Welcome and Introductions

Hi, welcome to the Fibromyalgia Freedom from Fibromyalgia Summit. I'm doctor Roger Murphree and I really am delighted to have Doctor Neil Nathan here.

He is one of my heroes. Really. I guess I should say that, because he's one of the folks that early on really encouraged me to keep pursuing this thing that I knew was right.

What? Jeffrey Bland, the father of functional medicine, talks about as good medicine. He and Cindy Baker and early on as a chiropractor and doing hands on therapy, I knew there was more to health.

Although that was a wonderful time in my life that I knew there was more than just that physical medicine and functional medicine. I fell in love with it years ago, and about, 5 or 6 years into it, I came across Doctor Nathan's book and I thought, wow, this is really what I want to do full time.

And so it's been a process over the years, making happen. But I'm so happy to have you on here. Let me share a little bit about your bio. Before we get going.

We're gonna have a phone conversation. Let's see, he's the author of several books, and we're going to talk a little bit about that. But Doctor Neil, Nathan, has been in practice or was in practice about five decades. I think that's right.

He has been a board certified family practitioner and pain management. He is a founding diplomat of the American Board of Integrative Holistic Medicine and a board member of the International Society for Environmentally Acquired Illnesses.

Two of my favorite books. He's written several bestsellers. But the book that I was talking about just a moment ago came out in early 2000, I think somewhere 2010 maybe.

Yeah. 2009. Okay. And and unfortunately, that book's not in print anymore. Well, I forgot, but I got a copy, so. But, but and that's great. But there was a follow up book.

It was picked up by a larger publishing company, and, that is now called Healing is Possible healing, as I saw that in your in a bio. And yeah. So that one is called on Hope and healing.

This one is called healing is possible. And so if, if any of your listeners want to get hold of that book, it is still available. Yeah. Great. And then the other book that I fell in love with couple of years ago, right when it came out, is toxic, heal your body.

Early Fibromyalgia Insights and Root Causes

And this is, anybody, whether you're a medical misfit, what we're going to talk about today or you're a physician that treats men of misfit. This is a booking agent in your library.

Well, Neal, doctor Nathan, delighted to have you here. Let's talk about my favorite subject, fibromyalgia. And so in your book, she talk about really, this was your your gig for five decades or for a number of years is really looking at people who are kind of designated medical misfits.

These are people kind of been everywhere, tried numerous things, and just kind of fell through the cracks. I just didn't get the the attention or the care that they, they needed and deserved.

Tell us a little bit more about that journey. Well, sure. I first started encountering what we now call fibromyalgia, back in the 80s. It was called five bursitis.

Yeah. And, I at the time, I was, running an inpatient pain clinic in Minnesota, and we began to see this epidemic of really sick people that nobody could put a handle on.

They had fatigue and joint pain and cognitive impairment and irritable bowel and a whole bunch of other things. And what the medical profession often does is, if we've not seen it before, it's psychogenic until proven otherwise.

Yeah. So all those poor patients were told, oh, you need to be on, SSRI or anti-anxiety medication and it's kind of in your head. Well, but because we don't understand it.

But it became really clear to me very quickly that that psychological treatments didn't do anything. So it became really clear this is not a psychological illness.

This is a medical illness which we don't understand yet. And very slowly in the early 90s, myself, I worked really closely with, Jacob Teitelbaum, who I know you've worked with as well.

And Jacob and I shared an understanding that there were a whole bunch of physiological imbalances which caused it. And if you could identify those imbalances, you could successfully treated.

Yeah. So the medical profession didn't really accept fibromyalgia as a legitimate diagnosis until shock of shocks and medication came out. Lyrica, which treated not well but treated fibromyalgia.

And then okay, now we have a drug for it. Now we can put a label on it. Now we will accept this as a legitimate diagnosis. But the drug could help some people, but it didn't cure it like figuring out the imbalances.

So I'm sure we're going to get into Roger is what are those imbalances? Because that's where the hope is. Anyone who has fibromyalgia, the vast majority of you can get well if you can identify the causes and treat them.

