

The Benefits of Being a Patient

David Drozek, DO

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Address correspondence to
David Drozek, DO,
Ohio University Heritage
College of Osteopathic
Medicine,
106 Parks Hall,
Athens, OH 45701-1359.

E-mail: drozek@ohio.edu

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As the 1991 movie *The Doctor* so well portrays, becoming a patient can be transformational for a physician. Such was my case.

When I hit my 50s, I followed the recommendation I have so often given to patients and went to see my primary care physician for a well patient visit. Much to my surprise and alarm, I was not so well! I knew that I had gastroesophageal reflux disease, which I was self-treating with over-the-counter medication. What I didn't know was that I also had elevated fasting blood glucose levels, high blood pressure, and high cholesterol. I was in a bit of denial about being overweight. As a surgeon, I knew plenty about the complications of diabetes, and I had no desire to experience them myself. My primary care physician pointed to a chart on his wall that showed the usual progression of prediabetes to diabetes, as well as the positive effects of medication in delaying that progress. I didn't need any convincing.

I began taking a common combination drug to manage my elevated blood sugar and a statin for my cholesterol, with plans to add something for blood pressure in the not-too-distant future. Although nothing was said about diet or exercise, I knew I'd have to start making changes to my diet right away.

I lost 5 lb by giving up my daily Dr Pepper and Snickers bar and decreasing my meat consumption. I had skim milk with high-fiber cereal every morning, low-fat yogurt with fruit for lunch, and used low-fat instead of regular cheese several times per week. I ate small portions of chicken or fish a few times per week. Despite having muscle cramps from the statin and diarrhea from the diabetes medication, I thought I was doing pretty well. I was looking forward to seeing improvements in the laboratory workup results.

At my follow-up visit, my cholesterol was lower but my blood sugar hadn't budged and my hemoglobin A_{1c} had gone up. I was heavily disheartened. I began to accept the idea that I was going to develop full-blown diabetes in the future and would have to be on medication for the duration.

When I shared the news with my wife, she insisted that I did not have to have diabetes and that

I could actually reverse the disease and be "cured" by my diet. I tried to tactfully point out that I had been to medical school, that she had not, and that I understood the course of diabetes better than she did. However, just that day she had attended a local health summit featuring Caldwell B. Esselstyn Jr, MD, a surgeon from Cleveland Clinic, and T. Colin Campbell, PhD, from Cornell University, both of whom had been featured in the documentary *Forks Over Knives*. My wife told me that Dr Esselstyn had angiogram proof of the reversal of heart disease using a plant-based, whole food diet. He said that his patients have shown improvement and resolution of many comorbid conditions, such as diabetes, hypertension, and obesity.

The following day, I attended the community session of the summit and heard the speakers myself. They said that approximately 80% of our prevalent chronic Western diseases could be avoided, reversed, and even cured with a plant-based diet. I was definitely intrigued but still a bit skeptical. What they presented was foreign in regard to my medical education and clinical experience. It sounded more like something from an infomercial or a celebrity fad diet than science. I needed more facts. I began reading *The China Study*, *The Culprit and The Cure*, and other books on the topic. I read many of the primary scientific articles quoted in these books, such as studies by Ornish¹ and Barnard,² and the Adventist Health Studies.³ I became convinced that the science supported Dr Esselstyn's and Dr Campbell's position.

And that was that; my wife and I decided to completely give up animal products and processed foods. I also stopped taking my medications. Within 2 weeks, my heartburn disappeared and my blood pressure normalized. Within 3 months, my cholesterol stayed in the normal range without the aid of a statin, and my blood sugar and hemoglobin A_{1c} reversed course. Amid the emotional and physical relief, I was also free of the medications' adverse effects. Furthermore, over the subsequent 3 years, I lost 30 pounds. Today I feel better than I have in years.

Medical wisdom for me has taken on new meaning. "To find health should be the object of the

doctor. Anyone can find disease,” wrote Andrew Taylor Still, MD, DO, in *Philosophy of Osteopathy*.⁴ Hippocrates is often credited with saying, “Let food be thy medicine and medicine be thy food.” Thomas Edison said, “The doctor of the future will give no medication, but will interest his patients in the care of the human frame, in diet and in the cause and prevention of disease.”⁵

During the time that I was taking control of my health, many factors in my professional life were converging, including the closure of the hospital where I practiced general surgery. Accepting this opportunity for change, I decided to take a different course professionally. Transitioning from the practice of general surgery to the new, little known, poorly reimbursed specialty of lifestyle medicine caused some trepidation, yet I am confident that this is the trajectory of the future in medicine and medical education. A plant-based diet worked for me and—according to the science—for many others.

As a result of the success of my new career, my wife and I became facilitators of the Complete Health Improvement Program (CHIP), where we teach healthy lifestyle changes in a group setting. A novice in research, I ventured into studying this new medical specialty of lifestyle medicine. As my colleagues and I watched others experience the same results I had achieved, we were compelled to publish our findings.^{6,7} My confidence in this new form of medicine grew to a level that allowed me to feel comfortable enough to incorporate it into my practice. Lifestyle medicine is, after all, perfectly aligned with our osteopathic philosophy. If one gives one’s body the nutrition, exercise, and relaxation it needs, it tends to heal itself and maintain its wellness. Healthy lifestyle practices are a common denominator in the prevention and management of many prevalent chronic diseases, including diabetes, cardiovascular disease, autoimmune disease, obesity, and numerous cancers.

Living in Appalachian Ohio, where not only poverty but also chronic disease abound, I felt the need to make lifestyle medicine attainable for those in the community who were most underserved and often

suffered the most. This effort led to the development of a curriculum based on resources that are available on the Internet and thus easily accessible in the community (<http://www.thelifestylemedicineclinic.us>). I present this curriculum to my patients in a variety of formats, from large group settings to individual sessions. Research is ongoing regarding the evidence-based benefits of lifestyle medicine, as are the proper methods to deliver this form of medicine most effectively.

Becoming a patient transformed my life. I am now active in curriculum development and assessment, research, and education of lifestyle medicine to patients, students, residents, and fellow health care professionals. It saddens me to hear and read the comments of medical professionals who have lost their enthusiasm for and enjoyment in their career. In contrast, I am grateful to have found renewed fulfillment and hope for a bright future as the osteopathic medical profession learns to embrace the power of lifestyle medicine. (doi:10.7556/jaoa.2016.071)

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