Dr. Jennu2019s Turning Point with Terry Wahls

This is Doctor Talks, real talk from real doctors on the issues that matter to you most. Welcome back. It's Dr. Jenn. I have someone really, really special to me with me today and she doesn't know why.

So this is going to be the first time that she is hearing this story. In my eyes, she needs no introduction at all, but I'm going to tell you what my exposure to her was.

So as I was going through my functional medicine training after getting diagnosed with Graves disease and really at a time really too sick to be. operating as a surgeon as I was.

And so I'm about 15 years into my surgical career. I get diagnosed with Graves' disease. I'm very, very ill. I learn about functional medicine and I start to attend the Institute for Functional Medicine.

And this woman comes on the stage and starts to tell her story about her battle with MS. And I'm not gonna tell you the highlights of the story because I really want that story to come from her, but that ultimately what had happened to her is that she's at the height and echelon of her career, gets MS, gets as sick as you can get, and then figures out how to restore herself to full health.

So she's telling this story and I'm so moved that even though I wasn't sure if MS was part of my picture at that time, I had some strange things happen to me.

I woke up with a numb face. I had numbness in my right hand, which as a surgeon is not great. And I had been back and forth with the neurologist who said like, we just need to wait and see.

So her story really resonated with me. And so I bought her book and learned all about her protocol. And so one day I'm in office hours and a 19 year old woman is coming to see me for a breast mass.

And she comes into my office. She's in a wheelchair pushed by her mother. My office was about 30 feet from the elevator. And this 19 year old young lady.

had such progressive MS that she couldn't walk the 30 feet from the elevator to my office. And she's coming to see me for a breast mass, but of course I just met this woman with this unbelievable story.

And so I am bubbling with excitement. You can hardly contain me. I'm like a giddy child wanting to share this experience with this woman. And I'm going on for minutes about how the disease can be reversed and you can change the trajectory of your life.

And after a few minutes, she put her hand up to me and said, are you going to do my biopsy or not? And it's at this moment that I realized that I can no longer continue to operate, no pun intended, within the confines of traditional medicine.

And I actually quit my surgery job that day and set out to start my own practice. And Dr. Terry Walls, it's all because of you. Wow. That's a story. You know, it does happen when you've been transformed.

You can't see the world the same way anymore. No, you can't. You can't, it is a bell that you can't unring, but you also can't ring it for anyone else.

Terry Wahlsu2019 MS Diagnosis and Early Decline

And I, I have learned that, that, that was the main thing that I learned that day was that I get it, that not everyone

wants to do the work, right? That there are plenty of people that just want the pill, that just want the knife, just want the drug and It's not one or the other.

For the vast majority of the time, it's both. The vast majority. Yeah. But that you have to be willing to do your side of it. And I decided that day that I didn't want to work with the people that didn't want to do their side of it.

I didn't want it to be all on me. So I did not do your story justice. I was just kind of I wanted to give you a background as to who and what you are to me, because as far as I'm concerned, you inspired me to completely change my life, and as a result, change the lives of millions of women with breast cancer.

I've ruined a lot of doctors' lives. Who are conventional docs in their conventional systems, universities, and they can't do it that way anymore. And then they have to find their new way.

And for some, they're able to do both. And so for years I was able to do both conventional medicine at the Iowa City VA Hospital and at the University of Iowa hospitals.

And then eventually I had to quit my clinical practices in both of those institutions because I couldn't do that anymore. And I just did do research and do my own private practice because I just could no longer operate in those systems.

Well, I totally get it, as you well know. But I would love for the people that, because people are primarily here to learn about breast cancer and what their options are to improve their lives.

But I wanna take them back so that they understand your journey, because ultimately we are talking about things that people think are irreversible, right?

I mean, as far as the world was concerned, your MS was irreversible. You know, my, all of my neurology physicians taught me, and my teaching was, once you converted to secondary progressive illness MS disability, as it accrued would never.

And so at my worst, and I'm going to sort of tell a story in real time. It doesn't take that long. So in 2000, I developed weakness in my left leg. I go see my neurologist who says, Terry, this could be bad or really, really bad.

And I go through the work up the next couple of weeks. And I'm thinking about the fact that I've already had 20 years of worsening electrical face pain.

My dad's 30 year history of his terrible neurologic problems. And I know I have a progressive disease and I would rather die than become disabled. So I'm praying secretly for a fatal diagnosis.

