Why Plants Outperform The Mediterranean Diet For Reversing Diabetes Transcript

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Introduction and Guest Welcome

Well hello, everybody. Welcome back to reversing our Disease Naturally summit. We have an enormous honor that we have got permission from Doctor Neil Bernard, the busiest researcher and educator, in the plant based movement that I know of, from Washington, D. C., and has spent 30 minutes together and talk about weight loss and diabetes.

Just what I so admire about Doctor Bernard, other than his guitar skills. The love for music, which, many people don't know about, but I think probably keeps them sane, is the research.

And, you know, we are not a strong plant based movement. We're not for the enormous research. And so much of it has come out of physicians committee responsible medicine.

And I don't know if Doctor Bernard knows how influential it is to share with patients that this is not an opinion. This is randomized studies. That's that's what the paleo diet and the keto diet and the carnivore diet people just don't have.

And so thank you, Doctor Bernard, for spending time with us today. And I hope everybody has heard of PKM, dot org and the Exam Room podcast. These are such great places to get, you know, reinforce education.

It's where I go. I mean, I love listening to the Exam Room podcast. So I want to present to you today. There's so many different avenues we could talk about, but I had to interact with a patient this morning.

Who came to see me. Probably had seen 5 or 6 cardiologists before, but he's, 62 years old. He weighs about 235ft nine. So he's got, you know, a size 40 waist when he goes to bed pants.

He's portly. Certainly not, you know, massively obese. And he went for one of those calcium score. One of his friends went, so he went asymptomatic CT scan and it came back over 3000.

I mean, that is, major league calcium score abnormality that led to a stress test, led to a categorization. And he has, in the last few months, a recent diagnosis of coronary artery disease.

That one artery is 100% blocked, and he does not qualify for a stent or a bypass. So after a few different visits, now he's in my clinic and we're managing him.

And one of the first things we get is an extensive lab panel. And I got it back this morning and unbeknownst to me, after having spent an hour with him, his hemoglobin A1, C came back 6.9%.

And in case any listener doesn't know, that's a three month blood sugar. Average measurement should be under 5.6%. So he won an award today. He's now a type two diabetic, officially, which I just somehow missed.

The other clinics.

Case Study: Coronary Disease and New Diabetes Diagnosis

And, his cholesterol is under reasonable control because, of course, he's been placed on a statin and aspirin, but he's dealing with issues of excess body weight.

Certainly type two diabetes. And it's already manifested in coronary disease. And at his age is, you know, could be life shortening. So, I'm going to throw him to you.

And, you know, he's got books at home on the Mediterranean diet. And the key to genic diet. And he's listening to people at a place called Verte, that say, just stop your carbs and your diabetes will go away.

But what would you speak to this gentleman and our audience in general, listening? Well, first of all, thank you for including me in the program and also, thank you for seeing this man.

I mean, he's lucky to have met you and to have gotten your your wisdom. As you said, there are lots and lots of physicians, including many cardiologists who are pretty quick to write a prescription, or to consider procedures, and both of which certainly have roles in, in cardiology and in medicine in general.

But unfortunately, when it gets to what do we do with our diet and how much good will it do? Those are things where sometimes doctors get a little bit stumped and to make things kind of short and sweet, I would say there are two issues for this man.

The first is, what's the best day to put them on and or for him to jump into. And then the second question is, how do you kind of hold his hand so that he will succeed so that when he makes that diet change, it sticks and it gets him the results that he, that he wants.

And the first of those two questions is a little bit more the easy one, that he's got a problem that is related to cholesterol and animal fat. And getting those things out of the diet is job one.

So a completely plant based diet would be the best way to go. Now, this is not what he's eating now, I imagine. And he's probably nowhere near that. And he's hearing some competing messages.

As you said, there are people who say, get all the carbohydrate out of your diet and that will cause weight loss for many people. Not all, but many, because carbohydrate is over half of what we eat.

And if you stop eating those things, you will lose weight. But over the long run, maybe 1 in 3 people find their cholesterol levels go up and and it ends up being the kind of diet that drives more disease and solve these problems.

