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

by Mark Huberman

My late father used to say that most people don’t worry about their health until after they have lost it. Did that apply to you or were you one of the fortunate ones who were able to recognize the wisdom of another way of thinking about health and wellness without having to go through a personal crisis?

Well, like many of us, I took a look at my family as I was growing up and became concerned that my dad had a first heart attack at 43 and became a diabetic at 65. And weight was also a factor. But my basic motivating factor for raising some questions and concerns was when I was Chairman of the Breast Cancer Task Force at the Cleveland Clinic. I began to find it so discouraging that no matter how many women for whom I performed breast surgery, that I was doing absolutely nothing for the next unsuspecting victim which led to a bit of global research on my part. It soon became apparent that there were other cultures where literally breast cancer was very infrequently identified. And perhaps even more powerful was my discovery of remarkably low prostate cancer incidence in Japan in 1958. From the entire nation there were only 18 autopsy-proven deaths from cancer of the prostate. I found this very, very compelling. And the common denominator was that most of these cultures that have had these kinds of results were largely plant-based. That’s what led to my research in cardiovascular disease because I had the feeling if people could eat to save themselves from the leading killer in Western civilization of men and women, they would also markedly diminish even cancer.

Dr. Herbert Shelton, one of the foremost authorities in our health movement, wrote way back in the 1920s that one of the greatest difficulties that people have is seeing beyond their own education, training and conditioning. How do you think you were able to do that at an institution with so many vested interests as the Cleveland Clinic?

I guess it was mainly due to the building frustration I felt from the fact that no matter how many patients we were treating with breast cancer or heart disease — we were doing nothing to prevent others from getting it. I mean, it’s one thing to be proud about being able to take care of the symptoms once the disease has arrived and make these people feel better, but I think the great deficit that our medical training has today is that we are not teaching our physicians to treat the causation of the disease. For instance, if somebody has high
blood pressure, the cause of the high blood pressure is not their lack of taking an expensive drug — it is their lifestyle. And the same thing is true of such a great percentage of patients who have type 2 diabetes. It just never has to exist. And the most powerful beneficial treatment is to have these patients understand the causation of the illness and then show them the lifestyle that can get them out of that illness. For those who don’t have it yet, that will teach them how to avoid it. Prevention is the medical imperative.

At some point in your work did you have that proverbial “Ah ha!” moment when all of the sudden you said I have got to switch the way I am living and treating patients?

Not really. I think it was just that between 1979 and 1984, my increasing awareness and multiple episodes where I became really frustrated with the treatments we had that really were not effective and were not getting the job done.

Did you make an immediate transformation in your own personal life in terms of your diet and lifestyle?

Yes. I remember exactly when it occurred: April of 1984. I was attending a surgical meeting in New Haven, Connecticut, and let’s just say that the papers presented at the meeting were somewhat less than inspiring. The weather was kind of rotten, raining the whole time. At the end of the conference, they often have a banquet. I can remember the multiple frustrations of the conference, the weather, and, of course, the four or five years of thinking about this. When the waitress presented me with a plate of roast beef that was so drapped over the sides, I just looked at my wife, Ann, and I said, “This is it. This is my epiphany! This is the end of it! No more meat and dairy!”

Was it an epiphany for her, too?

It was for her two weeks later.

Wow! You talk so much about how the plant-based diet is so effective in reversing and preventing heart disease. However, since you spent your whole career in treating breast cancer, have you seen similar responses to people who come to you with a lump in their breast?

No. But then that has not been studied. However, I don’t think that there is any question that it would be extremely beneficial if we could have people start eating plant-based, especially young women when they are pre-high school. The best data that we have is that when you look at societies where women grow up not being exposed to the typical Western diet, their incidence of breast cancer is considerably less. With prostrate cancer it’s even more profound. So there is a very indirect line of that evidence. But I am unaware that a study has specifically been done that would have that degree of differential in foods that I think would have to be effective.

In your YSU lecture, you mentioned that one of the things you found in your heart disease recovery programs was the number of beneficial effects for many other conditions. I remember you specifically mentioning circulation in the legs. Have you documented other beneficial effects?