You know, it's sad to think that here we are some 40 years later, and we still have physicians that still think that those are fibromyalgia hypochondriacs, that the illness is not real.

We had other physicians. The majority of physicians are, you know, in the conventional world anyway. And that's Stephanie by step is really but, the majority of physicians really don't understand fibromyalgia and oftentimes just kind of dismiss it.

And so patients wind up on a medical merry go round. They see one doctor after the next, and that doctor, he or she puts him on a medication because that's what they normally do when they see that particular complaint.

And so these people wind up on half a dozen or a dozen drugs. And unfortunately, you can't drug your way out of fibromyalgia. And so it really was a breath of fresh air for me to find functional medicine and realized that in my fibromyalgia patients that I was seeing in the early, mid 90s to 2012, it's been late 1990s over 20 years.

There was a process that if you could figure out what were the triggers and underlying triggers of the symptoms, you stood a chance of being able to help this person get healthy and then get well rather than focusing on a symptom.

And even in even I was guilty, even in, doing, you know, more integrative medicine where Tom had a, physicians and we used very judicious use of prescription medications and naturals.

But oftentimes we were doing we're using natural things to cover up a symptom instead of really looking at those root causes. So, it's sad that we're still at that place where we got that, the community right now at large, really vibrant community at large is being told you just have to learn to live with it is sad.

Very sad there. So yeah, that that is that is a travesty. It is. And I, I often find myself apologizing for my profession that, you're not being treated with the respect that you should be.

And it's really unfortunate that your physicians, not one, but many, don't understand the underpinning of this illness so that you can treat it. Yeah.

And so really, I don't think, you know, conventional medicine as much for this illness. Unfortunately, it's just not set up to be able to be that helpful for fiber.

In fact, a lot of times I think it can be something that impedes the person from really getting the help that they need. You mentioned lyric. I'm not a fan of Lyrica, at all because of the potential side effects, and I think the studies show that it works in about, 30% of people who take it and 50% of those 30% can't take it because it has so many side effects.

What in your, in your experience dealing with fibromyalgia in particular, what are some of the things that you believe are the triggers that kind of bring this illness on?

Lyme, Mold, and Environmental Toxicity

Well, in my first book, the one that got you're going hear what I talked about where the big six and the little six. Yeah, I was trying to write that book for consumers to understand.

What kinds of things should you be looking out? Yeah. Jacob eventually identified, I think, 180 different biochemical pieces of the puzzle that we could look at, some of them being fairly rare.

Yeah. But so the biggies in my experience at that time, and I'm going to change that list now were magnesium deficiency, thyroid deficiency. Intestinal dysbiosis, food allergy and sex hormone deficiencies.

If we measure those things and patients and fix them, a huge percentage of people got. Well, yeah, that little six some of which are now the big six at that time were mold toxicity, Lyme disease, a variety of dental issues.

Hyperglycemia, heavy metal toxicity, other environmental toxicities. So again, those things also could be looked at when people weren't responding to the basics.

Yeah. However, that shifted. What I am now finding and have for many years is that Lyme disease is way more common in fibromyalgia patients than US anticipated.

And more recently, we've learned that mold toxicity is a huge thing in fibromyalgia. Yes. So one of my colleagues, Joe Brewer, who's an infectious disease specialist in Kansas City, wrote a paper in 2013 in which he took 112 people with chronic fatigue and fibromyalgia and measured urine mycotoxins and, shockingly, 92% of those patients not only had mycotoxins in their urine, meaning they had mold toxicity, but they responded beautifully to treatment for that.

So I think that the newer information is that if you have looked at some of the basics and you haven't looked at Lyme disease, or you haven't looked at mold toxicity, those are really, really important areas to be, evaluated and treated because the my take home message has always been, this is treatable.

We just have to look hard enough to figure out what's causing it. Yeah. So Jacob and I have a lot of similarities in our protocols. And I'm guilty of stealing everybody's protocol that I know that works.

