



DR. NEAL BARNARD INTERVIEW

Health Expert

By Chris Wark

Copyright © 2020 | Chris Beat Cancer LLC | All Rights Reserved.

www.chrisbeatcancer.com

No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise without the written permission of the publisher.

Publisher: Chris Beat Cancer Publishing

Disclaimer: The content of this program is based on research conducted by Chris Wark and Chris Beat Cancer Publishing, unless otherwise noted. The information is presented for educational purposes only and is not intended to diagnose or prescribe for any medical or psychological condition, nor to prevent treat, mitigate or cure such conditions. The information contained herein is not intended to replace a one-on-one relationship with a doctor or qualified healthcare professional. Therefore, this information is not intended as medical advice, but rather a sharing of knowledge and information based on research and experience. Chris Beat Cancer Publishing encourages you to make your own health care decisions based on your judgment and research in partnership with a qualified healthcare professional.



DR. NEAL BARNARD INTERVIEW

Health Expert

Hey, everybody. Welcome to another Chris Beat Cancer interview. Today I'm on a cruise ship with Dr. Neal Barnard. I never thought I'd be on a cruise ship with Dr. Barnard doing an interview on a couch in my state room. So. Here we are.

Dr. Barnard: Glad to be here.

Chris Wark: Yes, thanks for taking the time to do this. I know you've got a busy schedule. You're speaking four times on this cruise. Right?

Dr. Barnard: It's a pleasure.

Chris Wark: So, I have been a fan of Dr. Barnard for a long time. He's written, we think, 19 books. But I think you lost count. On nutrition, plant-based nutrition, diabetes, hormones, weight loss. I mean, you've pretty much covered every topic that I can think of. And you run a medical center. You started the physicians committee for responsible medicine, which is an advocacy. I don't even know how to describe it...

Dr. Barnard: Yeah, that's it.

Chris Wark: Yeah. An advocacy group for plant-based nutrition. So, we're going to talk. And I'd love for you... The first thing I always want to know when I talk to someone who's a medical doctor and plant-based is...how did that happen?

Dr. Barnard: Yeah. For me it was a bit of a circuitous path. I grew up in North Dakota and I didn't know a thing about healthy eating. In fact, my extended family was all in the cattle business. But the year before I went to medical school, I had a job at a hospital in Minneapolis. And I was the autopsy assistant. So, when somebody would die in the hospital, we would examine the body to figure out the cause of death. And one day there was a man who died in the hospital of a massive heart attack – probably from eating hospital food, but that's another story.

Dr. Barnard: And the pathologist knew that I was going to go to medical school the following year. So, every autopsy was kind of a lecture. And so, in this particular case, the guy had had a heart attack. So, the pathologist removed a big chunk of ribs off the chest. He set the ribs on the table and that exposed the heart, which was filled with atherosclerosis. And he said, "Look at it. Feel it." Okay. You know, you'd put your gloves on and you'd feel this crunchy stuff in the arteries. It's frightening.

Chris Wark: How did it look? How does the heart look that's atherosclerotic?

Dr. Barnard: Well, what you do is you slice open one of the coronaries, which are arteries that are right on the surface of the heart. In fact, that's where their name comes from. They crown the heart...coronary. So, you slice it open. And then, inside you feel it. And it doesn't feel like a soft, flexible tube. It feels hard, like a pipe stem or something like that. And it's crunchy. And so, this person had these artery blockages in the heart. That's what killed him. He had them in the arteries to his brain, meaning he was headed for a stroke if the heart attack hadn't killed him first.

At the end of the exam, the pathologist puts the ribs back. Or, well, he left. I had to put the ribs back in the chest and sew everything up. And I went up to the cafeteria. And they were serving ribs for lunch. And I looked at it and I thought, "That looks like a body." And it smelled like a body. And I just couldn't eat it. And I don't know what to call that. It's not exactly health. It's not exactly ethical.

Chris Wark: It's just a conversion experience.

Dr. Barnard: And so, anyway, as time went on, I started to think about things in a bigger way because there's a whole lot more to it than just heart disease. And there's also more to it, in relation to our diet choices affecting animals and the planet. Because in my own life, I had driven cattle to slaughter. I had hunted. That's kind of North Dakota stuff.

Chris Wark: Sure. I'm in Memphis, Tennessee.

Dr. Barnard: Okay, same story.

Chris Wark: Same story, for sure. Although I didn't grow up in a hunting family. But I mean, it's just what most people do.

Dr. Barnard: And so, anyway, I started to rethink all of these things. And I realized that some of the things that my own family was part of, like raising cattle, have created many of the health problems that we're struggling with.

