Introduction and Guest Background

This is Dr. Talks, real talk from real doctors on the issues that matter to you most. Hi, welcome to the Fibromyalgia, Freedom from Fibromyalgia Summit.

I'm Dr. Roger Murphy, and I really am delighted to have Dr. 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 his 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, but I knew there was more than just that physical medicine and functional medicine.

I fell in love with it years ago and about five or six years into it, I came across Dr. 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 it 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 going to have a fun conversation. Let's see, he's the author of several books and we're going to talk a little bit about that. But Dr. 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 2000s, I think somewhere 2010, maybe.

Yeah, 2009. Okay. And unfortunately that book's not in print anymore. Well, I've got, I got a copy. And that's great. But there was a follow-up book. It was picked up by a larger publishing company.

And it's now called Healing is Possible. Healing is Possible. I saw that in your bio, in a bio. Yeah. So that one is called On Hope and Healing. This one's called Healing is Possible.

And so 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 a couple of years ago, when it came out, is Toxic, Heal Your Body.

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 medical misfits, this is a book you need in your library.

Well, Neil, Dr. Nathan, delighted to have you here. Let's talk about my favorite subject, fibromyalgia. So in your books, you talk about, really, this was 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. They just didn't get the attention or the care that 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 eighties.

Fibromyalgia as a Real Medical Illness

It was called fibrocitis. Yeah. And I, at the time I was running a 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.

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

But it became really clear to me very quickly 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 fairly 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 treat it.

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 what 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 with fibromyalgia are hypochondriacs, that the illness is not real.

We had other physicians, the majority of physicians, you know, in the conventional world anyway, and not step on anybody's toes, really. But the majority of physicians really don't understand fibromyalgia.

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 if 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 realize that my fibromyalgia patients that I was seeing in the early mid nineties, 2012, it's been late 1990s, over 20 years.

There was a process that if you could figure out what were the triggers, the 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, and even I was guilty even then. doing, you know, more integrated medicine where one time I had a physicians and we used very judicious use of prescription medications and naturals.

But oftentimes we were doing, we were 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've got the community right now at large, really the five-round community at large is being told you just have to learn to live with it.

It's sad, very sad. So that is a travesty. It is. 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 conventional medicine has 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 Lyrica. 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 they have so many side effects.

Root Causes and Common Triggers

What? 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 along?

Well, in my first book, the one that got you going here, what I talked about were the big six and the little six. I was trying to write that book for consumers to understand what kinds of things should you be looking at.

Jacob eventually identified think 180 different biochemical pieces of the puzzle that we could look at, some of them being fairly rare. 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 measured those things in patients and fixed them, a huge percentage of people got well. The little six, some of which are now the big six, at that time were mole toxicity, Lyme disease, a variety of dental issues, hypoglycemia, heavy metal toxicity, other environmental toxicities.

So again, those things also could be looked at when people weren't responding to the basics. 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 is anticipated.

And more recently, we've learned that mole toxicity is a huge thing in fibromyalgia. 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 mole 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 mole toxicity, those are really, really important areas to be evaluated and treated.

Because 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. 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 find that 70% of my patients have a problem with their thyroid that's never been probably diagnosed or not being properly treated.

But you're so, you know, I said this the other day to somebody I said, you know, I've been doing this 22 years and I

think instead of getting easier, it's gotten harder.

I think the patients and maybe it's just the universe is I think this is how it works. The universe doesn'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, mole toxins, you know, biotoxins, neurotoxins, and then Lyme.

And when I was testing for them a few years ago, and I rarely was testing for mole, but I've been testing for Lyme, they would come back negative and I would dismiss it.

When I was just about to give up on testing for Lyme, I'm getting a slew of folks that have Lyme and fibro. The reason why I'm finding mold is I'm finally testing for it.

And that was partly due to your book introducing me to Richie Shoemaker, you know, a few years ago. But yeah, what has changed? Why do you think we're seeing so many people now with Lyme?

