Introduction to Dr. Terry Wahls

Welcome back to The Super Fertility Summit. I'm your host, Dr. Cleopatra, and you're in for a treat right now. Because we have the esteemed Dr. Terry Wahls with us.

She is an Institute for Functional Medicine certified practitioner, and she conducts clinical research using using functional medicine principles in the setting of multiple sclerosis.

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

I may may have made that name a little bit more ethnic than it is. Pardon me. What happens when you're multilingual? Dr. Wahls has had secondary progressive multiple sclerosis, which confined her to a tilt recline wheelchair for four years.

And she restored her health using a diet and lifestyle program. She decided she designed specifically for her brain and now pedals her bike to work each day.

She also recently became a grandmother and gets to enjoy an active life with her new grandson, which is incredible. Dr. Terry Wahls is the author of The Wahls Protocol: How I Beat Progressive MS Using Paleo Principles and Functional Medicine.

She's also 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.

We're so excited to have you here, Dr. Terry Wahls thank you for being part of The Super Fertility Summit.

Autoimmunity and Fertility Challenges

Great. And thank you. You know, and I'm so glad, of everything that you were doing to help, the people with fertility challenges, because that's that's a big issue for my population.

It really is. And that's exactly why I'm so thankful that you're here today, Dr. Wahls. Because I want you to tell people about the really intimate ties between multiple sclerosis.

But autoimmune conditions in general and fertility challenges. Can you talk through that with us? Yeah, absolutely. For people with a, autoimmune condition, whether it's inflammatory bowel disease, rheumatoid arthritis, systemic lupus, multiple sclerosis, there's often a problem, period 5 to 10 years where we're having symptoms.

not yet diagnosed with our, autoimmune disease. And the list of symptoms includes anxiety, depression, headaches, skin rashes, pelvic pain, abdominal pain, and infertility.

Endometriosis. So it's very, very common that people with a systemic autoimmune disease have been told, or experiencing difficulty conceiving difficulty.

And that's true if you're a man or if you're a woman. and then they have this struggle with getting pregnant, starting their family, and get then get diagnosed with their systemic autoimmune problem or, also common that they may have been diagnosed earlier, because people were able to put the puzzles together and they have inflammatory bowel disease or rheumatoid arthritis, lupus or multiple sclerosis or Hashimoto's thyroiditis or psoriasis.

So you know, all of what I just described would, probably, account for about 20 million people here in United States. And they have decided because those are predominantly women diagnosed in their 20s, to 30s, and they wanted to have kids.

and so they're negotiating with their trained physicians what meds to use. I want to try and have kids. And now they discover they're infertile, that it's really hard to get pregnant or they're getting pregnant and having, pregnancy loss.

So very common. It's a big issue. And it's not just the women. There's also we also see that the men have, decreased fertility as well. That's right. So Dr. Wahls, you said so many things that are really important.

And I want to come back to that. These conditions represent about 20 million people right now in the United States of America, and that the majority of them are women, although both men and women with autoimmune conditions suffer a greater risk of infertility or fertility challenges.

Why Autoimmune Disease Is Rising

And I want to ask you a question about why it is that autoimmune conditions have become so common for I want to ask you this for our listeners. I have I have my own theoretical understanding, but and also so why autoimmune conditions have become so common in recent decades, and why women disproportionately suffer from autoimmune conditions.

Well, first, we'll talk about why women more than men, the immune response for women is different than the immune response for a man, because biologically we have to have the tolerance for the developing fetus.

and so that means that our immune systems are, different than men. And for reasons we don't completely understand, that makes us more vulnerable for turning on a autoimmune process where we have difficulty recognizing our tissue as normal and we can begin attacking that.

Now I'm going to go on to the question of so why is there such a dramatic increase. We have figured out that there, there are about 200 to 300 different genes that have been identified.

It's a slightly different set of genes for each autoimmune condition that. So we have a genetics that increase the vulnerability for developing an autoimmune problem.

The vast majority of those genes increase the risk a small amount, maybe 5%, maybe 1%. So I might have 3 or 4 genes that increase the risk, a small amount.

So that means that my brother and I had a risk of developing Ms.. About 2 to 3% higher than the general population. My kids, like wide, would have a risk about 3 to 5% if I had an identical twin and identical twin raised in the same household.

So same sort of environmental stuff you would think. Like we'd both get MS. But that's not true. The risk is only 30%. So that is wild. Because it's 60% or 70% epigenetic, right?

It is environmental stuff. So what are those environmental stuff? your diet quality over your whole life? about what? The physical activity levels over your whole life, your vitamin D exposure.

sunlight exposure, your, relationships. with people as a child. As an adult. Did you have adverse childhood experiences? and then there's, the social determinants of health.

