Introduction and Summit Welcome

There definitely is a power to diet. The question is, which diet? We can, through many ways, reduce the risk of dying of prostate cancer and extend the lives of men with advanced prostate cancers.

But many of the studies don't show that we extend their lives, because through things like adjuvant deprivation therapy, blocking all your testosterone, that absolutely revitalizes a man, both psychologically and physically.

This is Doctor Talks. Welcome everyone once again to the Prostate Cancer Summit. I'm your host, Dr. Gio Espinosa. And it is with great pleasure that I introduce to you my friend and colleague, Doctor Ron Hoffman.

Doctor, Ron, Hoffmann is a recognized as one of the America's foremost complimentary medicine practitioners. He was founder and medical director of the Hoffman Center in New York City and now maintains a private practice there.

He's also author of numerous books and articles for the public, for health professionals, and is the host of a very popular nationally syndicated radio program called Intelligent Medicine.

Dr. Hoffman is also president for Alliance for Natural Health and a board member for the certified nutrition specialist organization, CNS. Dr Hoffmann, what a pleasure to have you on this summit.

Thank you so much. Well, thanks. It's my great pleasure also to talk to you, Gio, because I really respect your work and you're getting the word out as well.

So we're kindred spirits. When you say those things, I gotta say that it means so much to me, and here's why. To me you're kind of, it's almost like when you talk about the civil rights movement and people would say, listen, did you go to jail?

Well, if you didn't go jail, you were not in the Civil Rights Movement. I mean, you're one of the first, certainly in New York, in this field of integrative medicine before it was in vogue, before people were in it, and before the internet.

And to me, your one about elders in that sense, is up there with Jeff Bland and functional medicine and Joe Prezorno. in naturopathic medicine. So I really admire you have been for a long time.

I've listened to intelligent medicine before I became a natropathic doctor. We're talking about over 20 years ago. we met shortly after it was such a honor and it's still such an honor to to call you a colleague, but also a friend.

so I thank you for that and thank people all the work you've done. Let's start with this. Why? Why in anyone's right mind, you're an M. D.

Ron Hoffman's Path into Integrative Medicine

, you can just practice, be an internal medicine doctor somewhere, have your shingle up, do what you do, life is easy. And way back when, and you could tell us how far back, he said, no, this complimentary thing, his complimentary medicine thing is a thing and this is where I want to go in.

Way before, it was popular. So can you take us back a little bit and tell your struggles and how difficult it was to practice what you practiced back then?

Well, that's really a great question. It kind of goes to my origin in this field. When I was in college, I went to college here in New York at Columbia during a time where it kind was passe to talk about what I wanted to be.

The whole thing was about the college experience to broaden your horizons. And while I as a science whiz in high school, kind got burned out on that. And I really got into anthropology and foreign language while I was in college.

And it was the remotest thought in my mind that I would become a doctor or that would go into some kind of staid profession like that. So then I graduated into one of the worst recessions in American history, presented my Columbia degree in anthropology, and had a heck of a time getting a job.

Finally, I did get a jobs. I worked for the city of New York. But for about three or four years, I was kind of incubating in Greenwich Village, going to lectures about homeopathy, acrobatic diet, Acupuncture, and that whole thing fascinated me.

And I sort of thought, well, you know, if I stay in this current job of the city that, in 20 or 30 years I could be assistant commissioner of sanitation or something like that.

But that hole career path didn't appeal to me and I thought. Well, maybe I can get into a healing profession. And I really thought like, how do I do that?

You know, what can I, and what could be the entry point into your career of healing? And, I thought about being possibly a naturopathic practitioner. That was in the early days when that was a path.

It was not as robust a paths as when you entered that field. But then I said, hey, you know I got fairly good grades in college. I had no academic prerequisites.

So, had to take crash courses. stuff that I'd forgotten about calculus and biology and physics and chemistry, went to general studies, and then applied to medical school.

And to my realest surprise, I got in. Uh, And then I became sort of a stealth medical student. I said, you know, well, really want to practice some form of integrative medicine, but I had to kind of keep a little bit of low profile.

Which wasn't even a term back then, right? Was it a thing that people say So it actually was a thing to the extent that there were a few pioneers, maybe a half a dozen doctors in New York.

Remember that New York actually is kind of a breeding ground of integrative thought because you had Dr. Atkins, you have Carlton Fredericks, who was my predecessor on the radio.

Even in those days, he was talking about the benefits of low carb dieting and vitamins and supplements. So it wasn't like I invented this field. They were role models for me, but they were few and far between.

And then I graduated medical school and I took a residency. And at the end of the residency, the question came up, you know, which ology would I take a fellowship in?

