

Real Health Podcast

Brought to you by the Riordan Clinic



Episode#42: Surviving Chronic Lymphocytic Leukemia with Glenn Sabin

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Intro: This is the Real Health podcast, brought to you by Riordan Clinic. Our mission is to bring you the latest information and top experts in functional and integrative medicine to help you make informed decisions on your path to real health.

Dr. Ron Hunninghake: Well, welcome everyone. It's Dr. Ron Hunninghake, and we're back with the Real Health podcast. And it's my real pleasure today to introduce Mr. Glenn Sabin. Glenn, welcome to the Riordan Clinic Real Health podcast.

Glenn Sabin: Good to be with you.

Dr. Ron Hunninghake: Let me tell our audience a little bit about you. Glenn has been on a journey since September of 1991 when he received those dreaded words, "You have cancer." What type of cancer was it, Glenn?

Glenn Sabin: Chronic lymphocytic leukemia, or CLL.

Dr. Ron Hunninghake: Yeah. And you're not a doctor.

Glenn Sabin: I'm not.

Dr. Ron Hunninghake: You're just an average run-of-the-mill guy that was told that he had cancer, but you did not take the average run-of-the-mill response to that. Well, what was different about you that made you go down the road that we're going to be talking about during our presentation today?

Glenn Sabin: Well, unfortunately, the diagnosis of chronic lymphocytic leukemia, or CLL, back in 1991 was termed an incurable malignancy, just like it is actually today. It's not considered curable, all but for very, very few. So at such a young age being diagnosed, I had no choice but to kind of focus inward on being the healthiest person that I could be.

Dr. Ron Hunninghake: Yeah. And you have two children, right? Is that right?

Glenn Sabin: Yes, I do.

Dr. Ron Hunninghake: Were they there? One was there and your wife hadn't had the second one yet, if I remember correctly.

Glenn Sabin: Actually, neither were born in '91. My first born didn't come along until five years after. And there was treatment choices that I could have jumped on upon diagnosis, and that would've pushed me to bank sperm if I wanted to have kids because I would've been sterile through those therapies.

Dr. Ron Hunninghake: So I know our listeners ... The whole gist of the Riordan clinic under Dr. Riordan was helping people find out what they could learn for themselves to take better care of themselves and achieve better outcomes. And so we attract a lot of what I consider unique, special, wonderful people who we refer to as co-learners, because they come not as just passively looking for our help, but they want to be a part of the healing journey. And I see you as really, a pioneer co-learner who was not willing to sit down and take that diagnosis without some kind of significant response. But was that always in you or what was the inner motivation that led you to take this incredible journey?

Glenn Sabin: Well, right off, I was 28 years young and-

Dr. Ron Hunninghake: Wow.

Glenn Sabin: Newly married and I had my whole life in front of me, and I was diagnosed with an older person's disease that was deemed incurable. So I am wired a certain way where I am a bit forward leaning, maybe type A, you could say. So I was kind of predisposed to having an attitude or approach that I may dig a little bit more deeply than the average person, perhaps. But I think it was being told that there was nothing really that I could do, in combination with knowing that the standard of care at that point was purely palliative. So I had to kind of double down on what I did have control over. And for me, that was control over quality of life and an opportunity to work on my underlying health, immune function, and resiliency.

Dr. Ron Hunninghake: It's interesting that when people get a diagnosis, oftentimes the focus goes immediately to the disease and what can we do to treat the disease? And you mentioned the fact that, I think it was Dr. Riordan's insight, and I keep working with it with our patients as well, what is it that I can do to improve my health? The Riordan Clinic used to be called the Center for the Improvement of Human Functioning. And so evidently, you had that spark of, I'm just going to say genius to say, "I've got to really work on quality of health." So how did that shape up for you? What were you needing to do to be healthier?

Glenn Sabin: Well, I just saw it immediately, that the host and the tumor environment are not mutually exclusive, and that as much attention, if not more, needs to be put into the host environment. The

person who is hosting this life limiting or challenging event. In this case, a malignancy. And so there's a lot that one can do to create an environment in which it makes it more difficult for an underlying malignancy to flourish or thrive, if you will. And so at the same time, I was paying attention to that tumor burden as well. And in my case, a liquid tumor, a leukemia that's metastatic by definition because it's in the marrow, it's a systemic kind of situation. So as I was focusing on the standard of care and the therapeutics and the approaches to what was available, that was important to me following that kind of therapeutic pipeline or at that point, lack thereof, as well as the host environment, all the different things that I might do for myself that I had complete control over.

