

BULLETIN
OF THE
WALTER KEMPNER
FOUNDATION

DURHAM, N.C.

OCTOBER 1982

VOL. V

NO. 1

THE RICE DIET FORTY YEARS OF PROGRESS

More than forty years ago, in 1939, Dr. Walter Kempner treated his first patients at Duke University with the Rice Diet. In 1944, five years later, he gave two scientific talks, one at Pinehurst, N. C. before the North Carolina Medical Association, the other in Chicago at the annual meeting of the American Medical Association. The subject of both talks: the beneficial results achieved by the Rice Diet treatment in his first 150 patients. Most of these patients had been critically ill. All were suffering from kidney, heart, hypertensive vascular disease and/or vascular retinopathy*.

The amazing results were documented by chest films showing impressive reduction in heart sizes, by electrocardiograms showing improvement in heart action, charts showing increase in kidney function and decrease in blood pressure, and eyeground photographs showing disappearance of retinal hemorrhages, exudates and papilledema.

In 1934, Dr. Frederic Hanes, chairman of Duke University's Department of Medicine, having read Dr. Kempner's scientific papers including the first one on diabetes, had traveled to Germany with the express purpose of convincing him to come to Duke, not only as a physician but as a research scientist. In 1944, very impressed by what Dr. Kempner had achieved by then, Dr. Hanes accompanied him to the two medical meetings. After the talk in Chicago, he reported indignantly that he had heard a doctor in the audience say, "The exhibits are forgeries." (Even though chest films and eyeground photographs are as individual as fingerprints, it might have been possible to change the "before" and "after" dates.)

"Don't pay any attention to those Yankees," Dr. Hanes said reassuringly. Dr. Kempner replied, "If the only way they can explain what I did is to call it a forgery, I must have done something."

* The favorable effects of the Rice Diet on diabetes mellitus and systemic lupus erythematosus were published as early as 1945.

At that time, as even today, enlarged hearts, deteriorating heart muscles and progressive eyeground disease were the acknowledged results of *end-stage* vascular and metabolic diseases. The mortality and disabling morbidity (strokes, heart attacks, blindness and gangrene) were and still are appalling. More than 50% of the population in most parts of the "civilized" world die from these diseases. Until Dr. Kempner's revolutionary therapeutic approach, all such diseases (the "silent killers" or the so-called degenerative or "wear and tear" or "after all" diseases) went practically untreated. Sympathectomies were done and the first hypotensive drugs were being given trials, but no treatment existed to prevent or to reverse the basic conditions.

After the Chicago meeting in 1944, Dr. Kempner's office was swamped with inquiries, but the physical impossibility of providing hospital care for that large a number of patients soon became evident. Duke Hospital, then in its infancy, had only 72 private medical beds available to 15 physicians in the Department of Medicine. Dr. Kempner was limited to eight beds in the hospital on any one day.

Dr. Kempner's answer was to create the Rice House. It began in the home of a Durham patient who had suffered blindness caused by chronic nephritis. His kidney disease was arrested and his eyesight restored by the Rice Diet treatment. The patient's wife agreed to take four additional patients into their home and prepare the same rice menu for them. Dr. Kempner and his assistants visited the patients there daily to take blood pressures, to check medical progress and to discuss the diet. Soon other patients found rooms in private homes nearby and began taking meals at this original Rice House.

Uncomplicated as it may appear, the Rice Diet is not a simple, "do-it-yourself" regime. In his first talk to the North Carolina Medical Society in 1944, Dr. Kempner said:

1. This is a monotonous diet and it does not taste good. It can never become popular. It is a disagreeable medicine. 2. One has to eat it for quite a while before its full effect becomes apparent. 3. The patients should be in the hospital until they are "regulated" on the diet, and constant checks on their blood and urine chemistry should be made. 4. The diet becomes worthless if it is modified by so-called "small" or "minimal" additions according to the patient's own taste . . . There is only one excuse for such a therapy: it helps. And if there is a choice between an unpleasant diet on the one side and cardiac failure, uremia, encephalopathy or blindness on the other side, I think the diet is the lesser evil.

Let us consider these statements in some detail:

1. *Monotony.* For almost all patients at the beginning of treatment, the diet consists solely of unsalted rice, fruit and limited amounts of fruit juices, tea or decaffeinated black coffee. Sugar is frequently permitted. Patients are to stay on this basic diet as long as possible, provided they remain under the doctor's immediate care. Once patients begin to see results, they usually cooperate with enthusiasm. Sometimes medical, or more rarely psychological factors necessitate small additions to the diet of certain patients.

Admittedly, the diet is a real test of character. Because modern society is self-indulgent, the Kempner staff is tireless in teaching that self-discipline will lengthen life and the ability to enjoy it. Therefore, it is easy to imagine the reactions of Dr. Kempner's patients to the report of a very outstanding Boston physician who visited Durham in 1944, and was much impressed with the results obtained here. He returned home and tried to put four of his patients on the Rice Diet. However, one 72-year-old patient complained that "she had 'nightmares about drowning in a sea of rice.' And so, of course," the physician wrote to Dr. Kempner, "the Rice Diet had to be discontinued."

2. *Time.* Persons inquiring about the Rice Diet are informed firmly: "Be prepared to stay on Dr. Kempner's service without any interruption until all health problems are under optimal control and you have also reached a normal weight level." The length of treatment now ranges from a few weeks to months, occasionally to more than a year.

When patients leave, they are given a diet and exercise regime to carry on at home. They are advised to return at intervals so that progress can be monitored and the regime adjusted, if need be. Dr. Kempner feels treatment should be one hundred percent, and just as complete as that for cancer or tuberculosis. Otherwise, relapses are apt to occur.

3. *Hospital care.* For more than 37 years, the Clinic has been transferred every morning, including week-ends and holidays, to the Rice House where Dr. Kempner and his staff meet the patients. (Patients who fail to appear are followed up by phone calls and visits.) Patients must also eat all their meals there. Over the years, the daily monitoring and the reliability of the meals in the small Rice House have proven preferable even to in-patient care in the large hospital.