Introduction and Guest Credentials

Welcome, everyone, once again to the Prostate cancer Summit. I'm your host, Doctor Geo Espinosa. And it's. It is with great pleasure that I introduce to you my friend and colleague, Doctor Ron Hoffman.

Doctor Ron Hoffman is a recognized as one of the America's foremost complementary 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 the popular. I've been a guest there many times.

The very popular nationally syndicated radio program called Intelligent Medicine. Doctor Hoffman is also president for for Alliance, for the Alliance for Natural Health and a board member for, the certified nutrition specialist organization, CNS Doctor Hoffman.

What a pleasure to have you on this segment. Thank you so much. Well thank you. It's my great pleasure also to talk to you, Joe, 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 you're kind of, It's almost like when you talk about the civil rights movement and when people would say, listen, did you go to jail? Or if you didn't go to 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 I was involved, before with people were in it before the internet.

And to me, you're one of our elders in that sense. Yours is up there with Jeff Bland and Functional medicine and Joe Persaud. No. And, and and naturopathy in medicine.

So I, I really admire you have been for a long time. I've listened to intelligent medicine before I became a natural public doc we're talking about over 20 years ago.

We met shortly after. It was such an 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 you for all the work you've done.

So let's start with this. Why? Why in anyone's right mind, you're an MD. You can just practice, you know, be an internal medicine doctor somewhere. Have your shingle up, you know, do what you do.

Life is easy and way back when. And you can tell us how far back you said. No. This complimentary thing is 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 us about your struggles and your, how difficult it was to practice what you practice back then? Well, that's that's really a great question.

And kind. It 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 was kind of passé to talk about, you know, what you wanted to be.

You know, it was the whole thing was about the college experience to broaden your horizons. And I was, Well, I was a science whiz in high school. I kind of 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 I 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 job. I worked for the city of New York, but for about 3 or 4 years, I was kind of incubating, in Greenwich Village, going to lectures about homeopathy, macrobiotic diet, acupuncture, and that whole thing, fascinated me.

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

But that whole career path didn't appeal to me, and I thought, well, maybe, I could get into the healing profession. And I really thought, like, how do I do that?

You know, what can I, what could be the, entry point into a career of healing? And I thought about, being possibly a natural Catholic practitioner. That was in, in the early days when that was a path was not as robust a path as when you entered that field.

Ron Hoffman's Path into Integrative Medicine

But then I said, hey, you know, I got, fairly good grades in college. I had no academic prerequisites. I had to take crash courses and 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 relative surprise, I got in, and then I became sort of a stealth medical student.

I said, you know, I really want to practice some form of integrative medicine, but I had to kind of keep a little bit of a low profile. Which wasn't even a term back then. Right?

Was it a thing that people say intrigued me? So, it actually was a thing to the extent that there were a few pioneers, maybe a half a dozen doctors in New York.

You remember that New York, actually is kind of a, a breeding ground of integrative, thought because you had Doctor Atkins, you had Carlton Fredricks, 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. 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, 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, pick a subspecialty because that's the pathway to professional success.

And 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. He said, He says that mean you would be talking to people about diet.

And I said, yeah. And he thought for a moment and he said, well, you probably won't make much more money than a psychiatrist, which was, you know, 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 totem pole of medicine.

Right. So but the net result is that I didn't actually, you know, I it was a little bit of a decision because I had to break

free from, you know, 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, which, you know, Andrew, while, in Arizona and there's naturopathic schools, which now, are really plausible pathway to learn rigorous science about, integrative medicine and a pathway that I recommend to a lot of people as 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, original Chinese medicine here, listen to tapes, go to conferences. I 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 I, you could call me a general practitioner of integrative medicine. I incorporate the therapies which I think are plausible, and which, have efficacy for my, patients.

And then I got into a broadcast career quite, 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. I can't possibly talk to thousands of people at one time. And she said, no, no, no, no, you could do it. And I auditioned for it, I got it, I got the job, and the rest is history.

That was, in 19, 88, that I began to, to broadcast, and the. The million dollar question is, who was first on this, you or Gary? No. Well, no, I, I was I listened to Gary.

