

Clara Cohen: We're gonna talk about re one. Have you ever needled re one? So my guest today is Dr. Jordan Barber, and we're gonna talk about erectile dysfunction, which is something we haven't talked on the show before, and I so appreciate his time and his wisdom. of the things that he said, which I love because I asked him, how do you make the patients comfortable?

And he said. You have to be comfortable first, and if you are uncomfortable, that's okay. That means you're learning, you are growing. So being uncomfortable makes you a better practitioner and I love that. So, are you ready? 'cause we're gonna have a very, very fascinating conversation and we're gonna learn a lot. Think of pelvic floor. You know, when you think of pelvic floor, you think female. Well, today we're gonna talk about pelvic floor, but affecting the male. Population, are you ready or let's go.

Welcome to AcuPro, a show dedicated to making Chinese medicine and acupuncture easy to grasp and fun to learn. Hi, I'm your host Clara Cohen. I support practitioners and students like you in changing the world one patient at a time. My goal is to share my passion for TCM and empower you to achieve superior patient care.

I love to showcase the amazing benefits of acupuncture, because after all, acupuncture rocks

Welcome to the AcuPro Show. Dr. Jordan Barber from New York City. So on the opposite side of North America for me.

I'm so glad you agreed to come on the show on a Saturday, 'cause it is Saturday. While we recording, obviously it will be published on a Wednesday, but I'm so glad you're here because we're gonna have a subject today that we haven't. Talked on the show before, and so I'm really pumped about this. But before we do, you are a doctor of acupuncture and oriental medicine, so I just wanted to get a little bit of what got you into our medicine and tell us a little bit more about you and your practice and then we can go in that subject that I'm so excited to talk to you about.

Dr Jordan Barber: Sure. I started in it, which probably sounds like the basis of a movie. One of my favorite movies is Office Space, so if you ever watch that film. I feel like that is my life. And I did go through nine 11 and I experienced it working downtown in the financial district.

But at the same time, I was dealing with a lot of health issues, mostly sinus allergies. I tried everything. And my last-ditch effort, and this was probably

2002 was acupuncture, which I was like, is that even a real thing? But I was desperate and we all probably know that's how our patients come to us anyway, right?

It's like, I don't know if this will work, but try. Long story short, within about a month I was about 80% better and I was like, okay. That combined with processing some of the PTSD that I was dealing with and realizing that I might be on the wrong track. Made me really interested in looking at how to help people and medicine in general.

And it intertwined with a lot of other subjects of mine that I had interest in. And we're 20 something years of working with people now professionally and that would be the shortest version of it. I guess as far as my background I've been licensed as started actually as a body worker massage therapy.

I was very, focused on myofascial release and medical massage, which you're gonna see where that influences what we're talking about today. So I want to kind of just foreshadow that. And then I've been licensed as an acupuncturist since oh seven, so

we're in 19 years, I guess. And yeah, it's been a bit, and then I did my doctorates of acupuncture and oriental medicine. That's the advanced practice clinical doctorates at a Ooma graduate School of Integrated Medicine down in Austin, Texas, which they recently closed. And my opinion was one of the best experiences of my life.

So, I'm so sad that they're closed. My doctoral and clinical focus was on pain. And the whole school's focus was on pain. My published research was on Ashi techniques and comparative literature to dry needling. Again, seeing that overlap of TLS theory and myofascial syndromes. And my subclinical specialty is pelvic floor dysfunction.

I would say 70% of my practice. My boutique practice on the upper west side of Manhattan is pelvic floor dysfunction, and I work hand in hand with physical therapists and urologists and I would say my sub sub clinical specialty, if that's a thing right now is neuro urology. I am really, really focused on urological complaints urinary dysfunction stress incontinence, which is mostly structural and as well as bladder signaling voiding issues.

Which we would say kind of fall under Lynch syndrome, right? In Chinese medicine. But I think there's so much more behind it because I'm very structurally oriented, so.

Clara Cohen: I like that you really pair well your Western background and knowledge. 'cause you did body work and you know, and, and you saying before we started that you also very classical in your Chinese medicine approach, how. However you really like to pair it with the modern, I guess, western medicine, structural perspective, I guess, right?

Did I get that right?

Dr Jordan Barber: I mean, of course you got it right. But I will even go as further and say, my first mentor said, there's only one dao, there's only one existence. So therefore there's only one medicine, and that's medicine that works. So if our medicine works, it must be explained by things that also work, right? So. I could talk about the neurological implications of the jaji points or dermatome needling with the moot points and how that has certain reflex effects on the CNS or, you know, whatever.

But I could also talk about the classical theories and the poetic language that we have. And I don't really think it matters because the only thing that matters is clinical outcomes. I think sometimes we get lost where it's like, I don't wanna practice western medicine. Well, there's only medicine.

That's the only thing you're practicing, right? It's the language set and the way that you want to perceive it, which is an argument. And another foreshadowing about the book that I have coming out that's called Thinking in Chinese Medicine, which we'll talk about in a moment. But it's exactly about that.

Clara Cohen: That's awesome. So since you mentioned the book and I wanted to talk to you about it because I always found fascinating when. Practitioners decide to publish a book, right? So I think that's your passion has to come out somewhere. And for a lot of people, that passion comes into writing in a book that can educate the world on how you perceive the way you like to practice.