Because that was the path. You know you got certified in internal medicine, and then you went on to cardiology, endocrinology you, know picks up specialty.

because that's the pathway to professional success. I remember my advisor at the time asked me what I wanted to do and I said, I'd like to become a medical nutritionist.

And he kind of looked at me long and hard and he said hmm, he says, that mean you would be talking to people about diet? And I say yeah. He thought for a moment and said well you probably won't make much more money than a psychiatrist.

which was basically someone who administered talk therapy for 45 minute segments and charged a fee for service and probably was the lowest on the economic total total of medicine.

Right. So, but the net result is that I did. And actually, you know, I, it was a little bit of a decision because I had to

break free from, the conventional pathway and I just decided to go out there and do it now.

These days, there are more formal pathways for people to learn about nutrition and integrative medicine. You know, Andrew Weil in Arizona, and there's naturopathic schools, which now are really plausible pathways to learning rigorous science about integrate medicine, And a pathway that I recommend to a lot of people is an alternative to becoming an empty because, you know, I think the training is, is much more structured.

I had to go hither and thither, and yon study acupuncture, visual Chinese medicine here, listen to tapes, go to conferences. They spent the first few years just accumulating knowledge, but in an unstructured way.

And I was very committed to learning whatever works. and so I guess you could call me a general practitioner of integrated medicine. Incorporate the therapies, which I.

Think are plausible. and which have efficacy for my patients. And then I got into a broadcast career quite, uh, quite accidentally because someone who had been a radio doc suddenly passed away.

My then wife said, Hey, you should apply for the job. I said I've got stage fright. Can't possibly talk to thousands of people at one time. She said no, no.

You could do it. and I auditioned for it and got a job And the rest is history. That was in 1988, but I began to, to broadcast. So the million dollar question is who was first on this, you or Gary Knoll?

Well, no, I was, listen to Gary know a whole lot and credit to Garry know, because you know I have the longest running physician hosted radio program in the United States.

He has the long running program. hands down, he was definitely one of my predecessors. We parted company a little bit in terms of diet, because I think he's still a diet in the world vegetarian proponent.

And I'm an omni diet or low carb diet prop proponents. But you know, certainly he he, was in effect kind of a role model for me, and a great communicator.

He is, he is. You know, you guys, Gary Knoll, honestly, Ron, your radio show really got me really started and engaged in this world of integrative medicine, so imagine you probably have no idea how many people you've inspired.

Not only as laypeople to do different things and look at things differently from a medical perspective, but practitioners who are now practicing who listen to your show, and I'm one of them.

I am a product of that. I am super grateful for all the work you've done. Now, did you ever go to jail for practicing unconventional medicine back in those days?

Okay. That's a very interesting question. And the answer is no, I do not have that claim to fame. I have not been listed in a directory of the 10 top quacks of America.

So I guess I haven't really been doing my job, but I will tell you that it was a little dicey in the beginning is that Dr.

Diet, Prostate Cancer, and the Salmon-Salad Approach

Atkins and several other physicians, among them, Dr Serafina Corcello and Dr Michael Schachter here locally in New York, names that would resonate for some people of a certain generation, we got together because we actually wanted to form sort of the self-protection group because merely to step outside the box and suggest alternatives to what's called the standard of care could put us in jeopardy of losing our license.

And we actually managed to change the law in New York that practice of shall we say alternative or integrative or functional medicine was not per se grounds for professional discipline.

Now, if you practice bad medicine, whether you're practicing conventional medicine or alternative medicine. Okay, I get it. I understand. But if you merely suggest, for example, as has been now borne out, that someone with a diagnosis of prostate cancer that's in an early stage, this is a very unconventional idea, remember 25 years ago or 30 years, ago that they undertake a program of watchful waiting or active holistic surveillance without getting surgery, radiation, some sort of aggressive treatment, That might be a violation of the terms of standard of care.

Well, you see how standard care has now shifted where this idea has become accepted and really is now at the heart of a more progressive version of urology.

So much so that What are they doing with a naturopathic doctor as faculty at New York University, Langone Department of Urology? And that is really, I think that's really for me, very gratifying.

It's a stunning vindication of the direction that I took in my practice because, you know, this could have gone horribly wrong, that making decision to practice integrated medicine.

could have turned out to be a really poor decision because none of the ideas that we espouse could've been supported and borne out. The role of nutrition, the use of nutritional supplements, and the usage of nutraceuticals, etc.

I think your professional career is really a vindication of that idea. Yeah, thank you. Let's dig into prostate cancer a little bit since this is the Prostate Cancer Summit.

Yeah. Enough about me. No, actually, there's never enough about you in my opinion, but I guess we only have put so much time, right? Sure, sure. Diet and prostate cancer.

So let me tell you, my views obviously have been involved in prostate for over 20 years now. And I've read, right, many of the books behind me are, you know, 30 years old, I remember, You know I started getting into this nutritional medicine and diet, alternative medicine, natural medicine thing in my, shortly after college.

