Food As Medicine: How Plants Can Transform Cancer Care Transcript

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Introduction to Dr. Ron Weiss

Hello everybody, and welcome to our Cancer Solutions Summit. And today we have a wonderful opportunity to be with a dear friend of mine, a phenomenal doctor, Doctor Ron Weiss from new Jersey.

And he is dual board certified in internal medicine and lifestyle medicine. He's a primary care physician, the executive director of Ethel's Primary Care and assistant professor of clinical medicine at Rutgers New Jersey Medical School, and his website for his practices, ethos Primary Care.

Com and he's also a botanist and a farmer. He really puts together food, his medicine better than any doc living doctor today. It's just amazing. And he's he's been written about in New York Times and York Post.

The today show, new monthly part of the documentary Eating You Alive. And we're really excited to have him here with us today. All right. He's also a super kind and warm person and just wonderful doctor.

Okay. Well, thanks for joining us. And let's hear about you know, I know we're going to have a lot of important information to give people today that's going to benefit them.

But before we start with some of that, I know how you got into this. You got into this because I think when your father got cancer, right. And yeah, you were a conventional doctor just practicing regular medicine before that. Exactly.

I well, you know, I had I wasn't actually really practicing because I was training. I was in medical school. I went to Rutgers, new Jersey medical School, you know, an academic training.

I then did internal medicine at residency at George Washington University in D. C., an academic training. And, you know, I never learned anything about nutrition or anything about lifestyle.

It was all drugs, you know, hospitals, procedures, surgeries. That's it. Chemo. And then about after I graduated, I actually started a I went to your current haunt to go to film school at in University of Southern California to get a masters in Fine Arts.

Because I have a background in I have a degree and I wanted to compose and I was I was not going to give up being a doctor. I was a practicing out there.

And while I was out there, my father was suddenly diagnosed with stage pancreatic cancer. Stage for most of his liver had been replaced by the tumor. I came home and we were all devastated.

I took him we because there were like two older brothers who were also physicians. All the boys took him to the best cancer hospital in the world, and he was basically given a bleak prognosis and told get his affairs in order, maybe having, you know, 60 days left, not two, one, three months, that that was it, tops.

Father's Cancer and the Shift to Plant-Based Medicine

He was the end and I, I moved in backing to the house that I'll take care of him and and devastated we went to I didn't know what to do because I had given a lot of chemotherapy for stage four pancreatic cancer, and I knew what the end of that story was.

So I found by going just going to the public library, I found a book on testimony of cancer survivors. And this book had been published by Mikio Kushi, who was the head of the macrobiotic movement, which is a it's a branch of plant based eating whole plant foods.

And and so there was a man in that book whose name was Norman Arnold, who had the exact same stage for pancreatic cancer. My father had and he had survived and gone into complete remission.

And and he lived for many years. He actually found it today. He endowed the University of South Carolina School of Public Health. I told I read this story to my father and he said, okay, I will do what he did.

And we took my father to meet you. He placed him on an extremely severe and restricted died of whole plant foods. And my father had a revolutionary experience.

He very quickly, within days, all his severe abdominal pain was gone. He was going to the bathroom. He got all of his narcotics. He was an attorney. He went back to his law practice.

Within the week he started. He went back to the gym two weeks later, was running a few weeks later. Three months later, we got a Cat scan to check his status.

Turns out that he a reduction by one third of all his tumor masses. Six months later we got a follow Cat scan 50% reduction. So, you know, a year later you took him back to the cancer hospital.

The same doctor and the doctor was shocked to see him still alive. We had gone to see if there were maybe any trials that were open or something new discoveries that had been made.

When we started to tell my father started to tell the doctor that he was eating seaweed and brown rice and kale and broccoli and root vegetables. The doctor lost complete interest and changed the topic to chemotherapy.

So you never, never got the chemo? Never got chemo? No, he never took it. It was five Flora uracil, which had a 85. It was the only one available. It had an 85% no response rate.

