



PLEARNPRAI
ORGANIC

PLEARNPRAI · INTEGRATIVE HEALTH

From Classical Texts to Households

Connecting Thai Traditional Medicine
with the Plearnprai Care Circles



Narut Apichatammarit, MD

English edition · Based on Thai edition 1.0.3
Plearnprai Organic · 2026

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English edition · 12 October 2026

Based on the revised illustrated Thai edition 1.0.3

Thai source revision: 8 October 2026

Plearnprai Organic

For learning and self-care.

Not a diagnostic or prescribing manual.

About This Edition

From Classical Texts to Households

Connecting Thai Traditional Medicine with the Plearnprai Care Circles

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Plearnprai Organic · Integrative Health

For Thai traditional medicine practitioners, students and interested readers.

This English edition is based on the illustrated Thai edition 1.0.3, revised on 8 October 2026. The original full-text edition 1.0 was illustrated and laid out on 3 October 2026. Household scenes provide breathing space between parts; the technical content, tables, diagrams and tools come from the full text and its subsequent corrections.

Use of illustrations. The watercolour illustrations were created with AI to depict atmosphere and fictional characters. Depictions of books and herbs are artistic elements, not reproductions of cited classical texts or recommendations for herbal use.

For learning and self-care—not diagnosis or prescribing.

Page numbering and contents have been reset for the English edition. Thai services, emergency numbers and professional roles retain their Thai context. In this translation, *physician* generally denotes a conventional medical doctor; *Thai traditional medicine practitioner* denotes the practitioner holding the full traditional clinical system. References to “the practitioner” follow that distinction in context.

Source revision 1.0.3. The constitutional screening questionnaire contains **20 items**, matching Health Blueprint. This edition retains the revisions introduced in 1.0.1 and 1.0.2. The Thai illustrated edition has 109 pages; English pagination differs.

A Reader's Map · Six Questions for Every Chapter

The same six-panel structure throughout the book connects the knowledge base with tools, actions and the limits of each person's role.

Panel	Question	What it contains
1 · Knowledge base	What do the classical texts say?	Principles from a classical text or a contemporary Thai traditional medicine textbook, with the source identified.
2 · Making the connection	How does Plearnprai organise this step?	The same principles in language patients can use, supported by diagrams.
3 · Practical resources	Which tools are used?	The actual worksheet for the step and who holds it.
4 · Life at home	What do patients and families do?	Actions they can take themselves in daily life.
5 · Professional care	What does the Thai traditional medicine practitioner do?	What still requires examination, confirmation and professional judgement.
6 · Reading critically	Where do the systems differ?	What Plearnprai has shortened, omitted or added from other disciplines.

Adapted from the six-panel template in the preface to the full-text edition 1.0. These numbers identify reading panels, not steps in the Care Circles.

Preface · How to Read This Book

One Question

“How can a Thai traditional medicine practitioner use the knowledge already present in the classical texts to help patients understand themselves and care for themselves with their families?”

Plearnprai is not proposing a new medical system. It takes existing Thai traditional principles—elements, origins of illness, causes of disease, medicinal tastes and aggravating foods or behaviours—and arranges them into a sequence. Patients can navigate part of that sequence themselves and recognise where they need to return to a practitioner. This book shows practitioners where each Plearnprai step belongs within their own discipline, and where Plearnprai has simplified, omitted or borrowed from another discipline.

The principal readers are Thai traditional medicine practitioners and students, together with trained guides, defined below. Thai traditional and Pali concepts can therefore be discussed in depth. Terms borrowed from Ayurveda and Chinese medicine were explained in Thai in the source edition. Plearnprai terms are briefly defined at first use and collected in Appendix H.

The Six-Panel Template

Every chapter uses the six panels shown in the reader’s map. Panel 1 explicitly distinguishes classical sources from contemporary textbooks. It paraphrases rather than reproducing long passages. Short references take the form “Classical Text ... · topic”; publication details appear in Appendix E. Panel 6 states the differences openly.

The Case Running through the Book

Grandmother Boonmee, 78, with a Wind constitution, is a fictional case. She has hypertension and takes her prescribed medication daily. She has long lived with her granddaughter. In July, her granddaughter moves to Chiang Mai for work. Boonmee begins eating dinner alone, waking during the night, experiencing palpitations and becoming dizzy on standing. We follow her from the constitutional axis through to review. Chapter 17 presents her complete case alongside those of A and D; all three are fictional.

Source Labels

- **“Classical Text ...”** identifies a Thai traditional medical text or textbook.
- **“Plearnprai document ‘...’”** identifies a supporting Plearnprai document.
- **“Plearnprai’s arrangement”** or **“the Plearnprai team proposes”** identifies the team’s own organisation or proposal.
- **“From Ayurveda”** marks a borrowed Ayurvedic principle.
- **“Added from other disciplines”** marks material absent from the Thai classical texts.

Structure, Vitality, Circulation, Brain and Mind are the five dimensions of the lower circle, introduced at Step 5 in Chapter 9.

Scope

Plearnprai does not diagnose, prescribe or replace a practitioner's treatment. These tools support learning and self-care. Every stage has an exit to medical care, and red flags must remain visible. The full list appears in Chapter 5.

Do not stop or adjust prescribed medication using this book's tools. If medication may be contributing to symptoms, take the medicines to the prescribing physician or pharmacist and ask.

Pregnant or breastfeeding women, young children, very old adults and people taking regular medication require advice from a practitioner or physician before using herbal medicines, heat treatments, vigorous massage or any modality with contraindications.

Plearnprai in One Minute

The Care Circles have **one axis and two circles**. Figure 2.2 shows the whole system.

- **Axis: constitutional element, X.** An enduring constitution, identified from physical, mental and habitual characteristics present since childhood. There are seven types. Every step turns around this axis. People who are well can use it directly for constitutional self-care.
- **Upper circle: Steps 1–4.** Patients and families manage temporary shifts themselves: record symptoms, screen for red flags, identify the current direction ▲ and select an opposing adjustment.
- **Branch point.** Any one of these time criteria signals a move to the lower circle: symptoms lasting over four weeks; at least three episodes in three months; or symptoms unresolved after fourteen days of upper-circle care.
- **Lower circle: Steps 5–7.** Persistent or recurrent symptoms prompt exploration of causes in everyday life, with a trained guide or Thai traditional medicine practitioner.
- **Personal health plan: Step 4.** One page brings both circles together. It has two parts: remove a cause—stop, avoid or change it—and add helpful support.
- **New balance: review.** At seven days for the upper circle, or fourteen days for the lower, ask: better, unchanged or worse?
- **Three medical exits.** Exit 1: red flags at Step 1. Exit 2: entry to the lower circle when symptoms have lasted over four weeks without prior assessment; obtain a basic medical assessment first. Exit 3: deterioration or red flags at review. A traditional practitioner may join at any step and decides matters requiring examination.

An **adjustment** is anything that moves the body opposite to its current imbalance: food, routines, movement, environment, mind care or herbal medicines. In this book, **medicine** refers only to actual medicines.

A **guide** is a layperson who has completed at least Level 3 of Plearnprai's four-level Element-Aware Community training ladder: Level 3, Understanding Causes, or Level 4, Community Knowledge Sharing. Guides invite questions and reflection and help keep records. They do not examine, diagnose, recommend medicines or adjust medication. They refer red flags and matters outside their scope to a traditional practitioner or physician. Before guiding someone else, they must know red flags and referral pathways thoroughly.

The four training levels are: **1, Knowing Your Constitution**; **2, Understanding Balance** (self-care); **3, Understanding Causes** (able to guide others); and **4, Sharing Knowledge in the Community**. A relative is not a guide unless they have completed Level 3.

Care-Circle Steps and Book Chapters

Step	Subject	Chapter
Axis X	Constitution and its surrounding frame: age, season, time and place	3–4
1	Listen to body and mind; screen red flags	5
2	Identify direction and capacity	6
3	Choose rebalancing adjustments	7
Branch point	When to enter the lower circle	8
5	Identify the affected dimension	9
6	Understand mechanisms and causes	10–11
7	Choose a cause-focused adjustment	12
4	Personal health plan and principles for choosing a modality	13–14
Review	Follow-up and new balance	15

Step 4 is discussed after the lower circle because it combines the results of both circles. **Step** refers only to Steps 1–7 of the Care Circles; **chapter** refers to this book; **level** refers to the training ladder.

Symbols

- **X Constitution:** a lifelong position on the six-pole wheel (Chapter 3).
- **▲ Current direction:** the pole towards which the body is leaning now, read from symptoms; it can change (Figure 3.1; Step 2, Chapter 6).
- **► Referral category:** infection, toxins, injury, adverse medication effects and regular medicines. These require a physician or practitioner rather than independent lower-circle exploration (Chapter 10). This category differs from **red flags**, the dangerous symptoms requiring medical assessment before self-care (Chapter 5).

The **marker** is **▲** on the wheel. **Symptom** ① is the main symptom used for follow-up. The **endpoint** is the lower-circle dimension associated with symptom ①. These terms have distinct jobs (Chapters 5, 6 and 9).

Request tools or send feedback through Plearnprai's LINE Official Account, **@plearnprai**. Appendix D provides the QR code and other contact channels.

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Knowledge from classical texts reaches everyday life



Chapter 1 · Plearnprai's Aim: Patients Hold the Map, Practitioners Hold the Discipline

Chapter 2 · One Picture: Two Circles around One Axis, alongside Thai Traditional Care

Chapter 1 · Plearnprai's Aim: Patients Hold the Map, Practitioners Hold the Discipline

The front of the house, the back of the house, and Dhammanamai

This chapter explains what Plearnprai wants to achieve and why it reorganises Thai traditional knowledge when that knowledge is already complete.

Panel 1 · What the Texts Say

Dhammanamai: A Principle Taught in Contemporary Thai Traditional Medicine

This chapter's first panel does not quote an ancient text. **Dhammanamai** is a modern formulation taught in Thai traditional medicine curricula. It locates health in three domains.

Domain	Meaning	Who acts?
Kayanamai · bodily health	Food, air, posture and movement, elimination, rest	The person
Cittanamai · mental health	Cultivating a calm, steady mind	The person
Jivitanamai · healthy living	Living in a constructive way and avoiding self-damaging activities	The person

All three belong to the person, not the practitioner. Thai traditional medicine has long recognised that most health rests in patients' hands. Yet relatively few tools are available for patients to hold themselves.

Panel 2 · How Plearnprai Organises This

The Front and Back of the House

Plearnprai divides knowledge into two layers. The **front of the house** is a simplified language patients can hold: the six-pole wheel, constitution, five dimensions and personal health plan. The **back of the house** is the practitioner's full discipline: four elements, forty-two elemental components, origins of illness, pulse examination and medicinal formulas. The front is simple enough to remember; it does not replace the back.

Plearnprai draws on four disciplines: Thai traditional medicine, Ayurveda, Chinese medicine and conventional medicine.

The four disciplines are rivers. Plearnprai is a map that helps people reach those rivers themselves and recognise when to call a boatman.

The Basin of Life

Plearnprai compares living to carrying a basin of water through time (Plearnprai document *The Basin of Life*).

- **Water is capacity.** Some splashes out each day; food and sleep replenish it. In this metaphor, more water represents a greater ability to tolerate a tilt without spilling.
- **The low rim is constitution.** Each person's basin has one lower edge. Repeatedly leaning towards that edge allows water to spill there.
- Plearnprai does not repair the basin. It helps people look at their own basin, recognise its tilt and bring it back towards balance. This is the **upper circle**, Steps 1–4, navigated by patients and families (Chapter 2).
- If the basin repeatedly tilts back despite careful balancing, something in life is pulling it. That cause must be found; balancing alone is insufficient. This is the **lower circle**, Steps 5–7, explored with a guide or traditional practitioner (Chapters 9–12).

Balance across a Lifetime

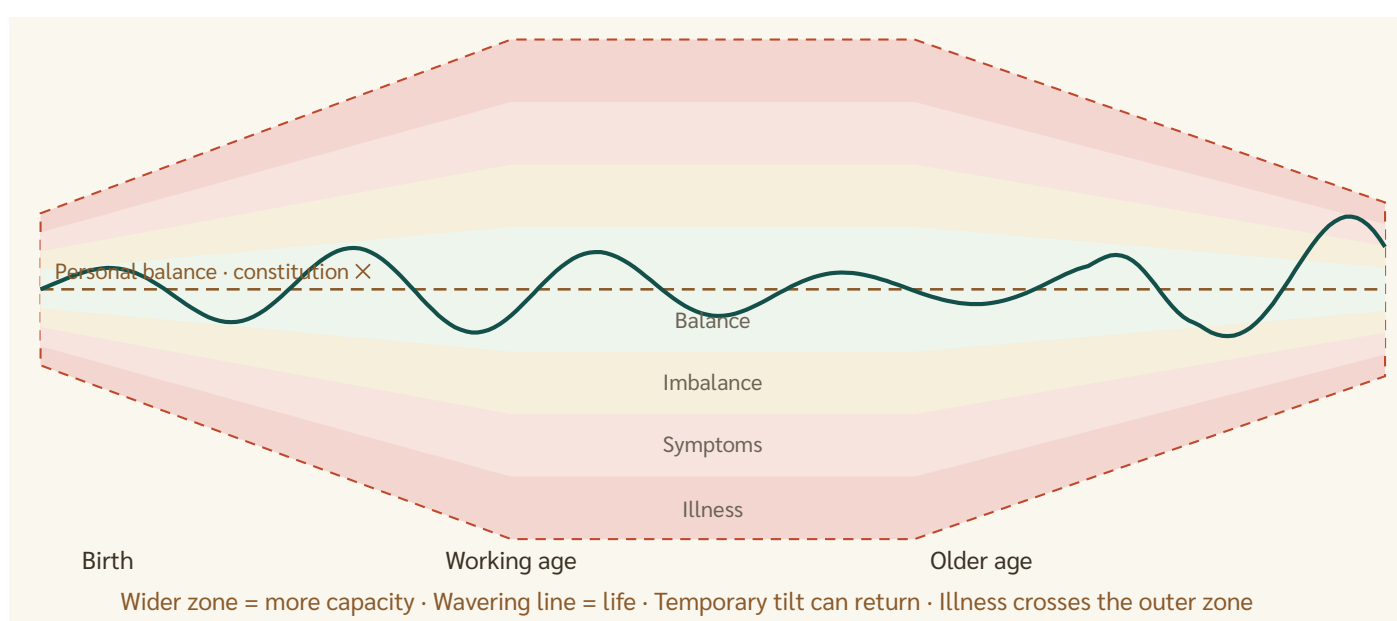


Figure 1.1 · Balance through life. A schematic, not observed data. The centre is personal balance around constitution X; the green line is life's changing tilt. Adapted from Plearnprai's whole-person overview.

Four zones surround the line of balance: **balance, imbalance, symptoms and illness**. The diagram represents capacity—the water in the basin—as the width of these zones. More water means wider zones. Childhood begins with relatively narrow zones; working adulthood has wider ones; in older age the physical zones narrow again. The same fluctuation can then reach the illness zone.

Plearnprai therefore has four aims: keep the zone wide for as long as possible; enable people to return towards balance themselves; reduce illness; and allow a peaceful death with the mind still full. Mental capacity need not fade with physical capacity. A cultivated mind can remain full until the final day.

Panel 3 · Tools

Appendix D lists the tools by Care-Circle step. Patients hold four of them: **My Constitutional Card; the two-sided Symptom Wheel; the Personal Health Plan; and My Chain Map**. They hold the last tool but complete it with a guide or practitioner.

Panel 4 • What Patients and Families Do

- Learn their own constitution and those of other household members.
- When imbalance begins, use the upper circle while knowing when to stop and seek professional care.
- Practise all three domains of Dhammanamai through feasible changes, one at a time. Knowledge remembered is not enough; it must become something done.

Panel 5 • What the Thai Traditional Medicine Practitioner Does

- Retain the full back-of-house knowledge and translate it into front-of-house language patients understand.
- Join at any step and take over when patients leave self-care: at the three medical exits and within the lower circle.
- Be a community teacher. Local healers existed before Plearnprai. Plearnprai offers a language for recording and extending knowledge; it does not claim ownership of a community's health wisdom.

Panel 6 • Where the Systems Differ

Issue	Difference
Who navigates?	In the four disciplines described above, the practitioner conducts the clinical sequence. Plearnprai assigns the upper circle to patients and families.
Detail	The front-of-house language trades detail for simplicity: six poles instead of Ayurveda's twenty qualities in ten pairs, and five dimensions instead of forty-two elemental components. It cannot replace professional examination.
"Medicine" and "adjustment"	Anything moving opposite to the imbalance is an adjustment: food, routines, movement, environment, mind care or herbal medicine. "Medicine" means actual medicine. Formulas belong to the practitioner; prescribed medication must never be stopped or changed using these tools.

Boonmee in This Chapter • Fictional Case

Before encountering Plearnprai, Boonmee visited a nearby conventional clinic twice. Both times she returned with medicine for her symptoms. She improved for two or three days, then the symptoms returned. "I don't know what is happening to me, or where to begin looking after myself," she said.

This is the gap the book seeks to fill. Boonmee did not lack medicine. She lacked a map.

Chapter 2 • One Picture: Two Circles around One Axis, alongside Thai Traditional Care

The four essentials of medical practice and the practitioner's sequence → the Plearnprai Care Circles

This chapter places the whole Plearnprai system beside the sequence Thai traditional practitioners use every day. Each step has a home within their discipline. What changes is not the knowledge itself, but **who navigates the step**. Later chapters provide the detail; here, first see the map.

Panel 1 • What the Texts Say

The Four Essentials of Medical Practice

Thai traditional teaching states that a practitioner must know four things before treating someone (*Vejjasueksa*, on the essentials of medical practice).

Essential	Clinical meaning
1. Know where illness first arises	Which element is affected, and why: understand the origins of illness.
2. Know the disease	Identify what the symptoms represent and whether it can be treated within one's scope.
3. Know the medicines	Know medicinal substances, properties and tastes appropriate to the affected elements.
4. Know how to treat	How to administer treatment, how much, what to avoid and when to change course.

Five Origins Used in Diagnosis

To understand where illness begins, a practitioner reads five layers together: **elemental origins**—which of Earth, Water, Wind and Fire is aggravated, depleted or impaired; **seasonal origins**; **age-related origins**; **time-of-day origins**; and **place-related origins**. All are read against **that chao ruean**, the person's inborn governing element (*Vejjasueksa*, on the origins of illness).

The Practitioner's Sequence

The Plearnprai team summarises ordinary clinical practice in Figure 2.1. This is not a quotation from a classical text, and individual schools may order the steps slightly differently.

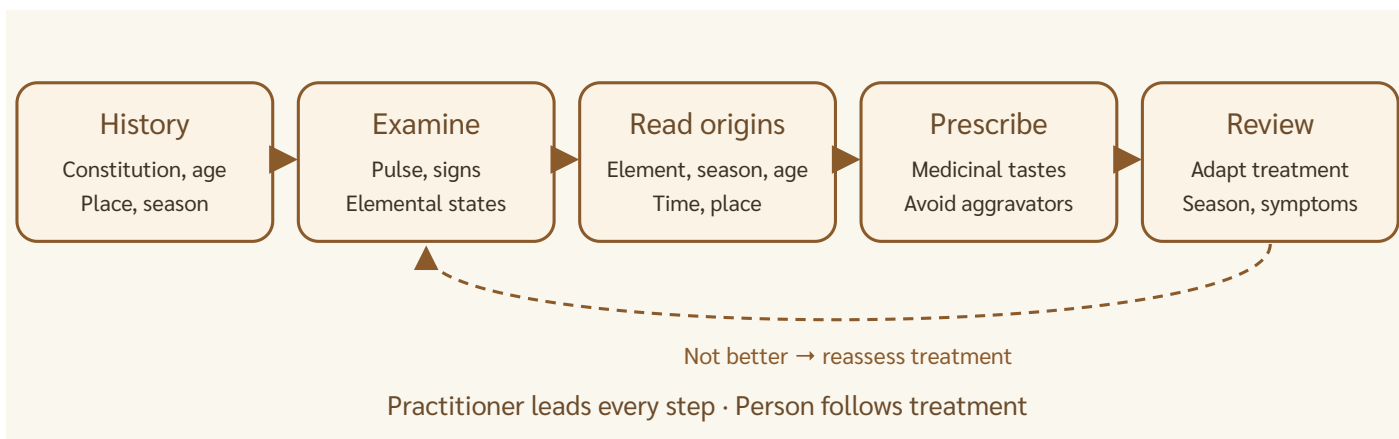


Figure 2.1 · The traditional clinical care sequence: the practitioner leads every stage.

The strength of this sequence is depth. Skilled practitioners combine pulse assessment and history-taking to read elements, season and age. Plearnprai seeks to address one limitation: patients cannot hold the map themselves. They may leave knowing which medicine to take but without a tool to identify their constitution, their present direction of imbalance, or where to begin if symptoms return.

Panel 2 · How Plearnprai Organises This

Plearnprai bends the same line into **two circles around one axis**, assigning tasks by asking, “Who can do this step?”

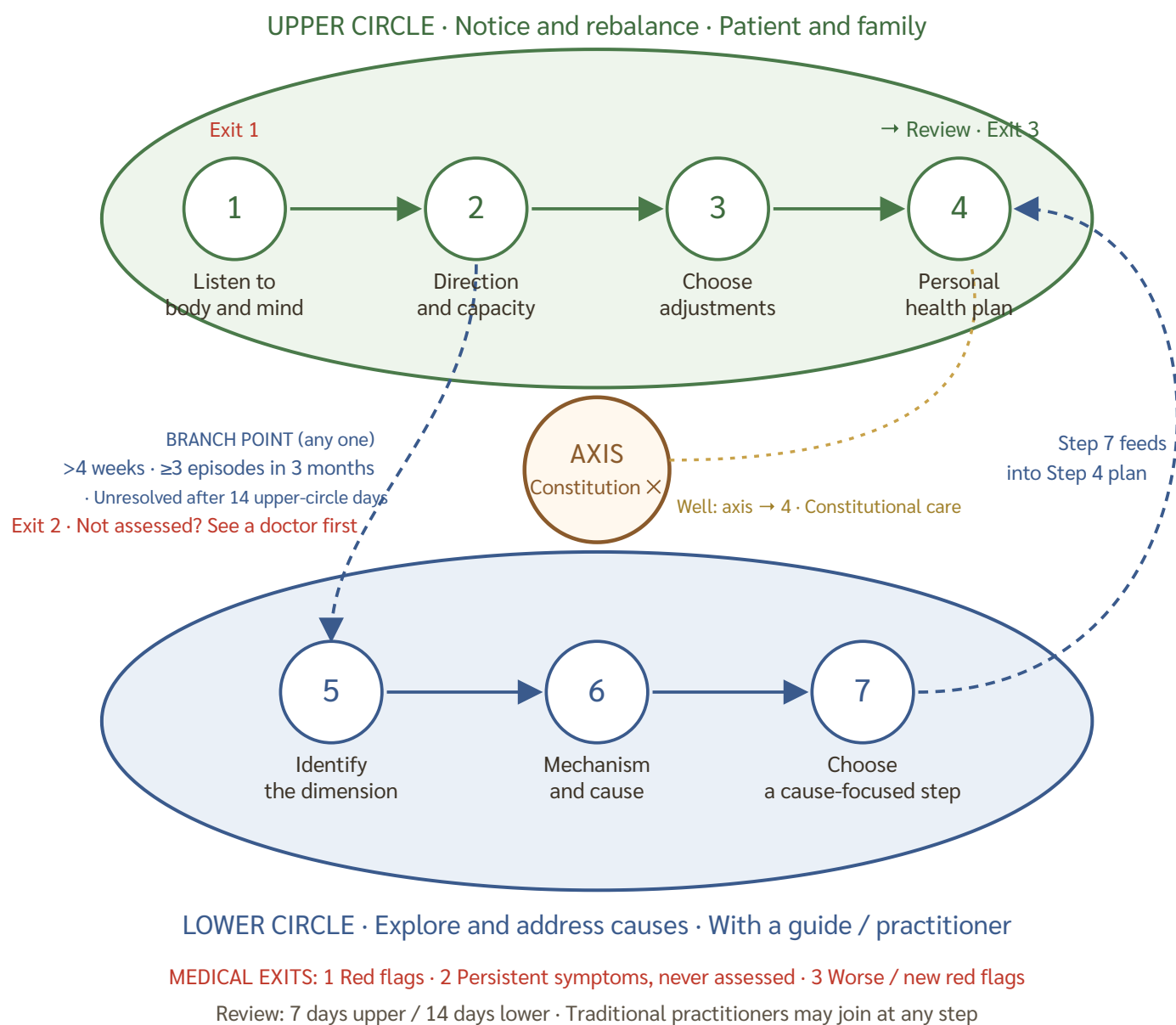


Figure 2.2 · Two circles around one axis. Follow Steps 1–4; when branch criteria apply, walk 5–7 and return to the single plan at Step 4. A well person goes directly from axis to plan. Red labels mark three medical exits.

Who Navigates?

- **Upper circle:** patients and families navigate themselves.
- **Lower circle:** with a guide or Thai traditional practitioner. People who have completed Level 3 may navigate their own lower circle.
- **Thai traditional practitioner:** may join at any step and decides matters requiring examination.

A guide is a layperson trained to Level 3 or above: Understanding Causes or Community Knowledge Sharing. Guides invite questions and reflection and help record information. They do not examine, diagnose, recommend medicines or change medication. They refer red flags and matters beyond their scope. A relative counts as a guide only after Level 3; before guiding others, guides must be thoroughly familiar with red flags and referral.

Axis · Constitution X

Constitution is a counterpart to the governing-element concept, but is identified from physical, mental and habitual characteristics since childhood rather than birth month. Its seven types may therefore differ from a birth-based governing-element assessment (Chapter 3). The lifelong X position on the six-pole wheel indicates the main constitutional care direction—opposite X—and likely aggravating influences. A person who is well may move directly from the axis to Step 4 without navigating either circle.

Upper Circle · Notice Imbalance and Rebalance

Step 1: Listen to body and mind (Chapter 5). Record one to three troublesome symptoms. Symptom ① is the main one: the starting point and outcome measure. Ask what preceded it and screen for red flags every time.

Step 2: Identify direction and capacity (Chapter 6). Place ▲ on the same wheel as X to show the present pole of imbalance. Assess capacity as low, medium or high.

