



FRANK LIPMAN, MD: WHERE EASTERN MEDICINE MEETS WESTERN MEDICINE

Interview by Frank Lampe and Suzanne Snyder • Photography by Karol DuClos Photography

Frank Lipman, MD, is the founder and director of the Eleven Eleven Wellness Center in New York, New York, where he practices integrative medicine, combining the best of the many alternative practices he has studied with Western medicine. Trained as a medical doctor in South Africa, he became board certified in internal medicine after immigrating to the United States in 1984.

Recognized as a leader in his field, he has been profiled in O Magazine, Time Out New York, and Donna Karan's Women to Women Magazine. He has appeared as a medical expert on CBS's Morning Show, Fox's Good Day New York and Ten O'clock News, and NBC's Today in New York. He has been on the cover of New York Magazine as one of the "in" doctors in New York and named one of the healers for the new millennium by Country Living's Healthy Living. He has also been featured in many magazines, including Marie Claire, Self, Harpers Bazaar, Elle, Spa Finders, Natural Health, and New Age Journal.

Dr Lipman lectures and teaches frequently on various health topics. He is the author of Total Renewal: 7 Key Steps to Resilience, Vitality and Long-Term Health (Tarcher-Putnam, 2003) and Spent: End Exhaustion and Feel Great Again (Fireside-Simon and Schuster, 2009) and the editor of the website www.SPENTMD.com. He lives in White Plains, New York.

Alternative Therapies in Health and Medicine (ATHM): How and when did you first become interested in practicing medicine?

Dr Lipman: I grew up in South Africa in the '50s, '60s, and '70s, and those days it was sort of automatic: the smart kids went into medicine. I was never really interested in medicine per se, but it was what my brother did and what I was expected to do. I sort of automatically went into medical school. I only got interested in medicine when I qualified and I started practicing.

ATHM: Were your parents or anyone else in your family involved in medicine?

Dr Lipman: My father was a frustrated pharmacist who wanted

Opposite: Frank Lipman, MD, shown here at his clinic in New York, New York, believes that people feel spent as a result of systemic imbalances and that getting back to nature—eating well and restoring the body's rhythms—is key to becoming healthy again.

to be a doctor, but because of financial limitations, he had to go into pharmacy because that allowed him to work and go to school at the time.

ATHM: Was there anything around the household as you were growing up that also directed you that way?

Dr Lipman: My memories of how I grew up are more of a political nature because I grew up in South Africa during apartheid with politically active parents. What is right and what is wrong and how disgusting and inhuman the apartheid system is was imprinted on me more than medicine was. That was the topic of conversation at the table, much more so than medicine.

ATHM: How did you form your sense of social justice, which seems to have been very important in the formation of your medical practice?

Dr Lipman: Growing up in South Africa during the apartheid era, it was obvious that the system was morally and ethically wrong and unjust. The apartheid government tried to brainwash the white population in order to perpetuate their regime. Consequently, I learned to question everything and to not accept the status quo. I automatically learned to mistrust the system. This questioning transferred itself to how I feel about the conventional medical system where I believe that many if not most regular doctors are also brainwashed. As a result of their convictions being so limited and narrow, they are skeptical of alternatives, and this creates an unfortunate separateness in the medical system. In the same way I was considered an outsider in South Africa for questioning the system, I am considered "alternative" or a "quack" for questioning the conventional medical system. I have the same feeling about the medical establishment as I did about the political establishment in South Africa then—I am separate and other for not believing in their dogma and not toeing the party line. In both cases, it is so obvious that this is harmful, that the establishment is misguided. I call it medical apartheid.

ATHM: Can you expand on what you mean by "medical apartheid"?

Dr Lipman: Growing up in South Africa, I always struggled with how most white people viewed the apartheid system. It was obviously so cruel, so rotten, so wrong, and yet the vast majority of

whites accepted it as something normal. You find yourself feeling crazy for being the one to say, "This is not right; it shouldn't be like this." Not that I was the only one, but I was in the minority of my peers. I get a similar sense of uneasiness about our current medical system, and once again I am part of a small minority. I am not saying Western medicine itself is wrong, but I am critical of a system that I feel is conservative and dogmatic. Some doctors look at people like me and think that we are the crazy ones for thinking differently, for telling patients that perhaps they don't have to rely upon conventional drugs for the rest of their lives, that maybe there are other options. There is a separateness between the two belief systems and an ignorance and hubris on the part of the "powers that be" to be open to a more expansive way of thinking. Change came to South Africa, and so will our medical system have to change.

