



DR. SARAY STANCIC INTERVIEW

Lifestyle Medicine Physician, Author, and Filmmaker

By Chris Wark

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Hey everybody. It's Chris. Today I have an interview with Dr. Saray Stancic. Dr. Saray Stancic is a triple board-certified doctor in internal medicine, infectious diseases, and lifestyle medicine. She graduated from New Jersey Medical School, in 1993. After completing her fellowship, she accepted the position of Chief of Infectious Diseases at Hudson Valley VA, in New York. She served as the Translational Medicine Leader at Roche Pharmaceuticals, where she led clinical trials in the field of viral hepatitis, while continuing to practice in infectious diseases at the Bronx VA. In 2012, she left infectious diseases to fully dedicate her time to Lifestyle Medicine. Dr. Stancic's interest in Lifestyle Medicine is rooted in her personal story as a patient living with multiple sclerosis. She's also the founder of one of the very first Lifestyle Medicine practices in the country and mentors Lifestyle Medicine interest groups at Rutgers. In 2018, she was appointed Chief Medical Officer for WellStar Health, which is a digital team-based, intensive Lifestyle Medicine program. She's an Executive Producer of the documentary film *Code Blue*, redefining the practice of medicine. She is on a mission to spread the power of Lifestyle Medicine around the world and to change how physicians are educated, trained, and care for patients. So thank you for the work you do, and thanks for taking the time to do this interview.

- Dr. Saray Stancic: Thank you so much, Chris. And I have to say, I'm so impressed. You pronounced my first name correctly. That's a rarity, so thank you for doing that.
- Chris: You're welcome. I'm glad I did. I'm really glad. My last name is Wark, and people screw that up all the time, too. We've got a lot to talk about. I guess the best place to start is with your MS diagnosis. Is that what led you into lifestyle medicine, or is there something we should talk about before that?
- Dr. Saray Stancic: That diagnosis was the turning point in my life, really. That occurred in 1995, and at the time, I was already a physician. I was a 3rd year medical resident. It happened in the midst of a really busy call at the hospital, one of those 24 hour shifts. I was really stressed out, feeling, very, very fatigued running back and forth taking care of emergent patients. Around 2 or 3 o'clock in the morning, I finally found an opportunity to rest. I fell asleep right away. Shortly thereafter, when I was paged to address another urgent matter, I found that I couldn't feel my legs. It was that acute. And everything changed in that moment. I was rushed off to the emergency room. An MRI of my brain and spinal cord were done, and that confirmed a diagnosis of multiple sclerosis, with multiple lesions in both my brain and spinal cord. I had walked into that hospital, earlier that that day, feeling normal and vibrant. I was a young woman, and everything changed in that moment.

Chris: Describe not being able to feel your legs. You weren't paralyzed, but they were numb? Could you walk?

Dr. Saray Stancic: I could walk. [It's like] when you go to the dentist, and you get numbed. Then you touch your face, and it feels like it's not yours. That kind of feeling. It was just the most awkward feeling, and it was incredibly frightening. I didn't know how to respond. In fact, Chris, I don't even remember how I got from that call room to the emergency room. I can't even recall it. It was just such a frightening moment in my life. I was wheeled into the MRI. And by the way, that MRI took 2 and a half hours, and they ask you not to move when you're in this machine. And I remember experiencing the shooting pain down my legs.

So it evolved from numbness to this excruciating pain. And I had to, sort of, breathe through that. As a physician, not knowing what was happening, every possibility was running through my head. "What could this be?" I don't often share this. When I was wheeled out, they left the gurney right outside the radiology suite. And I heard the radiology attending really excitedly, sort of, scream out to one of the residents, "Go get the medical students! Go get the interns! This is an amazing example of multiple sclerosis. We have to show this to everyone!" And that's the way I learned [the diagnosis.] I'm in this gurney, terrified, in pain, not knowing, and then I heard that. And it just crushed me.

Chris: And it must've been especially strange to be a doctor around other doctors who knew you, and maybe some med students who knew you. All of the sudden, you're the patient, and they're looking at you. Right?

Dr. Saray Stancic: Absolutely. I was Senior Resident. In fact, I had just been appointed Chief Resident. I would be Chief Resident the following year. So I knew all the residents. They were my students. The medical students were, again, my students. Everyone knew me. I practiced in that emergency room. I had done rotations there. I knew all the nurses. I knew the staff. So it was like an out of body experience. And then just being hospitalized. One of the medical students who was assigned to me, had to do this physical exam and ask me about my medical history. And he was so uncomfortable because he was one of my students. So yeah. And then everyone coming in. For the first time, I was the patient. I was usually the doctor coming in with the team of medical students, residents, attending physicians, and the fellows: this group of like 10 to 15 people. This is an academic, teaching hospital, and we talk about the patient. But now I was a patient, and everyone was talking about me. And it felt so weird. It really made me think, "Oh my goodness. Now I know what it's like." And truthfully, moving forward, I knew that I needed to change how I approached patients because I had experienced the other side. And it wasn't pleasant.

Chris: Yeah. I imagine that was powerful because many doctors have never been serious patients and have never experienced being on the other side of the counter, so to speak. And I imagine it was very shocking for everyone who knew

you. Everybody in the hospital, all the staff were thinking, "Oh my gosh, what's happening?"

