

Eliot Tokar



Eliot Tokar with his teacher Dr. Trogawa in Boulder, CO during Dr. Trogawa's 1989 tour of the USA. ©2005 Eliot Tokar

Eliot Tokar practices Tibetan medicine in New York City. He has studied Tibetan medicine since 1983, and is one of very few Westerners internationally to have received extensive textual and clinical training in this field. He has additionally trained in aspects of Chinese and Japanese traditional medicine. From 1983-86 Eliot studied with Dr. Yeshi Dhonden, former personal physician to His Holiness the Dalai Lama, and from 1986 he was an apprentice of Dr. Trogawa Rinpoche, President, Chagpori Tibetan Medical Institute, India. He has also studied with numerous other Tibetan doctors including Shakya Dorje, Thubten Phuntsog and Kuzang Nyima. Eliot was the only Western Tibetan doctor to be invited to speak at both the first modern International Academic Conference on Tibetan Medicine held in Lhasa, Tibet (2000), to the first International Congress on Tibetan Medicine held in the USA in Washington D.C. (1998) and to the first International Symposium on Tibetan Medicine convened in Taipei, Taiwan (2004). He has lectured at institutions such as Washington University School of Medicine, University of Pennsylvania School of Medicine, Princeton University, the Association of American Medical Colleges, New York's Asia Society and at the New York Botanical Garden. Mr. Tokar has served as an advisor to the American Medical Student's Association, as a consultant to H. H. the Dalai Lama's Office of Tibet (USA), as well as on the Steering Committee of the Roundtable on Traditional Medicine at Columbia Presbyterian Hospital (NYC), and was a nominee for the White House Commission on CAM Policy. His publications have appeared in journals such as *Alternative Therapies In Health And Medicine*, the Annual Publication of the American Medical Students Association's National Project on Alternative and Complementary Medicine and in *News Tibet*. He has been featured in publications such as the *New York Times*, *San Francisco Chronicle*, *News-India Times*, the *Beijing Review* and on National Public Radio. His web page www.tibetanmedicine.com is dedicated to bringing accurate information on Tibetan medicine to the Internet.

Practicing an Ancient Tradition in the New World: A Tibetan medicine doctor's view.

Interview by Matt Laughlin

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UE (UnifiedEnergetics™): You have studied and practiced Tibetan medicine for almost 22 years now, beginning in the early eighties with Dr. Yeshi Dhonden, the former personal physician to H.H., the 14th Dalai Lama of Tibet. How did this come to be?

ET (Eliot Tokar): The way that I got involved with my serious studies in natural medicine, and especially Tibetan medicine, was very typical of an earlier phase of the natural/alternative medicine movement in the U.S. I did so to help someone close to me find a solution for a serious health problem.

Back in the early eighties I was living in Amherst, Massachusetts, having stayed on there after college. At

that time I had a friend who had come to the United States trying to find a cure for what at that point was a six-year long bout with a wide variety of serious infectious diseases. She had already been diagnosed and treated for illnesses such as rheumatic fever, rheumatoid arthritis, tuberculosis and pneumonia. At the time, I had some basic interest in Asian medicine that hadn't yet crystallized; in order to find help, I called a friend who had experience in the field. He had cured himself of a duodenal ulcer using the Japanese macrobiotic system - essentially a distillation of traditional Japanese medicine with a specific focus on dietetics and home remedies - and he recommended that we see Shizuko Yamamoto. Ms. Yamamoto was a Japanese practitioner of shiatsu,

acupressure massage, and had impressive diagnostic skills. We went to Boston to see her and she diagnosed my friend's overall condition and recommended a course of treatment using mostly dietary approaches.

Unfortunately, soon after this my friend developed a virulent new infection called osteomyelitis, a very serious bone infection that is accompanied by excruciating pain. We took her to the Tuft's University Hospital in Boston, where she was diagnosed with this condition and told that given her history, she required surgery followed by long-term treatment in the hospital for upwards of nine months. After six or seven years of this kind of suffering, and after many hospitalizations, both in the States and overseas, she was faced with the question: Did she want to undergo the biomedical approach or try something different? She decided that she wanted to leave the hospital and return home to try the natural medicine approach recommended by Ms. Yamamoto.

