Learn How Nutrition Influences Your Brain Health Transcript

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Introduction and Dr. Wahls' background

Hello, I'm Dr. Ken Sharlin and you are listening or viewing the Parkinson's Solutions Summit today. I am truly honored to welcome a very dear friend, a fine physician, an outstanding researcher who truly bridges both the conventional and the functional integrative medicine world with her work in multiple sclerosis and really helping to dig down deep into the root causes of disease, helping people affected by neurodegenerative disorders, including Parkinson's disease, to change their disease trajectory.

I can think of no other person in the world who gives so many people hope and empowers them to change what they have been told about how their disease outcome can go.

Then Dr. Terry Wahls, thank you, Dr. Wahls, for joining us. Thank you, Ken, I value our friendship and collaboration just as much. I love that we've been at this together for a decade now.

Absolutely. For probably just a few out there who are not familiar with you and your work. Could you just spend a moment or two telling us a little bit about yourself?

Sure. So in 2000, I'll walk with my wife, Jack, a half mile from home, my left leg grows weak, dragging it home. I and I see the neurologist who says, Terry, this could be bad or really, really bad.

And so we begin the workup over the next three weeks. And during that time, I think about the fact I have had 20 years of worsening electrical face pain.

So I know I have a progressive disorder. I don't want to become disabled. So actually, I'm secretly praying for a rapidly fatal diagnosis. Three weeks later, I get my spinal tap, I'll memorize EMG, etc.

and I hear the words multiple sclerosis. I do my research, find the best MSA in the country, take the newest drugs, and three years later I hear tilt recline wheelchair, which I get my face.

Pain's continue to worsen. I'm tears run down my face as my ten year old daughter Zeb hugs me. I decide to go back to doing the basic science. I go to pub med night after night.

I decide that mitochondria dysfunction drive disability and so I create a supplement cocktail for my mitochondria and the speed of my decline slows. I'm very grateful.

I discover a study using electrical stimulation of muscles. I convince my physical therapist, Let me try it. He calls it a stem. He says it's for athletes and that it's painful.

But he does give me a test session and can It hurts like hell. Oh no. But when it's over, I feel really great. And so I says it's because of all the endorphins from the east.

And we add that to my physical therapy. At that same time, I discovered the Institute for Functional Medicine. I take the course of neuroprotection.

MS diagnosis and early decline

I now have a longer list of supplements which I add, and then I have a really big aha. And I'm sort of embarrassed by how long it took me to have this Aha.

Like what if I redesign the paleo diet that I've been following for the last five years yet figure out what are these things I'm taking in supplement form where they are in the food supply.

So that's more research. And December 26th I redesign my paleo diet in a very structured way. Now, for all of your listeners, I want you to understand that at that point and you know, I have profound fatigue.

By ten on the morning, I meant a zero gravity chair with my knees higher than my nose because I can't sit up anymore more than 10 minutes. So I mean that zero gravity her or I'm in better I can take just a couple steps with two walking sticks or I'm in the top recline wheelchair I've come to terms with.

I'm going to be bedridden by my illness. I'm probably going to become demented by my illness and my treadmill. Neuralgia, which has been turning on, is much more difficult to turn off, is on track to become permanently on, in which case.

That says the terrible facial pain. Terrible in one or two on a breeze triggers the pain. Light triggers the pain sound triggers the pain, chewing triggers the pain, swallowing triggers the pain and talking triggers the pain.

So if I try to talk it through a sound like this, I can only get just a brief sore out because the pain becomes so intense I can't get two syllables out Well.

So I rewrite my medical power attorney and my living wills such that if I get to the point where I quit talking and quit eating, there's no feeling to enjoy body fluids. Oh, so very, very grim future.

I really I start this new way of eating. July Primary Summer 26, a month later. This is stunning. I tell Jackie I would like to sit in a regular chair for supper and I can sit up for supper the first time in years.

