Introduction and Book Re-release

tell us about the rerelease of toxic. Yeah, I'm excited about that. It's What You're Holding Up is my second edition of talk to the First editions. Green.

Yeah, yeah, first one's green, this one's blue. But, I didn't get any note about my paper. She does all that, but I like it, right? I do like it. I rarely get a vote as to the title of the books that I write or what the cover is. Look like.

Publishers do that. But, when toxic was first written, my publisher, who I adore, his idea was that it should really grab people's attention. So it was toxic in black and red, and and that was what the cover looked like.

And I said, you know, this is a book of hope. Hello. Welcome back to the Integrative Health Podcast with Doctor Jen. Today we are going to go into detail about chronic disease and illness and some root causes of it.

We're going to be talking today to Doctor Neil Nathan MD. He has been practicing medicine for over 50 years and has been board certified in family medicine and pain management, and is a founding diplomat of the American Board of Integrated Holistic Medicine and a founder diplomat of AC India.

From Conventional Medicine to Root-Cause Care

He has written several books, including Healing as Possible and New Hope for Chronic Fatigue, fibromyalgia, Persistent Pain and Other Chronic Illnesses, and on Hope and Healing for those who have fallen through the Medical cracks.

He has hosted an internationally syndicated radio program and podcast on Voice America called The Cutting Edge of Health and Wellness Today. He has been working to bring awareness that mold toxicity is a major contributing factor to patients with chronic illnesses, and lectures internationally on this subject, which led to the production of his book Mold and Mycotoxins Current Evaluation and Treatment in 2016.

Recently updated in 2022, and then to his bestselling book Toxic Heal Your Body from mold Toxicity, Lyme disease, Multiple chemical sensitivities, and Chronic environmental Illness, and the second edition of this book, which is fabulous, just released this August.

So he has a website, Doctor Neil Nathan, MD. Com where he mentors patients and also physicians. And it is so great to have him to talk about chronic illnesses today.

He is a wealth of knowledge. Welcome, Doctor Nathan. Oh thank you. Yes. Of course. So you you trained in conventional medicine as an MD, but now you've became known for helping these sensitive, complex patients.

So what case or season early changed your trajectory, like working towards this integrative root cause care? When I went to medical school, I really wanted to be a healer, and I was a little bit disappointed that, I realized I wasn't going to learn to be a healer in medical school.

I was going to learn to be a medical technician, which is a perfectly good career. But it really wasn't what I wanted to do. And so once I finished my medical training, I studied with virtually every form of healing that I could get my hands on.

And, some of them were directions that I didn't think I wanted to go. And some of them were really profound. So you might say I acquired an unusually broad, toolbox of skills and knowledge that, I applied to helping really complicated patients.

Why Doctors Miss Chronic Illness Drivers

My interest, even from my early days, was helping those patients that my colleagues didn't know how to do it. I mean, I'm a little bit odd in that, I love problem solving.

You know, I'm one of these people who wakes up in the morning and does all of it, and all of the New York Times types puzzles, because I love solving puzzles. So.

If you. Well, I kind of became a medical detective, and that's kind of how I got into what I do. Yeah. And it's really hard when you go into medicine for that reason to to help people and you feel like when you get out after your training, you're just following protocols and no one's even getting better.

And yeah, that's that's what I became disillusioned in the emergency room. And that's why I told my husband I'm like, oh, yeah, I need to go back and do a fellowship in integrative medicine because this isn't what I thought it was going to be.

I mean, have you seen, though, around your colleagues, like, obviously like, you're probably like a black sheep like me. And have you felt like doctors are just not curious anymore?

Like, it's just it's frustrating to me. I'm not sure that I would use the word any more. I think the history of science and the history of medicine has always been that new ideas aren't really taken seriously until they've been bandied around for a very long time, roughly, historically, 20 to 25 years.

Now, if a new medication comes along, or if a new medical technology comes along that can be adopted very quickly because there's a tremendous economic pressure to do so.

But for ideas, I just find that most physicians are a little bit stuck in, well, this is what I learned. And if I didn't learn this in medical school, this idea can't be relevant because if it was, they would have taught it to me in medical school.

