

EPISODE 81

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Most of the paleo folks get rid of the grain, some get rid of the dairy, some don’t, and eat a lot of meat and eat some vegetables. I’m about eat lots of vegetables in this structure and some meat. What many of the paleo folks don’t realize is protein simulates insulin too. They rave that you don’t want all these insulin. You can’t have all that protein either. You got to moderate your protein as well as moderating your carbs.”

[INTRO]

[0:00:45.1] AS: You know battling food in your body doesn’t work. You want to love and accept yourself, and because you’re insatiable, you want results too. You bring the same intensity to your life, wanting to maximize your time, potential, and experiences you have here on our beautiful and wondrous planet Earth. Fair warning, it will be a rollercoaster. But for those insatiable, this is your primetime to thrive. Here is just saying yes to the hunger of wanting it all.

I’m your host, Ali Shapiro, who is dedicated to pioneering a saner and more empowering approach to health and weight loss.

[INTRODUCTION]

[0:01:24.1] AS: Welcome to episode 81 of the Insatiable Podcast; *Transforming MS and Auto Immune Health Protocols One Step At a Time with Dr. Terry Wahls*. In today's episode I speak with Dr. Wahls on her dramatic reversal of MS after eight years of decline on conventional drugs, including how she had to leave her twenty-year vegetarian diet behind to get well. How her VA clients taught her how to eat healthy unlimited resources including incredible results without being organic, and how Dr. Wahls learned to bring the medical and MS community

skeptics along with her pioneering discoveries that apply to MS, lupus, other auto immune issues and even neurological diseases like Alzheimer's and Parkinson's. She shares her incredible story of going from odd person out to visionary.

A little bit of more about Dr. Wahls, she's a clinical professor of medicine at the University of Iowa where she conducts clinical trials. The focus of the research is the impact of diet and lifestyle on chronic disease with a particular focus on multiple sclerosis. Her interest is using dietary lifestyle interventions developed as a result of her own health challenges. She's also a patient with secondary progressive multiple sclerosis which confined her to a tilt-recline wheelchair for four years.

In addition to teaching, she teaches the public about the benefits of nutrient-dense diet, stress reduction practice and increasing physical activity. She's the author of *The Wahls' Protocol: How I Beat Progressive MS Using Paleo Principles and Functional Medicine*, *The Wahls' Protocol: A Radical New Way To Treat All Chronic Autoimmune Conditions Using Paleo Principles*, and the cookbook that just came out, and I highly recommend for its simplicity yet nutrient-dense recipes, is *The Wahls' Protocol Cooking For Life: The Revolutionary Modern Paleo Plan To Treat All Chronic Autoimmune Condition*.

Dr. Wahls also had a famous TED Talk that went viral at over 2 million views that you can see in our show notes. We'll also get into why TED had warning label on her talk that included the importance of vegetables. Yup, radical times out here. You guys are going to love today's episode. Dr. Wahls is a brilliant resource of information, very pragmatic, scientific oriented around attrition, and you're going to learn a lot.

[INTERVIEW]

[0:04:17.4] AS: Welcome Insatiable listeners. We are here today with Dr. Terry Wahls, who I told her in our kind of pre-chat that I'm so kind of nervous because I admire her so much. Dr. Wahls, when I saw your TED Talk, when it first came out, I cried. I said it to my mom and she cried and neither of us have MS, yet I just found it was like the best of what the human spirit is capable of. You are just such a trailblazer, and so it's such an honor to have you here.

[0:04:17.4] TW: Thank you. I am so grateful to have my life back, so I'm thrilled to have this opportunity to talk to your audience and help them realize that they too could be trailblazers and they could help us out by extending this epidemic of health.

[0:04:32.0] AS: Yeah. In various other interviews you've given a lot about your story and I love — I want to lead that as — Talk about that as a launching point. For our listeners who are new to your work, explain the highlights of your journey.

[0:04:46.7] TW: I'm a conventional academic internal medicine doc here at the University of Iowa, and I was at the Iowa City VA for many many years. When I was diagnosed with progressive illness, multiple sclerosis, I treated my disease very conventionally, very aggressively, finding the best MS center I could find here in the Midwest, and that was the Cleveland Clinical. I saw their best people, took those drugs, and within three years I needed tile-recline wheelchair.

Fortunately, my Cleveland Clinic docs had told me about Lauren Cordain and the Paleo movement. Actually, a lot of prayer and went back to eating meat, and I continued to decline the next year. I needed a tile-recline wheelchair, then I took Mitoxantrone, a form of chemotherapy, then I took that new biologic drug Tysabri, continued to decline. Then I switch to CellCept, continued to decline.

It was quite clear to me that conventional medicine was not stopping my progression towards a bedridden, demented, and the life of intractable pain. That's when I decided I would go back to eating the basic science, and I begin experimenting on myself. I'd completely except the recovery was not possible, that functions once lost were going to be gone forever. I was doing all these in attempt to slow my decline. I figured out that targeted vitamins and supplements to help my mitochondria did slow the decline in help towards fatigue, so I was really grateful and I was totally energized, like, "Oh my God! I'm learning stuff that my conventional doc and neurologist don't know about.

I'm fired up, I'm jazzed, I'm reading more and more, experimenting more and more, getting more comfortable with that. I would discover the Institute For Functional Medicine, take their courses on neuroprotection. I have more supplements. I discovered — Or went back to a physical

therapy in electro simulation muscles. I was adding that. Then I had this really, I think, quite profound aha moment, like, “It should redesign my paleo diet along these nutrients that I was using in pill form to figure out where they were in the food supply.”

More research, and it was December 26th, 2007 that I started this new way of eating. For context, at that point, I'm so weak I cannot sit up in a regular chair like I am now. Instead, I'm either in bed or in a very deep recliner with my knees way back — My head way back. It's a struggle to walk 10 feet. I have the brain fog, I have severe fatigue. I have intractable pain. Life is difficult. That's when I'm redesigning my diet. I've maximized my exercise. I've gotten back into meditation. I'm doing everything I can to keep the little function that I've got because I know it such has a big impact on quality of life, and the results stunned me and stun my physicians, because within a year my pain is gone, my fatigue is gone, my brain fog is gone, I'm walking around without a cane. I still have a limp, but I'm walking around without a cane. I get on my bike, I bike around the block. I'm crying. My kids are crying. My wife is crying. At that moment I realized, “Nobody knows what might be possible.”

Then just three months after that, I do an 18-mile bike ride with my family. This really transforms my understanding of disease and health. It transformed how I'm willing to practice medicine. I'm now not talking about drugs anymore. I'm talking about biochemistry and I'm talking about broccoli and food, and I'm talking about movements, and I'm talking about what are you doing for stress reduction. I'm talking about how you were exposed in terms of antibiotics and chemical pollutants. I'm really zeroed in on teaching people they have choices, they can choose their response and that we can begin this journey or reclaiming their health.

In 12 months I just upended everything in my life and I upended my understanding of life, upended my understanding in medicine. I upended my understanding of health, and I upended what is possible.

[0:08:56.1] AS: Oh my God! I did have chills. A couple of things I want to ask about there. I think I'm someone who I had a ton health issues as a result of chemotherapy. I actually had cancer, not MS, and I was kind of — I healed myself from IBS, depression. Not MS. Not that degree, but it was just like how did I not know this, because we thought I was trying to be healthy after having a teenage cancer diagnosis.

