Introduction and Guest Background

Hi. Welcome. I'm doctor Roger Murphy. I am your host from the freedom from Fibromyalgia Summit, and I'm really so happy to share the the interview stage here with, Doctor Terry Wallace, who is one of my heroes.

And, I really think is a game changer in functional medicine. And we're going to be talking about her background, kind of how she her journey, her health journey, which I think so many of you are going to listen to and, and be motivated to do some of the things that we're going to ask you to do in particularly areas. So, we'll take a look at that.

Doctor was on a read, actually got a very long bio. So I'm going to keep it short. But, Doctor Terry was is an Institute for functional Medicine certified practitioner and a clinical professor of medicine at the University of Iowa, where she conducts clinical research, multiple sclerosis.

In 2018, she was awarded the Institute for Functional Medicine Linus Pauling Award for contributions in research, clinical care, and patient advocacy.

She is the author of one of my favorite books, and we get to show up the new version, but this is one of my favorite books that I was introduced for my 80 year old young father novel a year or so ago, and it really changed my paradigm about diet, of all things.

A certified nutritional specialist. Me and getting reminded about the importance of diet. So, Teri, thank you so much for being part of this summit. Thank you for having me.

Hey, you know, your journey, your your your journey as a medical practitioner to where you were and then the what you went through is, is so inspiring.

Can you share a little bit about your background? So what we do is, tell it in real time. 20 years ago at walk with my wife, Jackie Half-Mile from home, my left leg goes weak, dragging it to hobble home.

When I see the neurologist, he says, Terry, this could be bad or really, really bad. I go through the workup over the next three weeks. At night, while I'm doing the work up, I think about the 20 years of worsening electrical face pain that I've had.

And I don't want to become disabled. I don't want to be a burden to my family. So actually, I'm praying for a rapidly fatal diagnosis. Three weeks later, I hear multiple sclerosis.

I'm a physician. I find the best m.s center in the country. I see the best, physician. I take the newest drugs. Three years later, I hear tilt, recline, wheelchair.

My electrical face pains continue to relentlessly worsen. My ten year old daughter hugs me is two stream down my face. But am I really doing all that I can?

I got a permit and I'm reading the basic science and I begin developing theories that mitochondrial dysfunction are the drivers of disability. I've already adopted the paleo diet.

I started adding supplements to target my mitochondria. The speed of my decline slows, but I am still declining. I am so weak I cannot sit up in a regular chair.

I discover a study using electrical stimulation of muscles. I ask my physical therapist, can I try that? He calls it ystem. He says it's for athletes and he gives me a test session.

It hurts bad. It hurts like hell, really. But when it's over, I feel great and we add stim to my physical therapy.

Terry Wahls' MS Journey and Recovery

Okay. And then I discover the Institute for Functional Medicine. I take their course under protection. I have a longer list, much longer list of supplements.

I add those and not a whole lot happens. The speed of my decline is slowing. I'm immensely grateful. I begin to have brain fog. My trigeminal neuralgia is far more severe.

I've come to terms are going to become bedridden, demented. My trigeminal neuralgia will probably turn permanently on. I rewrite my, medical power of attorney, my living wills, so that if I stop swallowing or speaking because of the pain, there'll be no ab fluids.

Yeah, and then I have a really big. Actually, I'm sort of embarrassed about how long this took me to have this. Like, what if I redesign my paleo diet that I've been doing for five years based on, you know, what I've learned from the basic science functional medicine?

That long list of supplements, that's a few more months of research. I now have a very structured way of eating what I'm eating for, nutrition and a month later, my pain is definitely less.

My mental clarity has improved, my fatigue is better. And I tell my family I want to sit up in a regular chair for supper. That's a big deal. Yeah. Wow.

Two months later, my physical therapist here, you definitely stronger. He advances my exercises, and I began walking with walking sticks. And then without walking sticks.

And then I'm five months into this, and I want to try riding my bike for the first time in six years. We have an emergency family meeting. My wife tells my 16 year old boy, six foot five, big tall boy, you jog in the, left.

A mom tells my 13 year old daughter, you jog alongside in the right shuffle. We all get into position. I push off and I bike around the block. And that big 16 year old boy, he's crying.

My 13 year old daughter, she's crying. Jackie's crying. I'm crying. And then after that, I bike a little every day. And then in October. So now it's less than a year of doing all this stuff.

Jackie signed me up for a 18.5 mile bike ride, the Courage Ride. And once again, when I cross that finish line, everybody's crying. My kids are crying. Jackie's crying.

