Introduction and Speaker Credentials

All right. Welcome everybody to our Plant Based Cancer Solutions Summit. And today we're so excited to be here with Doctor Ornish. One of the obviously recognizes the father of lifestyle medicine and been doing research in this field for more than 40 years.

Let me tell you a little bit about him. When he gets some really critical information for you today, he can put into action in your lives. And Doctor Ornish has been recognized by life magazine, time magazine.

Life magazine is one of the 50 most influential members of the. This Generation is by Forbes is one of the seven most powerful teachers in the world. I mean, he's the founder of the nonprofit Preventive Medicine Research Institute and clinical professor of medicine at UCSF, and author of seven books, all bestsellers, including Undo It How Simple Lifestyle Change Can Reverse Most Chronic Diseases, coauthored with his wife, Anne, and he was appointed by President Clinton and Obama to White House, to a white House advisory committee.

And for 44 years, he's directed randomized clinical trials, proving and proving for the first time that comprehensive lifestyle change can reverse the progression of heart disease and other chronic diseases, change gene expression and reverse aging by lengthening telomeres.

So a lot of work has been done in this field and has been doctor Ornish has been at the forefront of the science, generating the data for lifestyle medicine physicians and the Ornish diet, of course, because of its documented success in research, had been rated the number one diet by heart health by a panel of experts at U. S.

News and World Report for 11 years in a row, and he was the first lifestyle medicine program to be covered by Medicare and now is even reimbursed for.

People can get it all over the country for people doing it on zoom, through the website and of course, more information. Of course it www.ornish.com. But here we're going to talk about going to talk with Doctor Ornish.

Yes, about cancer, about his work with prostate cancer, but also the biological unifying mechanisms of all disease and the link between heart disease, cancer, dementia and how the cell works and how Doctor Ornish has really put together this idea of lifestyle medicine in a holistic sense, because he's not only focused on diet, but also goes to all the other things that can help the body the cells heal, including emotional love, loneliness, exercise.

He really put together the whole all the different pieces of the puzzle that we need to consider. So welcome, welcome. Thank you. That's that's really one of the nicest introductions I've ever had.

But I'm not a former Olympic skater like yourself, so my hat's off to you as well. Besides all of your other many accomplishments.

Lifestyle Medicine and Shared Disease Mechanisms

Thank you. All right, so let's start with this idea. Now, I know you've just completed some major work on showing early stage prostate cancer can be halted, in many cases reversed.

And how does that. So talk a little bit about that and how you decided to go from heart disease to dementia to prostate cancer. Actually, from heart disease to prostate cancer to dementia, the dimension is the most current word.

Okay, but it might be helpful to talk about a little more about what you introduce this idea of a unifying theory. So as you say, I've been doing studies in this field for since I was a second year medical student in 1977.

So 46 years, I guess a long time. It's hard to believe. And why is it that these same lifestyle changes can affect so many of the most common and costly chronic diseases, because we found that it wasn't like, here's your diabetes lifestyle program and died, and here's the one for heart disease, and here's the one for prostate cancer and all timers and so on.

It was really the same for all of them. And in this era where there's so much interest in personalization, why is it the same lifestyle changes have such far reaching impact?

And the reason is that they're not these diseases are not. I mean, when you and I were in medical school for diseases, different diagnoses, different treatments, right?

But they all share the same many of the same underlying biological mechanism. They're not as different as we once thought. And you mentioned several of them.

Chronic inflammation, oxidative stress, changes in the microbiome and telomeres and gene expression, angiogenesis over simulation of the sympathetic nervous system during times of stress.

And all of these changes in immune function. All of these mechanisms are directly influenced, for better and for worse, by what we eat, how we respond to stress, how much exercise we get, how much love and support we have, how much sleep we have, and so on.

And they're very dynamic. You can show improvements very quickly, you can get worse very quickly. And when you change a lot of things at the same time, paradoxically you get bigger outcomes and so paradoxically becomes easier for people in some cases to make big changes in a lot of things.

At the same time, because you feel so much better so quickly in ways that matter. For example, when people have heart disease and they get angina where they can't walk across the street without getting chest pain, or make love with their spouse, or play with their kids, or go back to work and within a few weeks, or often than not, they can do all those things.

