Introduction and Dr. Whiteu2019s MS Story

Welcome to another great interview for the mercenary in Summit. I'm here, with my colleague, doctor. Jonathan White. Let me introduce him. He is an ob gyn, doc.

That he supports the overcoming myths as the medical advisor. And event facilitator. He lives in Northern Ireland. And he's had, multiple trainings. As an ob gyn.

But interestingly enough, he cares deeply about overcoming Ms.. And has been involved in that organization many years. So we're going to have a really great, conversation about why Doctor White cares so deeply, about, overcoming the mess.

So, Doctor White, why don't you tell me, a little more detail as to how you got so deeply connected? Yeah. Thank you, Doctor Wells. It's a real pleasure to be here and wonderful to be part of the summit.

So thank you very much for the kind invitation. Yeah, it's it's a slightly odd one that, that a jobbing ob gyn, as you would say in the US, somehow gets involved with an Ms..

Charity, but, as you alluded to, it's a, it's a deeply personal story for me. I was diagnosed with multiple sclerosis myself in 2015. I was just about to finish my my OBS in Guinea training.

I was it wasn't long from getting married. Life was on a path. I was good with it. I knew where I was heading, I was going to do reproductive medicine.

I was about to settle down and, And the path was lit in front of me. And almost overnight, that path completely changed. When I. I got symptoms of multiple sclerosis that I, I knew instantly were that I had optic neuritis for some time, but had been putting it in the denial box.

I had transverse myelitis. Some knew that that was really bad. And I went to my local emergency room and I said, I think I need an MRI scan, and I'm pretty sure I've got Ms..

And they laughed at me and but they agreed to do the scan, which I'm very grateful for. And it showed inflammatory lesions in my brain and my spine. And, I was given that diagnosis, nine in fact, nine years ago this month, in October when when we are talking to each other, and I ask the question of when urologist what what do I do?

Is there anything I should be doing about my Ms.. And she said, no, you know, choose one of the medications and, hope for the best. It's very unpredictable.

Hopefully you'll be lucky. And I thought, that doesn't sound right. There must be more to it than this. And I asked, I remember asking, is there anything I should do?

Is a diet is an exercise? Is it? I didn't smoke, but you know, it was anything to do with that was a genetic. She said. No, no evidence for any of that really.

Just just hope for the best and take a medication. And I just instinctively knew that wasn't right. And I and I went on a quest, to find answers. And I found lots of answers. I was very fortunate.

The one that really popped out to me was the overcoming Ms.. An information that Professor John Atwood published some years before, and I remember reading that book in about three days and just thinking, God, this is there's there's hope here.

There's a path, there's a there's something for me to follow. And so I very quickly implemented the changes of the overcoming Ms. lifestyle. And, and I sort of put my head down and just hoped for maybe six months.

And I started to feel better. And, and I kept going and slowly things started to continue to improve. And then through serendipity, I got involved with the charity, which was a strange, strange thing.

The CEO at the time had heard that I was a working doctor. He knew that the charity to grow needed medical support. And it's as you know yourself, it can be hard to get that sometimes.

And he he just he contacted me and we had a conversation and asked what I like to to help them with facilitation and things. And from there it has grown.

And now it's, it's one day of my working week and it's, huge part of my life. Seven years later. Okay. So, George Joel also has M. S., I have M. S., and we are unique, in the space, because we care so deeply about getting this message out to people with multiple sclerosis and other autoimmune diseases that are affecting our brain or spinal cord, because your neurologist is probably giving the same message that I got, you know, 25 years ago, you would you want don't worry about it.

Just you know, take one of these drugs, and hope for the best.

Overcoming MS Lifestyle Principles

And, you know, I started out with the swag diet and, you know, ultimately, I switched over to the paralytic diet. Yeah, but I also have steady the swank diet, and you get some really nice results with the swank diet.

So, why don't we, for our listeners, explain what are the dietary principles and the lifestyle principles of overcoming Ms.. Yeah, absolutely. Be happy to.

So I think that's important is that, it is a lifestyle. And, you know, it's absolutely not a fad diet that you follow for six weeks. And, you know, you drop a dress size or fit into your favorite jeans and then you forget about it.

This is wholesale lifestyle change. So yes, there's a there's a dietary element. And that's what most people associate with the program. So first of all that is a whole food plant based diet, with traditional seafood evaluation.

