Podcast Introduction and Mission

And this really changes how I think about disease and health. It will change the way I practice medicine. It will change the research that I do. And I've made it my mission to teach the clinicians how to use my protocol and others to do the research, to change the standard of care.

And I've made it my mission to teach the millions of people worldwide who have multiple sclerosis and have other chronic diseases that, yes, there is so much that you can do to change the course of your life.

Hi, and welcome to the Lime Bites podcast, where we shine a light on the misunderstood science of Lyme and other vector borne diseases, as well as the truths that many still miss.

I'm Dr. Mariah Hinchey, naturopathic physician and fellow of the Medical Academy of Pediatric Special Needs. I specialize in treating chronic Lyme disease, as well as other complex inflammatory conditions.

In this podcast, we break down what's working and what's not. We share the facts that most people miss, we challenge outdated thinking, and we give both patients and practitioners the tools to heal smarter.

Dr. Walls' MS Diagnosis and Decline

So let's get into it and change the way we heal Lyme. Hi, and welcome to another episode. I'm your host, Dr. Maria Hinchey, and today I am so excited about this episode.

With Lyme disease being the great imitator and mimicking and possibly being the underlying cause to numerous neuroinflammatory and neuroimmune diseases, I feel this summit would not be complete without discussing the intersection of vector-borne diseases and multiple sclerosis.

So here to lead the discussion is Dr. Terri Walls. Dr. Terri Walls is a clinical professor of medicine, researcher, and author renowned for her groundbreaking work on reversing her own MS.

After being confined to a tilt recline wheelchair, she developed the Walls Protocol, which is a researched backed therapeutic lifestyle program centered on nutrient rich foods and functional medicine principles.

Her personal journey from severe MS to vibrant health has inspired millions of people, and her work focuses on empowering others with chronic autoimmune and neurological conditions to take control of their health.

Dr. Wall's expertise offers a unique blend of science, resilience, and hope making her an invaluable guest for today's conversation on the intersection of MS and vector-borne disease.

So welcome, Dr. Walz. Please tell our audience a little bit about yourself and your story if you don't mind sharing. So I'm an internal medicine physician, you know, very successful.

And I still have very young kids, age eight and five. When I developed weakness in my left leg while I was out walking, You know, and then I went to see my neurologist who said, you know, Terry, this could be bad or really, really bad.

And I began the work up, you know, this back in 2000, it took three weeks while that was happening. I'm laying in bed thinking about the fact I've already had 20 years of worsening electrical pain due to trigeminal neurology.

And so I know I've got a progressive illness. I actually am secretly hoping for a fatal diagnosis because I don't want to become disabled. So three weeks later, I have all the MRIs, nerve conduction velocity tests, lots of blood tests,

spinal tap, and I've told it's multiple sclerosis.

I start reading the literature and I just really get upset because I see MS as a progressive disease. My wife convinces me to stop reading the literature, says, Terry, you're just getting yourself upset.

We'll find the best MS center in the country and go there. So we did our research, found the best MS center, went there to their best physician, took the newest drugs, and within three years, at age 48, I'm in a totally inclined wheelchair, I take mitosanthroin, a form of chemotherapy, have Neutropenia three times, but I'm continuing to go downhill, so they stop that.

I take Taizabri, we're all very excited about that. I continue to go downhill, and then Taizabri is pulled from the market, and I've switched to a drug called Celcept.

Again, another immune suppressant. And that's when I decide Okay, I know how bad this is going to be really terrible and my trichloride become bedridden.

And so I go back to reading the basic science. I decided mitochondrial dysfunction is what drives disability. And I create a supplement cocktail that helps my fatigue just a little bit, but I'm really grateful for that little bit.

Mind is still clear. My hands still work and it slows my decline. In 2007, I'm beginning to have some brain fog. My chief of staff calls me into his office, tells me, reassign me to the traumatic brain injury clinic.

I'll start there in January. There'll be no residents. I'll be examining the patients as part of a multidisciplinary team. I go home and tell Jack and he says, there's no way you can do that job.

And I'm like, yep, I know. It's come January. I have to go do this and either I can do it or I can't. And then I have to apply for medical disability.

So I'm pretty upset. And then two weeks later, I discover a study using electrical stimulation of muscles in people who are paralyzed, who are never going to walk.

And I think, hmm. So I convinced my physical therapist to give me a test session. It hurts really bad, but once over, I feel great. So we add the electrical stimulation of muscles to my little tiny workouts that I'm doing.

