Link Between Cancer And Autoimmunity: What You Need To Know Transcript

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Introduction and Dr. Wahlsu2019 Background

Dr. Terry Wahls, it's always an honor to be chatting with you and you're always somebody that just comes with so much amazing practice, practical information, and especially today we're going to be talking about cancer and autoimmunity.

So I'm really excited about this subject today. Thank you so much for joining me. Thanks for having me. So for everyone out there, Dr. Terry Wahls is an Institute for Functional Medicine, Certified Practitioner Board Certified Internal Medicine Physician, and conducts clinical trials, testing the efficacy of diet and lifestyle changes in the setting of autoimmunity.

In 2018, she was awarded the Institute for Functional Medicine's Linus Pauling Award for her contributions in research, clinical care and patient advocacy.

In addition, Dr. Wahls has secondary progressive multiple sclerosis, which confined her to a tilt recline wheelchair for four years. Dr. Wahls restored her health using a diet and lifestyle program she designed specifically for her brain and now pedals her bike to work each day.

Just amazing. She is the author of The Wahls Protocol A Radical New Way to Treat All Chronic Autoimmune Conditions Using Paleo principles and the cookbook The Wahls Protocol Cooking for Life, the revolutionary modern Paleo plan to treat all chronic autoimmune conditions.

I'm mean, to me, it's just I remember the first time I interviewed you a number of years ago on my radio show and hearing your story. It is just incredible.

Thank you. It's been a most remarkable journey. So in regards to cancer and this is this is something that, you know, people without immunity and I have had you know, heartbreakingly, I've had young, young people, you know, before they even turned 20, having been on autoimmune, you know, biologics, you know, autoimmune medication.

And then all of a sudden they have a tumor in their head or they have a tumor somewhere else. So it is so heartbreaking to me, and that's why I feel that this subject is so important that we discuss so in your mind, I mean, you you're an expert in regards to autoimmunity.

What is the link between autoimmunity and cancer? Well, a couple of things.

Autoimmunity, Cancer Risk, and Immune Suppression

I'm going to talk first about how we have these great immunotherapies for cancer that can activate our immune system to be much more effective against the cancer.

And people get into cancer remission. But then secondarily, they get into problems with persistent fatigue in neuropathies as a result of the treatment and they develop autoimmune diseases as a result of the treatment.

And so I end up treating a lot of those folks to help them either with their neuropathy or their autoimmune disease that came as a result of the cancer treatment, even though they're now free of their cancer.

And then in the autoimmune world and I take care of a lot of those folks who then I have to be a aware that the disease modifying drugs that many of us with a serious autoimmune condition end up taking that increase is my vulnerability to developing a secondary cancer.

And so people may be doing well with their autoimmune disease, but then start developing more fatigue, perhaps some weight loss. And now I have to go look to see what what is the secondary cancer.

So certainly part of that is due to the effect of the drug, but it's not been ever fully answered yet because people with autoimmunity, our immune systems are not functioning properly.

And so is that defect. Increasing our vulnerability to cancer in addition to the problem we have from the drugs? Quite possibly, yeah. But we don't we don't yet know that answer.

Yes. To me, I mean, obviously, you know, with the with the drug, yeah. The whole idea is to suppress the immune system and which means that now the immune system is not as efficient in patrolling and controlling then the cancer cells that are moving about. So.

So to me, that would be an issue. And, you know, absolutely. Because every day healthy people who are in great health have spontaneous dysplastic and spontaneous cancer cells that are present.

And a healthy immune system can recognize that dysplastic, that cancerous cell and eliminate an unhealthy immune system really cannot do so in that cancer cell.

Therefore, it can grow unchecked and then develop into overt cancer. And so and so so you have that component with with the medication being then an issue and suppressing the immune system and then making you more vulnerable.

But then also dealing with autoimmune condition in itself and that so you have then an X amount of resources with immune system and here it is, then it triggered to target a certain part of your body.

You know, let's say you have Hashimoto's where it's attacking then your your thyroid or you have a colitis or Crohn's and attacking the digestive system.

