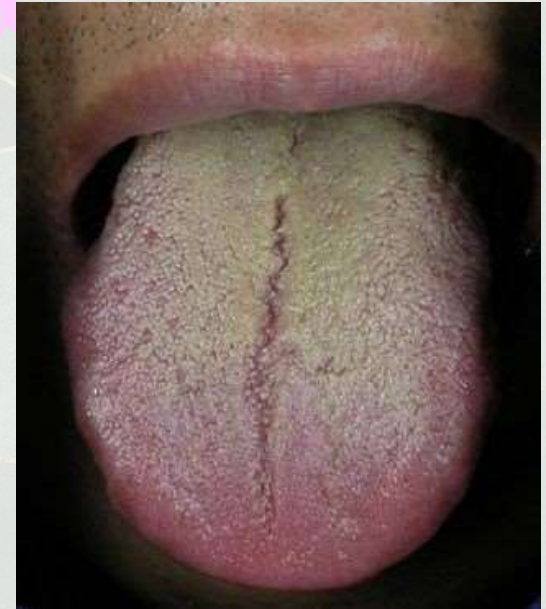
INSPECTION OF THE DYNAMIC STATE OF THE TONGUE

- Rigid and hard tongue H.H
 - Stiff tongue body, unable to move and rotate, lack of softness and flexibility in movement
 - Heat entering into pericardium
 - Body fluid damage due to high heat



INSPECTION OF THE DYNAMIC STATE OF THE TONGUE

- Wind phlegm blocking collaterals
- Red and hard tongue with red, crimson colour, less fluid
 - Excessive heat
- Rigid and hard tongue with thick greasy coat
 - Wind phlegm blocking collaterals



INSPECTION OF THE DYNAMIC STATE OF THE TONGUE

- Suddenly rigid and hard tongue with slurred speech, numbness of limbs, dizziness and vertigo
 - Wind stroke
- In externally contracted febrile disease, heat invading pericardium the tongue lacks control
- In exhaustion of fluids due to extreme heat the muscles and collaterals fail to be nourished

INSPECTION OF THE DYNAMIC STATE OF THE TONGUE

- Slanted and deviated tongue
 - Tongue deviates to one side upon extension
 - Liver wind with phlegm, phlegm and stasis blocking meridians and collaterals
 - One side of tongue appears lax and unaffected side appears normal



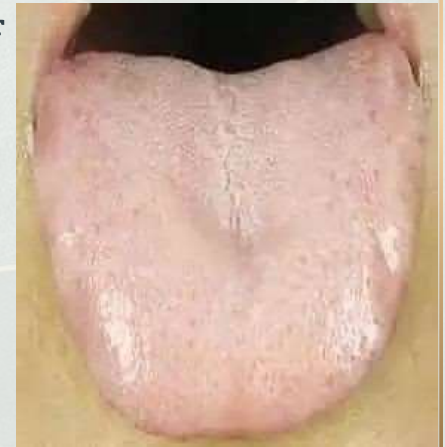
INSPECTION OF THE DYNAMIC STATE OF THE TONGUE

- Red purple tongue with sudden deviation
 - Convulsions
- Light red tongue with slow progression of deviation
 - Internal wind due to blood deficiency



INSPECTION OF THE DYNAMIC STATE OF THE TONGUE

- Quivering and shaking tongue
 - Tongue involuntarily shakes upon protrusion
 - Mild case → mild shaking
 - Serious case → shaking and restlessness even if not protruding
 - Interior wind syndrome
 - Pale quivering and shaking tongue



■ Qi and blood deficiency

INSPECTION OF THE DYNAMIC STATE OF THE TONGUE

- Crimson purple, quivering and shaking tongue
 - Excessive heat syndrome.
- Red, quivering and shaking tongue with little coat
 - Yin deficiency
- Protruding and wagging tongue
 - Protrusion = tongue protrudes out of mouth and cannot draw back in easily



