

BEATING MULTIPLE SCLEROSIS

Empowering Stories of Self-Healing and Thriving

AGOTA NAWROTH
& PAIGE NEWSOME

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To my loved ones,

This book reveals the transformative path of my MS journey and daily dedication required for a healthy life. I'm taking care of myself, so you don't have to.

To the multiple sclerosis community,

May our stories empower and inspire, fostering understanding, compassion, and progress. Together, let's navigate the challenges of this journey, knowing that we are never alone.

With love and deepest admiration,
Agota Nawroth

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I would like to express my deepest gratitude and appreciation to everyone who has contributed to the creation and completion of this book.

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Lastly, I extend my gratitude to my followers, readers, and supporters. Your enthusiasm, feedback, and reviews inspire me to continue sharing my story and the knowledge I've acquired along the way with the world, raising awareness about diseases that can be prevented.

To all those mentioned above and the countless others who have contributed in various ways, your presence in my life has made this book a reality. Thank you for being a part of this remarkable journey.

With heartfelt appreciation,
Agota Nawroth

AUTHOR'S NOTE

Many individuals are searching for a diagnosis while struggling with various symptoms. For those of us already diagnosed, having answers can be a relief but also adds a lifelong burden. At times, this weight can feel overwhelming. I wish a book like this had been available when I was first diagnosed four years ago. It would have made a world of difference. Back then, I wouldn't have felt so alone and lost. I wouldn't have had to search through numerous books to connect the dots. My goal with this book is to provide you answers and give you practical guidance to regain control and steer your life back on track.

The stories in this book showcase the remarkable potential within us as human beings. We can heal our minds and bodies, making full recoveries from autoimmune diseases when we cultivate the right mindset and well-being practices. I haven't encountered anyone who thrives with a pessimistic outlook. Our minds are incredibly powerful. It's crucial to remember that the path to healing often begins there. While change can be a challenge, it's a necessary step for those seeking a healthier life.

So, who is this book for? It's not exclusively for people with MS. This book is filled with ideas to improve the lives of anyone, diagnosed or not, who is facing symptoms. Each chapter is a glimpse into someone's life, flourishing despite the diagnosis. My hope is that you'll discover a story or two that resonate with you. Please share this book, help us spread the message, and raise awareness about this complex condition. It doesn't have to lead to life in a wheelchair.

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Final Note

“Wellness is the complete integration of body, mind, and spirit – the realization that everything we do, think, feel, and believe has an effect on our state of well-being.”

– *Greg Anderson*

DISCLAIMER

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Story by

KELLY KIDD

Diagnosed in 2015

Currently 44 years old

Lives in Gainesville, Florida, United States

Instagram: @Lazybiohacker

Before multiple sclerosis (MS), I was an active, healthy, fitness-obsessed mom of two kiddos. I was married to my now ex-husband, who was a professional basketball player. We met when I was a junior in college. Within three months, I was living in Europe with him where he played in the Italian and Spanish professional leagues. Within two years, my son was born. By our fourth year together, he retired, and we settled down in Birmingham, Alabama. We married after thirteen years together, and my daughter was born a year later.

My undergraduate degree was in International Business, but my passion was always fitness. I was a soccer player when I was younger and always found confidence in being strong and fit. I started weightlifting in college, got certified as a personal trainer, and ended up working most of my adult professional life in fitness, with brief excursions into private investigation and teaching.

It was during my excursion into teaching that my journey with MS began. I was three weeks away from beginning the school year as a first-year kindergarten teacher. As a mid-career change and not the grade I planned to teach, I was running around like a maniac, trying to get materials ready, writing lesson plans, and trying to get the classroom organized and decorated. This was following two years of working full-time while pursuing my master's in education. I had been running a marathon at a sprint pace for years. I also wasn't sleeping very much, often less than a couple hours a night...sometimes not sleeping at all. I was exhausted, mentally and physically.

Looking back, there was one moment that defined how I felt at that time. I remember lying on my office floor at home, surrounded by laminated materials for the classroom I was cutting out, and thinking to myself that I was so exhausted that my brain actually hurt. Not like a headache, but more like a weird, deep aching I had never felt before. I told myself I needed to stop and just go take a nap. Then I thought, I probably won't be able to fall asleep anyway. What's the worst that could happen if I just kept working? That thought, "What's the worst that can happen", has haunted me ever since that day.

I started noticing a gradual haziness in my left eye, similar to when you get lotion or soap in your eye. Everything was becoming progressively blurry. I made an appointment to see an optometrist, thinking it was just a vision issue or a mild infection. After an exam, he suggested a stronger prescription, saying it was just age-related vision deterioration. He ordered new glasses that would take a few weeks to arrive.

