Interview with Caldwell B. Esselstyn, Jr., M.D.

(INTERVIEW HIGHLIGHTS ABOVE; SCROLL DOWN FOR EXTENDED INTERVIEW AND TRANSCRIPT)

Dr. Caldwell Esselstyn recommends a whole foods, plant-based vegan diet, that excludes all meat, fish, dairy, eggs and other animal foods.

A surgeon by training, Dr. Esselstyn has conducted extensive research into diet and disease, in particular cardiovascular disease. He previously served as the president of the Board of Governors of the Cleveland Clinic, and chaired the clinic's Breast Cancer Task Force and headed its Section of Thyroid and Parathyroid Surgery.

At the age of 82, this still practicing physician and former Olympic gold medalist follows his own advice of eating a whole-foods, plant-based, vegan diet.

Our co-founder, Sofia Pineda Ochoa, M.D., interviewed him at the International Plant-Based Nutrition Healthcare Conference, on October 1, 2015 in Anaheim, California.

Several short highlights from the interview are above at the top of this post, and the extended version (about 20 minutes) can be viewed below.

- Interview Transcript

DR. PINEDA OCHOA: Dr. Esselstyn, thank you so much for meeting with us. We really appreciate your time.

DR. ESSELSTYN: My pleasure.

DR. PINEDA OCHOA: And you are very prominent physician in the plant-based, vegan movement. Can you tell us, please, a little bit about your background, and what your focus is?

DR. ESSELSTYN: Well, I was actually merrily going on my way as a general surgeon at the Cleveland Clinic, when finally in the late 1970s, and early ’80s, I became increasingly disenchanted with the fact that, for no matter how many women I was doing breast surgery, I was doing absolutely nothing for the next unsuspecting victim. And inasmuch as I was chairman of the Breast Cancer Task Force, I felt an obligation to try to look around globally, to see if there are other cultures or nations where the disease might be less frequent.

And it was quite profound to see in Kenya that breast cancer was 30 to 40 times less frequent than the United States. And in rural Japan, in the 1950s, breast cancer was very infrequently identified. And yet, as soon as the Japanese women would migrate to the United States, still – of the second and third generation, still pure Japanese American – they now had the same rate of breast cancer as their Caucasian counterpart.

And perhaps even more provocative was cancer of the prostate. In the entire nation of Japan, in 1958, how many autopsy proven deaths were there from cancer of the prostate? 18 in the entire nation. Now, by 1978, 20 years later, they were up 137. But that still pales in comparison to the 28,000 who will die this year in this country.

Well, somewhere along the line there, I felt that my bones would long be dust before I perhaps might get the answers between nutrition and cancer. Although, in hindsight, I’m not sure that’s accurate. But nevertheless, it seemed to me there would be more bang for the buck if we looked at the leading killer of women and men in Western civilization – which is cardiovascular disease. Because in this review, there were multiple cultures where cardiovascular disease was virtually

nonexistent.

And the Okinawans, the Papua highlanders, rural Chinese, central Africa, the Tarahumara of northern Mexico, the common denominator – whole food, plant-based nutrition without oil. And so shortly thereafter, I pulled my act together and began a small study. It had to be small, because I still had all my surgical obligations. But it was these 24 patients who were seriously ill with cardiovascular disease, to see if we couldn't get them to eat whole food, plant-based nutrition. And that's how it started.

DR. PINEDA OCHOA: And we met with Dr. Kim Williams last month – the current president of the American College of Cardiology – and he mentions that the diet that you recommend, as well as the diet that Dr. [Dean Ornish] recommends, have been seen to actually reverse plaque and atherosclerosis. Can you tell us, so what does this diet entail? The diet that you recommend.

If somebody tells you, what is the diet that would provide most optimum health? What is the diet that you would recommend?

DR. ESSELSTYN: Well, the diet that I've been trying to recommend – although it's lower in fat, considerably, than the typical Western diet – it's not meant to be a no-fat diet. Maybe no added fat. But we want our patients to eat whole food, plant-based nutrition – food as close to grown as possible.

