# Eat Your Way to a Healthier Heart: Reversing Heart Disease with Nutrition Transcript

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## Podcast Introduction and Guest Welcome

Welcome to Doctor Talks, the podcast where every episode leads to a healthier you. Join us as we navigate the world of optimal health, uncovering groundbreaking strategies to conquer chronic disease.

In each episode, we'll bring you the latest insights from leading health experts, medical innovators, and wellness warriors. If you're seeking to transform your health journey, or if you're looking for answers to burning questions, you've come to the right place.

Get ready to unlock the secrets of lifelong health and vitality. This is Doctor Talks, real talk from real doctors on the issues that matter to you most.

All right, everybody, welcome back. One of the most exciting interviews we're going to have in this amazing week. Reverse heart disease. Naturally summit.

Thank you for being here. You will be glad you're here. Let me introduce somebody who actually needs no introduction. But just in case somebody isn't aware, Doctor Caldwell Esselstyn Jr graduated from the Yale University School way back 1956.

Medical degree, Western Reserve University School of Medicine, 1960. Won a gold medal at the Olympic Games in 1956 for rowing. Some just incredible video.

I've seen, for played by his son Reb, Army surgeon in Vietnam awarded a Bronze Star. Everybody please salute. Doctor Esselstyn, trained as a surgeon at the Cleveland Clinic.

Matt. Beautiful. And Kyle, whose grandfather founded the Cleveland Clinic and whose father was a famous, if I'm correct, breast surgeon, where, Doc Esselstyn ultimately rose to be chairman of the Breast Cancer Task force and head of the Thyroid Impaired Thyroid disease surgical unit at the Cleveland Clinic Compassionate Medicine Distinguished Alumni Award.

But this is a surgeon who cares about nutrition.

## Cleveland Clinic History and Coronary Angiography

I mean, there actually are some. And he became so caring about nutrition that, it has been his passion since 1985. Clinical research. He's been awarded lifetime achievement awards by the Plant Physician Project, the American College of Lifestyle Medication, very highly published and perhaps of all things besides his sparkling an amazing wife and author and is his book Prevent and Reverse Heart Disease, published in 2007.

A book literally hundreds of my patients walk out of my office with copies of. It's their homework they have to read. I don't know, I could go on and on and just introduce you, doc, but shouldn't we just say good morning and hello?

Thank you. Joe. Well, you know, you're a humble man, but you deserve all the praise that is showered on you. Yeah. You should run for president. I don't think there's a floor.

Guess I guess you'd be the oldest candidate, even though we got some pretty old, right? Yeah, I mean, I won't I won't reveal your age, but, it's double numbers, and it's not 77, and you look and, I have amazing zest.

So we're here to talk about reversing heart disease naturally. And, I mean, tell us a little bit, just because it's so

interesting. I mean, you're, incredibly compassionate.

Breast surgeon, thyroid surgeon, parathyroid surgeon. But you cared about blood vessels and how much did Rene Valero, by chance, play into that? You know, perhaps the most famous heart surgeon in the world at the time for doing bypass surgery?

Well, I first got to know Rene Vavilala when, when he first arrived at the Cleveland Clinic, he had been, in the private, practice of general surgery for ten years.

And, Argentina when he decided he wanted to expand his surgical horizon and learn about cardiothoracic surgery. And so he came to the Cleveland Clinic to be under the tutelage of John.

After what was at that time the chairman of, cardiothoracic surgery at the clinic. And it was in July of, of 1963 that just happened to coincide. I was a that was a rotation that I was taking in general surgery was in cardiothoracic surgery.

And it was at the same time that the Fabuloso, started his residency at the clinic, in Curtis drastic surgery. So we got to be really quite good friends.

He was an absolutely delightful, man. And he had, a wonderful set of of hands. He, had a very creative mind, and he had all the, the milk of human kindness.

And, I was only with him for three months because that was my rotation through cardiothoracic. But he stayed for the full two year rotation. He went back to, Argentina.

