

Gordon Saxe, MD Focuses on Diet in Integrative Oncology



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LS: Today I have the pleasure of interviewing Dr. Gordon Saxe, a founding member of the University of California San Diego Center for Integrative Medicine, and co-developer of the UCSD Natural Healing & Cooking Program, who will be presenting at our **Restorative Medicine Conference in San Diego** in September. Dr. Saxe, what originally drew you to the field of integrative medicine, and particularly cancer care and nutrition?

GS: When I was just out of college, my dad was diagnosed at Johns Hopkins with an advanced urologic malignancy. We were advised by the head of Urology that my dad would likely die in a matter of months. I could not accept that grim prognosis and scoured the literature, as it was back in the early 1980s, to look for an alternative way to help him. By chance, I stumbled across a story written up in *The Saturday Evening Post*, which described the complete remission of advanced prostate cancer in a physician. This physician had picked up hitchhikers on the New Jersey Turnpike who happened to be chefs at a natural food restaurant in Boston. They introduced him to healthy foods. From there he joined a group who were able to feed and help him, and his widespread prostate cancer with multiple bone and brain metastases went into a complete and total remission over a period of several months. This was confirmed by bone scan and CT. After reading this and other accounts, and meeting other people who had similar experiences, I felt both deeply fascinated and skeptical, and I shared this information with my mom and dad.

My dad made partial changes, and had partial improvement, but not enough to fully stop the cancer's progression. At the five year mark he had already survived longer than any other patient with that type of cancer in the experience of the head of Urology at Johns Hopkins. At that point, my dad faced treatment decisions that would require removal of his bladder and prostate, and so he decided instead to make very strict dietary changes. After about two months, we got confirmation by pathology that his cancer was in remission. He had trouble maintaining the level of dietary changes required to bring about that remission, and gradually fell off the diet. However, he survived for about 10 years with a prognosis of less than a year, and he was the longest-lived patient with that type of cancer in the clinical experience of the head of Urology. This had a huge impact on my thinking. I was still skeptical about everything that I was seeing, and wondered if I was really interpreting and understanding correctly. It prompted me to study nutrition and then to get a PhD in Epidemiology. Eventually, I decided to go to medical school.

LS: What an incredibly moving story. The research literature around diet and cancer asks whether diet can be

used to prevent cancer, decrease risk, prevent or attenuate recurrence, or perhaps even cure.

What is your approach to using food as medicine?

GS: I can't say that the relationship between diet and cancer is at the level where we can confidently tell a patient with any type of cancer, "Oh, just change your diet along these lines and the cancer will go into remission and stay there." But we always have to look at what are the alternatives for a given individual. When it comes to prevention, we can't even necessarily prove that dietary change will prevent all cancers, although it probably does help reduce the likelihood that a person will develop it.

With an individual who's basically well, or even somebody who has a family history or other risk factors for a cancer, I tend to recommend they make certain types of dietary changes as a means to help reduce their likelihood of developing cancer. If a person has a precancerous condition that we can monitor but doesn't warrant a conventional treatment at that point, then we have something potentially to hang our hat on.

In a situation where a patient is doing watchful waiting, why not enhance their watchful period with optimizing their diet and nutrition, and potentially reducing their likelihood of having the cancer progress? In that situation the only side effects of proper dietary changes are good ones, such as reducing the likelihood of comorbidities like diabetes, obesity, or heart disease. If a patient has been advised that they need to undergo conventional treatment and watchful waiting is not a good option for them, probably most go forward with conventional treatment, but a subset either simply don't believe in it or don't want to undergo conventional treatment, and would prefer a natural, or a more empowering and less toxic approach. A lot of times when patients approach their oncologists to tell them they don't want to do conventional treatment, they essentially get dismissed by that doctor. They'll be turned away as a patient. I think that's a really terrible thing to do to people. We can't force adults, if they're compos mentis, and making an informed decision for themselves. We shouldn't discharge them as patients if they do something other than what we would recommend. We should stay by them; it's the humane thing to do.

