

SIMPLE STEPS

YOU, TOO, can take control of your heart disease. This chapter—perhaps the most important in this book for those who have heart disease or people who simply never want to develop it—will tell you exactly how to go about it. As you already have learned, my approach to this potentially lethal disease is vigorous and sustained. The technique I recommend is based entirely on my research and supported by twelve years of formal study and twenty years of continuing work with a diverse group of patients. And its success depends very much on acute attention to detail. In the words of Rupert Turnbull, a former surgeon at the Cleveland Clinic: “Inappropriate application of the method is no excuse for its abandonment!” Here, once again, is the basic message of my research: no one who achieves and maintains total blood cholesterol of 150 mg/dL and LDL levels below 80 mg/dL—using strict plant-based nutrition and, where necessary, low doses of cholesterol-reducing drugs—experiences progression of heart disease. Many, in fact, are able to rejoice at clear medical evidence that they have actually reversed the effects of their disease. Recall that three-quarters of the population of this planet has never known heart disease. Your cholesterol metabolism and, with it, your resistance to the insidious progression of heart disease, can come to resemble those of the rural Chinese, the residents of Okinawa, the Tarahumara Indians of Northern Mexico, the Papua Highlanders of New Guinea, and many native Africans. Among these peoples, because of the plant-based diets they have always consumed, heart disease is virtually unknown. I am convinced from my research and from counseling hundreds of patients with heart disease that you, like them, can make yourself heart-attack-proof. In my initial interviews with all potential patients, I stress the need for total commitment. My first request is that patients and their families eliminate from their vocabulary, from their thinking, from their most basic belief systems, the phrase “This little bit can’t hurt.” If you have retained only one fact from my explanations of the science behind this program, I hope it is this: that just a little bit of forbidden food—fats, dairy products, oils, animal proteins—can hurt, and will. Think of it this way: if you adopt a healthy diet overall, but allow yourself to have fats just two or three times a week, that means you are abusing and injuring yourself on one hundred fifty or so days of the year. This “moderation” rationale will deprive you of the ultimate health benefits of plant-based nutrition. Just “this little bit” is enough to prevent you from remaining free of heart disease. If you understand and accept that premise, you are 95 percent of the way toward success in arresting your disease. Occasional exceptions, however modest, undermine results. (I must confess: on every New Year’s Eve, I consume eight to ten chocolate peanut butter cups.) I am reminded of a breakfast several years ago when I was invited to speak at a conference on breast cancer. Joining me at the meal was a distinguished East Coast surgeon who was also participating in the conference. Eighteen months earlier, he had had a heart attack. Even so, he was eating pancakes dripping with butter and a side order of bacon. Seeing my raised eyebrows, the surgeon explained that he ordinarily ate carefully, and allowed himself to go off his diet only on weekends, when out of town, or on special occasions. Since then, he has sustained a massive stroke, which deprived him of normal

