

An Interview with Robert Doane

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Abstract

Robert Doane owns and operates the Acupuncture and Wellness Center, P.S. in Washington (U.S.A.), one of the largest Chinese medical practices in the United States, from where he runs a residency training programme for Chinese medical interns. He lectures on Chinese Medicine throughout the United States, Europe and Australia. Prior to becoming a physician, he spent 10 years of his life as a meditative monastic, then owned and operated a television station in Los Angeles and an oil brokerage firm in Houston, Texas. Mr. Doane is 70 years old with two children, and works 12 hours a day practising Chinese Medicine. Following his recent article in the *Journal of Chinese Medicine* (Issue 114), this interview was conducted in August 2017 to follow up on some of the points raised.

DM: So Bob, you've done a lot of interesting things in your life - why Chinese medicine?

RD: It's true that I've done a lot of things in my life. At the age of 22 I became a meditative monastic in the Indian yogic tradition. I spent 10 years pretty much meditating around the clock. Sometimes the monastery would send me out to teach. I had the pleasure of teaching 1000 people meditation in America and another 1000 in India. While I was in India I was exposed to Ayurvedic medicine, which uses pulse diagnosis to diagnose disease and dispense herbal medicine. So while in India I became very interested in Ayurveda and had the pleasure of studying briefly with one of the masters of Ayurvedic medicine whose name was Triguna. He was quite famous in India at the time. I left the monastery in 1980 and entered the field of business in order to earn a living, but my interest in herbs continued. I would regularly go to the health-food stores and see what new herbs they had. I experimented a great deal on myself using Western herbs since Ayurvedic medicine was difficult to study at this time in the USA. In 1985 new products began to arrive in the health-food stores - these products were Chinese herbs and they stood out on the shelves. Naturally I began to experiment with these new formulations from China. I experienced clearly they were strong and found out that there was a complete medical theory behind their formulation and use. The only problem was that I had no background in understanding these new and exciting products from China. At the time I was retired from the oil business and living on my yacht. My crew kept asking about the herbs I was taking, so I began to recommend herbs for them and anyone else that would listen. The only problem was I didn't know what I was doing and the results were not great. Finally in 1993 I decided to enroll in Chinese

medical school in Santa Barbara, California, to enrich my understanding of the medicine. I was 46 years old at the time and that was the beginning of my career studying Chinese medicine.

DM: So how was that initial undergraduate training in Chinese medicine? How much of that material do you still use clinically, and how does it figure in what you teach to students today?

RD: My undergraduate training at the Santa Barbara College of Oriental Medicine was very enjoyable. It was obvious that the training was to provide a grounding in basic TCM principles and theories. I did not expect the training to make me proficient in treatment. I could see the clinical aspect was insufficient. What was obvious to me was the weakness and lack of clarity of the 'energy model' of Chinese medicine. Even a cursory look at partial translations of the *Nei Jing* revealed the vascular basis of Chinese medicine - not the invented 'energy meridians' of Soulié de Morant. I saw clearly that the schools in America were deeply invested in TCM being an 'energy medicine' so I was careful not to rock the boat too much. My wife and I graduated valedictorians of the school in 1996. What helped me the most with pattern discrimination was not school but spending a year studying under Roger Wicke, PhD at Rocky Mountain Herbal Institute. Roger had a Master's in Oriental medicine and a PhD in biology from MIT, and was brilliant at understanding and recognising patterns. I soaked up everything I could from Roger before enrolling in Chinese medical school and my preparation, thanks to Roger, meant that school was very easy for me. From a business standpoint I saw clearly that the people attracted to Chinese medicine in America were well-meaning new-age people and not business types per se. Even though the statistics

showed that few graduates succeeded in earning a living in the medicine I felt I had a better shot than most because of my extensive experience in the business world. I had owned and operated a very successful television station in Los Angeles in the 1970's and built one of the largest and most successful oil brokerage firms in America in the 1980s. I retired at the age of 40 from the revenues of that enterprise. This experience gave me all the tools necessary to be successful in the business of Chinese medicine. What I learned in school provided me with a foundation of general medical theory, which I use today, combined with extensive post-graduate study and internships which occurred after receiving my Master's degree. Success in Chinese medicine is like a tapestry where everything you do comprises a piece of the tapestry but all the pieces are necessary to weave a beautiful design. I found the Western medical training I received in school to be of enormous help in understanding the mechanics of the human body and applying the techniques of Chinese medicine successfully.

