

CC: My guest today and I had a difference of opinion. I love that because often we agree and we learn from each other.

We share the same kind of views. We had different views and I think this is how we all grow because listening to the other side, you're thinking, ha, I never thought about it that way. And so to me, having a difference of opinion is so key for people that are listening to see, oh, there's more than one side and more than one opinion when it comes to so many subjects.

Well, today the subject is, we talked about reproductive health, specifically fertility with Mike Berkeley, who is a licensed acupuncturist and herbalist in New York City. And you are going to love him like I did because he is in your face. Passionate, telling you exactly what he thinks without filter, completely honesty.

And that to me is so refreshing. So get ready for a fun episode. 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!

I want to welcome Mike Berkley to the ACUPRO show today. I'm so glad you actually agreed to come on the show because I've been looking at you from afar on LinkedIn and I just love what you do because I love reproductive health, specifically women's health I'm so glad you're here.

MB: It's a pleasure to be here and thank you very much for inviting me. It's an honor to join you.

CC: You've been practicing for a long time, like over 25, 27 years, so a long time.

MB: Yes, indeed.

CC: What you have done is you have created the Berkeley Center for Wellness for Reproductive Wellness in New York, which is literally a hundred percent focus on reproductive health.

So that's very rare because, some people will have some focus in their practice, but they'll do other things. You are actually a hundred percent dedicated to reproductive health. Fertility and reproductive health. So I love that. So we're going to talk about this, but before we do, I want to ask you, How, first of all, did you get into acupuncture, TCM? Then we'll talk about how you got into reproductive

MB: Yeah, so I was involved in sales. And I had a couple of different companies. I had a computer company that I owned and had been studying martial arts with a guy, in New York

City. Thank you who was an acupuncturist, I knew nothing about acupuncture, nor did I have any interest in it. , one day he said to me, you should learn how to help people. And I was uh, It's nonsense, this acupuncture. And then I was reading through a newspaper, . And as I was turning the pages, I saw an ad from Pathe cific College of Oriental Medicine in San Diego, California. And, the ad indicated that they were opening a facility in New York City and they were inviting the public to an open house. And I thought to myself, it's very odd because Tom just was telling me about acupuncture. And I said, let me go and see these people talk. , I had no expectations. , I actually went and, chills and tingles ran up and down my spine because I was so impressed with, the intellectual acuity and the honesty and the presentation put on by these acupuncturists. And I decided to take one class just once a week and six years later I left.

CC: That's awesome. I love how you changed your mind you were not quite open, but you decided to go, which means you were open a little bit and then you went right in. So that's so good. That's so good to hear because a lot of people will have that story where it's like, well, I had acupuncture and I really loved it and it helped me.

So I wanted to help people or it's in my family, but it's never been where someone's like, I had no intention, but, I went to check it out and then BANG!

It totally rocked your world. So that's really cool. You did the program in New York and then you started your practice, obviously.

Did you start right away and decided on reproductive health or that came later? And why did you choose it?

MB: No, I didn't start with reproductive health. When you first open a practice, you'll treat a dog or a cat that walks in because you need to make the rent money, so I was treating everything and everybody for everything. And I was married at the time. My wife had some difficulties getting pregnant.

We had difficulties. I had sperm issues and she had, I think, anti-sperm antibodies. We never ended up going to a gynecologist or reproductive endocrinologist. She went to an acupuncturist and months later she got pregnant. And my son, In about a month, will be 30 years old. I attributed that young man to the needles in my wife's body. So it was at that point that I decided that I wanted to get into fertility because I found it to be nteresting and I found it to be something that you can never learn. And I like to study things that you can never learn. I study martial arts to this day and I know nothing and I've been studying my whole life and that's what I love about it. And so with acupuncture and herbs, if you had 70, 80 years of good mentation to study, maybe you would get a good handle on it. So I was very interested in fertility for that reason. I was also interested in treating fertility because I wanted to help people have babies.

Because I had gone through this infertility, issue myself. And it's been both rewarding and frustrating.

CC: I so understand that because I've, I focus a lot of my practice, not entirely to women's health, but so a lot of it is fertility and it is rewarding, challenging and frustrating. Absolutely.

MB: Absolutely, indeed.

CC: So then you decided you were the first one to open in a clinic that was entirely dedicated to reproductive health, right? So you basically abandoned everything else and went focus right in on jumping. I think a lot of new practitioners or even students that are on the way finishing school have always said to me, Oh, I don't want to focus on something because then, nobody's going to come and see me except those people.

And it's going to take forever to get busy. And I say, No, usually it's the opposite. But can you talk about the fear of focusing because you're not going to be busy? Because at least when you do everything, then you can treat everybody. Okay.