And the 15% response maybe would give you extra few weeks at a time and make you sick. So my father to talk about wisely. Yeah. Most people don't realize that hemo.

The advantage chemo gives you is so slight, and it ruins you quality of life that in most cases of cancer, it's not worth it. Absolutely right. And we can discuss this in a little bit.

What I have had since then with the patients. And I'm sure you I know you have two is that even if you get chemo, even if there is there a case can be made in specific cancers for chemo to be given because and they're not that many.

But there are some cases and especially sometimes within the own, you know, these immune therapies that there are new currents in cancer treatment where, where lives can be significantly extended.

I have seen that the plant eating a whole plant foods definitely improves performance status, and performance status is sort of the carrying capacity that a cancer patient has during his or her illness.

How how robust or how vital is the cancer patient? What reserves does the cancer patient have that will enable them to survive as long as possible or put potentially overcome the cancer?

That's called the performance status. And I've noticed that eating plant foods, no matter what you do, whether you're getting chemo or whether you're not accepting chemo, definitely improves performance status.

What is your do you have a similar view on that? Well, yes. I mean, there are certain cancers that are very aggressive, such as a rapidly growing extreme in a puzzle, breast cancer or a type of leukemia.

There were chemo was necessary. Otherwise death will ensue. And the more aggressive cancers that require chemo, the chemo works better for an aggressive cancer because the cells are rapidly dividing.

And when they rapidly divide so rapidly, they expose their DNA to damage. But these slow, indolent cancers like garden variety breast cancer and prostate cancer don't respond to chemotherapy because their cells are growing slowly and they're not going to be able and the chemo is probably going to cause other harm.

And a little bit of benefit you get isn't even worth it. It's better to just focus on lifestyle, nutrition, common cancers. You know you're going to be living whatever life you do have left.

You're going to be living it with severe pain at your feet or, you know, other kinds of, you know, terrible side effects usually are nausea or vomiting or other kinds of and then the aggressive other kinds of things that are the, you know, the outcomes and often of chemotherapy.

Right. And with like metastatic ovarian cancer with a big mass or something, you know, chemo might be indicated, but the people still die of the recurrence because the chemo doesn't kill all the cancer cells.

And those cancer cells to grow back are now resistant to chemo, and they die, you know, 3 to 5 years later. But there's where nutrition really plays a role.

It can't be bulk the major mass of the tumor in every case. But what it does when the after chemo, the body's immune surveillance is heightened by the excellent nutrition.

Chemo, Performance Status, and Cancer Outcomes

And then the cells that have escaped now can be killed by the body's own immune system and to recurrence of the cancer. So even when chemo is used, it makes a major difference in preventing the what usually causes death, which is a recurrence of the original cancer.

You know, I don't think we've discussed this case, but I have a very a wonderful gentleman now who is offering from end stage. Well, he had wisely metastatic prostate cancer throughout his skeletal system when and when he first came in.

The bone scan basically showed most of his skeleton was replaced by tumor instead of bone. And he is entering his sixth year having sort of undergone hormonal manipulation therapy with Lou and other other kinds of therapies, not chemo, because chemo doesn't work for prostate cancer, but and by taking drug holidays, sometimes getting the therapy, he's kind of arranged his own schedule and and he's been dedicated to a high level of whole plant foods.

He's entering his sixth year. And at this time, there is no sign of any cancer in his bones. It is unbelievably crazy. You know, I had a case like that, too.

Her name was Lee Gerst at a patient of mine back in the 1990s, in the 90s, where she had metastatic breast cancer to her bones. And she didn't take him ocean to anything.

She just said, if I die, I die. I don't want to be suffered with chemotherapy and have a quality of life. And she did everything I told her to the to the minutest detail with the juicing and using sprouts and everything.

And she and I got the bone scan. She was doing so well. I repeat, the bone scan. The cancer disappeared out of her bones, and I said to the I had to call the radiologist and say, you must have mixed up the patients because she has metastatic bone lesions, you know, and they're gone.