Step 3: Choose rebalancing adjustments (Chapter 7). Opposites guide adjustment. Turn the wheel over to find four areas: food, physical activity, sensory input and environment, and mind care. Choose adjustments that do not push further towards the constitutional tendency—the “like increases like” principle in Chapter 3—and match intensity to capacity.

Step 4: Personal health plan (Chapter 13). Combine everything into two parts: remove a cause by stopping, avoiding or changing it, and add helpful support. Choose one or two things to do in practice.

New balance: review (Chapter 15). At seven days for the upper circle, or fourteen for the lower, ask one question: better, unchanged or worse?

“Adjustment” includes food, routines, movement, environment, mind care and herbal medicines.

“Medicine” in this book refers only to actual medicines.

Branch Point · When to Enter the Lower Circle

Patients can apply the time criteria themselves. Any one is sufficient: **over four weeks; three or more episodes in three months; or unresolved symptoms after fourteen days of upper-circle care.** At lower-circle entry, symptoms lasting over four weeks without prior assessment require a basic medical assessment first: medical Exit 2 (Chapter 8).

These time criteria are not red flags. Red flags are dangerous symptoms requiring medical care regardless of duration; see Chapter 5.

Lower Circle · Understand and Address Causes

Step 5: Identify the affected dimension (Chapter 9). Read symptoms in terms of five functional groupings condensed from forty-two elemental components: **Structure, Vitality, Circulation, Brain and Mind.** The **endpoint** is the dimension of symptom ①. The lower circle works with dimensions, not pole markers.

Step 6: Understand mechanisms and causes (Chapters 10–11). Trace the **web of connections** backwards from the endpoint, through no more than three links. Each link is one arrow between dimensions or from a dimension to a Life Box. Seek a starting point in the **6+1 external Life Boxes**: people and relationships; screens, light, sound and information; rhythms of work and society; air and living environment; work and physical use; and things eaten, drunk, inhaled or applied. The additional **► box** covers infection, toxins, injury, regular medicines and adverse medication effects, which require professional referral. Find the **first domino**: the starting cause in life whose change can loosen the chain.

Step 7: Choose a cause-focused adjustment (Chapter 12). Stop, avoid or change one cause—the first domino—through one small action. Combine it with Step 3’s rebalancing adjustments in the same Step 4 plan, not a second plan. Add no more than two supportive actions.

Three Medical Exits

1. **Step 1:** red flags found during safety screening (Chapter 5).
2. **Lower-circle entry:** symptoms lasting over four weeks without prior assessment; obtain a basic assessment first (Chapter 8).
3. **Review:** deterioration or red flags (Chapter 15).

These are handover points to traditional practitioners and conventional physicians. In addition, a practitioner’s finding of **elemental impairment** means the situation exceeds self-care. Refer to a traditional practitioner or physician; if red flags accompany it, refer to a physician.

Step-by-Step Comparison

Thai traditional practice	Plearnprai	What changes?
Governing element	Axis X: constitution	A counterpart assessed by lifelong characteristics rather than birth month, recorded on a card held by the patient.
History-taking	Step 1: listen	Patients write their symptoms before seeing anyone and screen safety each time.
Examination; aggravation, depletion, impairment	Step 2: direction and capacity	Patients make an initial symptom-based reading and a three-level capacity assessment. This informs, but does not replace, pulse assessment or examination.
Diagnosis through origins of illness	Step 2 for the present direction; Steps 5–6 for persistent dimensions and causes	Two layers: one patients can read and one explored with a guide or practitioner.
Prescribing by taste	Step 3: adjustments	The opposing-taste principle extends to four areas of care, beyond herbal medicines.

Thai traditional practice	Plearnprai	What changes?
Avoiding aggravating influences	Step 7: remove a cause, plus the constitutional card	Constitutional aggravators remain on the axis; removing life-related causes becomes a distinct step.
Medicines and behavioural advice	Step 4: personal plan	Cause removal and support are separated, making visible the part that need not involve medicine.
Follow-up and seasonal medicine adjustment	Review	Patients review at seven or fourteen days with explicit criteria for returning to a practitioner.

The Four Essentials alongside Plearnprai

Essential	Relevant Plearnprai steps
Know where illness arises	Axis X; Step 2 direction; Step 5 dimension; Step 6 mechanisms and causes. These are the front-of-house tools; the practitioner still assesses origins in full.
Know the disease	No Plearnprai step takes over this task. It remains entirely with practitioners and physicians. Step 1 only screens red flags for referral.
Know medicines	Step 3 and Step 4's principles for choosing a modality by dimension, constitution and capacity (Chapter 14). Medicinal formulas remain the practitioner's responsibility.
Know how to treat	Step 4 personal plan, Step 7 cause-focused action, and review.

Thai traditional practice places the whole sequence with the practitioner. Plearnprai bends that sequence into two circles: patients and families navigate the upper; guides or traditional practitioners accompany the lower. Practitioners may join at any step. Both circles turn around the constitution held in the patient's hand and meet in one plan.

Panel 3 • Tools

Step	Tool	Who holds it?
Axis	My Constitutional Card; Health Blueprint results from Plearnprai's online assessment through LINE	Patient
1 • Listen	Spaces for one to three symptoms and safety screening at the top of the plan	Patient
2 • Direction and capacity	Front of the Symptom Wheel; three capacity questions (Appendix F)	Patient; guide checks the reading

Step	Tool	Who holds it?
3 · Adjustments	Reverse of the wheel: “Opposites guide adjustment”	Patient
4 · Plan	One-page Personal Health Plan (Appendix D); list of thirty-two modalities (Appendix G)	Patient writes; practitioner adds professional care
5 · Dimension	Five-Dimension Cause Cards: matching symptoms to dimensions	Guide or practitioner
6 · Mechanisms and causes	Twenty cause-and-effect pathways plus the 6+1 external Life Boxes	Guide or practitioner
7 · Cause-focused adjustment	My Chain Map, the worksheet for Steps 5–7	Patient holds; completed with guide or practitioner

Appendix D lists all tools and how to request them.

Wheel Names in This Book

- **Six-pole wheel:** the base diagram of Hot–Cold, Dry–Moist and Heavy–Light. It carries X and ▲ (Chapters 3 and 6). A *pole* is one of the six positions; a *direction* is the pole towards which the body currently leans.
- **Symptom Wheel:** the paper tool. Its front supports ▲ placement at Step 2; its reverse supports opposing adjustments at Step 3 (Chapters 6–7).
- **Time Wheels:** day, year and life, using the same pole positions (Chapter 4).

Panel 4 · What Patients and Families Do

Learn their constitution and aggravating influences. When unwell, write symptoms, screen safety, place ▲, choose one or two opposing adjustments and practise them for seven days. Use time criteria to decide when lower-circle work or professional care is needed.

Family members help notice changes the person may miss, such as later bedtimes or more meals alone, and take small steps together. They may always participate, but become guides only after Level 3 training. **Do not stop or change prescribed medication using these tools.**

Panel 5 · What the Thai Traditional Medicine Practitioner Does

- **Confirm the axis:** reassess lifelong physical, mental and habitual characteristics against the constitutional card.
- **Examine what patients cannot:** pulse, clinical signs and whether a disease requires referral. “Knowing the disease” remains outside Plearnprai’s role.
- **Navigate the lower circle:** identify dimensions, trace the chain to its first domino and use all five origins of illness to judge plausible pathways.
- **Add professional care:** formulas, manual treatment, compresses or heat treatments after examination.

- **Receive handovers at the three exits** and refer to conventional medicine when needed. Conventional medication is not independently reviewed or adjusted by the traditional practitioner; invite patients to ask the prescribing physician or pharmacist.

Panel 6 · Where the Systems Differ

Issue	Difference
Six-pole wheel	Not found in the Thai classical texts. Its three opposing pairs are part of Ayurveda's twenty qualities; Chinese medicine also uses Cold–Hot and Dry–Damp distinctions. Each discipline uses a different set. The wheel is a patient-facing diagram; the practitioner retains the full four-element system.
Constitution versus governing element	Classical governing-element assessment uses birth or conception month. Plearnprai uses characteristics since childhood, not birth date. Both may be used together; disagreement invites further discussion (Chapter 3).
Two circles	Classical texts do not divide work by who can navigate it. Plearnprai adds this division so patients have a part of their own.
Five dimensions	Forty-two elemental components are condensed into five memorable groups, with much less detail. Appendix B provides the comparison.
Mental causes	Grief and anger already appear among the eight causes of disease in <i>Dhatu Vibhanga</i> (Appendix C). Plearnprai gives Mind a major upstream role and expands the people-and-relationships box. This addition draws on Chinese medicine's internal emotional causes and conventional medicine's biopsychosocial view, and is labelled accordingly.
Medicine versus adjustment	Patient-facing tools do not formulate prescriptions. Opposing tastes guide food, routines, movement, environment and mind care. Formulas remain professional work.

Boonmee through Both Circles · A Fictional Teaching Case

The following summary shows one complete cycle. Each step is expanded later. It is the same plan used in Chapters 7 and 11–13.

Her Story

Boonmee is 78 and takes prescribed antihypertensive medication. After her granddaughter leaves for work in Chiang Mai in July, she begins eating dinner alone in front of the television. She wakes at 02:00, has intermittent palpitations and dizziness on rising quickly, and cold hands and feet. “It feels as though I’m floating and cannot steady myself.”

Her wheel has **×** at **Dry**, corresponding to **Wind constitution**, and **▲** at **Light**.

Stage	Boonmee and her family	Practitioner's contribution
Axis	Card: × Dry, Wind constitution. Main constitutional care tends towards Moist. Aggravators include cold raw foods, skipped meals and irregular sleep.	Her lifelong characteristics fit Wind; Wind's dominance in old age is an additional influence.
1 · Listen	① Palpitations 6/10; ② dizziness on standing; ③ waking at 02:00. Symptoms began after the granddaughter left. While awaiting assessment, rise slowly and sit before standing.	Exit 1: palpitations and dizziness at 78 are red flags (Chapter 5). Refer for cardiac and blood-pressure assessment before proceeding. Ask the prescriber whether medication contributes to postural dizziness. No condition needing urgent treatment is found.
2 · Direction and capacity	▲ Light: floating, palpitations, dizziness and night waking. Low capacity.	Pulse assessment supports aggravated Wind with depleted Fire, reflected in cold extremities.
3 · Adjustment	Light's opposite is Heavy: grounding, warmth, moisture and regularity. Avoid further drying because × is Dry. Low capacity requires gentle, short, frequent adjustments.	Check compatibility with existing illness.
4 · Upper-circle plan	Two supports: a warm cooked or soup-based dinner at the same time each day, and five minutes of warm-oil foot massage before bed.	—
Seven-day review	Slight improvement, not resolution.	—
Branch point	Symptoms exceed four weeks: enter the lower circle. She was assessed at Exit 1, so Exit 2 does not require repeating that assessment.	—
5 · Dimension	—	Symptom ① palpitations: Circulation is the endpoint; Brain is an intermediate dimension, indicated by waking at 02:00.
6 · Mechanisms and causes	Describes what changed before symptoms began.	Trace back no more than three links: Circulation ← Brain without rest ← Mind with loneliness and loss of giving/receiving ← People and Relationships, after the granddaughter moved and meals became solitary. The first domino is in that Life Box.

Step 7 · One Cause-Removal Action

Do not eat dinner alone. Two if–then lines express the same single action:

- If it is 17:00 on Monday, Wednesday or Friday, then take a dish to Aunt Somjai’s home and eat together.
- If it is another day, or visiting is impossible, then video-call the granddaughter during dinner.

Step 4 · One Combined Plan

Remove the cause: no solitary dinners, from Step 7.

Add no more than two supports: continue warm-oil foot massage before bed, acting at the Circulation endpoint; add fifteen minutes of morning sunlight outside the home, acting at the Brain intermediate point. The warm dinner is now part of the shared meal and is not counted separately.

Safety instructions, not counted as actions: rise from bed slowly and sit before standing.

Practitioner’s additions: a *ya hom* aromatic herbal formula at the traditional practitioner’s discretion; gentle massage at the monthly clinic visit; follow-up on day 14. The antihypertensive medicine question has already gone to the prescriber at Step 1.

Fourteen-Day Review

Ask one question. Palpitations have fallen from 6 to 3: better, so continue, then return to constitutional care. Winter, associated in the framework with Water’s seasonal current, is now approaching. Lower-circle follow-up lasts longer than upper-circle follow-up (Chapter 15).

Exit 3: worsening or red flags requires a physician; see the full list in Chapter 5.

The teaching point is that the most helpful change is not a formula but no longer eating dinner alone. Upper-circle Heavy-directed adjustments helped a little while leaving the starting cause intact; symptoms could return when the adjustments stopped. The lower circle reveals that the smallest action capable of loosening several chains lies in life, not in a medicine cabinet. Practitioners still have a full role at every point beyond self-care. **This is a fictional teaching case.**

Know yourself and the life around you



Chapter 3 · Constitution

Chapter 4 · Life around Us: Season, Age, Time and Place

Chapter 3 • Constitution

Four elements • tri-dosa • governing element → My Constitutional Card

Panel 1 • What the Texts Say

The Body's Four Elements

Thai traditional medicine describes the body through **Earth, Water, Wind and Fire**, subdivided into forty-two elemental components (Appendix B). Clinical language also uses **Wind, bile and phlegm** for three moving, functioning aspects of the body.

Within the forty-two-component system, **both bile and phlegm belong to Water**; bile is not classified under Fire.

In Thai traditional usage, **tri-dosa** commonly refers to simultaneous aggravation of Wind, bile and phlegm—for example, tri-dosa fever. Ayurveda uses a similar term for the three in their normal state, a distinction that matters here.

Governing Element

Each person is considered to have a dominant inborn **governing element**, or *that chao ruean*. Common teaching assigns it by lunar birth month: months **5, 6 and 7: Fire; 8, 9 and 10: Wind; 11, 12 and 1: Water; 2, 3 and 4: Earth**. Some schools use conception month. The governing element indicates likely tendencies towards imbalance and influences to avoid.

Panel 2 • How Plearnprai Organises This

Constitution is a counterpart to the governing element: an enduring element that does not change across life. Plearnprai identifies it from physical, mental and habitual characteristics present since childhood, not birth date, and uses seven types. Results therefore need not match a governing-element assessment. Constitution is marked **X** on the same six-pole wheel used for symptoms. Age and season form currents superimposed on it (Chapter 4).

For ease of recall, Plearnprai uses approximate correspondences **Fire ≈ bile; Wind ≈ Wind; Water ≈ phlegm**, following an Ayurvedic comparison. It treats **Earth as the physical body containing the three moving elements**—Plearnprai's own arrangement. Panel 6 explains how this differs from the forty-two-component system.

Why Plearnprai Does Not Use Birth Date

1. **Patients can check for themselves.** Physical and mental characteristics are visible in everyday life and can be recognised as fitting or not fitting.
2. **The identifying characteristics also indicate care needs.** A person with dry skin, cold sensitivity and difficulty sleeping can immediately relate these features to a constitutional care direction.
3. **It works without birth-calendar information.** Neither the lunar birth month nor exact birth time is required.

Practitioners may use their existing birth-based assessment alongside this one. If the two differ, that difference is worth discussing.

Assessment Criteria · An Initial Concept from Ayurveda

The **twenty-item constitutional questionnaire** covers three domains: physique, bodily function, and mind and personality. Answer according to characteristics **since childhood**, not the current state. The current state concerns ▲, not ✕.

The table lists all twenty items in questionnaire order, with illustrative characteristics often associated with the three single-element constitutions.

Observation	Wind	Fire	Water
Physique · 1. Overall build	Small, slender frame	Medium, proportionate frame	Large, solid frame
2. Muscle	Little muscle	Toned muscle	Thick, firm muscle
3. Joints	Small; click easily; stiff in cold weather	Moderately flexible	Large, stable
4. Natural weight tendency	Hard to gain, easy to lose	Relatively stable; varies with food intake	Easy to gain, hard to lose
5. Skin	Dry, thin, cool	Warm; reddens easily; prone to rash or acne	Moist, thick, smooth
Bodily function · 6. Digestion	Irregular, easily bloated	Strong; irritable when hungry	Slow; manages on little food
7. Climate tolerance	Dislikes cold and wind	Dislikes heat	Dislikes cool damp conditions
8. Daily energy and recovery	Rapid fluctuations; short bursts; tires quickly, recovers quickly with rest	High and steady; strong hunger and thirst; recovers with food and drink	Low in the morning, rises in the afternoon; enduring; slow recovery but not easily exhausted
9. Natural sleep–wake rhythm without obligations	Variable; sometimes early, sometimes late	Relatively regular waking; ready to start early	Likes long sleep; wakes late, rises slowly
10. Sensitivity to sound, light and smell	Sensitive to sound and disturbance	Sensitive to light and heat	Less easily startled by disturbance
11. Breathing	Shallow, fast	Strong, warm	Slow, deep
Mind and personality · 12. Decisions	Quick, but easily changed	Decisive	Slow; once decided, stays decided
13. Memory	Learns quickly, forgets quickly	Accurate recall	Learns slowly, remembers long
14. Social interaction	Sociable, talkative	Likes leading; direct	Warm, loyal, dependable

Observation	Wind	Fire	Water
15. Personality	Quick, restless, many activities at once	Steady, determined, focused through completion	Slow, patient, comfortable with stillness
16. Working style	Many ideas, likes new starts; less comfortable with long continuous work	Concentrated, outcome-focused, clear goals	Less likely to initiate, but works steadily for long periods
17. Free time without obligations	Changes of scene, new experiences, alternating activities	Goal-directed activity, such as serious exercise	Quiet rest at home with familiar people
18. Under pressure	Uneasy, hesitant, easily worried	Rises to the challenge	Keeps going steadily; dislikes being rushed
19. Mood when well	Cheerful, playful, rapidly changing	Energetic, confident, achievement-oriented	Calm, warm, patient
20. Mood when stressed or upset	Anxious, overthinking, nervous	Impatient, irritable, easily angry	Holds feelings in, quiet, finds letting go difficult

Source: the Plearnprai team’s adaptation of Ayurvedic assessment of inborn nature, compared with descriptions in Thai traditional textbooks. **This is an initial screening tool; its research validity has not yet been studied.**

Interpreting the Result

- A clear predominance in one direction suggests a **single-element constitution**: Wind, Fire or Water.
- Two similarly prominent directions suggest a **dual constitution**: Wind–Fire, Wind–Water or Fire–Water.
- A relatively even distribution suggests **Balanced** constitution.

The result is preliminary. Always confirm it through the card’s four **“Does this fit me?”** statements and reflection on lived experience. If uncertain, a Level 3-trained guide or practitioner reassesses the pattern. Guides do not diagnose or recommend or adjust medicine.

Understanding One’s Constitution

The questionnaire is only a starting point. More important is reflection: learn each element’s qualities, compare them with life from childhood to the present, and recognise which pattern fits.

1. Complete the **twenty-item Health Blueprint questionnaire**, Plearnprai’s online assessment through LINE. It returns a preliminary result among seven types.
2. Read or listen to accounts of the indicated element and neighbouring types. Compare them with your body, mind and habits.
3. Check the card’s four confirmation statements. **Three or four matches:** a good fit. **Two:** compare neighbouring cards. **Zero or one:** discuss with a guide or practitioner.

4. Ask someone who knows you. Household members may recognise lifelong habits more clearly than you do.
5. If still uncertain, consult a guide or practitioner.

Free learning resources: the Plearnprai Library, library.plearnprai.org, provides books and audiobooks. The YouTube channel *Plearnprai, the Doctor Next Door*, youtube.com/@plearnprai, includes videos on the seven constitutions and self-care.

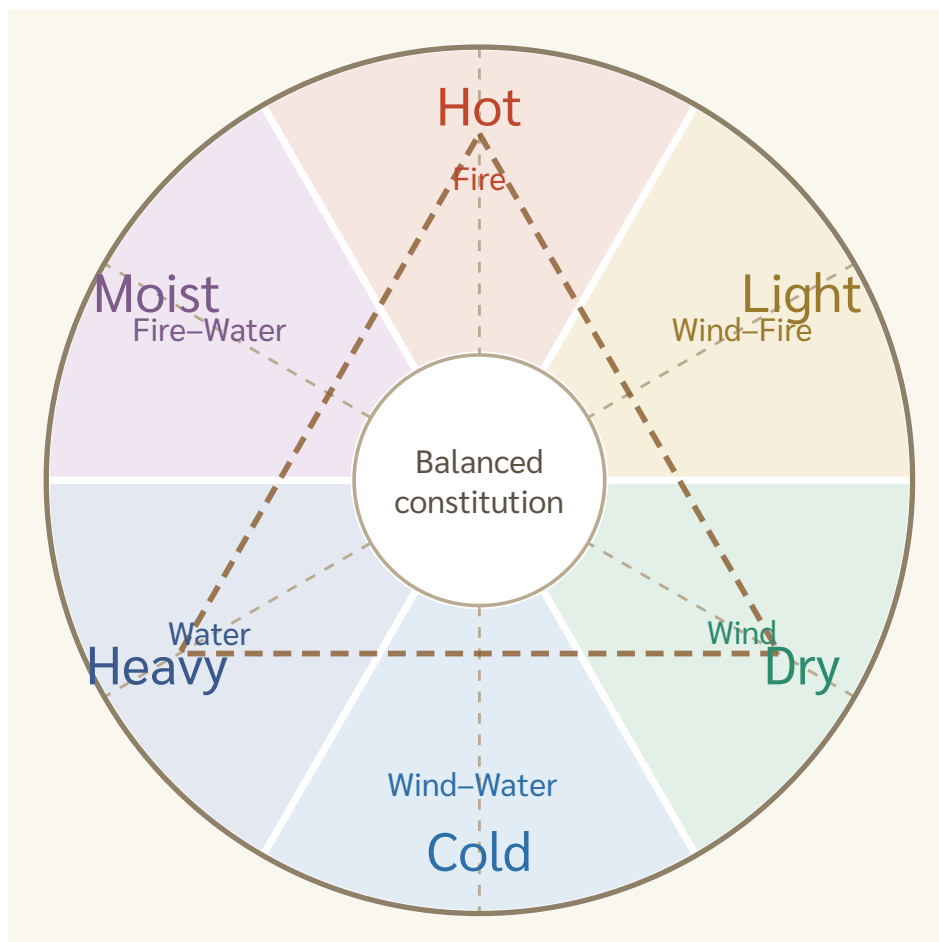


Figure 3.1 · Seven enduring constitutions on the six-pole wheel. Card names correspond to Health Blueprint results.

Reading the Six-Pole Wheel

Three axes. The wheel uses Hot–Cold, Dry–Moist and Heavy–Light, three of Ayurveda’s ten pairs of qualities. Chinese medicine also uses Cold–Hot and Dry–Damp distinctions. The disciplines do not all use the same complete set.

Single elements occupy their prominent quality: Fire = Hot, Wind = Dry, Water = Heavy. **Dual elements** lie between their two single elements: Wind–Fire = Light, Wind–Water = Cold, Fire–Water = Moist.

Water includes Heavy, Cold and Moist, the whole Water side, not Heavy alone. Heavy is its most concentrated position. The traditional association of coldness with Water therefore remains represented.

Why are Hot and Dry not adjacent? The source conceptualises three perpendicular axes viewed obliquely. Neighbouring poles consequently pair a single element with one of its dual combinations. Chapter 6 explains this model in full.

Constitution	Type	× position	Main care direction
Wind	Single	Dry	Moist
Fire	Single	Hot	Cold
Water	Single	Heavy	Light
Wind–Fire	Dual	Light	Heavy
Wind–Water	Dual	Cold	Hot, applied as gentle warmth
Fire–Water	Dual	Moist	Dry
Balanced	Three elements relatively even	Centre	Follow the season

The **main constitutional care direction** lies opposite × and always uses a mild expression of that quality—for example, warmth rather than intense heat. For a dual constitution, read both relevant single-element principles together and choose compatible actions; there is no need to memorise a separate system.

Two Principles of the Axis

Like increases like. This Ayurvedic principle is seen by Plearnprai as consistent with Thai traditional avoidance of aggravating influences. Similar qualities reinforce each other. People most readily tilt towards their own constitutional tendency, so adjustments must not intensify the tilt towards ×.

Keep × and ▲ distinct. × describes an enduring constitution; ▲ describes the present imbalance. They may occupy different poles—for example, a Fire-constitution person exposed to rain may currently lean towards Cold.

Panel 3 · Tools

Health Blueprint, available through Plearnprai’s LINE channel (Appendix D). Part 1 is the twenty-item questionnaire on lifelong characteristics. Its result among seven constitutions is an entry point, not a verdict.

My Constitutional Card, a two-sided A5 card for each constitution. Request cards through Appendix D’s channels.

Front of the card	Reverse of the card
Six-pole wheel with × and an arrow towards the main constitutional care direction	Aggravating influences

Front of the card	Reverse of the card
Four “Does this fit me?” statements; Wind examples: slender since childhood, cold-sensitive, dry skin, quick thoughts on many topics	Seasons and times requiring extra care (Chapter 4)
Constitutional strengths	Appropriate intensity
Four care areas: food, physical activity, sensory input and environment, mind care	Early signs of imbalance; one to three daily actions

Panel 4 • What Patients and Families Do

Complete the questionnaire, reflect with the library’s books and audio, then check the card against the criteria above. **Connect the description with yourself:** compare lifelong characteristics until the fit makes sense. Finding a fitting constitution can make lifelong self-care easier. Household members can learn together and understand why one person feels hot while another feels cold.

Panel 5 • What the Thai Traditional Medicine Practitioner Does

- Reassess physical, mental and habitual characteristics against the card.
- Use birth-based governing-element assessment alongside it if that is established practice. Explain any difference and inform Plearnprai so comparisons can be recorded.
- When results disagree, help distinguish enduring × characteristics from the current ▲ state.
- Confirm tastes suitable for regular use (Chapter 7), and seasonal and time-of-day considerations for dual constitutions.