A few more days passed, and the haziness was getting worse. During this time, I developed an aching feeling when I looked up or to the side. I realized it was more than a vision issue. Worried, I made an appointment with my uncle, who happened to be a prestigious ophthalmologist, for a second opinion. After examining my eye, he didn't see anything suspicious but referred me to a neurologist colleague for further evaluation. This was about three o'clock on a Friday afternoon. By four that same day, I was in a magnetic resonance imaging (MRI) tube, getting a brain scan.

The MRI determined that my symptoms were caused by optic neuritis (ON). Optic neuritis occurs when swelling (inflammation) damages the optic nerve—a bundle of nerve fibers that transmit visual information from your eye to your brain. Common symptoms of optic neuritis include pain with eye movement and temporary vision loss in one eye. Findings also included three brain lesions, which were later explained to be evidence of previous demyelinating activity. The neurologist explained

the results of the scan that evening. “Kelly, this combination of findings leads me to believe you may have multiple sclerosis (MS).” He recommended a high dose of Solu-Medrol (a glucocorticoid) to shorten the duration of the optic neuritis. He also referred me to a neurologist who specializes in multiple sclerosis, Dr. Emily Riser, for further testing.

I began treatment that night. Over the course of a week, my vision slowly improved. Unfortunately, the doctor neglected to order a proper tapering protocol for the steroids, and I had a terrible reaction that was much worse than the optic neuritis. One day after I finished the steroids, I had to call the nurse to request a tapering dose just to get off the couch.

When I met with Dr. Riser a week later, she took a thorough medical history and ordered a variety of tests, including extensive blood work and a spinal tap to rule out other potential causes, like lupus and Lyme disease. The history uncovered a variety of symptoms I was experiencing periodically but never considered serious. Those included tingling in the legs, sensations of hot water spilling on my thighs, chronic insomnia, chronic hives, sun sensitivity, and numbness. Watching her nod as I described the weird symptoms made me even more nervous than the waiting room filled with disabled people when I arrived for the appointment. Once the history was taken and all the exclusionary tests were complete, the diagnosis was confirmed as multiple sclerosis.

When explaining the results, Dr. Riser said we could consider it as clinically isolated syndrome (CIS) and delay treatment. The statistics were scary though, with more than 70% of CISs progressing to full-blown MS within five years. She said that with the combination of optic neuritis and multiple brain lesions, I met the criteria for diagnosis. She recommended starting treatment, which included medication for the rest of my life. She explained that her diagnosis was Relapsing-Remitting Multiple Sclerosis (RRMS), meaning that I might have future relapses, but I would likely resume normal function after the relapse resolved. She also explained that most people with RRMS go on to develop Primary-Progressive Multiple Sclerosis (PPMS) when the loss of function occurring as a “relapse” is permanent.

After explaining the statistics, Dr. Riser asked me if I needed more time to consider my options. In shock and deathly afraid of becoming handicapped, I asked her, “What do the other 30% of people do that keeps them from developing full-blown MS?”

She replied, “The research is mixed. We’re not really sure...” I cut her off mid-sentence with tears in my eyes, grabbed her hands, and asked

her, “Off the record, please. I have two young kids, I’m thirty-six years old—please tell me. Your waiting room is full of people every day. You know what people who do well with this diagnosis are doing differently. Please tell me what to do.”

After a few moments, she replied, “Listen, if you were my daughter, I would start medication now. Copaxone is a safe drug, and it has very few side effects. Some people experience no side effects. It’s not worth the risk to wait. You’re young and healthy. Start treatment, and then reduce stress drastically, workout, get good sleep, eat healthy, don’t join a support group (they’re full of depressed people), and go on with your life. Take vitamin D every day until we get your levels up. Don’t think about MS all the time.” I thanked her, took out a pen, and wrote down exactly what she said.

She referred me to a sleep specialist to treat the insomnia, which was pervasive by that point. She also set me up for a nurse to come to my house to teach me how to give myself injections three times a week.

Shock and fear were understatement when remembering how I felt leaving her office that day. It all seemed unreal. I worked out three-to-four times a week religiously, ate a low-fat diet, and took pride in being healthy. I was a personal trainer in a past life, and even owned a gym, at one point. I didn’t look like any of the people I saw in that waiting room. It felt like I was in a twilight zone.

I had to go home and explain to my husband that I had been diagnosed with MS, and I would have to be on medication the rest of my life. I told him that eventually, I might end up disabled if I didn’t follow their advice. He was in more shock than I was. His first reaction was maybe it was a mistake. In tears, I assured him it wasn’t a mistake, and I would understand if he left me because I ended-up disabled.

I told my parents, siblings, and a few friends. They were all devastated and shocked. They also questioned the diagnosis, but since my uncle was so well connected with the doctors he referred me to, we trusted their findings.

I told the new school I had just started teaching at that I may have to miss some days early in the year to travel to see the sleep specialist, and for other appointments. They were shocked and a little concerned about it being my first year and having health challenges, but they were 100% supportive.