And I know there's a great deal of similarity with your own dietary advice. That was and, you know, I really like that, that it's the similarities and the differences here, and it it's it's like eating real food that you make yourself as much from scratch as you possibly can using healthy fats, healthy oils, avoiding refined products and processed products.

And, and that is just to be honest, a great way to live apart from anything else. You know, from eating the beans, eating these radical things known as vegetables.

Oh my God, can you imagine? You know, things that are that are grandmothers were feeding their children, and, a much healthier generation. So the common things getting rid of the sugar, getting rid of the flour based products, particularly the white flour stuff, all the things with labels on them.

Yeah, they add a lot of, a lot of food additives. Food like chemicals that are not good for us. No eating vegetables. And your protein sources. So let's so our protein sources are a bit different.

I'm doing more meat and fish. You're doing fish? And what are the protein sources? So, whole foods, beans, legumes, pulses, lentils, these sorts of things.

Tofu, tempeh. Yeah. I personally do a lot of fish. I was a huge carnivore before my diagnosis. And my way out of that. And away from dairy was to really go wholeheartedly towards fish.

And I love that. But there are many people who follow the diet who are fully plant based or vegan. There's actually been perhaps a little soft. I can sort of sense and feeling recently that people are describing the overcoming a mass diet as almost like a modified Mediterranean, and I see where that's coming from.

But it it's very plant dense and plant focused rather than sort of. But but for those who eat fish, I get where that comes from. And the premise behind it for your listeners and your viewers is that it's very low in saturated fat.

And that that, as we've mentioned already, harks back to the original Swank data, where people with Ms. who at a diet that was low in saturated fat, had better long term disability outcomes over a 34 year study that was published in The Lancet in 1990.

And that's where that original data comes from. And it's been expanded upon, you know, in for the listeners, I want to comment that, if you do the this diet as a vegan, it's low in methane.

And there are some very interesting animal studies that low methane in diets have been, protective in terms of anti aging and have been protected for the animal models of mass.

It is sort of like the ketogenic diet. Likewise, low and carbs can be protective. The, low methane in diets are lower in protein, are protective. It's this overconsumption that could get get people, into trouble.

So, yeah, I'm, I'm fascinated by all of that, you know, that these, the blue zones, these people who live longer than the rest of us. And what is it that they're doing? The commonality.

Because as you know as well as I do, there isn't a gold standard diet for multiple sclerosis, but there's so many clues and patterns, and it's always about the quality of what we eat and actually just eating proper food that matters eating food, cooking recipes, eating with family and friends.

Yes, not too much and at the right time as well. I like the the 80% full. Yeah, concept, that we, we don't. Overconsume. So you said that overcoming a ms..

We sort of highlighted the diets. Yeah, very similar vegetables. Get rid of the processed foods. Get rid of the added sugars. Sure. You have protein. You can do it plant based. You can do it with fish.

And then, but there are some other elements. Yeah. So I suppose specifically still with the diet we are in, omega three in the form of, fresh or cold pressed flax oil, which is sort of one of the richest plant based sources of omega three, which, as we know, is a very anti-inflammatory, anti degenerative, brain healthy fatty acids.

So we we advocate that strongly. And that's the sort of the main dietary recommendations. But we also sorry. Do you want to pick up on that. Yeah I want to ask how much flax oil.

Yeah. So we tablespoon couple tablespoons. Yeah. So we we routinely recommend 20 to 40 mills a day which is quite a lot. But it's to do with the fact that people metabolize flax.

So in a very variable way. And to get that high dose from it that that's, that's a safe and effective way of doing it for me. I don't actually measure it anymore.

I just put it on my toast every morning, or I put it in a smoothie or in mashed potatoes or a salad dressing, because this shouldn't be restrictive diet.

This should be just what I do in my daily lifestyle, and I, I love that. So I'm thinking, if we're talking 40 mils, that's a tablespoon would be ten mil.

So we're talking like 2 to 4 tablespoons mixed in to your food during the day. Yeah yeah yeah yeah. Absolutely. And what we would say is if, you know, if you're consuming a lot of oily fish that day, you can maybe pull that back a little.

You know, it has to be flexible and adaptable and sort of easy. Because the reason that diets fail in human psychology is that you're putting foods on pedestals, or you're making it too restrictive and we don't want either of those things.

Absolutely, absolutely. Okay. So so the other other elements then, just well, I remember because I'm a simple man and I'm going to forget and then we're not going to talk about it.

Right. Thanks. But, so high dose vitamin D, we, routinely recommend between 5 and 10,000 international units of D3 daily. Or in an ideal world, you'd get some sun exposure and a safe way.