Panel 6 • Where the Systems Differ

Issue	Difference
Fire ≈ bile; Water ≈ phlegm	Both bile and phlegm are Water components in the forty-two-component system. Linking Fire with bile follows an Ayurvedic comparison for recall. The practitioner retains the traditional classification.
Earth	Classical teaching allows Earth as a governing element. Plearnprai treats Earth as the body containing Wind, Fire and Water, so has no Earth card. People assessed traditionally as Earth-dominant still use the lifelong characteristics here to identify a Plearnprai constitution.
Method	Birth or conception month versus physical, mental and habitual expression. The latter is closer to Ayurvedic assessment of inborn nature. Differences are information to discuss.
Number of types	Four classical elements versus seven Plearnprai constitutions including dual types and Balanced, closer to Ayurveda’s classification.

Boonmee in This Chapter · Fictional Case

Boonmee completes the questionnaire with her granddaughter over the phone and receives the Wind card, **✕ Dry**. Reading the confirmation statements, she laughs: “Thin since I was young, cold-sensitive, dry skin, always thinking—every one fits.” Her main care direction is towards Moist: warmth, moisture and regularity. Cold raw food, skipped meals and irregular sleep are aggravators. The practitioner observes her small frame, dry skin, clicking joints, quick speech and many simultaneous thoughts, consistent with the Wind pattern.

Chapter 4 • Life around Us: Season, Age, Time and Place

Origins surrounding the axis • the person's frame • matching intensity to capacity

Panel 1 • What the Texts Say

Beyond elemental origins, Thai traditional medicine reads four surrounding layers.

Origin	Common teaching
Season	In the three-season system: hot season aggravates Fire; rainy season, Wind; cool season, Water. Lunar boundaries are: hot season, first waning day of month 4 through full moon of month 8; rainy season, first waning day of month 8 through full moon of month 12; cool season, first waning day of month 12 through full moon of month 4.
Seasonal medicinal tastes	Hot season: bitter, cooling and bland. Rainy season: pungent-hot. Cool season: sour. The Thai source leaves the classical-text title unspecified at this point.
Age	Phlegm predominates in the first age, bile in the middle age, Wind in the final age. Boundaries vary by text; a common division is birth–16, 16–32 and 32 years onward.
Time of day	Four-hour periods, repeated twice daily: 06:00–10:00 and 18:00–22:00, phlegm; 10:00–14:00 and 22:00–02:00, bile; 14:00–18:00 and 02:00–06:00, Wind.
Place	Local terrain, water and climate favour the predominance of particular elements.

Panel 2 • How Plearnprai Organises This

Time Wheels • Day, Year and Life

Plearnprai places time, season and age on wheels using the six-pole positions: **Fire above at Hot; Wind below-right at Dry; Water below-left at Heavy**, Water's strongest position. Bile is labelled Fire and phlegm Water following the Ayurvedic comparison in Chapter 3. All three wheels run clockwise **Fire → Wind → Water** and use the same principle: opposites guide adjustment. They explain why one person's care changes over time (Plearnprai document *Element Wheels at Every Layer*).



Figure 4.1 · Three time wheels. The twelve-hour clock repeats twice daily; the year uses Plearnprai’s approximate solar-month seasons; life stages follow the traditional age divisions described in the text.

The daily and seasonal care ideas below originate in Ayurvedic daily and seasonal routines. Plearnprai places them alongside the Thai elemental clock and seasons. Thai seasonal medicinal tastes are shown separately within the seasonal row.

Wheel	Periods	Care described in the framework
Day · elemental clock	Water 06:00–10:00; Fire 10:00–14:00; Wind 14:00–18:00. Repeated: Water 18:00–22:00; Fire 22:00–02:00; Wind 02:00–06:00.	Rise before 06:00, near the end of Wind’s period, when rising is considered lighter and easier. Eat the largest meal at noon, associated with strongest digestive Fire. Eat a light dinner before dark as Water’s slower-digestion period begins. Sleep before 22:00; the following Fire period is associated with renewed alertness and late hunger. Wind-aggravated people often wake during 02:00–06:00. These explanations derive from Ayurveda.
Year · seasons	Approximate solar months: hot, March–May, Fire; rainy, June–October, Wind; cool, November–February, Water.	Thai medicinal tastes: hot season, bitter/cooling/bland; rainy, pungent-hot; cool, sour. Ayurvedic-derived seasonal care: hot season, cooling foods and water-rich produce, avoiding intense sun and fried food; rainy season, freshly cooked warm digestible food at regular times; cool season, warming culinary spices, light meals, more movement and morning sun. Season is a current affecting the whole community; people whose constitution matches it need extra care.

Wheel	Periods	Care described in the framework
Life · ages	First age 0–16, Water; middle 16–32, Fire; final 32 onward, Wind.	Children: limit excessive sweetness and coldness and encourage movement, in a phlegm-oriented reading. Middle age: competitive, metabolically active; watch acidity, rashes and stress. Classical “final age” begins at 32, much earlier than modern “older age.” The Plearnprai team proposes that Wind-like features often become clearer around 48–60. With increasing age, add Wind-balancing warmth, moisture, softness and regularity even when constitution is not Wind. People with conditions such as diabetes or high blood lipids should consult their practitioner before adding fatty foods.

These three currents sit on the enduring **X constitution**. When several point in the same direction as X, “like increases like” makes imbalance easier. Prepare care in advance.

Attend to Actual Exposure, Not Only the Season’s Name

The classical texts were written when people spent most of the day in natural temperature, humidity and wind. A season therefore indicated what the body encountered. Today, air conditioning, travel between climates and very hot or cold workplaces can separate bodily exposure from the outdoor season.

Plearnprai first asks about **actual heat, cold, moisture, dryness, strong wind and repeated transitions**. Examples include entering air conditioning immediately after being soaked by rain; spending a hot-season day in a cooled room; flying to a cold country during Thailand’s hot season; or drinking an iced drink immediately after intense heat exposure.

Repeated or abrupt exposures count as possible **lower-circle causes in the Air and Living Environment box**, rather than merely background context. Ask: “When this started, how much of each day did you spend in heat, cold, dampness or strong wind, and how often did you move between them?”

The Frame around the Axis

Plearnprai groups these origins and the person’s history into a **frame**. The frame is not itself a cause; it indicates **where a cause may travel and how strongly it may act**. Stable season, time and place form the frame. Abrupt changes can become causes in the lower-circle Life Boxes (Chapter 10; Appendix C).

Origin	Remains a frame when...	Becomes a lower-circle cause when...
Age	Always. It is a current superimposed on constitution; advancing age calls for smaller, gentler steps.	Age is not counted as a cause; it stays in the frame.
Season	It is the usual seasonal background, noted on the card as a period requiring extra care.	Strong weather change, unusual heat/cold/dampness, air conditioning or travel between climates affects the person: Air and Living Environment. Seasonal recurrence is a clue.
Time	It is the normal elemental-clock period.	Sleeping, eating or working rhythms change: Rhythms of Work and Society. Symptoms recurring at the same time of day are a clue.
Place	It is the established home environment.	Moving home, workplace or region changes exposure: Air and Living Environment. First ask what changed before symptoms began.

Capacity and Care Intensity

Capacity is the basin's water (Chapter 1), represented by zone width in Figure 1.1. It governs the intensity of every method through four controls: **duration, timing, intensity and frequency** (Chapter 14).

- **Low capacity:** gentle, short and frequent; replenish first.
- **High capacity:** stronger adjustments may be tolerated, but strenuous approaches—fasting, prolonged heat or heavy exercise—must still be gradual.
- Strong formulas and laxative or purgative medicines require examination and the practitioner's recommendation; patients do not use them independently.
- Pregnancy or breastfeeding, young children, very old adults and regular medication use require professional assessment before herbal medicines, heat treatment, vigorous massage or modalities with contraindications.

Panel 3 • Tools

The three Time Wheels from *Element Wheels at Every Layer*; the constitutional card's reverse, showing periods needing extra care and appropriate intensity; and Step 2's three capacity questions (Chapter 6; full questions in Appendix F).

Panel 4 • What Patients and Families Do

Arrange the day around the framework's clock: wake before 06:00, largest meal at noon, light dinner, bed before 22:00. Recognise seasons and life stages whose current matches the constitution and prepare in advance. Note symptoms recurring at the same time of day. Tell the guide or practitioner

whenever life changes—for example, moving home, changing work or a household member moving away.

Panel 5 • What the Thai Traditional Medicine Practitioner Does

Read all five origins together to distinguish a background current, such as season, from a life-related cause needing lower-circle exploration. Match medicines and procedures to age and capacity. Confirm seasonal medicinal tastes and identify seasonal suggestions unsuitable for the individual.

Panel 6 • Where the Systems Differ

Issue	Difference
Time and pole placement	Time Wheels use the same positions as the six-pole wheel, but time never substitutes for the person's ▲. Time exerts a current; ▲ must be read from actual symptoms.
Seasons and age boundaries	Textbooks include three-, four- and six-season systems, lunar boundaries and differing ages. Plearnprai uses three seasons with approximate solar months and the 0–16, 16–32, 32+ division for recall.
Daily and seasonal advice	The routines originate in Ayurveda; Thai traditional medicine supplies seasonal medicinal tastes. They mostly align, but cool-season Thai advice emphasises sour taste while the table emphasises warming spices. They may coexist: sour taste in the Thai framework and warming culinary spices; medicinal tastes remain professional work.
Bile/phlegm versus Fire/Water	Classical age and time descriptions use phlegm, bile and Wind. Plearnprai labels them Water, Fire and Wind through the Ayurvedic comparison.
Childhood	The team proposes that more water enters the basin than spills out during childhood, gradually widening the zone, while capacity is still developing.

Boonmee in This Chapter • Fictional Case

Boonmee's final-age Wind current overlays her Wind constitution. Symptoms began in July's rainy Wind season, and she wakes at 02:00 in the daily Wind period. All three Time Wheels point in the same direction as X. A small life change, such as eating alone, can therefore be interpreted as acting strongly along Wind's direction. Her low capacity calls for gentle, short, frequent care. **This does not concern her prescribed antihypertensive medicine, which she continues as prescribed.** Winter is now beginning, bringing a Water current—Cold, Heavy and Moist. Cold affects her easily, making her warm dinner more relevant.

Begin by listening to body and mind



Chapter 5 · Listen to Body and Mind: Step 1

Chapter 6 · Read direction and capacity

Chapter 7 · Choose adjustments

Chapter 5 • Listen to Body and Mind: Step 1

History-taking • the presenting symptom • safety screening

Panel 1 • What the Texts Say

Before pulse examination, a Thai traditional practitioner asks about the main symptoms, duration, aggravating and relieving factors, eating, sleeping, elimination and past history. This is the first gate of “knowing the disease”: deciding whether the situation can be managed or requires referral (Thai traditional clinical practice).

Panel 2 • How Plearnprai Organises This

1. **Write one to three troublesome symptoms from memory before opening any tool.** Order them by how much they interfere. Symptom ① is the main symptom and starting point. Score it **0–10**; other symptoms may also be scored. The same score is used at review.
2. **Ask what preceded it.** If a clear trigger is apparent—being soaked in rain or eating very spicy food, for example—stop that trigger immediately without waiting for lower-circle tracing.
3. **Screen safety every cycle.** Check red flags whenever beginning again. If any apply, stop and seek medical care first.

Writing from memory matters. Plearnprai’s observation from use—not yet tested in research—is that long checklists encourage people to tick everything familiar, burying the symptom that actually troubles them.

Red Flags • One List throughout the Book

Level 1 • Emergency: Call 1669 Immediately in Thailand

- Difficulty breathing, breathlessness, bluish discolouration or abnormally rapid breathing.
- Altered consciousness, confusion, marked drowsiness or inability to wake.
- Sudden severe pain, such as the worst pain ever; severe injury or bleeding that will not stop.
- Fever above **39°C**, or fever above **38°C in an infant**.
- Stroke-like symptoms: facial droop; one-sided weakness or numbness; slurred speech; sudden blurred or double vision; abrupt severe headache; or dizziness with inability to stand or walk steadily.
- Heart-attack-like symptoms: chest tightness or pain radiating to the arm, jaw or back, sweating, breathlessness, or palpitations with near-fainting.
- Unconsciousness, seizures or unexplained fainting.
- Vomiting blood, passing blood, black stools or coughing blood.
- Thoughts of self-harm or death: do not leave the person alone. Call Thailand’s mental health hotline **1323**; call **1669** if danger is immediate.

Level 2 • See a Physician Promptly, before Self-Care

- Possible cancer warning signs: unintentional weight loss, a lump, a non-healing wound, abnormal bleeding, persistent cough or hoarseness, swallowing difficulty or sustained changes in bowel habits.
- Severe depression: sadness or loss of interest nearly every day for over two weeks, impairing work or daily life; or unusually elevated mood, little sleep without fatigue and excessive spending.
- Palpitations, dizziness or near-fainting in an older person: assess the heart and blood pressure first.
- Fever for several days; one swollen leg; or swelling with breathlessness that prevents lying flat.
- **Groups requiring medical assessment first when symptomatic:** pregnant or breastfeeding women; infants under one; young children with fever; adults over seventy; older people after a fall; people with immunosuppression or chronic illness. Refer these groups earlier than usual.

Red flags indicate potentially life-threatening disease. They differ from “symptoms lasting over four weeks without prior assessment,” which is not itself an emergency but requires a basic assessment before the lower circle: Exit 2 in Chapter 8.

When uncertain, refer.

This is **medical Exit 1**. Exit 2 is at lower-circle entry; Exit 3 is at review (Chapter 15).

Panel 3 • Tools

Spaces for one to three symptoms and safety screening at the top of the Personal Health Plan, and the front of the Symptom Wheel.

Panel 4 • What Patients and Families Do

Write symptoms in ordinary words, without technical terminology. Family members can describe changes the person may miss: forceful breathing during sleep, less eating or becoming quieter. Do not bargain with a red flag; seek medical care.

List every medicine currently taken. If a medicine may be involved, take it to the prescribing physician or pharmacist. Do not stop or reduce it independently.

Panel 5 • What the Thai Traditional Medicine Practitioner Does

Listen before concluding—thinking moment 2, Step 1. Begin with what the patient has written instead of restarting the whole account. Open with broad questions, then explore four family-medicine perspectives: what the patient thinks is happening; how they feel about it; where it affects life; and what they hope for today. Summarise in one sentence that includes the patient’s own interpretation: “Boonmee has had palpitations for three months and thinks loneliness is involved.”

Screen before interpreting—thinking moment 1, Step 1. Decide what patients cannot: diseases requiring referral and conditions that resemble elemental imbalance but require conventional assessment, such as thyroid disease, anaemia or medication effects. Traditional practitioners do not

independently review or adjust conventional medicines. Invite patients to discuss their current medicines with the prescriber or pharmacist.

Panel 6 · Where the Systems Differ

Plearnprai does not name a disease. The essential task of “knowing the disease” belongs entirely to practitioners and physicians. Step 1 only screens red flags for referral. The Thai source states that the single red-flag list used throughout the book has been reviewed by a physician.

Boonmee in This Chapter · Fictional Case

She writes ① **intermittent palpitations, 6/10**; ② **dizziness on standing**; ③ **waking at 02:00**, beginning after her granddaughter moved away. She has hypertension and takes antihypertensive medication.

- **Exit 1:** palpitations and dizziness at 78 meet Level 2 criteria. The traditional practitioner refers her for conventional cardiac and blood-pressure assessment before further Care-Circle work, including consideration of diseases and medication effects that mimic elemental symptoms.
- She takes her blood-pressure medicines to the prescriber and asks whether postural dizziness is related. The traditional practitioner does not adjust them.
- While awaiting results, she rises slowly and sits before standing. This is a safety instruction, not a counted plan action.
- No illness requiring urgent treatment is found; the prescriber has assessed the medication issue. She can then continue through the circle.

Chapter 6 • Read direction and capacity

Step 2: From aggravation, depletion and impairment to the ▲ marker and three levels of capacity.

Panel 1 • What the classical framework says

The *Roganidana* text distinguishes **aggravation** (excess or overactivity), **depletion** (insufficiency or weakness), and **impairment** (disordered or lost function). A practitioner reads symptoms, signs and the pulse together, and assesses the person's strength before choosing treatment. The same outward symptom need not arise from the same elemental state.

Panel 2 • How Plearnprai connects it

The six-pole wheel is Plearnprai's arrangement of three pairs of opposing qualities: **Hot–Cold, Dry–Moist and Heavy–Light**. It is not a diagram taken from a classical Thai text. Clockwise from the top, its poles are Hot, Light, Dry, Cold, Heavy and Moist.

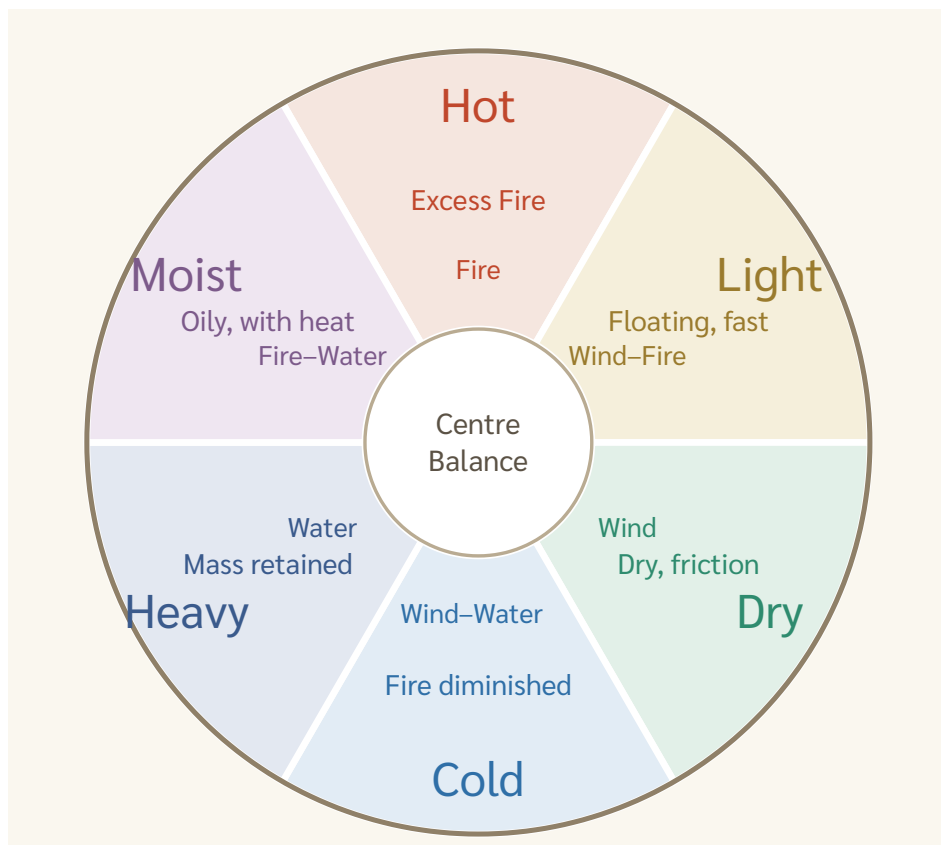


Figure 6.1 • Six poles, their elemental relationships and characteristic qualities. Balance is at the centre.

Pole	Principal quality and elemental relationship
Hot	Excess Fire; the Fire pole
Light	Floating, fast and ungrounded; Wind with Fire
Dry	Too little moisture and cushioning; the Wind pole

Pole	Principal quality and elemental relationship
Cold	Diminished Fire; Wind with Water
Heavy	Mass or fluid retained; the Water pole
Moist	Oiliness and moisture with heat; Fire with Water

An element occupies a half of the wheel, not only its named pole. Water, for example, extends through Cold, Heavy and Moist. Earth is the bodily container, rather than a separate pole. Hot, Light and Dry form the light half; Cold, Heavy and Moist form the heavy half.

A quality is not always a pole. Moisture as a quality means water or oil, without specifying temperature. The **Moist pole**, between Heavy and Hot, includes Fire: oily, sticky, coloured or strong-smelling manifestations. Cold swelling and retained clear fluid belong more closely to Heavy. Clear secretions suggest the cold side in this framework; colour and odour suggest heat mixed in.

Why is Hot not next to Dry?

Imagine three perpendicular axes in a box. Looking towards the corner defined by Hot, Dry and Heavy produces a hexagonal projection. A different viewing corner produces a different order. In this projection, the corner between Hot and Dry falls at Light; Dry with Heavy falls at Cold; Hot with Heavy falls at Moist. Light therefore lies between Hot and Dry. This geometric explanation helps explain the arrangement; it is not required to use the wheel in practice.

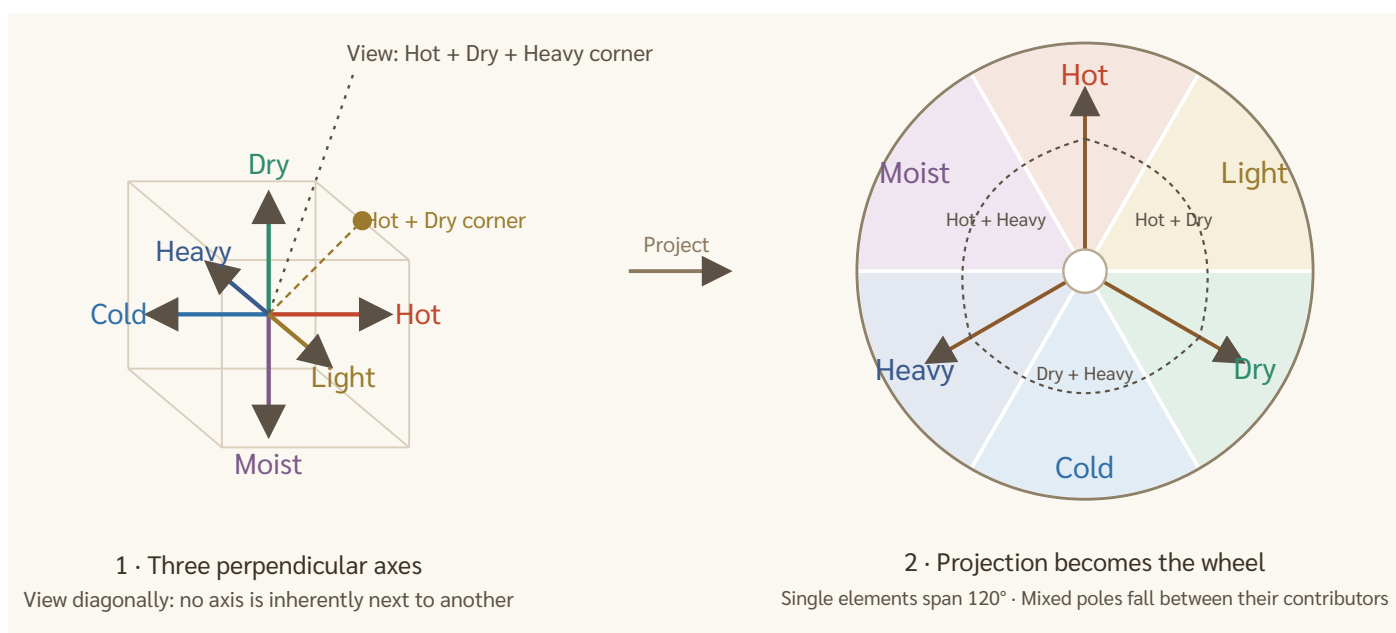


Figure 6.2 · Three perpendicular axes projected into a wheel. Two-quality corners fall between their contributing poles.

Read the distinguishing pattern, not the number of symptoms

Pole	Body, eating, sleep and mind	Distinguishing feature	Common confusion
Hot · Fire	Heat intolerance, red face or eyes, wanting cold drinks, mouth ulcers, hot itchy rash, dark urine; difficulty falling asleep because the mind keeps working; impatience and haste	Hot but still energetic; improves with cooling	Floating Fire is hot and dry with weakness. Dry irritability is more about friction than impatience with delay.
Light · Wind–Fire	Floating or ungrounded sensations, episodic palpitations, migrating pain, numbness, dizziness; irregular meals and sleep, night waking; scattered thoughts and many starts	Starts easily, but more activity brings scattering and fatigue	Heavy has difficulty starting but may improve once moving. Hot thoughts pursue achievement; Light thoughts jump between topics.
Dry · Wind	Dry mouth, throat or eyes; flaky skin, stiff or clicking joints, dry cough; drinking does not seem to moisten; hard pellet-like stools, shallow sleep, sensitivity to small irritants	Too little cushioning: contact feels immediate and abrasive	Hot can also be irritable. Dry withdrawal follows irritation; Cold withdrawal may reflect a loss of drive or meaning.
Cold · Wind–Water	Cold hands and feet, pallor, clear nasal discharge; worse in cold and better with warmth; low appetite, bloating, loose stools, little desire to act	Improves with warmth	Heavy may be sleepy all day; Cold sleepiness can follow food and bloating.
Heavy · Water	Heavy body, difficulty getting up, dull head, morning facial puffiness, pitting swelling, clear or white phlegm; never enough sleep; knows what needs doing but cannot begin	Difficult to start; feels better after beginning	Light has the opposite activity pattern. Moist secretions tend to be sticky and yellow or green.
Moist · Fire–Water	Oily skin, pustules, sticky or odorous sweat, weeping skin folds, yellow or green phlegm, sticky stools; repeated emotional or relational loops	Oily, sticky, coloured or strong-smelling; takes in without releasing	Heavy is cold and swollen. Hot rashes may be red and dry; Moist rashes tend to weep.

These are Plearnprai's condensed pattern descriptions, not diagnostic criteria. The full A3 symptom wheel is listed in Appendix D.

One set of rules for placing ▲

1. Underline every relevant zone, then choose **one** best fit using its distinguishing feature, rather than counting symptoms.
2. If two neighbouring zones fit, place ▲ between them.
3. **Floating Fire is the exception:** mark Hot and Dry, although they are not adjacent. Care begins with Dry.
4. Many non-adjacent matches do not automatically mean many separate disorders. Restore regular eating, sleeping and waking for seven days, then reassess. If the pattern remains unclear, a practitioner should read it and consider the lower circle. This is not a substitute for the branch-point criteria in Chapter 8.
5. Remember the **centre blind spot**. Hot, Dry and Heavy can all be strong while their vectors cancel. Severe symptoms with a central marker require professional reassessment; the centre does not prove balance.

Floating Fire: replenish before reducing

Episodic flushing, night sweats, dry skin, mouth or eyes, and fatigue may form the pattern this book calls **floating Fire**. Mark Hot and Dry, restore moisture and regular sleep, and avoid forceful cooling or purging. Purgatives belong to professional care. Where low capacity is suspected, replenish before trying to reduce excess. The idea of heat arising from deficiency, and the rule to address deficiency before excess, are connections drawn here from Chinese medicine.