Did you what zip code do you live in? Is it safe to be outside playing with your with your buddies, or do you have to worry about, violence? were you impoverished?

Did you have access to schooling? in elementary school. High school? A post graduate education. So there are things that you and I can control. And then there are things that are more societal controls.

in terms of your neighborhood. This is, of course. then we have things like, the microbes, that live in and on us. The, toxin exposure in our food supply, water, our air that may have come through our skin.

am I part of a religious community? spiritual community? do I have access to, adult mentors that, I enjoy interacting with growing up? So there are all these factors that contribute to a healthier environment or a more disease prone environment, and they're very powerful.

They are very powerful. But what I was thinking when I was listening to you, Dr. Wahls, is that if you would say this to somebody, they would think, these things matter, but they can't be influential enough to change the trajectory of my health and therefore my life.

And yet it is true. Oh my God. Yeah, it is true. And we see this in the research, and we see this in real life every single day. And these same things by the way, are also in childhood and adulthood are risk factors for having difficulty getting and being pregnant and having a healthy child.

Diet, Lifestyle, and Fertility Improvements

And it's so incredible that we can really underestimate or minimize what we believe to be the value and the impact of, for example, healthy social relationships and adequate social support of various kinds.

And yet we know that that these are critical determinants of how healthy we will be, how long we will live, and so much more. And so when you talk about this, I really want people to hear that while you gave us this list and any one thing sounds small sunlight exposure, vitamin D levels.

Did you experience adversity in childhood? They're actually enormous when it comes to determining your outcomes. You know, and what I'm talking to my patients.

I'll, I'll talk about these environmental factors and invite them. We can devise a plan that addresses all of the stuff. or we could start with a small plan that begins with small changes that are achievable.

and we need you to, to help. To help us know how big you would like your plan to be. And so I have some folks who are so ill, so uncomfortable. They're ready for a big plan.

and we have others who need a small plan. Now, in my clinical research. because research likes to study, a smaller environment, of things that you change at once than what I do in clinic where I change lots of things. Yes.

I think your listeners might enjoy this story if I. If I can tell you. Tell us. so we have this great study that we're doing efficacy of diet and quality of life.

We followed people for two years. We put them either on the ketogenic diet, paleo diet, or they get to follow their usual diet. and we asked everyone, please don't try to get pregnant during these two years. So, and they have to agree to that because that would complicate our study.

I had to modify my consent because people kept getting pregnant. Because. They, they had been told that they were infertile. They had been trying to get pregnant.

They had gone through IVF, they had given up like, okay, it's not going to happen. They're in their 40s. Yes. So fertility should be going down. We we teach them how to improve their diet.

And that's the only thing we did. We didn't do all that long list. We just said, you are going to be the paleo keto or usual diet. So after the second pregnancy, like, okay, so I'm reporting this, I have to change my consent to tell people that even if you've been told you're infertile, when people improve their diet, fertility improves.

You may get pregnant. So even if you've been told you are infertile, we want you to use contraception while you're in the study. and if you're a man in this study, because this is a family intervention, we want you to know that we

anticipate your spouse may become more fertile.

and so if you don't want to be having children at this time, be sure that you're using contraception. So there's it was it's really been a hoot to have to, you know, revise our consent.

So everyone comes in, we go through that consent, they sign the new consent. We had to contact everyone that was in the study. So we had over 100 people.

Well, actually, we first started doing this. We didn't have 100. Yeah, I think we're about 50. that we had to contact all of them, explained everything that was going on.

Now, fortunately for us and for the people who were getting pregnant, they were so overjoyed and. Ecstatic to. Finally work. Had to get. Yes, yes. and as we're telling people, by the way, you may be more fertile.

Your spouse may be more fertile. they're all thrilled, and they're like, okay. so they're, using their contraception and, you know, hope be hopeful that the they will be in a much better place to potentially conceive, when our study is over.

Isn't this incredible, Doctor Terry? Like, I love this beautiful unintended effect that you have to report. It was it was, like, so exciting. you know, this was the most interesting, interesting interaction we've had with our, institutional review board that reviews research.

Say, okay, this happened. Here's my plan. and what we're going to do. so that's a very iterative process. And, you know, fortunately, that all went well.

they were thrilled. they liked our proposed plan. then, you know, we're contacting, all of our study participants to tell them stuff verbally and then say, when you come in, what have you signed?

The new consent that goes over all of us? and again, I'm I'm relieved and very happy that the, three families that, you know, got pregnant. and she, she brought her a little one in for her end of study visit.

