Introduction and Doctor Whiteu2019s MS journey

Welcome to another great interview for the MS and Autoimmune Summit. I'm here with my colleague, Doctor Jonathan White, and let me introduce him. He is an ob gyn doc, but he supports the overcoming M. S.

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 M. S.

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 us.

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 Wahls. 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 ObGyn, 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've just about finished my my OBS and Guinea training.

I 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 M. S..

And they laughed at me and but they agreed to do the scan, which I'm very grateful for. And 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 were talking to each other, and I asked the question of my neurologist, 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, I 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 it diet? Is it exercise? Is it? I didn't smoke, but you know, it was anything to do with that. Was it genetic? She said no. No evidence for any of that really.

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

I was very fortunate. The one that really popped out to me was the overcoming Ms.. An information that Professor John I could publish 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 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 do 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, a huge part of my life. Seven years later. Okay, so George Jelinek also has a mouse. I have a mouse.

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 what 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 so I started out with the Swag diet. And, you know, ultimately I switched over to the pill I think diet. But I also have studied 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. Happy. 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 forgot 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 Holford plant based diet and with additional seafood evaluation.

And I know there's a great deal of similarity with your own dietary advice. And it wasn't you know, I really like that that it's the similarities and all the differences here that that's absolutely 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 that is just to be honest, a great way to live. Apart from anything else, you know, eating these radical things known as vegetables. 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 because they add a lot of, a lot of food additives, food like chemicals that are not good for us, not eating vegetables.

And your protein sources, 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 a whole foods beans, legumes, pulses, lentils, these sorts of things.

Tofu, tempeh. Yeah. I personally eat a lot of fish. I was a huge carnivore before my diagnosis. And my way out of that, the way from dairy was to really do 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 being perhaps a little soft. I can sort of sense and feeling recently that people are describing the overcoming a mass diet is almost like a modified Mediterranean, and I see where that's coming from.

But it's it's very plant dense and plant focused rather than sort of. But but for those the 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 masks who ate 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 has been expanded upon, you know, and for the losers, I want to comment that if you do the this diet as a vegan, it's low in methionine.

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

It it's sort of like the ketogenic diet. Likewise, low in 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.

Yeah. And I 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 overcomes, 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 flaxseed oil the tablespoon a couple tablespoons.

Yeah. So 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 flaxseed in a very variable way.

And to get that high dose from it, that's a safe and effective way of doing it. And 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 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 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 other elements than just well, I remember because I'm a simple man and I'm going to forget.

And then we're not going to tolerate things 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 not some really thing.

Because for so many people with mass, this can be a really difficult, challenging, confrontational and frustrating thing. And for us. So you must exercise that as really negative connotation.

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

And and that's what we're there support and advocate for. You know, I like the idea of having, activity monitors. I personally love the 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?

Flax oil, vitamin D, exercise, and stress management

Matter 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. My physical activity is a disease modifying therapy.

And Ms.. And it really is that, you know, 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 mass 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, 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 an I 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 most 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. Pretty 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 has really nice evidence behind is this 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 do 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 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, our story. 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 how, you know, how we can support people to to get a sense of the program, how to engage and 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 personal journey and through my work with with the charity. So I think that's the most important part.

But, 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 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 mass or is somebody living with Ms., has brand partner with Ms. to engage with that and see where it takes you. So the app again is Live Well hub.

Live Well hub. It doesn't even say mass on the logo. So you can have it on your your home screen or your desktop. Nobody will know what it is, but that is 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 supports.

Yeah. And it's a it's a really cool platform. It's really enjoyable to and your website is over overcoming Ms.. Sorg. And so 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 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 the 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 Book. Yeah. Okay. A little bit about the research. You know, George's 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 and done our trials, written them up, got them published in peer reviewed journals.

So what? What 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 of 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 mass for well over 50 years now.

But, and it is changing slowly. And I'm really happy to see that, you know, the newer generation of mass nurses, of neurologists, health care professionals is slowly recognizing the vital place that lifestyle modification has in managing just yet another chronic Western lifestyle disease.

So Professor John Ax 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, and the University of Melbourne.

Overcoming MS charity, community, and resources

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

But, one of the, one of the big things, I suppose, that we've, we've seen as 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. This isn't a meta analysis, therefore it doesn't account. And all of this and frankly, nonsense, which is completely irrelevant to evidence based medicine and a misunderstanding.

But what we're now seeing is prospective 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. Anyway, 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. So 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 when it is in front of our face. 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 as people, living with them, mass 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.

When I'm asked 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 I was showing in the study where you compared the Wolves protocol and its diet with this 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 massive effect.

Absolutely. In that study that you just come a prospective study comparing swank and walls, we measured something called the mass 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 and working memory improved in a six month, time period.

Remarkable. And then we've done a, pooled study with some of our other studies that had a control arm. And 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 is 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..

Research evidence and clinical outcomes

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 unusual diet, and we'll have MRI. That's going to be a really big deal that'll come out in, 2027.

And, Joni, I hope you'll, have me come back and talk on your podcast so we can see what we are. I would love that. 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 mass, 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. What we'll do see is function improving or declining in these three arms.

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 by the way? In Ms. says 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 Ms. 1% per year. Yeah. We will be measuring how close we can get people to healthy rates of brain volume loss, which is point 3%.

Or less. So that that will be one of our secondary outcomes. And, you know, we're, I'm very excited to see what we should do. So just just to pick up on something you said there, if I if I may, you know, 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. I think we're on two sides of the same, you know, we're the same coin. We want to help people with Ms. Sood. Neurologists, of course they do.

And why would you? I personally take a TMT. 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.

Absolutely. Want to endorse that. This my message is not to refuse DMT. Certainly. I took very, very potent DMT because I wanted to treat my disease aggressively, protect my brain, incredibly useful to me.

But I 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.

Shared mission and closing remarks

It is complicated because 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 OMS diet or the Wall's diet or intermittent fasting, there are many different options for you to consider. Now.

Fix your diet. Begin physical activity. Manage stress. However, mindfulness meditation, gratitude practices, time in nature. Yeah, that will have a huge, huge impact.

I love George's commitment. I love what OMS is doing and 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 achieve more together than apart time.

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.org at 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 walls has been an absolute pleasure. I've loved it.