



Can Do MS Podcast Transcript

Dr. Terry Wahls: MS Wellness and this Radical Thing Called Vegetables

Episode 107

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Dr. Rosalind Kalb: Hello, and welcome back to the Can Do MS Podcast, Episode Number 107.

My name is Dr. Rosalind Kalb, and I'll be your host for this episode. I'm a psychologist and a senior programs consultant with Can Do MS. Today, we're joined by Dr. Terry Wahls who's a clinical professor of medicine at the University of Iowa where she teaches and conducts research on the impact of nutrition and lifestyle changes on MS and other progressive health problems. In addition to being a medical professional and researcher, Dr. Wahls offers a unique perspective as a person living with MS.

Hello, Terry. I'm very excited to have the opportunity to talk with you today. So, welcome to our podcast.

Dr. Terry Wahls: Oh and thank you so much for having me. I love doing these podcasts. I love reaching out and the- talking to people about these radical things known as vegetables.

Roz Kalb: [chuckles] So I've been working in the MS field a very long time and-and long enough to have followed your health and wellness journey from early on. And again, I-I'm really grateful to you for taking the time to share your ideas about how important Wellness strategies are when a person is managing, um, chronic illness. So can we- can we just start by talking about your background a little bit?

Terry Wahls: So, I'm an... originally an artist, uh, and then went to medical school, I- and became internal medicine doc. I had a couple of kids, was in practice, and everything was going great, Ros. And then in 2000, yeah, I got diagnosed with MS. Being a physician and, an academic one at that, I sought out the very best MS center I could find in the country, saw the very best people, took the newest drugs, and went downhill anyway. And, uh, within 3 years, I'm going to talk line wheelchair.

I take mitoxantrone, I take Tysabri. I'm thrilled to take Tysabri because we're all so excited about that new drug, the biologics. I'm still going downhill. And then I've- So I've switched to

other drugs. I- and, you know, that's really when my education began. My [inaudible] is like, "Oh, my God." You know, "This is terrible." Um, and, uh, that's when I decide, you know, am I really doing all that I can? Um, so I start searching on PubMed, I get good at that and I begin, uh, reading. I'd look for drug studies at first and then eventually... And I'm sort of embarrassed as about how long this took me.

Eventually, I started reading about supplement studies, uh, about meditation, about exercise, my- interestingly enough, my neurologist had told me about the work of Loren Cordain. And I- after 20 years of being a vegetarian and a lot of prayer and meditation. I went back to eating meat and adopted the paleo diet. And so, again you know this is all based on reading science. I got down to a lot of self-experimentation. And that really is when my education began.

Roz Kalb: Can I just ask you, how old were you when you were diagnosed?

Terry Wahls: Uhm, So I was diagnosed in 2000 so I would have been 45.

Roz Kalb: Okay. So, then-

Terry Wahls: [inaudible] of the cusp when people begin to transition to progressive MS.

Roz Kalb: Okay. So, I know that your diet, the now-famous Wahls diet that we've been hearing about for a long time. Was the centerpiece of a change for you in- in managing your path back from severe disability? So, do you- is it your sense at this point? That dietary changes can have that impact for everybody or...

Terry Wahls: Well? That- so, I wa- it- it depends on what the goal is. In order to remind everyone that even our best, very best disease-modifying drug treatment protocols. You know, they- the very best drugs are like 68% efficacious at reducing the risk of relapse. They don't turn to zero. They don't stop disability progression; they have some improvements. So, moving from the standard American diet, high in added sugar, and processed foods, to eating more of these radical things known as vegetables, cooking meals at home, having high-quality meat, having healthy fats, will improve your health overall. It will likely improve your blood pressure, your blood sugar, it'll reduce the risk of cancers that will probably improve your mood. I predict it may well improve energy, fatigue, and improve health overall.

Will it get everyone out of the wheelchair? I have to remind everyone that to improve your muscles, you got to do this old-fashioned thing known as exercise and physical therapy. And there's- there are a number of things that we can do to accelerate that, of course. So, as part of an overall wellness program, it will be helpful. If- it's not going to fix everything for everyone.

You know, my hair is still getting gray. I am getting older. I'm 66 soon to be 67. I know my plan is to live and thrive to 120, aging is happening.

