



n of 1: An Interview with Author Glenn Sabin

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Take control of your health, be your own advocate and you can possibly cure yourself of cancer. So says Glenn Sabin and he should know. It seems he did just that using natural and lifestyle methods. His drive to share his success story led him to write the book *n of 1* in the hopes that others can prevent or reverse disease. The letter “n” in the title refers to the sample size of a research study.

In 1991 at age 28, Glenn was diagnosed with chronic lymphocytic leukemia (CLL). There was no known cure. As a young man, Glenn was faced with the news that he was going to die. His first doctor told him there was nothing to do except “watch and wait.” His second doctor, from Harvard, informed him of two high-risk options. Upon closer examination, one protocol was not a viable option and Glenn refused the other because it was far too risky given his circumstances. That left the original choice to “watch and wait.” In other words, Western medicine had nothing to offer Glenn. He refused to watch and wait. Instead, Glenn says, “I held on to two principles. First, every day was beautiful. Second, I absolutely had to figure out how to stay alive.” (Sabin, 2016)

At the time of Glenn’s diagnosis, the fields of Integrative Oncology and Functional Medicine had not yet been established, and the NIH National Center for

Complementary and Integrative Health did not yet exist. Glenn was on his own. Forced to become his own health advocate, he dove into stacks upon stacks of research data to educate himself. He also listened to his body, discounting his doctor’s recommendations and heading for the gym. He recommitted to working out—hard. His wife Linda embraced the role of Glenn’s personal chef, feeding him unprocessed and organic food that served as “medicine.” Glenn was introduced to supplements and began a regimen specially designed for his individual health concerns. Thus began his experiment into his own brand of integrative medicine.

Despite the dire prognosis, Glenn beat CLL and is thriving 26 years later. He attributes much of his recovery to the integrative practices he used to turn around his health. Energy Magazine’s Assistant Editor Karin Ogren interviewed him to learn more.

Karin: The title of the book is *n of 1*. You acknowledge that this is about one person’s unique experience and are resolute that this is not a prescription for others. So why write the book?

Glenn: It was important for me to tell my story. I tell the story of one person over a 25-year period—everything I encountered in conventional and integrative medicine, my experiences with my family and how I



was dealing with this process. What I don't do is offer some recipe for curing disease. I am a big fan of prevention. I believe that if there is a cure to cancer, it will be found mostly in prevention. I am a big advocate of following the core lifestyle tenets of integrative oncology: stress reduction, physical activity and nutrition as well as being well-hydrated with clean water and getting plenty of restorative sleep. My case is one of the most well-chronicled, and I believe the things I incorporated impacted my disease on more than one occasion because I have had a couple remarkable clinical outcomes. But I also don't rule out that other factors could have been in play here because we just do not know.

they can to achieve a level of healing. It's a level of emotional healing.

Karin: In the forward of your book, your co-author Dawn Lemanne, MD, MPH, writes, "Glenn had documentation of his diagnosis from several respected medical institutions: the National Cancer Institute, Harvard, Johns Hopkins, and George Washington University. He had copies of his pathology and blood test reports. He had letters from his physicians exclaiming surprise at his recovery, despite his refusal of conventional treatment." (pg xxi) It was important to you to document your case of CLL. Why was that?

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Karin: You intentionally refrain from using the word "cured." What is the difference between curing and healing?

Glenn: I don't use the word "cure" to define my current situation because we just do not know. The technology that looks for cancer cells in blood or marrow is not all that exact. I use the words "complete remission" or a "durable remission" when describing my situation.

I differentiate between curing and healing in that not all disease is curable. We are entering an era where various types of fatal disease are now being managed with better approaches, better therapies and the approach becomes long-term management of a particular disease. While sadly not everyone can be "cured," most folks can achieve a certain level of healing based on how they approach the management of their disease.

People can still live a good quality of life during the disease process—they have made peace with people and situations in their life, and they are doing the best

Glenn: It's important to capture the clinical cases of exceptional patients at a high level of quality so the data can be peer reviewed and published in medical literature. That is an important process for cases such as mine. You take what is anecdotal, an n of one or sample of one, and you collect these cases so that a bigger picture can emerge. It makes sense to look at these types of cases more deeply.

Karin: You have placed significant emphasis on the lifestyle choices you incorporated. But what if this was simply a case of spontaneous remission?

Glenn: I don't want to talk about religion or miracles or those types of things. I don't believe in spontaneous remission. I believe spontaneous remission is a myth. I think there are biological reasons why folks go into a disease-free state. Although I am very grateful for the fairly remarkable clinical outcomes that have occurred perhaps through my regimen, we don't know conclusively what occurred because an outcome does not prove what caused that outcome. As well-documented as my case is, we just don't know what helped or caused the changes because all the



things that I brought to bear with my protocol over the course of decades has not been reduced to one or two or three factors. This was not a formal n-of-one clinical trial, comparing my process or protocol to a control group. Yet, I have maintained complete remission despite there being no cure for CLL.

