Prevent Hypertension: Embrace Best Practices Transcript

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Introduction and cardiovascular prevention philosophy

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. Esselstyn? Laurie It's a pleasure to be with you. Oh, well, it's it's a phenomenal thing. You are going to be close. You're closing in on 90 and you're experience of this goes spans many, many decades.

So my first question really would be, what is your overarching philosophy regarding the prevention in 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 the 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, that need never, ever progressed. And I think the thing that jumps out that any anybody who is involved in prevention is a recognition of the fact that we have known for many, many decades that really there are many cultures on the planet Earth where cardiovascular disease is 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, we use bypass operations, none of which have one single thing whatsoever to do with the causation of the illness.

How plant-based nutrition became the focus

And so it's really been very profound and very exciting when you begin to take the information from these cultures where the disease is nonexistent, 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 the endothelium, which is manufacturing this magic molecule of nitric oxide, which is 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 health care to prevention. So speaking of the whole food plant based diet, excuse me, 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 or at least get started with what are the main points there? Well, I started when I was 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 was doing breast surgery, I was 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 cancer than in the United States.

But 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 generations, they now had the same rate of breast cancer as their Caucasian counterparts.

And even more compelling was a cancer of the prostate. In 1958 in the entire nation of Japan. How many autopsy proven deaths were there from cancer of the prostate? 18.

One of the most mind boggling public health figures I think of 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 nonexistent.

And I said, whoa, wait, wait a minute. That's the leading killer of women and men and women, 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 perhaps pancreatic.

So that was sort of the background. And then I had to go to you got to you got to do some research because you can't just stand on the rooftop and yell, Go, go eat plant based and expect the entire population to make some transition.

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

Really quite exciting. The the thing that I was most concerned about was lack of patient compliance.

Study results and disease reversal

And so I used for the for these 24 patients, actually 18 that stayed with us for the full 12 years. I used the same mantra that I use for my cancer patients that I had learned from a wonderful West Coast surgeon by the name of Bert Dunphy and Bert used to say that patients with cancer are not afraid to suffer.

Patients with cancer are not afraid to die, but patients with cancer are afraid of being abandoned by their physician or by their family. So for the first but the first five years, I was seeing them every two weeks in the office, we would rather cholesterol and actually check their blood pressure, their weight.

And I would go over every morsel they ate. After five years, I got courageous and stretched it out to once a month and then after ten years they were pretty well on autopilot.

So we were seeing them quietly. And then at 12 years, we said, Wait a minute, this is a long 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 that all 18 who stuck with us for 12 years, they had had they had had 49 of coronary events, among them in the hands of expert cardiologists during the eight years prior to coming into the study.

But once they came into the 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.

But just don't believe that. I mean, attention to detail. And I didn't I very clearly spelled out the foods that I wanted them to absolutely, totally eliminate.

And we mentioned the foods that you can have. And in the last 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 cells, which is green leafy vegetables that can be chewed after they have been anointed either with balsamic or rice vinegar and when those have been chewed up and they produce nitrate, which can then further be

reduced to nitrate, then when your own gastric acid reduces the nitrite to more nitric oxide, which can enter your nitric oxide, truly, literally what I have these people doing that six times a day, all day long.

They are almost you're turning them into a nitric oxide factory. It's fantastic. So can you believe I love it when you just rattle off your list of your favorite dark green, leafy veggies?

Oh, you mean. Well, the first the top six are kale, Swiss chard, spinach, arugula, big raisins and beets. But you've but you want the whole list. It goes like this.

Bok choy, Swiss chard, kale, collard colored green beans, mustard reinterpretation, apple 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, you're if anyone can highlight the beautiful living into our older years, older years in you're doing everything right rated the eating, the exercise, the socialization, everything your purpose.

Dark leafy greens and nitric oxide support

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. And it's all due to an ear.

