Introduction and Dr. Nathanu2019s Background

– Well Dr. Neil Nathan. I am so excited to have you on The Regenerative Summit and you are one of the leaders here in in the field of toxicity dealing with mold toxicity, Barnell, a lime and so forth.

Thank you so much for for joining me today. – Thank you for having me. – I wanted for the viewers just to Kind of good understanding a little bit about about who you are. I mean you are someone that a lot of other practitioners are really looking to for information and for understanding how to resolve these these complex issues. I know you've been practicing medicine for for 50 years. I mean five decades, half a century.

That's a long time. And your board certified in Family Practice pain management as a founding diplomat, diplomat of the American Board of Integrative holistic medicine and a founding a diplomat of I Seal.

You've written several books including healing Is healing is Possible 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.

You boasted an international, your hosted an internationally syndicated radio program podcast on voice America called the cutting edge of health and wellness.

Today you've been working to bring an awareness that mold toxicity is a major contributing factor for patients with chronic illness and lectures internationally on this subject, which led to the publication of your book, mold and mycotoxins, current evaluations and treatments in 2016 and then your best selling book which, which I have right here. It is a book that I referred to quite frequently toxic heal your body from multi axis city.

Lyme disease multiple chemical sensitivities and chronic environmental illness is your new book out I guess it was last year an energetic diagnosis, a discussion of the value of intuition and energetic devices as an aid to both diagnosis and treatment medical illnesses.

You can then be contacted most easily through your website which is neilnathanmd.com Through which consultations are available currently providing mentorship and the treatment of chronic inflammatory illnesses to approximately 100 and 50 physicians with Jill Crista ND. And for those interested in mentorship and you can go people can go to your website then to register Dr.

Nathan. You have been treating chronic complex medical illnesses for 25 years now in lyme disease for the past 15 years. As your practice has evolved we find themselves increasingly treating the patients who have become so sensitive toxic that they can no longer tolerate the usual treatments and has major current interests and finding unique ways of helping them to recover you thank you so much for what you are providing to uh to us out here that that are suffering.

– You're very welcome. This is my life work. What can I say? – I'm curious what brought you into this direction. I mean what I mean your medical practice, you know, regular MD I would assume and most M.

D. S. You know if it if there's nothing wrong on a normal Cbc cmp or maybe your lipid panel then you are there's something wrong in your head and here is some antidepressants and go home and and you know forget that you're ill.

So what brought you in this direction? – Well actually that could be a whole podcast by itself itself. But when I went to medical school I was rather naive. I wanted to be a healer when I grew up and I was rather surprised that I wasn't going to learn how to be a healer.

When I went to medical school. Excuse me. They were going to teach me to be a medical technician and that's fine. But I just had hopes of healing people at a deeper level that kind of whatever people needed. I would find a way to get it for them.

Even if I didn't do it myself I would network with people who could do that. So when I left medical school that's when my education began and I began to study a wide variety of alternatives And rather quickly even in the community that I practiced and I was fairly standard family doc in those days I was delivering babies.

Did a little bit of surgery, worked in the emergency room, your basic medical practice, the doctors in the area began to realize that I was particularly interested in those patients that they weren't able to help.

I just thought that's where the rubber meets the road in terms of what I don't know and what I need to learn in order to be able to help them. So I embarked on my lifelong journey of studying things like osteopathic manipulation and cranial work, homeopathy, therapeutic touch acupuncture kind of, you name it.

I probably did it at some point And that gave me a very different perspective about what healing was about than many of my colleagues said.

From Conventional Medicine to Complex Illness Care

My lifelong interest in helping people that other people didn't figure out continued. In the in the late 80s, I was running a pain clinic and began to see an odd condition which we called fibrous itis now called fibromyalgia that didn't make any sense.

It was this vast array of symptoms that didn't connect to anything. Originally, people thought this has got to be psychological because nothing could do all of that psychological treatments didn't do anything.

So it was really clear to me it's not a psychological condition, but I don't know what it is. And over the next couple of decades we learned a tremendous amount about fibromyalgia and chronic fatigue and what caused it. We learned a tremendous about it biochemically.

We then began to learn that Lyme disease was more prevalent than people realized. We began to learn that mold toxicity was a big player. And so again, I began to attract complicated patients that my colleagues didn't quite know what to do with and evolved into an understanding of what we now call complex medical problem solving. I don't even know if that's a real thing, but it's so that's kind of how I got where I am now.