I suddenly found myself responsible for my friend who was incapacitated with a severe infectious disease, and in excruciating pain 24 hours a day. Upon returning to Amherst, we began reading about and studying macrobiotics, and experimenting (mostly in the kitchen) - a basic kind of scientific method. Over a period of about three months, in very distinct phases, she improved. First, she was able to have somewhat of a reduction in pain. Then, she was able to move around using crutches. After about three months, all the symptoms of the osteomyelitis were gone. However, her previous condition persisted and she continued to be in a diminished state of health due to her illnesses.

At that point I came to know Dr. Yeshi Dhonden. Dr. Dhonden visited Amherst yearly because he had a sponsor at Amherst College, a professor by the name of Robert Thurman. Now, I am not someone who accepts things casually, so I checked Dr. Dhonden out. I wasn't wowed by the fact that he was Tibetan, wearing robes, or this kind of thing. I didn't find that particularly fascinating. It just so happened that there had recently been an article about Dr. Dhonden in the New York Times magazine, and after reading this and other things about Tibetan medicine, it seemed like there was some real, credible potential of finding a cure for my friend's illness.

So we went to see Dr. Dhonden. Perhaps most reassuring was the fact that his diagnosis, albeit a lot more detailed, was very much in accord with the diagnosis we had previously gotten from Ms. Yamamoto. It seemed like we were finally getting somewhere, getting to what this illness was really all about. Dr. Dhonden suggested my friend continue on the same dietary approach and supplement it with his prescription for Tibetan herbal medicines. In another three months with this new treatment, my friend's illness was gone. She still had residual affects from all those years of illness and biomedical treatments, but she was now in stable health and all of her previous symptoms had declined or had been eliminated. Suffice it to say, I was impressed.

Around that time, Professor Thurman had asked Dr. Dhonden to teach a professional training class in Tibetan medicine here in the States, just as he would in a Tibetan context. Because of my experience, as well as my desire to develop certain kinds of intellectual, spiritual and practical knowledge, I decided to enter the class. The class occurred over a period of three years within specific teaching sessions. Of those students who completed Dr. Dhonden's three year course, I was the only one who decided to continue with my studies in Tibetan medicine. I took the classes quite seriously and I also studied Tibetan language. I chose to ignore the improbability of my goal. I spent a lot of time with Dr. Dhonden outside of the class, observing his clinical work and seeing an enormous number of patients with him. I traveled with Dr. Dhonden, and on one occasion I did some translation for him. In that way, I started my studies in a field that is still somewhat inaccessible to Westerners.

UE Your next primary teacher for several years was Dr. Trogawa Rinpoche, a Buddhist Lama, and former president of the Chagpori Tibetan Medical Institute in Darjeeling, India. In the Tibetan medical system, it appears great emphasis is placed on the importance of receiving direct instruction by a master, in addition to theoretical study and practice.

ET This is true. In Tibetan medicine there are three ways people traditionally study. One may study through apprenticeship (as did I), through family lineage, or in an institutional setting (there are several Tibetan medical schools throughout the Himalayan region). I did my main studies with Dr. Dhonden and as an apprentice to Dr.



Trogawa. I then did a great deal of additional clinical and textual studies with a number of other Tibetan doctors.

Dr. Trogawa was very generous to me; when I met him in 1984 and asked if I could apprentice with him, he said yes at once. Only later did I learn that at that time, he was really not taking on any Western or Tibetan students. Despite this, he said yes to me for whatever reason, and I was very happy about it. I studied with him, traveled with him, attended his lectures and received a significant amount of direct private instruction in North America and in India. From 1986 through 1993, I also sat through hundreds of clinical sessions where he would see patients and also give instruction to me and to his translator who was also his student.

When you study directly with a master, they take on the responsibility of teaching you what they think you need to know. There is a certain amount of straight teaching where you are taught directly by your master. There is a significant degree of self-study that one has to do as well; for example, as a Westerner I needed to develop ability in the Tibetan language. There is also clinical work, where you are taught specific skills (like pulse analysis) and where you are asked to demonstrate what you know in the clinic. The master will take the pulse, for instance, and then ask you to take it, and before stating his diagnosis he will ask you what you think is the nature of the illness. If you're right, they'll say your right and if you're wrong, they'll correct you. That is the basic approach.