I hear multiple sclerosis. I do my research. I find the best MS center in the United States, see them, see the best physician, take the newest drugs. Three years later, I hear totally inclined wheelchair because I've relentlessly been getting worse.

My trigeminal neuralgia is relentlessly worse. My 10-year-old daughter hugs me as tears stream down my face. I take mitosanthrone, then tiesabry. Nothing helps.

I'm relentlessly worse. I go to PubMed and I begin reading the basic science. And I started experimenting on myself and I decide mitochondria are the driver of disability.

And I create a supplement cocktail for my mitochondria. My disability slows. I'm very grateful. I discover a study using electrical stimulation of muscles.

I asked my physical therapist, can I try that? He calls it eSTIM. He says it's for athletes. Gives me a test session. Hurts like hell, by the way. It's very painful.

But when it's over, I feel great. We said it's because of the endorphins, and we add the eSTIM to my physical therapy. I discover at that same time, the Institute for Functional Medicine, they have a course on neuroprotection.

I take that and learn more basic science. I have a longer list of mitochondrial supplements, and I add them. Then I have, and actually I'm quite embarrassed by how long it took me to have this, because I'd already been at adopted paleo diet five years earlier.

So it's already grain-free, legume-free, dairy-free. So this was when, when you started to make those dietary changes? So I started making the dietary changes in 2002. 2003, I'm in the short reclined wheelchair.

I'm continuing to go downhill, but at least I'm doing something. I had supplements in 2004. I had electrical stimulation in 2007. Now at my worst, I'm so weak, I cannot sit up.

I can set up only 10 minutes. And longer than that, I just can't function for about 48 hours. So you're living in a zero gravity wheelchair? Zero gravity chair, one for my office, one at home.

I'm in a two reclined wheelchair. I can take a few steps with two walking sticks. I'm beginning to have brain fog. I'm chief of staff, and I think rightly so.

He assigns me to the traumatic brain injury clinic. I'm going to start there in January because, you know, basically he's trying to force my hand into medical retirement.

He describes the job. I know there's no way in hell I can do that job. I'm very upset about that. But, you know, what are you going to do? I just tell my wife that, okay, we'll go in January and either I can do it.

Or I can't, and I probably can't, and I'll have to apply for a medical disability. Two weeks later, I discovered the article, the research study using eSTEM.

I add the eSTEM. At that same time, I discovered the Institute for Functional Medicine. I take their course on neuroprotection, which is actually pretty tough because there's a lot of biochemistry in that.

And I'm beginning to have brain fog, so I really had to work through that. So I have a longer list of supplements. That course is tough for a sharp root.

Yeah, that was tough, but I had a longer list of supplements. I add them. And then I have a really big, what if I redesigned my paleo diet based on this list of supplements?

Because after all, food is much more complicated. I'm probably going to get more things that are really good for my brain and my mitochondria. And I do that.

And I start this new way of eating December 26th, 2007. At that time, I can take just a few steps. I cannot sit up in a regular chair like I am now. I began to have brain fog.

My trigeminal neurology is much more severe and much more difficult to turn off. And so I realized that I'm likely going to become bedridden by my illness, demented by my illness.

And it was clear that I was on track to have my trigeminal neuralgia turn permanently on in that, you know, even the hydrocellular medrol would not turn off.

And when that's on, light, sound triggers this intense electrical pain. A breeze triggers electrical pain. Speaking triggers the pain. Chewing triggers the pain.

Diet, eSTIM, and Functional Medicine Recovery

Swallowing triggers the pain. So I had rewritten my medical durable power of attorney and my living well such that if

I quit speaking and talking, there'd be no IV fluids, no feeding tubes.

Because once the pain turns on, if I try to talk, you could just get just… It's unimaginable. Could talk. And so there was a pretty grim future. And yet, so I redesigned my paleo diet on the 26th.

In January comes, I go to the traumatic brain injury clinic. The first two weeks, I just watch. Hell, you should be able to just watch. The third week in January, I have to start seeing patients.

And on Monday, I have to get up and I do my exams, sit back down, write my notes, do the next exam. And I come home that night and Jack asks, you know, how to go, hon?

I'm like, well, I guess it wasn't too bad. And then on Friday, after I had done four clinics, we're like, I think I can do this. And my physical therapist says, Terry, you're getting stronger.