You know, I would I would, go steal a shaman's, routine if I knew it was going to help these folks. But, I think the low hanging fruit is still part of the equation, for sure.

So deep restorative sleep, magnesium deficiency, nutritional deficiencies, adrenal fatigue. I found that 70% of my patients have a problem with their thyroid that's never been properly diagnosed or not being properly, treated.

But you're so. You know, I said this the other day, somebody said, you know, I've been doing this 22 years and I think instead of gotten easier has gotten harder.

I think the patients and maybe it's just the universities. I think this is how it works. The universe didn't send you anything that you can't handle. And it seems like over the last few years, I'm getting more and more patients have always been complicated, but they're even more complicated.

But you're so right. The two things that I see now more than I've ever seen. More toxins. You know, bio toxins, neurotoxins, and then Lyme and and and when I was testing for them a few years ago, I was, and I really was testing for promote, but I've been testing for them.

They've come back negative and I would and I would dismiss it. But now when I was just about to give up on testing for line, I'm getting a slew of folks that have line and fibro.

The reason why I'm finding more is I'm finally testing for it. And that was partly due to your, your, your book, introducing me to Richie Schumaker, you know, a few years ago, but, yeah.

What has changed? Why do you think we're seeing so many people now with with Lyme? Is it just because it's more, in fact, infectious than we ever thought?

I think there are two components to what you're seeing. So first of all, since, I have specialized in treating, fibromyalgia and chronic fatigue for many, many years, I began to get the referrals from my colleagues who weren't figuring out what was wrong with their patients.

So I began to get a kind of a skewed population of the sickest of the sick, the people who had not responded to what other people were doing. But, but and this is very important.

I also think we're seeing more and more and more of it. And people are sicker and sicker because the world we live in is sick, meaning we live in a very toxic world which has not owned up to how toxic it is.

There are 80,000 chemicals in our environment, which didn't exist 50 years ago, that have never been tested for their safety in human beings. And I think our patients with fibromyalgia and chronic fatigue are the canaries in the coal mine.

They're the ones who are a little more sensitive, and they're being affected by those toxins sooner than the rest of us. But if we don't do something about our environment, we're going to see a even more of an epidemic than we already have.

Yeah. So, the CDC slowly began to admit that Lyme was an epidemic. Back in 2013, it admitted that there were 300,000 new cases of Lyme every year. In 2018, it admitted that there were 400,000 every year.

We think it's higher than that now. And with mold, it is estimated that there are 10 million people in this country who have some aspect of mold toxicity.

Most of them have no idea that they have it. So, you know, I'm a little tired. My brain's not working quite so well. I'm a little more anxious than I ought to be.

It's a very, very underdiagnosed condition. So this is my thing, and I can't remember. I think this is my fifth fibro summit. So the first three, there wasn't much talk about more, but the last 2 or 3, there's been a lot of talk now about mold.

I think it's a very important topic to be discussing on this, on this, venue. And I think, you know, mold, the mold toxins really lend themselves and I think Lyme as well to these, it's kind of the perfect storm because this individual is going to life.

They're building up these toxins that are accumulating in their cells and also and they start having symptoms. They don't know why. And then they symptoms start to multiply.

They start getting more conditions, more symptoms. And mold is just a trigger that eventually you get so run down that really starts to give you trouble.

It could be Lyme, it could be, you know, it could be a bug. Whatever it is, these things are opportunistic. They're they're they're your your body is able to deal with them.

But at some point you just get so rundown, so toxic that every you start to react to everything. Okay. Very true. Yeah. The there's several ways you can get mold toxicity.

One is number. The easiest and most common is you're exposed to mold. And any in any water damaged building there is the risk that mold will start to grow in that building and it will make you sick.

So the commonest thing we see is someone is their home is moldy, their office building is moldy, their car is moldy, or they spend a lot of time at a parent's home or a friend's home that has mold in it.