I told my kids, who were thirteen and eight at the time, that I had an illness, but they had a great medicine for it. Even though I'd have to give myself shots a few times a week, I would be fine. Inside, nothing felt further from the truth.

A nurse, sent by the Copaxone drug company, came to my house and taught me how to give myself injections. Since the first injection, I've given myself three a week for almost eight years. I started out using the auto-inject device they give you. Once I got the hang of it, I transitioned to manual injections. The auto-inject device was more painful and left bruises sometimes.

I used to rotate through the eight sites they recommended to inject into (both thighs, both backs of arms, stomach, and hip flanks). Once I started to see skin denting (tissue breakdown) in my thighs, I stopped injecting there. The same thing eventually happened where I was injecting it in my stomach, so I stopped using that location, as well. The backs of my arms were hard to reach, and I hit a nerve once (very painful), so I stopped using that location, too. Now, I just inject it in my hip flanks. Think of the skin that spills over your jeans in the back if they're too tight, which is the only area I really have any fat. I've always been pretty lean, so finding a good fat pocket has been difficult anywhere else on my body.

Copaxone is a brand name for glatiramer acetate. I now take the generic form. The medication is about five thousand a month, billed to the insurance company. My copay would be around three hundred dollars a month, but both Copaxone and the generic product have medication assistance programs that you can enroll in for a zero copay. There are no financial requirements to qualify. It's just a five-minute phone call. With the medication assistance program, the medicine doesn't cost me anything. I figured this was a way for the drug companies to charge the insurance companies for people like me who probably wouldn't continue treatment otherwise. Either way, I'm grateful for not having to make that decision.

During the first three years, I did MRIs twice a year, as recommended. Then, I went once a year after all the previous scans had shown no evidence of progression. I haven't done an MRI in two years because of the cost and how much I hate doing them. The last one cost me over fifteen hundred dollars, and that's with good insurance. A brain MRI is different than when you get an MRI for something like your knee. Your head is strapped down, there's like forty-five minutes of super loud banging (magnets), and it's a tiny, closed tube. I didn't think I was claustrophobic until I had to slide into that tube. It's a mental challenge

every time. I even took medicine for anxiety once out of fear that I was going to have a panic attack if I didn't.

Given the cost, anxiety, and lack of physical progression, my current neurologist and I have agreed that we will do another MRI at the ten-year mark, in 2025, before considering stopping the medication. Apparently, the immune system involvement in MS becomes less prevalent as we age, also reducing its involvement in relapses.

According to the *Cleveland Clinic*, the benefits of disease modifying therapies (DMTs) appear to diminish as inflammation naturally wanes. In the normal, healthy population, the immune system becomes less functional around age sixty. Observation of MS patients indicates that relapses also tend to diminish after that age, and that subsequent disease progression may not be immune-mediated, as it tends not to be associated with MRI-detectable inflammatory activity. While this current study suggests that therapy directed at the immune system may no longer benefit older patients, prior studies involving patients of all ages indicate that outcomes of DMT discontinuation based on disease stability alone tend to be less successful. Source: <https://consultqd.clevelandclinic.org/disease-modifying-therapy-for-ms-discontinuing-after-age-60-appears-safe/>

At the ten-year mark without progression or relapse, there is an argument that I may be categorized as having benign MS. According to my doctor, only 5-10% of people with MS ever achieve this designation. Upon more recent investigation, I've learned that the research is still evolving on this exact percentage. Some stats are as high as 64%, but most medical and peer-reviewed sources are much closer to what my neurologist told me (5-15% range). The main reason for the confusion is there's not a standard definition for benign MS.

As a single mom, I've chosen to use medication as an insurance of sorts. The ten-year mark also coincides with my daughter's high school graduation. I credit my health and lack of progression to my lifestyle, but I don't want to be so arrogant that I stop medication and end up being wrong. I consider it my responsibility to launch my kids into the world as adults capable of taking care of themselves. Until I feel like I've achieved that, I can't, in good conscience, discontinue medication. Especially since it costs me nothing and I have zero side effects other than the skin issues at the injection sites, which are largely resolved now that I'm injecting into the fat pockets on my flanks.

The first year following my diagnosis was a blur. I was a first-year kindergarten teacher and had two very busy kids who were both involved in athletics. They both struggled in school with learning challenges. It was actually my son's struggle with dyslexia that inspired me to leave fitness to get my master's degree in education. Although I was married, most of the activities, including school support, fell on me. I was working full time, cooking breakfast every morning, dinner every night, and cleaning a massive house by myself. Basically, I was trying to prove to everyone that despite the MS diagnosis, nothing would change for them.