INSPECTION OF THE DYNAMIC STATE OF THE TONGUE

- Wagging = tongue protrudes from mouth and withdraws immediately or licking around lips, trembling
- Heat in heart and spleen
- Critical case of protruding and wagging tongue
 - Exhaustion of heart qi



INSPECTION OF THE DYNAMIC STATE OF THE TONGUE

- Precursor of extreme heat stirring up wind, pestilential toxin attacking heart
- Congenital dementia
- Short and shrunken tongue
 - Tongue is short or curled and cannot protrude to teeth
 - Often together with atrophic and flaccid tongue



INSPECTION OF THE DYNAMIC STATE OF THE TONGUE

- Sign of critical condition
- Short, shrunken, wet and moist tongue with pale or dark blue, purple colour
 - Cold coagulation in sinews and meridians
 - Deficiency of qi and blood
- Short and shrunken, dry tongue with red, crimson colour



INSPECTION OF THE DYNAMIC STATE OF THE TONGUE

- Heat damaging body fluids
- Short and shrunken, puffy tongue
 - Wind phlegm obstructing collaterals
- Congenitally shortened frenulum of tongue
- Blockage of sinews and collaterals, qi and blood deficiency



INSPECTION OF THE TONGUE COATING

- Texture and form of tongue coat
 - Thickness, level of moisture, greasiness, peeled coating
- Thin vs. thick tongue coat
 - Thin coat = tongue body can be seen through coating
 - Thick coat = tongue body cannot be seen through coating



INSPECTION OF THE TONGUE COATING

- Indicates excessive evil qi and vital qi deficiency
- Detect depth of evil qi
- In early stages of disease, mild conditions
 - No obvious changes to tongue coating, no damage to stomach qi
- Thick coat or thick in center and root
 - Food retention in stomach and intestine, phlegm turbidity accumulation



INSPECTION OF THE TONGUE COATING

- Thin coat → thick coat
 - Evil qi is becoming stronger, progression of condition
- Thick coat → thin coat
 - Vital qi winning against evil qi, condition is getting better
- Sudden decrease or disappearance of thick coat with no new coat
 - Stomach qi collapse

INSPECTION OF THE TONGUE COATING

- Moist vs. dry tongue coat
 - Moist coat = not too dry or wet, no slipperiness
 - Slippery coat = liquid on surface of tongue, may be dripping off tongue, feels wet and slippery
 - Dry coat = without fluid, dry, cracked, rough
 - State of body fluids and its circulation



INSPECTION OF THE TONGUE COATING

- Moist coat
 - Normal manifestation; can be exterior wind cold or early stages of dampness
- Slippery coat
 - Water dampness accumulation; cold, dampness
- Dry coat
 - Damage to body fluids

INSPECTION OF THE TONGUE COATING

- Rough coat
 - From dry coat
 - More severe, excessive heat damaging body fluids
- Moist coat → dry coat
 - Heat damaging body fluid, body fluid failing to transport

INSPECTION OF THE TONGUE COATING

- Dry coat → moist coat
 - Recession of heat, restoration of body fluids, transformation of fluid retention
- Greasy vs. curdy tongue coat
 - Greasy coat = small, fine compact granules with thick center and thin borders on tongue surface that is difficult to scrape off
 - Can be sticky, thick, wet, dry



INSPECTION OF THE TONGUE COATING

- Curdy coat = thick, coarse granules loosely scattered on tongue like a layer of bean curd dregs that can be scraped off easily
- Greasy tongue coat
 - Dampness, turbidity, phlegm and fluid retention, food retention



INSPECTION OF THE TONGUE COATING

- Greasy, slippery tongue coat
 - Phlegm turbidity, cold damp obstruction in interior
- Thick, sticky, greasy tongue coat
 - Damp turbidity of the spleen and stomach flowing upwards
- Pus curdy coat
 - Internal abscess



