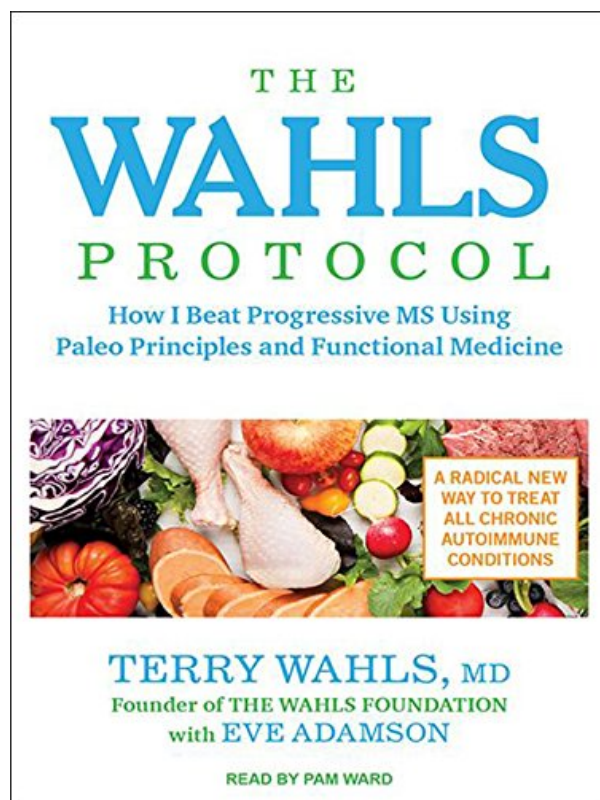


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PRINCIPLES AND FUNCTIONAL MEDICINE
BY EVE ADAMSON, TERRY WAHLS M.D.**



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THE
WAHLS
PROTOCOL

How I Beat Progressive MS Using
Paleo Principles and Functional Medicine



TERRY WAHLS, MD
Founder of THE WAHLS FOUNDATION
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Review

"For anyone suffering from autoimmune or other chronic health problems, this book will be life changing." -
--Mark Hyman, M.D., author of *The Blood Sugar Solution*

About the Author

Eve Adamson has authored or coauthored more than forty books, including *Baby Steps*, *Naturally Thin*, and *The Complete Idiot's Guide to Being a Sex Goddess*. Eve lives in Iowa with her family.

Dr. Terry Wahls is the author of numerous medical articles and a clinical professor of medicine at the University of Iowa. She has MS, which confined her to a tilt-recline wheelchair for four years. Terry lives in Iowa with her family.

Pam Ward has performed in dinner theater, summer stock, and Off-Broadway, as well as in commercials, radio, and film. An experienced narrator, Pam has recorded many titles for the Library of Congress Talking Books program. She is the recipient of an AudioFile Earphones Award and the prestigious Alexander Scourby Award.

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INTRODUCTION

I used to run marathons and climb mountains in Nepal. I've competed multiple times in the American Birkebeiner 54-kilometer cross-country ski marathon (once while pregnant), earned a black belt in tae kwon do, and won a bronze medal in women's full contact free sparring at the trials for the 1978 Pan American Games in Washington, DC. I used to feel invincible.

Then I developed multiple sclerosis. After decades of troubling symptoms I tried to ignore, I was finally

diagnosed in 2000. By that time, the disease had a good footing in my central nervous system. My decline progressed rapidly. Within two years of my diagnosis, I could no longer play soccer with my kids in the backyard. By fall 2003, walking from room to room for my hospital rounds exhausted me, and by summer 2004, my back and stomach muscles had weakened so much that I needed a tilt/recline wheelchair. Within three years of initial diagnosis, my disease had transitioned from relapsing-remitting multiple sclerosis into secondary progressive multiple sclerosis. In that phase, disability slowly progresses despite increasingly aggressive therapy. By 2007, I spent most of my time lying in a zero-gravity chair. I was 52 years old.

Everyone with multiple sclerosis has a story—the years of clues and strange symptoms that finally, in retrospect, make sense. It is in the nature of most neurological and autoimmune diseases that symptoms accumulate slowly, bit by bit, over the course of decades. This is what happened to me. As a doctor, I was compelled to find answers: a diagnosis and a cure. As a patient, I was compelled to save my own life.

Like most physicians, I was always focused on quickly diagnosing my patients, and then using drugs and surgical procedures to treat them—that is, until I became a patient myself. Conventional medicine was failing me. I saw that. I was heading toward a bedridden life. Since the beginning of our profession, physicians have used self-experimentation, either to prove a scientific point or to treat themselves when the conventional treatments were of limited value. In that tradition, and in the face of this chronic, progressive disease for which there was no cure, I began to experiment on myself. What I didn't expect were the stunning results I got from my self-experimentation: I not only arrested my disease, I achieved a dramatic restoration of my health and my function. What I learned changed forever how I saw the battling worlds of health and disease.

More than a hundred years ago, Thomas Edison said, “The doctor of the future will give no medicine, but will interest his [or her] patients in the care of the human frame, in a proper diet, and in the cause and prevention of disease.” This became my new course, my passion, and my mission. I understood health and disease in an entirely new way. I became a new person, both physically and emotionally, both personally and professionally. I also became passionately committed to helping other people become new people, too.

My Diagnosis

The stress and pressure of medical school may have been what triggered my first symptoms in 1980, years before I had any idea what they were. I would eventually call them “zingers”—intense stabs of facial pain. They lasted just a moment and would come randomly, sometimes in waves, the episodes building over a week or two and then gradually fading over the next several. They were most likely to happen during my busiest and most brutal hospital rotations, with shifts lasting thirty-six hours and allowing for little sleep. Over the years they became steadily worse, like electrical pain that felt like a 10,000-volt cattle prod sticking me in the face.

At the time, I thought the episodes of face pains were an aggravation, nothing more. I thought it was an isolated, unexplained problem—one of those medical mysteries that don't really require solving. Even as a doctor, I didn't think much about it. I was too busy with my own patients to dedicate too much diagnostic thought to myself. I certainly never suspected an autoimmune problem.

This was my first symptom, but it was not likely the moment when multiple sclerosis began its relentless march through my central nervous system. For at least a decade before then, probably two, my brain and spinal cord had been under siege from friendly fire—my own immune system attacking the myelin that insulated my nerves. I couldn't feel it at first. I couldn't feel it for years. Nevertheless, it was happening.

As the years passed, I became a mother, first to my son, Zach, then my daughter, Zebby. The rigors of parenting and full-time work distracted me, but my multiple sclerosis clock was ticking. This was a clock I

did not hear, even though alarms of visual dimming and the zingers were going off. I fully expected to be an active, adventurous, vibrant woman for at least forty more years. I imagined mountain climbing with my children, even as a white-haired old grandma. I never thought my unexplained symptoms would have anything to do with something as basic as my mobility or as crucial as my thinking.

One evening at a dinner party, I was talking to a neurologist and I happened to mention that I perceived the color blue somewhat differently in my right and left eyes. Blues were a bit brighter when I used my right eye than if I used the left. She seemed interested.

“You’ll have multiple sclerosis someday,” she said. It was the first time anyone had said those words. My father died the next morning, and so her words were forgotten in the chaos of grief. Years later, I recalled those prescient comments.

The day my wife, Jackie, noticed I seemed to be walking strangely, I didn’t believe her. I didn’t even notice until she insisted we go for a three-mile walk to the local dairy for ice cream. By the time we got back, I was dragging my left foot like a sandbag. I couldn’t pick up my toes. I was exhausted, nauseated, and scared. I scheduled an appointment with my physician.

Many people who are ultimately diagnosed with multiple sclerosis go through a similar experience. Symptoms develop slowly over years, and diagnosis may take additional years once physical problems manifest and become obvious.

I spent the next few weeks going through test after test, dreading each result. Some tests involved flashing lights and buzzers. Others involved more electricity and more pain. There were more blood tests. I said little and feared much. Everything came back negative, but there was clearly something wrong with me.

Finally, we were down to the last test: a spinal tap. If there were oligoclonalband proteins (an indicator of excessive amounts of antibodies) present in the spinal fluid, then the diagnosis would be multiple sclerosis. But if this test was also negative, then I likely had what they call “idiopathic degeneration of the spinal cord” (meaning they don’t know the cause). In the long list of potential diseases I had faced, this seemed like the best option. I was hopeful.

When I got up the next morning, I knew that the results should be in my chart. I could get into the clinic medical records from my home computer through remote access. I brought up my medical record on the screen and went to the laboratory section. Positive. I stood up. I paced. Two hours later, I logged onto the system and checked again. Five times I looked up my results,

hoping they would somehow change. They never did.

It was official: I had multiple sclerosis.

My Decline

In summer 2000, I moved with Jackie and my children from Marshfield, Wisconsin, to Iowa to accept a joint appointment as assistant professor at the University of Iowa and chief of primary care at the VA hospital. I was newly diagnosed with multiple sclerosis. I was taking Copaxone, which my physician had prescribed for the MS, and I relied entirely on my physicians for treatment decisions. I had been trained as a doctor and conditioned to believe that doctors know best. Besides, what did I know about multiple sclerosis? It wasn’t

my area. I was seeing the very best people and getting the very best treatments available, so I assumed I was doing all that I could do.

I was determined not to let my diagnosis influence my new job. I was in a leadership position with plenty of challenges, and I loved it. I enjoyed teaching, and the kids were thriving in their new home. I thought I was doing pretty well, and so did my doctors. I even began to imagine I might never get much worse. I dreamed I might not even have to confess to my children that

I had multiple sclerosis.

Then my right arm and hand became weak. My doctors gave me steroids to suppress my immune cells, and my strength slowly returned, but it was the beginning of a slow, steady decline. I could see it, Jackie could see it, and so could the kids. They've since admitted that sometimes it was embarrassing to have me around because I was less and less mobile. Sometimes they wished I wouldn't attend their activities, and that made me feel guilty for wanting to be there. It was a strain on the whole family, and I felt responsible. It was all my fault. I was supposed to be the provider, and I was slowly losing my ability to manage my own body. It had been only two years since my initial diagnosis.

Then something happened that changed my life. In 2002, my neurology doctor at the Cleveland Clinic noted that I was slowly getting worse and suggested I check out Ashton Embry's MS charity website, Direct-MS, at www.direct-ms.org. Dr. Embry is a geologist with a Ph.D. whose son has MS. Dr. Embry's son improved dramatically by changing his diet, so Dr. Embry became an active and vocal proponent of the link between diet and multiple sclerosis. This was the first I'd heard of such an idea—or, at least, the first time I paid attention. Although it sounded a little like “alternative care” to me—and, being a conventional doctor, I didn't put much stock into what I saw as fringe medical practices—this was a suggestion from my neurologist, so I took her seriously. I decided to check it out.

Dr. Embry's website was full of scientific references, which I began to read one by one. The articles were from peer-reviewed journals, written by scientists from highly respected medical schools. This wasn't “soft science.” This wasn't “fringe.” This was legitimate research. It was difficult science, too. A lot of it was in fields outside my expertise, or it relied on basic science concepts that hadn't been part of my medical training. I had trouble absorbing everything, and the MS-related brain fog didn't help. There was so much new information—how did I not know about any of this? After a lot of intensive reading, I determined that Dr. Embry was not a charlatan and that maybe he was on to something. What if diet could have a major impact on MS? After years of leaving my health in the hands of doctors while continuing to decline, this idea fascinated me. I could control what I ate. It seemed too easy and too good to be true. I had to know more.

Dr. Embry's website was the first place I heard about Dr. Loren Cordain. Dr. Cordain linked changes in the human diet to the development of chronic disease in Western society. He had published a number of articles and had also recently published a book for the public called *The Paleo Diet: Lose Weight and Get Healthy by Eating the Foods You Were Designed to Eat*, which was much easier reading than the technical scientific papers.¹ I began to absorb information more quickly: molecular mimicry, leaky gut, lectins, immune modulation (I'll talk about all these things later in this book). I began to see where Dr. Embry and Dr. Cordain were going with their theories. I began to consider that what we eat has a major, rather than a minor, influence on how our bodies work.