In 1993, with the help of his supporters, including myself, Dr. Trogawa established the Chagpori Tibetan Medical Institute in Darjeeling, India. As a result of this achievement Rinpoche's activities changed and he no longer had time to make regular trips to N. America. At that point, he instructed me to begin my own clinical work in the New York in order to help perpetuate the work that he had begun here in the U.S.

UE What was Dr. Trogawa like?

ET Dr. Trogawa was a very profound individual. The breadth of his work and his teaching on medicine in the West was very important, and needs to be fully appreciated in order for Tibetan medicine to properly develop here. While there is a lot of romanticizing and stereotyping of Tibetans and of lamas, different lamas have different kinds of qualities. From a Tibetan point of view, Trogawa Rinpoche was typically seen as the epitome of what a lama should be like. Trogawa Rinpoche was a very outstanding person, a consummate lama and Tibetan doctor. He was not only a good clinician, he was also a good scholar, a very highly regarded person within Tibetan culture. He was not narrow-minded or ideological about Tibetan medicine. Because he had a great understanding of Tibetan medicine and such a great ability to see its capacity and limitations, he always looked for what was the simplest solution and



remained open to other views.

Dr. Trogawa was a Tibetan doctor who truly practiced in the classical fashion. He was the first Tibetan doctor that I saw who would not always prescribe herbal remedies. In fact, the first level of cure in our system is to simply advise a person about their lifestyle, behavior, the state of their mind, etc. Therefore, if such behavior modification was all that was required to cure a patient, Dr. Trogawa would leave it at that. If it wasn't sufficient, he would add dietary recommendations that were specifically tailored to the patient's condition. Finally, if he felt that these steps alone weren't sufficient, he would then recommend herbal medicines and perhaps physical treatments.

It is unfortunate that in the West (and even in Asia) people too often confuse Tibetan medicines, meaning herbal compounds, with the Tibetan medical system. This is a big problem, because any kind of herbal compound, acupuncture or moxibustion technique is merely a kind of device that requires a medical system to come into being and to have any meaning.

UE Do any memorable stories come to mind that demonstrate the skill of Dr. Trogawa, or the Tibetan medical approach in general?

ET I remember a patient that Dr. Trogawa saw in San Francisco. The woman had a psychiatric history of hospitalizations, medication and quite a lot of difficulty. She came to see us accompanied by her psychotherapist, and expressed to Rinpoche that her main concern was

that she didn't want to live this way for the rest of her life. After doing the basic diagnostic tests, speaking with her and observing her, Dr. Trogawa reported that he thought that her problem was less a medical one and more a sort of personal one. He explained that from the Tibetan medicine standpoint that she didn't have the signs of what would be considered a mental disease.

Illness is, in fact, different from disease. With an illness you have some kind of problems, a set of symptoms, while a disease is a specific, organized set of symptoms that defines a specific condition in the practice of medicine. So from his point of view, from our Tibetan medicine point of view, she didn't present signs of any kind of mental disease. However, Dr. Trogawa did recognize that she did have a history of mental illness. He told her very specifically the kinds of things she needed to do as far as her relationship to her mind, the kinds of therapeutic approaches she needed to adopt, specific things in regard to the way she lived her life, specific things with regard to her diet, etc. He told her what she would need to do, with the help of her therapist, to reverse this pattern and move away from her otherwise very sad way of living.

The fact that she was being told that she really didn't have a mental disease from a Tibetan medicine standpoint, and that she could do something about her problem if she worked hard at it and made real significant changes in the way she approached many aspects of her life, really enraged this woman. She

got really angry - perhaps not so much angry as disoriented - because for so many years she was told that she was basically a borderline psychotic. In reality, she was someone who had a lot of severe trauma. So she was very unsettled with this and very angry and resentful about it. While she wanted to reject Dr. Trogawa's notion, at the same time, she desperately wanted to get out of this cycle of being a psychiatric patient. You could see that she was at odds with the situation, that she had become attached to her problematic existence, which at the same time was repellent to her.