speech. The same vascular disease that narrows the coronary arteries to the heart narrows the arteries to the brain. With the understanding that total commitment is the order of the day, let's proceed to the rules of my nutrition plan. First, the foods to avoid: Anything with a face or a mother. This includes meat, poultry, fish, and eggs. You may be aware that arginine and omega-3 fatty acids, which are essential to endothelial health and other bodily functions, are plentiful in fish. But there are other, healthier sources of these substances, which I will discuss when I recommend dietary supplements for those on my program. Dairy products. That means butter, cheese, cream, ice cream, yogurt, and milk—even skim milk. Oils. All oils, including virgin olive oil and canola oil. (For more on this subject, please see Chapter 10.) Refined grains. These, unlike whole grains, have been stripped of much of their fiber and nutrients. You should avoid white rice and “enriched” flour products, which are found in many pastas, breads, bagels, and baked goods. Nuts. Those who have heart disease should avoid all nuts. Those without disease can consume walnuts in moderation because they can provide considerable omega-3 fatty acids, which are important for many essential bodily functions. But I am extremely wary of nuts. Although short-term studies funded by nut companies show that they may positively affect good and bad cholesterol, I know of no long-term studies indicating that they can arrest and reverse heart disease, and patients may easily over ingest them, elevating their cholesterol levels. Now, for the foods you are allowed—in fact, encouraged—to consume. This list, although it may not include many of the products you used to eat, permits you to fill your plate with a delicious and colorful array of foods brimming with fiber, nutrients, and antioxidants, all essential to heart health and overall well-being: Vegetables. This is by no means a complete list, but it gives you a good sense of the wide variety of vegetables that you can eat. Sweet potatoes, yams, potatoes (but never French fried or prepared in any other way that involves adding fats!). Broccoli, kale, and spinach. Asparagus, artichokes, eggplant, radishes, celery, onions, carrots. Brussels sprouts, corn, cabbages, lettuces, peppers. Bok choy, Swiss chard, and beet greens. Turnips and parsnips. Summer squashes, winter squashes, tomatoes (although strictly speaking, tomatoes are fruit), cucumbers. Almost any vegetable you can imagine is legal on this plan, with a single exception, for cardiac patients: avocados, which carry a high fat content unusual for vegetables. Those without heart disease can eat avocados as long as their blood lipid levels are not elevated. Legumes. Beans, peas, and lentils of all kinds. This is a wide-ranging family of plants, and you are almost certain to discover delicious varieties you may never have encountered before embarking on this nutrition plan. Whole grains. Whole wheat, whole rye, bulgur wheat, whole oats, barley, buckwheat (kasha or buckwheat groats), whole corn, cornmeal, wild rice, brown rice, popcorn, and less well-known whole grains, such as couscous, kamut (a relative of durum wheat), quinoa, amaranth, millet, spelt, teff, triticale, grano, and faro. There is a marvelous variety of choices, both familiar and new. You can also eat cereals that do not contain added sugar and oil—old-fashioned oats, for instance (not the quick-cooking variety), shredded wheat, and brand names like Grape-Nuts. Breads should be whole grain, and should not contain added oil. Whole-grain pastas are allowed—those made from whole wheat, brown rice, spelt, and quinoa. (Be careful about restaurant pasta. It is often egg-based and made from white flour, and there may well be oil lurking in the marinara sauce.) Fruit. Fruits of all varieties are permitted. A word of caution is in order, however: it is preferable to limit your fruit consumption to three pieces a day (or, for berries and grapes, three servings, each about the size of a modest handful). It is also best to avoid drinking pure fruit juices.

Fruit—and juice, especially—carries a high sugar content, and consuming too much of it rapidly raises the blood sugar. The body compensates to the sugar high with a surge of insulin from the pancreas—and the insulin, in turn, stimulates the liver to manufacture more cholesterol. It may also elevate triglyceride levels. Be careful of sugar-laden desserts, which can have the same effect. Beverages. Water, seltzer water (try adding a small amount of fruit juice to boost flavor), oat milk, no-fat soy milk, coffee, and tea. Ideally, most of the food you buy for this nutrition plan—much of it fresh produce—will not require labels. But for products that do, be sure you study the ingredients very carefully. Here's why. In recent years, the U.S. Food and Drug Administration has forced the food industry to label fat content of foods more accurately than it did in the past. However, there is at least one very important loophole in the labeling rules. The FDA allows manufacturers to say that a product contains zero fat per serving if one serving contains 1/2 gram of fat or less. So imagine a box of doughnuts, each of which contains 1 gram of fat. Under the new system, the manufacturers simply state on the box that the six doughnuts inside represent twelve servings—i.e., that a single serving equals half a doughnut. Since half a doughnut would contain just 1/2 gram of fat, they can legally declare that the doughnuts contain zero fat per serving. That, of course, is nonsense. These “no fat” products may contain less fat overall than their higher octane counterparts, but hidden in “no fat” salad dressings, cheeses, breakfast pastries, and spreads is the same old dairy, animal, and oil fat, and it will destroy your health. Be on the lookout for phrases like “contains negligible amounts of fat.” Scrutinize lists of ingredients for any mention of oil, of monoglycerides and diglycerides, of hydrogenated or partially hydrogenated oils or glycerin. Remember, a pig with lipstick and earrings is still a pig. A year of consuming these “zero fat” products will actually add pounds of lethal fat to your diet. Jim Trusso, one of the patients in my study, learned the hard way. For six careful years on the program, he never touched meat, dairy products, or oils. But suddenly, his cholesterol spiked over 200 mg/dL. It didn't take us long to figure out what the problem was. Jim had not been much of a fan of fruits and vegetables before joining the study, and in those first years on the program, he was always looking for ways to avoid them. When the no-fat products began appearing on supermarket shelves, he was thrilled—and happily added them to his diet. He reformed quickly after the cholesterol scare, and has been back in control ever since, maintaining a total cholesterol of 120 mg/dL. Truly no-fat products are increasingly available—including some salad dressings, crackers, chips, pretzels, and cookies. Look carefully. Scrutinize labels. Pay attention to the lists of ingredients. And when in doubt, don't be shy about calling the manufacturers. A talk with a company's chief dietitian or medical consultant will give you a straight answer on fat content. So now, you've committed yourself to eating only the legal foods listed above, and to avoiding all of the categories I do not allow. Is there anything else you need to consume to make sure you're on the right course for optimal heart health? Consuming the full range of plant-based nutrition does not require supplemental calcium or a multivitamin. However, for all those who are consuming plant-based nutrition, I recommend the following supplements: Vitamin B12. I favor 1,000 mcg (micrograms) daily. Vitamin D3. Check your blood level. If your blood level is normal, it is not needed. If your blood level is below normal, I suggest 1,000–2,000 IU daily until the low normal blood level is reached. Adjust dosage then to maintain the low normal range. Omega-3 fatty acids. You can fulfill your daily requirement by consuming 1–2 tablespoons of flaxseed meal or 1–2 tablespoons of chia seeds each day, perhaps by sprinkling it over cereal. Be sure to refrigerate flaxseed meal.