I live in Northern Ireland. We get zero sun exposure for about 11.5 months of the year. So I take, roughly about 9000 units a day. And the way that mine is prepared, we advocate for exercise regularly, 30 minutes, 3 to 5 times a week, which is actually exactly the same as the government guidance for anybody in the United Kingdom.

Sadly, far too few of us do that. And actually, we're subtly changing that messaging, and I think in the right way to say it should be physical activity, not exercise.

And that's a brilliant thing because for so many people with Ms., this can be a really difficult, challenging, confrontational and frustrating thing. And for us to say you must exercise that is really negative connotation.

So this you know, as you know, Terry, you know, almost there's almost always something somebody can do with them as physical activity wise and, and adaptable way.

And, and that's what we're there support and advocate for through it. I like the idea of having, activity monitors.

Vitamin D, Physical Activity, and Stress Reduction

I personally have a ordering, but there are many different wearable devices, so I can. You'll, measure every day how many minutes of inactivity, how many minutes of low intensity, moderate intensity, high intensity.

Yeah. And even if you are, wheelchair bound, scooter bound, doing a little low level activity throughout the day, making sure that you're getting up, going to the bathroom, taking a few steps every hour, is will be quite profound.

Absolutely. And, you know, we need to think of exercise or physical activity. I just did it again. And physical activity is a disease modifying therapy.

And Ms.. And it really is that, you know, I, I recently I turned 40 I know I don't look it and it's hard to believe that I turned 40 and I thought, I am a completely average man who's been living with M. S.

for almost two decades. And I really want to challenge myself physically. I want to try and raise some awareness, some money for the charity. So I took on a big cycling challenge this summer.

And I cycle 600 miles from where I live to the south coast of England for the charity, and I had no idea if I could do that. You know, it really pushed me physically and mentally.

But having achieved that and met my goals and my targets has just been so empowering, so confidence building, my Ms. symptoms got so much better and I think it's, you know, that's a just an example of of the real benefits of physical activity for our Ms.

and for our brain health. You know, it's just so important. Okay. So that physical activity is really, really profound. Absolutely, absolutely. Can we talk a little bit about the, Ms..

Charity? What do you guys do? And, how do people access that? That's a good question. The last part of the program that I hadn't mentioned, because we keep getting sidetracked with all these fascinating conversations, is about stress reduction.

If I could just mention that break, please. Yeah. So, stress. I think anybody living with Ms. will recognize the connection between stress and their Ms.

symptoms and disease activity. I know that I do. And so we advocate for a regular stress reduction stress management practice, the one that's easy to study.

And there's really nice evidence behind it is mindfulness based stress reduction. And I personally meditate every day or do a form of breathwork. And I think that's a wonderful thing to advocate for, for people living with a chronic autoimmune condition.

So yeah, that that's a big part of it as well. And learning that relationship of of how we stress because you can't avoid it at all. You know, you know, it's it's always there.

But it's how we respond to that, that trigger. And I think that's a that's that's been a really helpful thing for me personally as somebody who was very Type-A, worked very hard to anger, frustration, and I've really learned a lot.

I'm still quick to do most of those things, but I've learned a lot about them over the last nine years. But moving on to, the charity then I'm desperate to answer your questions as you ask them of me.

So the charity is overcoming Ms. dot org. We are based in the United Kingdom, the United States and in Australia, but we are a global charity. And, our mission is to inform, to support, to empower and collaborate and I think the collaboration that is the one that's most pertinent today, Terry, given our, our two backgrounds.

But so, so yes, we have the program, which is obviously the core that most people have heard of. And yes, we have lots of resources there for, you know, how we can support people to to get a sense of the program, how to engage and live it.

But much more than that, I think, is the fact that we are a vibrant worldwide community. And I know that some of my best, dearest friends come from the overcoming Ms.

community, and I've had the great privilege of meeting them through my my personal journey, through my work with with the charity. So I think that's the the most important part.

You know, if you pick up the program and you get the community for free and that is in person and with our circles around the world, or is digitally through our podcast, through our website, and through our Live Well hub, which is an app you can get freely on the App Store and I would encourage anybody who has Ms.

or is somebody living with Ms., has brand partner with Ms. to engage with that and see where it takes you so that the app again is Live Well hub. Live Well hub, it doesn't even say Ms.

on the logo. So you can have it on your home screen or your desktop. Nobody will know what it is, but that is a a free and ready way to engage with our resources, with our online events, with the in person events and how to get access to them.

