



**The Good Clean Nutrition Podcast  
Episode 18 Transcript**

**Episode 18: Mind, Body, Community: The Connection between Relationships, Stress & Health with Dean Ornish, MD**

Dean Ornish:

The more you change your diet and lifestyle, the better you get in every way we can measure. And so, if you indulge yourself one day, it doesn't mean you cheated or you're bad, just eat healthier the next. You don't have time to exercise one day, do a little more the next. You don't have time to meditate for an hour, do it for a minute. Whatever you do, there's a corresponding benefit. And by setting it up that way, then you can't fail because there's no diet to get on, there's no diet to get off.

Mary Purdy:

Welcome to The Good Clean Nutrition Podcast. I'm your host, Mary Purdy, integrative dietitian and nutrition educator. Joining us today is Dr. Dean Ornish, a physician and researcher and founder and president of the non-profit Preventive Medicine Research Institute. He's also Clinical Professor of Medicine at the University of California, San Francisco and the author of seven books, all national bestsellers. In today's episode, we are talking all about the power of simple lifestyle changes to both optimize health and address and even prevent many chronic illnesses. Dr. Ornish has directed revolutionary research proving that lifestyle changes can often halt or reverse the progression of many of the most common and costly chronic diseases and potentially even begin reversing aging at a cellular level. That sounds good to me. Welcome Dr. Ornish.

Dean Ornish:

Thank you Mary. It's good to be here.

Mary Purdy:

So, we have you here and I've got to just ask you, when you are not out there preventing diseases and saving lives, what do you like to do?

Dean Ornish:

I like being with my friends and family, most of all. I wrote a book years ago called Love and Survival, back in 1998 that reviewed what were then hundreds and now literally tens of thousands of studies showing that the time that we spend with our friends and family is one of the most beneficial things that we can do to stay healthy, but it's also the most rewarding and joyful and loving and intimate. If anything good that came out of Covid, I was traveling so much and now I can do so much of it like we're doing today by Zoom. So, I just get to spend that much more time at home, which really makes me very happy.

Mary Purdy:

Excellent. That joy, that love, I know we'll be talking about that later in this program as well. And let's talk a little bit about lifestyle medicine. I'm sure a lot of people have heard this term, some people might be practicing this already. What does lifestyle medicine encapsulate and how did you become interested and aware of the positive health effects of this?



Dean Ornish:

Well, I'm known as the father of lifestyle medicine, which simply means using lifestyle changes not only to help prevent disease, but to treat and often even reverse it, as you indicated. And over the last 45 years, I've directed a series of clinical trials and demonstration projects showing how powerful these simple lifestyle changes can be. We tend to think of advances in medicine as being a new drug, a new laser, a new device, a surgical procedure or something really high tech and expensive. And we often have a hard time believing that these simple changes in lifestyle can be so powerful but they often are. And I think our unique contribution has been using these high tech, expensive, state of the art scientific measures to prove how powerful these very simple and low tech and low cost interventions can be. The lifestyle program that we've worked out over the years has four major components.

It's a whole foods, plant based diet, essentially a vegan diet, low in fat, low in refined carbs and sugar. So it's predominantly fruits, vegetables, whole grains, legumes, soy products as they come in nature, as minimally processed as possible. Moderate exercise, both aerobic and strength training, various yoga based stress management techniques, stretching, breathing, meditation and imagery techniques. And support groups or to reduce it to its essence to eat well, move more, stress less and love more. And the more diseases we study, the more we realize how powerful these simple techniques are and how quickly we can measure improvements in ways that really matter. When you change your lifestyle, it changes your genes. Turns on the genes that keep you healthy, turns off the genes that causes to get sick. When I was in medical school, we were taught that the only way to change your genes is to change your parents, which is to say you can't change them.

And we found that just in three months, over 500 genes were changed. We published that with Craig Venter, who was the first to decode the human genome. We found that when you change your lifestyle, it lengthens telomeres, the ends of our chromosomes that regulate cellular aging that you mentioned earlier. It helps explain why you find what are called comorbidities, the same person will often have multiple conditions. They'll have heart disease and Type 2 diabetes and be overweight and have high blood pressure and high cholesterol because they're all just different manifestations of the same underlying disorder.