And so I read every book, every, book I could get my hands on. So back in the day, you know, one of the first books I've read was a fit for life. Yes.

The diamonds, I believe they're the food combining, right? Yes, got all in there. Then read books on a Dr. McDougall, may he rest in peace. He recently passed away.

Yeah, she did. A few other people, Gary Knowles book books, your, there's no podcast radio show back. And a day and so forth. I was just immersed. Go to naturopathic school, you know, became, of course, the vegan raw foodist because that's the path that we all take initially.

If not, I don't know that many people stay in it, but at least that is where you start because, that, is all there is. That's where my origins were also.

Yes. The health, there was no whole foods, maybe in Austin, Texas, But nowhere around there anywhere else. So the health food stores were kind of a little dirty and dusty with a black cat on the counter.

You know you go in there to get some supplement. What is tofu tempeh? By the way, part of my career is I did preside over a health food store for about a good six or eight years.

We had our own health foods stores, actually several in New York City. And that was before the big chains moved in because you can't compete with the purchasing power and the infrastructure of the whole foods of a world and Trader Joe's.

Wow. I actually, I think I knew that and I might've worked way back in a day in one of those stores that you were no longer involved in down in the village right around early 2000s.

The name of the store was? Healthy Pleasures. Healthy pleasures. That's right. Right. I remember that. So then. Now fast forward 25 years and as a really, we can talk about diet and longevity, diet dissonance, prostate cancer.

Let's just stick to prostate. Here's where I am and I'm interested in knowing your views because I value your view here so much. When, well, my overall view on diets is why this kind of, why is this sentiment that is so strong and so dividing, right?

The paleo versus the this, maybe my personality type is just not one to divide. I'm like, can we all get along? Maybe that has something to do with it, but let's put that aside.

That's just subjective. When you look at the data closely, cause people, you know, look on the internet and it's like no, be careful with meats. We gotta be care…

How, how, when one of the things, in my opinion, that, you know, I had a guy yesterday as a patient who comes in, he's 80 years old on ADT. I want this guy to get as much protein as possible.

And unless, mean I've read hundreds of papers, many books, the better quality of protein, if we look at it, it's still from animal products. Unless, unless all every scientist has it wrong.

And this person, particularly 80 years old on ADT, needs ample amount of protein. That's a hormone blockage. She's getting hormone blocked, right? I'm sorry.

Androgen deprivation therapy, so chemical castration. Muscle is the name of the game. Which causes sarcopenia. Sarcopena, bone problem, osteosporosis, all these things.

Yeah. And I want him to get minimum half a gram of protein per pound, if not one pound. I'm not going to say unless he's, he wants to be vegetarian, vegan, plant-based, no problem.

Like, I am not trying to change. Let's figure out how you can get all that protein. But if you're trying figure it out for health reasons, certainly fish and salmon, which is good even for prostate cancer, but eat meats and things because now we need it and there is no evidence.

that meats, to stay on that topic, is associated with prostate. When you look at systemic reviews, meta-analysis, there is no evidence with the exception of ultra-processed meats.

So, take it away. Where are you now with, and you've done diet work for 50 years plus, where are now you with best dietary approach for prostate cancer?

Right. And I agree, we really have to take a nuanced approach and the evidence is all over the place, especially when it comes to diet and specifically when comes prostate cancer.

Let me tell you about an early experience that I had that really kind of changed my thinking about this in the very early part of my career. I was macrobiotic and I came into…

We were raw food and then we transition, right? That's part Early beginning legacy. Yeah. I was considered the, the macro doc for New York cities. It was, I, it was very close to Michio Kishi in the day and part of that circle.

And, you know, they're very happy to have a medical doctor who endorsed their approach. Uh, and I had, uh, a guy come into me. with metastatic prostate cancer.

And you know what that looks like, especially when a chest X-ray shows infiltration and you actually can see lytic lesions in the bones. So he was an older gent and stage four metostatic, prostate, cancer, and I said, get on this diet.

I'm not even sure that I administered any vitamins, maybe some herbs, some nutraceuticals. Okay. He comes back

six months later, I didn't expect to see him.

It looks good. And he shows me a subsequent identical chest X-ray, which shows no lytic or minimal lytic lesions, you know, scarring and bone and an absence of lung involvement.

And I said, wait a minute, let me look at the dates on this. Cause I think they might've mixed these up. I this is the before and this was the after. And indeed the chronology was correct.

And that's what his doctors thought because they said they'd never seen anything like it without some kind of aggressive therapy or which, you know, maybe ADT in the early days might've achieved that.

And that just blew my mind and just really fortified my belief that diet could make a difference. Now, as we know, and as you well know macrobotic diet is not a panacea.