And I begin walking with walking sticks at the hospital. Stunning my colleagues in that I walk with one walking stick and then with no walking sticks.

And then on Mother's Day, I tell my family I really want to try riding my bike. And now this is, you know, eight months of Easter. Six months of the new diet is an emergency family meeting.

Jackie has Zach my six foot five year old son jog alongside in the lifts. My daughters. Zebs going to jog alongsideon the right, and Jackie will follow.

I get on my bike and I bike around the block. The big 16 year old boy, he's crying. My 30 year old daughter, she's crying and Jackie's crying while I talk about this.

I cry even now because it was at that moment that my understanding of disease and health was really transformed. And that's when I understood that who knows how much recovery might be possible.

I bike to the war every day, and in October, Jackie said, Let's sign you up for the courage ride. 18.5 months now. And once again, you know, when I cross that finish line, my kids are crying.

Jackie's crying. I'm crying in this fundamentally changes me. The changes, how I think about disease and how it will change the way I practice medicine and it will ultimately change, you know, my research and my mission, which is to teach people that there's a lot you can do to change the course of illness.

Can I canI ask you a couple of questions, Dr. Wahls? Sure. First of all, I do want to let our viewers know that mitochondria power are cells and mitochondria, which evolutionarily were probably separate organisms, but became incorporated into our cells, really do their work because of the food that we eat.

They are supported by nutrition and they can't function without nutrition so that the person with M. S. and Parkinson's disease, because fatigue is a very common symptom in Parkinson's as well, they don't have the energy.

Here's my question, Dr. Wahls, Here you are with facial pain, severe fatigue, tilt recline, wheelchair, and somehow you dig down deep and you force yourself to use one of the most fundamental healing tools that we have, and that

is food.

Right.

Diet, supplements, and first recovery

How did you how did you find, you know, many people, my patients might say that is too hard. How could you how did you do it? How did you do it? You know, I had a so when I'm diagnosed, my children are very young, eight and five.

At that point, I was still athletic and pretty rapidly and not athletic and then severely disabled because I kept having to reimagine what it meant to be a parent, a life partner, and one of the things I'd grown up on a farm, so we had lots of chores that you had to do, and you realized that your work was integral to the farm and I knew my kids would have to have chores.

I in that I thought deeply that what's the most important thing that matters to me? And that was that my children would learn how to be successful and that life is not fair.

Life is hard and I could either give in to the despair that I felt and I felt plenty of despair, plenty plenty of despair or I could keep doing the best that I could every day because my kids were watching.

They were going to model whatever it was that I was doing and so I did my little workout every day. And then when I figured out that food really mattered, it's like, okay, we're doing the best we can with food, because that's what mattered to me was showing my kids that, yep, life is hard, but so what?

You keep doing the best you can, and that's something I talk to my patients about is. How important. All of our choices will be absorbed by the people around us.

And we can either give in to our despair or we could keep doing the best we can with the next little actionable step that we can take to improve our diet or work on our stress management or work an exercise program.

And we talked about those three domains. Pick one and keep making little, little progress and be a model to inspire your family. You know, one of the things sometimes that I hear well, quite frequently actually, is what's stage?

Am I right? Alzheimer's, Parkinson's, M. S. What stage in my at? And I said, I almost want to say, what stage do you want to be at? Right. Because who's in control here?

And what we're learning is that you have a lot more opportunity to take control of the situation. And what you're telling me, what I'm hearing, if I'm correct, is that you find your way, you find your way, and that becomes your anchor to take control of the situation.

When we understand or why we can endure immense, immense struggle. Difficulty. Because now I have a purpose, a reason to do the work. And whether or not I necessarily get to the destination, my family will understand that I have a Y and a purpose, and I've continued to make forward progress.

At this point, you're sort of pioneering something where you are utilizing a modified paleo diet. Yeah, and it seems to me that up until you were discovery, the paleo diet had not really been discussed or explored in the context of chronic neurological diseases like M. S.

or Parkinson's. There has been some dietary intervention in the past, but it wasn't the paleo diet. And that kind of dovetails even into some of your research.

