

Uncover the "4Ms" for Better Gut Health

Sinclair Kennally, CNHP, CNC
with **Terry Wahls, MD**



Sinclair Kennally, CNHP, CNC

Welcome back. We're continuing our conversation on the Reversing Crohn's and Colitis Summit. Today I am joined by my wonderful colleague, Dr. Terry Wahls. If you're not familiar with her work, please be prepared. You're in for a treat. Not only is Dr. Wahls a pioneer in this space because of her journey with multiple sclerosis, which I will let her share with you but also in the way that she has brought diet and lifestyle choices to the forefront across paradigms of medicine. She's an Institute for Functional Medicine-certified practitioner, and she also conducts clinical research using functional medicine principles in the setting of multiple sclerosis. In 2018, she was awarded the Institute for IFM Linus Pauling Award for her contributions to research, clinical care, and patient advocacy. Dr. Wahls has secondary progressive multiple sclerosis, which has confined her to a wheelchair for four years. She restored her health using a diet and lifestyle program she designed specifically for her brain and now peddles her bike to work each day, which is just phenomenal, isn't it? She's the author of the Wahls Protocol: How I Be Progressive, MS Using Paleo Principles and Functional Medicine. The Wahls Protocol is a radical new way to treat all chronic autoimmune conditions using Paleo principles. The Wahls Protocol: Cooking for Life: The Revolutionary Modern Paleo Plan to Treat All Chronic Autoimmune Conditions She is quite the expert. We're in for a treat today. Thank you so much for joining us, Dr. Terry.

Terry Wahls, MD

Thank you for having me.

Sinclair Kennally, CNHP, CNC

Why don't we start with your story? This provides help in working through a chronic condition.

Terry Wahls, MD

I'm an internal medicine physician. I'm in practice and doing well. 20 years ago, almost 25. I am far from home. My left leg was weak and dragging. I have a home. When I see the neurologist say, Terry, this could be bad or bad. For the next three weeks, I will go through lots of tests. I hear multiple sclerosis. I do my research. I found the best MS center in the country. I see the best

physician. I take the newest drugs. Three years later, I hear tilt, recline, and wheelchair. Because I've been getting relentlessly worse. I do my research. For me, chemotherapy does not help. I take Tysabri; the newest biologic does not help. I'm switching to cell support. Then I ask myself an important question. Am I doing all that I can? That's when I go back to reading The Basic Science, which, by the way, is a real chore because I'm not a PhD. I'm not a neurologist. but I just developed the theory that mitochondrial dysfunction is what drives this ability. I create a supplement cocktail for my mitochondria. The speed of my decline slows. I'm super grateful. I discovered a study using electrical stimulation of muscles in people who are paralyzed and who are never going to walk. I met with my physical therapist. He agrees to give me a test session. It hurts a lot, but when it's over, I feel great. We added the electrical stimulation of muscles to my little, itty-bitty, tiny workouts that I was doing every day. Then I discovered the Institute for Functional Medicine.

They have a course on neuroprotection. talk a lot about mitochondria. I have a longer list of supplements which I'm happy to add. Then I had this big aha. What if I redesigned the paleo diet that I've already been following for five years? Based on this long list of supplements that are important to my mitochondria, That's more research to figure out where they are in the food supply. I have this newly designed and very structured paleo diet. Since December 2007, I've been so weak that I cannot sit up in a regular chair and have been in a zero-gravity chair with my knees higher than my nose. That's how I stiffen the Rosin Clinic. That's how I take my meals at home. I can take just a couple of steps using two walking sticks and begin to have brain fog. I have trigeminal neuralgia. This is a lot worse. It's very clear to me that I'm on track to become bedridden by mental illness, probably demented by mental illness, and probably die with intractable horrific facial pain. That's when I started this new way of eating. in. By the end of January, it's clear that my mental clarity is improving. My energy is improving. My physical therapist says, Terry, you're getting stronger. He advances my exercises. I'm doing ten minutes now twice a day. I tell my family I'd like to try sitting up in a regular chair for supper. First time in two years. That goes pretty well. Then, in another couple of months, I will be walking with two walking sticks at the hospital, stunning my colleagues. Then with one walking stick, and then without any walking sticks. Then in May of that same year, 2008, I told my family I wanted to try riding my bike. It's the first time in six years we have had an emergency family meeting. Jackie tells my son, who's six feet five, Zach, you run along the side on the left. She tells my 13-year-old daughter.

