

Applied Chinese Facial Diagnosis: Three Case Studies

Abstract

Chinese facial diagnosis is one of the oldest observational skills and diagnostic techniques available for practitioners of Chinese medicine. However, in modern Western clinical practice, not all practitioners fully understand or utilise facial diagnosis. Since ancient times, the first thing to be checked by the physician was the facial complexion and the light emitting from the eyes, otherwise known as the *shen*. Most modern practitioners employ pulse and tongue diagnosis within their clinical practice, but over time thorough facial diagnosis has become less commonly taught, and is therefore under-utilised. Used solely or together with tongue and pulse diagnosis, facial diagnosis can help a practitioner pinpoint the pathophysiology of many conditions in the early stages, thus preventing disease. Three case studies are presented here to demonstrate the advantages of Chinese facial diagnosis within a clinical setting. To illustrate what was observed in each patient's case, a photograph was taken before and after the consultation and treatment. The key facial signs are explained in the context of the patient's disharmony and the change produced from the acupuncture treatment. Further discussion, application and research of Chinese facial diagnosis within a Chinese medicine clinical practice is still necessary.

By: Elisa Bergquist

Keywords:
Acupuncture,
Chinese
medicine, facial
diagnosis, shen
diagnosis

Introduction

Chinese facial diagnosis is a fundamental diagnostic strategy, and yet is scarcely covered in modern Western schools of Chinese medicine. The most commonly taught facial diagnostic methods are how to assess a healthy or diseased complexion and tongue diagnosis. If a practitioner has interest in learning a more in-depth approach or enhancing their proficiency in facial diagnosis, they commonly seek out continuing education courses. However, within the primary foundational text for Chinese medicine, the *Huangdi Neijing* (Yellow Emperor's Canon of Internal Medicine) the importance of inspecting the complexion is regularly reiterated. Facial diagnosis is specifically discussed within chapter 39 of the *Suwen* (Basic Questions) and chapter 49 of the *Lingshu* (Divine Pivot). In chapter 39 of the *Suwen*, the Yellow Emperor asks Qibo which diseases can be understood by visually observing the patient, and Qibo answers, 'The various parts of the face represent the five solid organs and the six hollow organs respectively, when the five colors of the patient's complexion are inspected, the disease can be understood.'¹ The five colours are discussed in chapter 49 of the *Lingshu*, and specific facial features are referenced as ways to determine the overall health of the patient. In this chapter, Leigong asks the Yellow Emperor how to distinguish the facial colours that indicate disease, and the Yellow Emperor responds

with 'the nasal bone should be high and bulgy, upright and straight, the parts indicating the five solid organs situated in the middle of the nose in order and the six hollow organs supplement on the two sides.'¹ In this same chapter the Yellow Emperor also warns that 'if one does not examine the complexion carefully, he will not be able to know the sthenia and the asthenia of the disease, and one can only know the past and present condition of the disease when examining whole-heartedly.'¹ The Yellow Emperor goes on to suggest other key facial features that indicate health and disease. For instance, in chapter 49 of the *Lingshu*: 'When the diseased color appears above the apex of the nose in a woman, it shows the diseases of the bladder and uterus; when the diseased color is scattered, it shows pain; when the diseased color is assembling, it shows abdominal mass, and the shape of the mass will be square or round, on the left or the right like the appearance manifested outside by the diseased color.'¹

The descriptions of facial diagnosis in the *Huangdi Neijing* provide both a method to gain a broad overview of a patient's health, as well as the ability to hone in on specific organs and their associated disease patterns. The *Huangdi Neijing* stresses the importance of being able to understand health and disease traits from the complexion. This is made clear in chapter 13 of the *Huangdi Neijing* when Qibo says 'The most

important crux for treating is to abide with the inspection of patient's complexion and his pulse condition, and insist on this highest principle.¹ Historically, this provides evidence that Chinese medicine practitioners valued the skill of facial diagnosis.

'The most important crux for treating is to abide with the inspection of patient's complexion and his pulse condition, and insist on this highest principle.' - Huangdi Neijing

The prominent Chinese medical physician Sun Simiao is also known for advocating facial diagnosis in his text *Beiji Qianjin Yaofang (Prescriptions Worth A Thousand In Gold For Every Emergency)*, although full translations of his works in English are still not available. Sun asserts that 'whenever people want to become eminent physicians ... they must comprehend the subtleties of predicating fortunes by means of yin and yang, means of physiognomy and the "five omens," and the *Yijing* and "six ren stems". With all of these they must become familiar. If their education is like this, then they are able to be eminent physicians.'² There are 233 categories of medical subjects covered within this text, including facial features used for diagnosis.

