



Michael Senoff's

HardToFind Seminars.com

Expert Interviews On Mind Body & Spirit

University

INTERVIEW SERIES

**According to a world-famous doctor, eating
certain foods will...**

**Turn Your Heart Disease Into A
Harmless Paper Tiger That You'll Never
Need To Worry About Again**



Michael Senoff's

HardToFind Seminars.com

Expert Interviews On Mind Body & Spirit

Dear Student,

I'm Michael Senoff, founder and CEO of HardToFindSeminars.com.

For the last five years, I've interviewed the world's best business and marketing minds.

And along the way, I've created a successful home-based publishing business all from my two-car garage.

When my first child was born, he was very sick, and it was then that I knew I had to have a business that I could operate from home.

Now, my challenge is to build the world's largest resource for online, downloadable audio business interviews.

I knew that I needed a site that contained strategies, solutions, and inside information to help you operate more efficiently

I've learned a lot in the last five years, and today I'm going to show you the skills that you need to survive.

It is my mission, to assist those that are very busy with their careers

And to really make my site different from every other audio content site on the web, I have decided to give you access to this information in a downloadable format.

Now, let's get going.

Michael Senoff

Michael Senoff

Founder & CEO: www.hardtfindseminars.com

Copyright Notices

Copyright © MMVIII - © MMXI by JS&M Sales & Marketing Inc

No part of this publication may be reproduced or transmitted in any form or by any means, mechanical or electronic, including photocopying and recording, or by any information storage and retrieval system, without permission in writing from the Publisher. Requests for permission or further information should be addressed to the Publishers.

Published by:

Michael Senoff
JS&M Sales & Marketing Inc.
4809 Clairemont Drive
San Diego, CA 92117
858-274-7851 Office
858-274-2579 Fax
Michael@michaelsenoff.com
<http://www.hardtfindseminars.com>

Legal Notices: While all attempts have been made to verify information provided in this publication, neither the Author nor the Publisher assumes any responsibility for errors, omissions, or contrary interpretation of the subject matter herein.

This publication is not intended for use as a source of legal or accounting advice. The Publisher wants to stress that the information contained herein may be subject to varying state and/or local laws or regulations. All users are advised to retain competent counsel to determine what state and/or local laws or regulations may apply to the user's particular situation or application of this information.

The purchaser or reader of this publication assumes complete and total responsibility for the use of these materials and information. The Author and Publisher assume no responsibility or liability whatsoever on the behalf of any purchaser or reader of these materials, or the application or non-application of the information contained herein. We do not guarantee any results you may or may not experience as a result of following the recommendations or suggestions contained herein. You must test everything for yourself.

Any perceived slights of specific people or organizations is unintentional.

According to a world-famous doctor, eating certain foods will...

Turn Your Heart Disease Into A Harmless Paper Tiger That You'll Never Need To Worry About Again

If you think heart disease is just a natural part of aging, don't bet your heart on it. The author of *Prevent And Reverse Heart Disease*, Dr. Caldwell B. Esselstyn, says it's actually a foodborne illness with a simple cure that even the unhealthiest of people can conquer once and for all.

But you won't hear that from the government. And you won't study it in school. In fact, Dr. Esselstyn says this is the one disappointment he has with modern medicine. It's simply failing its patients. And in this audio, you'll hear all about it.

You'll Also Hear...

- The amazing discovery scientists learned about curing heart disease from Nazis in World War II, and why you've probably never heard about it before
- The dark secret your doctor is trying to hide from you about bypasses and stents – and what you need to know before you let anyone cut you open
- Exactly what Dr. Esselstyn says is the one and only way doctors today can adequately treat heart disease (and stop killing their patients)
- The 3 worst foods you'll never want to eat again because even one bite is like consuming a "fork full of strychnine"
- The ugly truth about the USDA and why Dr. Esselstyn says having them make the food pyramid is like having Al Capone do your taxes
- The exact steps you can take to regain power over your heart disease today

Everyone who eats a traditional western diet has cardiovascular disease right now. And although you may not have a heart attack for 30 years, you will never have a heart attack if you follow Dr. Esselstyn's advice. And in this interview, you'll hear exactly what that advice is.

