



**Wellness Mama Podcast Episode 25**  
**Autoimmunity, GMOs & Food as Medicine**  
**Interview with Dr. Terry Wahls**

**Show Notes:** <http://wellnessmama.com/podcast/gmos-food-as-medicine/>

This episode is with one of my favorite people and researchers... [Dr. Terry Wahls of The Wahls Protocol](#) is not only a brilliant doctor and researcher, but she reversed her progressive MS through food and lifestyle changes and went from using a tilt recline wheelchair to walking, biking and running.

To say she is an inspiration is an understatement and her work is equally inspiring as she works to bring knowledge of the role of diet in cellular health to mainstream medicine. She has a clinic where she helps patients with a variety of conditions to find their own health answers.

**In this podcast episode, we cover:**

- How Dr. Terry reversed her MS
- Her protocol for reversing chronic disease, autoimmune disease and more
- The real problem with GMOs (it isn't what you think)
- How cholesterol works and why low cholesterol could actually increase your risk of death and disease
- The role of the microbiome for health

- The best ways to support our children for lifelong health
- So much more

**Resources mentioned:**

- [TerryWahls.com](http://TerryWahls.com)
- Article: [Minding your Microbiome](#)
- Article: [Reversing MS with the Wahls Protocol](#)
- Book: [The Wahls Protocol- A Radical New Way to Treat All Autoimmune Conditions Using Paleo Principles](#)

**Katie:** Hi, and welcome to the Wellness Mama podcast. I'm Katie from wellnessmama.com, and I'm so excited about my guest today.

But first, did you know that information can travel through your brain at over 260 miles per hour? And that your brain is the fattest organ in your body, with about 60% fat? Today's guest is a specialist and knows quite a bit about the brain and the body. Doctor Terry Wahls is a clinical professor of medicine at the University of Iowa and a staff physician at the Iowa City Veterans Affairs Hospital, where she teaches medical students and resident physicians, sees patients with traumatic brain injury and therapeutic lifestyle clinics with complex, chronic health problems that often include multiple autoimmune disorders, and conducts clinical trials.

Doctor Terry, welcome. Thank you so much for joining us.

**Dr. Terry:** Oh, thank you. I'm always glad to chat with you, Katie.

**Katie:** Awesome. I did not include your story in the bio, because I want you to tell it yourself to our listeners, but it's so incredible. I've talked with you in person and was

just absolutely blown away, not only by how vibrant and healthy you are right now, but of hearing your story and how you got here.

So can you walk us through your journey?

**Dr. Terry:** Oh, absolutely.

I'm actually profoundly grateful that things turned out this way, because I ended up learning so much along the way. In 2000, I was diagnosed with multiple sclerosis, the basis of a history 13 years earlier of dim vision in my left eye, a new problem of weakness in my left leg. We had a big work up, which included an MRI of my brain and spinal cord, which showed lesions in the spinal cord. And then a spinal tap that was abnormal. I was diagnosed with relapsing, remitting multiple sclerosis.

Now, I knew at that time, within ten years of diagnosis when a third of people will have problems walking, needing a cane, walker or wheelchair. And one half will be unable to work due to severe and profound fatigue.

At that time, my children were ages five and eight. I was the main breadwinner for the family. So I decided to treat my disease as aggressively as I could. I sought out the best MS center in the Midwest that also did clinical trials, which was the Cleveland Clinic. I saw their best people. Took the newest drugs.

And still within three years, my disease had transitioned to secondary progressive MS. And at that phase, Katie, there's no more spontaneous improvements. There's steady decline. I took the recommended chemotherapy. I got the tilt recline wheelchair. When it became available I took the biologic drug Tysabri, but continued to decline.

When I hit the wheelchair, I realized that conventional medicine was not likely to stop this slide into a bedridden and demented life. So I started reading the science myself,

hoping to slow things down. I took some vitamins and supplements that seemed to be somewhat helpful.

