

## **An Interview with Bob Damone, LAc, PCOM Professor and Chair of the Department of Clinical Practice: Part II**

By Brian Carter, MSCi, LAc

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*Editor's note:* Part I of Mr. Carter's interview with Professor Damone appeared on the May issue of *Acupuncture Today*.

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**Brian Benjamin Carter (BBC):** Did you teach East Asian medicine before coming to PCOM?

**Bob Damone (BD):** I began teaching in 1991 at the American Institute of Oriental Medicine (AIOM) in San Diego, where I collaborated with the late Ni Yi Tian.

In truth, I always considered her more my teacher than my colleague, though she would always humbly deny it. She remains an inspiration to me, particularly with regard to acuoxotherapy. She was a living example of how acquiring a practical understanding of channel and network vessel pathways enriches the practice of acuoxotherapy. From 1991 to 1994, I was chair of the herbal medicine department at AIOM, and was also in charge of managing our clinic's herb pharmacy. In 1994, AIOM suffered financial hardship and closed down.

**BBC:** Tell us about your position and activities at the Pacific College of Oriental Medicine.

**BD:** I joined the PCOM clinical and didactic faculty in 1994. My classroom teaching assignments were primarily in the department of herbal medicine at first. As my interest in the college grew, and as PCOM itself "grew" an additional campus in New York, I requested to serve one year teaching and practicing there. I was appointed chair of the clinic department and academic program coordinator, and gained a lot of experience in cross-campus curriculum coordination and course development. I enjoyed my time back in New York City immensely and met some wonderful and committed students and doctors. Since I was born

and raised in the New York area, this was also an opportunity to spend a year with my parents and siblings. Upon return to the San Diego campus, I accepted the clinic chair position. I continue to serve in that capacity and to teach courses in the Oriental Medicine department.

**BBC:** OK, let's shift gears. How important is the translation of Chinese medical sources?

**BD:** I would first like to say that my comments are germane to those who wish to practice TCM, the specific style of East Asian medicine taught and practiced in the academic and clinical settings of the People's Republic of China. If one wishes to focus on Japanese, Korean or Vietnamese expressions of East Asian medicine, then one should consider learning those languages.

To a practitioner of traditional Chinese medicine who strives to understand and precisely apply authentic Chinese medical concepts, access to the primary language source material is absolutely essential. Although more numerous and more accurate translations of pre-modern and modern texts are constantly emerging, the amount of Chinese medical literature available to the Chinese reader is exponentially greater than even the most well-read English-only practitioner. This is simply an irrefutable fact. TCM as a specific style of East Asian medicine is a very literate tradition whose corpus of writings is vast. These writings embody the perspectives and experience of our professional forbearers and are thus vital to the fulfillment of our ethical responsibilities to our patients; they enhance our ability to alleviate our patients' suffering with the tools we claim to be wielding. It is my opinion that how we who represent ourselves as practitioners and teachers of TCM respond to this issue is among the most important educational and professional crossroads of our generation. If we cannot undertake the task of learning medical Chinese ourselves, then we should at least encourage future students to do so. We should also be certain to obtain authoritative translations and to recognize and support the work of translators.

**BBC:** Why do you think learning Chinese isn't more important to practitioners and students?

**BD:** Part of the problem is that one does not know what is being missed until one catches a glimpse of the other side. For example, I am amazed at the depth and clarity of Chinese-language internal medicine textbooks. What is at best murky in English is often crystal clear in Chinese. These texts are far more comprehensive in their explanations of disease causes and mechanisms, and thus offer the Chinese reader a deeper understanding of the inner workings of TCM. A complete translation of this arguably basic material has yet to be published in English, and therefore remains unavailable to most practitioners.

With a reasonable and humble attitude, we can ask ourselves some difficult but important questions: How much of the TCM source material do we actually have access to? How much of what is contained in basic Chinese language textbooks are we missing? Do we understand that being a TCM doctor also involves a significant academic commitment? Are we aware that the TCM literature is a deep, nearly untapped well of clinically useful information? Do we love this medicine enough to recognize our current limitations and to seek a deeper, more mature relationship with it?

What I am trying to get across is that while we are attempting to adopt a medical system born in another culture, we should take great care, as if handling an extremely valuable treasure, to respect and fully understand its original concepts and practices. Once we have the academic and cultural framework to understand the original ideas, we will be ready to innovate the medicine - both humbly and respectfully. Well-grounded, clinically effective, and culturally-relevant alterations will and should occur, but let us be sure we first understand the original ideas. This can only be accomplished through access to the Chinese language TCM literature and academically sophisticated translation and interpretation of it. Let's empower each other to remove our heads from under the sand and do the right thing.

**BBC:** Any final thoughts?

**BD:** Thanks for the opportunity to express my thoughts on these topics! I really feel that continued courageous, frank, considerate, and non-emotional dialogue on these issues is essential to the health and growth of this profession. It may not always be comfortable but, like skillfully designed, bad-tasting medicinal formulas, it will surely lead to improved health.

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