Chris Wark: And so, I'm guessing, at that point, as you started to think differently, I mean you sort of had this, I guess, revulsion to eating... That was sort of the first step, right? But then, you started looking at literature and started kind of reading and researching and thinking like, "Is there a health benefit to not eating meat?" Or how did that happen?

Dr. Barnard: Yes. And I know, to you, this sounds very simple. But back in the 80's, it was not clear that food had much to do with cancer. And I remember learning that breast cancer rates were different in different countries. And that it seemed to depend on diet. And I remember talking to one of my colleagues and I said, "It looks to me like some cases of cancer,

maybe many of them, are theoretically preventable." And he said, "What??" Of course now the amount of scientific literature on that is huge. And although there's still room for debate and discussion and we do need more research, the patterns have become abundantly clear that you want to follow a plant based diet and you want to eat the healthiest foods. There's much more to it. But anyway, back 30-40 years ago, this was a complete revelation because we thought cancer was bad luck. Or genetics. And nothing that you could perhaps control.

Chris Wark: And that's still a prevalent belief today. There's still a lot of doctors that are telling their patients every da... When cancer patients come in, because I hear this, they say, "Why did I get cancer?" And the doctor says, "Well, you know, we don't know. But it might be genetic or it might just be bad luck."

Dr. Barnard: And that can be true. There are some cases that are genetic. And there are some cases where... I mean, you could follow a perfect diet and things still happen. Life is not perfect and the body is vulnerable. And frankly, it's easy to get cancer. But sometimes doctors say that to make the patient feel good. They say, "This wasn't anything you did." And sometimes it's a lie – an understandable one.

Chris Wark: I have a problem with it because I feel like it really disempowers the patient. If they are patted on the head and told, "It's nothing you did..." Because the underlying message is, "There's nothing you can do."

Dr. Barnard: Exactly. Well, it keeps the patient passive. And it says, "You've got chemotherapy, you've got radiation, whatever. Eat any old darn thing you want." Despite the fact that that might be the most potent aspect of recovery, and the one thing that the patient or person who's dealing with this is totally in charge of. And maybe even more importantly than that, if we discount all this, we write the whole family off. They can't help with it. And if they're at risk, we're going to ignore it. But when you talk to the patient about, "Well, here's what we know about diet and cancer. Here's what we know about diet and recovery and staying disease free," then the whole family can engage. And you can help perhaps break a cycle where bad diet habits go from grandpa to parent to grandchildren and so forth.

Chris Wark: That's what I'm trying to do too. Empower people and help them understand that their choices matter. That their choice to eat fruits and vegetables can be a game changer. And their choice to exercise. And for me, what I had to do was take a step back and evaluate my whole life. And I thought, "Look, what in my life is contributing to disease? Or maybe contributing to disease? What can I change?" And I just realized, "I can change almost everything." I can't cure myself overnight, but I can eat a radically different super healthy diet. I can exercise. I can remove stress producers from my life. I can forgive people who've hurt me. And so, that's what we're encouraging people to do in our community every day. To take control of your health and work with your doctor. Great.

You want to do what they say? That's wonderful. But there's so much more.

Dr. Barnard: And the neat thing about that is, although people think, "Uh-oh. Eat a radically healthy diet? That sounds like something where I'm giving up all the pleasures of life, and that it'll be too awkward and I won't want to do it." But what you discover is that a new diet is kind of like a new pair of shoes, where it might feel awkward for the first time you try them on. But as time goes on, they feel really good. And you're glad with what you're eating. And if somebody said, "No, Chris. Don't eat any of this stuff anymore," (whatever your favorite meals are). "Don't have them now. Go back to what you ate when you were 15." You'd think, "No way." You're just way beyond that.

Chris Wark: It's true. And it does get easier. That's a great analogy. I love it. I'm going to steal that, if you don't mind.

Dr. Barnard: Please.

Chris Wark: It does get easier and your tastes change. I mean, that's a big thing. Unhealthy food starts to taste really different. You realize how greasy it is, how salty it is. I lost the taste for animal protein. I don't crave it. What I do crave are fruits and vegetables. I love starches. I love rice and beans and legumes. And pretty much any plant I enjoy eating. Which I could not say before cancer.

Dr. Barnard: It's funny how that happens, but it is true. Those become foods that you crave, which is surprising.

Chris Wark: I mean, my body likes it and so my brain likes it. And it just all works together. It's a cool thing. So, for someone watching that... We are bombarded with so much information now. Right? And when I had cancer, it was (in some ways) easier for me because I had a handful of books, which sounds hard. But I only had a little bit of information. And that's what I focused on. But now, there's a million websites and articles and blogs and books. And so, I know there's a lot of confusion and there's a lot of vigorous debate about nutritional science. And you're on the forefront of this. So, for someone watching that doesn't understand why eating animal foods can be harmful to health, would you explain the science behind that? I mean, I know you wrote a whole book just on cheese: "The Cheese Trap."

