The leading killer of women and men in Western civilization was, as I said at the outset of this, a toothless paper tiger. It need never, ever exist. And when you think of the amount of misery and suffering that you can get away from, simply by getting people to accept this whole food, plant-based nutrition, because it not only, what we found obviously profoundly, it helps people with cardiovascular disease.

but it absolutely can destroy diabetes, hypertension, vascular dementia, dementia itself, and importion. Also, Crohn's disease, ulcerative colitis, pneumatoid arthritis, lupus, multiple sclerosis, allergies, asthma, the list goes on.

This is Doctor Talks. Welcome back to another wonderful conversation. And today, honestly, this is my greatest honor, is to have Dr. Caldwell Esselstyn joining us today and just share his vast wisdom and experience with helping people with cardiovascular disease.

How are you today Dr Escelstin? Laurie, it's a pleasure to be with you. Well, it's a phenomenal thing. You're closing in on 90, and your experience of the skills spans many, many decades.

So my first question really would be, what is your overarching philosophy regarding the prevention and reversal of cardiovascular disease, including hypertension, with diet and lifestyle?

Well I think the thing that I always try to have patients understand is that To truth be known, coronary artery heart disease is nothing more than a toothless paper tiger that need never, ever exist.

And if it does exist, it need, never ever progress. I think the thing that jumps out at anybody who's involved in prevention is a recognition of the fact that we have known for many, many decades that really there are many cultures on a planet earth where cardiovascular disease has virtually nonexistent.

And why wouldn't it be reasonable or sensible to take the information from those cultures and bring it to this country? But that really is sort of a dark side of American medicine.

And what we're doing for cardiovascular disease today, we use drugs. We use stents. None of which have one single thing whatsoever to do with the causation of the illness.

And so it's really been very profound and very exciting when you begin to take the information from these cultures where disease is non-existent, namely trying to have your patients understand about a plant-based diet, and then really be willing to take the time to explain to them, what are the foods that every time they pass your lips, you absolutely devastate and further injure?

The endothelium, which is manufacturing this magic molecule of nitric oxide, with which it's responsible for the salvation, preservation and protection of all of our blood vessels.

That's the background. Yeah, so it really gets to going to the root cause, you know, kind of moving away from sick care to healthcare through prevention.

So speaking of the whole food plant-based diet, can you talk to us a little bit about how you discovered that a plant based diet was helpful and what do you typically counsel patients to at least get started with?

What are the main points there? It started in the late 1970s when I was chairman of our breast cancer task force. I increasingly found myself being disillusioned with the fact that for no matter how many women I doing breast surgery, I'm doing absolutely nothing for the next unsuspecting victim.

That led to a bit of global research and it was quite apparent that there were multiple cultures that were 30 and 40 times less frequent with breast cancers than in United States.

You look at rural Japan in the 1950s, it was very infrequently identified, but as soon as the Japanese women would migrate to the United States by the second and third generation, they now had the same rate of breast cancer as their Caucasian counterpart.

And even more compelling was a cancer of the prostate in 1958 in entire nation of Japan. How many autopsy proven deaths were there from cancer the prostrate?

18. one of the most mind-boggling public health figures I think I've known. By 1978, 20 years later, they were up to 137, which still pales in comparison with the 28,000 who will die in this country from prostate cancer.

So it was somewhere along this journey that it became apparent to me that there were, I was encountering many cultures where cardiovascular disease was virtually non-existent.

And I said, well, wait a minute, that's the leading killer of women and men in Western civilization. Maybe if we could get everybody to eat to save their heart.

There'd be an enormous savings also being protected from the common Western cancers of breast, prostate, colon, and perhaps pancreatic. So that was sort of the background.

And then I had to go to, you gotta do some research because you can't just stand on the rooftop and yell, go eat plant-based and expect the entire population to make some transition.

You've got to back it up with some science. That's what got me started with our first small study. Wonderful, and can you tell us a little bit of the results that you had with this study?

It was really quite exciting. The thing that I was most concerned about was lack of patient compliance. And so I used for these 24 patients, actually 18 that stayed with us for the full 12 years, I use the same mantra that use for my cancer patients that had learned from a wonderful West Coast surgeon by the name of Bert Dunphy.

Bert used to say that patients with cancer are not afraid to suffer. Patients with cancers are afraid of being abandoned by their physician or by the family.

So for the first five years I was seeing them every two weeks in the office. We would draw their cholesterol and actually check their blood pressure, their weight, and I would go over every morsel they ate.

After five year I got courageous and stretched it out to once a month. And then after 10 years, they were pretty well on autopilot. So we were seeing them quarterly.

