Mad Cowboy Interview with Dr. Caldwell Esselstyn, Jr.

INTERVIEW INTRODUCTION

"Caldwell B. Esselstyn, Jr., M.D., was a researcher and clinician at the Cleveland Clinic for more than 35 years, where he was a member of the board of governors and president of the staff. In 1991, Dr. Esselstyn served as the president of the American Association of Endocrine Surgeons, and organized the 1st National Conference on the Elimination and Prevention of Heart Disease. In 2005, he became the 1st recipient of the Benjamin Spock Award for Compassion in Medicine. Dr. Esselstyn is also an Olympic gold medalist in rowing, and he was awarded the Bronze Star as an army surgeon in Vietname.

Dr. Esselstyn and his wife, Ann Crile Esselstyn, have followed a plant-based diet for more than twenty years. They work together to counsel patients in Cleveland.

Dr. Esselstyn's new book, "Prevent and Reverse Heart Disease" explains the science behind these dramatic results, and offers readers the same, simple plan that has changed the lives of Dr. Esselstyn's patients forever. In addition, the book offers more than 150 delicious recipes developed by Ann Crile Esselstyn, that the Esselstyns and their patients have enjoyed for years.

Clearly written and backed by irrefutable scientific evidence, startling photos of angiograms, and inspiring personal stories, the new book empowers readers to take charge of their heart health. It is an important call for a paradigm shift in heart disease therapy." --- excerpted from the book jacket.

"Dr. Esselstyn's solution in "Prevent and Reverse Heart Disease" is as profound as Newton's discovery of gravity. Half of all Americans dying today could have changed their date with the undertaker by folowing Dr. Esselstyn's plan." --- Howard Lyman

As with all our interviews, Howard Lyman (aka "The Mad Cowboy") selected whom to interview. This 3-part edited interview took place by phone in early February 2007. Part 01 covers the nature of the heart disease epidemic in the United States, the tremendous impact on the population, the problems with conventional approaches to treatment, his landmark study, and its significance. Part 02 examines common questions or misunderstandings of his so-called "radical" approach, USDA guidelines, and speculates more on the nature of diseases stemming from the Traditional Western Diet. In Part 03 we learn a little about the personal side of Dr. Esselstyn, more about the book itself, and Ann joins the interview for a discussion about her approach to cooking, the recipes, patient's experiences, and the Esselstyn family.

--- Mark Sutton, Mad Cowboy webmaster/editor

PART 1

M: "Would you please give us a summary of your background?"

C: "I grew up on an Aberdeen Angus Beef Farm in upstate New York, and received my undergraduate degree from Yale University. I went to medical school at Western Reserve University in Cleveland Ohio, and my internship and most of my residency at the Cleveland Clinic, a portion of that at St. George's Hospital in London, England. After I finished my training, I had two years in the Army, the first year at Fort Bragg, North Carolina, and the second year trying to help clean up the carnage in Vietnam. Then I came back to Cleveland and was asked to join the staff of the Clinic in the Department of Surgery."

M: "Your father died of heart disease in 1975. Did this have any impact on your research?"

C: "My father had his first heart attack when he was 43 and went on to develop atrial fibrillation through the years, came down with diabetes in his sixties. Then he developed a cancer of the prostrate, and it was while he was dying of cancer that he had his last heart attack. Although he was a great big strong fellow who played football at Yale, he really was sort of a badly living fossil from the ravages of of Western nutrition. Between the combination of a heart attack in his early forties, prostrate cancer and diabetes, it doesn't get much worse than that. Whether that influenced me or not, I don't really know. I did general surgery and at some level, maybe subliminally, maybe there was this desire to get to the "roots" of this family illness."

CURRENT SITUATION IN THE U.S

M: "It's kind of ironic that this is "National Heart Month," and I think that you're probably the person best qualified to summarize the current situation in the U.S. regarding Heart Disease right now."

C: "My own feeling is that if you were to summarize where we stand on this epidemic, we have a great many brilliant minds that are focussed on mechanisms, drugs, and procedures, and we've have sort of abandoned the capacity of the public to take care of this epidemic on their own. I would like to say right now that perhaps there can be no greater condemnation of 21st Century medicine then its refusal to share with the public the causation and cure of its most frightening chronic illnesses. How in the world can we have someone who's had two or three heart attacks and a couple of bypasses, and not say to them --- look them in the eye and say "Look. I'm tired of doing these bypasses for you. Why don't you cure yourself? I mean, it's not that these people can't do it, it's just that they don't have the information available. It's extremely difficult to in any way applaud what medicine is doing in this arena because the public just isn't being told what they can do to cure themselves. To paraphrase John Kennedy: "Ask not what you country can do for your health, ask what YOU can do for your health."

M: "This more or less begs the question: is this calculated?"

C: "Oh, I don't think that this is the case. It's that the mentality of medicine is such that if there's a blockage we can bypass it, if there's a blockage, we can open it up. But what there's not, is any sound appreciation that the metabolic derangement of the human organism is so grave from eating this Western diet, that it ends up

creating all these metabolic disturbances. And somehow the mentality of medicine is that they cannot really accept the idea that someone's own metabolism is much wiser, much more brilliant, safer, and less expensive in resolving this epidemic than we with our tools and our drugs. The truth of the matter is that nothing is a strong and as capable as the anatomy and metabolism of the patient's ability to restore themselves, and it's a very very hard sell, as somewhere in there, we see this ugly equation of finances."