Now, that's a ridiculous concept, by the way. Which is let me get this straight. I graduated from medical school well over 50 years ago. If there's nothing in the last 50 years that I've discovered that I was should have been taught in medical school that I should be doing now.

I mean, if you just think about it for a second, that's just silly. But that is the attitude that many physicians have, which is if you're not teaching it to me in my review courses or, and, and no one's teaching it because the people teaching it aren't up to speed.

They're all rehashing what they've been doing for the last 20 years. So it's there's this lag time in new information that just doesn't get into the consciousness of the medical field.

Yeah, absolutely. And I feel a big there's such a big gap with these these patients like the chronic fatigue and chronic fibromyalgia or people, just that they're not getting better and they're still miserable.

How Dr. Nathan Evaluates Complex Patients

But those patients, they have helped me become a better doctor because they come to me for help, because they know their body can heal and get back into homeostasis.

So, you know, when these patients come to you and they have all these multi-system symptoms like how do you approach them? Like you talk a lot about three big drivers, you know, mold toxicity, Lyme and co-infections and nasal activation.

So how do you how do you tease that out with a new patient coming to you with how like overwhelming them. Well we start like you would in any good medical evaluation by really listening by taking a good long medical history.

You know, when I was in medical school, I was taught, 90% of the diagnosis you make will be by what the patient gives you in history. And then a little bit comes from lab work or X-rays or other evaluation techniques.

And that's always been true. And it's still true. And part of the problem is that in the way medical care is structured right now, many doctors don't have the time that they need to do that correctly or properly.

So, I mean, my new patient visits have been like two hours and that takes me that to really listen. And most patients are thrilled to actually be listened to.

They've had, ten, 20 doctors, many of them specialists, talk to them in their office with their back to them typing into a computer. And they've had ten minutes to do that with.

And you can't practice medicine that way. So if someone is even slightly complicated, the way medicine is currently structured, it's not designed to really listen, to take care.

So to answer your question a little bit differently, this is a lot about pattern recognition, which is when I hear certain symptoms and certain ways described in certain ways, there's almost always an Oh that's mold toxicity.

Oh that's Lyme disease or oh that's something else. But it almost always reveals itself as we're talking just by my just listening. And again it studies have shown that, doctors interrupt patients when they start talking.

Within 13 seconds of the start of the discussion, and that's not listening. So we're an integrative medicine. If there's one thing we do differently, it's we a lot more time and allow the patient to give their story and express themselves and give us the information we need to help them figure out what's going on.

Yeah, I definitely agree with that. And the Lord gave us, you know, two ears and one mouth that should say something. But it's so funny because working in the E. R.

for all those, you know for decades and I was on like the press gave me the patient satisfaction team. I led that up. I try to get into leadership for a little bit in medicine.

And I that did not go well because I was very patient, care oriented. Instead of money driven. So they did not they did not. I did not keep those positions long.

But the one thing I would coach the doctors on, unlike just sit there and listen like even to your ears, unless they're like bleeding out or having an MRI, I'm like, just sit there for 60s like count.

Just sit there and let them talk for that whole time. And and they can't because these are like, you know, a lot of us in medicine, we're Type-A personalities.

We're like, we just like, want the information or we want to get it done. And you really just have to sit back and be like, the patient will tell you what's going on.

And yes, we're going to ask the smart questions like, do you have has your basement ever flooded, you know, was there a dorm room that smelled musty or something like that?

But for the most part, just sitting there and listening your your patients are very smart, you know, and doctors don't want to hear that.

Mast Cell Activation and Common Triggers

They want to be the smartest person in the room. Well, you know what? Most of the time you're not. Especially your patient knows so much about their own body.

And to add to that, a little bit, there's an unwritten contract in the emergency room that you're only going to deal

with. That person is talking about it that second.

And, both physicians and patients know that although it's not written anywhere, that's what you're dealing with. I think a lot of our work in my early days and, I would hear what people were saying and go, oh, we need to talk about this, and we need to deal with this.

