Introduction and Guest Background

Welcome back to our Reversing Mast Cell Activation Syndrome and Histamine Intolerance Summit. I'm your host, Dr. Meg Mill, and I'm joined by my renowned colleague, Dr. Neil Nathan Dr. Nathan has been practicing medicine for over 50 years, is board certified in family practice and pain management, and is a founding diplomat of the American Board of Integrative Holistic Medicine.

He has written several influential books and is a leader in our field. I'm so happy to have you with us today, Dr. Nathan. Thanks for having me. Absolutely.

Well, today, before we dive into the nitty gritty and all the great information that we're going to talk about today, could you just give us a little background on how you became really interested in specializing in treating highly sensitive patients?

Well, you know, I don't know that there's a short version of this story, but, I went to medical school, with the idea that I wanted to become a healer, and I was quite disappointed that that wasn't in the curriculum.

I was learning to be a medical technician, but not a healer. And so when I left medical school, I just kept searching around for what was here like and what constituted it.

And how did that work? And I was particularly interested in patients who my colleagues couldn't help because they were my teachers. So I over many, many years learned dozens and dozens of methods and ways of helping people to get better.

So over the years, I eventually gravitated into being a specialist in, in pain medicine and in the early 80s, we began to see this odd creature, which we called five bursitis, which we now call fibromyalgia, which didn't make any sense.

it didn't fit into any model that we had as to because patients had all kinds of systems and all kinds of symptoms, and it just didn't make sense. Some of my colleagues thought it had to be psychological, but psychological treatments didn't work. So slowly we began to understand fibromyalgia from a biochemical standpoint.

We began to get treatments for it that actually worked. And then we began to notice that we were seeing patients who were much more sensitive than others.

And that eventually led us to understand, Lyme disease, mold toxicity and we often have really sensitive patients who made no sense to us.

Understanding Sensitivity vs Toxicity

They just reacted to everything. They would take we would measure them to be low in a particular material, and we'd give them that even in tiny doses, they couldn't take it.

And it again, didn't make sense until we began to understand things about the limbic system, the visual system. Mast cell activation came into the field around 2016 when Lawrence Afrin wrote his his wonderful book, Never Bet Against Occam.

And all of a sudden we began to realize that, oh my goodness, there's a whole lot of other stuff going on that we've never had a label for and never understood.

And so I kind of eased into this field. My interest was such that my colleagues were more than happy to refer their

patients, that they couldn't figure out to me.

And so they were my teachers. It was my job to figure out, okay. I I'm not sure what you have. I certainly believe you have what you have. I never thought it was psychological, which a lot of my colleagues were quick to say.

I thought, no, no, there's got to be a reason for this. And and so this evolved as a field. So we now know a whole lot more than we used to. and I love how you say that, because I think that is a common complaint where people are felt, they feel like they're just being told that it's psychological, that there's not something going on.

Because, as you mentioned, sometimes you're thinking, how can you have all these symptoms? They're different. They're not connected. And it, you know, takes someone who's really looking at that whole picture to put those connections together, to really start to get the answers that we're looking for.

Yes, yes. Yeah. So can we start by talking about the difference? I know you mentioned the difference between sensitivity, toxicity and kind of the overlap between them.

Sure. So we're dealing with different body systems. Sensitivity involves the senses. so it's neurological. We're talking about, you know, taste, smell, touch, sight, sound.

Those are senses. And so sensitivity is when those senses become hyper activated. When people become unusually sensitive to smells, chemicals. touch, taste, light sound.

And by the way, I'll add EMF to that, which is I'm now a major player in that. So that's sensitivity. Toxicity is again what it sounds like. Substances that we are exposed to that are toxic to us, and that involves the organs that we have that deal with toxicity.

So our kidneys, our liver, our gut, our skin, our lungs, those are our organs of detoxification. So those organs become compromised when we are toxic.

And as toxins build up, then we have a systemic issue going on. So that's kind of the basic difference between those. And many of our patients have both.

Yeah. And that that sometimes that's you know people are really looking at the the words toxicity or sensitivity and really looking at the whole picture.

Again, I think we're looking at all of these factors in the whole picture. So you know one we're going to start to dive in here.