I was particularly interested in the idea that excessive carbohydrates and sugars in our modern diet lead to excess insulin and inflammation. The evidence that the original human diet could possibly improve my MS was compelling, but switching to this kind of diet would be a major change for me. I had been a vegetarian since my college days and I loved my beans and rice.

I loved making bread. Could I really cut out grain, dairy, and legumes, the current staples of my diet?

But I wanted to arrest my disease more than anything else. I wanted to keep walking, working, and playing with my kids. I decided to try it. Meat was back on the menu, and I gave up the now-forbidden foods I loved so much. At first the smell of meat was nauseating to me. I started slowly, adding meat to soup in small amounts. With time, it got easier.

I was hopeful about this change, but despite this switch to a Paleo Diet, my decline continued. I couldn't play soccer in the backyard with my kids without falling. I couldn't take long hikes with the Cub Scouts and Girl Scouts. Then it became harder to take even short walks with Jackie. Fatigue became more and more of a problem. I was disappointed, at times despondent, and tears came at inconvenient times. But I was determined. Some of the entries on Embry's website said that recovery took five years. I realized I could not expect an overnight miracle, so I stuck with the changes. Even if progress would be slow, it was still something I could do for myself, and that came with its own sense of empowerment.

Meanwhile, I rearranged my schedule to avoid walking. My doctor told me that it was time to get a scooter, and then changed his mind and suggested a tilt/recline wheelchair because of the worsening fatigue. He also suggested I try taking mitoxantrone, a form of chemotherapy. When that didn't help, I switched to a new, potent immune-suppressing medication called Tysabri; but before I went in for my third injection, Tysabri was pulled from the market because people were dying from the activation of a latent virus in their brains. After this, my doctor suggested that I take CellCept, a transplant medicine, which would suppress my immune cells. I often had mouth ulcers after that. My skin was grayish. I started every day tired, and despair gnawed at me each night as I lay in bed. Jackie, Zach, and Zebby were my lifeline. Jackie would hold me and tell me we'd get through everything together. We often discussed our kids and how they were absorbing the ways that we dealt with what was happening. For their sakes, I didn't want to let my discouragement and fatigue show.

Though I had resisted getting the tilt/recline wheelchair, it actually felt liberating once I had it. I was able to go outside and stroll (or rather, roll) with my family as we hiked around the county park or the neighborhood. It did make my life easier. It weakened my back muscles, however, and the more those muscles atrophied, the more time I spent in bed. I didn't talk about it much, but I thought it likely that eventually I would become bedridden. Sitting at my desk at work was exhausting. Then I found a zero-gravity chair, designed like the NASA chairs used during space flights. When I was fully reclined, my knees were higher than my nose and gravity held me in the chair. I had one for my office and another for my home. That helped with the fatigue a great deal, but this wasn't how I wanted to live my life. I just couldn't accept that this was my future.

Taking My Life Back

Getting into that wheelchair triggered something. I realized that conventional medicine was not likely to stop what was happening to me. I still hoped that the Paleo Diet would make a difference, but I hadn't seen much of a change thus far. I decided to go back to reading the medical literature. I wanted to know if there was something more, some other avenue, something the doctors had overlooked. I had come to accept that recovery was not possible, but maybe I could slow things down. I was through ceding my power to doctors and not seeing results. I needed to be more forward thinking. I vowed to research and study and exhaust every avenue, just in case there was some other answer for me out there, something that would delay a little longer the inevitable life in bed.

At first, I began to read all about the latest clinical drug trials going on, but then I realized that those all involved medications that I'd be unable to get. This kind of knowledge would only be theoretical. So I

started to think outside the box. I knew how science worked—I knew that studies on mice and rats are always the source of tomorrow’s treatments, but that it’s typically years, often decades, before anything becomes a matter for a clinical trial, let alone a standard of care. This was the cutting edge of the cutting edge, so I began to look there. I wanted to know what the brightest minds were thinking and how they envisioned the future of diseases like mine.

Each night I would spend a few minutes searching www.pubmed.gov for articles about the mouse model for MS. I knew that brains afflicted with MS shrink over time, so I also began reading about the animal models of other conditions with shrinking brains. I researched Parkinson’s disease, Alzheimer’s dementia, Lou Gehrig’s disease (amyotrophic lateral sclerosis, or ALS), and Huntington’s disease. I discovered that, in all four of those conditions, the mitochondria—small subunits within cells that manage the energy supply for that cell—stop working well and lead to early death of brain cells, causing shrinking of the brain. More searching led me to articles in which mouse brains and their mitochondria had been protected using vitamins² and supplements like coenzyme Q, carnitine, and creatine.³

I didn’t have anything to lose, so I decided to take action. I translated those mouse-size doses into human-size ones, then made an appointment with my primary-care doctor. She looked over my list and decided the supplements were likely safe. She entered each one into my medication list, one by one, to check for potential adverse interactions with my medication list. There were none. I was excited about starting my new, experimental vitamin-and supplement routine. I began to take them and was disappointed when nothing happened. After a couple of months I stopped taking them, and a few days later I couldn’t get out of bed. When I resumed the supplements, I could get up again. They were helping after all!

This was a ray of hope. Obviously, I thought, my body was getting something from those supplements that it wasn’t getting without them—something it needed.

Discovering E-Stim

Next, I discovered electrical therapy. I got the idea by reviewing a research protocol that used electrical stimulation of muscles to treat people who’d become paralyzed due to an acute spinal injury. The purpose of this therapy, known as e-stim, in the research was to maintain bone health and quality of life for these patients. Reviewing that research protocol made me wonder if the electrical stimulation might slow down my disability. I talked to a physical therapist who used this technology, and he warned me that it was painful and exhausting for the athletes who did it. He wasn’t sure if it would help me, but he was willing to give it a test session.

During my first session, the therapist had me lie on my belly and applied the electrodes to my left paraspinal back muscles. I lifted my left leg off the table and held it there as he dialed up the electrical current. It felt like bugs racing across my skin. He kept dialing up the current. The bugs raced faster. It became more and more electrical, and then painful. After a minute my therapist asked if he could turn up the current again. This is the typical procedure because the brain releases endorphins and nerve growth factors that make the e-stim more comfortable, so after a few minutes patients can typically tolerate a higher dose of electricity. When that was done, we did my quadriceps muscles on my left leg, where I suffered particular weakness. After it was over, I had completed thirty minutes of “exercise” that was more rigorous than what I had been able to do in years. I began a regular regimen of e-stim therapy.

Discovering Functional Medicine

Every night, after everyone else was sleeping, I searched the Internet, looking for more information that might help me. One night I stumbled onto the webpage for the Institute for Functional Medicine and was immediately intrigued.

Its goal was to provide clinicians like myself with a better way to care for people with complex chronic disease by looking at how the interaction between genetics, diet, hormone balance, toxin exposures, infections, and psychological factors contribute to the development of disease or the improvement of one's health and vitality.

This was exactly what I had been searching for since I'd hit the wheelchair. The institute had textbooks, conferences, and continuing education courses for physicians and other health care professionals. One course captured my attention immediately: Neuroprotection: A Functional Medicine Approach for Common and Uncommon Neurologic Syndromes. I ordered it and began studying, night after night. Although it was difficult at first, that functional medicine course taught me that I could improve the condition of my mitochondria and my brain cells. It gave me an entirely new way of thinking about brain health and how it relates to whole-body health. Although it wasn't the way I was trained, it made sense to me. It was all logical and scientifically supported, so it resonated with me as a doctor, but it also fit into the context of my experience as an MS patient.

I also understood that it was likely that I had a genetic vulnerability, or several, that had increased the likelihood that I'd develop multiple sclerosis. I finally had a much deeper understanding of the significance to the brain of leaky gut, food allergies, toxins, mitochondria that were not providing enough energy for the cell, neurotransmitter problems, and the impact of having inefficient enzymes for the metabolism of B vitamins and sulfur. Based on what I now knew, I had a much longer list of vitamins, minerals, amino acids, antioxidants, and essential fatty acids that I understood were helpful for mitochondria and brain cells. I finally understood why my brain was on fire, under attack by my immune cells, and I also had some ideas about what I could do to cool the fires of inflammation that were raging there. My worldview was changing. I immediately began to plan and implement lifestyle changes that went far beyond anything I'd been doing before. The seeds for the Wahls Protocol, although not yet named, were sown.

But how would I do it? I had a long list of nutrients, but was I really going to take huge fistfuls of pills every day? And would that even work? The Paleo Diet suggested that food was the best source, but many functional medicine concepts relied on supplements. Our Paleolithic ancestors didn't take supplements, obviously. The Paleo Diet had taught me to eliminate certain foods but didn't necessarily tell me how to get the precise nutrients I now knew I needed. Functional medicine helped me to determine what nutrients I needed with their list of advised vitamins and supplements to take but didn't necessarily tell me how to get them.

If I could get those same nutrients I was taking in pill form from the food I was eating, I reasoned, those nutrients might be more effective than the synthetic versions of the nutrients I was taking. In addition, I might also pick up many additional compounds—maybe thousands of compounds—that had yet to be named, that contributed synergistically to the effectiveness of a particular vitamin or supplement because they existed along with the nutrients in the original package. (Most vitamins in nature are actually a family of related compounds that are all biologically active in our cells.) I realized that I needed an eating plan specifically designed to maximize my mitochondrial and brain function—an eating plan that went beyond anything I'd already encountered. It would incorporate Paleo principles, functional medicine concepts, and my own research. Maybe that would jump-start the changes in my body I desperately wanted to see and feel.

I stared at my new list of the nutrients functional medicine suggested I needed for better brain health and wondered: Which foods contain these nutrients? I had no idea. I showed my list of nutrients to my registered dietitian friends, but they didn't know where to find those things in the food supply, either. Next I went to the health science library. I couldn't find any answers there, and so I went back to the Internet and began searching once again. With more work, I finally developed a long list of new foodstuffs to add to my diet that seemed to match up nutritionally. I began to add these to every meal.

That's when things really began to change in my brain and body.

Generating the Proof

I was just about to start a new position as the primary care doctor for the polytrauma unit, treating veterans with head injuries. It was a job I wasn't sure I could do, and Jackie and I both wondered whether the hospital had assigned me the position in order to force me to face the fact that I could no longer work. Instead, I surprised everyone, including myself. After just three months practicing the new diet, gradually increasing my e-stim exercises, and practicing daily meditation and a simple self-massage, I could walk between exam rooms using just one cane. After six months I could walk throughout the entire hospital without a cane. But it wasn't just my body that had changed. I experienced and saw the world very differently. The old me—the conventional internal medicine physician—had been struck down like Paul on the way to Damascus. The old me, who had relied on drugs and procedures to make my patients well, who had been made progressively more feeble by my illness, had been replaced with someone who understood intellectually and physically that disease begins at the cellular level, when cells are starved of the building blocks they need to conduct the chemistry of life properly, and that the root of optimal health begins with taking away the things that harm and confuse our cells while providing the body with the right environment in which to thrive. I finally understood what I had to do to provide my cells with all the building blocks of life they needed to heal. I was doing it, and it was working.

This completely altered how I practiced medicine. I began teaching residents and patients in our primary care clinics how to care for themselves in a way I had only just discovered as optimal, using diet and health behaviors for diabetes, high blood pressure, high cholesterol, mood disorders, posttraumatic stress disorder, and traumatic brain injury instead of relying only on drugs. The residents learned that diet and lifestyle are powerful treatments, often as effective, if not more so, than drugs. The patients in the traumatic brain injury clinic were also eager to learn what things they could do to speed the healing of their brains. In patient after patient, I watched symptoms and the need for drugs decrease as diet and lifestyles improved.

The many people I helped notwithstanding, however, anecdotal evidence wasn't good enough for me. There was no question that the medical establishment wouldn't believe, let alone endorse, my protocol without a clinical trial. I felt compelled to apply the same rigor to my own work that I had required when researching what to do for myself. I needed definitive tests to determine whether this would help others. I decided to begin the long, complex, and expensive process of doing a clinical trial to prove that my new protocol didn't just work for me—that it would work for anyone with a similar affliction. That meant designing a clinical trial, writing the grant, securing funding (in a world that funds less than 2 percent of grants), and getting my study approved by the Institutional Review Board (the committee that oversees research at the VA and university). In less than eighteen months, I achieved the seemingly impossible. On October 6, 2010, we enrolled our first patient.

