

Christopher Wark (00:00.13)

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Christopher Wark (00:39.534)

Hey everybody, it's Chris. And today I'm interviewing Dr. Jamie Delaney. She's a plant-based cardiologist and primary care physician with a passion for cooking and endurance sports. She's actually an ultra runner and she's 61 years old and I am confident she can outrun me. Okay. I've never run an ultra race. I want, I'm actually looking forward to talking to her about this because it just sounds like torture.

to me, but I'm so impressed by her. And she is a living testimony of not only how you can thrive in your 60s on a plant-based diet and compete at a very high level of athletics, but also as a physician, she is helping patients reverse chronic disease with diet and lifestyle. What a concept.

course, if you've been following me for a while, you know, she's not the first plant based holistic medical doctor I've interviewed. She's one of many. And I love introducing these practitioners to you because one, they're, few and far between, although the numbers are growing, but two, these are my favorite people. These are the, people that are on the front lines, helping their patients actually heal as opposed to just pumping them full of drugs.

medicating their symptoms and really not solving any problem and actually sort of kicking the can down the road and creating more problems. So anyway, that's a bit of a long intro, but Dr. Delaney, thank you so much for taking the time. I'm excited to talk to you. Finally, nice to speak with you. You and I have spoke on the phone a little bit over the years and that's pleasure to be on your podcast. Yeah, I'm glad to have you and this is going to be fun.

now I asked you before we started recording, if you had had any health challenges that prompted you to get into plant-based eating. And you said, no. And so I'm curious, how did this happen? What, when did the shift happen in your life as a, let's say just conventionally trained physician to move away from just, Hey, here's a pill for your ill into let's dig into your life and make some changes and help you heal. actually happened in the cardiac catheterization laboratory.

Christopher Wark (03:02.414)

I was getting ready to scrub in to do a heart catheterization and one of the technicians was there eating a giant bowl of salad. And I said, what are you doing? And she says, I'm vegan. And it's like, you're vegan. I grew up in West Virginia and there aren't very many vegans in West Virginia. I was in Florida at the time, it was all new. She said, go read Diet for a New America by John Robbins. So said, I will.

So I went home that weekend and I read it cover to cover and I was astonished. I was astonished at the health benefits of being plant based. I was astonished of the environmental aspects. I knew nothing of animal farming. So I declared to my family at the end of the book that we were all vegans and my family said, you're a vegan. We're not a vegan. And and so I.

went along on my own for a while, you know, doing my thing and, you know, eating they what they ate. And I would eat my vegetables on the side and people would make fun of me. And I'm also a runner, as you said, and I was running marathons at a time. was listening to a podcast and I was listening to a podcast about a guy that lost a lot of weight and they were he was being interviewed by another vegan and she's called Vegan Running Mom. And they were talking about this new documentary, Forks Over Knives.

And it's like, geez, I wonder what that is. So I ran home and I downloaded the documentary and it's like, that Dr. Esselstyn is the guy I want to be like. I've always had a practice that we pride ourselves in taking time to talk to patients and to explain why, as opposed to you just do something. But, and I've always been into physical fitness and trying to get my patients to exercise, but I was never quite sure how to implement it.

until I saw his study where he took the patients and put them on a plant-based diet. He educated them, he called them, he followed up with them and he had great success. So at that point, we started a class in the office in the evening where I would persuade somewhat sternly to some of my patients to come and take this class to learn how to eat plant-based. And I made them pay \$25 so they would show up for six classes.

Christopher Wark (05:14.51)

So I would cook and it was funny at the time my mother said, you're gonna cook and talk at the same time. That's just gonna be a disaster. And it's like, no, no, I'm gonna show them how we do it and we're gonna do this. And it wasn't too long, probably three classes in, I was talking about diabetic neuropathy and this guy, I could see, know, how somebody starts thinking and the light bulb is kind of coming on. You know, I haven't had any pain in my feet for like a, you know, a couple of weeks. And I started taking people, these people were in...

that were in the class, started taking them off their blood pressure medicine, their cholesterol medicines. I mean, I was dialing things back and we had a couple of really good success stories with people that were kind of in stage and that they came in and it's like, listen, I don't have anything more to offer you, but I got this way of eating. You want to give it a shot. And it was amazing the turnaround. And, you know, like a lot of people that you probably had on the show,

once you kind of see the light, you can't go back.

Um, and so we evolved, went from, you know, one class to two classes, to three classes, to having an offsite place where we could have bigger classes until I'm actually sitting in my former stress lab that is now a kitchen. Um, so we can have 25 people in a class now. I have a full kitchen, uh, and we can, you know, do demos and, and that's how, and then the whole practice went that way. So, um, it's the best thing I ever did in my life. Yeah.