No a whole lot. And credit to Gary. No. Because, you know, I have the longest running physician hosted radio program in the United States. He has the longest 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 dyed in the wool, vegetarian proponent.

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

He is he has, you know, you got Gary. No, honestly, Ronnie, your your radio show, really got me really started and engaged in this world of integrative medicine, you know?

So imagine you you probably have no idea how many people you've inspired. Not only it's great 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 I'm one of them.

I'm a product of that. So 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 ten top quacks of America.

So I guess I haven't really been doing my job, but I. I will tell you that it was a little dicey at the beginning is that, Doctor Atkins and several other physicians, among them Doctor Serafino, course, and Doctor Michael Schachter here locally in New York, names that would resonate for some, you know, people of a certain generation.

We got together, because we actually wanted to form a sort of a 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 if you suggest, for example, as has been now borne out, that someone with a diagnosis of prostate cancer, that's 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 of care has now shifted where this idea is become accepted and really is now at the heart of a more progressive version of, of urology.

So much so that what are they doing with a natural doctor as faculty at New York University Langone, Department of Urology? So they asked for it. And that 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, you know, that, making the decision to practice integrative medicine, could have, turned up to be a really poor decision because, none of the the ideas that we espouse, could have been, supported in born out, you know, the, the, the role of nutrition, the use of, nutritional supplements, the use of nutraceuticals, it's etc., etc..

So, you know, 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.

Sure. Since this is the prostate cancer summit. Yeah. Well, 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, I've been involved in prostate cancer for over 20 years now, and, and, and I've read, write many of the books behind me are, you know, 30 years old, right?

I remember, you know, I started getting into this nutritional medicine and died. The 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, but one of the first books I read was, fit for life. Yes. The diamonds, I believe they're the. Yes.

Food combining, right? Yes. Got all in there. Then read books on a doctor MacDougal. May he rest in peace. He recently passed away. Yes. He did. A few other people, I Gary Knowles, book books.

Your your, there's no podcast radio show back in the day, and so forth. I was just immersed a little naturopathic school, you know, became, of course, the, the vegan raw foods, because that's the path that we all take, initially, if not, I don't know.

Many people stay in it, but at least that's what you start, because that's, you know, that's 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 that 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 some what is tofu Tempe. By the way, as part of my career, I did, preside over health food store for about, good 6 or 8 years.

We had our own health food 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 food supply world.

And, Trader Joe's. Wow. That. Well, I actually, I think I knew that, and I might have worked way back in the day in one of those shorts that you were no longer involved in down in, in the village.

Right around early 2000. The name of. That kid, that name. Of that store. Was Healthy Pleasures. Healthy pleasures. That's right. Right. I remember that.

So then. Now, fast forward 25 years and has it really we can talk about diet and longevity. Diet isn't prostate cancer. Let's just take the prostate. Here's where I am.

And I'm interested in knowing your views because, I value your views here so much. When? Well, my overall view on diet is why this kind of, Why this, sentiment that is so strong and so, dividing.

Right. The paleo versus the this is, maybe my personality type is just not want 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 because people, you know, you look on the internet and it's like, no, be careful with me.

It's got to be, well, I 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 Ed.

I want this guy to get as much protein as possible. And unless, I 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 or every scientist has it wrong. Right. And this person, particularly 80 years old on 80, needs ample amount of protein. That's a hormone.

Hormone blockage. He's getting hormone blockage. Right. Is that correct. So I'm sorry. Androgen deprivation therapy. So chemical castration run muscle is the name of the.

Game which causes sarcopenia. Sarcopenia, bone problems, osteoporosis, all these things. Yeah. Yeah. And I want him to get minimum half a gram of protein of of protein per pound if not 1 pound.

I'm not going to say unless he's he wants to be vegetarian, vegan plant based. No problem. I'm not trying to change. Let's figure out how you could get all that protein.

But if if you're trying to figure out for health reasons, I'm saying know he 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 from 50 years plus.

Where are you now with the best dietary approach for prostate cancer? Right. And I agree, we really have to take a nuanced approach.

Early Struggles and Professional Vindication

And the evidence is all over the place, especially when it comes to diet and specifically when it comes to prostate cancer. Let me tell you about it. 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 in, we saw. We were right. What? Raw food. And then we transition. Right? That's part of our early beginning. Legacy. Yeah.