And then shortly after that, I discovered the Institute for Functional Medicine, and they have a course on neuroprotection. And I take that, which was pretty hard in the midst of my brain fog, but I have a longer list of supplements.

And then I have this really big aha, finally. And I laugh at myself, Mariah, for how long it took to have this aha. Like, what if I redesigned the paleo diet that I've been doing already for five years?

based on this long list of supplements. So that's more research to figure out where these nutrients are in the food supply. And now I have a very structured paleo diet.

And I start this December 26th, 2007. January 2nd, I start in the traumatic brain injury clinic. The first two weeks I just watched my partners. The third week, I have to start doing the exams.

And by the end of the week, I tell Jack, you know, I think I can do this. And by the way, honey, could I sit in a regular chair for supper? And I should tell everyone, at this time, you know, back in December 26 when I started, I'm so weak I cannot sit up in a regular chair.

I'm in a zero-gravity chair with my knees higher than my nose. That's how I work. That's how I take my meals and spend time with my family. I can take a couple steps with two walking sticks.

Functional Medicine Turnaround

I begin to have brain fog. My trigeminal neurology is relentlessly worse, more difficult to turn off. It is very, very clear to me I'm on track to become bedridden by my illness, probably very, very soon.

demented by my illness because of the brain fog and die with intractable horrific pain because my trigeminal neuralgia is so difficult to turn off. Very grim future.

So, you know, and I'm going to have to take retirement because I'll go do a job that I can't do. So January comes, I start this new job and it turns out I can do this.

And then my physical therapist says, you know, the next week, you know, Terry, you really are stronger. I'm going to advance your exercises and have you start doing them, you know, twice a day.

And then in a couple more months. Now this is stunning. I start walking at the hospital with two walking sticks. And then with one and then with none.

And then on Mother's Day, we have to have this emergency family meeting because I want to try riding my bike for the first time in six years. And so Jackie tells my 16 year old son, Zach, you run alongside on the left.

My 13 year old daughter, you run alongside on the right and she'll follow. We all get into position. I ride my bike. You know, in that big 60-year-old boy, he's crying, Zebi's crying, Jackie's crying, I'm crying, you can tell I still cry when I relive that moment because that's when I…

I understood what might be possible. And I keep riding a little bit more. And then in October, we do the Courage Ride, which is 18.5 miles. I cross that finish line.

Once again, we're all crying. And this really changes how I think about disease and health. It will change the way I practice medicine. It will change the research that I do.

And I've made it my mission to teach the clinicians, how to use my protocol and others to change, to do the research, to change the standard of care. And I've made it my mission to teach the millions of people worldwide who have multiple sclerosis and have other chronic diseases that, yes, there is so much that you can do to change the course of your life.

Are you ready to revolutionize your approach to diagnosing and healing complex chronic inflammatory illnesses in both adults and children? The Lime Bites Symposium is your gateway to cutting-edge education, groundbreaking research, and innovative therapeutic solutions.

Join us at Lime Bites Symposium. at the Fort Lauderdale Marriott Pompano Beach Resort and Spa. Lion Bites is the premier functional medicine conference on complex, chronic, infection-driven inflammatory illnesses.

This year's meeting is jam-packed with leading industry experts discussing lung COVID, mycotoxin illness, PANS Pandas, as well as Lyme and other vector-borne diseases.

This conference will arm you with the knowledge, clinical pearls, and practical solutions that you can implement immediately into your practice Monday morning that will literally change your patients' lives and get them on their path to true healing.

So join us at Pompano Beach or virtually from anywhere. Register now at LymeBytes.com. That's L-Y-M-E-B-Y-T-E-S dot com. That is such an amazingly powerful story.

Thank you. Sincerely, thank you so much for sharing that with us. It's truly amazing. And the amount, the short amount of time in which, which I'm sure for you it felt like forever, but the short amount of time in which using your food as medicine turned everything around is just mind blowing.

I mean, that's coming from a naturopathic doctor who believes that food is medicine, you know? I've been trying to

get a naturopathic school to give me an honorary naturopathic degree.

So far, I've not been able to do that. But I'm like, you know, I sort of feel like I'm sort of a naturopath at heart now. Yeah. Yeah, it's powerful. Thank you.

Thank you so much for sharing. So for a part of, you know, for this being a Lyme disease, there might be a lot of listeners here that honestly don't even know what MS is.

Sure. Can you share what the typical, I mean, obviously you just illustrated a pretty severely deteriorating, you know, route that MS can go. What you have is episode of neurologic symptoms.