I traveled to see the sleep specialist my neurologist recommended. He reviewed my MRI, confirming that one of the lesions in my brain was in the sleep center. He gave me extremely specific instructions that I followed to the letter. Although he wasn't a fan of medication as a therapy for insomnia, he prescribed me Remeron, which is characterized as an antidepressant but also improves insomnia. It helped me sleep but caused continuous food obsessions. I was literally thinking about food every second of every day and swiftly gained ten pounds.

After implementing the other sleep hygiene advice, I tapered off the medication and, thankfully, lost the extra weight. Aside from the obvious sleep hygiene advice he gave me, the most useful advice was, "You're resting even if you are laying in the bed and not sleeping. Don't worry if you don't sleep. Just rest. The anxiety of worrying about not sleeping makes it infinitely worse."

The sleep hygiene tips are corrective in nature. I don't have to maintain all of these unless I experience a few nights of poor sleep. Then, I revert right back to this list for a few weeks to get things back on track.

- No television or electronics within an hour of bedtime.
- Don't watch television in the bedroom, or engage in any other activities there, other than sex and sleep (especially not arguing or stressful discussions).
- No caffeine after my morning coffee.
- No eating late.
- Keep the bedroom cold and completely dark.
- Get up and leave the bed if I can't sleep after thirty minutes or an hour to teach the brain the bed is for sleep.
- Same bedtime and wake up time every day, even weekends (don't sleep in).
- Exercise every day but avoid evening exercise.

- My own addition: make sure I've eaten enough during the day. I tend to forget to eat sometimes, which can adversely affect my sleep.

By year two, I was sleeping better. I usually slept about seven hours a night, with only one or two sleepless nights a month. That said, I was still exhausted most days from juggling motherhood, an unhappy marriage, and teaching.

After my first year teaching kindergarten, I moved to another school to teach fourth grade. I was starting over again, and to my surprise, in a much worse situation. It was a struggling school with a lot of dysfunctions. There were a lot of kids below grade level in reading and math. There wasn't a real curriculum for math or reading, which was not a coincidence. By midyear, I was exhausted trying to develop the materials the kids desperately needed. That was in addition to teaching the kids the social skills they were missing, coming from dysfunction at home also. It was a real wake-up call into how bad public education can be in some schools.

One day during my break period, I was so tired I actually fell asleep on the break room floor. It was then that I knew something had to change. The way I felt reminded me of the day I laid on the office floor at home with that awful headache, several years prior. I knew that if something didn't change, I would trigger another episode like the optic neuritis. I went back to the list Dr. Riser gave me. I was doing everything on the list, even sleeping better. The only area I was failing in was reducing stress. I decided at that moment I would aggressively tackle stress. I resigned from teaching mid-year, which was one of the hardest decisions of my life. I was very attached to those kids, many of which had very few heroes in life. The way I convinced myself to do it was by realizing that if I continued with that level of stress and had a relapse, I would let my own children down. I accepted a remote fitness sales job, and I scheduled an appointment with my general practitioner for a check-up.

When I met with my general practitioner, she asked me how I was feeling lately. I said fine, but my stress level was higher than I wanted. She asked me how I was coping with the stress, and I said, "Okay, I think."

Her next question was, "How would your husband and family say you're doing?" I teared up. Somehow, I couldn't advocate for my own mental health. But when she asked the question that way, it made me think about how it was impacting people I love.

Through her skillful interview questions, she was able to identify that my stress was manifesting as anxiety. She insisted that anxiety is treatable with medication and prescribed me Zoloft. She also encouraged me to start making the hard decisions necessary to reduce stress.

The Zoloft took the edge off and allowed me to evaluate things more clearly. I hired a housekeeper and scaled back my hectic life. Cutting back and taking better care of myself caused friction in my marriage. When my husband and I met, I was twenty years old, but he was much older, being twenty-nine. I spent most of our early relationship trying to do and be everything—the ultimate homemaker and a full-time career woman. It's not his fault he got used to having the best of both worlds, but it was slowly killing my spirit, wearing me down. From the outside, I looked fine, and my husband couldn't relate to why I needed to scale back. He liked the division of labor with him just worrying about his work, maintaining the yard, and tending to his extended family while I handled everything else.

As I tried to establish a new balance that honored me as a whole person and not just a wife and mother, the friction increased. It became obvious to me that I would have to choose myself and my kids or him. It was becoming impossible to keep everyone happy. I wouldn't say that the MS diagnosis caused our divorce, but it did help me regain a sense of self, which brought a lot to the surface.

Within two years, I moved with my kids from Alabama to Florida. The trigger for the move was a scholarship offer for my son to play basketball at a prep school. Again, doing something I knew was better for my kids was the way I set myself in motion.