I was considered the macro doc for New York City, Michigan. I was I was very close to Michigan in the day, and part of that circle and, you know, they're very happy to have a medical doctor who endorsed their approach.

And I had, a guy, come in to me with metastatic prostate cancer. And you know what that looks like, and especially when, chest X-ray shows infiltration.

And, you know, and you actually can see lytic lesions in the bones. And so, you know, he was an older gent and, you know, stage four metastatic prostate cancer.

And I said, get on this diet. I don't I'm not even sure that I administered, you know, any vitamins, maybe some herbs, some nutraceuticals. Okay. He comes back, six months later.

I didn't expect to see him. He 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 data on this, because I think they might have mixed these up. I think this is the before and this is the after, and indeed the 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 for which, you know, maybe ADT in the early days might have 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, macrobiotic diet is not a panacea.

Misha Cushing's own wife, Avalon Cruz. She passed away from ovarian cancer, and I'm sure she was rigorously sticking to a macrobiotic diet. But, Ron, can you think about it.

A little bit? Because I don't want to assume that anyone hears about biotic diets anymore. In a nut, 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 a pretty, steer. But, you know, that's certainly a staple within it. But there's a lot of tofu.

There's lots of, beans. There's lots of green leafy vegetables. There's seaweed. And so the crux of it is that it's kind of a restrictive diet. And it turns out the 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 helpful in certain forms of cancer. But, you know, if you were to post something between, your mouth, you know, and plate, there's going to be some potential for slowing the development of cancer simply by depriving the cancer of certain substrate that causes it to grow.

So, you know, so, so, you know, clearly something's going on here. There may be something about soy, as either a, a sperm, you know, a synthetic, actually, in this case, a natural estrogen receptor modulator.

Because we know that soya estrogenic properties. And there's some studies that show that it can be helpful for prostate, you know, there 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 cancer, or, shall we say, extend their freedom from dying from prostate cancer.

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

And so the end result may be, that you die of prostate cancer at 82, or you die without prostate cancer, but of a

broken heart. And, broken spirit, and, you know, diabetes and cardiovascular metabolic disease is 82.

So, you know, this is the conundrum that faces practitioners when they apply dietary principles. So in effect, 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, I, I look for opportunities to take in protein, and I minimize, carbs.

I'm not worried about the potential bounce that I get to my LDL, because I actually have zero coronary plaque, according to my recent check. So I really have done, personally, a 180 on diet, for myself and for many of my patients.

So this it's still a tough question that I don't think there'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, you know, where people are, you know, basically taking their shirts off. And what about, you know, on this or that or the other diet?

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

Right. Because, you know, in my world, I'm, you know, I'm from Cuban descent. You know, rice and beans is the best food in the world. You know, rice and beans, yuca and things like that.

So, but again, that's all a. And additional a little bit of dietary austerity, I think, as a general principle, that because that's, I think how we evolved.

And so, yeah, I mean, with, no knock on the Cuban economy, I think that's a building feature of life down there, unless you're part of the elite. That's right, that's correct.

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

What's the best diet for X? What's the best diet for? You know, any disease. It depends. It depends a. Little. Bit. It always depends when you look at and this came up Ron and I think and I think you'll appreciate this I, a Cuban guy just got to the US from Cuba and he, he, immigrated and I was talking to him and he said, and at first, you know, I told him, he said, well, what do you do for a living?

Well, I do complementary medicine, you know, and urology, blah, blah, blah, dietary, you know, do you do diet work? Yeah, I do some of course diet or diet is medicine is medicine.

And he said, you know, you guys are too hung up in the whole sugar thing. I said, what do you mean? This is. Well, it's typical for a Cuban that. Yeah, use a sugar cane like you guys a no sugar, no sugar.

We have to live on sugar. Literally. We're in either playing a sport. So he's actually a, 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 what, 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 intake. And I was like, took a moment there to think about it. And I said, well, well, when you think about it, an active person doesn't even secrete a lot of insulin or any insulin to shove the glucose into the

cells.