And to make the MS diagnosis, you have episode one, And that is clinically isolated syndrome where there's an enhancing lesion in the brain and neurologic symptoms, which may be sensory or motor or, you know, brainstem kind of issues.

And then they'll do a spinal tap, see if there's evidence of previous problems that's looking for oligobions. And then they watch and wait. When there's a second episode in a different location of the brain, so you have to have two episodes separated by time and space, then the diagnosis of multiple sclerosis is made.

But there's a huge differential that you have to think about, and so your specialist should be looking at other autoimmune diagnoses, looking at infections, and then make the decision that they could exclude all these other autoimmune diagnoses, exclude the infections, and then say, okay, based on that, you meet diagnostic criteria.

It's called the McDonald's criteria. And then we will begin treatment with a disease modifying agent.

MS Diagnosis, DMTs, and Differential

And those are typically immunosuppressant biologic agents. Right. They will suppress your immune system in some capacity to prevent and to get approval from the FDA.

The drug has to show that you're reducing the number of new enhancing lesions. and reducing the number of relapses compared to the control. So the drugs do a really good job right now of turning off the immune system and suppressing the development of new enhancing lesions.

They lengthen the time to needing a wheelchair by five years, but they don't stop the conversion to the progressive phase of the illness. They don't stop the accumulation of disability.

They don't stop the job loss because of anxiety, depression, brain fog. They give you more time, which is very helpful. You know, in my practice and those functional medicine docs who are trained in functional medicine that also take care of autoimmunity, we help people address the modifiable lifestyle factors, the nutritional, toxin, infectious, and contributing factors, and often In collaboration with whoever's using the disease modifying treatment prescription, we're able to get people into a great place where they're doing really well.

And then they can transition to a less potent with fewer side effects DMT. And then you'll tell the person they may stay on something like Copaxone, which is a much gentler, much less risk of killing you, disease modifying treatment.

And some people are able to get entirely off their DMTs. But it has to be done in a very thoughtful way, because if you abruptly stop a DMT, you'll have a severe rebound and really a disaster.

So you have to do it very thoughtfully. So for our listeners that don't know what a DMT is, could you explain? Oh, yeah. So that's a potent drug that is really turning off your immune system.

I think things like Tysabri would be the classic, which has been very effective at reducing a number of new enhancing lesions, reducing the relapse rate.

But if you stop it abruptly, then you can anticipate a severe rebound and a severe flare. I was going to say, superpatients that don't necessarily understand the link, can you talk a little bit about how the immune system could potentially cause these lesions that are one of the main physical findings in MS?

I'm going to go back to what do we know about why you get MS? There are about 300 different genes that increase the risk just a little bit for the vast majority.

And I'm talking like a 1% increase, maybe 2% increase. There are a handful of genes that might increase it as much as 10%. But the vast majority, it's really small.

So you have to have the genetics that make you vulnerable. Step two is an infection. And there are 16 different organisms that increase the risk of developing MS.

And the tick-borne, vector-borne microbes are part of that. Coronavirus, the recent pandemic, is part of that. So anyway, we've got 16 organisms that we know increase the risk.

Epstein-barbarize being one of them. But the vast majority of people can handle those microbes and never get autoimmunity. So there's this next step, which is we don't really get it.

That's what conventional DACs will say. So they just focus on the DMTs. The people like me, we say, okay, so we're going to address all the environmental factors.

We're going to address nutrition, toxin exposure, life purpose, connection with others, reduce loneliness, moderate exercise, stress management, fix your nutrition.

address and investigate your microbiome. And what we see is as we have people do that step by step, some people can do it all rapidly. Some folks have to do little steps by steps.

And what we see is energy improves, the number of new lesions goes down, the brain scans look better and better, the person's getting stronger, mentally clear, they're less irritable, less cranky, their blood pressure is improving, their blood sugar is improving.

If they're overweight, they're losing weight without being hungry. They discover that they're much more interested as my vets would say in relations with the spouse code for they want to have sex again.

And so. They get their lives back and then they're engaging in conversations with their specialist. Like, you know what? I'd like to try transitioning to a DMT that is a little less toxic.

And when people are doing well. their neurologist is like, you know what, I think that would be okay. And so over time, my ideas, which in 2008, 2009 were incredibly scary and frightening to the MS specialist are now being embraced more and more.

And when we go to our scientific meetings, presenting our research and doing oral presentations at these major international MS conferences, My ideas are not so crazy anymore.

