

M.M. Van Benschoten, O.M.D, CA, Inc.

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My Interview with Matt Van Benschoten, OMD and noted Chinese Herbalist

In December 2009, I began my studies as a new associate of Matt Van Benschoten, Doctor of Oriental Medicine (OMD). I had read some of his articles online (www.mmvbs.com), and knew he had developed a unique diagnostic method to identify western pathology with great precision yet he treated exclusively with Chinese herbs. I also knew that he has spent most of his career successfully treating very sick patients. I was intrigued and felt at some point, I would study with him. Just as he was ready for a new associate, we were introduced, and my clinical practice has not been the same since.

With such a wealth of knowledge and experience and his genuine desire to educate, I took the opportunity to interview him.

How did your interest in Chinese Medicine begin?

I was at UCLA in the late 1970's on an academic scholarship intending to become a pediatrician. As an undergraduate, I worked in critical intensive care at a local community hospital. What I saw was not exactly harmonious with my idealistic notions of medical practice, so in my third year I left UCLA. I had an interest in Asian culture because of close friends who were Chinese and Korean. I bought a book on acupressure, and soon afterward a friend came over complaining of chronic back pain for several years. He had been to orthopedic surgeons and chiropractors, yet he was in constant discomfort. He walked through the door complaining of how bad his back was hurting. I had him lie on the living room floor and held the book in one hand while pressing points on his back with my thumbs. He stood up and was pain free for the first time in 4 years. There was something very powerful going on here, so I searched for training programs in the US, Taiwan, and with the World Health Organization without success. Months later I was reading the East-West Journal and on the last page there was a 1x1 inch ad that said

"California Acupuncture College classes starting January 1978." I called the number and found the head of the UCLA Acupuncture Research Project was running the program, Steven Rosenblatt, MD, PhD. I was in the first graduating class out of that institution in 1980; there were seven of us. As I was finishing my acupuncture training, I met Professor Hong-yen Hsu, the director of the Taiwanese FDA, the Brion Research Institute, and the Oriental Healing Arts Institute in Long Beach. He offered me a fellowship to study with him for four months that turned into four years. I ended up teaching herbal medicine classes for him, and at three Southern California acupuncture college campuses. I did that for 4 years from 1980-84. This is my 30th year in clinical practice.

You have created a very unique diagnostic method. How did it originate and can you describe it?

Because I was training many acupuncturists in herbal medicine, my practice went from treating stiff necks and sore low backs to dealing with life threatening illnesses as my students were referring me their worst cases. I found after a year or two in practice that the TCM training I had was not adequate to deal with terminal cancer, end stage heart disease, autoimmune processes, serious psychiatric disorders, and everyone else's failures. I spent a lot of time and money investigating modern diagnostic approaches in acupuncture, electro-diagnostics from Japan and Germany, auricular medicine from France. I concluded that these methods were not reproducible and were often of questionable legality. I still had this feeling that using the acupuncture system as a diagnostic tool was important and valuable. Combining ideas from the electro-acupuncture system of Voll and Nogier's auricular medicine I developed a technique that uses Omura's bi-digital O-Ring Test to measure infrared light emission at acupuncture points using the fingertip Shi Xuan points. I started publishing papers on the technique in 1989 in the American Journal of Acupuncture and began teaching the method to

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acupuncturists and medical doctors in the US and Europe during the 1990's.

You exclusively use Chinese herbs to treat your patients. After so many years in clinical practice, what is it about Chinese herbs that help you be so precise and effective in treatment?

The strength of using Chinese herbal medicine as the primary treatment modality is that you have a huge amount of evidence to back up your clinical decision process. There is an encyclopedic amount of research information on the pharmacology of Chinese medicine available through the National Library of Medicine online which I have been collecting over the past 15 years. Professor Hsu was deeply interested in the classical knowledge base of Chinese medicine, but he insisted on it being looked at through the lens of laboratory science to verify what was real and what was clinically effective. We translated the Shang Han Lun in the morning, and interferon research in the afternoon. My approach to using Chinese herbal medicines is to apply evidence based data to make good clinical decisions and get a superior clinical outcome.

