

What is the Walsh Protocol?

Susan DeLaney, ND



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Rebekah Kelley: Welcome to the Humanized podcast, all about personalizing your health. I'm your host, Rebekah Kelley, and today our topic will be What is the Walsh Protocol?, with Dr. Susan DeLaney. Before I introduce Dr. DeLaney, I want to remind everyone to subscribe and get all the other variety of casts in audio, video and transcription at HumanizedHealth.com. I'd also like to thank our lead sponsor, Village Green Apothecary, at MyVillageGreen.com.

A little bit about Dr. Susan DeLaney. She's practiced naturopathic medicine in North Carolina for over three decades. Over the years, she has observed that the health of many people, including children, has greatly declined while the number of prescriptions has dramatically increased. By using the natural approach to healing, she is able to help people become less dependent on prescription drugs and improve their health and their vitality. In her practice, as well as in her lectures, Dr. DeLaney inspires people using up-to-date nutrition science to take personal responsibility for their own health journey. Dr. DeLaney is passionate about educating individuals and their healthcare providers about the benefits of advancing nutrient therapy for balancing biochemistry, as well as the nutritional value of eating real food and healthy fats. Dr. DeLaney's latest project, Your Health is No Big Thing, It's a Million Little Things – great title by the way – provides links to 13 educational videos to help people learn more about healthy fats, the importance of fat-soluble vitamins, as well as simple changes individuals can make to improve their health.

Dr. DeLaney, thank you so much for being with us today.

Susan DeLaney: Thank you. Thank you so much for having me. I'm happy that this video series, Your Health is No Big Thing, is being promoted as well. It's really important, and hopefully we'll talk about that again in another podcast.

Rebekah Kelley: That would be wonderful. So let's jump right in. What is the Walsh Protocol?

Susan DeLaney: The Walsh protocol is a protocol developed by Dr. William Walsh, who is a biochemist, by the way. And he's worked with various doctors along the way, Dr. Abram Hoffer, who was working in schizophrenia, and Dr. Carl Pfeiffer at the Pfeiffer Center and at Princeton University. So Dr. Walsh and Dr. Pfeiffer got together actually, because Dr. Walsh was treating or seeing, working with criminals at the Chicago Institute Penitentiary. And he was working at the Argon Science Institute at the time. And so he began to see parents have three children, two perfectly normal children and one just deviant behavior. And the mother would say to him, this child has been like that since birth, killing animals, cats, and he started thinking about it and really began to try to figure out what was going on because it wasn't environmental. Really great families. And so he started doing blood and urine samples of these people and began to notice the differences in their biochemistry. And so he took these prisoners to the Pfeiffer Center and Dr. Pfeiffer and he collaborated together for many years, until he died.

What is the Walsh Protocol?

But the interesting thing about Dr. Walsh is he has a database of 30,000 people, not just criminals, but autistic children. He has the largest database on autistic children in the world. And so, he is a genius and it has a wealth of information that we all should be tapping into. And he's been doing this for over 40 years. Quite an amazing brain, as well as a really big heart.

So what the Walsh protocol is, that looking at the underlying biochemistry that helps create the mental-emotional disorders that we now call depression, anxiety, ADHD, OCD, schizophrenia, bipolar, and he has been delving into the biochemistry of this for 40 some years. And so he's developed this protocol and is currently teaching it to medical doctors, naturopaths and other practitioners who work with doctors to help people try and figure out what is the underlying biochemistry of what is going on. And it's remarkable. It helps so many people.

So, every individual is biochemically different. Just like you have a different fingerprint. I mean, you do get genetic traits that come through in biochemistry. And Dr. Walsh says, if you have a family history of depression, that's a good sign because all of you probably have a similar imbalance and he is excited when he sees that. But the biochemistry of each person is uniquely different, and some of it is genetic. But that's what he's looking at, is that biochemical individuality.

Rebekah Kelley: So when you say Walsh Protocol, is that just the testing or is there literally a protocol that he takes people through that he's teaching to the...

Susan DeLaney: Yes. So, he does specific lab testing. Let me talk about that at first. And, he wants to make sure that some of your imbalances are not related to deficiencies in vitamin D, your thyroid, iron deficiency, are anemic... So he does a CBC and complete metabolic panel, looks at your liver and kidneys, cholesterol and things of that nature, homocysteine. And then, like I said, vitamin D and TSH, thyroid stimulating hormone. But then he does specific tests for zinc, copper, ceruloplasmin, which is the protein binds copper, and then something called histamine. And then he does a urine test called the urine pyrrole. But all of these things are looked at, and how they interrelate with one another. So for example, if you have a high pyrrole in your urine, which are normal, it's a breakdown product of hemoglobin, but if they're high, they suck out zinc and B6. And so in particular, in children who are angry, oppositional defiant, they can have high pyrroles and be deficient in zinc and B6, because those two things are being pulled out. And those are both very important nutrients for your mental health.