Amisha Kushi's own wife, Avalyn Kusi, passed away from ovarian cancer and I'm sure she was rigorously sticking to a mac robotic diet. But Ron, can you explain a little bit?

Cause I don't want to assume that no one hears about antibiotic diets anymore. I used to refer to it as the brown rice and seaweed diet, but maybe you could expand on that.

Well, okay. It's beyond that, that's pretty austere, you know, certainly a staple within it, there's a lot of tofu, lots of beans. There's lots green leafy vegetables.

They're seaweed. And so the crux of it is that it's kind of a restrictive diet. And it turns out that dietary restriction on both ends of the spectrum may be helpful.

For example, the 180 degree opposite of that, a keto diet has actually been shown to be healthful in certain forms of cancer. But if you interpose something between your mouth and plate, there's going to some potential for slowing the development of cancers simply by depriving the cancer of certain substrate that causes it to grow.

So, clearly something's going on here. There may be something about soy as either a serum, a synthetic actually in this case, a natural estrogen receptor modulator, because we know that soy has estrogenic properties and there's some studies that show that it can be helpful for prostate.

You know, there definitely is a power to diet. The question is, which diet? But I got to say in the circumstances that you see, here's the problem. We can, through many ways, reduce the risk of dying of prostate cancer and extend the lives of men with advanced prostate cancers.

Or shall we say, extend their freedom from dying from prostate cancer. But many of the studies don't show that we extend our lives because through things like antidepressant deprivation therapy, blocking all your testosterone, that absolutely devitalizes a man, both psychologically and physically.

And so the end result may be that you die of prostate at 82 or you died without prostate, but of a broken heart. and broken spirit and diabetes and cardiovascular or metabolic diseases, 82. So, you know, this is the conundrum that faces practitioners when they apply dietary principles.

I mean, protein on principle, it may feed cancer, but actually it's very important to support muscle mass and metabolism to prolong life. And by the way, that's something that I'm espousing right now.

Personally, I look for opportunities to take in protein and I minimize carbs. I'm not worried about the potential bounce that I'll get to my LDL because I actually have zero coronary plaque according to in my recent check.

So I really have done personally a 180 on diet for myself and for many of my patients. It's still a tough question, and I don't think it's a one-size-fits-all approach.

And I applaud you for being supple in your approach to this question because otherwise we become ideologues. We become victims of kind of a quasi-religious adherence to some sort of tribe.

and we see that in the crazy debates that are on X about diet, where people are basically taking their shirts off and Look at me, y'all on this or that or the other diet and I look awesome.

You know, I'm not interested in being right, i'm interested getting it right. And I am interested also in taking a close look at my own bias and leaving that out when I, when i am talking to a public or when seeing a patient, right?

Because you know in my world, you are from Cuban descent, rice and beans is the best food in the world. Rice and Beans Yucca and things like that. But again, that's all personal stuff.

A little bit of dietary austerity, is a general principle. that because that's, I think how we evolved. And so, yeah, with no knock on the Cuban economy, that is a building feature of life down there unless you're part of the elite.

That's right. Here's the other thing. You said, well, maybe proteins. One of things that recently I've taken a close look at as I released a diet is what's the best diet for prostate cancer?

What's best for X? It depends. It always depends! When you look at, and this came up, Ron, I think you'll appreciate this. A Cuban guy just got to the U. S.

from Cuba and he immigrated. And I was talking to him and I told him, he said, well, what do you do for a living? Well, do complimentary medicine, urology, blah blah, dietarily.

Do you diet work? Yeah, of course. Diet is medicine. Nutrition is medication. He says, you guys are too hung up in the whole sugar thing. I said what you mean?

Well, that's probably typical for a Cuban. Yeah, it's sugar thing. Like you guys are no sugar, no, sugar. We have to live on sugar literally. Were in either playing a sport.

So he's actually an ex professional Cuban baseball player. He said, all we had literally is water and sugar to drink all day to keep us going. The guy in the farm, All he has is a watered sugar or sugared water to, keep them going And I don't see anybody either getting diabetes or dying over anything.

So, and you guys are like, I was like took a moment there to think about it. And that said, well, wow, when you think. An active person doesn't even secrete a lot of insulin or any insulin to shove the glucose into the cell.

so to make ATP and energy. So this notion of it depends as it relates to protein as well and amino acids that protein can lead to cancer. It depends. Are you an active person?

If so, how active? Do you lift weights? Because if you do weight resistance exercise, those amino acids are shoved into different places, particularly muscle and things.

Not to get overly technical, you may stimulate mTOR pathway in the liver, only in a liver and not in muscles. So there's mtor pathway that leads to cancer.

It depends. Is it muscle? Is is liver? very active, and you kind of dabble in some intensity, it's a whole different ball game, the things you consume and what that food does to you, what the food in your body.

