Tieraona Low Dog, MD
EDUCATOR, SCIENTIST, AND HERBAL MEDICINE EXPERT

Interview by Karolyn A. Gazella • Photography by Jamie Williams

Tieraona Low Dog, MD, is Clinical Assistant Professor of the Department of Medicine and Director of Botanical Studies with the Program of Integrative Medicine at the University of Arizona College of Medicine in Tucson, Ariz. Prior to joining the University of Arizona, Dr. Low Dog was Clinical Assistant Professor of the Department of Family Medicine at the University of New Mexico, Albuquerque. After studying biology and chemistry as an undergraduate, she received her doctorate from the University of New Mexico School of Medicine. President Clinton appointed her to serve on the White House Commission of Complementary and Alternative Medicine. She was then appointed by Health and Human Services Secretary Tommy Thompson under President Bush to serve on the advisory board for the National Institutes of Health National Center for Complementary and Alternative Medicine (NCCAM). She has been chair of the United States Pharmacopoeia Dietary Supplements and Botanicals Expert Committee since 2000. Dr. Low Dog is a sought-after speaker and an accomplished author. Her most recent book is Women's Health in Complementary and Integrative Medicine: A Clinical Guide (Elsevier 2004).

Alternative Therapies in Health and Medicine recently interviewed Dr. Low Dog in Tucson.

Alternative Therapies (AT): What inspired you to become a medical doctor?

Tieraona Low Dog, MD: After practicing herbal medicine for years, it became clear I needed more knowledge. I needed to understand more about the causation of disease, and, to a greater extent, pathophysiology. As an herbalist, I was able to do many good things for my patients. In addition to the herbs themselves, I often recommended lifestyle changes, massage therapy and was very aware of the powerful role of empathy and spirituality in the healing process. Yet, while I experienced success in my practice, I also saw gaping holes in my understanding of the science of medicine. For me, the journey through college and medical school was an incredibly enlightening experience. Science has, in many ways, changed the world for the better, especially in the field of medicine. It wasn’t that long ago in history that people were told they got sick because of evil spirits and immoral thoughts. Today, while we recognize the importance of thought and behavior in health, we also know much more about the microbial world and its interface with our defense systems. Medical science, for me, has been eye opening and inspiring. Going to medical school seemed like a natural extension of what I was already doing. It was the next step for me on my journey.

AT: Describe the sequence of your professional path.

Dr. Low Dog: Actually, martial arts came first. It was my life and my passion for many years. I was heavily involved in Tae Kwon Do and trained every day. I lived above a Tae Kwon Do school and managed the front office, which allowed me to take classes for free. Martial Arts was a doorway to Eastern philosophy, as well as Traditional Chinese Medicine, specifically acupuncture and herbal medicine.

Herbs have also always been a big part of my life. For many years, I have been growing, gathering, and experimenting with plants. Since I was in my early twenties, I’ve made homemade ointments, salves, tinctures, elixirs, teas, and soaps. I was involved with my local food co-op and interested in the natural foods movement since I was 19 years old. I eat organic foods. I used natural childbirth and my daughter was born at home, I breastfed both of my children. I have always been sort of “green” if you will. A simple, more natural lifestyle permeates my personal philosophy.

I became a massage therapist and apprenticed as a midwife. In many ways, midwifery most accurately represents my Tieraona Low Dog, MD, is shown here in her home in Tucson, Arizona.
healing philosophy: trust in nature and trust in the process. Of course, supporting the process with the best of science and integrative approaches is the best way for healing to occur.

So, it was all a natural evolution. There wasn't an organized order to my training or career—it all simply blended together to create the person and practitioner I am today. I try to avoid the artificial boundaries people tend to create. I do not see those borders in my own worldview. I have an eclectic approach to healing. There is the herbalist, the massage therapist, the teacher, the midwife, the martial artist, the student, the physician, and the mother. They are all just melded into who I am. This gives me my own approach to medicine and to life in general.

AT: Does your interest in botanicals come from your Native American heritage?

Dr. Low Dog: I am of Lakota/Comanche and Anglo-American descent. I am not a "medicine woman." Medicine people study a lifetime to learn the medicine of their tribe. Although I do not practice the traditional medicine of any North American tribe, the medicines of the Lakota, Navajo, and Oklahoma nations have certainly influenced my thinking. My time working with the Indian Health Service in New Mexico added to my exposure to local healers before going to medical school. There is a vast knowledge about plants and the spirit of healing to be found among many indigenous peoples.