MB: Yeah, it's a good question. There's not a definitive answer. The answer is you can be an Uber driver or you can be a neurosurgeon. You can work as a volunteer for the rest of your life and help people for no money. Or you can try to make millions. It makes really at the end of the day, not a bit of difference. It only makes the difference to what you want to do. Now there is a reality of money.

So, if a new practitioner goes into, to business as an acupuncturist, I suspect that from a business perspective it's better to treat everything because number one, they don't know enough. to specialize in one thing and number two, they need to open their gates very wide. So everybody and anybody can come in.

But if somebody develops an interest in neurology or eye problems or chronic headaches or temporomandibular joint disorder they may want to consider becoming one of the leading experts in the world in that field. And then they find the reward greater because whether or not they make more money is only a part of it. The other part of it is that everybody has imposter syndrome. I've been in practice for 27 years and even I had it up until about, 20 years of being in practice. And now I don't.

And now I can sit in front of any reproductive endocrinologist in the world and debate with them and have an argument with them or have a conversation with them. Do I know as much as they do? Absolutely not. But I know enough to be really good at what I do because I've spent so much time in this one field. So I think it's really first about the money and second about where your heart leads you.

CC: You're right. I think you have to be excited about the subject. And I always say it's either, something you lived, which may be affected you, you have thyroid issues, so you want to go into thyroid health, or it's something you loved. It just really excited you. And this is something that you wanted to You know, when we come out of school, we know nothing anyway but we are here to help everybody and our patients are going to teach us a lot of it.

Plus we're going to take, more courses, classes, talk to more people, be, read more books and then start to learn more, apply it and see what happens. And as we grow, I've been practicing for 21 years, so not as long as you, but I love Chinese medicine because I feel like. Although I know more than I did 21 years ago, I know nothing.

So I love that you said that because it's forever challenging, forever a learning process. And if I'm not learning, I'm bored. So I love to learn. So this is a good place to be when you're in Chinese medicine because you'll learn forever.

I know that obviously you are working with this amazing, reproductive health. How do you build relationships with reproductive endocrinologists who have fertility clinic, let's say, in your area in Manhattan?

MB: There's multitudinous ways to develop relationships with anybody and anybody can send an email or send a letter or approach them by just going to their office, et cetera, et cetera, et cetera. And all very complicated and it's never easy. I don't care what anybody says. It's never easy. I have relationships with some reproductive endocrinologists. Many of them don't believe in what I do. Some of them don't believe in what I do, but they really like me, we're friends, so they send me patients anyway. A few of them do believe in what I do, so they'll send me patients. I think here's the real trick. This is not about, are you a nice guy, or a nice girl, or a nice woman. This is how you really have to roll.

This is how you have to play. You have to find a reproductive endocrinologist. Introduce yourself and go and meet that person and not ask for referrals, not ask for referrals, but say to the doctor, I want to refer patients to you, I'm treating these patients, I want to refer patients to you, and then refer that doctor some patients. And remember, at least in America, a patient, an IVF patient is worth. between 15, 000 and 150, 000, depending upon the clinic and depending upon how many times the cycle fails. So when you send a reproductive endocrinologist to a couple of patients, then your biceps become very big. Then you become very strong. Then you can go back to the doctor and say, Listen, Dr. Jones, I've referred you to patients. I would be very grateful if you would consider sending me patients as well. Let's really start a referral based relationship. Listen, I have a resources page. How about I put you on my resources page? Do you have a resources page?

Please put me on your resource. Oh, you won't? Well, how about you let me put my cards in your waiting room. Even better, how about if I give you my cards and you can send patients to me just the pre and post embryo transfer acupuncture. So you really start developing the relationship by giving. And I used to focus very strongly on developing relationships with reproductive and I've given that up. It's not a bad thing to do and it's not a wrong thing to do, but at the end of the day, when you finally feel your own power and you finally feel your own strength. You must start marketing to the marketplace, not to the doctor. You must start marketing to the patients and saying, I know that you've had several failed IUIs and several failed IVFs, and now you're about to do donor reg, but have you tried acupuncture and herbal

medicine? No, you have not. Give me a call and let me answer your questions. And so to direct your energy, your chi, your power. to the patient population is where I'm at now. I'm not trying to say, Oh please. Can you send me a patient? Can you send me a patient? That's how I used to be because we feel desperate and we need, we want that. But at the end of the day, it's like, listen, you don't want to send me a patient.

That's fine, bro. I won't send you a patient either. So I'll miss my 150 fee and you'll miss your potential of 150, 000. What do you want to do? So I'm a little arrogant these days, mildly arrogant with these doctors. I don't suggest it for new people, at this point, it's like, listen, you want to have dinner and have a few drinks or not?