And so he did it again. And he got the, you know, and it was obviously she made a complete recovery from metastatic breast cancer that had gone to her bones.

And I was just like, wow, this is unbelievable. You know, I would say that is I would say I would say for the majority of patients I see, though, we have to usually or late stage cancer patients or mid-stage cancer patients, most of them are opt to get conventional treatment.

So I have to because they are, you know, they generally decide to go down the road of, you know, conventional oncology treatment. So, so much pressure to do it.

There's so much pressure to do chemo. It's crazy. And many of them I am I am left you know I so I try to support them those patients the best I can with the with you know high quality plant diet.

So you know I, I was just meeting with a lady yesterday who and quite frankly, based on what you're saying, I you know, we generally know what happens when people eat conventional diets, get conventional chemotherapy with stage four cancers.

How often does it work? Yeah, it doesn't doesn't work out for them. So yesterday I had a I was seeing a lady who had stage four ovarian cancer metastatic to the axillary lymph node.

It just passed her fifth year. No signs of cancer. She got conventional treatment but she as well adopted, you know, a high quality plant based diet. And you know, I was trying to ask her, you know, it's a complex question.

What component of the treatment was responsible for what? Why are you still alive today? And, you know, I would have to say it if I had to choose. And, of course, you know, human biological systems are so complex.

There's so many things that enter into who we are, why we are alive, why we are so as exercise and sleep and all these things. But in my book, it's the plants, it's the plants.

And and I get I derive this intuition from my father. And, you know, back when my father's experience occurred in the 90s. No, we didn't really have a lot of science to explain why this had occurred.

My father's cancer case occurred about three years before Judah Folkman first announced. The first brought out his research on VEGF inhibitors, and how from from Harvard and how the VEGF inhibitors, you know, which are in effect, phytonutrients, plant phytonutrients, hope to corral and control cancer cell growth by preventing their initiation spread or their growth, their tumor growth.

And so after that came out and all the additional research on, you know, plant based nutrition and, you know, we have so much information which if you'd like to discuss as to the mechanisms of why, why people who are eating plants can do well and why they can overcome their diseases.

Because we actually know why today or have strong we have strong leanings is to why this can occur, right? Why the body develops the ability certain food elements that we can design a dietary portfolio to be high and rich in those elements to improve cellular concentration that will enable the immune system to function at a high level of normalcy.

Plant Quality, Phytonutrients, and Soil Health

It's just normal, which allows the immune system to surveil abnormal cell surfaces, remove abnormal cells, cause apoptosis and death of abnormal cells that people who eat conventionally have handicapped their immune system, so it can't protect them anymore.

We're just we're just we're just reinvest. We're reawakening normal immunity that we all should have. And this normal immunity has the ability to protect us against cancer, even when cancer cells, you know, right now there are new drugs that do that.

These checkpoint inhibitors, they sort of tap your immune cells on the shoulders. They wake up. That's a cancer cell. Kill it. But I think, you know, what you're talking about is, you know, a lot of these checkpoint inhibitors, they have you know, they you can go and deliver failure from taking them.

You'll never go into liver failure from, you know, eating eating properly sprouts. Yeah. Yeah. Well if you eat maybe you eat maybe a couple of pounds of them you will.

But yeah, right. As long as long as you eat, you know, judicial. And I think you and I are like the people who think the most about not just the eating the plants, but the the quality of the plants, the quality of the growth of the plants and the type of plants to really design the diet, to give it that ability to have more efficacy.

Because we're really taking that level nutrition to the night level, you know. Exactly. And that's why I think we we have a connection, you and I, because you understand plant quality and that the way a plant is grown determines the degree of its power and helping you not all not all Cal is the same.

It depends on how the Cal is grown. Does the Cal have a. Was it grown in a poor soil? Was it doused with, you know, cancer causing chemicals, or was it grown in a living matrix where the, the just like the ecosystem that we have in our gut will determine our health, right?

