



Of rice, grain, and zeal: Lessons from Drs. Kempner and Esselstyn

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WHEN DR. CALDWELL ESSELSTYN recently presented his study results demonstrating stabilization and even regression of near end-stage coronary atherosclerosis in 17 patients on an extremely low-fat diet based on grains and vegetables, Cleveland Clinic cardiology department chairman Dr. Eric Topol asked, “How can we expect patients to stay on a diet like this when we can’t even get them to quit smoking?” (A brief commentary by Dr. Esselstyn outlining his results is on page 560.¹)

I think the answer is that the physician must have a zealous belief in the diet and must convey that passion to the patients.

As a member of the Cleveland Clinic research projects committee, I have closely observed the methods Dr. Esselstyn uses to keep his small cadre of patients on a diet that I found to be—despite what Dr. Esselstyn might say—pretty unpalatable. And observing Dr. Esselstyn reminds me of another physician who encouraged patients to follow another extreme diet.

■ RICE, RICE, AND MORE RICE

When I was a medical student at Duke University 40 years ago, I watched Dr. Walter Kempner persuade patients to stay on his rice-only diet year after year. He designed the rice diet as a treatment for renal failure and malignant hypertension at a time when those diagnoses were like a death sen-

tence.² The rice diet had a solid physiologic basis and put the least possible load on the kidneys. Unfortunately, it involved eating rice, rice, and more rice, unsalted and unseasoned, three times a day and nothing else until the patient got better, at which point a little fruit could be added.³

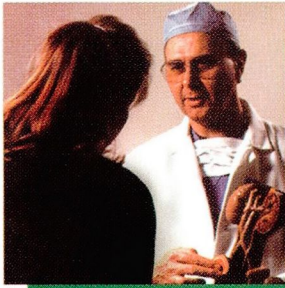
See *Esselstyn*, page 560

Dr. Kempner, who immigrated from Prussia after World War II, had a dominant and domineering personality. To keep his patients on the diet, he brow-beat, yelled at, and castigated them when he caught them straying. He monitored them on a daily basis. He even bought private homes around Duke Hospital and converted them into “rice houses” where his patients could live with a rice chef and be closely monitored. In short, he watched them like a hawk and involved himself intensely in their day-to-day lives.⁴

■ DR. ESSELSTYN’S APPROACH

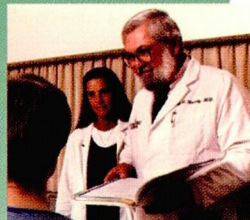
In terms of personality, Dr. Esselstyn is the opposite of Dr. Kempner. He is decorous, polite, soft-spoken, and gentle in demeanor. But when it comes to keeping his patients on track, his zeal and persistence are undeniable. He instructs them to keep a daily log of everything they put into their mouths, and he reviews the daily log with each patient individually, item by item, every 2 weeks. He meets with the entire group at a dinner party once a month, at which time they talk and exchange recipes. And last but certainly not least, *he follows the diet himself.*

They never just sent patients home to come back in 6 months



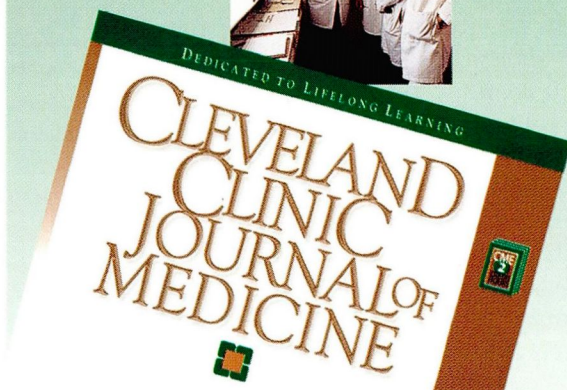
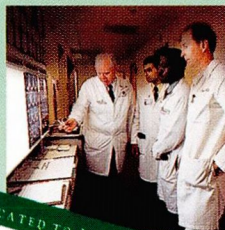
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■ TRUE BELIEVERS

While Drs. Kempner and Esselstyn have very different personalities, they share the zeal needed to persuade patients to follow their recommendations. Regardless of how unpleasant his diet may be, Dr. Esselstyn is a true believer, as anyone who has spoken to him about it can attest. Dr. Kempner was also a true believer and, like Dr. Esselstyn, he had an almost messianic belief in the diet and a passionate, close involvement in the day-to-day monitoring of all his patients. These clinicians never advised their patients and sent them home to come back in 6 months. They checked on them frequently and encouraged (or chastised) them frequently, sometimes more like an athletic coach than a physician. That approach may not be practical for a large groups of patients, but it does seem to be the answer to Dr. Topol's question.

■ REFERENCES

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4. **Wise J.** The Dr. Kempner story. *Durham Herald* (Durham, NC) 1999 Oct 12. Available from: URL: <http://www.ricediet.com/us/news/kempner.html>.

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