You run alongside on the right, and she'll follow. We get in position. I get on my bike, and I bike around the block. Now that big 16-year-old boy, he's crying; Zebie, my 13-year-old, she's crying. Jackie's crying. If I relive that moment, tears can still come to my eyes. Because when you have a progressive neurologic disorder, one of the things you learn to do is let go of the future. Because the future is so grim, you must agree to let each year unfold. Even though I was remarkably better, I was still just taking each day as it unfolded. I didn't know what it meant, but that day, I knew that the current understanding of secondary progressive multiple sclerosis was incomplete. Who knew how much recovery might be possible? I kept biking a little bit more

every day. Then, in October, Jackie signed me up for the courage ride of 18.5 miles, and I finished it. I crossed that finish line once again, more crying. This fundamentally changes how we think about disease and health. It will change the way I practice medicine, and it will change the focus of the research that I do. I've made it my mission to teach the public that, yes, there's stuff that you can do and teach clinicians, that yes, there are things that we can do to change the healing journey of our patients, and to do the research that will change the standard of care. I am thrilled to be here, chatting with you and your tribe. Yes, despite whatever your physicians tell you, there is so much that you can do that will change your healing trajectory.

Sinclair Kennally, CNHP, CNC

Thank you so much for saying that. Right here at the top, because I view each of these interviews as a love letter to who you and I used to be struggling with our health, searching for answers. The last thing that I want is for people to get that first or second opinion from a doctor who doesn't know any better. It means, well, but don't know that they're limiting your future by making these big, grand statements.

Terry Wahls, MD

It's fine to see the conventional specialist who is going to talk with you about the FDA-approved drugs, which may be very helpful, but they don't have training in lifestyle medicine. They don't have training on the impact of diet, on addressing sleep, addressing toxic exposures, and all these resilience factors that we are, building the research showing what a huge impact they have in the MS neuro-immune space. Clinically, it's certainly true that these same interventions are very powerful in the inflammatory bowel disease space as well.

Sinclair Kennally, CNHP, CNC

I agree. that you wanted to cover with me today in the forums. Microglia, microenvironment, and micronutrients. What are these, and why are they so?

Terry Wahls, MD

The mitochondria are the little power plants of the cell. They're ancient bacteria that were engulfed. About three billion years ago, bigger bacteria allowed us to generate energy more efficiently for the cell. That energy is what the cell uses to drive the chemistry of life. Mitochondria. Then, microglia, all of us, as we age, our brains have a little more inflammation that becomes a problem and a little more degeneration that becomes a problem. Even if you don't have an autoimmune disease, the microglia are going to get stressed and not perform very well as part of aging. If you have an autoimmune disease, whether it's multiple sclerosis or an auto-immune disease involving your gut, you also have a glitch that is not working very well in your brain. Increase the probability of symptoms that you can tell me; are these common in your population? Fatigue, anxiety, or depression? Brain fog. I see you nodding. In my experience, those are very common problems for people with autoimmune diseases involving their gut. That means your microglia are activated but not doing very well. Then we want to calm the microglia. This is about the microenvironment. We have billions of dollars being spent to try and find drugs

that will fix up your microglia. It's going to be a waste. We'll find drugs that work well in mice and work well in rats. But when they try to use those drugs on people, because people will get what they want, we get to have fights with our family members. We get to ruin our sleep. Exercise or not, smoke or not, live in an environment that has too much low-quality air. and so we have all these environmental factors that will prevent the drugs that would have worked well in the mouse. Mouse studies? They won't work very well for human studies. This is where the microenvironment is so important. remind me, I have code three M's. Which one did I miss so far?

For you to repair the myelin and the gut, for that matter, you have to have the building blocks. If we are plants, we can make do with minerals from the soil and oxygen from the air. and we can photosynthesize and make our structures because we're not animals. We have to eat our food. We have to be able to eat our foods, digest them, and then assimilate them into our bloodstream and use those building blocks to make the stuff that we need. then we need the cofactor, the Bowman's, the minerals, to facilitate those chemical reactions. We now know, and we didn't learn any of this stuff in medical school—anything about nutrition, sadly enough. Nor do we learn anything about the microbiome, because we now know that we need the microbiome to help us digest our food, assimilate our food, and make those proper nutrients because the microbiome is talking to our immune cells. also, by the way, talking to my brain, in your brain.