I'm going to advance your exercises. And then at the end of January, I tell Jackie, I want to try Can we bring the usual chair? I want to sit in a regular chair for supper.

And instead of sitting in my zero gravity chair, I sit in a regular chair for supper with my family. And then in February. So it's like three weeks. Well, four.

OK, four. So four weeks, I'm strong enough I can sit up again, at least for supper. In February, I decided to start walking a little bit in the hallways of my hospital with my walking sticks.

And people are like, oh my God, Dr. Walz, you're walking. Are you on that new drug, Tizabri? I go, no, no, no, that didn't work for me. That's just what I'm doing.

I show them my eStim device, and then I'm walking everywhere in the hospital without my wheelchair. And then I'm walking with one walking stick and then no walking sticks.

And then I'm walking around the block with first with my two walking sticks, because that's a longer walk. And then with down one and done. And then on Mother's Day, we have an emergency family meeting because I want to try riding my bike, which I've not done in six years.

And Jackie tells my 16-year-old boy who's six foot five, Zach, you run alongside on the left. She tells my 13-year-old daughter, Zeb, you run alongside on the right and she'll follow.

And I bike around my block. And that big 16-year-old boy, he's crying. The 13-year-old girl, she's crying. Jackie's crying and I cry reliving that moment because it was that was when I understood that the current understanding of secondary progressive MS is incomplete and who knows how much recovery might be possible.

After that every day I bike a little bit more I'm doing you know my physical therapy and in October Jackie says let's sign you up for the courage ride it's 18.5 miles And so we do.

It's longer than I've written yet so far. And when I finish that ride and across the finish line, we're all crying again. My kids are crying, Jackie's crying, I'm crying.

And this fundamentally changes how I think about disease and health. It will change the way I practice medicine. It changes the focus of my clinical research.

And so I've made it my mission to teach people with MS and other complex chronic diseases that there's a whole lot you can do that can change your disease course.

I mean, it's a chilling, amazing story. I have a couple of questions. The first is why no greens? Okay. So if we look at our evolutionary history, which spans billions of years from single cell organisms to multicellular, to animals, to mammals, to primates, and then we separate from primates about 6 million years ago, and we separate into our

homo sapiens, homo genus, 2 million years ago, and to our species, homo sapiens, 250,000 years ago.

For most of our evolutionary history that we separate from primates, we were eating greens, a fair amount of dirt, some tubers, and gradually more meat products.

Only 10,000 years ago have we been eating grains. Only 300 years have we been eating sugar and white flour. That's new foodstuffs that our microbiome was not used to, that we are not used to.

And I posit that our health has completely gone off the rails. since we, particularly in the last 300 years, since we added all these processed grains.

We have a much stronger evolutionary history not eating grains. And furthermore, if you just remove the grain and the processed foods and eat more vegetables, meat, you'll be in much better shape.

Yes. So I am a huge proponent of grain free living. And it's like the first question I get all the time. So I was just curious to hear your explanation.

Mine is very similar. Mostly that grains are the seeds of grass and we are not grass eaters so many grass eaters and we just we really do not have the digestive tract.

that it's capable of extracting the nutrient and dealing with grains. And furthermore, that even the horses and the cows, they're not well equipped to eat the seeds either.

They do well on the grass themselves. But as soon as you start feeding them a lot of grain, you get metabolic health problems for the cattle, for the horses.

And so grass fed, you know, eating greens, maybe, you know, the green leaves might be okay. But for some of us, the antigens even in the grasses are a problem.

So I recommend these radical things known as vegetables. Right. So I, I know that prior to your diagnosis, I know that you were a vegetarian. 20 years.

Yeah. So talk to me about What primarily changed in your diet when you made this shift? Well, at that time, I was eating a lot of whole wheat bread. And I had a lot of beans and rice, a lot of vegetables.

So we would consider that to be a very heart healthy, great diet. And for some people it will be. And I certainly understand that there are people who are vegetarian or vegan for their spiritual beliefs.

And so I've created dietary plans for them. But for me, the gluten was a big problem. I have, if I have any gluten containing grain, it will turn on my trigeminal neuralgia in about six hours.

And I will go from being fine to having incapacitating levels of pain in about four hours. So I always carry enzymes. So if I'm eating away from home, I eat digestive enzymes and also carry a prognosone.