There is no question that when you are eating a type of plant-based nutrition for the healing and reversing of heart disease, it’s obviously going to impact all the other blood cells in the body, and we have seen reversal of carotid disease to the head, and obviously to the legs as well. It’s extremely exciting to think that something can be so effective.

Let me ask you a question that we health enthusiasts get asked all the time when we insist on no meat, dairy or oils: How do so many people seem to thrive on conventional diets? You look at athletes, movie stars and so many others whom we know and love who are not obese, who have lovely skin, beautiful figures and handsome builds who live on the conventional diet. How do you account for that?

Well, I am going to challenge that. Even though you could follow the standard American diet and still be, you know, appear quite safe well into the warranty period when you are 25 years old, and have that athletically trim body — we know that inside there are horrendous ravages that are going on. We learned back about 50 years ago when we would autopsy the GIs who died in combat in Vietnam and Korea, that roughly 80 percent of those 20-year-olds already had gross evidence of heart disease you could see without a microscope. Not enough that they are cardiac events yet, but there they were in their early 20s already with heart disease. So contrary to what you were suggesting that people might believe they look fine — the tremendous ravages of disease are underway. And what happens is that if you continue to eat the same way that caused the early disease, obviously then we start seeing these cardiac events for people in their 40s, 50s and 60s which by today’s standards we still consider quite young and quite vital. So while the outside appearance may be good, there are tremendous ravages going on inside. And also when you think about the fact that we have an absolute epidemic of obesity and an epidemic of diabetes, that’s a very strong testament to the fact that there are brutal ravages to the Western lifestyle.

So do you think that to some degree or another the clock is ticking for everyone who lives on a conventional diet?

Well, the data would certainly make that very clear.

In your talk at YSU, when someone asked whether you were saying that they had to avoid all meat, dairy and oils, I recall you responding with the question, “How close do you want to get to the cliff?” What did you mean by that?

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Well, in other words, let’s take the example of somebody who says they understand that certain foods are going to be harmful. And now the question that they ask is how much of the harmful food can I eat and not have my heart attack until I’m 70 or 80 rather than at 40 or 50, or maybe I will just get a mild amount of erectile dysfunction. Maybe I will just get a small heart attack. Maybe I will get a small stroke. Why would you ever want to knowingly ingest something that you know within minutes may ravage or injure the lining of your artery? It’s those accumulated gifts which eventually lead to things like dementia, stroke, heart attack, erectile dysfunction, and so forth.

What is your position on the consumption of salt?
I am not against somebody who wants to use the salt shaker. The amount of salt that you put on when you use it is usually very, very minimal. Where you get most of your salt is in the food that you purchase. Here the salt is already in the can or in the box or in the product. Or, if you go to a restaurant where, obviously, it’s saturated with salt by the time you get it to the table. The amount that you put on with a salt shaker for a little bit of added taste is not a problem.

Why do you campaign so strongly against meat, dairy and oil?
What we are trying to do is get our cardiovascular patients to eliminate completely the foods that will further injure the lining of their blood vessels. The reason that they have heart disease in the first place is that their blood vessel lining has been so injured and so decimated that they now have the manifestation of heart disease. Now what is going to stop the injury to those endothelial cells? Well, we avoid the foods that have been shown scientifically to injure them; namely oils — olive oil, corn oil, safflower oil, sunflower oil, coconut oil, palm oil, canola oil; anything with a mother, anything with a face — meat, fish, chicken, turkey; and dairy milk, cream, butter, ice cream, cheese and yogurt. And now in addition, we know that fructose, that is to say, orange juice, apple juice, agave nectar, maple syrup, molasses and honey. Now this isn’t to say that you can’t have some pancakes with maple syrup once or twice a month. But know every time that you are having them that you are injuring endothelial cells. In addition, caffeine with coffee, nuts, avocado. That’s pretty rigid for the patients now who have heart disease. But what has happened is that since this is not cancer, when the endothelial cells are given a reprieve, when they are no longer beaten down, they recover. As they recover, so does their ability to produce this magic molecule called nitric oxide production. Not only do you halt the disease, but we have shown clearly that you can begin to reverse it.

So there is no good oil and there is no good dairy?
You are a fast learner.

Is yogurt any better than milk or cheese?
It’s a question of whether you want to be shot or hung.