Sinclair Kennally, CNHP, CNC

That's beautiful. Sure. Yes. But how can somebody take this information from someone who's struggling with these chronic conditions and take their life and their future into their own hands once more?

Terry Wahls, MD

One of the things that my veteran patients taught me at the VA is that it takes work to begin to change our habits and our self-care routines. and that does take some effort. Biologically, we like to avoid effort. We tend to be sedentary. We conserved our energy, which served our species very well for millions of years. If I'm going to do the work of creating new habits, I have to have a reason why. You might wonder, What is your reason for doing the work? Why would you put in the effort? So, a question that I like to ask is if your home is beginning to have smoke rolling out of the windows, so you don't have flames shooting out, but we have smoke shooting out. Is there someone or something that you love so much that you would run in to save, even barefoot over broken glass without thinking? Usually, what I hear are my grandchildren, my children, it might be my spouse, it might be a parent, it might be a cat or a dog, it might be their life's work some very precious family artifacts. If there's nothing, then I'm going to suggest to that person that I send you to talk therapy because I want you to find more meaning in your life. But if we can find something or someone that they care deeply about, then my next question is, what if your health could improve a little bit? What would you like to be doing with that person, your dog, or your cat that you can't do now? I don't ask for dramatic improvements. We just need a little improvement. Now I've got a reason to do the work. We have to find a reason to do the work.

Because if we don't have a reason to do the work, we will avoid pain and discomfort, and we will seek pleasure. That's what your brain is wired to do, and that's what your patients will do. That's what everyone who's listening here is going to do. If you have a reason to do the work, you will do extraordinarily difficult things for the people you love. I'll run into a burning building for the people I love; there's no question about that.

Sinclair Kennally, CNHP, CNC

I love that you're sharing this because, what I say when people are still in that, students and clients in our practice, the things when they're still in the bargaining phase, it's like, well, how much of this do I have to do? I say discipline is remembering what you want.

Terry Wahls, MD

I will acknowledge that we have to have self-determination. I invite people, to pick your start date and the size of the intervention that you want to start with because I want you to be successful. If what you need is a small first step, that's fine. For some folks, it's like, your food's too hard, but I could work on exercising. Like, start there. Sometimes it is, food is too hard. Like, could you work on the adds instead of the subtractions? So, like, that's fine. Let's work on the adds. What are the things that you're going to add to your diet? Here are the things that we suggest. You can just begin step by step. I acknowledge that if, for you, a Mediterranean diet is what you can do as a family, great. That is way better than the standard American diet. Do that. That's perfectly fine. Now, if you want the diet that has the best research and the largest effect size, then that's the modified Paleolithic diet. That's about twice as effective as the other diets. But if it's not what you and your family can do, but you could do the Mediterranean diet, do the Mediterranean diet, do what you could be successful with, and then you're doing that, you're feeling better, and you feel like, I would if I could feel even better yet I can come back for like, well, so we could work on the diet a little bit more, or we could add in sleep, we could add in stress management. We could add in toxin remediation. If you let the individual decide which domain, which lifestyle, which area they want to work in, and the size of the intervention, then they'll be successful. If I'm the one who says you got to start with diet and you have to start with this particular diet, now they're going to fire me, or this should, because I've disrespected their autonomy.

Sinclair Kennally, CNHP, CNC

I'm glad you're making this point because we often outsource our responsibility for our health to our practitioners. We think that's the best path forward. But in truth, our practitioners must be our guides, and that's it. We still have to be the ones doing the work. I have.

Terry Wahls, MD

To own your decision. I invite people to think of this as being the principal investigator of the most important experiment that ever existed, which is their life. You have a hypothesis—an idea you're going to test with whatever little next-step intervention you're going to take. It will either be a resounding success or I do feel better or I feel worse, or it had no impact. Then you'll learn, and you'll make your next intervention. If you do that, you will continue to refine your self-care

routine. I predict that over time you'll keep getting a more precisely developed intervention plan for yourself and your family.

Sinclair Kennally, CNHP, CNC

You said something interesting because I can just hear people in the audience going, Dr. Wahls, I've done paleo. I've tried every protocol for my autoimmune gut condition. I've tried every diet and every cleanse. What does modified paleo mean to you, and why has this been so successful?