And and fairly quickly you will get mold toxicity from that. Yeah, there's another manifestation in which you could have been exposed to mold and not gotten sick from it, but the mold began to grow inside your body, typically in the sinus, and got areas then.

And this is what you're alluding to. If you take a hit, stress and infection, Covid, something will impair your immune system so that it loses containment.

And then we're off to the races. And once the immune system loses containment, one of the essences of both Lyme and mold is weakening the immune system so that it is now more vulnerable.

And in fact, the essence of healing lime and mold is getting rid of the toxin, getting rid of the infection so that immune system can reboot itself and take over.

It's typically fabulous job of keeping all of those infectious bugs that we're exposed to, from affecting us. Yeah, and this kind of goes right into the wholesale danger theory, where the by the survivor, Isaac Lee, as he talked about the survival paradox, are very, very similar.

But the wholesale danger theory, where the body thinks it's it's, it's survival is threatened and it overreacts. And you have you have this overcompensation of inflammation and other things that are happening.

When you come in contact with some of these toxins and you're already kind of run down, your body can overreact to them and set up a whole cascade of things that, kind of build on.

So it's hard to get out of that. I don't think I call it an overreaction.

Mitochondria, Methylation, and Sleep

I would I would describe it, and I think I can speak for Doctor Inovio who developed that model. Yeah. That, it it is not that the body thinks that it's under threat.

It knows it's under threat. The mitochondria, which are the organelles inside our cells that generate energy that are absolutely critical to our life or our survival, has a dual function.

It's also a monitoring system. And the mitochondria monitor the body for safety by what it perceives as an electrical job up inside the cell. What can cause that?

Electrical junk infections, toxins and stress. So those three things can trigger in the mitochondria. Not just the

perception, but the reality of, oh, I've got something going on here that I've got to deal with the mitochondria.

Then begin a biochemical dance, which has been with us since millennia, since we were ever on the planet, that is, our body's way of fighting that infection.

I'm not going to call it an overreaction, because it's a it's really a normal it's really a normal reaction, isn't. Yes, exactly. It's it's the body's way of handling that threat.

So let's take a viral infection for example. The body perceives that threat as a threat, and then it shuts down certain components of chemistry to deal with it.

So for example, a virus can't replicate can't grow unless it uses a methylation. But viruses can't methylation. So what they do is they hijack our ability to regulate so that they can replicate.

So what does the body do. It shuts down methylation so that the virus can't do that. So in all of our very sick people we tell them we're you're not menstruating very well.

And my response to that is, well, duh. That's how the body is dealing with that. It isn't a disease. I remember. I can't count the number of people that have been referred to me by my physicians who oh, you can't methylation.

So we're going to work on that. Well, you're trying to circumvent the body's defense. It's not the right thing to do at that time. You have to either find the stress, the infection or the toxin or some combination of that, and treat that until you do the body knows that it's under threat and and can't actually respond to the kinds of things that it otherwise respond to.

So forgive me for going into a little detail. It's kind of complicated, but Doctor Navios model is a fabulous way to understand any, any chronic illness because we can understand that these biochemical shifts that the body is going through, we're protective.

And unfortunately, until we can convince that body that oh no you're safe now Lyme is gone. Mold is gone. The stress is gone. We're cool. Then the body can go go about a business.

So staying sick isn't intended to make us suffer or or being harmful to us. It's to get our attention going. You're under threat, buddy. Yeah. You've got something serious going on.

Please identify it so I can get well. Yeah. It's like the engine light coming out of your dashboard. You know, it comes on. It's a warning. That's on as a symptom. As a warning.

Something's not right. Well, people may or may not have heard of the term methylation. It's gotten, you know, a lot more press over the last few years.

Tell us, can you talk a little bit more about methylation since you brought up the importance of it and what it is? Well, methylation is a very simple biochemical process, but if you're not biochemically oriented, this would be gibberish.

However, there are hundreds of biochemical reactions in the body that require this process, called methylation. For example, we make melatonin out of serotonin by a one step methylation process.