I have to say that for, I think it was about 2015 when we finally made the complete switch, that I've helped more people in that period of time than I did all the time being a traditional cardiologist. that's saying a lot. It is. That is really saying a lot. I always prided myself being very good at titrating cholesterol medicine, diabetic medicines, blood pressure medicine. So we got the numbers just right, but the numbers being right, didn't fix the people. Okay. So when did you read diet for a new America?

it was around, I'd say someplace around 2000, 2004 or something, you know, someplace around in that area, you know, and again, didn't have any idea. I went vegan, but I had no, get people at that time I was giving people a Dean Ornish book and I'd say, this is a good way to live if you can do it, but it's really hard. so that's kind of how we struggled for a while. or I struggled for a while. then again,

Christopher Wark (07:38.242)

That was the same. So it's interesting because if it was 2004, that's when I was dealing with cancer. So that the very same year is when I was trying to heal myself and had converted to a plant-based diet and was doing everything that I did. And, and I didn't know about John Robbins. didn't meet him until years later and I have interviewed him and I'll put that link in the show notes because he is an incredible, just incredible, man. mean, he's just, he, the ripple effect from

His books is just massive. And, and he's really one of the pioneers of the plant-based movement. mean, he published diet for new America back in the eighties. And he was, you know, traveling and giving lectures and talking about eating a whole food plant-based diet when it was super fringe, right? It was not cool or hip. was a fringe diet for sure. And,

I'm very thankful to John and the sun ocean too for all the good work they do. okay. So, and then you also mentioned Dr. Caldwell Esselstyn, who I've also interviewed. I'll link to him in the show notes, but yeah, he did this incredible study proving that you can reverse the progression of coronary artery disease, atherosclerosis, heart disease, right. with a plant based diet, like his study is so wonderful and it's real people and,

I've read his book, How to Prevent and Reverse Heart Disease, and I recommend it to everybody I know who has high blood pressure or cholesterol. And so I'd love to ask you, you know, in your practice, you said that you've helped more people since 2015 than you did up

leading up to that point in several decades, I imagine. And so typically with cardiovascular disease, you don't see patients get better, right? They just, you just try to stabilize them and just

sort of keep their disease under control. We patch them up. You know, you have a blockage, you're having chest pain. We put a stent in, we do a bypass, your chest pain goes away. If you have heart failure, your heart function is reduced. We give you diuretics to make the heart pump a little easier. So we make people do better with what they've got. Cardiac rehabilitation went a long way in the late 90s.

Christopher Wark (10:01.1)

to help people, before that if you had a heart attack, they would say go to bed and you were a cardiac inpatient at that point. And it was in the late 80s, early 90s that cardiac rehab took off and we found you need to get patients up right away and have them moving. we would train people, would put them in cardiac rehab and you have them do a stress test right after their heart attack, low level. And then we'd actually train them for the final exam stress test.

And so if we get people to exercise, that greatly improved their quality of life, but that wasn't easy. And even at that time, insurance didn't want to really reimburse for even cardiac rehab. So doctors would typically say, go exercise and eat a healthy diet. Of course, I would say, go exercise and eat a healthy diet. And it would be, have a potato and a vegetable and a meat, don't eat junk food. That was the healthy diet.

that we all really gave. It was never eating a plant-based diet or certainly greens or anything. things changed dramatically. And Dr. Esselstyn's study was remarkable in the fact that he had no adverse events. And that is really important because every study with a stent or a bypass or medication statin

they have adverse events. So even if you take somebody and you put them on a medication and you take their cholesterol down to 100, those studies still have people having events. So it doesn't, no matter, you know, so that doesn't wipe everything out. So we know, you know, just a number, if your cholesterol is not in a vacuum is what causes disease progression. It's multifactorial. And unless we address all of those, which nutrition and exercise does, we're just patching people up for the time being.

So I'd like to dig into that cholesterol topic because I think there's a general misconception or misinterpretation of the data that you referred to. And I'm going to try to articulate it the best I can here, but basically because cholesterol lowering medications or interventions don't necessarily

Christopher Wark (12:15.992)

prevent future cardiac events or, you know, cure heart disease or whatever. There is this pervasive idea that, that I see often of people saying, see, cholesterol doesn't matter, right? Your cholesterol levels don't matter cause they lower it. If they lower it and you still, you can still have

another heart attack or whatever. Right? But of course they're just talking about lowering it artificially with drugs and not lowering it in a way that is

you know, sort holistic in your body actually solving a problem, right? Correct. So, you know, if we lower your cholesterol, but then you eat a hot dog and you cause all this oxidation and all this inflammation in your system, your cholesterol, you know, there's not that much cholesterol in a hot dog, but everything else that's in a hot dog goes to spur and, the cholesterol is almost fallout. you know, question, you know, is it,

the primary factor or is it something, when we see a plaque, there's definitely cholesterol in it. There's not a coronary artery plaque that doesn't have cholesterol, but it also has white blood cells and all kinds of debris. So you're right. If you let all the mud in, but you take out the sand, you still have a problem. And that's really where we see with cholesterol medications. You might get a 1 % drop, 2 % drop, but that's about all you're gonna get.

because we're not addressing the other factors. That's great. Patients are still eating so many other aggressive dietary factors, problematic inflammatory disease promoting molecules from food. So what happens when you take a patient who has cardiovascular disease, they have high blood pressure, high cholesterol,

Right. All the markers of cardiovascular disease and put them on a whole food plant based diet. depends a little bit, the speed, you know, you see these testimonies, you know, two weeks later, I, I lowered my cholesterol 60 points and I'm off, you know, if somebody was on a terrible diet and we fix a terrible diet, we can see some pretty big quick adjustments. You know, I've had people that were on a fast food diet and you drop their, I mean, everything just backs off.