How do you respond to the people who say our advocacy of no meat, dairy or oil is pretty radical?
I think that there is no question that when you make this change, and if you have grown up in a society where you have been eating, on a regular basis, all the dairy products — the milk, the cream, the butter, the cheese, the ice cream, the yogurt — and if you have been eating meat, fish, chicken and turkey, it’s going to be a significant change. But as far as the words “extreme” or “radical,” I would say that change is significant. But the truth is, the nutrition that is extreme or radical is the one that results in 1.2 million coronary stents being done per year in this country; 500,000 bypass operations where your entire chest is divided in half, veins are taken off your leg and put in your heart. And they may last several years and at the end of that, you will have to have another procedure. Or, maybe it’s a little bit more extreme or radical when you spend $25 billion in statin drugs, $5 billion on stents, an epidemic of obesity, an epidemic of diabetes, an epidemic of heart disease. This is the diet that’s radical and extreme.

What about heredity as a determining factor in disease? I am sure you know that many people are convinced that if their mother had a heart attack, or if they have a history of (Left to right) Wanda Huberman with Dr. Esselstyn and Dr. Esselstyn’s wife, Ann, with Ruth Huberman at Youngstown State University.
There might be a genetic predisposition if you continue to eat the same foods that your parents and grandparents did who have those diseases. But it's clearly been shown time and again that when you make these types of significant changes, you can modify markedly genetic expression. And this is what is so powerful about the type of plant-based nutrition I advocate. Despite the fact that you may have had all the males in your family dead of heart disease by 55 or 60, once you start eating plant-based and you are not eating any of the building blocks of heart disease or are going to harm your delicate endothelial lining of the artery, you are beyond that. You are not going to have this problem. I mean, this is so vividly shown by the epidemiological geographic studies. For instance, heart disease is virtually nonexistent in the rural Chinese, the Papua Highlanders in New Guinea, Central Africa and the Tarahumara Indians in Northern Mexico. But as soon as they are exposed to Western civilization, they start getting our diseases. There was a magnificent study done by T. Colin Campbell from Cornell, who perhaps is one of America's most prominent nutritionists. When he did the China Study, he was able to clearly show that in communities and villages in China, just as soon as they begin to Westernize, you begin to see the emergence of Western diseases which they previously did not have there.

You focus a great deal on the plant-based diet. But what about the other factors of health — exercise, rest, productive activity, emotional poise? Where do they fit into the scheme? Can you do just one without the other?

I think that exercise is a wonderful bonus and I don't think anyone would argue with that. But there is no question that food trumps it all. For instance, there was a recent study looking at German marathon runners who were ages 55 to 58 who had run at least two or three marathons the previous year. These are all slender, well-conditioned, well-muscled senior athletes. And when these 100 marathon runners were carefully studied, 90 of them already had evidence of cardiovascular disease despite this brutal exercise schedule. In other words, they were musccularly fit but they obviously had already begun to develop significant cardiovascular disease that was identifiable by this type of testing. So the reason that our book and our program emphasizes nutrition is that even patients who cannot exercise can gain tremendous benefits. I recall several of my patients in our earlier study that previously had strokes in addition to their heart disease. They were unable to exercise, but over the next 20 years in no way were they precluded from enjoying the same wonder benefits of the nutrition changes that they made despite the fact that they were unable to exercise. I have also observed that people who get into a cardiac rehabilitation program involving compulsory exercise and compulsory meditation and then a significant food change, it's apparent that there seems to be a very high rate of what we call recidivism. People just don't stick with it. Each of us has within us just so many behavioral modification units, and I want to be sure that, in terms of the outcome, there is the opportunity for maximum health. I want them to emphasize the food aspect because it's very clear and we can make that message an absolute wonder they can understand and not be obfuscated by saying, “Look, if I take another extra few laps around the track I have entitled myself to a hot fudge sundae.” That just doesn't play out.

Tell me about the program you run and how our readers can involve themselves in it.

