

Best Diet For Reversing Fibromyalgia

Rodger Murphree, DC, CNS
with **Terry Wahls, MD**



Rodger Murphree, DC, CNS

Hi. Welcome. I'm Dr. Rodger Murphree. I am your host from the Freedom from Fibromyalgia Summit. And I'm really so happy to share the interview stage here with Dr. Terry Rawls, who is one of my heroes and I really think is a game changer in functional medicine and we're going to be talking about her background, kind of how she her journey, her health journey, which I think so many of you are going to listen to and be motivated to do. Some of the things that we're going to ask you to do in particularly two areas. So we talk a little bit about Dr. Wasserman Reid. She's got a very long bio, so I'm going to keep it short. But Dr. Terry was is an institute for Functional Medicine, certified practitioner and a clinical professor of medicine at the University of Iowa, where she conducts clinical research on multiple sclerosis. In 2018, she was awarded the Institute for Functional Medicine Linus Pauling Award for contributions in research, clinical care and Patient Advocacy. She is the author of one of my favorite books. I'm going to show up the new version, but this is one of my favorite books that I was introduced for my 80 year old young father now a year or so ago. And it really changed my paradigm about diet of all things, a certified nutritional specialist me and getting reminded about the importance of diet. So Terry, thank you so much for being part of this summer.

Terry Wahls, MD

Thank you for having me.

Rodger Murphree, DC, CNS

Hey, you know, your journey your your journey as a medical practitioner to where you were and then what you went through is so inspiring. Can you share a little bit about your background?

Terry Wahls, MD

So why don't we do it in real time? 20 years ago, walking with my wife, Jackie, a half mile from home, my left leg grows weak, dragging it to her elbow home. When I see the neurologist, he says, Terry, this could be bad or really, really bad. I go through the workup over the next three

weeks at night while I'm doing the work up. I think about the 20 years of worsening electrical face pain that I've had, and I don't want to become disabled. I don't want to be a burden to my family. So actually, I'm praying for a rapidly fatal diagnosis. Three weeks later, I hear multiple sclerosis. I'm a physician. I find the best medicine in the country. I see the best physician. I take the newest drugs. Three years later, I hear tilt, recline, wheelchair, my electrical faced pains continue to relentlessly worsen. My ten year old daughter hugs me is to stream down my face. But am I really doing all that I can? I go to pub met and I'm reading the basic science and I begin developing theories that mitochondrial dysfunction are the drivers of disability. I've already adopted the paleo diet. I started adding supplements to target my mitochondria. The speed of my decline slows, but I am still declining.

I am so weak I cannot sit up in a regular chair. I discover a study using electrical stimulation of muscles. I ask my physical therapist, Can I try that? He calls it STEM. He says It's for athletes and he gives me a test session. It hurts bad. It hurts like hell, really. But when it's over, I feel great and we add stem to my physical therapy. And then I discover the Institute for Functional Medicine and I take the course of neuroprotection. I have a longer list. What's longer list of supplements? I add those and not a whole lot happens. The speed of my decline is slowing. I'm immensely grateful I begin to have brain fog. My eye toward general neuralgia is far more severe. I've come to terms are going to become bedridden demented. My short general neuralgia. I'll be turned permanently on. I rewrite my medical power of attorney my living will so that if I stop swallowing or speaking because of the pain, there'll be no body fluids there. And then I have a really big aha. Actually, I'm sort of embarrassed about how long this took me to have this like what if I redesign my pillow that I've been doing for five years based on what I've learned from the basic science, functional medicine, that long list of supplements, that's a few more months of research. I now have a very structured way of eating what I'm eating for nutrition, and a month later my pain is definitely worse moment. The clarity has improved, my fatigue is better, and I tell my family I want to sit up in a regular chair for supper. That's a big deal.

Rodger Murphree, DC, CNS

Yeah. Wow.