And in my case, I specifically want them to eliminate the foods that are going to injure the life jacket and the guardian of our blood vessels, which all experts agree is where we have the inception of cardiovascular disease. We don't want foods that are going to injure that endothelium, because the endothelium is making an absolute magic molecule that does wonderful things for protecting our blood vessels – it keeps it all the cellular elements in the bloodstream

flowing smoothly, like Teflon rather than Velcro.

Number two, nitric oxide is the strongest vessel dilator in the body. And if you climb stairs, the arteries to your heart, the arteries to your legs, they widen. They dilate. That's nitric oxide.

Number three, nitric oxide will protect the wall of the artery from becoming thickened, stiff, or inflamed – protects us from high blood pressure, or hypertension.

Number four, most importantly, nitric oxide, in a normal healthy amount, will protect us from ever developing blockages or plaque. And number five, nitric oxide will inhibit the migration of smooth muscle in the artery wall from migrating into the plaque. And number six, nitric oxide can destroy the foam cell, which is what erodes to cap over the plaque, allowing the cap to rupture.

DR. PINEDA OCHOA: It's extremely important – nitric oxide.

DR. ESSELSTYN: So, if we can get patients to change their internal biochemistry – without a single pill or procedure or an operation, just through nutrition alone, they can sufficiently change their biochemistry. So this cascade of events – of where cholesterol migrates into the sub-endothelial space, becomes oxidized, that with all these reactive oxygen species, we have the formation of, ultimately, the foam cell. And the foam cell is capable of eroding the cap over the plaque. And with plaque rupture, now we have induction of thrombogenesis to the rupture, and creation of a clot, and a heart attack.

All that entire cascade can entirely be interrupted with whole food, plant-based nutrition.

DR. PINEDA OCHOA: That's amazing.

DR. ESSELSTYN: It is the strongest tool in medicine's toolbox,

because here it can literally vanquish, annihilate, if you will, 75% to 80% of the common, chronic killing diseases. It's not just cardiovascular disease – stroke, hypertension, diabetes, Gerd, asthma, MS, lupus, rheumatoid, osteoporosis, diverticulitis – I mean, the list goes on. It's quite exciting.

And I think this is where we have the potential for a truly seismic revolution in health – which is never going to come from a pill, an operation, or procedure. When we, in the medical profession, have the will, the grit, and determination to share with the public what truly is the lifestyle, and especially the nutritional literacy, well, it empowers them to be the locus of control to eliminate these diseases.

DR. PINEDA OCHOA: Definitely. And you have done a lot of research on your own. I remember some images that I've seen, in particular you had a patient who, I believe, was a physician – so you have seen actual concrete changes in the vasculature, through arteriographies and nuclear scans – and this is all mostly on a plant-based, whole foods diet?

DR. ESSELSTYN: Correct. If they come to me already on medications, and most of them that I see already have a primary care physician and a cardiologist, I don't change their medications because that would just be chaos. If it was patients coming from Singapore, from Indonesia, from New Zealand, Australia, Canada, throughout the United States, the United Kingdom and Belgium, it's so nice to reassure those patients that their physicians, as their cholesterol begins to come down, they'll reduce their cholesterol lowering medication. As their blood sugar comes down, they'll reduce their diabetic medication. And as their hypertension comes under control, they'll reduce their hypertensive medication.

And that's as it should be – they're there with those physicians who are going to be by their side, but who don't necessarily have the skill set, expertise, or interest. But so

far, over the last 30 years, we have yet to have a physician call me and say, “Dr. Esselstyn, how dare you teach my patient the healthiest diet on the planet.”

DR. PINEDA OCHOA: Or course not. And currently, the cholesterol level that we’re supposed to have is set to under 200 milligrams total cholesterol. Do you feel like patients and physicians should be comfortable with that kind of cholesterol levels? Or do you feel like we still have the potential of progressing towards heart disease with those cholesterol levels?

DR. ESSELSTYN: I don’t think anybody would say that heart disease is caused by a number. Heart disease is caused by what is passing through your lips every day. It is going to disrupt and injure this marvelous endothilial fortress that protects our artery. Once you try to injure the fortress, cholesterol is going to get through there and be a problem.