My kids and I moved from a huge home in Alabama into a tiny, two-bedroom apartment in Florida. When we moved, my husband cut us off financially. He didn't want us to leave but refused to tell my son he couldn't take the offer. In the end, I had to make the final decision. Without any financial support, we barely had enough money for groceries most weeks. My daughter and I shared a bed for a year. I had to travel for work frequently. When my mother came into town to stay with the kids for me, there would be nights before I left, and when I returned, when my mother, my daughter, and I all slept in the same bed.

The only furniture we had was donated by family or from a thrift store, but we were happier than we'd ever been. We had a peaceful, happy home. Over the course of the next two years, we upgraded apartments, bought furniture, and eventually bought a home as our financial situation

improved. One step at a time, I worked to restore our lifestyle as much as I could, while keeping peace as the ultimate priority.

A big part of restoring our lifestyle was taking a much better job with a company I love and still work with today. It took me about two years to disclose to anyone at work that I have MS. One day at a huge event we hosted, where we had dozens of customers attending, I spontaneously told my story on stage.

It happened when I was explaining why our company mission meant so much to me personally. I explained that bringing in strength training and making it accessible to as many people as possible fulfilled a deep desire I have to make people healthier. I explained how the gym, lifting weights, and making my health the ultimate priority had kept me healthy despite the devastating multiple sclerosis diagnosis.

As soon as the words came out of my mouth, a hush went over the room. Anyone who was texting or halfway paying attention looked up. All the sudden, I had a completely captive audience.

After the revelation, I felt like a weight had been lifted. By that point, I had already proven my worth to the company, clearly showing that my diagnosis didn't prevent me from doing everything that was required for the job. It was so much more powerful that way, and a lot less scary.

Their support was overwhelming. Since then, I don't announce it everywhere I go, but I'm not scared to tell people. The one area where I'm still a little reluctant is dating. I've found that guys will act like it's no big deal when you tell them. But after they've googled it, they're a little more reluctant. To be honest, it sucks since I'm super healthy and symptom-free, but there's really nothing I can do to change it. I've had to realize that whatever guy is truly okay with it deserves the amazing life we'll have together. The other guys just aren't for me.

Soon after the move to Florida, I began eating more of a keto diet. I started it to lose a little weight. I knew several people who had used the diet to lose a lot of weight, and from what I read, it seemed really safe. I was still fit and worked out regularly, but I just didn't feel as toned as I used to feel. It's hot in Florida, and I wanted to be comfortable wearing shorts. Not long, weird mom shorts—cute, little shorts. Once I started eating keto, I easily lost about ten pounds in two months. Beyond the weight loss, I was surprised how much my energy improved on the diet.

After about a year on keto, I started intermittent fasting, and eventually ended up mostly carnivore. Currently, my diet is about 80% red meat, 10% carbs (mostly low sugar fruit), and 10% healthy fats, including full-fat, organic dairy. I avoid alcohol almost entirely due to the toxin load it creates.

My kids have gradually moved towards my style of eating on their own. My son, who is a division one basketball player, eats steak almost every day. The only carbs he eats are usually rice, sweet potatoes, or fruit. He's become a great cook! When he can eat at home, his diet is super clean. When they provide food for him, he does the best he can.

My daughter is a talented high school volleyball player, who has suffered from irritable bowel syndrome (IBS) and anxiety. I recently brought her to my physician, who put her on a gluten-free diet. Now, she eats very much like I do. Her symptoms of IBS are almost completely gone, and her anxiety is improving. As a teenage girl, she cheats periodically, but overall, her diet has improved dramatically.

I never forced my kids to eat like me. For a long time, I would cook a protein, vegetable, and carb for them, and I would just skip the carb for myself. Over time, they started loading up on protein also and gradually eating less bread, pasta, and refined carbs. Neither one of them eats sugar or sweets regularly.

I used to say that 80% of the time, I ate very clean, and 20% of the time, I ate whatever was available. Over time, it's really become more like 90/10. If I'm at a special place with a signature meal, like the Italian restaurant I visited in Little Italy in San Diego a month ago, I might eat pasta. In those situations, I enjoy it and get back on track with the very next meal. I'm not legalistic or annoying about it. I just try to eat the way that makes me feel the best most of the time.

I started feeling so amazing that, with the help of my amazing doctor, Stefania Bray, MD, who is board-certified in family medicine and integrative holistic medicine, I was able to taper off the Zoloft. Before beginning the tapering protocol, she recommended a blood test to check for a MTHFR gene mutation. She explained that many people with anxiety have this mutation. Sure enough, the test determined that I am homozygous for the mutation, making the effects very pronounced. According to the *National Library of Medicine*, the MTHFR mutation makes it more difficult to purge toxins from the body, making people who carry this mutation more prone to anxiety. It also has an impact on stroke risk, blood clots, cardiovascular risk, and fertility. Source: <https://medlineplus.gov/lab-tests/mthfr-mutation-test/>

By reducing toxins (like alcohol), taking supplements, and doing things like visiting the sauna, I was able to reduce my anxiety naturally and taper off the Zoloft completely. It was difficult and took about six months to completely be free of withdrawal symptoms, but it was 100% worth it.

