

# Multiple Sclerosis Pioneers

To look for the answers to this disease we need to look to those who have already had success in treating multiple sclerosis (MS). And it is worth noting that some of these regimes are not just a way of treating MS but can be important way of treating many other auto-immune diseases.

## Dr Terry Wahls

After developing multiple sclerosis, Terry Wahls was treated at the Cleveland clinic and received the very best that modern medicine could offer. Despite this she deteriorated over a seven year period, eventually having to use a wheelchair. She continued to work as a doctor but wondered how long she could keep going. She needed to find a different way forward.

She had read about Dr Loren Cordain and the benefits of the palaeolithic diet, eating like a hunter-gatherer. Intrigued and hopeful she started on this diet and researched all she could find on nutrition and MS. She added supplements such as co-enzyme Q10 and carnitine which supported brain and mitochondrial function. **These changes, although they helped, were not enough to stem her decline.** Aware that foods that release sugar quickly can create inflammation she changed her diet accordingly and also added in the right type of fats which she knew were important for brain and nerve function.

Her diet evolved into a modified paleo diet but in addition **she removed all gluten and milk** as she knew these could trigger inflammation in some people, particularly those with neurological disease. **She cut out all foods with a high glycaemic index** (that release sugar quickly), increased good fats in the diet (especially coconut milk) and ate nine portions of fruit and vegetables daily (3 brightly coloured, 3 high in sulphur, 3 leafy greens). Bone broth, which increases beneficial fats and proteins, became an integral part of her diet. Her attitude was that if a food wasn't going to heal her she wasn't going to eat it. In addition she also used exercise where possible, an electrical therapy called e-stim and meditation.

This was a radical change from her previous diet and from her previous understanding of medicine. But she began to heal. After three months she could walk between consulting rooms with just one cane and after 6 months she could walk round the hospital without a cane and cycle around the garden. **After 18 months she could cycle eighteen miles.** It was an astonishing turn-around.

In her excellent book, **the Wahl's Protocol**, she describes not only her own story but that of many other MS sufferers who had benefitted from her protocol and made impressive recoveries. What nearly all patients noticed initially was an increase in their vitality plus an increased clarity in their thinking.

The same protocol also proved effective in other auto-immune disease (there are case histories of this).

Her discoveries may represent the most important advance we have had in treating MS and perhaps other auto-immune diseases. It's not an easy diet to do and there are three subdivisions. She used the strictest of these. This is a book that anyone with MS or auto-immune disease needs to be know about.

### **Dr Patrick Kingsley**

The late Patrick Kingsley was an extraordinary doctor, treating the patients with terminal cancer and multiple sclerosis that every other doctor had given up on. More often than not, he turned them around. He treated 9000 patients with MS who came to see him from all over the world. He had astonishing results with MS patients at a time when no treatment was available within conventional medicine. He treated every patient differently but the **mainstay of his treatment was removing toxicity, notably amalgam fillings where appropriate (as mercury is highly toxic to the nervous system) and using infusions of nutrients, in particular Vitamins C and B12.**

Like Terry Wahls he was wary of gluten. Recent work from Sheffield has confirmed his intuition was correct. They found 43% of neurological patients form antibodies to gluten (but may not be picked up on standard blood screening). Other studies have found about 20% of MS patients have gluten sensitivity. As he made alterations in treatment, he was guided by changes in his patient's energy.

He freely admitted he didn't succeed with every patient but was always looking for new answers and believed it was his job to find the cause of each patient's illness. In his book, *The New Medicine*, he describes his approach to MS in two chapters. It is difficult today to find doctors who give intravenous nutrients but his story makes an important contribution to understanding the principles of reversing a major disease. He knew that if he could reduce the toxicity enough and increase the nutrition enough then the body would eventually heal.

### **Professor Coimbra**

Cicero Coimbra, a neurologist and professor of neuroscience at the Federal university of Sao Paulo, Brazil, is best known for his work with high dose Vitamin D. Aware that Vitamin D stimulates nerve regeneration, he started treating patients with Parkinson's disease with relatively modest doses of Vitamin D (10,00iu daily). He then began treating patients with MS and other auto-immune conditions.

