## Introduction and Mary Ruddicku2019s background

Mary, thank you so much for being part of the MS and Neuroimmune Summit. I love what you do. I love your passion. I'm going to read your bio, and if I miss anything, feel free to add to it.

Now Mary is dubbed, the Sherlock Holmes of Health for her unique ability to expeditious, assess and remediate rare neuromuscular conditions that others have deemed impossible.

Mary Ruddick is an ancestral nutritionist and experimental anthropologist who specializes in neuromuscular disorders, infertility, and disabling chronic disease.

She can regularly be found endangered herself in the untouched corners of the world to learn from and distill the wisdom from the last remaining traditional cultures, she shares her findings and her knowledge via her sort of keynote speeches.

Podcast appearances. Published articles in her up, both in front and behind the camera. And she's been a keynote at some of my other events. We love what she has to say.

Mary, did I leave anything out? Oh, that's that's plenty. That's funny. Thank you so much. And thank you for having me here. I'm really looking forward to it.

Okay, so, let's talk about what are, some of the, key steps that, and one of them you talked about is the ten second gain. So what what is the ten second game?

Well, you know, with so many nervous system disorders, pain medicine doesn't work for a lot of the kinds of pain, right? There certainly is a range within nervous system and neuromuscular conditions in which, hopefully some people can get some relief.

But when I was disabled with neuropathy and disorder, know me and other things, the pain was unrelenting. And I've seen that over the last ten plus years, I've been in private practice.

I see that over and over where people don't have an option for relief. When you're disabled, you don't have those outlets. such as, distraction. Right.

You can't go dancing. You can't go have drinks. You don't have those outlets. So to also not have a medication that eases that pain, it can really drive people to the extreme.

And I, I was definitely, definitely driven to the extreme. I was, I was really having difficulty with the amount of pain at all times, as we all do. And I started to really dissect it and think about it.

The although the pain, I wouldn't want to live it today. I wouldn't even want to put a number on it out of ten. It was quite extreme, but really the difficulty was in thinking about dealing with it for this hour or this day or this week.

And if I broke it into 10s, I could get through it and I could get through it without an enormous stress response towards it. Right. Or resistance. And so I started doing that.

I started living my life in 10s, and any time I caught myself doing anything else, I'd go back. It was an incredible, relief to do that. And it made myself feel proud of myself at a time when we don't tend to feel very proud of ourselves, right when we're chronically ill, it's very difficult to count on our ability to do much of anything or to be reliable. So.

So it was really good. And since then I've been using that with a lot of my, my clients through the years who are dealing with the chronic pain, because it very often is the story that we bring into it.

The pain absolutely is there. That's undeniable. I want to validate that for everyone. But the, the story that we bring into it of, okay, standing at the graduation or, you know, being there for hours, but this is where a lot of the inner turmoil comes.

And with any condition, no matter how painful. We can have a better or worse experience. Just like taking a flight across the ocean to India, right? If we come prepared with lots of movies and books and good food, it can be a great time.

If we come empty handed and with no, I cover, we can we can show up pretty ragged. So I think illness and especially pain oriented ones can be like that.

And the ten second rule can give you a bit of relief. I think that is brilliant. You know, I'm thinking about, traditional neuralgia, which I have and suffered immensely, for 27 years.

and, I had to, spend a lot of time thinking about how to manage, really, like you, really horrific levels of pain.

## The ten-second rule for chronic pain

Yeah. So I think that ten second rule, could have been, very, very helpful. profound. That I was so glad you went through that. Yes. You know, and unfortunately, I think it might be really interesting for people to hear a little bit about your health journey.

because, I think we have a different perspective than most practitioners because we have endured some significant suffering, in our journeys. Yes, that's very true.

I honestly don't know how people, how practitioners do it without going through this. At least working with the really difficult conditions because, I would feel inept.

I personally feel inept. Maybe that's just me, but the, so my experience, I didn't plan on working in health at all. I was planning on being a marine biologist, and I come from a scientific family, but primarily in the physics and in those areas.

And I was I was really interested in marine biology. So I was studying at a field station in the Bahamas and don't think vacation, it's rustic. We didn't have electricity.

So our phones. But, but there was an infection, a bird borne water infection that got into our food and water supply. And half of the 30 of us got very, very sick.