The Mediterranean diet is kind of a sexy name, but I got to tell you, doctor, can we put the Mediterranean diet to a really good test? We brought in 62 people.

They all want to lose weight. Half of them went Mediterranean and half went on a low fat vegan diet. I mean, an entirely plant based diet. 16 weeks into the diet, everybody stopped and switched to the opposite diet.

In other words, everybody got Mediterranean and vegan in random order. And what we found is that the Mediterranean diet, as kind of popular sounding as it is and indulgent sounding as it may be, it just does not cause weight loss.

These people really kind of struggle. It also doesn't really lower your cholesterol to any substantial degree. And of course, neither of those are surprised because you're eating some meat, you're eating some dairy and so forth.

You're not really changing your diet in a big way. It, the Mediterranean diet is good for blood pressure lowering to a degree. And it's probably better than the diet most people come in on, but it's nothing like a plant based diet. So, bottom line is, is I would put them on an entirely plant based diet, and keep oils really low.

And then the other question is how to help him to enjoy that transition, which is what we've really been focusing on a lot here. But but maybe I should take a breath.

And because I'm probably giving you more than you wanted about this for. No. No no no. And actually I'm so appreciative. You want to talk about the second part because I actually wanted to bring that up with you.

How do you succeed? But before we go there, you know, how do you hold his hand, as you said? And how do you

ensure that, you know, at 12 months and 24 months and hopefully lifelong, he'll have made the shift and for his whole family, I hope.

But I think you you know, you cut short that great randomized study you just mentioned because you emphasized how the Mediterranean diet didn't quite hold up to a very therapeutic day, but you didn't tell us about the plant based outcome.

So tell the audience what happened in your 62 individuals after their 16 weeks and the low fat, wholefood plant based diet? Okay. Yeah, yeah, yeah. Great. Great point.

When people started the vegan diet, they were a little nervous. They thought, oh, you know, if I get a this cheese or eggs or meat or whatever, and they very quickly discovered that they didn't miss those things at all.

I think that's partly because, surprisingly enough, we do we do forget about those things relatively soon, but it's also because you find so many other things that are a little more exciting to to eat.

So it's partly a replacement phenomenon. And they lost weight really, really well.

Plant-Based Diet vs Mediterranean Diet

And in that study and many other studies, what we do see is that people lose roughly, I'm going to say roughly a pound a week, when people begin. And so it depends on your starting weight.

If you're if you're already skinny, you're not going to you're not going to blow away. If you are, if you have a lot of weight to lose, then you are going to lose weight typically faster than other people.

But the big moment of truth was at week 16, when when the people in the vegan group had lost a lot of weight and we then asked them to stop and switch to the Mediterranean diet.

Because this was a crossover trial, everybody had to do both study both, both diets. I got to tell you, doctor, and we ended up with the most angry group of research participants I've ever seen because they they were regaining their their lost weight.

They had been doing the vegan diet. They've been doing great. Now we made them go Mediterranean. And on the Mediterranean diet they started regaining weight, which is what you'd expect.

I mean, they're eating chicken again. They're eating fish again. They're eating a little bit of meat. They're really some dairy. They're eating some oil.

And that ends up packing on the pounds and they couldn't wait to get off, you know, for the study to end so they could get off that Mediterranean diet.

So the Mediterranean diet is a sexy name for a diet that, in my view, is is far from an ideal diet, both for cardiology patients, for anybody who wants to lose weight or really any other condition.

Not that it isn't better in certain ways than than what people were doing before. It certainly is. But but we can do much better than that. Now, in your study, just before we go on to success.

And this sort of segue is there, as I recall, I don't think you provided, you know, 30, 32 weeks of meals to these people, you know, like some studies might put people in, in a hotel and lock them up and provide every meal to, you know, completely regulate.

These people were living at home. Did they get two weeks of meal service? Did they just call this station now? They didn't get any. And now we have done trials like that where we're controlling everything that they choose, and you can even regulate their calories that they're getting.

