Introduction to Dr. Terry Wahls

Welcome back everybody, another very exciting guest. Dr Terry Wallace is with us today and I know Terry personally like I know most of our guests and leaders in the field and as we tried to establish and raise the just kind of elevate the profession of health coaching. I think Terry's a great person for us all to talk to because dr Terry has stepped out of the box, you know, she has faced some personal challenges that were very very uh challenging and in order to recover her own house, she had to go outside of her own training and things like that.

So I think it's a fascinating story, I want to say to that Terry is an institute for functional medicine, certified practitioner and a clinical professor of medicine at the University of Iowa, that's a state in the middle somewhere and she conducts a lot of clinical trials there now. Just a few years ago she was awarded the Institute for functional Medicine's Linus Pauling award, Linus Pauling is the top award you can get and that was for her contributions and research and clinical care and patient advocacy. So in her heart, you know, Terry has a lot of love for the idea of health coaching, the things you need to do besides write prescriptions to get yourself better, you know, and to get get their patients better. And so This is really interesting.

Dr. Terry was also a patient with her own secondary progressive multiple sclerosis. Now we know that could be quite devastating. This was so hard on Terry, it put her in a reclining wheelchair for four years.

So that was years ago. But dr wells restored her health using diet lifestyle and the things that were very familiar with. She designed her own specifically just for her brain.

And now guess what? She's peddling her bike to work every day so well every day. She works. I hope you don't work every day terry and you can tell us about that.

But she's also the author of and I hope you're familiar with the walls protocol. That's a radical new way to treat all chronic autoimmune conditions using basically paleo principles. Now you can learn more about her clinical trials and all these sorts of things. We're gonna put all of that into the show notes, will put every way to get in touch with terry. And right now we're just gonna say hi terry and ask you to talk about yourself, Tell us your remarkable journey and thanks again for being here. Oh thank you very much read.

So as you said, I'm a professor of medicine here at the University of Ireland and I certainly had a very conventional approach to patient care. I thought my duty was to diagnose people quickly and then get them on the latest drugs and technology. But, you know, God has an interesting way of teaching me in 2000. I was I was diagnosed with multiple sclerosis.

Uh And that was on the basis of a new problem with my left leg and an abnormal abnormal M. R. I. With lesions in my spinal cord in my brain. Um I was As I was being evaluated by the neurology team.

They point out that 13 years earlier it had a bout of dim vision in my left eye and it had really 20 years of intermittent trigeminal neuralgia. And so on that basis it was diagnosed. Relapsing.

Remitting M. S. Uh I knew I want to treat my disease very aggressively seeing the best people in the country. So I did some research, saw the best people, took the newest drugs and went steadily downhill anyway. Now, two years into this, my position told me about the work of Lauren codeine. I read his books, his papers And decided his advocacy of the Paleo Diet made a lot of sense.

I've been a vegetarian for 20 years so it's a huge deal. Go back to eating meat. I gave up all grains, all the goons. All very but I continued to decline.

Next year I needed the recline wheelchair. I took uh in the form of chemotherapy.

MS Diagnosis and Decline

I continued to decline and I took tysabri um a very potent biologic but I continued to decline. Then I took another very potent immune suppressing drugs. It was very clear that the best drugs from the best people. Uh We're not stopping my march towards a bedroom and possibly demented, possibly uncontrolled pain life.

Um That's when I went back to reading the basic science looking at animal models for M. S. For Parkinson's for Alzheimer's from the Gehrig's disease. I would decide that mitochondria were key and I would at first experiment with supplements to support my mitochondria and that was really very helpful. It it slowed the speed of my decline, But I was still declined by the summer of 2007. I was so weak I could not sit up in a standard chair. I was beginning to have trouble with brain fog.

My electrical face pain was progressively more severe and much more difficult to turn off. Um And fortunately for me, that's when I discovered the Institute for Functional Medicine, I've had a great course on neural protection which I took.

I and I had a longer list of supplements and then I had a really big home like what if I take what everything I've learned? It's the basic science from ancestral health, from functional medicine and I redesigned my diet and lifestyle a very specific way to support my mitochondria and my brain cells.