I also removed as many other toxins as I could tolerate from my beauty routine and home environment. All of my personal care items are unscented; I use aluminum-free deodorant and filter all of our drinking water. Additionally, I use Free and Clear laundry detergent and white vinegar as fabric softener. I only use pure soy or beeswax candles in my home, with either essential oils as fragrances, or no scent at all. I never use commercial fragrances. Essentially, I'm very careful about what is in the air and what I put on my skin. With this gene mutation, I can't clear out these chemicals very easily, so I try to avoid them.

Since then, we've done several more tests (some covered by insurance while others are not) to identify underlying risk factors. This approach has allowed me to continuously optimize my health and reduce my dependence on prescription medications. Currently, I take a variety of supplements, all the result of actual blood work and genetic testing. While I'm not disciplined about taking all of these daily, I take them most days. This list will evolve with further blood work and is updated periodically in the "Lifestyle Guide" I share with my followers on Instagram.

The supplements listed below with an asterisk are the priority ones I try to take, even if I don't get to them all. One of the most important ones listed is vitamin D and K2, which is implicated in all MS patients. I take everything daily unless otherwise specified.

- Omega 3 - Nordic Naturals
- Zinc - Jarrow
- *Vitamin D and K2 - MicroIngredients (brand I found)
- Vitamin C - 500mg - Solgar
- *Magnesium Glycinate
- *ONE Multivitamin - Pure Encapsulations
- Curcumin - Pure Encapsulations
- Taurine - Jarrow
- Melatonin - Life Extension, gradual release, as needed at bedtime
- Methyl CPG ortho molecular – three times a week

I used to have chronic hives that would last for weeks, sometimes a month or more. When I changed to the carnivore diet, the hives went away. If I ever have a recurrence, I take the supplement Quecetin, made

by Jarrow, and nettle tea. My doctor recommended flaxseed oil and eating one Brazil nut per day for selenium, but I chose not to include them in my regime because they make my skin break out. I also take creatine monohydrate for a variety of benefits, including muscle building and cognitive benefits. I take 5mg a day after workouts in my protein shake. The brand I like is from Bulk Supplements, and it's in a powder form. I never "loaded" creatine and don't believe that loading is necessary. It's one of the safest and most studied supplements on the planet.

One very important point to consider is the quality of any supplement. I only use specific brands, recommended by my general practitioner. Also, combinations of supplements need to be balanced appropriately. For example, vitamin D doesn't function well without K2 and magnesium. There are many other examples of cofactors and imbalances that can occur by improperly prescribing yourself supplements. Having a general practitioner, who is also board certified in integrative holistic medicine, has been invaluable in getting the correct combination and quality of supplements.

There are five basic principles that guide my eating strategy. I eat very little carbs, avoid packaged and prepared foods, prioritize protein, leverage supplements, and use occasional fasting. I usually have my first meal around 12pm-2pm. I don't snack much because I'm not hungry all day, and I want my body to experience low or stable insulin levels for as much of the day as possible.

The books that have guided me the most in developing my current eating philosophy are listed below. In my view, these should be required reading if you have any chronic health concerns. Or even better—before you develop a problem. Most of these are available in paperback and on Audible. These books changed my life and taught me the "why" behind the "how" to live this lifestyle. Without this knowledge, I think most of the lifestyle changes I adopted would have faded over time as I started to feel better. For me, it's always been important to understand why I'm doing something.

Notice anything about the authors? These aren't fly-by-night quacks—they're MDs, with the exception of Jessie Inchauspe, who is also brilliant. If I had to choose one book to read first, it would be *Lies my Doctor Told Me*.

- *Lies My Doctor Told Me* by Dr. Ken Berry
- *Obesity Code* by Dr. Jason Fung

- *Why We Get Sick* by Dr. Benjamin Bikman
- *Carnivore Code* by Dr. Paul Salidino
- *Undoctored* by Dr. William Davis
- *The Salt Fix* by Dr. James DiNicolantonio
- *Glucose Revolution* by Jessie Inchauspe

I consider myself a keto/carnivore because most of my calories come from animal protein and fats. I keep carbs very low (20-50g/day) to stay in ketosis most of the time. This means I don't eat pasta, bread, rice, grains, oats, white potatoes, sugar, or vegetables high in carbs. Many of these contain inflammatory oils and added chemicals, food additives, etc. I eat mostly food without labels, which are natural, whole foods. I cook at home as often as I can. When I eat out, I'm careful about what I order.

