Introduction to Lyme Summit and Dr. Wahls

Hi, and welcome to another episode of the Healing Lyme Summit 2.0. I'm your host, Doctor Mariah 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 neuro inflammatory and neuro immune 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 Doctor Terry Walls. Doctor Terry 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 I'm asked 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.

Doctor walls expertise offers a unique blend of silent science, resilience and hope, making her an invaluable guest for today's conversation on the intersection of mass and vector borne disease.

So welcome, Doctor Wahls. Please tell our audience a little bit about yourself and your story if you don't mind sharing. Sure. 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 was out walking, you know, and then I went to see my neurologist who said, you know, this could be bad or really, really bad.

And I began the workup. Now, that's back in 2000. It took three weeks.

Dr. Wahls' MS Diagnosis and Decline

That was happening. I'm, laying in bed thinking about the fact I've already had 20 years of worsening electoral pain due to trigeminal neuralgia, 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 get I have all the MRI, nerve conduction velocity tests, lots of blood tests, spinal tap.

And I've told it's multiple sclerosis. I, start being the the literature. And, you know, I just really get upset because I see it's, you know, Ms.. Is 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 medicine in the country and go there.

So we did a research. We 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 two decline wheelchair.

I take, my research on a form of chemotherapy, have neutropenia three times. But I'm continuing to go downhill, so they stop that? I take tysabri. We're all very excited about that.

I continue to go downhill, and then Tysabri is pulled from the market and I've switched to a drug called cell Sept.

Again, another immune suppressant.

And that's when I decide, okay, I know how bad this is going to be. Really terrible. And my track income bedridden. And so I go back to doing the basic science outside my to kind of this function is what drives this ability.

And I create a supplement cocktail that helps my fatigue just a little bit. But I'm really grateful for that little bit. So my mind is still clear. My hands still work.

And it slows my decline. In 2007 and beginning to have some brain fog, my chief of staff calls me into his office. Tells me he's, reassigned me to the traumatic brain injury clinic.

I'll start there in January. There'll be no residents. I'll be examined. 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. And 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, you know, 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, So I convinced my physical therapist to give me a test session. Hurts really bad. But when it's 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 neuro protection. And I take that, which was was pretty hard the midst of my brain fog.

But I have a longer list of supplements. And then, I have it's really big. Finally. And I laugh at myself, all right. For how long it took to have this.

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 Ranger clinic. The first two weeks, I just watch 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, how could I sit in a regular chair, for supper?

And I should tell everyone at this time, you know, back in December 26th 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 and begin to have brain fog.

My trigeminal neuralgia 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 me illness because of the brain fog and die with intractable, horrific pain because my treadmill analogy is so difficult to turn off, right?

Very grim future. So, you know, and I'm going to have to take retirement. So 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.

Yeah. And then my physical therapist says, you know, the next week, no. Two, 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.

Functional Medicine and Recovery Turning Point

Now, this is stunning. I start walking at the hospital with two walking sticks. Truly amaze. 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. So Jackie tells my 16 year old son, Zach, you alongside in the left, my 13 year old daughter that you met alongside in the right.

And she'll follow. We all get into position. You know, you a ride? I ride my bike. My daughter in that big six year old boy, he's crying. He's crying. Jackie's crying.

I'm crying. You could tell I still cry when I relive that moment. Because that's when I. I understood, like, what might be possible and I, you know, keep riding a little bit more.

And then in October, we do the carriage ride, which is 18.5 miles. And, you know, I crossed that finish line once again, we're all crying. And this really changes how we think about disease and health.

It will change the way I practice medicine. It will change the research that I do. And I 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.

That is such an amazingly powerful story. Thank you. Sincerely. Thank you so much for sharing that with us. It's 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. And that's coming from a natural path.

Doctor who believes that food is magic. You know. I've been trying to get a natural ethics school to give me an honorary, naturopathic degree, so I. Might not be able.

To do that, but I'm like, you know, I, I sort of feel like a I'm sort of a natural path at heart now. Yeah. Yeah. It's powerful. Thank you. Thank you so much for sharing.

So for part of, you know, for this being a Lyme disease summit, there might be a lot of listeners here that honestly don't even know what AMS is. Sure.

Can you share what the typical I mean, I obviously you just illustrated a pretty severely did teria rating. You know route that AMS can go. It can. What you have is, an episode of neurologic symptoms.