Then it's reframes the reason for change from from fear of dying to joy of living. It's like, okay, I like eating cheeseburgers, but boy, I sure like not having chest pain.

And that's a choice worth making. Not to live longer, but to but to feel better. So we started by doing studies with heart disease. And as you mentioned, we found for the first time that back then people viewed heart disease the way they view Alzheimer's today, that once you had it, the best you could hope to do was to slow down the rate at which you got worse.

You get worse, but maybe a little more slowly. We show that if we make bigger changes and a lot of things at the same time, the set of getting worse over worse and worse, you can often get better and better and much more quickly.

We found that in just three weeks we could measure blood flow, improving to the heart. After a year, there was reversal reduction of the blockages in the arteries overall, and even more improvement after five years than after one year.

Whereas the randomized control groups and all these studies got worse and worse over time, we found that there was a dose response correlation between the degree of lifestyle change and the degree of improvement.

The more you change, the more you improve. I thought incorrectly that the younger people would get better than the older ones, but it wasn't how old or sick they were.

It was mainly a function of the degree of lifestyle change, which is really a very, you know, empowering realization as you found in your work. We then found that these same lifestyle changes could often reverse type two diabetes, high blood pressure, high cholesterol.

When people get put on these medications, they're often told they have to take them the rest of their lives. We found that under their doctors supervision, if they make big enough lifestyle changes, they can often reduce or in some cases get off these medications altogether.

We found that we did a study with men who had early stage prostate cancer that you mentioned, and we did that in collaboration with the chair of urology at University of California, San Francisco, where I'm a full professor and with the chair of urology at the time, Bill Ferrer, at Memorial Sloan-Kettering Cancer Center, the two of the leading urologists in the world.

And we took men who had early stage prostate cancer, but who had decided, for reasons unrelated to our study, not to be treated conventionally, what used to be called watchful waiting.

And now it's called after surveillance. You might say, well, why would somebody who knows they have cancer and not want to just cut it out right away?

And the answer is because the treatments, first of all, often main guys in the most personal ways. They often leave men either impotent where they can't have sex, or in content where they're wearing literally wearing a diaper or both, where it's not really clear that there's a real benefit.

Prostate Cancer Study and Active Surveillance

90% of men who have prostate cancer have what's called a Gleason score of three plus 3 or 6, which means that if they are monitored carefully in most cases, depending on a few other factors, they can do what's called watchful waiting or active surveillance.

The doctor tests them periodically, but they don't necessarily have to have treatment. And so those are the people that we enroll. Now. I want to make sure that your audience understands that there are, with both prostate cancer and breast cancer, which act very similarly, their hormonal dependent cancers, that there are aggressive subtypes that really do need surgery or chemo or radiation or something like that.

Most of them don't have that, but some people do. If you're, you know, bracket positive and or to negative and so on, or if you have at least in score of 8 or 9, the lifestyle changes in addition to those can help reduce the risk of recurrence.

But you probably do need conventional treatment. But 90% of guys have a Gleason score of six. And for them, if their doctor monitors them carefully and determines that they're in the right subgroup, they can do that.

So from an experimental design standpoint, it was great because we could then take men who had biopsy proven prostate cancer, who had decided not to have conventional treatment, randomly divide them into two groups and have one group change their lifestyle and the other group do whatever they were doing before.

So now we could actually have a nonintervention control group so we could look at the effects of lifestyle changes alone. In most cases, most people cancer get treatment, so then you can't really figure out how much of its due to the treatment and how much is due to the lifestyle. And in this case we could.

So what we found was that after a year, none of the people in the intervention group needed surgery, radiation or chemo. But six of the patients did. This was out of a sample size of 93.

The PSA levels, which is a marker for prostate cancer, went down or got better in the intervention group. When upper got worse in the control group, the differences were highly statistically significant, and they occurred in direct proportion to the degree of lifestyle change.

In other words, the more people changed, the more these biomarkers improved. But PSA is not a perfect measure. And so we added some of their serum, their blood to a standard line of prostate tumor cells growing in tissue culture at Bill Anson's lab at UCLA, and found that the tumor growth was inhibited 70% in the group that made

these lifestyle changes when we added their blood, but only 9% in the control group.