Dr. Saray Stancic:

He's my husband now, but at the time, I was dating my husband who was an OB/GYN. Everyone was trying to make me more comfortable. They didn't want to put me on the neurology ward next to a sick Parkinson's patients or a sick MS patient. So I was admitted to the OB/GYN ward because they just wanted to protect me. I was on the same floor where women had just had babies, so it was a happy environment. And it made me a little bit more comfortable, which I appreciated. But nonetheless, it was truthfully, shocking. Again, when you're 28 years old, you don't think this is going to happen to you.

I kept replaying in my mind, "What did I do? How did I get to this point?" I started to think about my family history. Did anyone have MS in our family? Was auto-immunity an issue of concern? I was sort of running through all the things that you would expect a physician to. But at the end of the day, I was just a young woman who was terrified and didn't know what my future would be like. And that was, I think, the hardest part. When the neurologist, the Chief Neurologist, actually came into the room to examine me and talk to me about images, he was very honest and explained to me that there was a huge burden of disease in my brain and spinal cord. And he said to me, "Listen. This is a difficult conversation, but you really have to think about redefining your future. Understand that there's a good possibility that you will be in a wheelchair in 10 to 20 years and even need long-term care." These were conversations that he was having with me very early on. So it was very sobering and completely unexpected.

Chris:

Can you explain what multiple sclerosis is, for people that don't understand? Obviously, there are lesions, but they're not like cancerous lesions. What's happening in the body?

Dr. Saray Stancic:

So multiple sclerosis is essentially an autoimmune disease. Our immune system is there to protect us from foreign invaders, like bacteria, viruses, and a precancerous cell. So that's what our immune system is supposed to do. It's supposed to identify these foreign players and destroy them before they do significant damage. In an autoimmune disease, our immune system is somewhat confused, and it starts to attack self. In multiple sclerosis, it attacks something called myelin, which is this fatty sheath that protects the nerves in the brain and spinal cord. It, sort of, pops, holes or damages this protective sheath, and that compromises the effect of transmission of nerves. So you develop these neurological symptoms. For example, something that is commonly seen early on is something called optic neuritis, where you lose vision in an eye. You might develop sensory changes, like I did, numbness, at first. You could have weakness. It can affect the bladder and the bowels. But at its root, it is an autoimmune disease, not unlike, for example, rheumatoid arthritis, lupus, inflammatory bowel diseases like Crohn's, or ulcerative colitis. At the end of the day, it's your immune system attacking self. So the symptoms in MS, because it is a neurological disorder, are as I just described.

Chris: Got it. So what happened next? Did you go down the conventional treatment road for MS?

Dr. Saray Stancic: That event is called an exacerbation, in the field of multiple sclerosis. The treatment for that is IV steroids, so I received 5 days of IV steroids. But that doesn't treat the disease, that treats the event. There are medications that are approved by the FDA for treating the disease, but they're not cures. They slow the progression of the disorder. And at the time, Chris, believe it or not, in 1995, my doctor actually told me, "You're so lucky," because the first drug that was approved by the FDA for multiple sclerosis had just been approved. So he said to me, "If you're ever going to get MS, this is the best time to get it because we now have a drug."

The drug is called Betaseron. It was the first drug. Today, there are about 12 to 13 medications that are approved for that indication, to slow the progression of multiple sclerosis. But at the time there was only one. So what he said to me is, "When you recover from this acute exacerbation, and that may take a little bit of time, I recommend that you start this disease modifying therapy." Some people call it DMTs. The idea behind this medication is to slow the progression of the disease. Let's say, if we do nothing, you're going to end up in a wheelchair in 10 years. Adding this medication will slow that, so instead of 10 years, it'll be 20. You want to add more able-body time, slowing the progression to disability.

But undeniably, this is a progressive, disabling disease, and there's no cure. So the idea was, "I'm going to require a wheelchair. The question is, when? So what do I need to do to slow it down?" He said to me, "You have to do this. If you don't do this, it would be irresponsible, and you're going to end up in that wheelchair much sooner than we'd like. So this is what we need to do." So about a week or 2 after I was discharged from the hospital, I met with him at his office, and he sat me down and had a very sobering conversation with me. He told me, "This drug is effective, but it is not going to be easy." He said, "This is a drug you're going to have to inject every day." And I said, "For how long?" And he said, "For the rest of your life." He said, "This is a drug that has a significant side effect profile that includes fever, chills, muscle aches, and pains, nausea, vomiting, diarrhea, anorexia insomnia, injection site reactions, depression, and suicidal thoughts, to name a few.

Chris: Is that all? (Laughs.)

Dr. Saray Stancic: But he said, "Don't worry. I know exactly what we need to do to reduce the likelihood that you'll ever experience any of them." So he said, "What we need to do is, we're going to pre-medicate with Tylenol or Ibuprofen before you inject the drug. And secondly, and most importantly, you're going to inject the drug right before you go to bed. This way, you'll sleep through all of those side effects." I never slept through the side effects, Chris. I would inject the drug at 10 o'clock, and at 2 o'clock in the morning, I would wake up with violent shaking, chills, fever, nausea, and vomiting. It was just terrible. It was near intolerable. And the injection site reactions... I had to inject every day, so at

some point, you quickly cover most of the surface area on your body. So I had these nodules and injection site reactions on my abdomen, on my legs, and on my arms. I looked like a spotted leopard, and they were painful after doing this for several weeks.