In fall 2011, a group organizing a local TEDx talk asked me to submit a proposal to speak. For those not familiar with TEDx, it is an offshoot of TED, which stands for Technology, Entertainment, Design. This is a set of nonprofit conferences on a variety of topics that are filmed and available for public viewing on the Internet. TEDx is similar. Conferences are organized locally but are also available to view for free online, and speakers are not paid. Millions of people view the TED and TEDx talks, however, and many have gone viral. I would have eighteen minutes to tell my story and explain how I designed a diet specifically for my mitochondria and my brain. I agreed.

In my TEDx talk, I explained the specifics of my intensive nutrition plan, and I challenged people to become

ambassadors for their mitochondria and to eat for health. At the end of November, that TEDx talk, “Minding Your Mitochondria,” was placed on YouTube. It spread into the Paleo community, the MS community, and the functional medicine community. Within a year, that lecture had more than 1 million views. I’d touched more lives than most physicians or scientists will touch in their lifetimes. I felt like I was helping to change the world for the better, and that was exhilarating, but I wanted to do even more.

My mission was never clearer. I needed to continue to do the research so I could reach my physician colleagues and eventually change the standard of care. I needed to continue to teach the public because I believe the public will soon be far ahead of the medical community when it comes to understanding the power of food to reclaim and maintain health.

The next step was to write this book.

Meanwhile, I’ve expanded the lab, we have additional studies under way, and our preliminary results continue to be very exciting. We have submitted the first study’s safety data. Once that paper is published, we will work out our next papers, which will describe in detail the outcomes data, specifically showing changes in fatigue levels, mood, thinking, and walking ability. We have several other trials in the works so we can continue to refine and improve and disseminate information about the limitless potential of this lifestyle.

I still have multiple sclerosis, but now I also have my life back.

Your Story

It will take many years and millions of dollars for us to do clinical trials that can prove that the Wahls Protocol is effective for multiple sclerosis and other chronic diseases. I am busy writing and submitting grants to conduct those studies. In the meantime, I invite you to read my book, take my story to heart, and talk to your family and your physician about the protocol. Because here’s the most important thing I want you to realize: Your doctor cannot cure your autoimmune disease. Your medication can only ease your symptoms, sometimes with side effects that make you feel even worse. But this is not the end of the story. The power of healing is within you. All you need to do is give your body what it needs and remove what is poisoning it. You can restore your own health by what you do—not by the pills you take, but by how you choose to live. When you eat and live in accordance with the needs of your cells, your body can finally concentrate on healing, and that is when the dramatic changes will happen for you.

The purpose of my years of self-experimentation was to determine exactly what the body needs to fight back against autoimmune disease. The result is the Wahls Protocol: a systematic and aggressive intervention into your body’s downward spiral. It is a mending of your broken biochemistry that comes not from your doctor or your pharmacist but from you, making changes that are entirely under your control. It is a restoration of your body’s healing power generated by altering what you eat and do each day. You don’t have to wait until all the proof comes in and is vetted by the medical community. You don’t have to wait until a “food prescription” becomes part of the standard of care in your conventional doctor’s office (which I believe someday will happen—it is the only rational course). You can have this information right now. Food is the bedrock of health. Our food choices can either lead to disease or create health and vitality.

As you implement the Wahls Protocol, you will likely begin noticing that your thinking is clearer, your moods are better, and your energy is coming back. Those over their ideal weight will find that their weight normalizes without hunger. In my clinics, when people come back in three months, everyone who has fully implemented the diet has begun noticing all these things. For the next three years, I typically see my patients “youthen”—they look younger and younger each time I see them as their cells revitalize and their bodies become healthy once more.

If I can rise up from a tilt/recline wheelchair by changing the way I live my life, consider what the people you love, your community, your country, and the world would look like if everybody began eating and living to optimally fuel their cells. We could restore health and vitality to the world and dramatically lower the cost of health care, saving billions of dollars. What choice will you make? How will you choose to live the rest of your life? With disability? Or with vitality? It's all up to you.

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THE WAHLS PROTOCOL: HOW I BEAT PROGRESSIVE MS USING PALEO PRINCIPLES AND FUNCTIONAL MEDICINE

BY EVE ADAMSON, TERRY WAHLS M.D. PDF

Like many physicians, Dr. Terry Wahls focused on treating her patients' ailments with drugs or surgical procedures-until she was diagnosed with multiple sclerosis (MS) in 2000. Within three years, her back and stomach muscles had weakened to the point where she needed a tilt-recline wheelchair. Conventional medical treatments were failing her, and she feared that she would be bedridden for the rest of her life. Dr. Wahls began studying the latest research on autoimmune disease and brain biology, and decided to get her vitamins, minerals, antioxidants, and essential fatty acids from the food she ate rather than pills and supplements. Dr. Wahls adopted the nutrient-rich paleo diet, gradually refining and integrating it into a regimen of neuromuscular stimulation. First, she walked slowly, then steadily, and then she biked eighteen miles in a single day. In November 2011, Dr. Wahls shared her remarkable recovery in a TEDx talk that immediately went viral. Now, in *The Wahls Protocol*, she shares the details of the protocol that allowed her to reverse many of her symptoms, get back to her life, and embark on a new mission: to share the Wahls Protocol with others suffering from the ravages of multiple sclerosis and other autoimmune conditions.

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Review

"For anyone suffering from autoimmune or other chronic health problems, this book will be life changing." -
--Mark Hyman, M.D., author of *The Blood Sugar Solution*

About the Author

Eve Adamson has authored or coauthored more than forty books, including *Baby Steps*, *Naturally Thin*, and *The Complete Idiot's Guide to Being a Sex Goddess*. Eve lives in Iowa with her family.

Dr. Terry Wahls is the author of numerous medical articles and a clinical professor of medicine at the University of Iowa. She has MS, which confined her to a tilt-recline wheelchair for four years. Terry lives in Iowa with her family.

Pam Ward has performed in dinner theater, summer stock, and Off-Broadway, as well as in commercials, radio, and film. An experienced narrator, Pam has recorded many titles for the Library of Congress Talking Books program. She is the recipient of an AudioFile Earphones Award and the prestigious Alexander Scourby Award.

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INTRODUCTION

I used to run marathons and climb mountains in Nepal. I've competed multiple times in the American Birkebeiner 54-kilometer cross-country ski marathon (once while pregnant), earned a black belt in tae kwon do, and won a bronze medal in women's full contact free sparring at the trials for the 1978 Pan American Games in Washington, DC. I used to feel invincible.

Then I developed multiple sclerosis. After decades of troubling symptoms I tried to ignore, I was finally diagnosed in 2000. By that time, the disease had a good footing in my central nervous system. My decline progressed rapidly. Within two years of my diagnosis, I could no longer play soccer with my kids in the backyard. By fall 2003, walking from room to room for my hospital rounds exhausted me, and by summer 2004, my back and stomach muscles had weakened so much that I needed a tilt/recline wheelchair. Within three years of initial diagnosis, my disease had transitioned from relapsing-remitting multiple sclerosis into secondary progressive multiple sclerosis. In that phase, disability slowly progresses despite increasingly aggressive therapy. By 2007, I spent most of my time lying in a zero-gravity chair. I was 52 years old.

Everyone with multiple sclerosis has a story—the years of clues and strange symptoms that finally, in retrospect, make sense. It is in the nature of most neurological and autoimmune diseases that symptoms accumulate slowly, bit by bit, over the course of decades. This is what happened to me. As a doctor, I was compelled to find answers: a diagnosis and a cure. As a patient, I was compelled to save my own life.

Like most physicians, I was always focused on quickly diagnosing my patients, and then using drugs and surgical procedures to treat them—that is, until I became a patient myself. Conventional medicine was failing me. I saw that. I was heading toward a bedridden life. Since the beginning of our profession, physicians have used self-experimentation, either to prove a scientific point or to treat themselves when the conventional treatments were of limited value. In that tradition, and in the face of this chronic, progressive disease for which there was no cure, I began to experiment on myself. What I didn't expect were the stunning results I got from my self-experimentation: I not only arrested my disease, I achieved a dramatic restoration of my health and my function. What I learned changed forever how I saw the battling worlds of health and disease.

More than a hundred years ago, Thomas Edison said, “The doctor of the future will give no medicine, but will interest his [or her] patients in the care of the human frame, in a proper diet, and in the cause and prevention of disease.” This became my new course, my passion, and my mission. I understood health and disease in an entirely new way. I became a new person, both physically and emotionally, both personally and professionally. I also became passionately committed to helping other people become new people, too.

My Diagnosis

The stress and pressure of medical school may have been what triggered my first symptoms in 1980, years before I had any idea what they were. I would eventually call them “zingers”—intense stabs of facial pain. They lasted just a moment and would come randomly, sometimes in waves, the episodes building over a week or two and then gradually fading over the next several. They were most likely to happen during my busiest and most brutal hospital rotations, with shifts lasting thirty-six hours and allowing for little sleep. Over the years they became steadily worse, like electrical pain that felt like a 10,000-volt cattle prod sticking me in the face.

At the time, I thought the episodes of face pains were an aggravation, nothing more. I thought it was an isolated, unexplained problem—one of those medical mysteries that don't really require solving. Even as a doctor, I didn't think much about it. I was too busy with my own patients to dedicate too much diagnostic

thought to myself. I certainly never suspected an autoimmune problem.

This was my first symptom, but it was not likely the moment when multiple sclerosis began its relentless march through my central nervous system. For at least a decade before then, probably two, my brain and spinal cord had been under siege from friendly fire—my own immune system attacking the myelin that insulated my nerves. I couldn't feel it at first. I couldn't feel it for years. Nevertheless, it was happening.

As the years passed, I became a mother, first to my son, Zach, then my daughter, Zebby. The rigors of parenting and full-time work distracted me, but my multiple sclerosis clock was ticking. This was a clock I did not hear, even though alarms of visual dimming and the zingers were going off. I fully expected to be an active, adventurous, vibrant woman for at least forty more years. I imagined mountain climbing with my children, even as a white-haired old grandma. I never thought my unexplained symptoms would have anything to do with something as basic as my mobility or as crucial as my thinking.

One evening at a dinner party, I was talking to a neurologist and I happened to mention that I perceived the color blue somewhat differently in my right and left eyes. Blues were a bit brighter when I used my right eye than if I used the left. She seemed interested.

“You'll have multiple sclerosis someday,” she said. It was the first time anyone had said those words. My father died the next morning, and so her words were forgotten in the chaos of grief. Years later, I recalled those prescient comments.

The day my wife, Jackie, noticed I seemed to be walking strangely, I didn't believe her. I didn't even notice until she insisted we go for a three-mile walk to the local dairy for ice cream. By the time we got back, I was dragging my left foot like a sandbag. I couldn't pick up my toes. I was exhausted, nauseated, and scared. I scheduled an appointment with my physician.

Many people who are ultimately diagnosed with multiple sclerosis go through a similar experience. Symptoms develop slowly over years, and diagnosis may take additional years once physical problems manifest and become obvious.

I spent the next few weeks going through test after test, dreading each result. Some tests involved flashing lights and buzzers. Others involved more electricity and more pain. There were more blood tests. I said little and feared much. Everything came back negative, but there was clearly something wrong with me.

Finally, we were down to the last test: a spinal tap. If there were oligoclonalband proteins (an indicator of excessive amounts of antibodies) present in the spinal fluid, then the diagnosis would be multiple sclerosis. But if this test was also negative, then I likely had what they call “idiopathic degeneration of the spinal cord” (meaning they don't know the cause). In the long list of potential diseases I had faced, this seemed like the best option. I was hopeful.

When I got up the next morning, I knew that the results should be in my chart. I could get into the clinic medical records from my home computer through remote access. I brought up my medical record on the screen and went to the laboratory section. Positive. I stood up. I paced. Two hours later, I logged onto the system and checked again. Five times I looked up my results,

hoping they would somehow change. They never did.

It was official: I had multiple sclerosis.