– And so for people out there, I mean, there's so many people struggling with, you know, this health issue, headaches, pain, depression, anxiety, I mean, when should a person start looking at, you know, maybe it's mold, maybe it's lime maybe some chronic infection that may be a driver in what I'm dealing with. You know, when is that?

A feasibility to do that – As soon as possible. Because if you wait to diagnose Lyme disease, it will get worse. If you wait to diagnose small toxicity, it'll get worse.

And many patients have had these conditions for years before they find a physician who can go, OK, I understand what you've got and I know how to treat it.

So the key take home messages. They're treatable if you diagnose it. So as soon as you are working with a physician or healthcare provider of any kind and you're not making progress, start thinking about something along these lines.

It would be similar to if you had something wrong with your car and you brought it into your mechanic and you took several visits and it wasn't getting solved.

You'd go to another mechanic. People don't do that with their health care providers. It's like, oh, there's such a

good person there, they care, they really their hearts right in it, I want to stick with them.

It's a very odd perception, but if you're not getting better, start turning over stones, start figuring out what's wrong. Because if you it's the old thing that if you if if you keep, I think Albert Einstein said if you keep doing the same thing over and over again with no results, that's the definition of insanity. – I know a lot of, a lot of my patients, you know, when they come to me and I hear their story and I'm sure it's the same with you, is that they have a reluctance c to shift practitioner because they they feel that this practitioner, they may don't have all the solutions, but they at least they understand them somewhat and they don't want to kind of start a new relationship because you know, this practitioner kind of knows their story already and to tell their story again, it is just tiring to have to tell it again and again, – That's true. But there's a bottom line here which is, if you're not getting better under someone's care and that includes mine, then you need to go somewhere else where someone has other ideas or other ways of looking at it that might lead to a solution. I understand that connection, but over the years and I've been doing this for a long time.

What I've learned is that caring isn't enough. I've sometimes had a patient work with me for years and at some point I'll look at them like why are you still here?

I haven't helped you. And they'll say, I know but you care. And in the past in my earlier days I would go, well that's true. I do care. So I guess we'll keep trying here. But as I've gotten older, I don't think I'm doing them a service. So what I've learned is that caring isn't enough? I not only have to care, I have to actually figure out the red cause of illness if I'm gonna help somebody.

– And so when a person should is embarking on this journey. I mean they're they're recognizing they're not getting any results. You know, their their medical doctor practitioner is not moving the needle, any shape or form. What would be kind of the next step that they they should pursue. Is it a certain type of test?

They should should look for a certain type of practitioner? They should try to find on the internet. I mean, what should they do? I mean, obviously they do need to get your book, you know, there's no ifs and buts about that but we'll be kind of a practical next step for them. – Well, I appreciate suggesting my books, could be helpful and they could. The problem is it isn't as simple as there's one way to approach this. It really depends on the specific symptoms that someone has. For example.

I do a lot of work with people who have really large scale systemic illnesses, where all of the body things are involved. They have chronic fatigue and cognitive impairment and they have anxiety and depression and respiratory issues and pain issues and on and on and on. For people that complicated.

We would start thinking about Lyme and mold toxicity as the two Communist things. And you try to find someone in that category.

When to Suspect Mold, Lyme, or Chronic Infection

If you have a problem, that's more specific migraines, say, then those two conditions wouldn't be the first thing I'd be looking at for migraine. I'd want to find a pain specialist, someone who had a broader perspective about the causes of migraine because there are multiple causes. And for each individual, you have to figure out which ones apply to them specifically. For some people, it's structural. They should be seeing an osteopaths or chiropractor. For some people, it's stressed, they need to work for some people, it's food allergy or food related issues and so on.

So for some people, it's hormonal you need to work with. So everything in medicine, the longer you study it is complicated. So unfortunately for each condition that you could name, I could probably rattle off these are the people you ought to be seeing to do it with.

I think the message is, again, if you're not getting well doing what you're doing. Look elsewhere. And sometimes you have to look elsewhere for a while until you stumble on where you want to go, given that we have the internet.

Now, I'm not a big fan of internet diagnosis. I've seen people make themselves sick by looking at their symptoms and deciding that they have an obscure illness that is life threatening.

