



CONVERGENCE

News, Links, and Insights
by JEFFREY BLAND, PHD



July 2018 - Mid-Month Bonus

Thank you for subscribing to Dr. Jeffrey Bland's newsletter. Enjoy and share this information, which is for educational purposes only. Always consult with a qualified healthcare professional when you are in need of medical advice, diagnosis, or treatment.

In this issue: The Vantage Point, Jeff Bland-Mark Hyman Podcast; New Video Blog, Classic FMU

The Vantage Point: What's Been Happening in Dr. Bland's World?

It's been a busy summer for Dr. Jeff Bland and it's not over yet! To track his activities in real time and see all the photos from his travels, consider following his [Instagram page](#).



From left: Dave Asprey, Dr. Dale Bredesen, Dr. David Perlmutter, Leize Perlmutter, Dr. Aida Bredesen, Dr. Jeff Bland. Watch a Facebook Live video featuring Dr. David Perlmutter, Dr. Dale Bredesen, and Dr. Jeff Bland [HERE](#).



Bastyr University (San Diego) 2018 Commencement, June 23, 2018. From left: Dr. Harlan Patterson, Dr. Dave Rule, and Dr. Jeff Bland



Dr. Jeff Bland and James Maskell in Seattle, WA. Follow the progress of James and his nationwide KNEW Health Vision Tour [HERE](#).



Bastyr University (Seattle) 2018 Commencement, June 25, 2018. From left: Dr. Les Griffith, Dr. Jeff Bland, Dr. Joseph Pizzomo.



[New Podcast Available Now! Dr. Mark Hyman Interviews Dr. Jeff Bland for The Doctor's Farmacy](#)

How many real-life Functional Medicine breakthroughs—for patients, doctors, and researchers alike—would you like to hear? Get them straight from Mark Hyman, MD and Dr. Bland in episode 8 of Dr. Hyman's popular new podcast, [The Doctor's Farmacy](#).

Over 20 years ago, Dr. Hyman was struggling with serious health challenges. He first heard Dr. Jeff Bland speak when his colleague, Kathie Swift, suggested he attend a seminar. That long-ago lecture prompted his path to recovery, re-education, and teaching others about Functional Medicine and the powerful role of lifestyle choices in health.

This interview is your opportunity to hear two iconic figures in the Functional Medicine movement share their origins, experiences, and insights. Listen today!

<https://www.youtube.com/watch?v=d97oNRuA4uA>

Also available on iTunes and Google Play.



New Video!

Video is one of Dr. Bland's favorite communication tools. Be sure to subscribe to Dr. Bland's [YouTube channel](#) to never miss an update, and you will also find additional videos on the Personalized Lifestyle Medicine Institute's [Vimeo page](#).

[The Curious Incident of the Non-Randomized Villagers](#)

Imagine: researchers come to your Mediterranean village wishing to study your traditional diet and offering free extra virgin olive oil or mixed nuts, things you often eat but would enjoy being given at



Video Link:

<https://www.youtube.com/watch?v=7175Dph3e6I>

2018 study:

<https://www.nejm.org/doi/full/10.1056/NEJMoa1800389>

2013 study:

<https://www.nejm.org/doi/10.1056/NEJMoA1200303>

no cost for several years in return for being in their study. Too good to pass up, right? Research methods evolve, as do research standards. A problem with the original PREDIMED research was that randomization was not always carried out strictly according to protocol; for example, members of a household may not have been broken out and randomized to a different eating plan, such as a different diet or not receiving olive oil or nuts. (Now imagine years of evening meals at which some family members enjoy their normal diet and others must eat a different way.) After this inconsistency was pointed out, the PREDIMED team re-calculated every study outcome, expunging data from participants who may not have been adequately randomized. The difference between "old" and "new and improved" dataset interpretations? The original 2013 trial found that, among 7447 study subjects, a Mediterranean diet including nuts or olive oil reduced the incidence of major cardiovascular events in those at high risk, while the 2018 conclusion was that "Results were similar after the omission of 1588 participants whose study group assignments were known or suspected to have departed from the protocol." There, now we know.

From the Functional Medicine Update Audio Archive



Oncology: A Personal Quest for Doctor and Patient

An interview with:
D. Barry Boyd, MD, MS

January 2004

Though more hospitals are adding integrative therapy programs and more medical schools are providing nutrition education, mainstream adoption of functional medical paradigms has yet to catch up. The onus for developing optimal individualized treatment plans still falls to practitioners in many cases, and perhaps especially in oncology—ironic, since cancer is increasingly understood as an intensely genetically unique condition. As a result of this confusion, much cancer research, which examines findings across populations rather than within individuals, has not been designed to guide doctors in understanding which dietary or drug approach may be best for a given person at a given point in their treatment. [In this classic FMU interview](#), integrative oncologist D. Barry Boyd, MD, MS talks with Dr. Jeffrey Bland about how behavioral and dietary factors (including food preservation and preparation methods) positive and negative interact with insulin- and immune-related signaling axes to guide life-and-death balance in cells and tissues—and in people. They discuss the cross-ties between obesity and cancer dynamics, and how to unwind them through nutrition.

Classic FMU Top Ten Clinical Pearls

D. Barry Boyd, MD,MS, Integrative Oncology, LLC

1. Dr. Bland: "Food is information. Our lifestyle contains information from which our genes receive a message that creates the phenotype. Cancer is not inevitable. It is modifiable through the information you send to your genes."
2. Fewer than 15% of cancers beyond prostate, breast, and colorectal cancer appear genetically hard-wired; thus environment and experience relate to cause in many cancers and modulate risk even in genetically-driven cancers.
3. Dietary contributions to cancer risk: refined foods with natural anticarcinogens (fiber, vitamins, phytonutrients, minerals, etc.) removed, deep-fat fried foods, many fatty foods, char-grilled meat.
4. Dietary cancer preventatives: perishable nutrient-dense foods; unrefined, intact fruits, vegetables, and grains with full natural complement of fiber, phytonutrients, vitamins, and minerals.
5. Macrobiotic diets may present advantage to those at increased risk for breast and prostate cancer, while the Mediterranean eating style can aid chemotherapy response and improve cancer prognosis.
6. Methylenetetrahydrofolate reductase polymorphisms can increase cancer risk (possibly through altering homocysteine detoxification), but genetically-individualized nutrition is safer than simply increasing intake.
7. Phytonutrients like isoflavones, resveratrol, phytosterols, glucosinolates (and their metabolites), limonene, ellagic acid, vitamin C, and catechins can improve metabolic dynamics related to inflammation, lipid metabolism, angiogenesis, gene expression, and metastasis in cancer.
8. Appropriate insulin, insulin-like growth factor (IGF), MAPK (mitogen-activated protein kinase), and PI3K (phosphoinositide-3-kinase) signaling can influence cell proliferation and tumor promotion, and relates to cancer mortality in obesity; caloric restriction may help address this relationship.
9. Chronic stress affects insulin status and inflammatory mediators and can thereby impact cancer incidence. In obese or hypertensive mice, extract of licorice (a traditional stress management herb) improved glucose regulation, blood lipid profiles, and visceral adiposity—even with no change in caloric intake.
10. Upregulating PPAR (peroxisome proliferator-activated receptor) activity aids insulin sensitivity and may help limit obesity; natural PPAR modulators include omega-3 fatty acids, conjugated linolenic acid, and dehydroepiandrosterone (DHEA).

Interview Link:

<http://jeffreymbland.com/knowledgebase/january-2004-issue-d-barry-boyd-md-ms/>

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