Diet, Prostate Cancer, and Protein Debate

So to make ATP and energy. So this notion of it depends as a release of protein as well and amino acids that well, you know, protein can lead to cancer.

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

So make sure you utilize home. Now you may. Yeah. Not to get overly technical. You may stimulate mTOR pathway in the liver, only in the liver and not in muscles.

So there's mTOR pathway that leads to cancer. It depends. Is it muscle. Is it liver. Where is it? Yeah. So if you are very active and you kind of dabble in some intensity, it's a whole different ballgame.

The things you consume and what that food does to you to, to any what that food does in your body. I'm interested in knowing your thoughts on that. Well, absolutely.

I mean, one of the reasons that I like to exercise you two reasons, maybe three or, you know, there's like, you know, the, the answer from, American Beauty, when asked, you know, what, why he exercised, the main character, said to look good naked.

So you know that that's a good. Obviously cosmetics is a consideration. But also, you know, cognitive is really important as you get older. You know, cognitive is a concern.

And, you know, especially in the kind of work we do, we prized cognitive, you know, we're kind of on the edge of our skis in terms of performance. And we really want to, enhance that.

So the, the strength training that you do, because I think you're, you're buys a little more trust, right? Training minus a little bit more towards Arabic. Although I have incorporated strength training because it's important as you age.

But also it's important in terms of, I like to eat and, you know, I can, you know, and I don't like to, restrict my foods, so that, I can fend off, you know, the inevitable weight gain that occurs with aging and becoming progressively more sedentary.

So, you know, I think what you say is correct. I think I think we get a little nuts about sugar. I had a friend in high school, whose name is Rene. And when we go for coffee, he would, you know, put his teaspoon in the sugar bowl.

He just keep adding and adding and added 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, right. Exactly.

Exactly what? Are you sure we have plenty of sugar in Cuba, so don't worry about it. But. To be clear to the audience, I. I'm definitely not promoting the intake of sugar, the ultra processed carbohydrates of any kind.

That's not the point of this story. The point of the story is that when we look at diet, I think. Put it in context so that. This is context, how much, you know, genetics, the background and how do you move your body?

If so, how much. But the 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 got to be you have to compensate that to be even more careful. It's unfortunate. You have to almost self-imposed the conditions of a bit of a famine on yourself, because nature is not going to impose that famine.

For, you know, 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, you know, Eastern Europe.

I have pictures of, my great grandmother, in the Warsaw ghetto. And she's standing there holding up a chicken upside down by its legs. She was a beautiful.

She sold. Yeah, but it's a very scrawny chicken. And she looks she has a very proud expression on her face. Like, I've got a chicken. We can have, you know, Shabbos meal, with our with a chicken this week that's not in it.

And that picture was probably taken in the early 20th century and blessed in, you know, around a hundred years. We completely turned that around. And that's why we have to pay attention to, our caloric intake, empty calories, ultra processed foods, which our 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 a homogenous environment, professionally and clinically.

It's like, okay, when you. So 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 risk diagnosis versus moderate versus advanced, but maybe you can give us an overview on your views on diet.

Like what? What for some takeaways here for our audience. How would you what what do you recommend for patients with prostate cancer. It's just dietary and what guidance.

So you can low carb low fat you know where do you go with this. Yeah I would say I would recommend, you know, some version of what I've turned my salad and salmon diet, which is, you know, not unlike a heavy carnivore diet, but a relatively low carb diet because I think that, carbohydrates, still to some extent drive prostate cancer.

And also, I think but I think any form of dietary excess drives prostate cancer because we believe that IGF one, which is, you know, kind of promoted by any type of dietary excess, whether it's, you know, excess protein, fat or, carbohydrates.

So that's. A very important point if I can pause you because. To amplify that, please. Yeah. Because a lot many people, expert in air quotes are, well, it's solely from meats because that promotes insulin growth factor one IGF one.

And it. Would probably. Well any excess of energy can stimulate IGF one. So I love that you said that. Yeah. Because people want to hone in on their bias and their personal view on diet as opposed to looking at the, macro, of diet.

So I thank you for saying that. Okay. So then, you know, I, I think, the, the polyphenols that one finds in a mediterranean diet have like a beneficial effects on cancer.