This kind of dilemma is well understood in both the Tibetan medical and Buddhist systems. Dr. Trogawa, who was a very spiritually developed individual in the Buddhist sense, understood a lot about the mind. He was able to clearly perceive the strong sense of resistance that she had to what he was telling her about her condition. He then said to her, in a very Buddhist kind of way, "On the other hand, if you don't agree with what I am saying, if you don't find that it is useful for you, you

should continue to seek the help of psychiatry. Psychiatrists are very qualified in their field, and perhaps they could help you with medication or hospitalization or whatever they feel is required."

At this point, the woman literally got out of her chair, lunged toward Dr. Trogawa and looked as if she was going to punch him in the mouth. She was a big woman, and we all kind of jumped up to try to stop this from happening, but about halfway between her chair and where Dr. Trogawa was sitting, she stopped cold in her tracks. Her aggressive demeanor sort of melted away and she sat down. Her sense of hostility, self-loathing and aggression really vanished, and she started to talk quite rationally about the way in which she ended up getting into this situation. She talked about the trauma that led to psychiatric treatments, and that had steamed-rolled to the point where she was credibly thought of as a chronic psychiatric patient. The conversation became more reasonable, with her and her therapist talking about making a meaningful plan to help her make the changes that

Rinpoche had recommended.

UE He strikes me as a man of great wisdom. Would you speak to your relationship with Dr. Trogawa?

ET In terms of our relationship, when I was with him, he treated me with great generosity and would sometimes refer to me as his "grandson". He was very serious in one sense but

on the other hand he was very kind, lighthearted and easy going. One story I remember about him happened on a day we were sitting on a porch in Colorado watching the sunset after a long day of work. I was sitting there with Shakya Dorje, Dr. Trogawa's translator, who was his long-time student. We were chuckling at the fact that here we were trying to study this medicine, how hard it was, and that it was relatively impractical to try and accomplish something so difficult. Meanwhile, Rinpoche was doing his meditative thing, and seemed to not be paying attention to what we were talking about. All of a sudden he took notice and asked what we were laughing about. Shakya explained how we were laughing at ourselves, and being self-deprecating.

Dr. Trogawa then got very serious and said that we shouldn't make self-deprecating jokes like that. He said, "Look at me for example. I am a Lama; I am relatively old by the standards of the East. I have a family in India with good accommodations for me. I have a shrine room where I could do my Buddhist practice. Pilgrims would

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Dr. Trogawa Rinpoche

come from different parts of the Himalayas and give offerings. I could see a few patients and they would give proper offerings. I could travel less and just do the meditation I want to do, because my main interest is Buddhist practice. But why have I not chosen to do this? It is because I hold a unique lineage in Tibetan medicine. It is one that is not so well maintained now that things have changed in Tibet, and given the situation in India. So, I feel that it is my duty to perpetuate my lineage.” In doing this, I have decided not to take the path that I otherwise would have pursued as a spiritual practitioner. Instead, I’ve decided to travel the world, which is something I’m not so keen on doing. I work very hard so that I can create the Chagpori Tibetan Medical School in India.” He concluded by saying, “So, you see, we three are all the same. We’re all doing the same kind of thing, so there is no need to be self-deprecating about it.”

As the three of us sat there silently in the twilight, I was struck by the profundity of what had just transpired. Studying Tibetan medicine was and is a very difficult undertaking for a Western person. In attempting to achieve this improbable goal I have faced great intellectual, cultural, and spiritual challenges. Pursuing this goal caused me to endure the kinds of personal, economic and political obstacles that can accompany any great endeavor. Dr. Trogawa’s willingness to equate the pursuit of his own aspiration to that experience focused me on the meaning of my uphill climb. Most importantly it also connected my efforts to the lineage that I was attempting to join, and in doing so granted my efforts a value that transcended the struggles of the here and now.

UE It seems Tibetan medicine is imbued with a Buddhist understanding of health.