We used to call that when I went to medical school, medical student illness where everything you're studying as a medical student, you go, oh, I might have that because you have one symptom out of the 30 that is listed there. So consumers are in the same ballpark.

I mean, they they don't know how to put what they have in context, but there still are lists of diagnostic possibilities you can find on the internet.

And if you're come to it with an open heart and an open mind, then it's like, oh, I never thought about this, or oh, I never thought about that and perhaps you can even bring that to your current practitioner, who cares. And they can go, oh, I didn't think about Lyme disease or I didn't think about mold toxicity. I think that's the best advice I can give to our listeners because it's complicated.

– Yeah, I run a a podcast called integrated blind solutions with Dr. Karlfeldt and it always fascinates me over and above. Just my own patients. The stories of people how they journey, you know, 20 years and they have 30 plus different diagnoses and they've gone through you know at least a dozen of different doctors if if not more during that process.

And there's still no better until they finally then find out that yes it was Lyme disease and started on that journey to to resolve it and then get better.

So it always fascinates me that you know what if we like you said as soon as possible to start test for that because it is much more prevalent than we think it is.

– The C. D. C. Recognizes now that there are 400,000 new cases of Lyme disease every year. It's a bigger epidemic than AIDS ever was. And mull toxicity is probably even more. It's estimated that there are 10 million Americans at this moment suffering with some symptoms of multi axis city.

But most medical practitioners are unaware of both of these conditions which is baffling in this information age in which we live. But there's politics involved in that there it's fascinating that new devices new technology, new drugs get fast forwarded in medical thinking but new ideas, new diagnoses. Oh we've got to think about that.

We've got to study that more. We've got to see a lot more papers published before. I'm convinced that's a real thing. While patients are languishing with illnesses that we can diagnose and we can treat it is a travesty but it is the way that science and medicine evolves which is painfully slowly. – And what I see with patients coming into me where they are, they all of a sudden start to feel kind of brain fog, anxiety, little depression and maybe autoimmune Hashimoto's and they're starting to kind of all of a sudden see these things and and then try several different treatments that obviously does does not work. And then we start testing for mold and there it is and start treating it and how it just turns around.

– Right. I had a physician that I'm working with in New York who wrote me this week that he had a patient who had a test for auto community called A and a and they're a n A. Was 1 to 1200 which is a significant number. Most immunologists or rheumatologist would look at that and go, oh my God, you've got a major condition going.

But for those of us who work with mold and lime, we see elevated A N A s before people have actually evolved some autoimmune conditions. And if we treat it, it completely goes away. And so he wrote me that a patient that I have been consulting with him on had this, what he thought was a remarkable number and then he said it's gone, how often does that happen? And I went actually it happens a lot.

I'm glad that you're starting to have that experience.

Testing and Diagnosing Mold Toxicity

But you're now seeing that these conditions trigger auto immunity and anyone with an autoimmune condition should be looking at Lyme and mold because there are two of the major triggers that we're seeing in the world today – And I mean medically what would be done for that kind of individual? I mean he would be put he or she that patient would be put on some biologics or some steroid or something just to shut down the immune system response instead of them. Looking at what is the driver, what what is the triggering factor and then addressing that?

I mean I I usually kind of liking it as the I mean you can treat a sliver in several, several ways. I mean you can kind of leave it there and you can do antibiotics and you can do steroids and pain medication or you can just pull out this liver. I mean you can either treat the cost or you can try to manage the symptoms and treating the cost is always obviously the better option.

– Right? And in this particular case, the patient had mold toxicity and was very successfully treated in a relatively short time. Had she been given steroids or immune suppressive medication, it would have made her worse majorly even in a short period of time.

That would have been the actual wrong thing to do. So by not looking at cause gosh I hate to say it but I think a fair amount of harm gets done because we're looking for putting out band aids on things without, as you're saying, looking at the cause.

– And so where is it good? So if you are with the practitioner and you're suspecting maybe mold or Lyme, let's let's say mold for instance, what would be some of the tests that you would suggest to be able to um to pinpoint that this could be reason? And are there ways to go about to maximize the detection of mold in those tests? – Well, there is very simple.