So your book, thinking in Chinese Medicine, first of all, I wanna know why you decided to write it. Second of all, who is it for and what's the big picture of the subject of the book?

Dr Jordan Barber: I co-authored the book with my esteemed colleague Dr. Peter Karen, and hopefully he's watching this who's was a fellow teacher at Pacific College of health and science formerly in New York campus. And we actually share a clinical space together. And we were talking one evening being like, I wish there was something to give our patients.

And he pulled out the web that has no weaver. And I'm like, oh yeah, that's a great book. But it's a little one, it's like 30 years old right now. And it covers everything. That was like my intro book. They were like, oh, read this book. And it was great. But I'm like, okay. But it tries to explain everything and it does a great job, but you know, a little too much.

And then the other one he pulled out, which was also my starter book, was between Heaven and Earth?

30 years old. Right. And also there's something missing. We wanted the book to give to our practitioners, but at the same time, we wanted the book to give to our patients.

And we wanted the book to give to the students that gave an understanding of what is this all about? Not to explain Qi, Blood, Yin Yang, et cetera. There's so many books that do that. Much better. And to try to make one book the rules, 'em all is just silly, right? So we wrote a book from the perspective of a clinician's mind of how we see disease, how we think to explain to the patient or the student trying to wrap their head around this medicine.

Why are you asking these weird questions? Why are you giving a certain formula or prescription, but then modifying it just ever so slightly? What makes you want to do that? Well, why are you palpating this or, doing X, Y, Z or now giving me a breathing exercise or asking about how much sunlight I got.

I don't know, making up the stuff at this point. And that's what the book is about. It's about the thinking in Chinese medicine from the perspective of clinician's mind. So we wrote it as both of us have been doing this for a bit. So we wrote it from the person who's been practicing a while to say, Hey.

This is why we ask these questions, and this is how we should think of it in a holistic model, but it's for anyone who wants to engage this medicine. It's not meant to be a clinical book yet. It is quite clinical. It's meant to be that first accessible book available anywhere, as on any store online.

We're getting good at that marketing so.

Clara Cohen: That's all right. We'll have the link below for people to check it out. We'll share the links below.

I love that. That's awesome. Thank you for explaining this. So that leads me to the subject we are today, which again, I am so excited about. So I have

dedicated most of my practice. I kind of been practicing for about the same amount of time as you 23 years. And a lot of my practice has been on women's health and what. I don't have a lot of patients that come in. It is for Men's Health, specifically Men's health, right. So not men. I have a lot of men patients, but not for men's health. in problem with prostate erectile dysfunction, urinary track it, you know, issues, whatever the problem is. Like you said, stress incontinence when we started, and then when I was reading about you, I saw that yes, you like pain because that's how you started, but you also really like to look at the pelvic floor. And I look at the pelvic floor in a woman perspective because I treat a lot of women, but you also look at the pelvic floor. perspective, and to me that's a new perspective. So I would love for you to unpack this pelvic floor from your body work time, I guess, to connect it to all the problem that of course affects men because, you know and then we can go a little bit more into specifics after.

Dr Jordan Barber: Yeah. Yeah. So the first contextualize it 60ish percent, depending on what studies you look at, of females will experience pelvic floor dysfunction in their life. Whereas about 20% of males now, the easy way to explain it's females, well they give birth. So a lot more can happen in the pelvic floor.

So that's a predominant source of most of the issues there, women. Don't. But the thing is, if you look for pelvic health practitioners, especially in Europe and everything else, it's solely female because of the dominance of the conditions and the population that's exploring it to the point where men don't even know it's a thing.

So it's one of the weird places where men are underserved. Right. And thankfully for women, they're the ones that tell the men to even think about these things 'cause they're aware of the pelvic floor. So it's just the yin and yang always must commingle, right? People we have to share between each other.

So I treat both males and females but mostly being a male, men are much more comfortable coming to me. And even in a city like New York City, a majority of the pelvic floor PTs are female and they're treating solely females. But I understand the comfort level as a person who works with both sexes.

Men don't know and don't seek any care until something's really wrong,

Clara Cohen: Yep.

Dr Jordan Barber: Yes.

Clara Cohen: No matter what area of their body they can until they end up in the hospital or emergency. See, or it's really affecting their life, they're gonna wait while women are more like, let's go seek some help, because it looks like outta balance, they're not necessarily gonna wake.

You're absolutely right.

Ad: If you still struggle to come up with the right treatment protocol for your patients, you are going to love my third book. By popular demand, I have created a guide for TCM treatments for over 160 common syndromes with acupuncture points, herbal formula, ear points, diet, and so much more, including many, many of my clinical pearls.

It is the game changer for acupuncture students and specifically for practitioners. You can download the digital version on any device, and it comes with many video links to complement it. Or if you're like me and you'd rather have a hard copy version, the publisher ships it all over the world. But before you invest in my Chinese Medicine Treatments Made Easy, I wanna make sure it's everything you were looking for so you can download a sample of it.

Listen to what people who invest in this book had to say. "Thank you, Clara. This is exactly what I needed. I love how you organized this book. It's truly helping me in my first year in practice." Yay. So excited. Bought it immediately. It will be a great resource for studying for boards." That's awesome. "Oh my God, I immediately purchased this, and it is such a bargain price that I almost feel ashamed for paying what I believe is worth of much, much more.