Dr. Ron Hunninghake: Yeah. I think our average patient feels like the main thrust of therapy should be against the tumor, against the abnormal cells. And I think that's the whole medical oncology, traditional oncology approach. And now, we're waking up to the fact that there is a terrain, I guess you would say a physiological background in which that tumor is growing, namely your life or the patient's life. And so it's important then to start getting more scientific about what the different elements are that constitute a healthy terrain or a healthy environment, such that the cancer cells would lose their impetus to grow. So I'm hoping that's kind where you were. And so what were some of the early steps you took to kind of start to correct your terrain?

Glenn Sabin: Well, I focused on where the literature lived at that point. And certainly, even back 31 years, there was emerging literature that supported the core tenants of a lifestyle medicine approach. And so we've known for a long time, that those core elements, nutrition, movement, physical activity, stress reduction, restorative sleep, hydration, we've known for a long time that paying attention to these things can help prevent cancer. And so by extension, it's logical that it would have an impact on the management of a diagnosis or contribute to various types of therapies and/or on their own.

Dr. Ron Hunninghake: Yeah. So there's a Dr. Cohen at MD Anderson that has written a wonderful book, "Anticancer Living." And he talks about the mix of six, which is pretty much what you just said. He would add maybe the toxicity element, there are toxins and probably ever more so even in the 30, 40 years since you were diagnosed. So that's a part of it. And then sleep. Turns out, sleep is incredibly important in terms of preventing cancer. Who would think? But people who do night shifts, they're actually talking about that as a carcinogen-

Glenn Sabin: It is. Lorenzo Cohen is actually a colleague and a friend, and he was kind to include me in his book, and he's been at it for a long time. And I don't know of anyone that's done more investigating at a fairly high level and has been given more grants through NIH and NCI for even his work, just based on mind, body, and meditation and those sorts of things. Yeah. Absolutely.

Dr. Ron Hunninghake: Yeah. And he's not exactly been working in a friendly environment. MD Anderson's pretty conventional. Though, we are getting calls now, even here at the clinic, one of the doctors down there is interested in the use of IV vitamin C as a conjunctive therapy. So I think I feel, and this is just a little bit off track of where we were going, but don't you feel like people are starting to wake up to this idea that you've got to take care of your lifestyle, you got to take care of just the basic elements of health? And if you don't, just treating the cancer alone just doesn't quite make sense.

Glenn Sabin: Yeah. There's certainly been quite an evolution since I was diagnosed. There was 31 years ago, it was kind of the pre-internet world and there wasn't a lot of folks talking about this stuff. There was some very early pioneering integrative cancer physicians, such as Dr. Block, Keith Block and a few

others. But yeah, it's grown beyond exponentially. Folks want to take better care of themselves. There's more literature, not a ton, but it's certainly growing a pace.

Glenn Sabin: And in the age of COVID and these future pandemics to come in pathogens, the idea of focusing on immune function and reducing or eliminating comorbidities and becoming more resilient when you live in an environment in the second decade of the 21st century. And there's a lot stacked against a human being, just in the environment from the water, from the air, from what's very most accessible food choices and that sort of thing, where all these different factors add up to a situation where if you're not focusing on immune function and resiliency, then the chances of getting sick and probably a malignancy at some point in your lifetime, it's getting higher and higher.

Dr. Ron Hunninghake: Yeah. One other step that, I am just rereading your book recently, that I think is very much worth emphasizing is from the very beginning, you worked in a highly integrative way with your doctors. There's been in the past, an idea that patients should maybe try this completely on their own, go the alternative route. But I think we have integrative oncologists on our staff, and I value them highly. Can you just speak a minute about how important it was for you to stay in touch with your doctors and to use the laboratory testing to monitor the progress of your condition, so that you got good feedback that what you were doing was actually helping you?

Glenn Sabin: Sure. No, that's an important part of my story. I was fortunate enough for my local community hematologist, he had the presence of mind to connect me with an expert on my particular type of disease. He was an expert in this area, an academic at the Dana-Farber Cancer Institute, and that was Lee Nadler, who's now the Dean at Harvard. And so it was critical to me and it should be for most folks that have been diagnosed or hosting anything, but the most early stage indolent kind of malignancy, to get an opinion at an academic center from a clinician that kind of eats, lives, breathes, investigates this particular category of disease.