When observational diagnostic methods are taught in Chinese medical school, inspection of the patient tends to be the first consideration. The five main areas for inspection are the patient's vitality, colour, overall appearance, five sense organs and the tongue: 'In their long term medical practice, the Chinese physicians realized the close relationship between the external part of the body, especially the face and tongue, and the *zang-fu* organs.'³ Though this is the commencement of diagnostic instruction, it is easily glossed over, watered down or certain aspects, such as tongue inspection, are solely emphasised.

Shen diagnosis

A patient's vitality can be observed through *shen* diagnosis. Healthy vitality or *shen* is seen when a patient is fully conscious and in good spirits.³ The *shen* is the spirit of the Heart in Chinese medicine, and understanding visual signs of *shen* is a vital part of facial diagnosis. The best and easiest places to observe the quality of the *shen* are the eyes and the overall facial complexion. The *shen* radiating out of the eyes will give the observer instantaneous feedback and should be closely monitored while questioning and discussing the patient's medical history and chief complaint. Tracking the fluctuation of light and shadow, sparkle and dullness, tells the practitioner what is truly going on inside the patient, regardless of what they say verbally. Likewise, the *shen* can be discernably altered post-treatment and is an important way to measure the success of the treatment.

The *shen* is carried in the blood. Visible signs of *shen*

deficiency on the face therefore include a lustreless complexion without shine, sheen, glow or radiance. The person may look pale, sallow, dim or dusky if there is blood deficiency. If there is blood stasis there may be pigment deposits, scaly, thin or withered skin, a sooty complexion, and there may be visible small dark veins. If the *shen* is disturbed by emotions, it will affect blood and *qi* flow to the face. There is a phrase in the English language that reflects this, asserting that with shock or emotional turmoil one can see 'the blood drain from a person's face.' For those with chronic emotional imbalances such as the tendency to be over-emotional, a whitish or pale complexion may present. Or if there is a stuck emotional pattern disturbing the *shen*, the person may then present with dark complexion as the overall systemic flow of *qi* and blood have become stagnant. In such cases, the specific organ that is carrying the emotional pattern can be identified with facial diagnosis.

The facial attributes to look for to gauge the change in a person's *shen* following an acupuncture treatment are also the eyes and overall complexion. If the person has become more present and centred, emotionally balanced and coherent following their treatment, the *shen* radiating out of their eyes tends to become clear, sparkling and luminous. Their eye colour may also appear visibly lighter. Their gaze may soften, and/or suggest more awareness and focus. They may hold their eyes more open, and the whites of their eyes may look more clear. The complexion may have more glow, sheen and rosiness, and in cases where stagnation has caused darkening the complexion may visibly lighten following treatment. Overall a healthy *shen* radiates out of the face, eyes and whole being, and will appear warm, translucent, clear and light.⁴

Facial colours

When certain colours appear on the face it suggests pathological conditions are disturbing the *qi* and blood of the *zang-fu* organs. The five chief discolourations are blue, yellow, red, pale and dark grey. Blue indicates cold or stagnation, and is commonly seen with pain conditions. Yellow indicates deficiency with damp accumulation, and can be further differentiated into bright yellow (yang pathogen), dark or smoky yellow (*yin* pathogen) or pale yellow (*qi* and blood deficiency). An overall red complexion implies excess heat, whereas red cheeks indicate deficiency heat. A pale colour is considered an indicator of a blood deficient condition involving either excess *yin* (if the face appears withered) or deficient *yang* (if puffy and white). Dark grey indicates a combination of Kidney deficiency and blood stasis.³ When these pathological colours correspond to the sense organs and other facial features it becomes easier to track the potential disease because the facial features represent a microcosm of the *zang-fu* organs (for instance yellowing of the whites of the eyes in Liver pathology).

Case studies

The following case studies are taken from a research project in which 45 patients were invited to attend my clinic to receive treatment based solely on a comprehensive facial diagnosis. No pulse, tongue or palpatory diagnosis was used, in order to focus solely on the clinical application of facial diagnosis. Before and after photographs were taken to document both the facial diagnostic features and the changes that occurred after treatment. The photos are included here with patients' permission. Due to the limitations of photography, they show some, but not all, of the observations made in clinic. All body acupuncture points were needled using DBC brand needles (0.18 millimetre in diameter and 30 millimetres in length) and auricular points were treated using DBC 0.16 by 15 millimetre needles.