And I got and I focused on food. Uh And so I started this new way of eating uh still paleo, but now a very structured paleo and what it was stunning. Within three months my fatigue was gone, my pain was gone, my mental clarity was improving and that was getting stronger.

In fact I could sit up and eat at the table again. Uh That was huge. I began walking around the hospital with walking sticks and then without walking sticks, and then it was about six months into this, I um after an emergency family meeting by the way, because I wanted to try riding my bike, and so my wife told my son to jog on the left, my daughter could jog on the right and shift all up on the bike on her bike. In fact, I was able to bike around the block, my son's crying, my daughter's crying, my wife's crying, I'm crying. And yeah, and it just felt so miraculous because uh It's been six years since I've been on my bike, uh in another six months, I was able to do an 18.5 mile bike ride with. So, once again, you know, my son's crying, my daughter's crying, my wife's crying, I'm crying. And so this really changes how I think about disease and health, and it changes the way I practice medicine, and it ultimately changes the type of research that I do.

That's just a wonderful story, you know, and so many people dr terry, they come to the health profession, or at least the health coaching part, because they overcame their own challenges, you know?

But you were you were a doctor before that and you're kind of, supposed to know everything, but then, like you say, God has, yeah God has a very interesting way of teaching us lessons, and uh we just have to be stupid enough to pay attention.

Well thank God you were paying attention and you weren't accepting the party lines so to speak now. You know I I love doctors, lots of doctor friends that I've worked with doctors and I know where the lines are drawn between health coaching and being a physician. So you absolutely needed the oversight, you know the neurological studies and all the things you did.

You know, you said you know the M. R. I. The things that showed nodules on your nervous system and brain and such. I mean these are the kind of things that only a physician can get you.

But then you kind of turned into the other backyard a little bit there where paleo diet and let's let's play with that, you know, a little bit of improvement.

And then and so you really have truly integrated, you know, along with the medical, the holistic approach and I admire you so much for that. Let me ask you how your colleagues took that, you know, like how did you get them? Were they calling you a wacko or how did that go? So it's an interesting sequence.

So when I first start walking around, you know, people are thrilled to see me walking uh and uh very excited. And then of course I in my clinic I'm starting to talk more and more about what are people eating, what are they doing?

Uh their activity level, the stress management, their toxic exposures. I'm talking less and less about drugs with the residents. I'm talking more and more about chemistry and physiology.

And so they think I'm talking about the latest uh drug. It turns out I'm talking about broccoli and network. Uh And then you know, my residents started starting discovering that we're having remarkable success at improving blood sugar, blood pressure using diet and lifestyle.

And then I get called into the chief of staff's office who says terry, what's going on? People are complaining, what are you doing now? Fortunately I had been preparing for this. So I brought with me an armful of scientific papers and I went through through them uh explained here's the science behind what I'm doing and why I did win him over. But he said you know, terry, we need to have you meet with the head of the complement alternative medicine clinics.

You know how to document this in the medical record properly and how to document this when you're talking to the public because I need you to pass peer review in case you have someone who's deeply skeptical of your work. Because if anyone, because since you have a medical license, any anonymous person could file a complaint and then you'll have to go through a peer review. And so I I went in and met with dr nicely who reviewed things with me and actually that was incredibly helpful.

Diet, Mitochondria, and Recovery

Um So I did shift how I was documenting when I'm speaking with the public and on my website and I shifted how was documented in the medical record and I think that made my colleagues much more comfortable then.

The other thing that the other thing that I did read is, you know, I'm doing research by, they started having clinical trials that are ongoing and we started having results that I'm presenting every year at uh the College of Medicine Research week. Uh and that research was very, very impressive. You know, it must have been, and again, I ask you because uh I know think, you know, I've been doing this 20 years too and and have seen a lot of that resistance, like you said, your director said, hey, there's gonna be people who are skeptical, there are more than skeptical. They actually don't want to hear.

You know, like it's not just, I mean, we should all be skeptical. We should all have a, you know, try to get the most objective view as possible, but it's um, there's blinders on, in some of that area and I'm so glad I'm so glad that you took it on because lesser people less. Um, I don't know if it's integrity or if it's just wherewithal, but a lot of people would have backed away from that.

So not only have you stepped up to your own challenges terry, I really admire you that you were, you know, honest enough to say, you know, here's what I did and and you know, how do you want to document and they so they told you there's well there is a specific way that's probably actually a weakness of mine.