Terry Wahls, MD

Two months later, my physiotherapist tell you definitely stronger advances. My exercises and I began walking with walking sticks. And then without walking six. And then I'm five months into this and I want to try riding my bike for the first time in six years. We have an emergency family meeting. My wife tells my six year old boy, six foot five, big tall boy, you jog in the lift. A mom tells my 13 year old daughter, you jog alongside in the right, she'll fall. We all get into position. I push

off and a bike around the block in that big six year old boy, he's crying. My 13 year old daughter, she's crying, Jackie's crying, I'm crying. And then after that, I bike a little every day. And then in October. So now it's less than a year of doing all this stuff. Jackie signed me up for a 18.5 mile bike ride, the courage ride. And once again, when I cross that finish line, everybody's crying, my kids are crying, Jackie's crying, I'm crying in. This fundamentally changes how I think about disease and how it will change the way I practice medicine and it will change the focus of my research. So I'm Terry Walls. This is immensely personal to me because I understand the depth of pain and suffering that people with M.S. in neuro immune conditions face. And so I've made it my mission to tell the world that, you know, if I can recover, there's hope for them. And to change the standard of care, which means I get to do the research, get it published, and I'm sure we'll talk more about all of that.

Rodger Murphree, DC, CNS

Yeah, you know, there's some similarities between your story. Well, between mass and fibromyalgia. One of the. Absolutely. The disconnect with the mitochondria, the whole, you know, whole overexcited immune system, overexcited nervous system, sympathetic systems over excited and some of the changes that that drives these painful conditions that we see what's fast invading know about your success story on many many levels but the importance you placed on diet which I as a biochemistry nerd am focused on also molecular medicine, high doses, vitamins, minerals. And I, you know, I tell my patients the only way to overcome fibromyalgia is to get healthy. And you can't get healthy unless you have a healthy diet. I mean, eventually you have to make that change, but that's usually the long game and it's oftentimes less important than the supplements. And you changed my paradigm by really going into detail about these different foods that you recommend on the paleo and then the, you know, the cherry walls. Paleo, yeah.

Terry Wahls, MD

You know, the paleo folks. I mean, and I love the paleo diet. I mean, I absolutely do. They're thrilled. And they want to say that the paleo diet recovered me, but I have to point out, I started the paleo diet and 2002 I hit the wheelchair in 2003. And I continue to go downhill supplements, you know, were slowed by decline, and I still take a lot of supplements. Yeah, but they weren't enough. I had to re, you know, look at the boost of nutrients I was taking. And then when I said, where are they in the food supply? But if I focus on getting them from food, I'm going to get other stuff that comes along. I that are cofactors that we don't even know how to name yet. That will be really important to my recovery. And it's shocking. When I did that, how rapidly things changed, you know, because I've been going relentlessly downhill now in retrospect since medical school. So it's 27 years of this relentless decline, five years doing the paleo diet for years,

getting progressively more complicated mitochondrial nutrients by supplements. And then when I redesigned my diet in a month, there was this dramatic radical turnaround. My pain was less my mental clarity was improved, my fatigue was last. And my physical therapist said, Wow, you are definitely stronger. We are advanced in your exercises. Four weeks of this, you know, of of diet. And it's sort of been focused on what to avoid. I was even more focused on what I got to be eating.

Rodger Murphree, DC, CNS

Yeah. Yeah, that's the thing. And to me, that's the difference. That's the big difference in your protocol and in the book that you lay out how these different foods affect you physiologically. And I think for my patient, for me as well, I think it's such a beautiful thing because they allow my patients to be able to understand why eating okra, you know, what is the benefit of eating okra? And, you know, some of the things that you go into detail. Yeah, where's the paleo is what do I need to avoid? You know, and I think that's a great diet. But you go to another level with your the diet that you recommend.