And at that time they, said, well, what do you expect us to do with you? You went up there and you learned some things from Doctor After, and, you're a big I think you're a big deal.

Well, that wasn't a very nice reception from him back in his home country. So he was so, able and so delightful and so treasured at the clinic that the clinic asked him to join.

And he became a full staff member in the department of cardiothoracic surgery in 1965. And it was while I was in Vietnam and, the spring of 1967 and back in Cleveland, it was very fascinating what happened.

I should give it a little additional background because at this time, nobody was operating on coronary arteries, but the clinic was a shrine, an absolute shrine for people coming to understand what their coronary arteries looked like, because it was just you have a bit of absolute serendipity that, masons stones in who in 1958 was the chairman of the Cleveland Clinic catheterization laboratory at that time, they were just doing catheterization for they, were looking at valves.

So they would have this bolus of dye that would go into the ventricle. And it was felt that if you ever put dye into the coronary arteries, you would kill somebody because, they would not be getting any blood.

Well, what happened to fortuitously was one day in 1958 when Doctor Jones was looking at the, image amplifier. His associate had the plunger ready to put to inject a dye.

And so instead of said, go ahead and exit the dye, none of it went into the ventricle. It all went into a coronary artery. Sounds looked at the the, EKG and it was flatlined.

So he yelled at the the patient to cough. The man coughed and suddenly that brought back sinus rhythm. But songs was brilliant. He said, if we use much, much, much less dye, and if we really, decrease the concentration of this, we can do this safely.

And that's when absolutely everybody was coming to the Cleveland Clinic from around the world to get this road map of their coronary areas, for which there was absolutely no therapy, there was no surgery, and there was no no

medication that would help it.

So here was fabulous. Well, now, we advanced from 1958 back up to 1967. He's operating on this patient. He's seen the films while he's operating on the patient's heart.

Suddenly it turns blue. He yells at his team, prep the leg. They prep the leg, harvest a vein. He shows the vein on around this blockage, the heart picks up again.

Coronary artery surgery is born.

## Launching the Heart Disease Elimination Conferences

Yeah. And then, Mason songs just. He love fabuloso. And he just fed him case after case after case after case. And really fabulous. Was fluent in English.

He was fluent in Spanish and French and Italian, and he was considered as such a leader in surgery, that any country that he visited to present his data, they were so flattered that he could speak, used some kind of common language.

And I you ended up, if I remember the story due to construction, you ended up sharing a surgical locker with. That's exactly what I was going to get. Yeah, that's what happened next.

Because when I got back from Vietnam and was offered a position at the Cleveland Clinic Department of General Surgery, the surgical locker room was filling up so they no longer could put one surgeon to one locker.

They did it. They doubled us up alphabetically. And Esselstyn was next to fabulous. So for the next two years, we were together when what happened was the chorus from Argentina was so loud to bring Babulal back to Argentina, he couldn't resist.

And he, he went down there and finished his career. So you were operating on. And for anybody listening that says that's a bunch of history. You know, we can't really talk about reversing heart disease naturally if we can't measure heart disease.

So hearing what we just heard, which is such a beautiful history of coronary angiography, accidentally identified as a, technique that could be done safely in most cases and led to bypass surgery, ultimately angioplasty with Doctor Grundig and Switzerland, and ultimately stenting with many operators around the world, including myself.

If you didn't have the roadmap, you couldn't do it now. Now we have CT scans, and I think the future of cardiology research already is quantitative CT scans, of which perhaps you know, doctor assistant.

But we interviewed Matthew Boot off one of the world experts interviewed James men. These are people publishing large, you know, trials on CT and geography and reversal of plaque.

And, I think if you were to do it all over again in 1985 and we had CT dng geography for $500, it could have had every patient got a pre and post, you know, quantitative measurement.

But I, I'm humbled. I reread your book last night. I've read your book many times, but I reread it last night and I did not recall the introduction with Colin Campbell, doctor Colin Campbell at Cornell.