So but then since the resources are going in that direction, then also it is not intelligent enough. It's like it becomes hyper focused on not seeing other things as well, where cancer then can become an issue just based upon that, as am I correct in that, correct?

Correct. You know that the immune system is not functioning properly. It's not adequately protecting you from infection. It's not at so it can't protect you from the external threats and it can't protect you adequately from the internal threats.

And so we're at greater risk for infection and greater risk for cancer just from the immune dysfunction. And then that's further heightened by the fact that we're taking these drugs that further inhibit the appropriate function of our immune system.

So to me, then, the elegant way would be what you are doing, the protocols that you are doing in regards to, you know, what can I do instead of getting on to these immunosuppressant drugs?

I mean, obviously, if you need it, you need it. You know, there's a certain certain point where you really need it. You know, in a point out to everyone that, you know, it's a very personal decision and it has to do with the severity of your the autoimmune disease, the love of disability that it's already imposed on you and that informs you.

Do I have time to give it six months with aggressive functional medicine approach to see can that can get control of the disease, then have appropriate surveillance and then I'll know in six months that yes, I'm turning the tide thinks we're really doing much better or that I'm not and and I still have considerable disease activity.

Lifestyle as Disease-Modifying Treatment

Or I may decide that due to the severity of a disability already and the evidence of disease activity, I need to start

disease modifying drugs immediately.

But whatever you decide about starting the drugs or waiting six months to start the drugs, everyone should be working on the root causes. So addressing nutrition, addressing sleep, addressing toxin exposure, adding exercise that's gradual so that we aren't overtraining.

Everyone needs to be doing that because the potent disease modifying drugs won't get to the root causes. And if all you do is take the disease modifying drugs, I can push the time to wheelchair out an additional five years.

But I don't stop the conversion to progressive at most. I don't prevent the ultimate loss of job. I don't prevent needing wheelchairs. I don't prevent the frailty needing assisted living care in early nursing home care.

So it's it's like these disease modifying drugs like you're talking about. They they are buying you a little bit of a window of a time. And if you don't think.

About five years and the five years are really great, I mean, that that's super helpful, but it's not enough. It may be a very important part of the tool, but you still have to address diet and lifestyle.

And furthermore, if you don't address diet and lifestyle, the root causes every 5 to 10 years you get another autoimmune disease. So if you start out with rheumatoid arthritis, then you pick up inflammatory bowel disease or M. S.

or Hashimoto's or perhaps a skin condition, psoriasis, or one of the blisTerryng skin conditions. And as you get additional systemic autoimmune diseases, then you're going to be on additional.

Now multiple disease modifying drugs, which further accelerate frailty. So to tell me a little bit about these these drugs, I mean, are there ones that are safer than others or are they all pretty much in the same category?

You can think of these drugs as the highly effective that are very, very effective at turning off some aspect of my immune cells. Maybe it's the B cells, maybe it's a particular pathway.

And the more highly effective drugs have a much more severe impact on my immune system and so therefore have a higher risk of secondary cancers or second secondary infections.

But they do a very good job of turning off disease activity. So they do a great job in say about me of turning off the new enhancing lesions. So and then the less effective drugs and probably they may be more convenient they're oral they may impact, we think through the nerve to pathway.

They may be things like Copaxone, which is a decoy protein that they're not as a effective at reducing the number of enhancing lesions, but they also have fewer side effects.

So I know a number of integrative in a neurologist lean very heavily on my work on diet and lifestyle and they are much more inclined to use Copaxone, which is a much lower efficacious drug but has a much a much safer profile.

Because it seems to me to that if you can use a decoy protein rather than a direct immunosuppressant, and that you are kind of alTerryng your you're not having the same suppression of the immune system.

The pressure of the immune system. And you are it's generally very well tolerated. Now in some people, there are few people that will not tolerate Copaxone, but it's generally a very well tolerated medication.

So for an individual then, you know, let's say they're dealing with autoimmune. I mean, obviously you've you were in that situation and we know then that you're at a risk for cancer.