Then, a combination of the steroids and this medication, also contributes to depression. I was depressed. My whole life from before had fallen out from under me. After doing this for a few weeks, I went to talk to him, and I told him, "I just can't do this. I can't do it anymore. It's destroying me." And he said, "This is your only option. I know it's hard, but what we'll do is, we'll learn to live with this. And we're going to treat the side effects of this drug with other drugs." So when I couldn't sleep, I was given a prescription for Ambien. Then, when I couldn't wake up in the morning, I was given a prescription for an amphetamine-like drug called Provigil. Then, when I became depressed, I was given a prescription for Prozac. So the bottom line is, within a few years, I had a pill box. I was taking close to, or maybe more than, a dozen drugs. Despite these medicines, Chris, over the years that followed, my disease progressed, and my quality of life suffered immensely. About 8 years into the diagnosis, I was walking regularly with a cane or a set of crutches, with my pillbox.

Chris: And still practicing medicine.

Dr. Saray Stancic: And Still practicing medicine. Struggling, but getting through it. But really, [I was] just a very sad young woman that had largely lost hope. It got as bad as it could in, probably, 2003. And by some blessing from above, in 2003, by chance, I came across an article that discussed the connection between multiple sclerosis and diet, and that changed everything.

Chris: And was this a medical journal type article?

Dr. Saray Stancic: It was an article published in the New England Journal of Medicine, believe it or not, in 1952, 68 years ago.

Chris: They've known about this for a little while, a few people, anyway.

Dr. Saray Stancic: It was written by a gentleman named Dr. Roy Swank, and he wrote an article that discussed the incidence of multiple sclerosis in Norway. And why Norway? Norway has one of the highest rates of MS in the world. So Dr. Swank studied what was happening in Norway, and he noted that the highest rates of MS were occurring in the inner-farming, dairy community, where they were consuming great amounts of saturated fat. And so Swank, in the 1950s, hypothesized that somehow, saturated fat was playing a role in the pathogenesis of this disorder. Now, he didn't just leave it at hypothesis. He actually started treating patients with a low-fat, plant-based diet in the 1950s, believe it or not. And he followed 140 plus patients over, you're not going to believe this, 34 years. And he ultimately, published his findings in the journal, The Lancet, in 1990. Do you know what he concluded after following these 140 plus patients over 34 years?

He found that his patients had less morbidity and mortality, and 95% of them remained physically active.

Chris: That's amazing. But you know, we can't trust that because it wasn't double-blind. So that's just anecdotal.

Dr. Saray Stancic: Right? So that's why I didn't learn it in medical school. That's why my doctors didn't talk to me about my diet or talk to me about Dr. Swank's work. But listen, I was desperate. When I read this, it was like the world opened up to me, the light at the end of the tunnel. I was so excited, and I made copies of that article. It wasn't just Swank, by the way. There were other publications and literature that talked about these connections between diet and its' potential effects on multiple sclerosis. I made copies of all this, and I went off to meet with my doctor. He was very respectful and willing to listen to what I had to say, but at the end of it, all, he said, "Look, Saray, this is not the way for you to go. You need to remain compliant with the medication as prescribed. If you want to blame anything for having MS, you can blame your genes. That's why you have MS, and there's nothing we can do about that."

Chris: Blame your Levi's. It's their fault.

Dr. Saray Stancic: Right. Obviously, hearing him say that affected me in a great way.

Chris: Can I interrupt? This is the same thing cancer patients are told. "It's not your fault. It's nothing you did. It's not diet. No, it's just genetic or hereditary. Or just bad luck. We're sorry." And it completely victimizes the patient. They become a powerless victim of disease. In my opinion, it's borderline malpractice. It's so psychologically and emotionally damaging to communicate that to a patient. What's happening underneath, "Well, it's nothing you did," is basically the message that, "There's nothing you can do to help yourself." And that's what you were told directly. Right?

Dr. Saray Stancic: Exactly. I think that's an extraordinarily important point. But I had read enough that I was convinced otherwise. What helped me to understand that he wasn't quite right, was when I looked at the literature. Here's an interesting question: if twin A has MS, what is the likelihood that twin B would have MS? That's what we call in medicine, concordance rates. Twins have the same genetic material, so they're really interesting, from a scientific perspective. So you have two separate individuals that have the same genetic material. So I looked into this question: if twin A has MS, what would be the likelihood that twin B would have MS?

And when I looked at that, it wasn't 100%. It wasn't even 50%. It was more like 14 to 30%. So what did that tell me? It told me that there were, indeed, other variables that were playing a role in the evolution of this disease. I turned to the literature again. Remember, even though I was a dual board-certified physician, with 10 years of medical education training, I had never been taught anything

about diet or lifestyle in medical school. This was all new to me. So I had to do the work myself because I didn't get it during my training. As I searched the literature, I came across the science of epigenetics. Epigenetics was really first described in the 1950s but flourished in the 1980s. And epigenetics essentially tells us that gene expression is dependent on outside variables.

Just because you have a genetic predisposition, let's say, to diabetes, doesn't necessarily mean that you will get diabetes. That's the difference between genotype and phenotype. And we've learned that certain variables outside of us, choices that we make, either turn genes on or off. What I learned in epigenetics is that the important external variables are diet, exercise, stress, sleep, alcohol, smoking, and the importance of social connections in our life. Wow. That's Lifestyle Medicine. And that's why I'm dedicated to this discipline because it is lifesaving and changed my life. It has the power to change all of our lives. That's why I made the documentary. That's why I wrote this book. This is a simple, powerful, life-changing intervention, and yet, doctors, largely, are not speaking to it.

