Introduction and Doctor Wallsu2019 Background

With progressive MPs. That is astounding. And then now we we've done, multiple clinical trials with, relapse remitting Ms. using either the low saturated fat diet, modified paralytic diet, two GI diets.

And again, we can show that people can radically change their eating pattern with support and help. And when they do, fatigue is diminished. Energy's improved quality of life is improved.

Anxiety and depression are declined. Welcome to doctor talks, the podcast where every episode leads to a healthier you. Join us as we navigate the world of optimal health, uncovering groundbreaking strategies to conquer chronic disease.

In each episode, we'll bring you the latest insights from leading health experts, medical innovators, and wellness warriors. If you are seeking to transform your health journey, or if you're looking for answers to burning questions.

You've come to the right place. Get ready to unlock the secrets of lifelong health and vitality. This is Doctor Talks, real talk from real doctors on the issues that matter to you most.

Hi everyone. Welcome back to the Integrative Health Podcast with Doctor Jen. I'm really excited today to be interviewing Doctor Terry Walls. She is an Institute for Functional Medicine certified Practitioner and conducts clinical research at the University of Iowa using functional medicine principles in the studying of multiple sclerosis.

She has published over 100 peer reviewed scientific publications, abstracts and posters. In 2018, she was awarded the Institute for Functional Medicine's Linus Pauling Award for her contributions in research, clinical care, and patient advocacy.

Doctor walls has secondary progressive multiple sclerosis, which you can find her to a tilt reclining wheelchair for 40 years. Doctor Rawls restored her health by using diet and lifestyle programs she designed specifically for her brain, and now peddles her bike to work each day.

She is the author of The Walls Protocol How I Beat Progressive Ms.. Using Paleo Principles and Functional Medicine. The Walls Protocol, a radical new way to treat all chronic autoimmune conditions using paleo principles, and the cookbook The Walls Protocol cooking for Life The Revolutionary Modern Paleo plan to treat all chronic autoimmune diseases.

And we will link everything about her clinical trials. And it's at Terry walls.com/trials. She also has the wall diet handout. And I will also link that for you all.

So welcome doctor Terry Walsh Friedman M. D.. She's amazing I've met her and her story is so touching. So I'm so excited to have you here. Hey, thank you for having me. Love your work.

Thank you so much. Now, when I first heard your story, I was amazed. And I had Hashimoto's, so I was in the same boat. You know, we're all in in conventional medicine, in our in our training, and then we get a disease that doesn't get better with conventional medicine.

So then what happened? So tell us a little bit about your story. Yeah. So I'm a board certified internal medicine physician, and I was here at the University of Iowa and at the Iowa City VA medical center.

And I'm diagnosed with, relapsing remitting multiple sclerosis to my left leg had, grown weak when I was out, walking with my wife Jackie, and I, you know, hobbled home, southern just, you know, as I was going through the workout, which took about three weeks, I'm thinking about the fact that I've already had 20 years of worsening

electrical face pain due to, trigeminal neuralgia.

And for your listeners, imagine a bolt of electricity hitting you at the temple, shooting down your face, and over, you know, 20 years. The intensity of the pain, been getting, worse.

The frequency was worse. The difficulty getting it turned off was worse. So, actually, I was hoping for a fatal diagnosis. Because it was. I knew I had, a progressive neurologic problem, and I didn't want to become disabled.

Personal MS Diagnosis and Decline

So when I heard multiple sclerosis, my physicians, you know, were very reassuring. I, sought out the best ambassador in the country. Saw their best physician, took the newest drugs.

Three years later, I'm in a tilt recline wheelchair. And that's why I decided to go back to reading the basic science. The animal models for multiple sclerosis, Parkinson's, Alzheimer's, Huntington's disease.

I decided that my the kind of this function is driving disability. I created a supplement cocktail for my mitochondria. The speed of my decline slows.

I'm very grateful, but I am still declining. Within four years, I'm unable to sit up. I mean, I took reclined wheelchair with zero gravity here with my knees higher than my nose.

I fortunately, I'm still mentally cleared. The university in the VA have redesigned my job, so now I'm. I'm reviewing, research studies. I tell them, please give me everything related to the brain.

So I'm getting better at reading the research. I'm getting more ideas. I mean, I'm still working. Unfortunately, the, you know, the VA, in the university kept redesigning my.