My Decline

In summer 2000, I moved with Jackie and my children from Marshfield, Wisconsin, to Iowa to accept a joint appointment as assistant professor at the University of Iowa and chief of primary care at the VA hospital. I was newly diagnosed with multiple sclerosis. I was taking Copaxone, which my physician had prescribed for the MS, and I relied entirely on my physicians for treatment decisions. I had been trained as a doctor and conditioned to believe that doctors know best. Besides, what did I know about multiple sclerosis? It wasn't my area. I was seeing the very best people and getting the very best treatments available, so I assumed I was doing all that I could do.

I was determined not to let my diagnosis influence my new job. I was in a leadership position with plenty of challenges, and I loved it. I enjoyed teaching, and the kids were thriving in their new home. I thought I was doing pretty well, and so did my doctors. I even began to imagine I might never get much worse. I dreamed I might not even have to confess to my children that

I had multiple sclerosis.

Then my right arm and hand became weak. My doctors gave me steroids to suppress my immune cells, and my strength slowly returned, but it was the beginning of a slow, steady decline. I could see it, Jackie could see it, and so could the kids. They've since admitted that sometimes it was embarrassing to have me around because I was less and less mobile. Sometimes they wished I wouldn't attend their activities, and that made me feel guilty for wanting to be there. It was a strain on the whole family, and I felt responsible. It was all my fault. I was supposed to be the provider, and I was slowly losing my ability to manage my own body. It had been only two years since my initial diagnosis.

Then something happened that changed my life. In 2002, my neurology doctor at the Cleveland Clinic noted that I was slowly getting worse and suggested I check out Ashton Embry's MS charity website, Direct-MS, at www.direct-ms.org. Dr. Embry is a geologist with a Ph.D. whose son has MS. Dr. Embry's son improved dramatically by changing his diet, so Dr. Embry became an active and vocal proponent of the link between diet and multiple sclerosis. This was the first I'd heard of such an idea—or, at least, the first time I paid attention. Although it sounded a little like “alternative care” to me—and, being a conventional doctor, I didn't put much stock into what I saw as fringe medical practices—this was a suggestion from my neurologist, so I took her seriously. I decided to check it out.

Dr. Embry's website was full of scientific references, which I began to read one by one. The articles were from peer-reviewed journals, written by scientists from highly respected medical schools. This wasn't “soft science.” This wasn't “fringe.” This was legitimate research. It was difficult science, too. A lot of it was in fields outside my expertise, or it relied on basic science concepts that hadn't been part of my medical training. I had trouble absorbing everything, and the MS-related brain fog didn't help. There was so much new information—how did I not know about any of this? After a lot of intensive reading, I determined that Dr. Embry was not a charlatan and that maybe he was on to something. What if diet could have a major impact on MS? After years of leaving my health in the hands of doctors while continuing to decline, this idea fascinated me. I could control what I ate. It seemed too easy and too good to be true. I had to know more.

Dr. Embry's website was the first place I heard about Dr. Loren Cordain. Dr. Cordain linked changes in the human diet to the development of chronic disease in Western society. He had published a number of articles and had also recently published a book for the public called *The Paleo Diet: Lose Weight and Get Healthy by Eating the Foods You Were Designed to Eat*, which was much easier reading than the technical scientific papers.¹ I began to absorb information more quickly: molecular mimicry, leaky gut, lectins, immune

modulation (I'll talk about all these things later in this book). I began to see where Dr. Embry and Dr. Cordain were going with their theories. I began to consider that what we eat has a major, rather than a minor, influence on how our bodies work.

I was particularly interested in the idea that excessive carbohydrates and sugars in our modern diet lead to excess insulin and inflammation. The evidence that the original human diet could possibly improve my MS was compelling, but switching to this kind of diet would be a major change for me. I had been a vegetarian since my college days and I loved my beans and rice.

I loved making bread. Could I really cut out grain, dairy, and legumes, the current staples of my diet?

But I wanted to arrest my disease more than anything else. I wanted to keep walking, working, and playing with my kids. I decided to try it. Meat was back on the menu, and I gave up the now-forbidden foods I loved so much. At first the smell of meat was nauseating to me. I started slowly, adding meat to soup in small amounts. With time, it got easier.

I was hopeful about this change, but despite this switch to a Paleo Diet, my decline continued. I couldn't play soccer in the backyard with my kids without falling. I couldn't take long hikes with the Cub Scouts and Girl Scouts. Then it became harder to take even short walks with Jackie. Fatigue became more and more of a problem. I was disappointed, at times despondent, and tears came at inconvenient times. But I was determined. Some of the entries on Embry's website said that recovery took five years. I realized I could not expect an overnight miracle, so I stuck with the changes. Even if progress would be slow, it was still something I could do for myself, and that came with its own sense of empowerment.

Meanwhile, I rearranged my schedule to avoid walking. My doctor told me that it was time to get a scooter, and then changed his mind and suggested a tilt/recline wheelchair because of the worsening fatigue. He also suggested I try taking mitoxantrone, a form of chemotherapy. When that didn't help, I switched to a new, potent immune-suppressing medication called Tysabri; but before I went in for my third injection, Tysabri was pulled from the market because people were dying from the activation of a latent virus in their brains. After this, my doctor suggested that I take CellCept, a transplant medicine, which would suppress my immune cells. I often had mouth ulcers after that. My skin was grayish. I started every day tired, and despair gnawed at me each night as I lay in bed. Jackie, Zach, and Zebby were my lifeline. Jackie would hold me and tell me we'd get through everything together. We often discussed our kids and how they were absorbing the ways that we dealt with what was happening. For their sakes, I didn't want to let my discouragement and fatigue show.

Though I had resisted getting the tilt/recline wheelchair, it actually felt liberating once I had it. I was able to go outside and stroll (or rather, roll) with my family as we hiked around the county park or the neighborhood. It did make my life easier. It weakened my back muscles, however, and the more those muscles atrophied, the more time I spent in bed. I didn't talk about it much, but I thought it likely that eventually I would become bedridden. Sitting at my desk at work was exhausting. Then I found a zero-gravity chair, designed like the NASA chairs used during space flights. When I was fully reclined, my knees were higher than my nose and gravity held me in the chair. I had one for my office and another for my home. That helped with the fatigue a great deal, but this wasn't how I wanted to live my life. I just couldn't accept that this was my future.

Taking My Life Back

Getting into that wheelchair triggered something. I realized that conventional medicine was not likely to stop what was happening to me. I still hoped that the Paleo Diet would make a difference, but I hadn't seen much of a change thus far. I decided to go back to reading the medical literature. I wanted to know if there was

something more, some other avenue, something the doctors had overlooked. I had come to accept that recovery was not possible, but maybe I could slow things down. I was through ceding my power to doctors and not seeing results. I needed to be more forward thinking. I vowed to research and study and exhaust every avenue, just in case there was some other answer for me out there, something that would delay a little longer the inevitable life in bed.

At first, I began to read all about the latest clinical drug trials going on, but then I realized that those all involved medications that I'd be unable to get. This kind of knowledge would only be theoretical. So I started to think outside the box. I knew how science worked—I knew that studies on mice and rats are always the source of tomorrow's treatments, but that it's typically years, often decades, before anything becomes a matter for a clinical trial, let alone a standard of care. This was the cutting edge of the cutting edge, so I began to look there. I wanted to know what the brightest minds were thinking and how they envisioned the future of diseases like mine.

Each night I would spend a few minutes searching www.pubmed.gov for articles about the mouse model for MS. I knew that brains afflicted with MS shrink over time, so I also began reading about the animal models of other conditions with shrinking brains. I researched Parkinson's disease, Alzheimer's dementia, Lou Gehrig's disease (amyotrophic lateral sclerosis, or ALS), and Huntington's disease. I discovered that, in all four of those conditions, the mitochondria—small subunits within cells that manage the energy supply for that cell—stop working well and lead to early death of brain cells, causing shrinking of the brain. More searching led me to articles in which mouse brains and their mitochondria had been protected using vitamins² and supplements like coenzyme Q, carnitine, and creatine.³

I didn't have anything to lose, so I decided to take action. I translated those mouse-size doses into human-size ones, then made an appointment with my primary-care doctor. She looked over my list and decided the supplements were likely safe. She entered each one into my medication list, one by one, to check for potential adverse interactions with my medication list. There were none. I was excited about starting my new, experimental vitamin-and supplement routine. I began to take them and was disappointed when nothing happened. After a couple of months I stopped taking them, and a few days later I couldn't get out of bed. When I resumed the supplements, I could get up again. They were helping after all!

This was a ray of hope. Obviously, I thought, my body was getting something from those supplements that it wasn't getting without them—something it needed.

Discovering E-Stim

Next, I discovered electrical therapy. I got the idea by reviewing a research protocol that used electrical stimulation of muscles to treat people who'd become paralyzed due to an acute spinal injury. The purpose of this therapy, known as e-stim, in the research was to maintain bone health and quality of life for these patients. Reviewing that research protocol made me wonder if the electrical stimulation might slow down my disability. I talked to a physical therapist who used this technology, and he warned me that it was painful and exhausting for the athletes who did it. He wasn't sure if it would help me, but he was willing to give it a test session.

During my first session, the therapist had me lie on my belly and applied the electrodes to my left paraspinal back muscles. I lifted my left leg off the table and held it there as he dialed up the electrical current. It felt like bugs racing across my skin. He kept dialing up the current. The bugs raced faster. It became more and more electrical, and then painful. After a minute my therapist asked if he could turn up the current again. This is the typical procedure because the brain releases endorphins and nerve growth factors that make the e-stim more comfortable, so after a few minutes patients can typically tolerate a higher dose of

electricity. When that was done, we did my quadriceps muscles on my left leg, where I suffered particular weakness. After it was over, I had completed thirty minutes of “exercise” that was more rigorous than what I had been able to do in years. I began a regular regimen of e-stim therapy.

Discovering Functional Medicine

Every night, after everyone else was sleeping, I searched the Internet, looking for more information that might help me. One night I stumbled onto the webpage for the Institute for Functional Medicine and was immediately intrigued.

Its goal was to provide clinicians like myself with a better way to care for people with complex chronic disease by looking at how the interaction between genetics, diet, hormone balance, toxin exposures, infections, and psychological factors contribute to the development of disease or the improvement of one’s health and vitality.

This was exactly what I had been searching for since I’d hit the wheelchair. The institute had textbooks, conferences, and continuing education courses for physicians and other health care professionals. One course captured my attention immediately: Neuroprotection: A Functional Medicine Approach for Common and Uncommon Neurologic Syndromes. I ordered it and began studying, night after night. Although it was difficult at first, that functional medicine course taught me that I could improve the condition of my mitochondria and my brain cells. It gave me an entirely new way of thinking about brain health and how it relates to whole-body health. Although it wasn’t the way I was trained, it made sense to me. It was all logical and scientifically supported, so it resonated with me as a doctor, but it also fit into the context of my experience as an MS patient.

I also understood that it was likely that I had a genetic vulnerability, or several, that had increased the likelihood that I’d develop multiple sclerosis. I finally had a much deeper understanding of the significance to the brain of leaky gut, food allergies, toxins, mitochondria that were not providing enough energy for the cell, neurotransmitter problems, and the impact of having inefficient enzymes for the metabolism of B vitamins and sulfur. Based on what I now knew, I had a much longer list of vitamins, minerals, amino acids, antioxidants, and essential fatty acids that I understood were helpful for mitochondria and brain cells. I finally understood why my brain was on fire, under attack by my immune cells, and I also had some ideas about what I could do to cool the fires of inflammation that were raging there. My worldview was changing. I immediately began to plan and implement lifestyle changes that went far beyond anything I’d been doing before. The seeds for the Wahls Protocol, although not yet named, were sown.

But how would I do it? I had a long list of nutrients, but was I really going to take huge fistfuls of pills every day? And would that even work? The Paleo Diet suggested that food was the best source, but many functional medicine concepts relied on supplements. Our Paleolithic ancestors didn’t take supplements, obviously. The Paleo Diet had taught me to eliminate certain foods but didn’t necessarily tell me how to get the precise nutrients I now knew I needed. Functional medicine helped me to determine what nutrients I needed with their list of advised vitamins and supplements to take but didn’t necessarily tell me how to get them.