Hi, this is Chris Costello and I've teamed up with Michael Senoff to bring you the world's best health related interviews. So if you know anyone struggling with their weight, with cancer, diabetes, ADHD, autism, heart disease or other health issues, send them over to Michael Senoff's [HardToFindSeminars.com](http://www.HardToFindSeminars.com).

Chris: Dr. Esselstyn, thank you so much for joining us.

Caldwell: Well, thank you, Chris. It's a pleasure to be with you.

Chris: So we are really excited about your book. This country is just in a free-fall crisis, as I'm sure you are well aware of with heart disease and obesity and all of those conditions. Your family, it sounds like, has a lot of heart disease. That is an interesting story.

Caldwell: Let me just say that I think the truth be known that heart disease is nothing more than a toothless paper tiger that need never even exist. If it does exist it need ever, ever progress. This is a food borne illness. Yes, as far as my own family is concerned my dad had his first heart attack at age 43. But I think if we really take our cue from the global perspective it's fascinating when you being to look across the various cultures on this planet where heart disease is virtually non-existent.

For instance, if you happen to be a heart surgeon and you wanted to set up a practice either in the Papau Highlands in New Guinea, the Royal Chinese, central Africa or the Tarahumara Indians in northern Mexico, forget it. You'd better plan on selling pencils because there's just going to be no heart disease there.

I was never a cardiologist and never a heart surgeon. My primary responsibilities were in surgery of the thyroid and para-thyroid. But it was a chairman of our breast cancer task force that I suddenly began to get very, very curious and interested in nutrition. Because no matter how many women I was operating on for breast cancer I was doing absolutely nothing for the next unsuspecting victim.

That led to this global research which was really quite provocative because you found that in Kenya, Africa for instance, the incidence of breast cancer was something like 20 or 30 times less than in the United States. In rural Japan in the 1950s, breast cancer was virtually unheard of. Yet, when the Japanese women would migrate to the United States, by the second or third generation they're all pure

Japanese-American. They now had the same rate of breast cancer as their Caucasian counterpart.

Perhaps even more compelling was the prostate cancer story. How many men in 1958 in the entire nation of Japan died from cancer of the prostate? Eighteen. And yet by 1978 they're up to 137, which still pales in comparison to the 28,000 who have succumbed this year in this country.

So we had these very provocative differences globally in the cancer. I felt that my bones would long be dust before I could really get some answers with nutrition and cancer, although in hindsight I'm not sure that's correct. So my decision was to try to get to cancer through heart disease, because it was so apparent that heart disease is not cancer. It is not obligatory in any sense. It's just not a disease of aging. We have so many examples of people who lived to be 80, 90 and 100 without even a hint of any kind of vascular disease. Because they're plant based.

So that was sort of the proactive start of all of this. There was another very intriguing story that occurred. That was what happened in World War II. It was characteristic of the axis powers of Germany when they overran the low countries of Holland and Belgium and they occupied Denmark and Norway. The Germans characteristically would take away the livestock of these countries. That is they would take away their cattle, their sheep, their goats, their pigs, their chickens, their turkeys. Largely these countries were now eating plant based during the war years of 1939-1945.

There is a very interesting scientific paper about Norway during that time when their rates of heart disease and stroke absolutely plummeted during 1939-1945 when they were deprived of their meat and dairy. And yet as soon as there was a cessation of hostility and back came the meat, back came the dairy, zoom. Up went the strokes and heart attacks again. Very provocative.

If you look at the results of our young men, for instance, who have succumbed in combat in Vietnam and Korea, 80% of our 20-year-old GIs who died in combat, at autopsy there was evidence of coronary artery disease that could be seen without a microscope. It was not enough yet to cause heart attacks or clinical events. Those still are several decades away. But it was extremely informative that we are doing something in this culture that is creating this epidemic of disease and we now pretty much absolutely know the answer.

The exciting thing is that there is something that every person can do to prevent this from happening. Good health is not accidental. It's so empowering when people begin to understand it.

Chris: You mentioned that your dream is to see the eradication of heart disease. Is that correct?