Everybody probably recognize from the China study that at 1991. I mean, I'm humbled we're talking year 2023 about reversal of heart disease. You had a conference in 1991, the first National conference on the Elimination of coronary artery Disease.

That's a big, bold moonshot. That's a term some of my friends use, a moonshot. I mean, where did a thyroid and breast surgeon ultimately organize a conference on eliminating heart disease?

And sadly, we got work to do, which is why we're having this summit. Well, just by that time, I was beginning to get data. And by that time I had also heard of and had met, Dean Ornish.

And, just to me, it was so colossal to think that, you know, that we had absolutely no hard evidence that when we could get people to change their nutrition to whole food, plant based nutrition and they could halt and reverse coronary disease, the world really should know about it.

But there was nobody. With all due respect, there was nobody in cardiology who seemed to have any interest in this because Dean was not a cardiologist and I was interested surgeon.

So I found a, actually, it was a small foundation, in memory of my father, that we got some funding and we put together this, conference. We had about 100 people attend, but we had a really a blue ribbon panel.

Alexander Leaf was there from Harvard. Dean Ornish was there, Colin Campbell was there. These are just people that I, that I had read about and, and, and I called them they were willing to come and be part of the conference.

And, it was very disappointing to me that that, that this didn't light up some fires around the world. And so I once again, I thought, I can I'll do this another time.

So in 1987, this time down in Disney with 500, health care workers and physicians and surgeons, we had another blue ribbon panel and, it was very exciting to, to do this a second time.

But then I said, this is crazy for a general surgeon to be doing this. We started conferences, and gradually after that, it slowly did begin to, to pick up, and obviously your book ten years later, in 2007, Doctor Ornish, his book in 1990, and others, you know, it made it more accessible.

## Esselstyn's Early Reversal Study and Clinical Approach

But people today are listening to your interview and are saying, I've never heard of doctor assistant. I mean that amazing to you? Yeah. I mean, yeah, you're probably the most loved social media, nutrition physician, in the world.

I would, I would actually say that that's true, in the plant based world. And, I'm glad we're bringing your wisdom. So I again, we read your book last night, 1985.

You get an agreement by some cardiologists and cardiac surgeons at the Cleveland Clinic to give you what you called in your book, The Walking Dead. Those that couldn't get bypass surgery.

And by 1985, we did have crude angioplasty, but some people weren't candidates. And as you said, they couldn't walk to the mailbox without limiting symptoms.

None of the men had erectile function left in their repertoire. And you and and designed a study to look at whole food plant based nutrition on symptom status, Pet scans or nuclear scans.

So, many of them got angiograms before and after. I mean, it was this all extra time in your life? I mean, you were still a surgeon. I yeah, this is why the study was small.

It was 24 patients originally. And and because of my, surgical obligations, it couldn't really be much larger. That was the restraining factor. But when I retired from the surgery about 21 years ago.

All right, I was then able to, Yeah, I stopped the surgery, but when I was, 85, I, when I was seven. Let's try it again. I stopped surgery when I was 65. Okay.

And, now. And I got rehired by the clinic to work in the Wellness Institute. And I put together a, format that I'm still using today, where once a month, it used to be in person, but now it's all virtual.

Once a month, I counsel, approximately 20 patients who have, cardiovascular disease. And, these are patients that are self referred. And since I'm a little bit old fashioned and compulsive, my secretary will give me their, name and phone number two weeks before my, monthly seminar.

And I will personally call each of the patients so I can get my arms around their story and at the same time provide them with an opportunity to ask questions of me.

So they're coming to the seminar. We have a strong platform from which we can all move forward. And the seminar itself is five, as 5.5 hours. And they're going to learn all about how they created their disease and precisely how we are going to empower them as the locus of control to halt and reverse their disease.

So that's been 85. You enrolled 24 patients and told them, you know, trust me, work with me, work with my wife. And it really was all nutrition. I although you did play some of them on call this diamine and lovastatin prescription drugs and lower cholesterol.