Even as an experienced practitioner for over 10 years, I like your stuff just as much and benefit from it." Yay! All this is just so rewarding for me. So I hope you get your copy if you don't have one. The link is in the show notes below, or you can go to my website, acupointacademy.com, and click the shop tab on the menu bar.

You won't regret it. I put so much heart and soul in it. I hope you enjoy it and benefit from it, and in turn, your patients do as well.

Dr Jordan Barber: So you have a lack of awareness plus male bravado or whatever it is that makes men not want to seek health. And there's a lot that goes on there because men, they're lifting, they're doing CrossFit. All these things can affect the pelvic floor. And to just tie this into Chinese medicine,

when we start thinking about erectile function right off the bat, when we're looking at the nature.

Right. The ING says that the penis itself is an extension of the yin sinew channels. And when we see the sinew channels, in this case, we're not saying just the yin channels, it's calling it the anterior yin, it's the lower sinew channels. So it's all of those, and it sees that it's rigidity or lack thereof, is a reflection of the mechanical.

Purpose of the sinew channels. And I know we've been overcorrected to think it's a deficiency of the kidneys and there's a time and place for sure, and we will discuss that. But right off the bat, it's showing that it is a mechanical first, there has to be drivers to the mechanism and that's where the kidney comes from.

But there's a mechanical component there, and men are beating the crap outta themselves, for lack of better sense, and they'll feel. Weird pains, pain after defecation, slight pain after ejaculation as the pelvic floor has to contract. And the Le Lator anti complex has to do the thing it's supposed to do, but that doesn't make them think there's anything wrong.

And maybe they have a little dribbling after urination, eh, whatever. It's not a big deal, that could happen.

Clara Cohen: That's what they're thinking. "Ah, that's probably common."

Dr Jordan Barber: Big deal. Right? So it's not a big deal. And then it slowly, slowly progresses and slowly progresses. And then the thing is, you know. It must happen to everyone. 'cause of the idea of, you know, Viagra is very common now.

All the PDE five classification drugs, Cialis, et cetera which increases blood flow. But why is the blood not flowing? And, and we could start even just hopefully for the practitioners thinking about Chinese medicine, we're saying blood flow and I already talked about the Sinu channels. We should say, huh?

There's probably something else going on here. So I have a lot of young men. Young twenties, thirties, forties, who you know are having difficulties and then they're trying PDE fives that some have side effects with, and it's helping, but it's not the core issue. And then you have the psychosomatic component as well, which, what rules to sinus deliver, right?

So. What is the smooth flow of qi and we can start thinking about all these connections. There's a large holistic model to this, so I think I'll stop there. So you can just to dig in. There's so much I want to, you know, chow down on here, but.

Clara Cohen: I wanna start first with erectile dysfunction. I love that you look at the pelvic floor as a whole, and of course a lot of things can happen. But let's go on this one because I think there's a lot that we can talk about. Chinese medicine wise, or Western medicine wise, but I'm gonna start with what you said.

You know, like Psychosomatically, very hard for male to talk about it, right? To talk about it with anybody, and then they're gonna wanna talk about it to a male. So that's harder to talk to a female about it. So I totally understand the connection and. How do you make them feel like it's okay, you don't have to be shameful, or like, how do you make them feel so they trust your ability to help them without brushing it off.

There's the awareness, but sometimes I'll just say, Hey, how's your bowel movement? Fine, fine, fine. They don't wanna talk about bowel movement 'cause it's a bit taboo for them. And so it's not that there's no awareness and sometimes there is no awareness, but it's just they don't wanna talk about those things.

So when I say, how's your libido? A lot of time it's brushed off. Yeah, it's fine, but it's very. What's the word? Abrupt. Fine. It's not like, oh, it's fine. It's like, it's that I don't wanna talk about it. Fine. So how do you approach your male patients in a compassionate way so they can kind of relax into it and be able to kind of communicate with you and trust your ability to help them?

Dr Jordan Barber: So there's a few things I'm gonna say there for me specifically, and marketing does half of it. We know the conversation we're going to have because there's a reason why you're here. And a majority of my patients come via referrals because of my PT referral network, my urological referral network.

So there's an understanding we're gonna have that conversation because that's what we do. That's the practice focus. But we don't ask those typical questions that we learn in school. How's your libido? Because that doesn't tell me anything. My libido is, okay, well what's a normal libido, right?

A normal libido to a 15-year-old boy versus a 50-year-old man is vastly different. And I have plenty of 40-year-old men who want a 15-year-old libido, and that's a different conversation. So. It's more of asking what's going on. I was doing an evaluation recently about some difficulties in that region, and, it started about a year ago.

I'm like, okay, well, what's going on? We're just trying to find all the different questions and I will share and make it okay to talk about things. I'm like, were you doing new workouts? Were you doing heavy lifting? Did you notice this when you were urinating? Did you notice an increase in this?

Right. I say it so they don't have to. And then I said, were there any weird sexual experiences that might have occurred? I let them know that it's okay to say weird. It's okay. Like to be, ah, did you know something strange? And in that case it was like, yeah, actually there was. And I'm like, okay, perfect.