We need to deal with that. And this is also going to be important. And I realize that that fell on deaf ears. That wasn't what there were there for. Just fix what I came for.

That's the contract. And so there's an inherent difficulty in expanding what you can do for that person, like that symptom that they're coming with. Yes, I can give them a medication that will make it feel better, but I may not get to the heart of what's causing it.

And they're not in for that reason. They're not totally bought into that because they're not coming to me for that. So it's a very strange, interaction by design, even.

Yeah. It and that's the truth. And you also the fill feel out the patients sometimes in the E. R. when I was still working shifts in Ohio, I would sit with the patient and talk to them about their diet, talk to them about sleep.

So it would just depend on where they were at. You know, if everything came back normal, where they open to listening to really root cause. So that was that.

That was always special. I could use my other board certification while I was in the E. R. now, I think that like a new not a this is not a new term, but more and more people are talking about mast cell activation MCUs and and what that is.

Can you explain that a little bit to the listeners out there that maybe wouldn't have heard about this? And it's becoming more and more common and more commonly diagnosed?

And sure, it's a fairly new concept. It's not a new illness, it's just a new concept. I think it was put on the map, by Larry Ephram with his book in 2016, never bet against Com and in his book he laid out a profound and deep understanding of this illness that I, I really wasn't aware of until I read his book.

And then it was an moment of, oh my goodness, this is way more common than any of us have recognized. We used to think that mast cell activation was rare.

A few genetically affected people had it, but current research shows that 17% of the population has it. So this is not rare. It's not uncommon. And mast cells are a type of immune cell that's present in every tissue of the body because it's an immune cell, it's most commonly or profoundly found in the tissues in which our bodies interact with the outside world, meaning sinuses got vaginal areas where our bodies aren't in direct contact with the outside world.

That's where they're mostly and when mast cells get activated, you can translate the word activated into overexcited, overreactive, hyper responsive. These cells will, pour out over a thousand different biochemical mediators that will affect the body profoundly and every system of the body.

So for example, the classical form of it would be immediately after eating. Even while you're eating, you might break out into hives or start itching or have, abdominal cramping and diarrhea or brain fog or a sweating or heart palpitations.

Wide variety of symptoms, if they come on immediately, that's not allergy. That's what most people would immediately go to. But it's mast cell activation.

That's your tip off. But it can also come in other forms, in other ways. But that's the most obvious example of what mast cell activation but do. And in my world it isn't a standalone diagnosis, although it's being viewed that way by

many and many people.

It's the consequence of usually mold toxicity or Lyme disease. And there are other, viral infections or other infections or other conditions that can do it.

Limbic and Vagal Dysfunction in Sensitivity

But by far the most common trigger is mold toxicity and Lyme disease with its co-infections. And so even if that's happening, there are mast cell clinics.

Now in almost every major medical center in the country. Unfortunately, most of them are viewing mast cell activation as a standalone diagnosis, and they're not looking for the cause.

And so yes, we know how to treat it so we can get you to feel better. But in a sense, it's a little bit like a Band-Aid, which is, you know, you're going to have this for the rest of your earthly life if you don't cure it.

And it's curable if you look for the cause. Yeah. Well, I mean, isn't that the most frustrating thing with conventional medicine, as is? So much of it is just a Band-Aid.

And the the I think the most frustrating thing since practicing integrative medicine for a decade, like someone will be like, oh, it's just mast cell activations.

Cause I'm getting treated for it. My symptoms are good, and I'm like, no, like that's just another conventional way to have your chronic medication. Like, you can still heal from this.

So it's it's just it's so frustrating. Right? Like you're like, no, you actually have to get to the root cause. So what is your, like staged approach to this with like, you know, obviously while addressing the root cause and digging into that, how do you manage these, these patients from your functional approach?

Well, first of all, I take a step back from that because mast cell activation doesn't just exist by itself. It's profoundly connected to to other, imbalances in the body, which is limbic dysfunction and vehicle nerve dysfunction.

And those three together are completely intertwined and interwoven so that some people do all the right things from their cell activation and they don't work.