Christopher Wark (14:37.194)

If you have, and typically I'm in Florida and my patient might be before changing my practice, but my average patient population be 70s, 80s, let's say 65 to 85. Those people have been accumulating plaque and disease for a long time. And, you know, not only is the coronaries and the blood flow to their kidneys and also their multi organ problems. So the first thing that we see is we take the salt out.

and we start to see a lowering of their blood pressure, their cardiac function improves. We take the high fat diet out, we give them some greens especially. My first example that drove it home to me, I had a guy come in, he'd been in my patient for a long time, we were in the beginning of doing this nutrition class and he came in with his daughter and he'd had a bypass and he started to have chest pain again.

and he walked 25 yards, he'd get chest pain. Previously he was going for three mile walks, but now things have back down that he's a nice like, well, we did a heart cath, because we're still doing it back then. And it's like your bypass graft to the bottom of your heart's blocked off. We can't do a stent. But there's one thing I wondered if you'll try is this plant-based diet. And I told

them about, want you to get six cups of greens in a day and we want you to get rid of the animal, blah, blah, the whole nine yards. And his daughter was there and

She said, I'll cook for him, we'll do this. In three weeks, he was back walking his three miles a day. Chest pain went away like immediately. And his whole family, the great thing about it, King Class, his daughters lost weight. They didn't have coronary arteries this time, but everybody benefited from it. So if we can get people to be on board and have support, then things turn around pretty quickly. The problem, as you know, is once we turn things around,

with cardiovascular disease because everybody knows somebody has had a bypass or a STAT, you know, and they're walking around, they're fine. It's not quite as scary as cancer, you know, you know, people that die that have had cancer, but you know, a lot of people do okay with coronary artery disease. So they start feeling better and guess what happens? You know, things start slipping in, Thanksgiving comes along, Christmas comes along, you know, and so then we have to reset. you know, it's been amazing to me, you know, to see the progress at, you know, again, this guy's in his eighties.

Christopher Wark (16:56.362)

Another man in his eighties came in literally with a walker and an oxygen tank, swollen legs like stovepipes. And he came in with a caregiver and you know, he was in a mess. And I said, would you try, I think, have you ever talked about the rice diet? I have, I'm very familiar with the rice diet. Yeah. Dr. Kinkner.

Yes, yeah, so this guy was really in bad shape. I said, listen, said, would you like, could you try for one week for me something really radical? I said, do you think you could eat white rice and steamed vegetables and you can have fruit for breakfast for one week? And let's see what happens. His primary care called me on Thursday and said, what have you done? This man, his blood pressure is low. We're having to take him off his diuretics. He's dropped 10 pounds of water.

When the guy came, we took 40 pounds off of him in like three weeks, most of which was water. He came in, he was walking without his walker. We got rid of his oxygen, his anemia improved. He was happy as a clam. And he said, you know, I'm a runner. And he said, you know, I think I might want to run. And I said, let's just have you walk steady first. You know, but he did very well. Story didn't end well.

he did well for two or three years, his healthcare provider or assistant left him. His kids put them, he and his wife in a assisted living facility where he couldn't get a plant-based diet, things came back. But it's amazing at his age to see the remarkable change. And he was a Vietnam vet and he said, I don't mind white rice. He said, I've eaten a lot of it. But it really doesn't matter.

what age it is, people can still get a benefit. And that's really important. Rice has gotten a really bad rap. And it's been demonized because it's white. People think if it's white, then it's the same

thing as white sugar. They think white potatoes are evil, white rice is evil. I'm surprised they don't think cauliflower is evil, but somehow cauliflower is a white food that is permissible.

Christopher Wark (19:18.818)

by some health and wellness gurus. anyway, for those of you who don't know, Dr. Walter Kempner was at Duke university for 40 years and he, treated some very, very sick patients, advanced kidney disease, massive obesity, diabetes, all kinds of chronic health problems. And he had a live in program and, basically, yeah, helps people heal, putting them on a diet. It was mostly white rice and fruit.

And in some cases it was only rice and fruit and no vegetables. And so he busted the myth. Unfortunately, the myth still exists, right? But his own work, if anyone wants to dig into it, his own clinical work is a complete myth buster as to this idea that carbohydrates, that fruit and rice are harmful to you. They're not, they're wonderful health promoting foods.

And so I love that. I love that, that, know, Dr. Kempner's work and that you helped your patients with that information. know, it's, it's been a game changer to get people started, you know, especially when people are really sick. So if you can just right away, you give them, you know, eat fruit, I don't care how much, you know, steamed vegetables, you know, get your greens in, but steamed vegetables, you like carrots, you like cabbage, because you have to meet people where they are. And especially older people, we're talking a dramatic lifestyle change.

You know, if you're 75 years old, you know, it's in, you've been eating a certain way all your life. It's, it's a little bit radical to say, but if you can find, know, do you like cat? can always find something people like, you know, and can you do these three things for me? And we'll just see where, where it happens. And they feel better so that they, want to continue. Yeah. Simple plan, right? It's got to be simple, easy to start and sustainable. Not, you know, it's obviously it's.

restrictive in some ways, right? Let's stop eating meat and cheese and eggs, right? And animal products and processed food and junk food, right? But let's figure out all the vegetables you like and focus on those and all the fruit you like and focus on those and the good whole food carbohydrates you like. Eat as much of those as you want. Yeah. I love your approach. I think it's wonderful. So

Christopher Wark (21:34.286)

and, thank you for answering my question earlier. And I think that is a great point you made about the fact that, you know, different people respond differently to, to the diet and lifestyle intervention. people in really bad shape tend to respond really quickly, in some ways, but then really you've got to be in it for the long haul because you get, you know, and I'd love to hear your, your clinical perspective on this.