Is it just because it's more infectious than we ever thought? I think there are two components to what you're seeing. So first of all, since I've 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, 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 on our environment, which didn't exist 50 years ago.

They 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 gonna see even more of an epidemic than we already have.

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. And with mold, it is estimated that there are 10 million people in this country who have some aspect of mold toxicity.

Mold, Lyme, and Toxicity

Most of them have no idea that they have it. So, you know, I'm a little tired. My brain is 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, and I can't remember, I think this is my fifth fibro summit. So the first three, there wasn't much talk about mold, but the last two or three, there's been a lot of talk about, about mold.

I think it's a very important topic to be discussing on this, on this venue. And I think it, you know, 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 through life, they're building up these toxins, they're accumulating them in their cells, and all of a sudden they start having symptoms, they don't know why, and then these symptoms start to multiply, they start getting more conditions, more symptoms, and mold is just a trigger that eventually you get so run down, now it really starts to give you trouble, or it could be Lyme, it could be a bug, whatever it is, These things are opportunistic.

They're there. Your body is able to deal with them. But at some point, you just get so run down, so toxic that you start to react to everything. Yeah, very true.

Yeah. There's several ways you can get mold toxicity. One is the easiest and most common is you're exposed to mold. 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 fairly quickly, you will get mold toxicity from that. 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 gut 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 Lyman 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 a fabulous job of keeping all of those infectious bugs that we're exposed to from affecting us. And this kind of goes right into the whole cell danger theory.

where the body, the survival Isaac Elias, he talks about the survival paradox. They're very, they're very similar, but the whole cell danger theory where the body thinks 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 themselves. It's hard to get out of that. I don't think I'd call it an overreaction.

I would, I would describe it. And I think I can speak for Dr. Navio who developed that model that 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 ourselves that generate energy that are absolutely critical to our life or 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 drop inside the cell. What can cause that electrical drop?

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 reaction, isn't it? Yes. Exactly. 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 methylate. So what they do is they hijack our ability to methylate 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, well, you're not methylated very well.

And my response to that is, well, duh. That's how the body is dealing with that. a disease. I can't count the number of people that have been referred to me by physicians who, oh, you can't methylate, 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 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 Dr. Navio's model is a fabulous way to understand any chronic illness, because we can understand that these biochemical shifts that the body is going through were protective.

And unfortunately, until we can convince that body that, oh, no, no, you're safe now. Lime is gone, mold is gone, the stress is gone, we're cool. Then the body can go about its business.

So staying sick isn't intended to make us suffer or be harmful to us.

Mitochondria, Methylation, and Serotonin

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 on your dashboard.

You know, it comes on. It's a warning. That's all there is. A symptom is a warning. Something's not right. Well, people may or may not have heard of the term methylation.

It's gotten a lot more press over the last few years. Tell us, can you talk a bit more about methylation since you brought it 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 will be gibberish. However, there are hundreds of biochemical reactions to 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 methylates. 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 did some work with Rich von Knoinenberg about 15 years ago, where we did a very, very

elaborate study showing that chronic fatigue and fibromyalgia patients weren't able to methylate and by fixing methylation, if we were also fixing mold and Lyme 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 methylated. 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. There's a great test. There's an actual blood test that will very, very clearly show you how well you methylate.

It's by Health Diagnostics, a lab in New Jersey, and they will measure 11 different parameters of methylation. you can tell exactly which part of methylation is stuck and exactly what supplements to use to get it back on track.

So from 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.

And that by taking certain very specific substances, particularly five methyl tetrahydrofolate and hydroxycobalamin, you could reverse it in literally every single patient.

But you couldn't do it until you got the mold and heavy metals and lime 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 or some of the other things that you see in fibromyalgia? Where do you place serotonin, the role serotonin plays in fibromyalgia?

I threw you a curve. I'll answer it, but you're asking a complicated question. I'm sorting out my answer. I saw your wheels spinning. That's why I was going to throw you a lifeline.