What do you want to do? Boom. That's it.

CC: Yeah, because you've had the experience and I understand that. I'm going to go back to that first part when you were saying, give, don't expect anything in return right away. And I think that's. Something that people really need to learn that lesson in everywhere in their lives, because people always demand demand, and they're not ready to give anything back.

And it's like, well, if you want something from me, maybe, there's something you could give me in exchange to start with, or you're the one reaching out to me, right? I'm not looking for you. So I totally get that. In Vancouver, what's great is the fertility clinic in Vancouver is absolutely.

Love acupuncture for pre and post-embryo specifically, obviously, like you said, because they are all about numbers, right? On their website, they can say our success rate is whatever 47%. And so if they think, okay, acupuncture is going to increase that success rate, then, Hey, we're all for it because our numbers look better.

So that's the first thing. So when I first contacted, when I. was, trying to contact reproductive endocrinologist. I went and looked them up, look at the bio. And I saw that one of them is sister was a naturopathic medicine doctor. And I was like, Oh, that's a good connection. So I'm just going to go and meet him and, All I said was literally, I was like, Oh my God, you have a sister that's a naturopathic doctor.

And I said, all I have to say is we've had a lot of patients in common. I have a lot of patients that come and they love you. They really like the way you treat them and the way you talk to them and you explain everything to them. So they really enjoy that relationship. And so what I wanted to say to you, because I'm in the suburb of Vancouver and they are in Vancouver, that if ever you needed help for, patients that are in that suburb because it's harder for them to come all the way in and out all the time, then let me know.

I'd be help. And it's exactly what they did. They put me on their resource page as, Hey, if you need acupuncture in that neighborhood, then you can go see this person, right? So that's how we did it. And for me, it was more about meeting them to know them a little bit because patients would come and sometimes they have great things to say about somebody.

And sometimes they don't have great things to say about this. Person that's taking care of them. And as we know, it's very emotional. It's financial, it's physical, specifically for the woman when she goes through the whole IVF, specifically. And so, to have some knowledge about, met someone, and I'm like, yeah, that person is a little bit less emotional.

Cocoon-ish is it's a bit more abrupt, and in the way they talk, but I've met them. They really know what they're talking about. So they're really good at what they do. They may not be great at giving you the information. And so I know that person is a really good person. It's just that it doesn't come across that way.

And then I can see that because I've met them. If I didn't, then I get an opinion in my head going, Oh, that person's not good. Right. So. To me, it was more to try to see how I can take care of my patients and know the people, the other health care practitioners that are helping those patients. However, in the second part, when you talked about now, you just, you obviously wanting to tell people that there are other avenues and that they can try acupuncture and herbs and lifestyle, et cetera.

I think a lot of patients want to do that first. They want to do everything naturally because they didn't sign up when they got married to have a baby through IVF. That was not their ideas. They didn't think of that. So they want to do everything naturally, but it's that, Oh, you're getting old.

More women are having babies later, or your eggs are shrinking. The ovarian reserve is getting low. You don't have much time. And it's that time, that patience, I can't, I've got to do it because we're running out of time. How do you address that with patients?

MB: I'm going to say something that might surprise you.

CC: Sure. I like surprises.

MB: I will not see a patient unless they're under the care of a reproductive endocrinologist. We cannot do what reproductive endocrinologists can do, just like they cannot do what we can do.

So let me give you some medical examples. A patient comes in to an acupuncturist and she's 35 years old. And our husband's 34 years old and she says, we've been trying for a year and we haven't gotten pregnant. And would you please, we'd like to get treated with acupuncture herbs and the acupuncturist says fine and does an intake and checks the pulse and looks at the tongue and arrives at a pattern of disharmony and the treatment principle and proceeds. And of course the patient never gets pregnant. And why is that? Because the patient has bilateral. Blockage and scarring of the tubes, or because the husband has extremely low volume or low sperm count, or very poor motility pathology, et cetera, et cetera.

Or because there's a possibility of multitudeness pathologies that are contributing to the case. And so when an acupuncturist takes on a patient. without a reproductive endocrinologist being

involved. In my not so humble opinion, I think it's stupid and irresponsible and ignorant and a huge clinical mistake. So, patients may call me and I'll say, listen, I won't touch you. First, you have to go to this doctor that I'm going to recommend, or go to any doctor you want, get an evaluation, and then come back. Now, frequently, I will diagnose patients where reproductive endocrinologists have not. We can get into that more later if you'd like. But at least I know what the basic semen analysis says.