Mary Purdy:

So that was an amazing layout of all the incredible research that you've done, which has really proven to have such a profound impact on health. And I'm really understanding this lifestyle, these four pillars, the nutrition piece, the physical activity piece, the stress less piece, the love more piece, and the idea of changing genes, of lengthening telomeres, of being able to undo it is just incredible. And ultimately, this underlying mechanism is really the same for all chronic diseases or for the majority of chronic diseases that we're seeing in our society. I want to get down to some brass tacks here, because it's clear that the evidence is there. So how do we get people to put these kinds of things into play if we're thinking about, let's say nutrition, you mentioned mostly plant-based, low fat diet, bordering potentially even on vegan. What's your philosophy around nutrition? Obviously, there's different cultural variation depending on whom we're talking to, but what are some of the basic dietary patterns you're recommending or the types of foods that people should get into their diets?

Dean Ornish:



Well, it's not just what you exclude in your diet that's harmful, it's what you include that's beneficial. And as you know, fruit and vegetables and whole grains and legumes and soy products have literally hundreds of thousands of substances that are protective, that have anti-cancer, anti heart disease, even anti-aging properties, phytochemicals, bioflavonoids, carotenoids, retinols, isoflavones, [inaudible] lycopene, et cetera. And so the diet that I think is optimal for most people is a whole foods, plant based diet that's low in fat, low in sugar and low in processed foods. Now to prevent disease, you don't have to be as strict as you are to try to reverse it. Again, ounce of prevention, pound of cure. What matters most if you're just trying to stay healthy is your overall way of eating and living. So if you indulge yourself one day, it doesn't mean you cheated or you're bad, just eat healthier the next. The whole language of diet and behavioral change has this kind of nurse ratchet, fascist, shaming, moralistic, demeaning quality.

Once you call food's good or bad, it's a very small step to say I'm a bad person because I ate bad food. Even the language, I cheated on my diet. So, I wrote a book before the Undo It book, called The Spectrum, which was based on the finding in all of our studies that the more you change, the more you improve at any age. And I had thought, incorrectly as it turned out, that the younger people who had less severe disease would do better, but it didn't turn out to be true. It turned out the more you change your diet and lifestyle, the better you get in every way we can measure. And so, if you indulge yourself one day, it doesn't mean you cheated or you're bad, just eat healthier the next. You don't have time to exercise one day, do a little more the next.

You don't have time to meditate for an hour, do it for a minute. Whatever you do, there's a corresponding benefit. And by setting it up that way, then you can't fail because there's no diet to get on, there's no diet to get off. So, in The spectrum book, instead of saying eat this and don't eat that and do this and don't do that. I categorize foods from the most helpful, what I call group one, to the least helpful, group five. And said, "Figure out where you are on this spectrum. What are you eating?" "Well, I'm eating mostly group four and five unhealthy foods. Great." "How much are you willing to change?" "Oh gosh, no one's ever asked me that before. People are always telling me what to do. Well I don't know. I'll eat less of the four and five and I'll eat more of the groups one through three, but I'll still have some four and five on occasion."

"Great. What are your goals?" "I want to lower my cholesterol 50 points. I want to lose 10 pounds. I want to get my blood pressure down or I want to get my diabetes blood sugar down." "Great. How much exercise are you willing to do? How much are you doing now?" "Well, hardly any." "How much are you willing to do?" "Well, I'll walk a half an hour a day." "Great. How much meditation and yoga are you doing?" "Zero." "How much are you willing to do?" "I don't know. I'll meditate 10 minutes a day." "How much time do you spend with your friends and family?" "Not enough, but I'll spend a little more." Great. So, they'll do that and then we'll track it and then over a month, let's say they wanted to get their LDL down 50 points, it came down 30. Say, "Hey great. Look how well you're doing." Just spend a little less time in the unhealthy foods and a little more in the healthy foods.

And then you can't fail because there's no diet to get on, there's no diet to get off. And I find that even more than being healthy, people want to feel free and in control. And as soon as someone says eat this or don't do that, they want to do the opposite. And it goes back to the first dietary intervention. When God said don't eat the apple and that didn't go so well and that was God talking. So, what I do is to say, "Look, you decide and then you decide how much you want to change to what degree." And then they



have that sense of being free. Now if you're trying to reverse disease, that's more prescriptive, it's the pound of cure. The reason we were the first to show that we could reverse in scientific studies so many different diseases is that it's hard. You have to make really big changes. But you know Mary, one of the paradoxes of all of this is that Medicare created a new benefit category to cover my reversing heart disease program 12 years ago, after many years of review.