ATHM: Are there any specific examples of something that created a turning point for you in terms of understanding the issues around social justice in South Africa?

Dr Lipman: I don't think there was one specific episode. The social and legal injustices were pervasive and affected every aspect of life in South Africa during the apartheid era. From the Group Areas Act, which legally determined where the different racial groups lived or were prevented from living, to the inferior education system, it was everywhere. The brutality of the police force was widespread and scary. Blacks and anyone who opposed the system were especially targeted. Police raids were frequent and notorious in their randomness. Even my parents' home in suburban white Johannesburg was raided a few times when the police discovered that our maid was running a *shebeen* at our home. A *shebeen* is like a local bar, a meeting place where friends could gather and have a drink. It is a part of the local culture in South Africa. The police would come with their sticks and beat the people. You would see this type of episode fairly often growing up in that society. So for me, the older I grew, the more I understood and the angrier and more frustrated I became.

ATHM: Was there anybody that you saw as a hero in fighting apartheid?

Dr Lipman: Since the apartheid government banned all materials relating to leaders of the freedom movement like Nelson Mandela and Steven Biko, we did not know much about them except that they were either imprisoned or died for their opposition to the system. Most details about their philosophies and their beliefs were completely suppressed. Now I know that Nelson Mandela is the most unbelievable man, but in those days I did not really know that. We were forcibly kept ignorant.

ATHM: Who were your mentors as you were entering into medicine?

Dr Lipman: I had 2 really great mentors in South Africa. One was Dr Bloomson, with whom I worked as a student at

Baragwanath Hospital, the biggest hospital in Africa. The hospital was so large and impersonal, and yet he managed to convey a real warmth and sense of caring toward all his patients. He taught me the importance of a good bedside manner. The other big influence was Dr Paul Davis, a general practitioner I worked with when I graduated. Paul's leftist politics and mine were completely aligned. His practice drew many from both the leftist political community and the art community. These associations often resulted in the police raiding his practice to obtain the medical records of detainees whom they had beaten up and who consequently were treated by Paul. From Paul I learned the importance of the doctor-patient relationship and became increasingly aware of the human connection in the healing process. He would always put his hands on the patient. He used to say, "People get better in spite of the medicines that we give them, and your job is to be there and to listen to them." It was while I was working at this practice that I was first exposed to homeopathy, which was fairly popular in South Africa, and also to acupuncture. This was where I began my journey in exploring the many different alternative healing traditions, and when I left South Africa, he gave me the *Barefoot Doctor's Manual* as a farewell present. It was also at Paul's practice that I started noticing the shortcomings of my training in western medicine.

ATHM: In your book *Total Renewal*, you write that it was at Baragwanath Hospital that you had your first exposure to non-Western medical traditions through seeing a *sangoma*, a traditional African healer. How did this affect your view of medicine and healing?

Dr Lipman: At the hospital, there were times when a patient was not getting better and the family called in a *sangoma*, or local healer, to help. As crazy as it seemed to me, in many cases, the patient would get better. I did not really understand the value of the cultural context of the patient. This only developed after my internship at Baragwanath. I spent 18 months working in a hospital in Kwanabele, a tribal "homeland." One of my duties was to visit the outlying clinics, many of them accessible only by dirt road. Next to one of the clinics lived a *sangoma* whom I noticed helping some of the patients that I could not help in the hospital. Initially my interest was only in taking photographs of her "throwing the bones," but over time, seeing that she did indeed help her patients, I started to believe that there must be something more to this than I understood. When I came out of medical school, I arrogantly believed that I knew everything. However, exposure to patients who got better using modalities that I thought were nonsense led me to start questioning the limitations of my training. Western medicine is hospital-based medicine, which is great for acute care and critical care. However, once I finished medical school and was working in Paul Davis's practice or at the clinics in Kwanabele, I began to see a different type of patient—people suffering from headaches, fatigue, insomnia, digestive problems. There was not much that my hospital training could do to help those types of problems. I began

to understand that there were other valuable healing traditions that could significantly impact the health of patients, and it was the role of the *sangoma* that first planted those seeds.

That is how I started questioning my training. I came out of medical school a real believer in Western medicine. My father was a pharmacist; my brother is an intensive care specialist. It is not that I got brought up questioning the medical system. I got brought up questioning the political system. As I got older I realized that I should question both, that because of their exclusionary nature, neither is particularly good for society.