I'll backtrack for a moment here. In 2002, when I was still walking around, my neurology docs at the Cleveland Clinic told me about Loren Cordain and the paleo diet. So I got his book, read all of his papers. And after 20 years of being a vegetarian, I reintroduced meat. Took away all grain, all legumes, all dairy.

But I continued to decline. Then the following year, I converted to secondary progressive. Got the wheelchair. Took more chemo. Took Tysabri. Began reading. Added some vitamins and supplements.

In the summer of 2007, I was so weak I could not sit up in a regular chair any more. I had to be in a recliner, reclined all the way back so my knees were higher than my nose or in bed. I could walk very short distances, using two walking sticks.

That's the summer I discovered the Institute for Functional Medicine. I took their course on neural protection, which deepened my understanding. I now had a longer list, about 20 vitamins and supplements that I was taking.

Then I had the insight I should figure out where these were in the food supply and get these 20 nutrients from food. That took more research. I began this new way of eating, which is still guided by paleo principles, but structured now to get more nutrition for my brain. When I did that, Katie, that's when the magic began.

Within three months, my fatigue was gone. My brain fog was gone. At six months, I'm able to walk throughout the hospital without even a cane. At nine months, I was able to bike around the block for the first time in five years, and that was a huge day. I'm crying.

My family's crying. And at 12 months, I go with my family on a 20 mile bicycle tour, and bike the whole 20 miles.

So this really transforms me as a person, as a physician and as a scientist. I see the world of disease and health now in a very different way. And how I practice medicine is focused on diet and lifestyle. That's where I now focus my research is on diet and lifestyle interventions.

**Katie:** That is so incredible. Yeah, it gives me goosebumps every time I hear your whole journey and just how much you overcame. And how diet really did play such a role. I love that you have the position that you have, where you are able to start introducing this into clinical research. So I'm curious. Do you think that there is any good in the conventional treatments right now for MS and degenerative disease? Are there good aspects of that?

**Dr. Terry:** Now I talk about this a lot in my book. The conventional approach is that when you have an autoimmune disease, the only thing that a conventional doc will talk to you about is what drug to turn off what part of your immune system, so it can't attack yourself very well.

That could be helpful in a critical crisis, but unfortunately, nearly always, they forget to talk about diet and lifestyle choices. There's lots of evidence, thousands of papers that talk about the health consequences of ramping up the vegetables, getting rid of the sugar and the white flour, adding meditation, adding exercise.

And the studies for disease specifics on MS are just beginning. I'm one of the few researchers that is really looking at a holistic diet and lifestyle approach for MS. And we have stunning results. Breath-taking, really.

**Katie:** Yeah. It's amazing. Well, it makes perfect sense if you think about it, because you're not seeing these problems occur because of a deficiency of immune suppressing drugs.

**Dr. Terry:** Correct.

**Katie:** There's obviously an underlying issue. So your focus is supporting the body in doing what it's supposed to naturally do anyway, which is so brilliant.

Can you talk about your Wahls Protocol?

**Dr. Terry:** Sure.

**Katie:** I'll definitely link to your book, but give us some specifics of what that includes and what a day might look like on the Wahls Protocol.

**Dr. Terry:** Okay. In the Wahls Protocol, we're trying to address all the nutritional deficiencies that occur and the lower the risk of food sensitivity and abnormal immune response to food. So we remove the three foods that in the US have the highest probability of causing abnormal immune response. That's gluten, which is a protein in wheat, rye, barley and many, many ancient grains. Casein, which is a protein in dairy foods, that is similar enough in the amino acid sequence to gluten that 80% of those who have problems with gluten also have problems with casein. And then the third most common is the protein in egg whites.

So we have people remove those three foods. Then I stress that we're going to ramp up the vegetables and have what I call "sufficient amounts" of protein. That will be 6 to 12 ounces, according to size and gender.

The vegetables are divided between green leafy vegetables, sulfur rich vegetables in the cabbage family, onion family and the deeply colored things, like carrots, beets, berries.