Caldwell: Well, if we can see it in other cultures I think that we can do it eventually in this country as well. For instance, look what happened with how educated people became with smoking. I know that when I finished all my training, if we ever had guests over at the house - and this was in the early 1960s - it would be inhospitable if you didn't put out ashtrays and bring out cigarettes for these guests to smoke while they were in your house. Nobody would ever dream of that today. There has been a tremendous, tremendous education program where people now fully understand the tremendous dangers of cigarette smoking.

Now we have to start all over again and do the same thing with certain foods. If I've got a moment I'd like to explain how that works. Let's talk about where there is agreement. All experts would agree that where this disease has its inception, where it starts, is at this remarkably delicate, one layer thick lining of our blood vessels. It has a name. The endothelial cells. This is a remarkable lining because the endothelial cells, when they're working correctly, make lots and lots of this wonderful molecule that we call nitrous oxide. It has amazing functions.

Nitrous oxide is what keeps our blood flowing smoothly. Nitrous oxide is what allows our arteries to widen and dilate whenever we exercise or go upstairs, to deliver more blood to the muscles that need that blood. Nitrous oxide prevents inflammation from developing in the walls of the arteries. And nitrous oxide prevents the formation of blockages or plaque. So you might be saying, "Well, now, wait a minute. With that wonderful mechanism why does anybody ever have vascular disease?" Well, within the last 15-18 years through research it is very clear now exactly what are the foods that imperil, impoverish, compromise and injure those delicate endothelial cells and their capacity to make that wonderful nitrous oxide. What happened?

Every time certain processed oils pass your lips you imperil and injure your endothelial cells. Yes, olive oil, corn oil, soybean oil, safflower oil, sunflower oil, soybean oil. All those processed oils. And dairy. Yes, milk, cream, butter, ice cream, cheese, yogurt and anything with a

mother. Anything with a face - meat, fish and chicken. That seems like it's a pretty significant amount, but those are exactly the foods in our researched patients, our patients who were ravaged by heart disease. They failed their first or second angioplasty or stent. They failed their first or second bypass. They were too sick for these procedures or they had refused. A number had been told they wouldn't live out the year.

And yet when you counsel these patients and share with them what's going on with this delicate endothelium and they get it and they do it right, the endothelium begins to sparkle again, makes enough nitrous oxide so that not only does it halt the disease but it even begins to regress it. This is not cancer. This is purely a benign, food borne illness. My disappointment with the medical profession itself right now is the fact that perhaps this is one of the first times since the days of Hypocrites where we really haven't been candid with patients on what is the causation of their illness.

Many physicians just simply throw up their hands and say that patients won't make these changes. But we have found that absolutely not to be the case. Patients rejoice when they have a full understanding and comprehension of what it is that is causing their illness. They're so empowered to think that they themselves - not the cardiologists or the drugs or the procedures - they themselves can be the focus of control for turning this around. There's no question that stents and bypass are absolutely life saving when someone is in the middle of a heart attack, but that's a very small minority of the patients.

The majority of patients in this country, there are 1.2 million stents per year. That means that over the last ten years there have been over 10 million stents. Now, stents are reasonably safe but 1% of people will die when getting a stent. Well, 1% of 1.2 million is 12,000 people will die this year while getting their stent. 4% will get a heart attack. So 4% of 1.2 million is now 48,000 people who will sustain a heart attack while getting their stent. If you take it out over ten years, that's 120,000 people who will die getting their stents. There's a little bit more of a problem with the bypass, but they don't do as many. 500,000.

Well, a stent is when the physician will pass a catheter, usually through an artery in the groin which will thread its way up just to the heart. Then actually the catheter will go into the artery that goes to the heart right where the plaque is. Then at the tip of the catheter a little balloon will first be blown up which will try to press out and widen the plaque space. The opening in the artery is restored. Then they next put in a little wire cage called a stent to try to hold the artery open. But the

problem is that most patients will have literally hundreds of these plaques. The ones that they treat are the ones that are usually blocking the artery by over 75%. Those aren't the ones that are most likely to cause a heart attack.

The elephant in the room whenever you're talking about stents is that it appears when you study thousands of people who have had them, there is no prolongation of life with stents and it does not protect against future, new heart attacks. Now, it might give you some relief of angina or chest pain or discomfort, but you can achieve the same thing with medical therapy, although it may take a little longer. It's safer. If it doesn't work, why are we doing this?

