

Top Lifestyle Changes to Build a Better Heart

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✓ Fact Checked

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STORY AT-A-GLANCE

- › Clinical research shows you can reverse not only Type 2 diabetes and high blood pressure but also heart disease through lifestyle changes that can be boiled down to “Eat well, move more, stress less and love more”
- › These four lifestyle components form the basis of Dr. Ornish’s Program for Reversing Heart Disease, which is approved for reimbursement under Medicare’s intensive cardiac rehabilitation program and many insurance companies
- › Diet, exercise, stress reduction and heart-based connections actually alter gene expression involved in the development of heart disease, diabetes, prostate cancer, breast cancer and colon cancer
- › Ornish’s program, currently available in 14 states, is divided into 18 four-hour sessions, which include supervised exercise, meditation and stress management, a support group and more
- › A team of health care providers – a doctor, nurse or nurse practitioner, meditation/yoga teacher, exercise physiologist, dietitian and psychologist – can become a certified provider of the Ornish program

Dr. Dean Ornish, clinical professor of medicine at the University of California, San Francisco (UCSF), is perhaps best known for his pioneering work in how to use food and simple lifestyle strategies to improve health. This is also the topic of his book, "[Undo It! How Simple Lifestyle Changes Can Reverse Most Chronic Diseases.](#)"

Ornish is well-known for arguing that high-protein and high-fat diets contribute to America's ever-growing waistline and incidence of chronic disease. We obviously share different positions on this issue.

Since critiques of Ornish's diet can be found in various places on the internet,¹ I decided to focus on what, in my view, is his major contribution to health, which is facilitating an aggressive lifestyle modification program to lower the risk of disease and have it paid for by insurance companies.

It is virtually impossible for most to have the foundational cause of their disease process reverse in the typical 10- to 15-minutes' doctor visit. So, he took 16 years to get his lifestyle program approved by Medicare and many insurance companies, which allows access to the tools necessary to change the causes of most disease.

Once a person has the foundation in place, it will be easy for them to research the high-versus low-fat debate and try it for themselves and let their body tell them which position is correct. But the important point is that most of their destructive health habits will be changed at that point.

For the past four decades, Ornish has directed clinical research showing you can reverse not only Type 2 diabetes and high blood pressure but also coronary heart disease — even severe cases — through lifestyle changes that can be boiled down to "Eat well, move more, stress less and love more."

Simple Lifestyle Changes Can Reverse Most Chronic Disease

One of Ornish's studies also demonstrated that these same lifestyle changes can slow, stop or reverse the progression of early-stage prostate cancer, and probably breast cancer as well.

"We found that these same lifestyle changes actually change your genes, turning on the good genes and turning off the bad genes, specifically the genes that promote heart disease, diabetes, prostate cancer, breast cancer and colon cancer," he says.

"We did a study with Elizabeth Blackburn, Ph.D., who received the Nobel Prize for her pioneering work with telomeres. We found that these lifestyle changes could actually increase the enzyme telomerase in just three months that repairs and lengthens telomeres. Over a five-year period, we found that these lifestyle changes could actually lengthen telomeres.

When The Lancet sent out a press release announcing this study, they called it 'reversing aging at a cellular level.' We have just begun the first randomized trial to see if this program can reverse the progression of men and women who have early-stage Alzheimer's disease.

The more diseases we study and the more mechanisms we look at, the more reasons we have to explain why these changes are so powerful and how quickly people can often get better in ways we can measure."

Since the early '90s, Ornish, through the Preventive Medicine Research Institute, a nonprofit organization, has been training hospitals, clinics and physician groups around the U.S. Despite the program's early success, many sites ended up closing down due to lack of insurance reimbursement. As noted by Ornish, "If it's not reimbursable, it's not sustainable."

Changing the Reimbursement Paradigm

To address this problem, they started reaching out to insurance companies. A few, including Mutual of Omaha and Highmark Blue Cross Blue Shield agreed to cover the program but, by and large, it was difficult to get the insurance industry onboard.

"I thought, 'Well, if Medicare would pay for it, then that would really change the whole paradigm. Because doctors do what we get paid to do, and we get trained to do what we get paid to do.' If you change reimbursement, you change not only medical practice but also medical education."