ET This is a very important point. A lot of people, in the West especially, often think of Tibetan medicine as a kind of spiritual healing system, when it is primarily a system of medical science. It is important to understand that within culture there are aspects that occur concurrently, where one has an influence on the other, and sometimes a very important influence. We can see this, for example, in something that His Holiness the Dalai Lama said about Tibetan medicine. He made the point that Tibetan medicine and Buddhism are distinct systems, and although there are certain kinds of spiritualized and ritualized aspects of Tibetan medicine, it is, in fact, a

medical science and clinical discipline. However, having emphasized that Tibetan medicine and Buddhism are distinct, His Holiness also made it clear that they are “separate the way the fingers are separate from the hand”. You can also see this in something Trogawa Rinpoche once said in an interview. He said ‘my external activity is the practice of medicine, and in my inner thoughts I meditate on the Medicine Buddha.’

So, traditionally speaking, a Tibetan doctor’s profession becomes an ongoing practice towards spiritual development and the awareness that results from it. It is important to understand that the actual extent to which any particular Tibetan doctor engages in spiritual study and practice varies greatly. There are some Tibetan doctors that don’t have a particularly spiritual view, and there are some for whom Buddhism is largely a form of cultural and religious observance.

But the classical principle of Tibetan medicine is that the foundation of a doctor’s approach to his or her medical practice is the maintenance of a deeply spiritual perspective.

I would say that all medical systems, to some degree, come from three roots: faith and belief, experience and perception and objectivity and analysis.

The Tibetan Buddhist traditions and some of the earlier spiritual traditions of Tibet provide the basic cosmology of the Tibetan medical system. They also provide a conceptual context within which things like conception, embryological development, the principle systems of physiological function, the interdependence of mind and body and things like mortality are understood.

The spiritual beliefs and practices, you could say, have also been a traditional vehicle through which Tibetan doctors inform their practice of medicine. Again, classically speaking, the spiritual discipline focuses us on a compassionate view of the patient, and tells us to develop pure intention. It also acts as a kind of cognitive tool, enhancing the intellectual and intuitive aspects of our approach to understanding and interpreting the practice of medicine.

I would say that all medical systems, to some degree, come from three roots: one is faith and belief, experience and perception, and objectivity and analysis. Most people falsely believe that Western medicine is only based on the third root; they think faith and belief are insignificant in that system. This of course is not the case. Tibetan medicine and other systems of traditional medicine more clearly embrace all three roots and know where they all fit. They know what their real role is, and where they should mix and where they should not mix. Medicine is part of culture. Science is part of culture. That’s why,

although they have central principles and theoretical foundations, biomedicine and Western science are approached somewhat differently in other countries. Americans tend to incorrectly believe that science and medicine are approached the same way everywhere.

In the West, when the role of faith and belief is not denied it is too often fetishized. Nowadays researchers can get funding to do statistical studies on the effects of prayer or meditation on health. Perhaps once they get the medical insurance coding for prayer written they will create 'prayer units' within in all hospitals. Don't get me wrong; I don't intend to belittle this approach, some of the work being done with meditation for pain, cardiac and cancer patients is very worthwhile and any kind of expansion of knowledge has value. But in the West, we sort of try to compartmentalize culture in specific kinds of categories and allow economics to determine the value of virtually everything.

UE This is why the west tends to view Tibetan medicine as a primarily spiritual and intuitive system?

ET Precisely. However, this is incorrect. In the East, it is understood that if you don't have the proper balance of intellect, analysis, objectivity and empiricism with intuition, insight and contemplation, then you do not have anything at all. Too much of one or too much of the other tends to lead you in the wrong direction. Because some Tibetan doctors will talk about Tibetan medicine in what seems to be religious terms, speaking about Buddhism and medicine simultaneously, they are often misunderstood. Trogawa Rinpoche was always very careful to say where Buddhism ended and where medicine began. Although he had an inherent and deeply spiritual view as to how

you should practice medicine, he understood it is important to respect the distinctions between spiritual practice and medical practice, and that it is also important to understand the ways in which they are complementary.

UE As I understand it, Tibetan medicine evolved over centuries under the influence of many different medical systems and spiritual traditions. Today we see a similar integrative convergence in the West, though at a seemingly much faster rate. What can we learn from Tibetan medicine as our modern healthcare system continues to evolve?