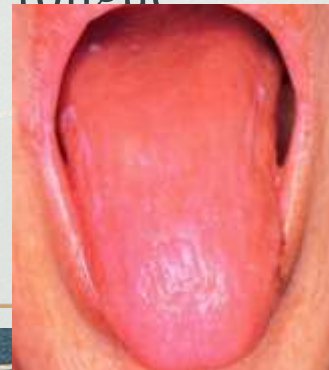
INSPECTION OF THE TONGUE COATING

- White powder curdy coat
 - Epidemic disease, turbid damp and heat toxin accumulation
- Peeled tongue coat
 - Partially or completely peeled on tongue surface; bright and slippery looking where it is peeled
 - Differentiated based on location and size



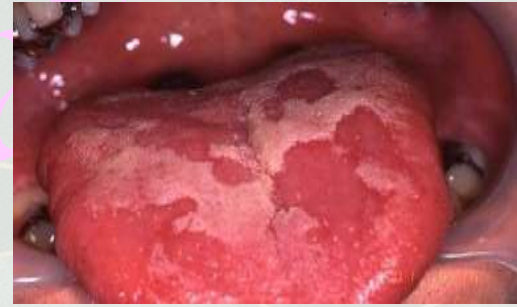
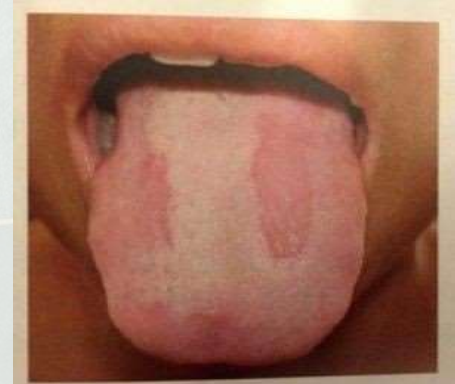
INSPECTION OF THE TONGUE COATING

- Scattered areas of the tongue are peeled and in small amount = patchy peeled coat
- Completely peeled, tongue surface resembles mirror = mirror tongue coat
- A large area of peeled tongue coat with prominent clear borders and locations = geographic tongue



INSPECTION OF THE TONGUE COATING

- Severe deficiency of stomach qi, exhaustion of stomach yin, deficiency of qi and blood, systemic deficiency
- Red tongue with peeled coat
 - Yin deficiency
- Pale tongue with peeled coat
 - Blood deficiency, deficiency of qi and blood



INSPECTION OF THE TONGUE COATING

- Red mirror tongue
 - Exhaustion of stomach yin
failing to generate stomach qi
- Bright pale tongue without coat or blood colour
 - Severe deficiency of qi and blood



INSPECTION OF THE TONGUE COATING

- Partially peeled coat, greasy or slippery in other regions
 - Vital qi deficiency with dampness and turbid evils
- Existence or exhaustion of stomach qi and yin can be determined with the peeling of a tongue coat



INSPECTION OF THE TONGUE COATING

- True vs. false tongue coating
 - The inspection of whether or not the tongue coat is with or without a root
 - True tongue coat
 - Coat is hard to be scraped off, attached to tongue
 - Presence of stomach qi
 - False tongue coat
 - Coating easily scraped

INSPECTION OF THE TONGUE COATING

- Absence of stomach qi
- Prolonged disease with false coat
 - Hard to be cured
 - Exhaustion of stomach qi
- False thick tongue coat with some rooted coating being generated underneath
 - Favourable prognosis

INSPECTION OF THE TONGUE COAT COLOUR

- Colours of the tongue coat can range from white, yellow, grey and black
 - Appears individually or simultaneously
- White tongue coat
 - Layer of white tongue coating distributed uniformly and thinly over the surface of the tongue
 - Can be thick or thin



INSPECTION OF THE TONGUE COAT COLOUR

- Normal tongue coat
- If in pathological condition, early exterior syndrome or mild interior syndrome, interior cold
- Thin, white, moist tongue coat
 - Normal, early exterior syndrome, mild interior syndrome, interior cold
- Thin, white, dry tongue coat
 - Exterior wind heat syndrome