So if the pain starts, I'll escalate my dose of gabapentin and I'll start taking prognosone. So I have to do that about once a year. And while we're on that topic, and I do think that there are a lot of people with gluten sensitivity.

Did you have any indication before you started to make these changes that you had gluten sensitivity? Well, so in retrospect, you know, I had thickened skin over my elbow.

So I had some mild psoriasis and I certainly had histories with migraine headaches as a child. I had reactive airways and exercise-induced asthma, and I was beginning to have to take prognosome bursts for asthmatic flares.

I had a home nebulizer for asthmatic flares. Now mind you, Since adopting a gluten-free diet and creating the WALS protocol, my skin is fine. There's no more thickened skin on my elbows.

I haven't used my nebulizer in about 15 years now, and I don't have migraines anymore. So those were all clues. that I didn't know. And you know, and I'm a physician that my primary care doctor, my neurologist didn't know to say this is a factor.

So being a physician and being a fellow physician, you know, we're, we're simply not taught this. We don't know. And we're not taught. And I, I unfortunately think In the MD system, I think they're, they're a little better in the DO system, but in the MD system, we're really raised with this bias of thinking that if it's not taught to us, it's neither important nor true.

From Wheelchair to Riding Again

And, and we do, we do operate from that mindset throughout our careers, unfortunately, until something like this happens. that opens our eyes to other possibilities.

And we learn a lot. New ideas don't come easily to us. And we may have to get exposed to that new idea multiple times until we finally accept it. And then if we happen to have the opportunity to have our own health transformation, that speeds up the learning and the willingness to say, maybe there's another way.

Yeah. Yeah. Agreed. So I know in the beginning you were kind of trying all the drugs out there and we talked about for this journey, this healing journey for most people.

It's not an either or, it's an end. So what are the ends that you're doing? So what traditional treatments do you still have incorporated, or do you not have any anymore that you did?

When I walked into my neurologist's office, nine months into my healing, he was stunned to see me. I said, I'd really like to taper and get off. And I was on Celcept at the time.

And he said, yes, that makes sense. At that time, I'm 52. that the, so he tapered and I was off the cell sept four weeks later. And I, and I still get surveillance MRIs.

They've been beautiful ever since. I still have a very young looking brain and I've not been on any disease modifying drugs. I've tried to get off my gabapentin.

I cannot, I can get to a lower dose, but if I try to go off my face pain turns on, probably because I have some residual scars in, you know, at my trigeminal And because you probably that was the first symptom that you had.

You had that. I just like that was the first symptoms. Yeah. Yeah. Yeah. And now the thing that's interesting, I've had difficulty with optic neuritis.

I have difficulty with low contrast vision. So skiing or hiking in snow is very hard, driving at night very hard. And what I've noticed is over time, my low contrast vision is improving.

So I do better in snow. I do better driving at night. And my neuro-ophthalmologist says, well, your optic nerves are continuing to improve. So they're very pleased with that as well.

How do they feel about your recovery? Because I find, especially in the cancer world, medical oncologists are very uncomfortable with people that get better without them.

You know, I was condemned by the MS specialties for years. Banned as a speaker. So I'd go speak where I was invited. I did my clinical trials. I got them published first in low-impact journals, then higher-impact journals, and higher and higher-impact journals.

And I did my TED talk, wrote my books. And the MS Society saw that their constituents, because they monitored social media, that they were talking about the Wallace Protocol, the Wallace Diet.

And they held a wellness conference, invited me. I told them they had to unban me as a speaker, which they did. And as a result… That's only fair. That's only fair.

And they did agree to make wellness a research priority and started funding little pilot studies in diet. And they funded my study comparing the low fat swank diet to the modified paleo diet, Walls diet, which we published in 21. And so we now have like 26 peer-reviewed scientific papers about MS, almost 50 peer-reviewed papers in PubMed.

And now I am being recognized as a really important player in the diet in MS research world. Last week I was at the consortium of MS centers, which has 2000 scientists, physicians, nurses, and other health professionals that take care of MS patients there.

And in lecture after lecture, when they're talking about the molecular biology of the processes for MS, the PhDs are saying, you know what diet really does matter.

We got to help people improve their diet. And people were citing our research. And the other thing that was so remarkable, I'm walking around and the neurologist was talking to me to ask some questions, say, you know, are you Dr.