You can collect a urine specimen first thing in the morning, mail it off to any of several labs that can analyze it for for mold toxins. And we get our answer. So that's the simple answer to expand, which I think you're asking me to do is we've also learned that mold toxicity interferes with the body's ability to detoxify. So you could be sitting on a boatload of mold toxin and not be able to actually excrete it into your urine, which is what the test would show.

So we have found that if you prepare the body by taking glutathione for several days before you collect the urine to mobilize toxin. If you take a sauna or a hot bath the night before you collect your urine again, to mobilize mold toxin.

Even with that detoxification all challenge you're gonna at least optimize the possibility that if the mold is there, you're gonna see it in the earth and it's usually pretty straightforward. So it's a simple urine test that anybody can do Children get mold toxicity. It's easy to collect Children you're in. So not a hard test to do and gives us a ton of information quickly and well. – And I'm glad you brought in Children because a lot of you know, you have these Children dealing with A.

D. D. A. D. H. D. You know, even autism, any kind of learning disabilities to really or where they just act out, you know, all of a sudden they're just acting out to look at these.

I mean these factors as reasons behind these behaviors. You know that, I mean it's literally a brain that is inflamed and it's inflamed by something – Excellent point. So there are many, we now know many causes, root causes for autism A. D. D. A. D. H. D. Behavior issues And looking for them. Gosh, if you have a child and they're struggling and then the whole family is struggling.

It really behooves you to get to the bottom of it as soon as you can so you can help that kid. And and we can now we have a lot more tools now than we had 25 years ago.

– And why do you think? I think that it is worse now than before. I mean because we've we've been around mold. It's it's not like mold is a new thing.

It's not like lime is a new thing. I mean it it's been around for forever and and why are we seeing it a higher impact

on on our well being from their presence?

And then we used to – Well I think there's a lot of reasons for it. But from my perspective, the primary reason is the increasing toxicity of the world we live in.

We have 80,000 chemicals currently in our environment, the vast majority of which didn't exist. 50 years ago, We have tested for safety perhaps 500 and so we have literally tens of thousands of chemicals that were getting exposed to that didn't weren't around in the past.

We add to that um electromagnetic field exposure E. M. S. Which has amplified profoundly. The addition of four G to five G. Which advertisement will tell you is the greatest thing since sliced bread. It looks like just a little bump like 4 to 5, but it's actually a jump of a thousandfold exposure.

So that we're seeing marked increases now any MF sensitivity. We saw some of it before, but now we're seeing it profoundly. So we have, when I went to school for example, and all of my classrooms, maybe one or two Children had asthma. And when my Children went to school and that's 40 years ago, a quarter of the kids had asthma, they all have their own inhalers.

So in that short period of time when we're talking years ago, it's worse now. The the exposure in the school room to these chemicals has profoundly affected people's immune system and their capacity to detoxify our poor livers.

Children, Neuroinflammation, and Rising Toxic Exposure

This is from all of us are poor livers for being exposed to so much stuff that they're over worked and over tired and underpaid and they're struggling with the burden that our planet is giving us. So I mean forgive me but I know that's not a message anyone wants to hear. But it's absolutely crucial that we wake up to this and do something about it yesterday because it's already beyond the pale in terms of how it is affecting the health of our whole planet.

It's not it's not just us – And I feel also this post pandemic era where we are, you know, we're thinking we have to kill everything and we use harsh chemicals to sterilize environments where our school where our Children go in schools were on airplanes in our work environment and that obviously will intensify that that toxic load which will reduce our ability to deal with these things like Lyme and mold, you know even more – Absolutely. But also keep in mind it isn't just the use of these toxic chemicals, it's the underlying fear and paranoia that is driving it because we have known for generations that these chemicals in the long run don't work.

And that all they do is they make a stronger bug that makes the pathogen, whatever it is a virus or bacteria stronger. They evolve faster than we do to blow off whatever we're using to supposedly kill them. So in our fear and I really don't want to miss that point.

We're as a society being driven to do things that are medically illogical and don't work and we're going to be picking up the remains of that problem and we are already – And I'm curious, you know, since obviously we need a not just a strong immune system but we need an intelligent immune system in order to be able to to respond to these different pathogens and also to whatever we're exposed to around us.

And so this fear, what does it do to our immune system? Does it make it stronger better. – It trashes it. And you already knew the answer to that question. It trashes it fear and stress profoundly weakened the immune system. We know that stress fear um is a component of almost every illness under the sun either triggering it or making it worse.