I think 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 they're, they're compounds within soy that are anti-cancer, right. Which is let's pause there as well because you very. Controversial. Key points here.

And I think it's worth kind of just focusing in on that a little bit. Yeah. Let's double click on it. You know. The other element of, this, this diet war thing as well with the carnivore people is what soy is.

But stay away from soy. I don't see it. Yeah, I don't see it. And that's the other spectrum for the plant based people say, well, animal meats are bad.

I don't see it the other way is true to the soy and high soy sentiment. I don't see it just because of this notion. That

is because it has phyto estrogens that have you become either 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 anal.

And it can be protective against prostate cancer. Great, right? If you're not. You may have something to do with the with their, microbiome, content and the delight, the diversity of their intestinal flora that Westerners don't have because the, the effect is not seen as robustly in Americans, us inhabitants.

Exactly. Even even of Asian background. Yeah. So I do think there's now what I don't recommend, is, you know, excess soy ice cream, soy milk, soy tofu, you know, so.

But I do recommend, you know, some. So. So what, 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, what are your thoughts around that?

And prostate cancer. I would say, you know, the best source is probably something like that, a mommy. You know, one of my favorites in a Japanese restaurant, I always order, you know, some of that as an order.

I don't think that people should be taking massive, soy shakes. For some forms of advanced prostate cancer. I might suggest that people take a Gena Steen isoflavones supplement because it is a bit of a sperm.

You know, short of it, you know, eight androgen deprivation therapy. Hey, you know, the DS was a treatment for prostate cancer. 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. You know, too excited about, you know, rigid guidelines about that.

But, you know, things like green tea. I think green tea has wonderful effects, on the prostate. I think that, you know, the things that are in pomegranate, for example, have been shown the, you know, various, polyphenols that can be extracted from there can be helpful.

So, and, you know, also the essential fatty acids, you may have three especially. They may have an effect on tumor biology, you know, in a subtle way, altering, the potential for metastasis and progression.

I, I also think that, omega six oils are probably not great, but again, not, you know, cross to the vampire. If you have, 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 avoid omega six oils. You know, if you eat out even or, you know, have a, you know, go to Whole Foods and have, you know, a snack food.

So, What is your favorite? Something to run, with as it relates to omega three, to omega six. 100 to 1 and, you know, because I that's a joke. Because actually, there's some evidence that, omega six is may have beneficial effects in certain ways because they are precursors, you know, linoleic acid, which is the the essential omega six, is actually a precursor for some beneficial prostaglandins.

So it's, you know, we in we tend to oversimplify and dichotomies. Yeah. We omega three good. Omega six bad. Right. But you know, having some, linoleic acid for some nuts, which also you may also have to examine the food in its whole context.

What is it delivering it. There are so many food components, that, you know, in one single food that you can't really extract, the, you know, information about one single component.

And, then either demonize or, or exalt one food over another. That's right. I always say there's no one foods that

causes or cures prostate cancer. No.

No one. Yeah. So so and that and that's why you know, that anecdote. It's a little bit of a one off because that very self same situation might have been resolved differently in a different person under slightly different circumstances, with different genetics potentially.

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

I remember that from a while ago, which is the diet that you developed and I tell you from, from a prostate cancer perspective, that sounds like a very good diet to me.

So can you expand? Obviously not just salmon and salad all day. Three people say that that's got to get boring and expensive to, but you know, it. What it epitomizes is that we're looking for protein in sources that are rich in omega threes.

Soy, Omega Fats, and the Salmon-Salad Approach

You know, 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 three content in grass fed than there is in corn fed.

And so, I, you know, included, red meat, you know, natural poultry and fish in the diet. And then, you know, lots of green leafy vegetables as epitomized by salad, less in the way of carbohydrates.

But it depends, because there's a sliding scale in carbohydrates. So, for example, I permitted a moderate amount of carbohydrates because, you know, I'm still able to exercise at pretty high levels.

And I don't have, metabolism very vulnerable to insulin resistance, I guess, you know, maybe I mean, we all are ultimately, but some to a greater or lesser extent.

So, you know, so what is allowed on a seldom salmon diet? It's kind of a sliding scale of how many carbohydrates you can take in, potatoes would be included.