ATHM: In one of your books, you discuss the South African concept called *ubuntu*. Can you explain what that is?

Dr Lipman: *Ubuntu* is an African expression that means, "What makes us human is the humanity we show each other." I experienced this when I was working in Kwandebele. There I was, a white boy driving around in a jeep with a black translator and driver, and I felt I may be perceived as a representative of a detestable system. However, wherever we went, people would ask us into their homes and share their meals with us. I was fascinated with the culture. People were extremely poor and hardly had any food, yet they would always invite us in to sit down and share whatever they had with them. That was pretty moving.

What is important to remember is that I only realized all of this much later in life. I was in my early 20s when these things were happening, and I did not really put it all together then. It took me many years of thinking about medicine and thinking about life. Nobody spoke about *ubuntu* back then. I discovered the term much later when I recognized that this was just part of their culture; their behaviors, their warmth, their invitations were all a testament to how they saw the world.

ATHM: Did you have an "aha" moment at some point, when all of this made sense to you?

Dr Lipman: Yes, after getting interested in Buddhism, I came to realize that the concept of *ubuntu* and the Buddhist tenets of compassion, respect, and connectedness are so similar. So when I became familiar with the term *ubuntu*, it really resonated with me because to me it is the same as the Buddhists talking about compassion. When I realized what *ubuntu* was, it was definitely an "aha moment" because it was putting a name to what I had experienced in Kwandebele. This led me to find a way to give back to South Africa, to help make a difference to a country that had given me so much and to which I still feel very connected.

ATHM: You offer a unique blend of musculoskeletal medicine, Chinese medicine, and functional medicine as part of your practice. How did you come to this?

Dr Lipman: When I came to the United States, I had to do 3 years in a residency program to get a license in New York. I got into an internal medicine program at Lincoln Hospital in the South Bronx. Once again, I was working with acutely ill patients and seeing where Western medicine is really effective. But I realized after a week or two of my residency that this is not the type of medicine that I wanted to practice. Test results replaced the doctor-patient relationship, it was too impersonal, and I was not happy.

Luckily, before I started my residency, a Hispanic woman who worked at the hospital took a liking to me and said, "Let me take you for a drive through the South Bronx to areas that you are never going to see as a white person." She took me first to an organic garden, then to an acupuncture clinic—a detox clinic, which was about 10 blocks from the hospital and actually part of the psychiatry department. It was fascinating because we walked into this burnt-out building in the South Bronx, and there were about 100 hardcore heroin addicts sitting quietly with needles in their ears. That was quite an experience.

When I realized that hospital-based medicine was not the type of medicine I wanted to practice, I took a walk over to the acupuncture clinic and introduced myself to Mike Smith, who ran the clinic. I told him my story, and he was fascinated with South Africa. We got to talking about politics, and he said, "Whenever you want, you can always come and work here. You can study here. It would be a pleasure to expose you to Chinese medicine." He was a psychiatrist who got turned onto Chinese medicine. So whenever I had free time in the afternoon and sometimes on weekends, I would go to the acupuncture clinic, and I started learning acupuncture. I was fascinated with acupuncture because the philosophy of Chinese medicine is all about balance and improving function. It made a lot of sense to me. The philosophy resonated with me, so I kept going back.

So there I was in the hospital practicing Western medicine and going to the acupuncture clinic and learning Chinese medicine. What was interesting is that I would often see the same patients who would come into each clinic for different problems. I would see a patient in the hospital being treated for one problem, and then maybe a couple of weeks later, I would see the same patient getting acupuncture for something else. It became very clear that although they were completely different worlds, two systems that saw the body so differently, they complemented each other perfectly. It was an easy lesson for me to learn because

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each was particularly good for treating certain conditions and poor at others; they balanced each other's weaknesses. I saw that the future of medicine would be to combine Western medicine and Chinese medicine. During the last year of my internship there, they asked me to be chief resident. I said I would be chief resident if I could do some rotations in psychiatry. The acupuncture clinic was part of the psychiatry department. I ended up spending 2 months at the acupuncture clinic.