And to touch base with the community for information, for support. Yeah. And it's a it's a really cool platform. It's it's really enjoyable to me. And, your website is overcome overcoming Ms.

dot org overcoming Ms. dot org. And so and everyone who's listening, I really want to encourage you to look at the app, and go to their organization. I think there are just so many resources, that can be very, very supportive for you.

Yeah. And, you know, we have meditations, we have exercises, we have recipes, we have research. It's. Yeah, it's it's, we have resources for health care professionals as well.

And who many in your audience will be health care professionals. And we've been working very hard to update that

evidence base to, to really distill and hone down that and that information to make it suitable for community and for health care professionals.

Johnny, look. Yeah. Okay. A little bit about, the research, I know George is has published several studies. I've published studies, and I also know that, George has been attacked.

Attacked, attacked, attacked. I've been attacked. Attacked, attacked. But George and I have just put our heads down. Ignore the, attacks. In done are trials written them up?

Got them published in peer reviewed journals. So. Yep. What word have you guys been able to show? Yeah, it's it's, it's a really good question. And you're absolutely right. It has been a fairly thankless task.

The old mantra is there's no evidence for any of that, unfortunately. Still holds fairly strong. And it's very frustrating because there's been evidence for that, a lifestyle change in Ms.

for well over 50 years now. But, it is changing slowly, and I'm really happy to see that, you know, the newer generation of Ms. nurses, of neurologists, healthcare professionals is slowly recognizing the vital place that lifestyle modification has in managing just yet another chronic Western lifestyle disease.

So Professor Janet's work, for people who are interested, I suppose that the big one that would be he'd be most well known for is the holism study, which comes out of the neuro epidemiology unit, in the University of Melbourne.

And there's been lots of papers studied there around lifestyle modification and the effects of diet of vitamin D of omega three supplementation on, on all sorts of outcomes.

Overcoming MS Charity and Community Resources

But, one of the, one of the big things, I suppose, that we've, we've seen is a criticism is always that the data is always retrospective, and it's it's never randomized controlled trials.

I'm sure, Terry, you've had much of this criticism leveled at you as well. It's this isn't a meta analysis. Therefore it doesn't account on all of this and frankly, nonsense, which is completely irrelevant to evidence based medicine and a misunderstanding.

But what we're now seeing is pros active data i.e. looking forwards, finding not just correlation, but potentially causation to show that a high quality diet reduces your risk of disability progression by 55 oh percent at seven and a half years.

And that is remarkably important in body weight. That's that's better than DMT is. Precisely. And if it were DMT, we would all be shouting it at a global conference and then charging billions of dollars or pints for a new medication.

Yet we get told that, oh, that's the study has all these flaws. It's ridiculous. And yes, every study has limitations, of course. And evidence based medicine is vitally important tool.

But we also have to see the evidence for for when it is in front of our face. You know, this is vitally important. And a study that's just about to be published is the rule of supported self-management, which is a big thing that the charity are focusing on.

Our retreat model, where we take people, Ms.. People living with Ms. from our community, we bring them together partially digitally, partially together in a room.

We teach them the tenets of the program, and also we give them the tools to connect as a community, to change their life for life and to live better, healthier lives.

With Ms. and the follow up data there in terms of their mental health, their physical health, the quality of life is

astoundingly positive. Again, this is a condition of inevitable decline in the traditional model.

And these are people who are getting better over time. Like, we're showing in the study where you compared the walls protocol and its diet with the white one, where people had improvements in their fatigue, which we see again and again when they start to eat better, move more stress, less improvements in their mental health, improvements in their physical health, quality of life.

These are absolutely vital measurements, because in the real world, it's not about necessarily relapse rate reduction or lesion load. It's how do you feel physically and mentally every day?

Do you have enough energy to get up and do your tasks of daily living, go to work, look after your children. And the answer is, by doing these things, you can have a massively effect.

Absolutely. And, you know, in that study that you just come at the prospect of study comparing swank and walls. Yeah. We measured something called the Ms.

functional composite. So walking function, hand function, working memory. And we found that, you know what, things improved that the measurable function of walking hand, in working memory improved in a six month, time period.

Remarkable. And then we've done a, pooled study, some of our other studies that had a control arm. Again, we were able to show that when people adopted, in this case, the modified paleo diet, again, the Ms.

functional composite, improved the DMT. Very powerful drugs. They do turn off new lesions, they do reduce relapses, they lengthen the time to needing a wheelchair by five years.