Chris:

And affordable for everyone, unlike so many drug therapies, especially in the cancer world. I was just interviewing, Dr. Wamidh Talib, a researcher in Amman, Jordan, who has published a number of really incredible papers on anti-cancer compounds found in nature, garlic, lemon, thyme, resveratrol, and things like that. But anyway, we were just talking about the fact that in Jordan, the average cancer drug is a hundred thousand dollars a year or more. And that country is so poor that most people can't afford that, at all. They don't have good health insurance, and things like that.

Dr. Saray Stancic:

Right. And even in prevention. I just want to speak to the example of breast cancer in our country, which is an incredibly important issue. In October, we have Breast Cancer Awareness Month, and we wear pink. Even our football players wear pink to bring attention to it, and I think it's fantastic that all of that is done. But during that entire month, we don't talk about prevention. We don't talk about the power of choice. We know the literature speaks to this. Those of us who are eating a primarily plant-based diet, a diet rich in fiber, avoiding alcohol, maintaining a healthy weight, and not smoking, if we engage in these ideal lifestyle behaviors, we can prevent about 50% of breast cancer. And no one speaks to that.

And we have these big organizations like Susan G Komen, the Avon walk, and the NFL, everyone talking about this, and no one mentions the power of choice. It's as if we have this genetic predisposition, and we're going to get breast cancer, no matter what. And I think we need to empower women. We need to talk to young girls in high school, in elementary school, and help them to understand that these decisions they make every day, will help them prevent these diseases down the line. It's such a missed opportunity. I hope that we can correct that moving forward. As I said, there's the NFL guys wearing pink, and we don't talk about it. Take five minutes to mention it.

Chris: Yeah. It's so frustrating. The millions of dollars spent on awareness campaigns by cancer charities, and what is the awareness? That breast cancer exists? Yeah. We all know. We're aware.

Dr. Saray Stancic: That's great. And the other thing is, the way they define prevention, is early detection. So they talk about mammography or colonoscopy, which, of course, is important, but that's early detection and secondary prevention. Primary prevention, which is really where we need to place emphasis, is preventing the disease altogether. That's what we want. We don't want to catch that breast cancer early on. I mean, obviously, we want to catch it with a mammogram, but we don't want to have to even go there.

Chris: Yeah. You don't want it to form in the body.

Dr. Saray Stancic: I don't want it to form in the first place. That should be where we place our greatest amount of resources, and we're not doing that. It's a missed opportunity.

Chris: I'd like to revisit your story after you found Swank's research and had this light bulb. Interestingly, 2003 was my cancer year, so we were on this similar trajectory. That's when I was diagnosed. January 2004 is when I stumbled across nutrition for healing and started to change my whole life. So we took the same detour at the same time. Kind of neat. So what did you do first? What was the next step for you?

Dr. Saray Stancic: It wasn't just my food. It was everything else. It was exercise... But the first thing I did was, I changed my diet, and I chose to adopt a whole food, plant-based diet. People may ask, "Why didn't you do keto, paleo, or whatever was trending at the time?" I chose a whole food, plant-based diet because the overwhelming body of evidence, in the scientific literature, pointed to a diet rich in fruits, vegetables, whole grains, legumes, nuts, and seeds as being the ideal diet for humans. Not for MS. Not for heart disease. Not for diabetes. But for all of us. I began to exercise. I hadn't exercised in a long time. Believe it or not, in the 1990s, it was falsely believed that exercise worsened or exacerbated multiple sclerosis.

I was advised not to exercise, so for 8 years I had done nothing. I was highly deconditioned. So the first thing I did was, my husband bought me a stationary bike, and he would help me to get onto the bike. I could do a minute or 2, and then, exhausted and in pain, he would assist me off. It would take 10 to 15 minutes to recover from that. In multiple sclerosis, when your body temperature goes up, you become very symptomatic. It's called Uhthoff's phenomenon. So I would peddle, and within a short period of time, I would get numb and then get pain. So my husband would essentially carry me off. Then, [I would let] my body temperature go down. I drank water. But it would take about 20 minutes.

Next day, again, same thing. But I kept doing it every single day. And over time, it started to get better. I started to build strength and endurance. I was Chief of Infectious Diseases at the VA and was very busy and ambitious. I wanted to do that study and this study. My clinic was growing at the VA. We had a large hepatitis C issue, so I was treating lots and lots of patients with a complicated treatment course. I brought my team together, and I said, "I'm not taking on that extra research project. I'm not doing that additional clinic. I'm leaving at 5 o'clock every day." I was going to put myself first for the first time in my life. I learned how to sleep. Chris, I know that sounds crazy, but I didn't know how to sleep.

I was addicted to Ambien, Adavan, or whatever my doctors had given me to knock me out. And so I learned and understood sleep physiology, sleep hygiene, and creating an effective environment in my home. I began understanding the importance of pre-sleep ritual, the environment, that it should be cold, dark, and quiet. All these things, I never learned in medical school. But you know what? I learned how to sleep. And it was life changing to sleep and to enjoy it, to be able to get into my bed fall asleep within 10 to 15 minutes, rest for eight hours, and wake up refreshed, optimistic, and joyful. It didn't happen in a week, and it didn't happen in a month. But I started to feel better. And at first, it was something as subtle as, I could stay up past Jeopardy.