If I could get those same nutrients I was taking in pill form from the food I was eating, I reasoned, those nutrients might be more effective than the synthetic versions of the nutrients I was taking. In addition, I might also pick up many additional compounds—maybe thousands of compounds—that had yet to be named, that contributed synergistically to the effectiveness of a particular vitamin or supplement because they existed along with the nutrients in the original package. (Most vitamins in nature are actually a family of related compounds that are all biologically active in our cells.) I realized that I needed an eating plan

specifically designed to maximize my mitochondrial and brain function—an eating plan that went beyond anything I'd already encountered. It would incorporate Paleo principles, functional medicine concepts, and my own research. Maybe that would jump-start the changes in my body I desperately wanted to see and feel.

I stared at my new list of the nutrients functional medicine suggested I needed for better brain health and wondered: Which foods contain these nutrients? I had no idea. I showed my list of nutrients to my registered dietitian friends, but they didn't know where to find those things in the food supply, either. Next I went to the health science library. I couldn't find any answers there, and so I went back to the Internet and began searching once again. With more work, I finally developed a long list of new foodstuffs to add to my diet that seemed to match up nutritionally. I began to add these to every meal.

That's when things really began to change in my brain and body.

Generating the Proof

I was just about to start a new position as the primary care doctor for the polytrauma unit, treating veterans with head injuries. It was a job I wasn't sure I could do, and Jackie and I both wondered whether the hospital had assigned me the position in order to force me to face the fact that I could no longer work. Instead, I surprised everyone, including myself. After just three months practicing the new diet, gradually increasing my e-stim exercises, and practicing daily meditation and a simple self-massage, I could walk between exam rooms using just one cane. After six months I could walk throughout the entire hospital without a cane. But it wasn't just my body that had changed. I experienced and saw the world very differently. The old me—the conventional internal medicine physician—had been struck down like Paul on the way to Damascus. The old me, who had relied on drugs and procedures to make my patients well, who had been made progressively more feeble by my illness, had been replaced with someone who understood intellectually and physically that disease begins at the cellular level, when cells are starved of the building blocks they need to conduct the chemistry of life properly, and that the root of optimal health begins with taking away the things that harm and confuse our cells while providing the body with the right environment in which to thrive. I finally understood what I had to do to provide my cells with all the building blocks of life they needed to heal. I was doing it, and it was working.

This completely altered how I practiced medicine. I began teaching residents and patients in our primary care clinics how to care for themselves in a way I had only just discovered as optimal, using diet and health behaviors for diabetes, high blood pressure, high cholesterol, mood disorders, posttraumatic stress disorder, and traumatic brain injury instead of relying only on drugs. The residents learned that diet and lifestyle are powerful treatments, often as effective, if not more so, than drugs. The patients in the traumatic brain injury clinic were also eager to learn what things they could do to speed the healing of their brains. In patient after patient, I watched symptoms and the need for drugs decrease as diet and lifestyles improved.

The many people I helped notwithstanding, however, anecdotal evidence wasn't good enough for me. There was no question that the medical establishment wouldn't believe, let alone endorse, my protocol without a clinical trial. I felt compelled to apply the same rigor to my own work that I had required when researching what to do for myself. I needed definitive tests to determine whether this would help others. I decided to begin the long, complex, and expensive process of doing a clinical trial to prove that my new protocol didn't just work for me—that it would work for anyone with a similar affliction. That meant designing a clinical trial, writing the grant, securing funding (in a world that funds less than 2 percent of grants), and getting my study approved by the Institutional Review Board (the committee that oversees research at the VA and university). In less than eighteen months, I achieved the seemingly impossible. On October 6, 2010, we enrolled our first patient.

In fall 2011, a group organizing a local TEDx talk asked me to submit a proposal to speak. For those not familiar with TEDx, it is an offshoot of TED, which stands for Technology, Entertainment, Design. This is a set of nonprofit conferences on a variety of topics that are filmed and available for public viewing on the Internet. TEDx is similar. Conferences are organized locally but are also available to view for free online, and speakers are not paid. Millions of people view the TED and TEDx talks, however, and many have gone viral. I would have eighteen minutes to tell my story and explain how I designed a diet specifically for my mitochondria and my brain. I agreed.

In my TEDx talk, I explained the specifics of my intensive nutrition plan, and I challenged people to become ambassadors for their mitochondria and to eat for health. At the end of November, that TEDx talk, “Minding Your Mitochondria,” was placed on YouTube. It spread into the Paleo community, the MS community, and the functional medicine community. Within a year, that lecture had more than 1 million views. I’d touched more lives than most physicians or scientists will touch in their lifetimes. I felt like I was helping to change the world for the better, and that was exhilarating, but I wanted to do even more.

My mission was never clearer. I needed to continue to do the research so I could reach my physician colleagues and eventually change the standard of care. I needed to continue to teach the public because I believe the public will soon be far ahead of the medical community when it comes to understanding the power of food to reclaim and maintain health.

The next step was to write this book.

Meanwhile, I’ve expanded the lab, we have additional studies under way, and our preliminary results continue to be very exciting. We have submitted the first study’s safety data. Once that paper is published, we will work out our next papers, which will describe in detail the outcomes data, specifically showing changes in fatigue levels, mood, thinking, and walking ability. We have several other trials in the works so we can continue to refine and improve and disseminate information about the limitless potential of this lifestyle.

I still have multiple sclerosis, but now I also have my life back.

Your Story

It will take many years and millions of dollars for us to do clinical trials that can prove that the Wahls Protocol is effective for multiple sclerosis and other chronic diseases. I am busy writing and submitting grants to conduct those studies. In the meantime, I invite you to read my book, take my story to heart, and talk to your family and your physician about the protocol. Because here’s the most important thing I want you to realize: Your doctor cannot cure your autoimmune disease. Your medication can only ease your symptoms, sometimes with side effects that make you feel even worse. But this is not the end of the story. The power of healing is within you. All you need to do is give your body what it needs and remove what is poisoning it. You can restore your own health by what you do—not by the pills you take, but by how you choose to live. When you eat and live in accordance with the needs of your cells, your body can finally concentrate on healing, and that is when the dramatic changes will happen for you.

The purpose of my years of self-experimentation was to determine exactly what the body needs to fight back against autoimmune disease. The result is the Wahls Protocol: a systematic and aggressive intervention into your body’s downward spiral. It is a mending of your broken biochemistry that comes not from your doctor or your pharmacist but from you, making changes that are entirely under your control. It is a restoration of your body’s healing power generated by altering what you eat and do each day. You don’t have to wait until all the proof comes in and is vetted by the medical community. You don’t have to wait until a “food prescription” becomes part of the standard of care in your conventional doctor’s office (which I believe

someday will happen—it is the only rational course). You can have this information right now. Food is the bedrock of health. Our food choices can either lead to disease or create health and vitality.

As you implement the Wahls Protocol, you will likely begin noticing that your thinking is clearer, your moods are better, and your energy is coming back. Those over their ideal weight will find that their weight normalizes without hunger. In my clinics, when people come back in three months, everyone who has fully implemented the diet has begun noticing all these things. For the next three years, I typically see my patients “youthen”—they look younger and younger each time I see them as their cells revitalize and their bodies become healthy once more.

If I can rise up from a tilt/recline wheelchair by changing the way I live my life, consider what the people you love, your community, your country, and the world would look like if everybody began eating and living to optimally fuel their cells. We could restore health and vitality to the world and dramatically lower the cost of health care, saving billions of dollars. What choice will you make? How will you choose to live the rest of your life? With disability? Or with vitality? It’s all up to you.

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Most helpful customer reviews

530 of 543 people found the following review helpful.

EVERYONE's health can be improved, honestly.

By Rob Art

I admit it's very likely that the only reason I even heard of Dr. Terry Wahls in the first place was because I have MS. This is a shame. I believe I have a responsibility to help spread the word and get the information out there. Even though I'm definitely NOT grateful for having this disease, I truly believe my loved ones, future children and I obtained the most valuable information we have come across as a consequence of my MS. I promise this is not an overstatement.

I started following an early, basic version of the Wahls Protocol the day after watching Dr. Wahls' TEDx Talk last October. I explored her website, read and listened to countless interviews, and read her first book *Minding my Mitochondria*- and in November 2013 I started a more strict approach to diet and lifestyle based on her recommendations. It was hard for my wife to live with these changes and have to put up with my new dietary limitations, but I did it anyway. I have to admit I did NOT really feel anything different at this point.

In March 2014 everything changed. The Wahls Protocol was finally released (I had pre-ordered since November). I gave the book a first read in less than 24 hrs and immediately had ten times more information. In this book, Dr Wahls goes into detail about every aspect of the dietary and lifestyle changes she recommends, which includes supplements, exercise, electrical stimulation, meditation, etc., and she details three different versions of the Wahls diet so anyone can find a level they can learn to live with.

This is where it gets interesting. I actually convinced my wife and my mother to read the book and follow different levels of the protocol with me for one month. Just to give it a test drive. It has been three weeks today, and the results have been noticeable:

- I have RRMS, and am still in early stages of the disease so when I'm in remission, which is 90% of the time, I have no symptoms. Or so I thought! It turns out, I actually DID have fatigue issues and brain fog! These things have probably been developing slowly inside me for years so I didn't even notice them until I

they were gone! In ONLY three weeks I have felt a real change and am honestly amazed of how different I feel. I know it sounds hard to believe, but you have to try before you judge. I have been on the Wahls Paleo (i.e. intermediate level of the diet).

- My wife is a perfectly healthy 27-year-old woman. She is slim, she goes to the gym, and she does yoga on a regular basis. She never gets sick and seems as healthy as one can be except for the occasional headache. She also started on a strict version of the Wahls Paleo. She uses a Polar Loop Activity Tracker all the time, and this has showed results already. My wife went from an average sleep efficiency of 78% to 96% during the first two weeks, and stayed there ever since. She feels a lot more rested and the Polar Loop is actually measuring and showing these results as concrete data. Additionally, she used to get headaches at work about once a week, and hasn't had a single one since following the Wahls Paleo. And she also claims to feel more energetic, which is probably due to the more balanced diet and deeper sleep.

- My mother is 54 years old. She has been on the Wahls Diet (i.e. Level 1 version) for three weeks. She is also slim and works out some. She has felt differences in the quality of her sleep (non-measurable though because she has no tracking device), BUT, she has always had sinus problems and has sinusitis on a very regular basis, and always gets headaches (I'm talking two or three times a week), and these have been gone. Not reduced; gone. For the past week and a half she hasn't had one headache or one sinus problem. This is the first time she has gone ten days straight with no headaches in decades. It sounds ridiculous to say this happened because of modifying her diet for three weeks, but I swear it's the truth!

Again these are preliminary results as we have only been on the diet for three weeks. And only I have been doing the electrical stimulation, meditating, exercises, etc. But I am convinced this book can change anyone's life if you're willing to give it a try. What have you got to lose? Just give it a one-month trial to see if you feel different. I guarantee you won't regret it.

I will update this review as time passes to comment on any other progress that may occur...

----- Update March 20, 2015 -----

So after roughly a year of following the ideas in this book, I have learned a lot and really perfected my diet and lifestyle. I have now read many other books by Sarah Ballantyne, Dr. Perlmutter, Amy Myers, Jimmy Moore, etc., I have found countless Blogs and Cookbooks, and I even have iOS Apps that make my life way easier (MyPaleoPal is excellent for tracking and ideas, for example).

I started following Dr. Wahls' ideas and recommendations a year ago, and have strictly been on her Wahls Paleo Plus for a while now. I supplement with many products, and have now totally gotten used to eating only twice a day, as well as eliminated my sweet tooth! (I admit doing the 21-day Sugar Detox last year probably helped this last part). I now enjoy eating and even cooking more than I ever had before, and my entire family is still reaping the benefits from all this knowledge.

Just to detail a bit more: I follow the Wahls Paleo Plus diet, mixed together with the AIP just to make it a little more challenging. This means no nuts, seeds, nightshades, or coffee, on top of Dr Wahls' strictest protocol. I also swim every other day, meditate and work my core muscles daily, and sleep 7.5-8.5 hours every night.