Great. So let's figure that out, you know? But the other part is you have to be comfortable with these conversations. 'cause if your QE is not okay with this, even though you're like, oh, I just wanna help them, if you are not okay and you're not gonna blink hearing the weirdest stuff, they're gonna sense it on that subtle level.

So you really have to be comfortable with the work. I think that's like, the only thing I could say is you have to be like, all right, it's no big deal. This is zero judgment, and they need to feel that there's zero judgment. Nothing's gonna go past this door. My goal is to help them, and the more information I can get, the quicker I'm gonna be able to help them.

Because if I get fine fine's not gonna help me. And they know there's gonna probably be a pelvic floor evaluation coming and so. If there's something not fine down there, I'm gonna find it and it's gonna hurt when I push on it. So let me know ahead of time. especially in the perineum et cetera.

With clear marketing clear. Explanation of boundaries. And I have very detailed consent forms too that also set the idea that we're gonna be talking about these things. One of the things I would say is because we wanna acknowledge that there could be trauma related components to any pelvic floor work both male and female.

One of the things is I have on my forms that I ask the question if there's a history of sexual trauma, et cetera, but then I also have a box. Do you want to

talk about this during the session? Right, because I don't want to also have that conversation when we're not ready to have that conversation.

I'll allow you to volunteer it. So you could just say, Hey, yeah, it was in the past. I'll leave it be, or yeah, I do want to have this conversation. In which case if I see it there, then I'll navigate it. So we have to really. Be ready to work in this space. I hate using the word trauma from these days 'cause I don't even know what it means anymore.

'cause everyone just puts it on everything. But we have to be comfortable in the space of someone else's things that they bring to the table and be very judgment free. But I raised the question for them. And let them almost check that box and say, oh, if he can say something strange especially in a like LGBT population, I can say anything and no one questions anything.

Where they might be like, oh, as a, you know, a straight male, I don't wanna talk about these things. Right? I don't care. I just wanna know what happened so I can fix it. That's all.

Clara Cohen: I totally understand that, I think with any subject that you're comfortable with. But having said that, so I think of students or new practitioners, and they haven't had. A lot of experience with treating, let's say erectile dysfunction in school. And so if they come in and they're like, wow, this is really something that would be great if I could help that population dealing with this issue, how would you advise them to be able to be comfortable in, not for themselves, but in obviously putting. The patient at ease, because when you're not really sure what you're navigating, I assume they need, obviously practice, but they need to go and learn more about the male pelvic floor and what can affect it. So that's where I'm going with this. And so I would love for you to explain what do you look for in the pelvic floor?

What is it that you are trying to do? Because when you're talking about, Hey, what exercise are you doing? Are you looking for herniated issues? Like what? What are you looking for?

Dr Jordan Barber: So the first thing I will say is to remind students that from a classical perspective, medicine is one of the paths to cultivation. So any friction that you. You are going to encounter is a friction for your own self to grow and to cultivate and to become more of a yang and upright individual. So it's okay to have the weird sensations.

It's okay to feel awkward. They're going to make you a better practitioner. And if you're not feeling awkward and weird, especially in the beginning, and if you're not feeling like a fish outta water that's when I would be actually fearful. Right? From the FA school. I remember being told by John Barnes who recently passed, he one of the MFR myofascial release people that he said, if you know what you're going to do before you walk in a room, you have no idea what you're doing.

So be okay to just be that empty cup and just say, okay, what's going on today? Cool. Alright, I got some questions. Stay with your training. Now. What am I looking for? It's not all about the penis. In erectile dysfunction. And with the pelvic floor, it's not all about re one or du one, right? It's not all about that area that you don't wanna touch as a student and that you're freaked out and we need to acknowledge that, that you're just freaked out about re one, and I know it because I knew my students, right?

So once we get that outta the area, say it, establish it. Be comfortable that you're. A little weird about this. That's fine. It is weird. Acknowledge it now. We move forward from there. The pelvic floor for me is predominantly anything that can affect the hip complex, which means the entire structure for the most part.

So I'm very, very interested in the lumbopelvic complex, the adductors, quads, hamstrings, those interactions between those areas. Right. In the inguinal crease, I'm very interested in the abdominal core and I'm very interested in the diaphragm and anything going on from like T 11 down.

Into the sacrum. So all the bladder points, toto jaji points. I want to know the interrelationship between those. So that means palpating your channels, looking at the Jin Ji or the Sinu channels themselves. What is happening there? That is where we start no matter what. So in a three J view, you can say, I'm interested in a lower jiao.

Because we could play this, but I'm interested in how the lower jiao interacts with the other jiaos, the middle jiao, and the upper jiao as well, because they're not in isolation, right? The three jiao represent three Jing, Chi and Chen, right? So you can't just have the jing, you can't just have the, shen, they have to be interrelated.

So I'm very interested in the relationship of who that person is from the perspective of the lower jiao. That's where I start. I don't start with their penis.

There are plenty of people that it has nothing to do with down there. It has to do with the larger perspective that we just discussed.

Clara Cohen: Yeah. Beauty of Chinese medicine. It's like, okay, you can give me your symptoms, but let's look where it all started. What's the root cause? We can look around it instead of just what's happening? Because you know, unless. You just have an infection and you have to treat the infection. That's acute.