Three questions about capacity

Answer for physical functioning over the **past two weeks**:

1. Can you perform usual daily activities—walking, stairs or household work—without having to stop midway to rest?
2. After exertion or work, do you recover with one night's sleep?
3. Are you seldom ill, and do you recover about as quickly as other people?

Three yes answers = high; two = medium; zero or one = low. Recent illness, convalescence or several sleepless nights warrant using the low level. If uncertain, choose the lower level. The questions deliberately avoid digestion or heat tolerance, so that direction is not confused with capacity. Appendix F provides the form.

Capacity	Basin image	Implication for adjustment
High · excess side	A full basin spills when tilted	May tolerate stronger activity or reducing what feeds the dominant pole. Purging remains a professional intervention.
Medium	Enough water: tilting neither spills it nor exposes the bottom	Moderate, gradual adjustment

Capacity	Basin image	Implication for adjustment
Low · deficiency side	With little water, tilting exposes the opposite side of the bottom	Gentle, short and frequent support; replenish first. Avoid fasting, prolonged heat and exhausting exertion.

▲ indicates direction; capacity determines intensity. Two people with the same ▲ may need very different amounts of activity or stimulation. “Deficiency side” here means low capacity, not merely a position on the wheel.

An approximate connection to the three classical states

- **Aggravation:** a marker moves outward into the element's own half. Fire aggravation, for example, may appear at Hot with burning, rash and irritability.
- **Depletion:** read the direction, not simply the distance from the centre. Opposing qualities dominate. Depleted Fire may appear at Cold, with weak digestion, coldness and sluggishness.
- **Impairment:** beyond what the wheel can safely resolve through self-care. This does **not** automatically mean hospital care: an appropriately trained traditional practitioner or physician may be needed. Red flags require medical assessment.

The aim is to bring ▲ nearer the centre at an intensity the person can sustain.

Panel 3 · Tools to hold

Use the front of the A3 symptom wheel and the three capacity questions in Appendix F.

Panel 4 · What people can do themselves

Underline relevant patterns, select the distinguishing feature, place ▲ using the rules above, and estimate capacity. A family member can help notice which activity pattern actually occurs. When capacity is uncertain, start lower.

Panel 5 · What practitioners add

Pulse reading and examination are particularly important for floating Fire and the centre blind spot. A single ▲ can have several interpretations: Cold may reflect depleted Fire or aggravated Wind–Water. Practitioners assess capacity more fully, distinguish aggravation, depletion and impairment, and decide whether their own treatment or referral is appropriate. Red flags require a physician.

Panel 6 · Where the systems differ

Issue	Boundary to retain
The wheel's origin	Plearnprai arranges three pairs of qualities, with connections to Ayurveda's twenty qualities and Chinese medicine's eight principles. It is not a classical Thai diagram.

Issue	Boundary to retain
Why Wind is Dry rather than Light	Wind occupies Light–Dry–Cold, comparable to the qualities associated with Wind in Ayurveda. Dry is its midpoint; Light is Wind with Fire.
Earth	The bodily container, not a seventh pole
Symptoms and pulse	A symptom wheel contains less information than a clinical examination and pulse reading; it has blind spots.
Classical states	The mapping is approximate and not one-to-one. Impairment means beyond self-care, not automatic hospitalisation.
Capacity	Three questions are a highly condensed starting point, not the practitioner's complete assessment.

Boonmee at this step · fictional example

Boonmee recognises floating sensations, palpitations, dizziness and night waking. Doing more makes her increasingly scattered and tired. Her ▲ is placed at **Light**, next to her enduring × at Dry; her capacity is low. Light is in Wind's half, with Fire making its movement faster and more upward. The practitioner reads Wind aggravation with low capacity, and also depleted Fire behind her cold hands and feet. The marker supports discussion; it does not replace that fuller reading.

Chapter 7 • Choose adjustments

Step 3: *Opposites guide adjustment—with capacity and contraindications always in view.*

Panel 1 • What the classical framework says

The *Sapphakhun Ya* tradition describes nine medicinal tastes: astringent, sweet, intoxicating/toxic (*mao buea*), bitter, pungent-hot, oily/rich, aromatic-cooling, salty and sour. Some accounts add bland as a tenth. Formulas also have three principal taste groupings: hot, cool and balanced or *sukhum*.

In the classical framework, tastes associated with care for impaired Earth include astringent, sweet, oily and salty; Water, sour and bitter; Wind, pungent-hot; and Fire, cool and bland. Seasonal advice includes bitter, cool and bland in the hot season, pungent-hot in the rains, and sour in the cool season. Food and behaviour that aggravate the relevant pattern are avoided.

Panel 2 • How Plearnprai connects it

This book says “**opposites guide adjustment.**” The word medicine is reserved for actual medicines. Turn the wheel over and read the adjustment zone corresponding to ▲ on the front.

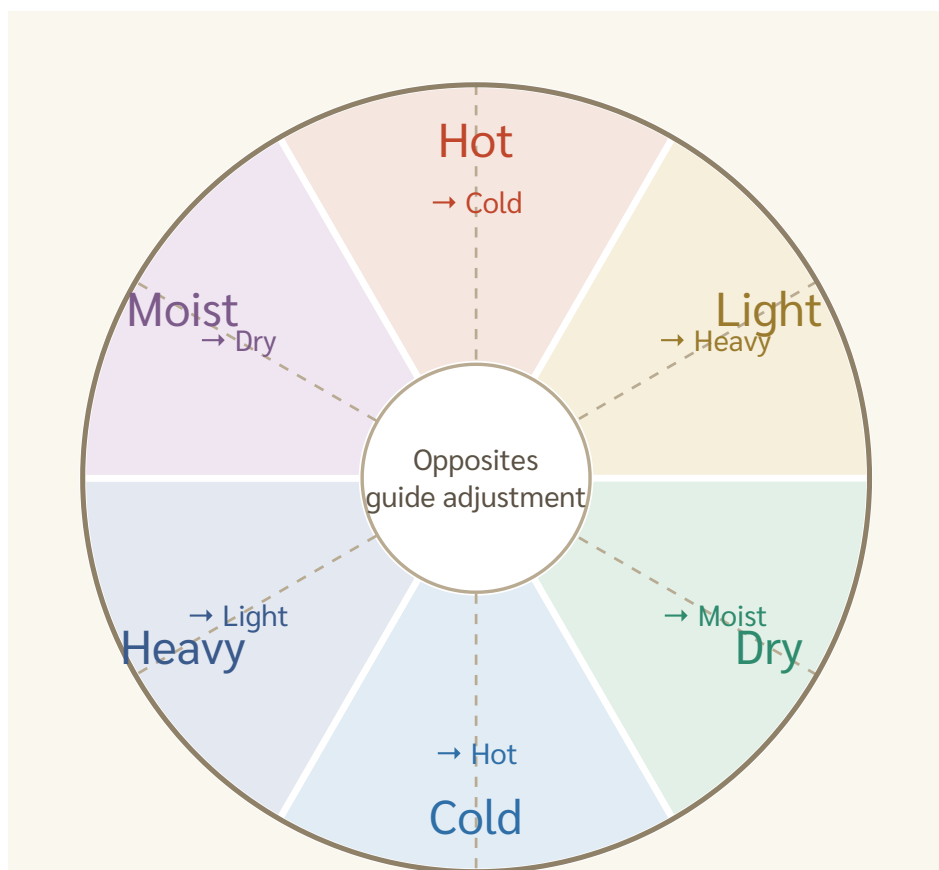


Figure 7.1 • Reverse of the wheel: the current pole points towards its opposing adjustment.

Adjustments cover four areas:

- **Food:** taste, preparation, serving temperature and timing.

- **Activity:** type, amount and timing.
- **Senses and environment:** light, sound, temperature, sleep surroundings and touch.
- **Mind:** receiving and giving, holding on and letting go.

Herbal treatment belongs to professional assessment.

Three rules before choosing

1. **Do not push past the centre towards X.** If ▲ is opposite the enduring constitution—for example, a Fire person becomes cold after rain—the direction of care may point towards X. Use a modest intensity and stop at the centre.
2. **Match intensity to capacity.** Low capacity calls for gentle, short, frequent support and replenishment first.
3. **Read the outer cautions.** Check the wheel's cautions and the red flags in Chapter 5.

Current direction	Opposing adjustment	Caution
Hot → Cold	Gentle cooling, moisture and less fuel for heat	With hot–dry floating Fire, avoid forceful cooling. Purging is for practitioners only.
Light → Heavy	Grounding, warmth, moisture and regularity	Do not introduce many changes at once.
Dry → Moist	Warm, moist support and appropriate healthy oils	Avoid fasting, prolonged heat and exhaustion.
Cold → Hot	Warm, cooked, digestible food; gently kindle activity	Depleted Fire often accompanies low capacity. Increase gradually, without forcing.
Heavy → Light	Awaken, lighten and move	Progress gradually. One-sided leg swelling is a red flag.
Moist → Dry	Reduce what feeds the pattern; support release and ventilation	Heat is already mixed in. Do not add intense spices or prolonged heat.

Three-part labels: the wheel reads the person; the label reads the food

Read the three quality pairs separately. Taste positions around a wheel are a memory aid, **not a one-point food-selection rule**. The revised edition replaces the earlier taste-position illustration with this table, following Plearnprai's *Eating with the Element Wheel*, draft 1.4.

Culinary taste	Hot–Cold	Dry–Moist	Heavy–Light
Sweet	Cold	Moist	Heavy
Sour	Hot	Moist	Light
Salty	Mildly Hot	Moist	Heavy
Pungent	Hot	Dry	Light
Bitter	Cold	Dry	Light

Culinary taste	Hot–Cold	Dry–Moist	Heavy–Light
Astringent	Mildly Cold	Dry	Light

Figure 7.2 · Read one column at a time. This revised three-part label replaces choosing foods by a plotted taste position.

First compare the person's principal constitutional or current quality with the **same axis** on the food label. Then check the other two axes. If a choice helps one quality but reinforces another existing problem, adjust preparation, quantity or combinations; do not choose it solely for the helpful quality.

Taste does not describe a whole meal. Preparation, temperature, amount and context also matter. Appropriate variety does **not** require all six tastes at every meal. Do not add salt, sugar, fat or herbs simply to complete a diagram.

Culinary tastes and medicinal tastes serve different purposes

The six culinary tastes support three-part food labels. The nine medicinal tastes describe medicinal substances and formulas within professional practice. They are not a self-prescribing guide for either food or medicine.

Medicinal taste	Properties described in the <i>Sapphakhun Ya</i> framework
Pungent-hot	Expels Wind, supports Fire and addresses phlegm-related patterns
Bitter	Addresses bile and blood; reduces fever
Sour	Cuts phlegm and purifies blood
Astringent	Heals wounds, regulates elements and relieves diarrhoea
Sweet	Supports strength and nourishes flesh
Oily/rich	Supports tendons and joints; addresses <i>sen</i>
Aromatic-cooling	Supports the heart and strength; relieves internal heat
Salty	Penetrates the skin and clears greasy mucus
Intoxicating/toxic · <i>mao buea</i>	Counters poisons

These are **traditional textual descriptions**, not evidence that every food or product with a given taste produces these effects. One opposing quality is insufficient: compare all three qualities in the preceding table. Bitter and astringent share some qualities but are not interchangeable. Oily/rich, aromatic-cooling, bland and *mao buea* are distinct medicinal categories; they are not everyday food choices inferred from wheel positions.

Disease-specific needs, existing medicines and nutritional restrictions take priority. Do not add salt, sugar, fat or water, or stop medicines, on the basis of this model. Further explanation appears in *Eating with the Element Wheel*, draft 1.4, Chapters 2–3 and Appendix A, and Canon Volume 0, cards

04 and 10.

Formula names belong with professional judgement

Formula	Ingredients named in the source	Principal taste or taste group
Trikatuk	Black pepper, long pepper and dried ginger	Pungent-hot
Benjakul	Long pepper, <i>cha phlu</i> root, <i>sakhan</i> , red <i>chettamun phloeng</i> root and dried ginger	Principal hot group
Triphala	<i>Samo thai</i> , <i>samo phiphek</i> and <i>makham pom</i>	Sour, astringent and bitter

This table connects names with compositions; it does not tell readers to select formulas from the wheel. Practitioners must assess indications, contraindications and concurrent medicines. Pregnancy, breastfeeding, young children, very old people and anyone taking regular medicines require professional advice first.

Two kinds of adjustment

Starting point	Purpose	Pattern of use
Enduring constitution · X and the personal card	Support the basin's lower rim	Sustainable daily habits
Current direction · ▲ and the reverse of the wheel	Rebalance a present tilt	Seven-day cycles, no more than fourteen days before the branch-point review

These adjustments concern food, routine, movement, surroundings and mind. They are not herbal prescriptions.

Panel 3 · Tools to hold

Use the back of the wheel, flipped along its long edge so that corresponding zones align, and Plearnprai's self-care library organised by six poles and four areas. Access information is in Appendix D.

Panel 4 · What people can do themselves

Choose **one or two actions in one zone** for seven days. Ask whether the problem is better, unchanged or worse. If appropriate, continue for another seven days, up to fourteen in total; use Chapter 8 for the full decision rules. Family members can help with meals, the bedroom and regular timing.

Panel 5 • What practitioners add

Check compatibility with chronic conditions and existing medicines. Changes to conventional medicines belong with the prescriber or pharmacist. Selecting herbal formulas by medicinal tastes is a professional task, not a front-of-house activity.

Panel 6 • Where the systems differ

Issue	Boundary to retain
Origins	Several traditional frameworks contribute; the wheel and three-part labels are Plearnprai's arrangement.
Taste positions	A memory aid, not a near/far rule for deciding whether a food suits a constitution
Culinary choices	Compare the principal quality, then the other two columns of the label.
Medicines and formulas	Require professional assessment; a wheel is not a prescription.
Opposing qualities	A simplified model, to be used with the combined qualities and individual constraints

Practitioners assess chronic disease and medicine compatibility, and explain disagreements within their own framework rather than pretending the systems are identical.

Boonmee at this step • fictional example

Her ▲ at Light calls for grounding, warmth, moisture and regularity. Two small supports are chosen: **warm soup at a regular dinner time**, and **five minutes of warm-oil foot care before bed**. Her enduring X at Dry also calls for moist support, so the two directions agree.

The food example uses naturally sweet flavours, mild saltiness and sourness, and moderately warming ginger, galangal or lemongrass in soup—not intense spiciness. Bitter and astringent flavours are kept moderate. Drying routines, fasting and prolonged heat are avoided. Low capacity means gentle, short support.

At day seven she is slightly better, but not recovered; the problem has already lasted more than four weeks. She therefore moves to the lower circle. This is a fictional individual plan, not a recommendation for everyone with the same constitution or symptoms.

Look clearly before moving on



Chapter 8 · When to enter the lower circle

Chapter 8 • When to enter the lower circle

Recent and longstanding problems; easier and harder to treat → three time criteria and three medical exits.

Panel 1 • What the classical framework says

Thai traditional practitioners distinguish recent from longstanding disease, and conditions that are easier or harder to treat. A longstanding problem often involves more than a temporary elemental disturbance: its cause must be sought (*Vejjasueksa*). Other systems draw related distinctions. Chinese medicine teaches that prolonged illness often involves deficiency; conventional medicine distinguishes acute and chronic disease. In each system, however, the practitioner makes the clinical judgement.

Panel 2 • How Plearnprai connects it

After the safety check, the upper circle offers an immediately usable starting point. At the end of the first seven days, ask: **better, unchanged or worse?** Then consider three time criteria that people can track themselves. Any one is sufficient for the lower-circle review.

Criterion	What it suggests in this model
1 · Symptoms for more than four weeks, counted from their onset—not from starting the upper circle	More than a temporary tilt
2 · Three or more recurrences within three months	Something may be pulling the pattern back
3 · Not resolved after fourteen days in the upper circle	Direction-based adjustment is insufficient; investigate causes

The same timing throughout this book

Day 7: If resolved, return to constitution-based daily care. If not resolved—even if somewhat better—and criterion 1 or 2 already applies, enter the lower circle. If neither applies, continue for another seven days. If worse or a red flag appears, use medical exit 3.

Day 14: If still unresolved, criterion 3 applies: enter the lower circle. The initial upper-circle trial totals no more than fourteen days.

In the lower circle: Test each cause-interrupting step for fourteen days (Chapter 12), while continuing appropriate upper-circle support.

Red flags have no waiting period. Use exit 1 or 3 immediately when they appear; the full list is in Chapter 5. Four weeks is a lower-circle criterion, not a red flag by itself. If the problem has not been medically assessed, obtain a basic assessment first through exit 2.

An additional signal is being unable to place ▲ even after seven days of regular eating, sleeping and waking. Ask a traditional practitioner to read the pattern and consider the lower circle (Chapter 6, marker rule 4).

Temporary and persistent pathways

	Temporary pathway	Persistent pathway
Tools	Upper circle and element wheel	Upper and lower circles; five dimensions (Chapter 9) and connecting pathways (Chapter 11)
Who walks it	Person and family	With a guide or traditional practitioner
Cause	If known, avoid the trigger; no pathway tracing is needed	Seek the first domino: an upstream factor in life whose change could loosen the chain
Completion	Resolves within fourteen days; return to constitutional care	Symptom ① becomes lighter and the cause-interrupting step can be sustained

A **guide** is a member of the public with Plearnprai training at Level 3 or above. Guides ask questions, support reflection and record observations; they do not examine, diagnose, recommend medicines or change doses. The full definition is in Chapter 2. Someone trained to Level 3 may walk their own lower circle.

Three medical exits

1. **Step 1:** A safety check identifies red flags.
2. **The lower-circle entrance:** Symptoms have lasted more than four weeks without prior assessment. A physician determines the appropriate basic examination or investigations.
3. **New balance:** Symptoms worsen or new red flags appear.

These are handover points to the appropriate traditional or conventional practitioner; the red-flag routes require medical assessment.

Panel 3 • Tools to hold

Use the branch-point criteria on the two-circles diagram in Chapter 2, the criteria field on the health plan (blank form in Appendix D), and the “At seven days, ask one question” box on the reverse of the wheel.

Panel 4 • What people and families do

Count honestly from the day symptoms began. People may say “recently” about a problem present for months. Family members often help reconstruct the timing.

Panel 5 • What practitioners add

Help decide which pathway applies when the person is uncertain. Arrange conventional assessment when a problem has lasted more than four weeks without investigation, and accompany the lower-circle work.

Panel 6 · Where the systems differ

These numerical thresholds are **Plearnprai's practical conventions**, not classical rules or research-validated cut-offs. Some conditions are chronic from their beginning; some symptoms lasting over four weeks still resolve spontaneously. An older person with palpitations, dizziness or near-fainting should **not wait four weeks**: heart and blood-pressure assessment comes first because these are second-tier red flags (Chapter 5).

Boonmee at this step · fictional example

Her symptoms have lasted three months and repeatedly improved then returned, meeting criteria 1 and 2. After seven days she is only slightly better, so she enters the lower circle. Her heart and blood pressure were already assessed through exit 1 (Chapter 5), so that assessment need not simply be repeated at exit 2. She continues upper-circle support while working through the lower circle with her practitioner.

See the whole of life and explore its causes



Chapter 9 · Identify the dimension affected

Chapter 10 · Identify mechanisms and causes

Chapter 11 · Connecting pathways and the first domino

Chapter 12 · Act on the cause

Chapter 9 • Identify the dimension affected

Step 5: The forty-two bodily components → five dimensions.

Eight thinking moments for guides and practitioners

Steps 1–7 are the map held by the person: where care has reached and what has been produced. The **eight thinking moments** describe the reasoning used to obtain sound results in Steps 5–7. People do not need to learn this second sequence. Step numbers remain the only sequence they need to see; this book therefore always links thinking moments to their corresponding steps.

Thinking moment	Question or task	Step and chapter
1 • Screen before reasoning	Red flags, regular medicines, conditions that mimic a life-related pathway, and symptoms beyond four weeks without assessment	Step 1 • Chapters 5 and 8
2 • Listen before concluding	Open questions; ideas, feelings, effects on life and expectations; a summary that includes the person's own understanding	Step 1 • Chapter 5
3 • Find the endpoint and scan broadly	Find the dimension of symptom ①; briefly ask about all five dimensions before exploring one deeply	Step 5 • Chapter 9
4 • Establish the timeline	What changed before symptoms began? What came first and what followed?	Step 6 • Chapter 10
5 • Form pathway hypotheses	Two or three possibilities; the first is always the person's own suspected explanation	Step 6 • Chapter 11
6 • Weigh the possibilities	Five criteria; first exclude dangerous possibilities even when less likely	Step 6 • Chapter 11
7 • Find the first domino	Apply the stopping rule; draw the pathway so the person can see it	Step 6 • Chapter 11
8 • Check yourself and explain	Observe the person's response; agree in advance what to observe if improvement does not occur	Step 7 and the Step 4 plan • Chapters 12–13

Plearnprai distilled these moments from experienced clinical reasoning and reviewed them against its own cases. Guides use abbreviated versions of moments 1–4, 7 and 8. The full work of moments 5–6 belongs to clinicians.

Panel 1 • What the classical framework says

Thai traditional medicine describes **forty-two bodily components**: twenty Earth, twelve Water, six Wind and four Fire, as taught in *That Wiphang*. When an element is disturbed, the practitioner can identify the affected bodily component. Appendix B contains the full table.

Panel 2 • How Plearnprai connects it

The lower circle does not place a direction on the wheel. It identifies an affected **dimension**: three bodily dimensions—Structure, Vitality and Circulation—plus Brain, which belongs to the body and bridges body and mind, and Mind. Plearnprai supplies a short question cue for each.

Dimension	Function	Memory cue	Working question
Structure	Bears weight and enables movement	Use · Rest · Posture	How much use, how much rest, and in what position?
Vitality	Takes in, digests and assimilates nourishment; supplies energy, repairs, eliminates waste and warms the body—the four Fires	Intake–Output · Use–Repair	Can it really take in and clear out? If not, material remains. Is repair keeping up with use? If not, reserves run down.
Circulation	Moves, delivers and connects cells and organs throughout the body, including breathing—the six Winds	Weak · Blocked · Driven	Is propulsion weak, the route blocked, or movement overdriven?
Brain	Receives signals, processes them and runs the body's timing	Overloaded · Out of rhythm · Unrested	Too much input, disrupted timing, or too little rest?
Mind	Receiving and giving; carrying and setting down	Receive · Give · Carry · Let go	Are receiving and giving, carrying and letting go, in balance?

Read the dimension from the **function affected by the symptom**. In this model, insomnia points to Brain; muscular pain to Structure; and numbness of hands or feet to Circulation. If several dimensions seem possible, choose the principal impaired function and retain the others as clues for Chapter 11. These are model categories, not medical diagnoses.

Function, not the organ's address

All six Winds belong to Circulation, including abdominal and intestinal Wind: here they describe movement and connection, not digestion itself. All four Fires belong to Vitality. Weak Vitality can subsequently weaken Circulation. Symptoms in the same body region may therefore belong to different dimensions. The source, for example, assigns bloating and constipation after prolonged travel to obstructed Circulation rather than Vitality.

Bloating or constipation in the model	Often follows	Improves when
Circulation pattern	Prolonged sitting or travel, or tension	Moving, belching or passing wind
Vitality pattern	Food of an unsuitable type, amount or timing; too little water or fibre	The intake pattern is corrected

Endpoint: the dimension of symptom ①

Symptom ① is the most disruptive symptom, used to begin and track care. The **endpoint** is its dimension in the lower circle. Identify that endpoint from the affected function so that Chapter 11 can trace backwards. Do not use a majority vote or choose whichever dimension contains the most symptoms. “Marker” is reserved for ▲ on the six-pole wheel.

Retention and depleted reserves

Vitality has two consequences that can feed back as causes. **Retention** means material that is not processed or eliminated in time. **Depleted reserves** means expenditure outpaces repair. Either may obstruct or weaken Circulation; impaired Circulation can then further impair digestion and repair. A practitioner helps read these loops. This is Plearnprai's arrangement; retention has a conceptual connection to incompletely digested residue in Ayurveda.

Panel 3 • Tools to hold

Use the five-dimension cause cards (Appendix D) and the forty-two-components-to-five-dimensions table in Appendix B.

Panel 4 • What people and families do

Describe clearly where and how symptom ① disrupts life. People do not have to choose a dimension themselves. A Level 3-or-above guide or traditional practitioner helps find the endpoint. Guides do not diagnose or recommend or adjust medicines.

Panel 5 • What practitioners add

Find the endpoint and scan broadly—thinking moment 3, Step 5. Read the forty-two components in the professional background, then explain the result in five-dimension language. Before narrowing the enquiry, briefly cover all five dimensions. With headache, for example, examine neck, shoulder and temple muscles; ask about sleep and physical and emotional triggers; then explore the most plausible dimension.

Read retention and depleted-reserve loops that the person may not recognise. Consider conditions that can produce similar symptoms—such as anaemia, thyroid disease, sleep apnoea or medicine effects—and arrange conventional assessment to confirm or exclude them before settling the endpoint.

Panel 6 • Where the systems differ

Five dimensions greatly condense the forty-two components. The classical list has no separate Mind component, and Brain appears explicitly only as brain substance under Earth; other brain-related functions are read through Wind (Appendix B). Thai traditional medicine addresses mental life through *cittanamai* and the causes of sorrow and anger (Chapter 10), rather than making Mind a bodily component. Adding Mind as a dimension is Plearnprai's contribution.

Boonmee at this step • fictional example

Her symptom ① is palpitations, so the endpoint is **Circulation**. Dizziness on standing—associated here with upward-moving Wind—supports that reading. Cold extremities suggest weak warming Fire in **Vitality**, affecting Circulation. Waking at 2 a.m. belongs to **Brain**. These last two observations remain clues for tracing the pathway.

Chapter 10 • Identify mechanisms and causes

Step 6, first half: Eight causes of disease → six-plus-one LifeBoxes and seven foundations of daily life.

Panel 1 • What the classical framework says

That Wiphang teaches eight causes of disease:

1. Food.
2. Posture and bodily activity.
3. Heat and cold.
4. Going without food, water or sleep.
5. Suppressing bowel movements or urination.
6. Working beyond one's capacity.
7. Sorrow and grief.
8. Anger.