Now, at the time I was I was basically a kid. I was at this young college, so I assumed it was just be a flu. I was a healthy kid growing up and would recover, you know, no big deal.

But the the people around me were quite concerned because my fever was quite high. I was about 106 and it lasted for many, many days. So I and another one ended up getting care flighted.

Anyway, I'll make it short, but basically damaged my nervous system. It gave me a condition that now is becoming better known because of the, infections.

As of late as dysautonomia and dysautonomia can be very mild or it can be very severe. So you can have someone walking about, someone in a wheelchair or someone bedbound.

And my mind was very, very severe. So it went in, due to the lack of blood flow, I had damage in all my organs, kidney disease, liver to autoimmune thyroid.

I was on a breathing machine. The neuropathy, though, is definitely the worst thing because of the pain. And that went on for 12 years. at the time, no one had recovered.

Now lots and thousands of people have. Right. So wonderful. But, But we were pretty desperate. So after the first seven years within those 12, we started looking at alternate routes because it was very clear my kidneys were getting quite dire and I had lost about 40 pounds from where I am now.

So it was very clear from the medical team we didn't have much time. So we started looking at other things and although we felt I ate healthier than others at the time, I really did.

we so we had kind of written that off. We started really looking into that. And so we pulled out some of the anthropological books that I had grown up with, the medical anthropological storehouse, some of the tribes aids.

I learned about Weston A. Price I did ketosis for the seizures. I'm sorry. Honestly, if I gave you all the diagnoses that came along with it, it would.

It would be. Yeah, forever. But it's really just, I don't know, me at the core. And then everything else trickled down from that. And, and anyway, after about 17 different diet trials, with, keto gaps, organs, you know, all the things you teach, ended up going into remission and then, and then had such a fervor that I went back to school to study nutrition for post-grad.

So that's kind of like how I got here. I'd say. I'll just want to talk about Weston A. Price because you and I both love his work. can you tell our audience about, Dr. Price?

Yes. Dr. Price was brilliant. So we often will project our current health conditions on the past. But in reality, that was not the case. The industrial revolution.

When that happened in the 1700s, people started moving to cities. Diets changed, colonization changed. Importing of goods. These are all actually very important things as to how our microbiome works and all sorts of things.

And so we started to get degrading health, not like we do today. But. Around the late 1800s to early 1900s, there was a sudden uptick in conditions. If you all think back, you know, it's some of your it's my grandparents era.

But I realized we're spaced out in our family. So probably most listeners, great grandparents and and at the time we started to get big infections, think yellow fever, right.

The Spanish flu, these kind of things really spread around. We also had mass, conditions of malnourishment, but over caloric, so high caloric malnutrition, such as we had a lot of pellagra in the States, hundreds of thousands of cases, of people died from that.

So we had all these kind of new things that were coming in, and many and it was not small, really. Many medical practitioners noticed this from dentists to MDS, really noticed the increase and were curious about it.

And so Weston Price is one of these. He's a he's a dentist. And he was seeing this incredible increase in cavities. And he, he, he thought to himself and he was like this wasn't happening before.

So it's something new. And so he started exploring the world. And when I say exploring the world, I think if you will think I've traveled, this man really traveled.

And he took wonderful notes. So he would go and look at the dental cavities if there were any, the facial structure, which the more we learn about health, the more we realize how important the, the nasal and the mouth structure are, to being able to to breathe. Right.

And the nervous system function for balancing parasympathetic and sympathetic, all sorts of things. But he took wonderful notes and he wrote a fabulous book that I was so lucky to stumble upon when I was bedbound, which

really challenges the current dogma, because when he would go to these regions, he would see them in near perfect, if not perfect, health.

Now they ate different diets, right? But they were all ancestral and they did not have the health that we had. And yes, them had diets that to us would seem abusive, right?

It would be like the Maasai, the blood milk, heat. If, anyone set you down and said, this is all you can have for the rest of your life, we'd probably have lawsuits on our hand.

Right? We think this is quite extreme, but for many cultures, it's what they've been eating for thousands of years. Can you repeat that again? So what? To the Masai? Yes.

Blood, milk and meats. Blood, milk and meat. So an ultimate carnivore diet. That's right. That's one diet of some of the other ancestral diets that you, encounter.