So in other words, the body methylation. There's what we call a methyl group, which is simply a carbon atom surrounded by three hydrogens. That's called a methyl group.

And if we take that methyl group and we stick it on any other molecule, that's methylation. So we require that for detoxification for energy, for healing our DNA when it becomes damaged, there's hundreds of super important biochemical processes that require it.

And so when we're not methylated that has a profound effect on our body in terms of chronic fatigue. You may or may not know that I, I did some work with rich functionality in Burke, oh, about 15 years ago, where we did a very, very, elaborate study showing that chronic fatigue and fibromyalgia patients weren't able to methylation.

And by fixing methylation, if we were also fixing mold of lime and everything else helped all of them to get better. Yeah. So so it's it's a. It's a commonality to anyone with fibromyalgia that you're not vacillating.

Well yeah. Is it always picked up in testing. Do you, do you feel like it's, can you have a problem methylation and not show up in testing? Genetic testing?

Well, genetic testing doesn't show it. It only shows genetic predisposition. Yeah. Right. Right. We don't know. On meth, on genetics. So a number of people in the medical world have gotten enamored of genetic testing.

And it doesn't help very much for methylation. It can tell you what you're predisposed to. It doesn't tell you what you're doing. Yeah. There's a there's a great test.

There's an actual blood test that will very, very clearly show you how well you methylation. Okay. It's by health diagnostics. A lab in new Jersey. And they will measure 11 different parameters of methylation.

So you, you can tell exactly which part of methylation is stuck and exactly what supplements to use to get it back on track. So for my, our perspective, that's what we did in our study about 15 years ago, showing that our patients had an unusually low glutathione, which is the end product of methylation.

Yeah. And that by taking certain very specific substances, particularly, five methyl tetrahedra, folate and hydroxy cobalt, you could reverse it in literally every single patient.

Yeah. But you couldn't do it until you got the mold and heavy metals and and Lyme treated. So I mean, so yes, it works, but it only works when the body perceives itself to be safe enough that it can respond.

Yeah. What do you feel like are some of the other things that you see in fibromyalgia? You, you watch, where do you where do you play serotonin? The role serotonin plays in fibromyalgia a three year curve.

So I'll answer it. But it's asking a complicated question. I'm sorting out my answer. I saw your wheel spinning. That's why. That's why I was gonna throw you a lifeline.

I don't know that I needed a lifeline. So a large percentage of people with fibromyalgia will have, as we referred, to, sleep issues which are profoundly affected by serotonin.

Many of them will become anxious or depressed again, this can be a serotonin deficiency. But my trying to answer your question, yes, they will have a serotonin deficiency.

But simply taking Serato or its precursor five HTP or tryptophan is rarely sufficient to fix it because it's more complicated than that. Yeah, and what I'm going like this, I'm thinking, how do I talk about.

It's more complicated than that. Yeah. No. So I mean, I find that five htp five drowsy tryptophan with the right synergistic B vitamins, magnesium binding say to me, is incredibly helpful for my patients with serotonin deficiency.

But you're right. Then the next step is what sabotaged that whole process, right? Correct. So again, you're going to find I keep coming back to Root Cause, which is a serotonin deficiency is a downstream effect of those root causes.

So you will help some people if they're ready for it by by supplying those treatments. But I my caution is always look for the root cause or you won't really fix the problem.

Yeah, yeah. Well one of the things that I think is incredibly important for these folks is to reestablish deep,

restorative sleep. I think if you don't get that right, I mean, really makes sense, right?

It is. You wake up, you're going to be tired. You're going to be brain fog. You going to have I mean, I'm going to put that in the root cause category two, which is if you have mold toxicity, which affects the limbic system and the vagal system may trigger mast cell activation, you won't be able to sleep because your nervous system is wired.

If you have Lyme disease or Bartonella, it's inflaming your nervous system. You won't be able to sleep. So again, non restorative sleep is a consequence of those things.

And again forgive me I'm a broken record. We've got to get back to root cause. No I think it's important that we have that conversation and we keep and we keep drilling at home because I think unfortunately, or for most of the fibromyalgia day, I've already kind of done all these things that these therapies that really are all about just treating the symptom.