And what was really mind blowing to me was that they set on a a priori formula. There was a dose response correlation not only between the degree of lifestyle change and the degree of change in their biomarkers like PSA, but between the degree of lifestyle change and the actual effect on tumor growth and tissue culture.

So to make that clear, if you can imagine a prostate tissue, prostate cancer growing in a lecturing all day in a, in a laboratory, in a petri dish, if you will, and they take the blood of someone who's changed their lifestyle and they added to that, that it inhibit the growth of that tumor by 70% through mechanisms we don't fully understand compared to the control group, when they added their blood only 9%, and probably because they were changing, but just not as much.

So it really shows us that there's a lot we can do. There's no guarantees whether or not you have conventional treatment or not. Certainly the lifestyle changes can help make that treatment work even better.

And in certain cases, in the case of men with early stage prostate cancer under their doctor's supervision, it may prevent them from needing conventional treatment.

It's nice that with prostate cancer is so such a great disease to monitor nutritional interventions and lifestyle interventions because we have the PSA to monitor, which is not invasive, whereas breast cancer, it's hard to monitor the halting of the progression because there's no blood test is easy as to collect for PSA with breast cancer, which says something there.

But what's true for prostate cancer will likely be true for breast cancer as well. Yeah, similar diseases, but we just can't mark it as well. But that's right.

And it's the same thing where you have some aggressive cases but you have the garden variety. Breast cancer, post-menopausal estrogen positive still still responds very well to halting of growth and slow and preventing a recurrence of metastases and longer lifespan. So it's very much related.

So that's why it's really good to have this data. Yeah. And one study came out recently that if you have really early stage breast cancer, what's called ductal carcinoma in situ, that watchful waiting could be an option for women for many women, in which case that instead of just watchful waiting, they can feel like they're actually taking charge of their life and making these lifestyle changes, which can only, you know, the only side effects are really good ones.

Do you think that the people who are encouraged to make these changes, it has an effect to help their psychology, their positive emotions, because they have more hope and they feel like they're actively participating in their own bodies, in their own wellness.

Does it make it easier for you to give them more emotional counseling and reduce stress from them when they're actually actively changing their life? Absolutely.

You know, we found that in the data we have on 15,000 people who've gone through our program, that we've collected data on, that the depression scores are reduced almost 50%, even though we're not targeting depression per se.

But when you eat better, when you have a sense of control over your life, when you can find meaning in it, when you have social connections with other people, it really affects our mood as well.

I actually got interested in doing this work as my life's work when I was suicidal, depressed when I was a second year sophomore in college at Rice University in Houston, and came about as close to committing suicide as a person can without actually doing it.

If I hadn't gotten so sick with mononucleosis and didn't have the energy to do it, I probably would have done that. But I learned that I could take all the meaning out of life.

You know? Who cares? So what? Big deal, nothing matters, etc. but I also learned that I could imbue my. What saved me was I learned that I could I had a spiritual teacher that named Swami Nanda that I found that helped me realize that I could, just as I could, take all the meaning out of my life, I could put it back in.

I could imbue my life with meaning. And for me, it was by doing acts of service. So I decided to become a doctor so I could help people. It was the most selfish thing I could do.

Hope, Purpose, and Emotional Well-Being

I'm sure you imagine you have a lot of the same motivation that when you help somebody else, it really helps you that murthy came out with a report, the Surgeon General, about one of the best ways to heal that sense of isolation is to find somebody who can do something, for it really is the best antidepressant, if you will.

That's really amazing. And so I noticed that you have tremendous compassion for others. I've always noticed that. And I'm thinking that this idea of social isolation and loneliness does.

How do you deal with the fact that when people switch to the become like a health nut or a health advocate, or start to take really good care of their health, they sometimes get ostracized or feel that they're not getting the support of their community, leading to less social connections.

How do you counter that with what you're doing? With what? Your advice, what kind of advice could you help us in that field? Well thank you. Yeah. What I mean, when you go through a lot of suffering, you survive it.

