Therapeutic Diets that Influence Cancer Metabolism.

Clinical training by Dr. Nalini Chilkov and Dr. Jessica Drummond

Jessica: Hi and welcome, it's Jessica Drummond here from the Integrative Women's Health Institute, and I am thrilled to have Dr. Nalini Chilkov with me here. Nalini practices in Santa Monica, California, still, and she is really one of the earliest pioneers in integrative cancer care. In fact, if anyone in my family or myself was diagnosed with cancer, the first person I would call would be Dr. Chilkov.

Not only is her clinical expertise very strong, but she has lectured all over the world. In fact, we lectured once together several years ago. I think it was in London or somewhere?

Nalini Chilkov: Yeah, in London.

Jessica: All of us are really going to be impacted by cancer in some way, whether it's through our practice and patients, through our friends or family members, even ourselves. So this is super valuable information for all of us. I have invited Dr. Chilkov here to teach us today, and she's going to go deep into the nutrition aspects of supporting cancer care. I'm going to let you take it away.

Nalini Chilkov: Okay, thank you Jessica.

So I look at the cancer journey as different stages. When you're just diagnosed, that's the first trauma. That's when you have the first shock, it's very stressful, it's very overwhelming. There are core needs and core questions at each point in the journey. During treatment is when a lot of patients seek care, because they're starting to have adverse effects and they're starting to feel stressed and they're not quite sure how to adapt, so they come to us at that time. Some people wait until they're done with treatment because they have oncologists who are anti-nutritional interventions, so we hope that that's not most of our patients. But after treatment, we also have an incredible opportunity to really help them take that moment, when they're highly engaged, to really change habits and change lifestyle and really learn something new. They're incredibly open.

And then there's a really large group of patients who have successful treatment and they go on and they want to not have a recurrence. And then there's a large group of patients, because we're good at treating cancer today, that might live with cancer as a chronic illness. They might not be completely in remission, but they'll live a long time. So for example, breast cancer patients and colorectal cancer patients fall into that category. These are people that we'll be dealing with, and we have the opportunity by teaching a health model to transform their outcomes, change their trajectory of their disease and their prognosis. We can also support them in getting through their treatments and helping to manage the short-term and long-term adverse effects.

Sometimes we're the only ones that are really dealing with the long-term adverse effects, but our biggest piece is to give a health model that doesn't exist in oncology. There's not even the word health in the lexicon in an oncology clinic, typically. So I look at the oncologist as the disease expert. The person who's fascinated by the tumor, but we want to be fascinated by the long-term health of our patients, and to put that health model in from the beginning, right away. So what I say to oncologists is, "You're the disease expert, let me be the health expert." And then that kind of mitigates resistance in the conversation with an oncologist.

And so we talk about the tumor microenvironment. This is the landscape, the cancer terrain, and it is this environment, like the soil in a garden that transforms what grows there. So, with diet and with lifestyle interventions and with phytonutrients, we can transform the signaling that's going on, and either turn off growth signals, or turn on suppressor signals and really change what's going on. So diet's a lot about that.

Now, I fully expect all of my patients to be outliers. So I tell people, "The minute you walk in my office and start asking these questions, you're outside the bell curve. Your opportunity to have a different outcome, to have a better outcome, to have better effects of the treatment, and to have less risk of recurrence is automatically in place the minute that you start looking at these things."

I think one of our jobs is to reduce the anxiety of our patients, and to give them a sense of agency, because oncology's an incredibly disenfranchising specialty and the patient feels like they're at the effect of the oncology decisions. I tell patients, "When you have a complex illness, you need a team. You need the disease expert, you need the health expert, and you are the head of the team."

And so that reframes kind of the feeling like all of a sudden somebody took over their life. Now, my framework is, number one, this metaphor of the soil. If we change the soil, we change the tumor microenvironment, we change the terrain, we change what the behavior of tumor cells is. And then there are a number of factors in that terrain that we need to tend to in order to accomplish that goal.

