

# Sample Treatment Protocols and Results

## Diet and Cardiovascular Disease

Dr. Caldwell Esselstyn, MD, has conducted the longest running study examining the effect of diet on the progression of cardiovascular disease. He has proven that cardiovascular disease can be prevented and even reversed with diet alone. His research began with 24 patients in 1983 who had collectively experienced 49 adverse cardiovascular events:

- 15 cases of angina
- 13 cases of disease progression
- 7 bypass surgeries
- 4 heart attacks
- 3 strokes
- 2 angioplasties
- 2 worsening stress tests

18 patients remained in the study and these are the results of dietary intervention:

- Cholesterol lowered from an average of 246 to below 150 within only a few days
- Disease progression stopped and many experienced reversal
- Angina improved or eliminated
- Exercise capacity increased, sexual function restored
- There have been no further adverse cardiovascular events, drugs or procedures

6 patients left the study and this is what happened to them:

- 4 cases of angina
- 4 bypass surgeries
- 1 angioplasty
- 1 case congestive heart failure
- 1 death

***11 adverse events in the 6 patients who quit, vs. no adverse events in 18 patients who were compliant!***

References:

A Strategy to Arrest and Reverse Coronary Artery Disease: A 5 -Year Longitudinal Study of a Single Physician's Practice  
Esselstyn CB Jr. et al: The Journal of Family Practice 1995 December; 41(6): 560-68

Updating a 12 -Year Experience With Arrest and Reversal Therapy for Coronary Heart Disease (An Overdue Requiem for Palliative Cardiology)  
Esselstyn CB Jr. The Am J of Cardiology 1999 August 1; 84:339-341

Resolving the Coronary Artery Disease Epidemic through Plant-Based Nutrition  
Esselstyn CB Jr: Preventive Cardiology 2001;4: 171-177

In Cholesterol Lowering, Moderation Kills  
Esselstyn CB Jr. Cleve Clinic J of Med 2000 August; 67 (8): 560-564

## **Traditional Care and Cardiovascular Disease**

Traditional medical approaches to cardiovascular disease are remarkably ineffective. Angioplasty involves risk – often the inflating of the balloon “nicks” the plaque and causes the toxic ingredients to be released, activating the clotting mechanism. And within a few months, 50% of the arteries are blocked again. Additionally, angioplasty does not save lives, according to many studies published in well-respected medical journals:

- *Lancet* 1997;350:461-8
- *J Am Coll Cardiol* 2003;42:1161-70
- *Am J Med* 2004;116:253-62
- *Am J Cardiol* 2001;88:297-301
- *N Eng J Med* 20006;355:1093-1104

Bypass surgery is another common procedure. But it also does not save lives. Three major studies have shown that the outcomes for patients who have surgery vs. those who only take drugs are the same, with the exception of those patients with damage to the left ventricle:

- Veterans' Administration Coronary Artery Bypass Surgery Cooperative Study Group 1984
- European Coronary Surgery Study Group 1988
- Coronary Artery Surgery Study 1990

The surgery bypasses large stable plaques and calcified arteries, but the volatile plaques in the arteries throughout the rest of the body are left alone. These are the plaques that rupture and kill patients. The surgery causes brain damage 100% of the time, and almost always results in personality changes, memory loss and depression.

Drugs are prescribed for symptoms of cardiovascular disease such as elevated cholesterol and hypertension. But these drugs also do not save lives. No one dies from high cholesterol or high blood pressure. These are simply markers of an underlying condition – rotting arteries - which is a direct result of consuming some version of the Standard American Diet. Programs like Dr. Esselstyn's

address this underlying condition (his research has proven that dietary changes causes plaques to become stable, virtually eliminating the risk of an adverse cardiovascular event), which is why his patients are surviving for decades and experiencing no further adverse cardiovascular events.

Medicating patients who have coronary artery disease is resulting in a new and unfortunate phenomenon – Americans are dying with great blood work, artificially created by taking drugs prescribed to them by their doctors.

### **The Cost of Treating Cardiovascular Patients**

Traditional approaches to treating cardiovascular disease are extremely expensive. The five-year cost of taking care of a patient who has bypass surgery is \$83,364; for patients undergoing angioplasty it is \$63,897. Annual costs for statin drugs range from \$900 to \$1800, without considering the cost of physician visits for monitoring and the side effects of the drugs, which are quite common.

The cost for Dr. Esselstyn's program is only \$500.

#### References:

Veterans Administration Coronary Artery Bypass Surgery Cooperative Study Group 1984  
European Coronary Surgery Study Group 1988  
Coronary Artery Surgery Study 1990

### **Diet and Diabetes**

Dr. Neal Barnard, President of the Physicians' Committee for Responsible Medicine, has been conducting research using diet to reverse or stop the progression of type 2 diabetes for many years.