Can you talk a little bit more about why that diet and what makes that diet perhaps preferable to other approaches? Yeah, so there is a bunch of research for the Mediterranean diet that has been very favorable and that is a great diet.

However, if we look at our evolutionary history, we have far more about 85,000 generations of humans eating the paleo diet, which are, you know, greens, leafy vegetables, some berries, some starchy tubers, tubers in meat, fish, poultry.

That's how we evolved then only about a hundred generations of people eating legumes, grains and dairy. So from evolutionary biology sense, this is the diet.

And there are many versions of the paleo diet because there are many ecosystems in the world in. So historically I think we have much more confidence in that diet.

Now scientifically, since my first case study, which was published in 2010. Now there are more studies and we've done most of them using the Paleo diet, looking at outcomes in relapsing remitting and Ms.

progressive at most consistently showing reduced fatigue, improve quality of life and improved motor function.

Family motivation and taking control

And in a network meta analysis that looked at the 12 dietary studies that have been done in the setting of multiple sclerosis with an RN of 608 people looking at the Mediterranean diet, Paleo diet, low saturated fat diet and inflammation, diet, ketogenic diet, fasting strategies, calorie restriction and usual diet, the pillar that were had the highest effect size for reducing fatigue, improving quality of life, and was better than the Mediterranean diet by almost twice as effective as the Mediterranean diet for improving quality of life and 50% more effective than the Mediterranean or low fat diet for reducing fatigue.

However, you know, I tell my patients, do this as a family intervention if you want. The biggest effect and you do the paleo diet, if that's too hard, but the Mediterranean diet is what you can do, start there.

If that's too hard, just work on improving your diet step by step. I usually work on at the adds getting more non-starchy vegetables and then when they're ready we can talk about the things to eliminate or reduce.

Some of the simple things you might say is I shop at the edge of the supermarket as a first step if you're not sort of ready for the full on approach, so to speak.

You know, if you can find some recipes that you like that include more vegetables, a It's a lovely thing to do is to take some cooking classes to learn how to make some salads or soups.

I really like one pot skillet meals because I want the things that you make to be easy. This we had a therapeutic lifestyle clinic at the VA where we took all sorts of people with autoimmune diseases with some cognitive decline issues, with some Parkinson's and a variety of psychiatric problems.

And we would teach them how to make simple meals while they shopped in small town grocery stores in rural Iowa. So very basic ingredients and, you know, these people were living on food stamps, so they were not eating organic food.

They were getting frozen vegetables, sometimes canned vegetables. We would talk about how to use venison because people have access usually to lots of venison.

And they still had remarkable reduction in fatigue, remarkable improvement in quality of life. We'd have to watch them closely canned because where I'd be withdrawing their medicines, you know, their blood pressures would be improving, their blood sugars would be improving.

So we're reducing some of those meds and we're often able to and these people were on 20 meds. That was pretty common. We're reducing their meds, simplifying their meds, limiting some meds, and I'd have people with diabetes get off their diabetic meds and some of our young men would come in big smiles on their face because, you know, they're like, Dr.

Wallace, you know, you told me my love life was going to be better. Hey, you don't it's not just for young people, just so you know. Yeah. Yeah. So it did.

It was remarkable. I kept having to redesign the clinic because after the first year, word of mouth created more and more interest and demand for the kind of kind of practice that we had created.

So we went from small groups to larger groups to basically classes where I'm teaching these concepts, using a PowerPoint to a large group of veterans in their would they'd bring one family member.

So we're transforming the lives of the veterans. And while I wasn't the provider for the spouses, the spouses were telling me that their health was improving as well.

Oh, yes. We here are in Charlotte Health Neurology and our Brain tumor program. And I basically almost insist that the person who they're, you know, the patient who is actually engaging our services, bring their spouse, bring their partner, bring their adult child, whoever is with them all the time, and then are sort of getting a two for the price of one, if you will, because they get to experience all the same things.