By the end of my residency, I had completed almost all of the required hours to get an acupuncture license in New York. I continued working at the clinic after I finished my residency. It was not until a couple of years later that I came across the work of Jeff Bland, who articulated so well the concepts of Chinese medicine to improve function and balance, with Western physiology and anatomy and biochemistry. Talk about an "aha" experience. That was a major "aha" experience because there was Jeff Bland articulating what I learned in Chinese medicine from a Western perspective. Getting introduced to Jeff and his work really put it all together for me. Acupuncture is functional medicine. Acupuncture is a way of improving function. That is the way I see it. It is just another tool in my functional medicine tool bag.

ATHM: How is acupuncture integrated into your practice?



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Dr Lipman: When I finished my Chinese medicine training there was this frustration that I always had about how to integrate it with Western medicine. I was always wondering, how do I explain this from a Western perspective? What is energy? What is *chi*? What are meridians? I had been obsessed when I finished my Chinese medicine training with how to integrate it. What is really going on from a Western perspective when you stick in a needle? Jeff Bland was great at explaining the internal medicine aspect of Chinese medicine, but there was no one talking about what this "energy" was, what were the meridians. Then I discovered the importance of the fascia and became obsessed with it. Acupuncture is a very hands-on, touchy-feely experience, so my questions were, "What are these tender points I was feeling? Why do these tender points occur? Why, when you needle a tender point, do people get better? Even in areas away from the tender point?" I started exploring osteopathy and the whole fascial system. I started believing that the meridians are actual fascial pathways and what acupuncture is doing is releasing blocked fascia or improving the flow through the fascia. As the meridian system is connected from head to toe, so is the fascial system.

I started to become convinced that when we talked about meridians in Chinese medicine or fascia in Western medicine, we were talking about the same system, but I never found anyone else



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who articulated this until fairly recently, when I found some studies by Helen Langevin confirming that meridians are probably fascial pathways.

Her studies showed that cells communicate via these integrins, which are mini-projections on the cells. The integrins get deformed and distorted through overuse, through misuse, through age, and the distortion impedes cellular communication. The act of needling the area or doing some deep tissue work to the area actually improves the integrin function and improves cellular function. That confirms what I see clinically all the time—that acupuncture is a way of improving function.

I have been lucky to have studied with some great acupuncture teachers. Mark Seem in New York was a big influence on me. Harriet Beinfield and Efrem Korngold, who wrote the book *Between Heaven and Earth*, have been my teachers for many, many years and have been helpful in terms of giving me clarity on my philosophy. They have been instrumental in making me think a certain way. And recently I met an acupuncture teacher who I think goes way beyond anyone else in terms of mixing the West and the East. His name is Dr Alejandro Elorriaga Claraco, and he teaches at the McMaster University in Canada. He has taken acupuncture to a whole other level. To me he is the Jeff Bland of the acupuncture world. Unfortunately, not many people know about



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him. Anyone who really wants to understand acupuncture or to learn to do acupuncture at a sophisticated level should take his courses. And I have been blessed to have a yoga master, Lindsey Clennell, personally guide me and show me the importance of yoga and how I can integrate it into the way I practice.

So I basically practice my brand of functional medicine, which includes my knowledge of Chinese medicine, acupuncture, and yoga, which expands that model. When a patient comes to see me, I give them acupuncture, and at the same time, I change their diets, give them supplements, and encourage them to do yoga or to meditate. It all works so well together. Acupuncture is interesting because you get very close to your patients. It is a very intimate experience. You are touching them in a nonsexual way because acupuncture is such a hands-on approach. This trusting environment enhances the relationship between doctor and patient.

ATHM: How do you integrate your background in internal medicine into your practice?

Dr Lipman: I don’t usually do much internal medicine. I think where I integrate it is that I know who is sick and who is not sick. For instance, a young woman came in to see me the other day. She had chest pain and was coughing. I listened to her chest, and I thought she might have pneumonia. I sent her straight out to get an x-ray and get treated.

If someone is possibly having a heart attack or an acute asthma attack or like the woman with pneumonia, I know they need Western medicine. But for the most part, I would say almost all of the patients that come to see me don’t need drugs or surgery. Because of my training in Western medicine, I know who does and who does not. I see Western medicine as one part of a more comprehensive approach, which I call good medicine. Take the woman with pneumonia, for example—I am not going to treat her with acupuncture and herbs. She needed antibiotics.

ATHM: Please explain the concept of the “worried well.”