And the, to make the mistake. Gnosis. 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. It's, looking for oligo bands. 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 you've, they could exclude all these other autoimmune diagnoses, exclude the infections and then

say, okay, based on that, you may diagnostic criteria.

It's called the MacDonald's, criteria. And then we will begin treatment with the disease modifying, agent. And those are typical and typically immunosuppressant biologic.

They're all they they will suppress your immune system in some capacity to, 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 reduce the number and or reducing the number of relapses compared to the control.

And so, the, 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, 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 tell the person they may stay on something like Copaxone, which is a much gentler, much less risk of telling you, disease modifying treatment.

And some people are able to get entirely off their DMT, but it has to be done, you know, in a very thoughtful way, because if you abruptly stop at 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. Yeah. So that's a potent, drug that is really turn off your immune system.

I think things like, tysabri. Would be, the classic, which is very been very effective at reducing a number of new enhancing lesions, reducing the relapse rate.

But if you stop it abruptly, then you're going to see a severe rebound and a severe flare.

Understanding MS Diagnosis and DMTs

I was going to say so for patients that don't necessarily understand the link, can you talk a little bit about how the immune system could potentially cause these lesions, you know, that are one of the main physical findings.

And I'm mouse. You know, I'm going to go back to, what is 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, 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.. In the, tickborne, 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-Barr virus, being one of them.

But the vast majority of people can handle those microbes and never get immunity. So there's this next step, which is we don't really get it. That's what the conventional docs will say.

And so they just focus on the DMT is the people like me. We say, okay, so we're going to address all the environmental factors we address nutrition, toxin exposure.

Life purpose, connection with others, reduce loneliness. Moderate exercise, stress management. Fix your nutrition address, investigate your microbiome.

And what we see is, as we have people do that step by step. Some people can do it, you know, 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 sugars 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. So that's, 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 a DMT that is a little less toxic.

And when people are doing well, they're not just 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 conferences.

My ideas are not so crazy anymore. My, research is celebrated. You know, we're, we're being heralded as, for the important role that we've had in driving the research on nutrition and the impact of nutrition on, symptoms and disease course.

So it sounds like you are using all of the nutritional and lifestyle modification versions 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, your patients into like this remission and yourself as well. You know, and, you know, when I'm teaching for, IFM, a program, we talk about, the role of the microglia, the astrocytes, you tender sites and the neurons in the brain. It.

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 that 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.

Yeah. 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 you have the, young woman who actually woman in her 50s with progressive Ms.. So disabled that she was struggling to transfer independently from her wheelchair to the toilet from a 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&A.

Lifestyle, Infections, and Immune Dysfunction

And over a three year period, she got so she could stand for 30s stand for 90s, stand and take a step with the

walker stand and take several steps with her 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 your 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 right 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, you know, is this something that you focus on, you know, 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, you know, further advancement of.

The you know, I certainly, we talk about, the genetic predisposition, the, microbes. And I stress that, modifiable lifestyle factors, are key. And if the person, has concerns for, tick borne illnesses, I want them to find a clinician that has expertise and all of that.

I certainly acknowledge that I do not, but what 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 begin work with them remediating the microbiome, really addressing lifestyle medicine. And they perk up, they're like, oh my God.

And so the 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 so I, you know, 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 amassed population? I do not. Okay. And I don't either. That's something that maybe, I will gather and get to our listeners as a.

Yeah, I, 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, I don't know how reliably, the neurology community is excluded 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.

Right. And then these, infections that have to be considered, and so your neurologist should have considered, the tick borne illnesses in the initial diagnostic workup.

Now, they may not be as knowledgeable as your eyelids. Trained practitioners on how to thoroughly investigate the question, are tickborne infections really at the root cause?

That is, that is part of the workup for that initial diagnosis. Right. And as we just discussed on your summit when you interviewed me, you know, the testing out there.

And so, you know, 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 the the Bartonella, etc..

And so a lot of. Times they're not. It's just going to get ruled out. And, and a lot of times, you know, I would assume it's definitely a false negative.

And so we're missing that piece of the puzzle. We, that is absolutely, absolutely correct. It is part of the initial workup. The your specialist has been trained that has to be considered and ruled out, and they will be using their conventional laboratory testing that, you know, quest lab core, or the testing within their hospital system, you know, here at the university, they would be using that initial testing.

And furthermore, they are probably not sending you, to an infectious disease person or a specialist to, look at that, thoroughly. Either, you know, it's always.