At what length of time, if we can use an average, what length of time would you say you see the sort of the maximum benefit where it sort of, it levels off and they've accomplished this massive

goal. I know it varies from person to person, but is it six months, one year, two years, you know, if they're really following your program?

You know, really in six months, we make a tremendous amount of progress. And again, depends, you know, so we have people that are on a hundred units of insulin that, and so the way we do it, accountability is key. So if somebody is on insulin, because, you know, if you change your diet, all of a sudden your sugars can get down pretty quick. So I actually have them check their glucose before they go to bed. And first thing in the morning and have them text me every day.

They text me in the morning every day with those two numbers and we decrease their insulin accordingly of how their day went. And we use it not as a punishment, okay, so let's see if your glucose went up. What did you have that drove it? So people start to understand if I did this, it resulted in this because people don't realize just how much oil or fat in the diet can drive glucose.

And they'll go back and they'll say, you know, you know how the diet history goes. They didn't have anything, salad, you know, blah, blah. But when they'll find something and it's like, okay, so if you take this out, then all of a sudden we have a response. And it's not, you know, I tell people it's not a straight arrow curve into perfection. It's up and down, but we'll see people go along with their glucose and then they'll have a really good improvement. They'll go along, then they'll have a big improvement and they'll go along. And we finally wean them all the way off of their insulin.

Christopher Wark (23:52.97)

Sometimes we'll get down to two or three units and it comes down and even maybe we might normalize their body mass index, but we have to actually change their body composition because as people get older, they lose muscle mass and bone mass if they haven't been lifetime exercisers. So even though they may get down to their high school weight, they're not down to their muscle mass, it's not that.

So the mitochondrial function is not that. then that's when we start focusing and we actually do a mobility class. We have a yoga class. We have strength training, wellness challenges. So we try to change the body composition so we get a little bit more muscle and you can do that at any age. And so as we change the body composition, that's the last step to getting rid of those two or three units of insulin sometimes, especially if they've come from a hundred, you know, something really big. And I don't know how much you've dealt with diabetes, but you know, when you get

If you have high insulin levels because you have diabetes, it drives your hunger. People are always hungry. But if you're taking a lot of insulin, you're always hungry as well. So the more insulin, so people's glucose goes up, they get more insulin, they get more hungry, they're glucose. So it's a vicious cycle to have to break. And so if we can keep people accountable with

us, we can bring it right down. I mean, there hasn't been anybody, there hasn't been one adult onset diabetic that I have not been able to bring their insulin down.

If they follow your directions. If follow the directions. And we always, always laugh. Sometimes I get ghosted. And it's like, so I'll text them. It's like, I haven't heard from someone so. It's like, where are you? It's like, oh, I went on vacation. It's like, no, we've got to keep going here. So it is. Dr. Esselstyn is right. You've got to hound people a little bit to get them over the hump. And then the other education piece comes in. How do you deal with your friends and family?

How do you, you know, how do you live in the real world? Because that's very difficult. Again, I'm in Florida where people retire and it's all about going out to dinner, socializing, and how do you do that and have a life? What's your pitch to somebody? you, are you saying something like, give me 30 days, right? Just give me 30 days and follow this, you know, just commit to this for 30 days and let's look at your blood and see what happens. Do you, do you have that kind of a conversation or how does it go? Well,

Christopher Wark (26:08.33)

So early on, before we changed the practice, it was all comers. So typically as a cardiologist, somebody would have an abnormal stress test or somebody would have chest pain and they'd send it to me for a consultation. And I would have to give the 40 minutes of a plant-based diet reason, you know, as fast as I can, you know, and blur a ball that I'd be hoarse by the end of the day. If I have four new patients, I did it four times. It's exhausting.

And you'd have the spouse in there kind of growling because, know, he's sick, I'm not sick, why do I have to change? But when I changed the practice, we started like, if you want to get off your medication, if you want to take control of your own health and do this. So I started getting people that were interested. And so that made it a lot easier because now people just needed to know the how and a little bit more of the why and enough of the why so that they could defend themselves, so to speak.

and it became, know, so it's like, let's start and we, and just work with us and let us help you to navigate this. Because a lot of people just don't know you're used to eating a certain way exposed. They just have no idea what's in food. Yeah. And, great. You're right. It's so much easier to help people that, that, understand what you're doing and want your help, even if they don't fully understand, they have some sense and they're open.

versus trying to twist someone's arm and talk them into it. but having said that, you know, it is still difficult, right? It's still difficult to change your diet in a big way. And those benchmarks are really important. You know, blood work improvement, things like that for a person to see, you know, the real results of their actions. So how do you, do you typically monitor monthly or something for somebody when they start?

You know, again, the glucose, because we can have monitors, we do daily. So they see that

getting better. We follow people, and I have a full-time plant-based registered dietitian. So we tag team them. So I talk to them one week, next week she does. So the first six, eight weeks, we really tag team people every other week. And plus we have the nutrition class. So they kind of get inundated into the process.