At least I know that there are tubes are open. Or now I know they're not open and now I know they must do in vitro fertilization. So taking the pulse and looking at the tongue is complete nonsense in modern day Chinese medicine. In my opinion, I know I will get slack from 50, 000 acupunctures, but I don't care. Because I am who I am, I'm a black belt, and if you want to beat me, come on the mat, we'll fight, it's fine, it's all good. this is my position.

CC: And you know what? You're on fire. I could see how passionate, you are about this. And I agree with you in the fact, it didn't surprise me a lot because to me, it's like, you're absolutely right. If there's a physical issue. Like block tubes. It's not like acupuncture is going to open it and the eggs going to descend.

MB: There's no magic. There's no magic. Right? A woman who has a period every single month and her ovaries look clear, but she has hyperinsulinemia and elevated androgen levels.

What's the case? She has polycystic ovarian syndrome, and therefore you must address this patient from a Western medical perspective as having elevated androgens and elevated insulin, a reduced sex hormone binding globulin, Take that Western information conflate it with your Chinese medicine intake, and then arrive at a differential diagnosis.

What I have found is that understanding the Western medical diagnosis actually and significantly helps to inform me about creating a Chinese pattern of disharmony.

CC: Agree. Absolutely. I think for anything, the more information you have, the more data, the more information you have, the better you can look at it from the perspective. Okay. Okay. Do we have a solution for this? What is the solution? What can Chinese medicine do? What can the reproductive endocrinologist do?

Like, what can we do? you're absolutely right. When people come in, we're like, oh, we've been trying for two years. I'm like, have you done tests? Have you done day three, day 21? Have you done, like, everything? I'll ask. And they're like, no. I'm like, Well, we need to know because if something is wrong, like low morphology of like zero, you're like, well, now you could keep trying.

If you have zero morphology, what are we going to do here? Like, and that's the thing often when, for me anyway, it's the woman that will come in first. It's not a couple.

Especially when it comes to fertility I would say, because it's not only, an issue that people are dealing with. But it's an emotional issue because the emotion that's associated with like, we're failing, I'm a failing person, all this guilt and everything that comes in on both parties, right?

The reproductive parents is just very hard. How do you keep not the hope, but the Educate the patient in a way that they don't feel like, Oh, is this going to work for me? I've tried everything or, we've had failed IVF or failed, for so many years.

And I'm just, I don't know if anything is going to work for us and they're defeated. So how do you give them a little bit of knowledge to say, okay, what are we going to do? How can you help me that I feel like maybe this is for me?

MB: I want to say I'm totally honest.

CC: I like that.

MB: To the ninth degree with patients. And this is what I say to patients. I say, I've treated thousands of patients, thousands, And out of these thousands of patients, I have helped many of them get pregnant and have babies. And many of my patients have had to do donor, reg, or adopt. Do you know why? Because my name is Mike. My name is not God. And so I will take my knowledge and my experience and I will do my absolute best work for you. That I can promise you. That I can guarantee you. I can guarantee you nothing else. Now, is it worth trying?

Well, sometimes it isn't, sometimes it isn't. I had a phone call last year from a woman who wanted to come in for treatment and I'm speaking to her. Hi, how are you? Thanks for calling, blah, blah, blah. And oh, by the way, how old are you? I'm 51 years old. So in a very nice, loving, kind, supportive way, I said, don't erect, adopt, or forget it. So you have to know. who you're going to treat, and so, so basically to answer your question, if there is hope, I will tell them there is hope. I'll give you an example. Let's say a patient is 37 years old and the man's sperm is totally fine and she's totally fine.

And believe me, when I tell you she's fine. Because I dig, Not six feet. I dig 30 feet underneath to find out everything. So she's fine. So what's the case? The case is diminished ovarian reserve and poor egg quality. Can I do anything to give her more eggs? Of course not. Can I do something to help improve the egg quality? Absolutely. Will it improve the egg quality to an extent that she will get pregnant?

Only God knows. Who the hell knows? I don't know. What I do know is that the mechanism of acupuncture and herbal medicine can be utilized to improve egg quality. So then therefore it is wise of you to come and let me treat you. Because I am telling you that I may be able to improve your egg quality. And without me, you have to do IVF. With me, maybe you'll get pregnant naturally. And by the way, even if you do IVF with poor egg quality, it won't work. So if

you have to do IVF with me, you'll have a better chance of success. So I'm very honest. I paint the entire picture and I give them expectations that I think are real and valid.

Do you feel your TCM education truly prepared you to treat fertility patients in the modern world? I sure didn't. Back in 2004, when I finished my five year TCM program, I felt completely inadequate and unprepared to treat fertility patients coming through my doors. So I decided to immerse myself in the fertility world.