I thought that all — When you talk about you started finding the science that your doctors didn't know. I used to think that all doctors had access to the same knowledge, because science was kind of this — Not absolute thing but everyone was standing from the same science. The more that I've uncovered, I realize there's different lineages of science that kind of people just didn't pick up or like researches.

[0:09:37.4] TW: Yeah. There's just so much out there. It's very hard to have a full knowledge of everything. I certainly don't. I have a deep knowledge about some things. As I was getting more and more ill, it was worth it to me to really read and research so it's not surprising that I could become more expert in some aspects of health recovery than my physicians could be.

[0:10:02.7] AS: I think that's important for our listeners and people out there. Doctors are humans, very smart and bright humans and yet they're learning — They're just like the rest of us, and that we can't master everything.

[0:10:14.5] TW: Science changes so rapidly. Science now is so available because of pubmed.gov. If you are devoted and willing to read and learn and study, it doesn't take long for the savvy person in the public-sphere to learn more about the latest science related to their health issues than even the functional medicine docs, even integrative medicine docs, and certainly the conventional medicine docs, because science changes quickly. That has really changed how I think about taking care of people the public-sphere, and I hope it's changing how the public is thinking about how they can address their very challenging health needs.

[0:10:59.7] AS: Yeah, I think we have to stop putting it all on the doctors and thinking, "Wait, I have agency. I have responsibility," and like you said, "Oh, I have choices here," and I think more and more people are realizing that and that's so important for people to remember. You have to do your own research and know your own body.

[0:11:14.6] TW: The creation of an epidemic of health will depend on all of us telling our stories person-to-person, publishing it on the internet, doing podcast like this, writing books, writing blogs, telling our friends and neighbors, putting it on our Facebook feed, our Twitter feed,

whatever, and letting the world know that we choose what we eat and we do. We can all begin this journey towards more and more health-promoting choices. As we do that, our symptoms of poor health will likely steadily decline and are symptoms of better health, more joy, more happiness, less pain, more energy, will grow.

[0:11:53.8] AS: Love that. You talked about you did prayer about eating meat again. Tell me a little, because that's a common question I get and it's very controversial. So I'd love to hear your thoughts for that.

[0:12:05.6] TW: You know what? I'm a farm kid, and we had livestock that we slaughtered and ate, and I'm also a tenderhearted farm kid and I became a rebellious farm kid and I quit eating meat. My parents thought that was horrible, and I was wrecking my health. Ironically, they both died before I discovered paleo, and would go back to eating meat.

At 20 years as a vegetarian for this very important spiritual belief. Then when I read Lauren Cordain's work and realized that there is a scientific rationale for why grains and legumes might be inflammatory, why meat and vegetables might be healthier. I did a lot of prayer.

One of the conclusions that I came to is all of biology recirculates all of our molecules. Our bacteria in each other's byproducts will decompose. The bacteria will eat my body and recycles those molecules. Plants are recycling the molecules. That really, there are very few life forms that aren't recycling the molecules of byproducts of another life form.

That made it easier for me to realize that this is one bit interconnected web, I'm part of the web, and that it was a big adjustment to go back to eating meat after so many years of not eating meat. I had to gradually work my way back in.

Many paleo eaters, I focused on what I couldn't have, no grain, no legumes, no dairy, but I still didn't know how to construct a diet that made sure my brain and my mitochondria had everything that they would need to thrive. It would take me many more years to realize that was important to figure out. Of course, several months of research to say, like, "Okay, here's what science tells me on how to do that." It was a journey.

[0:13:55.8] AS: Yeah, I read Lierre Keith's book, *The Vegetarian Myth*, and she was a vegan for several years and her spine was deteriorating, which she talked about how it required this philosophical spiritual shift of accepting that life takes death. That was part of her metamorphosis back towards meat.

[0:14:14.7] TW: Yeah. Life is a very deeply interconnected web. Now, it is true that on my study team, a very important member of the team as a vegetarian for very important religious beliefs. I was like, "Well, I needed to figure out a way to help vegetarians. We're going to remain vegetarians. How to do it safely and how to make sure my same team member was going to thrive." It was actually extremely hopeful that she was on my team and that she is a vegetarian for her deeply held religious beliefs. That meant like, "Okay, I got to figure out how to help them too." So we did that.

[0:14:55.0] AS: This brings up a question so much a placebo, nocebo effect. If we think a diet is healing, what do you think about that? If our belief are so strongly —

[0:15:05.5] TW: That certainly can be helpful. I mean, absolutely. I do spend a lot more time now talking about affirmations, being the in the Wonder Woman, Superman warrior pose and claiming the future that you're trying to create.

I get up in the morning, I'm doing my power pose, and I'm like, "My brain is healing itself! My brain is remodeling itself! My bones are getting stronger! I'm taking up ectopic calcium and I'm putting that calcium in my bones and my teeth!" and I said that out loud. I'm shouting that. I think it's very important that we have self-talk that is positive, that is telling myself how to reorganize. Absolutely.

I certainly don't want to go around saying, "I'm dumb shit?" I want to go around saying, "I'm can do great things. We are in this wonderful hero's journey together."

We do our seminar — We have a lot of fun time reclaiming our positive affirmations, being Wonder Woman, Superman. I think we need to claim that. Placebo and nocebo, that's fine. That's fine. That's a very safe intervention.

[0:16:17.7] AS: I think it speaks to what I find a lot of us, who, first, we get into food, then we get into the emotional, the spiritual. It get kind of ripples out.

[0:16:24.9] TW: Absolutely.

[0:16:25.5] AS: This other frontier of science of, “What is that connection of our belief?”

[0:16:32.8] TW: We ourselves will make it happen. Whatever we are saying and talking to ourselves, ourselves are going to try and create that future. I want myself to be creating the best future possible. I talk about how important that is.

You know what? It was surprising. When I ran The Therapeutic Lifestyle Clinic, one of the most popular classes, when we did our skills classes, were the resilience classes, where we talk about things like placebo and affirmations, and the good life, meaningful life, your life's purpose. I didn't realize how important that was. Unfortunately, my bets did and they taught me, and so I paid a whole lot more attention to that stuff now.

[0:17:11.7] AS: I love that. You created your own protocol and it's not just for MS patients, correct?

[0:17:18.1] TW: Correct.

[0:17:18.5] AS: What did you find? I'm curious, two things; how you defined paleo, or how your protocol came to be, and how you see the overlap but also the differences between MS and lupus, Hashimoto, or autoimmune thing. I know that's a big question.

[0:17:35.4] TW: It's really in two parts. The first one is how is my protocol different than paleo. A lot of the paleo folks focus on, “This is what you can't have.” When I read Lauren Cordain, I got the message, “Can't eat this stuff. Eat meat and not this other stuff.” It didn't really tell me how to organize this fraudulent nutrition, and it make sense because paleo is about regionally, locally sourced food that's in season and do the best you can.

Then as I'm studying and trying — My brain is getting wrecked as I'm studying, my focus is like, “I got to make sure my brain has what it needs. I got to make sure my mitochondria have what they need to build the structures for their repair.”