What was talk about what was your you know it's now the norm in cardiology to talk about ultra low cholesterol levels as a reversal platform. It's controversial.

And a few segments of the medical world, but it's not the norm. The norm is low cholesterol in an adult is an advantage. But you saw this so much earlier than everybody else.

What was the goal? Cholesterol and the goal LDL, you know, as you may have seen and maybe the some of the presentations I gave, I showed the numbers, the cholesterol numbers on that original group, they were averaging of the total cholesterol was somewhere around one, 135 140.

And their, LDL was averaging 80. Yeah. And, and their coarser HDL was around 37 and 38. But, with all due respect to cholesterol, well, I'm more and more impressed with because, for example, coming to my seminar, there will be patients who would discovered long before they found me that they simply couldn't take a statin.

And yet when they've gone to the program, some of the most and you've seen this in the book, some of our most profound evidence of disease reversal was in patients who simply could not take a statin.

Or it happened before we ever had statins invented. And we had several profound reversals in the leg, for example. And, I'm one of those patients. So it was it's really, to me, I guess I don't feel that any number has ever caused heart disease.

What causes heart disease is what is passing through people's lips every day. That destroys their endothelial capacity to make that magic molecule of nitric oxide, which is responsible because of its multiple functions for protecting us from making blockages and plaque.

That's a profound statement. I hope everybody just heard that endothelium, the 50 60,000 miles of lining of arteries throughout the body. I read yesterday that there's 400 miles of arteries in the brain.

I thought there would have been more than 400 miles in the brain. That leaves, you know, tens of thousands of miles and other parts of the body. It's universal, and it has to have a lining that makes nitric oxide.

So I know your program has changed a little bit from 1985. In terms of now it's completely no dairy, and such. What would what would be. Let's get practical for a minute, though.

I don't want to get too practical. I like that we have a real dreamer here who's really brought a dream to reality. And, everybody listening can benefit.

What would a breakfast be like for the for the patient that you talked to on a monthly Friday zoom call? Now, what's your breakfast looking like?

## Nitric Oxide, Greens, and the Core Diet Rules

Well, I'd like them to have, some type of old fashioned oats, old fashioned Quaker Oats, with perhaps a few raisins. Can have a banana. And I really, like to have, if possible, for different types of fruit.

Raspberries, blackberries, strawberries, and a little bit of blueberries and some flaxseed meal, a couple of tablespoons. Or it can be, chia seeds and I think to wet it down to wet it down.

A plant based milk. And I think you're pretty famous for adding some steamed greens into that oatmeal. Oh, no. Well, none will come to that. I didn't know you were, Okay. No problem.

Okay. Beautiful bowl of oatmeal. Since I. Yeah, since I, have this great fondness for nitric oxide. I made two modifications in the program about a decade ago, and that was one was a great a see, if we couldn't achieve a greater stimulation of the endothelial production of nitric oxide, which, as we all know, is age dependent.

That is to say, you don't ever see a heart attack and an eight year old boy or girl because they have nitric oxide coming out of their ears. But by the time they're beautifully healthy at 50, they've lost 50% of their nitric oxide that they had when they were 25.

And by the time you're 80, you've lost 70%. So we try to have a greater stimulation of nitric oxide, which I'll mention in a moment. And the other important thing we did was to take advantage of the newer research that shows that mankind has an additional method, an additional method of making nitric oxide.

So here we go. I need them, jewel to have to chew six times a day. Not smoothie is not juicing. I need to choose six times a day. A green leafy vegetable that is approximately the size of half of their fish after it has first been steamed.

Five and a half to six minutes. When it's then nice and tender, and then they must anoint it with several drops of a delightful balsamic or rice vinegar. Why?

Because research has shown us that the acetic acid in those vinegars can restore the nitric oxide synthase enzyme, which is contained within the endothelial cell and responsible for making nitric oxide.