So this fear that is global now is not helpful. We are taking the wrong attitude to what's been happening to us for the last 2.5 years and it shows it shows in the violence that's being perpetrated across the country.

The it's it's a breakout of emotion that people who have been isolated, unable to see each other's faces, unable to be in the presence of loved ones and family. It's isolation is not what human beings were ever created for. We are basically social animals and you take that away from us and where we go. Ah – And so we're looking at that

different factors that we didn't have many many years ago.

You know one we're dealing with the toxicity that's much higher dealing with all the electro smog you know the M. F. Five G. All of these things. And now we also have that factor of additional fear. So obviously all of those factors will impede our ability to deal with you know things like lime mold cancer, autoimmune or whatever it may be. And then also just that's kind of the impact on our body. But then we look at the impact of these factors on the different bacteria viruses Aspire kids you know that maybe have been in our body but really haven't done much just kind of hung out there or you know mold that might be there but you know our immune system is handling it controlling it But now we bring in these other factors. So how do these factors impact than the biomass and the buyer OEMs and all all the all the things that live inside of us that is not our own selves. – They do we don't know with precision yet exactly how and in what way but we know we've made them more toxic.

One of our colleagues Dr. d circling heart for example has done some research on and believes that five G. Is particularly odious to mold and it makes it more virulent, forgive my language.

But it is if the five G. Is pissing off the mold And then four it's coming at us in a more virulent way. And again there are some preliminary studies suggesting that this is actually true.

We don't we haven't nailed it down yet from the way these pathogens are behaving. I don't think there's any question that to some extent this is happening. – So I would assume that as we are being threatened. I mean our immune system and our ourselves are impacted by these things the you know the bacteria and the viruses.

You know they they get threatened by that as well and when they are threatened that triggers survival mechanism which will make them replicate faster which will make them spew out more toxic chemicals to protect themselves. I mean that that would just be an assumption of mine.

Environmental Toxicity, EMFs, and Fear

– It's not only an assumption that we know that molds make toxins when they are threatened um to make a toxin for a mold cell is energy requires a great deal of energy.

It's not an efficient way to use energy for them. So they only make it when they have to. So especially when they feel threatened. That's when they make more toxic. There are papers in the medical literature showing for example that when we give certain antifungal medications it stimulates the molds to make more toxin in response we have to live with that because sometimes we have to use that in treatment but we just know that okay that's a response that they're going to have until we can get that mold out of the body in which then the body can reboot itself, literally the body wants to heal itself. And it's our job to figure out the impediments to healing. Like what is preventing that body from utilizing its natural resource to be able to heal.

That's kind of our work. – So in in addition what it sounds like then in addition to them working on maybe antifungal or using tools and to go after them directly. It is important to change the environment that they exist within. And just by doing that, we can then change their behavior to a a less less virulent state sort of saying – Yes, but I think you're also bringing up the point that if you are exposed to mold at home or work at school in your car, you have to identify that and get out of that environment where you cannot get well that constant exposure to the mold doesn't allow the body to heal. And although that seems obvious and simplistic, it's very difficult actually to do that. It's not always easy to analyze an environment for the presence of mold and how safe it is.

And logistically it can be very hard to remediate it can be very expensive can always move and not always in a position that you can do that. So this puts a lot of our patients in a considerable bind that we have to work our way through. – And so how how would a person what is the best way of going about that? Because I have patients that come and they say my house been analyzed. You know there's no mold and then asked them well how did they do it? Well they took a few air samples in the middle of the room and there's no mold there so they feel secure it couldn't be mold.

You know? How do you? – There's some denial there. They don't want it to be made. So yes I like that report. I like

that test unfortunately. And I know you're implying it. The air sampling is the least accurate way to tell if mold is in an environment because as you say it samples mold spores in the center of the room. Well that's great except mold spores are heavier than air and they're on the floor, gravity has already pulled them down to the floor. So if you take mold sampling here you're rarely going to find it even if it's present. Has to be extreme to be in that in that particular environment. So that's not the right way to do it.

What you have to do is analyze the dust on the floor to know what's in that room and there's a test called er me E. R. M. I. Which can do that quite accurately.