Terry Wahls, MD

Yeah. You know, and now the pivot folks are showing a lot more time talking about what to be eating in that. I also spend a lot more time talking my patients that I want you to keep seeing your conventional doc. They're going to treat your disease, monitor your drugs. I'm focused on helping you create health yourself. And that means really focus on what to feed them for nutrition, what to feed them in terms of stress reduction, what to feed them in terms of sleep, what to feed them in terms of exercise. And that as we improve the health of cells, we also have to watch your blood pressure and your blood sugar because if you're on prescription meds, there's a high possibility that the dose of those prescription meds will need to be adjusted, will need to be reduced. And, you know, in we had such success in the Traumatic Brain Injury Clinic, in the primary care clinic that the VA pulled me out of those clinics, had me create a new client called the Therapeutic Lifestyle Clinic.

And we I saw people come in with 25, 30 different drugs that they were on many, you know, multiple co-morbid problems, usually some psychiatric diagnoses in. ENSLER Resistance, fatty liver disease, diabetes, obesity, high blood pressure. They may have a autoimmune disease, chronic pain, PTSD, anxiety, depression. And in my you know, my colleagues would say, Terry, you can't be treating everyone the same. That's it. You're right. But I'm just working on helping their mitochondria and helping focus on the nutrition for the mitochondria. And we all have mitochondria. So and then I'm going to watch their blood pressure and their medications so they aren't overmedicated. And when I made clear to people that I was just focused on

mitochondrial health and then watching for side effects for the meds, that message became much more comfortable for them.

Rodger Murphree, DC, CNS

Yeah. Now what tell us about why is the mitochondria so important?

Terry Wahls, MD

Well, you know, the mitochondria generate the adenosine triphosphate, the ATP ATP that the cells use to drive the chemistry of life and for any given reaction moment by moment in the cell, we have tens of thousands, if not hundreds of thousands of chemical reactions happening all the time that depend on energy ATP to make all of that flow. If your mitochondria can't generate ATP at the rate that is required, you can't run the cellular function as well. So whatever task that's assigned to that cell isn't going to happen as effectively. And then you have the slow deterioration of your liver, your pancreas, your muscles, your heart, your retina, your brain, your thinking. And we think like, well, I'm getting older, you know, I'm not 25 anymore. I'm 35. So I must at be, you know, just what being 35 is like or 45 is like or 55 is like. They don't realize that being 55 should be good.

Rodger Murphree, DC, CNS

You know? Yeah.

Terry Wahls, MD

Being 65 should be good. I should be out there playing soccer with my the little people in my life.

Rodger Murphree, DC, CNS

Yeah. I think that people kind of have bought into that whole idea. As you age, you're going to be unhealthy. You know, it's just part of the aging process. And, you know, I have patients that are in their forties with fibromyalgia that share with me. I'll maybe I'm just kidding. Maybe I'm just getting old and you know, I'm 61. I play 2 hours of pickleball every day. I run a downhill mountain bike. I know you're super active. Yeah, I think if you are taking care of yourself and practicing healthy health habits, once you do get healthy, there's no reason why you can't continue to be active. In fact, you should be encouraged to be as active as you can be.

Terry Wahls, MD

You're right, the got the goal is healthy aging. I want I want people to have healthy, vigorous lives. I want them to have a joyful lives, meaningful lives with a lot of purpose in that they should, but expect to do that in their 60 days nineties, 100, 100 plus.

Rodger Murphree, DC, CNS

Yeah, well, I mentioned I mentioned my father in law, who's 80, is the poster child of health. And, you know, he's doing everything right. And a lot of that is coming right out of your book. So tell me a little bit about the difference between, say, a regular paleo diet, which is grain free and and some of that you've got the different categories that you work people through. So there's a there's the regular, there's a there are intermediate and there's the advanced.