I'm crying in. This fundamentally changes how I think about disease and health. It will change the way we practice medicine and it will change the focus of my research.

So I'm Terry Walls. This is immensely personal to me because I understand the depth of pain and suffering that people with Ms. in new immune conditions face.

And so I've made it my mission to, tell the world that, you know, if I can recover, there's hope for them and to change the standard of care, which means I got to do the research to get it published.

And I'm sure we'll talk more about all of that. You know, there's some similarities between your story and, well, between Ms. and fibromyalgia. One of the absolutely the disconnect with the mitochondria, the whole, you know, the whole overexcited immune system, overexcited nervous system, sympathetic systems, overexcited, and some of the changes that that drives these painful conditions that we see.

What's fascinating, though, about your success story on many, many levels, but the importance you placed on diet, which I as a biochemistry nerd and focused on also molecular medicine, high doses, right?

Ottomans, minerals and and, you know, I tell my patients the only way to overcome fibromyalgia is to get healthy. And you can't get healthy unless you have a healthy diet.

I mean, eventually you have to make that change. But that's usually the long game. And it's oftentimes less important than the supplements. And and you change my paradigm by really going into detail about these different foods that you recommend on the paleo and then the, you know, the Terry Walsh Paleo.

Yeah. You know, the, the paleo folks, I mean, and I love the paleo diet. I mean, I, I absolutely do. They're thrilled and they want to say that the paleo diet recovered me.

But I have to point out, I started the paleo diet in 2002. I hit the wheelchair in 2003, and I continue to go downhill. Supplements, you know, that were slowed my decline.

And I still take a lot of supplements. Yeah. But they weren't enough. I had to re, you know, look at the list of nutrients I was taking. And then when I said, where are they? In the food supply?

But if I focus on getting them from food, I'm going to get other stuff that comes along, that are co-factors that we don't even know how to name yet. That will be really important, to my recovery.

And it's shocking when I did that. How rapidly things changed, you know, because I've been going relentlessly downhill now, in retrospect, since medical school.

So was 27 years of this relentless decline, five years, doing, the paleo diet, for years, getting progressively more complicated. Mitochondrial nutrients, by supplements.

And then when I redesigned my diet in a month, there was this dramatic, radical turnaround. My my pain was less my mental clarity, was improved, my fatigue was last.

And my physical therapist said, wow, you are definitely stronger. We are advancing your exercises for weeks, of this, you know, of of diet. And instead of being focused on what to avoid, I was even more focused on what I got to be eating.

Yeah, yeah, that's the I think and to me, that's the difference. That's the big difference in your protocol and in the book that you lay out how these different foods affect you physiologically and what I think, for my patient, for me as well, I think it's such a beautiful thing because it allow my patients to be able to understand why eating okra, you know, what is the benefit of eating okra?

And, you know, some of the things that you go into detail, where's the paleo is what do I need to avoid? You know, and I think that's a great diet. But you go to another level with, with your the diet that you recommend.

Yeah. You know, and now the other folks are but a lot more time talking about what to be eating in that well, I also spent a lot more time talking to my patients that I want you to keep seeing your conventional doc.

They're going to treat your disease, monitor your drugs. I'm focused on helping you create healthier cells. And that means really focus on what to feed them for nutrition.

What to feed them in terms of stress reduction. What to feed them in terms of sleep? What to feed them in terms of exercise? And that as we improve the health of your cells, we'll also have to watch your blood pressure and your blood sugar, because, if you're on prescription meds, there's a high possibility that the dose of those prescription meds will need to be adjusted, will need to be reduced.

And, you know, in we had such success in the traumatic brain injury clinic in the primary care clinic that, the VA pulled me out of those clinics, had me, create a new client we called the Therapeutic Lifestyle Clinic.

And we, I saw people come in with 25, 30 different drugs that they were on that many, you know, multiple co-

morbid problems, usually some psychiatric diagnoses, insulin resistance, fatty liver disease, diabetes, obesity, high blood pressure.

They may have a autoimmune disease, chronic pain, PTSD, anxiety, depression. And in my mind, you know, my colleagues would say, Terry, you can't be treating everyone the same.

That's it. You're right. But I, I'm just working on helping their mitochondria and helping focus on nutrition for the mitochondria. And we all have mitochondria, so.

And then I'm going to watch their blood pressure and their medications so they aren't overmedicated. And when I made clear to people that I was just focused on mitochondrial health and then watching for side effects, for the meds, that that message became much more comfortable for them.