Roz Kalb: Okay. So- so, Wellness strategies can't fix everything that we deal with. But it sounds as though you're saying that it's a package deal. That this healthy diet that you're talking about, that has a lot of veggies in it works in combination with adequate physical activity, and exercise and attention to other aspects of your Wellness.

Terry Wahls: You know, I think it helped a lot with my colleagues and probably the neurology Community when I made it clear that this is a wellness program. This is creating Health. That you still would need to treat your diseases and the comorbid diseases with whatever the standard of care is. But by embracing Wellness, and all the components of Wellness, what we have observed in my clinics, in my clinical trials, is that the medications are required to manage the comorbid diseases. Tend to diminish and often go away. The level of potency of the disease-modifying drug treatments can often be diminished from a highly efficacious drug to a more moderately efficacious drug. That may be more convenient, one of the oral drugs, by chance

And that some individuals were able to transition off entirely. We don't know, but as the overall health of the person improves, typically, what I see is their medication regimen can simplify and people can move from- to progressively less medications with fewer side effects.

Roz Kalb: So, just to clarify for our listeners. When you talk about comorbid health conditions, can you just define what you mean and give- give examples of the ones that are so important for people with MS?

Terry Wahls: So- so, we know that if you have mental health issues, anxiety, and depression, that probably indicates, that there's more inflammation going on in the brain, more reactive microglia. And that those individuals will- are more likely to have more disabilities. A more rapid decline. We also know that if you have, uhm blood sugar problems. So, if you have diabetes or insulin resistance, that those individuals have a shorter time to wheelchair, a shorter time to severe fatigue disability, and a shorter time to loss of employment.

And what we have consistently seen in my clinics at the VA. And that's where it's treating all sorts of complex chronic diseases, not just MS. That people with anxiety, depression would report their mood remarkably improving. And that blood sugar, you know, and the VA, wonderful organization that it is has these electronic medical records. So I could run reports of the people that I saw, what happened with their body mass index, what happened with their blood sugars to A1Cs and the lipid values, and all those things improved consistently.

And on top of that, Roz, they were taking fewer and fewer diabetic meds and so- that was really very exciting to watch and to see people that we- Again, you know, I'm seeing a wide variety of health challenges, folks coming with the wide variety of autoimmune diseases that were coming to our therapeutic lifestyle Clinic. Most of them would have severe fatigue, a lot of them have- would have mental health issues, anxiety, depression. And most were disabled, liable to work for a long time. And usually, within three months, sometimes as early as a month, people would say the energy is better, their mood is better. And we'd see their blood pressure's coming down. We would be having to adjust their blood pressure meds.

Roz Kalb: So, if- if the approach to overall Wellness, which also helps people with autoimmune diseases and chronic conditions like Ms. Is the starting point for each person the same? is it that people-

Terry Wahls: Oh! That's a wonderful question. So, we- what I've learned is family interventions are far more successful than individual interventions. So, we would always have, in my clinics, that- the patient and a significant family member come, preferably the persons going to be most involved in meal preparation. So, they would be part of the intake. They complete the timeline and the reviews we could identify what were the key landmarks. And I would do this as a group. We have 10 patients, sometimes 12 and their family member. So, it would have to get bigger and bigger rooms to accommodate everyone

And then we would have these discussions. Okay what- what is- we would recommend everybody to start with improving their diet and a stress reducing practice. And then part of the questions is, what is the diet that you and your family can successfully do? It might be a Mediterranean diet. It might be, you know basically it's the- to the level 1 Wahls diet, which looks like a gluten-free Mediterranean diet. A lot of my vets were hunters and fishers. There were hunters and their family could get them plan a Venison and fish and they were very comfortable doing basically- my Level 2 of my diet, which is a modified paleo diet

And we had a few folks who were very keen and excited about a ketogenic diet, and we would guide them towards the ketogenic diet. Because it's a family intervention, having the conversation with the family member, so they understand why we're doing this. The health benefits for them and for the patient are very important. And my- my general strategy is, we would focus first on what we're adding to the diet. So. And for most folks, you know, it's very funny, Ros, might say, okay, the goals 9 cups of vegetables and they're like, "okay, is that a month or a week?"

And at last, "a no-no-no that's per day." Like, oh my God, so ought there to be hungry. So, you don't have to over- overeat. So if you're a petite person, you know, we had some very petite ladies and occasionally, very petite guys. They'd be eating, of course, less. But- I don't want people to be hungry, but I want them to eat foods that are good for them.