Christopher Wark (28:25.42)

you know, through that people are able to make changes in the education part of it, you know, so that they can start to see, you know, this is, and we don't tell them what to eat, but we start to give them, these are options for breakfast. These are options that, you know, this is what we want to see on your plate. You know, how do we make your plate look better for you? And then we check their cholesterol, especially if we're trying to get them off, they're trying to get them off blood pressure pills. Again, we're seeing them more frequently, so we get them off pretty quick.

or water pills, we have to because they're start to drop their blood pressure the same way with the insulin. Their cholesterol, we usually say, okay, let's three months, see where you are. If they're really ill, we may let them be on their cholesterol till they, so they have a big drop. It's like, okay, now we're gonna cut it in half, see where you are, keep the carrot going, so to speak, in three months. Because again, you know, we know the statins increase your risk of diabetes by 4%, depending on which statin you might increase your dementia. Our goal right up front is say, we wanna get you off of this, but we wanna do it safely.

Same way with blood pressure medicine. Some of them are rebounds, so we just can't hold turkey, but we have to keep people accountable as they're going. So that's the benchmark. Of course, their weight, the body mass index, how long they can walk, getting them involved. And they typically feel so much better. You know what mean? That is really a driver. The sad part is that they go back to their primary, well, or they go back to another consulting physician or another physician and nobody ever says, wow, you look good.

You know, why you better take your statins. Well, my cholesterol is 160. Well, you better take your statin. You know, you need that diet. But my glucose, my hemoglobin A1C is now 5.6. But you still, you know, they don't want to stop in that. And they won't, they will not pat them on the back for how well they look. It is so sad. is so sad. It's so frustrating. But we just laugh about it because we see this all the time in the cancer community.

where a patient, radically change their diet. They're overdosing on fruits and vegetables. They go back for an appointment and their blood work looks amazing. Their scans have improved. There's, you know, maybe no tumor growth or the tumors have started shrinking or some have disappeared, you know, like really great stuff. And, you know, the, they will just get the most just milk toast response from the doctor. And usually it's like, well, yeah, you know, everything looks good.

Christopher Wark (30:46.508)

Just keep doing what you're doing. Yes. There's no like, what are you doing? Tell me more. It's

like, I've had an oncologist tell patients, well, I'm glad you can do it, but I don't like broccoli. You know, and it's like, walked in the hospital, you know, I usually go in depending on what time of day is on, I might walk in through the ER and go through. And the first thing you hit are the vending machines. You know, you smell the

terrible foul smell of subway sandwiches coming from the cafeteria. You know, it is just all over the place. you understand this mentality? mean, was that ever your mentality early in your career where maybe you'd felt just overloaded or overwhelmed by the amount of work you had to do and the patients you had to care for and you just weren't open to learning anything new or have you always been trying to learn more? You know, I always laugh.

I never read a fiction book until the 90s. So I was out in my career before I ever picked up and then it was historical fiction. So I never felt like I had time to read something for fun. There was so much to learn. I always have felt that and I've always wanted to know the why, you know? And so when we look at things like high blood pressure, I mean, you know, we call it essential hypertension.

It's not essential that you get high blood pressure when you turn 40, but we act like it's just something normal. when I tell people, it's like, you have high blood pressure, you have vascular disease. And they sit back and it's like, well, you got to have vascular disease. You got to have something going on to make this. You weren't born with it. You weren't born with a cholesterol 250. Most people, mean, there's a few familial things and even those people respond. So there's really very, very few people that have the

true familial hyperlipidemia that we can't do much about. And even those people, and I have some of those, even those people that we don't move that cholesterol mark do fantastic eating a plant-based diet because like Dr. Esselstyn has said, you can have the machine gun in the closet, but if you don't have any ammunition, it's not going to fire. And if we don't oxidize this cholesterol and we don't have a lot of inflammation on board, you know, people do okay.

Christopher Wark (33:08.202)

so, you know, I'm so glad you brought this up because it was in my, you know, mental notes that I was hoping we would get there with the familial high cholesterol, cases. Do you see them get under 200?

Sometimes now, sometimes no, no, I've seen triglycerides go from 2000 to 130. That's, you know, still eating fruit. I've seen cholesterol drop into the two twenties on people that were three hundreds. But not, you know, a lot, but some people just never see the 150 mark, but I'm also, but those aren't the people that are getting

heart casts, stents, and bypass. So those aren't the people. The people that are having problems are not, they're the people with a cholesterol of 200, 220, that are eating a standard American diet that's full of inflammation. Those are the people that we see. You because you

hear it all the time. It's like, well, I don't, you know, it was family history because his cholesterol wasn't that high and he had a heart attack, so there.

and the doctor putting them on statins, but it wasn't because of that, it's family history. I have to share one story with you in that my family history, because if this doesn't drive it home, nothing will. My grandmother on my mother's side died at age 57 of heart disease and diabetes. My grandfather, her husband died at 48 of a massive heart attack. My mother, their daughter,

had three siblings, three brothers, they died in their 60s of heart disease and diabetes. My mother lived to 90 and she passed away a couple of months ago and I had to cancel her tea time the next day.

Christopher Wark (35:03.874)

so she, you know, and really she, you know, story goes, she had ended up getting in lymphoma in her eighties, had chemo, and probably had a cardiomyopathy because of that, but did quite well golf yoga Zumba until the day she died. so a very full life, compared to her family. So if that wasn't hype, that wasn't familial coronary artery disease, I don't know what.

was as far as her brothers and her. My mother had high blood pressure and high cholesterol from the time she was 30 years old. She was on statins until we all changed. And she changed actually when she got lymphoma, she went plant-based. But the other brothers, my cousins, they're children, stents, high blood pressure, diabetes. So the family history is there. The other interesting piece of the puzzle is GERD.