The reason that we are so proud of our particular program is that we have about a 90 percent compliance with the program, which is tougher, I think, for anybody to match. And I think the reason that we have the degree of success that we do is that we educate the patient and, most important of all, we show the patient respect. I think the most profound way that a physician can show a patient respect is by giving them time. So when we are discussing cardiovascular disease in our intensive counseling seminar which we do twice a month, we start at 9:00 in the morning and finish at 2:00 in the afternoon. A significant percentage of our patients are from beyond the state of Ohio. We know that they cannot come to Cleveland for days at a time. So about a decade ago we synthesized a very intensive counseling seminar. During that time they are going to be made to understand exactly what has happened to them that has caused this disease, and exactly what it is that they have to do to halt and reverse this disease. I have no interest in counseling people who merely want to slow the rate of disease progression. We must have a shared vision that the goal here is to absolutely annihilate this benign food-borne illness.

Is this program operated under the aegis of the Cleveland Clinic? If someone wanted to participate in the program, where would they make the contact?

Yes. I do this at the Cleveland Clinic Wellness Institute in Lyndhurst, Ohio, which is an eastern suburb of Cleveland. They can find the program on the website or they can call or email my secretary, Jacqueline Frey.

What is your view of vitamin supplements? Do you find that for those who adopt a plant-based diet that any supplements are necessary?

Yes, I do feel that they have to take vitamin B12 and have...
their vitamin D levels measured and taken until they can keep that vitamin D level in what would be considered a normal range. If they are eating a variety of plant-based foods that we want, especially with the green leafy vegetables, the necessity of taking a multivitamin is not there.

The necessity aside, do you have any concerns about people taking high potencies of vitamin A, vitamin C and all the other supplements that are advertised?

We are just now beginning to get some hard science on some of these, and it does appear that there are problems. For instance, if you take too much vitamin A, you are going to fracture your hip; too much vitamin B6 you will get prolonged nerve conduction time; too much beta carotene, and then you may reawaken latent cancers.

Is it true that calcium actually has the opposite effect for bone strength?

 Probably the thing is to recognize the fact that the body has a tremendous ability and discretion about obtaining its vitamins and micronutrients through a variety of healthy plant-based foods and that it’s unlikely that you will have to supplement this, except for the B12 as I mentioned.

In your YSU lecture, you spoke about the concept of “moderation” that so many people profess as a virtue where diet and lifestyle are concerned, and as I recall, you said something provocative like “moderation kills.” Does it really? Yes. That’s a chapter in my book, “Moderation Kills.” Moderation in food consumption for heart disease is truly an oxymoron because what it really means is, let’s suppose, that we all recognize how devastating a hamburger can be to, let’s say, the delicate endothelial lining of the artery. Someone might say, “I will just have it two or three times a week.” All right. That’s 150 days out of the year that you are attempting to aggressively continue to destroy the lining of your artery. Now, that may be moderation. Maybe you are not going to have your heart attack as soon, but it makes absolutely no sense to say that I am going to have a modest amount of the food that is going to destroy my vessels. Why would anybody want to hasten themselves on to stroke, a heart attack, dementia, or erectile dysfunction? I think the problem today is that what we really have not done is given the in-depth education to the public that we have to do. If we are going to truly have a seismic revolution in health, it is never going to come from another pill. It’s never going to come from another procedure or operation, but it can come about if we are able, as a profession, to engage the public to understand and have a comprehension of nutritional literacy that will allow them a lifestyle that will protect them from ever having these chronic killing diseases that need never exist.

When former President Bill Clinton was on CNN he credited you, T. Colin Campbell and Dean Ornish as being the people who inspired him. Have you ever spoken with him?

No, he was very gracious in acknowledging the fact that he has read our books and applied its principles. But I have yet to shake his hand, look him in the eye, or exchange statements.

But is he a classic example of the effectiveness of what your program offers?

I am hoping that he is going to be a poster boy for us. But I would love to be able to get a hold of him and give him the finer points.

You and your wife appear to be a team. I recall you saying at YSU that you tell the people the why and she tells them the how. Does she play a role in your Cleveland Clinic Program?

Oh, absolutely. Ann is an absolutely vital cog. When you are going to ask people to make this type of significant lifestyle modification, they are really looking for guidance and for leads. That is why I think our book with its 150 recipes that Ann presents in her very exciting style shows people how they can go to the kitchen and create these wonderful delicious options which are going to enhance their health — rather than destroy it.

Dr. Esselstyn’s book Prevent and Reverse Heart Disease is available from the National Health Association. Please see page 30 for ordering information. His new DVD is available from his website: www.heartattackproof.com.