AN EPIDEMIC

M: "When you call heart disease an epidemic, you're not mincing words. What are the numbers?"

C: "Well, right now we're having close to a million people die of cardiovascular disease every year, and 500,000 dying of heart attacks. For many people [1 out of 4] the first manifestation of the disease is that they suddenly find themselves dead. When you think about the attempt to treat this with, let's say, stents --- stents have a mortality that is accepted at 1%, but 1% of a million stents, which is the number that are done per year in this country, adds up to about 10,000 people that are dying. Now if you had 10,000 U.S. soldiers dying in Iraq this year, that would really be called carnage. It's very difficult, because this has been going on so very long --- we sort of accept this epidemic. It's a huge tragedy --- yet back at the turn of the century in 1895, 1900, Sir William Osler said in one of his writings that he'd "never seen a case of angina pectoris."

TYPICAL HEART DISEASE TREATMENTS

M: "How is heart disease typically treated?"

C: "What typically happens is that the patient develops symptoms of heart disease, usually chest pain or a shortness of breath, and in the course of being investigated one of the things they'll have is a stress test, and if they fail the stress test, then that's sort of an automatic entry into the catheterization laboratory, where you will find the blockage. Now literally, practically all Americans over the age of 55 are going to have some blockage, because if 80% of us have this disease as 20-year olds, certainly most will in their 50's and 60's. As a matter of fact, Dr. Lewis Kuller, who is a Professor of Medicine at the University of Pittsburgh School of Medicine has said the following [from conclusions of a 10-yr. study]: "All males 65 years of age and older who have been exposed to the traditional Western diet, have cardiovascular disease and should be treated as such." How powerful is that? What kind of statements is that about the kinds of food that we're eating? Fortunately, as hideous as it is that we have this disease which is epidemic throughout the population in this country, we also have this wonderful information that there are many cultures that are plant-based, where this disease is virtually non-existent. And if we really get our act together, we can change our basic nutritional formulae to be plant-based, avoiding the oils, the dairy, and the meat that are causing this disease. Cardiovascular disease is just one of the tragedies, I didn't mention diabetes, hypertension, strokes, and obesity... gallstones, diverticulitis, and on it goes."

M: "The typical bypass procedure and angioplasty, could you summarize what they're like?

C: "Once the patient has a blockage identified on the angiogram they will usually follow that up with a fine balloon that is inserted and deflated into the area of narrowing of the artery. Let's say an artery is 90% blocked, they'll then inflate the balloon, and it does actually what we call a "fracture." It doesn't just push the plaque up against the wall of the artery, it fractures the tissue layers of the artery. After the angioplasty, they

found that just after six months, the healing process was so over-done trying to heal that fracture, for over 50% of the people who have their blockage, it was now closed again."

M: "Aw, no..."

C: "...so that wasn't such a great track record. Then they said, let's put in sort of a "wire bracket" that is, after we dilate it, we'll hold it open with this sort of metal scaffolding. That was better, because only about 15 to 25% of those would close down after six months. But that still wasn't good enough. So then the idea was to put a coating of drug on the wire stent, and the drug would be gradually eluting, that is to say it would gradually dissolve off the wire cage and it was extremely inhibitory to the natural healing response of the artery."

DRUGS & BYPASS ISSUES

M: "It just gets worse and worse..."

C: "And that was actually quite exciting, because now only about 5 or 10% would be narrowing. But recently, there's been a very worrisome finding, and that is when you stop the anti-clotting drug, which is necessary after all these stents, when you stop that after six months to a year in these drug-eluting stents, there's a disturbing number of persons who will suddenly have a clot in that area of the stent and you have a heart attack or die. One of the reasons that has been put forth as to why that happens is that in all patients who have the angioplasty, it seems to wipe away the delicate single layer of cells called the endothelial cells that actually line the inside of the artery. When those cells are present your blood is flowing through the artery like it's with teflon, but when those cells are wiped away it's like velcro. The blood would clot there unless they were taking this anti-clotting drug.

So now the situation is a bit of a bind, because anybody who now with the drug-eluting stents is going to take the anti-clotting drug for an indefinite period, maybe for the rest of their lives. But this a a problem, not only because it's expensive ($1600 a year), it leads to bruising, gastral-intestinal hemorrhaging in some situations, and less frequently even cerebral hemorrhaging. And let's suppose a patient who has had a successful stent is taking this anti-clotting drug now has to have hip surgery, or oral surgery, or colonoscopy... they have to stop taking the anti-clotting drug, with a great concern and a great fear that if they stop, they may clot their stent and have a heart attack or die, and that has happened. So... the approach, as you can see with all this manipulation, is not great.