Now, I'm focused more on what is it I have to eat for everything to work? I know there are some things I have to remove, but I really need guidance on what to eat. I created a plan and then tested it because I'm one of few people doing dietary research as well, so I tested my dietary rules at each level to make sure you're still getting the things that I say your cells need.

Lots of vegetables, a little bit of meat, and the vegetables are a lot of leafy greens, a lot of sulfur-rich vegetables, and some deeply colored. The average American has about 250 grams of carbs a day. In my dietary plan, depending which plan you're in, it may be between 50 and 120 grams of carbs. A lot lower carbs, lower glycemic index, and a lot more nutrient-dense, a lot more phytonutrients. Really, the building blocks that your mitochondria need, your bones, muscles, and your brain cells need to really steadily using you and make yourselves function optimally.

Most of the paleo folks get rid of the grain, some get rid of the dairy, some don't, and eat a lot of meat and eat some vegetables. I'm about eat lots of vegetables in this structure and some meat. What many of the paleo folks don't realize is protein stimulates insulin too. They rave that you don't want all these insulin. You can't have all that protein either. You got to moderate your protein as well as moderating your carbs.

[0:19:49.3] AS: I love that. That's for people who really — If you have autoimmune issues, that's kind of the focus. Correct?

[0:19:56.8] TW: Right. You want to reduce inflammation. You want to reduce your toxin load. Then talked about hormonal balance, lowering your cortisol. Then at the autoimmune level, it's really sort of the same disease processes. Your immune cells got over-reactive. Depending on your personal genetics and your bacteria that you had hanging out with you. That will determine which structures are being attacked. If you have too many toxins, if you have too many cortisol, it will keep those attacks revved up and really high. If you've got gingivitis in your teeth, you'll take care of your mouth very well. Again, your attack levels are going to be high.

That's why my approach has been very helpful for many people with MS. We have thousands of followers. We also have thousands of followers with other autoimmune conditions. Frankly, many conditions that I've never even heard of myself and they come in and say, "I discovered your work. I discovered your protocol. My symptoms are less and less. I'm no longer needing by disease modified drugs, and I feel great."

These things like lupus, RAs, scleroderma, mixed connective tissue disease, Bechet's, Myasthenia gravis, Hashimoto's. Then all sorts of autoimmune things that I don't know what they are, I got to go look them up, like, "I had no idea what that was."

In addition, we have people with ordinary stuff, like diabetes, obesity, high blood pressure, heart disease, heart failure, they're doing much better. Then people with other progressive neurologic things that the conventional thinking is, "You're completely screwed. There's no hope," like Alzheimer's.

You know what? I've got one of our early folks who started following me, had moderately severe Alzheimer's. Her PhD would had to stop working. Would still be at home, was struggling, or that she was safe at home even. We got her on the protocol, and she's 18 months into it. She is doing dramatically better. Just dramatic at the level of improved cognition, memory recall, and her independence. Her life has been transformed.

We have lots of folks with Parkinson's whose lives are being transformed. I've had many people with ALS. That's a disease where nothing helps. The drugs might get you another month. Well, that's not much, and usually die within four years. I now have many folks with ALS who've discovered my work and implement protocol. They stopped their decline. We have some folks who are getting stronger.

I still want those people with ALS to see a functional medicine doc and get an evaluation, get things personalized. I've had so many successes. I'm now talking with our ALS clinic here about the possibility of offering this as a treatment option for people who want to try diet and lifestyle. We've also written the research protocol, and I'm out trying to secure the funding to test my protocol in the setting of ALS.

[0:23:04.8] AS: If that doesn't say hope and possibility, I think that's what's so — I saw that on your website. I was like, "Wow! ALS was one that I didn't even know maybe diet could influence."

[0:23:14.7] TW: It's a radical thought. It's a very radical thought, but I've had some many people telling me all about their great responses, so I've developed a conversation with the ALS community. We'll see if I can get this funded. Ever the optimist. We will figure out how to do this. We'll figure out how to make that happen.

[0:23:33.2] AS: I find that when you reclaim something like your health, you become more of an optimist, because it's like this — You had this limit that you didn't know you had. You just thought it was reality and then you bust through it and it's like, "Oh my God! What else is —" It just keeps making you more and more curious.

[0:23:51.0] TW: Absolutely. If I could come back from the level of suffering and disability that I had endured for years, when I thought hope just couldn't happen and recovery was not possible. If I can get back in that setting, I tell this when I tell my story in our lifestyle clinic that I don't know for any individual if they can and come back. We strictly know that it's possible. We certainly know that conventional understanding of chronic disease is fundamentally wrong. It's worth the personal experiment.

Give it a hundred days at 100%, no cheats and just see what we can tell. At the end of a hundred days you can decide, "Well, this experiments is not working out. I'm not going to continue," or "things seem to be a little bit better. I'll do it another hundred days." You just sort of do it a hundred days and a hundred days and then decide each hundred days whether it's worth continuing.

[0:24:44.1] AS: Yeah. One of the questions that I think is a good time for now is I wanted to know about your identity shift from the conventional doctor that kind of like, "I'm going to tell the patient what to do," and now you're telling me like become your own and of one basically to —

[0:25:03.5] TW: Experiment, pay attention, read widely, think deeply, and do what makes sense to you.

[0:25:09.8] AS: Yeah, how was that identity shift for you of like, “I’m a —”

[0:25:13.1] TW: That was sort of a fun journey too. I’m a conventional doc. I also was a physician leader at the institution that I was at. In my traumatic brain injury clinic — Actually, I was assigned to that probably as an attempt to force me into medical retirement because at the time it was, “You’ve got to do this six months from now. No residents. You have to see these patients as part of a team,” which meant getting up. Down, doing things that physically I knew I couldn’t do.

Of course, by the time it happens, I’m recovered enough that I can do this and my thinking has changed like instead of telling people, “There’s nothing we can do about your traumatic brain injury.” Well, all sorts of things we can do. We can do diet. We can do stress reduction, blah-blah-blah, and it’s making my partners uneasy. My chief staff calls and says, “Terry, what are you doing? People are really upset.”

We had many conversations, and I bring down a cart with 85 papers to say, “Okay, this is science behind what I’m doing and why.” Ultimately he agrees that, “Yes. In the other academic dock, I get to change my practice based on the latest science.”

I also learned that I’d be very careful how I document this. I talked about, say, “I’m not doing conventional therapy. If you want that, you’re going to have to see someone else. If you want an alternative approach to your problem based on some of the latest science and new theories, I can help you.”

I was very careful to say, “This has not been approved by the FDA. It’s not conventional. It’s science-based, and here the options. What do you think?” People will be like, “Okay, I’ll do that.” or “No. I’m not ready,” and then they would continue with their conventional approach.

Then we would see that I have some really great responses in the traumatic brain injury clinic and I was getting to be a more effective saleswoman, I guess. I'm getting people more fired up, like, "Okay, I could try this for a hundred days."