I don't practice any one particular system of medicine. I have witnessed and personally experienced many different types of medicine in Mexico, Belize, and during my 22 years in New Mexico. While living in Richmond, VA, I was exposed to Jamaican and Asian medicine. I also was exposed to the rich traditions of rural African-American folk medicine in North Carolina. Many Western herbalists use a variety of approaches in their practice and look at medicine from differing perspectives. I am also a scientist so I view health from a research perspective. I blend historical use with what the scientific literature tells us.

Botanical medicine has a lot to offer Western medicine. With botanical medicine we not only treat sickness but we may be able to help people truly optimize their health. Many people are relatively well, but are still looking for ways to feel better, more energetic, and healthier. The idea of tonification, for example, does not exist in Western medicine; however, the concept of tonics is very strong in botanical medicine.

AT: You've mentioned such a diverse mix of professional experiences. How important has that been in making you more of a well-rounded, effective integrated practitioner, speaker, and educator?

Dr. Low Dog: I think we should always look for mentors, teachers, and others that can have a positive influence on us. You find them in the most unusual places. You don't just find them at universities. You can find people that have something to teach you in the most obscure nooks and crannies. I have always been, and will always be, a student. I enjoy learning from people. I'm fascinated with people's beliefs, the way they view the world, and how they take care of sickness in their community. I love the diversity of our culture and I enjoy knowing people from different places. Because I take that outlook with me wherever I go, maybe it has helped me in my relationships with patients. We live in a very culturally diverse nation. You'd have to be actively trying to avoid it not to feel the influence of it in your life. You cannot be an effective physician, or any other type of practitioner, if you do not explore your own beliefs, as well as those who come to see you. Every time you walk into that room to meet with a patient, there are many "people" in the room with you. You bring with you your health, religion, background, training, and views of the world. And patients bring their beliefs, world-view, and understanding of what made them sick and what they believe will make them better. That is an awful lot of stuff to negotiate in 15 minutes. One becomes a better practitioner when exposed to a variety of people, different points of view, and is open to exploring the different ways people look at the world. It makes you a better partner in the relationship with your patients.

AT: Is it about empathy?
Dr. Low Dog: Everything is about empathy, isn’t it? We all need to cultivate empathy in our lives. Certainly if you are in a healing profession, you must actively cultivate empathy into your life. People who are sick or troubled are suffering. Being able to empathize with people who are suffering is critical.

AT: Some patients would say that empathy is a missing component of our present healthcare system. Would you agree?

Dr. Low Dog: I think it may be true of the system. I don’t think it’s necessarily true of the practitioners within the system. I’ve met very empathetic physicians and I’ve met practitioners who have lacked empathy. As my instructor Master Kim used to say, “it’s not the martial art that is important, it is the martial artist.” Whether you study Kung Fu, Tae Kwon Do, or Karate, it is not as significant as what you “do” with your individual art. It doesn’t matter if you are a conventional practitioner or a naturopathic doctor. No specific discipline owns empathy. It’s also not a case of either you have it or you don’t. I think it can and should be actively cultivated.

Healthcare has become an industry. It’s a huge business and people get lost within it. The patient winds up on the short end, while many practitioners fight to resist the ever-shrinking patient visit. As a practitioner, the system itself beats you down; the amount of administrative paperwork required is phenomenal.

But there are many very dedicated people in the healthcare system, both conventional and alternative, who are very caring and committed to their patients. They are in healthcare because they want to serve. For some it’s a job, but for many people it’s a calling.

AT: One of the criticisms about herbal medicine is that it has become allopathic herbology, not truly integrative medicine. Do you have a problem with that?

Dr. Low Dog: Why would I have a problem with that? If you have an herbal product that is safer than a pharmaceutical product, why not use it? It’s not the way I practice, but I find it unfair to first accuse conventional physicians of not being interested in alternatives and then when they become interested, criticize them for not doing it properly. To begin feeling comfortable with alternative therapies, a medical doctor will often want to use them in a way they understand. That may mean recommending saw palmetto instead of an alpha-blocker for benign prostatic hyperplasia or cranberry tablets instead of prophylactic antibiotics in women with recurrent urinary tract infections. We must get past the things that divide us and start looking at things that can bring us together.

