FROM THE ACLM

PRESIDENT'S DESK

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On the Cusp

Abstract: *A new president is stepping into leadership at the American College of Lifestyle Medicine (ACLM). Opportunities abound. The fact that both diabetes and heart disease are reversible is a message that is not reaching the majority of the general public. But times are changing and lifestyle treatment is on the cusp of being accepted as the self-evident best treatment for chronic medical conditions. ACLM is poised to be the leader in this area. Our members passion and experience are our richest resources. Each member is encouraged to be involved with the different committees of ACLM. Choices include Conference Planning, Education, Research, practice Models, Publications, Awards, Business Development, Membership Development, Strategic Partnerships, Marketing and Communications.*

Keywords: ACLM; Reversible; diabetes; CAD

I am thankful to have been a part of the American College of Lifestyle Medicine (ACLM) since the inaugural meeting in Ontario, California, back in March 2004. As one of the founding board members, and later as an officer, I have had the privilege of working with many of the visionary leaders in this movement. While progress has been varied, the passion of each one

has been apparent in the dreams expressed and energy expended to push the work of the College forward. As I take up the responsibilities of organizational leadership, I am thankful for the foundation and structure already in place: Membership is strong, growing, and passionate. The organizational infrastructure is vibrant and well organized. We have a growing voice in the national dialogue on health care. We have reached out to partner with other appropriate organizations in health care, education, and business in such a way as to advance the cause of lifestyle medicine. A big “thank you” to

are thankful for it. But chronic lifestyle diseases such as type 2 diabetes, hypertension, heart disease, and obesity do better when the underlying lifestyle cause is addressed primarily. While many clinicians are vaguely aware of the reversibility of these diseases with lifestyle change, most do not bother even telling their individual patients of the possibility because “they wouldn’t do it anyway.” But the evidence is strong that effective lifestyle changes, including a plant-based diet, exercise, and stress management, are more effective than procedures and pharmaco-technology in restoring health.

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all who have worked selflessly to get us to this point.

When a patient has a ruptured appendix, the appropriate response is to submit to the anesthetist’s drugs and the surgeon’s knife. If you have active pneumonia antibiotics are, more often than not, lifesaving. Technology definitely plays an important part in managing health problems today and we

Dean Ornish’s work published in the early 1990s demonstrated that heart disease is reversible.¹⁻³ Caldwell Esselstyn’s application in clinical practice⁴ demonstrated that clinically significant benefits can be seen years later in real people from everyday practice.

Parenthetically, I recently presented the evidence for the reversibility of heart disease to the Family Medicine

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residents in our hospital. One of my fellow faculty members commented afterward about the need of a prospective randomized trial comparing statin therapy to the Dean Ornish program. I could not agree more. The “gold standard” treatment is lifestyle reversibility and all other should be compared directly with that standard.

Apparently, a plant-based diet is considered by some to be a radical intervention. When compared to cracking the chest open for a bypass surgery, it sounds to me to be far more conservative by comparison. The good news is that times are changing and there is a growing awareness among the public and medical clinicians that lifestyle interventions can be extremely effective in treating heart disease.

Since Robert Taylor's Banting Award lecture⁵ at the 2012 annual scientific meeting for the American Diabetes Association, the medical community has had sound evidence that, for many patients, even type 2 diabetes is reversible. It has now been clearly demonstrated with novel magnetic resonance technology that dietary changes can reverse the underlying liver and pancreas fatty infiltration causative of the disease, that pancreatic function can be restored and hepatic insulin resistance can disappear. Dr Taylor's solution was approximately 600 calories a day from above ground vegetables, over the course of 8 weeks—about the same time it takes to get back to functioning after a cardiac or gastric bypass surgery. So, now it is not just the bariatric surgeons saying they can reverse type 2 diabetes.

What a joy it is to see people actually making these changes. Recently, we completed another in-office, video-based shared medical appointment diabetes treatment cycle for our patients that are hospital employees—done as part of an initiative to lower the cost of health care.⁶ JP is a 55-year-old patient that, along with his wife, embraced the message of whole-plant-based diet and exercise more than the others. He was what I like to call an “early adopter.” Over 3 months he dropped his A1C from

13.2% to 5.8% and came off all his oral diabetes and blood pressure medications. He has now lost a total of over 50 pounds. His story has motivated others to want the same treatment. Our next treatment cycle filled up completely as others heard him share his experience. His story and others like it continue to motivate me to work for change. And success continues to bring even more success as patients I thought would never change are embracing the lifestyle changes with eagerness.