Dr. Barnard's studies have compared the results of diabetics following a low-fat vegan diet with no limitations on calories, carbohydrate or portion sizes, with patients following a diet based on the American Diabetes Association's guidelines. His research consistently shows that patients lose more weight, are able to significantly reduce or even eliminate medications, and show significant improvements in A1C levels after only a few weeks. Additionally, patients following the vegan diet experience rapid drops in blood cholesterol levels, which is significant since most diabetics die from cardiovascular disease.

#### References:

Neal Barnard, M.D. et al, "A Low-Fat Vegan Diet Improves Glycemic Control and Cardiovascular Risk Factors in a Randomized Clinical Trial in Individuals With Type-2 Diabetes." *Diabetes Care* 29:1777-1783 1006 DOI: 10.2357/dc06-0606

Neal Barnard, M.D. et al, "Changes in Nutrient Intake and Dietary Quality Among Participants With Type 2 Diabetes Following a Low-Fat Vegan Diet or a Conventional Diet for 22 Weeks." *J Am Dietetic Assoc.* October 2008 vol 108 #10;1636-1645

This is not new information. In another study performed at the University of Kentucky in 1976, 13 diabetic men (8 required insulin daily; 5 were taking sulfonylureas) were placed on a high complex-carbohydrate diet. Within only 2 weeks, all 5 men taking sulfonylureas discontinued use of the drug; insulin was discontinued in 5 men, and insulin was decreased for one participant. In other words, 10 out of 13 men were able to discontinue diabetes medications ***within only 2 weeks.***

TG Kielun, JW Anderson, K Ward, "Beneficial effects of a high-carbohydrate, high-fiber diet on hyperglycemic diabetic men." *Am J Clin Nutr* Aug 1976 vol 29; 895-899

### **Traditional Care and Diabetes**

Pharmaceutical drugs used to treat diabetics do not cure patients of diabetes and exacerbate their health issues. The average initial weight gain when patients begin taking medications is between 8 and 20 pounds. Weight gain makes the diabetic condition worse, which then results in the need for more medication.

Additionally, the most common drugs prescribed for diabetics, sulfonylureas, more than double the risk of heart attacks and almost triple the risk of early death in patients after an angioplasty.

Garratt KN, Brady PA, Hassinger NL, Grill DE, Terzic A, Holmes DR Jr. "Sulfonylurea drugs increase early mortality in patients with diabetes mellitus after direct angioplasty for acute myocardial infarction." *J Am Coll Cardiol.* 1999 Jan;33(1):119-24.

### **The Cost of Treating Diabetes**

The average annual cost for treating a diabetic patient is \$11,744. The cost for learning the dietary protocol described above is less than \$500 at The Wellness Forum.

American Diabetes Association "Economic Costs of Diabetes in the U.S. in 2007"

### **Multiple Sclerosis**

About 400,000 people in the US have multiple sclerosis according to the National Multiple Sclerosis Society. Almost 50 years ago, Dr. Roy Swank began research on the relationship between diet and multiple sclerosis. Dr. Swank was a well-respected physician who served as head of the Division of Neurology at the University of Oregon Medical School.

Dr. Swank's research included over 5000 patients and he followed his original patient group for 34 years. His research showed that patients in the early stages of MS who followed a low-fat diet had a less than 5% chance of experiencing disease progression during the next 35 years.

Swank, RL, Dugan BB "Effect of low saturated fat diet in early and late cases of multiple sclerosis." *Lancet* 1990;336:37-39

### **Traditional Care and Multiple Sclerosis**

According to the Cochrane Collaboration, medications prescribed to treat MS are ineffective and in most cases the side effects and costs outweigh any benefits of taking them. In fact, within 10 years of diagnosis, over 50% of patients are walking with assistance, confined to a wheelchair, or dead, after receiving the best drug treatment medicine has to offer.

Munari, L, Lovati R, Boiko A "Therapy with glatiramer acetate for multiple sclerosis." *Cochrane Database Syst Rev.* 2004; (1):CD004678

### **The Cost of Treating Multiple Sclerosis**

The annual cost of treating a patient with MS is approximately \$20,000 for drugs and \$50,000 for total care.

Kobelt, G "Costs and Quality of Life in Multiple Sclerosis: A Cross Sectional Study in the USA."

The cost of dietary treatment is minimal (less than \$500), without side effects, and results in improvement in all other areas of health.

### **Other Common Degenerative Conditions**

The diets described above to treat cardiovascular disease, diabetes and multiple sclerosis are also effective for stopping the progression of or reversing arthritis, some forms of cancer, autoimmune diseases, gastrointestinal disorders and most other common degenerative conditions. Patients throughout the US who are fortunate enough to be treated by physicians who know how to use these dietary protocols are getting well. Unfortunately, this is not the case for most patients.

## **Why Aren't These Protocols Well-Known and Widely Used?**

In spite of overwhelming scientific evidence showing efficacy for the right form of dietary intervention, most patients are not offered these choices, and most health care professionals do not know about them.