A smart man's. 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 to? 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 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 oil or oil, whether it's olive oil, corn oil, soybean oil, sunflower oil, sunflower oil, coconut oil, palm oil, oil and a cracker oil on a chip, oil on a piece of bread, oil and a salad dressing one to eliminate oil as well as animal protein, meat, fish, chicken fowl, turkey and eggs.

We 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, stockholders, Pepsi and Coke and sugary foods, cakes, pies, cookies, stevia, guy, the excesses of maple sirup, molasses.

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

And lastly, coffee with caffeine. Decaf, yes. Black tea and green tea. Yes, but coffee with 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 have their heart disease is because they had so sufficiently trashed, injured and compromised the the endothelial capacity to make nitric oxide when they realized their short on nitric oxide, they've lost their protection and that it wasn't done by their genes or by their stress.

It was done by their food. And how exciting it can be for them to transition from one of one pile of delicious food that is absolutely destroying them to another pile of delicious food that were actually in hands and hands.

Until we got to the question. It was the so we have the dark green leaves. We're moving the processed foods, the oils, the fats, those things. And what other foods would you say, especially in the context of like high blood pressure, what would be super beneficial?

Where would you encourage people to. Just the vegetables are really you can't really can't do better than the phytonutrients that are enclosed in them.

And we have the reason I started that this is probably the work of a Nathan Bryan University of Texas and I like patients to chew not smoothies or juicing, but to chew a green leafy vegetables six times a day, roughly the size of one 3 to 1 half of your cup after its first been steamed or boiled five and a half to 6 minutes.

So it's nice and tender and then you must anointed with several drops of a delightful balsamic or rice vinegar. Why? Because research has shown us that the acetic acid from those vinegars can actually restore the nitric oxide synthase enzyme contained within the endothelial cells.

That's responsible for making nitric oxide and therefore I want them to chew this alongside their breakfast cereal again as a mid-morning snack. Again with their lunch and sandwich.

That's three mid-afternoon for dinnertime, five. And of course, I adore it when they have that evening snack of arugula or kale. The second benefit that comes from ensuring the green energy 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 choosing a green leafy vegetables, you are chewing a 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 nitrate. And when you swallow 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 pools.

Now there's is a caveat. Well, first of all, think of it what you're doing for minimal expense, no side effects, what you're doing literally all day long, dawn to dusk, morning tonight you're actually restoring nitric oxide, the very molecule, the deficiency of which is giving you this disease in the first place.

Now that there's a caveat, and that is toothpaste with fluoride, public drinking water with fluoride and mouthwash will injured the beneficial bacteria in your mouth and I do not like aren't acids because antacids will reduce your gastric acidity and you will be unable to reduce the nitrate and more nitric oxide.

Foods to eliminate for heart health

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

So what would you suggest to counter both of those? I'm sorry, I'd like to counter. Counter? Let's see. Someone doesn't understand or know about the fluoride.

Do you ask? Do you, do you have them filter the water or do anything special. And then as. I have the other half it, they have to get a filter. If they've got public drinking water that has fluoride.

Yeah, I actually encourage all the patients regardless of where they live, to filter their water. It's I just I just don't trust it. But also when it comes to, let's say someone does have medications, let's say they have a Barrett's esophagus or something, they do require some type of antacid medication.

Is there anything else they can do to help increase their nitric oxide besides everything you've just mentioned? You

mean besides the green leafy vegetables and the.

Well, obviously, you want to have a diet which is that which is anti-inflammatory. And that, of course, is the one that we always push. There would be a 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. Yes, you could probably the one that would escape would be a walnut, because it's a mega three and it doesn't seem to have as much saturated fat.

But I, I don't I don't include that because, you know, I have has I'm pushing a flaxseed meal and chia seeds and the green leafy vegetables. So I think we've got that pretty well covered.

But because but if I start mentioning walnuts, that's not what people will remember. Those say, you know, Esselstyn now is letting you have a long having nuts right now.