AT: What needs to change in our present healthcare system?

Dr. Low Dog: Every single person in the United States must have access to healthcare. There is something wrong when you live in a country as great as ours and there is such inequity. Healthcare has become a privilege. That has to change. If you are the poorest of the poor you can get basic medical care and if you are middle income you can pay for medical care. If you are a single woman with three kids and you are working for $7.25/hour, how in the world are you supposed to pay for insurance? How in the world is that woman supposed to pay for any kind of health coverage? That is something we are going to have to address as a nation. I am a believer in integrative medicine but if you asking me what my biggest wish for medicine would be, it would be equal access and care for all Americans regardless of age, gender, race, ethnicity, or income.

The second change would be the reintroduction of humanity into medicine at the undergraduate and graduate levels. Courses in ethics, sociology, and anthropology should be required. Taking calculus isn’t going to really help you and your patient. Yes, physicians need to understand the science in order to be good doctors. However, science will not help you explain
to a 29-year-old woman why her nine-month-old child is dying from cancer. Or answer the heartbreaking question: Why my baby? Understanding and emphasizing science does not help practitioners deal with these difficult issues.

How many people live their entire life without ever seeing a birth or being in the same room when someone dies? The vast majority of Americans have never personally witnessed a birth and most will never be sitting in a room with somebody when they die. Healthcare providers are asked to do this all the time. We witness miracles on both ends of the spectrum. A physician is not only there when somebody dies. The physician is the one who must go and tell the family that their loved one is gone. There is no ritual for that in the current medical educational system. There is no training that adequately prepares us as human beings for these types of situations. This is what I mean by bringing the humanities, humanity, back into medicine. If I had to choose between teaching complementary and alternative medicine or the humanities to medical students, I would definitely choose the humanities. Because once you have developed the ability to understand people, their beliefs, where they come from, why they think the way they do, and you can honor that, you can learn complementary, or any other type of medicine. But it is hard to teach people humanity and there is very little room for it in major medical schools.

AT: Is that being addressed right now?

Dr. Low Dog: A number of family practice and primary care residencies are trying to deal with this issue. Some medical schools are attempting to do more in the area of the humanities but it has been pretty much lip service for many. It’s difficult because nobody wants to give up his or her turf. The biochemistry professor wants to have all her biochemistry time and doesn’t want anyone taking even an hour away. The physiology, pharmacy, and other basic science professors feel the same way. To add an hour of something else means you have to take an hour from somewhere else. There are accreditation issues and certain levels of requirements must be met. Students are already overwhelmed by the amount of material they are being asked to learn. It must be done, though. We have to be strategic.

So, if I had a magic wand and could implement changes in our healthcare system, there would be two: to find a way to get all people access to healthcare; and change medical education to embrace the science while balancing it with the art of medicine.

AT: When you look at your career as a practicing physician, lecturer, researcher, author, and educator, what do you enjoy most?

Dr. Low Dog: All of them. I only do things I am passionate about. I learned a long time ago how to be joyful, or at least not antagonistic, about the things I do. So, all of these areas have been things that I love.

Patients fill you up. At the end of the day you feel full, you don’t feel empty or tired, you feel full. They come in feeling bad and they share with you the most intimate parts of their lives. They let you in, they trust you to help them, to be honest with them and help care for them. Though the hours can be very long and the paperwork demanding, the blessings are too numerous to count. Many of my patients would send me cards, most would give me hugs, some brought tortillas or homebaked bread; even the most cantankerous of my old women patients melt after a while and in turn melt me.

As for education, I love education. I enjoy teaching. It’s definitely a passion. I love being a student and therefore I love to teach. I love both ends of the spectrum. Students keep you on top of your game. They are always studying the latest of everything and are constantly challenging you. I love students. When I am an old woman, I will probably just go teach high school science somewhere. I love getting kids excited about science.