Because if you're not also working on limbic and vagal issues, then it's a package deal. And if you don't work on the whole package, and if we take a step back from that, all of those again, are triggered by mold toxicity and Lyme disease commonly and some other conditions.

So my approach is well back to it listening. So I can try to discern from what my patient was talking about, which pieces of the puzzle apply to them so that we can start looking immediately at the root cause.

And so we yes, we start treating, mast cell activation and limbic dysfunction and, vagal issues, from the get go that's critical. If you don't, you may not make any progress because those are impediments to healing.

But once those are in place, as soon as they're in place, then we start dealing at what's really triggering it in the first place. And that's how you approach healing.

From my perspective. Yeah, absolutely. So when you first see a patient, listen to them, you know, use your gestalt and your knowledge and your toolbox is one of the things.

First things you go after limbic and vagal rehab then yes, that again, my patient population might be a little different from most even in the integrative, field, because I was doing this for a very long time.

And people who my colleagues who are stuck with folks refer those folks to me. So I have an unusually sensitive,

toxic, ill group of folks that I've been working with for a very long time.

And in those, absolutely. Our starting point is limbic and vagal rebooting, following by looking for or treating mast cell activation if it's there, and then once again getting after the root cause in whatever they're presenting to me.

So, if someone, is aware that they're living in a moldy environment and they smell mold, or they see it and they realize maybe a year down the road after moving into a moldy home, I've been sick for a year. Oops.

You really think it's this mold? Absolutely. So once they, we can then start talking about, what they've been exposed to, what their symptoms are, what their family's been exposed to.

Because since our house is moldy, it's not just the person who's seeing me. It's usually their kids, their parents, their spouse. I mean, it's it's bigger than that.

Yeah, it's really devastating when mold is the root cause and they're living in it. It's not like pass mold exposure. It's like their their or their workplace.

There's been so many patients where it's it's really hard. And then they have to get out of the mold. You have to treat them all, but then also treat yes, the nervous system that's dysregulated.

So what do you do? You know, with a lot of these patients that are very sensitive, they can crash if you start, you know, even adding a supplement to help with detoxification, like what do you do for those really sensitive patients?

Because those are the ones you're seeing. You're seeing the tough squeeze. So how do you prevent that crash. Well I'm going to be a broken record here.

You start with rebooting the limbic system and the vagal system, which are the cause of that crash. The limbic and vagal systems are parts of the brain which work together to monitor the environment.

From the perspective of safety. And if they don't think that the environment is safe, if they think that the individual is being exposed to something that's not safe, they're going to shut them down by giving them unpleasant symptoms, not to make them miserable, but to wake them up to the realization that, hey, you're getting exposed to something.

Treatment Priorities and Low-Dose Naltrexone

I got to wake you up to that fact so that you can do something about it. And that's the starting point. If we don't reboot the limbic and vagal system often, in my patient population, you can give them the right things for mast cell activation, and their body won't accept it.

Now, we can we can tease apart the limbic and vagal systems by symptoms, which is the limbic. Peace is mostly devoted to sensitivity and emotion. So if a patient has sensitivity to anything sensitivity to light, sound, touch, food, chemicals, smell, if any added form of sensitization is by definition limbic.

So anyone who has that you immediately know, oh, yep, there's a limbic system that needs rebooting here. And it's important for people to know this is not psychological.

Often they're accused of it being in their head. But it's it's not it's neurological. And therefore it can be rebooted. Now on the vagal side, the vagus nerve controls the entire intestinal tract.

It controls intestinal motility. So almost any symptom that's GI related gas, bloating, indigestion, diarrhea, constipation, reflux has a very good piece to it, but it also controls the autonomic nervous system.

So when patients have low blood pressure or Pots temperature dysregulation, heart palpitations, shortness of breath, all of those are autonomic nervous systems, which is controlled by the vagus.

So again, by listening as my patient tells me what their symptoms are, I'm already cataloging that into, oh, that's vagal or that's limbic or that's something else.

And actually I'm not jumping out by talking about it because that's I'm still listening, but they're already telling me what category I need to be looking at in order to get treatment started in the right place.