If you are staying, then on the disease, modifying drugs, these immunosuppressants. So what should be the strategy? And you mentioned that it's a personal choice, but let's say that you you would have the the optimum

direction for an individual.

You would counsel them and say that this is what you should do. So the first thing I want people to do is to understand their why, what they want their health for.

So they're willing to do the work of improving their diet, working on the domains of diet, sleep, stress, exercise in general. Asked people which domain do you want to work on first?

And then we start with small, achievable next steps so people can be successful and steadily improving their diet, steadily managing their stress, their sleep and their exercise.

And then we talk about that. My desire to have surveillance of their disease activity for their autoimmune disease. And then we talk about the fact that, yes, you're going to have increased vulnerability for infections and for cancers.

And how do we pay attention to that risk and monitor that and let them know that?

Medication Adjustments and Monitoring Progress

Certainly what we see is the vast majority of folks who enter into this lifestyle program, if they're on a chronic medication for other complex health issues, whether it be high blood pressure, blood sugar issues, mental health issues that their medication needs will likely change and we will likely be decreasing their meds the doses and simplify them.

And I have to watch that fairly closely so that they don't their blood pressure doesn't become too low and they faint. They'll. BLITZER Become too low and they get hypoglycemic and they faint.

And we do that in conjunction with their the rest of their medical team. So their primary care team knows what's going on as we're making these adjustments.

And then I have to clarify, and I'm much more aggressive at this now because as people do this, you know, often, you know, many of their diseases melt away, their autoimmune symptoms melt away, and they're feeling like, yeah, you know, I'm feeling really, really, really great.

And I've been feeling great now for several years. I can't believe that I really have M. S. or inflammatory bowel disease or rheumatoid arthritis. And it becomes tempting to go back to my previous diet and lifestyle.

And so, you know, I used to really enjoy pizza and beer with my buddy. So I'm going to go do that again. And so they go have their pizza and beer with their buddies and they wake up and they can't see because the optic neuritis slurred and the rheumatologist will say, See, I told you that it was protocol, diet and lifestyle doesn't work.

And what I need to stress is your diet and lifestyle is now your very potent disease modifying drugs. It's your very potent disease modifying treatment.

And if you stop it, you're going to get a severe rebound in flare. And that's true. If you stop a potent disease modifying drugs such as Tysabri, you stop it, you get a severe rebound in flare.

So if you abandon your diet, the diet that you know that has been so helpful for you, expect a severe rebound in flare if you stop exercising. Expect a rebound and flare if you were doing a great job on sleep.

But suddenly, you know, your spouse told you that they were having an affair, they're dumping you for someone else. And so now you have this huge internal stress.

Yes. You're probably going to get a flare and it's because that something happened to your diet and lifestyle. And it's so important that people understand that this is now your potent disease modifying treatment.

And if you abandon it, expect a flare. So when your specialist says, See that a lifestyle didn't work, I want to be on your shoulder saying, see if you abandon your diet and lifestyle, expect a flare.

You got to go back to doing a better job. Yeah, I love I love that I yeah. Yeah. And I, I've seen that in so many cases, both for autoimmune and for cancer, where, you know, they go back to the lifestyle that and in reality created the disease.

And so and then obviously they have a flare. I mean, they that the tumor all of a sudden flares up the autoimmune condition flares up. And also the point that you're making, I think that's really important for people to understand that let's say you're dealing with Hashimoto's and you're on thyroid medication and you are changing your lifestyle, you're following like like the Wahls protocol and all of a sudden you're noticing that your heart is racing and you are having a hard time sleeping.

You're agitated. It doesn't mean that the, the lifestyle changes are bad for you. It means that the medicate you're being overmedicated now because the body is doing what it's supposed to do and it doesn't need that level of that medication anymore.

And and that is a really important point to understand as so that the so that the doctor does not go after whatever else you're doing because he's you know, they may be saying that it's interfering with the pharmaceuticals you're taking.