People say they have GERD and it's just something that happens to older people. It drives me crazy when I see those ads on TV that you can eat the pizza now that you're taking that proton pump inhibitors. So my mother had GERD until she was, you know, started in her thirties. And I remember as a kid, used my, you know, my Lant, a Maylons, Tums, and then, you know, a Pepsid and then the purple pill came along. Guess what happened when I turned 40, even though I was vegan at the time, I...

had indigestion because I was doing junk food vegan at first, know, like, you know, having the processed food, still having oil. I wasn't junk food so much, but I was still using oils. Got indigestion on the purple pill. was like, man, this really ticks me off. Like, you know, I don't want to have to take the purple pill. So again, Dr. Esselstyn comes along the oil and it's like, okay, I'm stopping the oil. Guess what? My indigestion went away. I had to wean myself off the stinking purple pill. So my mom's 80 at the time. She says, I don't want to take the purple pill anymore.

And it's like, well, you got to give up your olive oil. You got to give up your oils, you know? And she says, I don't use that much. I said, well, do what you want. But that's how I got rid of it. She gave up oils, seed oils and whatever, no more indigestion. So at 80, after all those years off the proton pump inhibitor. So we know that it's inflammatory for a lot of people. And I haven't had anybody walk into my office. That's the easiest thing to cure. They say they have indigestion.

like, can fix that. You know, and they are amazed.

Christopher Wark (37:26.018)

They're amazed because they'll say, I can't eat peppers. I can't eat this. I can't eat spicy. I can't eat this. And it's like, yes, you can. You just can't douse them with peanut oil.

That's going, this is going to help a lot of people. I'm excited because I think that's a connection. lot of folks haven't made it's something maybe they haven't tried yet. So what are some of the blood markers that you look at that are really important? And I want to use this sort of the high cholesterol person as an example, something with a high familial cholesterol, but they're doing everything right. They're following your program. What are the other markers besides cholesterol that are red flags to you that are in, you know, indicators of, okay,

you know, there's problems brewing. We look at a C-reactive protein, so a sign of overall inflammation. That's one of the things that we focus on. ApoB is a kind of a accumulation of non-HDL cholesterol that can be, it's basically all the bad cholesterol properties kind of put together. So if the ApoB is high, we know that, you know, those people, but the C-reactive protein, sometimes homocysteine,

Even uric acid can be elevated in people. But we get them, you know, and then we correct them and usually we go kind of go on. you know, I always tell people, I don't just test people to run a bunch of numbers. And I'm not going to treat just a bunch of numbers. The idea is to get you eating the best that you can. And we go on and let that be our guide.

for the most part, because I do believe that we get too focused on some of these numbers that we often miss other things or makes people so focused. So it's usually not an issue. We treat the numbers, but I'm not going to do a bunch of tests to see what if, because I'm going to say, what am I going to do with the answer to the test? I'm going to tell you, you need to eat a whole food plant-based diet.

Christopher Wark (39:28.622)

So if you're, whatever, whatever market you need, I'm never going to tell somebody, oh man, you know what? You have really good numbers. You can eat what you want. You know, and when people, you know, their spouse tells me it's like, well, I don't have any problems with my heart. And instead of kind of looking over and they're, you know, they're 30 pounds overweight and it's like, and I don't have any cancer. it's like, yet. So it's great that you don't, but you know, maybe because we haven't looked or you haven't had any symptoms yet.

But it's not going to hurt you too. You know, there's no side effects to this. Everybody thinks they're healthy, right? Until disease comes and then, and then they, then they still say, but I was healthy. I never saw it coming. I never saw, you know, he was healthy until yesterday, you know, and just, you know, he was like, no, no. And, I, you know, I'm, you know, you know that, you know how it goes. You look at people and he's like, how could they think they're healthy?

I mean, how could you look in the mirror and see health there? I mean, their color is awful, their legs are swollen. I teased with my, we do a mobility class on Mondays. It helps with balance, but general mobility and posture. And we look at alignment and things like that. And I was like, when you go to the grocery store, said, look how people, you're standing in line, look how people are standing, see how you can stand. And I always joke with people and it's like, yeah, I go to the grocery store. I look at people's legs, are they swollen?

You know, I was like, make a diagnosis on aisle number three, aisle number four. You can go just down the line and you'd like to say, you need to put that back. Actually had, give people a t-shirt that, you know, have the practice name on it. And one of my patients was in Sam's, Sam's club, like Costco. And he saw another patient that, and he saw his

had his cart full of bad things and he says, says, you're Delaney's patient. said, you got to put that stuff back. Let me help you. Busted. He actually took him around and helped him find food that like alternatives. And the guy came in, you know, and he's like, I got busted. That was a divine appointment. That's great. And that was a guardian angel that showed up to get him back on the right path. Okay. So I want to switch gears. I want to ask you about

Christopher Wark (41:51.06)

ultra running. you are Dr. Delaney, you are 61 years old. You are an ultra runner. You eat a plant-based diet. How do you do this? How, how, what are the kind of races you run? And I'd love to know what your diet looks like on a daily basis and how you eat if you're preparing for a race or you're training really hard. Well, for starters, I've done marathons,

full Ironmans and I then I switched over. We start doing more ultras here in the last few years. And this weekend I'll be competing in a hundred mile trail race in Florida. It'll be my first hundred mile race. I've completed four 50 mile races, including the silver rush 50 in Colorado at altitude of 12,000 feet. I qualified for their hundred mile race this summer. So I'll actually be doing a 50 mile race in Colorado and then going back out the next month to do their hundred mile race. So I've got some miles on me.