MCAS Triggers and Diagnostic Testing

I love how you say we're looking at the immune system. And I read your book. You say in the book toxic. You mentioned that the immune system needs to deal with public enemy number one first to end.

So, you know, and then really work its way back. So I'd love to start. I think I know the answer, but what you would find as the biggest public enemy for our immune system.

Well, I think there are two and by biggest I just mean most common. So the two biggest things that we see for our immune system are mold toxicity and Lyme disease with its co-infections.

Those are the two most common. But certain viruses can affect us that way. Certain other infectious agents like chlamydia and mycoplasma can affect us that way.

But by far the most common things, which I think are missed by the medical profession more often than not are mold toxicity. on. So when you have someone coming in with masks and you're seeing all this variation and certain times, where do you start.

Well the important thing to understand about MCAS, is that it isn't a stand alone diagnosis. I know that there are people who think it is so that some people go, oh, finally, I know what's wrong with me.

I have MCAS and my comment is no MCAS as being triggered by something else. So you can treat MCAS successfully for the rest of your earthly life. Or you can look at what's causing it and fix it permanently so you don't have MCAS.

So I just always want to emphasize that. Look for the trigger. What is triggering MCAS. So identifying it as a player. Excellent. Now we go to. Okay. What are the things that are triggering it?

Again, I'm going to sound like a broken record here. The the major things that trigger MCAS are mold toxicity, Lyme disease. And I'm going to throw EMF into the picture here because that's increasingly a major trigger for a lot of folks.

And so when you're I let's start with the diagnosis because it can be hard to diagnose sometimes when we're looking at MCAS. But then you're looking for these underlying diagnosis.

Do you have particular labs that you like to use or tests that you like to run in order to diagnose the mold or the Lyme disease? Oh, yeah. I have favorites.

I mean, I've been doing this for a fairly long time, so, I'd like to think that these labs have shown to be the most accurate by most physicians doing this work.

All right. So I'd like to say it's not just my opinion. I think it's a shared opinion. So there are a number of labs that can check your for mold toxicity.

Most of the tests are urine. So you simply collect a urine specimen and email it into the lab. And they can tell you whether there are urine mycotoxins present.

If they are. Gosh, we better start looking for it because it's there. It's actually in your urine. It's coming out of your urine. So it's not like, well, where is that coming from?

It's it's in you or you have been exposed to it. I find the most accurate lab to be real time. They have been around the longest and have the best track record in terms of accuracy, reproducibility and and really giving us the biggest picture.

There are several of the labs around, and I've done a lot of split specimens where I've sent the same patients materials at the same day to multiple labs, and I still feel that real time does the best job.

But, mosaic, which recently took over Great Plains, Is a lab that a lot of people use vibrant health as a lot of people use. My my Co is a blood test that some people use.

All of them have value. If you can't have access to any particular one, you can really get a diagnosis from any of them. So it's not hard to get that diagnosis right on the line front again.

There are many labs out there. The one that's been around the longest. It has the best track record. As I and they have, I think, the best panel of tests that are possible for alignment co-infections.

And most recently they have what's called an IC PCR test, which is actually, cultured from the blood for Lyme and Bartonella and but PCR so that we can actually grow out of the blood, those microbes, if they were there.

And that's a much more accurate test than what we've had before, which are tests of immunity. Before we had things like Western blot, which measures has this immune system been exposed to this particular bacteria before?

The problem with that is that a Lyme disease weakens the immune system so thoroughly that the body often can't

make antibodies, even if it has Lyme disease.

So a lot of people tested negative, but they really had a second. We have what's called immune memory, which in which our immune system via antibodies remembers what we've had for a long time.

That's very useful to us so that if you get a vaccination, for example, that gives us immune memory for that particular microbe so that we can fight it off.

However, immune memory lasts for a really long time, so we can't tell if you have a positive Western blot. Is this new? Is it old? Is it something you had?

Is it something you have hard to tell? So the the new tests, which are cultures, are going to be really helpful to us to know, okay. You have this right now in your body.

So I know you need to be treated. Yeah. And I think that is those are key points because if you just go in and ask your doctor for a line test, the most likely test you're going to get is the western blot, which we see a lot of negative.