Yeah. Now tell us, why is the mitochondria so important? Well, you know, the mitochondria, generate the adenosine triphosphate, the ATP atps that the cells use to drive the chemistry of life.

And yet for any given reaction, moment by moment in the cell, we have, tens of thousands, if not hundreds of thousands of, chemical reactions happening all the time that depend on energy, ATP, to make all of that, flow.

If your mitochondria can't generate ATP at the rate that is required, you can't run the cellular function as well. So whatever task that's assigned to that cell isn't going to happen as effectively.

And then you have the slow degeneration of your liver, your pancreas, your muscles, your heart, your retina, your, brain, your thinking, and we think like, well, I'm getting older, you know, I'm not 25 anymore.

I'm 35, so I must that be you know, just what being 35 is like, or 45 is like or 55. So, like, they don't realize that it being 55 should be good, you know.

Yeah. Being 65 should be good. I should be out there playing soccer with my, the little people in my life. Yeah. I think that people kind of have bought into that whole idea.

As you as you age, you're going to be unhealthy. You know, it's just part of the aging process. And, you know, I have patients that are in their 40s, with fibromyalgia that share with me, maybe I'm just getting maybe I'm just getting old and, you know, I'm at I'm 61.

I play two hours of pickleball every day. I've run a downhill mountain bike. I know you're super active. Yeah. I think if you are taking care of yourself and practicing healthy health habits once you do get healthy, there's no reason why you can't continue to be active.

In fact, you should be encouraged to be as active as you can be. You know, the the goal is healthy aging. I want I want people to have healthy, vigorous lives.

I want them to have, joyful lives, meaningful lives, with a lot of purpose, and that they should but expect to do that in their 60s, 90s, 100, 100 plus.

Yeah. Well, I mentioned, I mentioned my father in law, who's 80, is the poster child of hell. And, you know, he's doing everything right. A lot of that is coming right out of your book.

So tell me a little bit about the difference between, say, a regular paleo diet, which is grain free and, and, and some of that, you've got the different categories that you work people through.

So there's a, there's the regular, there's the intermediate. There's the advanced. Yeah. So basically what I want people to do is wean themselves away from the standard American diet.

We talk about a goal of nine cups of vegetables. Three cups of green leafy is three cups of sulfur rich in the

cabbage, onion, mushroom family and three cups of deeply colored things like beets, carrots, berries.

And then, a protein source, and and, then to remove, excess added sugars, gluten grains, casein, that's dairy. And, eggs. Now, eggs are the third most common food sensitivity, protein.

It's the egg whites. However, yeah, I'd say about half to two thirds of folks have to take the eggs out for a couple of months, could reintroduce the eggs, and may do well, I, if I reintroduce eggs, will have my face paint turned on. So, they'll be certain a certain number of folks will never be able to tolerate the eggs.

The the next level. Then we talk about the benefits of fermented foods. About soaking, germinating, nuts and seeds, about further reductions in, carbohydrates.

And, considering reducing, grains, even gluten free grains, and legumes, to no more than two servings a week. And then the third version, would be a ketogenic, lower carb, higher in fat.

And I have a, olive oil based version of that. And we talk about an elimination diet that, is a bit, more restrictive. What I think is, important to think about this, Roger, is I want people to make these changes as a family.

Diet, Mitochondria, and Functional Medicine

So you start with wherever you're at, think about what you want to add, add that first and then after you've made your additions, then you can begin to think about what to remove.

And if you do this as a family, you'll be more successful. I also, whoever the patient is that year, whether it's mom or dad or the kids, when you're in the presence of the person who has the health journey that you're supporting, everybody eats a meal that's compatible for the needs of, that person when they're away, they want if they don't have any health challenges, they want to have foods that, are excluded from the patient's day.

That's fine, but don't go home and talk about how great the pizza and beer were. You know, you know, that's sort of rude. Yeah. But you want to be supportive because, the foods are addictive.

And, you know, you would never drink alcohol and wine in front of an alcoholic if you're being supportive to that person. So if someone's changing their diet, you want to be supportive to them and eat, the dietary plan, that they, trying to implement at that time, you know, so when I'm sharing this with my patients, a diet similar, my dad is similar.

And I stole some of your stuff last year. You know, the the blowback is, oh, I, I can't do that. And my family can't do that. And then it becomes just what you just shared the, it's important for them to realize the importance of doing this, that if you really want to get your health back, there's really there's no shortcut for that.