I've never cared what anyone else thought. But you were thoughtful enough and in a great position to do it right? And we're really pleased you did you know it's really very helpful. Dr paul Rothman who was the chair of Internal medicine uh saw so I come walking in and he thought I was on the new type.

I don't know this is all diet and lifestyle. So I told him my story and he said terry, this is so remarkable because of your progressive M. S. He gave me the clinical job of getting a case report written out. Um and so I said like on myself, yeah yeah this is important. So we outlined a strategy and I got that written up then he called me back and said now I want you to do a safety and feasibility trial uh of testing and others with progressive M. S. Implement your diet and lifestyle and if they do is it safe and what happens. Um so we did that and it really I have to get dr Rothman tremendous amount of credit for encouraging because this was not my area of expertise doing clinical trials. I had a different type of research that I did.

So we got me the mentors, we got our protocol written up actually about a year to get that written up and through the I. R. V. And the trial started. Uh Then we just had remarkable success.

So this was back in 2010 with secondary progressive and primary progressive M. S. Functions once lost. Do not come back. That is unheard of. In fact expect a 10-25% decline according to whichever functional measure that you're looking at.

So if we if all we did was to just hold people study for that year that would have been like an unbelievable home run were able to show that quality of life remarkably improved and the fatigue severity remarkably declined.

And that in half of our folks they had clinically meaningful improvement in their walking ability. Yeah amazing. I want to ask you um not to butt in cause it's tremendous story but um you know that's kind of the complaint that a lot of people in what used to be just alternative medicine would have against standard medicine was that well you're just managing the symptoms because what you just said is really worth pointing out that we didn't just get people to stay stable.

We got them to improve and most medical approaches weren't known for that. I think I think that's what that's what functional medicine is getting its arms around isn't that And um if you look at in neurology at the conventional treatments for multiple sclerosis. People are taking drugs costing from 50 to $100,000 a year with serious side effects, potentially life threatening in an effort to prevent future loss in an effort to prevent future disability, that there may be a stabilization. There there may be some improvement.

But all of those drugs are really pushed at preventing brain volume loss, lowering the risk of cognitive decline, lowering the risk of fixed disability.

So those have FDA approval for improving function. Right. Right. So do you call what you do then? Um, functional medicine? You call it a hybrid. It doesn't really matter. But I'm just curious that integrative, what what I've done is I've taken evolutionary biology principles, ancestral health principles, some basic science principles, functional medicine.

The science of behavior change and addiction medicine and all of that in mind. As I created the laws protocol. Uh, and you know, when I updated my book, uh, you know, I was much more intentional about adding more evolutionary medicine principles, adding more behavior science principles and more addiction medicine. Because the reason you know, whether your conventional doctor or a functional medicine doctor or a health coach, the reason people can't don't have more success is that it's very, very difficult to give up today's pleasure for tomorrow's benefit biologically we are not wired to do that. Our brain is wired to go after salt sugar.

Um, you know, sweet fat sucks of course. And that's what we do. And for millions of generations that was rewarded with reproductive success. And so any time we asked people to forego those things that is extremely, extremely difficult for that person to do.

Let's let's let's break away into that area just for a moment because again, you've got a very eager audience that's uh obviously gonna come want to learn more about the walls protocol. But I like the fact you said in your update, you've added in the we call mind body kind of a thing.

Like you know, it's about The behavior because it's been easy for me since I started testing lab testing all these things 20 years ago, you know, to look at what are the healing opportunities, healing opportunities end up being pretty easy to figure out.

Um, and even the protocol, lifestyle medicine and all the things you could do that aren't just managing the symptoms with drugs. But getting someone to, once you create the program to run the program that can often be.

And I think that's the, that's the wheelhouse where health coaches could be worked together with physicians. So you got, sometimes you need a doctor, they gotta run their MRI's and CT scans and there they're testing to make sure this person isn't dying that the downward spiral isn't so advanced or or contracted.

Colleagues, Documentation, and Clinical Trials

Uh and then and once they're out of the woods though. Hey, why not do all the, you know, get the health coaches to do the behavior change. So talk about that correct. You know, this is all about helping the person create healthier physiology to create more health and vitality.