Yes, I, I think though as a practitioner, it's really hard to talk to patients about their limbic system and their vagal, nerve. And I've been for the past year.

I've personally been using a nerve stimulator. And then I've been asking patients to, to do that and, and obviously do other things. I've been telling patients to do the four, seven, eight breathwork for a decade, you know, but it is for me, I think it is so hard to get.

Most of my patients I see are, you know, middle age women and they just act like they don't have time for it. And I'm like, well, a lot of your symptoms would get better.

Or we could finally heal that last 5 to 10%. That isn't good by focusing on this. And I think honestly, for the average patient, it's hard to like get them on board with this.

And you know, and I but I love it. I'll send them this podcast because you are literally saying this is your first step for everything I am I am literally saying that that is correct.

And, you know, honestly, I don't have a lot of trouble with people accepting it. A few often young people like, late teenage early college where I know with my own kids at that age, my kids were certain that, I knew nothing and they knew everything.

And so they're not prone to accepting any authority figure as having any knowledge worth listening to. That's a particular population that's a little harder to work with.

But for almost everyone else, I begin my discussion with Limbic and Vagal and spend a lot of time on it. And by the time I'm done, I'm basically telling people, if you don't do this, next time, come in, you're not going to be any better.

So if you want to do it or you don't do it, and I rarely have someone who doesn't do it, but occasionally I do. And when they do, they usually not making any progress.

And then I'll go, okay, that's not working for you. How about you do that? Why wait? So I think part of it, just because I work with so many physicians, I do a lot of teaching, is I don't think physicians trust themselves to communicate it as clearly as they intended to, to really let people know how important this is. So.

I believe that I'm communicating what I know. And again, I have an advantage of almost everyone because people are coming to me because they haven't gotten well, seeing other people.

And I'm supposedly an expert and I carry that, I can use that to my advantage. Pushing or nudging or edging or coaxing people to understand if you don't do this, we're not going anywhere.

And I will literally say those words to people at the first visit, which is, this is your next step.

Lyme, Co-Infections, and Testing Strategy

and when I tell virtually every patient, if you do what I'm asking you to do, I can almost guarantee you within six weeks you will be better and you will know you're on the right path.

And so, so humor me. Do this for six weeks, and if you're not better, you let me know that. And I can count on one hand the number of people who have an impulse by doing it.

They're almost invariably, like, wow, I didn't realize that this was such a big deal for me. And so I think what I'm seeing in the way medicines practice, even within the greater docs, they're not pushing it, they're like offering it, but they're not pushing it.

And I think that is the a shift in how you approach it would make much more effective compliance. Yeah. Yeah. I think it's it's hard to because you're asking them you're not asking them to just to take a pill or you know, it's not like a habit, like brush your teeth.

It doesn't. You actually have to like, pair with it and actually do exercises and commit to it. So I think you're right. Like if you're just saying, hey, this will help you, they might not do it.

Instead of saying this is necessary to your healing so that I don't offer it as, as a, an optional step. Okay. Yeah, I literally spend if I'm doing an hour consult with a physician, then they're patient.

I literally will spend the first half hour on limbic, vagal and mast cell issues because I'm, in doing so, I'm literally telling them this is really important.

And then we'll talk about mold and then or, or line or whatever else the causative factor happens to be. So I make it as clear as I. You mean like ten that this is not optional.

This is this is your, your treatment program. So hopefully people can resonate to that. Yeah. No, I love that. Now you've that's the part one. Now let's talk about some of the other treatment strategies that you use.

And one of the adjuncts that you talk about is low dose naltrexone. And I know in the past like five years it's, you know, really gotten more popular.

And how do you how do you use that in your practice. And what patients respond best to low dose naltrexone? Yeah, I don't want to dwell on that. I do use low dose naltrexone.

It has some unique properties to help reboot an inflamed system that's having trouble rebooting itself. But from my perspective, it's a detail. It is that that it's missing the point.

It that's not root cause. That's helping root cause, but it's not root cause. So again, my, I might not put someone on low dose naltrexone for a while.