I eventually got through the education committee a new handout on building blocks for better brain. This was not perfect, but I had a lot of good things, and plenty of white space so I could write in the extra stuff that I wanted. That was a very helpful tool. First, I was doing these radical footings in a 20-minute appointment without a lapse. I was making the case for changing one's diet and lifestyle in 20 minutes and some people were ready and some will be pre-contemplative. We had some great results. At the same time, in my primary care clinic, I'm doing the same sort of thing. In the residence they'll be saying like, "We could use diet and lifestyle very effective and see some great results."

Then the chief of medicine, and I said, "We got to take you out of primary care," and we created a clinic just for the way I wanted to run things. We called it the therapeutic lifecycle clinic. Again, had striking results, and I went around primary care and some of the specialty medicine folks said, "Give me your hardest cases."

The people understand I'm not using drugs. This is only diet and lifestyle. If they're up for it, "I'll take your most difficult cases," and so they would come. Pain, uncontrolled pain was the number one reason, autoimmune issues, big psychiatric issues were also quite common. Of course, many of these people have the comorbid issues of obesity, diabetes, metabolic syndrome, fatty liver disease. They would incidentally get fixed as well while we're tuning them up.

The other thing that was really quite wonderful, at the time I thought it was sort of a pain, I had degree at the VA that I was not going to do any fancy, functional [0:28:53.7] testing. We're just going to do some basic primary care labs. No fancy supplements. I had a very small toolkit is a functional medicine, integrative medicine doc. You know what? I still had phenomenal results. I learned how to inspire people using diet and lifestyle, very targeted supplements. I learned how to work with people who don't have money, who are living on disability and food stamps. Still, we could have phenomenal results and change people's lives by giving them agency and helping them begin that journey.

[0:29:27.8] AS: I love that. Was there ever like— At first, you're this voice in the wilderness, right?

[0:29:33.1] TW: Oh, yeah.

[0:29:34.7] AS: How do you manage that? Like, "Is this going to work? I have very little resources." How did you manage that for yourself?

[0:29:40.4] TW: One of the things that I think has been very helpful, and a problem for me growing up was I was always a little socially unaware of the world. I have a very interesting, inner-mind, inner-game. I was an artist, and I became a doc. I'm doing my thing. My family can tell that the world thinks I'm a little bit odd. They're a little bit bothered by it, but I'm clueless, really. I am clueless. All these stuff rolls off my back.

I just have this very clear, "This is what I need to be doing, and so I'm going to do that if people don't like it." When I decided to become a physician leader, I did have start paying more attention of the world and I became a lot more aware. In clinic, I was pretty clear that this is what I need to do. I had to learn how to play the roles of and talk about it very carefully. They're not FDA approved, etcetera. So I've played the rules but I'm okay with people thinking I'm an oddity.

Because we had great clinical outcomes and I was wanting to take the hardest cases, it didn't take long and we had a nine-month, one year waiting list to get in to see me. When we do our clinical trials, and every year we're having a research poster with our research out. Again, we're having these unexpected stunning results that you stop a progressive disease and regress loss of function. That we have these videos, these amazing gate videos before-and-after where we see these stunning changes, not on everyone, but some folks we got them running again. It's really quite remarkable.

Then we get that published, and so I'm going around the various departments talking about my research, and then the University created the Wahls Foundation to support my research. The university created The Wahls Research Fund. These people could donate to that. We're

getting a little bit of money. It's giving me some more flexibility with doing some basic science to understand why things work.

Then we have a philanthropist call us, interested in our work, and we start getting much larger checks. I mean much much larger checks. By the third time that came through, the University, dean of the medical schools, call me up and having me come over and say, "Okay, what all are you doing?" Now, the university and the VA really had decided instead of being an oddity, maybe I'm a brilliant visionary and maybe the scientists should be writing books to the public telling the public what they're doing and maybe they should be having social media presence because there is a big role for a philanthropy in the people who are truly innovative because then the agents aren't going to fund innovative stuff without some preliminary data. The philanthropists are very very important in funding cutting-edge research, which I'm now the benefactor of several of very nice philanthropic gifts as well.

[0:32:27.7] AS: So well deserved, because when you start changing diet, then you are awakened to the environmental destructing that's going on and then you understand how important community is and all these things I think that are broken. You start to want to really value and put back together.

[0:32:42.5] TW: I'm very happy to tell world, "I'm not a PhD. I've not been trained in doing clinical research like everyone else." Now, the beauty of that is I haven't been trained to do single molecular pathway studies. Instead, I'm the person who said, "This complicated multimodal system fixed me." That's what we need to study, are these complicated multimodal approaches, and so then I hire a PhD scientist to help me make sure that we've designed good measures to see what's going on, that we have a sound steady design, but I'm the one who says, "Here are the questions. Let's make sure we've got the question designed correctly."

Of course, there is more interest now that this multimodal approach, this studying of the creation of health is probably what we should've been doing all along as opposed to sitting disease. Imagine if we'd spent the billions and billions of dollars on how you create health. We'd have a very different healthcare system.

[0:33:46.2] AS: Totally. I always say I have my masters in coaching and in health development. I love academia, but I also think it has a lot of problems and that it does get people to study very siloed things. I think disciplines have been separated that need to come back together again when you're calling multimodal [inaudible 0:34:01.1].

[0:34:03.4] TW: And the reason people get so siloed is we have to get funding to do our research. In order to get funding, there's a very prescribed way to do that and you have to have a single molecular pathway. Of course, everyone said, "You'll never get external funding doing your stuff." I'm like, "Well, but this is the right way to do it." So I just continued along. Of course, now I do have major funding.

I think my TED Talk, my books, and my public presence created the shift in awareness in the MS society that this is a kind of stuff we need to be studying. We need to be studying dietary and wellness approaches, and it's the public pressure that will create that demand in these various specialty groups, like Alzheimer's group and ALS group, and then ultimately in the — The public pressure will drive this, and public pressure will happen as a result of all of us talking in the public space about the power of this complicated multisystem approach, this network approach, this multimodal approach, whenever terms you want to use. It's all about dietary lifestyle interventions that improve health. Not about the treatment of disease. We are creating health, and as a consequence, we treat disease.

[0:35:23.1] AS: Yeah, that's a really important point. If you focus on what do we want, the disease will often clear itself up.

[0:35:30.3] TW: It will reduce. It may go away entirely or it may not, but it'll certainly be much more manageable as all of the indicators of health improve.

[0:35:39.2] AS: Yeah, I'm curious. What is your opinion on medications? Because I know a lot of people — Are you like, "Some people do needed it."

[0:35:46.2] TW: Sure. We'll talk about my personal story. I recovered 2008, so I think about six months into my recovery, I went to see my neurologist and I said, "Look, I want to get off the disease modifying drugs," and we worked out a schedule and I got off them. I've been off them

since 2008. What we agreed this for specific flares, I'd take prednisone, and for the indications where I might need to reconsider disease modifying drugs.

I have a lot of folks who have an autoimmune condition. They say, "I've discovered your work. I'm going to stop my disease modifying drug and I'll your protocol tomorrow." My immediate responses is, "That's a disaster. You have to start my protocol, recover your health, and then have a conversation with your treating physician to when away, but you'd want to have your health recovered for at least six months. If you stop disease modifying drugs, expect a disease flare."