So finding the right test is important, right. If you're lucky. But most doctors have done for a long time. It's do what's called a Lyme antibody test, which is extreme inaccurate, so that they'll often say I won't do the the better test, which is the western blot, until you get a positive antibody test.

And so countless people have not been diagnosed with Lyme because they had a negative antibody test. And as I said, they might have a negative antibody test because they have one.

So it's it's a very unfortunate way that a lot of medical practitioners have looked at Lyme. And now we've realized that the Western blot is outmoded.

I Gen-X, which used to do it now has completely replaced it with the immuno blood test. The difference is the western blot was based only on a particular species or a strain of Lyme Bergdorf.

Right. So Borrelia burgdorferi. Well, that's fine, except we've learned in the last 25 years that there are dozens of strains of Borrelia. So if you're only testing for Bergdorf, right, you're going to be missing Lyme.

Most of the time. So the newer tests, which are called immuno blots, are a distinct advancement to what we had before and telling us now we can look for many of those strains, not all of them yet, but we can look for many of them.

Yes. And we can link those, the names of those tests in our summit resources so that people watching, if you're listening, watching you can go back in and find those because I know those are, it's really important to get the right testing.

In order to get the diagnosis you need to heal a lot of these things that we're looking at. Now, another thing I think people find confusing is that I know that if you have mold, might go toxins in your urine.

You do the testing. You may not be living in that environment. I know people when I'm talking with them or saying, oh, my house has been tested. I'm not living there, but you can have mold exposure before and then still have it in your body.

Could you talk to us a little bit about that? Sure. And that is a big confusing thing for people where they'll go, oh no, I, I, I live in a brand new building that can't possibly have mold in it.

It's pristine. I first of all, I would say, yes, you can have mold in a brand new building. just because it's new doesn't mean you can't have mold in it.

For example, I live in, in Oregon, which is a fairly wet area. And when we built our house here several years ago, I

insisted with the builder who was on board for that, that we don't even start building it until July when it stops raining.

And but I walk around my neighborhood and there's some houses going up. It's rainy season. We had six inches of rain last week. these houses have their lumber is outside getting soaked, their framing is up, but there's no roof.

There's no walls. It's getting wet. It's like inviting mold. I just look at it and I go, oh, you know, you you you're poor people. I, you're inviting, a serious health incursion here.

So. Yes. Just because it's new doesn't mean that there can't be mold. But to your point. You can be exposed to mold many years ago and mold then colonizes, and the body colonized means it grows inside your typically in the sinus or the gut areas.

So you could have lived in a mold area and left it, and now you're living in a safe place.

Mold Exposure, Colonization, and Hidden Sources

But the mold is growing in you, making toxins so it can keep you sick. Keep in mind that like like Lyme, you could be exposed to mold. When your immune system is strong and you're healthy, you can be exposed to Lyme.

But a tick bite when you're young and healthy and you may not get it. It can be in you, but your immune system is strong enough that it's basically keeping it at bay somewhere in life.

If you take some type of a hit to your immune system, and by a hit, I mean it could be childbirth, could be a severe infection or a flu, Covid being a good example of that.

Surgeries of any type, emotional upheavals. divorce, death of a loved one, you name it. If the immune system takes a hit, all of a sudden it loses containment.

But now what you had in you contained it fully blown, and so many people don't understand. You could have gotten this a long time ago, and now it's manifesting in you.

So just because you live in a safe, hopefully place now, you could you could be carrying this with you. That's why, by the way, many people go, well, I left my house for two weeks on vacation and I didn't feel any better.

Well, you're carrying it with you so most people don't get that improvement. Yes. Yeah. And I have you mentioned Covid. I mean, I think that's why we're starting to see a lot more presentation because as people's immune systems have had that hit and are changing, we just hear so many stories of the presentation coming up, maybe even.

And like you're saying, I think people get confused because they get through the virus and they're fine, and then the symptoms start after. So they don't associate that it was the Covid virus.

That's causing it because it wasn't happening as as you're actually dealing with the illness. Yes, I a lot of people think that that's long Covid and sometimes it is there is a long Covid, but a lot of the people being diagnosed as having long haul Covid really have unmasked mold and Lyme.

