Multi-Drug Resistance and Chinese Herbal Medicine
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Introduction
The contemporary acupuncturist works with chronically ill patients that have several biomedical diagnoses, multiple pharmaceutical medications, and extensive laboratory testing. Attempting to fit these complex chronic disease patterns into zang-fu syndromes can be both difficult and contradictory. In many cases, diagnosis and therapy based on traditional syndromes and formulas will fail to produce optimal results due to multidrug resistance from long courses of pharmaceutical treatment.

Urinary and respiratory tract infections are good examples of conditions in which classical formulas are often ineffective due to antibiotic resistance. Many patients with kidney and bladder infections fail to improve with classical herbal formulas such as Ba Zheng San (Eight-Herb Powder for Rectification) and Long Dan Xie Gan Tang (Gentiana Decoction to Drain the Liver). By adding herbs with powerful antibacterial effects such as Zhi Zi (Fructus Gardeniae), Qu Mai (Herba Dianthi), Mu Tong (Caulis Akebiae), Huang Bo (Cortex Phellodendri Chinensis), Yu Xing Cao (Herba Houttuyniae), and Pu Gong Ying (Herba Taraxaci), rapid results in long standing cases of recurrent cystitis may be achieved, as long as the dosage is large and frequently administered (4 to 6 grams of extract every two hours until symptoms improve, then every four hours).

In chronic sinusitis, bronchitis, and asthma, it is often necessary to combine the most powerful constituents from several classical formulas, adding their antibacterial agents to optimize results. Combining Cang Er Zi San (Xanthium Powder), Xin Yi San (Magnolia Flower Powder), Yin Qiao San (Honeysuckle and Forsythia Powder), Sang Ju Yin (Mulberry Leaf and Chrysanthemum Decoction), and Ge Gen Tang (Kudzu Decoction).
In acute pneumonia with fever, Zhi Mu (Rhizoma Anemarrhenae) combined with Yu Xing Cao (Herba Houttuyniae), Huang Qin (Radix Scutellariae), Zhi Zi (Fructus Gardeniae), Xuan Shen (Radix Scrophulariae), Sang Bai Pi (Cortex Mori), and Di Gu Pi (Cortex Lycii) can produce excellent results if given hourly until fever clears. This combination includes elements from Bai Hu Tang (White Tiger Decoction), Huang Lian Jie Du Tang (Coptis Decoction to Relieve Toxicity), Yang Yin Qing Fei Tang (Nourish the Yin and Clear the Lung Decoction), and Xie Bai San (Drain the White Powder).

Solving these clinical difficulties demands a comprehensive knowledge of classical formulas, and understanding the approximate equivalence of biomedical concepts and diagnostic labels to Chinese medical theory. With this combination of information, we can apply herbal medicines and modify classical formulas with evidence based on both laboratory pharmacology and traditional Chinese medical theory, obtaining optimal results in complex cases, such as multi-drug resistant strains of bacteria.

Multi-drug resistant bacteria such as Acinetobacter baumannii are especially difficult to combat. The number of fully active antibiotic options currently available to treat infections with MDR Acinetobacter baumannii is extremely limited. The author collaborated with Yoko Miyasaki, M.D., and the Phytotherapy Research Group at Cedars Sinai to research Chinese herbs effective at inhibiting multidrug resistant Acinetobacter baumannii.

The study measured the in vitro antibacterial properties of 60 select herbal extracts against MDR-A. baumannii using the same rigorous testing standards as those routinely used to evaluate any potential pharmaceutical-derived antimicrobial agents. The sixty herbal extracts were chosen for initial screening based on the current biomedical literature on the antibiotic activity of herbs against resistant pathogens such as MRSA, and the traditional uses for respiratory infection syndromes. Herbal extracts were obtained from Sun Ten Laboratories, Inc. (Irvine, CA, USA), Evergreen Herbs & Medical Supplies (City of Industry, CA, USA), Bio Essence Corporation (Richmond, CA, USA), Blue Light Inc. (Ithaca, NY, USA) and Mayway Corporation (Oakland, CA, USA). These facilities produce highly purified herbal extracts in compliance with Good Manufacturing Practices enforced by the United States Food and Drug Administration.

Almost one third of the herbal extracts tested demonstrated in vitro activity against MDR-A. baumannii. The untapped source of herbal medicine may prove to be vital to the development of new antimicrobial drugs. Conventional antibiotics are certainly efficacious for bacterial infections, but decades of misuse and abuse have undermined the effectiveness and led to new strains of resistant organisms. Herbal medicine is a less expensive solution, and may not cause the same type of side effects that conventional antibiotics do to the gastrointestinal flora. When combined with conventional antibiotics, it may produce a synergistic effect, leading to more efficient eradication and decreasing the risk of continued antibiotic resistance.

This article was taken from the following:

About the Author

Dr. Van Benschoten is a graduate of the California Acupuncture College of Los Angeles, with over 30 years of clinical, research, and teaching experience in acupuncture, Chinese herbal medicine, and medical Qi Gong. He is the author of more than fifty papers on acupoint diagnostic methods, chronic fatigue syndrome, AIDS, autoimmune disease, breast cancer, mercury toxicity, and indoor mold exposure. His clinical practice focuses on multidrug resistant infections, immune dysfunction, and environmental illness.

To learn more about pulses and herbs, Matt Van Benschoten is speaking on the following topics for Lotus Institute. All classes are 8 units.

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