Cholesterol-lowering drugs. These must be taken under a physician's supervision. My own preference is one of the statin cholesterol-lowering drugs, which should be started when you begin the nutrition program. Together, the drug and your new way of eating will usually reduce your total cholesterol level to less than 150 mg/dL in just fourteen days. With the help of your physician, you should monitor your progress over the first two months. I suggest three or four cholesterol measurements over that two-month period: the first and the third should be full cholesterol profiles, which includes total cholesterol, HDL, LDL, and triglycerides; the second and fourth can focus on total cholesterol alone. After two months, it is enough to have your cholesterol measured every two to three months. Why so often? This is your lifeline, giving you immediate feedback on how you are doing. If you reduce your total cholesterol to well below 150 mg/dL, you may, with your physician's assistance, reduce the drug dosage—and in some cases, eliminate it altogether. Why not just use the diet for a number of months and add the cholesterol-reducing drug only if it is needed to force the cholesterol below the 150 mg/dL threshold? With severe coronary disease, we don't always have the luxury of time. It is essential to start the healing of the endothelium, that vulnerable inner lining of the coronary arteries, as rapidly and completely as possible. Used as adjuncts to the nutrition plan, these remarkable statin drugs help to do just that. And there is another benefit, as well—this one psychological. As you embark on this nutrition plan, you, yourself, are in control, as Joe Crowe and Abe Brickner learned. And the empowering effects of being able to see dramatic improvement quickly, over just a matter of weeks, are impossible to overstate. You have numerical proof, in the form of radically lower cholesterol levels, that you are conquering the disease that was destroying you. But remember: the drugs alone are not enough. In Chapter 5, I cited a study, recently reported in the *New England Journal of Medicine*, in which huge doses of statins successfully reduced patients' cholesterol levels well below 150 mg/dL. But even so, as their diet never changed, one out of four of the subjects experienced a new cardiovascular event or died within thirty months. Unlike the drugs, plant-based nutrition has beneficial effects far beyond reducing cholesterol levels. It has a mighty impact on a host of other risk factors, as well: obesity, hypertension, triglyceride, and homocysteine levels. It enables the endothelium to heal and renew itself, and allows once-clogged arteries to dilate and replenish the heart muscle they serve. It makes you heart-attack-proof. It doesn't get much better than that.

Esselstyn Jr. M.D., Caldwell B.. *Prevent and Reverse Heart Disease* (pp. 67-75). Penguin Publishing Group. Kindle Edition.