It took 16 years, but Medicare approved and started covering the program in 2010 — officially referred to as "Dr. Ornish's Program for Reversing Heart Disease" under its

intensive cardiac rehabilitation (ICR) program² – which allows for 72 hours of training on how to address the foundational causes of heart disease. According to Ornish, it was one of the most difficult things he's ever done.

"At one point, halfway through this whole process, they said, 'Well, we'll do a demonstration project, but you have to get a letter from the head of the National Heart, Lung, and Blood Institute of the National Institutes of Health, that your program is safe for older Americans.'

I said, 'Safe compared to having your chest cut open?' They said, 'No. Just [that it's] safe for older people to walk, meditate, eat vegetables, quit smoking and love more.' I said, 'You must be kidding.' They said, 'No. We're not.' So, the director of the National Heart, Lung, and Blood Institute actually did a literature review, and concluded, 'Guess what? These are not high-risk behaviors' ...

Anyway, after 16 years, we finally did receive Medicare approval ... Now that Medicare is paying for it, most of the major insurance companies are covering it as well ... I didn't want this to be concierge medicine. I wanted this to be available to everybody. Now, it is."

The program, currently offered in 14 states,³ is divided into 18 four-hour sessions, which include supervised exercise, meditation and stress management, a support group (which Ornish says is part of why they're getting unprecedented levels of adherence to the program) and more.

Data show 85 to 90% of patients going through the program are still adhering to it after one year, and have better clinical outcomes, which results in significant cost savings. According to Ornish, in the first year of the program, Highmark Blue Cross Blue Shield's costs were 50% lower than that of a matched control group, and Mutual of Omaha cut their cost by nearly \$30,000 per patient in the first year.

Leveraging Motivation

What really motivates people to make sustainable changes is not fear of dying; it's the joy of living, Ornish says, and his program acknowledges and in fact leverages this knowledge.

"When they change their lifestyle, most people feel so much better so quickly in ways that really matter to them. For example, people with heart disease often have angina or chest pain ... [W]ithin, usually, a few days or a few weeks, they're essentially pain-free. They ... say things like, 'Well, I like eating junk food, but not that much. Because what I gain is so much more than what I give up.'

That's really the key. It's that we're always making choices ... These are choices worth making. You feel so much better so quickly that it really reframes the reason for making these changes – from fear of dying or fear of a bad thing happening, to joy, pleasure, love and feeling good. The bigger changes in lifestyle are a big part of that.

The support groups we have are not really the classical support group of exchanging recipes and shopping tips and types of running shoes, but rather creating a safe environment where people can connect in a deep and authentic love for each other.

You know, 50 years ago, people had an extended family they saw regularly. They had a job that felt secure. They had a church or synagogue they went to regularly, a club they belonged to, a neighborhood with two or three generations of people. Today most people don't have any of those."

Over 20 years ago, Ornish wrote the book "Love and Survival: 8 Pathways to Intimacy and Health," which reviewed evidence from what are now tens of thousands of studies showing that people who are lonely, depressed and isolated are three to 10 times more likely to get sick and die prematurely than those who have a sense of love and connection in community. "I don't know anything in medicine that has that big an impact," Ornish says.

Through his studies, Ornish has also learned that most harmful behaviors and habits are adaptive ways to deal with emotional pain. "I've had patients say things like, 'I've got 20 friends in this pack of cigarettes. They're always there for me, and nobody else is. You want to take away my 20 friends. What are you going to give me?'" Ornish says. So, while information is important, it's not usually enough to motivate people to make permanent changes.

Love – An Oft-Avoided Four-Letter Word in Medicine

As noted by Ornish, "Love is one of those four-letter words that you're not really supposed to talk about as a scientist or as a doctor." Instead, terms like psychosocial support or bonding are used, but regardless of the terms, Ornish's program is a love-based one.

"Forty years ago, when I was a freshman in college at Rice University in Houston, I got suicidally depressed," he says. "That was my doorway into learning about this. Creating an environment that feels nurturing and loving, like the support group, is the part of our work that some people make the most fun of ...

That's why in this book, 'love more' is the fourth component of, 'Eat well, move more, stress less, love more,' because love is really what enables people to make these other changes. It has healing benefits in its own right. Even the word 'healing' comes from the root 'to make whole.' Yoga comes from the Sanskrit meaning 'to yoke, unite,' 'union.' These are really old ideas that have been rediscovered ...