Glenn Sabin: So all along, I engaged very high quality oncologists, but I didn't have unrealistic expectations in terms of what I needed from these folks that in the conventional oncology area, as part of a team, they did their thing. They focused on the disease, the tumor burden, just targeting on the malignancy in the drugs and the therapies and that sort of thing. And I spent a lot of energy then, on trying to figure out the things that I should be doing around lifestyle, supplementation, et cetera, that I could focus on that kind of health creation side. I did work with a couple of pharmacists that were nutritionists at different points through my journey, but it wasn't until 19 years after diagnosis that I actually started working with an integrative physician.

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Dr. Ron Hunninghake: Well, by the way, Glenn's book is titled "N of 1." And basically, you were the experiment. It's an experiment, but it's like, this "N of 1" experiment is a bunch of little experiments hooked together, where you had to have some validation from the things that you were trying, whether it was lifestyle or supplements or whatever it was. You needed the feedback to let you know were on

the right track. And I think people that hear about “N of 1” as an experiment, they think, "Oh, you're going to do one thing and that's it." But your journey was the journey of 1,000 steps or more, probably a million steps. But little steps that you were taking that you were trying out to see if they helped you not only feel better, but to get better blood counts, to have other tests that showed that you were actually making progress. Or if you were going in the wrong direction, you could change course with some of the things that you were doing.

Glenn Sabin: I really did track, very closely tracked over decades literally. I continue to do it to this day, to see what I could correlate with the things that I was doing and trying with changes to the blood. And when I became very ill at one point feeling the full force and effect of the leukemia, then it became even more critical to watch even more closely and to get tested even more frequently during a very acute kind of period of time. So I think that you can try different things. I'm not necessarily a proponent of alternative cancer care in lieu of effective, safe standard of care. I just think that we should be reaching for more than standard of care, whether that's integrative oncology and lifestyle approaches or whether that's the promise of precision medicine, that's looking at each disease as unique, each person who's hosting a disease is unique to them. There's no other disease that's identical to what a person is hosting.

Glenn Sabin: Just like from the host environment side. There's no one person, even an identical twin is not identical from a host standpoint. And so it's important to push, especially for me, Dr. Ron, in those early years, when I say early years, I mean it's really the first 20 years since diagnosis until there was actual significant activity on the conventional oncology side. Today, it's much different than it was back then. So yeah, I had to measure what I was doing to, as you mentioned, validate or correlate some of the things I was doing, even though I could never reduce ... I didn't take a reductionistic kind of approach to it. There was several things, quite a few things that would just be part of what I would be doing and that I continue to do today. And it's impossible to reduce that in a scientific study, too many moving variables and a biostatistician's nightmare.

Dr. Ron Hunninghake: Yeah. I picked up from reading the book, though, that you became quite the scholar of looking up the various mechanisms of nutrients, herbs, various interventions, and you sought out people like the specialized pharmacists, who were experts in those areas to verify what your hunches were, what your thoughts were about using these various interventions. So it was a very well thought out, not just kind of randomly try this, try that. Even though you had to put it together to fit you and your circumstances, it never the less made sense, at least to you and to the people that you were consulting.

Glenn Sabin: Yes, absolutely. That was an important part of the process.

Dr. Ron Hunninghake: And I think-

Glenn Sabin: As high level as possible based on the limited literature, especially made it that challenging. And it continues to be challenging for most people today.

Dr. Ron Hunninghake: And there's that co-learner concept that Dr. Riordan espoused, that people can learn together. The patient can be their own advocate and look and try to find pathways, but then they need the feedback of someone that has more experience. So that together, you form a kind of team. Especially in your case, you had a number of people on your team helping you, the doctors, the pharmacists, your family, it sounds like your wife was a tremendous support person for you and

probably a lot of friends and your own personal doctor. I think that's really important, to get that team idea going in our cancer patients, because it takes a village to say the least, to get where you've gotten.

Glenn Sabin: Yeah. Having a good A team, a comprehensive team in place is important. Various folks play various roles, and it's important not to have unrealistic expectations on the areas of expertise or lack thereof of certain parts of your team. And yes, my wife, Linda, she's really the champion in my story. It was important to have strong family and that support. And I'm grateful for that, for sure.

Dr. Ron Hunninghake: Was there a spiritual dimension to your journey?