My research is celebrated. We're being heralded for the important role that we've had in driving the research on nutrition and the impact of nutrition on symptoms and disease course.

Are you suffering from Lyme disease or another complex chronic illness and aren't sure who to trust when it comes to herbal supplements? Hi. I'm Dr. Mariah Hinchey, founder of Lyme Core Botanicals.

As a naturopathic physician specializing in complex, chronic, infection-driven illnesses like Lyme disease, I needed herbal medicine I could truly trust.

Infections, Lifestyle, and Immune Dysfunction

That's why I formulated Lyme Core Botanicals. where our herbal tinctures are handcrafted in small batches right here in Connecticut. We use the whole herb, never isolates, to preserve the full spectrum of medicinal compounds.

Every single step from sourcing to extraction is done with precision to ensure maximum purity, potency, and consistency. These are the same herbal formulas I used to heal myself and have used for years to help my patients and family members heal, too.

And now I'm making them available to practitioners and patients everywhere. Lyme Core Botanicals, herbal medicine you can trust from a doctor who lives this work.

Learn more at Lyme Core Botanicals. That's L-Y-M-E-C-O-R-E dot com. It sounds like you are using all of the nutritional and lifestyle modifications that we know of that are able to lower inflammation and help to reverse immune dysfunction.

And that's a big piece of how you're able to get your patients into like this remission and yourself as well. You know, when I'm teaching For IFM, AFRAM, we talk about the role of the microglia, the astrocytes, the dendrocytes, and the neurons in the brain.

And that there's a lot of research trying to, billions being spent to figure out how to improve myelination. They're all going to fail. Those drugs work great in mice.

They're going to fail because you have to address the modifiable lifestyle factors. If you address the modifiable lifestyle factors, then the microglia will calm down.

Then the astrocytes can nourish the brain. Then the oligodendrocytes can repair the myelin, if you focus on lifestyle medicine. And that's what we see.

We see people who are profoundly disabled. I think of the young woman, actually woman in her fifties with progressive MS, so disabled that she was struggling to transfer independently from her wheelchair to the toilet from her wheelchair into bed.

She could stand for a few seconds. Couldn't take any steps. She discovered my work, began taking every course that I offered because she wanted to have the chance to do the live Q and A's.

And over a three-year period, she got so she could stand for 30 seconds, stand for 90 seconds, stand and take a step with the walker, stand and take several steps with the walker, begin walking with the walker, and now her goal is to walk with her dog on the beach.

Three years previous to that, her goal was to keep doing the transfers independently, keep being able to wipe her own butt at the toilet. Yeah, it's amazing.

Now her goal is walking on the beach with her dogs. And this was all lifestyle medicine with her. And her neurologist is like, man, whatever you are doing, keep it up.

Right, right. At that point, yeah, just keep doing it. So Terry, You mentioned that tick-borne diseases could be one of the 16 underlying causes. Do you have a sense for how often they might be one of the underlying causes?

And as far as you're concerned, is this something that you focus on helping people to identify? Do you feel like in addition to doing the lifestyle work, if there is an underlying infection that's driving it, I would imagine that it's got to be important to help to get that infection out of the body or into remission in order to not cause further advancement of You know, I certainly, we talk about the genetic predisposition, the microbes, and I stress that modifiable life cell factors are key.

And if the person has concerns for tick-borne illnesses, I want them to find a clinician that has expertise in all of that. I certainly acknowledge that I do not.

What is interesting is that I've had people who have come to me who've been told that they have a tick-borne illness, have taken a wide variety of traditional antimicrobial drugs and have not done that well, still are suffering.

And now of course they have terrible microbiome. And so I began working with them, remediating their microbiome, really addressing lifestyle medicine, and they perk up.

They're like, Oh my God. It's really pretty interesting. I certainly have had a number of Lyme patients come to me who have been treated with pharmacologic drugs for their Lyme disease, still struggling, not doing well.

I focus on fixing their microbiome, fixing lifestyle medicine, and now they are doing fabulous. And I certainly acknowledge I'm not a Lyme expert. I want people to work with a person who has been trained.

I believe you're a big fan of eyelids. And I think that's, you know, find someone who's certainly more knowledgeable. Yeah, 100%. Do you have any idea of the incidence of Lyme and tick-borne disease in the MS population?

I do not. And I don't either. That's something that maybe I will gather and get to our listeners as a follow-up. I think that would be super interesting.

I think it would be hard to get a really good number on that because I don't know how reliably the neurology community is excluding, because I want your listeners to know, in the initial diagnostic workup, there is a large, large number of other autoimmune diseases that have to be considered, and then these infections that have to be considered.