And we've been training hospitals and clinics and physician groups, but last fall they agreed to cover it when it's done virtually. And so, we now can reach people anywhere in the country, anywhere in the world really. And Medicare will, and many of the major insurance companies, will still pay for it. So now that'll help reduce health disparities and health inequities. And you can live in rural areas or food deserts wherever. If you just go to [ornish.com](http://ornish.com), we'll send you information on that. And they call that intensive cardiac rehab. And so we're finding actually much higher adherence to our intensive program that includes all four elements that we talked about before than just the traditional cardiac rehab, which is this exercise alone.

In fact, we're getting much better adherence to these intensive lifestyle changes than to taking pills like Lipitor and other statins. Half to two thirds of people who are prescribed Lipitor are not taking them after just four to six months and there are proven benefit in people with heart disease at least. And the answer is why is that? And the answer is that they don't make you feel better. They're fear based. Take this pill is not going to make you feel better to prevent something really awful like a heart attack or stroke, you don't want to think about so you don't. But when you make big lifestyle changes, and this is really the key point, because these biological mechanisms are so dynamic. When you make big changes in your diet and lifestyle, most people find that they feel so much better so quickly in ways that really matter to them.

Their heart gets more blood so their chest pain goes away. In most cases, for someone who can't walk across the street without getting chest pain or make love with their partner or play with their kids or go back to school or go back to work without chest pain and within a few weeks, they can do all those things. They often say things like, "I like eating junk food but not that much because what I gain is so much more than what I give up and how quickly that is." And fear I've just found is not really a sustainable motivator. I'm sure you find with your patients that for a month or two after they've had a heart attack, they'll do pretty much anything you tell them. And then it's hard for them to stay with it because nobody wants to think about something bad's going to happen to them, so they don't.

We're all going to die. The mortality rate is still a 100%, it's one per person. But we don't think about it most of the time because it's too overwhelming so we just kind of put it aside. But feeling better is something that's really sustainable. And the last thing that we've found is that it's not enough to give people information and expect them to change. Some people will, but most people don't. If information were enough, nobody would smoke. It's not like I'd say, "Hey Mary, I want you to quit smoking. Did you know it's bad for you?" And you go, "Gee, I didn't know that. I'll quit today." It's like everybody, it's on every pack of cigarettes. But I've asked people, why do you smoke and why do you overeat and drink too much and work too hard and then abuse opioids and other substance and play too many video games and work all the time?



These behaviors seem so maladaptive. And they look at me, they go, "You don't get it, Dean. You don't have a clue. These behaviors aren't maladaptive, they're very adaptive. They help us deal with our pain, our loneliness, our depression." Which I think is the real epidemic in our country these days, especially with the breakdown of the social networks that used to give people that sense of connection, community. And online social networks really don't do that. In fact, one of the studies that I sign in the new Undo It book is that the more time you spend on Facebook, the more depressed you are. Because an authentic intimacy, if you grow up in a neighborhood with two or three generations of people, or you have an extended family or friends you see regularly, they know you. They don't just know your Facebook profile and all your good stuff.

They know where you messed up. They know when you got busted or you were depressed or you flunked out or whatever it was. And you know that they know and they know that you know, and they're just still there for you. There's just something very profound about, "I see you fully. All warts and all." Whereas on Facebook, it looks like everybody has this perfect life but you. And so our support groups, the fourth part of our program are not about just staying on the diet or exercising. It's really about creating a safe environment where people can recreate that authentic sense of intimacy, to let down their emotional defenses and to talk openly and authentically about what's really going on in their lives without fear that someone's going to judge or reject or criticize them or give them glib advice or whatever.