But in this case, a vegan diet in real life doesn't say you have to eat exactly x number of calories. It doesn't control your calories. It doesn't control your carbohydrate, it doesn't control your portion.

So that's up to you to choose. And that's true with the Mediterranean diet as well. When people use Mediterranean diets, they don't say, you've got to limit your calories to this or that or the other thing.

So we wanted to test out the dietary approaches as they would be used in the real world. So that meant the vegan group had two rules. For now, we're going to avoid animal products, and we're going to keep oily foods to a bare minimum.

So we're well, we're trying to lose weight. We're not going to be eating greasy stuff no matter what to control. And for the Mediterranean group, they followed the Mediterranean diet.

In fact, we we drew our dietary guidelines from the Prettyman study that you, of course, are well aware of. But it was this 7000 plus participant study in Spain, in people at risk for heart disease.

And it has, frankly, a lot of rules. But the main rules are have a lot of vegetables and fruits, have somewhat less meat but favor white meat. Have some dairy, some eggs, but not too much and have a little bit of olive oil every day.

Basically those are the, those the rules of the Mediterranean diet. And, and by the way, to make it fair, we had each group was taught by a registered dietitian who believed in and personally practiced the diets that they taught.

So we brought in a mediterranean oriented dietitian and a vegan oriented dietitian to teach their respective acts. And I think people really did a very good job of adhering to the diets.

And the winner was pretty clear that if you put people on a low fat vegan diet, I mean, they well, now they're results that they are much happier with.

Let's tackle part two. I've got this patient, Greg, and, I've given them, as I really do. I'm not saying this just to curry favor with you, and curries are tasty, but I have somebody who's your reversing doctor.

Neil Bernard is reversing diabetes program book. So, he's got a book at home he's got me to see back in six weeks. I don't routinely refer to a dietitian, but we have some, you know, reasonable ones in town and online.

What would you say to Greg or to me to, you know, maximize the chance who's going to succeed at adopting the diet you did in this randomized study? Okay, everybody can succeed, but everybody has worries and is nervous about it.

Let me first tell you what I don't do. I don't say changing your diet is hard. You'll hear people say this. They'll they'll say you're changing. Your diet is really hard.

So I just want you to take baby steps and maybe we'll get there eventually. I say, I don't do that. Now, I do meet the patient where they are at, but where they are at is the emergency room.

They are sick. They need to get healed rapidly. So we work on a big diet change fast. And it's sort of to me, my analogy is going to the swimming pool.

It's June and the swimming pool just open. It's a little bit cold. And so, you know, you want to dive in and people are having fun in the pool, but we really slow.

We kind of stick our toe in the water and we think about it. Maybe we'll kind of go down the steps a little bit. But you know what? If you just jump in in about two minutes, you're going to feel great and you're glad you're in the pool with a completely plant based diet. It's like that.

So here's how we do it. And this is how we do it at our clinic at the Barnard Medical Center. When somebody comes in and they want to lose weight or remove or reverse their diabetes, whatever.

We will first the doctor will explain what the diet is. It's no animal products keeps also. And we will describe why we're going to do it. So that includes the fact that fats have nine calories per gram, that fats are building up inside your cells, causing insulin resistance.

I want to get that fat out of there. Patients understand that in about a minute and a half, it doesn't take a lot of time.

How to Help Patients Succeed on a Vegan Diet

Okay, so then the doctor's job is done. Then the registered dietitian picks up the patient and often they're reluctant spouse. And you sit down with them together and you say, okay, first step, we can take one week.

And during this week you don't take anything out of your diet. But what you do do is think about what you would eat if you were going to eat only plants and keep oils really low.

So the person has to think about that for a minute and they'll say, okay, well, let's see. You know, I don't do anything fancy in the morning. I take a bowl, I throw cereal in it.

That's that's like my breakfast. Fine. Let's start there. If what you put on your cereal is almond milk or soy milk or rice milk, that's plant based. Really?

Yeah. It is. Okay, fine. That's, What else? Well, sometimes I make oatmeal. Great. Could I topped with some cinnamon or some, some berries? Sure. I could do that. Okay, if you like it, you write it down.