Is it worth it? You be the judge: my last relapse was over a year ago, I can now bike for 45minutes and totally withstand heat sensitivity, I can swim for as long as I want to, I walked over 120,000 steps in a week last december during Christmas break (used a pedometer to keep track), I'm sleeping like a baby, and, MOST

IMPORTANT: I stopped my MS medication two weeks ago (under my neurologist's supervision of course, and having sworn to go back on it if my status changes negatively). Today I feel better than ever, and that injection I used to hate and use every week hasn't been missed for one second.

Dr Wahls, through this book, gave me my life back. I don't care what other people say or think about this book, I am living proof that these ideas can work. Like I said a year ago: try it, what have you got to lose? And you can gain SO MUCH, you have no idea.

363 of 373 people found the following review helpful.

I've read the ebook version, and can't wait to have the print book in my hands this weekend to devour and mark up!

By Darcy Lu

I read (scanned some parts) through the book yesterday on e-reader, and am wowed by the whole thing. I have ordered 2 print copies, and will share as much as possible. I am excited to thoroughly read this new book, because I still have a long way to go, and I am constantly looking for ways to improve my amazing healing lifestyle. The book is so easy to read, and it is set up pretty much the way I spent my first year changing my diet. I loved reading Chapter 7 - Wahls Paleo Plus, because that is the way I basically eat now, strictly and consistently. I have learned to listen to my body, and this is the intensive nutrition my body and brain needs to thrive. I will devour every word of the book, and see what else I can tweak to improve my results. It may take many more years to heal my entire body, head to toe, but I am patient. I love my life, I am healing, I feel like a new person, plus I do not have any cravings for my old (comfort?) foods that probably were very toxic to my body.

This book is a huge improvement over the first book, which was amazing, and was exactly what I needed when I was desperate and with no hope left. Dr. Wahls' first book, *Minding My Mitochondria*, changed my life dramatically. This new book is an easier read, but still full of Dr. Wahls' passion for sharing this vital information, and getting it right. Her life is at stake, and she wants to help as many people as she can - in my opinion, it is obvious that this book is a true labor of love for her. It is a good place to start if you are new to a Paleo lifestyle, as well as those who have started in the past but felt confused over details. It is also perfect for people like me, who are committed to it and want to go even farther into their healing process, tweaking their diet, exercise, and including more electrical stimulation, meditation - whatever they can do that can have a real impact on their health, if they are willing to commit to taking responsibility for their choices.

I have progressive MS and had spiraled down over the last 14 years. Three years of self-injections of Betaseron, Avonex, and Copaxone did nothing to help me; they made me feel worse. I suffered from severe, debilitating fatigue, 24/7/365. I fell frequently because my balance was totally shot. I could barely walk without assistance, or even lift my arms to brush my hair or teeth. I slept on the couch because I was too exhausted to drag my body upstairs to sleep, or shower. I rarely left the house, except for appointments that I couldn't put off any longer, or family celebrations with the our grown kids. I finally got rid of my car because my reflexes had slowed so much that I felt I could potentially be a danger to myself and others.

Getting rid of my car was the lowest point: loss of independence with absolutely no hope for the future. If I had been suicidal I would have gladly ended my life, because I had no energy left to live. I actually have a positive attitude most of the time, but I knew I would never ski again, or hike, bike, or camp. Gardening was out of the question. I didn't cook, shop, or ever clean the house. My husband, whose busy career took much of his time, did the best he could, which meant my diet was mostly easy processed food or take-out. I had become totally isolated. It was a sad way to live. I was simply waiting to die.

A few weeks after I sold/gave my beloved Prius to my son, my daughter urged me to look into some doctor

that had MS and wrote a book about how she healed herself with diet. Sigh. Yet another diet. Yeah, right. But I love my daughter, so I searched online. I found Dr. Wahls TEDx talk - and I was inspired so much I ordered her first book. This was over two years ago.

My life started to change within 3 days of reducing grains and sugars and eating more produce. I had a slight increase in energy, and cleaned a tiny spot of kitchen counter between the sink and the coffee maker. Did I just do that? Even my husband noticed. It was different, and just that little bit was enough to motivate me to keep going. Within a month I noticed my balance was slightly improving. More motivation to step it up. I reduced dairy, and started juicing and making smoothies to get my veggies and berries in. I had stopped eating white potatoes, and soon started avoiding soy, legumes all processed and packaged foods. I tried to buy all organic produce, and eat only high quality wild or organic, grass-fed seafood, poultry and meats. I was moving more and more, cooking my healing foods, and shopping with an automatic cart, so I could sit. Eventually I graduated to my walker (with a seat), because it felt good to move again.

After a year, a friend offered to drive me to the gym again, so I started working out a bit, and she helped me move between machines. Finally I started taking my walker, and then made my husband buy a car so I could have his Prius - I needed my independence back, and I was ready. I also realized more and more how I had to be strict and consistent with the foods I ate. I avoided eating ALL grains, sugars, dairy, processed/packageged foods, soy/legumes, rice. I only ate my 9-12 cups of organic produce and well-sourced animal protein - fish, poultry and meats and their organs, fats and bone broth, plus some seaweed/dulse, nuts/seeds (and their milks, oils and butters). Coconut became a favorite, as did avocados.

My gym workouts were good for a while but I began to hurt myself; I could barely remember how to walk, because my body was so messed up. I started working with a personal trainer at the gym, after he actually convinced me that he could wake up my severely weakened muscles, when giving me a free hour-long evaluation where I could not even do a squat, or get up from the floor. I signed up for hour-long sessions, 3 times a week, which I still do to this day (about 10 months now). This also has been life-changing for me. I can now walk unassisted, I don't fall and I only use my walker at the gym where I work myself to exhaustion, but I recover very quickly. I can now do a deadlift with 115 pound weight, I can squat, carry bags of groceries upstairs, and take many different classes at the gym, with modifications, such as Zumba, spinning, step, yoga, Pilates, and I love to walk outside to get the fresh air and sunshine. Treadmills are okay in bad weather, as long as I have my music.

I finally bought a Vitamix (I stopped juicing - I want the nutrients in my body) and I still use it every single day for getting a huge amount of veggies and berries. I will do anything within my power to improve my health even more. I even wear Vibram FiveFingers Womens Bikila Evo (toe shoes) and avoid wearing any other shoes (my first trainer urged me to try them, I thought they were hideous looking, but then I tried a pair on - wow). I fell in love with them. and I have at least 10 pair that I wear everywhere: to the gym, shopping, even to weddings. I have some numbness in my feet (less now than a few years ago), and now I can feel the ground, instead of feeling like I am walking on blocks of styrofoam. This has also helped to improve my balance. I have come a long way in the last two years, and I will continue with what works for me. Failure is not an option. I choose my health ... and my family wins as well.

I intend to get back into meditation, and doing more e-stim, and see if I can improve my workouts and diet even a little. I have a positive attitude, I have hope, and I am my own best friend now. I take full responsibility for my healing. I love my life. I believe in Dr. Wahls. I am a true Wahls Warrior!

APRIL 2015 UPDATE: My body loves eating the Wahls Paleo Plus way. I had been on weight loss diets all my life, and that was a struggle, because I could never shake my addiction to sweets, carbs, etc. I have lost

90 pounds in the last 3 years since discovering Terry Wahls. I weigh less than I did the 8th grade, amazingly. That is a nice side effect of eating the delicious foods my body needs (plenty of good fats, lots of organic produce, and moderate amounts of animal protein, plus lots of amazing spices and herbs. Oh, so good!)

Terry also talks about the importance of moving our bodies and having strong emotional bonds with the people in our lives. That last one has been harder for me in the last year, and the stress of it taught me a lot about how my body reacts to negative thoughts in my mind. Healing the body, mind and soul is all tied together, and it is a wonderful journey. I need to also thank Eckhart Tolle, author of 'The Power of Now', 'A New Earth', and his videos, for helping me. Life is amazing, if we open ourselves to all the possibilities.

134 of 138 people found the following review helpful.

Roger MacDougall's Palaeolithic Diet (1950), researched and documented in "The Wahls Protocol"

By C.S. Catlin

When in 1997 I was diagnosed with multiple sclerosis I found Roger MacDougall's Palaeolithic Diet along with a vast amount of recommended links to sustain the benefits of this diet that returned the Scottish playwright to good health after being diagnosed with MS in the 1950's.

"The Wahls Protocol" sustains MacDougall's findings and after further research, Dr Wahls recommends quality, quantity, and nutritional information. The book contains some recipes. However, only members may access all the recipes on the Wahls website after paying up to 47 dollars every three months.

Patients with MS as with any incurable disease find it expensive enough as it is to live a better quality of life without having to pay more to access information that can be easily found on the Internet by simple research. On the Roger MacDougall's site for instance there is a **65 PAGE RECIPE BOOKLET DOWNLOAD FREE OF CHARGE IN PDF FORMAT.**

Dr Wahls is a practicing physician, public speaker, and offers seminars, each of these services has a price tag. I believe she could be more altruistic and conscientious, by providing free of charge articles, recipes, resources and updates. At least to the readers who have already contributed by purchasing her book.

See all 843 customer reviews...

THE WAHLS PROTOCOL: HOW I BEAT PROGRESSIVE MS USING PALEO PRINCIPLES AND FUNCTIONAL MEDICINE BY EVE ADAMSON, TERRY WAHLS M.D. PDF

After recognizing this extremely simple means to check out as well as get this **The Wahls Protocol: How I Beat Progressive MS Using Paleo Principles And Functional Medicine By Eve Adamson, Terry Wahls M.D.**, why don't you tell to others regarding through this? You can inform others to see this website and opt for browsing them favourite books **The Wahls Protocol: How I Beat Progressive MS Using Paleo Principles And Functional Medicine By Eve Adamson, Terry Wahls M.D.** As recognized, right here are lots of listings that offer lots of kinds of publications to collect. Merely prepare couple of time as well as web connections to obtain the books. You could actually delight in the life by checking out **The Wahls Protocol: How I Beat Progressive MS Using Paleo Principles And Functional Medicine By Eve Adamson, Terry Wahls M.D.** in a very easy fashion.

Review

"For anyone suffering from autoimmune or other chronic health problems, this book will be life changing." -
--Mark Hyman, M.D., author of *The Blood Sugar Solution*

About the Author

Eve Adamson has authored or coauthored more than forty books, including *Baby Steps*, *Naturally Thin*, and *The Complete Idiot's Guide to Being a Sex Goddess*. Eve lives in Iowa with her family.

Dr. Terry Wahls is the author of numerous medical articles and a clinical professor of medicine at the University of Iowa. She has MS, which confined her to a tilt-recline wheelchair for four years. Terry lives in Iowa with her family.

Pam Ward has performed in dinner theater, summer stock, and Off-Broadway, as well as in commercials, radio, and film. An experienced narrator, Pam has recorded many titles for the Library of Congress Talking Books program. She is the recipient of an AudioFile Earphones Award and the prestigious Alexander Scourby Award.

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INTRODUCTION

I used to run marathons and climb mountains in Nepal. I've competed multiple times in the American Birkebeiner 54-kilometer cross-country ski marathon (once while pregnant), earned a black belt in tae kwon do, and won a bronze medal in women's full contact free sparring at the trials for the 1978 Pan American Games in Washington, DC. I used to feel invincible.

Then I developed multiple sclerosis. After decades of troubling symptoms I tried to ignore, I was finally diagnosed in 2000. By that time, the disease had a good footing in my central nervous system. My decline progressed rapidly. Within two years of my diagnosis, I could no longer play soccer with my kids in the backyard. By fall 2003, walking from room to room for my hospital rounds exhausted me, and by summer 2004, my back and stomach muscles had weakened so much that I needed a tilt/recline wheelchair. Within three years of initial diagnosis, my disease had transitioned from relapsing-remitting multiple sclerosis into

secondary progressive multiple sclerosis. In that phase, disability slowly progresses despite increasingly aggressive therapy. By 2007, I spent most of my time lying in a zero-gravity chair. I was 52 years old.

Everyone with multiple sclerosis has a story—the years of clues and strange symptoms that finally, in retrospect, make sense. It is in the nature of most neurological and autoimmune diseases that symptoms accumulate slowly, bit by bit, over the course of decades. This is what happened to me. As a doctor, I was compelled to find answers: a diagnosis and a cure. As a patient, I was compelled to save my own life.