But how do we get people to uh address those mismatched diseases? And that's there's there's certainly more recognition you and I we certainly understand this that most of our crime diseases, whether it's obesity, diabetes, heart disease, Autumn unity is a mismatch between my diet, lifestyle environment and what my D. N. A. Expects I.

And this is where understanding evolutionary ballad you can be helpful so biologically what the what does my D. N. A. Expect, what am I wired to do? And so the the more I can make my behavior match what I'm biologically expecting that will be helpful when I'm asking people to forgo today's pleasure. I have to help them want to do that work.

And so uh that's have to also have to recognize it's gonna be a big ask. I can't just say, okay, here's my book the walls protocol, read it uh and go home and implement it.

Uh they can't do that. But it couldn't ask a couple of very thoughtful questions such as is that, do you know what you want your health for? If you had if you were a little bit stronger, what were the things that you would like to be able to do again? What what would really speak to your heart?

It might be playing with their grandchildren, It might be dancing with their son or their daughter at their wedding, it might be finishing the symphony that they've been working on, it might be uh being able to read to the grandchildren again, they have to understand what speaks to them because they're gonna make these changes for me, it's gonna have to do something that speaks deeply to them.

Another question that we use, that can be really helpful, is is there someone that you care so deeply about? Or perhaps something that you care so deeply about that if it was in this home that is just beginning to have some smoke rolling out of the windows, maybe a flame here or there.

But you would run into that building to say that someone or that something because you, because it matters so much to you. Yeah, it's incredible. Parents or grandparents.

Your grandparents go, oh yes, or you know, they'll they'll do it for their spouse um and now if I can help them begin to create a connection between that, what they want to help for or that person and and agreed upon next step in their healing journey and uh it becomes easier.

And we talked about the various strategies when I'm thinking about addiction, how to make a deal with addiction easier and how to break down the behaviors changes into smaller incremental steps. Yeah, that's part of what we've done with the walls, behavior change model, we've made a much more robust sort of step by step, incremental process to help people experience much more success.

I think, I think what you just said about the incremental is really important. I believe in working in on a gradient of sorts. But I want to just, you know, like what you just said is so important.

Getting to someone's why if you're a health coach and you don't know why your client wants to lose £30 or get rid of their skin condition or have their hair come back or you don't know why then you have really not much to motivate them with.

You almost have to pray. I d I hope they follow my program. You've got to get to the y you know, my neighbor recently we I live on, yeah, is everything good?

Yeah, your picture's frozen up. But I'm assuming terry that the recording is still going that it'll just be a matter of moments before it kicks back in and there you go. So um you can still hear me right?

And uh very good. So um you know, I live actually up on a hill. I'm on a satellite. I live out in the country and our neighbors aren't very close to us. But I was talking to one the other day and he was talking about using roundup like, you know, for a se and I go what?

He goes, yeah, I'm gonna spray the bushes over there, whatever I said, no man, I go that's that's poisonous. Don't you watch tv at all? Like, you know, like there's people die from that stuff and he says, well, I'm old. This guy is about 80.

He says, what do I care? He goes, I'm old. I just don't want to have any weeds in my backyard. I said, well man, don't you have kids and grandkids? Like, don't you have? I know he's got 10 grandchildren.

He goes, well, yeah, I guess so. I go, well, aren't you just ruining the world for the next generation? And he goes, yeah, you know, I'm gonna have to think.

He was actually don't like my grandkids very much. He was he was joking, but you've gotta get, you gotta give people a reason for things that where it matters and and then they might change their behavior.

Let me ask you terry since you're, you know, this is your show, we're getting your bill when you were in the wheelchair degenerating or at best stabilizing on standard medicine? Um Did fear of death enter into the story? Is that also part of what motivated how about just not dying in a in a wheelchair? You know, like, like I'm sure you have loved ones. I know you do, but you know, that could fear could be another one.

I think. What do you think about that? So, so fear certainly can attraction is always more powerful than uh repelling. Um You know, we will try and avoid pain that's powerful.

But doing things out of the basis of love and devotion are incredibly powerful. Um, so when I was with that coin wheelchair, I still had two very young kids.