And when we look at those folks, we can often make that diagnosis treat the mold and the Lyme and they get well thinking. They were thinking that they had long Covid, but they really had mold alive.

And we call that unmasking. Doctor Nathan, can we now drive in to start to discuss protocols and what you do about it? If you know you you suspect that you have Lyme, you have mold, you're having mixed symptoms. Where does someone start?

Okay. That's where it gets complicated. the first of all, I always start with symptoms, which is if I'm going to put a label or a diagnosis on something, I want to be sure that that label reflects the vast majority of symptoms, that that

person has a lot of times, people will find a label that might explain a couple of the symptoms, and they'll treat that for a long period of time and not get anywhere to it.

As an example, many people, put a lot of emphasis on a variety of viruses. Well, you have Epstein-Barr, you have HRH, B6, etc. as the cause, and I have unfortunately, I've had people treated for that for several years before they decide, well, maybe something else is going on here.

As a general rule, viruses have some symptoms that would reflect on the symptoms that our patients have, but they're usually not the whole explanation.

So I always start with symptoms and symptoms. Here we get complicated because they're pretty much anything you can think of could reflect mold or Lyme or mast cell activation or combinations of them, which most of my patients have.

And then teasing it apart becomes a little bit tricky. So from from head to toe you could have headaches, cognitive impairment of every type, emotional upheavals of every type, anxiety, depression, OCD, mood swings, depersonalization, D realization, brain fog, memory issues, visual issues of every type that you could imagine swallowing difficulties, respiratory symptoms including cough, asthma like bronchospasm, what's called air hunger, which is a feeling like you just feel like you can't get enough air.

every interest or system possible gas, bloating, distention, abdominal pain, diarrhea, constipation, combinations of that neurological symptoms, peripheral neuropathy, other neuropathies are present.

joint pain, muscle pain, sexual imbalances, hormonal imbalances of every type. Because Lyme and mold, affect the pituitary, his ability to regulate hormones.

And so you can see that based on your own personal genetics or biochemistry, you might show up with these symptoms in very different ways. We even seen families show up in different ways so that one member of the family, one particular symptom, is prominent.

And for their spouse, another is prominent. For the kids, another is prominent. They all have the same thing, but it shows up in different ways. So virtually every symptom you can imagine can be mold one or mast cell activation.

Treatment Order for MCAS, Mold, and Lyme

And the complicated part is each predisposes to the other. So, Lyme weakens the immune system, predisposing to mold. Mold weakens the immune system predisposing to Lyme.

Both affect the body in such a way that they trigger mast cell activation. So, as as a clinician, it's important that we don't have a linear oh, this matches Lyme.

So I'll treat Lyme. It's let's get the whole bigger picture from the beginning. Because if we don't, we're gonna have difficulty helping our patients.

And what I particularly mean like that this is particularly vis-a-vis mast cell activation. If you don't get the mast cell activation, under control, patients are really going to have trouble taking the things they need to take for mold or line.

So then you have to know what is the order that you treat things in in order to really help people, optimally. So the start of your question is let's look at the whole symptom picture.

And let's be open minded about, okay, what might our patient have and how complicated might it be. And actually this is going to get more complicated because we need to factor limbic and vagal dysfunction into this as well.

Let's put that off to later in our discussion. But I don't want to leave it because it's super important for people with

muscle activation to understand that, okay.

So if I have. These three things going on and there's more I start with mast cell activation. I treat mold next. And Lyme would be the last thing that I retreat.

There are a couple of reasons for that. First, treating Lyme is a little bit more aggressive than treating the other things because we're using antibiotics fairly long term, and I really hate to do that.

And if it's not necessary because if we treat the mast cell activation and mold, it's possible they don't have line. It looks like line, but they may not because the symptoms of mold and Lyme are so similar.

So it's easier, more effective, and often more necessary that I treat the mold first. If my patient has gotten better, 60 to 80% better still not well then I know there's a Lyme layer that we need to look at.

So it's about peeling off layers in the order that I think the body needs to do it with. Okay. So if I was going to treat mold there are three main components to treating mold.

First, super important you need to be sure that the patient and their family isn't living in a moldy environment. You cannot care well living in a moldy environment, you can get a little better, but you can't get well.