It does make you more compassionate. So that's the good side. That's where the beneficial part. But it's first worth mentioning that, you know, study after study has shown that people who are lonely and depressed and isolated are 3 to 10 times more likely to get sick and die prematurely, or pretty much all causes when compared to those who have a sense of love and connection and community.

I don't know anything that both directly and indirectly, because it affects our behaviors as well. People often say things like, you know, I'm really lonely.

I smoke because I've got 20 friends in this pack of cigarettes, and they're always there for me and nobody else's, you know, or food fills that void, or alcohol numbs the pain, or fentanyl numbs the pain, or fat cuts my nerves and numbs the pain.

Or video games distract me from my pain or working all the time or, you know, whatever alcohol or other drugs do. And so I've learned that it's not enough to give people information.

Sometimes that's enough. But, you know, if that were true, nobody would smoke. It's not like people don't know it's bad for them. But the problem is, is how the information is conveyed so much of in the name of trying to help people.

The whole language of behavioral change has this kind of fascist, judgmental, shaming nurse ratchet wagging their finger. I'm sure you have more than one occasion when you go out to dinner and people start to apologize for what they're eating or comment on what you're eating, you know, I must happen to all the time like it does for me.

And I just, you know, you know, you are forgiven, you know, to kind of make fun of that. But, you know, once you call the language of behavioral change, like once you call foods good or bad, it's a small step to save a bad person because I a bad food.

And at that point, you know, might as well just, you know, finish the burger because you're a bad person or, you know, I cheated on my diet, you know, and I've learned even more than being healthy. People want to feel free and in control.

And as soon as you I tell somebody, you know, eat this and don't do that and do this and don't do that, they

immediately want to do the opposite, you know, and it goes back to the first dietary intervention, you know, which didn't go so well when God said, don't eat the apple.

And you know, that was God talking. So I think one of the problems when people kind of changed their lifestyle, whether it's a doctor or disappear and they try to get other people, they with the best of intentions, they want to bring people in, but they can like how, you know, put down that burger, like, how can you eat that junk, you know, and nobody wants to feel shamed or judged or whatever.

And so it can be counterproductive. I wrote a book years ago called The Spectrum that was designed for preventing disease, and part of what I did was to say, look, instead of saying, these were good foods and these were bad foods, I categorized foods from the most healthy group, one which were the same foods that can cause reversal of disease, the Whole foods, plant based foods, essentially vegan foods to group five the least healthy foods.

The usual suspects, you know, cheeseburgers or fried cheesecake or whatever and say, look, if you want to reverse the disease, that's more prescriptive.

This is what it takes to do. And that's why we're the first to show it in all these different illnesses in randomized trials, is because people usually didn't go far enough.

But if you're just trying to lose a few pounds, get your LDL or blood pressure onesie or whatever down. It's not all or nothing. You know, one of the things we learned in all of our studies is the more you change, the better you get at any age.

So if you if a patient came to me and said, hey, I'm here, I want to first of all, I'd say, why do you want to live longer? And they go, doesn't everybody want to live longer?

I said, well, no, like I almost kill myself on 19. You know, a lot of people are depressed or just trying to get through the day. You know, that's a big accomplishment.

So then I get them to sense, well, I want to gosh, why do I want to live like I want to watch my kids grow up? I want to dance at their wedding. I want to write whatever it is that provides them, that sense of meaning.

If they can find meaning in it, then they're much more likely. First of all, it has great benefit that are more likely to make these changes. And then they'll say, well, okay, what else do you want?

Why else are you here? Well, I want to get my LDL down 50 points. Okay. Great. What are you eating now? And so I show them that the spectrum from the most healthy to least helping the most healthy group one, the least healthy group five.

While I'm eating mostly group five a little bit. For how much are you willing to change? Wow. No one's ever asked me that before. They're always telling me what to do.

That's great. You know, because, again, even more than being healthy, people want to feel free. So I go, okay, I don't know, I'll eat less four and five and more one and three, but also eat some four and five.

I say, great, you know, if you indulge yourself one day you'd healthier, the next you know, there, if you don't have time to exercise one day, do a little more the next.

You can't fail in that context. How much exercise you're getting? Not enough. How much are you willing to do? Gosh, no one's ever asked me that either.

I always telling me how much I should be exercising.

