Dr. Terry Wahls' Big Hairy Audacious Goal Transcript

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Personal mission and the need for evidence

I have a big, hairy, audacious goal. And my goal is that I want to change the standard of care so that every MSA neuroimmune patient is told that diet and lifestyle are critical to having the best outcomes.

And now to do that, we need to have peer reviewed, published research. And to do that research that I really think needs to happen has required philanthropic support.

And so this talk is to tell you the story of my journey and how my work has impacted changing the standard of care. So as you know, I had my severe decline and recovery during the year 2008.

Now my chief of medicine at the University of Iowa encouraged me to get a case report working with my treating medical team published in peer reviewed literature.

And that got published finally in 2009. Now, if you look at this graph, you see that before that time there is very little published, peer reviewed research about diet and lifestyle.

And so it was really a heavy lift for me to find a science based guidance for what to do. That were the things that were under my control that could improve my outcome.

But since that first publication, there has been this dramatic uptick. Now, how did that happen? It was because of people like you that were demanding it.

You see, I had my recovery.

From recovery to advocacy and early publications

I changed my clock of practice. I began talking about diet and lifestyle to my patients, the Traumatic Brain Injury Clinic. And in the primary care clinic where I was staff in residence, I spoke where I was invited, I got banned as a speaker by some organizations because my message they thought was dangerous.

I spoke in churches, colleges, community centers. I had an opportunity to speak at a TEDTalks. That talk went viral, which then led to a book deal that was published with Avery, originally self-published, mind you, and Mitochondria.

Then I had the book deal with Avery and Penguin and was then able to publish the Wahls protocol, which I revised in 2020. The Wahls Protocol Cooking for Life.

I continued to teach for the Institute for Functional Medicine and for the American Academy of Anti-Aging and Other Integrative Medicine conferences. And in 2018, I was given an award by the Institute for Functional Medicine for my contributions to Research and patient advocacy.

And the public got totally energized. And it was you, the public, that drove a lot of the change. And let me explain. You see, when my I published money my mitochondria in 2010 and was solely, you know, getting that word out through all of my lectures, the TED Talk led to the book deal, and that came out March 14th of 2014.

And it was controversial because I had this message that there were things that we could do that could improve our clinical outcomes and our quality of life in the national society.

Monitor social media to understand what their capacity agents and their donors are talking about. And after my book came out, there was this dramatic uptick in social media mentions about diet exercise.

There's another image that shows a dramatic uptick in the mentions of the Wahls protocol, Dr.

Public attention and the rise of diet research

Terry Wahls and The Wahls Diet, that led them to convene a wellness conference. And they tracked me down, got me there, and they then made diet and lifestyle research a research priority.

Very exciting stuff. And again, that happened because the public demanded that you drove it. And they then created a handout that talked about diet and nutrition.

Looking at the research and they saw that by then we had some papers coming out as well. Now, here are some of the milestones that came out. So I recovered in 2008.

I began talking in local organizations, 2009, 2010 I published the case report and we had a case series. Then 2014, our very first clinical trial came out with just ten.

Then in 2015, then we had 20. Then in 2017, we had in that first study was done in people who had secondary and primary progressive M. S. using the same protocol that I used.

And we showed that if people could implement it, that we reduced fatigue, improved quality of life, reduced cognitive decline, improved motor function.

And that motor function was clinically significant in half of those folks. Really quite remarkable given that this is progressive M. S., that in 2017 we did a small pilot, randomized controlled study of the paleo diet in relapsing remitting M. S., showing, yes, people could implement the diet, that it was safe.

And that led to reduced fatigue, improved quality of life. Then we did what I call the Paleo plus study comparing the ketogenic diet, the paleo diet to usual diet.

Again, showing that people could implement these diets. There were safe and well tolerated in that we had benefits. Then we had a study funded by it. Now the society.

And this was a comparison of the low saturated fat, the swank diet and the paleo elimination diet basically was elimination diet. We had an observation period.

People got randomized to those two diets.

Clinical trials in MS and progressive MS

And again, we showed that diet led to improved clinical outcomes. Then we have a couple more studies that we're presenting in scientific meetings that will talk about who are this control that evaluates a online wellness program and a quasi experimental study comparing health behaviors with without drugs to people who are following usual care.

And again, will be representing that. Then we have a couple of studies that are in front of the IAB, one where we're adding more study populations to the online wellness program, and another that is comparing the ketogenic diet, the modified paleo diet, unusual diet and dunk Pam which is a supplement regimen that will be looking at its ability to impact the optic nerve function.

And we've had a really huge impact. We've done seven clinical trials. We're doing eight clinical trial. We're now able to do what's called a network meta analysis that lets you take all of the dietary studies.