Your neurologist should have considered the tick-borne illnesses in the initial diagnostic workup. Now, they may not be as knowledgeable as your ILADS trained practitioners on how to thoroughly investigate the question, are tick-borne infections really at the root cause?

That is part of the workup for that initial diagnosis.

Microbiome, Birth Factors, and Nutrition

Right. And as we just discussed on your summit, when you interviewed me, you know, the testing out there. And so, you know, Tip, most neurologists are going to be using, you know, this conventional testing, you know, two-tiered model that is not looking at all of the species of Borrelia that cause Lyme and tick-borne relapsing fever.

They're not looking for any of the co-infections like Babesia, Bartonella, et cetera. And so a lot of times… it's just going to get ruled out. And a lot of times, I would assume it's definitely a false negative.

And so we're missing that piece of the puzzle. That is absolutely, absolutely correct. It is part of the initial workup. Your specialist has been trained, that has to be considered and ruled out.

and they will be using their conventional laboratory testing that Quest LabCorp or the testing within their hospital system. You know, here at the university, they would be using that initial testing.

And furthermore, they're probably not sending you to an infectious disease person or specialist to look at that thoroughly either. It's a very extensive workup that you're supposed to go through.

I mean, unfortunately, with infectious disease, I hate to say it, but they're using the same tests. Oh, absolutely. The specialty that you would expect to be on top of this, unfortunately, isn't using any better diagnostic criteria or testing than the same Lyme illiterate physician or clinician is using.

But Terry, what I love about everything that you're saying, so you and I are so aligned in our approach, like your approach to MS and my approach to healing Lyme disease are very, very similar.

I believe that really the crux of the immune system's ability to function properly relies in the GALT, right? In the gut and the GALT. and on our microbiome.

And when we are using heavy duty long-term antibiotics that are damaging our microbiome, it really sets us up for massive inflammation and immune dysfunction, the inability to detoxify.

And it's a huge, huge slippery slope that tends to make people sicker. I love that you look at Another thing that I want to comment on, based on some microbiome studies of indigenous women and their oral microbiome, their vaginal microbiome, and then the microbiome of their kids, they have a different microbiome than we do.

Their microbiome provides much more robust infection protection against meningitis, against tick-borne illnesses, against a variety of these infections that are escouraged today because they have the microbes in their gut that are protective.

If you have a C-section, you don't get those microbes. If your infant has early antibiotics because you had a complicated birth or early infections, you're killing off those protective microbes.

And therefore, As a population, we are getting more and more vulnerable to these infections because we don't have the microbes that were essential to human health over millions of generations.

Yes, it's so true. I think most people do not realize that our immune systems are set up from us swallowing and being slathered with all of the microbiome that is in our mother's vaginas when we come out and when we are pulled out through C-section and we get the flora that's on the skin, as kind of like the first inoculation and then you're getting everything else that tends to be like in the room or whatever, it's not setting the microbiome up the way that it should be set up for proper immune function, much less digestion or anything else.

So that's such a great point. And it's something that I think most humans do not know. Correct, correct. And we don't understand that. Now, certainly antibiotics have been life-saving.

C-sections have been life-saving. The vagina is life-saving. And so it's super interesting. There has been a move in some hospitals, some circumstances, to swab the woman's vagina and slather the baby as soon as it comes out through C-section with mom's vaginal secretions.

super exciting stuff. Fortunately, when my grandson was born, he was able to come out of mom's vagina, so I was thrilled about that. Go ahead. So Terry, tell us a little bit more, if you don't mind, a little bit more detailed about your plan, your nutritional plan, and what that entails.

So it's really about some pretty basic concepts. You need to have plenty of protein, and I'm getting that. You know, actually right now I'm eating a lot of grass finished bison, pastured pork, pastured beef, pastured chicken, wild fish, and some farmed fish here in Western Iowa.

non-starchy vegetables, and people know we advocate for nine cups, green leafies, sulfur-rich cabbage, onion, mushroom family, and deeply colored beets, carrots, berries.

And I advocate for nine cups because my clinical practice was in the BI, I didn't want people to be hungry, and my vets would say like, okay, nine cups, is that per week or month?

No, no, that's per day. We have a little cooking demonstrations to help them understand that. Also, I'm very keen on fermented foods. My goal is to have a cup and a half to two cups of sauerkraut or kimchi every day, nut milk, coconut milk, yogurts, and kefir, seaweed, algae.