In addition, we teach people a daily meditative practice. Get them a couple options to choose. And we would design a personalized exercise program based on their physical limitations and needs.

The first month is the tough part, where you provide a lot of calling, coaching and support. We talk about food addiction and how most Americans are, and I certainly am, addicted to sugar and white flour that cause a rapid spike in our blood glucose and it stimulates our pleasure centers in the brain. So it's no surprise so many of our comfort foods have a lot of white flour and sugar in them.

People can have a little detox reaction, have more headaches in that first week. Usually that's gone by the second week. If it stays longer, we want people to see their personal doc and see if there anything else going on.

And in my clinics, when we do this, and I see people monthly, generally within one month, they're reporting reduced symptoms, fatigue, more energy, more mental clarity, better moods. In our clinical trials, we see them at three months. That's when we first do the measurements. Again, what we see is reduced symptoms, reduced fatigue, improved moods, improved mental clarity.

The changes in gaits take longer, because we have to grow muscle the old-fashioned way, which is through exercise and strength training. That will take more time the more severely disabled you are.

**Katie:** That makes sense. In your clinical research, obviously your background of this came from an MS perspective, but are you using this on any other conditions? Who might it also be helpful for?

**Dr. Terry:** Sure. We have a grant proposal to use this. And I'm working with a rheumatoid arthritis group to write a proposal for that population. In my therapeutic lifestyle clinic, we will see anyone with a neurological problem or medical problem who is open to using only diet and lifestyle to treat from our clinic.

There we see people with fibromyalgia, chronic fatigue, lupus, arthritis, psoriasis, chronic pain, diabetes, traumatic brain injury, depression, PTSD. We've seen all of those conditions, reductions in symptoms, improvements in energy and function, and typically, we're working with their primary care doc to steadily reduce medications, because their blood pressures are falling, blood sugars are normalizing. We have to get them off a lot of their meds as they recover.

We've also have been able as people have fully recovered from their inflammatory bowel disease or RA, successfully weaned them away from their immune suppression and have them continue to stay in very good health.

**Katie:** Wow! Yeah, that's wonderful.

What about supplements? I know a lot of my listeners have an autoimmune disease of some kind. And a lot of people are recently finding out that they have things like an MTHFR mutation that their levels of maybe glutathione are low or B12 are low, are there supplements that are helpful in this?

**Dr. Terry:** Well, my for supplements is that as soon as we supplements, we run the risk of getting the ratio incorrect for, if you were supplementing say for zinc, you can inadvertently create copper deficiency. So when you're supplementing vitamins and minerals, it's important to monitor levels so you don't overshoot.

When we're supplementing based on genetic or nutritional testing and now have a very specific need to address MTHFR, then targeted supplements can be profoundly helpful.

It's part of what I think would be the benefits of this precision medicine. Rather than looking at this to design the perfect drug regimen, you could use this to design the perfect vitamin and supplement regimen and the perfect food choices to make sure all the enzymes in your body can work as effectively as possible.

**Katie:** That makes perfect sense.

Let's talk about a somewhat controversial topic in today's world, which is genetically modified foods. Obviously, some of the more common ones wouldn't be included on your protocol anyway, the corn, wheat and soybeans would be out.

But is there a difference in our body's ability to absorb nutrients from genetically modified foods?

**Dr. Terry:** Yeah.

**Katie:** Is organic a priority or is conventional produce okay?

**Dr. Terry:** We'll break this question down in several phases. One, is conventional produce okay? I acknowledge that everyone's economic reality is very different. For some people, buying conventional vegetables will be challenging enough. And if that's your economic reality, yes, you could eat conventional vegetables, greens and berries and you'll still reap benefits.

If you need to prioritize, you could use the Environmental Working Group, which is [ewg.org](http://ewg.org). They have some what foods to get organically and what foods conventionally have the lowest residue of pesticides.

If you use conventional foods, the detox and the recovery will be more slow than if you're able to use organic foods. It's helpful if you can, but if you can't, you'll still have many, many health benefits from increasing the vegetable intake.