My really sensitive patients often can't take it even in minuscule doses, so that's not my first step. My first step is looking for mold and Lyme diagnostically.

And depending on what they have getting going on treatment after they've got their limbic, Finkle and mast cell systems settle down. Yes. Now, you brought up Lyme.

Do you always test for Lyme? Or if the story fits and the express set? Because sometimes blind testing, you know, with adjuncts, it's, you know, up to $2,000 some time.

So what's your strategy with with Lyme in testing. So and I don't always do anything what I do depends on what that being tells me or what they've got.

So if someone was healthy, they moved into a moldy home that got sick, their family got sick. I don't need to test them to Lyme at that point. It might be a player, but my my thinking is the mold layer is usually the most important and we like what, peeling an onion.

We'll pull that layer off if someone's completely well, when we're done, we're done. If someone is 70 or 80% better and there are some residual symptoms, by looking carefully at those symptoms, I can usually decide, okay, what's the next layer?

What's the next piece of the puzzle that we have to go after? There are some Lyme symptoms that are pretty unique to Lyme and co-infections that I don't see and mold.

So if someone tells me, for example, that they have pain of the soles of their feet when they get out of bed in the morning, or they are presenting with these odd, stretch marks and places that you're not supposed to get stretch marks.

Those are pretty diagnostic for NOAA. Certain types of neurological conditions are Bartonella and Lyme, and I don't see them in more. So depending on the symptoms that my patient gives me, I'm pretty much thinking about what you have.

And after we get that taken care of, what the next layer is going to be about answering your question, Jen. Yeah. Yeah, absolutely. Yeah. Because a lot of people, they spend so much money or a lot of people, they come to me for a second or third opinion and they've spent, you know, all this money.

And I look back and I'm like you, we probably could have just talked about this and figured it out and started started from there. And I say that to patients, I'm like, we know that you have a mold exposure right now.

Like, I don't want to test for that. If they're on board with that. You know, sometimes they're like, no, I want to know if it's in me or they just don't understand and they want to spend the money.

Mold, Long COVID, and Cytokine Testing

But, you know, we also I would rather them get a nurse stimulator or an infrared sauna instead of spending, you know, hundreds of dollars on a test. So I think that's an important question for people to hear.

And so with Lyme, are you I know it's different for every patient. But, you know, some people treat with lots of antibiotics. Some people treat with botanicals or homeopathic.

Some people treat Lyme more by creating a robust immune system to just kind of keep it subtle there, you know, like viruses. How we do that with viruses.

So what's your approach to Lyme? I mean, I've been doing this for 30, 35 years now. And, y and particularly and I don't find that people get well unless they're taking antibiotics.

I use herbs. I use homeopathic, so I find them helpful. I've had many patients over the years who insisted. No, I don't want antibiotics. I just want to do either a beginner herbal protocol or Cowden a protocol or some homeopathic.

And. Okay, I'll play ball with you. So let's try it your way. So it's 3 to 6 months, and if it's working, great. But if it's not, how about you do it my way?

And honestly, I rarely see an herbal protocol by itself. Take care of Lyme or any of the co-infections adequately. So from my experience, people are almost always going to need antibiotics to get well.

Yeah. No, that's that's great to hear from you especially you have so much experience with that. So and and the length of that antibiotic differs from patient to patient.

And I'm sure so especially with the different co-infections. So that's that's really interesting. So back to Lyme and co-infections I mean how many of these chemically sensitive patients do you think actually have Lyme.

What percentage would you guess a higher percentage or a higher percentage have mold? I would say that 70, 80, maybe even 90% of chemically sensitive patients have mold toxicity.

It's rare when I work with a chemical and I've been working with chemically sensitive folks for 25 years, it's rare that

they don't have mold toxicity as a primary cause.

It's not uncommon to have Bartonella, not Lyme so much. Not easier, so much. But Bartonella is a major sensitizing of the limbic system. So Bartonella is fairly common.

I don't think I have a percentage for you. It might be the 30% category. And that's a rough ballpark. I haven't truly analyzed that data, but that's my sense of it.