So they're going to chew this alongside their breakfast cereal again as a mid-morning snack, again with their luncheon sandwich. That's three mid-afternoon noon for dinnertime.

Five. And of course, I adore it when they have that evening snack of arugula or kale. Now, the second benefit that comes from showing the green leafy vegetables is it restores the capacity of the bone marrow to once again make the endothelial progenitor cell, which is responsible for replacing our sun.

That's an injured, worn out endothelial cells. The third most important benefit when you are chewing a green leafy vegetable, you are chewing a green nitrate.

That green nitrate is going to mix with the facultative anaerobic bacteria that reside in the crypts and grooves of your tongue, goes bacteria are going to reduce the nitrate to a nitrate.

And when you smile the nitrate, it is now your own gastric acid, which is going to further reduce the nitrate to more nitric oxide, which can enter your nitric oxide pool.

So think about it. What you're doing for minimal expense, no hideous side effects all day long. Dawn to dusk, morning to night. You are absolutely replacing the very molecule nitric oxide, the deficiency of which gave you this disease in the first place.

Now, there is a caveat. Toothpaste with fluoride or public drinking water with fluoride and mouthwash will injure the beneficial bacteria in your mouth.

And I do not like and acids because antacids will decrease your gastric acidity and you will unable to decrease the nitrate to more nitric oxide. Now the top six vegetables would be kale, Swiss chard, spinach, arugula, beet greens, and beets.

I hope everybody wrote that down. That was such an incredible, beautiful scientific dissertation. Nobel Prize winning dissertation in 1998 regarding nitric oxide.

And what about, I want to read a quote from your book. But, doc, I just don't like oatmeal. I can't get off my cheese omelet. I got to read a quote for a minute.

It goes back to that goal you have. But the quote is, and it's two sentences. I have an ambitious goal. This is Doctor Caldwell assistant's words. Not all guns were to annihilate heart disease, to abolish it once and for all your arteries at the age of 90, out of work as efficiently as they did, is when you were nine.

My nutritional program is strict and allows no shortcuts. I'm uncompromising, I am authoritative, but I always tell my patients I am a caring presence.

I want to see people succeed, and if they share my vision, they will. And, quote sort of like Walter Kempner with kale. But, for those that are really historians of nutrition and health research, I'm sure you know, you you you I mean, you had a lot of contact.

You still have a lot of contact. You're very kind and send me patients, and they all tell me they've so enjoyed the conversation they had with you. You know, tell me what we don't allow in the Esselstyn heart disease reversal.

Or it's not just heart disease because it affects, like, disease and sexual organ blood flow disease and brain disease. But, we don't do anything that injures the endothelium.

So why don't you share that list with us? Well, you know, the the. No, the no no's. One of the foods that every time they pass your lips, you injure the endothelium.

Any drop of oil, olive oil, corn oil, soybean oil, safflower, sunflower oil, coconut oil, palm oil, oil in a cracker. Oil in a chip oil on a piece of bread.

Oil in a salad dressing. Oil is a killer. Also, we want nothing that has the mother or face no meat, fish, chicken, fowl, turkey or eggs. Also nothing that is dairy milk, cream, butter, cheese, ice cream and yogurt.

I don't like sugary drinks, diet Coke, Pepsi and Coke. I don't like sugary foods cakes, pies, cookies, stevia, agave, excessive of maple sirup and honey.

And I don't like nuts, peanut butter, nut butters, cashew sauce, avocados. And lastly, no coffee with caffeine. Decaf? Yes, but coffee with caffeine? No for heart. Two things.

And there's lots of great substitutes. I'm drinking dandelion coffee substitute right now that some of you may know and decaf coffee, but. So avoid anything that injures endothelium and provide all the nature's bounty that heals and supports endothelial.

Well, I mean, yeah, we want them to eat whole grains. Whole grains for sure. Your bread, pasta rolls and bagels 101 different types of legumes, lentils and beans.