I mean, you have to clean your diet up. And with an autoimmune disease, whether it's in mass or whether fiber is immune or not, is autoimmune is a, you know, debate. But, well, you know, what is triggering this autoimmune reaction.

And one of the things is every time you're eating food, it's triggering chemical reactions. And oftentimes that could be an allergic reaction. Well, I try to point out to people that the food we eat becomes the body I'm going to have.

Yes, yes, yes, yeah. And if you know, I try to have metaphors that will work for, and so, I saw, patients, veterans, for many years. And so I had farming, metaphors.

I had, teaching metaphors. We had, mechanical metaphors, you know, in the farming metaphors, it's like, okay, if I have if if I want to have a champion cow or hog at the fair, I'm going to be meticulous about what I'm feeling.

That livestock, all up to the fairgrounds. I'm not going to feed them, moldy grain. I'm not going to feed them, grain that has, that lead and mercury in it.

I am not going to, feed them, you know, cardboard as opposed to, you know, corn. You know, it's so they would they would get that, and, like, if you want to have you have a race car, you are going to give it the best fuel.

You're not going to put, corn sirup in the gasoline engine. Yeah. And they're like, well, yeah. I said, well, I think you are more valuable than a prize cow, and you're more valuable than your race car.

Yeah, I you know, I find that a lot of times people are more meticulous about what they feed their pets than what they do, their family. So they're spending, you know, a big amount.

Yeah. You know, you could get output or whatever, not, you know, whatever for, you know, $2 a can and they're spending, you know, $150 a month, $200 a month or whatever.

You know, I know we spend, quite a bit on our Australian Shepherd, and he's incredible. Health. And we've gone through in the past with some dogs that were not healthy.

And it's our priority. We want this, our dog part of the family to be as healthy as he can be and live as long as he can live. And we know that a big part of that is the food that he's eating every day.

Yeah. It's interesting. I think it's a reflection of, how we we're addicted. We've been manipulated by, very effective marketing, from, big Food, which was purchased by the owners of Big Tobacco.

And they know how to make, addictive, products. They know how to market very well. And so they've addicted us as children to this high sugar, high food, addictive diet.

And so it's very difficult. You go through withdrawal or you go through craving as you first move away from the standard, American diet. That is unfortunately so very toxic for us.

Yeah. Yeah. I remember in, chiropractic school, I remember one of my, one of the teaching physicians talked about the greatest entertainment is food. You know, the people sit down and they eat in this.

It's not. It's not, you know, it's not fulfilling. It's not really. It's really just entertainment. You're eating one chip after another, whatever that is.

And you do that for 20, 30 years and, you know, you you really sabotage your body's ability to to be as healthy as it can be. And, so I think, you know, with your book and some of the research you're doing, I think it's pointing out the fact that we really want to be really specific in our eating choices on a daily basis, as you said, the different, foods that you you take since.

Yeah, people here that they think, I can't do that. You can do that if, you know, if you really want to do it. Well, you can you can structure you, you know, around those foods.

Yeah, we certainly can. I spend a lot of time, working on a behavior change model. That I teach to my clinicians to use with their patients so we can help people make, achievable goals.

One step at a time. Oh. I do have people who come in who are in so much pain, so much misery, that when I talk with them about, their problem, the next steps, they're ready to go home, purge the house of all of the problem foods.

And I warn them that, yes, you'll go through withdrawal. You'll have two weeks. They're going to be pretty tough. And then things will begin to get easier.

I have other patients that we bring through in a more incremental, step by step process. You know, I think it's important to have this conversation with your with your patients, say, okay.

Yeah, here's here's your problems. Here are the potential solutions. And, this is going to be all about addressing

the modifiable lifestyle factors. And you will be the one to decide when you start, how rapidly you want to make these changes.

And I have some people who are motivated, they will do everything all at once. I'd say the more the more common approach is that we, do things more incrementally.

And I'll come back with them and say, okay, we're going to start, one thing at a time. You want to start first on food? We're starting first on stress reduction, first on movement.

So we figure out the big categories, and then we have a conversation. Where are you going to add? Because I usually do the additions ahead of the the subtractions.

Oh that's good. Yeah. You know, so I tell my patients that, you know, to get healthy, you have to change your dynamism. I mentioned earlier. And so one thing I like to do is I do a food allergy test.

Sometimes I do elimination diet as well, you know, caveman data elimination diet. But more than often, more times and often I'll do the food allergy test and allows them to see, oh, wow, every time I'm eating, as you mentioned.