I'm interested in knowing your thoughts on that. Well, I mean, one of the reasons that I like to exercise, two reasons, maybe three reasons. You know, there's like, you know the answer from American Beauty, when asked, why he exercised the main character said to look good naked.

So, you know, that, obviously cosmetics is a consideration, but also cognitive is really important. As you get older, cognitive isn't a concern. I mean, especially in the kind of work we do, we prized cognitive.

You know we're kind on the edge of our skis in terms of performance and we really want to enhance that. So the strength training that you do because I think your advice a little more towards strength, training minus a bit more in aerobic.

Although I have incorporated strength-training because it's important as you age, But also it, it is important in I like to eat and I don't like restrict my foods so that I can fend off the inevitable weight gain that occurs with aging and becoming progressively more sedentary.

I think what you say is correct. We get a little nuts about sugar. A friend in high school whose name is Renee and when we would go for coffee, he would put his teaspoon in the sugar bowl and he'd just keep adding and adding to the coffee and I'd go, Rene, that's six teaspoons of sugar that you've added to your coffee.

And he goes, yeah, but I'm Cuban. Exactly, exactly. We have plenty of sugar in Cuba, so don't worry about it. To be clear to the audience, I'm definitely not promoting the intake of sugars.

No, no, really. Ultraprocess carbohydrates of any kind. That's not the point of this story. The point in the story is that when we look at diet, it's context.

Genetics, background, do you move your body? If so, how much? But unfortunately the context is that 90% of Americans are not metabolically tuned. And so when you're not metabolically-tuned, you can't afford these empty calories.

You have to compensate. Have to be even more careful. It's unfortunate. you have almost self-impose the conditions of a bit of famine on yourself because nature is not going to impose that famine.

For a million years, we evolved with famines. And it was only in the past 100 years or so that we seem to have averted it. Your ancestors, my ancestors.

Mine come from Eastern Europe. I have pictures of my great grandmother in a Warsaw ghetto. She's standing there holding up a chicken upside down by its legs.

Beautiful. She sold, yeah, but it's a very scrawny chicken. She has a proud expression on her face, like, I've got a chicken, we can have Shaba's meal with a Chicken this week.

That picture was probably taken in the early 20th century, in around 100 years. We completely turned that around. And that's why we have to pay attention to our floric intake, empty calories, ultra processed foods, which are delivery systems for superfluous calories.

So let's dig in a little bit more. So what are your views on, and I always split up in my mind, prostate cancer. I guess I live in an homogenous environment professionally and clinically.

Some of my friends will say, God, the whole world is just a big prostate for you, isn't it? So maybe. I always split it up with, you know, prevention versus low, low risk diagnosis versus moderate versus advanced.

But maybe you can give us an overview on your views on diet. Like what, for some takeaways here for our audience, how would you, what do you recommend your patients with prostate cancer?

Soy, Polyphenols, and Ultra-Processed Foods

It's just dietarily and what guidance are you getting? Low carb, little fat, where do go with this? Yeah, I would say I, would recommend, some version of what I've turned my salad and salmon diet, which is.

Not like a heavy carnivore diet, but a relatively low carb diet because I think that carbohydrates still to some extent drive prostate cancer. But I also think any form of dietary excess drives prostate cancers because we believe that IGF-1, which is kind of promoted by any type of dietary excess, whether it's excess protein, fat, or carbohydrates so

that's a very important point if I can pause you because amplify that please yeah because a lot many people experts in air quotes are well it's away from me it because that promotes insulin growth factor one IGF one and IG F1 person well yeah any excess of energy can stimulate IGF-1.

So I'd love that you said that because people want to hone in on their bias and their personal view on diet, as opposed to looking at the macro of diet.

Thank you for saying that. Okay. I think the polyphenols that one finds in a Mediterranean diet have beneficial effects on cancer. Soy is controversial, but I do think that the inclusion of modest amounts of unrefined soy are have a positive effect because soy isoflavones, rather than driving cancer, in my opinion, they may retard cancer.

Plus there are other compounds within soy that are anti-cancer. Ron, let's pause there as well, because you have some key points here. And I think it's worth kind of just focusing in on that a little bit.

Let's double click on it. The other element of this, this diet war thing as carnivore people is, well, soy is bad. Stay away from soy. I don't see it.

Yeah. And that's the other spectrum. For the plant-based people say well animal meats are bad, I dont see. The other way is true too. This soy anti-soy sentiment.

I don't see it just because of this notion that is because it has phytoestrogens that have become even more estrogenic more of a problem. That's not how it works.

So maybe you can expand on that thought a little bit as to because I do believe even in non-Asian so based on the studies that I've seen Ron. Soy can be converted because of the microbiome in Asians into something called enol, and enal can also be protective against prostate cancer.