Dr. Barnard: Yeah, that's it. Well, actually I wrote that for a reason. When we were helping people to adopt healthier diets, the one food that they were stuck on was cheese. It was like, "Yeah. I can be vegan...except for cheese." And I was like, "What is it about cheese?" It's this yellow asphalt. If it was any more unhealthy, it would be Vaseline. But why do people get hooked on that? So, we figured out why. So, that's why I wrote that book.

Chris Wark: And so, why?

Dr. Barnard: The reason why people get hooked on it... It's partly because it's salty and fatty. There's more salt in cheese than there is in potato chips. People are not aware of that. And we just like salty, greasy stuff like onion rings and french fries and stuff. So, that's the minor reason. The major reason is that there are narcotics in cheese. And when I say narcotics, I mean opiate chemicals that are coded into the casein protein. Milk's main protein is casein. And it breaks apart in your digestive track to release what are called caseomorphins. They are morphine-like compounds derived from casein. And they go into the blood to the brain, and they attach to the very same receptors that heroin would attach to. And they're nowhere near as strong. The strongest one is called morphiceptin, and it has about 1/10th the receptor binding power compared to pharmacy-grade morphine.

Chris Wark: Wow. 1/10th still sounds like a lot.

Dr. Barnard: Well, it's not enough to get you arrested. But it is just enough to make you think, "I could be vegan except for cheese."

Chris Wark: It rewards the pleasure center in your brain, right?

Dr. Barnard: Yeah. It does. It does. And the reason it's cheese more than, say, milk is that there's casein in all of these products, but it's concentrated in the cheese making process. So, people just get hooked on this stuff, despite the fact that it's 70% fat. Despite the fact it has estrogens in it. And it's goofing up health in lots of ways.

Chris Wark: I'd love to talk about hormones because you have a new book. It's called "Your Body in Balance," which is all about, I'll just read the title, "the new science of food hormones and health." But before we get to that...that was a huge driver for me to stop eating animal protein – the hormones which can fuel cancer growth. So, before we get into the hormone specific conversation, would you mind talking about the other factors at play when you're eating animal protein and fat? What's happening in your body?

Dr. Barnard: In fact, we can kind of link all these together because I didn't mean to neglect your earlier question about what the heck is causing cancer. Let's say a young woman is told, "Drink your milk. Dairy products are good. They're a good, healthy source of calcium." And what she is missing, of course, is the fact that cows don't make calcium. Calcium is in green leafy vegetables. So, cows eat grass. The calcium goes into their body. Hopefully you don't eat grass. But you would eat broccoli or kale.

Chris Wark: Wheatgrass.

Dr. Barnard: There you go. So, anyway, she never needed milk for calcium as long as she was getting the natural sources. But she compliantly eats this stuff. What she doesn't realize is that the milk that she's consuming came out of a cow. The cow makes estrogen every minute of every day that gets into the milk. And because dairy cows are impregnated annually – they're kept pregnant – pregnant cows make extra estrogen. And it gets into the their milk. And it gets into cheese. And so, she's eating this. And the average American eats about 35 pounds of cheese every year, plus milk, plus yogurt, plus ice cream, plus butter and stuff that's cooked into cookies and so forth. And she's dosing herself with estrogen.

Estrogen is a hormone that's made in the ovaries. And so, it's job is to go to her uterus and get it ready for pregnancy. And it goes throughout the body. But if it's a little too high in quantity, the estrogen molecules can pass through inside the breast cells. They can attach to the cellular DNA and damage them and create cancer cells. And it's been clear for a long, long time that the more estrogen that's in a woman's body, the higher her risk of developing breast cancer. She's not aware of any of this. She just knows that it's maybe been in her family tree or whatever. Everyone was eating the same way. So, dairy products contribute this substance that is harmful and increases cancer risk. But that's just one facet of it.

Chris Wark: Let me interject something too because there's sort of like a secondary effect. When you're overweight, excess body fat is producing more estrogen, right?

Dr. Barnard: In women and in men. Yeah. If you go to the beach and it's August and there's a guy there who stripped his shirt off and he's got kind of breast enhancement, breast development, what they call "man boobs."

Chris Wark: And a Speedo. You've definitely got to have that mental image.

Dr. Barnard: Let's not talk about that. But you'll see on the end of that, sometimes they say that it's caused by soy, because soy has phytoestrogens. Well, go right up to him and ask him, "How much tofu have you been eating in the past week? In the last year? How much edamame?" "What are you talking about?" Soy does not cause man boobs. It does not. It does not feminize men or anything like that. What happened to him is that, as he's been eating pizza and burgers and whatnot, he's gained weight. And a fat cell is not just a little bag of calories. A fat cell is a hormone factory. It takes his testosterone, converts it into estradiol, which is an estrogen. And that goes to his breast area and causes breast enhancement.