And they realize they didn't get them very, very far. So we really do have to have the conversation and keep and keep driving at home. Almost in every interview is with functional medicine.

The whole premise is to find and fix the, you know, the root, these root causes. Yeah. Right. Right.

Testing for Lyme and Mold

So in the time we have remaining, I want to emphasize how to look for Lyme and how to look for mold toxicity, because I want, the listeners through this program to understand that these are not easy to do.

And you want to be sure you get the right tests done properly. Your doctor may never have heard of these tests. And find someone who has. Yeah. In other words, for mold toxicity, which I think is even bigger than Lyme in this particular arena, you want to get what we call a urine mycotoxins test.

Yeah, a urine mycotoxins test is very simple. You collect first morning urine, you send it in the lab to analyze. It's a bit more accurate. If you can improve the body's detoxification before you collect the urine.

So if you can do a sauna or hot bath the night before you collect your urine, it's more accurate if you can. If you can tolerate and take a little bit of glutathione before you do the test.

Also more accurate. And then you just see what the results are. Yeah. And if if there are mycotoxins in your urine it's coming out of your body. You have it. Yeah.

Well there are a number of labs doing the test. Some of them are more accurate than others. Now I have no affiliation or connection to any of these labs.

Right. So that I can speak comfortably about which labs I think do the best job. From my perspective, currently, the real time laboratory does the most accurate job, not only for testing, but for follow up.

You can get okay testing from Great Plains, from vibrant but in our experience and I pool, I have a mentorship program for over 150 physicians. We pool our knowledge base and the vast majority of us have found that real time is the most accurate.

So if you're going to do it, do it from the best lab we have access to. Yeah. In the Lyme world, there are many conventional doctors will do what's called a simple antibody test.

They call it a screening test. It is fairly close to worthless, but a physician will take a negative result. Say, yep, I tested you for Lyme and you don't have it.

That's not adequate. But you want to get the best lab in the country from the perspective of most Lyme experts is I Gen-X, but they have what's called an immuno block IgG GM for Lyme, which is probably the most accurate.

There's also a pretty accurate lab called and lab in Minneapolis, which uses a somewhat different technology, but it's also pretty accurate. There are a lot of other labs out there, and they're nowhere near as good.

So you want to be sure you're getting properly tested, understanding that no lab is perfect and it is intrinsically difficult to get a positive test for Lyme because it's an immune test and the immune system and Lyme patients is already compromised.

So some Lyme patients aren't able to make antibodies that they need to. They'll come up with a negative test. Now even the CDC recognizes, but the diagnosis of Lyme disease is a clinical diagnosis.

That means if you have all of the symptoms of Lyme disease, perhaps exposure to a tick bite, perhaps you had a bull's eye rest. Then even if the test is negative, you need to be treated.

So for someone to test you and say you don't have it, let's move on may not be sufficient. Yeah. What are some of the signs or clues that you have Lyme disease.

Because it's the symptoms can be really broad. It's sometimes hard to know okay well that's just fibromyalgia. Course. Fibromyalgia is just a name. You know we're looking for these underlying root causes.

But know with Lyme there's it's so broad that sometimes people can can get lost in that. What what are some of the things that when you hear these symptoms being mentioned, you go, that's probably long.

Okay. So I'll separate Lyme and mold, which have slightly different symptoms, but there's a huge overlap to them. So in Lyme disease joint pain gosh that looks like fibromyalgia fatigue cognitive impairment issues with sleep.

All of that looks like fibromyalgia. You can understand why someone would miss the diagnosis of Lyme disease, but Lyme disease can also cause some cardiac effects.

It can also cause neurological symptoms that fibromyalgia doesn't typically have, like paresthesia, which are numbness and tingling in different parts of the body.

It can cause actual neuropathies like a Bell's palsy, so that there are other symptoms more severe than fibromyalgia itself that would push you in that direction.