Great. It may have something to do with their microbiomes content and the diversity of their intestinal flora that Westerners don't have because the effect is not seen as robustly in Americans, US inhabitants.

Exactly. Even of Asian background. What I don't recommend is excess soy ice cream, soy milk, so tofu, but I do recommend some soy. So what's your dietary guidelines as it relates to soy if you have any?

Three times a week versus I know it's not zero based on what we've been discussing. But what are your thoughts on that and prostate cancer? I would say the best source is probably something like edamame, one of my favorites in a Japanese restaurant.

I always order some of that as an hors d'oeuvres. I don't think that people should be taking a massive soy shakes for some forms of advanced prostate cancer.

I might suggest that. People take a genistein isoflavone supplement because it is a bit of a CERN, you know, short event, androgen deprivation therapy.

Hey, You know that DES was a treatment for prostate. It's got horrible side effects, but it's an estrogenic treatment. And, you know, so along those lines, how can soy be bad for prostate cancer?

So I think it's a little bit of a tempest in a teapot. I'm not too excited about, rigid guidelines about that. But, things like green tea. Green tea has wonderful effects on the prostate.

The things that are in pomegranate, for example, have been shown the various polyphenols that can be extracted from there can help. Also, the essential fatty acids, omega-3s especially, they may have an effect on tumor biology in a subtle way, altering the potential for metastasis and progression.

I also think that Omega-6 oils are probably not great, but again, not crossed to the vampire. I mean, if you have the occasional salad dressing that's got some canola oil in it, please don't feel like you're doing yourself in.

Just try to avoid that. It's almost impossible to void Omega 6 oils if eat out even or go to Whole Foods and have a snack food. Um, so what is your favorite as a release to omega-3 to Omega-6?

Well, a hundred to one. No, because that's a joke because actually there, there's some evidence that Omega sixes may have beneficial effects in certain ways because they are precursors, you know, linoleic acid, which is the, the essential Omega 6. is actually a precursor for some beneficial prostate plant.

So we tend to oversimplify and dichotomize. And we go Omega-3 good, Omega 6 bad. But having some linoleic acid from some nuts, you also have to examine a food in its whole context.

What is it delivering? There are so many food components in one single food that you can't really extract the information about one single component and then either demonize or exalt one food over another.

That's right. I would say there's no one food that causes or cures prostate cancer. No one. Yeah. So, so, and that, you know, that anecdote, it's a little bit of a one-off because that very same situation might've been resolved differently in a different person under slightly different circumstances with different genetics, potentially.

That right? You know, it reminds me, Quan, honestly, I think that there's a good diet that I know from back in the day, and I like to know the evolution of that diet, which is called the salmon and salad diet.

I remember that from a while ago, the diet you developed. And I tell you, from, a prostate cancer perspective, that sounds like a very good to me. So can you expand the, obviously it's not just salmon, salad all day.

Yeah, people say that that's gotta get boring and expensive too, but you know what? It epitomizes is that we're looking for protein in sources that are rich in Omega-3s.

You could say conventional beef could come under that rubric if it's grass-fed because you are what you eat. There's a higher Omega 3 content in grass fed than there is in corn fed.

And so I included red meat, natural poultry and fish in the diet. And then lots of green leafy vegetables as epitomized by salad, less in a way of carbohydrates, but it depends because there's a sliding scale in carbohydrates.

So for example, I've permitted a moderate amount of carbohydrate because I'm still able to exercise at pretty high levels and I don't have metabolism very vulnerable to insulin resistance, maybe.

I mean, we all are ultimately, some to a greater or lesser extent. So what is allowed on the salad and salmon diet is kind of a sliding scale of how many carbohydrates you can take in.

Potatoes would be included. Look, this diet has been superseded by the quote Mediterranean diet, by The Zone diet by the paleo diet in certain ways. And if you create a Venn diagram, there's a lot of intersection among these diets to the point where I think there really is kind of a consensus.

The main thing is avoid ultra-processed foods, for goodness sake. And that'll get you 80% of where you need to go. And then you can kind of fight about the margins.

Yeah, it's almost like when and I am far from I get zero involvement into any political discussion mostly because I really don't know what I'm talking about.

I spent so much time in my research and taking care of kids and raising kids. It's also a buzzkill, it's a real buzz kill. Exactly. But I would say, you know, I always wonder like, can we just start from the point that we all agree on?

And every diet person, every guru agrees that, hey, let's stay away from ultra processed foods.

Testosterone Therapy and Prostate Cancer

And if we do only that you could be vegan. You could anything. Stay away or reduce the consumption because let us be holistic and realistic. I'm going to a ball game with my son.