And so, his body fat is what has done that. But it doesn't the same in women, postmenopausal women. The heavier they are, the higher their risk of breast cancer because the estrogen is just feeding. But I mean, there's a lot more to it. And we first discovered this because we found that women with really bad cramps – menstrual cramps, in which maybe 1 in 10 women are like, "I cannot go to school today" -type cramps. And

they're told, "Welcome to adulthood. This is what it is." Wait a minute. This may be what Velveeta wants you to have. This is not normal for the human body to be in that kind of pain.

What has happened is, she's got too much estrogen in her blood. It's every month thickening the lining of the uterus in anticipation of pregnancy. If you have too much estrogen on board, that lining thickens up too much. And as it breaks up with menstrual flow, it releases chemicals called prostaglandins that cause pain. So, I discovered this completely by accident with a young patient who just had terrible pain. And I was guessing, in my mind, that if we could lower her estrogen level, that she wouldn't have this anymore in the future. And to do that, we learned a long time ago that if you have a high fiber foods – beans and vegetables and fruit – they have a way of extracting excess estrogen from the body. They help it to be removed.

Chris Wark: Can I interject? Isn't that because your liver is excreting it?

Dr. Barnard: That's exactly it. The liver is... We don't appreciate it quite enough. It's really looking out for you. And it finds things that are in your bloodstream that shouldn't be there. And it says, "There's too darn much estrogen in your body. Let's get rid of it." It sends the estrogens down the bile duct into the intestine. And then, as long as there's a lot of fiber there, that estrogen then will go out with the waste. If there's not fiber, then it's reabsorbed back into the blood.

Chris Wark: This is important, people.

Dr. Barnard: Very much so. Yeah. You had a salmon filet for lunch. How much fiber is in there? None. Because it's not a plant. If you had chicken breasts, if you had an omelet. Animal products do not have fiber. And so, women who avoid high fiber foods are recycling their estrogen all the time. And so, in a young woman that can aggravate menstrual cramps, and as she gets older, it'll increase her risk of breast cancer. If she's had breast cancer already, it increases her risk of dying of it.

There was a critically important study in California. Women consuming the most high fat dairy – cheese, butter, whole milk – had a 49% higher likelihood of dying of their breast cancer compared to breast cancer patients who did not eat that stuff. So, the differences are not small. They are really big. So, anyway, what are we talking about? Avoiding dairy products. Eating lots of high fiber foods. Get the animal products out of your diet completely. That brings our hormones not to zero, but to the balancing point where they should be. And by the way, not just for women but for men too.

Chris Wark: Because you're eating hormones. When you eat animals, you're eating hormones.

Dr. Barnard: In the dairy, you're eating hormones. And then, the fat that you eat really from any source causes your body to make excess estrogens. And fiber helps you eliminate them. And if you're not eating fiber, then that's part of the problem too.

So, anyway, the reason I wrote this book is I thought, "How many women are dealing cramps, are at a high risk for cancer, have endometriosis?" I describe the case of an air force aerospace engineer. She was in Iraq. She was there in 2003 and spent a long time there in a battle zone. You don't gain weight there, you don't eat much, you're working hard. As soon as she got home to Louisiana, her family said, "Katherine, welcome home. What did you miss while you were gone?" So, she started eating mac and cheese, fried chicken, all that stuff. And she started to gain weight.

But she also developed a pain that turned out to be endometriosis. This is a condition where cells that line the uterus have escaped, and they're now implanting all around the abdomen. And they can cause terrible pain and they can cause infertility, because they can strangle the fallopian tubes. So, as time went on, medical treatments were not helping. They tried hormonal treatments and painkillers and nothing worked. So, the doctor finally suggested a hysterectomy: "Just take everything out and you'll be alright." She's 27.

Chris Wark: That's a big deal.

Dr. Barnard: She and her husband were newlyweds and she hadn't raised a family or whatever. But she wasn't getting better. So she said, "Okay." And the reason she said "okay" is her doctor told her that she was infertile anyway, as a result of the disease. So, they scheduled the procedure for six weeks from that point. During that interval, a friend dragged her to a nutritionist and said, "Catherine, you eat just junk. Let's clean this up." And so the nutritionist said, "Alright. Vegan diet. No animal products. Out with all your mac and cheese and whatever. And keep oils really low." And she just really cleaned up her diet. And she started to feel better. And she improved and improved and improved.