So anyway, what they do is you're just going through every meal. You're thinking about what you eat now, what changes you can make. I have chili about it being chili.

I go to Taco Bell, I get the meat taco. How about the soft shell taco with beans instead of meat? No cheese? Yeah. Could I put some holiday news on there?

Sure you can. Okay. But my favorite restaurant is the Italian place. Well, they make me spaghetti instead of meat. Us? How about the the marinara sauce or the arrabbiata sauce?

Those are both vegan. Cool. So anyhow, the the patients and there's typically there's partners or spouses. We'll meet with the dietitian. They go through their possibilities and they take a week just to sort these things out, make their list.

Everybody gets a huge list within a week. Then the next step is for the next three weeks. We say, let's eat only plant foods. To only eat, we're going to do 100% vegan, but it's going to be the food you already picked out that you like.

So I say easy and I can do anything for three weeks anyhow. And after three weeks, people's physically they're changing. They're starting to lose weight.

Their sugars are coming down, but their tastes have changed. And they're starting to see this as, like, very easy. This is like starting an exercise program.

Walking, like, okay, I can do this. But the other thing we do is we keep in touch every week. And I, I encourage every medical practice to keep in touch with patients every week. Now, you don't have time for it, and you're not going to bill for it.

So what we do is we have a program called the National Diabetes Program. And Tuesdays at 12:00 noon, people can tune in for free to the National Diabetes Program, where I and and every one of our registered dietitians, we'll

meet with people and we'll answer your questions and people think, wow, I finally got support. I can have my questions answered.

It's just a totally free service. So people, it has questions like, what do I eat when I'm traveling? And what do I eat if my spouse doesn't like this and, you know, the usual kind of stuff.

So you got to hold their hand and they get over these things, but they're about 10 or 12 questions that come up over and over again. And pretty soon the training wheels come off and you're feeling good about it, and your weight is coming down and your cholesterol is coming down and your sugars are coming down.

Your doctor is saying, I think we can stop your insulin now. And you think, this is incredible? So everybody gets their own result, but that's that's what we do.

And where can we learn more of something? I've never heard of the National Diabetes Program. Is that a link on crm.org? Yeah it is. And it's and the reason I haven't heard of it brand new.

It started in September. Okay. So we're in about week 4 or 5. But we get 100, a couple hundred people every week. And we keep an eye on the chat and people will ask questions.

And my whole, the whole reason is so many medical practices do not have somebody who could coach or kind of answer questions. And for doctors, I don't think it's a good use of your time.

You know, you're the cardiologist or the endocrinologist or whatever the doctor may be, and that's where they need to be doing. But people do need to have their questions answered, you know, what about mustard on my Sanders?

Is that okay? The answer is yes. So somebody's got to answer these questions, and it works out really well. And again, a person who's not a patient at the Barnard Medical Center in Washington, DC could log in Tuesdays at noon eastern time.

And just anybody, anywhere for free. Well. You cannot get a bill. Be careful. There's a lot of people watching this interview. And anybody anywhere. Tuesday's noon eastern time, if you go a PCR Morgan, you just put it.

That's our website. And you search National Diabetes program. You'll see the link to it. And every Tuesday we are there and we're going to take your, your questions.

But let me come back just real quick. I just want to make sure that people know a couple of things. Number one, don't cancel your doctor's appointment.

Diets are good, but diets are not magic. If you are not well, you need to have your doctor's help. Do not throw away your medications. Do follow a completely vegan diet.

Do take vitamin B12. It's in every multiple vitamin. But, it's frankly, if I were you, I would get go online and get a, supplement is maybe at least 100 micrograms, 200 micrograms, something like that, so that you're taking it.

You need vitamin B12 for healthy nerves and healthy blood, and many people don't absorb vitamin B12 very well. Particular if you have diabetes or you're over 50.

But everybody should be taking B12, especially if you're on a vegan diet, because otherwise you can end up with your problems, blood problems. You don't want that.

But it's an easy thing to do. I got to tell you, the ad people just love this dietary approach. I, no vouch for the B12 recommendation and have the same one.