I read many books, attended conference, took seminars, and met with reproductive endocrinologists in my area to learn and to really understand how I can truly serve my fertility patients. Today, I want to share with you my years of experience in treating female fertility successfully. This is why I created the Complete Fertility and TCM Treatment online course.

I cover everything from natural fertility to IUI, IVF, and addresses. Patients with PCOS or endometriosis who want to get pregnant as well. When you invest in my courses, you can download the PDF version of the slides. You can get four hours of continuing education approved. Yes. NCCOM as well. For those of you who are in the States, you can access the course forever.

And I offer a seven day money back guarantee because I stand behind my product. Now, listen to what people who took this course have to say. I've just taken this fertility course and there is everything you need to know in detail. It's really amazing. Thanks, Clara. Someone else said, I purchased your fertility course and I would just like to say that it is fantastic.

I'm already seeing such better results with my fertility clients since taking the course and my understanding and confidence in treating fertility is also increased. So thank you so much. Don't miss out on the opportunity to improve your skill and help your fertility patients. Go to acuproacademy.com and click the TCM course tab on the menu bar, or check out the link in the show notes below, you won't regret investing in this course.

CC: You have to give real expectation and that makes sense. The more information you have, then the more you can give for expectations. So I totally get where you're coming from with that. Now, this unexplained infertility where, all is good for her, all is good for him, the young people, but it's just not happening.

Do you ever see or discuss the emotional trauma or emotional aspect that could create some issue with the conception part?

MB: No,

CC: Okay. So you don't. Do you actually feel like it could be a blockage because it's emotional when it's unexplained?

MB: I do not.

CC: This is where you and I differ because I absolutely believe that.

MB: I have nothing but respect for you and nothing but respect for your perspective. I'm going to share something with you now.

In my experience, when you have a couple that's trying to get pregnant for one, two, or three years, it's usually not an emotional blockage. It's usually a tubal blockage, or it's a sperm issue, or it's an immunological issue, or it's endometriosis, which is an immunological issue, or it's any number of physical, tangible things.

So I'm very physical, That's how I feel. Now, listen, when I have a patient on the table, I'm going to do yin tang and ear shen men. I'm going to do these points to help them to relax. But it's not because I think that's going to be a great contributing factor to their positive outcome. It's because they're stressed. But I'm not trying to have a baby, and I'm always stressed. Everybody's always stressed. I say to patients, if you're not stressed, you must be dead. We're all stressed. So, does stress play a role in infertility? Yes, in my opinion, it plays a small role. In my opinion.

CC: This is the whole point of having discussion is we have different opinions and different ways of looking at it. And so I really appreciate you sharing that because, I come from a different perspective in my head and I totally get it. A lot of people that have trauma can still get pregnant and, but there's also trauma that was buried in intergenerational trauma.

I can go on for how I feel like my opinion on it as well. So, but at the same time. Like I said, we all have to come from our own way of thinking. And so my next question for you, which I think is going to the next level here is a lot of practitioners, TCM practitioners, will treat the woman, right?

CC: And not as much the men. First of all, because a woman will come, the men don't always want to go. It depends. Now, obviously, a sperm can be fantastic. Gold sperm, everything's great. Motility, morphology, everything is great. But Do you see, or do you tell patients, you both need to come, or do you say, you know what, the problem is more your problem, less his problem, so you gotta come, or vice versa, he has more problem, how do you go about it when it comes to that?

MB: It's a very simple answer. So a woman, all my calls come from women, 100 percent of them. And I will say to them has your husband had a semen analysis? And they'll say, no. And I'll say, well, I cannot schedule you to come in until he has a semen analysis. And have you had day three blood work?

And have you had a hysterosalpingogram to check your tubes? And have you had a saline sonohistogram to look inside of your uterus to rule out polyps or fibroids? No, I haven't. Well, I cannot and I will not see you until all of those things are done. So that's what I do. How I move

forward. After they have these tests, I then know who's the patient. It's either him or her or both. And then, by the way, if the man has sperm problem and he refuses to come in, then I won't treat her.

CC: Oh wow, that's pretty strong, okay, so you're like, if he doesn't want to.

MB: Well, not gonna get pregnant.

CC: Well, fair, obviously. It's harder for the men to get to us. I found over the years, like the woman will come in, but it's much harder to have the men wanting, not even just for us, but to change their lifestyle, to eat better, to do things that are going to contribute to, better sperm.

MB: Listen, you have to understand something. I have to be very careful with my mouth because I'm a New Yorker and I have a very dirty mouth. So I have to watch my language. I'm going to say this. I don't care. I could have said something else, I could have said, I don't give a, but I'm not going to say that. I'm going to say, I don't care.