And this is the holdup for a lot of people financially. Socially, people just can't afford to move. don't feel well enough to move. They're too sick. So this is a biggie.

But it's not one you can negotiate with. You just can't get better if you're living in a moldy environment. And there are many ways of value eating a home or apartment or where you live to be sure that your home is safe.

there are mold plates which you can get. They're inexpensive, that you can be tested with. You can do a test called Ami where you vacuum up, or use a Swiffer for the dust in several rooms in the house and measure it that way.

I mean, those are the best ways inexpensively to begin the process of looking at mold in a home the worst way, which is the one that's used the most, is called air sampling, in which people will come to your home and they will literally suck up the air from the middle of the room and measure the amount of mold spores in their problem with that, mold spores are heavier than air.

They don't sit in the middle of the room. So this is a really good way for a contractor or a landlord to prove to you you don't have mold in your home when you really do.

So if that's what's being used to test your home, please, that's not accurate. You need to go further to do it with. But that's step one, which is you have to be sure that home at work or are safe places for you to be in step two, you need to treat the toxins that are present in the body with the correct binder.

So here is where the urine mycotoxins test is. So helpful. It will tell us with accuracy what mycotoxins are present in that person. And with that I know how to treat it.

And so that's think beyond the scope of today's discussion. But in some of the various books that I have, I lay that out for people really cleanly, where if you have okra toxin, the best binder for that is coli starmie or, well, call and to a lesser extent charcoal as an example.

And so for each mycotoxins we know which binders you can take to pull that out of your body. So we have that information. We don't have it totally, but we have enough that we can help the vast majority of people from a few people.

All they have on them is mycotoxins. They haven't colonized. It's not growing in them. And so for them, just taking binders may cure them of mold toxicity.

And that's great. In my world, the vast majority of people that I see who've been struggling for a long time have colonized. And so once binders are on board, then we can have antifungals to get candida and mold out of the body by treating them.

So that's, I don't know, mold toxicity 101. Yes. Thank you. And you made so many good points there. And I loved how you said how even with the testing you have to in anything, in any part of this, you have to make sure that you're getting the right approaches.

Helping Highly Sensitive Patients

So even bringing up like the testing and getting the correct testing to really identify not necessarily what you're seeing as the highly advertised testing because there's angles, but behind all of these things so that, you know, it really is so important to be educated, I think, in some of these subjects.

Now, when were you mentioned in some of this that, you know, when we're looking at test it to treating Lyme, some of those things are too hard on people that have mast cell activation.

And one of the things that we experience with mast cell activation is highly sensitive people. You know, sometimes even taking a supplement that most people can tolerate or that doesn't have a lot of binders or fillers, can actually create sensitivities, concrete reactions.

Do you have any approaches for people who are really sensitive to everything that they're putting in their body? I do, and first, shamelessly, I want to tell people about my newest book, which is going to be out momentarily.

it's simply called The Sensitive Patient's Healing Guide. And I have 20 guest authors who are the top in the field to chime in and help people to understand it.

we've learned a tremendous amount about sensitivity in the last 20 years, and it's gone from it's in your head to no, it's neurological and cellular, and we know how to treat it and we know how to fix it. So.

The simplest beginning discussion here is for people who become sensitive. There are three major systems that have to be looked at immediately the limbic system, the vehicle system, and mast cell activation.

And the important thing to understand is all three systems are intimately interconnected. It's not like this system and this system, this system separate.

They're totally interconnected. They're mast cell activation is profoundly impacted by the vagus nerve and by the limbic system and vice versa. So one of the things I have seen is that some people only treat one of those three systems and then get disappointed that that hasn't really done the trick.

So I've had people do limbic retraining only to discover that it didn't do much. I've had them do vagal training, didn't do much. I've had them treat myself, didn't do what they thought it was going to do, even though they know they have mast cell activation.

It's not. It's it's that all three systems have to be treated concurrently. And most patients. So let's at least talk about that. the limbic system is the part of the brain which focuses on protecting and monitoring and managing emotion and sensitivity.

So the tip off that the limbic system is involved is any emotional upheaval, anxiety, depression, OCD, mood swings, depersonalization that's limbic. Any form of sensitivity, sensitivity to light, sound, touch, chemicals, EMF, food.

