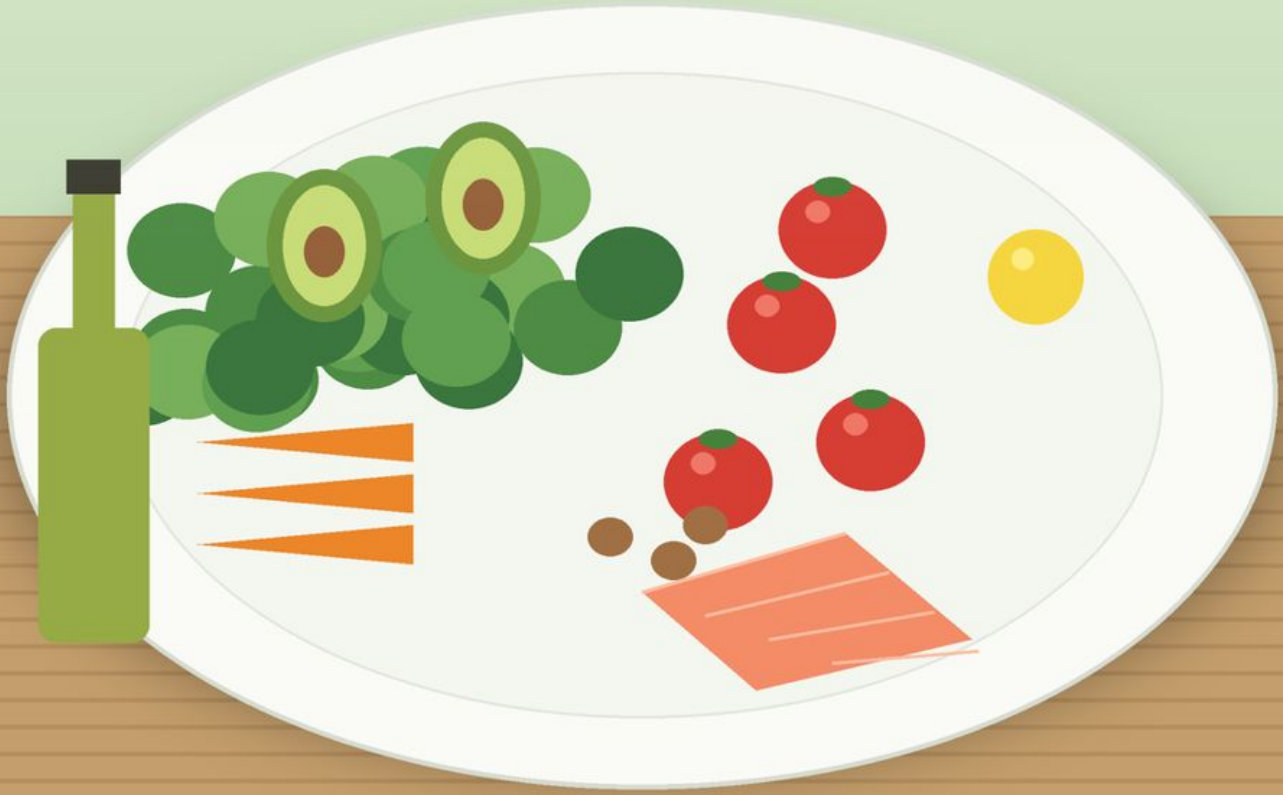
MS INFO CHANNEL

Handbook with 30 recipes

Eating Well with MS

Worldwide evidence, supplements, symptom kitchen and weekly plans



PDF BOOKLET · A4

36 PAGES

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0 Foreword and how to read this

What this handbook does, what it does not, and how to get the most out of it.

For many people with multiple sclerosis, food is more than fuel: it is a lever you hold yourself. At the same time the topic is full of promises. Online you meet miracle diets, bans, healing stories and expensive pills. This handbook sorts the field soberly: what have large studies actually shown, where is the evidence thin, and what works in daily life with fatigue, heat sensitivity, swallowing or digestive problems?

We reviewed studies and guidelines from Germany, the United Kingdom, the USA, Australia and other countries and summarised the most important results with sources. In addition you get 30 everyday recipes, two weekly plans, a shopping list and printable templates.