They're so fascinating. So another one would be take Kilimanjaro, that same region where you have the Maasai. There's 27 different tribes. There are communities.

And in those they all eat different diets, each one. I really think it's to keep the peace. But that would be a tangent. Yeah. the what makes sense, right?

It's deductive reasoning. I could be wrong. I could be very wrong. But you also have the Shaka who are some of my favorite people to visit. They have, goats, they have dairy, they have fish, they have chicken, they have beef.

## Maryu2019s illness journey and recovery

And they also eat vegetables. They have things like green plantain. They're famous for their they call it banana soup, but it's really a starchy green plantain that they do with a meat broth meets a bit of green plantain.

so they eat more variety. Most of the places they go to really don't do variety, but they do probably the most of any one I've seen. And so that would be another.

But then you go up to the Arctic and if I'm with the Sammy, you're doing blood, milk and meat again. If I go to the Inuit, it's going to be whale and polar bear and seal depending on the season, because meats are seasonal.

So it's actually quite different season to season and village to village within the same cultural group, because in the wild, going, 20 miles by dog sled, you could be in a place where there are so many polar bears that you have to defend yourself.

And then, of course, you're going to eat, right? You need to eat. And in in another region, it's really better for seals and walrus. It just 20 miles.

So it can really vary. So, and so I love this conversation. Yeah. What I'm hearing, if I can recap this, we have some carnivore, variations of the carnivore diet.

We have variations of a diet that's still plenty of meat. but also has a wide variety of vegetables. Yeah, sort of sounds like the diet that I talk a lot about.

a periodic diet. are there diets that are really high in carbs and low in protein? Okay. No, no, I don't see communities that consume over 100g of carbs on the norm.

So even the carb based ones, like if you go to some of the Latin America's, you get more carbohydrates or some Southeast Asia they still don't do typically over 100 every once in a while see up to 150.

but they and they yeah. So the majority are lower carb to moderate carb. and so, you know, in our research, a

paleo diet and as we practice it is about 80g of carbs.

Yeah. it sounds like these are probably more ketogenic diet, more commonly in either 0 to 50g of carbs. Would that would that be. That is the most common.

Yeah, that's the most common. So I see either in ketosis or exactly the range you teach is what I teach too. So especially when people go to remission I say 70 to 80.

We don't tend to see the health decline, until we hit the like 150 and above. Really, long term. Yeah, yeah. So, this was surely have influenced your approach to, patients who come to you.

And so you have people with a wide variety of neurologic disorders. so probably a lot of pain. I'm guessing some anxiety, some depression. you know, you probably have people with. Ms..

Yes. What kind of dietary approaches are you using with them? Oh, great question. So I really do teach over 41 different protocols, but they are all ancestral.

And the most common would be ancestral ketosis because that just annihilates so many problems. Right. So it's getting at the blood sugar. It's getting at the hormonal balance. It's getting at so many things.

And it helps to rebuild the nervous and the immune system. So you're also not hungry. So less likely yeah the emotional struggle of seeing other food is done.

So that really helps. But but that's the most common. But I will say if I, like if, if I get someone with Ms.. Yeah, always. But there are conditions and there's quite a few where for the same condition, I might teach very different protocols based on, where they are at with their illness, how significant their impacted.

Yeah. So kind of like in stages you could almost plot it on a map. Like if my shirt was a full map, you can almost plot it like, okay, we'll do this tribe's diet until you get to this stage and then this one, you can almost plot that out.

but but yeah, that's kind of how I approach it. So it's so interesting. So you you have did I hear that correctly? 41 different. that is really cool. yeah. It's, so that is lovely.

And depending on what I'm presenting with symptom wise will guide which dietary pattern that you you may start with. But I assume that you probably also have some conversation about what the person is open to doing and what the the families open to doing.

Partially, yes. So, usually I have a real honest discussion. Usually people don't find me, at least until very recently. And except for word of mouth.

So they already knew someone who got better. Which which really helps. Okay, so then yeah, because then people will do more and it takes a lot of work.

It just does. It takes a lot of change. So. So, I won't always work with someone if they only want to change a little. I don't know about you. I have no problem.

If someone doesn't want to change much, that is their prerogative. I'm sure there would be many stages in my journey that I would have said the same. But for me, as a practitioner, I.