If you have a bypass operation there is a higher mortality rate then with a stent. It's an bigger procedure as they have to saw the chest in half and then widen it so you can take veins from your leg and place them on the heart to bypass the blockage. Now the problem here is that the veins that are used were absolutely never intended to be in the arterial system. So literally with every beat of the heart, there's a much higher pressure that these veins are now subjected to and there's injury, and that repeated injury leads to scarring and fibrosis, so that the veins lock again and obstruct blood flow. That was one of the great problems with bypass surgery, that the stents often would go down, and they either had to have a repeat surgery, or something else. They did try bypasses with arteries, and that seems to be better. But not everybody has the right anatomy to have that kind of bypass, and in addition, there are often not enough arteries to go around, so they end up using veins anyway.

One of the bigger problems that is rarely discussed, with bypass surgery, is that there's a vein that goes to the brain when you clamp the aorta, when you're on the membrane-oxygenator and plastic, some minute debris from the equipment and even oxygen bubbles may sadly end up in the brain, so that it's well-recognized that the patients who have bypass surgery will often have temporary confusion, and maybe frank encephalopathy, it's harder for them to hold a job. When it's carefully measured and recorded in a scientific study as reported in the New England Journal of February 2001, there really is about 50% of the people having permanently a loss of upwards of 22% of their cognition. This, sadly, is not brought up or discussed often with the patient. This is something that seems to "slide by."

PARADIGM SHIFT

M: "You've clearly established that this is a serious epidemic and that so-called modern methods of dealing with it are horrendous and riskier than most people believe. In the Forward to your book, Dr. T. Colin Campbell says that you are suggesting a paradigm shift in how we treat coronary artery disease. Can you discuss how you came to these conclusions?"

C: "What I was involved with is something that was ridiculously simple: when one looks at the epidemiology of heart disease, and you see that it doesn't exist in cultures where they live primarily on plant-based nutrition, and they have a cholesterol of a range, let's say, of 90 to 150, as in the rural Chinese, it just begs the opportunity to take patients who are seriously ill with coronary disease and have them eat this plant-based nutrition and see if we can't absolutely halt the disease, or perhaps even reverse it."

M: "Howard has suggested that this was a very audacious thing to believe you can do."

C: "Well, you're absolutely correct. It was audacious because back in 1985, when we started, and others started who actually accomplished it before I did, nobody had ever really reversed the disease, but on the other hand, nobody had ever tried it. And the idea was to, at least as far as I was concerned, was to try and eliminate what we thought were the atheroma sclerotic foods, that is to say all the oils, the dairy, the meat, the fish, the poultry, and the white flour and the processed food. This is exactly what happened with the research --- I went to cardiology and they were going to get me 24 patients who had advanced coronary artery disease."

WALKING DEAD MEN

M: "I think you referred to them as the "walking dead men" in your book?"

C: "Well, they either had failed their first or second bypass, or they failed their first or second angioplasty, or they were too sick for these procedures or they had refused them and there were a number of these people who literally could not take any more doses of the anti-angina medication --- they were very sick, and a number were told that they would not survive beyond a year. So, the rock upon which this study was most likely to flounder was lack of patient compliance. I think the way that I thought we could get an upper hand on that was to use the same mantra that I use with my cancer patients, which I learned years ago from a West Coast surgeon, which is that was patients with cancer are not afraid to suffer, not afraid to die, but they are afraid to be abandoned by their physician and their family, and so for the first five years of the study I saw every patient myself every two weeks, went over every morsel they ate, checked their lipid profile plus their

blood pressure and pulse. Then for the next five years I saw them every four weeks, and in the last two years quarterly and by then, they were pretty well on their own --- on autopilot. I also checked them all again at the time of the beginning of the writing of the book, 21 years later."

So, several things we did learn from this. One is that patients WILL comply, when you explain to them exactly what the mechanisms of the disease are, and how we want to go about treating it --- when you give them the time, and the care and the support, they are more than delighted to do it. What the cardiology community and most physicians will say is that the patients just won't follow the recommendations. Well, they won't follow it if you just hang a piece of paper and say "these are the guidelines." This has got to have the same degree of importance as a three-hour bypass operation. Then I think you'll really get things done. Another thing I think has to happen is that physician's have to be willing to say to a patient: "look, this is absolutely the way to go. This is going to cure you. I'm tired of giving you these procedures. You can do this." The exciting thing, at least for my patients, is that they are the locus of control. Not the cardiologist or the cardiac surgeon. They themselves become the locus of control for this disease. You just show them how to do it, and they can get it done."

STUDY SAMPLE SIZE

M : "In your book you call your results and conclusions "irrefutable." Hearing that from a scientist of your considerable reputation and experience, that's a very strong statement. Do you think your sample size was a bit small, even considering that your study is the longest of it's kind yet accomplished?"

C: "I think that's an excellent question, as it's something that people will bring up --- it's sort of fashionable when you're questioning studies that one of the first things you might say, "the sample size is too small." I think actually, believe it or not, that it's one of the strengths of study and I'll explain why. When the study was started, in 1985, I first went to the head of our research division, who at that time, was Dr. Bernadine Healy. She went on later to be head of the National Institutes of Health [and president/CEO of the American Red Cross]. Bernadine Healy told me at that time, "look, nobody has ever reversed this disease, but if you just have four patients with reversal on their angiogram, you have a New England Journal of Medicine article." I had a total of 24 patients.