While we sometimes run into resistance from the standard allopathic medical system we have a growing vision of better days. To quote from the 2016 ACPM assembly presentation of Dr Kim Williams Sr, the first president of the ACC with a 100% plant based dietary preference,

“All truth passes through three stages. First, it is ridiculed. Second, it is violently opposed. Third, it is accepted as being self-evident.”

It seems to me that the medical community is now moving from “opposed” to “acceptance as self-evident” and ACLM is poised to be a leader in this area, coordinating with and assisting other medical societies in the formation of lifestyle medicine education and treatment guidelines. There is a new day dawning and the ACLM is up early and already working hard.

Seeing an effective and sustainable healthy lifestyle treatment option at least be made available to each patient with a chronic lifestyle-related diseases appears more and more as an attainable goal. We have made a good start, but there is still much to do. As a national organization we are still small. The vision is large, and when compared to the task, resources are small.

Our richest resource is the passion and experience of our members. By pooling these strengths we can change the world of health care. We need everyone to be involved.

To facilitate this synergy, the administration, board of directors, and officers will be identifying and

supervising a variety of project teams with specific goals and timelines structured in such a way as to allow as many of our members as possible to build the programs and connections necessary to reach our goals and beyond.

You may wish to apply your energy to one of the following:

- *Conference Planning:* Our annual conference is a highlight for many members. Meeting with others of like mind, learning what others are doing, and hearing from luminaries and trail blazers in the field strengthens us all.
- *Education:* Preparing Curriculum for CME, Graduate Medical Education, and Medical School is vital to bringing the lifestyle treatments to the top of the list of mainstream medical treatments.
- *Research:* While we do not have the ability to fund and carry out research at the present time, we can improve everyone's understanding of lifestyle medicine by categorizing and making available the latest literature. Web management and organizational skills can make these available to many more people in the scientific, student, and lay population.
- *Practice Models:* One of the largest interests among members is how to run a lifestyle medicine practice. Those who have experience in lifestyle medicine practice need to be able to share what has worked for them. Access to supporting medical business partners needs to be organized and maintained. All members need access to practice model information to help start, grow, and maintain a healthy practice.
- *Publications:* We have a journal that continues to need new articles supporting the field of lifestyle medicine. The College needs to develop up-to-date position statements. There are requests for updated educational materials. ACLM needs writers.
- *Awards:* We are all encouraged when someone is recognized for their service to the field of lifestyle

medicine. Building meaningful awards helps promote lifestyle medicine to the world and builds public interest. A sizable financial incentive increases the impact of the award. Building the infrastructure for this takes energy, relationships, and tact.

- *Business Development:* Developing appropriate sponsorships helps finance ACLM's work and mission, while giving business an opportunity to join and participate in our mission.
- *Membership Development:* Our membership has nearly doubled in the last year. Developing and recruiting membership continues to help us grow. This includes working with our PIT (Physicians in Training) group to increased awareness and engagement in medical students and residents.
- *Strategic Partnerships:* Building and maintaining relationships with other appropriate professional organizations increases ACLM's impact and efficiency by leveraging influence among others with parallel interests such as the Medical Fitness Association, Society of Behavioral

Medicine, and the American College of Preventive Medicine.

- *Marketing and Communications:* The public face of the ACLM needs to be managed well and kept before both the public and the medical community as a whole. Those who are interested in having a lifestyle-focused team help them with their care need to know where to get it. There is room for apps that support behavior change and truthful evidence-based information for patients.

If you have skills and interest in any of these areas, please volunteer your services. We have set up committees with able leaders to organize and coordinate the various energies and skills of our members. I would encourage each member to find at least one ACLM project to support every year. Together we can make a big difference.

I look forward to seeing you all in Tucson at Lifestyle Medicine 2017 in October 2017. If things go as planned in coordination with the newly formed American Board of Lifestyle Medicine,

there is a good change that we will be able to sit for Boards at that time. See you there. **AJLM**

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