I did marathons before I was plant-based and I would hobble along and be sore for week or so after. I remember the old days, they used to say, if you run 26 miles, you're going to need 26 days to recover. Now, if I run a marathon, can run the next day. I might not run the next day of travel, but the next day I'm out back at it. So the recovery is amazing. 50 miles feels like 25 miles used to.

Um, and so the recovery is, is huge as far as that go. And I attribute it to, um, and one of my best recovery meals is fruit. Um, and I stumbled on that, uh, actually we did a race in California and they had breakfast after the marathon. And of course, you know, they had breakfast with sausage and eggs and all this other kind of stuff. the only thing they had that I was interested in was this giant fruit bowl. And so we just sat there and ate fruit while we talked to everybody.

And I recovered like, and I was like so recovered so quick, know, hydrating, get those glycogen stores back. And so that's become a go-to after long runs. And, you know, I'm always doing either a fruit smoothie or a fruit vegetable smoothie, a big bowl of fruit, you know, after a long training run. Leading up, I eat the same thing. You know, I'll eat spicy Thai food the night before, you know what I mean? Or if we're traveling, you know, I'm vegetables, rice.

Christopher Wark (44:13.198)

Like I said, I'm not afraid of spice. I'm not afraid of fiber. I took a bunch of friends to a raw vegan restaurant before a marathon and I ran the marathon fine. They were all in the bathroom the next day. But so I have a giant salad. I love to have a big kale salad. mean, getting the greens in, how better to get all that nitric oxide? We sometimes eat beets before, certainly beets the night before.

Um, and, know, people look at me, you know, if they, you're in a restaurant where there's people that are, you know, traveling to win the race too, and, know, they may have an arm band and they'll look at my plate, you know, as they go by and they said, can you eat that before you go, you know, all that fiber before you go run a race. And it's like, yeah, you know, I mean, it's like, what a better way, you know, to get everything cleared out the next morning for, you know, to run. Um, so I don't really eat anything different. I'm not.

I'm Italian and Irish and so, you my mom is Italian. we ate pasta with sauce. I don't eat quite so much pasta anymore. I've kind of more rice. It seems to digest a little quicker. So I'm more on vegetables. You know, my grain of choice would probably be more rice or quinoa these days. But I'll, you know, I mean, if we're someplace, I'll do that. Potatoes are fine. This weekend.

You know, I'm going to have potatoes on the, you know, it's out in the middle of nowhere. So I'm going to boil potatoes. We're going to have, you know, fruit. One of my crew is going to do some juicing for me. So I've got juices. So in between, you know, so that's kind of the fair that I'll be, you know, living on. it, you know, works out good. You know, it goes, you digest, you know, quickly that's.

There are some ultras, I'm actually, have a podcast and I'm trying to get, there's a ultra in Georgia that the race directors are vegan. So they have vegan options on their race course aid stations, but they're not a lot. So we typically prepare our, know, have our own food and drop bags and things like that. But there's more and more, but it is very disheartening to see people training.

Christopher Wark (46:24.334)

to do these things and then they eat such junk food. Because you're burning a lot, you can get away with, early on perhaps, eating, but it kind of catches up with you. So I don't have any arthritis, I don't have any joint pains, I take any medications, recover well, I sleep well. Again, it's funny, it's not that many people in my age group.

Christopher Wark (46:53.262)

especially the longer you get, you know, it's like, it was funny because I qualified for this hundred mile race. I just had to win my age group, you know, and it's like, well, wasn't that much competition. Most of them were home on the couch. Right. I mean, that's just amazing. Now, do you, do you try to eat more because you're burning so many calories? Are you trying to like, you know, kind of double down on your, on your portions? Don't, I need to hunger.

You know, like I said, I typically eat a big bowl of fruit for breakfast. I have chia seeds with that. Sometimes I'll put a little soy milk on it to kind of make the chia seeds soak up so they don't stick in your teeth quite so bad. make my own sourdough bread, so I may have some sourdough bread. Lunch is typically a big salad with, you know, I have a variety. So I have my sushi type salad with rice and edamame and carrots and peppers and whatever. Or I have more of Mexican variety.

You know, beans and, and then dinner is just, you know, vegetables and, you know, potato or rice, tofu, beans, you know, it's just a regular fare till I'm hungry. And then I do have dessert. You know, I will say my favorite dessert is frozen bananas, frozen blueberries, some cacao powder and soy milk. sat there and we had my own little soft serve party and, I'm happy. love it. Sounds, sounds amazing. Everything you eat, I would enjoy.

How long does a 50 mile race take and how long do you think this hundred mile is going to take? 50 mile, uh, so obviously they're all different in whether they're flat or mountainous, know, when we're at your 12,000 feet, slows you down. Um, um, that one took me, um, I think that one took me 13 and a half hours or so 12, so 12 to 13 hours for, um, 50 miles. I am hoping.

that this flat ultra will be somewhere around 26 hours. So I get my first chance to run through the night. Hopefully I'll see the alligators before they see me. then when we go mountainous, will obviously take more. So that takes a little adjustment. It's a hydration thing. The reason why I like the ultra is it's a bit of a science experiment. And it's a bit of...