More money is spent on antidepressants as well as cholesterol-lowering drugs, than pretty much anything else. We need to address this. Because what I learned when I was so depressed when I was in college is that if you tell someone who's lonely and depressed that they're going to live longer if they just change their diet, or move more, or eat well or stress less ... it doesn't work for them.

They say, 'I'm just trying to survive. I'm just trying to get through the day. I don't know if I want to live longer' ... I think just the act of knowing that we're mortal, and understanding what really brings happiness ... choosing not to do something that you otherwise could do imbues those choices with meaning. And if they're meaningful, then they're sustainable."

The Importance of Meditation

Ornish also discusses the benefits of meditation, which is part of the program. Among those benefits is finding your center so that you can empower yourself without adding stress. "My whole approach is really about addressing the underlying cause of why people get sick," he says, and a major part of the problem is that we're doing something to disturb our innate peace and well-being.

The answer then is simply to stop doing that which causes the disturbance. Meditation can give you the direct experience of this part of you that is undisturbed and not stressed, and provide the mental clarity to actually notice what it is that you're doing that's causing you to feel uneasy or "dis-eased."

"I would encourage anyone watching this, when you meditate, at the end of a meditation, when you're feeling more peaceful, just ask yourself a simple question: 'What am I not paying attention to that would be helpful? ... Then just listen. You'll be amazed at what comes up,'" Ornish says.

"If you want to learn how to meditate, we can do it right now. It takes all of 30 seconds. Close your eyes, assuming you're not in a car or some place that you need to be looking, and take a deep breath. Bring your awareness to one of these mantra sounds. Let's use the word 'one,' because it's secular and it wouldn't offend anyone.

[Just intone] 'One' ... When you run out of air, do it again. Over and over again. What invariably will happen is your mind will start to wander. You'll start to think about 1,000 things you should be doing or forgot to do or whatever. That's

normal. Everybody's mind wanders. If you become aware that you're thinking about something else, just bring it back to the sound. Then your mind really begins to quiet down in a very deep way ...

What I find is that the consistency is more important than the duration ... Just a few minutes at the beginning of the day or the end of the day can really make a huge difference. If you can do more, even better."

Intermittent Fasting

In his book, Ornish also suggests making breakfast and lunch the main meals of your day, and then eating a much smaller dinner or nothing at all, so that you're intermittently fasting for at least 12 to 14 hours every day. This is similar to the kind of meal timing schedule as my peak fasting regimen.

In the past, I advocated a six- to eight-hour eating window, and I typically maintained a daily five- to six-hour eating window. The primary reason, from my review of the literature, is the shortened eating window is a more effective activator of autophagy and removal of cellular debris that will contribute to deadly chronic inflammation.

Now that I've learned that even longer eating restrictions and fasts are perfectly appropriate for 95% of the population as they are insulin resistant and metabolically inflexible, shift to one day a week of 12 hours, three days of 10 hours and three days of eight hours. Also, if you are metabolically healthy, I would encourage you to avoid very short eating windows under eight hours. In his interview, Ornish explains why intermittent fasting can help your healthy heart program:

"First of all, you sleep better because your body's not trying to work, process and digest your food while you're trying to rest and sleep. Also, there's a lot of evidence that [intermittent fasting] gives your body a chance to detoxify and clean itself out.

It's one of the reasons why when you eat a healthier diet, not just what you eat but how you eat and when you eat, will make a difference as well. The challenge

with that is ... that most of us in our culture tend to connect with our family or loved ones over dinner.

When you're pushing back that window to three hours before bed time, that could be a challenge. But, it's just an opportunity for exploring some novel approaches, I guess."

Removing the Distinctions Between Diseases

In his book, Ornish presents what is essentially a unifying theory of chronic disease. He explains:

"We tend to think of heart disease, diabetes, prostate cancer and Alzheimer's as being fundamentally different diseases. I'm putting forth a radically new unifying theory, which is that they're really not different diseases.

They're different manifestations of the same underlying biological mechanisms that are disordered, such as chronic inflammation, oxidative stress, changes in the microbiome, immune function, gene expression, telomeres, chronic stimulation of the sympathetic nervous system, autophagy and angiogenesis.