Walsh? Yeah, so we have a little conversation. And then they whip out their phone and say, you know, would you be OK if we had my nurse take a picture of you and me, because my patients would so love that.

So I've gone from crazy and dangerous to brilliant and visionary. And it took 15 years. I think it'll be another 15 years before this becomes the standard of care.

But it will be the standard of care that diet really matters. And there are probably several diets that will work. It's not that it's going to be just one diet.

But the one diet that is terrible is the standard American diet. We're all agreeing on that. Or the anti-diabetic diet. Yeah. They're both. horribly dangerous.

Yeah, and I'm still in the crazy and dangerous state. But honored to be there, right? Because I know that I'm on the right side of history. And for now, I deal with people calling me a quack because I know that time will tell the truth.

And we just have to go where people want to hear our message. In my case, because I do research, like, OK, if I'm going to change the standard of care, we'd have to have peer-reviewed published research.

So I started doing clinical trials. And we did our first trial, and we have really amazing results. It took me two years to find a journal that could publish it.

And then the next one, it only took me a year. And so gradually it gets easier and easier to publish our studies because we can cite our earlier studies.

And there are more people, there's more understanding that if we're going to improve health, we have to address diet.

Why Diet Matters: Grains, Gluten, and Autoimmunity

Stress reduction, exercise, improve sleep and that rehabilitation is about doing all of those things, not just one. Right. Right. So we started to talk about MS being a mitochondrial disease.

Yes. And I am often quoted as saying that cancer is also a mitochondrial disease. Absolutely. The two have a tremendous amount in common. So let's first establish for people, what are mitochondria?

What do you mean by mitochondrial disease? What causes mitochondrial disease? So mitochondria are really

ancient bacteria that were eaten up, engulfed by bigger bacteria about two and a half billion years ago.

And because those mitochondria were more efficient at using oxygen, they were able to thrive in this new atmosphere that had more oxygen. And over, again, millions of years, they would develop multicellular organisms and eventually, of course, us.

All of our cells rely on these mitochondria to generate the cellular energy that we use to run the biochemistry of life. And if your mitochondria are not working well, the job assigned to that cell doesn't work as well.

So if you've got a brain, Then your brain's not going to think as well. Your eyes won't see as well. Your heart won't work as well. And we know now something called the Marburg effect that cancers are.

Very good at burning sugar. Their mitochondria are not working very well, so they rely on sugar metabolism. And because we changed our diet to have so much sugar, so much processed food, high glycemic index food with high blood sugars, that really drives the development of cancer.

If we'd had a diet that had more of a ketogenic diet, more fat burning, people would have less, far less cancer. And if we would have more of a ketogenic diet while I'm going through cancer treatment, I would have far less adverse events from the cancer treatment.

And my cancer cells would be far more vulnerable to the effect of the chemotherapy or the radiation therapy. And, you know, that that was established by Otto Warburg in, you know, 1932 or something like that.

Yeah, it's wonderful. Why do you think it's still not being readily adopted and discussed in cancer centers? I mean, there are sterile, there's still boost and ensure available at every cancer center in this country.

Yeah, I think that's fascinating. All new ideas meet enormous resistance. You have the innovators who are condemned, then you may have a few early adopters, and then late adopters, and you have to reach a tipping point.

And unfortunately, autos never did. I am sympathetic that it's very hard for all of us to accept new ideas. For example, if any of you have a romantic partner, it would be very hard for you to accept that your romantic partner no longer loves you and is cheating on you.

You'd have to have a lot of, lot of evidence before you finally say, well, maybe there's a problem. And you'd finally realize, oh my goodness, there is a problem.

Oh my goodness, this person really is having an affair with someone else. Science is like that. My understanding of medicine, I spent a long time building and accumulating, and it will take a lot of evidence for me to abandon that.

In order to abandon it, We need to have the evidence built. Slowly, there are more centers that are willing to use ketogenic diets. I know here at the University of Iowa, radiation oncologists are finally using ketogenic diets, and I'm very excited to see that.

Unfortunately, that is usually after people have chemotherapy. So that is… They missed a huge missed opportunity. Huge missed opportunity. Dr. Troy.

About Voltolongo. Voltolongo does really brilliant work. with his fasting-making diet and putting people into a ketogenic state before the onset of their chemotherapy, radiation therapy.

And the fact that he's interested in this, investigating it, makes me hopeful that our medical oncologists will begin to embrace this. And his program out of the University of Southern California is truly innovative, but it's so simple and yet it meets so much resistance.