Then I also point out that folks this, "If you do my protocol and it works and you are now well, this is your disease modifying therapy. If you'll be tempted as you recover at some point in the future, say, like, "No. I am great. I am good. I am perfect. I miss the pizza. I miss the beer. I miss having wedding cake. An important family member is having their important event, I'm going to eat that stuff." The problem is you've abandoned your disease modifying therapy and you can expect a disease flare.

I'm much more articulate that cheating nails, deviance from your protocol, will probably lead to disease flare. Stuff that works, that is your new disease modifying therapy, and don't stop your other disease modifying therapy without talking to your doc and experience at least six months of great, and I mean great symptom reduction.

[0:37:45.5] AS: I love that approach, because it feels a little dangerous to just like, "Whoo!"

[0:37:49.9] TW: It's terrible. Then you'll have a disease flare, you'll reinforce in the commercial world that diet and lifestyles a disaster.

[0:37:58.2] AS: Yeah. Yeah. I want to ask you about your work at the VA, and in your new book which is so great; *Wahls' Protocol Cooking For Life*. I want to ask you a couple of questions about that. You opened up about that you work at the VA, and these are people who are unlimited resources. My good friend, Krista, who is a huge fan of your work, and said that she was at a talk of yours and you did that 100% for hundred days challenge at your local VA. She was like, "How did it turn out? I'm so curious." I'm curious too. What happened?

[0:38:27.1] TW: Firstly, I want to clarify for everyone, is I left the VA last December, so I'm no longer there presently, and I've handed off the lifecycle clinic to a fresh team of people. It was clearly — My strategy when I was running the clinic was we'd have an introductory lecture where tell my story, review the concepts of functional medicine, talk about leaky gut, gene expression, microbiome, nutrient density, all those things, agency. I'd say, "Okay, now you've got three. One is to say, "This is not the right time in my life, so I'm going to continue with my current plans with my primary care doc and my specialist."

The other next choice is say, "You know what? This sounds very exciting, but I need to ease into this." Those folks would work individually with our nutritionist to improve the quality of their diet at the pace that they could do that.

Then the third choice was to be all in. To say, "Okay, for a hundred days, I'll be hundred percent gluten-free, dairy free, lots of vegetables." Those folks would come in, they'd have two hours with me. We do their intake, and then come in as a group, six to eight people, then they would work with a dietitian, and with a little cooking class, we'd make some bacon greens, green smoothie. Help them reimagine food. And then they would come in every six weeks for a group visit where we would — Count how many people we had, that's a little timer. Everybody would get the same amount of time to their successes, ask for help, and what symptoms were improving. We'd follow them for a year. We would also do skills classes where anyone could come in would answer questions for half an hour and then do 90 minutes of some skill enhancement.

Now, the most popular classes and skills classes were the resilience classes; life's meaning, the pleasant life, meaningful life, the hero's journey, the meaning of your illness experience. We have lots of cooking classes, making fermented foods, making geo pudding, making greens, doing skillet meals, making cauliflower rice, because we collect and we actually eat the food, so people like that a lot. We have a variety of physical training classes, strengths training, yoga, tai chi, and we have a variety of stress reducing practices classes.

What I would do is I'd go around to the other experts in the institution and say, "Okay, I have these skills classes. Would you like to be part of it? If so, what skill could you bring that we think

would be useful?” that was very fun. If somebody was — Because things happen. Some people unexpectedly can’t be there, and then I would pitch it. We got to have a lot of other experts involved.

I’d also say because many many of our patients didn’t have money. They were living on food stamps. Life is very difficult. They don’t have energy. Of course, I still had to help them. Figure out how to help them. I learned how to talk about forging, gardening, doing fishing, using the frozen deer meat that a lot of communities have, because they have targeted hunts to deal with overpopulation of deers.

That, if you can’t afford organic, don’t buy organic. If all you can afford is canned, that’s what you buy. How to identify what is your food budget? That the food budget is at the grocery bill. The food budget is everything you put in your mouth, the tobacco, the alcohol, the fancy drinks, the Starbucks, the lattes, and the grocery bill, and all the restaurant food, and all the fast food, all of that is your food budget. Then we talk about planning, menu planning, planning for leftovers. That we buy food, we organize things so you eat all of it. You never throw stuff away. Giving people those skills that they can often save money and implement these concepts. They taught me amazing tricks. These guys and these ladies are figuring out how to go organic on food stamp.

One of the neatest tricks is you go to your local foods market, you walk around, figure out who’s organic, who’s sustainable. You get that all scoped out. Then, now, the question, you walk around and say, at the end of the market, “What’s the best price you could give me for —” then insert what you want. So then they could sort of walk around and figure out who’s going to give them the best price. People were telling like, “Man! I could fill up my trunk with organic vegetables on five bucks, because people didn’t want to carry these stuff back.”

[0:43:04.5] AS: Wow! Great tip.

[0:43:08.4] TW: You just have to be creative and realize like, “Okay, this is important. I want to figure out how to do it.”

The farmers often realize like, “Yeah, this person is on a walker. I want to help them out.” People were very very creative. It began with getting canned vegetables at first, and that's okay. As people figured it out, they figure out how to improve the quality of their food.

[0:43:36.1] AS: I love that because — I mean, I'm very much like a step-by-step approach, because I believe once people start to get their energy back and once they start to value it more, then they can go further, but to try to just do everything at once is just —

[0:43:47.8] TW: It's a disaster.

[0:43:48.7] AS: Yeah, you're setting yourself up for failure and your point thing, “Oh, diet lifestyle are stressful rather than fortifying.”

[0:43:55.9] TW: If you're in my clinical trials, you do have to do it all at once, and it is really hard. It is really really hard, so we have to be very careful screening people, letting them know what it is that they've signed up for, what the whole family is signed up for, and that this is a much bigger commitment.

I'll also say in my clinic I don't do it this way. In my clinic, you get to do it incrementally, but when we're doing research, we don't get to do it that way. We have to do it all the same way and it's going to be much more abrupt and aggressive. If you can't do, then that's fine. Get my book and do it individually slowly. If you're ready — Also, you're going to be randomized if you're in my clinical trial so you could be on steady diet one, or steady diet two. It's a journey and some people really can do it all at once, but the vast majority do it incrementally step-by-step.

[0:44:43.2] AS: Yeah, unless we have Oprah's chef, right?

[0:44:46.0] TW: Absolutely.

[0:44:47.7] AS: One of my clients, she was like, “Oh my God!” For this one plan that she was considering, which is like, “I would need Oprah's chef and budget.” It's like, “You've got work. You've got kids. You've got all these pressure.”

[0:44:57.8] TW: That's correct. Correct.

[0:45:00.6] AS: What were the results after that hundred days with the vignette? I love that you said they taught you too, and I think that's so important kind of coming back to this, we're all in these together.

[0:45:09.9] TW: One of the thing that I may actually said before I left the VA was the VA has an electronic medical record and so you're be able to use electronic systems to pull out things like wage, blood pressure, lab values, prescription use. We selected some biologic monitors; weight, body mass index, a lot of lab values, and the basic primary care things; homocysteine, vitamin D, lipids, blood glucose, hemoglobin A1C.