So it was lots of fun for us to get the meet the little one. And it's just gives me such joy to tell people that. Yes, you may have been told that you were infertile, but in our experience, as people improve their diet, fertility improves.

And, Yeah. And, you know, I should not have been at all surprised because I've had so many people in my tribe have, you know, tell me just spontaneously, you know, I went through IVF.

I spent tens of thousands of dollars. I came to your one of your lectures and I went home, said, you know what? We're going to start, implementing the walls protocol here.

And the both, both adults did all of that. and they've now had several kids and had to go get their tubes tied. Not that many of the women and men in humans listening to us right now.

Doctor walls will be so thankful for the problem of needing to get their tube tubes tied or get a vasectomy because they've been yearning for and praying for their baby.

So this is absolutely incredible. And you know, we have a similar experience. We see a lot of people with autoimmune conditions. And I'm thinking right now of one mama, actually, her super baby girl was born on my birthday.

So I call her my, my birthday super baby girl. And she had she had very severe, Ms.. And had many, many miscarriages and then years where she didn't get pregnant after that and went through round after round of IVF, kept changing clinics and after 4 or 5 different opinions, they all just said, you're only option is an egg donor and you have somebody else carry your baby.

You shouldn't be carrying it. And then she prime, mastered and got pregnant on the first try after prime mastering. And really, although she had hope and that's why she came to.

Research, Clinical Practice, and Changing Medicine

Couldn't believe that after all the years of pain and struggle and all she had been told, that was impossible for her body, that this had become possible for her.

And what's also amazing to me is how many people come to the fertility and Pregnancy Institute and say that my, you know, my ObGyn, my perinatal allergist, my, IVF doctor said that, you know, short of drinking alcohol and smoking tobacco, that nothing what I eat and consume doesn't matter.

And that's very hard to believe. And it is shocking. however, you look back when you went to medical school, when I went to medical school, there was, very little nutrition.

And what little nutrition there was, was, low fat, use, the vegetable margarines that were actually at that time filled with trans fat. and we learn much about nutrition or exercise or stress or circadian rhythms, any of that stuff.

I would have to learn that much later. in so most of the practicing physicians, their understanding of the world is that through pharmaceuticals, they don't have any understanding of the world through, modifiable lifestyle factors.

Some of the younger physicians are just beginning to see that, and it takes 30 years to change the practice of care. at least 30 years. I'm 15 years into the journey in the EMS world.

we kept, training the public and clinicians who are interested, doing our research, publishing our findings. we've we've got about 78, scientific papers out now.

Oh, my gosh, is it that many? Good. Just that one. Incredible. So now when they get to the consortia, people. Don't understand how hard how much. Hard. This is hard.

This is hard work. This is hard hard work. I mean, each one is, hundreds of hours. So, yes, it can be can be years from the time you had the idea to getting the study done, to publishing it. But.

So in 2009, I banned the speaker. My ideas are dangerous. and, all sorts of terrible things were said about me, but I keep going, where I can now, in 2024, when I go to the consortium of MBS meetings, when I go to, Ms..

Research for the researchers or for clinicians, more people are coming up to me with their smartphone and saying, you know, doctor walls, could I get a picture with you?

Because my medical patients, would be so thrilled or my research team would be so thrilled because now I'm being seen as this, brilliant innovator. Pioneer, legend.

That that diet and lifestyle really do matter. I would think in another 15 years, the neurologists and the specialists will say, yep, we have these FDA approved drugs.

But just as important that we help you improve your diet, improve your sleep, reduce your, stress, be sure that you're outside getting vitamin D in and people will have vastly better outcomes.

Absolutely. And I, I, I, I remember this journey on your behalf and also I have experienced my own version. I was the first person to publish the idea that our aging trajectory and process begins before we're born, and even before were conceived.

I published that in 2013 and people laughed at me. And now we know that without a doubt, you were right. And so is it. Those of us who are thought leaders and bring to the surface ideas that haven't been discussed before, theories that haven't been put forth before.

Initially you're ridiculed and then you're a pioneer and innovator. And I would argue that you and I and our ability to think independently and connect dots that no one's ever connected before, I know for sure that's my zone of genius, and I know it's yours.

You are the the people that are the ones, the guides that the people suffering, want and need the most. Yeah. You know, I think we have a unique perspective.

we've done the research, so we appreciate that. We know how to, read the literature, and we have our own independent ideas that we test. and then what we've done that's really unique is we also teach the public that you give the public the chance to say, like, you know what this sounds like?

It's pretty safe that I could try better diet. You know, these modifiable lifestyle factors. and so the public is wanting to try this stuff. The research world wants lots of evidence.