But the rest of it, we have to look for the root cause. Right. Like I said, I treat a lot of women. I use a lot of the eight extraordinary vessel, specifically the dye, because the dai is just past that pelvic floor so I love to use that. Do you look at this from that perspective in the male perspective, or you look. More for the sinews, and obviously, I'm sure you're palpating a lot that has to be part of the whole process, but what do you look for as well?

Dr Jordan Barber: For me and also from my lineage background, we're not as big on the extraordinary vessels, so I just don't leverage them as much. And my perspective tends to be much more sinew as well as organ function when applicable, right? If there's a kidney deficiency, but that's looking at more the elderly population.

So I'm looking at the sinew, but I'm looking at how the body interrelates with the sinews, right? So what I mean by that is, well, we have to nourish the sinews. The state of the qi and the blood, I'm very, very interested in because of how the Neijing puts it. Of the penis being the extension of the sinew channels, of the lower sinew channels, how things can flow in and down and around there.

Right? So that can be the, the leg sinew channels, yang and yin sides. I'm very interested in any restrictions that could affect flow down there, especially in the younger population. Then I'm interested in the ability to moisten those, which is much more internal medicine if necessary. So I think that is my approach.

And from a sinew needling one of the things I wanna talk about, when the Ming Dynasty really started to categorize things to make things much more simple, they said that the sinews are at the wei level. Yes, we can manipulate the sinews at the wei level.

We know that from dissections, but classics are extremely clear that they bind to the bones and at the joints, the sinews web through everywhere. It's the fascia of the body, right? So we can manipulate it at the wei level. But the sinews are not only at the wei the sinews are everywhere, and it's stated clearly right in the Jingjin chapter of the Ling Shu.

Right. So I wanna make that very clear because when students are learning, sometimes they read that simple passage of the sinews are at the wei. Yes, they are. A hundred percent. They're not lying to you, but to understand the complexity of seniors because we in school Sure. You might see 'em in Deadman.

It's there. Deadman didn't fail you. Right? Or it's in CAM, it's there, but you study it maybe in your channel class as like a side note and you move on. The sinews are so, so important for any structural issue and for a qi and blood flow issue, and Sun Simiao even talked about these things. This is where your ashi needling comes from.

Everything's not just the regulatory nature of the fu, right? That's just not how the classics worked, right? There's so much more, and, and we would be remiss, and we know this already we would be remiss to just say, it's only this thing because in Chinese medicine, it's never only a thing, it's a cohesive model of both internal and external in the world that you live in.

So that's how I approach, it's the long-winded answer, but I approach it from a sinew channel first, because that's what the Naijing says. The penis is. And then I say, why is this in your channel not functioning how it's supposed to? When we got to like the Han clinical lineage, right?

Where we have like juncture Jing, that's when we started talking about depletion and the chi and blood. And in Naijing it didn't talk about that. Right, but it's still a continuation of that same thing. Then we move to like the Su and the Tang, where they start talking about kidney essence depletion. And then what happened? Everyone started using kidney tonics, right? Which is what we know. So then Judang Chi came along and said, stop that. And started talking about menstrual fire, saying like, Hey, sometimes you're tonifying too much. It's not about that. It's about regulating the interrelationship of yin and y.

And then the main, put everything together. And then the Ching to modern age ED got categorized as kidney deficiency, which sure it can be, but for the 25-year-old, they don't lack kidney deficiency. Even a 40-year-old, some of them don't lack kidney deficiency. You can tonify to kidneys all day long. If there's obstruction in your sinew channels, they're not gonna have an erection.

Clara Cohen: I so agree with that. I feel like if it's a 75-year-old man, of course kidney has been slowly, you know decreased, I guess in the essence. And it is normal. You aging, totally get it, but you're absolutely right for the young guy

or because I do a lot of fertility, I see a lot of couples and everything was fine until they start trying.

And then the pressure of having to do it now at this time, 'cause I'm ovulating when you get home from work and you had a stressful day and it's like, okay, I'm ovulating, let's go super romantic, right? So, so that puts a lot of pressure on the partner that has to get an erection on command. And so, that has nothing to do with. Kidney being deficient. He's like 32 and he's feeling really stressed by it. And of course, like you said, there could be other intricate causes. So my next question would be, what are the three most common root causes you see like the top three in young men, that obviously results in ED.

Dr Jordan Barber: I would say 80% of my younger male population respond strictly to like *ashi*, sinew based stuff. They're just obstructed. If you let it regulate, it's fine. Then secondarily, there's a stagnation, usually from deficiency. Right. Overworked. This is New York City. Stress brooding all the things that come, and poor diet, et cetera.

The things that just create poor quality chain blood, right? The magic of Shao yang cannot be understated here, right? You don't need this complex formula or anything else, but also. Better sleep regulation, better stress regulation. I talk a lot about vagus nerve stimulation with my patients. 'cause this New York City, and we might be dealing with bankers and traders and everything else, they're not gonna calm down.

So we just need to get 'em in some sort of state of balance. It is what it is. They're burning that candle at both end. That's eventually that kidney deficiency is gonna come in place, but we're not there yet. So that would be two is just a regular kind of stagnation thing. Then the other part would be true emotional issues where.

It's still part of the stagnation, but there's an aspect of the mind and the spirit itself where's depression or what we call modern psychological issues involved, anxiety, et cetera. But I would say that's a small population and nowhere's in there. Did I say kidney deficiency? Right.