And it's the part of the work that people often have the most question about, "I get the exercise. You're really out there doing something and you got to eat. It's just a question of what and okay, meditation's a little weird, but I'm under a lot of stress. Let me give that a try. What is this love more stuff?" And it's really about creating authentic intimacy. In our support groups, one guy could say, "I may look like the perfect dad but my kid's not been speaking to me for two years," or whatever it is. And someone else will say, "I'm having a problem with my kids too." And someone else say, "Yeah." It doesn't fix the fact that you're having problems with your kids, but suddenly you don't feel so isolated and alone. And study after study has shown that people who are lonely and depressed and isolated, that we mentioned briefly earlier, are three to 10 times more likely to get sick and die prematurely than those who have a sense of love and connection to communities.

We just find that people are much more likely to make and maintain lifestyle choices that are life enhancing than self-destructive when we can work at that deeper level. Because they'll say things like, "I've got 20 friends in this pack of cigarettes and they're always there for me and nobody else is." Have you ever had a patient tell you something like that?

Mary Purdy:  
Absolutely.

Dean Ornish:  
I'm sure you've had people say, "When I get depressed, I eat a lot of fat. It cuts my nerves and numbs the pain." Food fills the void, or alcohol, it numbs the pain or opioids numb the pain. Or video games numb the pain or working all the time numbs the pain. And so, when we work at the deeper level and help people use, for example, meditation to quiet down their mind and body and experience more of an inner sense of peace and joy and wellbeing and have the intimacy that comes from the support groups



and so on, that they're just more likely to make and maintain lifestyle choices that are life enhancing. And it's why we're finding that 94% of the people who go through our reversing heart disease program that Medicare is paying for, it's 72 hours long, 94% of them finish it. Only a fraction of that take their statins or to do traditional cardiac rehab, which is much easier, but it doesn't address all these different levels and the changes aren't big enough for people to really experience them to that degree.

Mary Purdy:

And what's amazing is this idea of the feeling better is the motivator and getting to these root causes as opposed to just addressing the symptoms. So, it's never just about, "Oh gosh, I ate a tub of ice cream because I have no self control." There's usually something much, much deeper. So getting to that root, it sounds like what you are really doing with people. And that co-collaboration, never telling people what to do, that has never worked for me. It's much more like, "I'm going to lay out a bunch of vegetables. Which one do you think you could eat? Or how do you see yourself adding in extra vegetables or adding in that extra bit of sleep or stress reduction?" So, I absolutely concur that that has been much more successful.

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I would love to know from your perspective, when we're thinking about these stress reducing techniques, when you talk to people about loving more, which I love. What are some of the ideas that you give people that you see as being beneficial for stress reduction? Because that is a tough one for people. What do you advise?

Dean Ornish:

Well, people often think that you have to choose between avoiding stress and being bored or being in the thick of it and getting sick, leading this interesting productive life and you're going to get sick or kind of sitting under a tree and watching your life go by. And that's not the choice. Because we know, I'm sure you do, that the stress comes not simply from what we do, but more importantly how we react to what we do. And when you meditate, for example, even just a few minutes of meditation when you first wake up in the morning, carries with you throughout the day. It's kind of like if you've ever listened to a song on the radio and you find yourself humming it later in the day. Just meditation, subconsciously you're continuing to do so even five or 10 minutes when you first wake up. People say things like, "I used to have a short fuse and I'd explode easily, and now my fuse is longer. Things don't bother me as much. I can actually accomplish even more without getting sick or stress in the process."

But if you take it even deeper, the ancient swamis and rabbis and priests and monks and nuns and [inaudible] and whatever, didn't develop meditation and these other techniques to unclog their arteries or lower their blood pressure or perform better in sports or business or school. It can certainly help you do all those things. They're actually much more powerful than that. They actually quiet down our mind and body enough to experience more of an inner sense of peace and joy and wellbeing. And to realize





that's our natural state is to be healthy and peaceful. Our whole culture and especially the advertising industry teaches us, you have to get peace and health from outside yourself. Take this pill. Buy this product, then you'll be happy.

And once you set up that view of the world, if only I had more whatever, usually more power, more beauty, more sex, more accomplishment, whatever. If all I had more blank, then I'd be happy, then I'd be healthy, then I'd be peaceful, then people would love me once you set up that view of the world, however it turns out, you're generally going to feel bad. Because until you get it, you're really stressed. We talked earlier about the stress comes not just from what you do, but the perception of what you do. And the perception that this is going to make me happy and healthy, then the stresses go up, the stakes go way up. And so until I get it, I'm stressed. If someone else gets it and I don't, then I'm really stressed. And it kind of reinforces this myth that we live in this very competitive, hostile, dog eat dog, zero sum game world that the more you get, the less there is for me and you better get it while you can.