So, certainly a hot topic in maybe the last five minutes. It's impossible to not pick up the paper every day. And hear about, you know, the wonder drugs.

There's mpeg. There we go. We the moon gyro, the Z bound. There will be others out there. Literally. I think every week there's a new paper out with some, you know, now it's Alzheimer's reduction this week and it's actual data.

I mean, it's not to be ignored. And, you know, certainly in style approved as a cardiovascular drug. So before I ask what you think about, let me ask the other question on your program.

Are you seeing the ability to get some people off their weekly injections or what are called GLP one agonists, so that they can, you know, move to a more natural way of controlling their weight and their blood sugar.

It's not our goal to, get between doctors and their whatever, but it's not our goal to get between patients and whatever. Doctor, put them on those medications.

We don't use them. And I wouldn't say that there might not be some cases, rare cases where they wouldn't have a role. I'm thinking about polygenic obesity, where that's there's a one person in the whole family who's got a really serious problem.

I would wouldn't rule that out, but we don't use them typically. But but we did a survey with a the Morning Consult company. They are the pollsters who work with with Politico and others.

They're really good folks. And in early September, we they for us, surveyed more than 2000 people. And what they discovered is that even people who need to lose weight do not want these drugs by about, oh 3 to 1, something like that.

They if you ask, would you like to take an injectable? It's nice and easy. You take it once a week or would you prefer a diet change? The vast majority of people say, don't give me that, don't drink.

I do not want that drug. I will do a diet change. And then if you look at the people who did, who detected it, I'd say about maybe 1 in 4 people would say, yeah, okay, I'll sign me up.

If they can get past the cost and the, side effects and so forth.

Support Programs, B12, and Practical Resources

If you look out over six months or 12 months, you see something really startling, which is that most people stop one, by about six months, maybe something like 50%, by about 12 months, maybe 25 to 30% of people are still on them.

You know, the numbers vary, and I suspect they will change, with future calls. But the bottom line is people don't want these drugs, and most people who are on them will start.

Now, that doesn't mean that some people don't benefit from them or feel good about them. I'm not suggesting that. But even people who take them, they invariably have this very frustrating experience with you.

I know you have seen which is they lose weight and they're noticing it. They didn't stop losing weight. They've plateaued, and they go back to the doctor and say, it's not working anymore.

I'm not losing any more weight and I'm not in my goal. And the doctor says, I'm sorry. The patients sorry. You know, give me more medicine and increase my dose.

And the doctor will say, well, you're on the dose. This is it. Well, I'm going to stop it because it's not working anymore. At which point the doctor says, no, you can't stop it, because if you stop it, you're going to regain that weight.

You was. And the patient then asks the $64,000 question, which is, are you telling me that for the rest of my life I have to pay for this injectable drug?

Take it every week just so that I don't regain weight. It's like, feels like protection money. So, yeah, there is nothing like really getting on a healthy diet, which means changing the types of foods that we're eating, going on a plant based diet.

And that really is the best of all worlds. I applaud that, and I agree, and there's such an interest in, and the pressure, but I do I find most my patients are actually resisting the conversation I have with them.

And the point's been made, even on a political level that, you know, the 800 to $1000 a month, these drugs may cost phenomenally high if substituted for a health coach or, plant based dietitian or even, you know, your bags of groceries.

Or you probably could hire a personal plant based chef in some houses and still come in with a few dollars left in your pocket rather than these drugs and come up with a habit.

That works. The only other thing I've done occasionally, I mean, you're familiar to I'm not plugging any particular organization, but some people I've started with, like, whole harvest.com, or there's another food delivery company, nutrition for life.com.

They are completely plant based. And particularly, the first one I mentioned that, you know, some people just have no kitchen skills. And I worry about those people because, there aren't a lot of, you know, healthy old food carryout places in most cities.

We have one in Detroit that I characterizes, one I'd recommend. But have you had any utility service like that? I think for people who want them, I think that's great.

