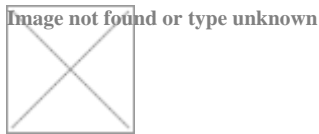


Dr. Low Dog's Wisdom for Clinicians



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Liz Sutherland (LS): Today I have the honor of interviewing Dr. Tieraona Low Dog, who among other things, is an esteemed faculty member of the [Restorative Medicine Herbal Certification Program](#). Dr. Low Dog, many medical doctors become educated in herbal medicine only after they've been in practice for a while, but you were a practitioner of natural medicine first. Can you please tell us about that?

Dr. Low Dog (TLD): My deep love of the natural world started very young. When I got older I studied midwifery and went to massage school, then I started using herbs more formally. It wasn't until later that I decided to go to medical school. My career path led me to integrative medicine, which fit that combination of conventional Western medical training with my herbal, midwifery, and manual medicine roots. Going to medical school allowed me to have a system of diagnostics, which I think is an excellent system.

LS: Please offer some advice to physicians who are starting out on the path of learning plant-based medicine?

TLD: First, you should select 12 to 15 herbs that you want to develop a deep relationship with. Choose herbs based on the kinds of patients you see a lot of in your practice. Are you an OB/GYN and so are seeing mostly women's issues, and a lot of pregnant women? Are you a pediatrician? Are you a general primary care doctor, which means you're seeing everything? You can't learn 2000 herbs in a weekend! While you're in your trainings, make a note of herbs you feel could be extremely relevant.

Once you have that core list, then begin to learn about them. Not just secondhand through resources, references, books, teachers, etc., but through primary experience as well. Take it yourself. Make a tea out of it. Is it bitter? Does it dry your mouth? Does it relax you? Take it as a tincture. Take it in capsules. Take it in a variety of ways. And note your experience with it. How does it taste? What does it smell like?

I think people need to have this kind of primary experience. It also gives you more authenticity with a patient when you've taken something yourself. From there, you begin to build your eventual apothecary. It's said that by the end of his life Hippocrates had become such a skilled clinician and observer of humankind, that there were very few things he could not remedy using a selection of only 28 herbs, even though he knew hundreds, if not thousands of plants.

You will find the longer you practice, the more you gain a deep comfort and experience with herbs. You'll know a particular patient is not, for example, a [Valerian](#) person. With Black cohosh, you're not thinking menopause only, but dark moods, joint pains, and aches. You'll begin to get a sense of who fits these herbs.

We already do this kind of thing in conventional medicine. When you have a patient with hypertension, you look at calcium channel blockers, ace inhibitors, and thiazide diuretics. You may choose an ace inhibitor for someone with diabetes, or a thiazide diuretic for somebody who has mild hypertension, but also has osteopenia because the thiazide will help retain calcium. You already are matching the patient with their remedy.

LS: Thank you, that's very helpful. In general, how do you assess and treat a patient, and how do you decide if they're a candidate for herbal medicine?

TLD: I generally prescribe a lot more herbs than I do pharmaceuticals. In my practice I see many people who are living with the consequences of physiological or emotional/psychological stress. I see a lot of people with fatigue, insomnia, or chronic pain, and I always run a battery of tests to make sure I'm not missing anything like Lyme's disease. There's a whole array of things people come in with that you can do your assessment and diagnosis on according to whatever system you use, but at the end of the day, they are unlikely to be amenable to drugs.

LS: Stress can be such an undercurrent of daily life. Do you have any particular guidance around treating stress-related conditions?

TLD: We have an entire pharmacopeia of plants to draw from that can really help people with their stress, tension, and worry. These range from nervines as mild as chamomile, to the more powerful adaptogenic herbs, to herbs like valerian and hops. We also have herbs for pain that can reduce inflammations, which is a huge problem. The wonderful thing for clinicians is to be able to have a broader range of tools that are beyond a drug or surgery. Plants have pharmacologic activity and often a history of thousands of years of use for just these kinds of situations.

One of the things that can be incredibly healing for people is just to actually spend more time out in nature. Walking along a beach, walking in a forest, going to local parks, being in the grass. Part of this healing is recognizing that we're very complex creatures living in a very complex environment. The stress mechanism that goes into play, the fight, flight, or freeze phenomena, is ancient, and it is what has kept us alive on this planet as a species since the beginning of time. But, unchecked, unregulated, unmanaged, that response can eventually lead to hypertension, diabetes, depression, obesity heart disease, and certain cancers. Plants can play a role in healing stress, by being immersed in the natural world, eating more plants in your diet, using more herbs and spices which are natural anti-inflammatories and antioxidants, and using herbs also for healing, for turning down the stress response, for dialing back the adrenals, for helping heal the gut.

I also want to say that one of the things that underpins our resiliency is to have a richly nourished spiritual life. I believe clinicians must tend and nourish that spiritual part of themselves because it is through deep care of the soul that we keep ourselves whole. If you see yourself as broken and constantly needing to be fixed, then you will see every patient that walks into your office as a broken person that needs to be fixed. When you tend to feeling whole in yourself, your patients naturally see and feel that in you. Then you can have a conversation and ask what they do to tend their spiritual selves. It's about a sense of feeling connected to something outside and greater than one's self, or to something deep inside of oneself. One can look outside for spirit, or deeply inside.

Plants can be used in healing rituals as well. Making and drinking an herbal tea can give an element of grounding and centeredness to a ritual. The reality is that so much of what people are living with today is the result of a highly stressed lifestyle, a nutritionally depleted diet, not much physical activity, a lot of emphasis on image and a decline in social communities and social networks. This is what drives much of the disease that we see today. The answer is not metformin, or statins, or Effexor! That's what I see with my patients, instead of getting at the roots of the problem, we're just chopping off every branch up above. But the tree is still sick because you have not gotten to anything that's going on in the roots.

Botanicals are an important part of a clinician's toolkit. But when you add in all of the factors I just mentioned, while herbs are powerful, just like pharmaceuticals they should actually be a relatively small part of the clinical dynamic and the clinical interaction. Because much of what is making people ill comes down to the way we live our lives today.

LS: Thank you for that perspective. As an expert in women's health, where do you land regarding the use of phytoestrogens in patients who've had or are at risk for estrogen-dependent cancers?

TLD: I think you need to be far more concerned about endocrine disruptors and estrogen mimicry in the chemicals that we're constantly exposed to in our diet, through pesticides, and in our water. These are very potent xenoestrogens that have far more power than a soybean.

People will go on and on about some trace of a phytoestrogen in hops where the amount of phytoestrogen is just so minute compared to the well-documented endocrine disruptors and xenoestrogens that we're exposed to from our environment. I don't even think you can compare them. The things that are likely driving some estrogen and testosterone-driven cancers are clearly inflammation, obesity, and endocrine disruptors in the environment. And that's where you need to put your money. I have a patient who's terrified of having some edamame beans. She's 50 pounds overweight, she has intestinal permeability, she has elevated C-reactive protein, she is exposed to all kinds of pesticides because she doesn't eat organic food. And her big concern is edamame on a Friday night. We have got to get out of that kind of thinking and get back to thinking about what is really driving and perpetuating this increase in cancers, especially the hormone-dependent cancers that we're seeing today.

LS: Thank you so much, Dr. Low Dog. Do you have any closing words for our clinician audience?

TLD: Just to remember, you didn't become a physician in two days or five days. It was the culmination of all of your studies, and then going out and practicing. And that's the same way you will learn how to integrate botanicals safely and effectively into your practice. And you'll never look back. Once they've become a part of your practice, you'll never look back. You'll always say, "I'm so grateful for this knowledge."

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