They don't prevent it. They don't prevent the conversion to progressive. Ms.. What George is saying, what I'm seeing is that we can improve function. That is really quite remarkable.

And we have a study, that, is happening right now. We'll be following people over two years, the paleo keto in usual diet, and we'll have MRI. That's going to be a really big deal that'll come out in, 20, 27.

And, Joni, I hope you'll, have me come back and talk on your podcast so we can see what we do. I would love that.

Research, Outcomes, and Shared Mission

Yeah, I would love that. And that because that that's what people listen to. They listen to MRI data. MRI is not the be all and end all of our Ms., but it's a very important tool.

But there's much there's much more. I really I'm very much looking forward to that, Terry. I really want to see what that shows. And we're going to have the Ms.

functional composite. So we'll be able to see, is function improving or declining in these three arms. And we we also in the control arm, we are giving them tips every month on how to improve their diet because we know, everybody really wanted to have an intervention.

So, it'll be super interesting. One of the questions we'll be asking is, can we get brain volume loss, which, by the way, in Ms. is 1% per year. That's why we have so much, mental health problems, so much, yeah.

Cognitive decline. So the average, brain volume loss, if you have that Ms.. 1% per year. Yeah, we will be measuring how close we can get people to healthy rates of brain volume loss, which is like 3% or less.

Yeah. So that that'll be one of our secondary outcomes. And, you know, we're, I'm very excited to see what we should do. Know, just just to pick up on something you said there.

If I, if I may, you know. Yeah. I couldn't agree more with you about medication, but I think it's important to say it's not one or the other and it's not us versus them.

It's always it's us and them. What we. I think we're on two sides of the same coin, you know, we're the same coin. We want to help people with Ms.. Surgeon neurologists of course they do.

And why would you I personally take a DMT. I will always follow this lifestyle. If I didn't have Ms. tomorrow. Great. Fantastic. But I'll still eat this way. I'll still live this way and exercise.

I'll still meditate because this is a brilliant, wonderful, empowering way to live. Not specifically this lifestyle, but that sense of empowerment, of autonomy, of control, of making a choice that is right for you.

You know, this is this is much more than taking a tablet or an infusion. You know, this is a condition we're going to have for the rest of our lives. And we have to learn how to manage it.

I absolutely want to, endorse that. This, my message is not to refuse DMT is a certainly, I took very, very potent DMT, in because I wanted to treat my disease aggressively, protect my brain.

Incredibly useful to me. But also I also read the package insert, and I can understand reading the package insert, in knowing that these DMT do have a risk of some very serious, potentially life threatening consequences, and you have to internally decide how comfortable you are with that risk.

And it's the risk of the scary potential side effects of the DMT, versus the risk of disability. And that's a very personal decision. And, absolutely is.

And I don't think often times people are not supported enough to make that decision or given the time, you know, I was given two leaflets. Which one do you want?

You know, I don't know. But I need to speak to people I trust. I need to think about this. And I would encourage people to do that to, to turn to support trusted support, decision making tools, to talk, and take the time to make that decision.

It is complicated because you're you you don't want to become disabled. And, we certainly endorse that it is okay to take DMT or not take the MT according to your personal, risk tolerance.

But everyone, I want everyone to have a better diet, whether it's the Omes diet or the Wall's diet. Or intermittent fasting, there are many different options for you to consider.

Fix your diet, begin physical activity, manage stress. However, mindfulness meditation, gratitude practices, time and nature. Yep. That will have a huge, huge impact now.

Yeah, yeah, I, I could talk all day with you, but I know we tend to lose people if we go to lockdown. So let's just keep walking. Terry, let's turn off the recording and let's go.

Let's all Ms.. For everyone. I think, you know, and what we should do is arrange for you to, come, on your podcast so we can to you have a longer conversation so people could, come back to that.

Look, I love, George's commitment. I love, what OMS is doing. And I, we have such a shared mission. In there is so much similarity between their program and my program.

We are, deeply, deeply connected and very respectful of the work, each is doing. Absolutely. I couldn't agree more. We've achieved more together than apart.

Sorry. There's enough room for eating well, stressing nice and moving more in the Miss World, I think. Absolutely. One more time. How do they find you again?

Overcoming Ms. dot org. The live well hub. We have the Living well with Ms. podcast available on Apple and Spotify as well. Okay. Thank you Johnny this has been wonderful.

Thank you, Doctor Wells. It's been an absolute pleasure. I've loved it.