What I was doing so I could keep working. I was staffing the Rosen clinic. I was staffing. I was going to the institutional review board reviewing clinical trials for safety, and I, was still the, medical director for the, five state area for specialty medicine, in primary care, for the VA.

So I was still working. My my boss at the V. A. told me into, his office to say. Terry, I'm sorry, I'm reassigning you. So the term was detailing to the traumatic brain injury clinic.

You'll start in January. So sort of finish up the projects you're doing. You start in January. It describes a job. There'll be no residents. I'm part of a multidisciplinary team, and I'll be examining these veterans.

And then, you know, taking care of them. I came home, tell Jackie, because there's no way you can do that job except you physically can't do it. I and, of course, That's true.

I, I, I knew I probably couldn't do that and that I would probably now have to apply for medical disability. And I said, you know, how you. In January.

I'll go. Either I can do this or I can't, and then I have to apply for disability. So I really quite bumped. And then, you know, about two weeks later, maybe three, one of the studies that I have to review is using electrical stimulation of muscles in people who are paralyzed, never going to walk.

So newly paralyzed folks, they'll start doing this electrical stimulation. And I think, wow, I wonder if I could do that. So I, call my physical therapist.

And I, tell them I want to try a little sim, a little stimulation muscle. He said, well, yes, he does that, for his athletes. Because the person I was seeing had a large athletic practice surgery.

It's really quite painful. You have a lot of pain. I, we'll give it a try, but you need to know I don't. I can grow bigger

muscles. I just don't know that your brain can talk to the bigger muscles.

I could be adding more weight to your legs and make it harder for you to take the few steps that you can take. So there's some risk in doing this. But I really want to try.

He gives me a test session. It does hurt really bad, but when it's over, I feel great. I mean, I, I just feel this sort of euphoria. And he says, you know, that's probably, the endorphins.

So I go every week, every day for two weeks. And, he gets, he, finds a home going device, and I start doing electrical stimulation at home. And, you know, my exercises that I can do only about ten minutes.

If I do more than that, I just can't function and go to work. So I do my little ten minute exercise. I add the electrical stimulation, and then at. That's about that same time I see this course, a functional medicine approach to treating neurologic disease.

So I get that course. It's from the Institute for Functional Medicine. Catherine Wallner. Is part of that. Jay is part of that. And audio synchronized PowerPoints.

It's a lot of work. I go through it. I have a longer list of supplements, additional ones that I already had from a mitochondria. I take those, Not. What's happening?

I I'm I'm feeling emotionally better with my electrical stim. I'm certainly not stronger yet. And then I have this new. And I laugh at myself. How long it took to have a cigar?

Like, what if I redesigned the periodic diet that I've been following already for five years? Based on this long list of supplements. So I have to figure out where those things are in the food supply.

And actually, it's the Linus Pauling Institute for, nutrition. And my, I go through that. I redesign my paleo diet based on all of this. It's very structured.

And I start this new diet December 26th, 2007. Now for your audience. At that point, I cannot set up. I could take just a couple steps using two walking sticks.

I'm beginning to have brain fog. My trigeminal neuralgia is certainly much worse. It is very clear to me I'm on track to become bedridden by my illness, demented by my illness, and probably die with intractable, horrible levels of pain.

And I, January comes, I go to this new clinic. I watch my partners for two weeks. And then, the third week of January, I have to start seeing the patients.

And so, Monday comes, I, I see my patients, I write the notes, I come home, and I tell Jack, you know, that that wasn't too bad, and I could. I try sitting in a regular chair for supper, which I haven't done in years.

So I sit up for supper. That's a big deal. Amazing. And, you know, a couple more weeks passed, and I'm back, with my, physical therapist. Your chair. You're definitely getting stronger.

Let's have you exercise. Ten minutes, twice a day. Then we go to 15 minutes twice a day, then 20 minutes twice a day, then three minutes twice a day. And then I start walking in the hospital with my two walking sticks.

And then with one and then with none. And then, you know that it was April. I, I'm walking around the block. No, that was just, you know, a little bit with Jack and say, you know, honey, can I try riding my bike?

Because it's been, you know, it's been six years. It goes well, you know, maybe in the fall, things keep going. Well. Well, you know, two weeks later, it's Mother's Day, and I.

I really want to try riding my bike. So we had this emergency family meeting. My both my kids do not want me to ride the bike because they don't want me to fall, and get hurt.

But Jack says, let's let's give it a try. She tells my 16 year old son, Zach, you run along side in the left. My 13 year old daughter, you run alongside in the right and she'll fall.