The other point about have a study this size is that despite the fact that I was still obligated to do my surgical duties, having a half day off every week for research allowed me to see these patients on a regular basis to give them the kind of support that was absolutely necessary in a behavior modification study that would achieve the kind of compliance that is essential to get these results. If you try to do this one person with a thousand patients, it would be impossible. The exciting thing is this: we were able to show, as were four or five others of the same time frame, that indeed the disease could be arrested and reversed. Let's suppose you have a disease that never before has been arrested or reversed. Then you have several investigators throughout the country, within five or six years, finding the same thing. Really, this disease is kind of a paper tiger. Chronic heart disease is not inevitably progressive, like cancer, this is something that really can be changed, can be changed drastically when you make significant changes in the nutritional profile."

M: "I think another advantage of the size was that you were able to quickly identify minute changes in cholesterol levels from people straying from the program."

C: "Absolutely. We were running a lipid profile every two weeks to get at cholesterol. So suddenly we go "whoops!" we got to go over this, we have to tighten up and see what's going on here."

M: "Sounds like the "red alert" on the Starship Enterprise. You could tell immediately when there was a "cause and effect" thing going on."

C: "Exactly."

PART 2

M: "Even though your program doesn't allow any food product that has been known or demonstrated to help cause or promote cardiovascular disease, how do you respond to criticism that what your lifestyle recommendations are too "radical?""

C: "Let's suppose that you've got a form of nutrition, where people do not become obese, do not develop diabetes, do not have any cardiovascular disease, and do not have any hypertension. The likelihood of common Western cancers is significantly diminished. There are no gallstones, no diverticulitis. There rarely is rheumatoid arthritis or multiple sclerosis, or lupus. You know, we really have to take into account the fact that it's this Western-type diet that is responsible for 75 to 80% of these diseases that we see. I will agree that when you switch from eating the traditional Western diet to a plant-based diet, it is a significant change. Some would call it radical, but I think that some would even say "draconian," but let's look at "radical" and "draconian."

" Draconian" means inhumanely cruel. Now let's say I have these patients, and the hundreds of others that we've counseled, now eating this wonderful and delicious pile of food, and enjoying robust health, in one group. Then we have another group that is eating the Traditional American Diet. They are plagued by obesity, they are plagued by prostrate cancer, they are plagued by enlarged prostrates, they are plagued by hypertension and diabetes, and the whole list of disease we've mentioned earlier. Now which is the "radical" approach? The one that has you get sawed in half and have your veins taken out of your legs and stuffed onto your heart? Is that not radical? And tell me how often that is done in the United States every year... three or four hundred thousand times? That's radical. And "radical" is a cardiology budget that really takes up, oh, $250 billion, a quarter of a trillion dollars a year."

ISSUE OF GENETICS

M: "How do you respond to the typical, "my Uncle drank like a fish, ate meat five times a day, smoked like a chimney, and lived to be 99" question? The issue of genetics?"

C: "The wonderful thing there is actually what we call the "bell-shaped curve" that we see in all biological systems. There are going to be people on every end of the bell-shaped curve, and obviously this person who lived to his 90s, he was on one far end of the bell-shaped curve. About genetics... I like to use the analogy of a village right next to a river. Let's say it's flood time, and only the very strongest swimmers can get across that river. However, if we wait until August, and the dry season, when the river is four inches deep, everybody,

even the toddlers, gets across safely. That's the way it is when we eat plant-based nutrition and your cholesterol is kept under 150 with the use of small doses of statin drugs, if necessary. This is so profound in terms of cardiovascular disease, that there really is not a genetic component unless you're taking lethal doses of a Western diet. There will be some whose gene protect them from the traditional Western diet more than others."

ISSUE OF MODERATION

M: "Great answer. Now, the issue of moderation, that a little bit doesn't hurt, is so important that you devote a whole chapter to a discussion of this in your book. You use the "car crash" analogy as part of your argument. What do you mean?"

C: "The car crash analogy was used to respond to the Women's Health Initiative which did the following: they were trying to demonstrate whether or not there was any benefit to a low-fat diet, in terms of lessening the cardiovascular disease in a group of post-menopausal women who were admittedly overweight. Half of that group had a diet of 34% fat, the other half was asked to eat a diet of 20%, but actually, when it was carefully analyzed, it turned out the group that was supposed to be eating 20% was actually eating around 29% fat, which is the level at which, it has been shown, the disease will worsen. But, when the study was reported, it was said that there's no benefit from eating a low-fat diet, because at 29%, compared to 34%, there was no less heart disease. Well the analogy that I used to explain this in a OpEd piece, is that it's a little bit like somebody who comes along with an idea and says if we slow down our driving, reduce speed, we will save lives. Alright, so then somebody says we'll test that theory and we'll drive this group of volunteers into a wall at 90 m.p.h., and they all perish. And somebody else does it with a group at 80 m.p.h. and they all perish. And therefore the conclusion is that slowing down does not save lives, on the other hand, off to the side, there is this small study that shows if you go 10 m.p.h., everybody lives. And so it is with heart disease and with moderation. This is an area in which I disagree with some of my kindred spirits."

