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What the West Can Learn From Tibetan Pain Management

The Tibetan tradition and its herbal medicines offer an inviting alternative to the typical Western approach



Dr. Tawni Tidwell with a prayer flag in China in May 2014. PHOTO: SHANE WITNOV

By MELVIN KONNER

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I've been talking recently with the remarkable Tawni Tidwell, the first Westerner to be certified in Tibetan medicine among Tibetan peers, by Tibetan teachers, in the Tibetan language.

With Native American ancestry from both parents, Dr. Tidwell has long embraced ancient traditions and challenges. She grew up climbing the Rockies and spent a down-to-earth year living in a thatch-roofed hole in the ground in the New Jersey Pine Barrens. There, she immersed herself in wilderness survival with snares, wild edible plants and animal tracking.

Her father—now chief of orthopedics at Miami Children's Hospital—was her hero, but as a Stanford undergraduate she also fell in love with Tibet, with its mountainous extremes and mind-over-body practices. Her first year in Tibetan medical school ended with a make-or-break test: She had to recite from memory 115 pages of the medical textbook in Tibetan. She aced it. Now a Tibetan M.D., she is headed for a Ph.D. in anthropology at Emory, where I'm one of her advisers.

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Dr. Tidwell's dissertation is a study of her own Tibetan training and the uniting of two cultures. Tibetan practice grew out of Tibetan philosophy, which focuses on health rather than on illness. Tibetan doctors use ancient plant-based pharmaceuticals and guidance on nutrition and lifestyle—plus evaluations of patients in their personal context—to encourage a balanced life. They also have been open to supplementing their traditions with Western medicine's high-tech ways.

Sophisticated research is exploring how Tibetan herbals might work. In a 2015 study, a herbal treatment for cardiac disease was found to alter the levels of hundreds of heart proteins. Clinical studies are ongoing, testing Tibetan approaches to diabetes and cancer.

Pain treatment highlights a key difference between the two medical traditions. We in the West have endured pendulum swings—from inept, almost puritanical undertreatment of pain to the overprescription of drugs and an overdose epidemic. Now we're back to doubting or minimizing pain.

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Dr. Tidwell says, "Many patients come to me describing experiences with Western doctors who told them to stop worrying about their

chronic pain because 'there is nothing physically wrong'...In Tibetan medicine, distress from chronic pain is a context that needs investigating." Dr. Tidwell's investigations include rich conversations with her patients of a sort that U.S. insurers would never pay a doctor —however certified—to engage in.

I asked her how she deals with pain in a tradition that asks us to accept suffering. Answer: "There is a difference between pain and suffering." Suffering is defeated through the end run of acceptance: "You may have to keep the pain, but that doesn't mean you have to keep the suffering."

I was puzzled, but then I thought: Western medicine knows this. Doctors sometimes prescribe antidepressants for chronic pain. In a less capable medical era, they even performed prefrontal lobotomies in a desperate attempt to relieve extreme, intractable pain. In some of the most revealing medical interviews in history, lobotomy patients said, "It still hurts, but it doesn't bother me any more." No pain is imaginary or purely psychosomatic, but if we add psychological distress, it can hurt much more.

Tibetan doctors combine traditional botanicals with a carefully cultivated doctor-patient relationship. You have to believe in this process for it to work, but placebo effects—in which patients improve by taking "medications" that, unknown to them, do nothing—prove that belief matters in Western medicine too.

The Tibetan tradition and its herbal medicines offer this inviting alternative to the typical Western approach: Learn to separate your pain from your suffering, and you might just be able to get on with your life without turning to powerful and potentially harmful drugs.