I don't want to put someone out there that I've worked with that isn't going to get the results that I expect. So, I do screen. I definitely screen for who I want to take on and lovingly so, you know, they can always come back.

But, but I don't do that so much. I do if it is a mild condition, like if it's like an eczema and if it's with a child, because a lot of times with children, less is more.

You can get further with less action. And so sometimes we'll just pull out lectins, you know, we'll start simple. but if it's a condition, say seizures or autism, then, then I'm very frank with the family.

and, and then they can decide from there. You know, in my clinical practice, what I, this is what I did, for the day. what I do now is I'll lay out what I think is the most effective, and, then we sort of negotiate and I may say, look, this is not a good fit.

What I recommend is just doesn't feel right for you. I wish you. Well, go back to your primary care team or specialty team, work with them, and then come back, at some future time, if that's what you will, if you're ready.

but, we're we're just not in good alignment. I think that's so good. You know, and acknowledge that, depending on what's going on, you know, this may not be the right time for you, that maybe your spouse is going through cancer, and you're you have all these other things going on that are much more important then then address all of that.

And when this is the right time, then then by all means, then you can come back. Thousand percent because I think also you're giving them the permission, to not do it.

I think it's also a stress relief, right? When you're. Yeah. Yeah. Yes. Because when you're sick, so much is that up to. And so to hear like, hey, this this is something that's worked for a lot of people. It's not guaranteed.

Like, don't put your eggs in a basket. Yep. But this is something that you could put 100% effort into and potentially be very different. A year from now, or two years from now, whenever it is.

and you can try it or not try it. And that's okay. And neither is a problem and neither is a judgment like it's up to you. Yeah, it's up to you. You decide.

What do you want to try if you want to try, if this is not the right time, then by all means, then you come back.

## Weston A. Price and ancestral diets

Yeah. so again, thank you so much, everyone, for joining us today. I hope you found my conversation with me. Really, insightful, engaging. If you're a summit purchaser, stay right here because we're going to dive even deeper into this really captivating discussion.

If you're not, click on the button below or to the side to gain access to a world of information. Get ready to reclaim your health. Now, if you're watching this, thank you for being a valuable member of our community.

Let's dive in and continue this conversation. So you have someone who's come to you with a major, major, problem. let's say I came to you in my trigeminal neuralgia was relentless.

in, I was being have brain fog and, now I, I can stand and do transfers. I can't walk anymore. What would you be doing for me? Oh, well, I'd ask you so many questions.

First, I'd want to hear about your history, your birth, your mom's history. Because I'd want to really dive into the microbiome, history. To ascertain what I can as well as to hear how your nervous system is functioning.

Because I think one of the benefits of a diagnosis is that it gives you relief. Right? You don't feel crazy. You're like, okay, this is real. I you know, it's real as the patient doesn't think you need that.

because many of these conditions, they don't get diagnosed until later. And so you start to, like, wonder, like what is what's wrong with me? So, so I think the diagnosis is very helpful.

But one thing that the diagnosis can, can potentially have a downside with is that, we're all very different with the diagnosis. for instance, with, with this condition, you could be fully disabled or not.

so I would start ascertaining how functional you were. If it's affecting other areas of the nervous system, like your your bowel frequency and your sleep.

Right. Because 70% of our nervous system is in the gut lining, and that migratory motor complex, which is what, what it's called, it is intricately, involved with melatonin and serotonin and these sleep wake cycles that affect the circadian rhythm.

And so there is a, a push pull with both of those systems. And so I want to kind of ascertain, okay, where where are we seeing, the, the most issue here.

And then I'll always see what you've tried before. A lot of times I find, if someone, let's say they tried a, ketogenic diet, I would say, did you test your blood, you know, and how long?

And, yeah, I would go into the clarifying questions because with many of the, the both traditional and the medical diets, the, you have to be on them for quite some time before you see change.

Some people are lucky. Yeah. So I always ascertain that and then see how perfectly they were done. Because as much as we don't want to be rigid, we do want to be disciplined and with working with the body as much as we might like it to be like free flowing and like, not mind if it's a birthday, it does.

those things can really matter when you're trying to do something as Herculean as go into remission and so and so, I'll kind of ascertain all of that to get a picture of what's worked before to see how significant maybe histamines are playing a role or how significant lifestyle, maybe playing a role, not creating the condition, but, prolonging and making it worse.