All those marvelous red, yellow, green leafy vegetables, white white potatoes, sweet potatoes and fruit. And then I and then I mentioned the, the greens six times a day and maybe share with, because people are saying sounds tough.

Although we already, I read that quote about you being a thorough, authoritarian because you do know what you're. Well, let's let's draw this chart. What is the what is the what is the tough and the most radical and the most

draconian diet on the planet, the one that 98% of Americans are eating every day.

That guarantees that they're going to have illness. I couldn't agree more. And I think it's a it's a real statement. You made that for a lot of people changing their diet as Margaret Mead said, is tougher than changing your religion.

They're cheese addicted and their families not supportive. And you made an honest and strong statement that people embarking I anybody listening that took 70 years clock clogged arteries and think it's going to be easy to go the other direction.

It's a massive transformative process. But it boils down to simple food that you and Anne have done so much. I do want to give a shout. We're not done, but I want to give a shout out.

Very close to your last is your delightful wife and and and and your amazing daughter Jane just published another book. Be a plant based woman warrior.

Live sustainably. Delicious. All over YouTube and Instagram. If anybody wonders if you can have delicious, colorful, nourishing food on this program, you need to check out.

And in Jane's new book, along with the 150 Just Epic Recipes in your book that, and your subsequent cookbook, too.

## What Foods Are Allowed and Why the Program Works

So, so let me this is this is not a Spartan diet. This is, incredible diet. Right. Let me ask a couple of questions to you here. I've, I maintain that every patient that you've ever seen for heart disease, every patient that I've ever seen for heart disease, any patient who ever has heart disease.

At one time, their vessels were normal. We agree. And we have known for over 100 years that there are multiple cultures on the planet Earth where heart disease is virtually non-existent.

I also agree, and why is it that it's brilliant as we think of ourselves as physicians in this country? Since the American Heart Association was formed in 1924, the American College of Cardiology in 1949, 88,000 members, brilliant people, all these things they're doing today from heart disease, we use carvedilol.

We use them amlodipine. We whose statins we use all of these drugs and we use stents and bypasses. Tell me, Joe, does absolutely any of those things that I've just mentioned have one single solitary thing whatsoever to do with the causation of the illness?

No, sir. We've completely failed the public. I couldn't agree with you more. What, a hundred years we've known these civilizations that don't have disease.

Why couldn't we just bring that information to this country and say, look, this is it. This disease doesn't have to exist. Well, you said it strongly.

And from 1985 on, and, you know, fortunately, millions of people have listened and learned, but you're right. We got billions. We got work to do. We're going to reach a lot of them with this conversation, which is so meaningful.

And, tell it maybe in the last couple of minutes. I always love a case study. You're a famous, famous Joe Crowe. Tell us just a little bit about, you know, that story and what resulted.

So people listening can actually believe, you know, decades ago, this work that's going to work in 2023 to. But tell us that, came with the. Yeah. When and when, Joe Crowe is the first chapter in my book and, Joe was a breast surgeon at the clinic and good friend.

In 1996, at age 44, he began getting chest pain. He was not overweight. His cholesterol was 156. He had no strong

family history. He was not diabetic.

He was not hypertensive. And, it was really, rather puzzling. So that in October of that year he went to cardiology. They gave a full workup, and they gave him a green light.

No, there was nothing they could see that was abnormal. A month later, he was finishing his, he actually had finished surgery and was writing post-operative orders when he, suddenly the elephant was sitting on his chest.

He had pain in his jaw, left jaw, shoulder, arm. He was having a heart attack. He was whipped down to the cath lab. They start the catheterization, cardiac arrest, resuscitate, finish the catheterization.

One more cardiac arrest, resuscitate, and then he is discharged after he is stabilized up to the floors and discharged four days later. But boy, was he depressed.

And he was depressed because when you looked at the edge of grim, the entire lower one third of his left anterior descending was on both eating and disease over two longest segment.