Now the question of genetically modified organisms, I think that there are two parts to that question. One is that most of the genetically modified organisms have in them modifications that make them tolerant to a variety of pesticides and herbicides.

So those plants have more frequent and heavier applications of these pesticides, in particular Roundup. While Roundup was presumed to be safe, there's some increasing evidence that Roundup, which is a very potent antibiotic, is sterilizing the soil, decreasing the fertility of the soil. And is beginning to change the microbiome of the livestock that eat conventionally grown grain, and the humans that eat these conventionally grown products that have Roundup on them.

Even some non-genetically modified organisms are now having Roundup placed on them two to three days before harvest. And then the plant is harvested. I'm talking about wheat, so wheat has a lot more Roundup, which increases the risk to having an altered microbiome. Increases the risk for developing.

So for that reason, I would avoid GMOs, because I don't want more pesticide exposure. The second problem with GMOs is really the unknown. When we insert these new genes, we had assumed that it was going to be safe, because we read the genes in a linear fashion. There's increasing evidence that genes should be read more in a network spider web fashion. So the gene A may affect three or four more others that in turn can have some subtle changes in the shape of proteins with that organism.

That means when we eat that organism, we're encountering proteins that have been altered slightly and are more likely in the genetically susceptible person to cause immune response.

The early tentative data, it's data from England. We don't have strong data on this other than to say the autoimmunity rates are much higher, the rates are so much higher since the introduction of genetically modified foods.

Therefore, in my clinical campuses, when people have chronic health problems talk about the benefits of going organic and avoiding GMO. The benefits of growing your own food. Encourage people to head down that path.

But I work in the VA and I'm certainly mindful that that economic choice is not an option for some of our folks. Then we help them do the best they can with their conventional foods.

**Katie:** Yeah, that makes perfect sense. And a great explanation.

What about people who maybe have microbiome related issues or leaky gut who are having trouble absorbing nutrients from their food? Will this type of diet still be effective for them? And can it actually help with that?

**Dr. Terry:** You know, it's very common and I'm so glad you're asking me this. That there's more recognition that the 100 trillion bacteria and yeast that live in our bowels are a very important part of determining health status for that person.

If you've had antibiotics, if you've had lots of conventional grain, you're more likely to have killed off too many good bacteria. They need bacteria to thrive.

So our approach to healing the leaky gut, bone broth. I use some coconut milk with the bone broth. You can also take some glycine with that and glutamine. But if you use bone broth, both those compounds and have several cups. Cook all the vegetables. Don't have anything raw until you feel like the gut is doing well.

We also talk about fiber. Soluble fiber, which is now called "resistant starch." If you're eating nine cups of vegetables, for most people that would be plenty of fiber. Some will need to take some additional fiber, such as chia seed pudding or flax seed pudding to be sure that they have a couple of stools every day.

**Katie:** Perfect. To change the subject a little bit, something that I wanted to touch on, because there's a personal interest for me right now. We talked in person last year and we briefly talked about cholesterol and its role in health.

**Dr. Terry:** Oh, yeah.

**Katie:** We often hear in society that high cholesterol is really bad and that the lower the better with cholesterol. Even someone in my own family was recently boasting that she got her cholesterol down to I think below 90 with dietary changes.

**Dr. Terry:** Oh, my God!

**Katie:** Yeah. What is the real story on cholesterol? Can you shed some light on that for us?

**Dr. Terry:** Well, I'll trace the history of this. Before World War II, there was a lot of feeling that the way to treat obesity was a low carb diet. And it was sort of a high protein, high fat, low carb diet.

Then World War II came around with all of the hardships across the world that that caused. and the rationing of many food supplies. The epidemiologist Ancel Keys after World War II observed that there was a sharp reduction in the rates of heart attack and heart disease in World War II. He linked that this was due to the reduced availability of cholesterol from butter and eggs, which were rationed.