DM: *The tapestry is a nice image. So, given that you reject the 'energy' model of Chinese medicine, how does this change the way you think about acupuncture clinically? What are the main blind spots and clinical weaknesses that you think the energy model fosters in practitioners?*

RD: The clinical understanding of Chinese medicine changes completely when one sees, beyond a doubt, that Chinese medicine is a cardiovascular physical medicine concerned with the unobstructed flow of nutrients (ying qi) and vapour or vital air (qi) throughout the body. The 'mai' system as described in the *Huang Di Nei Jing* is a physical vessel system with large longitudinal vessels called jing mai, network (organ) vessels called luo mai, and tiny vessels (arterioles and venules) called sun mai. Armed with this understanding, the Chinese medicine clinician has a clear picture of the underlying aetiology of disease - blood stasis. The treatment of patients becomes a simple job of figuring out the location of the stasis and then repairing it using acupuncture, herbs and other modalities of Chinese medicine. Of course there are other patterns of disharmony that have to be addressed but blood stasis underlies all of them. If the practitioner believes the body is covered with non-physical conduits of energy, then understanding the aetiology of disease, treating disease and explaining your treatments becomes challenging to say the least. The energy model lacks intellectual depth. An astute patient could ask 'what is the motive force that pushes the blood and energy through the energy meridians?' The only answer available through our medical texts is that it is the heart that moves the blood and qi through the meridians. If the patient then asks "Is that the physical heart?" then the doctor has a serious intellectual dilemma. A physical heart could

never move energy and blood through a non-physical vessel. The only way out of this dilemma is to say it is an energetic heart that provides the motive force, but then the entire discussion becomes absurd because now we are no longer treating the physical body with its physical problems but an energetic body composed of energetic organs with the same name as the known physical organs. The result is basically intellectual nonsense and leaves both the practitioner and the patient dissatisfied. One has to accept the obvious. The *Nei Jing* is filled with descriptions of the colour of the mai, the width of the mai and the length of the mai. Obviously the mai could be seen clearly in ancient times and are obviously physical vessels that become constricted by cold or expanded by heat. It is high time we accept the conclusion of philologists who are experts in the ancient Han language and face the fact that qi does not mean energy and mai does not mean a meridian. Even Paul Unschuld says that those of us in the TCM community who keep referring to qi as energy need to understand that this interpretation has no historical basis whatsoever.

What was obvious to me was the weakness and lack of clarity of the 'energy model' of Chinese medicine.

DM: *So how do you perceive what is happening when you insert a needle into a point - do you think primarily in terms of blood circulation? Or neurologically? Does qi come into your clinical thinking for acupuncture in any significant way?*

RD: When distal needles are inserted into the skin they immediately cause a series of physiological processes to take place. The first reaction is vasoconstriction to protect the body from the needle (deqi effect). The second is vasodilation of the local capillaries and the third is neural stimulation through the release of bradykinin. Bradykinin causes the small cutaneous nociceptor and proprioceptive nerves to fire, sending a signal up the spine into the midbrain. This increase in neural signal strength, going into the midbrain, forces the midbrain to do what it was supposed to be doing all along - release the body's own painkillers called enkephalins. These pain-killers plug up the pain receptor sights in the midbrain, all along the spine and on the capillary beds where the patient is experiencing pain. The result is a sudden and dramatic reduction in pain. This is how a distal needle takes away pain. Patients caught in chronic pain cycles cannot reestablish neurological homeostasis so their brain never releases their body's own painkillers. Thus their pain continues. Once the pain is gone the midbrain no longer thinks the body is injured in the specific area of pain. The midbrain

then reverses the chronic condition of vasoconstriction of the large vessels and guarding of the local musculature. The brain now vasodilates the vessels (mai) in the injured area which increases nutrient and oxygen supply to the damaged tissue creating a subjective feeling of heat over the affected area. So first there is pain relief and second there is increased circulation. Both are essential to effect a positive outcome from the acupuncture. When I insert distal needles for the specific purpose of relieving pain I expect an immediate reduction of pain. The patient should feel relief in seconds.

DM: So do you limit the scope of your acupuncture to pain conditions, and herbs for everything else?

RD: Yes, unless for some reason the patient is unable to take herbs then I use acupuncture to treat the systemic condition.

The channels are blood vessels: large longitudinal ones (jing mai), network-organ vessels-(luo mai) and tiny arterioles and venules (sun mai).

DM: So how would you treat a systemic condition with acupuncture using a biomedical paradigm?