So that's really important to know. Very common blood sugar improves. People often have insulin resistance. They may have diabetes or pre-diabetes. And so as they're improving their diet, the blood sugars are falling in there.

Whoever is managing their diabetes may tell them like, oh, my God, you have to eat more carbs because your sugars are falling. And I'm like, well, maybe you need less anti-hypertensive, you know, a lower dose of metformin or lower dose of insulin because we've been improving your diet.

How Diet Influences the Immune System

And so I try to work very closely with the treating medical team and the patient so that as people recover because their cells are doing the chemistry of life, that the first thing we can look at is can we begin to reduce some of these medicines as opposed to the really crazy idea like, no, no, your diet's too good, you have to go back to eating like, oh, my God, no, no, no.

That's not that's not what we're going to be telling our patients to do. You're having it. You're having a donut deficiency right now. And you have. To be like, Oh, I guess so.

And I've learned to warn my patients about that. Like, okay, if your blood sugar doctors telling you that you have to go increase your carbs because your blood sugar is improving, call me right away because there's another way to think about this.

So how does it work? Yeah, for people out there. It's such a strange notion in a way that here you're dealing with an autoimmune condition like M. S. I mean, for you being in a wheelchair and and now you're changing your diet, how can diet change your autumn, your autoimmune condition?

I mean, that's a big deal. Yeah. You know, it's hard for people to understand how that can happen. But we now know what I eat. Fertilizers, the bacTerrya, viruses, parasites, yeast, all the stuff living in my gut.

And as I eat more of these radical things known as non-starchy vegetables, we're fertilizing different bacTerrya that we now know actually stimulate to regulatory cells and shift the expression of the innate immune system.

And we also know now know that the foods that I'm eating will shift the expression of the microglia cells in my brain and how reactive the microglia are, and whether or not that is promoting the development of enhancing lesions.

This is getting and we know this very well from the animal models. We're beginning to tease this out in the human models of the disease. We're also looking at how the food we eat changes the microbial metabolites that then diffuse into our bloodstream and are again influencing the activity of the innate and adaptive immune system and are influencing the activity that microglia in my brain.

Now, I realize that for for many clinicians and scientists, if I can't describe the molecules that are changing the mechanisms, it didn't happen. And that's why, you know, basic science studies are so important.

That's why we're now part partnering with basic scientists who are beginning to analyze the molecules that in the blood specimens that we have frozen in our lab.

From all those studies we've been doing over the last decade. And that's very important. However, you know, it's also why I've done all these clinical trials and we're doing our eight clinical trials, a matter of fact and perspective.

We've shown that, yes, we improve quality of life, we reduce fatigue, we improve hand function, we improve cognitive function. It takes a little longer to improve walking.

That's about a year long process. So you have to have a much longer study to build a measure that. But that's why clinical trials are so important. So you can design your protocol, randomize people to get the protocol or not get it, and then see what happens over time.

And what we also do is we refreeze blood, we freeze poop, we free saliva. So we can go back and analyze it later. You have to get, you know, research is expensive.

So it's expensive to conduct the study and then we freeze a lot of stuff, raised some more money, and then we conduct those analysis. That's fascinating.

And I know obviously EMS is a it's a strong personal interest of you, but for you. But in regards to autoimmune, what you're saying translates to all autoimmune conditions, correct?

Absolutely. And in my clinical practice, certainly what I see is the protocols. I may have to personalize them for the individual. Yes, but this approach works well for inflammatory bowel disease, rheumatoid arthritis, systemic lupus, autoimmune skin disorders.

And we also know that people with all these systemic autoimmune diseases have higher rates of co-morbid problems like anxiety, depression, pelvic pain, infertility, cognitive decline.

All all of those issues are remarkably helped by our diet and lifestyle program. It you know, it's interesting. So I have a modification for my current study that I had to go in because people were getting pregnant and we tell people, please don't get pregnant during the study because we don't want to have that complication.

So we asked them, you know, if you're trying to get pregnant, can't be in the study. If you're in the study, please use birth control. Well, a lot of folks with our moms are infertile, have been told they're infertile.