So, you know, if I'm going to change the standard of care for EMS, I have to keep publishing my research, build that evidence. But at the same time, I also teach the public.

So the public, if they want to try these things, we can help them be more successful. and so we have a growing body of, people that we are helping be vastly more successful. And.

And I'm so thrilled you were doing the same in the fertility space, because there are people who are ready and willing to make these changes but need help and support.

So absolutely, I'm thrilled I, and I, I'm going to be so excited to, let the people in my, Ms.. In our immune world know, about what you're doing, because I know so many of them would like to have a family and have have been unable to do so.

And for those of us who want to have a family, there's nothing more important in the world than getting to have that family. So thank you for for that and connecting to that desire in them.

And, and and thank you for acknowledging that. Because to me that this is what I do with my life is the most meaningful thing in the world.

Personal Fertility Journey and Hope for the Future

You know, I didn't mention that in order for me to have kids. and before my diagnosis of Ms.. And we discovered that I had severe endometriosis, I went through surgery.

I went through the, medications for that. I couldn't get pregnant. Then I went through, IVF, and had my son. I didn't, I didn't. I didn't know that. So he he's an IVF baby.

you and I had we knew I had severe endometriosis, which explained why I'd had years of such heavy pelvic pain and bleeding. and I just thought, you know, that's what everyone has.

And I'm stoic. Farmer never complained. Because if you if you complain, you got more choice. So I never complained. and then to have my daughter again had to go through the IVF as well and would have her.

And of course, now, in retrospect, I realize that was part of my program for the autoimmunity. And if I'd met someone like you, and got me all tuned up, I might never have developed them, as you know.

and though I am remarkably better, I can now jog. I still can't quite do a marathon. And maybe had I met you when I was trying to get pregnant the first time, I wouldn't have developed MS.

And I'd still be marathon in, and that would be sort of cool. But, you know, it all worked out because by virtue of having MS. I learned a lot. And I've also been able to help, millions more have hope that, yes, there's a lot we can

do.

Dr. Wahls, you have helped so many people. You're an inspiration. And you said something I really want to underscore for anyone who's struggling right now in this moment.

You said if we had realized that the infant, quote unquote, infertility. And I'm saying that because we know most people are not truly sterile, even if they've been diagnosed just like you, you weren't.

And even if they've been diagnosed as infertile, if you had got if you had mastered or done something that got to the root cause of why you were experiencing experiencing endemic process in infertility, it possibly could have prevented the MS.

And so but in your case, you've gone on to help so many that it was clearly that this was part of your your life purpose. Right. Just like losing my mother at birth, although such a hard thing to to live with and through was is the catalyst for why I do what I do and have been doing it since I was 18 years old already, almost 30 years.

But Dr. Wahls you said something that I want to underscore for the people struggling right now, because if you are feeling so caught in a loop of struggle, so hopeless, maybe, just maybe, what Dr. Wahls said is your silver lining in that having to work hard to get to have your super baby will be the blessing that prevents severe disease that would have been coming down the line and and promotes your longevity and extends your life span and your health span.

Because we know that our ability to stay fertile longer also is associated with the likelihood of living longer. And so it's almost in this in this dark moment, it's almost the that there's for many, there's this possibility of a tremendous blessing.

And you really spoke that. So thank you. Absolutely, absolutely. For all of you. Please, please embrace these concepts because that infertility is a problem, really troubling autoimmunity.

And I don't and I don't want you to have to go on to have the autoimmunity Dr. Wahls. Thank you so much for being here today. This has been an incredible conversation.

I want to say, to be continued for another Summit, another another, masterclass or something, because that has been so important to have this conversation together.

And we need to continue talking across our audiences and to the world as a whole. Before we we close today, would you tell us what Super Fertility means to you?

What's the feeling that it invokes in you. thriving health? and as you said, lifespan. It is how to live fully, the best biology, the best biochemistry of my cells.

I'll be fertile. I will, have longevity, in my health will continue to improve. Oh, beautiful. I love that so much. Dr. Terry Wahls, you are incredible.

You're an inspiration to me and an inspiration to so many. in your research, in your clinical practice and the the work that you do for the public and how many lives you have touched.

Thank you for being part of The Super Fertility Summit. It's an honor to have you. Okay, can I put a call out for my Instagram @drterrywahls who get to see what I eat and do.

It's lots of fun. And my website, terrywahls.com. Thank you. Keep up the wonderful work. I'm thrilled that you invited me to be here with you, and I look forward to, ongoing collaborations.

Me too. Dr. Terry Wahls, thank you so much for being here. Thank you for tuning in and I will see you in the next interview.