Now, where we’re at today, when people get so totally tied into numbers, you can be eating an absolutely horrible diet, and be taking a gorilla dose of statin, and have a marvelous number. And then sit there, being very puzzled and scratching your head why you ever had a heart attack when you had an LDL or 70 or 60. But what do you got? In an autopsy, those people are just filled with plaque.

So that’s really a very false sense of security. So anybody, once they’ve had a diagnosis of cardiovascular disease, I want them to understand the disease well enough so they will agree with me that we want to stop, totally, the causation of this illness, which is any morsel of food that passes their lips that will, again, further injure an already injured endothilium.

DR. PINEDA OCHOA: I completely agree, completely agree. And right now, what we’re doing – I know that you’ve mentioned that we are doing kind of palliative care with regards to the

way that we approach our number one killer, cardiovascular disease. Can you expand a little bit on that?

DR. ESSELSTYN: Well, the reason that I've referred to present cardiovascular care – and by the way, I have nothing but the greatest admiration and respect for my cardiovascular colleagues, their care, their compassion, their fund of knowledge – but presently, it, to me, is totally unacceptable to treat patients with drugs, procedures, and an operation which have absolutely nothing to do with the causation of the illness, that literally it's a guarantee that these patients are going to have their second stent, third stent, fourth stent, fifth stent, maybe throw in a bypass, and more stents to keep the bypass open.

And these procedures, and these drugs, and all this imaging – not only do they have significant morbidity and mortality, but they are prodigiously expensive. 45% of Medicare is cardiology. And what is cardiology? It's the first stent, second stent, third stent, fourth stent, bypass, more stents, congestive heart failure, then you die. Die of what?

A completely benign foodborne illness that never had its causation treated. So I think we can do better. Yeah.

DR. PINEDA OCHOA: And part of the problem with that, I guess, is because there's a lot of literature that says if you have a lesion somewhere in your heart, you probably have lesions in the other vessels that supply the heart, and the other vessels in our body. So even if we are just doing a bypass to a very specific place, the chances are that we're going to have complications from the disease, also.

DR. ESSELSTYN: You're talking about, we play whack-a-mole. And that's just – no, it doesn't succeed. This is why the present cardiovascular approach cannot cure patients. The present cardiovascular approach will never end the epidemic. And it is unsustainably expensive.

DR. PINEDA OCHOA: Okay, Dr. Esselstyn, the same physician that I mentioned, about the triple disease, Dr. William C. Roberts, he wrote a paper that said that humans had more so of the characteristics of herbivores, even though we behave as omnivores, and eat flesh and vegetables. He said, well, humans, with their intestines – the length – their appendages, their teeth, actually have the characteristics of herbivores. I wanted to get your reaction on that – what do you think?

DR. ESSELSTYN: I've heard Bill Roberts explain that, and I totally happen to agree. And I think the excitement that I have today is though is that there really is an increasing awareness among thoughtful cardiologists that what they're doing is not a winner. And I don't think that could be better personified than with the leadership of Kim Williams, who is the newly elected president of the American College of Cardiology, who, himself, thrives on plant-based nutrition, and asks that his patients do, as well.

DR. PINEDA OCHOA: Excellent. And one last question, Dr. Esselstyn – is there cholesterol in anything else other than animal foods? I mean, we make cholesterol for all of our needs, and we do not need to consume it from outside sources, right? And is their cholesterol in anything else, other than animal foods and animal products?

DR. ESSELSTYN: Not unless somebody's ingesting it artificially, no. Not that I'm aware of.

DR. PINEDA OCHOA: Okay, it's more so just mammalian animal products that contain it. Oh, well that's, Dr. Esselstyn, I know that President Bill Clinton speaks highly of you, and how he called you a militant doctor. But he said that you changed his life, and his health improved so much. Can you just tell us a little bit about that experience?

DR. ESSELSTYN: Well, the only experience is that I know that he was kind enough to give us a very supportive comment about

my book, and yes, I confess that, although I’m known as a bit of a taskmaster, I’m hopefully not as mean as I look.

DR. PINEDA OCHOA: Wonderful. Fantastic, thank you so much, Dr. Esselstyn. We very much appreciate your time.

This transcript is an approximation of the audio in above video. To hear the audio, please play the video.