My son was 10, my daughter was seven. I and I I knew that I'm having to re imagine Hollywood to parents. I'm getting more and more disabled. I had thought because I'm an athlete before a position that I would teach them about resilience and how to be successful adults by being a uh, an athlete, wilderness travel, doing martial arts of course, you know, pretty quickly it was apparent that would not be possible.

I I wanted, you know, I wanted my kids to be successful and ultimately I would learn that all I could do would be to model that life's not forever to get up and do the best you can anyway. And then I would do my little, my little workout which kept getting smaller and smaller and smaller and smaller as I got more and more disabled. Uh, uh, in that if I gave up, I'd be modeling for my kids that when life gets difficult, it's okay to give up because I know they will face difficult times, difficult choices.

And I wanted to model for them is that you keep doing the best you can anyway. You know, I'd love what you just said, I want to talk a little bit more about the walls, behavior change model. But I want to ask you first about something else that that was very exciting about your history and that you work with the V.

A. You know I know you created a clinic at the Veterans Administration. Many of us are very devoted to military, have a son who's in the Coast Guard and you know like you know we serve our country and do things and a lot of times those people are forgotten.

How did you get involved with the V. A. What was your tracks to them and talk about that program. So um I was a staff as a chef, maybe I was chief of Primary care uh then chief of a regional network for a while.

Um but that became more disabled. It couldn't travel. I was doing research and staffing residents and then because I had such remarkable success in my apartment care clinic and my traumatic brain injury clinic.

Uh The b I asked me to create a clinic that we could run using the principles that I had established around healing called it the therapeutic lifestyle clinic.

Behavior Change and Finding Motivation

And we had just tremendous success read uh in fact so much success and I don't want people to have to wait successfully along. So I kept redesigning my clinic so I could let people in who were uh wanted to come see me.

So we did this as a group visits and what I then learned was if I am trying to change behavior primarily doing this through groups is a great way to have pure support. Uh and to help people be more effective at changing their behaviors.

Uh sorry there's a slight delay in the audio. That's why I don't mean to be interrupting you. Um Is that how you got your research going? Was was a lot of that done at the V.

A. Um So no actually the research is all always done at the university. But my clinical care was always at the V. A. And so that that makes a little bit crazy religious people say well you can't do the walls protocol unless you are incredibly wealthy. And I'm like well I taught my vets who are living on food stamps on fixed incomes who are disabled who are exhausted had chronic diseases on 20 meds to implement these principles very successfully and you know very consistent.

We see pain improved energy improved mood improved uh blood pressure come down, blood sugars come down in the need for prescription medicine steadily come down.

And that was across many many different disease states. It's remarkable you know and I could just see it's so funny. Kind of a dichotomy or it's it's uh it's just very interesting that these same folks in charge would sort of complain about, well that sounds expensive all those all that food, good food and supplements. Meanwhile they're taking 20 minutes.

And like you said some of those could be 50 grand. 100 grand. I don't know who's paying for that, but it's just remarkable. Um I once heard a physician uh and and again I don't talk about physicians, but he said, oh you're talking using supplements, someone must be making a lot of money on the supplements.

Well buddy, the drug industry dwarfs the supplement business 1000 times over, you know, so that's not a very good argument uh in my in my book, you know, So so now tell us a little bit more about how you got your research going in at at the at the university.

Yeah, so again, it was my chair of Medicine who gave me the assignment of doing a safety and feasibility study. So we wrote the protocol, then I had to raise about $100,000.

And so it's like, okay, this is gonna be a problem. But I reached out to Ashton Embry in his uh nonprofit up in Canada, I went up and gave a lecture up there in Calgary met with this board and they gave us the funding to get, you're gonna have to do some talking for us and uh raise some money.

Yeah, well it's yeah, it's certainly a huge challenge. Uh and of course there will be continue to be a challenge to get funding in general the way funding works is getting philanthropic support for a very innovative idea that lets you conduct a small pilot study, get the preliminary data that I can then use for writing grants for much larger studies.

Yeah. And that's basically how we got the funding to do the study that we're doing currently by the national multiple sclerosis Society. Mm I just wonder looking back if I did things the hard way because I had no funding, no grants. I didn't even think about it.