This approach obviously has limitations. Chinese facial diagnosis is not the only diagnostic tool available for Chinese medical practitioners. In normal clinical practice it is advisable to incorporate all available diagnostic tools to best facilitate health and healing. Indeed, the classic text the *Huangdi Neijing* is also careful to couple the inspection of the complexion and pulse together as part of diagnosis.¹

Case 1

The first case was a 48-year-old male suffering from long-term PTSD (post-traumatic stress disorder) from previous active military service, where he experienced considerable physical and emotional trauma. His complaints at the time of treatment were irritability, anger, inability to focus and pain in his lower back and knees. His diagnosis was *shen* disturbance, Liver *qi* stagnation, blood stasis and Kidney deficiency. This was determined by the overall dim and shadowy *shen* presentation, especially around his eyes, accompanied by overall moodiness. This temperament coupled with a shadowed and wrinkled eyebrow area - especially in-between the eyebrows - reflected stagnation of Liver *qi*. His dusky complexion with pigment deposits (often referred to as 'liver spots') represented an enduring pattern of blood stasis. Finally, his under-eye area appeared dark, purple and sunken, giving insight to his underlying Kidney vacuity.

Treatment

The initial treatment principle was to clarify and harmonise the *shen*. In order to do this, the initial focus for the acupuncture point prescription was *Sishencong* M-HN-1 and *Baihui* DU-20. Tonifying these points can enhance mental acuity, clarity of thought and consciousness. Secondly, the points *Yangbai* GB-14 and *Yingxiang* L.I.-20 were used to open the orifices to bring the *shen* forward unencumbered.¹ The third strategy was to tonify the

central *qi* in order to indirectly strengthen Kidney *qi*, and for this *Zhongwan* REN-12 and *Qihai* REN-6 were added. *Sanyinjiao* SP-6 and *Xuanzhong* GB-39 were applied to nourish blood, *yin*, and *jing* (essence) in order to root the *shen* and bolster the Kidney. The Four Gates, *Hegu* L.I.-4 and *Taichong* LIV-3, were used to unblock and smooth the flow of Liver *qi* to improve the mood and decrease pain. *Neiguan* P-6, the *luo*-connecting point of the Pericardium, and *Danzhong* REN-17, its front *mu* point were also chosen because the Pericardium is responsible for the capacity of the *shen* to move appropriately. Finally, the auricular points *Shenmen*, Autonomic and Heart (Chinese location) were added to calm the *shen*.



Patient 1 before treatment



Patient 1 after treatment

Results

Following acupuncture treatment the patient's *shen* radiated forward out of his eyes, and his eye colour was noticeably lighter. There was an overall softer appearance to his gaze. The pigment surrounding his eyes appeared lighter and the tissue less concave, indicating an improvement in his Kidney *qi*. His overall complexion became lighter and brighter. The area associated with the Liver (in-between and along the eyebrows) appeared less congested, lined and dusky. He reported feeling better, more clear-headed, and reported a decrease in pain. He also showed a noticeably better temperament. This was evident by the way he smiled while he spoke, expressed gratitude for his treatment, noticed and commented on pleasant surroundings, and told a lighthearted joke that he was also able to laugh at.

Case 2

The second case was a 41-year-old female whose job and life responsibilities had created a state of overwhelm and depletion. Her chief complaint was exhaustion. She

presented with blood and *qi* deficiency. This showed in a facial complexion that was sallow, sunken and dim. Concurrent *qi* and blood stagnation displayed as a dark complexion that did not match her innate skin tone. The blood is intimately related with the *shen* as it both roots it and carries it within the vessels; when the blood is deficient and stagnant, the *shen* will be deficient and stagnated. Her under-eye area also appeared sunken and dark, indicative of Kidney deficiency.

Treatment

The primary therapeutic principle was to nourish blood and tonify *qi* in order to root and strengthen the *shen*. To do this, acupuncture points *Ququan* LIV-8, *Zusanli* ST-36, *Sanyinjiao* SP-6 and *Shousanli* L.I.-10 were chosen. In order to move the *qi* and blood, *Xuehai* SP-10, and the Four Gates - *He Gu* L.I.-4 and *Tai Chong* LIV-3 - were needled. To address the underlying Kidney deficiency *Huangshu* KID-16 and *Taixi* KID-3 were also used. Finally, to nourish both *shen* and *jing*, *Baihui* DU-20, and auricular point *Shenmen* were included.