But you just can't ram in stent after stent after stent, and it was too far down the artery to have a bypass. So he was, really pretty depressed about the fact.

And two weeks after his heart attack and, and I had him with his wife out for supper. Joe, come on, you eat. Eaten this horrible Western diet. You've got the typical Western disease.

We've got ten years of data. Why don't you think about giving it a shot, going, what's plant based? And he said, well, I guess I will, because he said, they couldn't offer me anything else.

And, I'm not going to take those statin drugs. I just, refuse. There's just too many side effects. I said, fine, that's your call. He became the absolute personification of commitment of all food plant based nutrition.

And over the next two and a half years, his total cholesterol plummeted. His LDL went from 98 to 38. And then he had another angiogram. And in the surgical office areas, our doors are about three doors apart.

So at noontime on the day that I knew earlier that morning he'd had his follow up angiogram, I walked over at noontime, walked in and knocked on his door, walked in.

There he was, sitting behind his desk. Joe, I understand you had the follow up angiogram. Would you mind sharing with me? How did it go? So he got up from his desk, came, put his arms around me and said, I think we're doing okay.

And I took a look at his angiogram, and it was, the disease was gone and that was really pretty exciting. That was, early on in this business, and it, it really it followed up what we'd found earlier that we now have about 5 or 6 angiogram pictures of profound reversal, which are quite, exciting and quite stunning.

But Joe was was really at the forefront and in, in helping us get that information. And as your publications have shown before, you might see in an angiogram visual reversal of plaque, symptoms may result of sexual function may improve, and stress tests may document massive improvement in blood flow.

So we have the technology and you've proven it works. And your colleague Doctor Ornish has proven using technology it works. But sometimes it's four weeks later.

They're just feeling so much better, there's no doubt. Oh, I think, you know, I think you make a key point that I'd like to stress, because we have in our book, and maybe you've seen that the Pet scan and the Pet scan is beginning to reverse literally in three weeks.

Yeah. And how did that happen?

## Case Study: Joe Crowe's Recovery

That I was very curious about this. And so I had talks to, I asked Rodriguez, who is chairman at the Cleveland Clinic. Department of, Cardiovascular Pathology, who does the sex, 200 hearts a year from the deceased.

And I asked them, I said, how often do you ever see plaque develop in the coronary artery? Once it has dived into the muscle? His answer never. Never.

Maybe very, very rarely in a in a severe diabetic. But other than that, not there. Now I had the answer. How did we know that in three weeks you have we haven't gotten rid of the plaque? That doesn't happen.

Why does the reperfusion occur in that short of time? Because when we are first seeing those patients, their endothelial cells are so beaten up. There are trainwreck and they're hardly making any nitric oxide.

And the endothelium has become your enemy. It is now making two molecules of vaso constriction, endothelial and surround by saying and endothelial and thrombus.

And it had taken that entire coronary vascular tree that since they're muscular and it's all crimped pinched. And so as soon as they really make this dramatic change and they're no longer eating anything that's going to hurt their endothelium, but it starts to recover, they begin making nitric oxide the great vessel dilator.

And they no longer are making endothelium. And from box in the vessel constrictor. So suddenly what happens is within three weeks or four 4 or 6, 8 or 10 days, they used to walk 2 or 2 blocks before they got chest pain.

Now they have to walk 4 to 6 blocks before they get any chest pain. That's so dramatic and so exciting. And that's why it occurs. And I also one other thing I would like to mention, is that I'm almost of the opinion now that practically anybody who has been asked to have stents or bypass should be given an opportunity first, with both woefully plant based nutrition to make this dramatic, to change, because we have seen patients with both with two of their major coronary arteries 100% blocked and a third 70% block literally living on those collaterals, they can hardly walk across a living room.

We've seen them absolutely turn it around. I don't mean open up the 100% blocks, but open up enough circulation so that they don't. There's no need for them to have surgery or bypass.

And I mean, very controversial statement. I actually agree with you. I counsel patients as an active clinician on exactly that option. They have. But it takes the approach that I read the quote from your book.