But those two things, mold toxicity and Bartonella are the underpinning of sensitivity for a huge percentage of those patients. And more recently, MF has been an addition to that.

And more recently, Covid has been in addition to that. Yeah. Has it I mean, how much has medicine changed post-Covid? I mean, some of the pattern recommend like recognitions.

I'm seeing post and I it's just a different ballgame. That kind of really messed up the body. But but people can heal from that also. Yeah. One of the tests I'm finding really useful these days is, Bruce Patterson's, Radiance Lab, where he measures 14 different cytokines in a panel, and he has discovered that, there's a particular cytokine profile or panel pattern for a long, whole Covid, which is different from the one for wine, and it's different for the one for mold.

So you can literally look at the cytokine panel. Now the symptoms of all those things can be really similar. So you can be listening to symptoms and this well that could be a long haul Covid, that could be Lyme, that could be mold.

But I'm finding this test uniquely helpful. And in helping me to know the symptoms are the same, because the cytokines are producing the same physiological reaction, but they're different cytokines.

And by doing that, we can literally tease apart, okay, where's my starting point? The person's cytokine panel tells me that this is their informational system right now okay.

What's causing that system. So I think we're we're really looking at the beginning of some testing that can help point us in a direction, scientifically, that we haven't had before.

Wow, that's really fascinating. And I'll have to look at that stat test, because that would really help if someone yeah, like you said, have overlapping symptoms, really tease out what is going on with that profile.

So cytokines are inflammatory markers that the body puts out when under stress. More people maybe know about cytokines post-Covid because of the lung infection going into Ards.

But yeah, that's not good to have your body in panic mode of producing cytokines all the time. And that's why these root causes like Lyme and mold are so important.

And it's really frustrating for for patients when they go to a conventional doctor and they're just lumped into a group. Well, now it's long haul. But before it was fibromyalgia chronic pain syndromes.

So pots so now you know now we're getting there I feel like more and more and people are talking about mold and Lyme. So that's good. But still there's a lot of work to do.

And a lot of integrative docs can figure out that there might be mold or a long haul Covid alarm, but they're having trouble figuring out what to treat first.

And I often find that people in the Lyme world, where you've been working there for a long time, they've been really slow to embrace the importance of mold in that context.

There's so many Lyme patients, and I've been struggling for years taking antibiotics, not really getting better where they're not looking for mold, and the mold will interfere with the body's ability to respond to treatment.

So for me, that's a biggie. The other one that I'd like to make is you alluded to the fact that, a lot of people being told they have long haul Covid, which is or you're saying that's like the wastebasket diagnosis of chronic fatigue and fibromyalgia, which medical conventional medical docs have used for years.

A lot of people with, long haul co, so-called long haul Covid really have mold toxicity or a Lyme disease which has been unmasked by the inflammatory process of Covid.

And so if you again make the right diagnosis to treat it now, really have long haul Covid, they've got Lyme remote. And this is where I love Doctor Patterson's test because it will really light up.

If you have long haul Covid, it'll show you. So now the local does exist, but equally or more common is mold and Lyme causing similar symptoms. So it's important for people understand that because a lot of folks are just, well, there's nothing I can do live long or Covid.

The answer is that is unlikely to be true. It's more likely that yes, we can figure out what you have and we can get you better. Yeah, yeah. And I saw that a lot with underlying mold, either triggered by a jab or by the actual infection.

And, and it's like the straw that broke the camel's back and the body just overloaded. And they were getting by with maybe just mold illness. But then that happened and yeah.

And you, you treat the mold first and then they, they slowly get better and their body goes back in to a homeostasis. So it's beautiful. So I mean healing is possible.

Toxic Book Re-release and Closing Remarks

So if you're out there and you feel like you have been thrown into that waste bucket of diagnosis, like you are not a diagnosis, there's a root cause. And yeah.

So Doctor Nathan like that brings me to like this beautiful new copy. I have the the original book. But this beautiful new copy, it's so pretty. So tell us about the rerelease of toxic.