Vitamin D is known to be safe at high dosage. A Canadian study found that it took an average 4000 to 12,000iu to maintain serum Vitamin D levels in the ideal level of 100-150nmol/l and that substantial numbers were taking 20,000 iu daily without adverse effects. However Coimbra found very high doses of between 25,000 and 50,000iu daily achieved the best results. (His aim was to increase Vitamin D enough to maintain parathormone levels to the low end of normal). Because these doses are extremely high he monitors calcium in the urine and levels of parathormone in the blood but these very high doses appear remarkably safe. He uses other supplements as part of his program (Vitamin K is especially important for those using high dose Vitamin D) plus a low calcium diet and recommends drinking 2.5 litres of water daily.

It appears patients with auto-immune diseases are "resistant" to normal amounts of Vitamin D and need much higher doses than normal. He has had great success treating MS but has also had success with psoriasis, Crohn's disease, vitiligo (for which no successful treatment exists) and ankylosing spondylitis.

Vitamin K2 deficiency is also widespread and a paper published in the British journal of Nutrition (1996; 75(1):121-13) found vitamin K2 was critical to the formation of the myelin sheath. This is a crucial vitamin to take, especially when using high levels of Vitamin D (see osteoporosis leaflet for details of dosage).

### **Dr Frederick Klenner and Dr Mount**

Dr Klenner in the USA published his protocol to stop and reverse multiple sclerosis in 1973. Klenner was also having success with other neurological diseases, including polio. Around the same time a Dr Mount in Canada had independently discovered a similar regime. The inspiration may have come from a Dr Stern who earlier has used intraspinal thiamine with spectacular results: patients being wheeled in on a trolley and walking out. Both Klenner and Mount used injectable vitamin B1 or thiamine (usually 3-400mg daily) and liver extract for nearly 30 years but were unaware of each other. Klenner also used Vitamins A, C E and B complex plus niacin. The results were said to be excellent and were published in the Cancer Control Association Journal in 1973 (see: [https://www.townsendletter.com/Klenner/KlennerProtocol\\_forMS.pdf](https://www.townsendletter.com/Klenner/KlennerProtocol_forMS.pdf)) which contains interesting case studies. Klenner also pointed out the similarities between the symptoms of thiamine deficiency and MS.

### **Dr Joseph Evers**

Dr Joseph Evers treated 600 cases of multiple sclerosis with a raw food diet and these were monitored at sanatoriums and hospitals in 1947. Of those treated, 42% showed improvement or complete recovery. Most of those who did not recover had already developed irreversible changes. He went on to treat over 10,000 cases by 1970, with similar outcomes, writing two books about his work.

### **Dr Roy Swank**

Dr Swank found a direct correlation between the amount of dairy products in the diet and the amount of MS in Norway. He prescribed a low fat diet to 150 patients between 1949 and 1984. Swank used a diet which reduced saturated fat and stopped margarines, hydrogenated fat and shortenings. He also advised cod-liver oil plus vitamin E (400 iu daily). He followed his group of patients for 40 years and found the death rate in his group was 31% against 80% in those not on the diet. Those with minimal disability had the greatest benefit with 95% having little or no disease progression (far better results than interferon).

### **Professor Kurt Eckel and Dr Wolfgang Lutz**

Austrian doctors Kurt Eckel and Wolfgang Lutz used a very low carbohydrate diet (20-30 grams a day) but later modified this to a low carbohydrate diet which was introduced more gradually due to inconsistent results with the original diet. After this change the results became more consistent and were very positive for those who had the disease for less than 5 years: not a single person who kept to the diet deteriorated and many achieved full or almost full remission. For those who had the disease over 5 years there was no success. His protocol was to gradually reduce the carbohydrates to a level of 70 grams daily.