They can't have kids. They've been trying to have kids. And so they quit using birth control because they know they're infertile. They get into my study, we fix their diet and they get pregnant.

So now I have to I have to add this risk of increased fertility. And so now we have to we're sending letters out to everyone saying, even if you've been told you're infertile, please go back to using birth control.

Because we've observed people are getting pregnant.

Clinical Trials and Evidence for the Wahls Protocol

And if you are the female spouse of the male person and we've told the whole family to improve your diet, keep in

mind that your your spouse may be more fertile and your children, by the way, may be more fertile.

So be sure everyone who's having sex is using birth control. So, so. So this is a while to tell them. So tell them that your spouse and your children may be more fertile.

So this is one of the severe side effects of the was protocol as far as pregnancy is pregnancy. You know in mind you the the couple of people who've gotten pregnant they are like they're overjoyed that they're pregnant.

Now, I have to unfortunately, I have to tell them you can't follow the study, that you have to follow it every day. Your medical team wants you to follow.

And if you're going to breastfeed, you know that we we we go through all that so that it complicates the analysis having to do that. Then I have to fill out all these adverse event forms and report all that.

So but, you know, I'm I'm thrilled for them because I know having been infertile myself, that it's very exciting to get to discover you get to have kids again.

And it also gave me a lot of joy to have the opportunity now to send letters to everyone saying increased versatility is one of the side effects. And so use contraception when you're done with the study, if you want to get pregnant, you know, stop using the conception and good luck.

Yeah, that's I mean, that's so, so cool. I mean, so and like you're saying, so much joy. Yeah. That yeah, that's that's beautiful. So here, you know, for an individual is kind of going back to the subject and so for the individual and dealing with autoimmune conditions in order to to reduce the risk of of cancer know the best is then to follow.

I mean like the Wahls protocol or doing kind of modifying principles and then at the same time then work with whatever pharmaceuticals that they are on, you know, working with their medical team to then adjust dosages depending on where they're at in their disease journey.

Correct. You know, I should probably add also is toxin reduction because certainly many people with autoimmune issues have, as one of the root causes, increased toxin exposure, whether it's heavy metals, industrial solvents, agricultural chemicals that increase the risk for autoimmunity and will also, of course, increase the risk for cancers.

And then I do want to stress that a was my understanding, and I'm sure know this more thoroughly than I do a high glycemic diet. So lots of sugar, lots of simple carbs really feed and accelerate cancer cells in that.

Cancer cells are not very good at utilizing ketones that is fat. So people who are on a low carb diet are much less likely to get cancer, much less likely to have side effects from the cancer chemotherapy in generally tolerate cancer treatment.

The cancer cells are generally more vulnerable if someone's on a ketogenic diet. So if I have patients with autoimmunity who have had a history of cancer, I really want them to be on a ketogenic diet.

If they have a striking family history, that tells me that they have some of the genetics that increase the vulnerability for cancer. I really encourage a ketogenic diet.

Yeah. And what's fascinating with ketones, I mean, in addition to supporting energy production within normal cells and like you mentioned, cancer cells have a hard time to use ketones as a energy source.

It also functions they the ketones also function as like signaling molecules, you know, to control inflammation and control, you know, a lot of these different tumor drivers, you know, cancer drivers.

So they're they're powerful signals over and above. Just an energy source. Yeah. You know, and we're doing a study comparing paleo diet, which a is has a very high or large effect size for improving quality of life for people with M. S.

to olive oil based ketogenic diet. And I, you know, I'm very keen on ketogenic diet. So I think they have a lot of great benefits. And then I pair it with extra olive oil for all the great things that olive oil does to your usual diet.

Cancer Recovery, Neuropathy, and Fatigue

And we'll follow those folks for two years and I really don't know which, you know, which diet groups are going to be better. But I love the idea that we're trying to help people understand that, yes, there are several diets that you can consider and there are reasons that a ketogenic diet may be superior.