Terry Wahls, MD

Yeah. So basically what I want people to do is wean themselves away from the standard American diet. We talk about a goal of nine cups of vegetables, three cups of green leafy is three cups of sulfuric and the cabbage onion mushroom family and three cups of deeply colored things like beets, carrots, berries, and then a protein source in and then to remove excess added sugars, gluten, grains, casein, that's dairy and eggs. Now, eggs are the third most common food sensitivity protein. That's the egg whites. However, I'd say about half to two thirds of folks after they take the eggs out for a couple of months, could reintroduce the eggs and may do well. If I reintroduce eggs, will have my face paint turn on. So there'll be certain a certain number of folks will never be able to tolerate the eggs the next level. Then we talk about the benefits of fermented foods, about soaking germinating nuts and seeds, about further reductions in carbohydrates and considering reducing grains, even gluten free grains and legumes to no more than two servings a week. And then the third version would be a ketogenic lower carb, higher in fat. And I have a olive oil based version of that.

And we talk about elimination diet that is a bit more restrictive. What I think is important to think about this, Rodger, is I want people to make these changes as a family. So you start with wherever you're at, think about what you want to add. Add that first, and then after you've made your additions, then you can begin to think about what to remove. And if you do this as a family, you'll be more successful. I also, however, the patient is that we're whether it's mom or dad or the kids, when you're in the presence of the person who has the health journey that you're supporting, everybody eats a meal that's compatible for the needs of that person when they're away. They want if they don't have any health challenges, they want to have foods that are excluded from the patient's diet. That's fine, but don't go home and talk about how great the pizza and beer were, you know? You know, that sort of food. Yeah, but you want to be supportive because the foods are addictive and, you know, you would never drink alcohol and wine in front of an alcoholic if you're being supportive to that person. So if someone's changing their diet, you want to be supportive to them and eat the dietary plan that they are trying to implement at that time.

Rodger Murphree, DC, CNS

You know, when I'm sharing this with my patients are diet similar? My diet is similar. And I stole some of your stuff last year. You know, the blowback is, oh, I can't do that and my family can't do that. And then it becomes just what you just share them. It's important for them to realize the importance of doing this time that if you really want to get your health back, there's really there's no shortcut for that. I mean, you have to clean your diet up. And with an autoimmune disease, whether it's in mass or whether fibromyalgia is immune or not, is autoimmune is a, you know, debate, but, you know what is triggering this autoimmune reaction? And one of the things is every time you're eating food, it's triggering chemical reactions. And oftentimes it could be an allergic reaction.

Terry Wahls, MD

Well, I try to point out to people that the food we eat becomes the body I'm going to have.

Rodger Murphree, DC, CNS

Yes, yes, yes.

Terry Wahls, MD

Yeah. And if, you know, I try to have metaphors that will work for it. So I saw patients, veterans for many years. And so I had farming metaphors. I had teaching metaphors, we had mechanical metaphors. You know, the farming metaphors. It's like if I want to have a champion cow or hog at the fair, I'm going to be meticulous about what I'm feeling, that the livestock are all up to the fairgrounds. I'm not going to feed them a multigrain. I'm not going to feed them grain that has a blood and mercury in it. I am not going to feed them, you know, cardboard as opposed to, you know, corn in oats. So they get that and they're like, if you want to have a race car, you are going to give it the best fuel. You're not going to put corn sirup in the gasoline engine. Yeah. And they're like, well yeah. So well I think you are more valuable than a prize cow and you're more valuable than your race car.

Rodger Murphree, DC, CNS

Yeah. You know, I find that a lot of times people are more meticulous about what they feed their pets than what they do their family. So they're spending, you know, a big amount. Yeah. You know, you could get Alpo, whatever, you know, whatever for, you know, \$2 for can and they're spending, you know, \$150 a month, \$2 a month or whatever. You know, I know we spend quite a bit on our Stray and shepherd and he's incredible health than we've gone through in the past with some dogs that were not healthy. And it's our priority. We want this our dog, part of the

family to be as healthy as he can be and live as long as he can live. And we know that a big part of that is the food that he's eating every day.