A cheaper test is to get hold of mold plates which are simply Petri dishes that grow mold. And you simply take the top of the Petri dish off, you put the plate on the floor and you make sure that the air in the room circulates, then you leave it exposed to air for two hours, put the top of the plate on and you see what grows over four or five days. And that's a eye opening experience for some people, I mean they don't want to see it. But when they look at these moldy plates with this obvious colonies of mold on the plate after four days it's going oh my goodness, there is mold in this environment, I better figure it out so we can then analyze those plates to know whether the mold is growing is toxic or nontoxic and then no okay we have a problem. We're growing a whole bunch of colonies of aspirin, Genest gillis or penicillium, other mold species.

So okay I can't just let the re mediator come in and measure the air sample. They've got they've got to really look, where is this thing coming from? – And so we've been focusing a lot on on the mold and the lime or why are these the most important because we have things like Epstein Barr cytomegalovirus, I mean there's so many different infectious agents, you know that that are concerning.

But when a person is dealing with these complex issues from my understanding mold and the alignment specifically Barton Ella are the two that you feel are kind of the the public enemy number one, you know the one to to address first.

And if you don't address that then you're not gonna make a lot of traction in dealing with public enemy number two and three and so forth. – Just from my experience and I think that many other people who work in this field have had the same experience for whatever reason, mold and lime are a more profound inflammatory chronic illness than others. Yes, there are other there's Epstein Barr virus and H H V six, there's Cla media and mycoplasma infections they do occur and they can become chronic. The immune system can deal with those.

If you have several of these infections, if you cure the lyme and mold, the immune system will rebound. So it by itself in its own natural way, will bring the other infections under containment most of the time.

Not always most of the time. So we have priorities. If you don't get the mold in line and you start working on the Epstein Barr, it's like the body goes, that's not what's making me sick.

I've got a more serious infection here and that the way our immune systems work is that it is identifying the main culprit that's making us sick.

How Mold and Lyme Drive Inflammation and Autoimmunity

Doesn't matter what our lab tests show the body knows with certainty this is what I've got to get rid of in order for it to work. The other part of that is I think some practitioners aren't paying attention to the totality of symptoms that patients have so that you get a very high tighter for Epstein Barr, for example, and going, this is an Epstein Barr infection.

Well, is that explaining all of the patient's symptoms? It could explain fatigue, it could explain maybe a little cognitive impairment, maybe a little neurological stuff but this whole gamut of symptoms.

Epstein Barr wouldn't explain it. So a lot of patients that I see have been treated for several years for viral infections unsuccessfully because that's not what the body identifies as what I call public enemy. Number one, you have to go to the infection that your immune system believes is the problem, not what I see on a piece of paper.

Hope I'm being clear about that. – And that's why you mentioned Dr. deter clean heart and his A. R. T testing, which I utilize quite a bit of my practice. It's one of those things that I love.

I'm not sure if you're using it. I know you have many tools that can guide you on your journey, but I really like them to see what the body is telling me that it needs at that moment rather than just you know, what looks bad on a test.

We want to see what the body is saying, – Right. Finding ways of getting the body to communicate now. It does by symptoms. So we could say, well, that's got to be complicated listening to the body.

Not particularly. The, my first job when I start working with patients is to get the most comprehensive catalog of their symptoms ranked in the order that it bothers them the most.

Then I can look at the big picture and go, okay, what would cause that, what and that then directs me to the test thing I would do. So there are certain people that, I mean, I'm supposed to be a mold expert and I probably am.

So a lot of people think that's all I do, but I don't think that way, I don't walk into any treatment room ever with a preconceived idea of what I'm gonna find or what I think is going on. What I'm looking at is what is this being suffering with and what would explain that? So, sometimes the symptom complex screams lime or martin L.

A. Or B. Busia to me rather than mold. And so again, a health care practitioner needs to really focus on symptoms because if the symptoms aren't explained by the label, you're putting on it, you gotta find a new label – And you still have to look at the totality of the individual.

You know, it's not just going after the mold are going after the line. You know, you still get a work on the endocrine system, you know, it does hormones are the adrenal strong enough to be able to handle that.

We're going after. You gotta, you know, look at the detox pathways. Are we able to move some of this out as we are addressing it. So, you know, as like you mentioned, it's not just all about mold, it's about it's about everything.