We all get into position. You know, whenever you tell a story, you get emotional, and it's, it's, so, you know. Yeah. And I bike around the block, you know?

Diet, Functional Medicine, and Early Recovery

My kids are crying. Jackie's crying. As you could tell, I'm still, very emotional when I relive that moment. You see, that's when it was the first time I understood how much recovery might be possible.

And, And, you know, I bike a little further, every day. In October, Jackie comes home and says, honey, I've signed us up for the courage ride. It's 18.5 miles. However far you go.

Well, we'll it'll be wonderful. And I finish that ride 18.5 miles. Once again, you're all crying. My kids are crying. Jackie's crying. I'm crying, I still cry. Reliving that moment.

And it changes how I think about disease and health. It will change the way we practice medicine. It will change the focus of my research. You know, I've made it my mission. Now.

I will have several missions. One is to do the research, to change the standard of care and publish that, and to teach the public, that there's so much that they can do to change the course of their, lives and to teach clinicians, you know, and, just, last week, I had a mother send me this amazing video.

Her, her, little baby has, or dystrophy, Mitchell syndrome. So it's greatest in my leg. He can no longer sit up. He can't crawl. His physician say nothing we can do about the little baby's got a feeding tube.

Someone sends them a copy of my book and with a note saying, read this. It will change your life. Read it and implement it. So they read my book and they, you know, read the nutrients I say the brain needs, and they add them to the baby's formula.

And the baby begins holding his head up, begins crawling. And they repeat the brain MRI. And the brain is reminding the doctors like, oh my God, what?

What are you doing? Right. And so she's she made this, this video on TikTok. 5 million views on Instagram. 1 million views. You know, shared it with me, tagged me.

And this happens every month. I get, families reach out to me, parents or adults saying, I discovered your work. And, you know, my physicians had said there's nothing more I can do, right?

They discover my work, and they begin implementing the concepts, and their lives are transformed. Now, forgive me. I have to bite my nose because I always get emotional telling my my story.

Well, I, I think it's beautiful. And I think that how extreme this is that you are in a wheelchair and you're conventional medicine, doctor. You're you're an M. D..

I believe that I, I treated my disease incredibly aggressively. Yeah, and her body can heal, but it's not always the drugs, right? It. Well, food and nutrients.

You know what? What I, talk about. I think we can visualize that if a windstorm comes through, I think of the everybody, who just had, Hurricane Helene, hurricane Milton up through wreck their homes.

They know it's going to take a whole lot of resource to haul away the debris, then hire contractors to come in with new materials, rebuild their home for you, with Hashimoto's, for me, with multiple sclerosis, there was a lot of incorrectly laid molecules, a lot of trash in my brain, my cranial nerves, my spinal cord that has to be hauled, hauled away and then rebuilt.

And if you don't have the correct nutrition, you can't haul away the trash and you can't rebuild correctly made structures. So yes, you can take drugs to stop your body from attacking, but you still can't repair if you don't address the nutrition.

Yeah, that's that's a great point. And this is talking about treating a disease versus reversing disease. And and that that's a big difference between conventional principles versus functional and versus your research in your book.

Yeah. So let's talk about you brought up something that I think we really it's a really important point standard of care. You want to change the standard of care.

Now I don't know. You guys need to listening out there realize that that is such a big mission. And I love that you said that. And I didn't know, doctor.

Well, that that was your mission to change the standard of care. So could you explain a little bit here? So why this is such a big deal? It's, Well, in its heart for all of us, our understanding of the world is built over the lifetime of experience, and it will take a lot of evidence for you to change your understanding of the world, whether it is about, for example, your your spouse, you will never believe that your spouse was really a secret agent for a foreign government.

You just you couldn't possibly believe that, or that they have a drug addiction problem. It would take a lot of evidence for you to finally admit that there is this other part of their life you didn't know.

For the physicians, we have been trained in a very conventional understanding of how to treat the disease. It will take an overwhelming amount of evidence.

That's about 30 years. I'm 15 years into this journey. My ideas. When I first started talking about food as a critical part of treating us was crazy. I was banned, I was condemned, there's all sorts of terrible things written about me.

And, in the internet, people said I did not have missed by all of my physicians were completely incompetent because clearly, you could not reverse that kind of disability.