I remember one day, getting to the office in the morning, and I turn to get my cane. And I said, "You know what? I feel good enough to not use the cane today." I'm often asked, "How long did it take before you knew that you had made the right decision?" July 2nd, 2005, was about 2 years into my lifestyle change. I remember this day well, and I have a photograph of myself and my husband that I often share during my talks. The reason I have a photograph is because I attended a wedding on that day. And I did 2 things on that day that I didn't think I would be able to do again. I wore heels, and I danced with my husband, which sounds silly. But to me, it was a miracle and a blessing. It was an amazing experience. And by the way, I also want to say this, it wasn't perfect. There were difficult moments throughout all of that. In fact, Chris, a year after I tapered off of all the medicines, I had an exacerbation. And the immediate response to that by most around me was "See, look what you've done. You've actually worsened things."

Chris: Now why did you get that? Why did you get that response? Did you actually get worse before you got better?

Dr. Saray Stancic: Certainly, it looked like I was doing better. Then, about a year into it, I had an event where I had weakness in both arms. In fact, I remember, it was my daughter's first birthday, and I remember not being able to carry her. And the photographs of her birthday, you can see the IV in my hand. It was definitely a setback, but I knew that good things were happening. I could feel it. Multiple sclerosis is a very complicated disease. And as you know, many of these chronic diseases are ongoing for many, many years. We can't reverse things in a week. There's a lot of damage that's been done.

As you might imagine, when I was diagnosed, I was a very stressed young lady. I wasn't sleeping. I wasn't eating very well as a medical student and resident. What do we eat? We eat garbage in the hospital from vending machines. And we don't sleep because we're on call for 24 hour shifts, which is inhumane. I think the way we train doctors needs to be changed. We have very high rates of depression and suicide in my profession. That's no surprise because of the way in which we train physicians. I wasn't eating. I was very, very stressed. That's what I had been doing for a long time. So I had changed that in the past 6, 8 months, but it takes time to get to the other side. And I knew that there were good things happening, so I forged forward. Ultimately, the ending to my story is a happy one. I went on to run a marathon in 2010. If you would have said that to me in 2003, "Someday, you're going to run a marathon," I would have laughed. "Are you crazy? There's just no way. That's not possible. It's impossible."

Chris: So how much time did it take to get from when you started the whole food, plant-based side to where you felt symptom free and your quality of life was normal?

Dr. Saray Stancic: Well, I think, in 2005, I had that sense. Running the marathon was really something that my brother introduced. I was never a runner. It wasn't on my bucket list to run a marathon, but he had run a marathon, the Los Angeles marathon, in 2003. He came to visit me because we live on opposite coasts. And during that visit, he looked at me and he said, "I know this is going to sound crazy to you, but wouldn't it be amazing if you set this goal for yourself?" And Chris, when he said this to me, I was so mad at him that he would even suggest it. And I shot right back at him, "How could you even say I'm running a marathon having multiple sclerosis? I can't do that."

I always say, "It's the greatest gift he ever offered me because it awakened me. Even though I was better, I was still living my life as this woman with multiple sclerosis, first and foremost." And with that label came so many limitations, things I could do and things I couldn't. And I realized, in that moment, that I have to drop that designation. I can't be the doctor with MS. I just have to be a really healthy, happy individual. When he left, I started to do a little bit of running, and honestly, it didn't go well, in the beginning. My balance wasn't great, but I worked through it. Crossing that finish line in 2010, was an extraordinary moment for me, not because I ran a marathon, but because the decisions I had made against all odds had borne fruit.

I had proven to myself that this is of value, and I knew that I needed to share this with my patients. Even before the marathon, in 2005, when I was still Chief of Infectious Diseases at the VA, the VA brought on a program that brought attention to lifestyle, and it was called The Move Program. Even though I was the Chief of Infectious Diseases, the minute that they brought it to VA, I raised my hand. I wanted to volunteer to direct it at our VA. So I started working with the veterans at lunchtime and walking with them. We have this beautiful campus, right along the Hudson River, in New York, and I would walk with them

every day. We would talk about plant-based nutrition, and we would have weekly meetings. We had a multidisciplinary approach. We had a clinical psychologist with us.

We had a physical therapist with us. We had a nutritionist. So we had a multidisciplinary approach to support our veterans and introducing behavioral change into their lives. And I saw how powerful it was. I saw our veterans losing weight, reversing their dependency on medications, depression melting away, and hope stepping in. And it was just a beautiful thing. Even though I continued practicing infectious diseases for several years later, at some point, I said to myself, "I have to do this full time. I have to dedicate the rest of my career to correcting this lapse, to sharing this message with as many people as I can. And I need to do something to change the way doctors are trained. I need to shed light on this lapse."

That's why I made the film. The film, *Code Blue*, is really shining a big, bright light on this incredulous lapse in medical education. The way we train physicians is on this idea of pathogenesis. That's the medical education model. We teach doctors to understand illness and disease. We've become really good disease detectives. We teach them how to take a thorough history and physical. We're collecting clues. Then we do imaging studies and blood work, collecting clues to, ultimately, make a diagnosis. And once we have that diagnosis, our treatment plan includes a pharmaceutical agent, a procedure, a surgical intervention, or sometimes all three. And that's what clinical medicine is today. The problem with that is that we're missing half of the human health experience. We're not talking about the mirror image or the opposite of pathogenesis, which is salutogenesis. Salutogenesis is the of health and wellbeing.