They have to go all in. You can't avoid you can't avoid bypass by putting your toe in the water of the Esselstyn reversal program. You just got to do it and enjoy it.

And we have you know, you're you're speaking science after the multi-million dollar courage trial and then the multi $100 million ischemia randomized study.

We know if you I tell Bayesian if they discharged you you don't need bypass instance. You were well enough to go home and change your diet. You know if you're kept in the hospital an IV nitroglycerin, you might actually be unstable enough for that would be an unwise decision.

And wasn't there? Oh, mean, you've got surgery and stents scheduled in two weeks. You have the opportunity to heal yourself with nutrition. So we're, I want lot of joy and to help me out with this.

Wasn't there another study orbiter? Yeah. They orbit a trial, right? This sham stent trial in England where people felt as well with a sham procedure as they did with an actual stent.

Now, I'm a stent trained cardiologist, and, you know, you and I agree, you're having a heart attack or you're in the emergency room with serious, unstable symptoms.

Stents and even bypass can be lifesaving, no doubt, but probably it's 5 to 10% of all those getting them in 2023 need those procedures. If they'd just be willing to follow your program.

And I know you, you can pull your hair out out of frustration because they don't even hear about it. They know it's not on the consent form. I have considered plant based nitric oxide restitution.

Am I garnering praise? And I've chosen not to go bypass. I mean, they're never offered from an ethical standpoint. I think it's very, incorrect. I think you agree with that to again, you know, all you can do is change it to one starfish at a time.

You change what you can change. And, you know, look at, though I will say, as we come to a closure, you went on a crazy adventure in 1985 with your wife.

You happened to be right. I think I did everything, I mean, you know, getting ultra low LDL and total cholesterol has been debated, but you were doing it, you know, almost 40 years ago.

And now it's the standard of care.

## Final Reflections on Lifestyle Medicine and Hope

You know, we use it with drugs, but we get LDL under 40 all the time now and proven benefit with very little harm. But you were doing it with nutrition and maybe with a supplement or with, a prescription drug.

Decades ago, you were talking nitric oxide. And as the science developed and, you were talking the amazing ability of the human body to heal itself with, to your credit, scientific publications along the way to back.

And so I just want to say thank you for being a pioneer, a revolutionary. You're like a medical, you're a medical hippie. You're a contrarian. I mean, you know, and serving our country and winning a gold medal.

I mean, all the other, and raising great kids and sort of being able to, pick the best life partner you could have picked. And, and so, I feel like I'm about to give you an award, but you deserve, you deserve any awards.

Obviously, I, I have amazing affection for what you and your wife and your team have done. So any last parting shots to hundreds of thousands of people that are drinking in such wisdom? I.

Yes, there is a parting shot. And that is, I guess, that I have this tremendous, feeling of optimism that we are what we are on the edge of what could truly be a seismic revolution in health and that seismic revolution in health is never going to come about, with another drug, another stent, another bypass.

But the seismic revolution in health will come about when we're willing to show the public what is a lifestyle and more specifically, what is the nutritional literacy that will empower them as the locus of control to literally annihilate chronic illness.

Thank you. Joe. All right, well, powerful, powerful words. I share your optimism. Slower than either of us. Wanted to see it happen, but it's happening.

And just shout out a website where people can follow up and see your beautiful work. Well, Doctor esselstyn.com. My my work. All right. And I hope to see any of the books, any of the bookselling sites will have your books and the ones you've done in combination with an and now an on your own venture with Doctor Jane, of course, rips books and rips new food ventures.

Their son, Rip Esselstyn. That is a legend in his own right for a lot of reasons. World records in his 50s for athletic performance. My God. And I met your other children.

The other children I know slackers. They're just not necessarily, teaching nitric oxide. They're good people. All right,

I total pleasure. Thank you for your time.

And, we'll catch up soon, I hope. Face to face. Thank you. All the. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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