And I'm getting a negative reaction. And so it gives them a black and white and gives them the kind of to start with, and then we move them into it. It can be changes to the diet.

It can be super helpful. So the food sensitivity testing, super helpful. And now keep in mind, when I was first doing all this, I was in the VA system.

So Veteran affairs, the hospital, there's no food sensitivity testing, you know, and which meant, my only tool was, okay, we can do some really basic primary care stuff.

Lipids, glucose, hemoglobin A1, C and then I could say, okay, you could go out and get this testing on your own, or we could just begin the elimination diet here.

And, most folks were like, okay, now we'll just do the elimination diet. Yeah. And I would say, easily 80%, of my veterans had, marvelous, marvelous success with the elimination diet with basically very basic primary care labs that most Americans, most adults, if you want any prescription meds, you are almost certainly getting these kinds of blood tests.

Either once or twice a year, as part of your care with your primary care doc. So, you know, with fibromyalgia, and I think it's probably similar with the mass.

You can't drug your way out of fibromyalgia. There's just not there's there's too many. No, no, there's too many conditions. And it leads to further problems.

How do you handle, when you mention that you're going to eat your way, added this autoimmune disease, how do you and what what what kind of, you know, what do physicians you know, what do they say when you say that to them?

So I, I explained that the drugs slow. They do a good job of turning off the relapses. They will add about five years to the time that it takes from diagnosis to get into the wheelchair, and that is incredibly helpful.

You know, people are thrilled about that. Yeah. Then I point out, but only at five years and you're only 35, so you're going to live a lot longer than that.

Practical Food Changes and Family Support

Yeah. You want to have, the best health and vitality you want to have, less, fatigue. You want to have less brain fog, and you want to keep all of your brain cells because the drugs don't prevent atrophy or loss of brain cells, loss

of spinal cord volume.

And that means that we have to address the mitochondria. That means we have to address, diet and lifestyle so that we can protect your brain. Because your, the drugs turn off relapses.

They do a great job of that. And it may be really important. So I'm not gonna talk smack on the drugs, but it's vital if you want to continue to have your job, if you want to continue, to have mental clarity, if you want to maintain brain volume and spinal cord, then this is about diet and lifestyle.

And what is exciting. Rogers now, the, clinical neurologists are beginning to catch on and they're beginning to agree. We, we did a, analysis of the dietary intervention studies that have, been conducted the same. Ms..

They've been randomized. There's 12 of them. And we looked at the effect size, of of all of these interventions. It's called a network meta analysis. And, there were three dietary patterns that consistently, reduce fatigue.

And that was the paleo Mediterranean low fat diet in two diets that improved quality of life, that was paleo and Mediterranean diet. And when you look at the forest plot and the forest plot, there's a line down the middle and then there are bars.

And if you're bar, you want to have your your bar with the effect size and the error bars fully on the side of benefit. And that's when you can say, yeah, this intervention is good.

Yeah. And the diets with the largest benefit by far was the paleo diet. Wow. And then the Mediterranean diet you know, comes down and then low fat that comes down.

And then the other diets ketogenic anti-inflammatory diet, fasting, you know, cross it is not clearly, benefit. What is exercise is that is going to be published today finally in neurology, one of the highest impulse journal is great.

And they have an accompanying, editorial about it. Now, I've not read the editorial yet. I've read, the manuscript. I, I'm, really super excited that this message, you know, we're continuing to make progress, that the people who treat Ms..

Are finally beginning to say, you know, what diet does matter. Yeah. And and if all they say is, yeah, you needed more vegetables, less sugar, that that is huge.

And if you want to say, you know, the Mediterranean diet is good, the product is good. And the swank, that is good. You know, and that's why we want people to improve their diet at a pace that they and their family can succeed.

That. So, Teri, we've talked a lot about, you know, some of this kind of abstract a little bit. What are three things that people could do right now to improve their health?

Okay. So got we've been talking a lot about foods. Our focus on that, Eat greens, green leafy vegetables. You could add them to your smoothies. Green leaves and green grapes and ice and some olive oil.

Makes a great smoothie. I think your kids will. Will like it a lot. Cooked greens. You need a little more fat. The, Yeah, perhaps a little, lime juice or, a vinegar that you enjoy.

Cooked greens can be delicious. Cooked greens are my kids favorite meals. So when we want low fat, we made vegetables bitter. So add olive oil back, and that will certainly help, make, things less bitter, so. I'm sorry.