I mean, there's so much stronghold to what you eat doesn't matter. And that's not just, I mean, I think the

cardiologists recognize that what you eat matters, but then they don't, on the other hand, they don't know how to tell people what and how to eat in order to improve their physiology.

And, you know, what you're doing, what I'm doing is so important. So teaching the public that there's more that's under our control, vital. Now I'm in sort of a unique position that I teach the public, I teach clinicians, and I do the clinical research and present our findings.

And I'm thinking of the consortium of MS centers five years ago, when I was there, our research poster was the only one talking about food. This year we had five research posters talking about food and an oral presentation.

And we now had a three-hour symposium about diet at MS. So we are making changes. How this can be accelerated is teaching the public. So the public will demand it.

And the public says, you know what? I am going to use diet and lifestyle as part of my treatment strategy. I am going to explore ketogenic diet and fasting strategies.

Mitochondria, Cancer, and the Future of Treatment

And I'm looking for clinicians who will support me in that. So that's a very important piece. Finding physicians, scientists, researchers that will do the trial so we can get them in peer-reviewed public meetings and in manuscripts so we can show up at the meetings, because I'm sure there's an oncology equivalent to what I just went to for the MS world.

It's a long process. I tell my medical students, my postdoc, people who are in my lab that this is a 30 year process. I'm 15 years into it. The first 10 years, I was banned.

There are all sorts of terrible things said about me and my family. People said that I faked my illness. I spent four years in a wheelchair faking it.

Like, oh my God. that I never had MS. My neurologist here at the University of Iowa said, I'm so glad you went to all these MS centers so I can keep saying, look, I wasn't the one who diagnosed her.

You know, all these other people diagnosed her. I treated her. We treated her very aggressively. So a lot of the things that you did are similar, if not identical, to the work that I do with my cancer patients.

So can you talk a little bit about why changing those same things that led to the reversal of your MS leads to the reversal of cancer? Like what does breast cancer, what do breast cancer and MS have in common?

So it's cellular dysfunction. The mitochondria are not working well. So we have to improve mitochondrial bioenergetics. So the mitochondria can generate energy more effectively.

We have to improve the nutrition of the organism. So that means vitamins, minerals, antioxidants, sufficient protein, the correct mix of fats. So you can do the chemistry of life.

It means you gotta have the right microbiome. And so I like to say you poop in logs. rocks, snakes, pudding or tea. And you wanna have, you know, ideally snakes that are not getting into your pants.

And so we talk about fiber and fermented foods to get at that. Because life is self-correcting chemistry that keeps all of our nutrients in the not too high, not too low range that are compatible with life.

And you know, most of our patients, you know, I've broken bones, I have lacerations, I've skinned my knees. But in my DNA are the instructions to fix, to repair all of that.

In our DNA are the instructions to kill cancer cells and to rebuild the damaged tissues. We have to have appropriate nutrition to let those instructions work.

We have to rebalance our hormones to let those instructions work. We have to reduce our toxins to let those instructions work. And if we do all of that, we discover that the autoimmune processes you have begin to unwind and reverse.

And many people in my clinical practice have not one autoimmune condition. They have several, and they have several autoimmune processes. And why is that?

Well, that's because our immune cells can either create too much oxidative stress, too much inflammation, and at the cellular level, that drives us down the autoimmune process, which will, depending on genetics, lead to autoimmune diagnosis one, and then in five years, autoimmune diagnosis number two, and then another five years, autoimmune diagnosis number three.

And this is mostly because no one's intervening on the cellular level. We're not doing anything to change the trajectory of the disease and most of most of our treatments, the traditional treatments, they're not aimed at correcting the imbalance.

Yeah, you know, the drugs that are developed for autoimmunity, and we're getting really very good at creating drugs that can interact with a particular receptor or particular biochemical pathway, but life is a very complex interconnected hub of biochemical processes.

Drugs will never solve the problem. You have to address the as much of the lifestyle factors as you can. So step by step, we can rebalance all of these biochemical pathways.

Yeah, absolutely. Couldn't agree more. And I know that when you when you search, there is an overall sentiment that autoimmune disease, which is for a simplistic explanation is it's an over response.

of the immune system, I actually think it's more on the terms of a confused response. Yeah, I think that's probably correct. Confused is better. But when we think about cancer, we think about an underperforming immune system.