But she was very dutiful. Six weeks came, she showed up at the operating room. And the doctor started the hysterectomy. So, you insert a laparoscope under the belly button, and you're looking around because you're going to take it out through that tube. And an hour later she woke up in the recovery room. And the doctor was shaking her shoulders and said, "Catherine, I've got to tell you something. Your endometriosis is gone. I did not do the hysterectomy. You still have your uterus. I didn't feel good about it. You had some scarring." She had some scarring from where the disease had been, and some adhesions that still hurt a little bit. And so, he freed up the adhesions. That's all he did. He said, "I don't know what happened. Your endometriosis is going away."

Chris Wark: And this was about six weeks, right?

Dr. Barnard: This was six weeks' time. Yeah. And her mother was in the recovery room and said, "She went vegan! That's the answer." And the doctor was totally annoyed and said, "No. Stop it. foods don't cause this and foods can't cure it. Some women just have it." Well, what the doctor wasn't thinking it is that all that cheese has estrogens in it. Estrogens are the prime driver of endometriosis. And she wasn't eating high fiber foods to help her eliminate it. It was a classic case of hormones out of balance. And yet, doctors don't teach this. So, she's still got a uterus. She was not infertile. She was out of balance. She has three children now.

Chris Wark: Isn't that great? That's a great story.

Dr. Barnard: And endometriosis is not going to kill you. Menstrual cramps are not going to kill you. These are signs that you're not in balance. And that same out of balance condition is what's going to lead to breast cancer or uterine cancer or ovarian cancer.

Chris Wark: They're early warning signs.

Dr. Barnard: Well, there's signs of being out of balance. Now, we can't stop all of these things. You can't control it all. But if there's something you can control, let's use that. And for doctors, we need to understand. We need to be a little more humble.

Chris Wark: And the risk reduction is significant though. Even though you can't ever say that you are cancer proof, we can say that the risk reduction is huge.

Dr. Barnard: Yeah. So, anyway, the body's healing power is not perfect. But it's darn good and we should use it.

Chris Wark: That's great. Okay. So, what about chicken? What about beef? What about pork? You covered dairy and estrogens, but are there other compounds or properties in animal food that are harmful to the body over time?

Dr. Barnard: In some cases, hormones are used when they're raising the animals. They'll put a little pellet behind the ear, when they're trying to produce beef. And the idea is to get the maximum growth per unit feed. However, I honestly don't think that that's the big issue. That's not helpful and we don't need it. But the big issue is that when you eat that animal fat, by a mechanism that we do not understand, it increases the amount of estrogen in a woman's body.

And the reason we know this is that Tufts university researchers locked women up into a research ward (these are volunteers) and they fed them a variety of diets. And by increasing the fat content, you can cause the estrogens to just increase. And then, you can increase fiber and it goes back down. And you can do these things at the same time, and it's abundantly clear. So, I think the big problem with beef isn't necessarily

the chemicals that they use, it's the product itself. This could be an organically grown cow who got a massage every day and was loved by the butcher.

Chris Wark: And acupuncture.

Dr. Barnard: Yeah. Listened to NPR. Very happy. But nonetheless, when you eat that food, it is nutritionally so different from the foods that get you into balance. You are not a cat. Whether we like it or not, we are in the great ape family. And those animals are largely or completely herbivores.

Chris Wark: So, what about TMAO and heme iron and IGF-1?

Dr. Barnard: All these are part of it. With heme iron, back in the 1950s, this was beef's bragging point. "We've got a highly absorbable form of iron." And then, we learned, "Wait a minute. Iron is linked to heart disease. Iron is linked to Alzheimer's disease." So, you need some iron, but you want just the right amount. Not the overdose. And in green vegetables, also in beans, there was what is called "non-heme iron" that your body can absorb more of if it needs it, and absorb less of it if you already have plenty already. So, anyway, non-heme iron is healthy for the body. The heme iron that's in meat in particular is a contributor to cancer risk, particularly colorectal cancer.

Chris Wark: Something I learned in researching my book was that the body doesn't have a great way to get rid of iron.

Dr. Barnard: It just builds up.

Chris Wark: Yeah. You get iron toxicity, unless you're a woman menstruating. Then you're releasing iron every month.

Dr. Barnard: Then after age 50, you've lost that. And so, it builds up. That's the reason why, if you look at vitamin pills for older folks, they don't have iron in them because they know you've got so much on board. They take it out. But yeah, it's a serious issue.

Chris Wark: And can you talk about IGF-1?

Dr. Barnard: Yes. IGF-1 is insulin-like growth factor number one. And if you mix prostate cancer cells in a test tube with IGF-1, they grow like crazy. It's a growth factor. If you mix breast cancer cells in a test tube with IGF-1, they grow. If you do a blood test and I stick a needle in your arm and I measure your IGF-1 level, it's correlated with your risk of prostate cancer, or for a woman breast cancer, down the road.