We don't know anything about that. We don't know how to sustain, preserve and maintain health. It's not a healthcare system. It's a sick care system. And this is a gross lapse and a regrettable, missed opportunity. Salutogenesis has to be the foundation on which we build all else. Obviously, pathogenesis must be part of the medical education experience. We need doctors to be able to make the diagnosis of a disease or illness, and understand treatment plans, of course. But they don't understand salutogenesis. They placed no emphasis on prevention. So we doctors, by no fault of our own, go out into the world, ill-equipped to battle the chronic disease epidemic in which we live. I know, right now, in the world of medicine and health, we're all thinking one thing universally. Our attention is on the coronavirus pandemic.

The coronavirus pandemic has been, obviously, a very difficult moment in our history. We've had a lot of pain, suffering, and loss, but the coronavirus pandemic has intersected with this chronic disease epidemic in a very important way. The CDC has produced data that has shown us that if you have a chronic disease at baseline, like diabetes, obesity, heart disease, or chronic lung disease, and get infected with this virus, you are 6 times more likely to end up hospitalized, and 12 times more likely to die. We are a country that is drowning in chronic disease. And now, we are facing an acute, infectious contagion that is

damaging or hurting those most vulnerable amongst us. It is a very difficult moment. I hope, Chris, that the silver lining in this COVID-19 pandemic is that we awaken, that we realize we need to create change.

We need to create change in our healthcare model. We need to create change in how we train physicians. And I keep saying physicians, but I'm talking about all healthcare professionals, nurses, and everyone who's involved in the healthcare delivery system. And we need to empower our communities, not just the United States, but globally, to help them understand that the decisions that they make every day are incredibly powerful and give them control of their personal health outcomes. I think, if we do that, we can save so many lives, but the message has to be disseminated far and wide.

Chris:

I love what you said, and I was going to bring up COVID-19 because you're in such a unique position. Most of the experts that people are hearing from in the media and online, are infectious disease experts with no background, training, or education in Lifestyle Medicine, prevention, health, and healing. And something that I have been saying since the very beginning of this outbreak is that our diet and lifestyle choices set us up for disease, not just cancer, heart disease, diabetes, or autoimmune disease, but also make us vulnerable to infectious disease. COVID-19 is unique in the fact that it is especially problematic for someone with preexisting conditions, people who are overweight, obese, diabetic, or have heart disease. They're much more vulnerable. Those with very low vitamin D status, which usually is because they're overweight, obese, diabetic, or have a dark skin tone... African Americans and people of color don't absorb as much Vitamin D from the sun. They need more sunshine to get adequate levels. And that's not happening much in the U.S. When I look around the world and at the different COVID rates and the mortality rates, they're much lower in many other countries. And if you also look at the rates of obesity and chronic disease in those countries, they're also much lower.

Dr. Saray Stancic:

Obesity is a huge problem in our country. And we've seen that obesity is an incredibly important risk factor for bad outcomes in MS. Just to get this point across, just when you think things have gotten bad enough, they get worse. Over the past 15 months, I've been working on my first book. And last year, around this time, I wrote the obesity section for the book. At the time, the CDC was reporting obesity rates in this country at 39.8. So August 2019, 39.8. Well, Chris, in the past couple of weeks, I've been doing the final edits on the book, before it goes to print, and I had to change the obesity rate because the CDC just updated it, recently. It is now 42.4%. So in the span of a year, obesity rates climbed by 2.6%, which is amazing.

And you're familiar with those obesity maps from the CDC. They've been a behavioral risk factor surveillance system. They've been collecting data on rates in the United States since 1985, and every year it gets worse and worse and worse. And just when you think it can't get worse, it does. And diabetes rates are exploding in our country. Chris, when I was a medical student, rates of

diabetes in the United States were about 2%. Today, we're brushing past 10%. And the CDC predicts that by 2050, by the time my son is my age, 30% of Americans will be living with diabetes. That's unsustainable. And this is despite all the advances in medical technology, bioengineering, and new medicines being approved every day by the FDA. Diabetes rates are exploding. And there doesn't seem to be a plateau in sight. Something we're doing in medicine isn't working. It's not working.

Chris: Yeah, there's a lot of really wonderful people in medicine who are just, like you said, they're trained to treat disease, but they're not trained in prevention. And without prevention education, disease rates are just going to continue to increase.

Dr. Saray Stancic: Beyond prevention, it's important also to note, many of these lifestyle and behavioral changes can also reverse and better manage chronic disease. I'm an example of that. You're an example of that. How many individuals have you met, in your life, that have had similar stories. So there's power in this. I think a lot of my colleagues will say, "That's anecdotal. It's not real medicine. It's alternative. It's compliment." There's evidence in the scientific literature that clearly speaks to the importance of lifestyle. The diabetes prevention program is a great example. It's a study that was published in the *New England Journal of Medicine* in 2002, which randomized patients who were at risk of developing diabetes, to either Metformin, which is the drug that we routinely use, the standard of care, versus diet and exercise. And guess what? Diet and exercise was nearly twice as effective at preventing diabetes. So this is the *New England Journal of Medicine*. This is the gold standard. We have to start paying attention to this, as physicians.

Chris: They didn't tell you about that study in med school.