Right. Like, are we are there lifestyle and activities like eating at different times of the day, or jumping time zones or watching TV at night? Like where is the nervous system getting further stress?

So I'll get out that out before we even dive into diet, and then we'll get into that. Okay. And then, so we've gotten all of that, and we'll sort of I'll give you, some feedback.

So, microbiome, problem, severe constipation, early antibiotics. not, many of our, most people, had adverse childhood experiences, a lot of early life stress.

and then they are struggling, because of, difficulty sleeping, because of, pain. where do we go with that? With that kind of scenario? Yes. Great. So first things first, I if you don't mind me talking about lifestyle, I really would start working with light.

Light affects the microbiome almost as much as I it. And it also affects the nervous system. So if you're like anything like what? What everybody I meet is you're usually reversed.

So no matter how you were before the illness, now it's almost like you can't sleep. You're tired all day. You know, from the pain, chronic pain makes you exhausted.

So you're very, very tired. You're kind of gritting through and then you can't go to sleep at night. And so what most people do is very human. They say, okay, well, gosh, I didn't get to sleep until four, so I'm going to sleep in until 11 and then we'll start the day.

The problem with that is that that further wires the circadian rhythm to not work, to get the serotonin, the melatonin off all these things that are very, very important.

And we think of melatonin and these hormones as the role that they we hear of in the public sphere. They do so much for melatonin regulates the speed of your nervous system and and the speed of your stool.

It's it's not just for sleep. So I would start with, a light device. I love to use the feel bright light. I'm not sponsored. I

am not sponsored by anybody.

But I love the feel bright light. I. So could you. Why don't you say that again? for our listeners, the feel. Feel right, feel bright light, feel bright.

It's always a bit difficult for me to sell this. Maybe. I mean, I'm not a sales. Maybe I'm not a sales person. I don't know, but because it'll usually take people much longer to implement it than I would like.

But once they do, there's such a comfort. Because when you get light in your eyes at the same time every day. So let's say you can never get out of bed.

Will you get a loved one to just put this sucker on your face and sit you up and and you use it for 20 minutes a day, start with less and then build up if it bothers you.

Is this a device or like a cat? Yes. Yeah, it fits on a hat. And so you don't have to use one of the desk lights that that we used. You know, when you and I were sick.

Right. Like it this. Yeah. Yeah. Now these these fit right, right on your face. So they're fabulous and usually, like clockwork, within two weeks, the person can now wake up without an alarm.

So now we can work on the morning. Yes. I mean, I think they're incredible. so. So I usually start with that. And then for, for neurology, I would definitely be getting into ketosis for sure.

Yeah. Ketosis. I am very big in ketosis too. Same. Yes, yes, yes. I might want to work with, like, been full time. I mean, something to remind me to, like, help the nervous system.

That would be individual. Maybe very individual. So what was the last thing you want to give to support the re myelination was. then for timing as fat soluble B1.

There's other forms. Yeah. Like TFD, but I find the lesser sulfur form of mental timing to be more tolerated. To be to be better. okay. So, how long would somebody need to be in ketosis for, in your experience, to experience some benefit.

For that condition? Yes. You know, that can be anywhere from 1 to 3 months. It's not usually very long. Yeah. You know what? What we generally see is that within three months when I put people on a therapeutic diet, they're coming in, Energy's improving.

It's not completely back to normal, but they can tell for the first time things are improving. in that is huge. we we also, well, we watch very closely that blood pressure, blood sugar because a lot of my folks are on medications for blood pressure and blood sugar.

What what are you doing for your patients? I assume that your people are on, lots of drugs because they're pretty sick. Usually. Yeah, usually a whole handful.

I found them to get in the way. And so what? I always recommend it. There's some exceptions that maybe I wouldn't like as much, but my general recommendation is that, or what I tell them is that we'll get them to a place where they don't need it, and then they can work with their doctor to taper down.

That's what I did when I was sick. I, I think we're on medication for a reason. And so we want to get to a place where we don't need it instead of just artificially. Yeah.