When I give a presentation to an audience, sometimes someone will raise their hand and say, look Dr. Esselstyn, what you're saying sounds pretty severe, and I'll say I think it's pretty significant. But, they'll say, I'm fine and don't have any health problems, why should I eat this way? And if the attendee is 40 or 50 years of age, I'll say, fine, this is America and you can make the choice, but let me say at this point in your life you're 50 years old and you're eating a diet that is absolutely injuring yourself with every meal. And if the figures that I have are accurate, 50% of Americans by the time they're 85 have dementia, and a majority of males, of course, will have impotence and erectile dysfunction. In addition, if you look at a 1000 people aged 50 who are eating the Western diet, and look at those same people, that is to say if they had normal blood pressure at age 50, and look at that same group of people at age 70, 90% will now have high blood pressure. In other words, you may be well at 50, and maybe the ravages of eating the traditional diet haven't really hit you yet, I would say to those people you can do what you want, but I think that you're heading for that same pitfall, because you may just be subjected to the Western disease from this diet at a later age."

"A LITTLE BIT CAN'T HURT ME"

M: "In your book you say that the first thing you ask of your patients is to remove the idea "this little bit can't hurt me" from their lexicon. Is this a tough concept to get across?"

C: "It really isn't any longer... it's almost a Litmus Test before I'm willing to counsel somebody... For instance, they can go to the website, now they can go to the book, and they can get comfortable for where I'm coming from... But, my intention when I'm asked to consul somebody with heart disease, is for them to understand that my goal is NOT to continue to promote a smaller progression of the disease. My goal is to absolutely annihilate the disease, and that has to be a shared goal. Therefore the Litmus Test before I'm willing to see a patient is are they willing to forever give up the following phrase which is: "this little bit can't hurt." Why do I say that? It's because now we have data from the Brachial Artery Tourniquet Test (BART), which really tells us that with every single Western meal, whether you're eating meat, whether it's dairy, whether it's olive oil, you injure your endothelium. That is the LAST thing that I want my heart patients to have to have --- any further injury to their endothelium. I want it to recover, I want it to be restored, I want it to blossom, and that's why for patients who are completely compliant within two to three weeks we start getting rid of their heart pain and their angina, because their endothelium has recovered and when it recovers, it can once again make nitric oxide, which is the strongest vasodilator in the body. That is to say it opens the arteries and makes them relax."

DAIRY PRODUCTS

M: "Since this is "National Heart Month" I went on the Internet to the American Heart Association's website to see what their recommendations are, and I was stunned to see how similar they are to the USDA's dietary recommendations, which you definitively dissect and dismiss in your book. I've three of them here to see what you have to say about their validity. The first is, "what's wrong with low or no-fat dairy products?"

C: "With dairy products you've got the whole problem of animal protein which is known to contribute to this disease, and you have casein, and that's where Dr. T. Colin Campbell has really gotten four stars --- he's shown absolutely how horrifically powerful casein is as a tumor promoter, not to mention the IGF, which is the "Insulin-like Growth Factor" in milk, which is another tumor promoter."

M: "Is that why you recommend your patients read "The China Study" (by Dr. Campbell)?"

C: "Well, there are many reasons why they should read "The China Study." There are a lot of wonderful things that Campbell has recorded there."

M: "The USDA has recommended that 25 to 30% of calories should come from fat..."

C: "Well why don't we do this... why don't we just say to the USDA and to the American Heart Association, because look, I've been doing this for over 20 years, and Ornish has been doing it for over 20 years, why doesn't the AHA do their own study? I mean, even if it's for four or five years, why don't they do a study and say that the foods that they are recommending can reverse heart disease? It's that simple. What could be simpler with all the money that they've got? Just take the same number of patients that we had with severe disease and let them eat the food they recommend and compare it with our group and see how they do."

FISH & NUTS

M: "How do you address the question about people wanting to eat fish?"

C: "For the question about whether or not you want to eat fish, here I refer to my friend and colleague Dr. John McDougall, a kindred spirit, John has explained it this way: that a piece of muscle, whether with claws with a hoof, whether it flaps a wing, whether it wiggles a fin, all animal muscle is made of animal protein, animal fat, and animal cholesterol, none of what you want. Now you do get some Omega-3s from fish, but you also get a lot of PCBs and mercury, and other things you don't want. But you can get Omega-3 through flaxseed meal, which is what I prefer."

M: "Your program disallows walnuts for those who have heart disease, and I was wondering about, well, pecans, almonds, and so on."

C: "To make it easier for the patient, to understand where I'm coming on nuts, anybody I have to see with heart disease, I don't want them to have any nuts. Now, there are a number of nut studies out there..."

M: "...no pun intended..."

C: "...that show they will raise the good cholesterol and lower the bad cholesterol, but there are no nut studies out there that I'm aware of that you can arrest and reverse heart disease. And nuts very often, have over 40 to 70% fat, and that means a lot more calories. So if you have patients that are eating oil and getting fat. When they lose weight, their blood pressure goes down, cholesterol goes down, they feel better, it's better for them, and their likelihood of getting diabetes is less. When I am at a conference and I hear someone present a paper on nuts, and cite another 26 papers on nuts, my first question to them is "where is the funding source for these studies?" Almost invariably, it appears to be the manufacturers of nuts. And I don't see the study that I really want to see: where is the BART test, to show that when you eat nuts, you don't injure the endothelium?"