– No, these are complex illnesses and your point is excellent that both mold and lime affect the pituitary is ability to regulate hormones. So it's really common for adrenal, thyroid and sex hormones to be out of balance.

And those are those need to be addressed early in treatment to help the patient not only feel better, but restore their ability to heal to a certain extent and then super commonly with again these name conditions. Once they've been going on for a while, they will affect the limbic system, they'll affect the vagus nerve.

They will often trigger what we call mass cell activation, all of which sensitize the body and add another layer of inflammation to an already inflamed system.

And often they need to be treated first before that that being is able to tolerate the treatments that we want to give it from old and lime. So yes, it's complicated but the medical practice field is growing incrementally in our understanding of this complexity.

We're realizing that No, it's not simple. But yes, it's not so complicated. We can't not only understand it, but that understanding allows us to provide treatments that will be quite effective.

– And in regard to the limbic system and vagus nerve. I mean here you're looking at your fight or flight, you're looking at your survival mechanism which we talked about earlier in regards to that that fear.

But then if if you you know these pathogens and tend to dis regulate that that system and if that is just regulated, you will always be you will never be in that regenerative state where you're able to detoxify hell. So what are some of the things that a person can do then to to heal to heal those areas? – Well, I separate them into what I think each of those areas are. Although they overlap, there's a very intimate connection between the mast cells, the limbic and the vagal system. All of those systems are designed for protection. They're monitoring our bodies internally and externally for safety.

And if they don't think they're they're safe, they're gonna shut us down and not let us move forward essentially. We're in survival mode and in survival mode we're not able to respond to treatments that would otherwise work.

Even simple things. You could be deficient, for example on testing for magnesium or zinc and you could take magnesium and zinc.

Limbic System, Vagus Nerve, and Mast Cell Repair

And for someone who's not in survival mode, taking that would be great. I feel better already. This is wonderful survival mode. Why are you giving me this? That's not what I need right now.

I need to feel safer first. Then you have to get out of me. What's making me in survival mode? So the limbic system neurologically is related to primarily sensitivity and emotion.

So if patients were previously relatively calm straightforward people and all of a sudden they're anxious or panic attacks or depressed or mood swings or they're angry or irritable probably limbic if in addition to that they have developed sensitivity to any of the above or all of them. Light sound touch chemicals E. M. F.

That's limbic and a lot of people don't recognize that. Okay that means I've got to reboot my limbic system first and there are many methods for doing that. The two that I use the most are the anti hopper D. N. R. S. Program or the Gupta amygdala retraining program. Now usually hand in hand with that or what we call the vagal nerve system which is a different part of the brain but it works with the limbic system to do this monitoring for safety and so the vagus nerve has more of a function that has to do with the autonomic nervous system intestinal motility is completely dependent on the vagus nerve. So then there are treatments for the vagus nerve which include a variety of exercises. Um cranial work um safe and sound developed by Stephen Porges. It's a sound based treatment.

Brain tap a light and sound treatment frequency specific micro current E. M. D. R. All of these are different ways of rebooting the vagus nerve and both the Vegas and limbic have to be rebooted together to really make progress then return to the yes cell activation. And again we've got many treatments available. Both pharmaceutical and natural course 18 para mean all clear D. AO are natural treatments um Things like Claritin, Zyrtec, Allegra Pepcid and a variety of others coming at mass cells from a variety of angles.

My take home messages. These are all treatable. If you don't realize it needs to be treated you could have someone just struggling which is you know I can't take what you're trying to give me.

People become unusually sensitive, they can't even take homeopathic and tiny doses so backing up to look at those three areas becomes really important for those people who have gotten sensitized. You have to restore a perception of safety.

It's not psychological. Although some people have had it implied by health care practitioners that this is in your head. You can't be feeling all of this. It's not psychological its neurological and that has to be rebooted. – So just kind of take message what I'm what I'm hearing is that you need to address those those three areas you know the mast cell activation of limbic and then also the vagus nerve and then also then obviously change, you know assess the environment that you are in. You know what your exposures are.

Do I have mold? Do I have a five G tower just right outside my building? You know, what kind of toxins do I have in in my home, in my workplace and and how can I minimize that?