Dr. Saray Stancic: They don't talk about it. That's what I'm saying. The good news is that a lot of physicians are learning about this. I call them the enlightened ones, and this movement is growing. I can tell you, my medical students are amazing. I don't know if you've seen the film, *Code Blue*. One of the medical students featured in the film, who's really, almost like an adopted son to me, Saul Bautista, I met him before he started medical school. He's, now, a second year medical resident in South Carolina, and he's now mentoring interns and medical students. He's the example. Someday, he's going to be the Chief of Medicine somewhere, and he's going to set policy. So I think the good news is that this new generation of young men and women, they understand this.

The world is changing, for sure. When I first went to the American College of Lifestyle Medicine Conference, there might've been 200 physicians in the room. The last conference I attended, there were 2000. I screened *Code Blue* at that event. It was an amazing moment for me. Before we had this call, I received an email from a young physician in Pittsburgh telling me that he had been inspired by *Code Blue*. He had seen it 5 times, and he was so eager to learn about Lifestyle Medicine and to introduce it into his life. These emails that I receive,

really just mean the world to me. It's happening, and it's inevitable. So I'm so grateful to you for the opportunity to talk today and to share the message, hoping that the film reaches as many people as possible. That's the dream of the documentarian, to shed light on a cause and hope that we can galvanize the masses to demand better. I want medical students to demand better of their medical schools. I want deans of medical schools to understand that this is important. If they're going to be forward thinking, progressive, and do what is in the best interest of the American public, make sure that you bring change to your curriculum because this is extraordinary and necessary, particularly at this moment in our history.

Chris:

It's really exciting to think about the future of medicine being one where doctors are turning to diet and Lifestyle Therapy first, and drug therapies are almost like a last resort. And that shift is happening, which is so exciting. The number of plant-based physicians is just exploding around the country, around the world, and especially the young generation. So by the time these med students are my age, in their 40s, it's going to be tens of thousands of practicing physicians, or maybe even hundreds of thousands, that are really focused on nutrition, prevention, and helping their patients fully heal, to reverse disease. But I will say that there is a big challenge, and the big challenge is, there's so much money behind pharmaceuticals. And there's no money behind plants. There's no money behind nutrition. I mean, what's behind nutrition is passion. There's science behind it. We've got the science. We've got the passion and conviction, but there's not much money. And so there is definitely a war of ideas, so to speak, in the sense that the pharmaceutical industry wants more drugs to be sold, more to be prescribed, and more money to be made. And so it's a challenge.

Dr. Saray Stancic:

It's not going to be easy, and that's part of what I explored in the film. I understand people have to make money and businesses have to be profitable, but as a physician, money is not part of my decision-making when I'm caring for a patient. If that's why you're going into medicine, to make money, then I'm going to advise you to do something else. Go to Wall Street.

Chris:

There are easier ways to make money.

Dr. Saray Stancic:

So medicine has to be about acting in what is in the best interest of our patients. Maybe, in the past, we didn't know, but today we know. And if we know better today, then we must act in alignment with that. So yes, there are obstacles. Even in hospital settings, procedures like open-heart surgery are very profitable. A hospital makes more than \$150,000 for that procedure. So we have to redefine the financial structure. We have to bring together into a room, all these individuals that are important, maybe, deans of medical schools, CEOs of hospitals, and CEOs of pharmaceutical industries. We need representatives from the political arena. We all need to get into a room with a goal in mind that this healthcare model that exists today, needs to be rebuilt. We need sound architects to walk into this room and come up with something that makes sense because this doesn't make sense. And the American public is suffering.

Chris: I have a vision of the future, that I hope I get to see, which is one in which hospitals are much smaller. And they're really mainly focused on trauma care. They're not full of patients who have reached the end-stages of diet and lifestyle disease. They're not full of patients who are having a stroke, having a heart attack, are in a diabetic coma, and that kind of stuff. And of course, many cancers, autoimmune disease, and MS. That, to me, is the dream. There's so much pressure on the doctor. They should be in a position of freedom where they're not influenced by money, but there's so much financial pressure on physicians, clinics, and hospitals to make money to cover their overhead and their staff. It has crushed them down. "I can only spend 15 minutes, 20 minutes with a patient." And then patient care suffers, right?

Dr. Saray Stancic: The whole approach is detrimental. And I have to tell you, most physicians, the great majority of them, are just wonderful people. They're doing it for the right reasons. They're expected to see 25, 30 patients in a day. There's so many pressures. They're burnt out. Physicians struggle with, for example, substance abuse issues. We talked about depression. They have one of the highest rates of suicide, and there's a reason for that. All of that needs to change. If anything, physicians should be the example. We should be the healthiest for our communities and patients, and we're not there. There's a lot of issues that we need to address. I can tell you that 10 years ago, when I was talking about this, many of my colleagues would just roll their eyes back.

Now, those very same colleagues are calling me and asking me for support. They're asking me to come to their facility, talk, give grand rounds on Lifestyle Medicine, and talk about my story and about the film. We've screened *Code Blue* at about 20 medical schools now, and my hope is to screen at all medical schools. So the world is definitely changing. Where we are today and the way that we're going about healthcare is really missing a great opportunity. I'm excited that good things are going to happen in the very near future.

Chris: Good things are coming. I want to be respectful of your time. Before we wrap up, I just wanted to comment on something you said earlier. The public awareness around COVID is so acute and intense. It is a unique opportunity to educate people on how their diet and lifestyle choices can protect them from these types of opportunistic infections, whether it's viral or bacterial. And that's really good news. It's not saying, "Oh you should feel bad about yourself because you're overweight, and now you're vulnerable to COVID." No. Guess what? You can make some changes right now that can start to improve your health, strengthen your immune system, and protect you. That to me, is exciting and encouraging. And I'm glad you're also spreading that message.