It's because very few physicians have any really aptitude with nutrition. How much nutrition do physicians get in medical school? Maybe 45 minutes at the most. Sadly, even the leadership of physicians who are in cardiology have very little faith in this approach because they've never done it. If they were in a situation where they have had experience with the fact that significant lifestyle change can immediately bring to arrest and relieve pain, they can come to the cycles.

But sadly also there's very little monetary reward. Insurance doesn't pay for this kind of counseling. So there are still some significant hurdles that we have to go through to make this happen generally throughout the country. But I think the results are provocative and it's going to happen. We've had many patients who we've counseled who have had the courage and the discipline to say, "Look, if you do find some of those blockages, unless mine is absolutely immediately life threatening or if I'm in the middle of a heart attack, I don't want that stent. I want to think about a significant lifestyle change. If I don't seem to get better with that, then maybe in the next three to six months I can reconsider about whether I'll have that stent."

I'm Chris Costello reporting for Michael Senoff's [HardToFindSeminars.com](http://www.HardToFindSeminars.com).

Chris: So in many cases they have some time?

Caldwell: Oh yeah. There are many, many studies that show - an excellent one especially is from Dr. William Boden from Buffalo. He was able to organize a wonderful national study clearly showing that even just plain old intensive medical therapy with some modest dietary changes and intensive medication was equally competitive with a stent, without having the risk of the stent. Bypass is a pretty serious procedure. I

think if it's in the middle of a heart attack or it's otherwise a life threatening situation, it can be life saving.

But again, most of these are simply done electively. These patients really first deserve to have at least a three to six month trial of aggressive lifestyle change. I'm totally opposed to the idea that patients won't do this. It's not a question of they won't do it. When you talk about advice, it's if the advice was bad or how the advice was given.

I used to have surgical mentor who had a wonderful saying. He said, "Inappropriate application of the method is no excuse for its abandonment." Why not just simply tell the patients, "Look. This is a benign, food borne illness. If you're willing to make these significant changes you can very, very safely end the progression of this disease."

Chris: Right, Dr. Esselstyn. And in a sense that's what you did with your 20 year nutritional study, right?

Caldwell: Yes. We're expanding that now to several hundred more. It's been nothing but very exciting and very rewarding and I can say that it appears that every patient who is fully compliant seems to be able to put an end to this illness and often be able to achieve significant end to the progression of this disease. Well, we started because I wanted to see if we couldn't do this with a small group of patients. I still had a very full schedule as a surgeon. So the most that I could handle at the outset would be 24 patients who were significantly ill with heart disease that I mentioned earlier.

By seeing them every two weeks, going over every morsel that they ate, checking their weight, their blood pressure and their full cholesterol every two weeks, we really got to know each other pretty well. At the end of five years I stretched it out to every four weeks. Then at the end of a decade they were all obviously by this time pretty well on autopilot. Now, that's the way we did it with the original group and obviously if there are any physicians listening they're going to throw up their hands and say, "How could you ever have the time to see a patient every two weeks?" This was under a research setting and I was able to do that.

However, since then realistically since so many of our patients seem to come from out of state, we have developed a very intensive, single five-hour counseling session where we have them in my translation of medical jargon into terms that they can fully grasp and understand,

they have a full understanding of exactly how their eating has caused their disease and precisely what it is that they can do to not only halt this disease but begin to reverse it. So they are sent off with all this information. We've done this now for over a decade. It's extremely effective and very powerful. Close to 90% of patients are compliant and do get this and understand it, and really rejoice knowing that they themselves are the locus of control for this illness.

The main point that I want to make here is they are willing to do this when you as a physician are willing to spend the time. Now, there are very few physicians who can take time out in the middle of the day to suddenly counsel a patient for five hours. That would be pretty unrealistic. So what has to happen is that the physicians have to recognize that this is an avenue whereby this disease can be really taken care of by this type of counseling. They have to have somebody who's designated to do this, whether it's a nurse practitioner or it may very well be a physician themselves who has a passion and the skill set and ability for behavior modification who wants to do this. That's the way it really can become effective.