Overcoming Shame and Supporting Sustainable Change

I don't know, I'll. I'll walk 20 minutes a day. Great. How much meditation and yoga are you doing? Zero. How much are you willing to do? I'll meditate five minutes a day. Great.

How much time you spending with your friends and family and loved ones? Not enough. I'll spend more. Great. So we'll support it. We'll track it. A month later, they come back.

Their LDL is down 30 points. I say. How wonderful. Look at this. Look what you've done. Now, if you're willing to go eat a little healthier and do a little more exercise, a little more meditation, a little more time with your friends and family, that'll probably do it.

So again, it takes it out of the realm of all or nothing. It takes it out of the realm. You're on the bus or off the bus. It's saying you can't fail. Instead of saying, oh, I cheated on my diet, say, you know, I'm dulls myself, but I'll do a little better the next day.

You know, I didn't have time to exercise today. I'll do it the next time you meditate for an hour, but certainly have time to do it for a minute, so it just makes it much more sustainable, right?

Well, so people can adjust this when they go back to their their real life. But I think what you're saying to is that when people feel they're in control of their own decisions, they're not being forced to do it.

They're making the decision to do it. It's like I used to write, and I used to always say to patients, you know, how much what kind of way it goes. What do you want to accomplish?

What do you want to do to accomplish that? Right. So it's like it's just like we're doing here is that we're giving people the ability to take back control over their own life and base what they're doing, willing to do.

But also, I think that when you teach people about how to make healthy food tastes great and the feel that the idea that they're missing the enjoyment of pleasure, of eating is mostly a myth, I think.

And they can see that over time, because they actually can learn the recipes, improve their taste muscle. And as they're going in the program, they're more desirous of being of getting more into it, you know, in a bigger degree.

Yeah. That's why in our program that Medicare is paying for now for heart patients, we actually take that out of what Medicare pays us, and we give them their first two weeks of meals for free, three meals a day and two snacks a day while they make that transition, first of all, in a couple of weeks, as you know better than anybody, your palate begins to shift, so you actually begin to prepare healthier foods.

Second, you start to feel so much better that you want to learn how to cook and shop and eat out. And this and you can say, oh, this reduction tastes pretty good.

You know, they'll, you know, hired cliche, am I going to live longer? Is it just going to seem that way? You know, you say, wait a minute, I actually like the food.

And by the way, my chest pain is gone and my my sexual functions improved and I can think more clearly, have more energy and I feel better. And yeah, I like eating junk food, but not that much.

You know, I like feeling this way even better. And so it reframes the whole reason for making these lifestyle changes from fear, which is not sustainable, to joy and pleasure and love and feeling good, which really are.

Yeah, that's phenomenal. And I think that you write about this idea that when people could verbalize and think about their mission and purpose in life and their effect to have a good effect on others, they could be more likely to reuse their own improvement in health, to connect more with people, rather than connect less with people.

Exactly. You know, Viktor Frankl wrote a book called Man's Search for meaning years ago that looked at concentration camp survivors in World War Two, and he found the ones that survived weren't the healthiest for the

strongest.

They were the ones who had the strongest sense of meaning and purpose. I have to survive so that I can, whatever, fill in the blank, be with my loved ones or bear witness or whatever it was.

So, as you were saying so eloquently earlier, if you can help someone find like nobody looks for suffering, but sometimes there it is. You say, okay, what, what what can we make out of this?

That's good. You know how I mean, for one thing, you know, change is hard, but if you're in enough pain, the idea of change becomes more interesting. It's like, wow, I'm hurting so bad.

But boy, that stuff seems so weird. But boy, I'm so hurting. So that let me try this weird stuff. And that's part of the reason why I've spent so much of my life doing these research studies, because it's saying, look, if you're willing to make these changes, this is the benefit you're likely to get.

And so we can help people use that moment of crisis as an opportunity for change, as opposed to just literally or figuratively bypassing it. You know, because I can't I'm sure you've had patients who said, you know, having a heart attack was the best thing that ever happened to me.

You go like, what? Are you crazy? And they say, no. That's what it took to get my attention that I began making these changes I never would have made.

Just like for me, it was getting suicidally depressed that made my life so much more joyful and meaningful that I'm rediscovering inner sources of peace and joy and well-being.