There are reasons that appeal or that may be superior. And in 2027, I can come back and we'll tell you which one turned out to be the better diet. It's so exciting you're doing these these studies.

I mean, we I mean, obviously, to me, if something works, it works. But for kind of I tell my patients, you know, they ask and say, you know, why? How does it work?

And I say, well, I've done it for 30 some years and somehow this this works. And and I tell them that, you know, if the apple falls from the tree, we may not understand, you know, all the forces at play, but it's still false.

You know, it still happens. So I'm so yes, you know, we can see the impact, you know, like like you saw in your own life. But it is fascinating to go back and then really understand the mechanisms.

Why did it happen? Why, you know, what what molecules, you know what what systems are involved? I mean, it's so it's so amazing, so cool that you're doing all these studies.

Well, it will help bring my colleagues along. What I can describe the molecule that the terms of this is what's happening and why I do think that is important to understanding and moving the principles forward.

But at the same time, you know, after I should come back, my, my basic science colleagues tell me, you know, part of the reason that people are so crazy and resisted my work for so long is most of modern medicine is built on the mouse, the rat, and 10% of the time it works in humans.

And so you develop molecules, then you're finally tested in people, and then finally you have drug development. They are very rare. Do you have a protocol that works?

And then you're like, Should I don't know how? And now we're going to go back into Mouse and rats and the freezer to figure out what what molecules were involved.

But now I have some basic scientists who are really pretty excited to be doing this, and we're talking about how to develop mouse chow. That reflects what I'm doing so we can better understand the molecules behind it. And it's more complicated because you're doing if you're doing the whole protocol, you have the mouse chow, you have the sleep pattern, you have the running wheels.

It's a complicated intervention. Yeah, it's it's fascinating. I want to go back to you mentioned earlier in our chat in regards to so you have patients dealing with cancer.

They gone through the the the therapy, you know, whatever chemo, radiation, whatever it is that they've been doing. And now they're dealing then with effects from that like autoimmune like conditions or fatigue or neuropathy.

Yeah. So so you alluded to that there some powerful intervention you can do to reverse some of that? Absolutely. So the neuropathies, the damage from chemotherapy or radiation therapy can lead to really severe pain.

And again, it's a similar approach. We help them detox because a lot of these agents have left some residual toxins stored in the fat. So we deal with detox, we deal with addressing nutrition, because unfortunately, often they were not taught that nutrition needed to be a key part of their cancer treatment.

And then I'll do a nutritional assessment and there may be some targeted supplements that we'll use, and people find that their pain remarkably diminishes.

And fatigue fatigue is the easiest for me to treat. That resolves really very nicely. And actually I'm very excited. I am.

Where to Learn More and Closing Remarks

Now we're adding other disease states that we're investigating, so we've added fibromyalgia, added long COVID, and we have just we're in the process of adding cancer related fatigue.

So people in camp cancer remission who are free of their cancer but are left with this severe fatigue and we've added those are the groups of folks that we're studying.

And I'd like to also add the cancer neuropathies because in my clinical practice I see a bunch of those people as well. That's that's amazing. So where can where can people go to learn more about about these studies?

And then also, you know, where can they learn more? Because I know you have an amazing team and that's that's available. So to learn more about my clinical trials go to TerryWahls.com/MSstudy again That's TerryWahls.com/MSstudy And then to learn just more about me, I invite you to come follow me on Instagram: @drterrywahls You get to see what I'm eating, what I'm doing.

It's lots of fun. And then my website, terrywahls.com Yeah. Yeah. And, and I urge other people to, you know, all the listeners to listen to Dr. Wahls' amazing recovery story.

I mean, that is just fascinating. I didn't want to go through it today, this interview, but I know that it is available is available on my website. You know, the radio show interview I did with you.

You know, people can go just on my website and type in Wahls and pop up, you know, such such an incredible story. Well, Dr. Terry Wahls, a dear friend you are amazing in what you're doing.

And I always marvel at at your abilities and the impact you have on the world. Thank you so much.