As a result, public policy got changed. The NIH started funding research on cholesterol as the driving theory for heart disease. Total cholesterol was sort of associated with heart disease, but not precisely.

Then they decided that it was better if you did the HDL cholesterol and the LDL cholesterol, which was a little more predictive. But still half of the people with heart disease had perfectly fine cholesterol values.

So they kept tinkering. And now the focus is on whether you have low density cholesterol particles and just how many that you have that determine your risk.

There's also more recognition that the cholesterol is involved in the immune process and that when the cholesterol carrying molecules get damaged by a viral particle, a bacterial particle, a particle from a heavy metal, like lead or mercury or it gets sugared, as in glycated, because you have such a high carb diet, that those changes make the cholesterol particle very low, dense and very inflammatory.

So the current research is more focused on what is it that's damaging our cholesterol particles, and that seems to be chronic low level infections, too much sugar in the diet and too much exposure to heavy metals.

There's other basic research going on identifying that atherosclerosis is really an autoimmune disease, which makes a lot of sense. Most clinicians are unaware of that basic research.

In addition, there's some very interesting epidemiology in these cholesterol studies. I'd say nearly every one has demonstrated that there's a much higher rate, a statistically significant increase in homicide, suicide, depression, cognitive decline and new onset of diabetes. We find that time and time again.

No epidemiologic studies looked at cholesterol values and your risk for dying of infection, cancer or developing Alzheimer's. If you divide the cholesterol values into what are called the "quintiles," so each 20 percentile of the group, the highest level cholesterol group have five time less risk of death, cancer, infection or dementia.

And epidemiologists are coming around, realizing that cholesterol, 25% of all your cholesterol is in your brain, it's a critical part of myelin, the insulation on the wiring, a critical part of our cell membranes that we may have demonized the wrong thing. That we probably should have demonized sugar. I'd also throw in the artificial sweeteners, and concentrate on having fats that are healthy and appropriate that we can metabolize, which include saturated fats and includes cholesterol. Does not include trans fats and these liquid refined vegetable oils are a very new product. I certainly would not use those either.

I'd rather people use things like olive oil, flax oil, walnut oil, hemp seed oil cold. If you're going to cook, use saturated fats, because they're heat stable.

**Katie:** Yeah. I've definitely talked about the problem with vegetable oils before, but I had not heard about the research on atherosclerosis being potentially autoimmune, which would make a lot of sense and be fascinating. I hope that we'll see more about that.

Just to make sure and reiterate that I heard you correctly, you said that higher cholesterol was correlated with lower risk of death and disease.

**Dr. Terry:** In a couple of these studies, they said higher cholesterol, lower risk of death, disease, dementia, infection and cancers.

**Katie:** That's amazing.

**Dr. Terry:** Fascinating. So we don't really know what to do about cholesterol. We certainly know what to do about sugar, which is, the science is very clear. Less sugar, better health on all fronts.

The science has now become gray on what to do about cholesterol. The cholesterol lowering drugs can lower cholesterol, can lower your risk of heart attack, increase your risk of diabetes, increase your risk of dementia. They don't appear to change the overall all cause death mortality however.

So you can shift your cause of death from heart disease to neurological and psychiatric.

**Katie:** Wow! Yeah. That doesn't seem like a great trade off to me.

**Dr. Terry:** I would much rather people do this radical thing though as eat more vegetables, meditate and exercise.

**Katie:** Yeah, definitely. I'm a huge fan of the vegetables. I think a lot of us as moms, we definitely understand the importance of getting our kids to eat vegetables, but we're seeing all these statistics about how our children's generation is going to face such high rates of cancer and heart attack and diabetes and all these other autoimmune problems.

**Dr. Terry:** Yes.

**Katie:** So are there things that we can do even while we're pregnant or while we have our children in our homes and they're young?

**Dr. Terry:** Oh, absolutely.

**Katie:** What would be wonderful things we can do to support them?

**Dr. Terry:** We'll talk about trying to get pregnant. I'd certainly follow Wahls Protocol detox. Be absolutely gluten free. That will likely improve fertility considerably and help normalize your hormones. I do talk about that more in the book.