And so, you know, my response to them, well, I, we on these, podcasts say like, okay, so let's discount my case then let's look at my peer reviewed, published research where I've had a neurologist verify the diagnoses for multiple sclerosis.

Then we treat them with our interventions. And this was with other folks with progressive Ms.. We reverse the fatigue, reverse the anxiety, the depression, the cognitive decline.

In half of them in a year's time had clinically significant improvement in walking with progressive Ms.. That is astounding. And then now we we've done, multiple clinical trials with, relapse remitting Ms.

using either the low saturated fat diet modified pill, a thick diet, two track diet. And again, we can show that people can radically change their eating pattern with support and help.

And when they do, fatigue is diminished. Energy's improved quality of life is improve. Anxiety and depression are declined. And we've also, now added a measure called the Ms.

Functional composite, which combines the 25ft walk test how fast you can walk 25ft, the nine hole pegboard, how fast you can take pegs out of, a pegboard, in them, put them back, in the simple digit modalities, a a test of working memory, very much like Ram in your computer.

And by combining all of that, you get a, a really concrete measure of function. We're able to show again in multiple studies that changing the diet led to reduced functional or measured disability, went into a 12 week period.

Astounding, astounding. And now we're doing, one of the largest clinical trials, over two years, that includes MRI's, in people relapsing remitting multiple sclerosis, comparing a ketogenic diet, a modified paleo diet to usual that we've got 162 people in, in just a couple of weeks, we will have gotten everyone through the three months schedule.

And then by the end of January, everyone will be through those six months of the schedule.

Research Evidence and Clinical Trials

And then by, summer of 2026, we'll have everyone through the study, and we'll start cleaning the data, analyze it, and then, in January of, in 2027, we'll be presenting our findings at some of the major international Ms.

meetings. That is huge. That's amazing. Curious, how are the keto people doing? Well, we don't really know because we don't get to analyze the data. Until this is the first time you've looked at paleo versus keto versus regular.

Actually, it's not the first time. It's the second time. We've we've we did a small pilot study, keto versus paleo. And that's the paleo did better than keto, but it's a very small, you know, very small step.

And, from a biochemical, physiology standpoint, one could predict that keto would do better than paleo because, when you're in ketosis, those fat bodies bypass, some of the theoretic problems, in the brain, metabolism, the the challenge, in the.

So you'll be Kyoto's a harder diet to follow and sustain long term. Yeah. Paleo is socially easier. Keto, is harder. However, we also note that if you have, whatever your diet intervention, whether it's low fat, keto, Mediterranean, paleo, if people experience a symptom reduction on the diet, it's easier to sustain or easier to adapt.

And then over time, every dietary intervention, people will be slip up. They'll have a a dietary indiscretion. Yes. And then the question is, is there a flare of symptoms with that diet discretion.

If there isn't, people tend to migrate back towards their previous usual diet. Yeah. However, if when they go off they have their dietary indiscretion, their symptoms flare and they feel much worse, that diet will be sustained.

In what we've seen, in our paleo diet studies is it that's what people tell us is. Yeah, I had a cheat meal, man. I felt so bad afterwards. You know, I don't do that anymore.

It's like with me, if I have. If I came to your house and you accidentally gave me gluten, dairy or eggs, in about 6 to 10 hours, I would experience a flare of my trigeminal major.

Yeah. It's so painful. It is so, so painful. It's very easy for me to like. You know what? I would rather just have tea. Yes, a meal if there's a meal I'm not sure about.

I've learned to just have tea when I travel. So I'll be going to, a scientific beauty in December to talk. And I'll, I'll bring a bunch of food with me because I.

The penalty for a dietary indiscretion is so great. Yeah, and that's what I tell people. If you are not comfortable with the meal or you think it might make you feel like crap the next day just fast or I'll just.

I'll just eat butter like I want to. I was out of the meeting and listening to someone speaking and I was like, oh, I just don't know about this or I don't think this will make me feel good.

So I just had some butter, so but I but I know what you I know what you mean by like so let me know. And this is

one thing that everyone listening needs to understand.

You need to actually follow these dietary changes or an elimination diet for 6 to 8 weeks, because you're not going to if you just do it for a couple of weeks, you're just you're not going to feel the benefits.

So then when you reintroduce, you're just going to feel the same because you never took it out completely. But that's yeah, that's wild. You actually have a trigeminal neuralgia flare.

You know, what's, what I try to teach our, our our study participants and my clinic patients and folks who follow me is I want you to understand your biosensors.