Terry Wahls, MD

I want to remind everyone that I was diagnosed in 2000. I adopted the paleo diet in 2002, giving up all grains, all legumes, and all dairy. I continue to go downhill and add supplements. Starting in 2004. I have a very robust supplement regimen. In 2007, I was like, what should I be stressing to get my nutrients from food as opposed to supplements? I still take a lot of supplements, and I still do. Then I structured my paleo diet. I also did food sensitivity testing, and I saw that I was sensitive to eggs, so I took out eggs. I added and structured my paleo diet, and so we were stressing vegetables in the green leafy category so kale, spinach, Swiss chard, other greens, green herbs, in the sulfur-rich category, cabbage, onion, mushroom family, and the deeply colored beets, carrots, and berries. and then, I prefer that people eat meat, fish, and poultry. But I recognize some people are spiritually opposed. Uncomfortable. We do have vegetarian and vegan options for those individuals, and that's my level one. When you're ready to go to the next level, I want you to add in liver once a week. Good for you. seaweed, nutritional yeast, algae, and fermented vegetables. If you're going to have nuts and seeds, I'd like you to soak them and sprout them. then we have ketogenic versions, and we have an alert formation diet that takes out legumes, even gluten-free grains, and nitrates. I should make it clear that even at level one, I'm taking out gluten-containing grains, dairy, and eggs.

Sinclair Kennally, CNHP, CNC

One of the things that I see people get tripped up on is that they get very fixated on certain foods, and their diet becomes smaller and smaller. That they're still maintaining, just that their few ingredients are highly inflammatory in some regard.

Terry Wahls, MD

People would say, Let me come back when I was using this in my clinical practice. I was sitting there, and we had no functional medicine testing. We used a lot of the elimination diet and then would reintroduce foods back in to get people to the less restrictive diet. If you've adopted the paleo diet, you're still doing poorly. If you've adopted the elimination diet, you're still doing poorly. Then, what I would do is investigate further. I do food sensitivity testing. I do toxin testing, and I may look for mold. I may look at other viral indicators. I'll look at hormone balance because it's likely multifactorial. Some people have indeed had remarkable transformations after reading my book. It's, and every week we still are getting emails from people from all over the globe who've had their lives transformed by reading my book. But if you adopted the paleo diet, you're

still struggling. You might need to see a functional medicine-trained practitioner who can investigate and personalize the recommendations for you.

Sinclair Kennally, CNHP, CNC

I agree; that's beautifully said. Many gut conditions are multifactorial. That's food in just one piece. Although it is crucial, I also want to get a chance to talk to our colleagues today about this because you've had a range of responses. It's groundbreaking information. I want to give you a chance to meet the best and speak to practitioners who are on the hunt to update their tools for the future.

Terry Wahls, MD

The first one is that patients are looking for people who are trained in lifestyle medicine. They want to have somebody who has expertise in nutrition, sleep, stress management, and exercise. and then, but behavior change is hard. Behaviors don't change just by giving them information. It doesn't happen occasionally; it will. We know from how, when a physician says to start this diet, whether it's a Mediterranean diet or an American heart, a diabetic diet, a low-fat diet, whatever, whatever diet the physician recommends, only 25% of patients will adopt it. That's not very many who will make any attempt. then if you look at how many of those 25% are still doing that diet, two years later, it's less than 10%, that's 2.5%.

Information alone is not enough. and there are a lot of strategies to help with that. We've created the Wahls behavior change model that teaches clinicians how we've been able to achieve a 95% success rate. I've only measured that for a year, so I don't know what I am at—two years, but I'm sure it's much higher than 2.5%. I'm sure it's much higher. It's similar statistics for exercise, less than 25%. Even when their physician says we need to have them participate in an exercise program, less than 25% will implement that. In two years, less than 10% will sustain that. It's 2.5% information, which is not enough. It is certainly very helpful for the trained physician to say, Please do these things. but then we need to support them. Health coaching can be helpful. and then, the Wahls behavior change process of helping people identify in the first step is an inspiration. You have to have an inspiring story. In other cases, you have to have the ability to teach in metaphors so people can understand the possibility of why this intervention might work. We have basketball metaphors, coaching metaphors, teaching metaphors, mechanical metaphors, and farming metaphors. We have a bunch of metaphors that we talk about so people can relate to them, like, I can see how this might work. then we get into the process of how to address facilitators and barriers, all the while recognizing people have to have autonomy. The person has to be willing and able to choose. I'm ready to do this or It's too much work. I can't do this right now because my spouse is going through cancer, and I can't take another thing on, so we acknowledge that it's hard. This might not be the right time, but it may be the right time. We'll go ahead, and we'll work with you or invite you to come back when you're ready.