## Diet protocols for neurologic conditions

That's that's my approach. Yes. You definitely don't want to be stopping drugs. so everyone who's listening don't stop your drugs phase keeps as you improve your diet and you'll hear a number of different diets.

Discuss that in the summit. Whatever diet changes you make to get rid of the sugar or the processed foods that will be very helpful. And if you're on prescription medications for blood pressure, blood sugar, mood, keep working with whoever's prescribing that so they can follow you.

And we anticipate, in my experience, and it's like in Mary's experience, that over time, particularly over the next 3 to 6 months, we may see the the ability to reduce the doses a bit.

And then if we keep working with us, you know, I'm often able to see people reduce and then eliminate medication. Yeah. But again, I everyone who's listening, I want to stress you stay on your meds, you keep seeing the person who prescribed them.

Tell them that you're working on improving your diet and then they'll make adjustments. as indicated. I think that's so important. You know, people are often very surprised, when I work with them.

And I say, yeah, the medications are fine. It's almost like they imagined that I would tell them to get off of everything. I think that's so dangerous.

And. So dangerous. Yes. I took medicine when I was sick. We're taking it. And the person who's prescribing it knows how to taper. And when. My experience you tell me if it's the same, is that when, let's say blood pressure regulates?

It's so obvious. Yes, it's so obvious. And so the person knows when to come down and they can work with their doctor. the only exceptions would be maybe some more obscure things, like maybe thyroid, things that you can't tell directly all the time.

That becomes a little hard. But again, the physician is monitoring your thyroid blood levels and making adjustments there. I think it can be challenging if you're on medication for your mood, anxiety and depression.

and now we have to, because your mood is improving. whoever is prescribing your mood medication, will be monitoring you and making some adjustments because we don't want you to become manic.

So if you're on mood medication, keep seeing whoever's prescribing that so they can make appropriate judgment as to when it's appropriate to make adjustments.

There. I would say, too, there's so many conditions, the mental health medications, the thyroid, where you don't see how it's really going to be without medicine for as long as six weeks, sometimes longer.

So you can be in this honeymoon phase. I've seen people not that I work with. I wouldn't allow it. you just suddenly stop medicine. and I think we probably all know these folks, right?

It seems like rainbows and kittens, and then it's a disaster. So I always am a fan of going even slower than the general recommendations that you really have time to ascertain.

If it's really time to be coming down. There is, no benefit for rushing to take away your meds. And if someone, you know, stops their disease modifying treatment, that's a disaster.

If you're on, EMS and you like to, to take disease modifying treatment, we know that if you stop them abruptly, a severe rebound occurs. So Mary and I both agree.

You stay on your drugs. If you continue to do really well, you'll have a conversation with what was prescribing whatever disease modifying treatment. is it time to make adjustments?

And it's okay to have an opinions about what you'd like to do, but please don't abruptly stop any medication. Yes. Yeah. Like I you know, when I was, when I was bedbound, I think it was about year seven.

I had been in bed for over a year of, like, full, you know, before it was like three months. Since six months. This is like a full. And it was getting worse.

And so my parents and I kind of all discussed I was on 17 medication at the time, and, I really wanted to come down and see just where I was, you know?

And so we met with my entire medical team, and we talked to them about strategy and which one and which need to be tapered and doing one at a time. And your medical team can really, really work with you, when, when that's the appropriate time.

But you do want to do it responsibly. You know, keep talking to your medical team. Always know, express your opinions, talk with them. they'll want to work with you.

no, I am okay with saying if your medical team is not excited about you eating less junk and processed foods and more protein and non-starchy vegetables, I think it's okay to fire them and get a different primary care physician, nurse practitioner who would be excited about a better diet because we do exist. Yes.

So yeah. So more and more every day. Yes. I fully agree. okay. So I know sometimes people are so, insistent they want a diagnosis, sort of a magic bullet.

And we'll go talk to a doctor. Doctor? sort of looking for, the precise diagnosis when they're, you know, not well, don't have a clear diagnosis. They can tell they're getting steadily down.

Worse and worse. what what is your thoughts about, Because we probably have people in the summit who are like that that they know they have a neurologic problem.

They're getting a lot worse. Do you see a lot of docs? They still don't have an answer. what suggestions would you give to them?