I am especially careful to avoid monosodium glutamate (MSG), maltodextrin, and fake sweeteners, like sucralose and aspartame. I cook at home much more than I eat out to control ingredients. The week before my diagnosis, I went to a family reunion where I binged on Diet Coke all weekend. I still think that may have had something to do with the optic neuritis onset. It didn't explain the brain lesions, or I might have blamed that toxic sludge for the entire multiple sclerosis diagnosis. I focus on protein at each meal. I shoot for 1 gram per pound of ideal body weight. I'm around 140 pounds, so I aim for a minimum of 100 grams per day, ideally 140 grams. I only count animal proteins because of the bioavailability of the protein and the complete amino acid profile. Plant proteins are never my preference.

When I first started tracking protein, I used an app called *Protein Pal* and a cheap food scale to learn how much protein was in my food. After tracking for a few weeks, I was able to gauge how much protein I was eating. I prioritize ruminant animals for their unique ability to digest plants and extract their nutrients without being affected by their antinutrients. Ruminant animals include cows, sheep, goats, and deer. I don't eat deer or much goat, but they are both solid proteins.

1. **Beef** - (all cuts) Preferred cuts: ribeye, grass-fed ground beef, all other fatty cuts. Okay cuts: NY strip and other lean cuts.
2. **Eggs** - Pasture-raised when possible.
3. **Lamb** - I usually buy ground lamb.
4. **Chicken** - (dark meat w/skin when possible) Preferred cuts: thighs, wings. Okay cuts: breast and tenderloins.
5. **Pork** - Preferred cuts: bacon, ribs, and other fatty cuts. Okay cuts: loin.

- 6. All other seafood** - (shrimp, all small fish). Avoid fish high in mercury, like shark, ray, swordfish, barramundi, gemfish, orange roughy, ling, and southern bluefin tuna.

I drink a protein shake most days to add protein to my diet in a convenient, easy to consume way. On workout days I have it after workouts. On rest days I have it whenever the mood hits. Marigold is my favorite brand, and I like unflavored and chocolate malt.

Other forms of nutrient rich protein I want to add more often include oysters (one-to-two times a month) and beef or chicken liver (one-to-two small servings a week). When money is tight, I focus on ground beef, chicken thighs, and eggs. I purchase most proteins at Sam's Wholesale in bulk and keep the freezer stocked. Hamburgers are a great way to consume beef. I get an eight pack at Sam's and cook four at a time in the oven in a casserole dish, which is less messy.

Currently, I alternate strength training and yoga if I'm not traveling. I usually take one day off a week. I have been strength training for over twenty years, have a background in personal training, and work in fitness technology. I say that to point out that I love fitness and feel very comfortable in the gym environment. I love working out, but also must be time efficient with my hectic schedule. On the weekends, I tend to train a little harder and take my time.

The following is an example of my typical workout routine:

Full body strength training: 2-4 days/week, 40-60 mins. Using a weight that's hard to do more than ten repetitions. 2-4 sets, depending on time. If time is limited, I do the exercises marked with an asterisk only.

- Legs - leg extension, leg curl, single leg leg press, Bulgarian split squats, kickbacks, glute kickbacks
- Chest - push ups, chest press
- Back - lat pulldown, seated row, pull ups
- Shoulders - overhead shoulder press, front & lateral raises
- Biceps - dumbbell bicep curls, cable bicep curls
- Triceps - overhead tricep extensions, tricep push ups or bench dips, dips
- Abs & Stretching

Find my routines and workout videos on YouTube:

<https://www.youtube.com/@lazybiohacker4075/videos>

I do yoga two-to-three days per week. Yoga lengthens muscles, improves spine and joint mobility, mindfulness, and is a great tool for stress reduction. I prefer to do it at home, using the *Down Dog* app. I used to teach yoga, and I'm particular about the flow and pace. I also don't like a lot of the "fluff" comments from instructors like, "This is your time, focus on connecting with the earth, find your peace"—yada yada. I like more of a minimalist approach. The app and home practice gives me that control. I miss the community aspects of yoga. That might be the one thing that could tempt me back into a class environment.

In the app, you can customize your class. I choose the filters that select "Hatha style" and "flexibility focus". Those filters don't include a lot of balance or strength postures, which is ideal for me since I work my muscles in the weight room. When I travel and can't strength train, I sometimes take off the "flexibility" filter and do a full class, which includes strength postures. I go to the sauna a few times a week and do cold plunges occasionally at my local gym. I've also plunged in some beautiful lakes and rivers when I've traveled North during colder months. Those outdoor experiences were nothing short of magical. I've released a lot of emotional baggage in lakes and rivers.

Cold plunges have been particularly helpful with anxiety during sad times or times of stress. The best way I can describe the effects of cold plunging is that the cold water immediately disrupts negative or sad thoughts. There's also an intense feeling of euphoria afterwards that lasts a few days. Everyone's experience is different, but for me, it's like a natural high. I've used it as an anxiety tool and a mental reset. Cold plunging can also help stimulate brown fat, which improves metabolism.