Creating public policy is interesting. I was honored to receive a presidential appointment to the White House Commission on Complementary and Alternative Medicine (CAM) by Bill Clinton. It was an interesting process for somebody such as me who is favorable to many aspects of complementary and alternative medicine. However, in the end, I found myself writing a minority report. In my heart, I just was unable
to support recommendations to start covering scientifically unsubstantiated complementary and alternative medicine therapies when we still have millions who can’t even get a Pap smear. I felt the Complementary and Alternative Medicine Commission was a little ahead of its time. Coverage is something that should be added after people have basic medical care, or obviously, when something has been shown to work, regardless of rather it is defined as conventional or complementary. Remember the timing of our final report, as well. It was 2001 and 9/11 had just happened. We turned in our report just six months after September 11. We were a nation that had just been attacked. Budgets were getting cut and Homeland Security was being developed. It seemed irresponsible to recommend that we pay for everything, regardless of evidence.

Spirituality as a CAM therapy is another issue that has always troubled me. No one should attempt to co-opt spirituality. Spirituality does not belong to any one group, conventional or alternative. It’s interesting that some surveys consider prayer as a complementary and alternative medicine. Many people who are Jewish, Christian, Buddhist, or another faith, do not consider themselves using complementary and alternative medicine when they pray or meditate. That disturbs me a little. There are enough complementary and alternative medicine therapies that provide us with hope for the future. Spirituality crosses all cultures, nationalities, races—no group can stake a claim to it.

AT: Were CAM community professionals surprised or disappointed with your White House Commission Minority Report?

Dr. Low Dog: Writing the minority statement was difficult. There were those that were unhappy with what I had to say, but I was there to represent the public not any particular group or subset of the population. The President of the United States appointed me and the other members to help find ways to evaluate complementary and alternative medicine and maximize access to it. He wanted me to help with public policies in this area. I supported most of what was in the final report, especially in the areas of quality control, information, and much of the research. I simply felt there were several areas that needed further elaboration, especially when consensus between the group members could not be achieved.

AT: Did you have any bias and if so, how did you overcome that?

Dr. Low Dog: We all bring bias. I am biased too. The key is recognizing and understanding the bias. I am definitely favorable to many aspects of complementary and alternative medicine. I make my living teaching and practicing integrative medicine. I buy organic foods and shop at natural foods grocery stores. I had an herbal practice for many years and was the President of the American Herbalist Guild. The question is,
not did I have any bias, but was I conscious of it? The answer is yes. But I also knew I was being asked to step away from myself, and my own agenda, and look at the situation from the public’s perspective. Not just the 30%-40% who actively use CAM, but the entire public. At the end of the day, I just wanted to be honest with myself about what I really believed. I don’t want to be a 70-year-old woman looking back on that time thinking I simply signed off on something just because it was easier. Long after everyone has forgotten about the White House Commission, I must live with the decisions I have made.

AT: Have you always been drawn to women’s health?

Dr. Low Dog: Yes. Actually, I most enjoy taking care of both women and children, though I enjoy men’s health as well. Men are a pleasure because they are typically very direct. They want to know what is wrong and how to fix it. While there are many exceptions, generally, most male patients are not looking for long conversation or a need to exhaust every option.

Women, on the other hand, often want to understand exactly what’s going on. Why am I sick? Why is this happening? What are my options? What are the consequences of those options? And most women want to be involved in the decision-making process. Women process information. We want to talk about it and understand it. We want to feel it. I love that. Of course, that doesn’t fit well with 15-minute office visits.

I have always loved working with pregnant women. It’s just amazing to be in a room when a woman gives birth. Women’s issues are interesting and often complex. I try to advocate for women, not any particular dogma. For example, I believe breastfeeding gives a baby the best head start in life. And it’s certainly an incredible experience to watch your baby take its life and nourishment from your own breast. It’s a very powerful feeling. But it may not be for every woman. We have to be careful not to be the “women’s health police.” Some folks seem to believe a woman is a failure if she chooses to use an epidural. Healthcare professionals, especially those specializing in women’s health, should not judge. We should provide women with options and then support their decisions. We also need to support women by letting them know that not everything they feel is pathological. Everything does not have to be treated. It is just fine to be sad. We experience ups and downs and everything in between. We don’t need a cure for every down time. It all doesn’t have to be explained in medical terms all the time.