And so what what is the symptom that is most troublesome for you? And if it's pain, that is very helpful. If it's, optic neuritis so you can't see. That's pretty helpful if it's changes in anxiety, depression, mental clarity, that's a little harder.

Because that's a more subtle. So motor problems and pain are the most useful. Yeah. And then if you have a flare of your symptom, think back to the previous 24 to 72 hours.

What was different, either in your diet, in your stress level, your toxic exposures, you know, people have these wildfires, that, with more air pollution, particulate stuff that they'll leave a flare.

If you had, the coronavirus infection, that can lead to a flare. If you've had a diet exposure that can lead to a flare. And so we try to teach people how to tune in to their subtle symptoms.

The biosensor, if you had a flare of symptoms, think back 24 to 72 hours. What was the new exposure? And say like, okay, that's the problem. If it was a diet, I can take it out.

If it's a fight with my spouse, I gotta deal with it. If it's a work problem, I have to deal with it. If it is a IR toxin, maybe I need to get a, better filtration system in my home.

And if you can pay attention over time, you can narrow in which dietary elements are most important for you. Yeah, that makes a lot of sense. And that's really helpful. And it's sometimes hard when you have a lot going on to narrow it down unless you're following a plan.

So this is why it's so important to have a diet plan if you're it will make it much easier. Chronic. Yeah. If you're struggling with a chronic illness and you know, I see it with my Hashimoto's patients, the like be like, well, I'm 90, 95% gluten free.

And I'm like, that's just that's not gluten free. It doesn't work. I know, and I and so then I have to talk with them again about it. Be like, look, I need you to go 100% for six weeks and then go eat a giant pizza and see if you feel different.

And they'll do that. And they're like, oh yeah, I'm they're either, you know, celiac or gluten. Non silly sense of yeah. Paternity. Yeah. You know and what I, what I try to point out is, you know, if all you can really do is Mediterranean diet at home with your family. Yep.

That is a huge improvement over, a standard American diet. And for some folks, that's what they have to do. And sometimes that's enough. And sometimes we do the Mediterranean diet for as long as they're, they want to do it.

And then I'll point out when you're ready to take the next step and take gluten out, 100% read all the labels. And then I want you to also take out dairy because of the cross reactivity.

And we can have a negotiation over how long your test period will be. But if you if you're gonna do this, do it 100%. So your experiment is good because if you're in my lab, you did experiment at 95%.

That's enough. Yeah, yeah. You have you have to. If you're going to do the experiment, you want to do the experiment correctly. Yeah. And everyone wants their car working 95% of the time, right.

You don't want your brakes working 95% of the time. You do you want to send your children out driving a car that with brakes that work 95% of the time, do not send your spouse out with the car on the freeway with the brake. That works 95%.

I mean, I love it, and this is how important our diet is. And, you know, people want to make every excuse in the book. And you you didn't make excuses.

You went for it. You reversed your disease. People are talking trash about you. Is this doctor that is faking? Like, it's just insane to me that, oh, you're so worried that we have cures to chronic illnesses, but you had to put the work in.

It is really hard. I mean, actually, I'm empathetic for my colleagues. It is so hard to change your understanding of the world. It's far easier to talk trash, about me.

It's far easier to say I'm a liar. It's far easier to say all these terrible things. It's far easier to try and discount me because I write books. Because I sell programs to teach people, because I sell courses.

Even though I do, research, I published, you know, hundreds of, over 100 papers, posters, abstracts, scientific presentations. But what is gratifying?

Things are changing. When I go to scientific meetings and I send my postdocs to scientific meetings, people are stopping talking to us. People are pulling out their phone saying.

And, you know, doctor was, can I get a picture of you, with me? My my research team would like this. My patients would like this. And could I post it on my Instagram like, oh, yeah, it's fine.

And at the last meeting that I attended, the Consortium of ambassadors, this is the largest international meeting of clinicians and scientists together.

The very last lecture, Saturday morning, and that session was about diet, impact on immune function. And this this woman, fabulous, from Canada, was talking about, the research, and they were looking at Reddit, and the comments on, how people are infecting themselves with parasites to manage their, inflammatory bowel disease, rheumatoid arthritis, and Ms., super, super interesting.

And that goes and then we sort of start looking at are people, the public's ahead of us. They're using diet and they're going to people who are talking about that.