And there have been 12 studies that have looked at eight diets. And we can look at how these diets reduced fatigue and improved quality of life, the mental health, quality of life and the physical health qual quality of life.

Here, I'm showing you the impact on fatigue and we're looking at the pre-Olympic diet. Those are studies from our lab modified paleo diet, a low fat diet that uses the swank diet of the McDougal diet, Mediterranean diet, ketogenic diet studies, fasting studies, an anti-inflammatory diet and calorie restriction.

And you see that the central line, if it say if the gray box favors control, then the intervention is not good. If the gray box favors intervention, the intervention is helpful.

But in order to say it's really helpful, you need the error bars to be entirely on the side of the intervention. So we see that pill, I think is the most effective, most efficacy efficacious, followed by low fat and Mediterranean.

And the pelagic diet is about 50% more efficacious than low fat or Mediterranean. But, you know, all through those diets are definitely helpful. And then we have improving physical quality of life.

And again, here, there are two diets that were helpful. The pill ethic in the Mediterranean diet, again, very positive.

Network meta-analysis and comparative diet results

See that many of these diets are helpful, but the error bars cross over into a favoring the control. So we can't definitely say that they're whole. And then if we look at the next slide, we've got the mental health, quality of life and now again, pelvic diet, Mediterranean diets are the most helpful.

Now, what is so important to recognize is it was the MSA. So that put money into these small pilot studies to get them going. And that happened again because of you and your interest in the donors, interest in driving the need for the MMS society to say, you know what, we should be making diet and lifestyle, exercise, stress reduction research a priority.

And so they infused millions of dollars into that effort. And in the same issue that published that network meta analysis was a editorial by three very well-received funded neurology diet researchers who have an opinion saying, if we have, you know, more of these opinions coming out, that there is sufficient evidence to say a healthy diet should be a part of the intervention for everyone with M. S.

And I could add to that new immune patients. And yes, more research is needed. Absolutely. That will continue to be worth investigating. Now, philanthropy helps make all of this happened at a much faster level, because I have been blessed by having very generous donors, grateful patients they have infused into my lab supports who we could have post-docs to help us write those grants to those manuscripts and to help fund some of these early studies that made all the difference in the world with having more citations and more studies.

Philanthropy, pilot studies, and future research

So what this can do, if we have an analysis of specimens that we have in our freezer, those kinds of studies are not that expensive, 50 to $100000 a year.

And so that's easier for us to do, to write, to write in by having the analysis of existing data, we can use that for preliminary data for the next level of grant.

And let me tell you, reviewers really want to see a mechanistic component to the study. Now, we can also investigate new disease states or a new intervention.

I have people reach out and would like be to investigate a new disease state such as rheumatoid arthritis, inflammatory bowel disease, another new immune condition.

And to have that early pilot study that would let us collect a little bit of data so we could write for a larger study. That's a 200 to $300000 grant because I have to pay my staff to conduct that kind of analysis.

Or you may have a different diet or a different protocol that you would like me to investigate. So we're open to

doing that. But again, research costs money so I can pay my staff to do that.

Research. And we have been so blessed that we again, because we have some grateful patients who have said they would like us to do these large randomized trials and now that to do kind of study them doing right now a two year study that we used intervention and follow people for two years.

You can do that after you've had your pilot study. So you know how many people you have to recruit. That's usually a 2.5 to $3 million study to make that happen.

Now, we can also have really impactful gifts by funding a specific research team member, such as a research intern, a study coordinator to help do the nuts and bolts of these pilot studies.

Ph. D. students, postdoc scholars, they're really phenomenal because they help write the manuscripts, write the grants, so I can do the next level studies.

Now, we have many lab team members. I'm losing just a few, and we have other research collaborators here at the University of Iowa that have helped us do these types of investigations.

And we've created a handout, a stable share that will talk a bit more detail about the types of projects that we can do.

Closing appeal for changing standard of care

And you can contribute small gifts, whatever amount that fits for you and your family is certainly very welcome. If you're in a position to have a larger gift or you see a particular interest, disease, state or intervention that you would like me to consider investigating.

Well, in that brochure, let you know how to have those conversations. Again, I want to put out a thank you to all of you because you the collective through your your comments in social media, you it was you who drove the shift in awareness for the EMS society that diet research should happen, that wellness research should happen and the reason the tide changed, it became easier for me to do these studies to get our publications published as all of you.

So thank you. I look forward to working with you and look forward to having more and more success to that big, hairy, audacious goal that we will build the research to justify changing the standard of care so that all EMS enrolling patients are told at diagnosis to have a healthy diet, to meditate, to have good sleep, and to exercise.

Now, much love to all of you and enjoy today's interviews. Bye bye now.