Karin: In your book you describe what you call the darker side of natural health and you list modalities like electromagnetic field therapy, Energy Medicine and visualization. Did you research any of those modalities?

Glenn: I'm not sure I mention all those modalities in the book. I think in the book I probably spoke on alternative cancer care versus evidence-based or evidence-informed integrative oncology. So I don't know that I have categorized Energy Medicine, for instance, as alternative medicine. But I am wary of using alternative medicine that lacks scientific evidence in lieu of proven, potentially curative standard of care. I am an advocate of the best Western conventional oncology, but I also believe in integrating different modalities that either are evidence based, evidence informed or otherwise inexpensive and safe to consider. If they are helpful, then they are helpful, and it does not matter much about the science that supports its use. This is how I may differ from cancer researcher and author Ty Bollinger and others in that way.

Karin: You mention those modalities specifically on page 35, and I am curious about that because there has been research done on different forms of Energy Medicine such as acupuncture, Healing Touch, Reiki and others.

Glenn: I am fine with acupuncture, Healing Touch and other therapies that are safe. If they are effective for individuals, great. I have had plenty of acupuncture for lower back pain. I destress in a way that is unique for me that may not fall in line with mindfulness-based stress reduction or other common modalities to relieve stress. So however a person gets into a place of calm, whether it is physical activity or stress reduction techniques, I say go for it.

Like you said there is a growing literature base that supports several of these approaches. The core tenets of lifestyle medicine, such as stress reduction, physical activity and nutrition, are the areas where the most literature exists. I do certain things that really work for me—I don't believe there is one set of nutritional supplements or one specific way of eating or exercising. Folks need to find what works for them and what could be comfortably incorporated into their lifestyle so they will continue to do it regularly. I found what worked for me through research, connecting with advisors I trusted and knowing myself.

Karin: You say you have received lots of acupuncture. Why did you start and what benefit did you experience from that? Were there any other alternative modalities you tried either during your treatment or since then?

Glenn: I started using acupuncture about fifteen years ago, mostly for lower back pain. In my early thirties, I had a lower lumbar laminectomy. A piece of bone fragment was removed from my back and I still have degenerative disc disease. Usually this problem can only be fixed through fusion, but I have been able to avoid fusion surgery. After I had the lower lumbar laminectomy surgery, I would frequently throw my back out and it would set off a cascade of inflammation and pain. I had different types of pharma at the ready for emergencies, whether they were anti-inflammatories, muscle relaxers or even steroid dose packs if I needed it. I kept going through the cycle until I figured out other ways to manage the situation without having to get fusion surgery. So for many years, between continuing on a low inflammation diet, acupuncture as needed and Pilates twice a week for the last seven years, I have had maybe one bout of back pain that was a fraction of what it used to be. I previously had those bouts five or six times a year, and more so in the winter. So I have used various integrative modalities and nutraceuticals to manage a systemic back issue.

I have no issue whatsoever with folks trying different modalities of healing—they can make that choice.



But when I'm coaching somebody, I recommend integrating various modalities within a standard of care that is especially successful in dealing with a potentially dangerous, malignant situation. If the various modalities don't have a big cost associated with them and they bring relief, that can have an impact. Even the placebo effect is significant. If you can leverage the placebo effect instead of taking a pill or going through an intervention, then by all means, leverage that placebo effect. That's real, that's powerful, that's leveraging the mind in ways we can't necessarily determine scientifically. Of course in one sense, I am a walking conflict because I refused standard of care in 2003 when I became very ill.


Karin: In your book you write, "I had to work harder than ever to keep morbid thoughts of leukemia from taking over my mind . . . I have learned to ponder my diagnosis only when I need to, and always in service of a positive health goal, or when searching for helpful information." (pg 15) What role do you think monitoring your thoughts played in your recovery?

Glenn: In the book, I don't dig deep into the psychological aspect and what power that may have over one's condition. However I do believe the most important thing to identify is the mind's connection to the body and to build a psycho-social support system upon learning about a diagnosis. It is very important.

I think that most clinicians, including my academic physician Lee Nadler who is a Harvard dean, will be the first ones to share that the patients who do the

best are those who are most involved in the management of their disease, those who have a real thirst for life and who are most proactive in staying in a psychologically healthy place. I think a mind that is preoccupied with ongoing unmitigated anxiety, stress and/or depression is conducive to a pro-cancer environment.

Karin: What do you hope your readers take away from this book?

Glenn: The power of self-efficacy and becoming the general contractor of your own health. Ideas for how to go about dealing with both conventional providers and integrative practitioners. That readers have an opportunity to take some control and hopefully impact the course of their disease. Possibly as much as 80% of different types of cancer across populations could be prevented in the first place. Certain lifestyles over time make the onset of cancer more likely. Therefore I hope the book points to the potential ability of healthy lifestyle choices to prevent cancer or support a durable remission after a course of cancer therapy. Hopefully by taking ownership of their own health, they can have a long survivorship and a long, durable remission. 



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