I started with three minutes and gradually built up to a max of fifteen minutes for most sessions. More is not better with plunging because most benefits happen at three minutes, and all benefits max out between eleven-to-twenty minutes, depending on the temperature of the water. I never cold plunge alone, which can be dangerous, especially in really cold water. There was one time in a lake in Virginia where I almost couldn't get out of the water. The water was very cold (probably below the ideal fifty degrees), and I was in the water for twenty minutes, which was probably about five minutes too long. When I tried to push myself up onto the dock, my arms just gave out. Sometimes muscles don't cooperate when they get really cold. Thankfully, I was able to get back onto the dock, but it took a few attempts. I almost pulled the woman watching me into the water when she offered her hand. Now, I always keep safety in mind.

It's worth noting that both cold plunging and sauna would be contraindicated, according to most MS advice. Extreme temperatures can supposedly trigger relapses for some people. I took the opposite approach, deciding that if extreme temperatures were problematic, then I should build a tolerance and stamina in those environments. I had no intention of hiding from cold or hot weather the rest of my life. The benefits to both therapies were immediate and never triggered any symptoms.

I use box breathing as a tool to control the “fight or flight” response. It's a breathing technique Navy Seals use to calm down during missions. It's easy to find free videos online demonstrating the technique, but it's basically a four second inhale through the nose, four second breath hold, four second breath out through the mouth, then hold breath there for four seconds. I actually use seven seconds for each step now, but I've built up to that point.

I also meditate during times of extreme stress, and I prioritize sleep. Meditation is something I'm still learning. I used to teach guided meditation when I was a yoga instructor many years ago. The easiest way to learn is to sit or lay on your back, place your left hand over your heart, and your right hand on your stomach. Breathe deep into your belly and exhale completely. Focus on that process, the rise and fall of your stomach with the breath. Allow the mind to rest. Don't fight intrusive thoughts, just let them pass through, letting the mind rest again. Start slow with a few minutes, gradually building up as your stamina increases. The cue I used to use for students was to imagine you're hitting pause on a movie or show. That's the effect you're looking for in your meditation at first—just a pause. Over time, you can explore free guided meditations online that focus on visualization and manifestation. I find that starting with those methods is difficult for most people, and they never really learn how to quiet or pause the mind, which I consider a fundamental skill.

Using the methods I described, I firmly believe that without MS medication, I would be healthy and relapse-free. That said, as a single mom, I have a profound responsibility to my children. If I come off the medication and I'm wrong, they will pay the price. I've been healthy and relapse-free for eight years. Each of my follow-up MRIs showed no progression. All of the routine manual evaluations they do every visit show zero progression and sometimes even improvement (gait test, balance, reflexes, etc.).

I'm concerned about disrupting that positive momentum. Similar to how Remeron helped me learn to sleep again and Zoloft took the edge off of the anxiety so I had the strength to make the changes, everything has its place. I have zero side effects from the MS medication and zero cost. The risk of being wrong could be steep. That said, I expect to come off the medication in 2025, after a clean MRI.

Much of my journey since 2020 is documented on my Instagram page @Lazybiohacker. I created the page to support other people trying to restore their health and connect with likeminded people. I also created a lifestyle guide that outlines all my current lifestyle choices. You can request it through email or Instagram. I'm a continuous learner, and as such, my diet and lifestyle continue to evolve as I learn. Topics covered include exercise routine, diet, grocery lists, influencers I follow, and books I love. I try to update it every few months with new information.

When I reflect back on my journey with multiple sclerosis, it makes me emotional. Mostly, I'm proud of myself for not leaning into hopelessness. My life could have been so small. There were so many times when I felt defeated, and it would have been easier to lean into depression and self-pity. But each time I felt close to that point, I used what little strength I had to take the next step and then the next step. Each step strengthened me mentally and physically. I now live a life more amazing than I would have ever thought possible. I'm grateful for where I find myself in life and for the journey that brought me here.

FINAL NOTE

"Before you heal someone, ask him if he is willing to give up the things that made him sick." -Hippocrates

As we reach the end of this book, I hope these stories have not only inspired you but also encouraged you to take a moment to reflect on your own life. The purpose of this book has been to shine a light on aspects that deserve recognition and change. It's not just about MS or autoimmune diseases; it's a call to awareness, an invitation to slow down and reevaluate our lives.

Our ancestors had wisdom we can learn from, and with today's technology and knowledge, we can create a healthier, more harmonious world, instead of heading down a destructive path. It's as simple as pausing to take a deep breath, enjoying the smell of flowers, and appreciating the beauty that surrounds us.

We hope you've found this book to be a valuable guide. In closing, remember that while healing isn't guaranteed, it's always within reach. The life you choose to lead is firmly in your hands. Join us on **www.BeatingMultipleSclerosis.com** to explore all the limitless possibilities together.