Terry Wahls, MD

Yeah, it's interesting. I think it's a reflection of how we were addicted. We've been manipulated by very effective marketing from big food, which was purchased by the owners of big tobacco. And they know how to make addictive products. They know how to market very well. And so they've addicted us as children to this high sugar, high food additive diet. And so it's very difficult. You go through withdrawal, you go through craving as you first move away from the standard American diet that is unfortunately so very toxic for us.

Rodger Murphree, DC, CNS

You know, I remember in chiropractic school, I remember one of my one of the teaching physicians talked about the greatest entertainment is food. You know, the people sit down and they eat in this. It's not it's not you know, it's not fulfilling. It's not really it's really just entertainment. You're eating one chip after another, whatever that is. And you do that for 20, 30 years. And, you know, you really sabotage your body's ability to to be as healthy as it can be. And so I think, you know, with your book and some of the research you're doing, I think it's pointing out the fact that we really want to be really specific in our eating choices on a daily basis. As you said, the different foods that you take correct basis. Yeah, people hear that and think, I can't do that. You can do that. If, you know, if you really want to get well, you can structure it around those foods.

Terry Wahls, MD

We certainly can. I spend a lot of time working on a behavior change model that I teach to my clinicians to use with their patients so we can help people make achievable goals. One step at a time. Oh, I do have people who come in who are in so much pain, so much misery, that when I talk with them about their problem, the next steps, they're ready to go home, purge the house of all of the problem foods. And I warn them that, yes, you'll go through withdrawal, you'll have two weeks. They're going to be pretty tough and then things will begin to get easier. I have other patients that we bring through in a more incremental step by step process. You know, I think it's important to have this conversation with your patients, say, okay, you're here is your problems, here are the potential solutions. And this is going to be all about addressing the modifiable lifestyle factors.

And you will be the one to decide when you start how rapidly you want to make these changes. And I have some people who are motivated. They will do everything all at once. I'd say the the

more common approach is that we do things more incrementally, and I'll come back with them and say, okay, we're going to start one thing at a time. You want to start first on food, restoring first on stress reduction, first on movement. As we figure out the big categories. And then we have a conversation, where are you going to add? Because I usually do the additions ahead of the subtractions.

Rodger Murphree, DC, CNS

Oh, that's good. Yeah. You know, so I tell my patients that, you know, to get healthy, you have to change your diet. Amazon mentioned earlier and what's so one things I like to do, Terry, is I do a food allergy test sometimes I do elimination diet as well, you know, caveman diet or elimination diet. But more than often, more times than often, I'll do the food allergy tests and then allows them to see, oh, wow, every time I'm eating, as you mentioned, and I'm getting a negative reaction. And so it gives them a black and white and gives them the kind of to start with. And then we move them into it.

Terry Wahls, MD

They can bring.

Rodger Murphree, DC, CNS

To the diet.

Terry Wahls, MD

It can be super helpful. So the food sensitivity testing super helpful and now keep in mind, when I was first doing all this, I was in the VA system. So Veteran Affairs, the hospital, there's no food sensitivity testing, you know, and which meant my only tool was, okay, we'll give you some really basic primary care stuff lipids, glucose, hemoglobin, A1, C and then I would say, okay, you could go out and get this test done on your own or we could just begin the elimination diet here. And most folks were like, okay, now we'll just do the elimination diet. You know, I'd say easily 80% of my veterans had marvelous marble success with the elimination diet, with basically very basic primary care labs that most Americans, most adults are picky. If you're on any prescription meds, you are almost certainly getting these kinds of blood tests either once or twice a year as part of your care with your primary care doc.

Rodger Murphree, DC, CNS

So, you know, with fibromyalgia and I think it's probably similar with the as you can't drug your way out of fibromyalgia, there's just not there's too many or too many conditions and it leads to further problems. How do you handle when you mention that you're going to eat your way out of

this autoimmune disease? How do you and what kind of you know, what do the physicians you know, what do they say when you say that to them?