We could show that all of those biologic monitors and we compared them to people who saw me just once — Let's not include folks that say, "Too hard, Can't do it. I'm going back to my primary care doc." Then people would see me at least three times. We compared these two groups and could tell that the people who saw us three times, all the biologic markers went in the correct direction. We also saw that blood pressure went down. The use of blood pressure medication also went down, so we got better control of blood pressure and needed fewer blood pressure drugs.

The hemoglobin A1C went down. So we had better control of blood sugar and the amount of diabetic medications that we needed also went down. We had better control of cholesterol and we needed fewer cholesterol drugs. We had better control of pain and we needed fewer narcotics. Astounding. Great stuff. Great, great stuff.

Then we were only grant to add to my staff, so we got that in place. Once I had that in place, then I left so I could spend more time doing research. Also, it gave me the opportunity, I decided I would open my own private practice. I have a couple of days a week where I'm finally doing functional medicine the way I want to do it. That's incredibly exciting. We've just got that going.

Then I have, on half time, doing research. I'm able to get more papers out. That also gives me the opportunity to work on additional grants, trying to get this ALS proposal going. It's so exciting. It's hard to sleep at night because I've got so much going on.

[0:47:22.7] AS: I love that. It's like when you're so engaged with your work. I want to circle back to two things that you said. One is having that class on the meaning of your illness, and I think in my work I work on basically people reaching the meaning of the stress that uses them to — It's a stress they turn to food instead of working through it. Ultimately, the adult development process they're going through is changing meaning of the same stuff that happens in their life, feeling more powerful.

I think one of the most agenic, if that's the word for agency, making it adjective that we can do is choose what meaning things happen to us in life. That is control that we do have.

[0:48:05.2] TW: Absolutely. I talk about the meaning we put around the event, is whether an event is stressful or not. I talk about a very personal circumstance for me that I was pregnant with twins. I was pregnant with my daughter, and went in and discovered that one of the twins had died. I wanted to have both those kids. It was a very very sad day, and so there's a great deal of grieving.

Then we go through some more months. I'm in the hospital with a severe preeclampsia and I have up a placental abruption, a cataclysmic birth. My daughters in the NICU. I'm delirious. I don't know where I am. It takes several days for me to perk up and wake up. Obviously, I'm ultimately fine. My daughter is okay.

When I go back to see my obstetrician for my six-week post-delivery check, she makes a very important observation. Says, "You know, Terry? The fact that that one twin died probably saved your daughter's life, because otherwise you would have been preeclamptic before viability." As it was, my daughter was delivered at 30 weeks cataclysmically. These all could've happened at 20 weeks because of the speed at which you became desperately ill. I mean I really was desperately ill and so was her.

That loss was the gift of life for you and your daughter. My daughter and I talked about that now, that it's the meaning we've put on events that defined is that event stressful or not? That first understanding of what happened with my loss of the twin was very grievous. Now, the meaning I

put around that was immense gratitude, that because it saved my daughter's life and it probably saved my life.

When I explained that, it really, I think, gives people an aha moment that it's the same event, but my understanding that event evolved over time. My understanding of my seven years of progressive disability and suffering from my MS, and that was very difficult. That was very difficult in many times, but I also understand that it all had to happen exactly that way, all that suffering, all that pain for me and my family and my children for me to learn everything that we did. I'm very grateful for it. My kids are not yet grateful. They wish I'd been able to do all those things almost things that I couldn't do. I also know both my kids are far more, I think, resilient, more adaptable, more mature than most of their colleagues because they had real-life, they had real chores, and they saw that, "Yeah, life is not fair but you have to go on anyway."

[0:50:57.0] AS: Your son is an advocate. He was on the news, and I saw his video. Wasn't he a couple of years back?

[0:51:01.6] TW: Yes. He's defended his two mom's and has a three minute video with like 23 million views on it. He's a pretty famous young man too.

[0:51:13.8] AS: I think what's important about your story and for people listening is those seven years were hard and they were painful, yet your actions made them mean something different, right? Because if you wouldn't have stayed the course it might've meant —

[0:51:28.7] TW: Yeah. I could be demented in horrific pain and have a horrible life right. But because I kept doing everything, I kept having agency, I kept experimenting. I kept doing all that stuff. That I was able to change the direction away from what everyone would have predicted.

[0:51:48.2] AS: I think that's really important for people to listen. I doesn't just happen. The meaning doesn't — You don't have to say, "Oh! This is what it's going to be mean." Day-in and day-out, betting on yourself and —

[0:51:56.5] TW: Everyone could do the work.

[0:51:58.4] AS: Yeah. Yeah.

[0:52:00.1] TW: It's like when I was in taekwondo and I was competing nationally. If I was going to compete and do well, I had to be able to do the work. I had to train. I had to do a lot of work to achieve those ends. The athletes get that. Certainly, the scientist get that we have to do a lot of work, like get our science done. If we're going to recover, we're going to do a lot of work.

[0:52:21.8] AS: Like you said, you love — There's so much to do. The work can be fun —

[0:52:26.8] TW: It's so fun.

[0:52:27.3] AS: Yeah.

[0:52:28.9] TW: My daughter says, "Mom! Mom! You work all the time." I go, "Zeb! Zeb! You draw all the time." "Because I love drawing. I'm an artist. That's what I do. I love drawing." I go, "Yup. I'm creating an epidemic of health. I love doing that. It is so energizing. This is like, to me, like you're drawing."

[0:52:48.6] AS: Yeah. I think it's so important for kids to see that parents have their own life. I mean, isn't that part of that? This is off-topic, but the helicopter parenting issue I think is — Life revolves around their children. I didn't grow up that way but it seems like my friends are exhausted from parenting because they think everything has to be about the kid.

[0:53:04.5] TW: They're crippling their children. They are crippling their children, because their children need to face adversity. They need to face disappointment. They need to realize, "Yup, life is not fair. You get up and you go on anyway." "Life is not fair. You didn't get a good grade on that project. Life is not fair, you got to teach you don't really like," but you get up and you keep doing the best you can anyway.

If children don't have adversity, they don't have responsibilities, they don't see that, "Yup. You have setbacks, and so what? You just get up and you have to keep performing. They're ill-equipped to succeed as adults.

[0:53:39.3] AS: One of the thing — Another thing that I learned from you was that Monsanto sponsors TED Talk, and so you need this resilience for when a warning label is put on your TED Talk. Can you talk about this? I had no idea Monsanto was sponsoring TED Talks.

[0:53:59.7] TW: My talk on TED — I was very careful when I did TED, to limit my claims, like, “That this is my experience. This is the science behind what I'm doing. Think about trying these concepts if they seem safe to you.”

I was very careful about how I constructed that. I said, “I am doing science, and we're going to be presenting it the following week at this big national conference.” TED, because my talk was very quick to becoming viral, kept going back to the sponsor saying, “Where is the science? Where are the science.” We'd send our abstracts. We'd send our posters. We'd send our papers.

Then there is another push to take things down. Unfortunately, we had some more papers came out, and then I alerted the paleo community. I said, “TED is putting some pressure to take my talk down again.”

The paleo community erupted, started making a lot of phone calls. The compromise was to say that my talk was outside curatorial guidelines and to put a warning label, viewer discretion advice. Now, one of things that people should know is Monsanto is a big funder of the TED and the TEDx group. I have no idea if this is really true. Certainly, it leaves me wondering, is TED creating some self-pleasing? They have a page of pseudoscience, and pseudoscience is like food dietary approaches to healing. That's evidence of pseudoscience. Like, “What the hell? What's that about?”