Panel 2 • How Plearnprai connects it

Four tools answer different questions.

Tool	Question answered	User
Six-plus-one external LifeBoxes	Where outside the person does the influence begin?	Guide and person
Seven foundations of daily life	Which routine does it disturb?	Guide asks the person
Professional background table	What is excessive, insufficient or inappropriate?	Practitioner records
Eight causes and five origins	How does it connect with the classical framework?	Practitioner

A guide has Plearnprai Level 3-or-above training and supports questions, reflection and records; a guide does not examine or diagnose (Chapter 2).

Six-plus-one external LifeBoxes

Six boxes concern everyday circumstances people can work on; the additional **▀ box always requires a traditional practitioner or physician's assessment.**

LifeBox	Entry into the dimensions
1 • People and relationships	Mind
2 • Screens, light, sound and information	Brain
3 • Work and social timing	Brain

LifeBox	Entry into the dimensions
4 · Air and surroundings	Circulation; secondarily Structure
5 · Work and use of the body	Structure
6 · What is eaten, drunk, inhaled or applied	Vitality
■ · Infection, toxins, injury, regular medicines and their adverse effects	Not for independent management through this circle; professional assessment every time

Everything is read around the person's **axis**—enduring constitution X—and within their **frame**: age, season, time of day, place and history (Chapter 4). Axis and frame are not causes. They indicate how strongly and in which direction the same cause may affect this particular person. Appendix C maps the eight causes to the boxes.

Seven foundations of daily life

Sleep · Rest · Breathing · Mind · Intake · Water · Movement. At Levels 1–2 these form a daily self-care checklist. In the lower circle they help identify which routine a cause has disturbed. All connect to the eight causes except Breathing, which Plearnprai adds explicitly.

- **Sleep:** cause 4, going without sleep.
- **Intake and Water:** causes 1 and 4.
- **Movement:** cause 2.
- **Mind:** causes 7 and 8.
- **Rest:** causes 2 and 6. Plearnprai gives it its own foundation because screens, vision and mental work can exceed capacity even without heavy physical labour.
- **Breathing:** no direct counterpart among the eight causes; an addition by Plearnprai.

Intake expands food to include drinks, substances and what is inhaled or applied. Regular medicines must always be asked about, but are recorded in the ■ box.

Professional background: four activities x excess, lack or mismatch

The practitioner records **Intake · Release · Use · Rest**, each as excessive, insufficient or inappropriate. Inappropriate means wrong timing, type, method or posture. This is the practitioner's record; the person does not have to fill it in.

Three questions to tell the story

What changed before this began? What makes it worse? What makes it better? Plearnprai's practice observations suggest that an upstream factor often lies in an external LifeBox, frequently People and relationships. This observation has not been studied formally.

Panel 3 · Tools to hold

Use the five-dimension cause cards, seven-foundation checklist, four-by-three professional table and Appendix C. Appendix D explains how to obtain tools.

Panel 4 · What people and families do

Answer the three story questions in their own words. Family members can help recall when life changed.

Panel 5 · What practitioners add

Establish the timeline—thinking moment 4, Step 6. Put life events and the onset of each symptom on the same line. Earlier events or symptoms often suggest an upstream root; later ones suggest an endpoint. The book connects this with the Chinese-medicine principle of reading the earlier condition as the root.

Use the eight causes and five origins to ask further questions and complete the professional table. Ask about regular medicines every time, place them in ►, and invite the person to take the medicines to the prescriber or pharmacist for review.

Do not independently walk a ► issue through the lower circle. Sprains, strains and bruises may fall within a traditional practitioner's manual-treatment and compress practice. Severe injuries, infection and poisoning require medical referral.

Panel 6 · Where the systems differ

Screens, light, sound and information did not appear in the same form in the era of the classical texts. People and relationships broadens sorrow and anger, and Breathing has no direct counterpart among the eight causes. These are Plearnprai additions. The ► box lies outside the eight-cause scheme and always goes to a professional.

Boonmee at this step · fictional example

Before symptoms began: “My granddaughter moved to Chiang Mai in July.” Worse: “On days I eat alone and watch television late.” Better: “When Somjai next door comes to talk, I sleep longer that night.”

Her seven foundations reveal: waking at 2 a.m.; an evening in front of television without mental rest; shallow breathing during palpitations; loneliness; unfinished dinner; little evening water because she fears getting up at night; and less movement. Her blood-pressure medicine is in ► and was already reviewed with its prescriber at Step 1. The likely starting point is LifeBox 1, People and relationships, connected to the seventh classical cause, sorrow and grief.

Chapter 11 · Connecting pathways and the first domino

Step 6, second half: The first site of disease; Wind as carrier.

Chapter 10 asked, “Which box contains the influence?” This chapter asks, “How could that influence have reached the symptom, and where should action begin?” The **connecting-pathways map** shows the five dimensions affecting one another. The **first domino** is an upstream factor in life whose change may loosen the whole chain.

Panel 1 · What the classical framework says

The first site of disease

The first essential of medicine is to know where disease begins, not merely where it appears. Traditional practitioners learn to distinguish a reported symptom from a potentially distant origin (*Vejjasueksa*, the essentials of medicine). Plearnprai's search for an upstream starting point and first domino expresses this principle in language people can use.

Wind carries

Wind, or *vayo dhatu*, moves and carries the other elements through the body. When Wind is disturbed, other elements often follow; Wind disorders therefore occupy a substantial place in the texts (*Chawadan*, on Wind). Disease is not necessarily confined to one location: it can be carried onward.

Disturbance can pass between elements

Practitioners also observe one elemental disturbance leading to another—for example, weak digestive Fire, undigested food, then abdominal Wind and phlegm. Treatment requires choosing where to act first.

These three principles provide an **origin**, a **carrier** and a **sequence**. Plearnprai draws them across five dimensions so that people can see the proposed connections.

Panel 2 · How Plearnprai connects it

Terms used here

- **Connecting pathways:** a picture of the five dimensions affecting one another. “Influence” means an effect from one dimension that disturbs another.
- **Chain:** a sequence from an upstream starting point, through dimensions, to the symptom.
- **Starting point:** where the chain begins, in an external LifeBox.
- **Intermediate dimension:** a dimension passing the effect onwards.
- **Endpoint:** the dimension of symptom ①, from which backward tracing starts (Chapter 9).
- **First domino:** the changeable upstream life factor whose alteration could loosen the chain.

- **Cause-interrupting step:** the action taken at that first domino (Chapter 12). “Step” in this action sense refers to doing something.
- **Link:** one arrow between two points, used to count the distance traced backwards.

The map

Five dimensions make ten pairs; each pair can work in both directions, giving **twenty directed connections**. Outside them are the six-plus-one LifeBoxes. All sit around the person's axis X and within the frame of age, season, time, place and history.

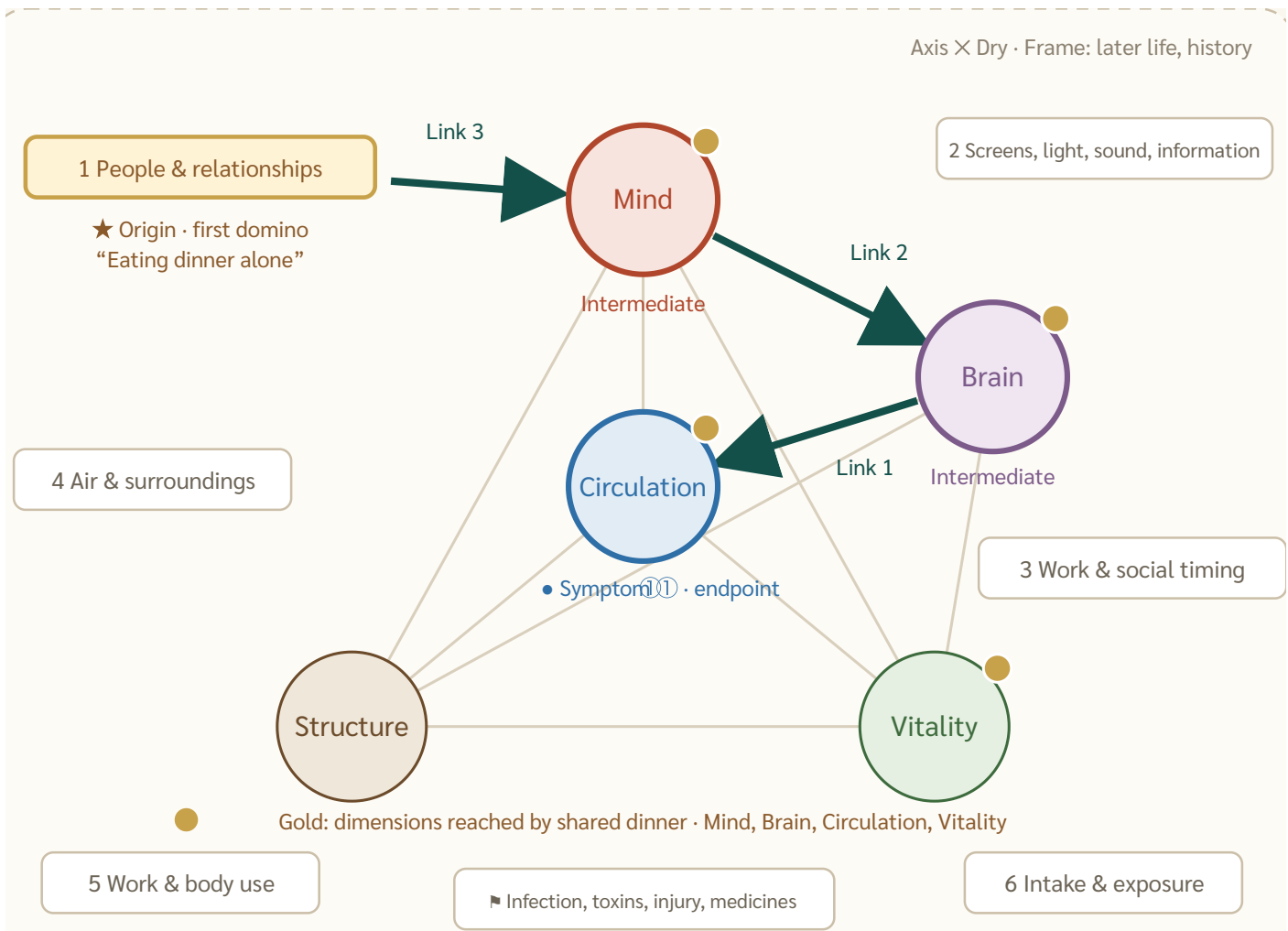


Figure 11.1 · Boonmee's fictional pathway. The outer dashed boundary represents her axis and frame; surrounding boxes are the LifeBoxes. Thin lines show ten dimension pairs, with twenty possible directions. The thick green route traces backwards three links from symptom ① to People and relationships. Gold points identify the dimensions reached by “not eating dinner alone.”

Three dimensions with distinctive roles

These roles are observations from Plearnprai's cause cards and practice, **not research findings**.

Dimension	Proposed role	Observation behind it	Connection with Thai traditional medicine
Mind	An upstream starting point for many chains	Many outward influences on other dimensions, fewer returning to Mind in the cards	Sorrow and anger are two of eight causes; relationships become a broad modern entry point.
Circulation	A relay spreading effects throughout the body	Receives from nearly every dimension and passes many effects onwards	All six Winds are placed here in Plearnprai's forty-two-component mapping; all four Fires belong to Vitality.
Brain	The gate where body–mind routes meet	Most Mind-to-body and body-to-Mind routes pass through Brain	The forty-two components explicitly include brain substance; other functions are read through Wind (Appendix B).

Four rules for tracing a pathway

These express thinking moments 3 and 7 in language guides and people can share. The full hypothesis and weighing process—moments 5–6—appears in the professional section below.

1. **Find the endpoint** in the dimension of symptom ① (Step 5).
2. **Trace arrows backwards:** “Which dimension could be influencing this one?” Ask about the main routes first. **Yes** means continue; **partly** means retain as a secondary clue; **no** means pass over it.
3. **Stop at a LifeBox that adequately explains the story.** If another “why?” remains useful—television for company, because of loneliness—continue. Trace no more than three links. In Plearnprai's practice observations, origins often lie one to three links from the endpoint.
4. **Find the first domino:** a changeable factor at the starting point whose alteration could reach the most dimensions. Choose one action there using the four questions below.

Three main chain patterns

Pattern	Route	Fictional example
Mind downwards	People and relationships → Mind → Brain → body	Boonmee, this chapter
Body upwards	Work and use of the body → Structure → Brain and Mind	A, Chapter 17
Branching from the gate	Screens or timing → Brain → several dimensions	D, Chapter 17

Other commonly observed chains

Pattern	Description	Example
Retention spreads	Intake → Vitality; slow processing or elimination leaves retention, then affects Circulation, Structure or Brain	Late, sweet or fried meals and little water → bloating, sleepiness and heaviness
Frame becomes a cause	Air or surroundings change sharply or act repeatedly; enter Circulation, then Structure or Vitality	Rain followed by cold air-conditioning, or cold air all day → aches, stiffness and nasal discharge
Body upwards: weak movement	Inactivity, prolonged sitting or standing and little water weaken or obstruct Circulation, affecting Structure or the bowel	Long travel → swelling, aching, bloating and constipation
Body upwards: depleted reserves	Overwork or caregiving without rest uses more than can be repaired; Vitality runs down, then Circulation, Brain and Mind weaken	A bedbound person's carer becomes exhausted, forgetful and burnt out
Body–Mind–body loop	Lost physical ability reduces a sense of role; rumination feeds back into less movement and further weakness	An older person stops going out because of knee pain

Similar-looking symptoms can arise from medicines, infection, toxins, injury or an internal medical condition. These are not simply life pathways and must be screened at Step 1 (Chapters 5 and 17). Plearnprai's *Cause Pathway Library* gathers the patterns.

Another **unresearched practice observation** is that chains often follow the person's constitution: Wind constitutions may show routes through Brain and Circulation, functions read through Wind in Thai traditional medicine; Fire constitutions may show routes through Vitality and digestive Fire. Axis and frame are not causes; they suggest where and how strongly a given influence may travel.

Lines help thinking; points guide action

Place to act	Location	Purpose
Endpoint	Dimension of symptom ①	Relief now; Step 3 upper-circle support acts here
Intermediate point	Relay dimension, often Brain	Reduce onward effects and interrupt loops
Starting point	External LifeBox where the chain begins	Reduce recurrence; the first domino is here

Endpoint support still comes from ▲ on the wheel. Choose an adjustment that fits the endpoint dimension. Boonmee's Light direction and Circulation endpoint, for example, lead to warm-oil foot care: Heavy-side grounding, warmth and moisture directed to Circulation.

Action occurs at a dimension or box, not on a line: lines represent connections. If the origin cannot be reversed—for example, a bereavement—first seek a changeable part of that LifeBox. If family is absent, community, a temple or an older people's group may provide connection. Only if the box cannot be changed should action begin at the first dimension receiving its influence.

Four questions for choosing a cause-interrupting step

1. **Where does it act?** Is it at the upstream first domino?
2. **How many dimensions does it reach?** Prefer a feasible action with broader effects.
3. **Can I confidently do it on five of seven days?** If not, make it smaller.
4. **Can I write it as “if–then”?** Attach it to a time or event already present in the person's day, following behaviour-change psychology.

A cause-interrupting step is a **change in life**—timing, posture or whom one eats with. Wheel-based adjustments, herbal medicines, *ya hom*, massage and compresses are **supports** recorded alongside it at Step 4. Their importance does not mean they can perform the work of interrupting the cause.

Panel 3 • Tools to hold

Tool	Purpose	Who uses it
Five-dimension cause cards	Dimension-specific cues and influences along each route	Guide and practitioner
Full twenty-direction map	Complete professional view	Practitioner
Interactive pathway map	Inspect one route and its action points at a time	Guide
My Pathway Map worksheet, Steps 5–7	Draw only the person's own route from yes/partly/no answers	Person with guide

Appendix D explains access. Guides have Level 3-or-above training and do not examine, diagnose or recommend or adjust medicines.

Panel 4 • What people and families do

Tell the story using the three questions: what changed before onset, what worsens it, and what improves it? Answer yes, partly or no one question at a time; there is no need to draw the whole network. Choose the action yourself from two or three possibilities discussed with the guide. Family belongs to People and relationships and can be both part of the cause and part of the adjustment.

Panel 5 • What practitioners add

Form two or three hypotheses—thinking moment 5, Step 6. The first is always the person's own suspected explanation. Add one or two that fit the history and constitution.

Weigh them using five criteria—moment 6:

1. The proposed cause precedes the symptom. This criterion must be met.

2. There is an explainable mechanism.
3. More exposure accompanies worse symptoms.
4. The pathway also explains secondary symptoms.
5. Removing the influence is followed by improvement.

An inconsistency reduces confidence without automatically excluding a route. Use the five origins and pulse reading where appropriate: a symptom recurring at the same hour may point towards the timing LifeBox. These criteria condense causal reasoning in conventional medicine.

At the end of weighing, communicate the approximate confidence in the leading explanation—for example, “around 80%”—as a judgement, not a measured probability. Say what would be expected to change if the trial does not help. **Exclude less likely but more dangerous possibilities first**, using examination, referral or clearly explained monitoring signs. If no pathway is convincing enough, choose the closest safe working hypothesis and arrange follow-up.

Stopping rule—moment 7: stop when the influence is changeable, explains enough of the story, and the person agrees.

Explain and observe the response—moment 8, Step 7. Use the person's language. If they seem worried or unconvinced, ask, “Are you worried this could be a particular illness? Is there something else you would like checked?” If follow-up shows no improvement, ask more deeply across all dimensions.

Screen mimics **before trusting the pathway**, starting at Step 1 rather than at the end of a plan. Anaemia, thyroid disease and sleep apnoea are examples requiring conventional confirmation. Medicine adverse effects belong in 📌. Traditional practitioners do not independently review or adjust conventional prescriptions; ask the person to consult the prescriber or pharmacist with their current medicines.

After assessment, select appropriate endpoint and intermediate supports—formulas, *ya hom*, manual therapy or compresses—within professional judgement. Read the retention and depleted-reserve loops between Vitality and Circulation that may be invisible to the person.

Panel 6 • Where the systems differ

Issue	Difference to retain
Location of the origin	Classical enquiry seeks the first site within bodily elements. Plearnprai continues outside the body into LifeBoxes: an extension, not a replacement.
Elements on the map	The map is organised by dimensions. Element names describe chains, such as a Wind pathway; they do not yet decide the action point.
Main and secondary routes	Line thickness reflects the number of causes on Plearnprai's cards, not strength of evidence. Main, secondary and group-specific routes are estimates.

Issue	Difference to retain
First-domino rule	A practice observation, not a research-validated rule. Apparent success may confirm prior expectations; a stronger study would use blinded comparison.
Weight given to Mind	Classical texts include sorrow and anger among eight causes. Plearnprai proposes Mind as a major upstream source, drawing on the biopsychosocial model.
Place of medicines	Time-limited consultations may begin with medication. Plearnprai starts with interrupting the cause and includes medicines as support in the same plan.

Boonmee, second pass · the full fictional pathway

Before tracing, her heart and blood pressure were assessed through exit 1, with no urgent condition identified. She also asked her prescriber whether her blood-pressure medicine might contribute to dizziness on standing. Having screened these mimics and medicine effects, the pathway enquiry proceeds. The endpoint is Circulation because symptom ① is palpitations. Dizziness supports that reading; cold extremities suggest weak Vitality affecting Circulation; night waking points to Brain.

“My granddaughter moved to Chiang Mai for work in July.” “It is worse when I eat alone and watch television late.” “When Somjai comes to talk in the evening, I sleep longer.”

Link traced backwards	Question	Answer	Interpretation
Endpoint	Palpitations: Circulation	—	Starting point for backward enquiry
1	Poor sleep or night waking before palpitation days? Brain → Circulation	Yes	Wakes at 2 a.m. almost nightly; continue
1, alternative	Tight muscles or prolonged sitting before dizziness? Structure → Circulation	No	Pass over
1, secondary	Less food or irregular meals? Vitality → Circulation	Partly	Unfinished dinner; retain as a clue
2	Awake thinking of someone or feeling lonely? Mind → Brain	Yes	“I lie there thinking about my granddaughter.”
2, alternative	Screens or sound late? Box 2 → Brain	Yes	Television keeps her company. Why? Loneliness: this returns to the Mind route.

Link traced backwards	Question	Answer	Interpretation
3	Something absent or changed in life? Box 1 → Mind	Yes	Granddaughter moved away; dinner alone. The story is sufficiently explained.

The working chain is **People and relationships → Mind → Brain → Circulation**: Mind downwards, along a Wind-related route. The first domino is **eating dinner alone**, a changeable factor that may loosen the chain.

Option considered	Action point	Dimensions reached	Confident five of seven days?	Decision
Turn television off before 9 p.m.	Box 2 · Brain	2	No	Not the first domino; without television she feels lonelier. Not chosen.
Do not eat dinner alone	Box 1 · first domino	4	Yes	Chosen: connection for Mind, a warm meal for Vitality, regular timing for Brain, less onward disturbance of Circulation.

Ya hom is not an option for the guide and person to select from this table. A traditional practitioner may consider it as Step 4 support. Her granddaughter cannot move back, so the changeable part of the box is companionship through a neighbour and video calls.

Her fourteen-day plan

One cause-interrupting step: do not eat dinner alone. Two if–then lines describe the same step:

- If it is 5 p.m. on Monday, Wednesday or Friday, then take a dish to Somjai's house and eat together.
- If it is another day, or visiting is not possible, then video-call her granddaughter during dinner.

The warm soup from the upper circle is part of that meal, not a separate addition.

At most two supports: five minutes of warm-oil foot care before bed, continuing upper-circle support at the Circulation endpoint; and fifteen minutes of morning sunlight outside the house, acting at Brain as an intermediate point.

Safety practice, not counted as a plan step: rise slowly, sitting before standing, because she becomes dizzy on getting up.

At fourteen days: improvement supports continuing this working route; no change leads back to the secondary clue of unfinished meals; completing less than half means reducing the action to twice weekly. Worsening or new red flags require exit 3; first-tier emergencies require Thailand's **1669**.

Other routines, such as consistent sleep and wake times, are held for a later step.

The traditional practitioner may add *ya hom* after assessment, gentle massage at monthly clinic visits, and a day-14 review. Her blood-pressure medicine was already discussed with its prescriber at Step 1. The traditional reading is “Wind aggravation arising from sorrow, on a Wind constitution in the Wind stage of life.”

Chapter 12 • Act on the cause

Step 7: *Avoiding causes* → *stop, avoid or change*.

Panel 1 • What the classical framework says

Alongside medicines, Thai traditional medicine asks people to avoid causes that disturb the elements and foods or behaviours that aggravate their condition (*That Wiphang*, following the eight causes). Ayurveda treats removal of the cause as a first principle of treatment; Chinese medicine emphasises seeking the root.

Panel 2 • How Plearnprai connects it

Step 7 separates **interrupting a cause** from medicines and procedures. Many causal changes are changes in routine—earlier sleep or a different sitting position—and require no particular discipline's medicine or equipment. This connects to avoidance of causes and *jivitanamai*. The action is taken at the **first domino**, the upstream life factor whose change could loosen the chain (Chapter 11).

Type	Meaning	Example
Stop	End the causal activity	Stop coffee after 2 p.m.
Avoid	Stay away from the exposure	Do not sit directly under the air-conditioner
Change	Do the same activity differently	Eat dinner with someone rather than alone

Five rules

1. Choose **one cause-interrupting step** at the first domino. Several if–then lines can describe the same action and still count as one step. Add no more than two supports at Step 4. Safety practices do not count as steps.
2. Test each lower-circle step for **fourteen days**, then review.
3. Write an **if–then plan**, attached to an existing time or event in the person's day.
4. If the origin cannot be changed directly, first find a changeable part of the LifeBox. Only if none is available act at the first dimension receiving its influence.
5. Step 7 does not go directly to “new balance.” It joins Step 3 at **Step 4**, creating one combined plan.

Panel 3 • Tools to hold

Use the planning section of My Pathway Map and the “interrupt the cause” field on the health plan (Appendix D).

Panel 4 · What people and families do

Choose the action yourself from possibilities discussed with the guide: you are the person who must carry it out. Family is often part of the action.

Panel 5 · What practitioners add

Make the action small enough, check its safety alongside chronic conditions, and ensure all necessary precautions are understood.

Panel 6 · Where the systems differ

Classical texts list causes to avoid. Plearnprai asks people to choose one habit change and review it after a defined interval. This one-at-a-time approach is a practical decision, not a classical principle.

One step applies only to life changes requiring new habits. Constitution-card cautions and professional contraindications must be followed from day one. Issues in ► require professional assessment from day one. Continue regular medicines as prescribed.

Boonmee at this step · fictional example

Her granddaughter cannot move back, but dinner companionship can change. “Do not eat dinner alone” is one step with two if-then lines: visit Somjai at 5 p.m. Monday, Wednesday and Friday; on other days or when a visit is impossible, video-call her granddaughter during the meal. The two lines do not become two separate steps. This goes into the cause-interruption part of her Step 4 plan (Chapter 13).

From understanding to a workable plan



Chapter 13 · One personal health plan

Chapter 14 · How to choose a modality

Chapter 15 · New balance and follow-up

Chapter 13 • One personal health plan

Step 4: Principal, supporting and complementary ingredients → interrupt the cause and add support.

Panel 1 • What the classical framework says

A Thai herbal formula organises ingredients by role: a principal ingredient addresses the disorder directly; supporting ingredients reinforce its action; complementary ingredients support other elements or reduce unwanted effects; and flavouring or aromatic ingredients make it acceptable to take. A good formula is therefore a structure of distinct roles, not merely one substance.

Panel 2 • How Plearnprai connects it

Step 4 is the single meeting point of the Care Circles. Step 3's direction-based adjustments (Chapter 7) and Step 7's cause interruption (Chapter 12) become one plan with two parts. Adjustments include food, routine, movement, surroundings, mental care and professionally selected herbal treatment.

- **One cause-interrupting step:** act at the first domino. Make one small change at a time; several if–then lines can still describe the same action.
- **No more than two supports:** choose from the four adjustment areas or the thirty-two-modality library (Chapter 14), directed at the endpoint or an intermediate dimension.