RD: Let us say someone comes in to the clinic with sclerosis of the Liver. The patient is exhausted and has pain in the Liver area of their abdomen. The left guan pulse is extremely thin, slightly too high or too low from its proper depth (the middle depth), and too hard and stiff. What to do? Acupuncture can relax the muscles around the Liver and Gall Bladder and increase blood flow to these organs to facilitate healing. The muscles of the abdomen are associated with the foot Yang Ming jing jin (sinew channel) and the Liver organ is associated with the Liver and Gall Bladder jing mai. In the Distal Needling Acupuncture (DNA) system the Pericardium jing jin treats both the Liver and the Stomach jing jin. We would target the Liver organ, the Liver jing jin, and Stomach jing jin distally by needling the Flexor Carpi Radialis and Flexor Digitorum Profundus muscles on the arms bilaterally from approximately Quze P-3 to Paling P-7. These muscles belong to the Pericardium or Hand Jue Yin jing jin and they treat all the muscles surrounding the liver organ. On the legs the Stomach jing jin would be chosen, needling the Tibialis Anterior and Extensor Digitorum Longus muscles approximately from Zusanli ST-36 to Jiexi 41. Next the Extensor Hallucis Longus muscles of the legs would be needled approximately from LIV-8 to LIV-5. This muscle belongs to the Foot Jue Yin jing jin. The Stomach jing jin in the legs treats the muscles of the abdomen around

the Liver organ. The Liver jing jin in the legs treats the muscles around the liver organ and also the muscles and tissues around the gall bladder organ. In addition we would add the front-mu points for the Liver (Qimen LIV-14) and Gall Bladder (Riyue GB-24) since those points are directly associated with their respective Zang fu organs. Treatments will be two times a week for three months, and then he patient would be sent for testing to see if there was any improvement. If there was an improvement the treatments would continue for another two months on the same schedule. All the healing prowess of the body is in the blood. The only way for the Liver organ to recover is to increase blood flow through it via vasodilation and muscle relaxation, which acupuncture accomplishes beautifully.

DM: So you still utilise channel system theory, but in terms of its effects on blood flow rather than qi/subtle energy?

RD: Exactly. It is the only thing that makes sense and it is true to the *Huang Di Nei Jing*. The channels are blood vessels: large longitudinal ones (jing mai), network-organ vessels-(luo mai) and tiny arterioles and venules (sun mai). Next to the vessels are the entire network of nerve vessels, which the ancient Chinese included - either deliberately or unknowingly - in their elaborate description of the mai vessel system covering every square millimetre of the human body. Masters of distal needling have mapped out vessel relationships, which I use extensively in my DNA system. However, what is unique to DNA is the realisation that we are not needling the vessels themselves but we are needling the body's jing jin, which are the real tissues of the body. Each jing jin bears the name of the major blood vessel (jing mai) which delivers continual sustenance to this particular tissue group. Therefore, the jing jin have the same name as the jing mai, which distribute nutrient (ying qi), xue (blood), and qi (vital air) to these major, longitudinally organised, muscles, tendons, ligaments, and fascia groups. So with DNA the vessel relationships of distal needling masters, such as Dr. Tan, are replaced with the jing jin, which bear the same name. DNA is much more practical since it allows us to needle into muscles and tissue to take away pain in other muscles and tissue at a distance. This way we are not restricted to needling classical acupuncture points but can needle the medial, lateral, or central belly of one muscle to take away pain in the medial, lateral, or central belly of a related distal muscle group. Unfortunately, the jing jin have fallen prey to the same mistranslation problems of the jing mai, so I use the description of the jing jin elaborated by Donald Kendall in his fabulous book *The Dao of Chinese Medicine*. The description of the jing jin in Kendall's book is far more accurate than their typical description as a mystical line of energy running through the major muscles of the body.

DM: *Can you say something about the DNA system? How did you come to work in this way, and - presuming that you find it produces better results than standard acupuncture - how do you understand the mechanism behind these results?*