And can determine our health or our sickness, the ecosystem that is in the soil will determine the health of the plants. And if those plants, those that microbiome, the soil will determine.

And we know this I've done I with my daughter Rosie, which was in grade school. We've done studies on the soil here, and we've shown that living soils that have that have a full complement of healthy microbial ecosystems can produce 50% more of the cancer fighting phyto nutrients than conventionally grown produce.

Wouldn't you want those extra phytonutrients, which I didn't I don't think we talked about it before, but just so our audience understands, phytonutrients are they're very top level.

They're called secondary plant tablets. They're not like the photosynthesis, like the carbohydrates or the simple mass nutrients that plants make. These are very refined and very comparably rare, comparatively rare molecules that are in the plant.

But they're extremely powerful. And what they do is they can block signals in our body that are being sent to little cancer cells to grow. And this. Yeah.

And when you have more of them, they block more of the cancer cell growth. And they prevent the cancer cells from grabbing blood supply so that they can grow bigger in the tasks.

Sure. They're anti. So we're talking here about high quality really high quality plant based nutrition and precision. Precision nutrition, the precision the way we design the diet, where we get the food from and all these things play a role.

And, you know, what do you feel about, you know, my feeling is that it can take time to build up the nutrient levels in the cells. And we don't have time with these people with cancer.

We want to get this the body flooded with nutrients quicker. So therefore the use of, you know, sprouts and juices would be appropriate because we're trying to get those nutrients in and maybe the appetite is not high enough to get a lot of food.

So using both sprouting and juicing, we can increase the speed of getting the cells nutrients. And to be up to snuff, to give them you have to give them a booster.

Yeah. And that's you know, we learned that from you and our cancer protocols here. When people come to us, you know, we we load them up with all of the most anti angiogenic foods, the ones that have been shown at least in vitro to have the final nutrients that block cancer cell growth.

But we usually also and especially focus on this who people have have people have who are already nutritionally behind the eight ball or who have difficulty eating up front.

We give them these concentrated green juices so we can get a lot of these phytonutrients packed into a small, you know, a small dose, a small, a small space volume.

Yeah. You know, the the other thing I realized is that, you know, back in my Father's Day, you know, when I and I'm sure when you were in medical school and I was in medical school, you graduated.

Medical school went. But you're right, 88, 88. I graduated 88 as well. You did? Wow, I did. You graduated the same year. You know, when I was in medical school, they taught us that the colon was this two.

There wasn't really much going on. It was it was a trend. It was for the transit of stool. And there was a lot there was flux of water and electrolytes, like a lot of potassium going back and forth water.

But that's about it. And there was bacteria down there, but we didn't really know a lot about it. Is that did you have a similar lesson about. Yeah. And today, you know the colon is dominating is a dominant force, not the colon itself necessarily, but the ecosystem within the colon.

Colon of the trillions of bacteria is its own immune organ and informs the rich layer of immune cells in our colon lining to fight for us or in the bad situation to fight against us.

But in the case of cancer, to fight for us. And we now know that there are there. And of course, this is in the early days of this research. But we know that there are certain kinds of ecosystems, microbial ecosystems in the colon that you would like to have if you're a cancer patient, because you will have greater survival if you have this type of forest, this type of ecosystem of bacteria and microbes in your colon.

Gut Microbiome, Fiber, and Immune Support

And guess what the type is that that is associated with greater survival. It's a private tela. It's a specific bacterial predominance type of system which is specifically associated with the eating of whole plaque foods.

And we know now that people who have these ecosystems, who they've done research so far into colorectal cancers, that and into metastatic metastatic melanoma, that the people who have these kinds of ecosystems that are driven by plant eating, a lot of plant fibers or plant based diets do have increased survival.

Sure. And so and, you know, that comes from I don't know if you want to say anything but that we know after years of study and we didn't know this in my Father's Day.