Plan component	Source	Plearnprai's analogy with formula structure
One cause-interrupting step at the first domino	Step 7	Principal ingredient: acts upstream
Up to two supports	Step 3's four areas and Chapter 14's selection process	Supporting ingredients: act at the endpoint or intermediate point
Rules that fit the plan to the person	Three rules in Chapter 7, four controls in Chapter 14, and confidence on five of seven days	Complementary and flavouring ingredients
Professional additions	Traditional practitioner after assessment	Actual formulas and manual treatment

A **lower-circle plan** always includes **one cause-interrupting step**, making visible a part owned by the person and not requiring a purchase. In an upper-circle plan, include cause interruption when Step 1 reveals a clear trigger, such as rain exposure or very spicy food. If no cause is apparent, use the support section alone. A well person can focus on one constitution-card avoidance habit and one or two principal constitution-based supports, while still observing all safety restrictions.

Panel 3 · Tools to hold

The one-page personal health plan follows the care route: **Axis** → **Upper circle** → **Lower circle** → **Plan** → **Professional additions** → **Review** at seven days for the upper circle or fourteen for the lower. A blank form is in Appendix D and available through Plearnprai LINE OA @plearnprai.

Panel 4 · What people and families do

Write the plan yourself, put it where it can be seen daily, and mark completion each day. A family helper signs under “Family participant.” “Guide/practitioner” is for a Level 3-or-above guide or traditional practitioner (Chapter 16).

Panel 5 · What practitioners add

After assessment, write and sign the professional-additions section and check that the person's own actions do not conflict with treatment. Traditional practitioners do not independently review or adjust conventional medicines. Encourage consultation with the prescriber or pharmacist using the current medicine list, beginning at Step 1 rather than at the end of planning.

Panel 6 · Where the systems differ

The formula analogy helps practitioners see the plan's structure. It does **not** imply that a life change has the same pharmacological action as a medicine. The front-of-house tools contain no formula prescribing.

Boonmee at this step · fictional example

One cause-interrupting step: do not eat dinner alone. If it is 5 p.m. Monday, Wednesday or Friday, take a dish to Somjai's house; on other days or when unable to visit, video-call her granddaughter during dinner.

Two supports: five minutes of warm-oil foot care before bed, acting at the Circulation endpoint; fifteen minutes of morning sunlight outside, acting at Brain. Her warm dinner is already part of the shared meal and is not counted again.

Safety: get up slowly, sitting before standing. This is a safety practice, not a counted action.

Professional additions: *ya hom* if judged appropriate, gentle massage at monthly clinic visits, and follow-up on day fourteen. Her blood-pressure medicine, heart and blood pressure were reviewed before pathway work at Step 1; they are not postponed until this plan.

MY PERSONAL HEALTH PLAN

One axis · Two circles · One plan · Plearnprai

Fictional example · Boonmee

PERSON AND PARTICIPANTS
 Name: Boonmee · Age: 78
 Family: granddaughter · contact: LINE
 Guide/practitioner: Thai practitioner

SAFETY FIRST · STEP 1
 Heart/BP assessed; medicines reviewed.
 Red flags → medical assessment first.
 Thailand: emergency 1669 · mental health 1323

AXIS · WHO I AM
 Constitution X: Wind · Dry
 Avoid: cold/raw food, fasting, irregular sleep
 Baseline support: warmth, moisture, regularity
 Start: 1 Oct · Review: 14 Oct (fictional)

1-3 · UPPER CIRCLE
 ① Palpitations 6/10 · ② Dizzy on standing
 ③ Waking at 2 a.m. · Since July move
 ▲ Light · Capacity: low
 Support: grounding, warmth, moisture

5-7 · LOWER CIRCLE · WITH A GUIDE OR PRACTITIONER
 Criterion: >4 weeks / recurrence · Endpoint: Circulation
 People & relationships → Mind → Brain → Circulation
 First domino: eating dinner alone · Reaches 4 dimensions

4 · ONE PLAN · INTERRUPT ONE CAUSE + ADD NO MORE THAN TWO SUPPORTS
ONE CAUSE-INTERRUPTING STEP · IF-THEN
 Do not eat dinner alone. If 5 p.m. Mon/Wed/Fri, eat at Somjai's.
 If another day or unable to visit, video-call granddaughter during dinner.
SUPPORT · TARGET · DURATION · TIMING · INTENSITY · FREQUENCY
 1 Warm-oil foot care · Circulation · 5 min · bedtime · gentle · nightly
 2 Morning sunlight · Brain · 15 min · 7 a.m. · mild · daily
 Safety: sit before standing; rise slowly. Not counted as a plan action.
 Check X, ▲, capacity and cautions · Confident on 5/7 days? · Keep prescribed medicines.

PROFESSIONAL ADDITIONS · AFTER ASSESSMENT
 Ya hom if appropriate; gentle massage at monthly visits; day-14 review.
 Practitioner signature: _____ Date: _____

FOLLOW-UP · MARK EACH DAY HONESTLY

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14
One action	✓	✓	✓	✓	–	✓	✓	✓	✓	✓	✓	–	✓	✓
Support 1	✓	✓	✓	–	✓	✓	✓	✓	✓	✓	–	✓	✓	✓
Support 2	✓	✓	–	✓	✓	✓	✓	✓	–	✓	✓	✓	✓	✓
① /10	6	6	5	6	5	5	4	5	4	4	3	4	3	3

REVIEW AT 7 / 14 DAYS · COMPARE SYMPTOM ① WITH DAY ONE
 Less than half completed → make smaller and restart; effect not yet judged.
 Better → continue · Same → review route / controls · Worse / red flags → seek care
 Observed: sleeps until 5 a.m. after visiting Somjai; less night waking.
 Rainy day: video call instead · Outcome: better; continue the plan.
 Lower circle: check both symptom ① and the chain. New symptoms return to Step 1.

Figure 13.1 · Boonmee's completed health plan, a fictional example. Blue entries represent what she writes herself.

Chapter 14 • How to choose a modality

Manual treatment, herbs, constitution-based food and other approaches → thirty-two modalities and four controls.

Panel 1 • What the classical framework says

Thai traditional care includes herbal medicines, manual treatment, compresses, steaming, soaking, constitution-based food and daily practices. Practitioners select according to the disturbed elements, age and capacity. Manual-treatment texts already include contraindications to massage and compresses. Inviting people to participate in choosing a method is Plearnprai's addition.

Panel 2 • How Plearnprai connects it

Here, a **modality** means an individual form of care, not an entire medical system. Plearnprai's library contains thirty-two labelled methods (Appendix G), divided into:

- **Major approaches:** systems with their own principles and texts, often reaching several dimensions, such as Thai massage and yoga.
- **Specific practices:** individual methods, often usable at home, such as compresses or foot soaking.

Select by dimension • Filter through life • Adapt to constitution

1. **Select by dimension.** In the lower circle, use the endpoint and intermediate dimensions identified in Steps 5–7. In the upper circle, make a broad functional reading of symptom ① or use the relevant adjustment zone on the wheel's reverse. Look first at the method's primary dimension—its direct target—then secondary dimensions affected subsequently.
2. **Filter through real life.** Is it practical, accessible, affordable, acceptable and repeatable often enough? This filter can exclude a method. If it fails, seek a smaller, nearby way of pursuing the same intended effect. Then check ∅ **contraindications** against the person's circumstances. ∅ is a modality restriction; ► identifies an issue requiring professional assessment.
3. **Adapt the method.** Usually this means changing how it is done rather than rejecting it solely because of constitution. Read X **enduring constitution**, ▲ **current direction and capacity**, then adjust four controls.

Professional review first: pregnancy, breastfeeding, young children, very old people and anyone taking regular medicines require assessment before herbs, steaming, hot compresses, strong massage or methods with relevant contraindications. Simply reducing intensity is not enough. While awaiting assessment, restrict activity to ordinary food, sleep and gentle movement.

Control	What changes
Duration	How long
Timing	Time of day and season
Intensity	Temperature, pressure and pace

Control	What changes
Frequency	How often
Counterbalance · Pairing	What accompanies it to offset an unwanted quality

Pairing is a counterbalance, not a fifth control. The source gives warm water alongside steaming as an example intended to avoid excessive dryness.

Direction belongs to **how the method is used**, not permanently to the modality itself. Prolonged herbal steaming may be unsuitable for a Fire constitution; a shorter session or a cooler time may be considered. In the teaching example, a Fire person chilled after rain may benefit from a brief warming approach because it moves ▲ from Cold towards the centre, without overshooting towards Hot or X. Stop once comfortably warm; do not aim for drenching sweat. This example remains subject to professional screening and contraindications.

A method that can be used consistently is more useful to a plan than an idealised method available only rarely.

Overview of the library's labels

Label	Overview
Level	Twelve major approaches and twenty specific practices
Primary dimension	All five dimensions are represented. Some, such as yoga and meditation, have two primary dimensions. Brain is a secondary dimension for many methods, consistent with its relay role in the model.
Location	Many can be done at home; some require a venue or trained practitioner.
Cost	Mostly none or low; a few have high costs.

A method may carry several labels. Appendix G lists each method. Thai massage, for example, is labelled primarily Structure, with secondary Circulation and Brain through relaxing touch.

Panel 3 · Tools to hold

The full thirty-two-modality table includes selection principles, dimensions, constitution-based adaptation, contraindications and intensity by capacity. Request it through [@plearnprai](#) (Appendix D). Record selected methods in the plan's support section.

Panel 4 · What people and families do

Choose no more than two home practices and specify all four controls. If professional review is required for the person's circumstances, obtain it before starting.

Panel 5 · What practitioners add

Traditional practitioners supply expertise in the Thai modalities: manual treatment, herbs, compresses and steaming. The full table provides fields for practice observations, which can be returned to Plearnprai through its LINE OA.

Panel 6 · Where the systems differ

Dimension labels and constitution-based adaptations are Plearnprai's organisation, reviewed by Thai traditional practitioners, with practice observations still being gathered. Inclusion does not establish effectiveness. Some entries have weak evidence. The Thai source cites the Australian NHMRC's **2015** review, which found no condition with reliable evidence of homeopathy's effectiveness. It should not replace necessary treatment.

Boonmee at this step · fictional example

Her endpoint is Circulation and the intermediate dimension is Brain. She can visit the clinic only monthly, so she chooses two accessible home supports without extra cost: warm-oil foot care and morning sunlight. With × Dry, ▲ Light and low capacity, the controls are **gentle, five minutes, before bed, nightly, and mild morning sunlight, fifteen minutes, at 7 a.m., daily**. As she is 78 and takes regular medicine, her practitioner checks the suitability of both first.

Chapter 15 • New balance and follow-up

Reviewing treatment as symptoms and seasons change → one question at the agreed review time.

Panel 1 • What the classical framework says

Traditional practitioners review symptoms, adapt medicines to the person's condition and season, and reduce or stop their treatment when the elements have returned to normal.

Panel 2 • How Plearnprai connects it

At **seven days in the upper circle** or **fourteen days in the lower circle**, first check the daily record: was the plan completed on at least half the days? Then ask: **Compared with day one, is symptom ① better, unchanged or worse?**

Review finding	Next action
Completed on fewer than half the days	Make the action smaller and start a new observation period. Effect cannot yet be judged.
Resolved	Return to constitution-based care; a lower-circle plan must also meet the two-part criterion below.
Better but unresolved, or unchanged, in the upper circle	Follow Chapter 8: criteria 1–2 permit lower-circle entry at day seven; otherwise continue to day fourteen, then enter if unresolved.
Unchanged in the lower circle	Adjust the controls or revisit a secondary pathway (Chapter 11).
Worse, or new red flags	Medical assessment through exit 3

The lower circle uses a **two-part criterion**: symptom ① improves **and the chain improves**. Chain improvement means an intermediate or upstream manifestation changes too—for example, fewer night wakings in Brain. If the main symptom improves while the upstream situation remains unchanged, recurrence remains likely in this model.

At every review, do four things: **check safety; rescore symptoms ①②③; reassess capacity; and return to Step 1 for any new symptom.**

When balance returns, go back to the axis X and its principal daily supports. Recheck when seasons or life circumstances change.

Panel 3 • Tools to hold

Use the plan's fourteen-day tracking strip and the seven-day review box on the wheel's reverse.

Panel 4 • What people and families do

Mark each day honestly, including days when the action was not done. This shows whether the action needs to be made smaller.

Panel 5 • What practitioners add

Read the record rather than relying solely on recall. Adjust the practitioner's own treatment according to the response and help interpret ambiguous outcomes.

Panel 6 • Where the systems differ

Seven and fourteen days are Plearnprai's practical review intervals. Some conditions, such as a Moist pattern with acne and oily skin, may take months to show change; continued follow-up may be needed beyond fourteen days. Any reduction or cessation of medicines remains a professional decision.

Boonmee at this step • fictional example

After fourteen days, she has followed the plan almost daily. Palpitations fall from **6 to 3**. “On days I go to Somjai's, I sleep until five.” “When rain stopped me going, I used the video call.” Both symptom ① and night waking improve, meeting the two-part criterion. She continues for another month before returning to principal Wind-constitution care, with her usual monthly clinic review.

A later habit discussed after day fourteen is consistent sleep and wake timing. As the cool season begins—the Water current in this framework, pushing towards Heavy, Cold and Moist—her practitioner suggests more morning warmth.

Care that grows with a household



Chapter 16 · Roles, families and four life stages

Chapter 17 · Three complete cases, boundaries and red flags

Chapter 16 · Roles, families and four life stages

Age-related origins and local healers → four learning levels and an element-aware community.

Panel 1 · What the classical framework says

Age-related origins associate stages of life with elements (Chapter 4), so members of one household may lean in different directions. Plearnprai also recognises local healers as longstanding holders of knowledge about regional medicines and foods.

Panel 2 · How Plearnprai connects it

Who walks which circle?

People and families can walk the upper circle, Steps 1–4. The lower circle, Steps 5–7, is walked with a guide or traditional practitioner. Someone trained to Level 3 can walk their own lower circle. Traditional practitioners may join at any step and decide questions requiring examination.

A **guide** is a member of the public who has completed Plearnprai Level 3 or above: Level 3, Understanding causes, or Level 4, Sharing knowledge in the community. Guides ask, reflect and record; they do not examine, diagnose, recommend medicines or change doses. They refer red flags and out-of-scope issues to the appropriate professional.

A relative helping at home is not a guide unless trained to Level 3. The plan therefore separates **Family participant** from **Guide/practitioner** signatures.

Role	Responsibilities
Person and family	Describe symptoms, check safety, place ✕ and ▲, answer capacity questions, walk the upper circle, choose a small action, tell the story and record outcomes
Guide · Level 3 or above	Accompany the lower circle; support questions, reflection and records; help read dimensions and pathways; help the person consider a first domino and choose supports; refer when required
Traditional practitioner	May join at every step; performs examinations, confirms axis and direction, holds the full professional framework, writes professional additions and receives referrals
Physician	Examines and treats at the three medical exits; assesses relevant ► issues, including infection, toxins, injury, regular medicines and adverse effects

Four levels of an element-aware community

Plearnprai's community curriculum totals approximately **forty-eight hours**. “Level” describes learning and is kept distinct from care Steps 1–7.

Level	Question it answers	Place in the Care Circles
1 · Know your constitution	Who am I, and what suits me?	Axis
2 · Recognise imbalance	Which way am I leaning now, and what basic support is appropriate?	Upper circle; self-care
3 · Understand causes	Why am I leaning, and where is the first domino?	Lower circle; one's own pathway and beginning to guide others
4 · Share knowledge in the community	Can I independently teach Levels 1–2?	Teach and guide; submit practice cases for professional review before certification

Self-care is Level 2; accompanying others begins at Level 3. Guides must be sound on red flags and referral before doing so.

Scope: guides and community educators explain tools, ask questions, support reflection and keep records. They do not examine, diagnose, name diseases, recommend or adjust medicines, or perform procedures in place of clinicians. The Thai source locates examination, diagnosis and Thai traditional treatment within professional practice under Thailand's **Thai Traditional Medical Professions Act, B.E. 2556 (2013)**.

Families and four household life stages

Children, school-age learners, working-age adults and older people are **household roles**, not the three elemental age stages in Chapter 4. “Opposites guide adjustment” can help relatives understand one another: a Fire-constitution adult prepares a warm, moist meal for a Wind-constitution mother; children read grandparents' cards; working adults understand their parents' sensitivity to cold.

A **family constitution map** places everyone's enduring constitution on one wheel. One home can contain several different needs.

Panel 3 · Tools to hold

The approximately forty-eight-hour curriculum, family constitution map and constitution-adapted meal sets are available through **@plearnprai** (Appendix D).

Panel 4 · What people and families do

Learn independently through Level 2; study Level 3 and above with Plearnprai. Relatives helping at home sign as family participants.

Panel 5 · What practitioners add

Teach Levels 3–4, review community educators' real practice cases, and respect local healers as teachers of regional knowledge.

Panel 6 · Where the systems differ

Traditional therapeutic knowledge has commonly passed from teacher to practitioner-apprentice. Plearnprai also shares the front-of-house portion with the public. That makes the boundary essential: guides and community educators do not examine, diagnose or treat in place of practitioners.

Boonmee at this step · fictional example

She is at Levels 1–2 and walks the lower circle with her practitioner; she does not have to qualify at Level 3 herself. Her Fire-constitution granddaughter completes the screening and understands why she feels hot while Boonmee feels cold. Dinner video calls support Boonmee's action and give the granddaughter a break too.

Somjai is learning Level 3 with an older people's group at the temple. The traditional practitioner at the local primary-care health centre teaches Levels 3–4 and reviews her practice cases.

The person accompanying us through the book

Boonmee is a **fictional 78-year-old** with hypertension who continues her prescribed daily medicine. After her granddaughter moves to Chiang Mai for work in July, she eats dinner alone, wakes during the night, experiences palpitations and feels dizzy on standing.

“I don't know what is happening to me. I don't know where to begin caring for myself.”

Her story connects self-understanding, family participation, professional assessment and follow-up throughout the book. The character and illustration are for learning; they are not a clinical record or prescription.



Boonmee · a fictional teaching character

Chapter 17 · Three complete cases, boundaries and red flags

Three chains: Mind downwards, body upwards, and branching from the gate.

All three cases are **fictional teaching examples**, not patient data. They follow the actual care sequence: Step 4 comes last because it combines Steps 3 and 7.

Case 1 · Boonmee, 78, Wind constitution

Stage	Case detail
Story	Granddaughter moves to Chiang Mai; dinner alone for three months
Axis X	Wind · Dry
1 · Symptoms and safety	Palpitations, dizziness on standing and waking at 2 a.m. Exit 1: heart and blood-pressure assessment and prescriber review of current medicines before tracing a pathway
2 · ▲ and capacity	Light; low capacity
3 · Direction-based support	Towards Heavy: grounding, warmth, moisture and regularity
Branch point	More than four weeks, recurrent, and only slightly better after seven upper-circle days
5 · Endpoint	Circulation; symptom ① is palpitations
6 · Chain	People and relationships → Mind → Brain → Circulation; Mind downwards
7 · First domino and one action	Do not eat dinner alone. At 5 p.m. Monday, Wednesday and Friday, eat at Somjai's; otherwise or when unable to visit, video-call the granddaughter during dinner.
4 · Up to two supports	Warm-oil foot care before bed; fifteen minutes of morning sunlight. Rising slowly is a safety practice and is not counted as a step.
Professional additions	<i>Ya hom</i> if appropriate after assessment; gentle massage at monthly visits; review at fourteen days
Fourteen-day result	Palpitations 6 → 3; fewer night wakings. Better: continue.
Return sooner if	Palpitations become more frequent. Fainting or chest pain: call Thailand's 1669.

Case 2 · A, 34, Wind constitution

Stage	Case detail
Story	Nine to ten hours of screen work daily; neck and shoulder tightness for three months; difficulty sleeping
Axis ×	Wind · Dry
1 · Symptoms and safety	Neck/shoulder pain and poor sleep; no arm numbness or weakness
2 · ▲ and capacity	Dry–Light; medium capacity
3 · Direction-based support	Towards Moist and Heavy: warm compresses and slow stretching
Branch point	More than four weeks
5 · Endpoint	Structure; symptom ① is neck/shoulder pain. Sleep difficulty in Brain is secondary.
6 · Chain	Work and use of the body → Structure, the endpoint → Circulation → Brain; body upwards
7 · One action	Raise the monitor to eye level. Getting up every fifty minutes is saved as the next action after fourteen days.
4 · Up to two supports	Evening warm compress; slow stretching
Professional additions	Thai massage if appropriate after assessment
Fourteen-day result	Less tightness and easier sleep on some nights. Better: begin the next action.
Return sooner if	Arm numbness, weakness or pain radiating down the arm

Case 3 · D, 20, Fire constitution

Stage	Case detail
Story	Student using a phone in bed late at night; pustular acne and constipation
Axis ×	Fire · Hot
1 · Symptoms and safety	Facial pustules, constipation and late sleep; no red flags in the fictional assessment
2 · ▲ and capacity	Moist–Hot; high capacity
3 · Direction-based support	Towards Dry and Cold: in this individual example, stop feeding Moist through sweets, milk and fried food; do not add heat
Branch point	Three recurrences in three months

Stage	Case detail
5 · Endpoint	Vitality; symptom ① is pustular acne with constipation, interpreted in the model as delayed clearance
6 · Chain	Screens → Brain → Vitality; branching from the gate
7 · One action	Charge the phone outside the bedroom. If it is 11:30 p.m., put it on that charger. Once sustainable, advance by fifteen minutes at a time towards 10 p.m. (Chapter 4).
4 · Up to two supports	Vegetables and plain water with dinner; movement until comfortably warm with slight perspiration in a cooler morning or evening period, followed by bathing
Professional additions	As appropriate after assessment
Fourteen-day result	Constipation improves; acne is unchanged. Moist-pattern skin changes are slower: continue follow-up over months.
Return sooner if	Painful inflammatory nodules, rapidly spreading inflammation or fever

What the three patterns show

Mind downwards: loneliness enters Mind from relationships, passes through Brain and appears as palpitations in Circulation.

Body upwards: bodily use enters Structure. A's primary symptom remains neck/shoulder pain; later sleep difficulty is a Brain clue, not a reason to change symptom ① halfway through the review period.

Branching from the gate: screens or timing first affect Brain, then several dimensions. In D's working explanation, late phone use links to bowel and skin disturbance.

Other patterns include spreading retention, a frame becoming a cause, body–Mind–body loops, depleted reserves and weak movement (Chapter 11).

Food, sleep, movement and companionship are familiar practices recommended in several traditions. Plearnprai changes **who walks the circle and in what sequence**. Each first-domino action is a life change, not a medicine. In these three examples, direction also lies in the person's constitutional half of the wheel. This is an unresearched practice observation, not a demonstrated general rule.

Boundaries

Issue	Boundary
No front-of-house diagnosis	The same symptom may be a disease requiring treatment; the tools do not name diseases.

Issue	Boundary
Mimics	Anaemia, thyroid disease, sleep apnoea, depression and medicine effects can resemble an elemental pattern. Professional screening comes before believing a pathway.
Regular medicines	Ask every time. Dizziness, drowsiness, constipation or palpitations may be adverse effects. Medicines always belong in ㊦. Consult the prescriber or pharmacist; guides and traditional practitioners do not adjust conventional prescriptions.
Pregnancy, breastfeeding, young children, very old people and regular medicines	Professional review before herbs, steaming, hot compresses, strong massage or restricted modalities. Independent care is limited to ordinary food, sleep and gentle movement. The source specifically excludes steaming, hot abdominal/back compresses, abdominal massage and self-selected herbs in pregnancy.
Localised symptoms	A focal pain, lump, wound or one-sided swelling requires examination, not a direction reading alone.
Reading errors	Floating Fire needs replenishment before forceful cooling; Hot, Dry and Heavy can cancel at the centre. Dry skin with bodily swelling may show opposing poles together and warrants reassessment; actual swelling requires medical assessment first.

Red flags · the same set as Chapter 5

The following reproduces the Thai edition's safety framework and Thai service numbers.

Tier 1 · Emergency: call Thailand's 1669 immediately

- Difficulty breathing, breathlessness, blue or dusky colour, or abnormally rapid breathing.
- Altered awareness, confusion, unusual drowsiness or inability to wake.
- Sudden severe pain, such as the worst pain ever; serious injury or uncontrolled bleeding.
- Fever above 39°C, or an infant's fever above 38°C, as listed in the source's emergency tier.
- Stroke-like symptoms: facial droop; one-sided weakness or numbness; slurred speech; sudden blurred or double vision; sudden severe headache; dizziness so severe that standing or walking is impossible.
- Heart-attack-like symptoms: chest pressure or pain radiating to an arm, jaw or back; sweating and breathlessness; palpitations with near-fainting.
- Unconsciousness, seizure or unexplained fainting.
- Vomiting blood, bloody or black stools, or coughing blood.
- Thoughts of self-harm or wanting to die: do not leave the person alone; contact Thailand's mental-health hotline 1323. If danger is immediate, call 1669.

Tier 2 · Seek prompt medical assessment before self-care

- Possible cancer warning signs: unintentional weight loss, a lump, a non-healing wound, unusual bleeding, persistent cough or hoarseness, difficulty swallowing or a sustained change in bowel habits.
- Severe low mood or loss of interest on most days for more than two weeks that prevents normal life or work; or unusually elevated/agitated mood, little sleep without fatigue and excessive spending.
- Palpitations, dizziness or near-fainting in an older person: assess the heart and blood pressure first.
- Fever for several days, one-sided leg swelling, or swelling with breathlessness that prevents lying flat.
- Earlier assessment when symptomatic for pregnant or breastfeeding people, infants under one year, young children with fever, people over seventy, older people after a fall, and those with immunosuppression or chronic disease.

Red flags may indicate life-threatening disease. They differ from **more than four weeks without prior assessment**, which calls for a basic medical assessment before lower-circle work but is not itself an emergency. **If uncertain, refer.**

The three exits remain: **1**, red flags at Step 1; **2**, the unassessed problem beyond four weeks at the lower-circle entrance; **3**, deterioration or new red flags at review.

What remains unproven

- The first-domino rule is a practice observation, not a researched finding.
- Line thickness counts causes on the five-dimension cards; it does not grade evidence.
- The pairing of classical ideas and tools is Plearnprai's arrangement, reviewed by Thai traditional practitioners, but its outcomes have not been formally studied.
- Time thresholds and review intervals are practical conventions, not validated cut-offs.