I 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 Mike, in trying to answer your question, Yes, they will have a serotonin deficiency, but simply taking serotonin or its precursor 5-HTP or tryptophan is rarely sufficient to fix it because it's more complicated than that.

And when I'm going like this, I'm thinking, how do I talk about it's more complicated than that? Yeah. Well, so, I mean, I find that 5-HTB, 5-adroxy tryptophan with the right synergistic B vitamins, magnesium, vitamin C 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 supplying those treatments. But 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 deeper sorts of sleep. I think if you don't get that right, I mean, it just only makes sense, right?

You wake up, you're going to be tired, you're going to be brain fog, you're going to have all these things. I'm going to put that in the root cause category too, 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 what cause. No, I think it's important that we have that conversation and we keep, and we keep drilling that home because I think unfortunately for, for most with fibromyalgia, they have already kind of done all these things.

that these therapies that really are all about is treating the symptom. And they realize that and get them very, very far. So we really do have to have the conversation and keep driving at home.

Almost in every interview is with functional medicine, the whole premise is to find and fix these root causes. Yeah. Right. Right. 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 listeners to 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. Find someone who has. 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 mycotoxin test.

A urine mycotoxin 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.

Testing for Mold and Lyme

So if you can do a sauna or hot bath the night before you collect your urine, it's more accurate. 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. And if there are mycotoxins in your urine, it's coming out of your body. You have it. 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 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 OK testing from Great Plains, from Vibrant.

But in our experience, and 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. 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 and 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 eigenics. They have what's called an immunoblot, IgG and IgM for Lyme, which is probably the most accurate.

There's also a pretty accurate lab called InfectoLab 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. It is intrinsically difficult to get a positive test for Lyme because it's an immune test.

And the immune system in 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.

Even the CDC recognizes that 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 bullseye rash, 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 the symptoms can be really broad. It's sometimes hard to know, okay, well, that's just fibromyalgia. Of course, fibromyalgia is just a name. You know, we're looking for these underlying root causes, but with Lyme, there's it's so broad that sometimes people can get lost in that.

What are some of the things that when you hear these symptoms being mentioned, you go, that's probably Lyme. 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 parathesias, 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.

With mole toxicity, we will see what we call ice pick 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, I call it baseline fibromyalgia. Because I believe that mole toxicity and Lyme disease are being misdiagnosed as 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 derealization, 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 miss spend months or years and decades working on the wrong thing that's not letting you get wealth.

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

Missing it is a travesty. And while we have time, I wanna 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.

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.

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

Recognizing Lyme, Mold, and Cervical Trauma Fibromyalgia

And the tip off 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 brisker 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.

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, 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.

But what are, one or two things that you think are, 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.

So 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 however that is. 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 cupboard that's overflowing with supplements and pill bottles. And it's, 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 that don't take insurance, that's unfortunate. 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. The vast majority of patients that I've treated with fibromyalgia have gotten well.

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

So I come to the table with at least a little experience. Well, I say that not to be braggadocious on myself either, but the fact that most physicians don't understand it.

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 other patients.

You know, but you have dealt 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 trying to fix that place or places where they're broken down.

You know, I think we're both saying the same thing in our own ways. Again, I can't emphasize it enough. This is treatable. Yeah. Well, it's, it's true that, you know, most of us, 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 healthcare over their lifetime, 600,000 out of pocket.

And that's going to physicians that don't understand that, 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 when 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. It's worth every cent. Yeah. Well, what's any, have you got any new projects? What do you hear? What are your new 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, tentatively called, it 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.

Practical Advice, New Book, and Resources

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 it, The basics to that 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 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've become super sensitive over the years and didn't think there was a way out.

And there is. Can't wait to get the book. Those are some of the most challenging patients that I faced are 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 to, 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 is simply neilnathanmd.com. 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.

Dr. Nathan, this has been great. I loved it. I can't wait to 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. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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