The vast majority of your work with patients involves customized Chinese herbal formulas. When and how do you incorporate acupuncture into a treatment plan?

Most of my patients are the failures of other practitioners. Patients come to me after seeing 10 or 15 other medical doctors, chiropractors, acupuncturists and herbalists. My patients have already been treated with classical pre-manufactured TCM based prescriptions and have undergone long courses of acupuncture treatment without benefit. For that reason it is rare that I use acupuncture in my clinical practice because most of my patients are already pre-selected as not acupuncture responsive. My patients have more serious and life threatening illnesses than what the average acupuncturist sees. Based on my knowledge of the physiology of acupuncture, I get better

results and a more profound effect on symptoms and laboratory values by giving herbal medicines. Part of the logistics of doing TCM in a Western society is that many people do not have the time or patience for long courses of acupuncture treatment. They would prefer to show up for a single office visit and have someone wave a magic wand and then not have to show up until months or years later. My approach has been to use the acupuncture system as a diagnostic tool to make very precise herbal prescriptions where the patient treats themselves 4 times a day by self administering herbal medicine. I can see them once every three months and get results that surpass the effects of daily acupuncture treatment. We live in a very toxic environment; heavy metal poisoning is almost an endemic illness in our society. Many people simply do not tolerate needles being put into them; 15% of the population has nickel allergy so at least 1 out of every 10 people might react badly to acupuncture treatment. In China, acupuncture represents about 30% of TCM practice and about 70% of it is herbs. In my practice, I see acupuncture as emergency medicine. If someone comes in and they are in acute excruciating pain, I can give them immediate relief. But the long term solutions to those problems I see as being more amenable to the effects of herbal medicine.

What role do Chinese Medicine practitioners play in today's health care environment?

Primarily we are still the medicine of last resort. People are not coming to us with their problems in the initial stages; they are coming to us after they have failed with conventional treatments. When you have positive results with those conditions and you develop a reputation for doing so, then you may start to see patients that see you as the medicine of first resort, but at this point, I think that is less than 10% of the practice.

How has our profession evolved over the course of your career? Where do you see it heading?

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I have seen the acceptance become much greater. Thirty years ago patients used to get thrown out of their doctors' offices for even mentioning the word acupuncture. Now medical doctors can take a weekend acupuncture course. Of all alternative modalities, acupuncture is the most accepted as having a scientific basis. I think one of the exciting parts of the development has to do with the use of functional MRI studies that are extremely compelling evidence for the benefits and the neurological effects of acupuncture treatment. We are still struggling with things like insurance coverage, and with certain perceptions of Chinese medicine. There is still work to do, most definitely.

You mentioned that when you first finished school your knowledge at that time was inadequate to treat the patients that you had in your clinical practice. Do you feel that the education today is better suited to treat more people?

I think the fundamental issue with any medical training is that no matter how many years you spend in school you are getting just the basics. When clinical practice starts, there is a whole other level of learning and understanding that has to occur. Difficult patients are the most valuable teachers. The really tough cases drive your development and growth as a practitioner.

For new graduates, the world of Chinese Medicine is so vast and varied, that finding their own identity and direction as a practitioner can be a challenge. You have clearly found yours. Do you have any advice for the Acupuncturist fresh out of school?

The evolution of practice is best dictated by the needs of the patient rather than a personal agenda. One of the best things about being a caucasian doing Chinese medicine is that we can have the flexibility to use a different approach depending on the patient. For a delicate, very fragile, very sensitive patient, a Japanese approach with fine needles and small doses of herbs would be appropriate. For a big football

player with a sports injury, a Chinese approach with thicker needles, strong stimulation, and heavier herbal dosing may be better.

How would you like to see your practice develop and grow going forward?

That is something that I never really thought about. If someone would have told me when I started practicing that I'd be running a clinic with seven associates, teaching in Europe, publish over 50 papers, and collaborate with major medical institutions, I would have thought it to be a hallucination. You just have to show up and see what happens.