RD: DNA definitely works better than standard acupuncture. This became obvious when I switched to a distal method 19 years ago. Why did I switch? Quite frankly local needling produced at best a 50 per cent improvement in pain. Not a good result. Not good enough to build a successful practice. I needed something that worked at least 80 per cent of the time. Dr. Tan's Balance Method did just that. Over the years we feel we have improved on the Balance Method by using it in over 300,000 patient visits and altering it to produce even better results. Our improved method we call DNA. However, I always give credit to Dr. Tan for introducing the world on a mass scale to such a wonderful technique. Why is DNA better? Unlike the Balance Method, DNA uses jing jin relationships in its distal approach. Unlike the Balance Method we are not balancing energy in the body but we are restoring proper blood, oxygen, and nutrient flow to the body's damaged tissue. Distal needling rejuvenates the entire nervous system by stimulating the midbrain to release the body's own opioids, re-establishes neurological homeostasis in patients plagued with chronic pain, and involves the central nervous system in encouraging increased blood flow in the targeted area of treatment. Local needling has merely a local effect and this is minimal at best. It causes more inflammation in an area by vasodilating small capillaries. This allows white blood cells to escape through holes in the small capillaries and go to work in helping to relieve and heal the local inflammation. The problem is the pain from local needling convinces the midbrain even more that something is wrong with this area of the body. Consequently the midbrain creates increased vasoconstriction and guarding, making it very difficult to deliver a massive and much needed increase of white blood cells through large arteries to the damaged area. Small capillary dilation caused by local needling cannot compare with the systemic effect of the brain encouraging large-scale blood flow into the area. This is what distal needling accomplishes. In addition local needling does not have a global effect on the nervous or circulatory systems. It does not solve the signal strength problem on the proprioceptive pathway in the brain which, I believe, is the root cause of the body's inability to heal its own chronic pain problems.

DM: *Can you say a little more about this 'root cause of the body's inability to heal its own chronic pain problems' and how this relates to what you have discovered in relation to orthodox acupuncture versus the DNA system?*

RD: The problem with a neurophysiological description of pain and pain relief is the fact that we don't know the exact mechanism of either one. The body is designed to release its own painkillers in the presence of a chronic pain that has no structural cause, i.e. neuropathic. There are different theories but the only one that makes sense to me without getting into the weeds is a lack of neural signal strength on the proprioceptive pathway. As we age the nervous system becomes tired, as it were. Ageing is definitely the ageing of the vascular and neural systems. What does neurological ageing look like? Signals transmit slower than in youth and in some cases not at all. Distal needling has been shown to have an excitatory effect on the brain and this effect is stimulating in nature. Each needle is waking up the proprioceptive pathway, bringing the body back to neurological homeostasis. Local needling tells the brain the injured area is in fact more injured, thus causing more guarding to take place and prolonging the body's ability to eliminate the pain and restore function to the damaged area. Local needling does have a anti-inflammatory effect, but it lacks the ability to trigger the enkephalin release mechanism controlled by the midbrain.

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DM: *Changing the subject slightly, I know you are a meditator and I wanted to ask you about how you think meditation relates to the practice of medicine generally, and the practice of acupuncture specifically.*

RD: Any truly creative thought or feeling arises in a silent and serene mind. Accurate diagnosis in Chinese medicine is the most important aspect of the medicine. Accurate diagnosis requires the greatest degree of creativity and insight on the part of the practitioner. A silent, highly poised and almost blissful awareness on the part of the doctor creates the potential for a deep and penetrating insight into the causes of the patient's problems. I have been meditating regularly for 50 years. It took approximately two years to establish myself in this silent creative state and this has been the basis of all the success in my life, including the practice of Chinese medicine. Secondly, the practice of acupuncture is very physical and practitioners can easily become exhausted. Regular deep daily meditation completely solves this problem. My meditations were tested physiologically at the Sorbonne University in the 1970s. During a 30-minute period of meditation my metabolic rate as measured by oxygen consumption would drop approximately 28 per cent. This was tested over several 30-minute periods of meditation. This level of rest is 3.5 times deeper than

what is experienced at the deepest point of deep sleep. This should demonstrate how utterly rejuvenating deep meditation is.

DM: *That's very clear. How about qigong/daoyin - do you find this is necessary for practitioners to apply acupuncture effectively?*

RD: These types of practices, including deep meditation, are fundamental to applying everything in one's life effectively, not just medical treatments. A quiet mind is twice as insightful as an agitated one. Real creativity arises in a quiet mind. Agitated minds produce agitated products. Quiet minds produce beautiful outcomes. This knowledge is not indigenous to our culture but it is imbedded deep within the Asian cultures. This is something we can learn from our Eastern friends. Even though our surroundings

can be chaotic it doesn't mean our internal nature has to be. Silence is the basis of profound activity. Pulling an arrow far back on a bow produces an enormous effect when the arrow is released. Like that, thoughts emanating from silence deep within the mind produce extremely powerful and successful actions. Thoughts are the basis of action and powerful thoughts produce powerful effects. Agitated thoughts are not powerful. They are quite weak. Thoughts infused with silence and peace produce the best results in the field of activity.

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Daniel Maxwell is the editor of The Journal of Chinese Medicine.