Important first

This handbook provides general information. It contains no diagnosis and no treatment recommendation and is not a medical device. It does not replace your neurologist, GP, dietitian or nutrition counsellor. Never stop prescribed medication on your own. Talk to your care team before taking supplements, fasting or following very strict diets, especially with underweight, diabetes, pregnancy, kidney disease or swallowing disorders.

How to use the handbook

- **Chapters 1 to 3** give you an overview of the evidence and the known dietary approaches.
- **Chapters 4 and 5** explain nutrients and dietary supplements, including vitamin D, with the evidence and a traffic-light rating.
- **Chapter 6** is the symptom kitchen: what helps with fatigue, constipation, bladder problems, heat or swallowing difficulties?
- **Chapter 7** covers practice: shopping, pantry, kitchen and meal prep with little effort.
- **Chapters 8 to 10** contain the recipes, weekly plans and templates as well as a myth check, questions for your appointment and sources.

Evidence traffic light

In the tables, each statement shows how well it is supported: **green** = good evidence or broad expert consensus, **yellow** = first indications, but uncertain, **red** = not supported or possibly harmful. The rating is the editorial team's based on the sources named and may change with new studies. As of: November 2026.

1 What the research knows

A sober look at the most important studies, from the Cochrane analysis to the ECTRIMS 2025 conference data.

The honest starting point

For no single diet has it been proven that it stops or cures MS. This is what German experts such as the MS outpatient clinic at the Charité say, as does the MS Society UK. A Cochrane review found only a few methodologically weak studies as early as 2012; things have improved since, but the studies remain small, short and mostly unblinded, because food is hard to hide.

At the same time, nutrition affects everything that plays a part in MS: heart and vessels (about half of people with MS have at least one vascular comorbidity), body weight, gut, mood, energy, bones. In a large international online survey (HOLISM), a healthier overall diet was linked to better quality of life and less depression, although this proves nothing about the course of MS.

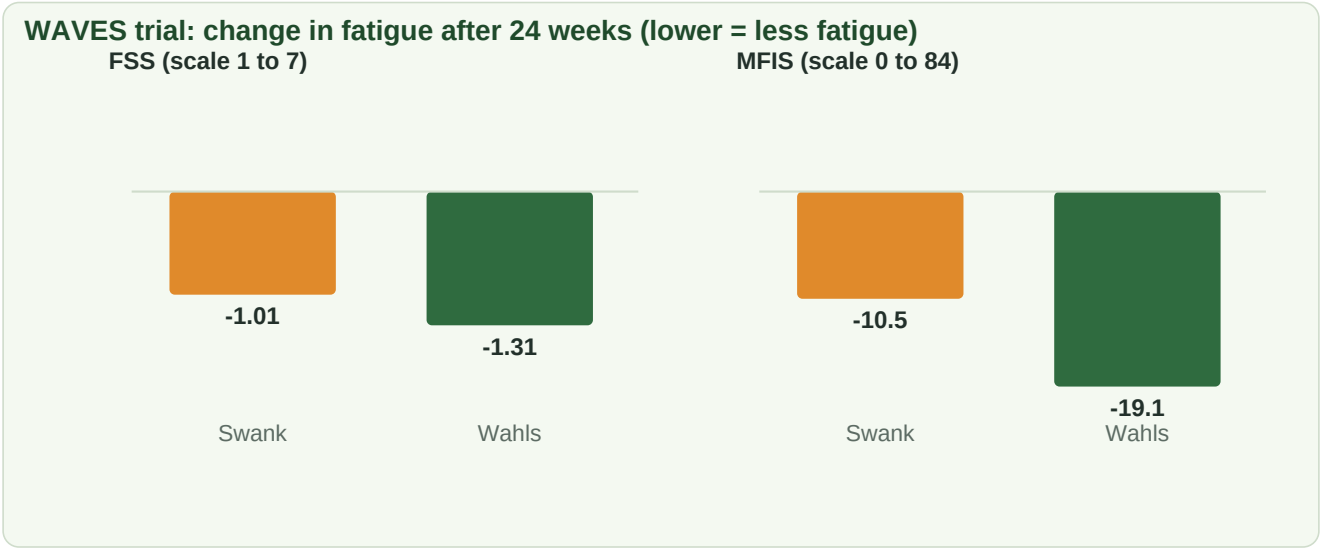
How well is it supported? (this handbook's assessment) *1 = hardly, 5 = very well*