Closing words

Elements, origins, causes, medicinal tastes and things to avoid are old knowledge. Asking about capacity before prescribing is old knowledge. What is new here is placing them in one circle and putting that circle into the person's own hands—with the practitioner still standing alongside at every step.

APPENDICES A–H

Tools and knowledge to return to



Terminology · Classical connections · Tools and plan
References · Capacity · Modalities · Glossary

Appendix A · Thai traditional medicine ↔ Plearnprai

These paired terms help communication; they are not exact synonyms. Consult panel 6 of the relevant chapter. **Close** means sufficiently similar for discussion; **condensed** means a less detailed public-facing version; **different method** means a related concern reached or used differently. X is enduring constitution; ▲ is current direction.

Thai traditional framework	Plearnprai term	Relationship	Chapter
Governing element, <i>that chao ruean</i>	Enduring constitution X; constitution card	Different method	3
Four elements; Earth gives form	Earth = body; Wind, Fire and Water = axis	Condensed	3
Elemental aggravation	▲ moves outward towards that element	Condensed	6
Elemental depletion	▲ appears on the opposing side	Condensed	6
Elemental impairment	Beyond the self-care circle; traditional or conventional assessment, with red flags referred medically—not automatic hospitalisation	Condensed	6
Elemental strength	Low, medium and high capacity	Condensed	6
Element-related origin	Axis and frame	Condensed	3–4
Season-, age-, time- and place-related origins	Time wheels for day, year and life; frame; LifeBoxes 3 and 4	Condensed	4
History and presenting symptom	Step 1, listening to body and mind; symptom ①; its lower-circle dimension is the endpoint	Close	5, 9
Medicinal tastes by element	Opposites guide adjustment; six culinary tastes and four adjustment areas, with Chapter 7's revised three-part labels	Condensed	7
Aggravating foods and behaviours	Constitution-card cautions; interrupting causes	Close	3, 7, 12
Recent and longstanding disease	Upper/lower circles and branch-point timing	Different method	8
Forty-two bodily components	Five dimensions	Condensed	9, B
Eight causes of disease	Six-plus-one LifeBoxes and seven foundations	Condensed, with additions	10, C
First site of disease	First domino	Different method	11

Thai traditional framework	Plearnprai term	Relationship	Chapter
Wind as carrier	Circulation as relay	Condensed	11
Avoiding causes	Stop, avoid or change, one habit step at a time	Close	12
Principal, supporting and complementary ingredients	Cause interruption, supports and professional additions in one plan	Different method; structural analogy only	13
Manual treatment, herbs and constitution-based food	Modality-selection process and thirty-two-modality library	Different method	14
Review and seasonal treatment adjustment	New balance; one review question	Close	15
Dhammanamai	Plearnprai's aim and the part people hold themselves	Close	1

Appendix B • Forty-two components ↔ five dimensions

This table supports Step 5 (Chapter 9). It lets traditional practitioners translate between familiar bodily components and the five functional dimensions used by people and guides.

Assign by function: Structure bears weight and moves; Vitality takes in, digests, uses reserves, repairs, clears waste and warms; Circulation moves, delivers and connects throughout the body, including breathing; Brain receives, processes and keeps time; Mind receives, gives, carries and lets go. A second dimension is a pathway clue, not a reason to replace the endpoint: the endpoint always belongs to symptom ①. All six Winds are assigned to Circulation; all four Fires to Vitality. Location alone does not decide the dimension.

The source follows Thai traditional textbook usage in naming **vakkang as spleen** and **pihākung as kidney**, which differs from some Buddhist canonical translations. The classical terms below are romanised from the Thai edition; they are retained as traditional terminology, not equated uncritically with modern anatomy.

Earth • twenty components

N o.	Component	Classical term	Main dimension	Secondary clue or note
1	Hair of the head	Kesa	Structure	Loss or early greying may point to Vitality: reserves and repair.
2	Body hair	Loma	Structure	—
3	Nails	Nakha	Structure	Brittleness may point to Vitality.
4	Teeth	Danta	Structure	First stage of intake, linking to Vitality
5	Skin	Taco	Structure	Dryness, oiliness and rash can help read wheel direction.
6	Flesh	Mangsang	Structure	—
7	Tendons/ <i>sen</i>	Naharu	Structure	Numbness, tension and hardened <i>sen</i> often suggest a Circulation pathway.
8	Bones	Atthi	Structure	—
9	Marrow	Atthiminchang	Vitality	Repair and blood formation
10	Spleen, in the source's terminology	Vakkang	Vitality	Immune function and blood; secondary Circulation
11	Heart	Hatayang	Circulation	Also a seat of mind in the traditional framework: Mind clue
12	Liver	Yakanang	Vitality	Reserves, digestion and elimination

N o.	Component	Classical term	Main dimension	Secondary clue or note
13	Membranes/fascia	Kilomakang	Structure	—
14	Kidney, in the source's terminology	Pihākang	Vitality	Elimination; secondary Circulation through fluids
15	Lungs	Papphasang	Circulation	Breathing belongs to Circulation.
16	Large intestine	Antang	Vitality	Elimination
17	Small intestine	Antakhunang	Vitality	Digestion and absorption
18	Newly taken food	Uthariyang	Vitality	Intake
19	Old food/faecal matter	Karisang	Vitality	Elimination and retention
20	Brain substance	Matthakematthalungkhāng	Brain	—

Water · twelve components

N o.	Component	Classical term	Main dimension	Secondary clue or note
21	Bile	Pittang	Vitality	Digestion; traditional texts also connect disturbed bile with mental manifestations.
22	Phlegm	Semhang	Vitality	Retained material; secondary Circulation through the airways
23	Pus	Puppho	Vitality	Repair and immune function; substantial pus requires ► assessment.
24	Blood	Lohitang	Circulation	—
25	Sweat	Setho	Vitality	Elimination; secondary Circulation through heat dissipation
26	Solid fat	Metho	Vitality	Reserves
27	Tears	Assu	Structure	Lubricates the eyes; easy crying or inability to cry may be a Mind clue.
28	Liquid fat	Wasa	Vitality	Reserves
29	Saliva	Khelo	Vitality	Intake and digestion
30	Nasal mucus	Singkhanika	Circulation	Airways; secondary Vitality through elimination
31	Joint fluid	Lasika	Structure	Stiff or clicking joints
32	Urine	Muttang	Vitality	Elimination

Wind · six components

N o.	Component	Classical term	Main dimension	Secondary clue or note
33	Upward-moving Wind	Utthangkhama wata	Circulation	Feet towards head; dizziness, near-fainting, belching and nausea; secondary Brain
34	Downward-moving Wind	Athokhama wata	Circulation	Head towards feet; carries waste down and out. Prolonged suppression disturbs it; Vitality elimination clue.
35	Abdominal Wind outside the bowel	Kucchisaya wata	Circulation	Connects and moves abdominal organs; bloating/fullness after prolonged sitting or travel
36	Wind within the bowel	Kotthasaya wata	Circulation	Bowel movement; constipation from obstructed movement that improves with activity
37	Wind throughout the body	Angkhamangkhanusari wata	Circulation	Movement links to Structure; perception to Brain.
38	Inward and outward breath	Assasa-passasa wata	Circulation	A lever reaching back towards Brain and Mind

Fire · four components

N o.	Component	Classical term	Main dimension	Secondary clue or note
39	Body-warming Fire	Santappakkhi	Vitality	Warmth, cold extremities and temperature sensitivity; weakness can affect Circulation.
40	Fire producing heat and agitation	Parithaiyakkhi	Vitality	Restlessness; secondary Brain and Mind
41	Ageing Fire	Chiranakkhi	Vitality	Reserves used faster than repair
42	Digestive Fire	Parinamakkhi	Vitality	Digestion

Counts in Plearnprai's mapping

Dimension	Earth	Water	Wind	Fire	Total
Structure	9	2	0	0	11
Vitality	8	8	0	4	20
Circulation	2	2	6	0	10
Brain	1	0	0	0	1

Dimension	Earth	Water	Wind	Fire	Total
Mind	0	0	0	0	0
Total	20	12	6	4	42

Vitality receives the largest number because the forty-two components describe internal organs and fluids in detail, corresponding to intake, digestion, repair and elimination. Wind represents movement and connection even in the abdomen and bowel; Fire represents digestion, metabolism and warmth. Weak Vitality may impair Circulation. Circulation is therefore a carrier and relay, not merely a receiving basin.

Brain has only one explicit component, brain substance; other functions reach it through Wind, matching Plearnprai's phrase "Brain works through Wind." Mind appears indirectly through heart, bile, tears and agitating Fire. Thai traditional care addresses Mind through sorrow, anger, *cittanamai* and some Wind disorders. Plearnprai's further expansion is its own addition.

Reducing forty-two components to five dimensions makes a memorable front-of-house tool. Practitioners retain the full forty-two-component framework in the professional background.

Appendix C · Eight causes ↔ six-plus-one LifeBoxes

For Steps 6–7 (Chapters 10–12), trace backwards from the affected dimension to an external LifeBox. This table links the eight causes in *That Wiphang* to those boxes and the seven daily foundations: **Sleep, Rest, Breathing, Mind, Intake, Water and Movement.**

LifeBoxes and their main entry points

Box	Name	First dimension affected	Note
1	People and relationships	Mind	A frequently observed starting point in Plearnprai practice
2	Screens, light, sound and information	Brain	Modern exposures
3	Work and social timing	Brain	Sleep, meal and bowel timing
4	Air and surroundings	Circulation; secondary Structure	Heat, cold, humidity, wind and accommodation
5	Work and use of the body	Structure	Posture, lifting and prolonged sitting
6	What is eaten, drunk, inhaled or applied	Vitality	Includes substances and inhalants. Regular medicines go in 7.
7	Infection, toxins, injury, medicine effects and regular medicines	Vitality or Structure in this mapping; professionally assessed	Do not walk independently through the lower circle. Take medicines to the prescriber or pharmacist.
Axis and frame	Constitution X; age, season, time, place and history	The surrounding container, not another box	Shapes how strongly the same cause affects different people

Eight causes → boxes, foundations and dimensions

Classical cause	LifeBox	Daily foundation	First dimension	Plearnprai reading
1 · Food	6	Intake, Water	Vitality	Too much, too little, wrong type or timing; expanded to all bodily intake
2 · Posture/activity	5	Movement, Rest	Structure	Use, rest and posture

Classical cause	LifeBox	Daily foundation	First dimension	Plearnprai reading
3 · Heat and cold	4	—	Circulation	Related to seasonal origin; difficulty adapting to temperature
4 · No food, water or sleep	6 and 3	Intake, Water, Sleep	Vitality and Brain	Lack in three foundations; sleep loss enters Brain then Vitality through insufficient repair
5 · Suppressing stool or urine	3	—	Circulation; secondary Vitality	Obstructs outward flow, consistent with downward Wind. Retention follows in Vitality; work timing may prevent toilet access.
6 · Work beyond capacity	5, 3 and 2	Rest	Structure and Brain	Includes muscles, screens, vision and mental work; reason for the separate Rest foundation
7 · Sorrow and grief	1	Mind	Mind	Carrying without being able to set down; downward Mind-to-body routes
8 · Anger	1	Mind	Mind	Receiving and expressing in a harmful direction; Fire rises through Brain towards Vitality

Additions not listed separately in the classical eight

Plearnprai addition	Relationship to the source framework
Box 2 · Screens, light, sound and information	Closest to work beyond capacity, but explicitly added for modern circumstances
■ · Infection, toxins, injury and medicines	Outside the eight causes; treated as other disease groups in traditional practice; always professional assessment
Breathing foundation	No direct cause in the list, though breath is one of six Winds; a readily available lever in Plearnprai's model

Plearnprai addition	Relationship to the source framework
People and relationships	Expands sorrow and anger to love, caring for others and loneliness. The expansion is Plearnprai's own.

Five origins on the pathway map

Origin	Map location	Use at Step 6
Element-related	Axis X and frame	Chains may lean with constitution: an unresearched practice observation.
Age-related	Frame: life stage	In the Wind stage, more evident after roughly 48–60 years in this account, reduced reserves and slower repair suggest smaller, gentler actions.
Season-related	Box 4: air	Seasonal worsening is a clue to this box.
Time-related	Box 3: timing	The same hour of symptoms can point to Brain's clock.
Place-related	Box 4: surroundings	Ask about moving home, work or region: what changed before onset?

Boonmee on these tables • fictional example

Palpitations connect heart to Circulation; dizziness on standing connects upward Wind to Circulation; night waking connects timing to Brain; cold extremities connect weak warming Fire to Vitality and then Circulation. Symptom ① remains palpitations, so the endpoint is Circulation.

The proposed cause is sorrow, classical cause 7, in People and relationships. Wind constitution and Wind life stage shape the route rather than cause it. The traditional reading is “Wind aggravation from sorrow, on a Wind constitution in the Wind stage of life.”

Appendix D • Tools, blank plan and contact

Tools are listed in Care Circle order. Unless another location is shown, request them through **Plearnprai LINE OA @plearnprai**. “Pilot” means used in Plearnprai's pilot groups and available on request; “Available” means publicly accessible in the Thai source edition. The list does not imply that every separate tool already has an English edition.

Tool	Step	User	Source status / location
Health Blueprint: online screening through LINE, twenty questions about characteristics since childhood, giving a preliminary result among seven constitutions	Axis	Person	Available · LINE OA
My Constitution Card, A5 front and back	Axis	Person	Pilot · LINE OA
Element wheel layers and three time wheels: day, year, life	Axis, 2	Practitioner/guide	Pilot · LINE OA
Six-pole symptom wheel, front, for ▲	1–2	Person	Pilot · LINE OA
Three capacity questions	2	Person/guide	Pilot · Appendix F
Symptom wheel reverse: “Opposites guide adjustment”	3	Person	Pilot · LINE OA
Self-care library: six poles × four areas	3	Guide/practitioner	Pilot · LINE OA
Two circles around one axis; branch-point criteria	All / branch	Guide/practitioner	Pilot · LINE OA
Five-dimension cause cards and seven-foundation checklist	5–6	Guide/practitioner	Pilot · LINE OA
Professional four-by-three table: Intake, Release, Use, Rest × excess, lack, mismatch	6	Practitioner	Pilot · LINE OA
Twenty-direction pathway map, print and interactive webpage	6	Guide/practitioner	Pilot · LINE OA
My Pathway Map	5–7	Person with guide	Pilot · LINE OA

Tool	Step	User	Source status / location
One-page personal health plan	4 / review	Person/practitioner	Pilot · blank English form follows
Full thirty-two-modality table	4	Guide/practitioner	Pilot · names in Appendix G
Element-aware community curriculum: four levels, approximately forty-eight hours	All	Learner	Pilot · LINE OA
Family constitution map and adapted meal sets	Axis, 3	Family	Pilot · LINE OA
Plearnprai library: free online textbooks and audiobooks	All	Everyone	Available · library.plearnprai.org
YouTube: Plearnprai, the Neighbourhood Doctor	All	Everyone	Available · youtube.com/@plearnprai

The symptom ①②③ and safety fields belong at the top of the health plan, not in a separate tool.

Contact Plearnprai

LINE OA: @plearnprai — request tools, send professional comments and ask questions. The free library and YouTube channel are linked above. When submitting feedback, specify the chapter or table row so the next edition can be revised accurately.



MY PERSONAL HEALTH PLAN

One axis · Two circles · One plan · Plearnprai

Blank working form · English edition

PERSON AND PARTICIPANTS

Name: _____ Age: _____
Family participant: _____
Guide/practitioner / contact: _____

SAFETY FIRST · STEP 1

Red flags checked: Yes / No Date: _____

Red flags → medical assessment first.

Thailand: emergency 1669 · mental health 1323

AXIS · WHO I AM

Constitution X: _____
Things to avoid: _____
Daily support: _____
Start date: _____ Review date: _____

1-3 · UPPER CIRCLE

① _____ Score __/10
② _____ ③ _____ Scores __
▲ _____ Capacity: low / medium / high
Direction-based support: _____

5-7 · LOWER CIRCLE · WITH A GUIDE OR PRACTITIONER

Criterion: >4 weeks / ≥3 recurrences in 3 months / unresolved after 14 days

Endpoint: _____ My pathway: _____

First domino: _____ Dimensions reached: _____

4 · ONE PLAN · INTERRUPT ONE CAUSE + ADD NO MORE THAN TWO SUPPORTS

ONE CAUSE-INTERRUPTING STEP · IF-THEN

If _____ then _____
Alternative if-then: _____

SUPPORT · TARGET · DURATION · TIMING · INTENSITY · FREQUENCY

1 _____
2 _____

Safety practices: _____

Check X, ▲, capacity and cautions · Confident on 5/7 days? · Keep prescribed medicines.

PROFESSIONAL ADDITIONS · AFTER ASSESSMENT

Treatment / instructions: _____

Practitioner signature: _____ Date: _____

FOLLOW-UP · MARK EACH DAY HONESTLY

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14
One action														
Support 1														
Support 2														
① /10														

REVIEW AT 7 / 14 DAYS · COMPARE SYMPTOM ① WITH DAY ONE

Less than half completed → make smaller and restart; effect not yet judged.

Better → continue · Same → review route / controls · Worse / red flags → seek care

What I noticed: _____

Outcome / next action: _____

Lower circle: check both symptom ① and the chain. New symptoms return to Step 1.

Appendix E • Classical texts and references

Classical Thai sources are separated from Plearnprai's working documents. Titles below are English descriptions or romanisations of the Thai edition's references; the source does not supply editions or page numbers for every item.

E.1 • Classical texts and textbooks

- **Royal Medical Textbook of King Rama V** (*Tamra Vejjasat Chabap Luang, Ratchakan Thi 5*), a collection of Thai traditional medical texts. This book cites *Samutthan Winitchai* on origins; *Roganidana* and *That Wiphang* on the forty-two components, elemental impairment and causes; *Pathom Chinda* on governing elements; and *Chawadan* on Wind.
- **Vejjasueksa**, in *Phaetthayasat Songkhro*: the four essentials of medicine and origins of disease.
- **Thai traditional medicine and pharmacy teaching texts**: the eight causes, nine medicinal tastes, principal taste groups, formula composition and Dhammanamai, as taught in Thai traditional curricula.

Other cited documents

- National Health and Medical Research Council. **NHMRC Information Paper: Evidence on the effectiveness of homeopathy for treating health conditions**. Canberra: NHMRC; 2015. Cited in Chapter 14.
- **Thai Traditional Medical Professions Act, B.E. 2556 (2013)**. Cited in Chapter 16.

E.2 • Principles and their sources

Principle	Attribution in the Thai edition	Chapter
Four essentials of medicine	<i>Vejjasueksa</i>	2, 11
Five origins	<i>Vejjasueksa; Samutthan Winitchai</i>	2, 4
Dhammanamai	Thai traditional teaching texts	1
Tri-dosa: Wind, bile and phlegm	Thai traditional practice	3
Governing element from birth month	<i>Pathom Chinda</i>	2, 3
Constitutional characteristics	Thai teaching texts; Plearnprai connects them with Ayurveda's reading of innate nature	3
Like increases like; aggravating substances	Ayurveda and Thai traditional avoidance principles	3
Age, season, time and place origins	<i>Samutthan Winitchai</i> ; arranged as time wheels by Plearnprai	4

Principle	Attribution in the Thai edition	Chapter
Lunar seasonal boundaries; three-, four- and six-season systems	<i>Samutthan Winitchai</i> ; Plearnprai uses three seasons by solar-calendar months	4
Seasonal tastes: hot season bitter/cool/bland; rains pungent-hot; cool season sour	Thai pharmacy texts	4, 7
Wind features more evident after approximately 48–60	Plearnprai observation	4
History-taking sequence	Thai traditional practice	5
Aggravation, depletion, impairment and elemental strength	<i>Roganidana, That Wiphang</i> ; interpreted through ▲ by Plearnprai	6
Floating Fire and deficiency before excess	Chinese medicine	6
Cold–Hot and Dry–Moist pairs	Chinese medicine; compared with wheel axes by Plearnprai	2, 3
Nine medicinal tastes, bland taste, elemental tastes, three principal tastes and formula groups	Thai pharmacy texts; wheel arrangement and revised food labels by Plearnprai	7
Recent/longstanding and easier/harder-to-treat disease	<i>Vejjasueksa</i>	8
Prolonged illness often involves deficiency	Chinese medicine	8
Forty-two components; vakkang as spleen, pihākang as kidney	<i>Roganidana, That Wiphang</i> , following Thai textbook usage	9, B
Six Winds in Circulation; four Fires in Vitality	Plearnprai's functional mapping	9, B
Heart as seat of mind; disturbed bile and mental manifestations	Thai traditional practice	B
Mental care through causes, cittanamai and some Wind disorders	Thai traditional practice	B
“Brain works through Wind”	Plearnprai wording, not a classical quotation	B
Eight causes and avoiding causes	<i>That Wiphang</i> and Thai medicine teaching texts	10, 12, C

Principle	Attribution in the Thai edition	Chapter
Suppression of stool/urine assigned to Circulation	Plearnprai arrangement	C
Wind as carrier	<i>Chawadan</i>	11
Disturbance passing between elements	Thai traditional practice	11
If-then plans	Behaviour-change psychology, not a Thai classical principle	11, 12
Remove the cause; seek the root	Ayurveda and Chinese medicine, compared with Thai avoidance of causes	12
Principal, supporting, complementary and flavouring ingredients	Thai pharmacy formula principles	13
Select by element, age and capacity; massage/compress contraindications	Thai practice and manual-treatment texts	14
Seasonal medicine adjustment and reduction when balance returns	Thai traditional practice	15
Teacher-to-apprentice transmission	Thai traditional lineage practice	16
Legal professional boundaries	Thai Traditional Medical Professions Act, 2013	16
Pregnancy restrictions on steaming, hot compresses, abdominal massage and herbs	Thai practice, compiled by Plearnprai	17
Dry skin with swelling as a reading error	Plearnprai arrangement	17

E.3 · Plearnprai working documents

These are identified as Plearnprai documents, not classical texts. Request them through [@plearnprai](#); published items are at [the Plearnprai library](#).

Document, translated title	Content	Chapter
Two Care Circles around One Axis	Upper/lower circles, branch point and three medical exits	2, 8
Plearnprai's Whole-Person View in One Picture; The Basin of Life	Aims and metaphors	1

Document, translated title	Content	Chapter
Element Wheel Theory: Existing Knowledge Reorganised	Wheel layers, elemental qualities and taste geometry	3, 4, 6, 7
My Constitution Card	A5 constitution card	3
Symptom Element Wheel	Six-pole wheel, front and reverse	5–7
Cause Enquiry and Seven Foundations; Five-Dimension Cause Cards	LifeBoxes, daily foundations and memory cues	10, C
Connecting Cause Pathways; Cause Pathway Library	Twenty-direction network and chain patterns	11
My Pathway Map	Guided pathway worksheet	11–12
Thirty-Two Modalities: Labels Connecting the Plearnprai System	Selection, dimension labels and constitutional adaptation	14, G
Four Levels of an Element-Aware Community	Four-level curriculum	16

The revised Chapter 7 also directs readers to **Eating with the Element Wheel, draft 1.4**, Chapters 2–3 and Appendix A, and **Canon Volume 0, cards 04 and 10**.

Send comments through [@plearnprai](#), identifying the chapter or table row. The translation preserves the original source attributions; it does not constitute a new verification of their clinical claims.

Appendix F • Three capacity questions

Step 2, Chapter 6. Capacity guides the intensity of adjustment, not a medicine dose.

Capacity means the body's readiness to receive care. Plearnprai condenses the traditional concept of elemental strength into three physical questions, deliberately independent of direction: they do not ask about digestion or heat tolerance, which could depend on constitution. They take less than a minute and can be repeated at each review.

Over the past two weeks, has this been true?

1. **Daily activity:** I can perform my usual walking, stairs and household work without stopping midway to rest.
2. **Recovery from exertion:** After exertion or hard work, one night's sleep restores me.
3. **Recovery from illness:** I am seldom ill and recover about as quickly as others, rather than becoming ill more often or taking longer to recover.

Yes answers	Capacity
3	High
2	Medium
0–1	Low

Question 1 compares the person with **their own usual functioning**, not with other people, making it usable in later life. If uncertain between levels, use the lower one.

Illustrative intensity by capacity

The source presents the following practical starting points. Suitability and contraindications must still be checked; higher capacity does not make a contraindicated method safe. Minute ranges are **Plearnprai conventions, not clinical thresholds**.

Area	Low	Medium	High
Food	Small, warm, digestible, regular meals; no fasting or “detox”	Usual meal size; adapt tastes and warming/cooling qualities to direction	Direction-based food adjustment across meals, within individual restrictions
Physical activity	Slow walking or gentle stretches, 5–10 minutes	Brisk walking, stretching or <i>ruesi dat ton</i> , 20–30 minutes	Activity to slight perspiration, 30–45 minutes, with rest days
Senses/environment	Comfortably warm foot soak or compress, no more than 15 minutes; no intense heat	Compress or herbal steaming, 15–20 minutes if appropriate	Compress or herbal steaming, 20–30 minutes if appropriate

Area	Low	Medium	High
Mind	Slow breathing, 3–5 minutes; familiar company	Quiet sitting, 10–15 minutes; write about unresolved concerns	Sustained practice, 20–30 minutes; try something new

Use the more cautious level when

- Recently ill, convalescing or short of sleep for several nights: use **low**.
- The pattern gives conflicting or mixed signals, such as episodic heat with dryness and fatigue: no higher than medium, no forceful methods, and ask a traditional practitioner to reassess.
- Uncertain: begin lower and increase only after a favourable review.
- Pregnant, breastfeeding, very young, very old or taking regular medicines: obtain professional assessment before steaming, hot compresses, strong massage or herbal medicines.

Source: Plearnprai's *Symptom Element Wheel*, capacity and intensity section.

Appendix G • The thirty-two-modality library

Step 4, Chapter 14. Grouped by the primary dimension in Plearnprai's model.

The library brings together Thai, Chinese, Ayurvedic, conventional and modern approaches, used independently where appropriate or through qualified practitioners. It contains **twelve major approaches** and **twenty specific practices**. Follow Chapter 14: **select by dimension, filter through life, adapt to constitution**.