### **Doctors Are Not Required to Learn About Nutrition**

Physicians in the U.S. receive little to no training in nutrition as part of their medical education. Physicians attending Tufts Medical School receive more nutrition education than doctors at any other medical school – and it constitutes only 19 classroom hours.

### **Traditional Nutrition Training is Lacking**

Although there are many fine registered dietitians, a significant portion of the educational curriculum for dietitians consists of courses in institutional food management, which does not prepare nutrition professionals to reverse disease with diet. Additionally, the certifying organization for dietitians, The American Dietetic Association, receives close to one million dollars per year from agricultural groups like the dairy industry, and food manufacturers. This financial support presents a significant barrier to the nation's leading nutrition organization and its members prescribing diets that exclude dairy products, oils and fats, sugar and other foods that have been proven to cause and exacerbate many disease conditions.

### **Financial Conflicts of Interest**

The biggest sources of revenue for hospitals are bypass surgery and angioplasty. Many hospitals would simply go out of business if diet were used more frequently than bypass surgery and angioplasty to treat patients with cardiovascular disease.

The drug companies are a powerful group, and stand to lose enormous amounts of money as patients find other alternatives for treating illness. The influence of drug companies starts in medical school. In fact, a recent article in *The New York Times* reported that 149 faculty members at Harvard Medical School have financial ties to Pfizer and 130 have financial ties to Merck. Doctors are being trained to recommend drugs as the primary means of treatment throughout their education.

The influence of drug companies follows doctors throughout their career. 95% of physicians in the U.S. are currently taking money from drug companies in some fashion, ranging from free office supplies and drug samples, to actual cash remuneration for placing patients in clinical trials. Most continuing medical education programs are sponsored by the drug companies.

Most of the money invested in research is allocated to studies evaluating drugs, since there is no billion dollar blockbuster to be developed in food. Therefore, when comparison studies are conducted, they usually compare one drug protocol to another, which actually often results in comparing two poor treatment protocols to determine which basically ineffective treatment is the better one.

### **We Are Using the Wrong Criteria to Evaluate Success**

Currently, medical success is defined as achieving short-term improvements in certain biomarkers, without regard to the long-term health and survival of the patient. Statin drugs will lower cholesterol, as will red yeast rice extract and niacin. But manipulating cholesterol levels artificially, regardless of whether the agent used is a drug or a dietary supplement, does not improve the health of the patient. Oncologists often recommend drugs because they reduce tumors within 28 days or for a few months. But for many types of cancer, most patients die, sometimes after extending their lives for only a few extra weeks. As the research cited earlier in this document shows, patients often continue to get sicker while their blood work looks better.

It is time to stop evaluating only single agents (both drugs and isolated nutrients) and their effect on biomarkers, since this approach clearly does not work. The use of dietary intervention involves improving the overall health of the individual. By focusing on the totality of the diet and lifestyle, biomarkers do get better, but they do so while the health of the patient improves. This reduces, or in many cases, eliminates the need for drugs, improves quality of life, and extends length of life, all while reducing costs significantly.

### **Myths About the Acceptability of a Healthy Diet**

Common objections to using a dietary approach to stop the progression of or reverse disease include that patients are unwilling to make or stick with these changes. But this simply has not been the experience of the practitioners using these protocols. We have collectively found that many patients, when shown the scientific evidence that supports dietary change as a means to safely treat their condition, as well as the science showing the dismal results produced by traditional approaches, are quite willing to change their diets.

Furthermore, studies have shown that patients who make bigger changes to their diets are more compliant and happier with their diets than those who make more moderate changes. Although this sounds counterintuitive, the reason is that when people make significant changes, their weight and health both improve significantly too, which provides a powerful motivator for continuing to be compliant. Studies have shown that more moderate changes produce little to no changes in weight or health, which provides little to no motivation for continued diligence.

Neal D. Barnard, M.D. et al "A Low-Fat Vegan Diet Elicits Greater Macronutrient Changes But is Comparable in Adherence and Acceptability Compared with a More Conventional Diabetes Diet Among Individuals With Type 2 Diabetes." *J Am Dietetic Assoc* Feb 2009; vol 109 no 2:263-272

Barnard, Neal, et al, "Adherence and Acceptability of a Low-Fat Vegetarian Diet Among Patients With Cardiac Disease," *Jrnl of Cardiopulmonary Rehab. Vol 12, no 6; Nov-Dec 1992*

## Conclusion

85% of medical expenses are for chronic degenerative conditions, most of which are preventable and many of which are reversible. There is too much time and energy being invested in determining who is going to pay for treatments, rather than debate about whether or not they should even be offered. Everyone is concerned about people who do not have access to medical care, but the focus should be on making sure that they get access to medical care that is effective, not just in providing access to more people for protocols that do not work. Let's start providing Americans with true informed consent and choice. There will be many who will opt to take drugs and undergo procedures and those should be accessible. But many will decide to opt for health improvement, and a better quality of life through diet and lifestyle change. This will change the lives of tens of millions of people and reduce the financial burden for health care that concerns us all.