Dr Lipman: When you work in a hospital, you see acutely ill patients who most of the time need antibiotics, drugs, or Western medical management. The “worried well,” the people who come in with headaches, fatigue, and back pain, are the patients whom I am seeing in private practice in New York City or whom I saw in Johannesburg. They are not sick enough to go to the hospital, but there is enough going on that they know they need to do something. It is for these people that functional medicine, acupuncture, and Chinese medicine work so well. They respond really well with changing their diets, taking some supplements, doing a bit of yoga, changing the way they think, changing when they eat and how they eat.

ATHM: It seems you are focusing on the “worried well” as opposed to the acute care patients. Is there a reason that you chose to go in that direction?

Dr Lipman: I think it just happened. When I began my residency here, there was no emphasis placed on the connection with the patient. The patients used to come up to the ward. I would look at the x-ray, look at the EKG, look at the blood results, and then would have to go study up on the disease and present the case the next day. I really did not have the time to spend taking a good history, examining a patient well, and getting to know him. There was not much emphasis put on the doctor-patient relationship. That is why I felt I needed to find a more rewarding way of practicing medicine. I have always loved the relationship aspect. I think what really turns me on about medicine is developing bonds with people. I think it is hard to do that in a hospital setting, whereas in private practice, you can spend more time with patients, and the “worried well” are the patients that I attract. It all happened naturally.

ATHM: How did the Eleven Eleven Wellness Center in New York come about, and what is its focus?

Dr Lipman: After my residency, I was working at a community clinic downtown and part-time at the acupuncture clinic at the hospital. An orthopedic surgeon came in for acupuncture to try to control his blood pressure. He said, “By the way, I have tennis elbow. Can you help me?” I put some needles in, and he came back the next week and said, “My elbow is better, but my shoulder is a bit sore. Can you help that?” I put some needles in, and he came back the next week and said, “Now my shoulder is better. I have a sports clinic downtown. Do you want to come work in my sports clinic?” So I started working at the sports clinic. I was there for about 2 years, but I wanted to explore health and healing more. In 1992, I decided to open the Eleven Eleven Wellness Center, where I could have other practitioners working with me. There was an Alexander teacher, a yoga teacher, another acupuncturist, and a nutritionist. I wanted to expand on what I could offer my patients. It has been going strong ever since.

ATHM: What does the center focus on?

Dr Lipman: We focus on healthcare as opposed to disease care. The focus is on education and prevention. How do we keep people healthy? I am really big on trying to educate people to take care of themselves. At the moment I have another great doctor, Alejandro Junger, who works with me, who focuses on detox. There is also a physical therapist, a chiropractor, a healer, and a nutritionist. The whole idea of the clinic is to create a warm, trusting, and relaxing environment for people, rather than a typical run-of-the-mill doctor’s office.

It is hard for me to put myself in any box in terms of how I practice. I have developed a mixed bag of tricks that I use, and I have always been my own biggest guinea pig. I am not one who necessarily follows research that closely. If I see something is working, I will explore it further, and that is really how I have developed my practice. I am a good observer and implement what I notice helping patients. I have a very practical approach; I am not attached to any one system.

ATHM: Is there anything in particular that you are most proud of at the center?

Dr Lipman: I think I am a great facilitator of helping people get healthy. I motivate them to make changes to their lifestyles, to their diets, to start yoga or an exercise program. The challenge is that everyone is different and unique. The person sitting in front of you one day is completely different from the person you see the next day. How you develop a person’s treatment plan is very personalized. I get a sense of how far I can push the limit. When I am sitting with a patient, I keep saying to myself, “How far will he go?” If I tell a patient he needs to give up sugar, caffeine, soy, gluten, and dairy all at once, is he going to do it? Is it easier if we do it slowly? A lot of it is getting a feel for what the patient can and will do.

An advantage of acupuncture is that I see people once a week initially. And the intimacy of acupuncture makes a big difference because of the trust that’s established. It is much easier for me to develop a relationship with someone and get them to trust me if they are getting help from the acupuncture. If they come back the next week and they are feeling better, and I say, “Why don’t you make all of these changes now?” they are more likely to make them if they see that the acupuncture is helping. I get great results for the most part.

ATHM: Let’s talk about another concept that you mention in your work: the role of rhythm of nature.

Dr Lipman: I first realized the importance of rhythms and health while working in Kwandebele, where there was no electricity. People lived in tune with the cycles of nature. They went to sleep when it was dark and woke up when it was light. They lived with the seasons, in sync with nature. We humans evolved as people who lived in harmony with the seasons and with day and night. As a result, these cycles and rhythms became imprinted in our genes. We talk about nutrigenomics, eating for your genes. I believe the same applies to rhythms; these rhythms of nature have become imprinted in our genes. In our genes and biology, we still are our ancient ancestors, but we are living at a pace and rhythm that are completely foreign to us. We have outpaced our biology.