In a situation like that, I would still offer the patient the very best dietary and other health behavior guidance, and suggest that they at least keep the lines of communication open with their oncologist so that if they change their mind, or if a better treatment comes down the pike, then at least that line of communication is still in place. When a patient who has been advised to have treatment chooses to go forward with it, then it's important to take a step back a little with optimizing diet and nutrition. I'm not suggesting that we shouldn't try and help a patient to improve their nutrition, but it's hard enough for any of us to change our diets, and even more so when a patient is so distracted by the disease and its treatment. If a patient in that situation develops chemo-induced nausea, they could easily associate that terrible feeling with the healthy food that they're eating, and then they'll never want to look at it again. In this situation it's important to give sound advice, like go for walks on a daily basis, make sure that you're avoiding the worst junk foods, eat a healthier version of your prior diet that gives you comfort and keeps your basic nutritional status in place. I prefer to keep more therapeutic dietary changes in reserve until treatment is ended. When a patient is done with treatment, they're naturally going to start feeling better. To me that is the time to piggyback dietary changes so they'll associate recovery and feeling better and better with healthy food. This increases the likelihood they'll be able to maintain those changes for a lifetime.

When treatment is complete, we want to use diet and nutrition to help prevent a relapse. There are many situations where we can do that. We know that excess body weight is strongly associated with risk of relapse in several common malignancies such as breast cancer, possibly prostate cancer, and colon cancer. Finally, there will be some patients who in spite of treatment still continue to have progressive disease. In that situation I think it makes sense to also offer the very best nutritional advice to either slow the rate of further progression, or to try and improve their health overall so they have a sense of empowerment, that they're able to do something proactive, something to help themselves, and not just submit passively to the winds of fate.

LS: Is there anything you would like to say specifically about your Food as Medicine program?

GS: At UC San Diego we've developed the Center for Integrative Nutrition, which is one of five centers for integrative health at UCSD. We have a research arm, a clinical arm, and an educational arm. Because we were the beneficiaries of a very large gift to the university, the Krupp Endowment, we and our colleagues have been able to launch about eight clinical trials, with more to come. These are clinical trials using either dietary change or natural therapeutics, like herbs or supplements, in the treatment of any number of health conditions. Clinically, we provide dietary guidance, counseling, support, cooking classes, and coaching to patients in our research studies. We actively work with patients, in both individual and group settings, to foster dietary changes, that we then test out in these studies. Educationally, we offer training to health care professionals who want to learn more about food as medicine. We also have professional chefs in our program, who want to learn how to make food that is both delicious and healthy. In addition, we have a number of lay individuals who are simply interested in this area and want to learn more to help themselves or a family member. The program includes an intensive in a teaching kitchen where we teach people from morning until evening, for several days in a row, how to really capture the essence of food as medicine. It's a wonderful experience, and really adds taste and color to make it all come alive. We've had a number of medical students come through our program, physicians, naturopathic physicians, people of all stripes. It's a labor of love.

LS: That sounds really fantastic. Thank you. How do you incorporate mind-body medicine practices into your approach?

GS: In addition to dietary classes and support, we also teach mind-body disciplines such as yoga, tai chi, qi gong, and meditation to our patients. I've done research combining dietary change with mind-body disciplines for patients with advanced prostate cancer, an approach maybe similar to what Dean Ornish did with heart disease. I want to bring people into this healing process by whatever route is the right one for them, and to try and address as many of these levels as possible. In my worldview, everything that comes into us, whether it's the food we eat, the air we breathe, the water we drink, the sights and sounds we ingest, the vibes of the people around us, or the ideas that we take in from the world, all of these things affect us. They are forms of nourishment that can be either fulfilling and meeting needs, or toxic and creating things we have to deal with. It's important to correct all the inputs that involve our spirit, mind, and our body to optimize health and wellbeing. I like to approach healing with a spirit of giving to others. It's very healing for us to give back healthy things to the world around us. It may be that by changing our diets, we become more optimistic and joyful, because we feel better and more empowered, and we share that with the world and the people around us.

It's also important for our healing to be creative, like journaling, which has been documented to be of benefit, or by creating art, or compassion for others. There are many ways we can give to the world that create a conduit for healing, by bringing good things in and giving good things to those around us. I think this increases the likelihood that we will no longer feed diseases. Instead we'll begin to melt away the physical, emotional, and spiritual manifestations of those diseases in us.

LS: Thank you so much, Dr. Saxe

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