I just thought I would do this as a business, you know, and that I could would have customers that would pay me and in a sense, the eight years I spent in the clinic running thousands of labs and thousands of people, you know, my my customer support. It was, it was a valuable enough service even back then that it was self funded. If you will.

I just wonder if I could have cut about cut that time in half if I'd had some funding and could have been, you know,

supported these clients without them having to pay.

I don't know which would be better if that would even have worked, you know, but we all get through it and come up with Yeah, we learned a lot. Um, now tell us, I want to talk about a couple more things I want to find out finally what is the absolute latest greatest thing that you can tell us. But before that a little bit more about the walls, behavior change model because you mentioned coming from a heart place and not using so much fear and negativity and you better do this or you're gonna die, you know, or you know, like you've got to use love, the motivation, the positive side is that in your book and and what? Yeah.

Yeah. Yeah. Yeah. Yes, ma'am. So, you know, the standard uh behavior change model. You go from pre contemplation, contemplation preparing to change change and then sustaining change. So it's really five steps.

The challenges that it takes a lot more uh for people to make these little incremental steps. So you can have build on your success and to build on your motivation.

Because read you can think about the last time you either created a new habit that was desirable or extinguished a bad habit that was undesirable. You never did it because your doctor told you or your spouse told you or your child told you to do something, we do it because we find a side, you know what it's worth the work it's gonna take to do this.

Uh Yeah. Uh So and usually it's a sort of step by step process. If I'm gonna train my body up to run a marathon, I can't just decide. I'm gonna run that marathon tomorrow. I have to do it in a very gradual systematic fashion. So uh that's what I've done to create a 15 step process to help them grow their grow their motivation and make these little incremental step by step processes that can build a greater success i and things that the patient or the family or the health coach or the position could uh could use uh to help that person uh monitor uh and track their success more successfully. So you mentioned first five steps, you know pre conception conception or along the that's the conventional approach first. Yes. And and one of mine the first step is you have to create the inspiration and the possibility.

So for most of us we don't realize that it's possible for me to recover from my current chronic illness or my current symptom burden or my current circumstances.

So I need to be able to be inspired that that possibly exists. Uh And then I need to build to understand uh that the mechanisms in a believable way using metaphors that I can relate to. So I teach people how to have a a toolbox full of metaphors that are culturally appropriate, you know in Iowa it's a big agricultural community.

So farming metaphors are very helpful. Also have a lot of folks that are mechanically oriented. So mechanical metaphors can be helpful or educational metaphors or maybe it's guardian metaphors.

Um So we have to have a we have to have a way of talking about the possibility. I and so I I walk people through this literally step by step how in terms of how you interact with your patients to help them see that it is possible that their life could change. You have to understand the mechanisms by which making these behavior changes could have an impact on their health.

And then we begin the process of what can we do to grow the motivation. Yeah. You know I love the agricultural metaphor, I know they grow out of corn in the area you know?

So people should, people should understand um the idea of planting seeds you know and then nurturing and watering and feeding and soil being rich in minerals and all the things that would make it good corn, you know they would get that kind of a thing and there's no yes corn is yellow, it's too too wet or stunted if it's too dry or yellow if it's devoid of certain minerals. So. Yes.

Yeah it makes a lot of sense now this is not a trick question but could that work the opposite way that the reason you have these habits and you do stuff automatically, like I do the same thing every morning but I've developed some pretty good things to do every morning you know? But there might be something to correct but doesn't that

come from seeds that were planted a long time ago like like why you get up every you know if you if you if you can't break a habit you gotta look at what seeds were planted a long time ago that you need to sort of replace with new seeds in a sense you know like it's much easier to um it's easier to swap foods than to completely eliminate them.

Um And so swapping habits with more desirable habits or less troublesome habits uh More helpful foods with uh less and reducing the more troublesome foods by having more helpful foods.

VA Clinic, Research Funding, and Academy

So swaps can be, do you have, you know and that's the that is the territory of a health coach. Do you have something like for coffee? For instance, the people who just if they're drinking four or five cups every morning, do they go to ticino stuff or can you cook up some bark?

So there are quite quite a variety of beverages that one can use. Uh And one can uh talk about restricting the time of day with which one is consuming beverages uh And one can dilute the beverage, so it's less concentrated. So there are a number of strategies.