And over time, I became more and more ketogenic. So presently, I have more fat, a lot of olive oil, and fewer carbs because I'm on a ketogenic diet. I will confess, there is four weeks out of the year when my papa and persimmons are ripe.

I'll have more papa and persimmons, so I go out of ketosis. The papas are done, the persimmons are done, so I'm back into ketosis. Okay. And do you find following more of like a ketogenic version actually makes you feel better or do you just do it more for preventative measures?

I'd say both. I had early antibiotics, so I was born in 55 at that time. Breastfeeding was not popular. Not in fashion. Not in fashion, so I got formula.

Ketogenic Diet, Trials, and Closing Advice

I had early tonsillitis, and so I was given a lot of penicillin, which I'm grateful for. I didn't want to have valvular heart disease, so that was good.

But it also messed with my microbiome, so I probably had yeast overgrowth. And since an adolescent, I have struggled with depression in a really big way.

I've since discovered exercise and a ketogenic diet really does great things for my mood. When I have my pause and persimmons, I'm out of ketosis, but I don't have that many, so it's still a pretty low carb diet.

Then I'm back into ketosis, and if I'm not exercising, if I have too many carbs, my depression is much more severe. Yeah, it's amazing how much food impacts our mental health.

Absolutely. So Terry, share with our listeners, you know, if someone is suspecting, especially after listening to this, that perhaps they have MS on top of having a tick-borne disease, or maybe they think they have MS instead, where would you refer them to, to find out what you would consider to be kind of like true information regarding MS?

Well, if you have MS, there's definitely a diagnostic criteria. And ideally, I would have you go see an MS specialist. There aren't that many, so you may have to, if you're in rural America, you may be lucky to have a neurologist.

And there are specific diagnostic criteria. Do you have MS or not? And then that makes you eligible for getting these very potent, very expensive, like $100,000 a year disease modifying treatments.

And depending on how many lesions you have, the location, the severity of symptoms, I certainly would encourage you, yes, take those DMTs. At the same time, it's critical to begin implementing diet and lifestyle because the DMTs do a good job of stopping the new lesions, stopping the relapses, but they don't prevent the slow progression.

And that's about the underlying mitochondrial dysfunction, the underlying microglia activation. And you can calm that by targeted supplements. better sleep, better nutrition, gradual increase of exercise, connection with others, purpose in life.

So we want you to find a clinician that can help you bit by bit make those optimal lifestyle choices. And if you come to us and you're on one of my clinical trials, we're gonna help you make those choices much more rapidly.

If you come work with a functional medicine training person and a health coach, Then we'll work at making small achievable steps one after another to get to the goals that you've set out for us.

So how would somebody find you and or one of your clinical trials if they wanted to work with you? Well, so clinical trials, you go to terrywalls.com forward slash trials and you'll see we have trials for people right now with chronic Lyme, fibromyalgia, we're recruiting for those.

Then we have a patient registry for everyone So I invite everyone on your summit to sign up for our trials page, because you'll see the patient registry and it could be part of that.

And then if you want to come see the various classes that we have, come to cherrywalls.com and look at programs. We have a bunch of programs. So you want to get on my email list so you'll get notified with the next class,

because we have live Q&A sessions.

And we certainly have people who come, discover me, sign up for every class that I do because they so find so much value in the live Q&A. Yeah. So where would we go to find that?

Terry Walls, T-E-R-R-Y, walls, W-A-H-L-S dot com. And then if you want to get, so there you see the programs and the classes upcoming. And then again, if you want to come to my clinical trials, terrywalls.com forward slash trials.

There'll be a place for you to learn more and to sign up. Okay, wonderful. So any parting words for our listeners before we wrap up? You know, I think the key message is I was profoundly disabled.

I had a terrible, terrible future ahead of me. I kept doing what I could, little bit by bit by bit, and eventually You know, I turned everything around.

I live strength in training. I am jogging. If I can come back from such profound disability when I could not sit up, could take only a couple steps to jogging, there's hope for you.

Thank you. You are an inspiration seriously to everybody. Thank you so much for your work and thank you for not giving up and thank you for instilling hope in everybody listening to this program right now.

It's been a true honor to interview you and thank you for being here. Thank you and much love to you for all the work that you do as well. Thank you, Terry.

If this episode gave you an answer, brought you new insight, or made you think differently, subscribe to the Lime Bites podcast and share with someone who's ready to take control of their healing journey.

And if you can, please leave a review. It helps others to find the show. Thanks for listening and we'll see you next time.