So we should. The next slide are the four leading books, for people that miss about that. Of course, the walls protocol, was one of them, that and so I went up and chatted with her afterwards.

We, we, exchanged, contact information, talking about, future collaborations. It is happening, and, you know, some of the scientific colleagues, and I, we, we went out, for dinner, in my, my book, my TedTalk, which, by the way, had 4 million views.

Now, change the conversation, change the conversation of donors because the donors, want to see, this investigated, want to see this addressed, in the public.

More and more patients with M. S. are wanting, to talk about that, wanting to change that, and are talking to their clinicians. So it is happening. We're I'm not so crazy anymore.

I'm being celebrated. I was nominated for the John Distel Award, for my contributions. And this is a huge award in the Ms.. A research world, for my impact on the field of research.

Changing the Standard of Care

Because I have driven the conversation, I have driven the public interest. So we'll see. You know, I didn't get that award. They they traditionally, that award has always gone to a basic scientist who is developing drugs.

I'm the first person who actually takes care of patients who, actually is creating a movement. So we'll see. I, someday it will. It will happen. I don't know, that'll be me, but there'll be some, scientist that is studying nutrition and Ms..

That will get that award. Well, it's amazing all the research that you have done and that you're still doing. And this is no easy feat to this is really, really difficult to do these big research, you know, studies and it's it's just amazing.

It's beautiful how you're changing lives in the Ms. world. The other thing that, is remarkable is my, the, the funding for my research is philanthropic.

The funding for my small pipe studies were, all philanthropic based, gifts from people whose lives have been transformed by my work, basically called up wild.

Wild. They got calls it the university cold call to give, you know, six figure, of of, to my research lab, the dean of the College of Medicine. Schedule an appointment with me or, you know, schedule me to come in.

And I thought, oh, my God, what have I done now? And the the whole conversation was, you know, the universe has never had anyone get funded at the level that you're getting.

It was cold calls. So tell me about your research, what you're doing, what's your mission. And so really fascinating conversation. And I must say that my stay at the university changed.

Yeah. I went from being sort of fringe, you know, sort of crazy people to really, you know, sort of laughed at, to now, now people are really excited, really proud of, of my work, proud that I'm here.

When the, chair of medicine talks about in their annual review, I am mentioned as part of the annual review, because, When I published a lot, I have postdocs were doing really interesting work.

We have interesting collaborations. And, you know, I think the fact that, the donors, have been so, so consistent in funding my studies, and that we've had millions of dollars directed to my lab so I could do these big, interesting studies which allowed me to go from fringe to innovative to pioneering to like, oh, my God, we're so proud of you.

Keep it up. And I think that's happening in the EMS world, you know, I've gone from fringe to crazy to innovative to pioneering. We'll see just how far this goes.

You know, what will I be like? Barry Marshall, you get to the Nobel Prize in medicine. I don't know, but, you know, I would love to see it. You know, that could be pretty cool.

Yeah. I think, there will be a time when, nutrition scientists will get there. Yeah. Yeah, I sure hope so. Well, what's on the horizon for you now? You were sharing with me that you are a grandmother now.

Oh, yeah. So I am a grandmother. That is super exciting. My grandson is almost seven months old. And so, I will get to have him overnight. Sometimes, my, son and his wife went away for a weekend, so we had him for, a long weekend.

Super fun. And, you know, my research team and I are, evaluating our to with our next clinical trial, so we'll be having we're having some, discussions looking at, couple of, study design ideas.

So, planning the next big study. That's really exciting. And you have three books, correct? We have three books. So actually, so we have my my, my, the kind of my very first book that I self-published that people said, you know,

you self-published a book.

You'll never get a book deal. Well, that was wrong. I did get a book deal. It's actually I sold, I think 30,000 copies of my event. Mitochondrial. I'm still selling copies of that.

Then we have, the walls protocol, my first book that came out in 2014, that really drove, of course, my TEDx talk changed the whole conversation about diet and lifestyle.

Then, that was all about the paperback. And then, in 2017, the, cookbook was Protocol Cooking for life. Then in 2020, we revised the, paperback, with that, third new information, of course, that came out the week that we all shut down for the pandemic.

So that was, terribly inconvenient. But we have a new book deal. I will be a new book coming out in June of 2026 that we're just getting started. Right on. And that book is going to be a, conversation about, sort of nutrition impacts, and, the multiple disease states.