Go ahead, go ahead. So more greens. Incredibly good for you. The cabbage family. Vegetables. Incredibly good for you. Yeah, I think raw cabbage. Lovely.

Just to munch on, raw, grated into your salad or, sauteed, very, very lovely for you. And then mushrooms, are in multiple studies. The more most culinary mushrooms, that we eat.

Yeah. Even just a couple servings a week are associated with lower rates of anxiety, depression, and cognitive decline. So those are really three, I think easy adds.

Yeah. And then, things to remove. A great way to start is your sugar sweetened beverage. Get rid of it. Yeah, definitely get rid of that. Have, water, tea.

Yeah. So my kids, they swear they're the only the only kids in the world never have sodas. You know, this is something that we never encouraged in our house, never had at our house.

So, yeah, I was going to say, you know, the greens, that for me, one of the easiest ways to get the. And I try to get the, you know, 7 to 9 veggies a day or, you know, somewhere in six to 7 to 2, veggies a day.

The green salad is just so easy, you know, it's so easy to take a green salad. And you can put your protein on there and your cauliflower and, you know, give, cucumbers and celery, and it's just make it.

People try to make it too hard and complicated. And, if you grow it, as part of your, yard, your garden, your sustainable garden, it becomes very affordable.

You could put it in a big pot on your deck. There are hanging containers that people use to grow, salads with, and I'll see some, indoor, hanging salads as well.

So, finding ways to grow your own greens make this so, so affordable. Tell us a little bit about your research. What's going on with your research. Think you've got a study or enrolling some folks.

Yeah. So yeah, we have done seven clinical trials of diet and lifestyle side of Ms.. We are currently enrolling, people into the efficacy of diet and quality of life.

Research, Resources, and Closing Remarks

There is the ketogenic diet there, is a, paleo diet, the modified paleo diet, basically the diet that I followed and then the usual diet, it would give people, tips on how to reduce, processed foods, added sugars in the usual diet.

We will get a baseline, measures of walking. Thinking, vision. And we will get a baseline MRI, of the brain. People will come back in three months for some repeat bloodwork, repeat clinical assessments, and then again in two years for another MRI.

And the big question is, can, diet improve quality of life? And walking, and the really interesting question is we know people with Ms. have more rapid brain volume loss and spinal cord loss.

We lose at about 1% per year. Shocking. Now, healthy aging is 0.3% per year. One of the things that I'll be testing is can we get people to rates of healthy aging, by improving their diet?

Because, as I mentioned earlier, drugs can't do that. Yeah. People, people they. Ms.. We still have rapid brain volume loss. And there's a big debate, you know, how do we protect, brains?

And of course, my point of view is you protect the brains by teaching people how to eat. You know, tell me a little bit about, you've got a podcast. I know, and tell me if folks want to know more about you and your work, where's the place to go? So.

So, come to two walls, dot com, tri walls, hls.com. Sign up for my newsletter. You can see a link to screen for our research trial there. And then, this summer, July 5th through 11 will have a M. S.

in neuro immune summit. So if you sign up for my newsletter, you'll get the announcement. You be able to sign up for that and be a part of that. That'll be free.

And we'll be talking to, somewhere between 40 and 50 different clinical experts, about, M. S. and other neuro immune conditions. And for everyone who's listening, I want you to know that there, people with Ms..

We often have, other autoimmune neuro immune conditions. If we don't get to the root causes and fibromyalgia in Ms. are, co conditions that are often comorbid, to one another.

So it's not uncommon for people with Ms. to have they aren't following the walls concept to ultimately develop fibromyalgia. Yeah. And it's not uncommon for people with fibromyalgia to develop neurologic symptoms and eventually get diagnosed with multiple sclerosis.

Yeah. Yeah. Terry, thank you so much. This has been great. I'm trying to dodge the sunlight here at a the time all over. Yeah. Please hold on. Oh, yeah. Let's.

Yeah. Please. So, look. Yeah, the cookbook is now. So, the Walsh protocol here's, a great book about the tips. And then the cookbook, to learn how to cook all this delicious food that can help heal your brain and calm your fibromyalgia.

Yeah. Great. Thank you so much, Terry. I really appreciate you being a part of this summit. Appreciate your work. And when it comes to the audience, please check out Terry's website.

And she's got all kinds of free resources. You definitely want to check out, her material that she's put together for you. It's wonderful. Thank you so much.

For.