And at 12 years we said, wait a minute, this is as long a study as there is out there for this kind of arrangement, so it was time we reported it. And it was very exciting because these patients, really all 18 who stuck with us for 12 years, they had had 49 coronary events amongst them in the hands of expert cardiologists during the eight years prior to coming into the study.

But once they came into this study, all but one patient who let's just say was a little sheep who wandered from the flock. Everybody else stopped their disease and we often had striking examples of disease reversal.

Now the reason that I think that my program had been successful or perhaps others may fail is nobody else was as mean as I am. I just don't believe it.

That I mean attention to detail and I didn't very clearly spelled out the foods that wanted them to absolutely, totally eliminate. And we mentioned the food that you can have and in the last little over a decade, We've modified it further to take advantage of the newer research that shows that mankind has an alternate pathway for making nitric oxide besides the endothelial cell, which is mainly the vegetables that can be chewed after they've been anointed either with balsamic or rice vinegar.

And when those have been chew up and they produce nitrate, which can then further be reduced to nitrite, then when your own gastric acid reduces the nitride to more nitric oxide, it can enter your nitrous oxide pool.

Literally what I have these people doing with six times a day. all day long, they are almost, you're turning them into a nitric oxide factory. That's fantastic.

So can you, I love it when you just rattle off your list of your favorite dark green leafy veggies. Oh, well the first, the top six are kale, Swiss chard, spinach, arugula, beet greens, and beets.

But if you want the whole list, it goes like this. bok choy, Swiss chard, kale, collards, collar green, beet beans, mustard green turnip beans nappa cabbage, broccoli, cauliflower, cilantro, parsley, spinach, arugula, and asparagus.

And the reason I go through that list is because I want the patients to understand how beneficial that can be also for your memory. Well, if anyone can highlight the beautiful living into our older years, elder years and you're doing everything right, right?

The eating, the exercise, socialization, everything, your purpose. It seems like you've got everything figured out and moving in the right direction. So I aspire to be you when I grow up.

That's all good I am. It's all due to Anne. You're a smart man, see? You give credit to the wife. So can we speak a little bit about also, are there any other besides the dark green leafy vegetables in context of hypertension or cardiovascular disease that you really like people to focus in on as well as other things?

And what should we be removing too? Well, the ones that we want to remove, and I wrote a paper about the dangers of oil that was in the International Journal of Disease Reversal and Prevention.

The title of the paper I wrote was, is oil healthy? And in that paper, I review the animal studies and the human studies that show how oil injures the endothelial cells.

And so we want to have people actually stop and boil. All oil. Whether it's olive oil, corn oil soybean oil safflower oil sunflower oil coconut oil palm oil oil in a cracker oil and a chip.

oil on a piece of bread, oil in a salad dressing. We want to eliminate oil as well as animal protein, meat, fish, chicken, fowl, turkey, and eggs. You also eliminate dairy, milk, cream, butter, cheese, ice cream and yogurt.

Why? Because those foods injure endothelial cells. and take away your nitric oxide. Also, we want to eliminate sugary drinks, diet colders, Pepsi and Coke, and sugaring foods, cakes, pies, cookies, stevia, agave, excesses of maple syrup, molasses, money.

And I'm a little bit of an outlier here, but I don't like nuts. I do not like peanuts, peanut butter, nut butters, or cashew sauce and avocado, too much saturated fat.

And lastly, coffee with caffeine. Decaf? Yes. Black tea? Green tea, yes. But coffee was caffeine? No. Now the key here, I think, is to educate patients.

So this is so important. If patients can understand that the reason they had their heart disease is because they have so sufficiently trashed injured and compromised the endothelial capacity to make nitric oxide.

When they realized they're short on nitrous oxide, they've lost their protection. And it wasn't done by their genes or by the stress, it was done their food.

How exciting it can be for them to transition from one pile of delicious food that is absolutely destroying them, to another pile delicious foods that will actually enhance them.

So we have the dark green leafies, removing the processed foods, the oils, fats, those things. And what other foods would you say, especially in the context of high blood pressure, what would be super beneficial?

Where would encourage people to start? Vegetables are really, you really can't do better than the phytonutrients that are enclosed in them, And the reason I started that, this is probably the work of Nathan Bryan out of University of Texas.

And I like patients to chew, not smoothies or juicing, but to a green leafy vegetable six times a day, roughly the size of one third to one half of your cup.

After it's first been steamed or boiled five and a half to six minutes, so it was nice and tender. Then you must anoint it. with several drops of a delightful balsamic or rice vinegar.