Just going to. Of workup that you're supposed to go through. And I mean, unfortunately with infectious disease, I hate to say it, but they're using the same tests.

You know, it's kind of like, the specialty that you would expect to be on top of this. Unfortunately, isn't using any better diagnostic criteria or testing you know, 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 EMS and my approach to healing Lyme disease are very, very similar.

You know, I believe that really the crux of the immune system's ability to function properly relies in the Gulf, right in, in the gut and the Gulf and on our microbiome and when we are using, you know, 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. So, I love that you look at ahead. The other thing that I want to comment on, based on some microbiome studies of indigenous women, and the, their oral microbiome, their bedroom microbiome, and then the microbiome, of their kids, they have a different microbiome than we do.

Their microbiome provides much more robust infection. Infection protection, against, meningitis, against, tick borne illnesses, against a variety of these infections that are scourge today.

Because they have the microbes in their gut that are protective. If you have a C-section, you don't get those microbes.

Microbiome, Diet, and Ketogenic Support

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 mothers vaginas when we come out and our and our born 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, you know, whatever.

It's it's not setting the microbiome up the way that it should be set up for proper immune function, much less digestion or, 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 we don't understand that.

Now, certainly. Antibiotics, can have been lifesaving C-sections have been lifesaving.

The vagina is lifesaving. And so it's super interesting. There has been a move, in some hospital, 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. You know, fortunately, when my grandson was born, he was able to come out, mom's vagina. So I was thrilled about that.

I'd. So. So, Terri, tell us a little bit more, if you don't mind, like, a little bit more detailed about, you know, your, your plan, your nutritional plan and what that entails.

So it's really about, use some pretty basic concepts. You have plant protein. You know, I'm getting that, I, you know, actually, right now I'm eating a lot of grass.

Finished. Bison, pastured pork, pastured beef, pasture chicken. Wild fish. In some, farmed fish, here in western Iowa, non-starchy vegetables. And people know with, advocate for nine cups.

Greenleaf is, sulfur rich cabbage, onion, mushroom family in deeply colored beets, carrots, berries. And, I advocate for nine cups because my clinical practice was in the VA.

I didn't want people to be hungry. I and my vets would say like, okay, nine cups, is that per week or month? And we'd last? No, no, that's per day, without, 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 kiefer's, seaweed, algae. And, over time, they became more and more ketogenic.

So presently, I, have more fat, a lot a lot of olive oil, and, fewer carbs because I'm on a ketogenic diet. I walk in first. There is four weeks out of the year when my papa and persimmons, are ripe.

I'll have more papaya and persimmons. So I go out of ketosis. I'm the papas are down, the persimmons are down. 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, you know, for prevented of measures? I'd say both. I had early antibiotics, so, I was born in 55. At that time, breastfeeding was, not, popular.

In. Fashion, not in fashion. So I got, formula. 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, you know that was good. But it also messed with my microbiome, so I probably had yeast overgrowth. And since that 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 past puddles and persimmons, I'm out of ketosis, but I don't have that many, so it's still a pretty low carb diet. Then, you know, I, I 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. Yeah, absolutely.

So, Terry, share with our listeners. You know, if someone is suspecting, especially after listening to this, that perhaps they have amassed on top of having a tick borne disease, or maybe they think they have amassed an STD.

Where would you refer them to to find out what you would consider to be kind of like true information regarding, as well? If you have Ms.. There's separately, diagnostic criteria and ideally I would have you go see, Ms.. Specialist.

There aren't that many. So you may have to, if you're in rural America, you, 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? Yeah. 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. DMT is.

Finding Care, Trials, and Final Advice

At the same time, it's critical to begin implementing diet and lifestyle, because the DMT is 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 you know, if you come to to us, you know, in one of my clinical trials, we're going to 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?

Yeah. So clinical trials, you go to Terri walls.com/trials and you'll see we have trials for people right now with chronic Lyme, fibromyalgia. We're, recruiting for those.

Do we have a patient registry for everyone? So, invite everyone on your summit to sign up for our trials. Page, because you'll see the patient registry.

You could be part of that. And then if you want to come, see the various classes that we have, come to church walls.com, and look at programs. We have a bunch of programs, and we, So do 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 y walls for scum. Okay. 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, Terry walls.com/trials, and 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 messages, I was profoundly disabled. I had a terrible, terrible future ahead of me.

I kept doing what I could a little bit by bit by bit. And eventually, you know, I turned everything around. I, I love strength 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.