M: "At the risk of sounding silly, do you include sunflower and sesame seeds in that equation?"

C: "Well, again, it's another source of... if you're eating a lot of seeds you're getting a lot of fat. I just don't want my patients to have a lot of extra fat."

ONE DISEASE OR MANY?

M: "Okay... one of the terms in your book that I found particularly interesting was "nutritional extravagance" in reference to the Western diet. In pre-interview discussions you talked about this in relation to the conceptualization of several diseases actually being one. Can you elaborate?"

C: "I think the best way to say this is that right now there is sort of a disconnect, because you have a Department of Endocrinology for diabetes, you have a Dept. of Hypertension and Nephrology for high blood pressure, you have a Department of Neurology for strokes, you have a Dept. of Cardiology for the heart problems, and a Dept. of Obesity for people who are overweight. It's almost as if these are all separate diseases, they all have their separate list of drugs employed, and the patients are taken care by a particular speciality. But let's take the example of a case where I'm seeing man who weighs 250 lbs. and he's had a heart attack and he really wants to not have any problems with this, and he happens to be not only 250 lbs. and coming out of a heart attack, but he is also diabetic and he also has high blood pressure. Off we go with a plant-based diet. Suddenly it's seven months later, and he now weighs 190 lbs. he's no longer obese, his

diabetes is gone, his hypertension is gone, and there's no further heart disease, while he's keeping his LDL cholesterol at 80 mg/ dL3. Where are all those diseases? They're gone... and where are all those special medication and drugs? It's all gone away.

When we eat the Traditional Western Diet, those foods: the meat, cheese, butter, eggs, beef, thick oils, desserts, gravies, sauces --- somehow marinate our delicate cellular structures, and that marinating process ends up with enough injury and multiple hits to our cellular structure that over the decades, those accumulated hits become what we as physicians will now declare a disease."

PART 3

M: "I think your book's organization is excellent. I've posted a Table of Contents on the Mad Cowboy website. What intrigued me, too, is that you very carefully laid out the foundation for your argument through tight and methodical summaries. The text is accessible --- you're not using an abstract academic vernacular that's incomprehensible to a lay person like myself. It's almost like being taken by the hand and "guided" down the path to health. Is this how you approached the matter with your patients?"

C: "What I usually do as a first step is for two and a half hours I'll give them the background of the study. Then I'll break away from the study and we'll go into the physiology of the disease and it's creation. The most important illustration I share with them is showing how a "plaque" actually ruptures --- what is going on in there metabolically, because once they understand how a plaque can rupture, what forces it to and what creates it, then they understand what they have to do to make the metabolic changes so that cascade of events does not occur. You may think that little changes are important, but let me tell you how very important little change is... you can think of it in this way: suppose that you've got water at 33 degrees F. What happens when that only goes down one degree? You've got a force that is so strong it'll break up your sidewalk."

THE BOOK & THE OLYMPICS

M: "I was noticed that the tone of your book is firm, but very gentle at the same time. You effectively deal with any number of possible arguments to your conclusions and advice, while at the same time, and this is reflected also in the recipe and cooking advice section, there is this consistent tone of encouragement... you're not beating people over the head. You may be a "compassionate authoritarian" of sorts!"

C: (laughs)

M: "It's hard to imagine how much went into getting this book out. A lot of documentation, great set of media resources... recommended "safe food" section. Clearly a lot of hard work and passion went into this effort. Early in your life you won a Gold Medal at the Olympics. Did that experience compare in some way to this work?"

C: "In a way it does. There's a little piece I wrote on the website in past few weeks about "from the Olympics to this study." I think what the Olympics did, for me, in terms of this particular 20 year study... is learning that when the forces are pretty much against you and you're not given much of a chance, and yet you

have a feeling that this is something that really ought to work, you dig in your heels and make absolutely certain that you're not going to be dissuaded. I think the most important thing, at least in my lifetime, that you can discover about science more than perhaps sheer brilliance, is the willingness to be persistent when everything logically would indicate you may be correct. I would think that sort of tenacity is a bit of a remnant from my athletic background."

ATKIN'S-TYPE DIET

M: "Do you find that people want to have to change --- you can lecture or try to convince them if there isn't that inherent desire. As an example, I've some dear friends doing an "Atkins-style" diet and I want to scream. You have to wait for them to come around?"

C: "You could say that, although I think one of the things that brings people around very rapidly, that is thinking people, is education. I'm not a great believer at all in trying denigrate the work of others at all. Let's just say that when you have a program that advocates a program that is high in fat, high in meat and dairy, and denigrates the value of carbohydrates, I'm totally unaware that the author that you mentioned ever did any research that would indicate this is a nutritional profile that can arrest and reverse heart disease. As a matter of fact, I've had experience with any number of patients who have tried that program and it left them filled with disease, and we were able to arrest and reverse it when they converted."

INSPIRATIONS

M: "Who are the people who've most inspired you in your life?"