If you can't come in, bro, then go and have a good life with your wife. I'll see you in heaven. It's all good. Peace out. Get out of my face. I'm not here to play around. What I do is my life.

It's my life's work. I'm serious as cancer. If you have fertility problems, you're going to do what I tell you to do. And if you don't, you're not going to be my patient. Now you could say, oh, you're very controlling. That's very controlling behavior. No, it's not controlling. If I'm teaching you something, if you're a student and if you go to Chinese medicine school, you go to acupuncture school, and your teacher says, this is large intestine four, and you put the needle here and say, no, this is large intestine four, then you're an idiot student.

So the student must listen to the teacher. So if the patients aren't willing to listen to me, listen, I will say, go to this one, go to that one. There's a million acupuncturists that will treat you. It's fine. I wish you the best because you see if the doesn't comply, they don't allow me to do my best. Then what happens is, listen to this. This is how it's bad for acupuncture. Then what happens is she doesn't get pregnant. And then the husband says, yeah, acupuncture is all garbage. Of course I knew it wouldn't work. So you see, I'm not going to put myself in that position and I'm not going to do that to you. I'm not going to do that to any acupuncturist. I'm going to be the guy that's going to make acupuncturists proud of being an acupuncturist.

It's tough because compliancy in practice is not easy because people are so used to, they take a pill or they go and then it's done for them in two minutes, right? That patience game again. And so for them to be dedicated, to make some change, it's not easy. So in a way you, the way you do it, it's like you, you military like, it's like, this is how we do it.

CC: Or you could take the door and you don't join the military. That's it. Right. I totally get where you're coming from and it makes sense to me. However, my personality is very gentle. So it's hard for me to go and say that, but I get that it's for their own good. I totally understand.

Listen, I need you to know something which is not evident on our interview. We don't know each other, but I'm going to share

CC: No, we don't.

MB: I am one of the most gentle people you will ever meet. I am gentle and compassionate and caring and loving and concerned, but I will not bullshit.

CC: So you're balanced between the two.

MB: So if you want to succeed, you will do what I tell you to do. And when you're here, I will take good care of you and I will be gentle and kind and loving and supportive and nurturing. But you're not gonna tell me how to get you better. I'm gonna tell you how to get better. Sometimes

It's an exchange, right? I'm educating you and you do the work and it's a teamwork, right? That way. It's totally a teamwork. I love how excited you get and passionate you get. I think that's so cool.

When you see, let's talk about women, then we'll talk about men, cause it's a little bit different, but let's say the woman comes in and she has done all the tests and everything comes back and it's pretty good and everything's open and everything looks great. And they just want to try naturally with you both together, are you always. doing acupuncture and herbs or would you be open to just do acupuncture or just do herbs or combine is definitely the best

So another very good question that you present. Thank you. This is up to the patient, Unfortunately, Unfortunately, because I cannot force a patient. To do modalities. I can force a patient to get tests or also, I'm not gonna see you. If I had my way, I would insist that every patient does acupuncture and herbal medicine. At the very least, they're going to do acupuncture. Why is that? Because their doctors have said it's safe, and they've heard it's safe, but they don't really hear that herbs are not safe, they just don't hear much about them. And their doctors are like, well, I wouldn't take herbs, there's no real compliance, and we don't really know. So the patient's listening to this horse crap, and they buy into it. So yeah, sometimes I'm just stuck with using acupuncture, which is not to say that acupuncture is not efficacious. It is very efficacious. It is a great utility and it's a wonderful modality of medical intervention. But coupled, listen, you cannot do an IVF without medicine. I suppose you can do a natural retrieval and a transfer but still most IVFs are done with gonadotropins and retrieval and fertilization and transfer, and then you're injecting progesterone in your butt, for 10 weeks, right?

So, it's a combination of things. So, I prefer to do both acupuncture and herbs and many patients do, some patients just opt for the acupuncture. I have to accept that.

CC: Fair enough. So my question for the men. Now, you are much more stronger than me for saying, okay, the sperm is not great. This person needs to come as well.

They can't just be you. They both have to come. I've never done that. I treat the woman to make her as ready as possible, but now we have a sperm issue. So obviously they have , so many choices, right? They can go and, do reproductive assisted therapy or not. But my question to you, because I haven't seen many men in my career, how was your success rate when there is low morphology or low count or motility with herbs and acupuncture for men?