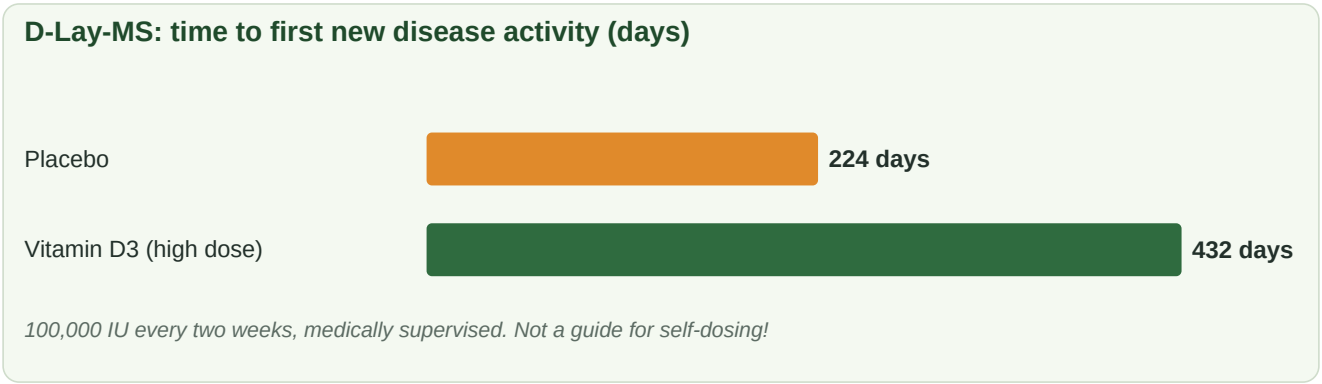
Strength of evidence per topic. Filled dots = better evidence; the rating is this editorial team's.

The key studies at a glance

Study / approach	Strength	What it shows
WAVES (Iowa, USA, 2021)	🟡 **first indications**	87 people with relapsing MS, 24 weeks: both the low-fat Swank diet and the paleo-based Wahls diet lowered fatigue scores in a clinically meaningful way. No control group eating as usual.
NAMS (Charité Berlin, 2025)	🟡 **first indications**	105 people, 18 months: neither fasting nor ketogenic diet reduced new MRI lesions compared with a healthy standard diet. Hints of better cognition (keto) and less depression (fasting) are exploratory.
D-Lay-MS (France, vitamin D)	🟢 **good indications**	303 people after a first MS event: high-dose vitamin D3 delayed new disease activity (432 vs. 224 days) and cut the overall risk by 34%. The effect came mainly from MRI activity, not fewer relapses.
BENEFIT: salt (Fitzgerald 2017)	🟡 **no association found**	465 people after a first event, 5 years: no link between sodium intake and disease activity. Earlier observations (Argentina) saw more activity with high salt. The overall picture is contradictory.
BENEFIT: ultra-processed food (ECTRIMS 2025)	🟡 **first indications**	451 people after a first event, up to 5 years: the top quarter of a UPF signature had about 30% more relapses. Association, conference data, full publication pending.
Omega-3 / omega-6 (Cochrane)	🔴 **no benefit shown**	6 trials, 794 people, mostly poor quality. For omega-3 in relapsing MS no significant benefit (RR 0.82, confidence interval 0.65 to 1.03).



Both diets lowered fatigue scores markedly. There was no control group eating as usual, so it is unclear how much is due to the diet and how much to support and expectation. Wahls et al., Mult Scler J Exp Transl Clin 2021 (n=87, RRMS).



After a first MS-typical event, high-dose vitamin D3 delayed new disease activity (mainly on MRI). D-Lay-MS (n=303), reports from ECTRIMS 2024 and 2025.