But other than lab testing – your labs are 50% of the protocol, but first you have to do a complete medical history and a review of systems. And then you do the lab testing, and then you're diagnosed, due to the lab testing, these clinical imbalances that may be causing the anxiety, depression, oppositional behavior. So you diagnose those chemical imbalances, and then you create a design protocol of nutrients to help rebalance that.

What is the Walsh Protocol?

And then there's the aftercare, that you do follow-up with these people, as well – set it in motion, contact them every couple of months and to see how things are going. And then we retest after that to make sure that zinc is coming up or the copper is going down.

Rebekah Kelley: What a beautiful way to look at challenges that we might face in our community, our family, right? To be like, okay, let's get down to kind of the essence of what's happening here. And could it be nutritional and biological.

Susan DeLaney: Exactly.

Rebekah Kelley: And then solve from that aspect, versus solving from the aspect of the person is wrong or bad, right? And when you're angry, you know, you need additional help. So what a beautiful way to look at it.

So, if you take this protocol, do all these things, how does it actually work? What does that look like? Can you kind of take me through, for instance, if someone reached out and needed, like maybe they were dealing with an angry child. I know you said you start with the history, but how does the process work and then how do you notice changes? Is it just the testing or is there also maybe an intake that relates to behavior change?

Susan DeLaney: Right. So like I said, the medical history in the review of symptoms is half of it. And so sometimes you can see the actual imbalance that person has by the history. And you talk to the mother about the pregnancy, the childhood, how did they do in school, are they motivated? Things of that nature. And so often, even in the interview, because you know the Walsh Protocol well enough, you can almost predict what their imbalances will be. And so, I think you asked the question about what happens afterwards. There should be improvements. And in about 4 weeks, I'm talking to that mother or to the patient again, making sure we're headed in the right direction. And if they're taking SSRIs or antidepressants or any benzodiazepines, they can get actually a little bit sleepier because they need a lower dose. And so you need to work with their practitioner to make sure they can begin to wean themselves off. But Dr. Walsh says don't come off these for 2 or 3 months, until the nutrients kick in.

So sometimes there's just an outright deficiency of zinc and B6, which are really building blocks for serotonin, dopamine and GABA. So what you're doing is replacing those deficiencies. So now you have those building blocks to make those neurotransmitters. That's what that's about.

And then also there's oxidative stress. We now know that oxidative stress causes a lot of difficulty in the brain. So he provides you with supplements like vitamin C and vitamin E and A and D, which help reduce that oxidative stress. And then also there's some epigenetic changes that are part of this protocol. And these nutrients actually affect some of these epigenetic things that you were born with, basically. And so we can use nutrients to change that.

What is the Walsh Protocol?

Rebekah Kelley: So beautiful. Can you maybe give us an example? Do you have readily in mind an example of some shifts that you've seen maybe in some of your, your patients?

Susan DeLaney: Right. So, the epigenetic. You are methylated, which we'll talk about in a minute, at birth. Okay? And so if you're overmethylated, you need more nutrients like folate or niacinamide. Whereas if you're undermethylated, then you need SAM-e. And these nutrients don't work just to supply a deficiency in folate, which some people have, but they actually change the epigenetic expression of the transporters in your neurons that help the transmission of serotonin, dopamine, and things like that.

So for instance, some people have too many neurotransmitters, and some people have too few. So if you have too many, SAM-e helps reduce the number of transporters, or they're like vacuum cleaners, actually, that re-uptake. So like SSRIs are re-uptake inhibitors. And so SAM-e and SSRIs have a similar effect, but a different action. So they take longer to work and the SAM-e reduces the number of vacuum cleaners that you have, consequently, you have more serotonin available to you. And folate does exactly the opposite. It increases your vacuum cleaners. So it takes out some of the dopamine or serotonin that you have if you're overmethylated.

So those nutrients work in an epigenetic way, not just changing oxidative stress or the synthesis of serotonin. It's kind of a wonderful multi complex way of doing things. It's amazing, actually.

Rebekah Kelley: That is amazing. Thank you so much, Dr. DeLaney, those are really valuable insights. Dr. DeLaney can be found at www.TheWellnessAlliance.com. I'm going to spell that. It's T H E W E L L N E S S A L L I A N C E . c o m . And let me remind you to subscribe and get access to all Humanized videos, podcasts and transcriptions from all of our thought leaders on personalized health at HumanizedHealth.com. Thanks so much for being with us, Dr. DeLaney.