Glenn Sabin: I'm a spiritual person, and the diagnosis helped ground me early on, especially at that young age. And so priorities change and where you invest energy and time and what you pay the most attention to, all that kind of evolved pretty quickly. So I like to think that I'm a spiritual person. And I think that in terms of settling the mind or different approaches to relaxation, it can be approached in so many different ways, and I don't believe there's a one size fits all to that. But certainly, it's been part of what I've focused on.

Dr. Ron Hunninghake: Yeah. A lot of people, the diagnosis throws them into a panic and they're in stress mode and there has to be some terra ferma there, where people can feel confident that they're moving in the right direction and that people are going to give them feedback and help along the way. And so that connectivity is what Dr. Cohen calls that having that connectivity on all levels is really, really helpful. Sounds like you also made good use of nature. Getting out into the sunshine, walking outdoors, walking your dogs. Talk about unconditional love. Thank God for dogs. So anyway, how about that part?

Glenn Sabin: Well, nature's a big part of the story, I guess, and something that I rely on a lot. I spend a lot of time outdoors and even getting a lot of exercise, at least cardio, outdoors. So it's incredibly important to me. And to also put my hands in soil and just to be in nature, it really moves me and I think that it has high therapeutic value as well. I'm careful in the sun. I do get sun, I get some unprotected sun and then I use high quality sunscreens to protect me. But I do believe I get benefit from that. I'm also cognizant that there's a very extremely high correlation with the particular disease that I have, or I had, with the three different skin cancers. So it is a juggling kind of act, and a lot of folks with CLL don't realize that connection. But yeah, I spent as much time as possible in nature. I think it's wonderful.

Dr. Ron Hunninghake: So we could probably talk all day. I want to make sure we touch on the points that you made in your epilogue of your book. Namely, where do we see oncology going in terms of the research? We've done these large studies where you take a person with the same named disease, but we know even the same joint ... Excuse me, even the same anatomical part can have many, many different variations, genetic variations and whatnot. So this "N of 1" approach is looking like it's a necessity as we understand how cancer is so different in different people. So where do you think the research can go at this point, to kind of help take that into consideration in the modern era?

Glenn Sabin: Case reports and "N of 1" studies used to be, and still considered, anecdotal cases and quickly dismissed by some. But as we move toward on the conventional side to real precision oncology in doing next generation sequencing and looking at all these druggable pathways that are specific to an individual's particular situation, I just think that there's going to be evolution on the conventional side because I see it unfolding and it's something that I'm very involved with as an active cancer coach. And I also see on the host side or on the lifestyle side, we're already looking at of basket cases of small groups

of trials. One day, and hopefully in our lifetime, we'll see various malignancies treated with N of 1 therapeutics, that are actually drugs that are created specific to an individual. And so I see this comprehensive approach to oncology that's going to be a lot more sophisticated, that is going to include therapeutic exercise, prescriptions, therapeutic nutrition.

Glenn Sabin: That's going to take an account on of everything on what we currently silo or separate, but hope to integrate on this integrative oncology side, as well as the conventional oncology side. I'm seeing more research and more companies that are very well capitalized that are looking at, for instance, individualized nutrition to work with certain cancer drugs. I see that these types of things and AI and machine learning and all these things that are coming to kind of fruition. So it's an amazing time, I think, both for proponents of integrative care and on the conventional oncology side.

Dr. Ron Hunninghake: Well, I just want to thank you for standing up and having the courage to do what you did and to now also be a standard bearer for this new wave of integrative oncology, where individualization is going to become just as you said, more and more important. And so I think you stand as an inspiration to people who are just now being diagnosed. And I'm sorry to say, we're just getting more and more calls, the cancer epidemic rages on, unfortunately. But I think we need to have the kind of tools and approach that you lived to help people understand they can beat cancer, but it's not going to be easy. They have to really put their whole being behind the effort. But it's always great when someone stood up and said, "I'm going to do this." And you did it. And so thank you so much. Any final thoughts before we part?

Glenn Sabin: Well, I'll say this. In life and in health, we are each "N of 1." We are each unique. And finding our paths and being curious and asking more questions, it's all an important part of a process, especially toward health creation and becoming the most resilient person that we can be.

Dr. Ron Hunninghake: Glenn, thank you so much for being on Real Health and for having real health, and for being that kind of person that can be an inspiration to all of us. So hope you continue to stay well. And we hope to talk again sometime soon.

Glenn Sabin: Thank you, Dr. Ron.

Dr. Ron Hunninghake: Thank you.

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