MB: It depends on the case, but I'll answer the question. So, if a man has a major varicocele, which is an inflammation of what's called the pampiniform plexus, which are the veins and blood vessels in the testicles, and if it's severely inflamed, that's considered to be a major varicocele. because it's inflamed, the heat kills the sperm. That's why the testicles are outside of the body. If the testes were in the body, there'd be no sperm because of the heat. So when you have a major varicocele that completely destroys the sperm, surgery is required. In 50 percent of the surgeries they're successful, meaning that their sperm improved. In minor varicoceles, the sperm has degenerated as well because of inflammation, but it's not so much inflammation. So, we might call this stagnation of qi and ceases of blood with heat trapped in the lower jowl or something like that, or heat trapped in the liver channel. And so, in those cases, I can be effective with men.

For example, if a man came to me and said, I was diagnosed with a major varicocele, would you treat me? I'd say no. No, go get a surgery. Let's see what the results are. If the results are better, but not, as well as they can be come to me and I'll try to improve upon them. But I can't beat, I cannot defeat a major varicocele with acupuncture medicine, so it depends on the case.

Now let's talk about some other interesting male factor issues. Here's a couple in their mid forties and the man does a semen analysis. And everything is fine and the woman gets some eggs retrieved and they fertilize the eggs, they become embryos, they become mature and they test these embryos via pre implantation genetic diagnosis or pre implantation genetic diagnosis for aneuploidy, meaning to test the chromosomal abnormalities and the embryos are called BAD. Now, why is that? Well, it can't be the man because we did a semen analysis and the sperm is all good. It has to be egg quality.

So now if I presented this case to 10, 000 acupuncturists who claim they treat fertility, they would say, well, I guess it's the woman. And of course they would each and every one of them be wrong. Or they wouldn't necessarily be wrong, but they'd be wrong not to ask another question. What is the question? I'm not asking you the question. Because this is not what you do eight or nine hours a day, six days a week. The question is, have you had a sperm DNA test? fragmentation assay. This test is never done by any reproductive endocrinologist in the United States of America. If there's a case that's idiopathic, the man's sperm is fine. You must test the man for sperm DNA fragmentation.

Now let me give you the statistics. If a man has sperm DNA it's good fertility outcome. 15 to 29 percent is fair to good outcome above 29 percent sperm DNA fragmentation. There's no

pregnancies. Now what the reproductive endocrinologist will say is the main problem with DNA fragmented sperm is that it can't penetrate the zona pellucida. What is the zona pellucida? It's the outer shell of the egg, just like when you buy a dozen eggs from the store, they have a shell around them. The woman's eggs have a shell around them, too. It's called the zona pellucida, and the sperm cannot penetrate the zona. So the doctor says it doesn't matter, we'll do ICSI, intracytoplasmic sperm injection.

We'll hold the egg in a pipette, and hold the sperm in a syringe, and put the syringe in the egg, and push it in. And, of course, the Very frequently, though not always, but frequently, they end up with an aneuploidic, a chromosomally inadequate, a chromosomally problematic embryo, because they're forcing a garbage sperm into an egg. And this is what I say to patients. I say, I suggest that you get this test on and then they get the man gets to test on and he has a sperm DNA fragmentation assay that shows he has 39 percent DNA fragmentation. I said, well. Of course, you're never going to get pregnant. And then the doctor says, well, I'll do ICSI, and they do ICSI, and she doesn't get pregnant.

And I'll say, well, maybe at some point your husband would like to come in and get treated. So I'm just staying on the sperm DNA fragmentation assay for a reason. So I've had many men if there's any fans of rap music listening, one of my favorite rap artists, 50 Cent, had this song, many men, oh, many men, sorry, I digress so many men have sperm DNA fragmentation that I've treated, and they've had high numbers, 30%, 32, 34%, and after I've treated them, They've come down to 20%, 21%, 18%, 19%.

Now we want them to be zero to 15%, but 20% or 21% is better than 36%. So it's about, yes, understanding that even though this man sperm is fine, it may not be fine. And then understanding what's sperm DNA fragmentation means and can you treat it? Like I said before, you cannot successfully treat a man with a major varico seal.

You cannot. It will not work. But you can treat a man that has high sperm DNA fragmentation and reduce it. Very successful. 70 percent of the time.

CC: That's awesome. And do you use herbs for that then? You have to,

MB: Hopefully. Yes.

CC: Yeah, I think the varicocele is the same as the block tube. It's a physical problem that you can't do anything about, right?

MB: If it's minor, you can say it's qi and blood stagnation and stasis with heat trapped in the liver channel. And then you can use something like Buyan Wang Hutong, with some added herbs and like blow it out of there, and like Bai or something and just, try to clear it out. But if it's major varicose seal, it's really stuck with cement, so to speak, and it requires surgery. So that's the other thing about acupuncturist that I find mildly annoying. I used to lecture all over the country and I would inevitably have somebody in the audience, I'm telling you this out of context, but

we'd be talking about like a fibroid that was as big as a golf ball and they would say, well, my teacher from China always shrunk these fibroids. And, of course I would say bullshit because it is bullshit. It's total unadulterated bullshit. And so the problem with many acupuncturists is they don't know what they cannot treat. And in order to be a good practitioner, not so important that you know what you can treat. It's very imperative that you know what you cannot treat.

