The Answer to Multiple Sclerosis Is Diet
by Ann D. Sawyer

A Patient's Story
After years of having strange symptoms that came and went quite mysteriously, my Multiple Sclerosis (MS) openly announced itself in the fall of 1996. By September 1997, one month after having learned my tormentor's name, I was on full disability, barely functioning, and facing a bleak future. Determined to escape this ravaging disease, I researched everywhere and everything. Luckily, I found the way to recovery through diet. It took several years, but by the fall of 2000, I had joyfully reclaimed full health.

Knowing that others still suffered from MS just because they didn't have information about the recovery diet has prevented me from walking away from this disease. My tie to MS is no longer physical, for I am free of the disease, but I feel compelled to spread the word that MS can be beaten. No one should suffer unnecessarily when there is such a simple, effective treatment so readily available. This is without negative side effects, extra costs, or risks. I have become a student of MS, with the advantage of knowing this disease not just intellectually, but right to the very core of my being. This is my attempt to further the cause of the diet treatment by using science to validate my recovery experience.

Recent research on MS has served to raise more questions about this mysterious disease, rather than supply more answers. Even long-held theories, which had become truisms, have been shown to be inaccurate, which explains why drug therapies based on these concepts have not proven to be effective.¹ For one area, the dietary approach, this new research both supports and explains why so many people have been able to make remarkable recoveries just by changing what they eat. For over 50 years, people who have reclaimed lost abilities have passed on the hard-won wisdom of trial-and-error to others who themselves follow in recovering from MS. This healing message has spread despite having no support from the formal institutions of health care.

Questions
MS has been characterized as an inflammatory disease, in which immune cells activated in the bloodstream pass through the blood-brain barrier and attack the protective myelin sheaths surrounding the nerves of the central nervous system. This disease action leaves the hallmark lesions or sclerosis in the aftermath. Also characterized as an autoimmune event, the nerve conduction is disrupted and damaged, resulting in a wide array of symptoms. Recent discoveries show that this is only part of the disease process and not even the central action that leads to disability.² A second disease pathway, undetected under normal-appearing white and gray matter, which leaves no clues and is ongoing from the outset, is the true cause of disability. This disease process is axonal apoptosis, in which the long fibers of the nerves (the axons) die off (apoptosis) with no known cause.³

The lesions have historically been the focus of study as the basic process of the disease and as the target of medical intervention through drugs. These are not the uniform phenomena they were thought to be but actually are composed of four different types,¹ characterized by the presence of different kinds of cells. Two of the four sclerosis types fit the old theory of an inflammatory event in which the activated immune cells attack the myelin. In the other two lesion types, the oligodendrocytes, the cells that make the myelin, are postulated to be the target of immune cell attack or another case of cell apoptosis. The one universal fact in MS is the breaching of the blood-brain barrier, which renders the central nervous system no longer inviolate.

Multiples
Multiple is the operating word in this disease. In every aspect, there are multiples: multiple causal factors, multiple disease processes and pathways, and multiple symptoms. In each case, the combination and relative loading of each factor appears to be unique. No one factor is necessary and/or sufficient to cause the disease to manifest.
It has been established that a genetic factor, an environmental factor, a geographic factor, a possible vitamin D deficiency, an early infectious event, and a varying period of dormancy that is broken by some event are all causal factors in MS. In the case of the infectious event, over 50 years of research has yet to find a single culprit, leading to the conclusion that probably a multiple of infectious agents are capable of causing the immune system to reprogram to molecular mimicry, where the immune cells mistake myelin for invading cells. With so many factors, none of which qualifies as a smoking gun, finding a single all-encompassing treatment is virtually impossible.

The Diet

The main principles of the diet approach are to stop the immune cells from being activated in the bloodstream and to stop the breaching of the blood-brain barrier. This serves to arrest the disease process that leads to the cascading events inside the central nervous system, resulting in symptoms. Once the disease process is stopped, the body can heal and repair, and full functioning can be restored. This is accomplished by stopping the ingestion of the foods that fuel the disease process, both by activating the immune cells and causing the blood-brain barrier to be breached, allowing these cells inside the central nervous system.

The foods that have been named as culprits are saturated fats, foods that contain lectins (wheat- and gluten-containing grains, dairy, eggs, legumes, and yeast) and sugars. Here again are the multiples: each person afflicted by MS has a unique sensitivity profile. None of these foods have shown themselves to be either necessary and/or sufficient to fuel the disease process in all MS cases.