Kind of like the Miller Beer kind of commercial, a way of approaching life. What we've really learned is that our natural state is to be healthy. When you've done a yoga class or a meditation class and you can do it secular, you can do it religiously, doesn't matter. And you're feeling more peaceful at the end of that class to remind yourself that the meditation didn't bring you that sense of peace and wellbeing, but rather it was already there. What it did was to help at least temporarily stop disturbing what was already there. Now that may sound like a lot of semantics or parsing words, but the implications are actually quite profound. Because if it's out there, if you have something I think I need to be happy and healthy, then you've got power over me and I've got to get it from you. But if the question shifts not from how can I get what I think I need to be healthy and happy to how can I stop disturbing what's already there? That's very empowering. Not to blame myself, but to empower myself. I can do something about that.

So, at the end of a meditation, I always remind myself to, literally remind myself, that the meditation didn't bring that to me, that's a state. And then I can then go out in the world and remain in that peaceful state and then accomplish even more and be very busy without losing that sense of peace. My spiritual teacher for many years was an ecumenical teacher named Swami Satchidananda, and he liked to make puns and people say, "What are you, a Hindu?" He'd say, "No, I'm an undo." Which is really where the title of my Undo It book came from, an homage to that. And the idea is that we're not getting these things, we're stopping disturbing what's already there. And that is a very empowering realization. The other thing that happens is when you meditate and you quiet down your mind, you can access your own inner Swami, your own inner teacher, your own inner spiritual guide, whatever name. There's a still, small voice within that in all spiritual traditions talk about, the voice that speaks very clearly but very quietly.

It gets drowned out by the chatter of everyday life. And I've learned I can and anybody can engage in a dialogue with that. All the studies that I've done came from listening to that voice and then kind of reverse engineering and going to the literature and seeing is there a plausible biological mechanism by which these things could happen? And then kind of gave me the confidence to try to do things that had never been done before. So these techniques may seem kind of weird or esoteric, but they're very practical and very powerful.



Mary Purdy:

I don't think they seem weird or esoteric at all. As you mentioned, this is a natural state of being, the idea of just being peaceful, of being healthy. That is the way that humans are meant to be in order to survive and live their lives. And so it's the things that we're doing that are taking us out of that balance that feels so core and fundamental to what it means to be human. And here are some techniques that you're providing that help to bring us back into that balance. That's just an amazing way to begin to approach life. And for practitioners who begin to tell people you don't have to do a complete 180, you can begin to add these things in a way that works for you and you'll automatically start seeing changes whether it's how you feel or the biomarkers that you're experiencing.

And I would love to find out more about this new study that you're working on or that you've been working on about reversing early stage Alzheimer's disease. Because we know this is such a huge issue in our society today and is related to so many of the other chronic health issues we've seen. Sometimes people even call it diabetes Type 3. So tell us a little bit about what's going on with that study and what you're hoping to see.

Dean Ornish:

We're in the middle of doing it. So, it's a randomized controlled trial to see whether these same lifestyle changes that we found could reverse so many other chronic conditions, might slow, stop or perhaps even reverse the progression of men and women who have early stage Alzheimer's disease. I think we're in a place with Alzheimer's very reminiscent of where we were with heart disease when I started doing studies then in 1977, 30-45 years ago. We know that what's good for your heart is good for your brain and vice versa. They share a lot of the same underlying biological mechanisms. Less intensive lifestyle interventions in the past could slow the rate of heart disease getting worse, we found more intensive ones could stop or reverse it. There're number of studies, the finger study from Dr. Miia Kivipelto, the men's study, the mind study has shown that less intensive diet lifestyle interventions may slow the rate of progression into Alzheimer's and other forms of dementia.