On the other hand, it really is the formula for success because regardless of what happens in the clinic or regardless of what happens when you engage in online program, it's really what happens at home that makes the biggest difference.

You know, I completely agree. We stress that this is a family intervention. This is not a patient intervention that we we view the what you're eating is a family decision that the meditative stress you use in practice much more successful, done together as a family, the gentle exercise program, again, much more successful that as a family.

Occasionally we have people do it individually. They really struggle. It's much harder for them to sustain it. The people who understand and embrace the family intervention are very successful and they come back and will tell us the patient success and incidentally, the transfer station of the whole family.

Yes. And aside from things like accountability and support, we as human beings thrive on connection.

Why the Wahls diet works

And food is connection. You know, our stress resilience practices become connection. That could be a walk in nature, right? For those of you who want to begin to explore this type of lifestyle medicine, there are probably two or three really basic, truly fundamental concepts that we're emphasizing here.

One is that your food should deliver the nutrition that your body needs. We often use the term nutrition dense city, right? Because if I kind of reference Doctor Perlmutter, who historically would talk about a steak and a Snickers bar, they might have the same number of calories, but the nutrient content of a sirloin steak versus a snicker bar is completely different.

So it's not about necessarily a template diet where I have to have a label. Kido Paleo, you know, swing diet or what have you. It it really is about meeting your body's nutritional needs at all times.

Then we want to be able to identify foods that drive inflammation versus foods that meet our needs, which tend to be anti-inflammatory because there's something that's not meeting our needs.

Our bodies go into fight or flight mode, and that really is what intra inflammation is. So avoiding the sugar, consider avoiding dairy, particularly if you have hammers, things like that.

And then we want to make sure ultimately that we're giving the digestive system a rest as well. Would you agree with that? And I think that's all completely marvelous.

And when you're shopping, because we're all pressed for time, many people have for a long time cutting already

processed foods in a box, mac and cheese in a box, a hamburger helper.

And so those foods have been processed and the nutrition has been removed. They might add a few vitamins back as enriched flour. But we know that if you can learn how to chop and cook using ingredients with a skillet meal or a soup or pressure cooker, slow cooker, it'll be less expensive and you'll have a lot more nutrition if I get even brown rice and beans, which I'm not fond of because I'd rather do paleo, but that would be a very cost effective way to get protein if food, if your budget is severely strained.

So yes, we teach people how to do that. I would rather you get a cheap cut of meat, put it in a slow cooker all day with some vegetables and perhaps some yams or squash, end up with a lovely casserole or stew that you prepped in the morning and came home from work.

And there you have a lovely meal. Absolutely. So another thing you might say is, hey, you know, if you have to read, if you if you're buying something as a bunch of ingredients and you need a chemistry degree to understand what those ingredients are, it's probably not food.

I love my when Michael Pollan talks about, you know, the food that's actually best for you doesn't have to announce itself as to what it is or whether it's healthy for you or not.

It's another wonderful way to look at it. If your grandmother wouldn't have recognized what that food is. So for the young people to see, that would be like your great great grandmother. Then you'd go like, Well, if she couldn't have gotten it, I I'd be better off not getting it either.

That's right. So I have something that. Chris Dr. Rawls, I must I want to tell the viewers is so kind to share. Many patients with me. We really collaborate in a lot of different ways.

And so I do see many people with their mass, not just Parkinson's disease, and they've read your book The Walls Protocol, which everyone should have on their bookshelf, scalable, pretty much everywhere.

But folks really do focus in on the diet, although the protocol includes more than just food, to be clear. But one of the aspects about your approach to food is you referred to sort of a level one, Level two, which is sort of the mainstream, if you will, walls approach.

And then level three, which is more of a ketogenic diet in which people who are taking that approach ultimately are using fat for fuel for their mitochondria over carbohydrates.