C: "Oh, I think my Dad... even though he was ravaged with disease, I can remember a few years before he died that he was really appalled, this was probably early in the 1970s, he was so appalled at the way the amount of expenditures of health dollars was going through the roof. And he said, "I don't know how it's going to happen, but we really have to figure out how to make people live healthier lives." And that was really quite prophetic as he had no concept or idea about how that would be handled. He certainly saw though, that was where the opportunity was to make this happen.

Certainly I've been influenced by people like Pritikin... like John McDougall... by T. Campbell... Neal Barnard... all kindred spirits at the same time. We always end up standing on the shoulders of a lot of people who have gone before us to try to make this happen. We all have to have humility there, even if we often sometimes can't identify who those people are or where those thoughts came from, and that somehow an idea or concept just clicks in your brain. All those multiple influences that made you have these thoughts, concepts, ideas, or drive to do this are in there somewhere. It's hard to say anything except the fact that you have to be very thankful to those that have gone before and led the way. They put us on a springboard that lets us go even farther, and we hope that there will be others that will stand on our shoulders and do the same."

DINNER GUESTS FROM HISTORY

M: "You are an incredibly gracious man... let's see... if you could have some dinner guests from history, who would you invite?"

C: "Oh, I would like to have dinner with Abe Lincoln and George Washington."

M: "Now THAT would be an interesting conversation..."

C: "I think it would be terrific... then I have Sir William Osler, who I think was one of the greatest physicians at the turn of the century. It be great to have someone like that on board. It would really be quite exciting."

$1,000,000

M: "Okay, someone has read your book, followed your program, and decided to give you a million dollars in appreciation. What would you do with the money?"

C: "There is some very exciting research on the endothelial cells that still has to be done. But I think here's what I would probably do right off the bat --- of course it might be a shortcut to getting the public to come around. I would use that million dollars to do a Brachial Artery Tourniquet Test (BART) on almost all the foods that people regularly eat. If you can do this, if you can demonstrate the fact that all these oils, animal-based foods, and processed flour, are absolutely devastating our endothelium immediately with each bite and with each meal, and here are all these plants foods that are absolutely enhancing that capacity, then I think you can take the next logical argument, and that go to our nation's schools to deal with the notorious lunch problem --- that our schools are providing a lunch that is absolutely ghastly for the vascular system. That'll put a lot of pressure on the USDA. We have to also then go to the culinary institutes of the world. They are the ones that design and create all these education materials, training all these magnificent chefs. These chefs take their skills to the greatest hotels, spas, retreats, and business cafeterias throughout the world, and we're going to say "now wait a minute... when you print out this menu, you're going to have to tell people whether this is the kind of food that is immediately damaging or injuring their blood vessels, or the kind that's going to enhance them. We can put a "skull'n'crossbones" next to the ones that are going to injure them, and we'll put a smiling sunshine next to the ones that will help [laughs]."

M: "You obviously work very hard. Do you experience burnout? How do you relax?"

C: "It was very exciting putting this book together as you've no idea when you're doing all this how it will be received. The fact that we didn't know where this would end up when we started doing the research, we didn't know where it'd end up starting the book, and now when things work out, makes you just want to work even harder. As far as relaxing goes, my wife likes to go biking and I try to swim a mile every day. That really keeps me going pretty well. And of course we have the farm in Upstate New York in the summer, where there are trails we can hike and be outdoors."

ANN ESSELSTYN & COOKING

M: "Hi Ann! Glad you could join us. Y'know, when I first looked at the second half of the new book, I wondered if your husband was some sort of gourmet chef in addition to being a world-class surgeon. Then I realized it was you! You were responsible for the 150 recipes section... it's amazing. Your helpful hints and tips, as well as the recipes themselves, show the same encouraging and friendly tone of Essy's in the first half. You even have a recipe from the co-owners of the incredible vegan Millennium Restaurant. Some very creative work. Let me ask you the basics: what are the rules you cook under?"

A: "Well, plant-based, of course. No oil. I don't use salt, I use low-sodium Bragg Liquid Amino or Tamari... occasionally miso... no nuts or avocados... if I use tofu, I use a lite tofu. As you noticed, I use tofu mainly in some of the dessert recipes. There are some times when tofu makes a good a good dip or sauce."

M: "I think that's marvelous, regarding tofu. Many people don't realize the high-fat content of most tofu and tend to lean on it a bit too much, say for entrees. I found it unique that your "main dish" recipes were essentially "tofu-less." You obviously worked with Essy's patients in helping them learn to eat differently. Did people have a hard time adjusting to the new approach?"

A: "It's weird. I find that by the time people get here, in most cases, they have made up their minds, their health is so bad, that they have to do something and they're willing to do it. If you're aren't fighting it all along, if you're not saying "I CAN'T live without olive oil," but if your attitude is "well, that's interesting, I'll try it" you don't even know don't have any olive oil --- you don't miss it. Our food is so good we have to not eat too much of it!"

FAT CRAVINGS?

M: "Well, the recipes are just so interesting. What happens to the cravings for fat?"

C: "Within about 8 to 12 weeks you've down-regulated the fat receptors and it's no longer an issue."

A: "I don't have any cravings for fat, the thing that is tempting is more towards sweets. Not fat."