Over the years, I have come to realize that rhythm is a key to health and that working with body rhythms is essential. My job is to help patients get their “groove” back. I have always been a music fan. I love world music and in particular African music. The beauty of world music is that you cannot really understand the words; it is the rhythm that is important. Music and rhythm are an integral part of my life.

My whole philosophy of healing is, how do we get back to nature? How do we get back to the natural rhythms? My philosophy on food is, eat as close to nature as possible. My philosophy on exercise is, work with your body rhythms. When you watch animals in nature, you’ll see they sprint and then stop. Even if you watch a squirrel—the squirrel sprints, and then it stops or it slows

down. When kids play, they will run, run, run, and then they will stop. In many of the yoga traditions, they will do strenuous yoga, and then they will relax. With most Eastern exercises, it is not push, push, push, like we often do in the way we train in the West. There is a rhythm even to exercise. That is why I am a big believer in variations of interval training where you sprint and then you stop, so you are teaching your body to recover. Finding one's rhythm is really important to my philosophy on health.

For example, we know about circadian rhythms. We know that there are different rhythms in our body, that these rhythms govern all of our physiological processes, that we actually have an internal body clock. Science is now showing that our body clocks try to harmonize themselves with natural rhythms. I believe many sleep disturbances are from rhythm disorders. I believe being spent, which is what I named my new book, this feeling of exhaustion, is a result of us being out of sync with our body rhythms because we are continually giving our bodies the wrong cues. For instance, we do not give it enough sunlight. We use artificial lights at night. We are eating the wrong food at the wrong times. We are exercising way too fast or not at all. We don't spend enough time in nature. These all upset the body rhythms. The parallel I use is animals in the zoo as opposed to animals in the wild. Animals in the zoo have a much shorter lifespan. They develop chronic diseases, whereas animals in the wild don't. People living in this industrialized world are much like animals living in a zoo. We are living too far removed from the rhythms and cycles of nature, and consequently we are getting chronic diseases.

ATHM: What led you to write *Spent*?

Dr Lipman: I noticed that most of the patients who came in to see me were exhausted, even though many were not complaining of feeling exhausted. They would come in with digestive problems or aches and pains. The feeling of exhaustion was just an accepted norm. They thought, "Oh, I am just getting older." This is how everyone feels. At the same time, I started to understand the value of rhythm and the beneficial effects of adjusting the way you eat and the way you move or the way music can be used to help people get back into rhythm. When I do acupuncture and I put needles into people at the office, I use special CDs, and I have them wear headphones. I get them to not only listen to but to feel the music and the tones in these special CDs. I saw the

effects of rhythm helping people all the time. I saw how restorative yoga helped. I saw how getting people to modify the way they exercise helped. I saw how getting people to have a smoothie in the morning that has protein and a green drink helped. I have seen hundreds, thousands of patients, and I have seen what works, and I thought, "Gee, I have all of this information that I learned over the years; let me put it into a book as a program."

What I try to do in the book is give daily tips. The name, *Spent*, was suggested to me by one of my patients, and that is such a perfect name because everyone feels spent.

"Spent" is really how you feel. "Spent" could mean your adrenals are weak, your thyroid is not functioning properly, or you are nutritionally depleted. "Spent" is a catchall for many types of problems or what I see as systemic imbalances. I took a lot of what I saw helping my patients and put it all together in a book and called it *Spent: End Exhaustion and Feel Great Again*.

ATHM: And it is a 6-week program that you ask people to go through?

Dr Lipman: It is a 6-week program, but that is because we had to come up with a time period; the publisher wanted a program. I see it more as 50 to 60 tips on how to get back in rhythm and then stay healthy. The book sort of developed into a program that is a variation of what I do in my practice.

I see it more as, "These are healthy tips to get you back in rhythm." Some people may need to work more on their diet, others on their exercise, others on their minds. That is why I structured it into daily tips. The way I practice is more of a freewheeling type of style that allows me to pick and choose what I think will be most beneficial to the patient. The book compiles all of the tips for good health in one place. Six weeks may seem long for some people, so on the website www.SPENTMD.com, we have a 1-week program.