I happen to enjoy it greatly in counseling these patients because it's so effective and it's so prompt. It can be persistent and enduring. Our five hour counseling will have to be the most significant interaction and exchange that a patient has ever had with their caregiver. Very few physicians ever spend five hours with their patient. But the fact that it is that long in duration and that intense, they suddenly grasp and understand that this is what works. If you contrast that with spending five hours while your patient's asleep taking a vein from their leg and putting it in on their heart, when most of those sadly within several years fail, that's just not what we're interested in.

Chris: A lot of the people are willing to do this and make these changes. What about the ones that aren't?

Caldwell: You know it's interesting. I've looked up 133 patients and there were 14 who didn't quite get it. Some just I think have not really had the full grasp of the importance of the endothelium. Many of them, when you call them they say, "You know, now that you've reminded me again, I really should have been doing this." Fortunately it's the minority who really feel that way. Many of those patients on a second or third phone call will really turn it around. But over 90%, as I mentioned.

When you think about it this way, how many men after hearing all this counseling would say, "Well, Dr. Esselstyn, that's really very interesting

but I really have enjoyed developing ED. I think I'll continue to destroy my endothelium. I really liked the tour that I had when I was in the hospital with my bypass operation. I got along very well with the nurses and maybe I'm looking forward to a second one." Come on, very few people will ever do that.

We are really in desperate need as a nation of a seismic revolution in health. What becomes very clear is that that seismic revolution in health is never going to come about from a pill. It's never going to come about from a procedure or an operation. The seismic revolution in health is going to come about when we are willing to take the time and grit and persistence to show the people, really, what is the healthiest lifestyle that they can be so they don't have to have these chronic, killing diseases.

For instance, if I counsel somebody who is 250 pounds and has had a heart attack, they just get it. They also happen to be overweight. They're hypertensive with high blood pressure and they've got diabetes. Suddenly at the end of seven or eight months they've lost 70 or 80 pounds. They are now down to 185. They're no longer obese. They are absolutely heart attack proof. They are not going to have a stroke. The hypertension has gone away. The diabetes has gone away. Their risk for the common Western cancers has gone away, and the whole thing goes on and on and on. It's really quite impressive how strong the body can be against these common, chronic killing diseases when we are willing to make significant changes.

Chris: Let's go over it again for people that are interested that want to change their health and change their life. What are the foods that they just have to avoid? And I want to ask you a little bit about why they have to avoid these so much.

For more interviews on health, mind, body and spirit go to Michael Senoff's [HardToFindSeminars.com](http://www.HardToFindSeminars.com).

Caldwell: What gives us this vascular disease is the injury to that delicate single layer of cells that lines all of our blood vessels. The endothelial cells. They become injured by certain foods that we eat. Processed oils, dairy, meat, fish and chicken. What do we want people to eat? All of those wonderful grains that are whole. Whole grains for your cereals, bread, pasta, bagels, rolls. All the 101 different types of legumes or beans. A great variety of red, yellow and especially green, leafy vegetables and fruit. Not fruit juice. Fruit.

There are many books. We have about 150 recipes in ours, plus we also mention several other kindred spirits who have recipes where the same thing happens. You end up with really hundreds and hundreds of recipes that are absolutely delicious. What you really are doing is you're exchanging one pile of delicious food that is destroying you for another pile of delicious food that's enhancing your health.

Well, I have a chapter in my book entitled, "Moderation Kills." In other words, let's suppose that you're somebody who's had a heart attack. You get over it fine and you're doing all right. But obviously the thing that families and the patients who have had a heart attack fear more than anything else, when is the other shoe going to fall. When is he going to have the next heart attack? Well, we like to set it up so that they can understand that they never have to have another heart attack.

In other words, when you eat this way you strengthen the cap over the plaque. Because it's when the cap over the plaque in the artery ruptures that you get these heart attacks. So that when you eat plant based like this you strengthen the cap so that it cannot rupture. When you make yourself plaque rupture proof you've now made yourself heart attack proof.

So if you're doing this in moderation you might be delaying the time at which you'll have your heart attack, but it doesn't protect you from it. Or you might be older when you have your heart attack rather than younger. Or you might have a smaller heart attack rather than a larger one. Why would you want to eat any food that impairs you? Why would you want to have a small amount of strychnine? I just think I'll have a modest dose of arsenic.