Yeah. With mold toxicity, we will see. What we call icepick type pains, electrical pains, a perception of vibration in the body. Where you feel it but you can't see it physically.

Those are classical for it, which aren't really typical for for. I call it baseline fibromyalgia because I believe that mold toxicity and Lyme disease are being misdiagnosed.

This fibromyalgia, because that's the thing that people know that is the closest to that group of symptoms. In mole toxicity, there's a huge incidence of extreme anxiety and depression, even severe things like depersonalization or D realization, which is a sense that you don't feel like this is your body.

You don't feel like you're even living in your own body. So when someone presents with a heavy psychological overlay, it's not a psychological illness.

The toxin itself can do that. And by the way, the co-infection of Lyme Bartonella can do that as well. Yeah. So. You want to be sure you're working with a practitioner who is functionally trained to know about Lyme and mold, so that because if they don't, you will not get the right diagnosis and you're going to spend months or years and decades, working on the wrong thing, that's not letting you get well.

So my comment to you all is if you have fibromyalgia, absolutely early on, get tested for Lyme involved because the odds of you having it are fairly high.

Missing you is a travesty. Yeah. And while we had time, I want to bring up one more subject. Okay. There's another kind of fibromyalgia that a lot of people don't know about called cervical trauma.

Fibromyalgia. Yeah, it's it looks like fibromyalgia, but it is the result of an injury to the head or neck, which leaves a residual inflammation in the spinal cord, which manifests as a fibromyalgia type picture.

And the reason I want to mention it. So anyone who has developed fibromyalgia, even years later, from an injury to their head or neck, particularly a whiplash type motor vehicle accident is common.

Cervical Trauma Fibromyalgia and Practical Advice

Yeah, be aware that that is a very real thing, and it's treatable by a technology called frequency specific microcurrent. So again, it's a subcategory of fibromyalgia, which a lot of people haven't heard of.

Yeah, I think the estimates are some somewhere around 15% of the people who, who have a motor vehicle accident, a whiplash type of, acceleration, injury go on to develop fibromyalgia.

Well, they're developing cervical trauma, fibromyalgia, which is and here's the good news. It's treatable. Super treatable with frequency specific microcurrent if you make the diagnosis.

Yeah. And the tipoff to the diagnosis is and again, in these days of telemedicine, people don't do it very often. But to check reflexes, the reflexes of the lower extremities in this condition are much worse than the upper extremity.

So the knee jerk jumps out and if you tap the arms, barely moves. So that's a tip off that you may have developed this condition. And again, the reason I mentioned is because it's so treatable.

Yeah. What what do you feel like is, one of the most important things someone could do who has fibromyalgia that would change the trajectory of their illness.

And that's kind of an open, hidden. Good question. What could they do on their own? We want them to seek out a functional medicine practitioner. Get testing without testing. You're just guessing.

You know, you're just going to be in a maze of you never can get out of. Well, what are 1 or 2 things that you think you know that you've seen over the years you've encouraged your patients to do at home?

That has been helpful. This is a very complicated area, to be very honest. I think that more people have hurt themselves by trying to figure it out on their own than by finding someone who really understands this.

Not so much like so my my absolute number one recommendation is find someone who understands this, is functionally trained and has experience in it so that you can get the right testing for you, and then with that correct treatment, based on understanding the pieces of the puzzle that apply to you, then you'll get the right treatment.

I've had a lot of people flounder trying to figure it out on their own, so I honestly, I don't recommend that. Yeah, well, they get lost. They lose sight of the forest for the trees or whoever that is.

They get, you know, they go down the rabbit hole, they hear something, and they do this therapy for a while. And most, most of individuals, fibromyalgia, have a cover that's overflowed with supplements and field bottles.

And it's, you know, they can really get frustrated and lose all hope. And I think really, you're right. I mean, really the way that you solve that is find somebody that understands the illness and can help you figure out where you're broken down.

Yeah. I don't, it might be expensive. A lot of people who work in this field but don't take insurance. That's unfortunate. Yeah, but to suffer endlessly with something that is treatable is, again, a travesty.