But in my experience, and I've treated thousands of women for breast cancer over my career, I actually think there's a huge connection between autoimmune disease and breast cancer.

I don't know if you've had any experience with that or you've seen that. Well, certainly there's, there's an overlap of dysregulated autoimmune processes and oxidative stress that increase the risk of both.

So yes, I think there's considerable overlap. Yeah. And it's mostly due to that same environmental trigger, whatever it is for you. If it is not remediated, for lack of a better word, then that stimulus is going to be there.

And just like you manifest the next autoimmune disease, you also can manifest the next thing like cancer. And if you treat cancer one successfully, you don't get to the root causes, you'll develop cancer two.

Yeah, for sure. In the beginning, we talked about your research that you're working on. So I would love for you to share what that is for those people that are in a situation where they have symptoms or a diagnosis of MS, how can they participate with you?

So we're comparing a ketogenic diet, a paleo diet to usual diet for people with relapsing, remitting multiple sclerosis. We follow you for two years. We're very excited about this.

We do expect all three groups to improve because we know the usual diet group are going to improve their diet at least somewhat as well. You come to Iowa month zero, month three, and month 24. And we would love to have you.

You can learn more about this at terrywalls.com forward slash ms study. Again, that's terrywalls t-e-r-r-y walls w-a-h-l-s dot com forward slash ms study.

Yeah. And I'll make sure that that gets in the notes so that people have that because the work that you're doing, I don't need to tell you, is so tremendously important.

Is there anyone who you don't think their health can be improved. Like are there people? Only the dead people. Yeah. So no matter where you are on that MS spectrum.

Yeah, absolutely. Work on improving your diet and do it at the pace that you and your family can accommodate. If you're open to being part of our clinical trial, we'd love to have you.

Even if you are not with relapsing or admitting MS, go to that website and complete the screening survey so you can be part of our patient database because we have new studies that we will be writing for and we will notify you when we have new clinical trials.

Yeah, amazing.

Research, Clinical Trials, and Closing Takeaways

And how hard is that diet to maintain? Well, people have been, we work very hard to help people make this work for you and your family. So yes, for everyone, adopting a better diet takes some work, but we've been very successful.

We've been having people enrolled for a year. We've not had anyone drop out yet. So. Amazing. That's amazing. Yeah. And same thing for, for the cancer world.

I think that if you're going to be healthy, You need to learn how to cook. You need to learn how to eat at home and you need to learn how to eat real food.

And we've been so conditioned. We are like dying of a diet of convenience. And the truth is that once you adopt a whole food diet, I don't have to tell you this, like your life changes and you don't want to go back to that.

You know, when you've been exposed to gluten, I know when I've been exposed to gluten, And not only that, but just processed foods. It's not what our body was meant to consume or meant to eat real food.

And it's having gotten away from the way that we're supposed to live that we saw all of this development of disease. And it's only continuing because we're getting further and further away from our evolutionary origin.

So I just want to sum up what you said today, because there were so much good stuff, but this really ultimately is about changing your environment. You can't continue to do the same thing and expect a different outcome.

And changing that environment means dietary changes, means movement, stress management, prioritizing sleep, reducing toxins. And you do advocate for a paleo, healthy fat based, no grain diet.

And we talked about all new ideas, meet enormous resistance. And you are about halfway through your course of changing the landscape of medicine. And I'm so very grateful to that.

Knowing that there's so much more that is under your control than you know, or understand a change is a 30 year process. And the things that breast cancer and MS have in common are they're both mitochondrial diseases.

And when you heal the mitochondria, you restore cellular function and then you restore systemic function. You have to have a working gut. I actually didn't even realize that when I asked people to describe their poop, and frankly, we all need to just get comfortable talking about poop, right?

It's how we eliminate the vast majority of our toxins. So we have to be comfortable talking about it. We have to be comfortable doing it. But I never knew where I got that rocks, logs, stakes, pudding, or tea from.

And now I realize it's for you. Yeah. Oh, it looks like my time is up. But life is a self-correcting chemistry. I love that. Words to live by. That was wonderful.

Thank you for this great interview. Thank you so much for being here. You are my hero. I am so very grateful for you ruining my medical life. As you said, you didn't ruin it.

You made it. All right. Take care of my friend. Thanks. Bye for now. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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