Dr. Roy Swank worked tirelessly from the early 1950s through the late 1990s to study and treat people with MS following his understanding of the role saturated fat played in the disease process. He found that people with MS do not process saturated fat in the usual manner. Instead, in these individuals, it coagulates and forms microscopic emboli in the microcirculatory system. The pressure of these emboli against the capillary walls causes breaches in the blood-brain barrier, resulting in symptoms. As his understanding of fats increased, he modified his prescription from just limiting saturated fat to less than 15 grams a day by adding the recommendation that four to ten teaspoons of the essential fatty acids, the healthy oils (Omega-3, Omega-6, and Omega-9), be ingested as well. In his published research papers, especially in his 40-year longitudinal study, he reported good results in generally slowing the disease progression. In some cases, especially if the dietary regimen was begun early after diagnosis, the disease was stopped, and symptoms reversed.

As the diet evolved, the observation was made that the foods introduced into the human diet since the beginning of agriculture tended to be the most problematic to people with MS. These agriculturally based foods are the gluten-containing grains like wheat and barley, and dairy, eggs, legumes, and yeast. All contain lectins. This led to the concept that the Paleolithic diet, the foods eaten by man for millennia before about 10,000 to 6,000 years ago, should be followed.

Research on lectins now helps to explain why these foods fuel the MS disease process and symptom formation. Lectins, proteins that are often difficult for humans to digest and also often toxic to some degree, embody a key that fits a certain type of lock that opens cell barriers. Possibly carrying other molecules, lectins unlock the endothelial cells that form the barrier of the digestive system, allowing them and their cargo into the bloodstream, where they activate the immune cells. More than that, they also unlock the blood-brain barrier,

**Brief Guidelines for the MS Recovery Diet**

The main tenet is to stop the disease process by not eating those foods that activate the immune system and that initiate the cascade of events then result in symptoms and, instead, ingesting those foods that assist the body in repair and recovery. The foods that have been found to fuel the disease process include saturated fats (ingest less that 15 grams a day) and sugar (reduce intake of all types). One should also investigate the five usual suspects for food sensitivities. These are dairy, eggs, legumes, gluten-containing grains, and yeast. There are no universals, so each person is advised to be conservative while they discover the foods that are troublesome to them. Also, each person may have sensitivities to foods not mentioned above.

Other substances that harm digestive health and therefore may contribute to the MS disease process are tobacco, caffeine, alcohol, antacids, antibiotics (use carefully, followed by probiotics), and NSAIDS. Digestive health is very important so use of probiotics or cultured foods are advised.

Foods that contribute to healing are lean proteins in the form of fish, poultry, wild game, the essential fatty acids (Omega 3, 6 and 9 oils), vegetables, fruits in moderation – depending on sugar sensitivity – and non-gluten grains. The focus in on eating those foods rich in antioxidants, raw foods for an enzyme boost, healthy oils (four to ten teaspoons a day), and probiotics. Other healthy practices that are recommended include drinking water; getting sunshine or some form of vitamin D, and exercising.

Reclaim your life, your movement, your mind, and your energy.
Diet and MS

Diet and MS

carrying their load and allowing the activated immune cells access to the central nervous system where they wreak their havoc known as MS.

From the accumulated experience of people with MS, it is also known that sugar fuels the disease process. Sugar’s role does not just rely on lectins, it has detrimental power of its own. The explanation and supporting evidence is more inferential from the research on diabetes, Alzheimer’s disease, Parkinson’s disease, and celiac disease. From the accumulated experience of people with MS, it is also known that sugar fuels the disease process. Sugar’s role does not just rely on lectins, it has detrimental power of its own. The explanation and supporting evidence is more inferential from the research on diabetes, Alzheimer’s disease, Parkinson’s disease, and celiac disease. In diabetes, sugar burns through the blood vessels to cause blindness. A new study has found that there is a higher incidence of Alzheimer’s in diabetic patients, postulating that sugar is implicated in the nerve cell destruction and plaque formation in the central nervous system that characterizes Alzheimer’s. Food sensitivities are suspected in brain cell destruction in a study on Parkinson’s. For a person susceptible to MS, sugar would have similar effects as seen in these studies. In a related study of celiac disease, it is suggested that there is often cognitive damage due to a breach in the blood-brain barrier.

Consistent with MS’s modus operandi, each person’s trigger foods are unique and often go beyond the usual saturated fats, lectin-containing foods, and sugars. Leaky gut, where partially digested food particles enter into the bloodstream and are identified by the immune system as antigens, explains these idiopathic sensitivities. The diet method presents general guidelines – the ways to determine and discover each person’s unique food trigger profile. One person may find they need only to restrict saturated fat to recover, one may find only eggs and dairy fuel their symptoms, while another may find that they are sensitive to and need to stop eating a whole panoply of foods.