Chris: Dr. Esselstyn, there's a tremendous amount of talk about the Mediterranean diet. I want to specifically ask you about olive oil. All the doctors say to eat olive oil, it's good for you. Also many, many doctors are prescribing Omega-3 and fish oil on a regular basis. What about that?

Caldwell: Well, let's take this one at a time. First, remind me again that you want to have me talk about the Omega-3s. Let's first of all talk about the Mediterranean diet and the olive oil. First of all, any physicians who are prescribing olive oil simply don't know the literature. There are numerous studies that show how literally olive oil absolutely pummels, injures, compromises the ability of the endothelial cell to make nitric oxide. That is absolute scientific fact.

Somehow there's this tradition with olive oil that makes it seem sort of sacred. But it's not. It is injurious. Let's just take a look at some of the Mediterranean diet hype and where that perhaps got going. If you were to go back 30 or 40 years ago and look at the classic Mediterranean diet which would be the island of Crete, all these people were using a great deal of their time with physical activity, working the fields, working their garden.

The physical activity was high. And they were eating really mostly out of their gardens and vegetables. Sure, they did have a little bit of olive oil and they had all these vegetables to sort of counteract the bad effects of the olive oil. There was really not very much in the way of heart disease.

Now today, of course, you can't go to Crete and see anything but heart disease because they're all loaded with things that we from American have exported to them. Many of those are fast food franchises.

So there was another study about 11 years ago which was the Leon diet study in Leon, France where they compared those who had had a heart attack - there was 305 people eating in one group the standard American Heart Association step one diet. And in the other group they were eating a so-called Mediterranean diet. Lean meats, low fat dairy, whole grains, legumes, vegetables and fruit and some oil. Lo and behold, the group on the Mediterranean diet was doing so much better than the American Heart Association step one diet that they stopped the study. They didn't want anybody to have to eat that horrible American Heart Association diet any longer.

It is such a bad diet that you could put any diet up against the American Heart Association diet step one, and it would look wonderful. So what everybody didn't do was see what happened to those who were on the Mediterranean diet. At the end of four years, 25% of those on the Mediterranean diet had either died or had another significant cardiac event, which is not arrest and reversal of disease. So with the Mediterranean diet you can slow the rate of disease progression, but that's not really what our goal should be.

Our goal should be to annihilate disease. I think there are a lot of physicians who use that as some sort of a compromise, but I don't do that because I don't like 10% or 15% or 20% of my people to continue to come down with disease progression. I want them to have the ability to stop this disease. So I want them not to have anything pass their lips that is going to further imperil or further injure their endothelium which

has already been so ravaged that they've lost so much of their nitric oxide that they now have cardiovascular disease. We've seen it reversed in the arteries going to the brain - the carotid artery. We've seen erectile dysfunction reversed. We've seen disease in the legs reversed. Obviously from the book you can see the angiogram of the heart showing how that reverses.

Chris: For people who aren't overtly suffering from heart disease, is it still a good way to go?

Caldwell: Well, let's talk about that. When you say they are not overtly suffering from heart disease, let's just see if that's truly the case. For instance, if you will look at a more recent autopsy study, let's say 40 or 50 years after they grew from Vietnam and Korea that I mentioned earlier. Some people have felt that maybe that was due to the stress of combat, that it was causing this cardiovascular disease in these young men. So there was a more recent study from 1999 of thousands who have died of accidents, homicides and suicides between the ages of 17 and 38.

Lo and behold, without a microscope again, the disease is now ubiquitous. In other words, everybody who is eating the traditional Western diet has cardiovascular disease. So if you're asking me, "Should people who don't have cardiovascular disease be eating this way?" My answer is, look, if they had been eating the traditional Western diet, they already have cardiovascular disease. Not enough to have a clinical event yet, but why wait to have your clinical even when you're in your 50s, 60s, 70s or beyond. Why not just eat in a way that you don't have to have that event?

It's also much less likely that you'll have dementia and osteoporosis and the common Western cancers, not to mention of course diabetes and high blood pressure that we've already talked about. The Omega-3s are two essential fatty acids that we have to have. We have to have Omega-6. Don't even think about that. You're going to get all the Omega-6 you need. Questions people have raised is about whether you're going to get enough Omega-3. Sure, you can take fish oil and get Omega-3. But now you're taking oil and you're taking something that is processed. You're taking something that increases your likelihood of bleeding. You're taking something that is an immune suppressant.