Our healthcare system does not nurture women and children, in general. Until very recently, most of our medical research was conducted on men. Pediatricians are one of the lowest paid physicians. Of course, that is also true of school teachers. Children are our future, yet we pay the people who care for and teach them the least. Even though women make up half the population and consume 80% of healthcare, it is amazing that these statistics do not translate into equivalence in women’s health research dollars. Although this is changing, our lack of policies in this area is a reflection of the way we value women and children in our society.

AT: Are you hopeful about the future of integrative medicine and medicine in general?

Dr. Low Dog: My personal philosophy is to quietly do what needs to be done each day without really becoming invested in the outcome. Worrying about something you can’t really affect can be damaging to your health and sense of well-being. Healthcare is a huge system and the role I play is very small. I concentrate on doing my best in the small area I can affect. Do I know what’s going to happen with integrative medicine in the future? No. Am I hopeful or doubtful? Neither. I am just doing my best, like everybody else.

When I think of who I am and what I bring to medicine, I think I am the bridge between the lady growing peppermint in
her garden and the researcher isolating menthol and everything in between. I want to travel along the entire continuum. I enjoy advocating at the government level, working to influence standards for quality control and quality research.

We need to invest both time and money researching herbal medicines. Some of the underexplored areas that may yield great benefit include herbs for stress reduction and immune enhancement. Adaptogens or tonics are herbs that build and strengthen an individual's system in a multitude of ways. Many patients are lacking vitality. They are tired and not sleeping well. Often it's not fibromyalgia or chronic fatigue—it's simply a circumstance of living in the 21st century. Our patients are bombarded with personal and work commitments and responsibilities, leaving them feeling pressured, overwhelmed, and stressed. In addition to working towards lifestyle changes and adopting strategies such as exercise, meditation, etc., these individuals may benefit tremendously from herbal tonics such as ginseng, ashwaganda, or reishi.

Another untapped area for research involves cancer. Conventional cancer treatments can have devastating effects on the patient's quality of life. Patients are often extremely fatigued and plagued with numerous side effects from treatment. Some herbs, such as astragulus, may help protect the bone marrow and strengthen overall immune health in cancer patients. This is an area worth exploring. A clinical trial through the NIH is already addressing the use of ginger for chemotherapy-induced nausea and vomiting.

Herbs may help us, in part, with the growing problem of antibiotic resistance. Many plants are quite complex, making it difficult for microbes to get a foothold. It is worth exploring if plants with documented antimicrobial activity can be used to fight infection without increasing bacterial resistance in human beings. Plants such as goldenseal and tea tree are just two examples of plants that might fit into this research category.

It's always been fascinating to me that many herbs can be used at home for self-care and also researched to provide cutting edge medicine. It is exciting to watch the incorporation of innovative technologies in both manufacture and research to help move the field forward. I enjoy growing herbs in my garden and drinking lemon balm tea. I also enjoy discussions of bioassays, limitations of standardization, and isolation of potent compounds from mushrooms.

Using the best evidence-based medicine, while considering the patient and their beliefs, is the foundation of integrative medicine. I moved to the University of Arizona to work with the integrative medicine program because I believe in this philosophy. It is a philosophy that values the therapeutic relationship. The most important part of medicine is the relationship between the patient and the practitioner.

When I think about my life, I realize, however, that healthcare has not had the most profound influence on me. Besides my children, there is no question that martial arts have been the most important thing in my life—not medical school, massage school, or herbal education. There is no question that martial arts has profoundly and positively impacted my life. It changes you to be able to discipline both the body and mind to accomplish things one never thought possible. As I earned my third degree black belt, I gained a tremendous sense of peacefulness. It is this peacefulness that I bring to my practice of medicine and my view of the future of integrated medicine.

AT: What are you most proud of?

Dr. Low Dog: Being a mother. No question. I don't even have to think twice about it. It's the most joyful, rewarding, difficult responsibility I have ever been given. As a mother, you are responsible for holding the soul of your child or children until they are old enough to go into the world on their own. Every word, every thought, every action you share with them impacts the way they are going to live, grow, think, and feel, and how they feel about themselves. While it is an awesome responsibility, it is absolutely the most joy I could ever imagine. So that's definitely what I am most proud of. When I am old and looking back on my life, it will not be about what I did in my career, it will be about my family. I want my children to know they were loved and believe I did a good job. If that happens, then my life was worth living.
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