And and that becomes like the foundation that you have to start and by having that foundation you can then take the next step to be able to address and you know these underlying infections – Right once the body is out of survival mode, once we've addressed things like molding line and the co infections, then a host of treatments that are well known to integrative practitioners become effective until you do that often those treatments don't work.

So I think they want another take home message. The key is to be sure that the person you're working with is not in

survival mode because they're not going anywhere with ordinary treatments until they are healthier. Then they can then their natural healing capacity moves in. They need a little bit of zinc or magnesium or vitamin B. Six or diamond.

We can give that to them and how they respond to it quickly and well this is great. Now I have a system that's responsive – And it's for people are listening I mean when a person is in survival mode, we burn through nutrients at a much higher pace like vitamin C.

Vitamin B. So the normal dosage is just to compensate for the amount of stress that's in the body becomes so much higher when you're when you're when you're in that survival mode.

– And there's another factor which is that some of the toxins for example we know that mold toxin interferes with the body's ability to absorb or utilize thiamin which is vitamin B.

One. And thiamin is a crucial component of generating energy from the mitochondria and functioning of the autonomic nervous system. So you're absolutely right. We may need more.

For example the recommended daily amount of thiamin is six mg. Well bodies need 2-400 mg of time in a day when they're deficient. – And looking at the micro toxins. I mean why are they so why are they so dangerous? I mean what what what is their makeup that makes them so yeah I have such an impact on the body.

– Well it might help to understand that some of what we know about how to get the micro toxins out of the body. We learned back in the seventies and eighties when the Department of Defense was looking at micro toxins biological warfare.

So some of the some of the only human data we have about which binders actually work to pull these toxins out of the body come from that.

Detox Support, Mycotoxins, and Hope for Recovery

So if you think about toxins being used for biological warfare, you get an idea of the amount of toxicity they're they're kind of a unique small molecule we call them ionophores so that they have in the molecule on one end of the molecule is what's called a lip affiliate group which is a fat loving group and the other is a hydra filic group which is a water loving group meaning it can dissolve in fat, it can dissolve in water translation. It can go through any membrane in the body at will without needing an elaborate way to get through there.

That means these toxins can go to any aspect of part of our body that it feels like. Not that it has consciousness but that um it can move around at will through our bodies.

So that's why so many organ systems can be affected by these mycotoxins – Because they can go anywhere. It can go into the cells can travel. I mean because it dissolves in both fat and water. And yeah – It can go through the blood brain barrier, it can go to the brain, it can go pretty much anywhere. So our normal defenses like in our gut don't work because there is no gut barrier to the toxins coming through there.

The same thing is true of our blood brain barrier which prevents a lot of things from getting up into our brain doesn't exist for these toxins. – Thank. Well Dr. Nathan.

I I so appreciate everything that that you do. I so appreciate that you can kind of taking the sector in your hand and and and along with other practitioners I know you work along with Jill Crista that that does a lot in this field as well.

And you know people like Dr. deter clean heart there, you know that you have these these people that are kind of the forefront and helping all of us other practitioners to really kind of move us in understanding these complex disorders as we are exposed to them in our practice. So, thank you so much for everything.

– Very welcome. I would like your listeners to know that I do have a mentorship program that I do with Jill Crista It's

a unique program, rarely do M. D. S and N.

D. S talk to each other or actually collaborate in teaching. So it's kind of a unique program that Jill and I have put together for healthcare practitioners and it's open, we welcome anyone who wants to learn from us about treating all of these chronic inflammatory conditions and how to how to really get to the nitty gritty and do it in detail. So if you're interested I'd welcome you to go to my website and check it out. Thank you for the kind words I'd like to leave the audience with a positive note. It's very scary what we're talking about.

I know that so I'm not here to scare you but I'm here to say is everything we're talking about is diagnosable and treatable. So there is hope for anyone who's got these things. We do know how to do this at this particular point. So hang in there, there is hope.

If you haven't been well for a while, you can find it. – I love that. Yeah, because this is what you're doing is exactly that for the people that are frustrated, they have symptoms that, you know, medical doctors don't understand and for them to realize that this we have. Yeah, practitioners like yourself have made huge headway in understanding what's going on and addressing it.

And people with these complex disorders are now living great lives without these sufferings anymore. So yeah, this is definitely a message of hope. – Great. That's how it's intended.

– Thank you so much. – Very welcome. Thanks for having me.