Like most physicians, I was always focused on quickly diagnosing my patients, and then using drugs and surgical procedures to treat them—that is, until I became a patient myself. Conventional medicine was failing me. I saw that. I was heading toward a bedridden life. Since the beginning of our profession, physicians have used self-experimentation, either to prove a scientific point or to treat themselves when the conventional treatments were of limited value. In that tradition, and in the face of this chronic, progressive disease for which there was no cure, I began to experiment on myself. What I didn't expect were the stunning results I got from my self-experimentation: I not only arrested my disease, I achieved a dramatic restoration of my health and my function. What I learned changed forever how I saw the battling worlds of health and disease.

More than a hundred years ago, Thomas Edison said, “The doctor of the future will give no medicine, but will interest his [or her] patients in the care of the human frame, in a proper diet, and in the cause and prevention of disease.” This became my new course, my passion, and my mission. I understood health and disease in an entirely new way. I became a new person, both physically and emotionally, both personally and professionally. I also became passionately committed to helping other people become new people, too.

My Diagnosis

The stress and pressure of medical school may have been what triggered my first symptoms in 1980, years before I had any idea what they were. I would eventually call them “zingers”—intense stabs of facial pain. They lasted just a moment and would come randomly, sometimes in waves, the episodes building over a week or two and then gradually fading over the next several. They were most likely to happen during my busiest and most brutal hospital rotations, with shifts lasting thirty-six hours and allowing for little sleep. Over the years they became steadily worse, like electrical pain that felt like a 10,000-volt cattle prod sticking me in the face.

At the time, I thought the episodes of face pains were an aggravation, nothing more. I thought it was an isolated, unexplained problem—one of those medical mysteries that don't really require solving. Even as a doctor, I didn't think much about it. I was too busy with my own patients to dedicate too much diagnostic thought to myself. I certainly never suspected an autoimmune problem.

This was my first symptom, but it was not likely the moment when multiple sclerosis began its relentless march through my central nervous system. For at least a decade before then, probably two, my brain and spinal cord had been under siege from friendly fire—my own immune system attacking the myelin that insulated my nerves. I couldn't feel it at first. I couldn't feel it for years. Nevertheless, it was happening.

As the years passed, I became a mother, first to my son, Zach, then my daughter, Zebby. The rigors of parenting and full-time work distracted me, but my multiple sclerosis clock was ticking. This was a clock I did not hear, even though alarms of visual dimming and the zingers were going off. I fully expected to be an active, adventurous, vibrant woman for at least forty more years. I imagined mountain climbing with my children, even as a white-haired old grandma. I never thought my unexplained symptoms would have anything to do with something as basic as my mobility or as crucial as my thinking.

One evening at a dinner party, I was talking to a neurologist and I happened to mention that I perceived the color blue somewhat differently in my right and left eyes. Blues were a bit brighter when I used my right eye than if I used the left. She seemed interested.

“You’ll have multiple sclerosis someday,” she said. It was the first time anyone had said those words. My father died the next morning, and so her words were forgotten in the chaos of grief. Years later, I recalled those prescient comments.

The day my wife, Jackie, noticed I seemed to be walking strangely, I didn’t believe her. I didn’t even notice until she insisted we go for a three-mile walk to the local dairy for ice cream. By the time we got back, I was dragging my left foot like a sandbag. I couldn’t pick up my toes. I was exhausted, nauseated, and scared. I scheduled an appointment with my physician.

Many people who are ultimately diagnosed with multiple sclerosis go through a similar experience. Symptoms develop slowly over years, and diagnosis may take additional years once physical problems manifest and become obvious.

I spent the next few weeks going through test after test, dreading each result. Some tests involved flashing lights and buzzers. Others involved more electricity and more pain. There were more blood tests. I said little and feared much. Everything came back negative, but there was clearly something wrong with me.

Finally, we were down to the last test: a spinal tap. If there were oligoclonalband proteins (an indicator of excessive amounts of antibodies) present in the spinal fluid, then the diagnosis would be multiple sclerosis. But if this test was also negative, then I likely had what they call “idiopathic degeneration of the spinal cord” (meaning they don’t know the cause). In the long list of potential diseases I had faced, this seemed like the best option. I was hopeful.

When I got up the next morning, I knew that the results should be in my chart. I could get into the clinic medical records from my home computer through remote access. I brought up my medical record on the screen and went to the laboratory section. Positive. I stood up. I paced. Two hours later, I logged onto the system and checked again. Five times I looked up my results,

hoping they would somehow change. They never did.

It was official: I had multiple sclerosis.

My Decline

In summer 2000, I moved with Jackie and my children from Marshfield, Wisconsin, to Iowa to accept a joint appointment as assistant professor at the University of Iowa and chief of primary care at the VA hospital. I was newly diagnosed with multiple sclerosis. I was taking Copaxone, which my physician had prescribed for the MS, and I relied entirely on my physicians for treatment decisions. I had been trained as a doctor and conditioned to believe that doctors know best. Besides, what did I know about multiple sclerosis? It wasn’t my area. I was seeing the very best people and getting the very best treatments available, so I assumed I was doing all that I could do.

I was determined not to let my diagnosis influence my new job. I was in a leadership position with plenty of challenges, and I loved it. I enjoyed teaching, and the kids were thriving in their new home. I thought I was

doing pretty well, and so did my doctors. I even began to imagine I might never get much worse. I dreamed I might not even have to confess to my children that

I had multiple sclerosis.

Then my right arm and hand became weak. My doctors gave me steroids to suppress my immune cells, and my strength slowly returned, but it was the beginning of a slow, steady decline. I could see it, Jackie could see it, and so could the kids. They've since admitted that sometimes it was embarrassing to have me around because I was less and less mobile. Sometimes they wished I wouldn't attend their activities, and that made me feel guilty for wanting to be there. It was a strain on the whole family, and I felt responsible. It was all my fault. I was supposed to be the provider, and I was slowly losing my ability to manage my own body. It had been only two years since my initial diagnosis.

Then something happened that changed my life. In 2002, my neurology doctor at the Cleveland Clinic noted that I was slowly getting worse and suggested I check out Ashton Embry's MS charity website, Direct-MS, at www.direct-ms.org. Dr. Embry is a geologist with a Ph.D. whose son has MS. Dr. Embry's son improved dramatically by changing his diet, so Dr. Embry became an active and vocal proponent of the link between diet and multiple sclerosis. This was the first I'd heard of such an idea—or, at least, the first time I paid attention. Although it sounded a little like “alternative care” to me—and, being a conventional doctor, I didn't put much stock into what I saw as fringe medical practices—this was a suggestion from my neurologist, so I took her seriously. I decided to check it out.

Dr. Embry's website was full of scientific references, which I began to read one by one. The articles were from peer-reviewed journals, written by scientists from highly respected medical schools. This wasn't “soft science.” This wasn't “fringe.” This was legitimate research. It was difficult science, too. A lot of it was in fields outside my expertise, or it relied on basic science concepts that hadn't been part of my medical training. I had trouble absorbing everything, and the MS-related brain fog didn't help. There was so much new information—how did I not know about any of this? After a lot of intensive reading, I determined that Dr. Embry was not a charlatan and that maybe he was on to something. What if diet could have a major impact on MS? After years of leaving my health in the hands of doctors while continuing to decline, this idea fascinated me. I could control what I ate. It seemed too easy and too good to be true. I had to know more.

Dr. Embry's website was the first place I heard about Dr. Loren Cordain. Dr. Cordain linked changes in the human diet to the development of chronic disease in Western society. He had published a number of articles and had also recently published a book for the public called *The Paleo Diet: Lose Weight and Get Healthy by Eating the Foods You Were Designed to Eat*, which was much easier reading than the technical scientific papers.¹ I began to absorb information more quickly: molecular mimicry, leaky gut, lectins, immune modulation (I'll talk about all these things later in this book). I began to see where Dr. Embry and Dr. Cordain were going with their theories. I began to consider that what we eat has a major, rather than a minor, influence on how our bodies work.

I was particularly interested in the idea that excessive carbohydrates and sugars in our modern diet lead to excess insulin and inflammation. The evidence that the original human diet could possibly improve my MS was compelling, but switching to this kind of diet would be a major change for me. I had been a vegetarian since my college days and I loved my beans and rice.

I loved making bread. Could I really cut out grain, dairy, and legumes, the current staples of my diet?

But I wanted to arrest my disease more than anything else. I wanted to keep walking, working, and playing with my kids. I decided to try it. Meat was back on the menu, and I gave up the now-forbidden foods I loved so much. At first the smell of meat was nauseating to me. I started slowly, adding meat to soup in small

amounts. With time, it got easier.

I was hopeful about this change, but despite this switch to a Paleo Diet, my decline continued. I couldn't play soccer in the backyard with my kids without falling. I couldn't take long hikes with the Cub Scouts and Girl Scouts. Then it became harder to take even short walks with Jackie. Fatigue became more and more of a problem. I was disappointed, at times despondent, and tears came at inconvenient times. But I was determined. Some of the entries on Embry's website said that recovery took five years. I realized I could not expect an overnight miracle, so I stuck with the changes. Even if progress would be slow, it was still something I could do for myself, and that came with its own sense of empowerment.

Meanwhile, I rearranged my schedule to avoid walking. My doctor told me that it was time to get a scooter, and then changed his mind and suggested a tilt/recline wheelchair because of the worsening fatigue. He also suggested I try taking mitoxantrone, a form of chemotherapy. When that didn't help, I switched to a new, potent immune-suppressing medication called Tysabri; but before I went in for my third injection, Tysabri was pulled from the market because people were dying from the activation of a latent virus in their brains. After this, my doctor suggested that I take CellCept, a transplant medicine, which would suppress my immune cells. I often had mouth ulcers after that. My skin was grayish. I started every day tired, and despair gnawed at me each night as I lay in bed. Jackie, Zach, and Zebby were my lifeline. Jackie would hold me and tell me we'd get through everything together. We often discussed our kids and how they were absorbing the ways that we dealt with what was happening. For their sakes, I didn't want to let my discouragement and fatigue show.

Though I had resisted getting the tilt/recline wheelchair, it actually felt liberating once I had it. I was able to go outside and stroll (or rather, roll) with my family as we hiked around the county park or the neighborhood. It did make my life easier. It weakened my back muscles, however, and the more those muscles atrophied, the more time I spent in bed. I didn't talk about it much, but I thought it likely that eventually I would become bedridden. Sitting at my desk at work was exhausting. Then I found a zero-gravity chair, designed like the NASA chairs used during space flights. When I was fully reclined, my knees were higher than my nose and gravity held me in the chair. I had one for my office and another for my home. That helped with the fatigue a great deal, but this wasn't how I wanted to live my life. I just couldn't accept that this was my future.

Taking My Life Back

Getting into that wheelchair triggered something. I realized that conventional medicine was not likely to stop what was happening to me. I still hoped that the Paleo Diet would make a difference, but I hadn't seen much of a change thus far. I decided to go back to reading the medical literature. I wanted to know if there was something more, some other avenue, something the doctors had overlooked. I had come to accept that recovery was not possible, but maybe I could slow things down. I was through ceding my power to doctors and not seeing results. I needed to be more forward thinking. I vowed to research and study and exhaust every avenue, just in case there was some other answer for me out there, something that would delay a little longer the inevitable life in bed.

At first, I began to read all about the latest clinical drug trials going on, but then I realized that those all involved medications that I'd be unable to get. This kind of knowledge would only be theoretical. So I started to think outside the box. I knew how science worked—I knew that studies on mice and rats are always the source of tomorrow's treatments, but that it's typically years, often decades, before anything becomes a matter for a clinical trial, let alone a standard of care. This was the cutting edge of the cutting edge, so I began to look there. I wanted to know what the brightest minds were thinking and how they envisioned the future of diseases like mine.