Primary/secondary describes Plearnprai's proposed direct and subsequent effects, including the route in parentheses. These labels reproduce the source's framework and are **not evidence grades or proof of effectiveness**. A **small nearby version** is a more accessible practice pursuing a similar purpose; it is not necessarily equivalent to the full professional treatment. ∅ indicates exclusions or the need for professional review. Do not infer safety from a home example alone.

Structure • six entries

1 • Thai massage

Thai traditional medicine • major approach. Primary: Structure—muscles, fascia and joints. Secondary: Circulation along *sen* and Brain through relaxing touch and reduced arousal. **Where/who:** clinic or community; trained practitioner. **Small version:** self-massage with hands or a ball; neck and shoulder stretches at home. ∅: fever, fracture or severe osteoporosis, a painful red swollen leg on one side (possible clot), wounds or infected rash, recent surgery, severely uncontrolled blood pressure. Pregnancy requires specific expertise.

2 • Herbal compress

Thai traditional medicine • specific practice. Primary: Structure through warmth and herbs; secondary Circulation through local blood flow and Brain through relaxing aroma. **Where/who:** home after learning preparation and steaming. **Small version:** comfortably warm towel or hot-water bottle. ∅: no heat on a new injury in its first 24–48 hours; open wounds; reduced heat sensation or diabetic neuropathy, with burn risk; herb allergy.

3 • Tok sen

Lanna Thai traditional medicine • specific practice. Primary: Structure through rhythmic percussion of muscles and tendons. Secondary: Circulation along *sen*; Brain through a steady rhythm. **Where/who:** practitioner venue or community. **Small version:** gentle tapping with a loose fist or massage ball. ∅: osteoporosis, pregnancy, recent surgery and medicines affecting clotting.

4 • Physiotherapy

Conventional medicine • major approach. Primary: Structure—posture, muscle strength and joint use. Secondary: Circulation and endurance through movement. **Where/who:** professional assessment followed by home practice. **Small version:** exercises specifically taught by the physiotherapist, done regularly. ∅: radiating leg pain, numbness, weakness or loss of bladder/bowel control require medical assessment first.

5 • Joint/spinal manipulation

Chiropractic/osteopathic and related systems • specific practice in this library. Primary: Structure—joint alignment and movement; no secondary dimension listed. **Where/who:** appropriately licensed professional only. **Small version:** self-stretching and suitable sitting/sleeping positions, not self-manipulation. **⚠:** osteoporosis, bone cancer or infection, and medicines affecting clotting. Cervical manipulation carries vascular risk.

6 • Yoga / Manee Vej

Ayurveda and modern Thai traditional practice • major approach. Primary: Structure through posture and flexibility, and Circulation through breathing and movement. Secondary: Brain through attention, Mind through awareness, Vitality through the source's proposed digestive effects of bending/twisting. **Where/who:** learn with a group or teacher, then practise at home. **Small version:** a few brief morning postures. **⚠:** pregnancy; avoid head-down positions with hypertension or glaucoma, forceful flexion/twisting with osteoporosis, and unsuitable practice after surgery.

Vitality • five entries

7 • Vitality-supporting food

Several integrated traditions • major approach. Primary: Vitality—intake, digestion, elimination and repair materials. Secondary: Circulation through fluids, blood and energy; Brain through gut–brain links and steadier blood sugar. **Where/who:** home and market; self-preparation. **Small version:** change one meal, beginning with one under your control. **⚠:** kidney disease, diabetes or warfarin use require food adjustment with the treating professional.

8 • Food and herbs for balance

Thai traditional medicine and Ayurveda • major approach. Primary: Vitality—digestive Fire, elimination and elemental adjustment. Secondary: Circulation through warming/cooling qualities. **Where/who:** home or herbal supplier, with instruction and professional checks where required. **Small version in the source:** familiar kitchen drinks using ginger, lemongrass or pandan. **⚠:** pregnancy, breastfeeding, regular medicines including anticoagulant, diabetes or blood-pressure treatment, liver/kidney disease, and the two weeks before surgery. Consult an expert before prolonged use.

9 • Gut-support practices

Functional medicine • specific practice. Primary: Vitality—bowel function and elimination. Secondary: Brain through gut–brain links and Mind through gut-associated emotions. **Where/who:** home after instruction. **Small version:** vegetables and water, and ending late meals. **⚠:** bloody or black stools or unintentional weight loss require medical assessment. Do not perform colon cleansing yourself.

10 • Antioxidant-rich foods

Several traditions • specific practice. Primary: Vitality—repair materials and the source's proposed inflammatory effects. Secondary: Circulation and blood vessels. **Where/who:** home/market, self-prepared. **Small version:** local seasonal fruit and vegetables. **⚠:** kidney disease may require

potassium restrictions; with warfarin, avoid abrupt large changes in leafy-green intake and follow professional advice.

11 • Homeopathy

Homeopathy • major approach in the source's classification. Labelled Vitality; no secondary dimension. **Where/who:** practitioner venue. No small home version is listed. **Evidence caution:** the source describes uncertain evidence and large reviews finding no difference from placebo. Do not substitute it for necessary treatment or stop regular medicines. Inclusion in this library does not endorse efficacy.

Circulation • seven entries

12 • Thai herbal steaming

Thai traditional medicine • specific practice. Primary: Circulation through warmth, sweating and the source's airway rationale. Secondary: Structure through muscle relaxation and Brain through aroma.

Where/who: supervised practitioner venue. **Small versions listed in the source:** herbal steam from a bowl or a warm herbal bath; these remain subject to the heat and safety checks, not instructions to use hot steam unsupervised. **⚠:** uncontrolled hypertension, heart disease, pregnancy, fever, immediately after a full meal or alcohol, epilepsy, frailty in older people.

13 • Herbal foot soaking

Thai traditional medicine • specific practice. Primary: Circulation and warm extremities. Secondary: Brain through bedtime relaxation. **Where/who:** home where appropriate. **Small version:** plain comfortably warm water; herbs are not essential. **⚠:** diabetic foot numbness and burn risk—the source advises testing temperature by hand—foot wounds and severe varicose veins. Professional screening takes priority when sensation is impaired.

14 • Gua sha

Chinese medicine • specific practice. Primary: Circulation beneath the skin; secondary Structure through muscle relaxation in the source's model. **Where/who:** trained practitioner or home after instruction. **Small version listed:** gentle shoulder scraping with a smooth ceramic spoon and oil. **⚠:** anticoagulants or bleeding tendency, inflamed skin, wounds and varicose veins.

15 • Qigong / tai chi

Chinese medicine • major approach. Primary: Circulation through breath and movement. Secondary: Structure through balance and leg strength, Mind through calm, Brain through attention and coordination. **Where/who:** community/park; learn first, then practise independently. **Small version:** one or two standing-and-breathing movements at home. **⚠:** poor balance—practise near a stable support.

16 • Massage to open Wind pathways

Thai traditional medicine • specific practice. Primary: Circulation along Wind pathways. Secondary: Structure through muscle relaxation and Brain through relaxing touch. **Where/who:** trained practitioner at a venue or in the community. **Small version listed:** gentle self-massage of abdomen

and limbs where appropriate. ☉: fever, fracture or severe osteoporosis, one-sided painful red leg swelling, wounds or infected rash, recent surgery and severely uncontrolled hypertension. Pregnancy requires specific expertise; abdominal massage is excluded by the book's pregnancy precautions.

17 • Acupuncture / acupressure

Chinese medicine • major approach. Primary: Circulation, described traditionally as movement along meridians. Secondary: Structure for pain, Brain for sleep/tension, and Vitality depending on points.

Where/who: acupuncture only by an appropriately licensed practitioner; acupressure at home after instruction. **Small version:** only points already taught by a qualified practitioner. ☉: medicines affecting clotting; pregnancy restrictions on particular points.

18 • Cupping

Chinese medicine • specific practice. Primary: Circulation beneath the skin. Secondary: Structure in the back and shoulders. **Where/who:** trained practitioner at a venue. **Small version:** no self-cupping version; the source suggests gentle gua sha as an alternative, subject to its own cautions. ☉: anticoagulants, fragile older skin, inflamed skin, and abdominal/lower-back use in pregnancy.

Brain • four entries

19 • Twelve-point sleep hygiene

Modern sleep science • major approach in this library. Primary: Brain—sleep—wake timing and sleep quality. Secondary: Mind through more stable mood and Vitality through sleep-related repair.

Where/who: home. **Small version:** begin with a consistent waking time. ☉: loud snoring, observed breathing pauses or marked daytime sleepiness require sleep assessment.

20 • Aromatherapy

Several traditions • specific practice. Primary: Brain through smell and emotional processing. Secondary: Mind through calm or refreshment. **Where/who:** home where suitable. **Small version:** aromatic household leaves such as lemongrass, pandan or makrut lime. ☉: asthma/allergy, young children and pets; do not swallow essential oils, and dilute appropriately before skin use.

21 • Forest bathing

Modern Japanese approach • specific practice. Primary: Brain through natural sensory surroundings and reduced arousal. Secondary: Mind through restoration and Circulation through breathing/walking. **Where/who:** natural surroundings; independent where safe. **Small version:** a nearby park, household greenery or sitting under a tree, with occasional forest visits. ☉: pollen allergy, mosquitoes and other insects.

22 • Sound practices

Several traditions • specific practice. Primary: Brain—the source describes sound/vibration as influencing brain activity. Secondary: Mind through settling attention. **Where/who:** home or a practitioner venue. **Small version:** nature sounds or gentle low humming. ☉: the source flags some sound frequencies in epilepsy and body-applied vibrating equipment with pacemakers; obtain appropriate advice.

Mind · ten entries

23 · Supportive hugging

Modern science · specific practice. Primary: Mind—bonding and feeling safe. Secondary: Brain through soothing touch. **Where/who:** home, by mutual choice. **Small version:** holding hands, an arm around a shoulder or time with a pet. **⌀:** consent is essential; the source excludes this approach for people with a history of abuse rather than assuming touch is welcome.

24 · Art-based expression

Modern science · major approach in the library. Primary: Mind—expressing what is difficult to say. Secondary: Brain through focused handwork. **Where/who:** home or community group, independently or with instruction. **Small version:** brief drawing in a notebook. No specific contraindication is listed in the source.

25 · Grounding in the present

Several traditions · specific practice. Primary: Mind—returning attention to the present. Secondary: Brain through less mental scattering. **Where/who:** home or outdoor space. **Small version in the source:** standing barefoot on the ground near home. **⌀:** diabetic foot numbness and injury risk. The grounding label here describes present-moment practice, not proof of an electrical health effect from the earth.

26 · Meditation / insight practice

Buddhist and modern mindfulness traditions · major approach. Primary: Mind through awareness of thoughts/emotions, and Brain through attention and reduced arousal. Secondary: Circulation through slower breathing. **Where/who:** home or temple; learn first. **Small version:** a few gently lengthened exhalations before bed. **⌀:** severe trauma history, schizophrenia or severe depression warrant skilled supervision.

27 · Loving-kindness practice

Buddhist tradition · specific practice. Primary: Mind—one's relationship with oneself and others. Secondary: Brain through reduced tension. **Where/who:** home after instruction. **Small version:** one kind wish towards oneself before sleep. No specific contraindication is listed.

28 · Chanting / prayer

Several traditions · specific practice. Primary: Mind through a meaningful focus. Secondary: Brain through vocal rhythm and Circulation through longer breathing. **Where/who:** home or place of worship. **Small version:** a short familiar passage before bed. No specific contraindication is listed.

29 · Volunteering

Buddhist and modern perspectives · specific practice. Primary: Mind—meaning, role and relationships. Secondary: Brain through a sense of value. **Where/who:** community. **Small version:** help someone nearby with one thing each week. No specific contraindication is listed.

30 • Expressive writing

Modern science • specific practice. Primary: Mind—expressing and organising unresolved feelings. Secondary: Brain through mental space and easier sleep in the source's account. **Where/who:** home. **Small version:** three lines before bed. ⚠: if writing makes distress much worse, stop and speak with a qualified professional.

31 • Examining and organising thoughts

Modern psychotherapy, including CBT • major approach. Primary: Mind—patterns of thinking. Secondary: Brain through less rumination. **Where/who:** begin with a professional, then practise agreed exercises. **Small version:** record a thought and the evidence for it. ⚠: severe depression or thoughts of self-harm need professional support; in Thailand contact 1323, and 1669 for immediate danger.

32 • Exploring meaning in life

Japanese approaches • specific practice. Primary: Mind—meaning and purpose; no secondary dimension listed. **Where/who:** home after guidance. **Small version:** write down one activity that brings a sense of happiness or fulfilment. No specific contraindication is listed.

Source: Plearnprai, *Thirty-Two Modalities: Labels Connecting the Plearnprai System*, 28 September 2026. Consult a qualified expert before selecting a method that requires expertise. The full Wind/Fire/Water adaptation tables are available through @plearnprai (Appendix D).

Appendix H • Glossary

Plearnprai terms and symbols, grouped in the order they appear. Familiar traditional terms are included only where this book uses them in a particular way. Appendix A provides paired traditional/Plearnprai terminology.

Symbols and source labels

Term	Meaning in this book	Read more
Source labels	“Classical text” identifies a Thai traditional source; “Plearnprai document” a working document; “Plearnprai arrangement/proposal” its own contribution; “from Ayurveda” or “added from another discipline” identifies a borrowed principle.	Preface
×	Enduring constitution on the six-pole wheel; does not change with symptoms. Guides habitual supports and cautions.	3
① ② ③	Up to three disruptive symptoms, ranked by the person. Symptom ① is the main outcome, scored 0–10, and determines the lower-circle endpoint.	5
▲	Present direction of tilt, read from current symptoms at Step 2; can differ from ×, as when a Fire person becomes Cold after rain.	6
Position of ▲	Direction indicates the quality; distance indicates degree in the simplified model. “Outside the circle” means beyond self-care, requiring a suitable professional, not automatic hospitalisation.	6
↑ / ↓ in taste tables	Increase/decrease in the Ayurvedic taste–element comparison. The source notes that pungency increasing Wind can refer to increased movement, related to the Thai description “expels Wind.” Use the revised Chapter 7 labels for food choices.	7
Marker / endpoint	Marker = ▲. Endpoint = the dimension of symptom ①, from which backward tracing begins; never a majority vote across symptoms.	5, 9
■	Infection, toxins, injury, regular medicines and medicine effects: the extra LifeBox requiring professional assessment. Distinct from the red-flag symptom list.	10
⊙	A modality's contraindication or restriction, checked against the individual. Distinct from the ■ referral category.	14

Structure of care

Term	Meaning	Read more
Six-panel chapter pattern	Classical account; Plearnprai connection; tools; person/family actions; professional contribution; differences. The last panel states what is condensed, omitted or added.	Preface

Term	Meaning	Read more
Front of house / professional background	Front: memorable tools people hold—wheel, constitution, dimensions and plan. Background: full professional knowledge—four elements, forty-two components, origins, pulse and formulas. The first does not replace the second.	1
Basin of Life	Life as carrying a basin through time. Water = capacity; low rim = constitution. Rebalancing the tilt is the upper circle; finding what repeatedly pulls it is the lower.	1
Plearnprai Care Circles	One axis and two circles: upper Steps 1–4 and lower Steps 5–7, meeting in one Step 4 plan and reviewed at new balance.	2
Axis	Enduring constitution X around which all steps turn. A well person can go directly from axis to Step 4 for daily care.	2
Upper circle	Describe symptoms/check safety; read ▲ and capacity; select opposing support; make the plan. Person/family-led, with an initial seven-day review.	2
Lower circle	Seek life-related causes of persistent/recurrent problems with a guide or practitioner. Uses dimensions rather than pole placement; fourteen-day action reviews. Level 3 learners may walk their own circle.	2
Steps 1–7	1 Listen; 2 Direction/capacity; 3 Adjustments; 4 Personal plan; 5 Affected dimension; 6 Mechanisms/causes; 7 Action on causes. Step 4 follows 7 in the full route because it combines both circles. Training uses “levels,” not these step numbers.	2
Three medical exits	1 Red flags at Step 1; 2 symptoms beyond four weeks without assessment at lower-circle entry; 3 worsening/new red flags at review. Practitioners may participate at other steps too.	2, 8
Red flags / safety check	One two-tier list throughout the book: emergency 1669 in Thailand, or prompt medical assessment before self-care. No waiting period. Check at every new cycle; if present, stop and seek assessment.	5, 17
Branch point / time criteria	More than four weeks from onset, three recurrences in three months, or unresolved after fourteen upper-circle days. Any one prompts lower-circle review. Practical conventions, not classical rules or red flags themselves.	8

Constitution and wheel

Term	Meaning	Read more
Enduring constitution	One of seven patterns read from lifelong bodily, mental and habitual characteristics, not birth date. A counterpart to the governing-element concept reached differently; disagreement invites discussion.	3
Single, dual and Balanced constitutions	Wind–Dry, Fire–Hot, Water–Heavy; Wind–Fire–Light, Wind–Water–Cold, Fire–Water–Moist; Balanced at the centre.	3

Term	Meaning	Read more
Earth and Fire ≈ bile	Earth is the container, without a separate pole/card. The simplified Wind ≈ Wind, Fire ≈ bile, Water ≈ phlegm comparison follows an Ayurvedic analogy; in the forty-two components, bile and phlegm both belong to Water.	3, 6
Six-pole wheel	Plearnprai's arrangement of Hot–Cold, Dry–Moist, Heavy–Light, drawn from part of Ayurveda's twenty qualities. Opposite poles form pairs. A pole is a position; direction is the present tilt.	3, 6
Like increases like	Ayurvedic principle that shared qualities reinforce one another; related to Thai avoidance of aggravating influences. Do not push beyond the centre towards X.	3
Current	The influence of day, season or life stage superimposed on constitution. Aligned currents may make a tilt easier; they do not establish ▲ without symptoms.	4
Time wheels	Day, year and life arranged on shared poles, moving clockwise Fire → Wind → Water.	4
Frame around the axis	Age, season, time, place and history shape response. Stable context is a frame; abrupt change or repeated exposure can become a cause in a LifeBox.	4, 10
Capacity	Water in the basin; low/medium/high from three physical questions. ▲ gives direction, capacity intensity. Low: gentle, short, frequent and replenish first. Choose lower if uncertain.	4, 6
Light and heavy halves	Hot–Light–Dry versus Cold–Heavy–Moist. Water spans the heavy half; Heavy is its strongest pole.	6
Moisture / Moist pole	Moisture is water/oil without temperature specified. Moist pole includes Fire: oily, sticky, coloured or odorous. Cold fluid retention belongs to Heavy.	6
Centre blind spot	Simultaneously strong Hot, Dry and Heavy can cancel geometrically. Severe symptoms with a central ▲ need reassessment.	6, 17
Floating Fire / deficiency before excess	Episodic heat with dryness and fatigue, read as heat from deficiency. Mark Hot and Dry; replenish rather than forcefully cool. Borrowed from Chinese medicine.	6
Adjustment	Food, routine, movement, surroundings, mental care or professional herbal support moving against the tilt. “Medicine” is reserved for actual medicines.	7
Opposites guide adjustment	Read the opposing zone, or flip the symptom wheel to the corresponding reverse zone. A simplification: traditional practice also uses tastes that support the same element.	7
Four adjustment areas	Food; physical activity; senses/environment; Mind. Herbs remain professional work.	7

Term	Meaning	Read more
Principal constitutional support	Gentle daily support opposite X—warmth rather than intense heat, for example.	3, 7
Current-direction support	Opposite ▲, initially seven days and no more than fourteen before branch review.	7
Three rules	Do not overshoot the centre towards X; match intensity to capacity; read outer cautions and red flags.	7
Six culinary tastes	Sweet, sour, salty, pungent, bitter and astringent. In the revised edition, read their separate Hot–Cold, Dry–Moist and Heavy–Light labels. Wheel positions are a memory aid, not a food-selection or herbal-prescribing rule.	7

Lower circle and cause enquiry

Term	Meaning	Read more
Eight thinking moments	Screen; listen; endpoint/broad scan; timeline; hypotheses; weighing; first domino; self-check/explanation. Professional reasoning alongside the person's Steps 1–7.	5, 9, 11
Five weighing criteria	Cause before symptom, explainable mechanism, greater exposure with worse symptoms, explanation of secondary symptoms, improvement when exposure stops. The first is required; inconsistencies reduce confidence.	11
Five dimensions	Structure: load/movement. Vitality: intake, digestion, energy, repair, elimination, warmth/four Fires. Circulation: movement and connection/six Winds. Brain: signals, processing, clock. Mind: receive/give, carry/let go. Each has a memory cue.	9, B
Clue	A secondary dimension, a “partly” answer, or seasonal/time pattern suggesting a route. It does not replace the endpoint.	9, 11
Retention / depleted reserves	Processing or elimination fails to keep up / use exceeds repair. Both can impair Circulation, which can then worsen digestion and repair.	9
Six-plus-one LifeBoxes	People/relationships; screens/light/sound/information; work/social timing; air/surroundings; work/body use; eaten/drunk/inhaled/applied; plus ►. Each has a principal entry dimension.	10, C
Seven foundations	Sleep, Rest, Breathing, Mind, Intake, Water, Movement. Identify affected routines; Breathing is Plearnprai's addition to the eight-cause links.	10, C
Three story questions	What changed before onset? What makes it worse? What makes it better?	10, 11
Connecting pathways	Five dimensions, ten pairs and twenty directions, surrounded by LifeBoxes within axis/frame. A line represents one dimension's effect on another.	11

Term	Meaning	Read more
Chain	Sequence from a LifeBox through dimensions to a symptom. Boonmee: relationships → Mind → Brain → Circulation.	11
Starting/intermediate/endpoint	LifeBox where a chain starts; relay dimension; dimension of symptom ①. Lines aid reasoning; actions occur at these points.	11
First domino	Changeable upstream life factor whose alteration may reach several dimensions. An unresearched practice rule.	11
Cause-interrupting step	One life action at the first domino, tested for fourteen days. Ask where it acts, how many dimensions it reaches, whether five of seven days is feasible, and how to write if-then.	11–12
Link	One arrow between two points; trace backwards no more than three.	11
Pathway tracing	Ask which dimension influences the endpoint. Yes: continue; partly: retain; no: pass. Stop at a LifeBox that adequately explains the story. Main routes and thickness are card-based estimates, not evidence levels.	11
Three chain types	Mind downwards; body upwards; branching from Brain. Others include retention, exposure/frame changes, depleted reserves, weak movement and body–Mind–body loops.	11, 17
Mimic	A medical condition resembling a life-related or elemental pattern: anaemia, thyroid disease, sleep apnoea, depression or medicine effects. Screen at Step 1 before trusting a route.	11, 17
Stop / avoid / change	End the exposure, stay away from it, or do the activity differently. One-at-a-time applies to habit changes, not delayed compliance with safety restrictions.	12

Plan and follow-up

Term	Meaning	Read more
If-then plan	Link a new action to an existing time/event. Several contingency lines can still describe one action.	11–12
Safety practice	Prevents harm during care, such as sitting before standing. Not counted as a plan action.	12–13
Personal health plan	Step 4 joins one cause-interrupting action and up to two supports. Well people use constitution-based habits and supports.	13
Add support	Up to two methods from the four areas or library, acting at endpoint/intermediate dimensions. Medicines, massage and compresses do not replace cause interruption.	11, 13
Professional additions	Signed section after assessment: formulas, manual care and review. Conventional medicine questions go to the prescriber/pharmacist.	13
Modality selection	Select by dimension; filter through feasibility and ∅; adapt using X, ▲, capacity and four controls.	14

Term	Meaning	Read more
Thirty-two-modality library	Twelve major approaches and twenty practices, labelled by proposed primary/secondary dimensions, location and cost.	14, G
Four controls	Duration, timing, intensity and frequency. Pairing is a counterbalance, not a fifth control.	14
New balance / one question	At seven or fourteen days, first check completion on at least half the days, then compare symptom ①: better, unchanged or worse. Deterioration/new red flags trigger exit 3.	15
Two-part outcome	Lower-circle improvement in both symptom ① and the chain's intermediate/upstream manifestations.	15

People and tools

Term	Meaning	Read more
Guide	Public learner trained to Level 3 or above; questions, reflection and records, not examination, diagnosis or medicine advice. A relative is a family participant unless qualified.	2, 16
Health Blueprint	Plearnprai's LINE-based assessment. Part 1 has twenty lifelong-characteristic questions and gives a preliminary one-of-seven constitution result: an entry point, not a verdict.	3, D
My Constitution Card	A5 two-sided card: X, four confirmation statements, strengths and four support areas; reverse cautions, vulnerable periods, suitable intensity, early tilt signs and daily action.	3
Symptom Element Wheel	Two-sided A3 sheet: six symptom zones and distinguishing criteria for ▲; reverse adjustment zones and outer caution band.	6–7
Three capacity questions	Past-two-week daily functioning, recovery from exertion and recovery from illness. Three yes = high, two = medium, zero/one = low; independent of direction.	6, F
Five-dimension cause cards	Common causes and dimension-specific cues for Steps 5–6, held by guides/practitioners.	9, 11
Professional background table	Intake, Release, Use, Rest × excess, lack or mismatch of timing/type/method/posture. The person does not fill it in.	10
My Pathway Map	Steps 5–7 worksheet completed with a guide/practitioner, drawing only the person's route and planning an action.	11–12
One-page plan form	Axis, upper circle, lower circle, plan, professional additions and review, with symptoms/safety at the top and fourteen-day tracking.	13, D
Four learning levels	Constitution; imbalance/self-care; causes/guide; community teaching of Levels 1–2. Distinct from care steps.	16
Element-aware community	Approximately forty-eight-hour curriculum; practitioners teach Levels 3–4 and review practice cases before certification.	16

Term	Meaning	Read more
Family constitution map / adapted meal sets	Household members on one wheel, and menus adapted to their differing needs.	16
Plearnprai LINE OA	@plearnprai for tools, comments and questions. Free library at library.plearnprai.org ; videos at youtube.com/@plearnprai .	D
All wheel layers	Plearnprai document combining six poles, day/year/life wheels and approximate readings of elemental states through ▲.	4, 6, D
Self-care library	Pilot six-pole x four-area adjustment table, available through LINE OA.	7, D

“What is new is placing this knowledge
in one circle and putting that circle
into the person’s own hands—
with the practitioner alongside
at every step.”

From the closing words



From Classical Texts to Households

Narut Apichatammarit, MD

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