Well, what increases IGF-1? If you feed an adult volunteer three glasses of milk every day, their IGF-1 blood level will rise. Why? Because milk came out of a cow for the purpose – I can put it this way – of growing that calf.

Of facilitating very rapid growth in that calf. And then, weaning says, "Stop." It's dangerous to have continued growth when you're already fully grown. That can mean the growth of cancer cells. And so, I don't believe it's only prostate cancer or only breast cancer. IGF-1 probably encourages the growth of many forms of cancer. You have a little bit in your blood. Less, the older you get. But it's artificially elevated when people drink milk.

Chris Wark: I saw a supplement company recently claiming that their supplement raised IGF-1, and they were targeting older folks. They were saying, "You need more IGF-1. You need to take our supplement." What's your opinion on that?

Dr. Barnard: Complete mistake. I've seen the same marketing thing. It says, "As you're older, you don't have as much IGF-1. And you need this to feel good," and whatever. Nature isn't always wrong. IGF-1 levels are high during your growth years and they come down, not just when you're 70, but when you're 20 they're diminishing. Leave it alone. It's a powder keg.

Chris Wark: When I was in my early twenties, I got into weightlifting and bodybuilding. And I was really trying to bulk up. I'm a naturally thin guy, and I was drinking half a gallon of milk a day. I was taking tons of whey protein, eggs. I was eating tons of tuna and just tons of tons of animal protein, and very little fiber and very little vegetables. It was just protein, protein, protein. And that was just a few years before I got cancer. So, I'm not saying that caused my cancer, but I feel like it probably didn't help the process. Right? I mean, my IGF-1, I'm sure, was through the roof.

Dr. Barnard: It will change very rapidly. Yes, exactly the diet that you're describing is the perfect way to increase that. And it's an unfortunate mistake.

Chris Wark: And there's a commonly known strategy among bodybuilders that if you really want to get big, you drink a gallon of milk a day. "Milk will make you big." You know, just like growing a cow. Exactly.

Dr. Barnard: But it's funny all the things that are coming out against that... the issues even with men's fertility. Just the other day, The Journal of the American Medical Association looked at different dietary patterns and men's fertility. And the introduction to this article said, "Why is it that men's sperm counts are dropping so rapidly?" They've dropped about 50% in the last 60 or 70 years. They said, "Could the reason be that people are eating more meat, more cheese, and so forth?" The very same questions we're asking.

And so, they looked at dietary patterns. And the people who had the lowest sperm counts were the men eating lots of meat, or even a lacto-vegetarian type of diet of not eating meat but making up for it with cheese and so forth. And there was similarly a study in Rochester, New York where they looked at men in a fertility clinic. And the same story.

The men who ate the most cheese had the lowest sperm counts. Erectile dysfunction is an issue for many men, and it's linked to diet as well. And the same scenario happens in every clinic, including ours, where the guy walks into the clinic and says, "Doctor, there's something wrong with my nature. It's not really working." And you can write a prescription for Viagra. But the doctor must give the patient the following speech, which is....

The reason that you have a rectal dysfunction is not performance anxiety. You have narrowed arteries. And your arteries are narrowed by atherosclerosis. What that means is that cholesterol particles have irritated the artery walls, causing little bumps that look like blisters to form. And that slows down the blood flow. And if you don't have blood flow to your private parts, they don't work. Nothing happens. The male sexual anatomy is a hydraulic system. It needs good blood flow to work. It was designed on a Monday, things are going wrong with it all the time. Anyway, if you don't get blood flow, nothing happens.

And the patient can take Viagra and that will open up those arteries for a couple of hours. But what the doctor has to tell the patient is that this atherosclerosis is also present in their heart and in the arteries to their brain. Meaning that if you have erectile dysfunction, you are at much higher risk than other men for a heart attack or stroke within the next three to five years. So, take Viagra if you want, but we need to open up those arteries to save your life. And if we do that with a healthy vegan diet – no animal products, keep the oils really low. The arteries then gradually open up in the heart and the brain, and also in the man's private parts. Meaning he doesn't need the Viagra anymore because his arteries have opened up again.

Chris Wark: That's another one of those early warning signs of cardiovascular disease, right?

Dr. Barnard: Canary in the coal mine.

Chris Wark: It's the canary in the coal mine. So, you mentioned cholesterol and there's a big debate about cholesterol. And some people are saying, "It's great! Cholesterol is not a problem. It doesn't matter what your cholesterol level is." And then, there are other professionals, such as yourself, who are saying, "No, too much cholesterol is problematic." Can you touch on that?