So if you have it, find a way to get into the hands of someone who knows this and get the right kind of treatment because it exists. Yeah. The vast majority of patients that I have treated with fibromyalgia have gotten well.

So yeah, that's why you're on here. That's why we're both on here. Well, you know, we well, well I treated I don't know, I probably treated 10,000 people with fibromyalgia over the years.

So I, I, I come to the table with at least a little experience. Well, you know, I've say that not to be braggadocios on myself either, but the fact that most physicians don't understand it, you know, they they even if they're in functional medicine, unless you're in the trenches with these folks on a consistent basis, they really are in so many ways very different than than other patients.

You know, you know, but you have with medical misfits, it's really it's that same kind of recipe you're continuing to focus on where they're broken down and, and, and trying to fix that place or places where they're broken down.

You know, I think we're both seeing the same thing in our own, in our own ways. I can't I can't emphasize that enough. This is treatable. Yeah. So, Well, it's true that, you know, most of us had this type of illness, and this type of practice really doesn't lend itself to the insurance model, and, it is out of pocket medicine.

But when you put it in perspective, the estimates are that someone in fibromyalgia is going to spend $2 million on health care over their lifetime, 600,000 out of pocket.

And that's going to physicians that don't understand this. You know, they're paying co-pays and deductibles, getting tests and doing these things, taking drugs and that create other problems that have to be addressed and cost more money.

So would you put it in that perspective? It really is a bargain to find somebody that can finally help you pull this thing together and get out of this maze of poor health that you couldn't get out of.

Yeah. It's worth, it's worth every cent. Yeah, yeah. Well, what's, any. Have you got any new projects? What are you here? What do you do for projects you're working on? I want to hear them.

I do, I've just finished with a whole team of people writing a new book called Y, tentatively called. May not wind up being that called. Why is my Body so sensitive and what to do about it?

So what happens to a whole lot of people with fibromyalgia, whether it's caused by mold or Lyme or a wide variety of other things, over time the body becomes sensitized.

And by sensitized I mean, the senses, light, sound, touch, chemicals, EMF. So many of our patients become very sensitive to the point that sometimes they can't even take the medications and supplements we want to give them because they react to everything.

And this is, again, an increasing epidemic. So, my new book is about our understanding of the sensitive patient and how to fix it. So in the basics to there are these conditions will trigger ultimately if they're not treated sensitization of the limbic system, the vagus nerve and mast cell activation.

And those three things which interface with each other in a very complicated way, have to be treated first before you get to the root cause, because the body simply can't handle it.

So again, my new book has been is written with literally a team of experts in this area, and it's just been completed. We're just getting a publisher lined up.

I would anticipate for lucky should be out by late spring or summer, and I think it will be a very, very helpful to hundreds of thousands of people who have become super sensitive over the years and didn't think there was a way out.

And and there is. I can't wait to get the book. Those are some of the most challenging patients that I faced, or the ones that have these chemical sensitivity issues, because, you know, oftentimes they can't take any supplement, they can't take anything.

So, you know, you kind of feel like you got your hands tied behind your back. Look forward to that. I want, I want you to share what's the best website for people to go learn about you and your work.

I want people really want to encourage people to check out your resources that you have available. Sure. Not complicated. It's simply Neil Nathan, MD, dot com, or Shane and that's there.

And on that website, by the way, is a list of practitioners that I have trained. I don't certify anybody, but I've trained them and I've watched their abilities over the years.

And I know that they're really good at this. So there's literally physicians from all over the world on that list, and hopefully there's someone in your area that you could find.

That would be what we're talking about, someone who really knows what they're doing. Yeah. Which oftentimes like trying to find a needle in a haystack.

So so glad you have that resource for them, doctor. Nathan, this has been great, I loved it. Can't might have you come back on a podcast or something that we could get together and talk some more in the future.

Thank you so much for being part of this fibromyalgia summit. Thank you for having me.