So it go from the spectrum of the pretty symptomatic folks, the folks who have symptoms but no clear diagnosis, the folks who have diagnoses but without symptoms, like metabolic syndrome, prediabetes, diabetes, the millions of people, tens of millions of people who are in that category.

And then the the multiple disease states that we have the chronic disease that our children now have and we have, and the role of nutrition and all of this, and that'll be talking about nutrition from the, Mediterranean diet to the paleo diet to ketogenic diet and, and to even talk about the carnivore diet in this book. So.

Oh, that's exciting. So, I think that'll be a, a huge, hugely important, book. Oh, be amazing. Now, if anyone's listening out there, they have Ms.. Maybe like, newly diagnosed a family member.

What would you suggest they do right now? Well, the first thing to do is pick up my book. The world's protocol read. It'll shape your understanding of what is possible.

Current Projects, Family, and Closing Remarks

And then I want you to have a big conversation with your family about how to improve your nutrition. And for some folks, we're ready to do a great big wholesale change.

And you can if you are. Go for that. At least the paleo diet, and the wall's paleo diet. I also have other folks who are like, I, I just can't do a big wholesale change.

I have to do things smaller bit by bit. And then that's a if you're in that group, talk with your family, the things to add in the most important nutrition to add, it would be more omega three rich fats in the diet and more green leafy vegetables, coach greens, big salads.

Add more and more vegetables to crowd out the processed foods. If you're if you're ready for wholesale, go gluten free, dairy free. You can either do it as a vegetarian if that's spiritually important to you, or as a meat eater, which I think is better for you because it's complete protein, then you do the Wall's paleo diet.

And if you have metabolic issues, type two diabetes, severe obesity, belly bigger than your butt is metabolic syndrome. Sorry, I I've never heard that before.

Belly bigger than your butt. It's oh my gosh. People understand that. People understand that I love I mean I and one of the things that that, professor Bill being taught me is when you talk to your patients at the end of the appointment, ask them, what did you learn and what are you going to do?

And what I learned was I was not a very good teacher, so I had to learn how to talk simply and with understandable metaphors. And so I have metaphors for farmers, for mechanics, for teachers.

You want to have metaphors that people can understand. You want to have visuals that people can understand. So belly bigger than the. But people get that. Yes.

Sugar in the gas line for your car. People get that a tornado comes through and wrecks your home here in Iowa. People get that and they understand that takes a lot of energy to clear out the debris and start over.

And they can understand that if you have a mess, there's been a lot of debris in your nervous system that you have to clear out and rebuild. And so your nutrition needs to be vastly better than someone who's healthy.

And that's where fixing having less trash, more nutrition, and probably also, I want people to take, omega threes. So some fish oil, vitamin D plus vitamin K and a multivitamin multi mineral at a very at the very least that that is key.

And then we could talk about some additional supplements if you want to go there. But most people with M. S. we have a profoundly deep nutritional health which we must dig ourselves out.

Yeah. Yeah absolutely. And it's it's complex, but at the same time it's reversible. It's actually reversible. Yeah, yeah. And you know, and you did it.

And this is what I love about you. And I always enjoy talking with you. I love when I met you. Are you going to a forum this year? Yes, I am, I think I'm speaking I think I have, two speaks.

Oh. You're speaking okay. Yeah. I was on the fence about going, so maybe I'll. Maybe I'll have to go now. Well, thank you so much. Darker walls for being here.

I'm so excited for you, for all your research. You being a grandmother and being able to, you know, Chase after your grandson. You know, none of that would have been possible without your dedication and your passion for for Miss.

You know, I'm doing a lot more strength training now because, Yeah. You know, I have to be sure that I can carry, I'm doing vertical jumps through little sprints, so I feel sure I can chase after him.

So super fun. I'm walking around carrying 60 pounds. I'm doing, blood flow restriction bands as I work out, so. Yeah, that strength workout is a big workout.

I did that this morning, so that's awesome. Yeah. Well, you look fabulous, so. Thank you. Yeah. Thank you so much. I'm going to link everything website books below for you and be sure and, link the trial.

Oh, yeah. Set up. Yeah. So everybody with Ms.. Please sign up for a patient registry. So you'll be there so we can notify you in our next clinical trials. So.

And people who don't have a ms.. We are also, conducting other trials as well. Fibromyalgia, long Covid. So we're looking for people with any chronic disease state to, join our patient registry.

There you go. That's amazing. Well, thank you so much and have a great afternoon. Thank you. 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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