Terry Wahls, MD

So I explain that the drugs slow, they do a good job of turn off the relapses. They will add about five years to the time that it takes from diagnosis to get into the wheelchair. And that is incredibly helpful. You know, people are thrilled about that. Yeah, then I point out. But it only adds five years and you're only 35, so you're going to live a lot longer than that. Yeah. You want to have the best health and vitality. You want to have less fatigue, you want to have less brain fog, and you want to keep all of your brain cells because the drugs don't prevent atrophy or loss of brain cells, loss of spinal cord volume. And that means that we have to address the mitochondria. That means we have to address diet and lifestyle so that we can protect your brain because your the drugs turn off relapses. They do a great job of that. And it may be really important. So I'm not going to talk smack on the drugs, but it's vital if you want to continue to have your job, if you want to continue to have mental clarity, if you want to maintain brain volume and spinal cord, then this is about diet and lifestyle and what is exciting.

Rodger's now the clinical neurologist, are beginning to catch on and they're beginning to agree. We did an analysis of the dietary intervention studies that have been conducted, the mice, they've been randomized. There's 12 of them. And we looked at the effect size of all of these intervention. It's called a network meta analysis. And there are three dietary patterns that consistently reduce fatigue. And that was the paleo Mediterranean low fat diet in two diets that improved quality of life, that was paleo and Mediterranean diet. And when you look at the forest plot, the forest plot, there's a line down the middle and then there are bars. And if you're bar, you want to have your bar with the effect size and the error bars fully on the side of benefit. And that's where you can say, yeah, this intervention is good. Yeah. In the diets with the largest benefit by far was the paleo diet and then the Mediterranean diet know comes down, then low fat that comes down.

Then the other diets, ketogenic, anti-inflammatory, diet, fasting you cross it. Is that clearly a benefit? What is exciting is that is going to be published today finally in neurology, one of the highest impact journals and they have an accompanying editorial about it. Now, I've not read the editorial yet. I've read the manuscript. I'm really super excited that this message, you know, we're continuing to make progress, that the people who treat M.S. are finally being to say, you know what, diet does matter. And even if all they say is, yeah, you did eat more vegetables, less sugar, that is huge. And if you want to say, you know, the Mediterranean diet is good, that is good in

the swank. That is good. You know, and that's fine. We want people to improve their diet at a pace that they and their family can succeed at.

Rodger Murphree, DC, CNS

So, Terry, we've talked a lot about, you know, some of this kind of that abstract a little bit. What are three things that people could do right now to improve their health?

Terry Wahls, MD

Okay. So we've been talking a lot about foods. I'll focus on that. Beet greens, green leafy vegetables. You could add them to your smoothies. Green leaves and green grapes and ice and some olive oil makes a great smoothie. I think your kids will like it a lot. Cooked greens. You need a little more fat and perhaps a little lime juice or a burger that you enjoy. Cooked greens can be delicious. Cooked greens are my kids favorite meals, so when we want low fat we made vegetables bitter. So add olive oil back and that will certainly help make things less bitter.

Rodger Murphree, DC, CNS

I'm sorry. Go ahead. Go ahead.

Terry Wahls, MD

So more greens. Incredibly good for you. The cabbage, family, vegetables, incredibly good for you. You, I think raw cabbage, lovely. Just too much on raw grated in your salad or sauteed very, very lovely for you. And then mushrooms are in multiple studies. The more much culinary mushrooms that we eat, even just a couple servings a week are associated with lower rates of anxiety, depression and cognitive decline. So those are really three, I think, easy ads. Yeah. And then things to remove. A great way to start is your sugar sweetened beverage. Get rid of it.

Rodger Murphree, DC, CNS

Yeah, definitely.

Terry Wahls, MD

Get rid of that. Have water, tea.