Going to be a differentiation. You give him an inch, they take a mile type thing. Yeah. And it was quite an interesting study. The ultimate business spot, I think it was Vessel Innovations in the 1970s with rhesus monkeys, some group getting corn oil and com oil and the other group getting peanut oil.

And sadly, after a year, they sacrificed animals. But there was a stunning amount of atherosclerosis in the peanut oil group. Oh, wow. So then as far as others are, you 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 talk to me is like that is what Dr. Esselstyn does. That's amazing. But for someone who doesn't have a doctor assistant 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 steak consistent on this healthy diet?

Yeah, I think the there are two things that we do presently. My practice, as I've mentioned, is made it patients who come from either overseas or Canada or not the United States.

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

And I want to hear your question again. 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 any ideas or suggestions that you've seen? People do get them to be adherent. Yeah. We have the seminar that I conducted with the maybe 20 or 30 people online is going to be a five and a half to 6 hours.

They're going to learn all about how they have created the disease and they're going to learn all about plant food acquisition and preparation from.

Patient adherence, education, and accountability

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

And so they and they get 3 hours of science from me. So the thing that we really want to do is to lock them in with an understanding. So I have a rule that everybody who is going to be attending, I received their cell phone number is usually two, two weeks to 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 they're coming to the seminar.

We have a strong platform from which we can all move forward, so it's going to 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 That doesn't work for how long? Because they can't get their patients to follow it. How much time did you 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 minutes, you're absolutely dreaming. People get 6 hours at the seminar and another 45 minutes with me with a phone call beforehand.

So I've got them. So absolutely locked in with an understanding advice, destroying their endothelium through the production of nitric oxide. They've lost their protection and their 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, gosh, 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? Well, I'm curious, because you mentioned the black sheep or the sheep that strayed from your your flock there during your study.

When he came back, what was his reasoning or what happened? They just got well, mostly what happens because this does happen that surrounds is suppose somebody for instance after the five years out from our program their angina has left them.

Their exercise tolerance is wherever they want it. Then they make this and 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 best. That's the best. The fatal mistake. Yeah. So they basically just reignite the fire and off they go again. Yeah, yeah. It takes, it takes a while.

They, they don't, they don't leave the programs start doing it. It takes, you know, they get that they get when they begin to just feel that everything is returning back to normal, they're going to 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 hundred percent. And don't just listen, maybe just a few more questions. How do you feel this is more of a personal question. This has changed your life.

I mean, you started eating a whole a based diet in your fifties, if I recall, right from further maybe nine 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 in my 30 years that I spent at the clinic as a 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 that was early, really very engaging and very rewarding to to try to help these patients.

Personal reflections and closing advice

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.

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

It need never, ever existed. 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've found obviously profoundly and not only helps people with cardiovascular disease, but it absolutely can destroy diabetes, hypertension, vascular dementia, dementia, self portion, 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, awful plant based nutrition is for chronic disease. And I always like to say that the 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, instead or another bypass, but the seismic revolution will come about when we in the profession have the will and the grit and determination to share with the public what is a lifestyle, and more 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.

So I think you're exactly right there. Well. Any other final advice you might have for someone who's watching this and saying, you know, I have I hear all this stuff, so wait, how can I get started at home?

Is there any any advice you'd like the last words that you'd like to share with the audience? I think what can help is they can begin to familiarize themselves with the written word or the film.

I mean, there's a 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 there that you can go to YouTube with, looking up some of these familiar characters and they've got some wonderful presentations to help that will help you. And then I guess what I've just previously said before, this would be my, my summary of, of what this will actually get us because it really, when you think about it, it's so I made it to 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 or health care provider or physician and you see patients get better. So it's like you just want more of that and just share more of it.

So it just it feeds itself. The patients share. The ripple effects are profound. So thank you, Dr. Esselstyn, for your time today. Really, really appreciate it.

Laurie, it's an absolute pleasure. Thank you.