Christopher Wark (49:10.114)

You know, we can, the old adage is you can do more than you think you can. And our bodies always have a little bit more. don't use half our brain power. We don't use half our physical power. But I also like the science of giving my body nutrients and watching it go. So the way, you know, so figuring out fueling and hydration is, is a little bit of you know, science, science experiment for the day, depending on, you know, the conditions and such. But I think that that's really

Yeah, I want to see what my, I'm an experiment of one. I want to see what my body will do for as long as it can. I enjoy being outside. I think there's nothing better for your mental state than being outside, being with others. The ultra community is ultra positive. You know, people are cheering for strangers and helping each other. I mean, that's just a wonderful community for

longevity in itself. I would like to make an impact on that, you know, let, you know, the younger people know if you eat a little bit better, you might last a little longer.

But I think it's, you know, I've always wanted to set a good example. You know, I'm never going to tell my patients you eat plant-based and I'm going to sneak out back and eat a steak. And I tell my patients that, you know, if your doctor's fat, then you need to find another doctor, really. You know what I mean? If your doctor doesn't look healthy, how's he going to help you? How's she going to help you? So I think it's very important. know, you have to walk the walk. And so I do that with the exercise as well. Maybe it's a little excessive, but you know, to date, you know,

So things seem to be going, going good. And there's always a funny story to tell. Something will happen. There'll be a funny story. Something crazy is going to happen if you're running for 12 hours straight. just, my gosh, I cannot, I mean, I exercise a lot. I'm more of a CrossFit guy. So I do, you know, shorter, intense spurts of maximum effort. But yeah, the suffering, the hours and hours of suffering, and maybe it isn't suffering to you, but it would be suffering for me because

I know I'm not conditioned for it, but I just, I'm in awe. I really am in awe of you and, and, um, that you're able to do that. And I just, I'm so impressed. You are living proof, living proof that a person can thrive on a plant-based diet that, you know, you can run 50 mile races. Haven't run the a hundred mile or yet. we'll say, hopefully you can run a hundred mile races, but run 50 mile races, eating a whole food plant-based diet.

Christopher Wark (51:38.382)

At 61 years old, mean, there's really no excuse. And this is what's so great about what's happening in our world. And, and, know, being able to share information and share our stories and all that with technology is like all of these pervasive myths and paradigms are being shattered because people just believe they need to eat animal protein to be healthy, fit and strong. It's like, look at Dr. Delaney running 50 mile races, not eating animal protein.

Where does she get her protein from fruits and vegetables? It gets in there. Like, so it's like, nothing breaks. Yeah. It's, know, so I just, you're a shining example and I love it. And I just thank you for your time. This has been really fun. And, and, uh, I'm excited to put it out there in the world. Let's make sure that people know how they can connect with you. Uh, my website is drdelaney.com. That's spelled out D O C T O R D U L A N E Y.

Social media, it's Jamila Delaney, J-A-I-M-E-L-A. That was my mother's made name or made up name for me, half a James, half a Pamela. So it's a little complicated. It's Jamila Delaney. And yeah, and I do a podcast, Jamie Delaney Plant-Based Wellness Podcast. So I talk about my running adventures and have people like you on, you've been on my podcast and...

But a lot of times I just talk to the cat about different studies that have come out and try to review the literature and encourage people and share things that have happened in the office for regular people and how regular people do so that, you know, I think a lot of people think they're

struggling alone and it's just them, but everybody struggles and it's okay. I think that's awesome. I'm going to make sure and link to all of your resources in the show notes. So folks on YouTube, check the description.

on Instagram, if you're watching a clip or whatever, it, you know, or on Chris beat cancer.com, we'll make sure you can connect with Dr. Delaney and you are located in Florida. You do see real patients. And we have an online practice as well. So we see people actually all over the country talk to them. So we do zoom and all our, you know, our mobility classes and things are in the nutrition classes and lectured are also on zoom. for people that don't live locally, they can get to them that way. So it's fantastic.

Christopher Wark (53:58.744)

Well, Dr. Delaney, thank you again. Like I said, I'm just so impressed by you and, I love what you're doing. And you've inspired me to maybe try to run a little longer than I like to run. Actually, last question I wanted to ask, how, how many miles do you run per day on average? Usually training about seven miles during the day. And then my long runs will go 20 miles on the weekends, 20 miles on the Saturday, maybe 10, 12 on the, on Sunday. So when I'm building up 60, 70 miles to try to get.

I have two German shepherds that I run with, so they're inspiring because they both need to get their energy taken out. So usually in the morning during the week, one goes out with me for three and a half miles and I come back, switch dogs and take the other ones out. So, uh, it's, it's kind of a funny, I'm, know, I'm that person in the neighborhood that everybody knows. Always running. I've got a dog that needs exercise too. That's, that's more of a motivator for me than my own for long runs, but.

This has been really fun again. Thank you so much. Thanks for watching everybody. And please share this video with people you care about. The world needs to know your friends and family need to know that, chronic diseases like heart disease and diabetes and cancer can be reversed. They can be healed with diet and lifestyle and that fruits and vegetables and whole grains and starches like potatoes and beans and corn and rice are actually health promoting foods. They're good for you. So I think when they see this interview with Dr. Delaney, it'll really

So a switch is going to flip, right? Cause you got no excuse, right? You can't make any excuses. There's a 61 year old woman running 50 mile races on a plant based diet. Like you have no excuse. So anyway, thanks for watching everybody. Have a good one. I'll see you on the next one.