Patient 2 before treatment



Patient 2 after treatment

Results

After treatment the patient was noticeably more energetic - her posture was more upright, the way she moved around the clinic was more purposeful, and she generally appeared more attentive and clear headed. Her *shen* had

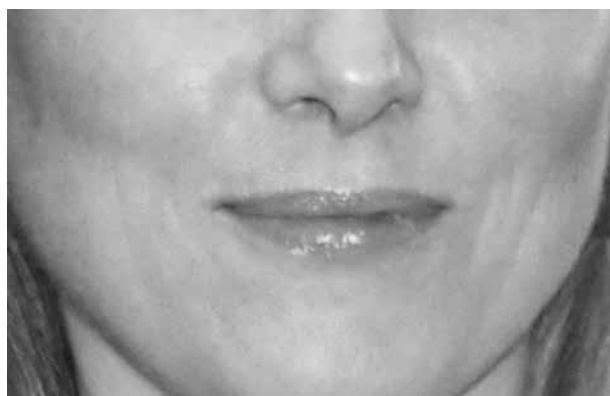
quite obviously moved forward, which was observed in a change in quality in her eyes, which appeared bright, alert and present. Her skin tone brightened and now had a rosy undertone, showing enhanced blood circulation. The sunken area under her eyes filled out and lightened, showing improvement in the Kidney *qi*. She mentioned feeling inspired after her treatment to make life changes that were more congruent with who she is as a person.

Case 3

The final case involved a 46-year-old female who presented with general malaise and feelings of indifference in key relationships in her life. She experienced being unable to feel or receive love from those around her. She had a history of abuse and trauma, and when asked about present day issues, her answers would tend to loop back to old traumatic experiences. None of the old traumas she referenced appeared to be resolved, and she would emote as if they had just occurred. She was otherwise articulate and intelligent, and was working towards an advanced academic degree. Her complexion was pale with a whitish hue, demonstrating deficiency of *qi* and blood, and trauma affecting the Pericardium, resulting in suppressed *shen*. She had noticeable pigment deposits, including one on the tip of her nose, demonstrating Heart blood stasis (the nose tip denotes the Heart).⁴

Treatment

Treatment began with points to nourish, and move blood. These included *Qihai* REN-6, *Sanyinjiao* SP-6, *Gongsun* SP-4, *Taichong* LIV-3 and *Xuehai* SP-10. *Ashi* points along the Pericardium channel between *Jianshi* P-5 and *Quze* P-3 were then needled to unblock the Pericardium channel. *Neiguan* P-6 and *Danzhong* REN-17 were added to further open the Pericardium to allow for the full expression of the *shen*, and help her become more receptive to love in her relationships. Finally, *Yintang* M-HN-3 was added to calm the *shen*.



Patient 3 before treatment



Patient 3 after treatment

Results

When her session concluded she had a noticeably cheerier disposition and reported feeling more optimistic outlook about her future with the people in her life. Her complexion became rosy, implying that blood, *qi*, and *shen* were now flowing. Her lips also appeared more red, showing an increase in blood circulation.

Conclusion

Facial diagnosis is an invaluable diagnostic technique for evaluating patients' overall vitality and well-being, as well as the health or disease of the *zang-fu* organs, and the functioning of their *qi* and blood. With this information, the practitioner can establish both a general and precise understanding of the health or disharmony of the patient. Given the current lack of research concerning facial diagnosis, classical references were used to help elucidate the relevance and benefits of utilising facial diagnosis within a clinical practice. Research and applied anecdotal evidence is currently needed to continue to validate this diagnostic skill.

Acknowledgement

The author would like to thank Lillian Pearl Bridges. Many of the concepts discussed here are derived from her certification programme at The Lotus Institute (Seattle, Washington) and her textbook.

Elisa Bergquist graduated with her Master's in Acupuncture and Oriental Medicine from Bastyr University in 2012 and her Doctorate of Acupuncture and Oriental Medicine from Oregon College of Oriental Medicine in 2018. She has been a student of Lillian Bridges since 2008, utilising facial diagnosis to understand, differentiate and treat the patients she works with. Elisa owns and maintains her private practice, Good Natured Healing in Washington State. She is the founder, President, and provider for Chrysalis Community Wellness, NFP.

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