Clara Cohen: I agree.

Dr Jordan Barber: Yeah, that's mostly it.

So if there was a takeaway from here honestly, if they're 60 or under, and I know that the classics say at 50 or 50% deficient, but this is the modern error

and people are taking care of themselves a lot, and they're on hormone and bioidentical hormones, et cetera, regulation. Comes first, whether it's structural regulation or the Qi and flow makes a huge difference.

And if it's just stress, it's still regular regulation with maybe a little deficiency. Improve their diet, give them some right, and they're fine. Like it's, we're not talking about J Chi. Shewan would be like the worst thing for half of these people. And that's like Joo Dan Xi would be screaming like, stop, stop, stop.

No more yang tonics.

Ad: Before we continue with today's episode, I wanna share something that honestly feels like a big moment for me. If you've been following me for a while, you know I've always said no to all sponsorships. I've been approached many times, but I turn them all down because if I don't genuinely use a product or love it, I will never recommend it to you.

But today is different. I am super excited to introduce my very first sponsor, drum roll please, Jane App. I'm also a Jane ambassador, so this is a company I actually use and love. I am saying yes because I've used Jane for years in my own multidisciplinary clinic. Truly, it's the best practice management software and electronic medical record I've ever worked with.

Before Jane, we were using a clunky system that made everything harder than it needed to be. When we switched, the entire clinic felt the difference immediately. Jane is built by people who actually understand what it's like to be a practitioner running a busy practice. One of my favorite features is online booking.

There is nothing better than waking up and seeing patients booking their own appointment while I was asleep. Your patients can book when it works for them, and the wait list feature fills last-minute cancellations automatically. I love that. I used to spend so much time calling eight to 10 people just to fill up one spot.

Jane also automates the things we never enjoy doing, like intake forms, reminders, confirmation. It honestly feels like having an extra assistant handling all the moving parts so you can focus on what really matters, which is supporting your patients and being the TCM rockstar practitioner you truly are.

There are so many features I could talk about, but we would be here all day. If you're looking for a system that brings more ease, more clarity, and calm into

your practice, I truly recommend Jane. You can check it out at jane.app/demo, and because you're part of the AcuPro community, you can use my code ACUPRO1MO, one month, when you sign up to get a one-month grace period on your new account.

The link and the code are also in the show notes below for you. Now let's get back to today's episode.

Clara Cohen: I see this as well because there's also, like when you were saying at 50, the kidney deficient, well, not necessarily. First of all, it all depends on the health at 50, right? A 50-year-old can have the health of a 30-year-old because he's been taking care of his own health and he's.

Doing everything to stay healthy while a 30 5-year-old can have diabetes, have cardiovascular disease, be on 12 medication. He is overweight, has a bad lifestyle. And so it's still but it's gonna be a lot more work because of the lifestyle. And so his age doesn't always tell us anything.

It's more like, well, where are you in your health in general right now? And like you said, where you are in New York City, I can see it. It's very much high pressure, so lots of stress, lots of dysregulation. I could see that happening. I love it. That's great. It's very good to debunk or de myth this, oh, it's just a kidney deficiency and that's all it is and it's not, the other question I have is, okay, so let's say you have young men with the three top issues or root cause, and then you wanna help them. What are your tool of choices? Do you use herbs every time? How do you go about it?

Dr Jordan Barber: First everything's always assessment driven, right? So , I don't have a protocol. I don't have. Anything I have, the right amount of movement of qi for that person as well. You know, that's how the medicine works. With that being said I love the needle. I predominantly do a lot of dry needling, which is just ashi needling.

Mostly non retentive, but I work from a biomechanical framework of interrelationships of these structural issues. That the qi and the blood can flow and nourish the sinews down there. And everything's fine that the second tool of choice is I do like a lot of neuromodulation using electrical stem specific frequencies.

For different effects depending on what I'm trying to do in their presentation. Working at the spinal segments related to the neurological innovations. They're very kind of Western model, but I don't see a difference between classical

views. I'm just using Western words to talk about it. And I do a lot of electrical stim at the perineum and one region, which, when I've told students, they stared at me like I wanted to torture people.

But when you're looking at working at the spinal segments and trying to get to. The, distal innervation of the pudendal nerve or around the prostate, especially if Bulbospongiosus, or in this case ischiocavernosus the muscle that's responsible for the blood flow there, which is at the base of the penis, which is actually behind the testicles forward on the perineum.

There can be a lot of issues with that muscle. And dry kneeling helps with that, but also gentle stimulation in the area can also disperse the area as well as increase neurological innervation. Those are my two main tools as well as a lot of body work, structural body work, Tuina, et cetera, or fascial release.

Clara Cohen: You have the fascia release background, which a lot of students in or new practitioners in TCM don't learn that in school, so they won't have that. So I love when you can combine two different things that you've learned because it makes you such a strong practitioner, right? So that that's an advantage you have.

Dr Jordan Barber: Yeah, and I'll say, majority of the stuff I do is Tuina adjacent. So if you're learning tuina, I know in the States it's required the quality of which, dependent, but because you just don't get time to practice it. But you have the tools in your toolbox.