And I'm wondering if you can comment on that a little bit, because I do get a lot of questions about that, and I hope you will agree that I say that the walls Paleo diet, I'm sorry, the walls ketogenic diet is really a tool that maybe sometimes there's a bit of a misunderstanding that level one, Level two, Level three is almost like an ascension where when you've truly arrived, you know you reached level three.

I said, No, level three is very valuable. It's the right tool at the right time. But should everyone be aspiring to ultimately, you know, follow a ketogenic diet?

You know, I really think I'd rather have the vast majority stay at level two at walls. Paleo Keto diet can be super helpful for people with seizures and people with cancer and people with significant cognitive decline in dementias.

But you have to watch that very carefully because when I put someone in ketosis, part of the signals that my body is seeing is like, okay, I'm in starvation mode, I'm going to adjust my hormonal balance to that starvation mode, feel more conservative, it'll be harder to get pregnant.

I'll be a little bit more vulnerable to infections.

Ketosis, metabolic flexibility, and rebuilding

And and historically, humans were in ketosis for you know, for much of our evolutionary history. But we're in ketosis because of exercise, not because of a high fat diet.

We're in ketosis because it took that much work to get our food and we then we would eat, you know, we'd have a successful hunt, successful gathering.

We would have plenty of food for a few days. We'd be out of ketosis. We wouldn't be working so hard because we had our food and then we'd have to go out and get our food again.

So we're back in ketosis on the basis of exercise. From an evolutionary standpoint, I think there's more evidence that being in ketosis for maybe a week and then being out of ketosis for maybe a week.

And so going back and forth that metabolic flexibility is what I prefer that people do. I think that is probably going to be, I expect, superior to long term ketosis.

However, people with seizure disorders, I may leave them in long term ketosis, people with cancer, I'll have them in ketosis as they go through all of their cancer treatments.

Yes, yes. And at the cellular level, there are certain things that happen during ketosis, things like the ability of your immune system to go and clean up old, worn out cells, old worn out mitochondria, but then with the refitting, the introduction of a little more carbohydrates, at least the more complex carbohydrates that our bodies can thrive on to produce things like short chain fatty acids.

Then there is sort of a regenerative effect of the shift from a key to genic diet back to a walls level to it. And during that time, I want to be sure that all of your listeners know this.

So I go into ketosis and then when I need a little more protein, a little more carbs, I release more stem cells and I have a little more protein in my diet.

So as the stem cells are saying, okay, time to rebuild, I have the building blocks to do that rebuilding. So and that's what I do personally. Candace, I'm in ketosis and then I have a little higher protein, a little higher carb diet for the rebuilding phase.

And then I'm back in ketosis. And, you know, when I check my telomeres, great measure of aging. And, you know, the first time I checked can I was like, prepare myself mentally, like, okay, you have a progressive neurodegenerative disease.

My telomere markers are going to be 15, maybe 20 years older than my chronological age. So I was bracing myself for looking at those results. And then delightfully surprised to see that I was actually biologically 15 years younger than my chronological age.

So I was like, okay, I guess, you know, I'm doing pretty well. I need to be 15 years younger to think I'm new to this right now. Oh, I bet you are. So I know with I've gotten the flash that we have just under 10 minutes left and I definitely want to end with some announcements for how they can viewers can ultimately connect with you and some of the things that you have going on.

But I also want to take just a few minutes before we do that and share with viewers some really, really exciting information about a conference you've just returned from because it tells us that we are on the verge of a major shift in how medicine is practiced.

Yeah, so I attend the consortium multiple psoriasis centers. There's about 2000 physicians, scientists, nurses and other health professionals that take care about most patients.

Now, the first time I attended five years ago, we had a research poster about diet numbers. I was the only one talking about food in mass, and it's pretty clear the sentiment was Eat what you want.

It doesn't matter. We kept doing our research, kept similar posters, kept submitting proposals for talks, and gradually, you know, things have changed.