Dr. Saray Stancic: You're absolutely right. So many of those infectious disease specialists who are on all the news outlets talking about COVID, I wish they would also speak about the importance of addressing so many of these underlying pre-existing illnesses. Some good news that came out of England about a month ago. They reported, a million individuals in England have quit smoking since the pandemic began, which is wonderful. So that's good news there, a little bit of a silver lining. But

wouldn't it be wonderful if Dr. Fauci, who I highly respect, would talk about the importance of these underlying illnesses and what we might do to address them. That would be so important and so valuable.

Chris: That would be so important, so valuable. These studies are coming out very quickly on vitamin D status, on obesity.

Dr. Saray Stancic: At the end of the day, it's our immune system. Our immune system is so dependent on our lifestyle choices. If you're not sleeping effectively, if you're drinking alcohol... And many of us may be doing that. There's a lot of depression and sadness right now. So we may be turning to bad food, alcohol, and making some very bad decisions. And that's going to further our risk to get infected and to have a bad outcome. So I do hope that my colleagues in the field of infectious diseases, when asked to speak about COVID-19 [will speak to this.] I have been asked, and I always bring up lifestyle when I have the opportunity. But it would be wonderful if those who have that megaphone, take that opportunity to speak to the American public. I think we could do a lot of good if we did that.

Chris: It would be nice if the people at the top would echo this message. One other thing worth mentioning is that good things are happening, but also, there's this new expression, the COVID 20, which is the 20 pounds that people are gaining from being quarantined.

Dr. Saray Stancic: I've heard it called the 15. Is it 20 now?

Chris: I guess some people are calling it the COVID 15. Some are calling it the COVID 20. That's not good, but hopefully, folks, the big takeaway here is, a plant-based diet is wonderful. It's powerful. And we didn't even touch on all the benefits of a plant-based diet. There really is so much evidence in science that it helps your body prevent disease and experience optimal health. It helps your body reverse disease. Anyone who's been following me has seen lots of interviews I've done with people healing all kinds of diseases. Terrible diseases, wonderful stories.

Dr. Saray Stancic: We can all do this. That's the great thing. And Chris, if I could just quickly tell you about my book. This is my first book. I know you were a successful New York Times best seller.

Chris: Yes. Just real quick, where can people watch *Code Blue*?

Dr. Saray Stancic: We have several platforms available, like Amazon, Google Play, and Apple TV. You can just go to our website, it's codebluedoc.com, and there you'll see there are several platforms. You can rent it. You can stream it. For those who still like DVDs, you can get a DVD. Thank you for allowing me to share the film. I really hope that the film inspires and creates an interest in bringing change. In order for us to do this, it can't just be some of us. It can't just be doctors and healthcare professionals. It has to be community. We have to all act together, and I hope that the film serves to do that. I'm so excited. This is my first book.

It's called *What's Missing from Medicine*. I consider my experience in medical school, during those 10 years of medical education, as this big jigsaw puzzle. And every experience I had, every class I took, and every patient experience was yet another lesson, another piece of that puzzle. But in retrospect, when I look back, there are all these missing pieces. That image at the end of my training was incomplete. *What's Missing from Medicine* is these missing pieces, what I didn't get in medical school. The message that I want to convey to every individual is to empower themselves to live their greatest potential. I want each and every one of us at age 98, maybe 102, after having the most amazing day with our family and friends and enjoying a beautiful, colorful, plant-based meal, go home after that beautiful day, go to bed, and pass peacefully.

That's what I hope for all of us. I don't want that bookend that I've seen in so many instances during my career. The bookend in the nursing home, suffering, demented, and wearing a diaper. That is terrible for the patient, but it's terrible for the family who has to witness it. So we can all do this. We can prevent this. We can live joyful lives free of chronic disease and empower ourselves. So the book offers that roadmap. I'm super excited for its' upcoming release.

Chris: I'm really excited, too. *What's Missing in Medicine*. What is the pub date?

Dr. Saray Stancic: It'll be released on January 12th, 2021. We were going to release it earlier, but, of course, COVID has caused havoc.

Chris: COVID threw a wrench in yet another plan.

Dr. Saray Stancic: We're just grateful to be releasing it next year because this year has been very painful. And it's available for pre-order on Amazon now, so I'm excited.

Chris: Oh, good. We will link to that on Amazon in the show notes. We'll link to *Code Blue*, so people can find out more about that, where to watch it, and how to support that movement. This has been so much fun. Thank you for taking the time to talk to me. I know we went a little over time. It's just been so much fun. Dr. Saray Stancic, you're amazing. Congratulations on your healing story, the great work you're doing, your upcoming book, and the film. It's just a thrill to know you.

Dr. Saray Stancic: Likewise, and I hope that we get to meet in person soon.

Chris: At one of these post-COVID events, hopefully, it will happen. Well, thanks everybody for watching. If you made it this far, you know this is an amazing interview. This needs to be shared, that we all are in this together. We need to spread the word about plant-based nutrition, how powerful it is for health and healing, and that there are medical doctors on this mission with us. And more need to be reached and converted. So please like and share this video. Help me spread this message. Thank you, Dr. Stancic. It's been really fun.

Dr. Saray Stancic: Thank you, Chris. Bye bye.

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