You just need to learn how to apply it. It's not like you have to go take some special class. It's there and like gua sha by itself. Is fascia mobilization, sliding cup or cupping is a form of fascia mobilization. So you have the tools, so don't think you're deficient. It's just how to apply it and understanding how to apply it.

'cause there's so many of my students that learned all these cool things and they can, they can make it look like you were dragged down the street from Gua sha, but they don't know why to do that. And that's the fault of our training is 'cause we try to teach you so much at once. And the real goal of training in school is to pass a competency exam.

That's the truth of it. Yeah.

Clara Cohen: Yeah, and you're right. I love Tuina. I had a really good tuina teacher, which I'm very grateful for. We didn't have a really good Gua sha so,

there's things that you're stronger at because you had such a good, passionate teacher that taught you more than other things.

So I had to go and look for more courses and more people later on, which. I love, I love continuing education 'cause this is when I learn a lot, patients teach me and then continuing education teaches me. So that helps my practice grow. Okay, so when you are talking about REN one, I wanna go there. Because I feel you were talking about schools in many schools in Canada, in the States, all over the world. I dunno. I'm around a lot of students that have learned OTCM from many different schools. In a lot of schools, nobody has ever done Ren 1 or Du 1 for that matter, which I think is kind of funny.

'cause do one's so easy for patients, you know. Comfortable wise, they just have to lay on their stomach. It's super simple, let's go to red one, 'cause that's the one you talked about and do electrostimulation on it. But how do you need all the points that you've never practiced in school?

That's why a lot of student ask me, because they've never done it in school, which is very sad, but that's the reality.

Dr Jordan Barber: Well, so this goes back to the, you're gonna have to get comfortable first before doing it. And, and be comfortable with awkwardness. You may need to find a practitioner. That you can say, Hey, can we practice this together or find a teacher and get a REN one club in my school, and, and I avoided it, the fully honest state, we didn't teach it, but the teacher I remember said, if anyone wants to learn REN one, I will be staying after class.

And a few of us can get together and we can practice because you don't wanna force that. Especially acknowledging trauma, et cetera. So get three or four people together. Ask a teacher, can we meet, can we practice this? You know, providing your school allows it, and I'm sure they do, but, you know, providing all consent and everything else that's taken care of, you can have to ask.

You have to learn it. Right, or through continuing education. If you do pelvic floor training, you're gonna learn it because I, I do re one, I do a lot of perianal needling working around the anus, the anal sphincter, et cetera. You need to get comfortable touching down there and palpating around there and all the things that come with it.

Du one. It's nothing. We did Du one in school. Honestly, it wasn't a big deal. But yes, I've had schools where they do a ren one kind of accessory class. And

I've had schools that we look at it in the textbook but the irony is they tell you how important that point is and nothing happens.

I've also met people that were obsessed with REN one and they like ren one for everything and I don't think that's the case. I use REN one a lot because of my patient population, but it's not my go-to and it's not the, hello, I'm Dr. Barber. I just met you. Can I see your Ren one? It's not really how the conversation goes either it might not come up until the third or fourth session depending, when I think it's judicially applied.

It's applied correctly, but , it's not erectile function. Ren 1. And here's the fun thing about Ren one. Ren one isn't like the exact textbook location. Palpate around, because if you're working a stricture. And a stagnation. You need to find where the stagnation is. If you're trying to work re one from the end of that vessel.

Okay? Then you can go for that location, try to obtain the qi, try to get a strong sensation to move around. But in this kind of work, majority of it's about strictures and blockages at the perineal base. So you need to palpate around it and find out where you're going.

The one other thing I would say is work with your partner, male or female. Everyone's ran one is basically the same. So get comfortable palpating yourself and feeling, 'cause I promise you a lot of guys have not palpated around there. Palpate. Feel what feels normal, what feels different. Realize that one side is different than the other.

Right? Palpate other people's on your boyfriend or girlfriend or whatever, start feeling you. I don't recommend needling your partner unless they're down with it. That might put a monkey wrench into your relationship. But start learning how to palpate, palpate the anus, palpate around it. Not to get into a kink awareness type thing, but you have to be comfortable with these things if you're gonna do the work.

And you have to be comfortable with anatomy. You know, because you don't want your patient to be the first anus you palpated. If you think about it, like, you know, it's like, Hey, I've never done this before, but hey, what's going? That's how you're gonna get sued.

Clara Cohen: Yeah. 'cause you wanna be so respectful. So mindful. Communicate with your patient, tell them what you're trying to do, what you're trying to accomplish, what are you looking for? Exactly right. So

Dr Jordan Barber: Yeah. How many shoulders did it take for you to learn what a normal shoulder felt like? And then your sample set is one or two for the perineal base. Yeah. You need to palpate.

Clara Cohen: Yeah, makes it difficult.

Dr Jordan Barber: Yeah.

Clara Cohen: You're absolutely right. So for students to be able to go and ask a teacher and say, Hey, can we do this together? And whomever is comfortable. So I think that was a great great point and thank you for sharing that.

My next question is, let's say. The patient comes in and they're on medication because they're trying, maybe because they have a disorder, you know maybe because they're trying to help themselves with whatever is out there to help them. Do you still combine medication with Chinese herbs?

What do you do when it comes to herbs and medication?