ATHM: Based on your observations, do you feel that this issue of exhaustion or being spent is an epidemic?

Dr Lipman: I do think it is an epidemic, in New York anyway. When I speak to people from around the country, it seems like it is an epidemic in most big cities. Most of us are overwhelmed and overloaded. That is part of why people get spent. Another aspect is that there is a lot of what I call "corporatitus." The whole corporate model is breaking down. I see it a lot in New York: people are working much harder than they used to because

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the corporations fired more workers, so the same person has to do 2 people's work.

People are working longer hours. They often feel powerless, and I believe that contributes to feeling spent, too. This kind of stress, combined with so many toxins in the environment, not getting enough sun or nutrients in our diets, not taking supplements, all of these things contribute to this epidemic. When I speak to practitioners from around the country, they say the same thing—they are seeing more and more people who are exhausted. I have simplified it in terms of calling it “spent.” What I have tried to do in my office is create a little haven for people. They come in; they chill out for 45 minutes with the acupuncture and the music. Sometimes I put them in restorative yoga positions while I am doing the acupuncture. They leave the office feeling so much better.

What is interesting is all you need to do is change a couple of things to improve your health. That is the beauty. If you catch it early and make a couple of changes, you are going to feel much better.

ATHM: What are you working on in the near future?

Dr Lipman: *Spent* comes out this month. On the companion website, www.SPENTMD.com, I want to expose people to a lot of different, interesting people and wise elders. I want people to start thinking differently about the way they see medicine. I want them to see music as medicine, movement as medicine, *ubuntu* as medicine. I want to try to educate people about modalities or parts of their lives that they don't consider beneficial to their health. For instance, I think it is crucial for one's health to have meaning in our lives, so I want to turn people onto various nonprofits that are doing important work around the world. I work with 2 nonprofits in South Africa, and this work has been so meaningful to me because I have been able to make a difference in the country that I had to leave and still love so much. When people have meaning in their lives, its effects can be profound. I think that is where I am heading now.

Another project I am so excited about is a project I worked on with Bill Laswell, a patient of mine and a brilliant musician and cultural gem. We have brought out a CD, *Spent: Beats to Bring You Back*, an amazing CD companion to the book, to help people get back in rhythm. It takes you on a rhythm trip through Africa, India, and Latin America.

ATHM: Is there anything you are particularly proud of?

Dr Lipman: Yes, the organic gardens I initiated in Port Elizabeth, South Africa. I was inspired by Rancho la Puerta, a wonderful spa near the United States-Mexico border where I have been

teaching for the last 9 years. They have a great organic garden there. Depending on what time of the year you go, anywhere from 40% to 80% of the food you eat comes from their gardens. Then a few years ago, I started working with the Ubuntu Education Fund (www.ubuntufund.org), a nonprofit group in South Africa that works with impoverished kids, many of whom have AIDS and are orphans. When we went back one year, I noticed that many of the kids in the schools that we work in were getting a piece of bread with jelly at school for lunch. For many, this was their only meal of the day. I also noticed that next to some of the schools there was some open, unused land. I thought,

“Why don't we plant some organic vegetable gardens, so we can start feeding the kids nutritious food rather than the bread and jelly?” I saw how successful it was at Rancho la Puerta. So I got funding from a benefactor, and we started organic vegetable gardens at 3 schools, and they have been a huge success. We are now feeding more than 1100 kids a day from the vegetables we grow in our gardens, and as I said, for many, this is their only meal of the day. Many of these children's parents have died from AIDS, so a lot of grandparents

are serving as housekeepers and homemakers. We get them to help at the schools. They make a big stew from the vegetables every day for the kids. I think by the end of the year, 6 or 7 schools will have gardens.

In the same community, we created a vegetable garden at an AIDS clinic where the AIDS patients work in the gardens and are fed from the gardens. We will be working with 2 or 3 more clinics in the next couple months. The garden project has become a huge success. Every time I go back, I see how much better the kids are just from getting one nutritious meal a day. Not only are the kids who have AIDS doing much better, but many of the kids with ADD and learning problems are better too, now that they are getting healthy nutrients. We are seeing what great improvements in health we can get by just giving these kids basic nutrients. That is one project that I am really proud of—using my knowledge of nutrition and my connections in New York and doing good with it. My mission is to do good. How do you spread the word about this new medicine and spread the wealth? I want to do good in society because too many people have too little, and there is too much unnecessary suffering.

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