Why? Because research has shown us that the acetic acids from those vinegars can actually restore the nitric oxide synthase enzyme contained within the endothelial cell that's responsible for making nitrous oxide.

and therefore I want them to chew this alongside their breakfast cereal, again as a mid-morning snack, with their lunch and sandwich, that's three, mid afternoon, four, dinnertime, five, and of course I adore it when they have that evening snack of arugula or kale.

The second benefit that comes from chewing the green leafy vegetable, it restores the capacity of your bone marrow to once again make the endothelial progenitor cell.

which will replace our senescent, injured, worn out endothelial cells. Now the third benefit, when you're chewing a green leafy vegetable, you are chewing the green nitrate.

As you chew the Green Nitrate, it is going to mix with the facultative anaerobic bacteria that reside in the crypts and grooves of your tongue. Those bacteria are going to reduce the nitrates that you've been chewing to a nitrite.

And when you swallow the knitrite, it is now your own gastric acid, which is going further reduce to nitrate, to more nitric oxide, Now there's a caveat.

Well, first of all, think of it, what you're doing. For minimal expense, no side effects. What you are doing literally all day long, dawn to dusk, morning to night.

You're absolutely restoring nitric oxide. The very molecule, the deficiency of which has given you this disease in the first place. Now, there is a caveat and that is toothpaste with fluoride, public drinking water with fluid and mouthwash.

will injure the beneficial bacteria in your mouth. And I do not like antacids because ant acids will reduce your gastric acidity and you will be unable to reduce the nitrite to more nitric oxide.

So if we have someone, because these antacid medications are over the counter and so many people live in places they're not even sure about the fluoride.

So what would you suggest to counter both of those? Let's say someone doesn't understand or know about fluorides. Do you ask, do you have them filter the water or do anything special and then as far as…

Yeah, they have to get a filter if they've got public drinking water that has fluorine in it. Yeah, I actually encourage all the patients, regardless of where they live, to filter their water.

I just don't trust it. But also, when it comes to, let's say someone does have medications, say they have a Barrett's esophagus or something, they do require some type of anti-acid medication.

Is there anything else they can do to help increase their nitric oxide, besides everything you just mentioned? Well,

you mean besides the green leafy vegetables?

Yeah. have a diet which is anti-inflammatory. And of course, the one that we always push there would be whole food, plant-based nutrition. Absolutely.

Okay. And then as far as, can we ask a little bit about the nuts? Are there any nuts that you find that might be helpful or where do you encourage? Yes, you could.

Probably the one that would escape would be a walnut because it's a nice omega-3 and it doesn't seem to have as much saturated fat. But I don't include that because I've had them pushing flax seed meal and chia seeds and green leafy vegetables.

So I think we've got that pretty well covered because But if I start mentioning walnuts, that's not what people will remember. They'll say, you know, Esselstyn now is letting you have a walnut, having nuts.

It's going to be a differentiation. You give them an inch, they take a mile type thing. Yeah. And there was quite an interesting study that often isn't spot.

I think it was Veselinovich. In the 1970s, with rhesus monkeys, some group getting corn oil and palm oil, and the other group, getting peanut oil. And sadly, after a year, they sacrificed the animals.

There was a stunning amount of atherosclerosis in the pinot though. Wow. So then as far as others are, you had the accountability. You were meeting with patients on a regular basis for your study and different things.

And I know you still call people, people that I meet just randomly. It's like, Dr. Esselstyn called and talked to me. I was like that is what Dr Escelstyd does.

That's amazing. But for someone who doesn't have a Dr, Eselstyt in their life, how can they kind of overcome the challenges. Like, what have you found that are challenging for your patients and then they were able to work through it and stay consistent on this healthy diet?

Yeah, I think there are two things that we do presently. My practice, as I've mentioned, is made of patients who come from either overseas or Canada or throughout the United States.

And we did this all virtually now. We used to do it, believe it or not, in person. People would fly to Cleveland and spend money at a hotel Unfortunately now with virtual, actually, we're reaching so many more people.

What are some of the challenges that people have in staying consistent on the diet if they don't have someone like you that they're meeting with regularly?

Any ideas or suggestions that you've seen people do? We get them to be adherent. We have the seminar that I conduct with maybe 20 or 30 people online.

is going to be five and a half to six hours. They're gonna learn all about how they have created the disease, and they're going learn about plant food acquisition and preparation from Anne.

Then we have several testimonials. And then my son-in-law, Brian, who is actually the director of the Esselstyn Foundation, he has a wonderful presentation on food architecture.

And they get three hours of science from me. So the thing that we really want to do is to lock them in with an understanding. I have a rule that everybody who is going to be attending, I receive their cell phone numbers usually two weeks before the seminar starts.

And I personally insist on calling every one of them so that I can get my arms around their story. And at the same time, they can ask questions of me, so that coming to the seminar, we have a strong platform from which we can all

move forward.