I am going have a hot dog. Particularly the Yankee game. Even if they win, even if the lose as a Yankees fan. By the way, it's pretty impressive how you've become a, you're originally from California, I would think automatic.

This guy's a Dodger fan? I switched my allegiance. And I was with the Dodgers when they first moved to, from Brooklyn. A lot of New Yorkers hate the dodgers for that reason.

Johnny Roseboro, Maury Wills, you know, that amazing team. Anyway, we digress. Yeah, I'm a baseball fan too. And I recently went to a community baseball game and so there's a lot of food there, you know, food.

And I got hungry. Cause you always get hungry at a ball game. Like the whole strategy is like, got to eat before I go to the ballgame. Because otherwise you're going to buy all kinds of junk.

No matter how much I eat, I still, the smells and the experience. Hot Dog and Cracker Jacks are in. My son already developed, which I love actually, to making sure we get a box of Cracker Jack's every time we go into a game and he's associating that with baseball as you should.

That's why they have songs around that. So. So here's the thing, I think this important point you're bringing up is with kids. Do not become like a food Nazi with your kids, because you will spawn either a kid with an eating disorder or a kids who rebels and just says the hell with it all.

And the best way to do it is to be a good example, be good role model, but allow them the treats that kids gravitate to in moderation. But also get them involved in food preparation.

If best, get them in the garden, your own garden if you have the opportunity, community garden. Send them to a camp where they have an experience of raising food.

And then have them prepare food, learn how to prepare. There's more buy-in when they've got their hands on the food with their little not very sharp cutting knives that have special anti-cut guards on them.

And that's the way my grandchildren have been raised. And they are amazing eaters. at a very young age, they eat stuff that I wouldn't touch until I was 18. And one may look at this as a, wow, this is a form of digression.

What are you guys doing? Not really, not really. We're trying to show people how to make this a lifestyle, eating a certain way, a life style, how do I include your family members.

In your point, I wasn't very strict with my two eldest initially. Well, very strict, I've seen people way stricter, zero. I allowed them to have many things that were processed foods.

And then later on, they tell me, dad, the truth is they're 20 and 19. Dad, when we were 13, we used to just go to this bagel shop every day and used say, no bagels in the morning.

No bagles. We went to get bageles in a morning, Cause you were so, and that taught me something actually is like the forbidden fruit concept is a don't have, don' have don', have.

Well, you're going to want more of that stuff that I'm right. It actually places an inordinate value on it. Yeah. Unnecessarily puts a charge on. Yeah.

Yeah, so the notion of getting your family involved, my wife does a very good job with our youngest in terms of, getting them involved in the kitchen.

And, you know, once again, we are not, I think we learned that lesson to, with, our two elders to. You know what? Being so strict is not good. Let's just lead by example.

As you say, and when in doubt, again. We may be at risk of digressing, but not so much. Have meals together as a family. Home meals. If we leave out everything else, that is healing and important, right?

It is indeed. Gio, if you don't mind, I'd like to focus a little bit on testosterone because one of the big surprises in my career is what's happening with testosterone.

And I have to say that I've been kind of a renegade about testosterone, many doctors, when I began prescribing tea to low tea men 25 years ago, were very leery of prescribing testosterone demand.

I mean, first, they were, to some extent, careful of liability. Like, what if the man develops prostate cancer? What if a man gets a heart attack? But I thought that the well-being of the men superseded those concerns.

And you know the studies, because I think you do a deep dive on urology and really know those studies in the field. But what has really surprised me is, and I've always instinctively felt that this is going to be the case, is that there are actually cardiovascular benefits to testosterone most of the time.

And that when it comes to prostate cancer, testosterone is usually not the culprit. But what I've been astonished about is the emerging consensus in urology that men who've had prostate, cancer even men, who are on watchful waiting can stay on their testosterone.

That just blows my mind. It's a complete reversal. So could you speak to that please? Well, I am a little bit, because I wanna know, the interview is the other way around, Ron.

This is not intelligent medicine, and maybe you got this confused. But. I'm reverting to form, I can't help myself, sorry. You can help yourself. And I'll get you on my show and then I will really drag you over the coals.

100%, now I say what I gonna say, but then you're gonna be very interested in this summit and on Dr. Geo Podcast. I have one of the foremost experts on the topic, way even above me.

Her name is Helen Burney from the University of Indiana. Okay. So she's going to be talking exactly about that one thing. It's the new thing about testosterone.

The new method of thing, the way of thinking around testosterone and prostate cancer. Here's to takeaway. the takeaway is that again, I always split it up into three ways, three different categories, 3 buckets.

Guys on active surveillance, low risk disease, many even argue, why are we calling Gleason 6 prostate cancer? We shouldn't even call it cancer. Right, because it's scary and it sort of like pre-cancer, you know, your auditioning for the part that you may never get.