I think that having concerns about vaccines. That's pseudoscience. Concerns about GMOs. That's pseudoscience. There's a list of things that they send out the organizers of TEDx say, “Don't let any of these topics come in to your organization.”

They may have taken that definition pseudoscience down, but at the time that my warning went up, that was the letter that was going to the organizers of TEDx. That letter was not going out when my talk was given, but in the 18 months following, that letter started going out to the

organizers of TEDx. I don't know if it's still going out, but it certainly suggest that someone has either foreseen the TED people to do some monitoring or they want to maintain their philanthropic donors, and so they're doing some self-monitoring.

The good news is my talk is still up and the comprise was to put this big warning across the screen and a small warning that stays up all the time. TED look sort of foolish that vegetables are so dangerous.

[0:56:46.5] AS: We'll have the talk on our show notes on my podcast.

[0:56:48.4] TW: Oh, great. Great. It's an amazing time. I know, I feel like there should be more of a warning on our grocery stores then your TED talk warning —

[0:56:56.9] TW: Of course, that will never happen, because the sugar industry and the processed food industry is so powerful. It's coming out, the sugar industry paid the scientist to get the lipid research up and running that pointed the cardiovascular risk on cholesterol and away from sugar.

[0:57:18.2] AS: Yeah. How do you navigate that? As someone who — I mean, I'm probably not as up on clinical trials because I study more of the psychology and the agencies type of stuff. How do you balance not becoming completely cynical, because once you start to dig deep, deep and deep, you realize that big ag, big food, big pharma, you don't want to become a conspiracy theorist and think they're all talking together, because that's a story too, yet they're really powerful. How do you navigate that?

[0:57:44.8] TW: They're incredibly powerful, and I think because large organizations are setup to increase market share profitability which means that they want to drive over-consumption of the product. That make sense for them on a profit basis to do that.

All I can think about when I have these conversations with my family, with other folks, the public, is you may be distressed about global, national, and international events that are happening, whatever they are, and whatever you're political feeling. All action that you can take is just what

you can do locally in your own life. You can give financial support to organizations you believe in, but act locally on the small actions that you can take.

What can we do? We can buy for farmers. We can buy organic food. We can buy vegetables instead of sugar. Think globally, but act in your life, in your local decisions. That's where you're going to have your highest impact.

[0:58:49.6] AS: It's a fun impact.

[0:58:51.5] TW: Oh my God! Yes.

[0:58:52.2] AS: The food tastes different when you buy it from your farmer and you get to meet them and it just energetically feels different than when go to the store.

[0:59:00.2] TW: If you grow your own food. My kids have recognized — My daughter is home right now. We talked about how we go out and get our radishes and fresh scallions from our yard, and fresh greens. We use that to make our supper. She's like, "You know, mom? The food that you eat immediately from your garden just tastes so much better than food you get anywhere else, even from the fanciest restaurants."

That's true. The food you can harvest and immediately is much more nutrient-dense and does taste — Most people can immediately taste the difference. When they [inaudible 0:59:35.2], get our food, we come in and cook it. They're like, "Wow! This is amazing."

Tomatoes, getting heirloom tomatoes out of our garden, fresh basil out of our garden, fresh garlic out of garden, we'd beat up some pesto, putting it over the sliced tomatoes, and they're like, "This is incredible. I've never had anything that was this delicious." Yes, teaching people how good food can be often is just an utter eye-opening experience for them.

[1:00:03.7] AS: To your point, change happens when people demand it. When you first started with your protocol, I read that — You told the MS Society, they were like, "No," but then it was people.

[1:00:14.6] **TW:** I was a band speaker for creating false hope in 2009.

[1:00:19.0] **AS:** Wait, they say you were a band speaker?

[1:00:21.0] **TW:** Yes, band speaker, because if local groups want me to speak, so I got interviewed by the Clinical Advisory Council who thought I was creating false hope and said like, “How would you feel if we, as neurologists, told you that this diet would be good for rheumatoid arthritis?” I said, “Well, I would probably say hallelujah for creating an incentive for people to eat more vegetables.”

You have to do what you think is ethically the right to do and I'll do what I think ethically is the right thing to do, and that's fine. They banned me, I continued on, wrote my book, and that drove the social media conversation. Because the MS Society monitors social media to see what the constituents want, they realized, “We need to reevaluate our programming.”

They did create information for the public and for the clinicians about diet and lifestyle and about all the popular diet; Swank, McDougall, Wahls, or the paleo diet rather and the Mediterranean diet and said that, “They're all safe. You got to offer them to your patients and then agreed that they had to reorganize their research priorities including dietary and lifestyle research.

They invited me to that meeting and I pushed them to say, “To be successful, they'll need to add some dietary researchers and lifestyle researchers to your study review panel, because the basic scientist do not know how to evaluate properly the scientific design of studies that are not basic science studies.” You got to get people who would be the scientific peers. They did do that, and I think that's why they have some successful programs and that's why when they put out the call for dietary research, and we put it through, this time because we had great preliminary data, and they had reviewers that do dietary research that we were one of the folks who got funded.

[1:02:12.8] **AS:** Amazing. I'm curious what your spiritual beliefs are. You have so much fortitude and faith.

[1:02:18.5] TW: A couple things. One is there's a book that I read early on that resonated with me quite deeply; *Man's Search for Meaning* by Viktor Frankl. He's the psychiatrist who was imprisoned in Auschwitz and saw horrible acts of cruelty from the Nazis and the amazing acts of love from some of the inmates and across also acts of cruelty from some of the inmates. He talked about that and said, "Between every event in your life and your response is a space. In that space, the choice you make defines your character."

As I was going downhill, I knew that my kids would not really but they would certainly watch what I did and absorbed that. My mantra was like, "Okay, your kids are watching, and you make choices that you like them to make someday in their life or do you want to make choices of giving up and showing them that when life gets harder, you just give up." That was very, very helpful.

Also, I'm a member of the Unitarian Universalist Faith so that was where we had a religious home as well. I think the agency of I always have a choice. There are always choices to make. Whatever bleak outcome that you're facing, there's a gift in there somewhere and there are opportunities for you. As a physician and a primary care doc, I certainly have had patients be diagnosed with cancer who we could not recover them from the cancer, and they're going to die, and they know they're going to die. Yet, they can often tell me that being diagnosed with cancer was a tremendous gift, because it gave them time to reconcile with friends, with family, to prioritize what were the important things they needed to get done before they died.

The sense of gratitude, the sense of purpose, the sense of joy in your life and your circumstances does not require recovery, and that those concepts helped me through my own life journey. I'm sure I'm going to have some more unexpected bumps, and who knows what challenges that I may be tested with yet.

[1:04:34.1] AS: That's beautiful. That's beautiful. Do you think because of that connection you've had and what you've seen more and more, especially food is one component but this emotional and spiritual —

[1:04:47.2] TW: Food is the basis. I think it's a really critical part of recovery. However, for people to be willing to do the work that takes to address food, they'll be much more successful if

I talk about the spiritual component and get them engaged in their hero's journey, in their spiritual work, and what is life's meaning for them, and how they'll have the pleasant good life and meaningful life right now in whatever function they have right now. If I can help them be successful with that, they'll be vastly more successful with doing the food work that I'm also going to ask them to do.