Roz Kalb: But so- so diet was an important starting point for these families. So, at- and- and...

Terry Wahls: Yes.

Roz Kalb: ... You mentioned the meditation as well. At what point do you begin to say? And, you know, physical activity is really helpful too because I know we don't want to overwhelm these families by saying, "you have to do all these changes at once". But how do you help them?

Terry Wahls: How do we do that? Uhm, well, we had a really wonderful, wonderful process. So I would have a sort of a walking class where it have- everybody who had referred to us and we would have some studies, explain the principles of our program and then say, if- if you're ready, you can sign up. You have to commit to being gluten-free and a goal of nine cups of vegetables a day. And if you can commit to that, we'll help you- with their intake and monthly support groups.

If that's too hard, you can- we can send you to a dietitian to work gradually on your diet, or to a psychologist to work on stress reduction, or do a physical therapist to work on exercise. Or you may say, you know what, "things are too difficult because my son has leukemia, I really have to focus on my child- family, right now". I'm like, "that's okay, come back when you're ready to be all in". And so- then people come all in and they have that timeline, and we begin the monthly support groups. When you come to the monthly support group, we would have newbies and we'd have senior folks who've been there, at least, you know, several months.

And so, and then we have little time. And what kind of- how many people are in the room because these would be 90-minute meetings. We would go around and have old-timers, people could ask questions, tell stories. And so, everybody might have about five minutes. And so, the newbies, might- might ask some questions and we invite the more senior mentors to guide them. Because what I found is- you know, I could say the same thing, but it lands very differently if another vet says, "oh, you know what, bacon and kale can be really delicious".

[laughter]

Yeah, and so- or this is what we did when the grandchildren came. And the more senior folks were primed to say, "get a step counter, and write how many steps you took every day?" And the goal is to take just a few more. And so, the longer people were in our group and they're having more and they're feeling better, the more senior members of the group would be encouraging the- the newbies. And they would meet collectively without us. Without the dietitian and myself.

And then- the other thing that we did, Roz. So, the first year we just had the intake and the group meetings, the second year. And after that, we had a skills class that we ran every month and we would invite physical therapy, occupational therapy, dietitians, chefs, meditators. Folks from the community come to do a skills class. And anybody could just drop in and answer questions for the first half hour. And then, the second hour would be skills. So, this- people is amazing.

Roz Kalb: So, this is- this is so in line. Yeah, it's so in line with our can-do philosophy and the way that we bring people together, obviously, to learn from clinicians, but most of all to learn from each other. So, I really, I really see the value of that and appreciate- I have one last- last for you. So, you have a patient who has come to you for care, their MS, and their wellness, and they know what you're known for, and they know probably some of the things you're going to recommend. What if this person says to you, "you know, Dr. Wahls, I just don't have the energy or the time to invest in my own Wellness right now, I've got too many demands on me." What would you say to that person?

Terry Wahls: Come back when you're ready? So, when I was younger, I thought it was my responsibility to convince people to do things. Now, I see things a little differently. Now, I see that it's my opportunity to tell stories to inspire hope. Yeah. And to create invitation and to also acknowledge that there are times that people can't, for whatever reason, prioritize themselves and to hold them in my heart and realize, I understand that this is where you're at right now.

When you were ready to begin to take action, to take care of yourself. We're here for you. If I try to browbeat them, I make bail to get them say, "okay, okay, Dr. Wahls, I'm going to do this". But as soon as they walk out of my office they'll say, "that was the most stupid interchange". He doesn't do a darn thing that I said. So, I just have to hold them in my heart and say I understand that things are really difficult for you. Please come back when you're ready to take action for yourself.

Roz Kalb: Well, thank you so much for joining us today for this podcast and I'm so grateful that the interventions that you chose to use for yourself have helped you stay healthy and well and productive and teaching us all these things that we need to know about how to take care of ourselves. Thank you very much.

Terry Wahls: Thank you, Roz.

Roz Kalb: Next month, Dr. Wahls will be back to talk about her current research in clinical trial. We look forward to hearing more about your work and what's on the horizon.

For our listeners, you've reached the end of another episode of the Can Do MS podcast. I'm your host, Dr. Rosalind Kalb. Thank you for listening. I'd also like to take a moment to say

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