Rodger Murphree, DC, CNS

Yeah. So my kids, they swear they're the only, the only kids in the world never have sodas. You know, this is something that we never encouraged in our house, never had it in our house. So yeah, I was going to say, you know the greens that for me one of the easiest ways to get the and I try to get the you know, 7 to 9 veggies a day or you know, somewhere in 6 to 7 veggies a day. The

green salad is just so easy. You know, it's so easy to take a green salad and you can put your protein on there and your cauliflower or and, you know, you cucumbers and celery. And it's just make it people try to make it too hard and complicated.

Terry Wahls, MD

And if you grow it out as part of your yard, your garden, your sustainable garden, it becomes very affordable. You could put it in a big pot on your deck. There are hanging containers that people used to grow salads with and now see some indoor hanging salads as well. So finding ways to grow your own greens make this so, so affordable.

Rodger Murphree, DC, CNS

Tell us a little bit about your research. What's going on with your research? Yeah, you've got a study, you're enrolling something. Yeah.

Terry Wahls, MD

So we have done seven clinical trials of diet and lifestyle. So MSC, we are currently enrolling people into the efficacy of diet and quality of life. There is the ketogenic diet, there is a paleo diet, the modified paleo diet, basically the diet that I followed and then the usual diet. It would give people tips on how to reduce processed foods, added sugars in the usual diet. Or we will get a baseline measures of walking, thinking, vision, and we will get a baseline MRI of the brain. People come back in three months for some repeat blood work, repeat clinical assessments, and then again in two years for another MRI. And the big question is, can diet improve quality of life and walking? And the really interesting question is we know people with Ms. have more rapid brain volume loss and spinal cord loss. We lose at about 1% per year. Shocking. Now healthy aging is 0.3% per year. One of the things that I'll be testing is can we get people to rates of healthy aging by improving their diet? Because as I mentioned earlier, drugs can't do that.

Rodger Murphree, DC, CNS

Yeah.

Terry Wahls, MD

People with M.S., we still have rapid brain volume loss and there's a big debate, you know, how do we protect brains? And of course, my point of view is you protect the brains by teaching people how to eat.

Rodger Murphree, DC, CNS

Now, tell me a little bit about you've got a podcast. I know. And tell me if folks want to know more about you and your work. Yeah. Place to go.

Terry Wahls, MD

So. So come to TerryWahls.com t r y was w h l s dot com sign up for our newsletter. You can see a link to screen for our research trial there. And then this summer, July five through 11, will have a M.S. and neuro immune summit. So if you sign up for my newsletter, you'll get the announcement. You will sign up for that and be part of that X. They'll be free. And we'll be talking to some between 40 and 50 different clinical experts about M.S. and other neuro immune conditions. And for everyone who's listening, I want you to know that the people with M.S., we often have other autoimmune neuro immune conditions if we don't get to the root causes. And fibromyalgia in M.S. are cold conditions that are often co-morbid to one another. So it's not uncommon for people with Ms. to if they aren't following the walls concept, to ultimately develop fibromyalgia. And it's not uncommon for people with fibromyalgia to develop neurologic symptoms and eventually get diagnosed with multiple sclerosis.

Rodger Murphree, DC, CNS

Yeah, yeah. Terry, thank you so much. This has been great. I'm trying to dodge the sunlight here at a time all over. Yeah, please hold on. Oh, yeah, yeah, please. So, look, yeah, the cookbook is now.

Terry Wahls, MD

So there was protocol. Here's a great book about the tips and then the cookbook to learn how to cook all this delicious food that can help heal your brain and call your fibromyalgia.

Rodger Murphree, DC, CNS

Yeah, great. Thank you so much, Terry. I really appreciate you being a part of this summit. Appreciate your work. And when encouraged the audience, please check out Terry's website. And she's got all kinds of free resources. You definitely want to check out her material that she's put together for you. It's wonderful. Thank you so much.