And this is why I'm thinking, you know, the chicken that was the chicken and the meat and the fish that my father was eating was replaced by all these plants that she gave, all the buckwheat and the beans and the legumes and the cow and and so that shifted his gut ecosystem to, as you said earlier, redirect his immune system to help kill off the cancer cells.

Meanwhile, all the vital nutrients in these greens and these other foods were helping to reduce our blood supply to the cancers, tumors so that they could shrink inside.

Yeah. And we give like five types of green vegetables, five different types I don't know because to to increase the efficacy and density, one raw non cruciferous greens like lettuces baby greens baby.

You know green mixes. Number two raw cruciferous vegetables. Right. That's two types. Number three cook cruciferous vegetables like broccoli cooking. So you can get more of it in there.

And number four non cruciferous cooked like string beans and asparagus and artichokes. And number five in assortment of green sprouts or microgreens. Five different types of green vegetables to populate this green to populate the gut.

All what it needs you know and and that is a prevalent tela this specific bacteria base predominant ecosystem, but having a lot of different kinds of good organisms as well.

Each and these this diversity is driven by a diverse complement of all the plants that you're eating. So as you are

saying, right, if people think, oh my God, how can I get you as much cal as possible with Cal as King and is so strong, but you also. Right, you want some cooked kale.

You want raw kale. You want this kind of. Actually, you want things like Jerusalem artichokes that have a lot of inulin in the right. You want all kinds of, you know, you want whole grains that have very resistant starches in them, like, you know, the millets or the black sorghum that that can really see a beautiful complement of different bacteria in your gut. So.

Yeah. So and so what do you think? Do you think just like people have this unrealistic expectation of what doctors can do and chemo can do and conventional and they underestimate what nutritional excellence can do.

Likewise, we're seeing a growth of integrative, functional and alternative medicine who don't really get people living healthfully. They just look forgive them other therapies and interventions like ozone and plasmapheresis, and they're just looking for more.

It's like almost like they're taking advantage of people with cancer who are looking for hope. And they and the cancer patient still doesn't get the right answer.

And they often put them on meat based diets with all these extra therapies. And let me just say one more thing, and that they don't even understand that the extra protein, the high protein from animal products, can drive the cancer replication.

So they actually given them. And do you look at the you try to even restrict protein by minimizing, let's say, hemp seeds and soybeans or in other words, are you trying to look for reduction in protein in your diet design reduction, even plant protein or just animal protein?

And just and before we close up about this idea of these, the alternative medicine alternative cancer community of physicians giving people a also a decision, you know, leading them down a wrong path, you know, wow, we can have another half hour discussion just on this.

Let me just address, first of all, the plant, you know, concern, concern about having too much plant protein versus, you know, in a cancer patients diet.

As if that can because that has the potential to increase insulin growth factor type one. You know I think it's a it's somewhat of a tightrope that you have to walk.

And I think what so our audience understands what you're alluding to is we know that heavy animal concentrated protein diets absolutely drive up insulin growth factor type one.

And that is a form that is made by our own bodies, our own lives and fat cells. And then that is a signal that tells cancer to grow. So you don't want a lot of IgG4 one.

However, I know this is a topic you've discussed before. You do want some IGF one. I mean, and oftentimes in medicine, you know, there's nothing things are not completely black and white.

Protein, IGF-1, and Critique of Functional Medicine

Sometimes there's some gray areas. If you get too little IgG4 one, you can become very frail. Right. And as you get older at feeble. So we since I opened the practice, we have been following IGF one in every single patient.

I can chart them out. I see the trajectory. And what I've noticed is when we have first of all, we obviously promote diets, high quality diets of whole plant foods, what you would call a neutral diet.

And we have different, different sort of kinds of these diets. An initial one is fairly low in whole plant proteins. And I've noticed that when oftentimes when the patients go on these, their IgG4 one levels will fall too low.

They actually go below, below the mean or below the reference range. And so however, I would say for the average, the average sized person, if we get them on about 60g of whole plant protein, I notice they can definitely maintain low IGF one level.