You know, look, this date has been superseded by, you know, the Mediterranean diet by the, you know, the zone diet. By, the paleo diet in certain ways.

And there's if you create a Venn diagram, there's a lot of intersection among these diets to the point where I think there's there really is kind of a consensus.

And, and the main thing is avoid ultra processed foods, for goodness sake. 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, when. And I am far right. I get zero involvement into any political discussion, mostly because I really don't know what I'm talking about.

I spend so much time in my research and taking care of kids and raising kids. It's also a it's also a buzzkill. It's a real buzzkill. 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.

And if we do only that, you could be vegan. You could be anything. Stay away from or reduce the consumption. Because let's be holistic and realistic. I'm going to a ballgame with my son.

I am going to have a hot dog. I'm going to have a hot tub, particularly the Yankee game. Even if they win, even if they lose. As a Yankee fan, by the way, it's pretty impressive how you've become a, you're really from California.

I would think automatically this guy's a Dodger fight. I switch my allegiance. And I was with the Dodgers when they first moved to, from Brooklyn. Right.

A lot of New Yorkers hate the Dodgers for that reason. I grew up with the Dodgers with Sandy Koufax hosting Don Drysdale, 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. Yeah. And I got hungry because you always get hungry at a ballgame. Like. Yeah, well strategy is like got to eat before go to the ballgame because otherwise you're going to buy all kinds of junk.

No matter how much I eat, I still I just like the smells and the experience. Hotdogs and Cracker Jacks are in my son already developed in the city and, which I love actually, to making sure we get a box of Cracker Jacks every time we go to a game.

And he's associating that with baseball, as you should. That's why they have songs around that. So so here's, here's an especially I think this an important point.

You're bringing up this 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 kid who rebels and just says the hell with it all.

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

It best, you know, get them in the garden, your home garden. If you have the up to your 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 food.

They, they are more buy in when they're, you know, got their hands on the food, you know, with their little, you know, not very sharp cutting knives that, you know, have special, you know, antique cut guards on them.

And that's, you know, the way my grandchildren have been raised is and they are amazing eaters at, you know, at a very young age, they eat stuff that I wouldn't touch until I was 18, you know, and I.

And 1st 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 while eating a certain way, a lifestyle.

How to include your family members and your point. You know, I was very strict with my two eldest initially. Well very strict. I've seen people way stricter, I mean, zero I mean, I allowed them many to have many things that were processed foods, but we were.

And then later on they tell me, dad, the true, there are 20 and 19 dad, when we were 13 and we, we used to just go to this bagel shop every day and you say, no bagels in the morning, no bagels that we went to get bagels in the morning because you were so.

And that taught me something actually is like the forbidden fruit concept is like, don't have, don't have, don't have, don't have what 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 it. 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 with our two elders, too. You know what? Being so strict is not good. Let's just lead by example. As you say.

We eat, we have. And and when in doubt, again, we we may be at risk of digressing, but not so much have meals together as a family home in Turkey. If we leave out everything else that is healing and important, right?

It is indeed. Jill, if you don't mind, I, 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 was I've been kind of a renegade about testosterone. Many doctors, when I began prescribing T to low team in 25 years ago, we're very leery of prescribing testosterone and it I mean, first they were to some extent, fearful of liability.

Like, what if the man develops prostate cancer? What if the man gets a heart attack? But I thought that the well-being of the men, superseded those concerns, in, you know, the studies.

Because I think you do a deep dive on urology. And really, no, there's the studies in the field. But what is really surprised me is, and I've always instinctively felt that this was 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.

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

This is not. This is not intelligent medicine. Maybe you got this confused, but. I'm reverting to form. I can't help myself. I'm sure. Of yourself. I'll get you on my show, and then I'll really, drag you over the coals.

100%. Now, I'll say what I'm going to say, but then you're going to be very interested in this summit. And and on my podcast, Doctor Geo podcast, I have one of the foremost experts on the topic, even above me.

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

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

Three different categories, three buckets. Guys on active surveillance, much low risk disease. Many even argue, why are we calling Gleason six prostate cancer?