[1:05:22.4] AS: Love it. Love it. Before we get going, I do want to talk about your book. What I loved about this — Your view of paleo is slightly different and that I think because Whole 30s become so popular, people think they have to do that all or nothing, and then it's 30 days, and then I can go off of it. That's what people think. Your book is so meets people where they are. As you were talking about how delicious food can be, I'm so impressed at how the recipes are so simple, yet really tasty and give you variety and creative.

[1:05:56.7] TW: This is really, again, but inspired by my experience working with folks in my lifestyle clinic. As I was working this book, my co-writer said, "The public really wants to know what Terry Wahls is doing with her family and what you've seen in the clinical practice." These are foods that I fed my family, and they were fine eating, and foods that our lifestyle clinic folks were fine eating. We had to use things that you get here in the Midwest of Iowa, you could get in a food desert in small town Rural Iowa, and that you could make if you're tired, that you could make. You go to work and you come home and you want to eat within half an hour.

This is real-world cooking. I thought about getting a chef to help us really jazz the stuff up and ended up making the decision, "Now, we're going to use real Iowa cooking, because most of my followers are ordinary people wanting ordinary food. That's not that hard and the ingredients aren't that hard to find."

The other thing that I really want to do was assume that people don't know how to cook, that we want to get them cooking again. I want to get them feeling comfortable that, "Here's the recipe, and the recipe as my mama said is simply a suggestion. It's where you start." Then you go like, "Okay, I don't have that in my cupboard, so what can I substitute and how do I go out to my garden and fill in?"

We try to teach people the skill that, “Here is the template to begin with and here are some ways that I fill out the template, but now, you can go into foods that are in your region, your locale, in your ethnic background, and make this template more Korean-American, more Somalian, more Indian. So far, I’m looking at the response that we’re getting from the public. I think people understand that and are pretty excited about that approach.

[1:07:56.3] AS: Oh, my God. Thank you. You talked about paleo diet, this idea of it being in relation to your environment and not about just all this meat. You talked about the importance of bridging from theory to reality and I feel like this book does that. Theoretically, you want to heal, and then, “Okay, how do I actually do that?” I love that you said, “You can use these when you’re tired,” because that’s how most people feel when they come home at 7 o’clock at night.

[1:08:22.8] TW: Right. You’re tired. You want to figure out — That’s why I love skillet meals. Skillet meals are our go-to approach. A skillet meal and a salad, that’s what we do, because we want to be eating within 30 minutes. When I start, I want to be eating my food that quickly. That’s always our approach.

[1:08:41.0] AS: For everyone, definitely you go get the book. I can’t wait to even just try the spritzer idea of herbs with —

[1:08:49.1] TW: Yeah, very easy, very fun, and it really makes it exotic and fun when you’re having guests come over and you want to do something special. It’s a great thing.

[1:08:57.6] AS: Yeah, because I think one of the things I am always working on with my clients is this. As they start to get healthier, they feel like they’re on this island in relation to everyone around them. Often, people, if you introduce them to healthy food that you enjoy and they start to realize it tastes good. It’s not this big conflict.

[1:09:15.3] TW: Correct, correct.

[1:09:16.2] AS: Like they can eat healthy food and be happy.

[1:09:18.0] TW: It's part of why we have examples of holiday meals and we have examples of treats, because that was a big challenge in our lifestyle clinic. It's like, "Okay, we're going to have Thanksgiving. We're going to have Easter. Help me think through what can I do. My grandkids are coming. Last time, I got all these treats and I ate them all. It was terrible, so help me think through what can I do for my grandkids that would be fun for them and won't get me sick."

I tried to address the kinds of problems that my lifestyle clinic folks had, like, "Okay, these were the issues where they would get stuck," so we included that in the book.

[1:09:56.8] AS: I love it and it's divided into three different protocols; the Wahls Diet, the Wahls Paleo, and Wahls Paleo Plus.

[1:10:04.7] AS: Many of our dietary plans have a, "Here's the plan." Actually, I also never test it to make sure it is nutritionally sound. I took the public health version and I know that changes incremental, so we've got step one, step two, step three. Then, actually, there's a step four, because I also talk about the elimination diet in there as well. I give people guidance as to why you'd want to do any one of these four plans, and that it's fine to start with step one and work your way up to elimination diet gradually. There's no need to do it immediately.

[1:10:37.8] AS: I love that. That's such a powerful message, because America is such an extreme culture. [inaudible 1:10:42.7] wrong with — Health is in those smaller day-to-day choices. This has just been so wonderful. One last question, what's your edge for yourself now? Since you're pushing the edge in medicine and our mindset shifts? What is your personal edge?

[1:10:57.6] TW: What I'm trying to do now is figure out how to add in my own functional medicine clinic. We just had on Monday, patient one and patient two. Very exciting. Next Monday, we'll have patient three and patient four, and trying to figure out how to add this into my life. It's fun. I want to do it gradually enough so I don't overwhelm myself. A fun new addition and we'll see how it goes.

[1:11:23.6] AS: What's your vision for it? Because you said you wanted to practice functional medicine your way.

[1:11:29.9] TW: Here is what we've got. We have two ways that people can come see me. One is we call the health optimization. Come in, get this intense experience, we'll order some labs, and then we're going to do health coaching and education for six months. The other option is the total emersion where you come in for a weekend. This, again, very small groups of two, it will probably go up to six. The first couple of rounds, we'll do two people in a crack where I immerse them in this is how you cook, these are your stress-reducing practices, these are your detox practices, this is your movement. I bring them over to my home, show them my sauna, my endless pool, my vibrating platform.

This is an incredibly personalized experience for three nights; one evening, two days, one morning, and they'll get a personal evaluation during that time period as well and personal plan. The, they'll get six months of coaching. We've got a couple of options. I'm very excited. I have people coming in from all over the world to do this. My assistant says — I think we've got people that would take two years to get through, so I have a number folks that are willing and interested in doing this. It's this very intensive experience.”

I also offer the seminar where people come and keep getting larger and larger spaces. For three days or four, which program you come to, I teach all these concepts in a group and I have some additional speakers come in. I review the latest MS research, and then we have a day where I train clinicians, then give them a test, get them certified. The first year we had like 45 people. This year, we've got 130 already signed up, and we could have space up to 160. We will see how many we have, but that's in August.

That really is an incredible, incredible experience. Most of my folks — I'm telling people, “If you can't get in to see me for two years, think about going to the seminar, because we can get you started. We have lots of ways to begin that relationship.

[1:13:50.9] AS: Oh, my God. That's sounds great. Dr. Terry Wahls, thank you for being here and thanks for being devoted to possibility. I appreciate it.

[1:13:58.5] TW: You're very welcome.

[END OF INTERVIEW]

[1:14:11.1] AS: Have questions or reactions about the episode? Reach out to me on Instagram and Twitter @alimshapiro, or Facebook at facebook.com/alimarieshapiro. If you love this show, please leave an iTunes review and tell one friend this week about how to get the Insatiable Podcast on their phone.

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