In my course, we go through all these aspects of the physiology that we can impact, so that we can really change what's happening, and also enhance the treatments. For example, in breast cancer, any estrogen-driven cancer, sometimes the only treatment might be hormonal treatment on the part of the oncologist, but there's still this whole environment. There's not only estrogen involved, there's inflammation involved, there's blood sugar, there's insulin, there's detox. All of these things that we can impact so that they do better.

So I'm going to show you some ways to do that. Now, this is a beautiful slide from one of my colleagues, Victoria Wood, who's a nutritionist that works with cancer patients exclusively. This a really good way to talk to patients about why it's important to tend to their nutrition, because we can really change the trajectory, but also their quality of life and their stress and what happens to them during and after treatment.

So sometimes I have my nutritionist kind of go over all of this so that the patient understands the value of tending to their nutrition. Now, what is true is that diet impacts over 35% of cancer development and progression. Here is a slide that shows you all the different types of cancer that we have. Studies show we know that food and diet impact that. So it's not just the gastrointestinal cancers. It can be all types of cancers that are impacted by diet.

And of course, I think in our functional medicine community, we would say 100% of cancers are actually influenced by diet.

Jessica: Let me just jump in and ask you a quick question. Are you seeing a shift at all in the medical community, because I still see patients saying, and they often have, even bowel cancers, that are like, "Oh, my doctor said what I ate wouldn't matter." Are you starting to see some change there?

Nalini Chilkov: Well, here's the thing. I practice in California. So I practice where the medical community is open, collaborative, and early adopters of new ideas, and where maybe 80% of their patients are doing something with integrative cancer care along with seeing their oncologist. So culture of medicine where I practice is, I think, unusual and somewhat extraordinary in that way. There are still lots of oncologists that say, "Oh, it doesn't matter what you eat." But what they are actually thinking is that diet can't cure cancer. That's what they're thinking. And we're not making a claim that says diet or herbs or nutrients cure cancer. We are saying that if we tend to healthy function, your patients will do better.

So I think that's what a lot of doctors think, that we're claiming that we can treat cancer with diet. And so we need to reframe that for the physician so that they understand we're not making some outrageous claim like that, but we're actually going to help them care for their patients to get a better outcome. If you just say to the doctor, "Well, at least we can impact quality of life," then that's a terminology in cancer care that they can grab on to and go, "Okay."

But they still have candy in the infusion room, right?

Jessica: Yeah. And I think that's a very important distinction, because as we learn to communicate with other members of the team in the way that they're thinking, they're kind of thinking, "Hey, my whole job is to get rid of this tumor, and diet is just not going to do that." And then just shuts it off. But we have a new way of approaching that conversation-

Nalini Chilkov: That's right.

Jessica: It really opens the opportunity to build the team.

Nalini Chilkov: That's right, so I've developed language that I like to model when I teach. How to talk to the patient, and how to talk to their family, and how to talk to the oncologist so that there is collaboration and mutual respect, and everybody gets a voice at the table. So that's one of the things I say is, "Let me take care of the patient's health. You're really focused on their disease. I think they'll do better." And that's how I approach that.

Now, if we think about diet as really being an epigenetic intervention, and epigenetics means that we are acting on gene expression. We're not changing DNA, we're not changing genes themselves, but we're changing whether the switch is off or on.

Automated: Thank you. We hope you enjoyed this ten-minute excerpt of Dr. Jessica Drummond's interview with Dr. Nalini Chilkov. You can get the entire interview, as well as over a dozen other clinical trainings by going to https://km132.isrefer.com/go/IWHIVAULTEB/IWHI. That's https://km132.isrefer.com/go/IWHIVAULTEB/IWHI. You will also receive several free courses worth hundreds of dollars if you become a member of the vault to help you further your clinical education. Thank you so much. Have a wonderful day.