The limitation of our medicine, you have to know the limitation all medicine.

CC: Of all medicine. Yes, absolutely.

MB: The problem with the reproductive endocrinologist. They have a patient with lousy eggs and lousy sperm. They can't do anything about that. All they can do is retrieve, fertilize, and transfer. Why don't you open your mind and have this idea about integrative medicine and let somebody work with your patients who can potentially improve the sperm and potentially improve the egg.

Maybe not enough where they're going to get pregnant, but enough where you can get them pregnant. Let's work as a team. East meets West and reproductive medicine should be the gold standard of care.

CC: Ooh, that's a good way to finish this podcast. East. Meet West for the best care possible. This is how we should do it. I love it. Thank you for that. That was awesome. So I could see how passionate you are and obviously you've had years of experience and you have a massive amount of knowledge and you excited about it, which makes you such an interesting person to have a conversation with.

on this subject I could talk to you for five hours to learn more and more. So it'd be so much fun. But obviously, we have to be respectful of your time. Any last words for people that are listening that are going to want to focus a little bit more on fertility because they lived it or, they love what little parting

MB: Absolutely. I do have parting words. I do, of course. These are my parting words. Study as much Western reproductive medicine as you can. Understand as much as you can. Spend 10 hours a week studying that. Spend 10 hours a week studying herbs. Spend 10 hours a week doing acupuncture. Now, I realize that you don't have time to spend 30 hours a week, so I'm exaggerating, but my point is If one doesn't understand Western reproductive medicine, you will be good, but you will never be great.

CC: And that's such good parting words. I remember when I first opened my practice and I remember the second patient I had. So, I had finished school. Fresh, happy, come out of school, I know what I know and that's about it. And then she said, I'm doing IVF.

And I remember like her explaining, this is what I'm doing, blah, blah, blah. I'm going to this clinic, whatever. That's about it. And I remember going, okay, well, I need to understand exactly.

I know in my mind, what it looks like, I had no idea, but I need to understand exactly what are they doing.

What is happening exactly? What happened after they, released a sample you're in there or like, what are they doing? What are the drugs doing? What are they trying to do? Because I knew it was like, okay, do they put sperm in a dish for some eggs? And like, how does that work? I had no idea.

So I went and really wanted to research because I knew that this person was sharing something with me, but I didn't quite understand, there's a language barrier because I'm saying, okay, But I don't really know what's happening. So I had to go and you're absolutely right to understand, my first patient first ever patient had, was diagnosed with Hashimoto's and I had never learned Hashimoto's in school.

I learned thyroid, but I had never learned the word Hashimoto, right? So I remember when she wrote that down, I'm thinking, Oh my gosh, I don't even know what that is. So, after. We, we parted that day. I literally spent hours looking at what that was, understanding thyroid. I didn't know enough about thyroid at all.

Cause we don't go in depth, right? We do all our pattern and everything, but to understand the Western diagnosis can absolutely help you figure out not only your pattern and how your treatment plan is, but how to work with other healthcare practitioner as a team. So integrated, I love that word for me, because that's how we can.

Really help our patients.

MB: Indeed. And I hear you and respect everything you've said and understand it. And it resonates with me just to add a little piece to that. You can literally or one can literally spend six months every day. studying the thyroid. That's what I mean. Just the thyroid. You can spend six months, eight months. You can spend six months, eight months just studying eggs and ovaries and follicles or sperm. This is a big thing, man. This is no joke. So for the practitioners listening, like they say in the New York City streets, come correct or don't come at all.

CC: Come correct or don't come at all. I love it. You're so funny. Thank you so much.

MB: Thank you . You have great questions and a great personality, a great smile, great energy, and I'm really thrilled to have done this with you. Thank you very much.

CC: Oh, I'm so glad you came on because, you see someone on. On LinkedIn, but you don't know their personality and you're so passionate and excited. You make me laugh. Like you're so New York, but you make me laugh. I'm like, Oh my God. In a good way. Like you make me laugh because I can see how everything with you comes from the heart and it just comes out.

It's like, that's that. So I love that. So thank you so much.

MB: Thank you. Thank you as well. Thank you.

CC: 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](https://www.acuproacademy.com). I have tons of resources there with treatment protocols, case studies, free courses, and so much more, and connect with me on all social media at acuproacademy.

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