I'm having more intimate relationships with my family and loved ones. I'm having more energy, I feel better, I look better, I smell that, I taste better, whatever.

You know, these are things that I would never have done had I not done that. So as doctors and and caring people, if we can reach people when they're suffering not to be glib and say, oh, how wonderful you have this heart attack and say, look how horrible you have this heart attack.

Lifestyle Medicine in Cancer Care and Closing Remarks

But how can we use that experience in a constructive way can really be transformative. Your work and the work on lifestyle medicine has somewhat infiltrated into conventional cardiovascular care, mostly for the advanced people with serious illnesses.

It's got a it's just a small you know, it's got to be more it should be all over the place. Even when people are not so not seriously ill, they should be.

Every person should be getting this information. But what about in the oncology field? Are you seeing any growth that oncologists are utilizing this the science here that's been emerging over the last few decades that they could start to get better outcomes?

Well, it's more so in cardiology. In part that's why I spent so many years to try to get Medicare to cover our program. I realized that when I first started publishing these papers, I thought, if you just did good science, that'll change medical practice.

And that was a little naive. It's important, but not usually sufficient. But if you have good science and you change reimbursement, then you know that's a more powerful driver of real transformation.

And again, it's not the doctor's only interested in money, but if you're trained to use drugs in surgery only and you're paid to use drugs in surgery only, then that's what you do. It's like, you know what?

The only tool you have is a hammer. You see, everything is a nail. Now, in prostate cancer, for example, Medicare is not covering that. We haven't really tried to get that, but we'd love to one day because again, for the same reasons.

But so there's no real economic incentive. I'm on the nutrition working group of the American College of Cardiology. We published a paper a few years ago that the average doctor gets four hours of nutrition training a year, and the average cardiology fellow gets 0 in 4 years of training.

So there's a lot of work to be done and a lot of room for improvement. But some of the best urologists, like Peter Carroll, who's the chair of urology at UCSF, where I'm a professor, have pioneered to say, you know, if somebody needed surgery, he's the guy to go to.

But he has the largest cohort of men doing watchful waiting or active surveillance of anybody on the planet, because he's so gifted and smart that he can really see that, you know, for 90% of people who have Gleason scores of six or less, they probably don't need to have surgery or treatment right away.

There's no evidence those people are going to live longer than those who don't. But for the subtype of people who have Gleason's 8 or 9, they really do.

And so I think that because of pioneers like him and the work that we're doing together, I think that is changing, but more slowly than in the cardiology world.

Right. So you think it will change in the future as a result of this work. And then Laura is also at UCSF. She's a close friend. She's the head of the breast cancer center there.

And she also has done pioneering work showing that, again, women with with localized breast cancer and who have, you know, don't have the risk factors that make it more aggressive, can often be treated in a watchful waiting way as well.

And it is encouraging them to make if you're going to do what's waiting to make these lifestyle changes as well, or even if you're going to have breast cancer treatment to make these lifestyle changes as well to reduce the risk of recurrence.

Yeah, for sure. And people don't even realize that even if you're in an aggressive category where you require require chemotherapy to improve your health overall, makes you respond better to treatment, prevent recurrence, as you said, but also prevent the chance of getting a secondary cancer.

That could be or any damage from the chemo itself. So it's just like even more reason to embrace healthy living. Yeah. Now there is nothing that's a guarantee for sure.

I mean, chef AJ talked recently about having lung cancer even though she's never been a smoker and chef. So these things are not guaranteed. There's a certain element of humility we have to have around all this.

You know there's a bit of mystery. But overall these things clearly make a difference in reducing risk and both recurrence and of getting cancer in the first place.

Well, thank you so much for joining us and for being part of this summit. Really appreciate that. And of course, wishing everybody great health and much happiness and the motivation, the passion, the compassion and the ability to move forward and make improvements in your life.

Well, Joe, I just want to end by saying what a difference you've made in the lives of so many people. That awareness is the first step in healing, and I salute you for raising awareness in the lives of so many people and empowering them.

And thank you for the chance to be with you today. Appreciate so much. Appreciate that. Take care. Take care

everybody. Bye bye.