Sinclair Kennally, CNHP, CNC

I appreciate you saying that. We don't even know this, but I teach metaphor mapping work, and metaphors are fundamentally the easiest way to access the subconscious and open up a psychoactive experience. I just love that you're incorporating that. I didn't know that you did that.

Terry Wahls, MD

It's very helpful. People have to be able to see how this could be working. and we have to speak in ordinary language. It can't be, MD, technical speak. I have to say, not one of the things that Professor Bill taught me in medical school when I was a youngster, many years ago. At the end of every clinical encounter, I would say, Be sure to ask your patients what they learned and what they're going to do. What I learned was that I got to learn. I got to speak plainer because people like that, I have no idea what you just said, like, I got to speak plainer. The other thing that I learned was, no, doc, I'm not doing that. I was like, I'm so glad you told me. Let's let's negotiate what you think would be realistic. Sometimes I'd say, What? We just can't come to anything that's going to work. I'm not the right physician for you. Sometimes I would tell them, like, We have to get you, someone else but by asking people what they learn, what they're going to do, and inviting them, like, it's to tell me you can't do it. Then I began to say, It's to tell me you can't do this. Then people say, You're right. I can't like it, so, can we brainstorm? Is there something you could do? That's when I learned, like, a small next step that they could achieve. Walk out there to spasm. They would achieve that and do quite a bit more. But by the time they came back,

Sinclair Kennally, CNHP, CNC

Small wins build a lot of momentum. I love that.

Terry Wahls, MD

You have to have them identify; can they do the next step, or do you need something smaller? I can do it. No, I did something smaller, like a whole lot smaller. Let's brainstorm for a moment, and then they leave with a next step that they are enthusiastic about. then if you have the resources to have somebody in your team check in with that person, and you could find out, like, would you like us to check in with you in two weeks, four weeks a week? That goes a long way toward reinforcing success.

Sinclair Kennally, CNHP, CNC

We agree. My practitioners know every session has to have equal momentum.

Terry Wahls, MD

I should remind everyone I want to go back to the Wahls Protocol, the Wahls diet. If you have a gut issue, This is about soups and stews and bone broth, and you're not having nine cups of raw vegetables by any means. You're not having any raw stuff. You're probably having meat broths in soups and stews. and eventually, you might be able to have some fruit, and eventually, you might be able to have some raw vegetables, or maybe never, as your gut will tell you, but it's

important. Gluten-free, dairy-free, and probably egg-free will be very helpful. Listen to your protein sources, soups, and stews, and listen to your gut.

Sinclair Kennally, CNHP, CNC

This is a good, practical, and actionable tip for both the patient and the doctor. What else would you say to somebody who's, like, freshly motivated? Dr. Wahls, I'm going to tackle this. I feel like I've tried a lot of things, but I'm going to tackle this. I'm going to make space in my life. Where should they start? According to the Wahls Protocol.

Terry Wahls, MD

The very first thing is to figure out why. That is true. The very first task I want you to do is some deep work on whether my health could improve a little bit. That's what I'd like to be doing. Is there a person that you have in mind? One of the things that, my veterans, taught me, and that is a very useful tool, is to think about the hero's journey, because the hero's facing, and society's facing, a terrible crisis. They're losing the war. The hero is in the fight but separates, goes off to learn something important, and comes back and joins the struggle. Success is never guaranteed. It's going to be hard. You might fail, but you're going to try anyway. When I ask my patients, is there somebody in your life that you would like to be an example of the hero journey for them that they can look at? You realize that you're doing something hard. There's no guarantee that you're going to be able to beat back your MS. You're going to beat back your terrible disease. But you're doing the work, and you're not complaining. You're just doing the work. I am so inspired by the fact that you are in there doing the work on your healing journey. My kids were quite young.