INSPECTION OF THE TONGUE COAT COLOUR

- Thin, white, slippery tongue coat
 - Externally contracted cold damp, inactive spleen yang leading to water dampness accumulation in interior
- Thin, white, greasy tongue coat
 - Dampness, turbidity, phlegm, fluid retention, food retention



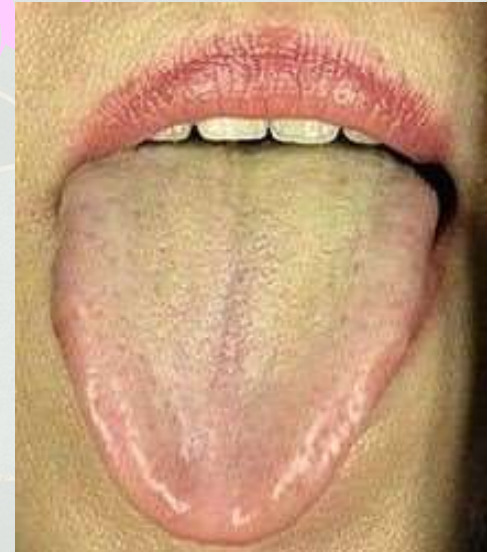
INSPECTION OF THE TONGUE COAT COLOUR

- Thick, white, greasy, dry tongue coat
 - Phlegm turbidity, damp heat
- White powder accumulated tongue coat
 - Coat appears like powder but doesn't feel dry on palpation
 - Externally contracted pestilence, turbid damp and heat toxin



INSPECTION OF THE TONGUE COAT COLOUR

- White, dry tongue coat with cracks
 - Dryness, heat
- Yellow tongue coat
 - Can vary in intensity of yellow
 - Pale → dark → burnt
 - The deeper the yellow, the more severe the pathogenic heat



INSPECTION OF THE TONGUE COAT COLOUR

- Often together with red tongue
- Pale yellow tongue coat
 - Slight yellow colour on a thin, white coat
 - Heat syndrome, mild interior syndrome
- Deep yellow tongue coat
 - Severe interior heat



INSPECTION OF THE TONGUE COAT COLOUR

- Burnt yellow tongue coat
 - Mix of yellow, gray, black; dry, rough, fissures
 - Extreme exuberance of interior heat
- Yellow and white tongue coat
 - Transformation of white to yellow coat or simultaneous occurrence



INSPECTION OF THE TONGUE COAT COLOUR

- Exogenous pathogenic evil → interior → heat
- Yellow, greasy tongue coat
 - Damp heat accumulation, phlegm fluid retention transforming into heat, food retention transforming into heat



INSPECTION OF THE TONGUE COAT COLOUR

- Thick, yellow tongue coat
 - Endogenous excessive heat syndrome
- Yellow, slippery tongue coat
 - Damp heat
- Grayish black tongue coat
 - Examine moisture level to differentiate cold nature from hot nature



INSPECTION OF THE TONGUE COAT COLOUR

- Pale black = gray
- Deep black = black
- Interior excessive heat, interior cold and phlegm retention syndromes
- Usually occurs in diseases of a long duration and has developed to a certain degree
- Grayish, black, moist tongue coat
 - Damp cold syndrome

INSPECTION OF THE TONGUE COAT COLOUR

- White, grayish, black, greasy tongue coat
 - Cold syndrome, chronic retention of phlegm and damp
- Yellow, greasy, gray, black tongue coat
 - Interior accumulation of damp heat