While you're pregnant, again, eat as clean as you can be. Be sure you have plenty of fat, particularly DHA, so you have good development of the brain.

Hopefully you're going to have that child through a vaginal birth so the child gets the correct bacteria in the microbiome. Breastfeed, so the child gets more support for developing the correct bacteria in the microbiome.

If you were not able to, have a C-section, certainly breastfeed. You might think about adding some probiotics to the nipple while you're breastfeeding to help repopulate the gut for the child.

Introduce lots of vegetables. Know that it can take 20 introductions for a new taste to be accepted, so keep trying. A rule that my parents had was that when you ate, it was expected you were always going to eat everything that was served. If you said, "Yuck!" you got a second serving.

So we learned that all food was good. Some food was just more extraordinarily delicious than others. People can decide how they want to handle that, but certainly introducing foods, expecting that everyone's going to at least try it I think is an important concept. I would also talk nonstop about the downsides of sugar. The critical role of having vegetables, because we need to get our kids to eat more than one serving of fruits and vegetables a day. It will often be much more successful if you take out the grains and the white flour, so what's available at home are vegetables, fruits, nuts, seeds, quality meats. Making it fun. Kids really like kale chips. That's a lot more fun than plain kale. My daughter has a favorite saying, which I've come to love. "Bacon will fix any vegetable."

So if you fry up a little bit of bacon, leave the fat in the pan. Add your vegetable for two minutes. If it feels just a little bit bitter, add some balsamic vinegar. The fat and the bit of vinegar will usually neutralize any of that bitterness and make vegetables, even cooked greens, much tastier for the youngster.

**Katie:** I like that saying. I also like the "yuck" equalling a second serving, because we don't let our children complain about food. But I like that if they do, they get to eat more of it to learn to like it more. That's a great rule.

What's next for your research? Do you see these methods ever being incorporated into the mainstream approach for dealing with these kind of problems? I know that probably is one of your goals, is to see that happen. But do you think that that's something we could anticipate in the future?

**Dr. Terry:** Well, I'm going to tell you a little bit about the National MS Society and how they have evolved. In 2008, when I first started talking about the critical role of diet and MS, several NMS groups wanted me to speak. But I got interviewed by the medical advisory committee. I was placed on the disapproved list, because I was creating false hope.

I keep writing grants. I submit them to the MS Society. They would write back, ripping my proposal to shreds.

Then this year, the MS Society contacted me to join them in a wellness meeting in early November. I was quite surprised. I called and said, "Are you sure you want me? Do you know who I am?" And they said, "Oh, yes. We know who you are. No, we definitely want you."

So I go to this meeting. They had 45 scientists who study diet and lifestyle and MS. Forty five people with MS at this meeting. We're talking about what's currently known and programming needs and research needs.

When they had the introduction to the meeting, they had somebody from their media team who said, "We monitor the cyber chatter to see what our constituents are talking about with MS." What they saw was this year, in 2014, there was an explosion of conversation about diet and lifestyle. It was eight times the conversation about diet and lifestyle than there was about drugs. All the drug therapies combined.

So then the next slide was "and in the diet and lifestyle conversation, it's about four to six times diet to lifestyle." Like okay, that was interesting.

Then in the next slide, the diet was they had four diets that were being talked about. Swank and McDougall, there's just a little bit of conversation about that. And about eight times, there was a conversation about the Wahls Paleo Diet.

And then the very next slide was the number one topic in 2014 was the Wahls Protocol and Doctor Terry Wahls.

So as a result of the public interest, they ended up re-evaluating their research priorities and made research on diet much more important to them. This time when they got my proposal, they didn't fund me, but they did give me some very specific suggestions on how to improve the grant for the next application process, which we'll do in August.

Now I'm thinking the MS Society is looking to fund me. They're probably getting pressure from their donors. Certainly pressure from their constituents. And now they've finally said, "You know what? We really do have to study a dietary approach to MS."