They watched me become profoundly disabled. Watch me work out properly, get working out, and get more and more disabled. then saw me doing the actual stimulation, sweating, and pain and doing all that work. They talked about how inspiring that was and that I was doing the work even when I was getting worse. My patients talk about the power of pain. I have a hero's journey here. I may or may not. I don't know how far I'll get on my recovery, but I'm going to do the work. I'm going to be the inspiration for my children and my grandchildren because I'm doing the work so incredibly powerful. Then think about which of the lifestyle domains you want to tackle first. Start taking at a pace that you can manage. Now, based on what I've seen, people have the highest return. If you're ready to clean up your diet, get rid of sugar, processed foods, and fast foods. Eat meat, fish, cooked vegetables, soups, and stews. No gluten, no dairy, no eggs. and that, in my experience, has the largest effect size. If that's what you're ready to do, you can set a start date, and that's where you start. If that's not what you're ready to do, then have a conversation with your family about the next steps that you could manage.

Sinclair Kennally, CNHP, CNC

Perfect. That's a great start. Everybody can relate to that. I love that you started with the why, and you were so eloquent about that piece. Everybody in the audience who, we'll call them, are summit junkies who have been following you, listening to you, and hearing your story. They feel

like they're in the process with those things that have been named. Are there any advanced tips that you would recommend for them at this time?

Terry Wahls, MD

It's super helpful to add another lifestyle domain. Right now, I'm realizing that my hamstrings are too tight. I've put my strength training on hold and, like, I got to work on all of my stretching and flexibility. What I want you to do is keep reevaluating your life, your strengths, your weaknesses, and where your pains are, and then realize that perhaps I have to adjust my self-care routine and spend more time in this area. If for me right now, like, I'm not spending nearly as much time stretching because I would much rather do my aerobics in strength training. and so, like, I'm going to have to reprioritize, and practically have to reprioritize sleep because I have so many ideas. and I love my ideas. I'm happy to suddenly realize that. It's almost midnight. I should have gone to bed at night. I've had to do things like set alarms on my phone to get myself to pull away from an interesting project. You will find that you will greatly benefit from periodically looking at it. What should I focus on now? Make adjustments to your self-care routine. It will be different for all of you. It might be sleep. It might be stressful. It might be getting more into that parasympathetic state. It might be balanced work. It might be working on strength training because you had too many steroids. We have to worry about your bone mass and your muscle mass. We have to do more strength training. But we look at all these modifiable lifestyle factors: diet, stress, sleep, connection, exercise, and the mental, emotional, and spiritual sides. They're all important. It's not that we can ignore all of them or any of them but how much time you're going to spend in your day focused on which of those domains next?

Sinclair Kennally, CNHP, CNC

Beautifully said. What a wonderful thing! Where can people find your work and follow you?

Terry Wahls, MD

The first thing I want you to do is go follow me on Instagram, Dr. Terry Wahls. You see what I'm cooking, eating, and doing. You get to see me in my garden. and you hear the various things that I'm up to on Facebook, Twitter, Terry Wahls, and my web page, terrywahls.com, go there. Be sure to sign up for my email so you can get the various blogs and all the stuff that's going on there.

Sinclair Kennally, CNHP, CNC

Wonderful. You may not know, that your journey is something that I do. Strength many times along the way for me. Just know that your ripple effect is huge, much larger.

Terry Wahls, MD

I want to tell everyone who's listening here that. When I was going downhill, I'd expected never to recover. I was taught that functions once lost never come back with progressive MS, and so whatever you've been told by your medical team in terms of how much recovery is possible or not, always remember that there are things that you can do. Ask yourself that question: Am I

doing all that I can and, unfortunately, asking myself that? I said I could be doing more. I kept at it.

Sinclair Kennally, CNHP, CNC

Beautiful. I would think about you when I couldn't raise my arms to brush my teeth because that went on for five years. I was like, well, but she's still working on that. We'll figure this out eventually. I still think about that often when I brush my teeth; it's like, I can't believe I get to do this now. What a gift.

Terry Wahls, MD

I did all of that stuff. I was doing a lot, not to get better, and I was doing all that electrostimulation. Not to get better because I knew recovery wasn't possible. My hands were still working. I can still feed myself and brush my teeth. I could wipe my butt. That's valuable stuff. I didn't want to lose that.

Sinclair Kennally, CNHP, CNC

We take that stuff for granted. That's amazing.

Terry Wahls, MD

As soon as you're thinking, I did.

Sinclair Kennally, CNHP, CNC

Excited about the little things.

Terry Wahls, MD

I'm thrilled to be able to take care of that aspect of my hygiene.

Sinclair Kennally, CNHP, CNC

Exactly. Thank you so much for sharing your passion, your joy, and your body of work with us today. We just so appreciate you.