M: "You do a very useful identification of the common problems and solutions to same, that people might experience in switching over to your recommended program. Can you summarize some of them?"

A: "I think eating out is a big challenge. In fact, an even bigger challenge may be eating at a friend's house, and especially if you go to a friend's house who knows how you eat, and has made a huge effort to make something very special for you, and it turns out to be not at all what you can eat."

M: "How do you recommend people deal with that situation?"

A: "Well... if it's your life, then you don't eat it. We have gone out to dinners where you have salad with oily dressing, I mean there isn't one thing I can sort of focus on, and they have nothing. And Essy always tells his patients: "you don't have eat." It's your friend, and that's a hard one. You can also offer to bring something to the event... that's often the easiest thing to do. Then you eat what you've brought."

LEGAL LEMON PIE

M: "I loved how you approached a challenge in converting recipes in some cases. You write about seeing a "lemon pie" in the movie "Million Dollar Baby" and were "determined to find" a "legal lemon pie." You pulled actually did it!"

A: "Ah!! I worked and worked on that, and then one day..."

M: (laughing)

A: "...I got this lemon juice and added tofu, and swirled it around... then I decided, "I've got to do this in a cake." I took the birthday cake, and split in half, and made layers of the lemon tofu topping and thickened pineapple juice filling. It's just fabulous! Of course it's messy. I love that lemon taste and the cake looks very elegant."

M: "That positive attitude shows throughout. I can honestly say your work is one of the most unique collections I've seen anywhere. I kept looking for the fat and salt... not there. You really pulled it off."

A: "I think following these recipes without salt may be hard for some people at first, but I find when it might taste a little flat, one of the first things I'll add is a little lemon or vinegar.

VEGAN FAMILY/FIREFIGHTER

M: "This seems like a family affair... I noticed that some of your children contributed recipes?"

A: "All the children gave us recipes."

M: "And they're all vegan?"

A: "Yes... our son-in-law, Brian, cooked for "Outward Bound" for a long time and gave us a lot of recipes. He's the Chef in the family. Now, our son, Rip, there's a lot of his recipes there, too... he's a fireman in Austin, Texas. Rip has always eaten plant-based. Do you want to hear the whole story?"

M: "Sure!"

A: "His fellow firefighters do a lot of competitions in their off time, and there was this "cholesterol-checking" competition. JR's cholesterol was way over 300, and he's pretty young... in his 30s or 40s... and his father died at 50-something. There was heart disease in his family, so they decided to eat plant-based at the firehouse. Somehow this got out to the Austin Herald, and there was an article about "Tofu Outmuscling Red Meat in the Firehouse," NPR [National Public Radio] picked that up, and a year ago Thanksgiving they had a national piece on the firehouse and Rip, and then the New York Times must have picked that up, and they had a half-page Sunday National Page on Rip and the firehouse. And THAT led to all sorts of agents and writers e-mailing Rip, and he decided to right a book. He'd already been thinking about it, and they have a website.

And now, Rip is doing something absolutely fascinating... he was going to get 30 people to go on a six-week program and take measurements of cholesterol, blood pressure, and weigh them, and all that before and after. Well, it turns out he's now he's got 66 people in that group. He's put together this amazing six-weeks of menus, of meal plans... it's stunning.

M: "That's fantastic! I have to ask you this... did you and your children all go vegan at the same time together?"

A: "Well... that's what we were eating at home, and anyone that was here, that's how they ate!"

FAMILY FEARS & CURE

M: "Let me just say towards the end here, that Howard was absolutely right: you are an amazing couple and Essy's research is incredibly important. A tremendous job on a ground-breaking book that really nails heart disease, pulls no punches, and provides some wonderful recipes as a guide for eating heart safe."

C: "There's a point that I'd like to add that I don't think I mentioned earlier. Where this is really so very powerful from an emotional standpoint, is the following: you've got a patient, and their family, but a patient who has had a heart attack. That family is going to live, with every day and week that goes by, with that deep fear of when the next shoe is going to drop. When is Grandpa going to have his next heart attack? Or if you're a relative and live with him or her, when is it going to happen again? And that really takes away a lot of the humor and spontaneity of life, if so many people have it in the back of their mind that concern of when that next event is going to happen. What is so powerful for people who've had heart disease where this has occurred, when they KNOW that as long as they can eat a plant-based diet where they keep that LDL cholesterol at 80 and under, I have not seen a heart attack. You have made yourself, and will remain, heart attack proof by maintaining adherence to this nutritional lifestyle change. This is such a great relief... and we know that it works because we now have data beyond 20 years as proof."

RELATED WEB RESOURCES:

Dr. Esselstyn's Website w/ more info about his research and book:
http://www.heartattackproof.com

Rip Esselstyn's Firefighting Team's Website:
http://www.engine2.org/

NPR about the Vegan Firefighters:
http://www.npr.org/templates/story/story.php?storyId=5028267

NY Times Article about the Vegan Firefighters:
http://www.runtex.com/web/1-454.asp

Mad Cowboy Interactive Interviews:
http://www.madcowboy.com/02_MCinterviews.000.html

Mad Cowboy Website:
http://www.madcowboy.com

Mad Cowboy Webmaster:
webmaster@madcowboy.com