We shouldn't even call it cancer. Right? Because it's scary. And it's sort of like pre cancer.

Testosterone, Prostate Cancer, and Quality of Life

You know, you're auditioning for the part that you may never get right. So that's that then is a guy who, you know Gleason seven or higher got to treat treated testosterone. Yes or no.

Then advanced disease yes or no. Simplify this after surveillance. Zero problem. First of all, once again, should we even call a 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. Either through any treatment, radiation, protect me.

Even focal therapy. It's when they go into it's I move along the the spectrum here. There is sometimes some data to less data to are smart people. We I think we we don't need to wait for the randomized trial.

Never happen. What would you do as professionals. Right. These are people in the the Abraham Morgan, Tyler Mulhall, doctor 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 of time is called.

It's it's it's there's no hard science. So they get let's say they get a prostatectomy. When do they go back on two, three months, six months, a year or two years after their have no PSA?

We don't know exactly. But many guys go back. But you know, three months, six months, I like a year to play it safe because I don't know what I don't know me personally.

I want to see them really do really well. A year after 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. And so with a simple blood test, we can see if like potentially there's residual cancer that the testosterone may be smoking.

But I recently, listen 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. So not only is 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, the Meade, from Hopkins is actually looking at, what's called B8 bipolar androgen deprivation therapy, where they go on ADT, but they also get, you know, high levels, super physiologic levels of testosterone because of that thinking process, thinking that, testosterone can actually be helpful.

But they're not being the studies available yet. We have to make the best decisions possible and look, a lot of what everyone's like. There's a lot of, like, driving with the with the brakes on and the accelerator on at the same time.

It's exactly, exactly. So in the middle group. Absolutely. Even after they get treated and there's some evidence to show that that's 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 Bernie would say Co, I would get together with your oncologist, urologist and and myself and say, look this person cares about quality of life. We know if there if there will be progression.

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

Yes they were on ADT. They've been off ADT for three months, six months. They want to be on testosterone. And it's not just about label. It's about this could be out and about.

Thinking. Intelligently and we could do it. And she says look I see many patients like this and they do great and they love it. Yeah. You know, this is really been underlined to me by some patients who have come to see me.

And they've been on androgen deprivation therapy. These testosterone blockers, and one man, and he just is a lovely guy. And 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, you know, we did the best we could with nutritional support, you know, nutraceuticals, to, optimizes prognosis.

But he literally said, I want I will take my chances off this because the benefits are not 100%, there there are

distinct benefits, but they're not 10%.

But it's a trade, a quality of life. So if we are fixated on the disease outcome rather than the whole person, and this is something that I think, you know, we've learned, by being integrative physicians is that we're we're looking for whole person quality of life.

Healthspan. And, and not necessarily combating or eradicating a disease at the expense of the person. And we don't know if it all regresses, but actually we don't.

So we don't know. We can't say, well, listen, you're going to sacrifice your longevity, but your quality of life will be better. We don't know that. We don't know that we could actually be that there's probably even therapeutic benefits to testosterone from a prostate cancer perspective in that group.

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

It's not like, well, high prostate cancer will cause, high testosterone, cause prostate cancer. That's not it. The opposite is true. We know that. Right?

So, Yeah, that's a very interesting choice. Otherwise, all these Olympic athletes that we're watching, they would all have prostate cancer because they're the it once, right.

And prostate cancer will be more prevalent amongst what, 25 year olds. And you know, men that are older. So correct. So you're going to be very interested in listening to Doctor Bernie.

Ron, I want to respect your time. Plus I'll have you on my podcast and I'll 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.

For our profession. How can people find out more about you and your work? Dr. hoffman.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 of the new findings.

Dear hoffman.com, for all things related to intelligence, let us. Wonderful. Ron, thank you so much. It's been my great pleasure. Enjoyed talking to you. And we'll talk again soon. All of it.

I look forward to it. Thank you everyone. Thank you so much for joining us. With this, amazing podcast episode, not podcast episode, prostate cancer summit episode.

Summit. I appreciate you so much, guys. For listening. And, ladies, I'll look forward to seeing you next time at the next episode of the Prostate Cancer Summit with our next, amazing expert.

Much love. I'll see you next time.