### **Dr Jan Kwasnieski**

Polish physician Dr Jan Kwasnieski also used a low carbohydrate diet on his MS patients but also added animal brains to the diet. He followed his patients for 30 years and found patients with MS of short duration (under 5 years) could often be cured and disease progression could be stopped in all cases. Symptoms could be reduced and general health improved.

### **Dr Hinton Jonez**

Dr Jonez, a physician in an allergy unit in the Mayo Clinic, linked allergy with multiple sclerosis in the 1930s, treating 1500 patients over 17 years. He later had a whole wing for MS patients in St Joseph's hospital, Washington. (This idea is backed up by a study of 15 patients whose MS was all completely or partially controlled by avoiding food allergens, dust and tobacco and another study of 49 patients of whom 31% improved on removing food allergens). His program involved allergy testing and treatment. He also used intravenous

histamine. His results were so good that patients came from far and wide. His ideas were ahead of his time and unfortunately the unit closed after he died.

## **The Aluminium Connection**

Patients with multiple sclerosis have a higher body burden of aluminium and the brain content of aluminium was found to be 10-50 times higher in studies done at Keele University. Aluminium is known to be neurotoxic.

The solution to this is firstly to avoid further aluminium exposure and secondly to remove aluminium.

### **Avoiding Aluminium**

Some sources of aluminium are obvious such as aluminium cookware, aluminium cans and aluminium foil. However other sources are less obvious. It can be found in coffee makers (usually in the piping), antiperspirants, some shampoos, baking powder (but baking powder is available without aluminium), nearly all vaccines, tobacco, tattoos, colorants, antacids and some other pharmaceuticals such as levothyroxine.

### **Removing Aluminium**

Aluminium is removed from the body by a naturally occurring substance called orthosilicic acid (OSA) sometimes called silica water. The major source of this is vegetables and certain types of water. Silica supplement have poor bioavailability so don't resolve the problem.

Many vegetables and herbs contain OSA and to a lesser extent they can be found in fruits. Typically the skin and husks contain more OSA. Good sources are oats, wholegrains, beans and basil. Beer often contains OSA but beware as much beer comes in aluminium cans.

Water is an important source of OSA. Some waters are naturally high in OSA: these include Fiji and Volvic water. However bottled water is bulky and environmentally unfriendly. Another solution is to make your own which can be done cheaply (see Dennis Crouse on you tube: Silica Water: How to make it at home).

Saunas, including infrared saunas can help remove aluminium.

## **Other Nutritional Methods**

Ecological practitioners who have investigated patients with MS have often found deficiencies in magnesium and zinc. We need enough zinc, magnesium, copper and manganese to build myelin. One series of 12 patients found deficiencies of Omega 6 fats in 75%. There was also low delta-6-desaturase, meaning it was more difficult to build essential fats. Evening primrose proved useful in Omega 6 deficiency. B complex with biotin was also useful. Milk intolerance was common. Patients often had poor sulphation, meaning detoxification was impaired (see toxicity leaflet for more information).

There is a link to both chemical pollution and electromagnetic pollution in MS. It is commoner in electricians, painters and welders. It makes sense to reduce exposure to both as much as possible.

## **Faecal Microbial Transplants (FMT)**

The importance of our gut bacteria to overall health and our immunity is becoming increasingly recognised. Transplanting gut bacteria is a relatively new field but has become a recognised treatment for severe clostridia infection. It has been successfully used in inflammatory bowel diseases such as Crohn's disease and ulcerative colitis. The method has been pioneered in the UK by Dr Thomas Borody. In a landmark study, Dr Nieuwdorp from the University of Amsterdam was able to reverse the biochemical changes of diabetes in 250 patients by using faecal microbial transplants from donors without diabetes. American neurologist Dr David Perlmutter has described remarkable case histories of successful reversal of MS and autism using FMT in his book *The Brain Maker*.

Now this is an entirely new way to treat chronic illness but one that has already been used in a variety of serious diseases. However it has not worked for all patients and there are ongoing concerns about the safety of transferring bodily fluids. I think it is too early to recommend it in MS but it will be interesting to see how this treatment develops.