I think it's perfectly fine. I should say two things really quickly, though. When a person, if a person is doing their own food preparation and they add up all of their grocery bills now before they've gone vegan, and then they keep their grocery bills after they've gone vegan, just add up your receipts.

How much are you spending at Kroger or Publix or or wherever? What you discover is that you are on a vegan diet. You spend more on vegetables and fruits, but less or nothing on meat and cheese.

And it nets out about 16% less expensive. So going vegan means a real cost saving. So that means you're gonna have some money, extra money that you can spend if you want to, eating out or on a meal delivery service or something like that.

So if you've got some resources there you might not have known about, if you want to. The other thing I might mention is that we're doing a study now with BlueCross BlueShield of Minnesota, where we wanted to see what, what's it like when people with diabetes go on a low fat vegan diet and we get together by zoom every week?

And what we discover is maybe a little bit, to my surprise, the participants love this diet. I mean, and they get together every week and they swap recipes.

Now I'm I am nothing like the world's greatest cook, I got to tell you. So I don't spend a huge amount of time in the kitchen, and I don't find it especially therapeutic.

But what I discover is there are people who who like it. And when we focus on making it simple, okay, quit the past in the boiling water. Open up the jar.

As I said before, you know when you make it really simple, people get into it really well. And so, to the extent possible, we're trying to make it simple, cheap, something you could do at home. And if you want to add to that meal delivery or going out for the world's greatest meal at a at a nice restaurant, you can do that too.

And just to circle back to all the good work you do, because it's impossible in a reasonably short interview to cover it all. But you have, educated a large group of people called food for life instructors.

We have, for example, in Detroit, Mark Ramirez and his wife Kim, who've gone through that program. And in any city, people are listening to this. They probably could find somebody who's been trained, and they may be able to go hire that person, or attend their classes or their online classes and, you know, learn a few more kitchen skills.

If you're as adept as apparently you are. And I am in the kitchen, I can do the pasta and I can open the marinara. So everybody needs to read the label because there's marinara is that are largely olive oil bombs.

GLP-1 Drugs, Cost, and Long-Term Weight Loss

And there are wonderful brands that are, without any oil and a ladder kind. That would be both of our recommendations. So food for life instructors is a great clue for people to search.

And now we have this National Diabetes Program link@crm.org. And oh. I should also, if you don't mind my plugging this a little bit on this is my new my new book, for because I got to tell you, Dustin Harder and Lindsay Nixon are the world's greatest recipe developers, in my view.

And so we want to talk about how foods can cause weight loss. And so, I put this out. This came out earlier this year. And the recipes are kind of 30 minute type things for your in and out of the kitchen, some of them a little bit quicker than that.

But anyway, the Power Foods diet is all about how foods have the power to help you lose weight. So, I hope people will view that as a resource too, because my secret idea here is to have it be, instead of dieting as being this kind of punishment that people think of it that way is.

Instead, let's have fun with it. Let's try that. There's recipes we like, things that we like better. And and then we like how we feel. So the whole thing can be a positive experience, you know?

Thank you for that. And, all the education you do, I was going to ask you about the book. So that was perfect timing and great. You know, people listening might say, but you didn't talk about heart disease.

And I just want to remind everybody, if we're talking about healthy, sustained weight loss, if we're talking about healthy, sustained blood sugar normalization, like my patient, Greg, that I presented and his success over the next 3 or 4 months, you are treating heart disease and you are reversing heart disease.

And we know from Doctor Ornish you're helping your brain. You're going to boost your sexual health. It's a wonderful world where, you know, one therapy has so many tentacles to various portions that we break up in medicine, but it's really just one human being.

So thank you again for taking time. Your busy day. This was great value to everybody listening. And everybody again go over to WW Debbie that PCR report if you like what you see donate to Doctor Bernard.

I'm sure you all are plug that it is a great self-funded you know what is A501 C3. Yeah. We're a 523. We've got a good team here. I don't take a salary here at all, but, but we've got a team here, and we've got, research that we're powering forward.

And so our goal is to to, get the word out as far and wide as we possibly can. Okay. We did a good job of that today. Thanks so much.