Limbic. The vast majority of our patients have some of both. And so it's pretty easy. They'll start telling me about how anxious and depressed they are.

And they're sensitive to light and sound and chemicals. That's limbic. Okay. Not hard to diagnose, but if you don't

understand how important it is and you're not treating it concurrently, you're going to be missing a major arm of therapy.

Then we have the vagal system. And let me chime in at this point and say, all of these systems are in essence, protective. They're trying to protect the body by monitoring safety in your environment.

They're scrutinizing the stimuli in the environment for safety. And if they don't think you're safe, they're going to shut you down by giving you symptoms to warn.

You're not trying to hurt, you're trying to warn you. And a lot of people don't quite understand that. However, it becomes overprotective, it becomes hyper vigilant.

So you begin to react to things that maybe you're not really supposed to be reacting to, because those systems are being hyper vigilant, if you will. It's kind of like, I'm not going to let you do that because I'm not sure that's safe for you was kind of the way the nervous system is talking to you.

This is not psychological. This is neurological. So again, many most of my patients have been accused by physicians of of having, oh, this is in your head or you're just overreacting or it's not a choice.

Your nervous system is trying to warn you by being hyper vigilant. And the only way you can make progress is to quiet them down as the first primary thing you do.

So when we're dealing with sensitive patients, the I call it the trifecta of limbic vagal marcel, which is we need to be treating all three of those systems concurrently from the beginning.

In some patients who have mast cell activation, they're so sensitive they can't take the supplements they need for mast cell activation until they do the limbic and vagal retraining first.

So if you want an order of things, it's limbic and vagal first. If the patient can doing mast cell treatment with it concurrently, perfect. Once that's in place, then that sensitive patient will be able to handle the treatment that they need from old or Lyme or whatever the other causes are.

So I think that's my introduction to how someone should be looking at this. Yeah, I totally agree with you. I have seen countless people that really haven't been able to make any progress until we are addressing the nervous system.

So it is. And it's it's not all it's sometimes overlooked. So it's really to get that in to your protocols. ISM is important. and I encourage everyone you said your books coming out soon.

Yeah. Again, it's called the Sensitive Patient's Healing Guide and the e-book should be out next week. The paperback should be out from mid January early February.

So I'm excited. we have I mean, guest authors for that include, Annie Hopper and Asher Gupta writing about the limbic system, Steve Porges writing about the vagus, Beth O'Hara, writes about the mast cell activation.

Rich Horowitz on Lyme disease. I wrote a chapter on mold toxicity and so on. We have literally the top people in the field writing chapters on each piece of the puzzle. Now, for really sensitive people, there are some other pieces of the puzzle that we've discovered.

I oversimplifying some of this for the purposes of this presentation, but there are other pieces of the puzzle. for many people, there are structural pieces to their sensitivity, meaning they need to have, osteopathic, treatments or chiropractic treatments to get their body back in alignment, particularly for sensitivity.

Jaw dysfunction plays a major role. the body puts an unusually important stress on the teeth aligning properly. If it doesn't, if that's not the case for people with fairly severe cases of TMJ or things of that nature, if the teeth are

aligning, the body spends an incredible amount of effort trying to get that alignment just right.

And that is a huge stressor for a few people. They can't be they can't even start limbic and vagal retraining until they get their their dental realignment and facial structure.

So proper again, that's not often well known. There are some when people do become sensitive, they often become sensitive to salicylates. They often become sensitive to oxalates.

Again, we have chapters on that, helping people to understand that there are some other pieces of the puzzle that if we don't take that into account, we're not going anywhere.

another part of the of the puzzle is. Many of the patients that I see have been put on antidepressants or benzodiazepines to control their anxiety and depression, and then unfortunately, being taken off of those things very quickly.

And many people know that you're not supposed to take people off benzodiazepines quickly, but a lot of people don't know. You shouldn't come off SSRI as quickly either.

So that again, sensitizing the nervous system, they're in a state of withdrawal. That adds another dimension to the sensitivity issue, which needs to be taken into account. So the more we learn that's true of everything in life, the more complicated it is.

But the good news is we can now identify a lot of the pieces of the puzzle and help the vast majority of folks who have become sensitive to get well, to completely recover their health.