Balancing the food restrictions, the dietary treatment also recommends the inclusion of foods helpful to healing. These include the Essential Fatty Acids (a.k.a., polyunsaturated fatty acids [PUFA]), and foods rich in antioxidants. Getting sufficient vitamin D, either by sunlight or supplement, is also important. Raw foods to boost enzymes and cultured foods for healthy probiotics are also encouraged.

MS is a disease of constant fluctuations of symptoms and symptom intensity. Once a person begins to attend to these changes, however subtle, patterns emerge. They can then begin to discover cause-and-effect, relating back to diet. As effective as the diet approach has proven to be, it takes dedication, work,

Three Days of Ann’s Personal Diet

A note: I eat a lot, filling my plate at each meal, in addition to having snacks. I am 5’10” and weigh 150 pounds, but I am very active, and with the diet, the meals are nutrient-dense but not calorie-dense. I drink water with every meal.

Day 1
Breakfast: Baked sweet potato; two slices turkey bacon
Snack: Raw vegetable juice (celery, cucumber, and kale with a couple of carrots)
Lunch: Large mixed green salad with kale, parsley, tomatoes, and cucumbers, smoked salmon, and flax seed oil and balsamic vinegar dressing; crispy potato skins with oil
Dinner: Marinated chicken shish kabob; vegetable shish kabob (peppers, onions, yellow squash, zucchini, cherry tomatoes, mushrooms); brown rice
Snack: Coconut water kefir shakes with carob and unsweetened cocoa

Day 2
Breakfast: Gazpacho (blended tomatoes, red onions, cucumbers, red peppers with a bit of jalapeno pepper); small handful of almonds
Snack: Orange
Lunch: Vegetable spaghetti squash as noodles, marinara sauce, and ground elk meat; small mixed green salad with flax seed oil and apple cider vinegar dressing
Snack: Coconut water kefir shake with blueberries
Dinner: Baked turkey breast without the skin; roasted root vegetables (turnips, parsnip, rutabaga, beets); baked winter squash

Day 3
Breakfast: Left over chicken and vegetable shish kabobs over brown rice
Lunch: Large mixed green salad with vegetables, artichoke hearts, and salmon with flax seed oil and balsamic vinegar; rice crackers with a basil pesto dip. (No cheese, just parsley, basil, walnuts or pine nuts, olive oil, bit of lemon juice)
Snack: Raw vegetable juice (carrot, beet, apple, lemon)
Dinner: Grilled salmon with lime and mustard; grilled asparagus; baked potato with flaxseed oil
manifestations would truly challenge science. Theoretical and research investigations are needed, but so are empirical results for the people now suffering with this disease.

The good news is that the diet works to stop, control, and reverse symptoms in MS, resulting in a full restoration of health, no matter how progressed the disease had become. There is no large extra cost, no deleterious side effects, and no risk to health or life. Despite being eschewed and disdained by the health care establishment over the last 50-plus years, the diet approach has continued to be developed and refined. As people recovered and reclaimed their lives, the legacy of spreading the word by any means has been carried on. The information about this effective treatment should be made available to everyone afflicted so that they can make a choice about whether they want to embrace this healing path. No one should suffer unnecessarily from MS.

Ann Sawyer
3900 Atwood Road
Stone Ridge, New York 12484
845-687-7058
info@msrecoverydiet.com
www.msrecoverydiet.com

Notes

The Moss Reports
A new era in cancer information
Ralph W. Moss, Ph.D. writes detailed reports for patients about the most promising treatment options for every type of cancer.

FOR MORE INFORMATION, CALL
800-980-1234
and visit www.cancerdecisions.com

Ann Sawyer has a Bachelor's Degree from the University of Michigan and a Master's Degree in Social Work from the University of Chicago. Married with three children, she pursued a career as a psychotherapist and college instructor until secondary progressive MS forced her on full disability. During her recovery, Ann wrote and published a novel and continues to work on her writing. Now, along with Judith E. Bachrach, Ann has published a book, THE MS RECOVERY DIET (Avery/Penguin Group USA; 2007). (Visit their website at www.msrecoverydiet.com.) Her goal is that no one suffer needlessly from MS, and she is dedicated to spreading the word about this effective diet treatment which uniquely has no risks, side effects, or costs.