A recent Harvard study shows that those that are on fish and fish oil are more prone to developing diabetes. So why not get the Omega-3 like the fish gets it? The fish gets it by eating what? Plankton. I don't

want you to dive deep in the ocean and try to get plankton, but I do want you to try to get your Omega-3s through eating copiously green, leafy vegetables. They're loaded. Also if you don't think you're getting quite enough there you can get a couple of tablespoons of black sea meal on your cereal which is another story. But when people really eat this way there is recent data that suggests they become very, very efficient at making their own Omega-3.

Chris: So why are so many doctors prescribing Omega-3s?

Caldwell: It's an easy way to do it. You just write a prescription. You don't have to go through the detailed studies that I'm sharing with you now. They probably don't feel like people are going to be eating it. Also it's a knee jerk thing that physicians do. Physicians learn in great depth in medical school that coronary heart disease or vascular disease is something that need never, ever exist.

If somebody had exhaustively explained to them that this is the causation of this illness and this can be stopped, there are studies that clearly show this disease never occurs, why would they go out and just start writing these prescriptions for pills and drugs and procedures? Because they don't know this. They have no confidence in this because they've never utilized it and they're not familiar with the medical literature where this has been clearly defined.

There are several institutions that would love to see what I'm sharing with you fail. One is the government. Let's look at the USDA. The United States Department of Agriculture is the handmaiden of the food industry. Dairy, meat, pork, poultry, egg. They have a stranglehold on the USDA so that every five years when the USDA makes your food pyramid it is laden with foods that guarantee that millions of Americans will perish. Having the USDA make your food pyramid is like having Al Capone do your taxes.

The other group that would probably not be too interested to see this epidemic resolved is the stent industry. There's a five billion dollar yearly industry. You think they're interested in losing that industry? What about the statin drug industry? That's about a 25 billion dollar industry. The statin makers are interested in seeing this go away. Then sadly, even in my own profession, those who are earning a living doing bypasses and stents. Are they clamoring for fewer and fewer patients? There's a tremendous amount of economic conflict.

Right now, if you wanted to look at really the big picture of what American's do that can really help this country is the thing that is pulling us as a nation into debtor's prison faster than anything else are the entitlements. The entitlement that's doing this faster than anything else is Medicare. What is 45% of Medicare's costs? Cardiology. Do you fix it by the metric of what we call science? That is to say we've just got to be able to show people that this is a very powerful, very effective, sustained way of treating this food borne illness.

By showing them how to take away the foods that are injuring them and showing them the foods that will restore their health. It's going to take a while but it's going to come. We as a nation, we just don't have the wealth to sustain this kind of ridiculous expenditure on a full parade of therapeutics which has high mortality, such high morbidity, such enormous expense.

And it doesn't treat the illness. I mean people who have their first or second stent or bypass progress to disability, eventually end up with congestive heart failure and they die of a disease which was a totally benign, food borne illness. I wrote an editorial that was published about three weeks ago in the *American Journal of Cardiology*. It was entitled, "Was the present therapy for coronary artery disease the radical mastectomy of the 21st century?" The radical mastectomy, for those who don't know, was the standardized surgical era of the previous century. It wasn't until there were egregious physicians who really came down on challenging it and found that there was equal benefit to women with much lesser procedures, procedures which were less disfiguring and less mutilating and less painful.

The same thing is so true of heart disease. If you don't have to have these procedures which carry this mortality and this sickness and morbidity, nor do you have to depend on all this host of thousands of dollars of medication. It's just crazy. Part of this message today hopefully is that long before you begin to have your health crumble, why not make these changes so it never has that happen?

For more interviews with the world's top health and medical experts, go to Michael Senoff's [HardToFindSeminars.com](http://www.HardToFindSeminars.com).

Chris: One of the things we hear fairly frequently is people that have tried being vegetarians and for one reason or another it hasn't worked for them. They don't feel good or that kind of thing. How do you address that?