Dr. Barnard: Yes. It's a discussion, frankly, that shouldn't be happening because the people who say cholesterol doesn't matter are the same people who believe that the world is flat. I have to say, the science is so far beyond this that it's a tribute to the Internet that these people even have a forum. Cholesterol, without question, matters. And specifically, you do a blood test. If your low density lipoprotein cholesterol (LDLC) is higher, you're at higher risk for heart attack. You're probably also at higher risk

for Alzheimer's disease. And there are all kinds of people that are trying to make this go away, particularly in the meat industry and the egg industry.

Chris Wark: And the meat lovers. Right? The influencers who just love to promote paleo and keto and meat eating, because they love it.

Dr. Barnard: They do. However, the evidence is extremely strong. So, anyway, yes. And what drives LDL is, number one, eating cholesterol, which is especially in eggs. But more importantly, eating saturated fat. That's the bad fat. And there's a fair amount of it in beef. There's also quite a lot in chicken and surprisingly in fish. People think, "Fish. That's all omega-3." It's not. Omega-3 is a minority of the fat in fish. Chinook salmon has about the same amount of bad fat as steak does.

Chris Wark: And so, eating saturated fat is driving up cholesterol and estrogen, which most people have never heard either of those things, right?

Dr. Barnard: Yes. But it's very repeatable in research studies, and unfortunately it's gotten kind of crowded out from what people know.

Chris Wark: Okay. One fun question and then one serious question to wrap it up. So, the fun question is...if you had to eat the same three meals every day, what would it look like? Breakfast, lunch, and dinner.

Dr. Barnard: Well, this is where I should tell you a lie because if I told you what I really eat, it's not going to sound so appetizing.

Chris Wark: No! I want to know!

Dr. Barnard: I'm supposed to make this up. I'm supposed to say that I would just have pancakes with butter and syrup every day because then other people could relate to that. And I'd say that as a vegan I'd just leave off the butter and isn't that wonderful? But the truth is that my tastes have drifted so much, in my own transition to a plant-based diet. I love Mexican food. So, I would have a bean burrito loaded with jalapeño peppers. And I love Chinese food. So, I would have tofu with broccoli and things like that. And I'd love to spice it up. And there's an Italian place near my house where I have angel hair pasta with a spicy tomato sauce with a little bit of garlic. And they sometimes will grill some mushrooms and throw them in there. Or sushi, which is not fish sushi. It's going to be cucumber rolls,

Chris Wark: Veggie rolls.

Dr. Barnard: Asparagus rolls, sweet potato rolls. You shouldn't have fish sushi unless you're extremely well insured. So, all those things are cool. But to tell you the truth, I'm like what you were saying. I've gotten hooked on green vegetables. And when I was a kid I was phobic of it. I didn't want

broccoli. But now I have broccoli for breakfast. So, for me, I know this sounds terrible, I shouldn't tell you this, but it's true... I love broccoli. I'll often have tofu. I have a non-stick pan. I take the tofu and I marinate it in a little soy sauce for like 15 seconds. It's just real quick. Throw it in a non-stick pan. It comes out really good. And then, I always want to have something starchy with it, like rice or oatmeal, or maybe a papaya or something like that. And that's what I'm eating. But if your friends ask, it's pancakes with syrup.

Chris Wark: So, that's your typical breakfast?

Dr. Barnard: Yeah.

Chris Wark: Yeah. That's great. I love it. Mine is oatmeal. Every morning. Oatmeal, hemp seed, flaxseed, chia seeds, and some fresh fruit.

Dr. Barnard: You can't do better.

Chris Wark: Yeah. It fills me up. It gives me sustained energy all day. I feel good. Not all day, but until lunch time. So, what about lunch and dinner? What do those look like for you?

Dr. Barnard: For lunch, it's usually a little heavier for me. So, that's where my bean burrito might come in. Or sometimes, I'll make a rice bowl. I have a special way of cooking it. I put brown rice on the bottom of a Pyrex bowl, and then I'll put a lot of green vegetables on top. And sometimes I'll douse them with soy sauce or Bragg's. You know the brand Bragg's?

Chris Wark: Oh, for sure.

Dr. Barnard: And then, maybe a little bit of tofu on top and a little sprinkle of ginger. And I bring it to work and I just zap it. And there's a little dog in the next office who shares my broccoli. He loves it. And that's my routine every day for lunch. And for dinner, a little lighter. That's where something like miso soup and veggie sushi or something would come in.

Chris Wark: Yeah. That's great. I love it. All that sounds delish. And you have a lot of recipes in a lot of your books. Most of your books have recipes in them, don't they?