## Lifestyle, ketosis, and medication tapering

I would, I want I just want to say I really understand and, it's very scary to have a lot of symptoms and to not have an answer. That's very scary. And so, of course, any anyone is going to search.

Right. But once the deadly things have been ruled out, once you know that you're not in in dire danger, right? Which you can get that pretty early on.

you can immediately begin starting to, to work on the big picture items. Right? I, I've seen far too many people, and I was one of them that chase after all of these, symptoms when if you really look at the core of what's going on, maybe you're issue is more immunity or nervous system or hormonal.

You can start with that primary focus. And once you get a focus of what you want to really work on, you can design a whole lifestyle and dietary program for that and not chase after all those things.

So recognize what you're having so that you can communicate that, to your practitioners and those kind of things, but to not, chase them. Right. It's a bit like when you learn meditation, you'll have thoughts, but you don't chase after them.

It's the same thing. Like, okay, there's that, but this is the most important thing. So, for me personally, anyone with nervous system disorder. See, you guys know you have symptoms all over the body, right?

Because the nervous system is involved in. So they they fluctuate day to day. and they can be quite scary. But if you focus on just the nervous system, okay, that means you want to focus on what does the nervous system need to rebuild, what is relaxing for the nervous system, what is stressful for the nervous system.

And you can start incorporating those and and not worry so much about all the other little bits that would keep you on Google or chasing down, just think down new new avenues.

This is wonderful. And again forward. Who's listening? what Mary's suggesting you do is begin to work on your self-care routine at a pace that will help address the most troubling symptoms for you.

Yeah. And, the only thing I would add is work on improving your nutrition. very night, are both very fond of the ketogenic diet, I think, that is super helpful.

There are a wide variety of diets that Mary uses that have been super helpful. More high quality protein, more, good fats. And I'm going to have you tell us what, some good fats are.

Yeah. Good fats are really important. So the diet is is like a slam dunk, right? We know you nervous system. Ketosis is going to be really great. You may get into remission with something else but it is a slam dunk.

It takes a long time. You have to be patient. But with all of these things, whether it's the lifestyle things or the dietary things really, and you tell me if you've experienced something different and I'll tell you about the fats, but the the way I see people get to the goal is through consistency.

And so every little thing that you can slowly add into your daily life, that you truly add that you're going to do every single day. So maybe that's listening to classical music when you eat.

Or maybe that is, switching your fats and now this is your fat. Anything that you can do on a daily basis that you then consistently do every single day, regardless of how sick you are, that that's where I see people really hit those goals.

We we're often very, symptom reactive just from our culture. Right? We've been taught through commercials and things. You have a headache, you take a Tylenol or something else.

Can I say a brand name? I don't know, but anyway, the, paracetamol, I will say. And the, that will doom you in chronic illness. That will doom you. You will be digging out of a hole, searching for a key that will never be found. At least not right now.

the the way out is really through. Okay. treated fat is very good for the nervous system. So I'm going to switch from my vegetable oil to maybe, butter or tallow or coconut oil.

Right. Whatever I tolerate and, I'm going to try to really reduce these, maybe like omega sixes. Not because omega six is bad, but because there's a big imbalance.

and and these are causing a lot of problems. Traditional omega sixes are fine. Not the maybe not the new ones, but it's definitely not the new ones. But, so you you start making those changes and it it's the consistency of bringing those in that they get you to the goal to where you don't really need a key and a lock.

It happens on its own. this is marvelous. You know, Mary Ruddick, I could talk all day with you. I just love, your insight, your wisdom. I'm so glad you're part of the summit. and, could you tell our audience where people would find you?

Sure. Happily. And I over the moon to be here. So thank you. And he's. I'm with you is a good time. you can find me at Maryruddick.com. That's probably the easiest.

if you Google my name, you'll find my Instagram. It's also @maryruddick and YouTube is @MaryRuddick as well. So all of those are easy. And then all of my, you know, kind of side projects go from Mary Ruddick.

So I have a, program for the dysautonomia for practitioners. But you can find out those from that outlets. Well, again, thank you so, so much for being part of the MS and Neuroimmune Summit.

thank you so much. And thank you for helping so many people, with just devastating situations get into remission. You're really changing the world. And I'm so grateful, that you are taking your remission and your house, to spread the word, so.

Thank you.