ET Tibetan medical history shows us that the true path to quality medical integration is long-term medical pluralism. Tibetan medicine is a successful result of medical integration, because over a period of centuries the Tibetans allowed many different kinds of ideas regarding medicine to enter their country, both informally and through government sponsorship. These ideas mixed freely with the Tibetan culture, and the system that we now think of as Tibetan medicine was synthesized and created over time.

Since the inception of the Complementary and Alternative (CAM) and Nutraceutical industries here in America, a lot of the direction in natural health, whether it is in the natural foods field or the alternative medicine field, has been towards industrialization. This is the path biomedicine has already taken, and given our longstanding healthcare crisis, it might not be a very good road for natural medicine to follow. Prior to this, the natural medicine movement in America had a strong populist grassroots character. It had, to a great degree, to do with expanding medical pluralism, and American's freedom to access alternative



ideas regarding health and approaches to treating illness.

However, the CAM industry is now working to supplant that progressivism with a product they call 'integrative medicine', which they mean to institutionalize within the medical industrial complex. This is a wrong-minded approach. The irresponsible marketing of products by the Nutraceutical industry has served to raise the prices of natural remedies, caused the ban of otherwise safe traditional herbals like ephedra, and threatens the ecology of countries, like Tibet, that are seen to possess medicinal herbs that can bring in big revenues. The industrialization of natural medicine brings along with it a disregard for both environmental and cultural sensitivity and its priorities on, for example, standardization are a great threat to fragile indigenous medical systems like Tibetan medicine.

What do we want? Do we only want more choices of what to buy, or do we want more choices as to how to establish proper health and healthcare for individuals? The reason that this is an important question is because it is only through building authentic alternatives - as opposed to the word 'alternative' being used only as a marketing tool - that we can arrive at worthwhile integrated approaches. If we do not regain our interest in promoting truly alternative points of view and understandings, then any 'integration' we foster will be shallow and of questionable value. Most importantly, we will not be able to properly educate our fellow Americans about highly developed, traditional understandings of health, disease and illness, be they Eastern systems or otherwise.

Can we return to a more practically useful and intellectually honest approach to these systems of medicine, or are we stuck down this path of commoditization, of too much focus on licensure, scopes of practices and product lines? If we can't answer that question, a lot of the systems of traditional medicines, which in the context of globalization are very fragile, may for the first time be threatened in their very existence. All cultural progress, whether in the areas of medicine, science, food, music, politics or anything else, develops organically, not merely through the practice of commerce and econometrics. Economics certainly has a role, but it should not be the central driver in all things, and in the creation of Tibetan medicine it certainly was not.

UE What inspires you most about your work?

ET I am inspired by the fact that in Tibetan medicine we have many vital issues to focus upon. We have this enormous tradition and lineage that is very diverse, with many different sub-approaches within the central system. And the preservation and the advancement of these lineages are really important. While all of Tibetan medicine, as well as Chinese medicine and Ayurvedic medicine, are based on really ancient texts, they're also always evolving, always changing and adapting to new situations, as any medicine must. So, that's a big effort. We have this whole issue of how to preserve the system in a

dynamic fashion. How do we allow globalization to serve that process as opposed to acting as a force for destruction?

Most of my patients are not Buddhists. It inspires me seeing, as Dr. Trogawa Rinpoche taught me, how absolutely applicable Tibetan medical ideas, and Buddhist-inspired perspectives are to real life situations in New York City in 2005. I enjoy working with individual patients and following the classical approach to Tibetan medical diagnosis and treatment that Dr. Trogawa taught me. That is very inspiring.

The next point becomes how to translate those ideas into the broader context of the United States in a way that has a useful impact. For better or worse right now, I think those of us who are practicing Tibetan medicine have a great responsibility to try to set things on the right path. As Dr. Trogawa implied in that story I told you of us sitting on a porch in Colorado, we have a responsibility beyond what we might want to do with our personal practice and our own individual work. I hope that my colleagues have a similar perspective. That's the big challenge, and I don't claim to have all the answers, but it is something that I try to serve with my clinical work and with my writing and my lecturing.