Dr. Barnard: Yes, they do. In fact, let me brag about this new one on, "Your Body in Balance" because when I did this book... I am an idiot in the kitchen. I just make the world's simplest things. So, Lindsay Nixon did the recipes for this book. And she is fabulous. She's just the greatest recipe developer. So, she sent me 65 recipes. But she sent me a note. She said, "Neal, I didn't tell you this. And I hope you like the recipes. But your way of eating cured my menstrual cramps." So I thought, "Okay, there we go. It's really is true. You can get in balance."

Chris Wark: That's perfect. Okay. So, the serious question that I'd like to end with is... Somebody comes to your office and has cancer. And they really are wanting help. What do you say to that person, just in terms of the mindset, attitude? Like how do you encourage them?

Dr. Barnard: I don't know if my attitude is right or wrong. I never feel that it's up to me to decide what their values should be. I don't cheer people up particularly. It's basically, I want to be there with you, but you're the one who's in charge of where this is all going. And I want to provide information that you can use that can help you, and that will help your family. So, what we're going to do is we're going to talk about where we are now, what foods can help, what evidence we have that this will work. People are always naturally skeptical. Their family members are a little reluctant. And they have caregivers who tell them stupid stuff like, "Just eat anything you can eat. As long as you can eat, let's get ice cream and all this."

Chris Wark: You know what, some of their doctors are telling them that too.

Dr. Barnard: Yeah. You've just got to counteract all that stuff. But anyway, if the person wants to do this... And frankly, everybody does. This is another thing, doctors think, "You don't want to change your diet. You're too lazy." They tell the patients what their values should be. "Wait a minute. You got a cancer diagnosis? Are you kidding? I will change things. I can do this." So, colleagues, don't make up values for your patients. Let them have their values. And if their value is, "I want to live," I'm there with you. There's bumps in the road. And there's times where people goof up. And that's when sometimes doctors treat their patient like an employee. "You didn't do what I told you."

Wait, wait, wait, wait, wait. This is their life. Let the patient do what they wish to do. Always be a good coach. You've got to believe in that patient. I don't care what their struggles are. You can see the success that they're going to have. And if a person goofs up, don't we all? Dust yourself off, get back in the game. And people want to change. The good thing is, at least at our clinic, the doctors don't have to take hours to do the nutrition teaching. They've got to validate it. And our nutritionists our dietitians, they take hours. And they can do menu planning and so forth. And they know more about different good substitutes and what to do at restaurants than our doctors do anyway. And we work together as a team. And then, you don't want people to be alone. If you're doing this alone, you're not taking advantage of what other people are doing.

Lots of other people have done this too. So, we want to share information back and forth. So, we have classes that we offer every week for free for people who come. And people share information and they problem solve with each other. And it's just life changing and really cool. So, that's what I like about what you're doing. You're reaching zillions of people and they're thinking, "Oh, wow, I didn't know about that. And then,

they're sharing what you found. And they're learning from your experience. But they're learning from each other too. And you created this really cool community." So, forgive me for being so long-winded about this. We let people heal, if that's what they want to do. Provide the resources, provide some encouragement. People will be discouraged and they'll hear contrary voices. Let's just work through that. Let the body heal.

Chris Wark: Well folks now, you know, on such a big fan of Dr. Neal Barnard. Thank you so much. It's been a pleasure.

Dr. Barnard: Likewise.

Chris Wark: Please share this video. What an amazing, brilliant physician Dr. Barnard is. I'll promote his new latest book one more time, "Your Body in Balance." But if you go to Amazon and type in "Neal Barnard," you're going to see a whole bunch of books. And any of them you want to read are going to be fantastic. And you may find one that's specific to your situation. If it's diabetes, if it's weight loss, if it's heart disease....

Dr. Barnard: Each one is a tool. If there's something that I get all excited about and I think, "How do I package this?" That's what they're really for.

Chris Wark: Yeah. So, he's created an amazing library of resources for all of us. So, I just love that. And you mentioned community. I mean, we're on a vegan cruise together and it's been really fun. We're on day two. You want to get yourself around other people that are on a healthy or healing journey. I think that's really important because that encouragement and ideas and resources and information an inspiration...all of that stuff happens when you get out of your house, right?

Dr. Barnard: Yeah, exactly.

Chris Wark: And you insert yourself into a new environment with people that are like you and understand you, and maybe are a little farther along on their health/healing journey than you are. So, I just thank you so much for the work you do. It's just remarkable and inspiring and it makes me want to do more. And thanks for taking the time to do this.

Dr. Barnard: Well, thanks for including me and thanks for all the great work that you're doing.

Chris Wark: Awesome. Okay, everybody, please share this video with people you care about. Thanks for watching. I'll see you on the next one.

Copyright © 2020 | Chris Beat Cancer LLC | All Rights Reserved.

www.chrisbeatcancer.com

No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise without the written permission of the publisher.