My hypothesis may be more intensive, one might stop or perhaps even reverse it. And if we could show that, and it's still a big if because we're in the middle of the study. But if we could show that it would be especially meaningful because there are no drugs that can even stop the progression of disease. My mom died of Alzheimer's, all of her siblings, I have one of the ApoE4 genes for it. And when you lose your memories, you lose everything. And there've been over 200 drug trials in the last 20 years. They've spent billions and billions of dollars and they've all failed. And the only drug that's been approved and 20 years came out last year, Aducanumab, with a lot of controversy because one study showed it didn't do anything and the other showed at best, it slowed down the rate at which it got worse a little. It's \$56,000 per dose. A third of people got bleeding into their brains. It just shows you how desperate people are for some sense of hope. So, stay tuned, we'll see.

Mary Purdy:

Excellent. And I want to note that you say that you have the ApoE gene and we also noted earlier in this program that genes can potentially be altered by our diet and our lifestyle. So, whether we have that ApoE gene, whether it gets expressed, maybe contingent upon the way that you live your life. So that's really important I think, for people to know and empowering as well.





Dean Ornish:

Our genes are a predisposition, but our genes are not our fate. Former President Clinton has talked about being on my program, otherwise I wouldn't mention it. But 14 years ago when his bypass's clogged up, one of his cardiologists held a press conference on CNN and said, "It was all in his genes and his diet and lifestyle had nothing to do with it." And having worked with him for many years, I knew it had everything to do with it. So, I sent him a note and I said, "Look, if it were all in your genes, you'd be a victim and you're not a victim. You're the most powerful guy in the world. You can change the expression of your genes. You know can turn off the genes that are bad and turn on the genes that are good." Several studies have come out showing that when people go through our lifestyle medicine program, our reversing heart disease program.

It turns off the genes that we talked about earlier that are underlying so many of these different chronic diseases. The genes that control chronic inflammation and oxidative stress and changes in immune function and overstimulation of the sympathetic nervous system and so on. And so he began making these changes and he is talked about it publicly and I spoke to him just a week or so ago and he's doing great. So whatever your politics, I think when a former president shows that even if you think you have "bad genes", you can do something about that. I think that sets a great example for everyone.

Mary Purdy:

Absolutely. And it's incredibly empowering too, to think that you can be in charge of your own destiny in many ways. So we've got this incredible book, Undo It. We've got the idea that Medicare is now covering this program when done virtually. We've got these four pillars: nutrition, fitness, love more, stress less. Where does someone begin? Let's say someone is coming into this conversation going, "Gosh." Whether they are a healthcare practitioner trying to help somebody or whether they are just a health minded consumer going, "Wow, this sounds like a lot." What's one thing you can offer to get them started?

Dean Ornish:

Well, two things really. One is go to our website, Ornish, O-R-N-I-S-H.com. It's all free. And if you're interested in signing up for our online virtual reversing heart disease program that Medicare is paying for, just give us your name and we'll send you some information about it. The other is the Undo It book. I wrote it as a general, you don't have to be a healthcare professional to understand. The book begins with one of my favorite quotes, which is attributed to Albert Einstein, that if you can't explain it simply, you don't understand it well enough. So, I try to explain it as simply as possible, eat well, move more, stress less, love more, to reduce it to its essence. But it's also got hundreds of references for those people who are healthcare professionals and want to drill down and go to the primary sources that's there as well. So, the Undo It book and the ornish.com are the easiest ways to begin.

Mary Purdy:

Excellent. And I love this title, Undo It. I kept thinking that Nike's going to come into it and capture that title as well. Well, thank you so much Dr. Ornish. You've made such a profound impact on healthcare and on research and saved so many lives and reversed so many chronic diseases. We really applaud the work that you do. It's such an honor to speak with you today, and I thank you so much for this conversation.

Dean Ornish:



Mary, thank you so much for your great work. And to me, awareness is always the first step in healing, and I'm grateful to you for giving me the chance to raise awareness in what we're doing. And I also wanted to thank Orgain for helping to provide some of the almond milk that we used in our study. So thank you so much.

Mary Purdy:

Excellent. We look forward to having you join us for future episodes of the Good Clean Nutrition Podcast sponsored by Orgain, where we'll interview more subject matter experts on a variety of health and nutrition focused topics. To stay up to date on the latest episodes of this podcast. Be sure to subscribe on your favorite podcast platform. Thanks so much for tuning in and see you next time.