So that's that. Then there's a guy who, GLEASON 7 or higher, got a treated testosterone, yes or no, then advanced disease yes, or, no. I'll simplify this.

Active surveillance, zero problem. First of all, once again, should we even call it cancer? So that tells you the whole story. But yes, guys do not need to come off TRT if they're in active surveillance.

Middle guy gets it treated successfully through any treatment, radiation, prostatectomy, even focal therapy. So as I move along the spectrum here, There is sometimes some data to less data, to we're smart people.

I think we don't need to wait for the randomized trial. That will never happen. What would you do as professionals? Right? These are people in the Abraham, Morgan, Tyler, John Mulhall, Dr.

Bernie people, okay. Active surveillance data. You could be on TRT, no problem. And you'll be fine. Middle point, get treated with an intermediate disease.

If they're good for a period of time, that period time is, there's no hard science. So let's say they get a

prostatectomy, when do they go back on TRT?

Three months, six months? A year, two years after they have no PSA? We don't know exactly, but many guys go three months six month. I like a year to play it safe because I don' know what I dont know.

Me personally, I want to see them do really well a Meaning after a prostatectomy, PSA zero, no indication based on imaging that they have. And that's the nice thing is we have a really nice metric.

Yeah. That's easily ascertainable, which is the PSa. So with a simple blood test, we can see if potentially there's residual cancer that the testosterone may be stoking.

But I recently listened to a podcast. where they talked about how testosterone actually is a re-differentiating agent. It speaks to the prostate cells that tells them go back to a more normal state rather than fueling their progression to cancer.

So not only does it not promote the progression of cancer, it may help with regression of prostate cancer? And that's the area that many people are looking into.

Sam Demid from Hopkins is actually looking at what's called BAT, bipolar androgen deprivation therapy, where they go on ADT, but they also get high levels, super physiologic levels of testosterone because of that thinking process, thinking that testosterone can actually be helpful.

But there not being the studies available yet, we have to make the best decisions possible. And look, a lot of what everyone… It's a little like driving with the brakes on and the accelerator on at the same time.

Exactly. So in the middle group, absolutely, even after they get treated, there's some evidence to show that that's okay to do. In the advanced group it's a little bit more tricky, particularly if they've been on ADT.

Now Helen Burney would say, Geo, I would get together with the oncologist, urologist, and myself and say look, This person cares about quality of life.

We know if there will be progression, we don't know there'll be regression. So since we know that part and they care about the quality life, yes, they have advanced cancer or history of it.

Yes, it were an ADT. They've been off ADD for three months, six months. they want to be on testosterone. And it's not just about off label. This could be out of the box thinking intelligently and we could do it and she says, look, I see many patients like this and This has really been underlined to me by some patients who've come to see me, and they've been on androgen deprivation therapy, these testosterone blockers.

And one man, this is a lovely guy, he said, I can't do this anymore. He said I'd rather be dead than be on this therapy. So can you do something for me?

And we did the best we could with nutritional support, nutraceuticals. to optimize his prognosis. But he literally said, I will take my chances off this because the benefits are not a hundred percent.

There are distinct benefits, but they're not 100%. But it's a trade of quality of life. So if we are fixated on the disease outcome rather than the whole person, and this is something that I think we've learned by being integrated physicians is that we're looking for whole-person quality-of-life health span and not necessarily combating or eradicating a disease at the expense of the person.

And we don't know if it progresses or regresses. So A, we can't say, well, listen, you're going to sacrifice your longevity, but your quality of life will be better.

We don' know that. We don't know that. It could actually be that there's probably even therapeutic benefits to testosterone from a prostate cancer perspective in that group.

We know what we do know is that guys who have chronic low testosterone. at, are at a higher risk of advanced prostate cancer. So it's not the other way around.

It's now like, well, high prostate, cancer will cause a high testosterone cause prostate. That's it. The opposite is true. We know that. Right. So, yeah, that's a very interesting topic.

Otherwise, all these Olympic athletes that we're watching, they would all have prostate cancer because they're the IT ones, right? And prostate can be more prevalent amongst 25-year-olds than, you know, men that are older.

Correct. You're going to be very interested in listening to Dr. Bernie. Ron, I want to respect your time, plus I'll have you on my podcast and I will be on your podcast, so I can't wait for all that.

Thank you so much for sharing your wisdom, for everything you've done and for our profession. How can people find out more about you and your work? DrHoffman.com, it's all there.

You know, my podcast, you can subscribe to my newsletter, which recently we actually did comment on some of the latest findings on the benefits or lack thereof of testosterone and some other new findings.

Drhoffman for all things related to intelligent medicine. Wonderful. Ron, thank you so much. It's been my great pleasure. I've enjoyed talking to you and we'll talk again soon.

All the best. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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