Yeah, I'm excited about that. It's What You're Holding Up is my second edition of talk to the First editions. Green. Yeah, yeah, first one's green, this one's blue.

But, I didn't get any note about my paper. She does all that, but I like it, right? I do like it. I rarely get a vote as to the title of the books that I write or what the cover is. Look like.

Publishers do that. But, when toxic was first written, my publisher, who I adore, his idea was that it should really grab people's attention. So it was toxic in black and red, and and that was what the cover looked like.

And I said, you know, this is a book of hope. This is not a book of scaring people. It's a book of hope. It's about how to understand what's wrong, get better.

And so, I made him run it past his whole staff as to whether a gentler, quieter cover versus his cover would be the one we chose. And happily, his whole staff. What?

He was shocked that everyone with what I wanted to do and the second edition, which, is actually going to be out next week, there was a delay in that August publication date.

It's going to be out next week. You already got a copy. It already exists. And, for what we've been talking about, that book will give, all of your listeners a really good overview of the whole subject we've been talking about in all of its glorious complexity.

And I'd like to think that I've teased it apart and made it, understandable and readable so that people will understand what they're looking at, what they have, and how to approach it in a fairly, deep level.

So yeah. Now I want to do a new segment. We're going to do some rapid fire questions to wrap things up. Is that okay? Sure. Okay. So Doctor Nathan, what was it?

What would be your first career choice if you didn't go into medicine? Short order cook. Okay. Wow. That's that's stuff I, I love helping people. And to me, being a short order cook is a way of, showing love to people by making them what they want.

That's funny, because I always tell my kids, like, they all want different things all the time, and I'm like, I'm not a short order cook. We're all going to eat the same thing.

But maybe, maybe I should, like, show them love in that way so that, well, I grew up. And let's hear me, when I grew up, food was love. So maybe not all families grow up that way, but in my family, it was so, might seem like an odd answer, but that's, That's what we got.

Yeah. All right, number two, what's your favorite micro habit that rescues you from, like, a tough day soaking in a hot tub? Oh. Very good. What is one wellness rule that you happily break sometimes?

Well, I think many of us. Okay. I don't always eat what I'm supposed to eat. I don't always, practice what I know. I sometimes get lazy. I sometimes zone out watching television when I know I could do something different.

Those are some of the some of my many, bad habits. All right, that's okay. And then last thing, what is one word you want listeners to carry into this week?

Hope. Hope. Oh love it. So great. So, Doctor Nathan, can you please tell everyone how to reach you, how to get your book? This was such a treat to have you on.

I just have been watching your work for so long. You have so much knowledge, and you're doing so much to help. To help people, to help the patients that aren't getting help in the conventional medicine world.

So thank you for that. I love doing it. Okay, so my website is really simple. It's simply mail Nathan md.com and there's information there. Workshops I have a mentorship program for almost 300 physicians where I'm teaching physicians what I know, with some wonderful naturopathic additions.

For the first four and a half years, I worked with Joel Krista, who's our fabulous natural path. Joe is moving on to some other things, but, Maureen Matheson, who's also a wonderful naturopathic physician, has joined me, and I certainly welcome people to join us for that.

My new book, which, again, I'm really happy about, simply called toxic. You can get it from Amazon if you aren't able to understand and read what's there, which a lot of our patients can't.

It is available in audio form and it might be easier for you to get the information that way. A companion book for this is a as a book that I recently wrote called The Sensitive Patients Healing Guide.

Again, that's available on audio. And that book goes into even more detail about the limbic, vagal and Marcel systems about and also multiple other biochemical, structural, physiological things that make people sensitive.

And so it's a kind of a mini encyclopedia of how people become ultra sensitive and how to fix it. So I offer that to, your listeners, those things that could be helpful for them.

That is fabulous and just so much hope, as you said, your word, hope for healing and just great stuff. So I'm so excited. Everyone listen to this. Please share it with someone that is struggling with health.

Share it with your coworkers, everyone so we can get the word out on healing and all of Doctor Nathan's work. So thank you so much. Okay. My pleasure. Thanks for having me.