Uh but you'll be glad to know read depending on your genetics. Uh and how will you metabolize caffeine that I'm okay with three or four cups of coffee?

Um As long as you're sleeping well at night, I may have a lot of opinions about what you put in that coffee in terms of, you know, is it sugar or cream or what's helpful or harmful in the coffee?

Okay. We'll talk about that after year. No, I actually I I don't have a real problem, but I do. I love my morning coffee and I don't think it's bad for me, I think I'm a very good metabolize. Er but you know, you just you just wonder sometimes, yeah, I sleep like a baby because I go to bed at 8 30 so you know, I get a lot of really good sleep before midnight and you know then you know, if you go to bed at 8 30 but you're getting up at five, that's not so bad, you know, you're you're actually getting some good deep sleep, you know, I'll get up before someone's but you know, so I think yeah, thank you for that. That's very encouraging now because you know, I want to I want to take up all your time. I do want you to get to some of the things about your your academy. Just if you can sort of tell us at least the format and things tell us about your academy um With with the formats, like you have to go through your own curriculum or something that we know it's gonna be amazing clinical skill sets that you're teaching there, but tell us a bit about the, you know, what what's it like going through that?

Well what's really nice is that we have a virtual option so that people can go through module by module of a skill set afterwards, but after you've completed all of the modules uh then you'll have a live in person or I should say live virtual now that we got sort of complicated, so we have a live taught case review case discussion about cases and review of the key principles so things that I teach nutrition diagnosis.

Um So the nutrients and food of course various walls diet levels. We talk about detox about lifestyle, about health behaviors. Uh and you know the key concept of how do we help people be much more successful at implementing our diet and lifestyle recommendations?

Because the reason people do not become well or the biggest struggle is in terms of why they didn't have greater success. Is it because you ordered the wrong supplement or you ordered the wrong diet?

It's that you were not successful in helping them adopt and sustain uh dietary changes in lifestyle changes. So that is really key. As I mentioned earlier, what we do is we integrate as I design the principles in the laws protocol. And in my behavior change model I looked at the science of what our D. N. A. Is expecting us to do and how our modern environment has deviated from that.

So we designed interventions that puts our health behaviors uh in closer alignment with what our D. N. A. Expects. We used our basic science, we've updated our uh my latest research in these interventions.

I'm gonna I'm gonna have you come and talk to my particular group, you know my my graduates and trainings and

things about those. You call them what your D. N. A. Expects and I phrase it just as genetic requirements. You know you're you genetically required.

That's what your DNA is expecting. What you're genetically programmed. That would work. Well that would probably result in health you know all things being equal um And make it a whole lot easier.

Especially in view of all of the counter productive parts of the environment. The epigenetic program that that we just live in this sort of you know um uh dr russell Jaffe. He says we're marinating in a toxic soup.

Yeah cuts right to the taste. Yeah and so we've got a lot of work to do terry. I'm so proud to be working together with you to do that. And uh final thoughts on the very latest and greatest coming from your clinic and I'll let you get back to work.

Well um you know actually the very exciting thing that we're doing is we're analyzing our data from our most recent study uh the swank diet versus the wall started.

Uh And I'm very hopeful that we'll have that analysis completed. Uh It will be able to wrap that up in submit our reports for publications yet this year.

This last final uh part of every research project. You don't quite know how long it takes to get your final report completed but we're hopeful to do that in the next couple of months now hopefully wink wink.

That might happen you know before we're having the health coaching conference in san you in october it's looking live it's looking like we're gonna go live.

You know we're all gonna uh stay hunkered down a little bit longer and uh that's really messing me up far as the travel I would love to be doing right now and it's otherwise beautiful environment. But you know, let's just yeah let's keep our fingers crossed that you'll be able to make some kind of presentation there.

Well Terry thank you so much. Yeah we love you and we're so proud of you and and happy and tickled to hear your story and everyone is gonna get all the information on how to get in touch with you and your book, where to get that and uh more importantly about your academy because I know a lot of people are gonna line up for that.

So thank you again. And also also folks don't forget to look in the show notes to buy the V. I. P. Pass for all the recording so you can get them and have them permanently. And uh that's it, we're gonna sign up. Thanks again.

Dr Terry, you're welcome Red