So you know, so not to be provocative of cancer cell growth but within the low normal range. And that's a that's an area that I settled on. And yet I think if they still get in there they can still maintain their muscle mass and prevent sarcopenia and bone loss and stuff like that.

You modulate that, you watch it, you modulate that. Yeah. Yes. So regarding all of this other, you know, the different currents of thought and all these different kinds of doctors, I absolutely agree with you.

This functional medicine has become extremely popular. Now. I think it has replaced that brand or I don't know what you want to call it. That title has replaced the the old title of alternative medicine that was big in the 90s.

Like when Andrew, while everyone is coming into my office and asked to give them a functional medicine doctor and I say, no, I'm not a functional medicine doctor because I see a similar thing from what functional medicine doctor seemed to be to me is that they have no focus on nutrition as far as from a health, a health driven basis.

It is not evidence based. Whatever they I've noticed that both and I don't want to speak for every functional medicine doctor, but I've noticed the the patients I've seen.

There's not really a lot of evidence based nutrition guidance that they give to this patient. And it's usually they're usually telling patients to eat omnivorous.

They may tell patients some of them to avoid processed carbohydrates maybe. Yeah, but definitely not in general not to avoid animal foods. And that that's a great concern for me regarding cancer because it about five years ago there was this breakthrough research, maybe 6 or 7 years ago that showed that saturated fats in particular, and these are the facts that predominate in animal foods, whether they be salmon or chicken or meat or cheese or, you know, pork, that they are a powerful driver of metastasis in solid tumors.

And they actually found the way the mechanism for the way it works that cancer cells have on the receptors for saturated fat. And when you eat a lot of saturated fat, the saturated fat binds onto these specific receptors are called CD 36 receptors.

And then message to the cancer cell to go, metastasize and travel as far away as you can and establish outposts in the brain and the lungs and the liver.

So why would you want to be eating these foods if you were a castor patient? This is another reason why I think my father had such a an unheard of journey and reduction in his cancer cell mass because he cut out all saturated fats from his diet, all animal foods.

And, you know, so one of the reasons I'm doing this, this summit, is because there's so much cancer information out there, out of the alternative community to.

And not only are they giving people wrong information, but they're also selling them on these unproven and disproven therapies instead of doing the things that we know that that really could work.

And there's so much nonsensical, there's so much nonsense out there too. And I hope and thought, well, so, I mean, you you spent your whole professional life doing this.

Closing Thoughts on Evidence-Based Cancer Care

Yeah. If you had to look, just look at the testimonials you have of people who have survived, who have cancer. If I had cancer, wouldn't I want to go with the person who has the best track record, right, who uses modalities that actually work instead of something that I there's no evidence.

There's no evidence that or I'm just not going to say none, but there's really not a track record of these things ever having worked. And when I think about this, I think the reason why people, I think are more attracted to the functional medicine or the these integrative approaches is because they it's easy for them to do.

It's easier for them to take a bottle of pills or this, you know, be chelating or get IV vitamins or do this, you know, whatever infrared sauna, I don't know what it is or get these tests than it is to actually sit down and avoid addictive foods.

You know, exercise, you know, eat all of these foods which are which they may see as unpalatable at first, and that's not within their wheelhouse to do.

You're right. It's easy to fly to Mexico and get your arm hooked up to an IV machine and have this blood taken out of your body and filtered through a filter and put back in.

And and that's instead of changing your diet, it's easier to do that. It's exactly what it is. Hey. Right. All right. Ron. Well, this was really important.

And great to have you. Thank you so much. And I thank you for your kind words about me in my introduction. I don't deserve it, and I hope to someday rise to the occasion.

So I do, and I it's always an honor and a pleasure. As you know, you're a good friend of mine, and I, whenever you ask me, I come running with bells on.

Because, you know, you've always held me without any, you know, to without any end in sight. So thank you for all of your help. We all thank you for everything you do and all the people you helped to.

So thanks again, Ron, and be in touch. Thanks, Joe. Hi, everybody. See you next time.