Caldwell: That's interesting. First of all, I think that it's important that they have exposure to hopefully something either like our book or the counseling effort where patients do so much better when they have all the facts and all the information. Because the reason that we have about a 90% compliance at the present time, I'm totally convinced it's because of the amount of information that these patients receive and grasp.

The patients who do this suddenly, when they see themselves losing weight, losing their diabetes, losing their high blood pressure and feeling better, and seeing their disease disappear, as their pain goes away, as the erectile dysfunction goes away, as the pain in their joints goes away, there's so much that they suddenly see that really makes them realize that this is the way to go.

Now, there are tremendous blocks. It takes quite a bit of will on the patient's part because practically every setting that they find themselves in there will be foods served that are just the absolute opposite of what I've been talking about. You go to a restaurant you're going to have to struggle. There are ways to do it. You go to somebody's house to dinner it's going to be a little bit awkward. The challenge is significant because when you convert this way and find that it's a challenge at restaurants, it's a challenge at people's houses, you just have to sort of work your way around that.

You can do it at restaurants. If it's local you can think of a way that you can call the chef beforehand and usually chefs absolutely adore being challenged to do this sort of thing. If you go there at the last minute and try to ask a waitress, then it really is challenging. You have to sort of look among different possibilities. Get some vegetables from one selection. Get a baked potato from another. Hopefully you'll bring your own salad dressing which many of the patients do. Some fruit for dessert.

When you go out to a restaurant to have a meal you go out for several reasons. One, you don't have to do the dishes. Two, you go out for the ambience. Three, you go out for the charming companionship. But remember, you do not go out for dinner at a restaurant to destroy your few remaining healthy endothelial cells. Be a little creative and think ahead.

But we now have hundreds and hundreds of patients who have successfully done this and they just absolutely are stymied by why their physicians didn't offer this to them before. Can you imagine somebody who's had their second, third or fourth stent and finally they

discover how simple this is? How absolutely really thankful and delighted that they are that they don't have that to look forward to anymore. For the sort of damage hanging over their heads wondering when they're going to have another heart attack.

Chris: Now, what about the people that are worried about getting enough protein if they cut out their dairy?

Caldwell: I think the best way to answer that is the answer that my good friend, probably America's premier nutritionist, Colin Campbell from Cornell who is the author of the bestselling book *The China Study*. Colin will answer a question like that. When people say, "How can you possibly get enough protein?" He'll say, "Well, if you're getting enough calories to sustain you you're getting enough protein." In other words, protein has gotten to be so, so absolutely out of whack in this country. Everybody worships it as some sort of a sacred entity.

I think Colin's work, if you ever read chapter three of *The China Study* which is wonderful, there is some very, very, very provocative evidence to clearly show that animal protein can accelerate the cancer growth and even turn it on, take it away, turn it off. Restore it, more animal protein, the tumor takes off again. Chapter three. Colin Campbell. *The China Study*. Very powerful. Now, are you going to get enough protein on this plant based diet? Well, let's just look at it. How much protein is in a hamburger? 37%. How much protein is in spinach? 57%. And you go down the whole list.

When you're eating beans and these green leafy vegetables and grains, you're getting so much protein that your body's never going to be in any way deficient. It is plant based protein which doesn't turn on these cancers. That was what was so striking about Professor Campbell's work in chapter three of *The China Study*. These same experiments where you turned on the cancer with animal proteins, if you did the same thing with plant based protein it didn't happen. Very powerful.

Chris: Dr. Esselstyn, if people want to find out more information can you direct them to a website?

Caldwell: You can try our website which is HeartAttackProof.com. But if I were to paraphrase the late John Kennedy I'd say, "Ask not what your country can do for your health. Ask what you can do for your health." Good health is not accidental. Increasingly we recognize that we ourselves are responsible for our health. It's amazing what people can do to

improve their lives and prevent themselves from the nightmares that they see around them.

Chris: We hope everybody runs out and gets a copy of *Prevent and Reverse Heart Disease - The Revolutionary, Scientifically Proven Nutrition-Based Cure* by Caldwell B. Esselstyn. Dr. Esselstyn, thank you so much for being with us today.

Caldwell: Thank you, Chris.

That's the end of our interview and I hope you've enjoyed it. For more great health related interviews go to Michael Senoff's [HardToFindSeminars.com](http://www.HardToFindSeminars.com).