So I think that's the message I really want to convey. Great. Well, thank you so much for all of the great information you've shared with us today. Can you show our audience where they can?

I'm going to try that again. Thank you for all the information you've shared with us today. Can you tell the audience where they can find you? Find me? Yes.

Besides all your great books, if they want to. Well, I I'd rather they didn't show up on my door. Yeah. Not your personal home, but just. If they want to follow along for more information.

Okay, so first, let me encourage people to read some of my books.

Resources, Consultations, and Closing Remarks

The new one very excited about, my previous book, toxic Heal Your Body from mold toxicity, Lyme disease, multiple chemical sensitivity and other environmental, issues.

that will give people a really good overview of this whole thing. If you want the short version, the cliff notes, I do have an e-book called Mold and Mycotoxins Current Evaluation and Treatment, which we updated last year.

So it's 2022. It's about a 40 page book really devoted only to mold, which is how to look at mold and do that. So those are resources people can have.

I am available for consultations with patients and their physicians, and you can get that consultation on my website by simply going to. NeilNathanmd.com not complicated.

And if you want to schedule consultations but the the site to contact me or simply askdrnathan@gmail.com and then we can set up for you with your physician.

you have to have a physician who knows what they're doing. If you're looking for physicians that I've trained. let me make a comment here. I have a mentorship program, for physicians, we have almost 200 physicians in the group.

And, I teach people what I know. And the beauty of it is, I do it with a fabulous naturopathic physician. Jill Crista and Jill and I provide both the more standard medical approach and the natural approach to how to work on all of these issues Lyme and mold and environmental toxins and if you're a physician listening to this, and have prescriptive authority, we would certainly welcome you to join us again.

You can go to that same site and we have information about joining us on my website. I have a list of practitioners I've trained. So you can look up and see if there's someone in your area that you can work with to get the help you need.

It's really important to work with someone who actually knows what they're doing. This is pretty complicated stuff. It's doable. I emphasize every single thing I've talked about today is treatable, but I really need to work with someone who understands this and can help you.

Because if you're sensitive, this is not going to be a smooth, simple process. It's a hit or miss. I can take this. I can't take this. I'm trying. It's it's a ton of tweaking is involved and and getting this just right.

So you really need to know to work with someone who can help you with that. Am I answering your questions? You got it. And that's perfect. And and I just wanted to add, I think that that's a such a great point because but when you get past it, I just had someone last week who called me or we were talking on our meeting and they were saying that they got to a she.

It took her about two months to get to a full capsule that we were trying to get into her, but when the joy that she had by getting that capsule in and starting to see results was amazing.

So it's just really taking that time to do the things that you're telling us and really not expecting that immediate result, but being in for the long haul to actually get the answers.

Yeah. Oh, a lot of the physicians that I trained are shocked at the tiny doses I use in the patients that I'm treating, and they'll go, I've never given anyone that lower dose.

And I'm going, well, you may start to do that now. if you're going to work with sensitive patients, it requires a lot of feedback where the patient will say, okay, I tried this and this is how I reacted.

And my response is, okay, that's too much. We need to cut that back, or I need to find a different way or a different material to give you to get through that.

But if you can keep your optimism up and if you can keep just plugging away at it, it's a rare patient who can't get well, working, working in this way and just it's a slow process.

The other comment I would make is sensitive patients respond surprisingly well to minuscule doses of things. So a lot of my patients over the years have said, oh, come on now, that's pathetic.

What's that going to do? And the response eventually was, oh, I see it works. So it's the good news is that somehow nature has built into the system that if you have unfortunately become really sensitive, you also become really responsive to teeny doses.

So it's important to understand that and not go, oh, I've got to get my dosage up to something major in order to get well. You don't. I've had people get cured from mold toxicity, taking a 16th of a teaspoon of cholesterol every three days with a quarter of a tablet of Chlorella every other day, you know, and again, that patient said to me, come on, me, that's pathetic.

And I went, yeah, but it's working, isn't it? So that's an important thing to for everybody to keep in mind. Yes. Well thank you so much for giving us such helpful information today.

Thank you for joining us. You're very welcome. Thanks for having me. Thank you. Have a great day, everyone. You

too.