So it's gonna be very hard for anybody who has a brain in their head, who have gotten the exposure to us, that I really am quite proud of it, because most cardiologists who say, Esselstyn, and that doesn't work, well, how long?

They can't get their patients to follow it. How much time do you have to give them? Well, I'm very busy, Dr. Esselstyn. You know, 15 minutes, if you think you're going to change your lifestyle, in 15 minute you are absolutely dreaming.

people get six hours of the seminar and that is another 45 minutes with maybe the phone call beforehand. So I've got them so absolutely locked in with an understanding that by destroying their endothelial production of nitric oxide, they lost their protection and they are going to be responsible for getting it back.

Now, how does anybody anybody with a brain in their head look me in the eye after they've gone through that and say Yes, you know when I had my first heart attack That was really kind of exciting.

I think I'll destroy some more endothelial cells and have another one What? I'm curious because you mentioned the black sheep or the sheep that strayed from your flock there during your study, but he came back.

What was his reasoning or what happened? They just got, well, mostly what happens because this does happen. So, for instance, suppose somebody, after they're five years out from our program, their angina has left them, they exercise tolerances wherever they want it.

And they make this, you know, that program was so strong, it absolutely cured me. I'm going back to what I used to like to eat. And that's the fatal mistake.

Yeah. So they basically just reignite the fire and off they go again. It takes a while. They don't leave the programs to start doing that. When they begin to just feel that everything is returned back normal.

Yeah, let our guard down. Well, I agree with you. I think my most successful patients are the ones who I had the most frequent ongoing contact with regularly and have availability to answer questions 100%.

So 100% and Dr. Esselstyn, maybe just a few more questions. How do you feel? This is more of a personal question. This has changed your life. You started eating a whole plant-based diet.

in your fifties, if I recall, right, from further, maybe not different conversations. Tell me about that, doing this work versus the work that you did before.

I would just love to see, like, give us an update on how you feel everything has gone over all these many decades of practicing this way. Well, it's, you know, my 30 years that I spent at the clinic as a general surgeon, And I was chairman of our breast cancer task force and head of the section on thyroid and parathyroid surgery.

And it was really, really engaging and very rewarding to try to help these patients. But that really got sort of replaced by a bigger mission because other than just helping the individual patient with surgery, hopefully as you are able to spread the information or the the word about probably what is undoubtedly the most powerful tool in our toolbox that we have ever had.

Just when it began to dawn on me that the leading killer of women and men in Western civilization was, as I said at the outset of this, a toothless paper tiger.

It need never, ever exist. And when you think of the amount of misery and suffering that you can get away from simply by getting people to accept this whole food plant-based nutrition, because it not only, what we found obviously profoundly, it helps people with cardiovascular disease.

But it absolutely can destroy diabetes, hypertension, vascular dementia, dementia itself, an abortion, also Crohn's

disease, ulcerative colitis, rheumatoid arthritis, lupus, multiple sclerosis, allergies, and asthma.

And the list goes on. My word, I mean, think about it, just incredibly how powerful whole food plant-based nutrition is. for chronic disease. And I always like to say that what I see before us, really quite honestly, is a seismic revolution in health in this country, which is going to come about not from the invention of another pill or another stent or a another bypass, but the seismics revolution will come when we in the profession have the will and the grit and determination to share with the public What is the lifestyle?

And most specifically, what is a nutritional literacy that will empower them to absolutely destroy chronic illness? I think that's absolutely correct.

So we have to step out of our shells and get in front of the patients and explain very simple things they can do. And it has profound effects. I mean, you're exactly right there.

Well, any other final advice you might have for someone who's watching this and saying, I hear all this stuff, so how can I get started at home? Is there any advice, last words that you'd like to share with the audience?

I think what can help is they can begin to familiarize themselves with a written word or the film. Forks over knives is a nice way to kind of get yourself your toe in the water.

There are several of us who have written books. You can go to YouTube. We're looking up some of these familiar characters and they've got some wonderful presentations to help that will help you.

And I guess what I just previously said before this would be my summary of where this will actually get us because it really, when you think about it, I mean, it's this phase in my career, what is so exciting is the belief that I can have that is founded in rock-solid science of how people can eliminate chronic illness.

Yeah, absolutely. And I think it just kind of feeds itself if you're a provider, a healthcare provider or physician, and you see patients get better. You just want more of that and just share more it.

So it feeds its self, the patients share, The ripple effects are profound. Thank you Dr. Elselstyn for your time today. I really, really appreciate it Laurie, it's an absolute pleasure.

Thank you. Stay connected, stay healthy, and join us next time on Doctor Talks, real talks from real doctors on the issues that matter to you most.