Each one of these, in turn, is directly influenced by what we eat, how we respond to stress, how much exercise we get and how much love and support we have. Because these underlying mechanisms are so dynamic, most people feel so much better ..."

Indeed, Ornish's work reveals these diseases do not require different sets of diets and lifestyle programs. It's the same for all. According to Ornish, this is also one of the reasons why so many of these diseases are comorbidities. People who have heart disease often also have high blood pressure, diabetes, high cholesterol and/or other chronic inflammation, for example.

This makes sense if they're all different manifestations of the same underlying cause. What this means too is that by implementing these healthy lifestyle strategies, you're

not just preventing or reversing one particular disease, you protect yourself against all of them simultaneously.

For example, Ornish completed a randomized trial with Dr. Peter Carroll, chair of urology at the University of California, San Francisco, and a leading urologist, the late Dr. Bill Fair, then-chair of urology at Memorial Sloan Kettering Cancer Center in New York, showing that the same lifestyle changes that reverse heart disease also can often stop and even reverse the progression of early stage prostate cancer.

And contrary to conventional therapies, there are no serious side effects of these lifestyle strategies. As mentioned earlier, Ornish is now also studying the impact of these lifestyle modifications on Alzheimer's disease.

Where to Find Ornish's Program

If you're interested in Dr. Ornish's program, you can get all the information you need from his book, "[Undo It! How Simple Lifestyle Changes Can Reverse Most Chronic Diseases.](#)"

If you would like further guidance, you can find a listing of all the sites that have been trained and certified to teach the program on [Ornish.com](#), along with support groups you can attend free of charge.

As mentioned, there are facilities offering the program in 14 states. Ornish.com also lists about 100 video testimonials, including one by Dr. Robert Treuherz, an internist whose heart disease was so severe he was on the waiting list for a heart transplant. While waiting for a donor to appear, he went through Ornish's program at UCLA.

"After nine weeks, he improved so much he didn't need a heart transplant anymore," Ornish says. "What's the more radical intervention here? A heart transplant, which costs \$1.5 million and a lifetime of immunosuppressive drugs, or 'Eat Well, Move More, Stress Less, Love More?' We have over a dozen cases like that."

Become a Certified Ornish Program Provider

If you're a health care provider — be it a doctor, nurse, nurse practitioner, meditation/yoga teacher, exercise physiologist, registered dietitian or psychologist — his site also provides information on how to [become a certified provider of the Ornish program](#).

"Medicare and many insurance companies will pay the same reimbursement, whether it's offered in a physician's office or in a hospital or in a large academic institution," he says.

"We're creating a new paradigm of health care rather than sick care ... Medicare currently only pays for reversing heart disease. Some of the other insurance companies cover it not only for heart disease but also for Type 2 diabetes, or even two or more risk factors like obesity, high cholesterol, high blood pressure and so on. Most people with heart disease will be covered if they can go to one of our programs."

The training, given in the Bay Area, is a combination of didactic and experiential learning where you go through the program from start to finish, just as if you were a patient. In addition to that, you attend lectures by Ornish and others to learn the scientific basis for all of the modalities, and how to incorporate the knowledge into your day-to-day life.

Further ongoing training is provided both on-site and through video technologies. To maintain the quality of the program, providers are required to go through reaccreditation on an annual basis.

"Most people who do it say, 'This is what I've been waiting for. This is why I went into health care.' If we're just a collection of algorithms, we're going to get replaced by artificial intelligence and probably an iPhone app before long ... For me, at least, it's part of our conspiracy of love. When you go through this program, you can really experience the difference it can make.

We so often think that advances in medicine have to be something really high-tech or expensive ... I think our unique contribution has been to use these very high-tech, expensive state-of-the-art scientific measures to prove how powerful this very simple and low-tech and low-cost program can be ...

Even in three and a half days, people often find that they have life-transforming experiences, which make them that much more passionate and committed and effective in training their patients who they ultimately will be working with."

Sources and References

- ¹ [Tricia Ward, "Dean Ornish in Defense of the Dietary Fat – Heart Disease Link." Medscape, May 12, 2016](#)
- ² [CMS.gov, Decision Memo for Intensive Cardiac Rehabilitation \(ICR\) Program - Dr. Ornish's Program for Reversing Heart Disease \(CAG-00419N\)](#)
- ³ [Ornish Lifestyle Medicine](#)