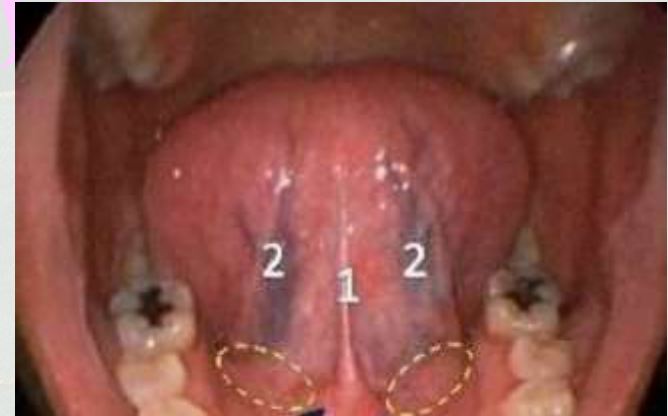
INSPECTION OF THE TONGUE COAT COLOUR

- Burnt black, dry tongue coat
 - Coat is scorched black, rough, dry, marked with fissures
 - Extreme heat exhausting fluids



INSPECTION OF THE COLLATERALS AND VESSELS ON UNDERSIDE OF TONGUE

- Great collaterals on both sides of frenulum
- Observe the length, shape, colour, width, and any changes to the vessels
- Method of inspection:
 - Ask patient to open their mouth and curl tongue upwards towards the palate with the tongue tip gently resting on the palate



INSPECTION OF THE COLLATERALS AND VESSELS ON UNDERSIDE OF TONGUE

- Look for the thickness, colour, curvature of the vessels, if they are swollen or not
- Then colour and form of smaller vessels surrounding the large vessels
- Thin short collaterals and vessels on underside of tongue with reddish colour, no obvious small branches, pale tongue, pale mucous membrane
 - Qi and blood deficiency



INSPECTION OF THE COLLATERALS AND VESSELS ON UNDERSIDE OF TONGUE

- Thick, distended collaterals and vessels on underside, dark blue, purple, red purple, crimson purple, black purple, or resembling stasis nodules of different sizes
 - Blood stasis



INSPECTION OF THE COLLATERALS AND VESSELS ON UNDERSIDE OF TONGUE

- Note:
 - Analyze together with other signs and symptoms
 - Don't make a patient curl their tongue up for too long

TONGUE DIAGNOSIS

- Tongue spirit (movements, body colour)
 - Spirit of whole body
- Tongue coat has root or not
 - State of stomach qi
- Tongue body
 - State of yin, yang, excess, deficiency

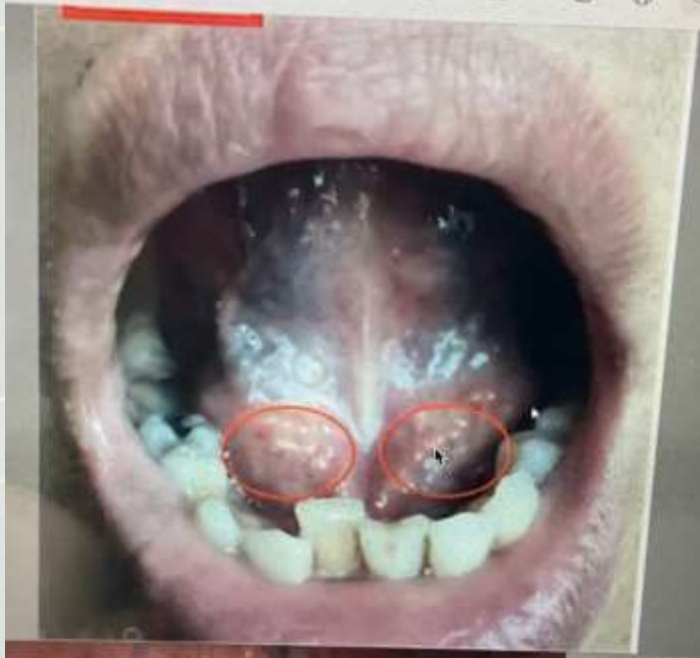
TONGUE DIAGNOSIS

- Tongue coat
 - Cold vs. heat
 - Depth of pathogenic factors
- Developmental trends and progressions of illness
 - Does the manifestations of the tongue match with the timeline of the progression or healing of a condition

PRACTICE



PRACTICE



PRACTICE