Our body of research has grown. This year we had three oral presentations about diet, nutrition. We had four research posters. We were part of the update on dietary research in multiple sclerosis, which is a three hour symposium, reviewing the research, reviewing the meta analysis, talking about the role of dietitians to support patients as they improve their diet.

So that was very exciting.

Growing acceptance in neurology

What was also super interesting, Ken, is, you know, each year more neurologists are coming up to me saying Dr. Wahls and having a few questions and then they whip out their phone and say, you know, would you be okay with getting a picture with me?

My patients would so love that. And so each each time I come back more and more neurologists are stopping me having questions and asking for selfies. I which I graciously agreed to, and more of the self-help organizations that are there, are asking me to come to the booth and take some selfies with them because I'd like to post that to their followers.

So I've gone from being dangerous and bad in severely criticized, ized to being celebrated as the grandmother who led the way, who is making all of this possible.

I'm going to say that you are dangerous to the conventional way of thinking about how medicine should be practiced. You know, I love telling my students, the medical students, and when I lecture my students that I'm ruining their careers because they will not be able to think about conventional approaches the same way.

After hearing my story and being exposed to what is possible. You know, viewers, I have worked with so many patients who follow Dr. Wahls and follow the Wahls Protocol, and it has transformed so many people's lives.

You know, is M. S curable? Probably not yet, but maybe one day. Is M. S. reversible? Yes. Is M. S. controllable through food and sleep and stress, resilience, practice and movement and our deep relationship with one another, it can absolutely transform the trajectory of your disease and put you back in the driver's seat.

We have seen this over and over and over again. You know, it's all of your listeners. I want you to realize that progressive M. S., for years, decades, we've been told it's not reversible.

There really is so much similarity. The story between progressive multiple sclerosis and Parkinson's, it's you or feel if you've been told that there's nothing you can do that you cannot reverse, you cannot improve.

That is wrong. I have been told for decades we've been telling people with progressive almost for decades there's nothing they can do. And we've shown that that is there's a lot we can do.

If I can come back from such profound disability where I can now jog in the neighborhood where I could go to the Rocky Mountain National Park and hike up at 13,000, well, 12,000 feet for 3 hours with my family over fairly rugged terrain and had a great time.

There is hope for all of you. Wow. Dr. Wahls, first of all, I want to thank you so for being a participant today in the Parkinson's Solutions Summit. And I want to encourage folks to both connect with you, to ask you how they can connect with you, but also remind folks that Dr. Wahls puts on annual conferences this year.

It was the MS summit that was done online, similar to our Parkinson's Solutions Summit that occurred in June 2023. But there are plans for 2024 as well.

Is that correct? Yeah. Yes. We've not yet set the date. It'll be sometime in the summer. I'll probably do it perhaps a little bit later. We haven't set it.

Resources, conferences, and closing remarks

I'm guessing it will be probably August I predict, but we will hopefully know that very soon. And if people want to find you online or in other ways, we've talked about your book, but tell us.

Yeah. So my websites Terry Wahls Terrywahls.com. And when you go there you can sign up for my newsletters, get our research updates. And I would also encourage you to follow me on Instagram at Dr. Terry Wahls Dr. Terry Wahls and you'll see what I'm eating and doing, get lots of fun tips and inspiration.

And if you have multiple sclerosis, look at our research website. Terrywahls.com/MSstudy in screen and participate. Be part of a patient registry for future studies or enroll in the current study.

Oh, definitely. We love to support research and your foundation as well. For those who don't have the means to do so well. Dr. Wahls it is truly an honor once again, and as always, to visit with you today and to learn about your wonderful work, your personal journey, and how you have inspired thousands and thousands of people with M. S., with Parkinson's, with ALS, with epilepsy, Alzheimer disease, to take back control of their lives.

Thank you so much. Thank you, Dr. Sharlin I love what you're doing and I always love to collaborate with you.