Each night I would spend a few minutes searching www.pubmed.gov for articles about the mouse model for MS. I knew that brains afflicted with MS shrink over time, so I also began reading about the animal models of other conditions with shrinking brains. I researched Parkinson's disease, Alzheimer's dementia, Lou Gehrig's disease (amyotrophic lateral sclerosis, or ALS), and Huntington's disease. I discovered that, in all four of those conditions, the mitochondria—small subunits within cells that manage the energy supply for that cell—stop working well and lead to early death of brain cells, causing shrinking of the brain. More searching led me to articles in which mouse brains and their mitochondria had been protected using vitamins² and supplements like coenzyme Q, carnitine, and creatine.³

I didn't have anything to lose, so I decided to take action. I translated those mouse-size doses into human-size ones, then made an appointment with my primary-care doctor. She looked over my list and decided the supplements were likely safe. She entered each one into my medication list, one by one, to check for potential adverse interactions with my medication list. There were none. I was excited about starting my new, experimental vitamin-and supplement routine. I began to take them and was disappointed when nothing happened. After a couple of months I stopped taking them, and a few days later I couldn't get out of bed. When I resumed the supplements, I could get up again. They were helping after all!

This was a ray of hope. Obviously, I thought, my body was getting something from those supplements that it wasn't getting without them—something it needed.

Discovering E-Stim

Next, I discovered electrical therapy. I got the idea by reviewing a research protocol that used electrical stimulation of muscles to treat people who'd become paralyzed due to an acute spinal injury. The purpose of this therapy, known as e-stim, in the research was to maintain bone health and quality of life for these patients. Reviewing that research protocol made me wonder if the electrical stimulation might slow down my disability. I talked to a physical therapist who used this technology, and he warned me that it was painful and exhausting for the athletes who did it. He wasn't sure if it would help me, but he was willing to give it a test session.

During my first session, the therapist had me lie on my belly and applied the electrodes to my left paraspinous back muscles. I lifted my left leg off the table and held it there as he dialed up the electrical current. It felt like bugs racing across my skin. He kept dialing up the current. The bugs raced faster. It became more and more electrical, and then painful. After a minute my therapist asked if he could turn up the current again. This is the typical procedure because the brain releases endorphins and nerve growth factors that make the e-stim more comfortable, so after a few minutes patients can typically tolerate a higher dose of electricity. When that was done, we did my quadriceps muscles on my left leg, where I suffered particular weakness. After it was over, I had completed thirty minutes of "exercise" that was more rigorous than what I had been able to do in years. I began a regular regimen of e-stim therapy.

Discovering Functional Medicine

Every night, after everyone else was sleeping, I searched the Internet, looking for more information that might help me. One night I stumbled onto the webpage for the Institute for Functional Medicine and was immediately intrigued.

Its goal was to provide clinicians like myself with a better way to care for people with complex chronic disease by looking at how the interaction between genetics, diet, hormone balance, toxin exposures, infections, and psychological factors contribute to the development of disease or the improvement of one's health and vitality.

This was exactly what I had been searching for since I'd hit the wheelchair. The institute had textbooks, conferences, and continuing education courses for physicians and other health care professionals. One course captured my attention immediately: Neuroprotection: A Functional Medicine Approach for Common and Uncommon Neurologic Syndromes. I ordered it and began studying, night after night. Although it was difficult at first, that functional medicine course taught me that I could improve the condition of my mitochondria and my brain cells. It gave me an entirely new way of thinking about brain health and how it relates to whole-body health. Although it wasn't the way I was trained, it made sense to me. It was all logical and scientifically supported, so it resonated with me as a doctor, but it also fit into the context of my experience as an MS patient.

I also understood that it was likely that I had a genetic vulnerability, or several, that had increased the likelihood that I'd develop multiple sclerosis. I finally had a much deeper understanding of the significance to the brain of leaky gut, food allergies, toxins, mitochondria that were not providing enough energy for the cell, neurotransmitter problems, and the impact of having inefficient enzymes for the metabolism of B vitamins and sulfur. Based on what I now knew, I had a much longer list of vitamins, minerals, amino acids, antioxidants, and essential fatty acids that I understood were helpful for mitochondria and brain cells. I finally understood why my brain was on fire, under attack by my immune cells, and I also had some ideas about what I could do to cool the fires of inflammation that were raging there. My worldview was changing. I immediately began to plan and implement lifestyle changes that went far beyond anything I'd been doing before. The seeds for the Wahls Protocol, although not yet named, were sown.

But how would I do it? I had a long list of nutrients, but was I really going to take huge fistfuls of pills every day? And would that even work? The Paleo Diet suggested that food was the best source, but many functional medicine concepts relied on supplements. Our Paleolithic ancestors didn't take supplements, obviously. The Paleo Diet had taught me to eliminate certain foods but didn't necessarily tell me how to get the precise nutrients I now knew I needed. Functional medicine helped me to determine what nutrients I needed with their list of advised vitamins and supplements to take but didn't necessarily tell me how to get them.

If I could get those same nutrients I was taking in pill form from the food I was eating, I reasoned, those nutrients might be more effective than the synthetic versions of the nutrients I was taking. In addition, I might also pick up many additional compounds—maybe thousands of compounds—that had yet to be named, that contributed synergistically to the effectiveness of a particular vitamin or supplement because they existed along with the nutrients in the original package. (Most vitamins in nature are actually a family of related compounds that are all biologically active in our cells.) I realized that I needed an eating plan specifically designed to maximize my mitochondrial and brain function—an eating plan that went beyond anything I'd already encountered. It would incorporate Paleo principles, functional medicine concepts, and my own research. Maybe that would jump-start the changes in my body I desperately wanted to see and feel.

I stared at my new list of the nutrients functional medicine suggested I needed for better brain health and wondered: Which foods contain these nutrients? I had no idea. I showed my list of nutrients to my registered dietitian friends, but they didn't know where to find those things in the food supply, either. Next I went to the health science library. I couldn't find any answers there, and so I went back to the Internet and began searching once again. With more work, I finally developed a long list of new foodstuffs to add to my diet that seemed to match up nutritionally. I began to add these to every meal.

That's when things really began to change in my brain and body.

Generating the Proof

I was just about to start a new position as the primary care doctor for the polytrauma unit, treating veterans with head injuries. It was a job I wasn't sure I could do, and Jackie and I both wondered whether the hospital had assigned me the position in order to force me to face the fact that I could no longer work. Instead, I surprised everyone, including myself. After just three months practicing the new diet, gradually increasing my e-stim exercises, and practicing daily meditation and a simple self-massage, I could walk between exam rooms using just one cane. After six months I could walk throughout the entire hospital without a cane. But it wasn't just my body that had changed. I experienced and saw the world very differently. The old me—the conventional internal medicine physician—had been struck down like Paul on the way to Damascus. The old me, who had relied on drugs and procedures to make my patients well, who had been made progressively more feeble by my illness, had been replaced with someone who understood intellectually and physically that disease begins at the cellular level, when cells are starved of the building blocks they need to conduct the chemistry of life properly, and that the root of optimal health begins with taking away the things that harm and confuse our cells while providing the body with the right environment in which to thrive. I finally understood what I had to do to provide my cells with all the building blocks of life they needed to heal. I was doing it, and it was working.

This completely altered how I practiced medicine. I began teaching residents and patients in our primary care clinics how to care for themselves in a way I had only just discovered as optimal, using diet and health behaviors for diabetes, high blood pressure, high cholesterol, mood disorders, posttraumatic stress disorder, and traumatic brain injury instead of relying only on drugs. The residents learned that diet and lifestyle are powerful treatments, often as effective, if not more so, than drugs. The patients in the traumatic brain injury clinic were also eager to learn what things they could do to speed the healing of their brains. In patient after patient, I watched symptoms and the need for drugs decrease as diet and lifestyles improved.

The many people I helped notwithstanding, however, anecdotal evidence wasn't good enough for me. There was no question that the medical establishment wouldn't believe, let alone endorse, my protocol without a clinical trial. I felt compelled to apply the same rigor to my own work that I had required when researching what to do for myself. I needed definitive tests to determine whether this would help others. I decided to begin the long, complex, and expensive process of doing a clinical trial to prove that my new protocol didn't just work for me—that it would work for anyone with a similar affliction. That meant designing a clinical trial, writing the grant, securing funding (in a world that funds less than 2 percent of grants), and getting my study approved by the Institutional Review Board (the committee that oversees research at the VA and university). In less than eighteen months, I achieved the seemingly impossible. On October 6, 2010, we enrolled our first patient.

In fall 2011, a group organizing a local TEDx talk asked me to submit a proposal to speak. For those not familiar with TEDx, it is an offshoot of TED, which stands for Technology, Entertainment, Design. This is a set of nonprofit conferences on a variety of topics that are filmed and available for public viewing on the Internet. TEDx is similar. Conferences are organized locally but are also available to view for free online, and speakers are not paid. Millions of people view the TED and TEDx talks, however, and many have gone viral. I would have eighteen minutes to tell my story and explain how I designed a diet specifically for my mitochondria and my brain. I agreed.

In my TEDx talk, I explained the specifics of my intensive nutrition plan, and I challenged people to become ambassadors for their mitochondria and to eat for health. At the end of November, that TEDx talk, "Minding Your Mitochondria," was placed on YouTube. It spread into the Paleo community, the MS community, and the functional medicine community. Within a year, that lecture had more than 1 million views. I'd touched more lives than most physicians or scientists will touch in their lifetimes. I felt like I was helping to change the world for the better, and that was exhilarating, but I wanted to do even more.

My mission was never clearer. I needed to continue to do the research so I could reach my physician colleagues and eventually change the standard of care. I needed to continue to teach the public because I believe the public will soon be far ahead of the medical community when it comes to understanding the power of food to reclaim and maintain health.

The next step was to write this book.

Meanwhile, I've expanded the lab, we have additional studies under way, and our preliminary results continue to be very exciting. We have submitted the first study's safety data. Once that paper is published, we will work out our next papers, which will describe in detail the outcomes data, specifically showing changes in fatigue levels, mood, thinking, and walking ability. We have several other trials in the works so we can continue to refine and improve and disseminate information about the limitless potential of this lifestyle.

I still have multiple sclerosis, but now I also have my life back.

Your Story

It will take many years and millions of dollars for us to do clinical trials that can prove that the Wahls Protocol is effective for multiple sclerosis and other chronic diseases. I am busy writing and submitting grants to conduct those studies. In the meantime, I invite you to read my book, take my story to heart, and talk to your family and your physician about the protocol. Because here's the most important thing I want you to realize: Your doctor cannot cure your autoimmune disease. Your medication can only ease your symptoms, sometimes with side effects that make you feel even worse. But this is not the end of the story. The power of healing is within you. All you need to do is give your body what it needs and remove what is poisoning it. You can restore your own health by what you do—not by the pills you take, but by how you choose to live. When you eat and live in accordance with the needs of your cells, your body can finally concentrate on healing, and that is when the dramatic changes will happen for you.

The purpose of my years of self-experimentation was to determine exactly what the body needs to fight back against autoimmune disease. The result is the Wahls Protocol: a systematic and aggressive intervention into your body's downward spiral. It is a mending of your broken biochemistry that comes not from your doctor or your pharmacist but from you, making changes that are entirely under your control. It is a restoration of your body's healing power generated by altering what you eat and do each day. You don't have to wait until all the proof comes in and is vetted by the medical community. You don't have to wait until a "food prescription" becomes part of the standard of care in your conventional doctor's office (which I believe someday will happen—it is the only rational course). You can have this information right now. Food is the bedrock of health. Our food choices can either lead to disease or create health and vitality.

As you implement the Wahls Protocol, you will likely begin noticing that your thinking is clearer, your moods are better, and your energy is coming back. Those over their ideal weight will find that their weight normalizes without hunger. In my clinics, when people come back in three months, everyone who has fully implemented the diet has begun noticing all these things. For the next three years, I typically see my patients "youthen"—they look younger and younger each time I see them as their cells revitalize and their bodies become healthy once more.

If I can rise up from a tilt/recline wheelchair by changing the way I live my life, consider what the people you love, your community, your country, and the world would look like if everybody began eating and living to optimally fuel their cells. We could restore health and vitality to the world and dramatically lower the cost of health care, saving billions of dollars. What choice will you make? How will you choose to live the rest of your life? With disability? Or with vitality? It's all up to you.

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