Dr Jordan Barber: So I take a classical view of. Practically everything. 'cause that's just my background. I'm not saying it's right, I'm just more declaring my bias. But that's the thing you're taking. When I'm assessing you, it's affecting you. Right. So I use that and I write to who you are, not to the pattern. So if there's already a blood mover, right, a PDE five, I'm probably not using as many blood movers and I'm probably decreasing the chain mover on there, but.

It's probably has a yang ascending aspect, or the Yang might be more untethered and it might be more of a grounding or it might be creating more substance. Just depends on that presentation. Do you get hot flashes when you take your PDE five? If they're taking something like Cialis, which is low dose constant then I'm taking their pulse with it in them, so I'm writing for that.

And they, if they're still stagnant, they're gonna get chain movers. It's no big deal if they're taking like a high dose snail or like Viagra or the other short acting ones. There's like var nil and stuff like that. I've forgot their brand names. Those will last for like four to six hours.

So I want to know what it's like when they take it, right? Are they getting an up rush of yang? Are they getting this and that to know what's happening in their system? Because at the end of the day, all it's doing is facilitating the movement of blood into that specific area. So it's already telling me what's going on or I

don't give them the herbs and I just regulate the channels because we have a thing that's already doing it because they're young.

I might just give them some, you know, digestive herbs or tell 'em to just take digestive enzymes. I'm not afraid of functional medicine. It might be more easier for them to take, and now I know they're gonna be less bloated. They're gonna be less damp, they're gonna make better qi, they're gonna make better blood.

And I tell 'em to sleep in a dark environment so they get better rest. Silly little biohacks, but they're 20, they're 30. That's all you need.

Clara Cohen: Yeah, and when they're young. Specifically very strong and not sick. They don't have an illness, let's say.

Dr Jordan Barber: The thing that I would say is I don't treat these patterns, right? The patterns are your learning tools, right? I treat the human. So where's the leverage point? And this is the thing in the book is really learning where the leverage of the system is. Where is my leverage point?

If it's diet and stress, I treat the diet and stress, right? I'm not giving the erection herbs, I'm not giving horny goat weed, right? That's very westernized, that's where I say west in a negative way. That's silly, right? We're not no longer being a Chinese practitioner. I'm looking for the leverage and I leverage the system, and if the system just needs better sleep, I give them better sleep.

If they need to digest more, I give 'em more digestive herbs and I don't care about their penis, right? They don't care about their pelvic floor in that case, because if you leverage the system correctly, the person gets better.

Clara Cohen: It's treating the person as a whole, which is the beauty of Chinese medicine, and educating them about, okay, if you change this and you improve this, like your sleep, your diet, everything allow yourself to found ways to de-stress. All that will help as well. Right? The ball is in their court, right?

They can also work. We're not working. One, I'm working and you're just sitting there. It's like, we're a team and we're doing this together. Right. I appreciate you sharing that as well. 'cause that's a big thing for me to just work as a team and educate the patients on all the things they can do to improve their own health so we can walk the path together and not just. Us doing the work and them sitting there. So I appreciate that. If you had one more parting wisdom to

share with my audience before I let you go, concerning or regarding Chinese medicine and erectile dysfunction, what would it be?

Dr Jordan Barber: The adductors. I know this is a silly statement, but the amount of leverage that the adductors has on the pelvic floor. Also think of the sinew channels. You have at least the three true yin sinew channels running through there. If there's ashi's, if there adductors are tender, honestly, and for practically any pelvic floor dysfunction whatsoever, so male or female, if you can regulate those adductors and get 'em soft.

Whether ashi needling, whatever you want to do, who cares, doesn't matter. You'll see a massive change. So that's my part. It's a silly, simple, low level practitioner thing, but 60% of my patients get better on that. So.

Clara Cohen: I don't think it's silly. I don't think it's low level. I think that you look at different things and when you have someone that has years of experience and really is passionate about helping the pelvic floor area and you feel like the adductors is what I see a lot and the liver, the kidney, the spleen, they all go through this.

So it's like, yeah, it totally makes sense. I think that's a great answer. I love it.

Dr Jordan Barber: One of my main things I used to always say when I would teach is you just need to go back to the basics. Our medicine is very simple. We made it complex and we need the complexity to parse things out, but the medicine in an application is very simple. Keep it simple, and you should get really good results.

Clara Cohen: I had a teacher who used to say all the time, if you don't know what to do, go back to the basic, go back to foundation. And it's so true. When I teach, I say that all the time, just go back to foundation. Don't get all, oh my gosh, I don't know. There's so many things. Where do I start?

What do I do? And I'm like, just go back to foundation. Go back to the basics. Start from there, then you can expand, but. back to foundation or the basics is great advice. Thank you so much Dr. Jordan, for coming to talk about a subject that we never had anybody coming to share, especially because you have all this experience.

Thank you for spreading the word about Chinese medicine, of your book. And like I said, we'll have the link below and I appreciate your time. Thank you for coming on the show.

Dr Jordan Barber: Thank you. It's been a great conversation and I hope it's. I'm used to the practitioners and students, and ultimately the patients.

Clara Cohen: It will be.

Thank you so much for spending your time with me today. I truly hope you benefited from this episode, and I would love for you to share it with a friend that may benefit from it as well. Follow the show, leave a review, and if you want more, go to my website, acuproacademy.com. I have tons of resources there with treatment protocols, case studies, free courses, and so much more.

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