I find that very encouraging that now because of social media, the public is able to weigh in on what we think the research priorities should be. It's a very exciting time.

**Katie:** That's very encouraging. Hopefully, we'll see that across the board as the public interest and information grows thanks to the Internet and to people like you, who are spreading the word. Hopefully we'll see that in other areas of health as well.

**Dr. Terry:** You know, I absolutely am completely convinced of that, because now that the public can read pubmed.gov, they can watch for the research on whatever ailments they have and know as much about the latest research as their doc. People can publish their personal experience.

It's far easier to spread the positive impacts of diet and lifestyle change through that social media. So the public in one sense is always going to be able to be at the cutting edge now if that's where they want to be on what kind of dietary and lifestyle interventions could be helpful.

**Katie:** It truly is a win-win as we'll see hopefully people getting better and continuing to improve. And also doctors being more effective, because they're addressing all of these aspects instead of just looking at the symptoms.

**Dr. Terry:** Well, I think more and more patients are coming into their docs saying, "Okay, I don't want drugs. What are my diet and lifestyle choices?" So the public will be driving this change. In fact, if physicians don't adapt quickly enough, they'll be replaced by another healthcare practitioner who will address diet and lifestyle, be that the naturopathic doctors, the chiropractic doctors, nurse practitioners.

The public will drive this evolution and it's going to be fun to watch.

**Katie:** Yeah, I'm excited for those changes. For anyone listening, maybe, who is sympathizing or seeing themselves in some of the things we've talked about or realizing that this might help them, what would be the three just baby step starting points that you would recommend for someone who's trying to make this transition from scratch?

**Dr. Terry:** I would go gluten free. And if you can, I would go dairy free as well. If you go completely grain free, that would be great. If that feels too hard, have some gluten free products, but limit it to no more than one or two a day. And then ramp up your vegetables.

**Katie:** Awesome. Doctor Terry, where can people find you and find out more about you?

**Dr. Terry:** You can go to my website, [www.terrywahls.com](http://www.terrywahls.com). [Follow me on Twitter](#). On [Facebook](#).

If you're looking for the details on the protocol, what we're studying, what we're doing, using in my clinics, I describe them in great detail in my book, "The Wahls Protocol." The paperback version is essentially the same as the hardback, but we re-titled it to make it more clear that this will help all autoimmune conditions. So the paperback is available.

Many people are looking for a bit more support yet. If you go to the shop page on [terrywahls.com](http://terrywahls.com), we have some programs with a membership site and a 30 day quick start for those who are looking for more support.

**Katie:** Perfect. I'll make sure to link to all of those, to your book and your website and also to your programs so that people can find those easily in the show notes.

Doctor Terry, thank you so much for being here and for sharing your fascinating research and all of your journey with us.

**Dr. Terry:** That is marvelous. I just am so grateful for the opportunity to speak and share my message of hope.

**Katie:** Wonderful. We'll have to eventually have you back on again to share more as the research grows. Thank you so much for your time.

**Dr. Terry:** Thank you.

**Katie:** Thank you so much for listening to this episode of the Wellness Mama podcast, where I provide simple answers for healthier families.

If you would like to get my seven simple steps for healthier families guide for free, head on over to [wellnessmama.com](http://wellnessmama.com) and enter your email. I'll send it over to you right away.

You can also stay in touch on social media, [facebook.com/endlesswellness](https://facebook.com/endlesswellness), or on Twitter and Instagram [@wellnessmama](https://twitter.com/wellnessmama). I would also really appreciate it if you would take a second and subscribe to this podcast so that you'll be notified of future episodes. If you've ever benefited from something I've talked about on this podcast, I'd be really appreciative if you would give a rating or review, since that's how others are able to find this podcast, and so we can help spread the message.

Thanks as always for listening and for reading and for being on board with creating a future for our children that's healthier and happier. Until next time, have a healthy week.